PROFESSIONAL CLOSURE: THE CASE OF THE PROFESSIONAL DEVELOPMENT OF NURSING IN ROTORUA 1840 - 1934

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ABSTRACT

The argument that the development and progress of nursing in Rotorua were influenced by the forces of professional closure, and that nursing practice throughout New Zealand reflected this during the period 1840-1934, is the focus of this thesis. Rotorua provides a unique backdrop against which to examine the professional development of nursing as it encountered and exerted the forces of professional closure.

For centuries the Maori had utilized the curative powers of the thermal district, incorporating this ancient knowledge into their lifestyle and culture. As Europeans gained access to the region, they recognised and exploited the therapeutic properties of the mineral rich springs, mud pools and thermal waters. Health and tourism became inextricably intertwined at Rotorua, as the government developed the spa resort with aspirations of achieving international acclaim.

As the boundaries between various medical and health services became more distinct, claims to professional exclusivity emerged. Each health occupational group adopted rules of closure as they attempted to secure a position of privilege in the expanding health care system. Nursing's rules of closure effectively marginalised and excluded the untrained nurse while elevating the status of the trained nurse. As the new century unfolded, institutionalised medical care expanded in Rotorua with the development of scientific knowledge and new technologies. In the spa setting of the Sanatorium Hospital and Baths, nursing complemented medicine. The difference between the trained

and the untrained nurse became increasingly apparent. However, legislation aimed at improving standards of health and welfare effectively subordinated nursing to medicine in Rotorua's intensely patriarchal, hierarchical hospital structure.

The value of the trained nurse, highlighted during World War I, was reinforced during the national emergency created by the 1918 influenza pandemic. The New Zealand Army utilised the spa treatment for sick and wounded soldiers, then as it withdrew its services from the hospitals, Rotorua's school of nursing for a short time (1923-1932), prepared nurses to replace the military nurses. The school closed, unable to maintain the required standards as nursing strengthened its rules of closure and tightened control over its own professional practice.

For more than ninety years the status of nursing in Rotorua parallelled the status of nursing in New Zealand generally. During this period the emerging profession attempted to shed its image of domestic servitude to claim an elite and exclusive position within the developing health care system. However, unable to achieve the vital element of professional self-determination, nursing failed to significantly raise its status above that of a vocation, prior to 1934.

LEGEND

The great Tohunga, Ngatoro-i-rangi navigated the Te Arawa canoe from Hawaiki to its landfall in Maketu in the Central Bay of Plenty of New Zealand's North Island. It is said that he then travelled inland to explore the interior of the North Island and after many adventures eventually climbed Mt Tongariro. On reaching the summit the Tohunga was caught in a terrible blizzard, and according to legend, called on the gods for warmth. The gods sent spirits from Hawaiki bearing fire. Travelling swiftly under the ground and the sea these spirits soon burst forth from the volcano to give Ngatoro-i-rangi warmth, ensuring his survival. As they raced towards Mt Tongariro, the spirits occasionally broke through the surface to check their direction. In all of these places they left some of their fire, thereby creating the chain of thermal activity that extends from White Island in the Bay of Plenty, through Rotorua, Waimangu, Waiotapu, Orakei-Korako, Wairakei, Taupo and Tongariro.[1]

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1 Don Stafford, *The Founding Years in Rotorua,* Auckland: Ray Richards/Rotorua District Council, 1986, p. 18 (hereinafter known as *Founding Years*). This is how the Maori explained the existence and origin of the thermal waters, the springs and the volcanoes.

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INTRODUCTION

In this introduction I shall make some preliminary comment regarding women's history and the sources accessed. The notion of professional closure is introduced, although the concept is not discussed in detail until Chapter One. Finally, an overview of the central concerns of each chapter is provided.

History is a field of study that has traditionally focused on men and often written from a male viewpoint that tends to devalue and trivialise women's work. Although there were more women healers and caregivers in the thermal district during the period 1840-1934, the vast range of their caring practice has been virtually absent from the annals of written history. Nurses seldom received acknowledgment except in the case of a scandal or in situations where influential family connections led to their recognition, or if they died in the course of their work, or through a war. This tendency for historians to focus only on exceptional women accounts for the remarkable gaps in our nursing history. Rotorua historian, Don Stafford, acknowledged that his work, which is substantial, tends to overlook the contribution of women to Rotorua's history. However, the wealth of his research data that he has so generously made available to other researchers through the Rotorua Public Library has been a very valuable resource. Don Stafford personally provided useful direction for this study.

The history of nursing in Rotorua has been under researched, to the point of neglect, a situation exacerbated by the apparent indifference of Rotorua's early nursing

and hospital administrators to the need to store nursing records and maintain nursing archives. My research commenced at the Rotorua Hospital Library, the Rotorua Public Library and the Rotorua Museum, with frequent and regular return forays. Extensive enquiries and searching within these establishments revealed that historical data on nursing and the nurses of Rotorua's past was either painfully sparse or cunningly concealed, or both.

Painstaking searches through the Health Department files H 17, H 19, H 21, H 54, H 119, H 120, and the Tourist and Health Resorts files in the National Archives of New Zealand revealed important data. The substantial amount of time and meticulous researching through the records, documents, biographies, old newspapers and rare books and journals at the Alexander Turnbull Library and the National Library of New Zealand has also produced valuable data for this study. Useful research was conducted at Masterton Hospital Library, Masterton Archives, Masterton Museum, Palmerston North Hospital Library, Palmerston North Public Library and the Hocken Law Library at Otago University. Massey University Library's Official Publications Room became as a second home, as it yielded, albeit reluctantly at times, a wealth of relevant data.

Most useful sources of information on the nurses who came to Rotorua were the New Zealand Nursing Journal (*Kai Tiaki*) and the Annual Reports to Parliament in the Appendices to the Journals of the House of Representatives. Research for this study entailed countless hours of exhaustive, exhausting, intensive and extensive travel and searching that were totally unproductive in terms of this work. Nevertheless, the

serendipity associated with these seemingly fruitless excursions has been enriching beyond measure. Explicating Rotorua's nursing history from the oppressive veil of medical supremacy, produced a sense of being involved in a major rescue effort. The forces of professional closure had submerged Rotorua nursing in a relentless mire of obscurity, rendering it invisible. The effects of professional closure ensured that nursing in New Zealand generally, was never afforded a higher status than that of a vocation during the period 1840-1934.

Not surprisingly, in researching this thesis, I have collected significant data on Maori health systems and practices. Most of this I decided not to include in case, even unwittingly I might impart a Eurocentric perspective to distort the meaning of the events. There are many interesting and powerful stories, but they are not mine to tell. I can only hope that Maori nurses will continue to research and illuminate their past to provide knowledge of what is undoubtedly a long and important nursing history. In so doing, they will engender a justifiable pride in the development of Maori nursing and provide inspiration for the Maori nurses of the present and the future. I have endeavoured merely to present the development of the British inspired nursing profession in Rotorua within the contemporary socio-cultural context. This has at times necessitated reference to Maori practices when not to do so would have provided an unacceptably monocultural view.

Chapter One, Professional Closure: Constructing Nursing's Image, discusses the notion of professional closure and its relevance to nursing at Rotorua and to nursing in New Zealand.

Chapter Two, The Amateur Period: Nursing in Rotorua 1840-1890, provides an insight into how the natural therapeutic properties of the thermal and mineral springs enhanced the healing practices of the pre-colonial Maori in the Thermal District. Only rarely was the traditional wisdom that had been handed down through generations of Maori healers and supported by the laws of tapu, shared with the European settlers.[1]

'Heroic medicine', characteristic of nineteenth century British and American medicine, was in evidence as doctors in the Thermal District began to exert their control over the healing prerogative. 'Heroic medicine' is graphically described by Barbara Ehrenreich and Deidre English as pertaining to an era when doctors, to survive professionally, needed to convince large numbers of people that healing was worth paying for.[2] The idea was that the doctor and the disease were in competition with each other to see which was the most powerful and which was capable of producing the most outrageous symptoms. Knowledge which helped doctors effect closure led to treatments that included blood-letting, purging and blistering. Deadly poisons such as arsenic, were commonly prescribed as a 'tonic' and calomel, a mercury salt, was dispensed as an all

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1 Ngahuia TeAwekotuku, *He Tikanga Whakaaro: Research Ethics in the Maori Community,* Wellington, New Zealand: Ministry of Maori Affairs, 1991, p. 14.

2 *Own Good,* pp. 45-48.

purpose remedy.[3] Such remedies were not just the preserve of doctors in colonial New Zealand, as will be seen in this chapter, but were also used by the missionaries. Home treatment handbooks, a necessary adjunct to every home, abounded with examples of 'heroic medicine.'

Chapter Three, The New Order: Nursing in Rotorua 1870 - 1900, describes how the evolving nursing professionalism influenced nursing practice in the Rotorua Thermal District during that period. The credit goes to Florence Nightingale for lifting the popular perception of nursing away from the 'Sairey Gamp and Betsy Prigg' image of the slovenly, gin drinking, illiterate 'lower order' woman immortalised in the writings of Charles Dickens in the early part of the nineteenth century.[4] By introducing the apprenticeship model to nursing training, and by restricting entry so that only educated 'young ladies' were accepted into the training schools, Nightingale effectively created a situation whereby rules of closure could be applied to exclude the untrained from the developing profession. With the strong military influence, a legacy of her Crimean experience, combined with principles borrowed from religious orders, Nightingale successfully altered the public's perception of the trained nurse to that of an almost saint-like woman. The required characteristics thus became a combination of 'gender,

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3 Calomel was used for the treatment of acute fevers, chronic diseases, diarrhoea and teething pains, among other things. Long term treatment led to the complete erosion of the gums, teeth and sometimes the entire jaw. Doctors were aware of these side effects.

4 The women who provided nursing care in England's institutions during this period were not merely a figment of Dickens' imagination, They existed in reality. See Moya Jolley & Gosia Brykczynska, *Nursing: Its Hidden Agendas,* London: Edward Arnold Publishers, 1993, p. 10. See also, '*Nursing Education NZ*', p. 3.

subservience, vocation, morality and discipline'.[5] This focus reflected the socio-political processes of the Nightingale era, and fitted well within the government controlled, patriarchal system of medical treatment in Rotorua.

Two events occurred simultaneously in New Zealand in the 1880s. 'Lady nurses', products of the Nightingale system, were introduced to hospitals, and nurse training commenced in the main centres. The hierarchical, patriarchal health care system thus became firmly established in New Zealand, and Rotorua reflected this. Towards the end of the nineteenth century the new concept of nursing had evolved, the result of advances in preventative and curative medicine and the effects of social legislation. Examinable competence, certified by nursing registration, became one of the required attributes of the professional nurse.

Chapter Four, The New Century: Nursing in Rotorua 1900-1910, examines the development of nursing and medicine in Rotorua against the backdrop of two significant new Acts of Parliament, collectively designed to protect the public's health from communicable diseases and from unqualified practitioners of nursing. Institutionalised medical care expanded in Rotorua during this period, and a scientific rationale was applied to the spa treatments. Nursing, now with a scientific knowledge base underpinning its practice, was able to assume a role that was complementary to medicine. The value of the trained nurse was being recognised, though with the

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5 *Professional Closure,* pp. 135-172. See also, *'Nursing Education NZ',* passim.

appointment of a government balneologist, nursing became subordinated to medicine. Private nursing opportunities reduced as patients were increasingly admitted to public hospitals. Autonomous nursing practice, although shown to be cost-effective in the rehabilitation of tuberculosis sufferers for example, was not sustained. Rotorua attracted valuable government resources to enhance the tourist potential of this unique thermal resort. Nursing now combined the elements of vocationism, examinable competence and segregation via registration.[6] With the mechanism to achieve closure within its own ranks, nursing was still perceived as a vocation, rather than as having achieved the status of a profession.

Chapter Five, A Picture of Diversity: Nursing in Rotorua, 1900-1914. This chapter highlights the changing contexts of nursing care in Rotorua and the surrounding district. Professional nursing extended into the community and for the first time hospital trained nurses under the direction of the Department of Health practised in independent and autonomous roles. These nurses encountered situations and conditions that the majority of doctors would have considered at best undignified and at worst dangerous. The population of Rotorua was increasing with the introduction of new industries, necessitating the further expansion of public hospital services to include a cottage hospital and an isolation hospital. The difference between the trained and the untrained nurse was by this time obvious, as the latter was perceived as not being imbued with the

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6 *Professional Closure,* pp. 135-172.

characteristics of obedience, subservience and unquestioning loyalty to her medical 'superiors.'

Chapter Six, War and the Aftermath: Nursing in Rotorua 1915-1920. This chapter presents a picture of great change and diversity within a five year period, as the government struggled to rationalise hospital services in Rotorua. The effects of the First World War brought a renewed interest in the therapeutic waters of the Thermal Springs District. In a patriotic act of generosity Te Arawa gave permission for a scenic recreation ground of historical significance to be used as the site for a convalescent hospital for returned wounded and sick soldiers. One direct result of the war was that nurses of the New Zealand Army Nursing Service were introduced to Rotorua. They staffed the new King George V Military Hospital, as well as the Cottage Hospital, converted to a military hospital for the duration of the war. Civilian patients were treated in publicly funded private hospitals during this time. The management structure of the government institutions was patriarchal with military discipline the order of the day. Nursing assumed a dependent role relative to the medical and military structures in this intensely hierarchical setting.

While World War I had catapulted nursing into the arena of public awareness, the influenza epidemic of 1918 again raised the profile of nursing when the medical profession in Rotorua, as elsewhere throughout New Zealand, proved inadequate to meet the demands and expectations of the public. The rules of professional closure were

considerably relaxed during this national crisis, but then as the nation recovered, these rules were once more implemented and strengthened.

Chapter Seven, The Focus Changes: Nursing in Rotorua 1920-1934 provides an insight into the prevailing nursing discourse of the 1920s and 1930s and examines the way in which nursing in Rotorua reflected this. The post-war shortage of nurses led to a proliferation of nursing schools, with a subsequent increase in the number of trained nurses. A school of nursing established at King George V Hospital in Rotorua, provided a cheap and reliable source of labour from the probationers who replaced the military staff when the hospital was handed over to the Department of Health. The character of the hospital changed many times over this period. Decreasing patient numbers meant that training school standards were not able to be maintained and eventually the school closed. The economic depression and an increase in the number of trained nurses created an unprecedented situation of unemployment for nurses throughout New Zealand.

All medical and health related services in Rotorua became concentrated at King George V Hospital, now a general hospital in contrast to its earlier military role. Private nursing opportunities in the community diminished even further. The Health Department was restructured and this led to the discontinuation of the services of the community health nurses and the community midwife. Autonomous nursing practice ceased to exist. The medical profession had, by 1934, successfully established their monopoly over all other health professionals in the Thermal District. Nursing education and practice now focused on strengthening the rules of closure to assure nursing's exclusive rights to a

monopolistic position as New Zealand trained nurses. However, it was content to achieve this in the shadow of the medical profession. In 1934, control of King George V Hospital was transferred to the Waikato Hospital Board. By then nursing in New Zealand generally, had abandoned attempts to establish the right to complete autonomy over its own professional practice and direction.

CHAPTER ONE

PROFESSIONAL CLOSURE: CONSTRUCTING NURSING'S IMAGE

The concept of professional closure is a sociological explanation for the way in which professions limit their membership.[7] The source of this approach is Max Weber's concept 'social closure', an explanation for monopolisation of property, power and opportunities. Closure is the process of mobilising power to enhance or defend a group's share of rewards or resources. Access to all resources becomes limited to a restricted circle of 'eligibles'.[8] Raymond Murphy describes two modes of closure - exclusion and usurpation. Exclusionary closure is the exercise of power in a downward direction. This occurs through a process of subordination in which one group secures its advantages over another group, restricting opportunities of the subordinate group. The subordinate group is defined by the powerful group as inferior.

Usurpationary closure is the exercise of power in an upward direction as the less advantaged group, having perceived itself as an outsider, attempts to secure the advantages of the higher groups. The desire of some individuals for more than their share of power, prestige and wealth initiates a counter struggle by the excluded group to escape subjection, loss of esteem and dispossession.[9] Usurpation poses a threat to the

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7 Closure theory attempts to supplant traditional theories of social stratification as a general explanation model for all forms of domination in society.

8 Raymond Murphy, The Structure of Closure: A Critique and Development of the Theories of Weber, Collins, and Parkin, *The British Journal of Sociology,* 1984:35:4, p. 548 (hereinafter referred to as *Structure Closure*).

9 *Ibid.*, p. 549.

class structure, requiring the more powerful to adopt strategies to maintain their privileged position. It is my contention that both exclusionary and usurpationary closure strategies characterised the development of professional nursing in Rotorua; and indeed Rotorua was a mirror image of nursing in New Zealand between the years 1840-1934. Nursing's struggle for recognition and status, thwarted by inequalities of power, eventually succumbed to social and political forces. Nurses, relegated to a position of subordination in a health care system that had never afforded them a high status, became increasingly invisible.

Wai-Fong Chua and Stewart Clegg refocused Murphy's concept of closure from the broad study of professional groups within society, to examine nursing as a specific occupational group. Their analysis of the efforts of the British medical profession to effect closure over the nursing profession provided a helpful perspective upon which to focus this thesis.[10] They revealed the pluralistic nature of the groups involved in the struggle for social domination within British nursing from the 1840s to the 1980s. They also considered the role of macro-structural phenomena such as the state. Chua and Clegg, avoiding issues of exclusion and usurpation, postulated not only a complex relationship among the different rules of closure, but also that the primacy of rules vary over time. They tracked the uneven trajectories of different closure rules and examined the discourses that constituted them, highlighting their contingent nature.[11]

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10 Wai-Fong Chua, & Stewart Clegg, Professional Closure: The Case of British Nursing, *Theory and Society*, 1990:19, p. 135 (hereinafter known as *Professional Closure).*

11 *Ibid.*, p. 135.

The theoretical perspective of closure adopted as the underlying framework for this thesis derives from the works of Murphy and of Chua and Clegg. I contend that in New Zealand during the years 1840-1934, the medical profession developed and enforced exclusionary closure strategies to ensure their domination and control over the other health-related occupational groups. In a counter action, nursing developed and implemented rules of exclusion and strategies of usurpation to protect and enhance their emerging professional status. Throughout the period 1840-1934, rules based on 'gender, class and state-legitimised credentials' effectively shaped nursing's image so that it was consistent with the prevailing public perception of what constituted nursing.[12] The effect of the closure strategies was to prevent nursing from developing its professional status as an autonomous, self-determining professional group with control over its own standards of practice, and the voice to articulate professional concerns.

A review of the literature on the professional development of nursing revealed two main themes. An emphasis on the service ethic and numerous attempts to list the specific traits of a profession. It is generally accepted that the core characteristics of a profession are a prolonged specialised training in a body of abstract knowledge, with a sound science base and a commitment to an altruistic service ideal.[13]

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12 *Ibid.*, p. 139

13 Linda Hughes, Professionalizing Domesticity: A Synthesis of Selected Nursing Historiography, *Advances in Nursing Science*, 1990:12:4, pp. 25-31 (hereinafter known as *Professionalizing Domesticity*).

In the sociological literature, a distinction is often made between established professions and the notion of semi-professions. Established professions, traditionally male dominated, have specialist theoretical knowledge and prescribed norms of behaviour.[14] They are patriarchal in their structures and value systems, having evolved within a patriarchal socio-political system.[15] Semi-professions, on the other hand, replace theoretical study, the characteristic of a 'full' profession, with technical skill acquisition. The ranks of semi-professions are dominated by women, their structures tend to be more bureaucratised than the so-called 'full' professions, and they are largely managed by men. Nursing, in sociological literature is usually placed within the category of semi-professions, along with teaching, physiotherapy, radiography, social work and midwifery. Eve Gamarnikow postulated that the 'semi-professions' are inherently subservient to the established professions, and that the whole array of paramedical professions, not just nursing, have developed to service the sociologically defined 'full' profession of medicine.[16]

Linda Hughes described attempts to develop nursing as a profession as an effort to professionalise domesticity. Drawing on the work of Jo Ann Ashley, Hughes made the analogy between the role expectation of women in the home and the role expectation

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14 Jeff Hearn, Notes on Patriarchy, Professionalization and the Semi-Professions, *Sociology*, 1982, 16:1, p. 185.

15 Patriarchy refers to the complex set of social relations within and by which men tend to control the structure of society.

16 Eve Garmanikow, Sexual Division of Labour: The Case for Nursing, in A. Wolpe (Ed.), *Feminism and Materialism*, pp. 96-123. London: Routledge and Kegan Paul, 1978.

of women in the hospital. Hughes suggested that paternalistic arguments used to block nursing's progress drew their strength from the ideology of domesticity, a concept that developed around four central themes.[17] The first is the dichotomy between home and work, the second is that home is the woman's proper place, and the third is that women are morally superior. The fourth theme is the idealisation of motherhood. Ashley suggested that the professionalising strategies of the nurse leaders failed because they were blocked by the male dominated medical profession.[18] The inter-relationship between patriarchy and professionalism created restrictions to the evolution of professional nursing practice.

Until the late 19th century, women were the main healers and caregivers in New Zealand society. They delivered babies, rendered first aid, prescribed and dispensed remedies, and cared for the sick, the frail and the dying. This occurred both as a neighbourly service and as paid work.[19] Fortunately, due to our relatively recent European colonisation, the early lay healers in this country were not subjected to the extreme forces of professional closure that were applied to the female lay healers in the dark ages of Medieval Europe. For three centuries the male medical profession in Europe waged a ruthless campaign against those expert women healers whose traditional

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17 *Professionalizing Domesticity*, pp. 25-31. See also, Jo Ann Ashley, *Hospitals, Paternalism and the Role of the Nurse*, Columbia University, New York: Teachers College Press, 1976 (hereinafter known as *Hospitals Paternalism*).

18 *Professionalizing Domesticity*, p. 29.

19 Jan Rodgers, 'Nursing Education in New Zealand, 1883-1930. The Persistence of the Nightingale Ethos.' MA Thesis in Nursing, Massey University, New Zealand, 1985 (hereinafter known as '*Nursing Education NZ*').

wisdom and lore had been handed down through hundreds of years. Denounced as witches they were persecuted and executed in their thousands as the male medical profession established their exclusive right to the domain of expert healing practice.[20]

Christopher Maggs, a British nurse historian, provided interesting insights into the emergence of the new scientifically trained registered nurse in Britain between 1881 and 1914.[21] Maggs' research highlighted the sense of superiority and the elevated status the new system of training engendered in British nurses. Maggs' research does not support Chua and Clegg's later contention that nursing successfully carved out and monopolised a niche for itself in the shadow of the medical profession without threatening medical control. He provided reliable evidence to indicate that the medical profession considered nursing a very real threat to their superior position in the health care system.[22] The British medical profession was alerted to the threat to their supremacy in the health care arena because of the emergence of the new general trained nurses. Through their rules of professional closure the medical profession mobilised forces to ensure that the privileged status they had long enjoyed, was not usurped.[23]

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20 Barbara Ehrenreich & Deidre English, *For Her Own Good.* New York: Doubleday, 1978, pp. 33-68 (hereinafter known as *Own Good).*

21 Christopher Maggs, *The Origins of General Nursing,* England: Croom Helm Ltd, 1983, (hereinafter known as *Origins Nursing*).

22 *Ibid.*, passim.

23 *Ibid.*, p. 27.

Jan Rodgers' research into the development of nursing education in New Zealand demonstrated clearly the process by which the Nightingale ethos became inculcated into the education and practice of New Zealand nurses.[24] By the twentieth century, as hospitals began to proliferate throughout this country, the requirement had increased for competent nurses who had undertaken a formal course of training incorporating the new scientific approach to nursing. The intention of the policy makers was to raise the standards of nursing practice, increase the status of nurses and protect the public and the medical profession from unsafe, untrained nurse practitioners.[25] Although nursing education in both Britain and New Zealand developed from the Nightingale system, New Zealand secured registration of nurses eighteen years earlier than Britain. However, from the 1880s both countries had a coordinated and standardised nurse training programme. A major difference between nursing in Britain and New Zealand, was that in New Zealand the 'trained nurse' was not considered to have a significant place in hospital management. The management component was omitted from the New Zealand nursing curriculum. New Zealand nurses learned antiseptic and aseptic techniques, the conscientious administration of medications and treatments, anatomy and physiology, dietetics and the crucial values of trustworthiness, obedience and subservience. Rodgers argued convincingly that the new system of nurse training, strongly supported by the

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24 *'Nursing Education NZ'*, passim.

25 Report of the Director-General of Hospitals and Charitable Institutions, Dr Duncan MacGregor, to the Minister of Education, *Appendices to the Journal of the House of Representatives* (*AJHR*), H-22, 1901:4B, p. 4.

Nightingale ethos both advantaged and hindered the development of professional nursing in New Zealand.[26]

Nightingale had been very clear about the role of the nurse relative to that of the doctor. The doctor gave directions and the nurse obeyed - intelligently but unquestioningly. However, Nightingale had another objective. Nurses trained in the new system, confident and superior, would go forth with missionary-like zeal throughout the world, to train future generations of nurses in the new image, thus developing and enhancing the status and standards of the nursing profession.[27] Maggs quite accurately described this process as occupational imperialism, the idea of bringing progress to underdeveloped or backward areas, teaching the principles of self development but not the means of self determination.[28] Rodgers' research provided evidence of how this process of 'occupational imperialism' socialised New Zealand nurses into the Nightingale ethos.[29]

New Zealand, a staunchly patriarchal society, did not adopt the Nightingale method of nurse training in its entirety. Vital course components were omitted during

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26 *Ibid.*, p. 4.

27 Marion Diamond, 'The Nightingale Nurse: A Study in Victorian Values'. Conference Paper presented at Massey University, Palmerston North, NZ., 1980 (hereinafter referred to as *Nightingale Nurse*).

28 *Origins Nursing*, pp. 26-28.

29 *'Nursing Education NZ'*, p. 9. The Nightingale ethos was the philosophy of the early nursing curriculum in NZ, that combined the art of nursing with the womanly virtues of obedience, quietness, gentleness, patience, forbearance and endurance. The nurse was a natural extension of the role of women in a patriarchal structure. The doctor was the authority, the nurse obeyed.

the transportation of the curriculum from Britain to New Zealand. Administration, management and teaching skills gave the 'first generation' of Nightingale nurses in Britain a strong sense of their own value, and of their ability to reform and transform nursing. The course components related to management, teaching and administration did not surface in the New Zealand nursing curriculum until post graduate studies were offered in 1928. The first nurses to be trained in New Zealand were not of the 'first generation', the subject of Maggs study, they were the 'second generation', taught by nurses inculcated with the class conscious values of the British Nightingale system.[30]

By the time the new system of nurse training was implemented in New Zealand hospitals, the medical profession and the political decision makers were prepared. Rodgers detailed some of the oppressive strategies that subordinated nursing to medicine at the turn of the century in New Zealand. In the 1890s matrons, without a professional support group, lost control over the selection of staff and the management of nursing services.[31] In the early 1900s hospital authorities, all male, selected probationers and promoted nurses on the basis of family connections rather than to ensure high standards of nursing care.[32]

A significant similarity between British and New Zealand nursing was that both evolved within the structure of the apprenticeship system. As a means of training new

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30 *Nightingale Nurse,* passim.

31 *'Nursing Education NZ'*, p. 16.

32 *Ibid.*, p. 16.

members of an occupational group, this was a well established practice in the Nightingale era. Introducing the apprenticeship system to the training of nurses was to provide a reliable source of cheap labour for the hospitals, who in their turn, provided young women with their training, board, uniform, a hospital certificate and a small wage. This was acceptable to the public perception regarding appropriate occupational roles for females. Hospitals in Britain and New Zealand were an extension of the patriarchal domestic situation in which traditionally, women negotiated to exchange their labour for room and board.[33] Rodgers described the matron's role, circumscribed by the male administrators, as an extension of the domestic role of the mother within the New Zealand family.[34]

Apprenticeship training was not designed to provide a liberal or general education, but rather to keep oppressed groups in subordinate positions. It prepared workers who were willing to conform to prevailing customs, traditions and practices. Apprentice nurses learned to be loyal to their hospital, obedient and docile, and to accept draconian conditions and strict discipline. Ashley, in her study of the effects of paternalism on the development of American nursing, discussed how nurses socialised in this manner identified with the system that oppressed them, and contributed to its continuing existence.[35] These and other strategies of closure effectively relegated

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33 Ellen Baer, Nurses, in R. Apple (Ed.), *Women, Health and Medicine in America: A Historical Handbook*, New York: Garland Publishing, 1990. p. 462 (hereinafter known as *Nurses*).

34 *'Nursing Education NZ'*, p. 94.

35 *Hospitals Paternalism*, p. 33

nursing's contribution to the New Zealand health care system to that of 'handmaiden', in service to the medical profession. In assuming this subordinate position nurses sought to carve out and monopolise a niche for themselves in the shadow of the New Zealand medical profession. Chua and Clegg's contention that this was possible to achieve without threatening medical control, is indeed relevant to the New Zealand situation.[36]

Nurses, in their turn, effected professional closure to exclude other groups from attaining the privileged status of the trained nurse. One serious outcome of this was the discriminatory and assimilative structure of the nurse training programme which made it difficult, if not impossible for Maori women to successfully complete the course requirements. Maureen Holdaway's research 'Where are the Maori Nurses who were to Become those Efficient Preachers of the Gospel of Health?' described how the Maori nursing scheme became a casualty to other concerns. Holdaway's research provided a valuable resource for this thesis.[37] Extending Holdaway's argument, I believe the Maori nursing scheme was subjected to the effects of professional closure from two directions. The nursing profession did not acknowledge the need to allow for cultural concerns, and entry and training requirements bore no relevance to the future practice of these nurses.

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36 *Professional Closure*, p. 138. See also Michael Belgrave's essay: 'Medicine and the Rise of the Health Professions in New Zealand, 1860-1939', pp. 7-24, in L. Bryder (Ed.), *A Healthy Country*, Wellington, NZ: Bridget Williams Books Ltd, 1991 (hereinafter known as *Healthy Country*). Belgrave argued that the success of health professional groups within the emerging NZ health market depended as much on class and gender and the ability to align with 'medical science' as on the nature of the treatment provided, even at the cost of being subordinated to medicine. p. 24.

37 Maureen Holdaway, Where are the Maori Nurses who were to Become those 'Efficient Preachers of the Gospel of Health?' in *Nursing Praxis in New Zealand*, 1993, 8:1, pp. 25-34 (hereinafter known as *Maori Nurses*).

Also, the Maori decision makers occupied positions of privilege and high status within a patriarchal context that was both historical and contemporary. They were not yet prepared to share their own hard won power with an occupational group composed of women. Victims of assimilative processes, the male Maori leaders endeavoured to improve the health of their people by sending Maori nurses into the community as a technique to manage sickness and promote the health of the Iwi. The outcome of this endeavour has been documented.[38] Nightingale's model of training a select body of nurses who would then train others, thus forming a core movement in the reform of nursing practice, was disregarded.[39] Her model could have been just as successful in the Maori health context as it was in reforming nursing in the British, Australian and colonial New Zealand contexts.[40]

Chapter Two provides a general picture of the thermal springs district prior to the development of professionalism in the delivery of health care, demonstrating the ways in which women, in particular, cared for their families and communities.

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38 R.T. Lange, 'The Revival of a Dying Race: A Study of Maori Health Reform 1900-1918 and its Nineteenth Century Background', MA Thesis, University of Auckland, 1972. Pamela Woods, Efficient Preachers of the Gospel of Health: The 1898 Scheme for Educating Maori Nurses, in *Nursing Praxis in New Zealand,* 1992, 7:1. pp. 12-21; Alex McKegg , 'Ministering Angels Government Back Blocks Nursing Service, and the Maori Nursing Service 1900-1939'; MA Thesis, University of Auckland, 1991. See also, *Maori Nurses.*

39 *Nightingale Nurse,* passim.

40 Jocelyn Keith, "A Voice in the Wilderness": Florence Nightingale's report on Maori health to Sir George Grey is outlined. Where has it been all these years and why did no-one listen? Unpublished paper presented at Seminar in conjunction with the "Florence Nightingale and New Zealand" display, Florence Nightingale Museum, 2 Lambeth Palace Road, London. May 15, 1991.

CHAPTER TWO

THE AMATEUR PERIOD: NURSING IN ROTORUA 1840-1890

This chapter examines the way in which the early European explorers gradually discovered the unique and valuable properties of the thermal springs district. The town of Rotorua developed in this district, on the central North Island volcanic plateau that has become internationally renowned as a tourist resort.

The early explorers observed how the Maori had utilised the therapeutic mineral resources to enhance the health of their people for centuries.[1] Before 1870 access by Europeans to this inland region was restricted due to the Land Wars, and because the roads were not yet open to coach traffic. In the thermal district, as in the rest of New Zealand, nursing became established as a distinct occupational group in the 1890s, but had yet to be lifted from the realm of domestic service. Nurses played an essential role in the developing township of Rotorua, yet were relatively invisible in comparison to the medical profession. During this period, however, doctors had not exerted their professional superiority over other health care providers, but were beginning to clearly define their role.

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1 Enid Tapsell, *A History of Rotorua,* Wellington, N.Z: Hutcheson, Bowman and Stewart, 1972, p. 58 (hereinafter referred to as *History Rotorua*). The ancient Maori name for the healing springs of Rotorua is 'Waiora-a-Tane' which means Living Water of Tane. Maori legend has it that the moon dies in the great lake of Kiwa, but that each month she receives the gift of life to sustain her in her passage through the heavens, by bathing in the living waters of Takiwa Waiariki. Takiwa Waiariki is the ancient Maori name for the hot springs district, p. 82.

The first written account of the therapeutic value of the Rotorua thermal waters appeared in 1842, in the diary of Bishop Selwyn who was renowned for his prodigious walking feats.[2] The Bishop's walking party, on this particular occasion included the Chief Justice of New Zealand, Sir William Martin. He described the springs at Tikitere:

> Walked to some hot springs a short distance from the station where we found vast cauldrons of black mud boiling furiously; a little further on was a small brook of milky water, at one place forming a series of cascades, each falling into a little rocky basin about the size of a man. The Judge and I each chose our basin and bathed in the tepid water which was about the usual temperature of a warm bath; a sprain which I had had for some days was entirely removed.[3]

Access to the thermal district prior to 1873 was difficult, and the Maori tribes who had settled in the region had limited contact with the European, a factor which enabled them to preserve their traditional customs, thereby avoiding exposure to many European introduced illnesses.

The earliest indication of nursing practice from a European perspective was provided by the wives of missionaries. Anne Chapman, wife of the missionary Thomas Chapman, provided health care and dispensed medicines from the Mission Station at Koutu in Rotorua during the 1840s.[4] Sick people were brought to the Mission to remain there until they were well enough to return to their homes. At times there were four or

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2 *History Rotorua*, p. 58. George Augustus Selwyn was the first Bishop of New Zealand and arrived in the Bay of Islands in June 1842.

3 *Ibid., p. 58.*

4 Philip Andrews, *Ko Mata*, Rotorua, NZ: Rotorua and District Historical Society, 1991, p. 39.

five patients in the Mission. The Chapmans kept milk goats which were continually lent out to assist sick or weak mothers unable to provide breast milk for their children. Flour, bread, rice, tea, pork and occasionally wine were also dispensed to the sick from the Mission.[5] The medical textbook was a constant reference source.[6]

Ellen and Seymour Spencer were missionaries who came to Lake Tarawera, near Rotorua from Illinois, America in 1842, inspired by reports of the work of Samuel Marsden.[7] They travelled first to England where Ellen Spencer studied the rudiments of medical treatment and accumulated an impressive array of medical supplies to take with her to New Zealand. All were common standbys in Victorian England, including laudanum, calomel, ipecacuanha, blister plaster, aloes, castor oil and liquorice. Mrs Spencer dispensed a large measure of commonsense and hospitality along with the medicines, besides giving treatments for cuts and burns and setting of broken limbs. Fellow missionaries travelling through the district on their way to the coast were always

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5 *Ibid.*, p. 39.

6 An example of an early medical textbook was Thomson Leys' (Ed.), *Bretts Colonist Guide and Cyclopaedia of Useful Knowledge*, Auckland, NZ: Brett, 1883 (hereinafter known as *Colonist Guide*). Included is a chapter entitled: 'The Family Doctor', which has a section on nursing, a chapter on 'Homeopathy', written by a Homeopathic Chemist, and a chapter entitled: 'Maori Pharmacopoeia', author not acknowledged.

7 Marie Burgess, *Nursing in New Zealand Society*, Auckland: Longman Paul, 1984, p. 2. Samuel Marsden came to New Zealand in 1814 under the auspices of the Missionary Society. Recognising that the Maori were in need of health services, he recommended that medical supplies and medical knowledge be included in the missionary endeavour. Marsden's was the first attempt towards an organised health system in New Zealand.

assured of a warm welcome, with gifts of bread, wheat and ham to facilitate their onward journey:[8]

> Mrs Spencer is a very kind, hospitable woman with very sensible and liberal ideas. She has been many years in the country amongst the natives whom she thoroughly understands. She is just the sort of woman for a missionary's wife in the bush. No difficulties seem to daunt her, she has at times to perform surgical operations in cases of accident as doctors are quite out of the question here. She told us that natives get over broken bones or wounds in less than half the time that Europeans would.[9]

There may have been some connection between this accelerated healing process and the availability of the mineral springs. Mrs Spencer was also well known for her blister plaster, which was at times in high demand by the Maori. When she discovered that they were using it to wrap around their bullets to prevent bullet wounds from healing, she decided to restrict the supply.[10]

Ernst Dieffenbach, a doctor, commented on the obvious difference in health status of the Maori living in the Rotorua region compared with those elsewhere in New

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8 Alison Masters, The Spencers of Lake Tarawera, *Auckland-Waikato Historical Journal*, 1989: 54, pp. 10-11.

9 Bates 'Lieutenant Bates Returns to Napier from the Pink and white Terraces in 1860' in *Historical Journal Auckland-Waikato,* 1970:16, p. 23. From the diary of Lieutenant Bates, who travelled on horseback from Napier to Wairoa in 1860 (hereinafter known as *Lieutenant Bates Returns).* The word 'native' was commonly used to describe the indigenous people of colonial countries throughout the world during this period. In New Zealand the word was used in reference to the Maori.

10 Elliman, Sons & Co. *The R.E.P.(Rubbing Eases Pain) Book* (4th edition.), Slough, England: Elliman, Sons & Co., 1904, pp. 85-87. Blister plaster was commonly applied to the skin surface over infected tissue as a counter-irritant. Mustard and capsicum were most frequently used as the basic ingredient. The idea was to produce blisters of varying size, depending on the problem being treated. These would then be snipped to release the 'poison'.

Zealand.[11] Dieffenbach attributed chronic skin inflammation, a common ailment among the Maori in other parts of the country, to the influence of European contact. He suggested that the newly acquired custom of using a blanket as a cloak or dress was a major factor. The blankets eventually harboured vermin and dirt which then led to the development of skin conditions such as pustulous scabies.[12] Skin diseases were rare in Te Arawa, probably because of the constant bathing in heated water, but also because their cultural practices remained relatively intact until the late 1870s.[13] Dr John Johnson, in his commentary of the therapeutic properties of the thermal waters in Rotorua, noted that the Maori were able to cure many diseases by simple immersion in these springs. [14] He believed that probably the uniform heat was the most active agent in the cure, but also speculated that the thermal waters possessed valuable medicinal qualities both for internal use and external application. On one occasion, Johnson was shown a quantity of special mud, near Rotomahana, which was consumed by the Maori as an internal medicine. In his diary Johnson also commented on the velvet softness of the skin of the Maori which he attributed to the curative value of the waters.[15]

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11 Ernst Dieffenbach, as well as being a doctor, was a naturalist employed by the New Zealand Company, from 1839-1941. He travelled extensively throughout the interior of the North Island in the 1840s and wrote *Travels in New Zealand,* published in London in 1843 in two volumes.

12 Laurie Gluckman, *Tangiwai: A Medical History of 19th Century New Zealand,* Auckland, NZ: L.K. Gluckman, 1976, pp. 131-132 (hereinafter referred to as *Tangiwai*).

13 *Ibid.*, p. 69.

14 *Ibid.*, pp. 69-70. John Johnson, was appointed as New Zealand's first Colonial Surgeon in 1840.

15 *Ibid.*

The ancient Maori recognised death as being due to only three causes - war, old age, or supernatural influences, and regarded all illness and all disaster as a fall from grace. Sickness and death were evidence of the power of evil spirits and of the power of spells, incantations and rituals.[16] Tohungas used makutu to play on the fears and emotions of the individual or group concerned.[17] A breach of tapu resulted in a withdrawal of divine protecting powers, leaving the individual exposed to evil influences.[18] Prior to European contact any form of makutu was almost invariably fatal. Sometimes the individual merely lost heart and died. The sick were regarded as doomed outcasts. They were not allowed to die indoors, for fear that their tapu would desecrate the house, in which case it could no longer be lived in.[19] Rangitiaria Dennan, later to become the famed Guide Rangi of Whakarewarewa, provided an insight into Maori health beliefs and practices in Rotorua in the 19th Century.[20] Rangitiaria gave an account of her own birth in 1896, in which her maternal grandfather, Tene, presided.[21]

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16 *Ibid.*, p. 238. Tohunga is the high priest of the Maori, an adept, a teacher, a master of the occult. Tohunga Makutu is adept in black magic, Tohunga Ahurewa is adept in white magic.

17 *Ibid.*, p. 239. The practice of magic which calls forth the wrath of supernatural forces responsible for this magic are known as mana. There is no precise definition of mana. It may be attached to gods, chiefs or possessions. Mana can kill or cure.

18 *Ibid.*, Tapu refers to laws created by the gods. A series of things forbidden. Any breach of these laws leads to punishment by the gods, in the form of withdrawal of protective power over the individual concerned.

19 *Ibid.*, p. 150. See also, Ngahuia Te Awekotuku, *The Socio-cultural Impact of Tourism on the Te Arawa People Of Rotorua,* PhD Thesis, University of Waikato, 1981. Te Awekotuku gives a very comprehensive explanation of the laws of mana, makutu, tapu and noa, relevant to Te Arawa.

20 Rangitiaria Dennan, *Guide Rangi of Rotorua,* passim. Christchurch: Whitcombe & Tombs, 1968 (hereinafter known as *Rangi*).

21 *Ibid.*, p. 12. See also, Charlotte Macdonald, Merimeri Penfold and Bridget Williams (Eds.), *The Book of New Zealand Women,* Wellington, NZ: Bridget Williams Books, 1991, pp. 543-544. Rangitiaria lived an isolated existence for the first eight years of her life because of a tapu

At Whakarewarewa, when a Maori woman commenced labour she and her family would proceed to the Turikore or 'Spout Bath' where she would stand in the pool allowing the water from the thermal fountain to spray onto her body soothing and relaxing her. When she was ready to give birth she would step out of the water, raise one leg on to a box, whereupon the male elder of the family would deliver the baby. Mere Balzer recalls the story told to her of the first baby to be delivered by a pakeha midwife at Whakarewarewa. The baby died.[22]

The Maori used herbs and plants as medicines, but the laws of tapu were what governed the healing and caring practices of the Maori. These laws were an important means by which hygiene standards were maintained. Food had to be kept apart from the body, basins used for food preparation could not be used for bodily cleansing, and food could never be eaten in the place where people slept - so meals in bed were prohibited:

> It was this law of tapu which made it almost impossible for an old-time Maori to go to a pakeha hospital, or even to accept first-aid from a pakeha. To a Maori it was a shocking breach of tapu for a bedpan or sponge bowl used by one patient to be taken along to another patient, no matter how much it had been sterilised in the interim. This meant that the simple act of being given a sponge bath could plunge a Maori patient into much more serious straits than his original illness. If the illness didn't kill him, the breach of tapu almost certainly could cause complications which would.[23]

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placed on her before she was born. This tapu protected her from the influence of the gods that had prevented her mother from giving birth to a healthy child. Three previous children had died in infancy. Unfortunately, the Tohunga engaged by her father died before Rangitiaria was born, so the tapu was unable to be lifted until she was eight years old.

22 Mere Balzer, Unpublished paper presented at the First Annual Conference of the College of Nurses, Aotearoa (NZ), 12 June 1993.

23 *Rangi*, pp. 38-39.

Almost every accident or episode of ill-luck was attributed to a breach of tapu, so when Acts of Parliament required that Maori be subjected to European medical practices, especially hospitalisation, it was not surprising that the success rate for cures was not impressive, and continued to be a major cause for concern. The perceived unsympathetic outlook of the Maori to the sick made European medical practice difficult in 19th Century New Zealand. Johnson provided examples of early colonial imperialism, when it was generally assumed that European healing values were superior. As a result Maori cultural practices were often not respected in European society.[24] Illness and misadventure were not regarded sympathetically by the Maori, therefore Maori and pakeha each had a very different perception of what constituted caring practice.[25] The following story recounted by Captain Gilbert Mair provides an example of how Maori women effectively used the therapeutic properties of the thermal resources as a special means of providing care during the 1870s.[26]

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24 John Johnson, *Early Travels of New Zealand,* in N.M. Taylor (Ed.), Oxford: Claredon Press, 1959, p. 157.

25 'Pakeha' is the Maori word for white New Zealander.

26 Annual Report of the Armed Constabulary Force, *AJHR,* H-10, 1875:2, p. 4. Captain Gilbert Mair was with the Armed Constabulary, based in Tauranga. His unit was responsible for all Public Works, including roadmaking, in the thermal district. Mair had a long association with the Arawa people. He served through the Land Wars, defeated Te Kooti, and won the confidence of both Pakeha and Maori for soldiering vigour and fearlessness. When Gilbert Mair died in 1923 at the age of 80, he was buried as an Arawa Chief.

Tehirama, the grandson of a famous Chief, Rangiheuea, was about 11 years old. Both his feet turned inwards, while a large projection under his left armpit was an indication that he suffered from tuberculous enlargement of the heart. A bright, intelligent child, Tehirama smiled constantly in spite of his obvious pain and the tuberculous lesions covering his body. The only way he could obtain relief from the pain was by immersing his body in a small thermal pool, conveniently located between a hot spring and the lake.[27] Mair designed a special stretcher that enabled Tehirama to be kept comfortably immersed in the pool. One end of the stretcher rested on the bottom of the pool and the other end rested against the bank so that it could be raised and lowered depending on how much of his body Tehirama wanted immersed. A roof made of raupo, and shaped like a Chinese mandarin's hat, was placed over the pool, providing comfortable shelter even during the severest storms. Tehirama remained reasonably cheerful and comfortable in this state of immersion for fifteen months, until he died. During that time he was lifted out twice, and each time screamed in agony until he was returned to the water. Throughout his prolonged illness, Tehirama's mother, Emma, lived in a small hut beside the pool providing the necessary care that ensured the comfort of her dying son. Mair made representation to the Government on Tehirama's behalf so that the child could be provided with special food. A Sydney surgeon begged to be allowed to take Tehirama to Australia where there was a possibility of a cure, but this

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27 Gilbert Mair, *Reminiscences and Maori Stories*, Auckland, NZ: Brett, 1923, pp. 17-18 (hereinafter known as *Reminiscences*).

was not permitted. However, the child was cared for by his mother in a manner that allowed him a dignified death.[28]

The Maori tribes of the thermal region were possibly unique among Maoridom, in their ability to prevent and cure illness through the therapeutic powers of the springs, and would therefore have been able to maintain a reasonable level of health. Thermal burns were an ever present hazard, but laws of tapu relating to dangerous springs generally ensured that the Maori were protected, though many Europeans died from burns they received when they fell into boiling mud or water.[29]

Mair provided another example, this time from the 1880s. A member of Mair's Armed Constabulary, Christopher Maling, a New Zealand Cross hero, fell into a boiling spring and was scalded nearly to the hips.[30] Dr Hope Lewis, the medical officer in charge at Rotorua, was immediately sent for, and insisted that Maling be taken to a temporary hospital, but Maling's Maori friends strongly objected. He was their guest, they were responsible for his well-being, and they wished to treat him according to Maori custom. They claimed wider experience in scalds than any other living person, seeing that for nearly seven hundred years their ancestors had virtually lived in hot water. A compromise was reached. Maling's right leg was to be treated by the Maori method and Lewis, a member of the Royal College of Surgeons, London, was to use his skill in

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28 *Ibid.*, pp. 18.

29 *Tangiwai*, p. 70.

30 *Reminiscences*, p. 29.

treating the left leg. Lewis immediately proceeded with his treatment by laying the burned leg on lint and saturating it with lime and linseed oil.[31] The Maori women on the other hand, encased Maling's right leg in carefully prepared mud collected in calabashes from a deep lagoon in the middle of a swamp at Hinemoa's Point. This mud, which contained iron of oxide, was jet black. Maling's right leg was first laid on strips of calico on a layer of leaves, then the mud was smoothed evenly over the leg, totally excluding the air. Maling's pain was eased by the mud, which he described as soothing and cool. His left leg continued to be very painful, however, and was dressed by Lewis each day. On the third day, when the mud began to crack, Maling's right leg was immersed in the warm water of the bathing pool, Okahukura, much to Lewis' horror and disapproval. The Maori women insisted however, and the mud was gently bathed away disclosing perfectly clean skin, already showing signs of granulation. The same process was repeated several times. At the end of five weeks the leg treated by the Maori method was completely healed, but it was two months later before the left leg was healed. Shortly afterwards on the occasion of a rugby match on Pukeroa Hill, the historic recreation ground, Maling became the hero of the day when he scored several tries and kicked one or two goals. The Maori justifiably claimed credit for Maling's performance as evidence of their successful treatment of his right leg.[32]

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31 An example of 'heroic medicine', see *Own Good*, pp. 45-46.

32 *Reminiscences*, p. 30.

These are just two examples of how Maori women used the therapeutic properties of the thermal region to care and to cure, confident in the knowledge that had been handed down through generations. The second story provides an interesting example of early scientific research methods, comparing Maori healing practices using the thermal resource, with European healing practices. A medical question still unanswered would relate to whether the more rapid healing of Maling's right leg was the result of special properties of the iron oxide rich mud, or whether it was because air was completely occluded from the burns. Early reports of Maori healing practices usually focused on the effects of the laws of tapu and the role of the Tohunga Makutu in determining the health of the Maori. However, the healing magic of the Tapu Ahurewa was secret and therefore not often shared with the pakeha.[33] Maling's experience was a rare occasion at which the pakehas were allowed a glimpse into the curative practices of the Maori, possibly afforded because the Maori have a great respect for those who perform acts of bravery.[34]

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33 *Tangiwai*, p. 238. Provides an explanation of Tohunga Makutu and Tohunga Ahurewa. For the importance of maintaining the secrecy of Maori knowledge, see also, Ngahuia Te Awekotuku, *He Tikanga Whakaaro: Research Ethics in the Maori Community*, Wellington, New Zealand: Ministry of Maori Affairs, 1991, p. 14.

34 A. H. Reed, *Heroes of Peace and War in Early New Zealand*, Wellington, New Zealand: A.H. & A.W. Reed, 1959, pp. 42-45. Maling was a war hero, one of only four people ever to have been awarded the New Zealand Cross, the rarest military decoration in the British Commonwealth. In order of merit the New Zealand Cross is equal to the Victoria Cross and was founded by Queen Victoria in 1856 as the Crimean War was drawing to an end, and eligible only to those serving in the Imperial Forces. As the Land Wars were ending in New Zealand, the government instituted the New Zealand Cross, to be awarded to members of the Colonial Forces who, had they been serving in the regular army would have qualified for the Victoria Cross. Maling was awarded the New Zealand Cross for deeds of bravery, "by which the lives of Englishmen and the lives of brave enemies were saved from destruction."

In 1873 roads were opened up for coach traffic into the thermal district. This meant that invalids unable to walk or ride on horseback could now travel in the relative comfort of coaches, and so were able to make use of the thermal springs and mineral waters.[35] An attempt to buy land from the Maori in 1878, had it been successful, would have resulted in the first Sanatorium being established at Rotomahana.[36] As it was, many invalids who could have benefited from the springs in that area were unable to patronise them because of the lack of suitable accommodation.

During the 1870s the pools were holes in the ground, and bathers, Maori and European alike, 'took the waters' in the nude, a practice which some onlookers during the Victorian era would have considered offensive.[37] The pools were all given names, some of which indicated their therapeutic value. Others were named in recognition of men who had used them regularly. These included 'Oilbath', 'Coffee Pot', 'Stonewall Jackson', Knock Me Over', Kill or Cure', 'Pain Killer', 'Last Resort', 'Cameronian', 'Laughing Gas'. Claims for the therapeutic benefit to be derived from the thermal springs ranged from 'sluggish liver' to sterility.[38] One of the springs, 'Waikirihoa', was purported

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35 *Founding Years*, p. 110.

36 *Ibid.*, p. 96.

37 TO 1/1901/107/5. This Victorian attitude to nakedness was still evident in 1907. Two letters to the Editor of the NZH, 31st January 1907, criticised the perceived indecency of the haka, a ceremonial war dance performed for the entertainment of tourists. See also, the response to those letters from Whakarewarewa tourist guide Maggie Papakura, NZH 5th February 1907, NA.

38 Hope Lewis, *Medical Guide to the Mineral Waters of Rotorua*, Wellington: Government Printer, 1885. In this book Lewis described the site of the town of Rotorua, the bathing facilities of the district, the treatment of different diseases and the classification and analysis of the mineral waters, with recommendations for the treatment of a wide variety of complaints.

to reduce all craving for alcohol.[39] Another spring just big enough to accommodate four people tightly packed, became known as the Priest's Bath in honour of Father Mahoney of Tauranga. In 1878, Mahoney, severely crippled with arthritis, had to be carried to Rotorua to obtain relief from the therapeutic waters. After repeated and prolonged immersion in the acidic waters of this particular small spring on the lake's edge, he was able to walk back to Tauranga, a distance of some eighty kilometres.[40]

Rotorua's hotels, undoubtedly provided nursing care and support to many who travelled to Rotorua for treatment at the thermal baths. Morrison's Hotel was one of these. In 1874 a newspaper reported that the hotel provided good accommodation for invalids.[41] Satisfied hotel guests were among those who acclaimed the thermal waters:

> Dear Sir, I have often thought of writing to you to let you know that I have entirely recovered my health. I was very bad for a month after I came home, as I had reduced myself very much by making the water so intensely hot in the 'Pain Killer' spring where I bathed, but I was determined to cure myself if it was possible. I think I can safely recommend anyone coming up there to go to the 'Pain Killer' spring to bathe if suffering from liver complaint or bleeding piles as I was. Remember me kindly to Mrs Wilson and your daughter. J.S. Wagner, Christchurch.[42]

Evidently Rotorua hotels employed women for the specific purpose of providing some form of nursing care, as the following 1881 newspaper report indicated:

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39 Alfred Ginders, *New Zealand Official Year-Book*, Wellington: Government Printer, 1887, pp. 433-462. This report was also published as a 32 page pamphlet by the Government Printer.

40 Ian Rockel, *Taking The Waters: Early Spas in New Zealand*, Wellington: Government Printing Office, 1986, p. 20 (hereinafter known as *Early Spas).*

41 *BPT*, 14.4.74, DSC.

42 *Ibid.*, 5.12.77, DSC.

> Mr Wilson, native Interpreter to Mr Searny R.M., was scalded badly to the knee when the ground gave way . . . taken to Lake House and attended to by Mrs Neary, who has charge of the homeopathic portion of this establishment.[43]

Therapeutic though the thermal springs were reputed to be, they were not able to cure some of the cases of sickness or accidents that inevitably occurred. During the 1870s, apart from the surgeon attached to the Armed Constabulary, medical attention was only available from Tauranga. One medical historian describing the period 1870 -1882 stated:

> From 1870 Rotorua seems to have continued more or less happily without the services of the medical profession until after the establishment of the township. [44]

However sickness, disease, accidents and childbirth were still a feature of life in Rotorua, and in this context it was essential that women were equipped to deal with these situations in their roles of wives, mothers and homemakers. Rotorua was similar to other rural areas in colonial New Zealand where women's roles by necessity involved a wide range of functions. These included educating their children and nursing their families and neighbours. Caring was also extended in a voluntary capacity well outside these circles.

There is little known generally of early European settlers who contributed to the founding of Rotorua. Tourism provided a limited economic base, and consequently the population was largely transient, therefore few records of those early settlers exist today.

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43 *Ibid.*, 18.6.81, DSC.

44 *Medical Practice Rotorua*, p. 254.

Nursing care in colonial New Zealand generally was provided by women from the domestic classes with limited education, therefore records were not always kept, apart from family recollections. Of those who came to farm the land surrounding the Rotorua township, the women were even less in evidence than the men, but it is certain that the isolation of living in the interior of the North Island, on land which was difficult to farm must have created extreme hardship for those women.

'Bush sickness', was a wasting disease that afflicted the grazing cattle in the Rotorua region, caused by a lack of cobalt in the pumice soil of the volcanic plateau.[45] The cobalt deficiency was not identified until the 1930s. This meant that there was very little farming or large scale gardening in the Rotorua district until the 1930s. Fruit, vegetables and fish were scarce, expensive luxuries. In the 1890s Rotorua was dependent on only three small farms for butter, milk and fresh meat. The staple diet for residents and visitors alike would have been potato, bread and mutton. Milk was also a luxury.[46] Women were particularly susceptible to illness and fatigue because, unlike the men, they had neither the relief of long days spent in the open air in manual toil, nor the benefit of the most nutritious food available. The women were usually in their houses,

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45 Allen Ford, *Farming is My Life*, Rotorua: Holmes Printing, 1988. Allen Ford provides an interesting insight into the hardships associated with the early pioneering farming days in Rotorua, before the cause of Bush Sickness was identified. See also, TO 1/1912/343, 'Rotorua affected by Bush Sickness', NA.

46 *Early Spas*, p. 43. Because of this shortage, when the Rotorua Sanatorium Hospital was established, a kitchen garden provided fresh vegetables for the patients, a necessary adjunct to the treatment of many arthritic conditions. This garden was the forerunner of Rotorua's Government Gardens nursery.

cooking, washing and looking after their children. All the difficulties endured by women in large towns, increased for every kilometre a family lived away from those towns.

Joseph and Ellen Wylie, originally from Ulster, Ireland, settled in Galatea near Rotorua in 1886.[47] Joseph was the school master and Ellen taught sewing. She also helped to make clothes for the other school children so they could attend school suitably attired. Included in the duties of the schoolmaster and his wife was the responsibility for the health of the pupils. All isolated schools were provided by the government with a medicine chest which contained:

> Castor oil, syrup of squills, painkiller, zinc and sulphur ointments, rhubarb powder, paregoric and other preparations. The Maoris often had skin troubles, which Mr and Mrs Wylie did their best to help, and Mrs Wylie became adept at syringing out ears.[48]

Mrs Wylie had a large family and several of her children were born in Galatea. Even though there was no doctor or nurse available, only one child died:

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47 Ethel Keck, 'The Wylie Family at Galatea', *Journal of the Auckland-Waikato Historical Societies (JAWHS)*, 1968:13, pp. 2-7. The Wylie family have made a significant contribution to the history of Rotorua. Joseph Wylie was the first storekeeper in Rotorua, but left after the Tarawera eruption in 1886 to take up the position of Schoolmaster in Galatea. Fred, one of the older sons went to the Boer War in 1900 with his own horse, given to him by the people of Rotorua and Galatea. He was killed in Klipfontein. A memorial statue of Fred Wylie was placed in the Sanatorium grounds, and remains there to this day. Ellen Wylie's niece Adelaide, came to Galatea as an assistant teacher and later married Elsdon Best who was living at Te Whaiti. Jim Wylie played rugby for New Zealand as an All Black. Mary-Jane Wylie married John Corlett, son of the architect who was co-designer of the Bath House and Post Office in Rotorua. Margaret Wylie, a fluent speaker of Maori, became the first Postmistress at Whakarewarewa.

48 *Ibid.*, p. 4.

> The youngest daughter, Violet, when only two or three years old, died quite suddenly apparently of pneumonia. One brother rode into Rotorua for medicine and on his way back, met another brother riding in for a death certificate.[49]

Women were responsible for maintaining the moral tone of society and they took this role very seriously. It has been argued that this conception of women's role as wife, mother, homemaker and guardian of society's morals was closely associated with the agitation for suffrage, and with the early extension of the vote to New Zealand women. When women were granted the vote in 1893 it was very much a reward for the 'colonial helpmeet' and therefore did little to challenge the notion of women's domestic sphere.[50] Home treatment handbooks, an absolute essential for every household in colonial New Zealand supported and reinforced the role of women. One such text was Brett's Colonist Guide and Cyclopaedia of Useful Knowledge, published in 1883. In the section entitled 'The Family Doctor', ailments were listed in alphabetical order with their corresponding treatment. Two examples give a graphic indication of how the treatment could sometimes be worse than the cure:

> ASTHMA ... Inhale chloroform; smoke from brown paper - stramonium cigarettes; blotting paper, soaked in strong solution of nitre, dried, and the fumes inhaled. If no bronchitis, give twenty or thirty drops of laudanum. It is sometimes due to overloaded stomach; if so, give an

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49 *Ibid.*, p.6.

50 Raewyn Dalziel, The Colonial Helpmeet: Women's Role and the Vote in Nineteenth Century New Zealand, *New Zealand Journal of History,* 1977:11, pp. 112-123. See also, Margaret Tennant, 'Matrons with a Mission: Women's Organisations in NZ', Massey University, 1976. Also, by the same author, 'Indigence and Charitable Aid in NZ 1885-1920', Massey University, 1981, *Paupers and Providers: Charitable Aid in NZ*, Wellington, NZ: Allen & Unwin/Department of Internal Affairs, 1989, and 'Women and Welfare, The Response of Three NZ Women to the Social Problems of the Period 1890-1910,' Massey University, 1991. See also, '*Nursing Education NZ*', passim.

> emetic or purge. A small cup of strong coffee is often useful. Use bluegum leaves as directed in "CATARRH".
>
> BITE OF DOG, ETC ... Immediately suck the wound and apply caustic; if dog is certainly mad, part should be cut out and washed with vinegar and water, or burnt with a hot iron.[51]

Because medical services were often unavailable or inconsistent, women learned to deliver babies, to care for the ill and to administer first aid in the event of accidents.[52] The first nurses in the Rotorua district, as in New Zealand generally were trained by nature and experience. In the surrounding country district they must have suffered great hardship making long and difficult journeys over the rough unformed roads, the bush tracks and the dangerous rivers in order to bring what help they could to the sick. The title of nurse was conferred on many women because of the medical knowledge and skill they had acquired and developed through experience. Although they generally lacked formal training, these women provided a vital service for the early settlers in the Rotorua district as did untrained nurses in early European communities throughout New Zealand.[53]

From the 1870s increasing interest was shown in the thermal area by people seeking relief from a variety of symptoms. The New Zealand Government began to make plans to develop Rotorua into a spa resort attracting visitors from all over the

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51 *Colonist Guide*, p. 446. The Guide is replete with examples of 'heroic medicine.'

52 '*Nursing Education NZ*', Rodgers' research provides graphic and poignant glimpses into the many and varied situations in which pioneer women throughout New Zealand in the 19th century contributed their services as 'nurses' or 'midwives'. See for example, p. 5.

53 '*Nursing Education NZ*', p. 5.

world, who would come to 'take the waters.' Organised therapy for invalids utilising the curative springs and mud pools of the district was beginning to develop.

The European concept of nurses in the nineteenth century was derived from society's belief about the relationship between the male and female roles. The male was the possessor of intellect and body strength, the female was responsible for providing a stable home situation, for nurturing and protecting the young and the helpless and for producing children to continue the species.[54] It is possible that Maori health practices and roles were also shaped by their cultural beliefs about the relationship between male and female roles. For centuries the Maori had understood and used the thermal and mineral resource of the region to promote health and enhance healing. There is no doubt that the thermal region was able to provide the unique means by which health could be promoted and maintained. Simply to be able to keep warm in bitterly cold weather, to cook food at a temperature which destroyed micro-organisms, and to obtain comfort for aching joints and limbs in old age, were features of this physical environment which enhanced health. Maori healing practices were supported by the laws of tapu, spiritual yet logical and overwhelmingly powerful. Men played a significant role as the experts and women occupied a supportive role in a relationship which could be seen to parallel European medical and nursing role relationships in an equally patriarchal society.

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54 *Ibid.*, p. 5.

The incidents related in this chapter appear to support the argument that caring is an element in the female identity. However, they are also indicative of the contention that caring takes many forms and is usually shaped by the contexts within which it is practised.[55] Care and cure were intricately linked in the practice of the amateur nurse, and the boundaries between medicine and nursing were substantially blurred. In contrast to the amateur nurse of the early Rotorua period, Chapter Three takes up the argument that the introduction of nurse training towards the end of the 19th century was an effective strategy of professional closure for nursing. Through the system of institutional training, nursing responsibility to the patient was to be exchanged for a responsibility to provide a service for the doctor. It was by this means that nurses' traditional 'care' practices were progressively overtaken and nursing became focused entirely on doctors expectations and the medical 'cure' model.[56] As nurses became trained institutional care-providers, they relinquished their autonomy and assumed the roles and expectations of the 'trained nurse.' Two new perspectives were introduced to the concept of the nurse; the moral and the technical. Caring continued to be included in the nurses role, but because it was perceived as a natural extension of the woman's role, its value diminished.[57] Technical expertise, treatments and procedures carried out in strict accordance with doctors instructions meant that nurses now required a scientific knowledge base to support their practice. Nurses, unable or unwilling to claim the right

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55 Susan Reverby, A Caring Dilemma: Womanhood and Nursing in Historical Perspective, *Nursing Research*, 1987, 36:6, pp. 5-11 (hereinafter known as *Caring Dilemma*).

56 Marie Colliere, 'Invisible Care and Invisible Women as Health Care-providers', *International Journal of Nursing*, 1986, 23:2, p. 102.

57 *Ibid.*, p. 102.

to take control of their own activities in the name of caring, soon succumbed to the prevailing expectation engendered by the patriarchal society, that it was their duty to care.[58]

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58 *Caring Dilemma*, p. 5.

CHAPTER THREE

THE NEW ORDER: NURSING IN ROTORUA 1870-1900

This chapter traces the emergence of nursing in Rotorua within the contexts of professional and political developments in the New Zealand health care system. Nurse training in New Zealand began to reflect the nursing reforms introduced in Britain and Australia, and nursing at the new Rotorua Sanatorium Hospital embraced the scientific approach to enhance the international image of this Spa resort. The high degree of government involvement in the new township and particularly in the spa facilities brought this hospital into the arena of public interest and awareness. As professional medical and nursing care in Rotorua focused on visiting invalids, the lay systems of care within the family and community, for both Maori and non-Maori, became less visible. This directly related to the effects of professional closure, as the medical profession began a concerted effort to establish itself as the most powerful force in the New Zealand health care system.

Until the Medical Practitioners Act of 1868, and the introduction of compulsory registration of doctors, there was considerable overlap between the roles of the various health care providers in New Zealand. Midwives, nurses and chemists often prescribed for and treated patients, and doctors occasionally provided 24 hour nursing care for wealthy patients.[1] In 1860 the missionary Ellen Spencer reputedly performed surgical operations in the thermal district, and even in the 1880s it was not unusual for nurses to

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1 *Healthy Country*, p. 10.

carry out surgical procedures.[2] In 1881 Selina Sutherland, matron of Wellington Hospital performed minor surgery on an elderly male patient, so incensed was she that the doctor had refused to operate on the man. The doctor had insisted that the operation would serve no useful purpose. Records show that the man in question lived in reasonably good health for some years after the operation.[3] Ellen Dougherty, the first matron of Palmerston North Hospital was also noted for her surgical prowess:

> According to her great-niece she could turn her hand to most things, including setting broken limbs, and even performing amputations when no doctor was available. As a qualified chemist she also dispensed medications and had responsibility for overseeing patient care, housekeeping matters, food service and hospital maintenance. All for a mere £100 a year.[4]

The new township of Rotorua, established in 1880, was the only one in New Zealand to be entirely Government owned. The intention had been to sell the land to the public so that the curative properties of the mineral springs was available to everyone. Dr Hope Lewis, appointed Medical Officer in 1882, provided medical services to invalid tourists and visitors able to afford to pay for their treatment. He kept case books and made reports to provide information that would guide general practitioners throughout New Zealand who were considering recommending invalids to use the springs.[5] At that

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2 *Lieutenant Bates Returns*, p. 23

3 Cyril Carle, *Masterton Hospital 1879 - 1979*, Masterton: Wairarapa Hospital Board, Centennial Book Committee, 1979, p. 14. Selina Sutherland was co-founder of the Masterton Hospital, established in 1879 (hereinafter known as *Masterton Hospital*).

4 Jo Kellaway and Mike Maryan, 'Ellen Dougherty: Pioneering Matron. First Matron 1893-1908,' in *A Century of Care: Palmerston North Hospital 1893-1993*, Double Bay, NSW Australia: Focus Books Pty. Ltd., 1993.

5 *Founding Years*, pp. 156-157. Included in the plan for the Sanatorium, were a dispensary and consulting room which would enable the Medical Officer to receive patients who sought his

time the Government made a firm commitment to provide a Sanatorium Hospital for use in conjunction with the thermal baths treatments, so that the facilities at Rotorua would be available, not only to wealthy tourists, but to all New Zealanders. Patients referred from other hospital districts were sponsored by their local hospital, charitable aid board, or benevolent society. A subsidy of one guinea a week was thus contributed for the maintenance and treatment of each patient.[6]

The Sanatorium Hospital, though promised in 1882, was finally completed in 1885, possibly due to the deferral of political approval. Dr Grabham, New Zealand's first Inspector of Hospitals, adamant that institutional treatment be provided only as a charitable service, decried the excessive rate of hospital growth.[7] In 1882, there were twenty eight public hospitals throughout New Zealand. In his first report to Parliament, Grabham expressed his concern that the distribution of hospitals was unplanned and disorganised. He believed that parochialism and rivalry between neighbouring towns were the main determining factors in the establishment of these early colonial hospitals, and he had observed a considerable variation in their standards. Some he described as being homely and comfortable, while others appeared to be poverty stricken. He observed a third category however, managed very economically and yet still able to

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advice. A bathing pavilion was built close to the springs with a male attendant to maintain the baths and to provide assistance to bathers who paid for this service. A laboratory was also to be established for the analysis of the mineral waters and their effectiveness in the various forms of treatment.

6 One guinea was £1. 1s. present equivalent of $2. 10c.

7 Report on Hospitals in New Zealand, *AJHR*, H-3A, 1883:3, p. i.

provide adequate care for their patients.[8] Hospital staff throughout New Zealand at this time generally consisted of a master and matron, usually without medical or nursing experience and with such help as could be obtained. Nursing care was provided by men and women attenders in hospitals that have been described as 'primitive, repugnant institutions'.[9]

Between 1885 and 1900, nursing in New Zealand was gradually organised into a clearly defined occupation based on feminine characteristics and values, an extension of the qualities inherent in the untrained nurse, while incorporating the reforms to nursing education being introduced in Britain and Australia.[10] Until 1886 few women worked in hospitals, except as domestic servants. Wards men or male attendants provided most of the patient care. The only career opportunity available to women in hospitals was that of matron, a position usually occupied by the wives of the hospital managers. These women provided nursing care as well as domestic services.[11] The wealthy sick continued to be cared for by experienced though untrained nurses in the community, and women continued to have their babies in the relative safety of their own homes, attended by lay

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8 *Ibid.*, pp. i-iii. See also, *Centennial Report of the Health Department 1840-1940*, *AJHR*, H-31, 1939:3, p. 56 (hereinafter known as *Health Department 1840-1940*).

9 '*Nursing Education NZ*', pp. 93-94. See also, Beryl Hughes, The Development of Nursing as a Profession in New Zealand, *Kai Tiaki* (*KT*), March 1978, pp. 17-21.

10 '*Nursing Education NZ*', pp. 9-10.

11 Report by MacGregor, Inspector of Hospitals, *AJHR*, H-19, 1887:2, pp. 1-24. See also, *Masterton Hospital*, p. 7. In 1879 the Masterton Hospital committee appointed Mr James Bulpitt and his wife to take charge of the hospital. Mr Bulpitt undertook the nursing responsibilities while his wife was responsible for the domestic work. For this they were paid a combined salary of £100 a year.

midwives, or by their doctors, or both.[12] However, as hospitals proliferated, sick people began to enter them in increasing numbers, and the bureaucratic administrative structure emerged.

As hospitals became established throughout New Zealand to meet the needs of a growing population, nurse training became available in this country.[13] The nursing reforms influenced by Florence Nightingale in Victorian England emphasised morality and discipline as desirable characteristics of the trained nurse. Nightingale:

> 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 . . . [and the] attributes of quietness, gentleness, patience, endurance, forbearance . . . the Nightingale ethos.[14]

It was not until 1886 with the formation of the New Zealand Medical Association (NZMA) that doctors made a determined effort to apply their forces of professional closure to effectively exclude all other health care providers from the position of privilege they were establishing for themselves. At the first meeting of the NZMA doctors voiced their concern that recent legislation posed a threat to their professional autonomy and their monopoly of the health care system.[15] Nearly all of the doctors

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12 Puerperal sepsis was responsible for the high infant and maternal mortality rate in New Zealand in the 19th century, largely attributable to the unhygienic conditions of hospitals.

13 *'Nursing Education NZ'*, pp. 6-7.

14 *Ibid.*, p. 94.

15 Rex Wright-St Clair, *A History of General Practice and the Royal N.Z. College of General Practitioners*, Upper Hutt, NZ: Wright and Carman Ltd, 1989 (hereinafter known as *History General Practice*). Of particular concern were the Vaccination Act of 1871, and the Coroners Act 1867 Amendment Act, 1885.

practising in New Zealand in 1886 had trained in Britain.[16] They would have been well aware of the threat to their professional power and control being posed by the nurses trained under the Nightingale system. Doctors recognised the need to form a unified group to protect their privileged status from potential usurpers such as the general trained nurses. These nurses represented a reasonably powerful professional force as a consequence of the Nightingale system of nurse training in Britain:

> The general trained nurse . . . came . . . to resemble . . . the emerging general practitioner who indeed saw the new nurse as a direct competitor.[17]

In complex organisations the elite group attempts to strengthen its powerful position by recruiting lower level workers socialised to respect its cultural superiority.[18] This strategy was evident in the appointment of Grace Neill in 1895 as Assistant Inspector of Hospitals, under the direction of MacGregor, Director-General of Hospitals in New Zealand from 1885 until 1906.[19] Grace Neill, a Scotswoman, trained as a nurse under the Nightingale system at Charing Cross Hospital in London in the 1870s. She came to New Zealand via Australia in 1893. In 1895 after two years as New Zealand's first female Inspector of Factories, she became the first woman in the British Empire appointed as an Assistant Inspector of Hospitals, Asylums and Charitable Aid. This was

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16 *History General Practice,* pp. 18 -19.

17 *Origins Nursing,* p. 2.

18 *Structure Closure,* p. 549.

19 Hester Maclean, *Nursing in New Zealand,* Wellington, NZ: Tolan Printing Company, 1932, p. 34. Duncan MacGregor died while still holding this office, shortly after Grace Neill's retirement in 1906.

an important landmark in New Zealand nursing, coming at a time when the University was opening its doors to women and women's franchise was established.[20] Neill's overriding concern was to remedy the varying standards of nurse training throughout the country, and the need to protect the public from unqualified nurses. Sometimes referred to as the Florence Nightingale of New Zealand, Neill worked very closely with MacGregor, seemingly in support of the patriarchal system that was disempowering nursing. Rodgers described MacGregor and Neill as being 'minds attuned'.[21]

In New Zealand as in England, largely due to Neill's efforts, nursing began to be seen as a respectable vocation for educated young ladies, a form of paid employment not undertaken from purely commercial motives. The introduction of training and the notion of nursing as a vocation, based on the themes of gender, subservience, discipline and morality led to the perception of nursing as an occupation with claims to exclusivity.[22] The apprenticeship system of training, low pay, long hours and the insistence on

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20 *Health Department 1840-1940*, p. 57.

21 The excellent working relationship enjoyed by MacGregor and Neill was possibly enhanced by factors that went beyond the workplace. It is quite likely that they had family connections. Both grew up and were educated in Scotland. MacGregor graduated from Edinburgh University in 1870. Neill was from a very wealthy and influential Scottish family, and undertook her nursing training at Kings College and Charing Cross Hospitals from 1873-1876. Neill's primary ambition had been to become a doctor. She passed the Cambridge University entrance examination with exceptional grades, but was prevented from studying Medicine by her authoritarian father. She entered nursing instead and married a doctor, Channing Neill, who died shortly after they had settled in Australia. Neill had strong connections with the Queensland government through her family, and it was through these connections that she obtained her Government appointments, both in Australia and New Zealand. She and MacGregor would have had much in common. See, J.O.C. Neill, *Grace Neill: the Story of a Noblewoman,* Chapter One, Christchurch, NZ: N. Peryer Ltd, 1961.

22 *Professional Closure,* pp. 142-144.

obedience, combined to ensure that nursing became located within the bureaucratic New Zealand hospital organisation.[23]

In 1895 a Commission of Inquiry into the management of Christchurch Hospital demonstrated the change in nursing's direction. Complaints against the house surgeon and the matron of that hospital had been the subject of intense public concern with regard to the 'new' system of nurse training, a system that appeared to devalue old nurses who had for many years proved themselves 'good and faithful servants'.[24] The problems identified at Christchurch Hospital resulted from conflict between an old system and a new one. The older nurses conspired to frustrate reforms and introduced insubordination to create administrative difficulties for the matron and the house surgeon. The Commissioner reported:

> The simple fact is that a new and greatly improved system of nursing has sprung up of late years, and is fast superseding the old system, which had grown up in times when it was not generally understood that nursing is a scientific art, and in a time when popular education had not become generally diffused, and the people had not learned to demand everything of the best quality in their public institutions.[25]

The Christchurch public were anxious that nurses trained under the new system and drawn from the ranks of educated and refined young women would not be able to adequately minister to the sick and suffering. The Commissioner reassuringly wrote:

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23 '*Nursing Education NZ*', p. 96.

24 Report of the Inquiry into the Management of Christchurch Hospital, *AJHR*, H-18, 1895:3, pp. 1-14.

25 *Ibid.*

> These gentlemen and associations will therefore be gratified by the assurance that they are mistaken - that the modern system of nursing is not a *dilettante* business, or by any means suited to the young lady whose listless life craves for a new sensation. Such as she are soon weeded out by the sternness and exactness of modern training, and none are likely to be left except those who intend real and earnest work.[26]

Neill and MacGregor gave considerable support to the new system of nurse training throughout the inquiry, especially supporting the matron, Sybilla Maude.[27]

Neill worked hard during the late 1890s to achieve State Registration of New Zealand Nurses, eventually to succeed in 1901.[28] She allowed MacGregor to claim complete responsibility for the initiation and achievement of the Nurses Registration Act of 1901. MacGregor, pleased that nursing was now under government control proclaimed:

> At the opening of the present century we find the business of nursing has become a distinct profession.[29]

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26 *Ibid.*

27 Sybilla Maude was the founder of the District Nursing Association in Christchurch. Born in Christchurch , she undertook her one year nurse training as a 'paying lady probationer' at Middlesex Hospital in 1889. She returned to New Zealand and was the matron of Christchurch Hospital from 1893-1896. In 1896, Maude left hospital nursing and began a lifetime of work devoted to caring for the elderly and the poor in the community. Nurse Maude travelled to England again in 1900 to obtain the London Obstetric Society diploma. She then returned to Christchurch to continue with her district nursing work.

28 Report by MacGregor, Inspector of Hospitals to the Minister of Education, *AJHR*, H-22, 1901:4, p. 4. The Nurses Registration Act of 1901 was the first to be enacted in the world. It inaugurated a course of three years training with a State examination and a Register. The examination system was copied from the New Zealand University. See also, *Health Department 1840-1940,* p. 57.

29 *Ibid.*, p. 2.

Nursing became removed from the sphere of business enterprise, with the implications for autonomous practice and independent financial remuneration. Now considered a profession, nursing became subject to rules of closure, standards of practice and professional dominance. Institutionalised within the bureaucratic hospital structure, nursing had now changed to become subordinated to the medical profession.

As hospitals grew in number and importance, they required a large labour force of competent nurses to staff them. Trained nurses arrived in New Zealand in increasing numbers in the 1880s and by the 1890s over a thousand New Zealand women were working as nurses.[30] By now the hospital trained nurse was being perceived as a means of ensuring consistent standards of practice, while embracing the new scientific approach to health care. Rotorua, a government owned town, was an ideal setting to establish the new order of nursing. The patriarchal governmental structure supported Medicine's principles of professional closure, and placed the medical profession firmly in control of nursing.[31]

Nursing in the Sanatorium Hospital was based on the new system of scientific nursing emerging in Europe. This was appropriate considering the purpose for which the spa facility developed - to encourage wealthy visitors from all over the world to avail

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30 Helen Simpson, *The Women of New Zealand,* Wellington, NZ: Department of Internal Affairs, 1940.

31 MacGregor was the first Registrar of Nurses. The first Board of Examiners appointed in 1907, was predominantly comprised of doctors.

themselves of the spa treatment, and to combine this with a visit to the unique tourist attractions in the Rotorua area.[32] Patients in the Sanatorium Hospital though, were generally invalids not able to pay for their treatment. Private patients usually stayed at hotels or boarding houses, where transport and supportive care were available for the wealthy.[33]

The expected expansion of the thermal facilities in Rotorua was slow, due to the New Zealand wide economic depression that occurred between 1885 and 1890. The effects of the depression on the economy of New Zealand generally, were exacerbated in Rotorua by the Tarawera eruption of 1886. However the Government kept their part of the bargain by providing the expenditure they had promised, and the Government Sanatorium Hospital opened on December 1 1886, before completion of the work, such was the demand for its services.[34] Staffing consisted of a medical superintendent, a lady superintendent, a male cook, a housemaid, a wards man and a gardener.[35] Mrs Mannix

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32 Report of MacGregor, Inspector of Hospitals and Charitable Organisations, *AJHR*, H-22, 1895:3, p. 29. MacGregor recommended that a straight road be constructed from Rotorua to Taupo to ensure that the wonderland of the thermal district could become accessible to tourists so that people travelling to Rotorua for treatment could enjoy the many attractions the area had to offer.

33 Report of MacGregor, Inspector of Hospitals and Charitable Organisations, *AJHR*, H-22, 1896:3, p. 30. Refers to the 'abundant and comfortable accommodation provided by private enterprise for the 'ordinary tourist', and the need to appoint a balneologist to ensure that the needs of the rapidly increasing numbers of invalid visitors could be met.

34 *JAWHS*, 24:1:10, DSC.

35 The new status of lady superintendent responsible for female patients was introduced by Miss A. Crisp, a graduate of an English nursing school which incorporated the Nightingale traditions, when she was appointed to this position at Auckland Hospital in 1883. The title of Lady Superintendent never eventuated at the Rotorua Sanatorium however, the senior nurse was only ever referred to as the matron.

was probably the first matron appointed to this Rotorua hospital, although her name does not appear on official documents until 1887. Mrs Mannix acted as the overall coordinator but her qualifications have not been traced.

The Sanatorium grounds encompassed the Sanatorium Hospital, the Blue Baths, the bathing pavilion, the medical superintendent's residence, the bath keeper's residence and a number of thermal springs.[36] The hospital consisted of a central building and two square cottages, united by a short corridor on each side, at right angles to the main entrance. A veranda ran along the front and sides. The front of the building was richly ornamented, there was a bell tower and a huge double concrete chimney that served fireplaces in both the hall and the kitchen.[37] The dispensary and the doctor's office were to the right and left of the entrance. Opposite the front door was a large comfortably furnished dining room. Female patients were accommodated in the right wing, male patients in the left. Each wing comprised a central sitting room with three bedrooms to the right and two bedrooms to the left. Both wards were provided with a large well-stocked linen room.[38] Within the hospital enclosure was a ward with four beds for Maori patients.[39]

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36 Report of MacGregor, Inspector of Hospitals and Charitable Organisations, *AJHR*, H-19, 1887:2, pp. 18-19.

37 *BPT*, 11.3.1884, DSC.

38 Report of MacGregor, Inspector of Hospitals and Charitable Organisations, *AJHR*, H-19, 1887:2, p. 19.

39 *Journal of the Waikato Historical Society*, 24:1:10, DSC.

When MacGregor, having replaced Grabham as Inspector of Hospitals, inspected the Sanatorium Hospital in 1886, there were nine patients - eight men and one female child, all of whom spoke in praise of the treatment they were receiving. MacGregor described the matron, Miss Mannix as 'very kindly and devoted to her duties'. He noted that she did not have her own sitting room, and was required to use the one in the female wing and even then, only when that wing was unoccupied.[40]

In 1886, forty-five Maori and forty European patients were admitted to the Sanatorium Hospital. They received treatment for a range of ailments, including phthisis, rheumatism, and related conditions. Reports indicated that of those, twenty four Maori and fourteen Europeans were cured, and that seven Maori and nine Europeans had improved as a result of the treatment.[41] The Rotorua Sanatorium Hospital compared favourably with the other thirty-four hospitals in New Zealand inspected by MacGregor in 1886.[42] Sixteen hospitals had fewer patients than the Rotorua Sanatorium and of these, four had no patients at all when inspected. At that time, ten hospitals were of a similar size or smaller, and only seventeen had more patients than the Rotorua hospital.[43]

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40 Report of MacGregor, Inspector of Hospitals and Charitable Organisations, *AJHR*, H-19, 1887:2, p. 19.

41 It can be assumed that the remaining twenty-six, six of whom were Maori, received no benefit at all from the thermal treatment.

42 In four years the number of public hospitals had extended from twenty eight to thirty five.

43 Report of MacGregor, Inspector of Hospitals and Charitable Organisations, *AJHR*, H-19, 1887:2, pp. 1-24. The ten hospitals of similar size or smaller than the Rotorua Sanatorium Hospital were Akaroa, Arrowtown, Charleston, Coromandel, Masterton, Greytown, Mt Ida, Patea, Riverton, and Ross.

After the Tarawera eruption in June 1886 the famous Te Wairoa tohunga Tuhoto, reputed to be more than one hundred years old was taken to the Sanatorium hospital. A surveyor for the Auckland-Rotorua Railway Line recounts:

> We then went on to Wairoa and found that two men had just dug up Tuhoto, a Maori tohunga, said to be over 100 years old, who had been covered in for about 106 hours . . . the Maoris blamed this poor old man for the whole eruption and his being dug up alive was full proof in their minds of his being a wizard. It was not long since he had cursed this part of the tribe for their drunkenness and immorality and threatened them with some dire calamity if they did not reform. They believed that he had indeed wrought this destruction and, such was their fear of his magic that, if it had not been for the white inhabitants of Wairoa; they would have murdered him to escape from his power. We brought home the old man in our coach, as no Maori would go near him. He was put in hospital in Rotorua but was too famished and exhausted to survive more than a few days.[44]

This is one of numerous examples of pakeha health values being inflicted on the Maori. Tuhoto had strenuously resisted being removed from his burial place, accepting the circumstances of his death as part of the Tarawera eruption. At the Sanatorium hospital the nurses cut the old Tohunga's hair because it was matted with volcanic debris. He died a few days later, purportedly because tapu had been violated when his hair was cut.[45] His mana must have been considerably diminished by the pakeha interventions, regardless of how well intentioned. According to Maori beliefs, death in the native section of the hospital would have rendered it tapu at that time.[46]

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44 H. Roche, A Brave Surveyor Helps to Rescue Victims: Mr H. Roche describes his work after the eruption, *AWHJ*, 1976:28, p. 8. Reprinted with the permission of Mr Roche's family from N.Z. Science Review, Oct. 20, 1948. See also, Alison Masters, Forbidden Honey: The Story of Mt Tarawera, *AWHJ*, 1986:48, pp. 1-3.

45 *Early Spas*, p. 25.

46 *Tangiwai*, p. 238.

Female nursing staff were only just being introduced into hospitals throughout New Zealand. MacGregor seldom referred to nurses in his report, but commented that Wellington, Thames and New Plymouth hospitals now had a new style of nursing with the introduction of 'lady nurses', an innovation which he felt brought considerable improvement to the quality of the nursing staff in those hospitals.[47] Mannix at Rotorua, was one of only five matrons singled out by MacGregor for mention by name.[48] MacGregor recorded his enthusiasm about the thermal resources of Rotorua in his annual report. He marvelled at the beauty of the Sulphur Point reserve on which the hospital was situated, and was certain that with proper advertising and the provision of rail access to Rotorua, people would travel from all over the world to obtain relief from their suffering. MacGregor noted that the therapeutic baths were purported to be effective in the treatment of a variety of medical conditions, including rheumatism, neuralgias, chronic congestion of the uterus, the liver and the kidneys, functional paralyses generally and skin conditions of all kinds.

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47 Report of MacGregor, Inspector of Hospitals and Charitable Organisations, *AJHR*, H-19, 1887:2, p. 19. The only other hospital where mention was given of the nursing staff, was at Napier. MacGregor felt there were far too many nurses in relation to the number of patients at that hospital.

48 *Ibid.*, The others were: Ashburton, Mrs Mackay; Auckland, Miss Crisp; Dunedin, Mrs Burton; Gisborne, Miss Guilbride. The matron of Christchurch hospital (unnamed) was criticised for not providing adequate discipline for the nursing staff, and was therefore not being supported in her position by other hospital staff. The matron at Oamaru (unnamed) was reported as being unpopular with patients and staff.

In November 1888 the local newspaper reported that although the hospital was empty, it was kept in immaculate order by the 'homely and good natured matron, Mrs Taylor, who was always ready to welcome new patients.'[49]Taylor lived in the hospital and was therefore the first to discover the fire which destroyed it only nine days after the above item appeared in the newspaper. Taylor assisted with the fire fighting and evacuated all of the patients that had been admitted over the previous week. She suffered personal loss as a result of the fire, reportedly to the value of £150.[50] A newspaper report of the incident intimated that the fire could have been set deliberately.[51]

The hospital was rebuilt and opened again in January 1891. The new hospital was larger than the original, with no expense spared on furnishings and fittings. Accommodation was provided for twenty-one patients, twelve males and nine females. Even without being advertised, the new hospital soon filled with patients. The grounds surrounding the hospital were also improved with new footpaths and the planting of ornamental trees, shrubs, fruit trees, flower and kitchen gardens.[52] Antoinette Birch was

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49 *BPT,* 7.11.88, DSC.

50 *Ibid.,* 16.11.1888, DSC.

51 Maggie Papakura, *Makereti: The Old Time Maori,* Auckland NZ: New Women's Press, 1986. Maggie Papakura, the famous Whakawerawera guide, who later became an Oxford Scholar, described the sacredness and the rituals of fire in her anthropological thesis, pp. 271-281. See also, BPT, 26.11.1888, DSC. It was reported that although there was plenty of water, it was not accessible as the fireplug had become embedded in the sand. The firebell was also found to be out of order. The fire started with a smouldering rag which the cook had used to clean the range and which she then placed in a cupboard. See also, Alison Masters' vignette of Maggie Papakura which has a photograph of the guide, the caption indicating that she was a nurse at Whakawerawera. Three Rotorua Portraits, *AWHJ,* 1983:43, pp. 19-21.

52 Report of C. Malfroy, Engineer in Charge, Rotorua, *AJHR,* C-1, 1891:1, p. 5.

appointed as matron in 1890, before the hospital was officially opened. At that time it was reported:

> The government sanatorium patients speak well of the management, cleanliness, excellent diet and general comfort of the institution.[53]

Although not specifically stated, this was probably a reference to the nursing care the patients were receiving.

It is not until 1893 that the Matron is again in evidence, with an indication that the doctor holds the power and the nurse carries out the orders. This is exemplified below:

> The Sanatorium is a large one storey building ... As the former edifice was reduced to ashes by fire some years ago, a new building was erected some two years ago under the most perfect, modern architectural design. Plenty of water is laid on so that in a few moments a perfect deluge of water could be applied to a fire. The officials are attentive and are under the direct influence of the matron, Miss Birch, who has the control of the internal comforts and luxuries and is a strict disciplinarian. The concern is run a good deal under the same principles as a first class hospital, and one must have a permit from the medical officer before they go outside a certain boundary.[54]

Antoinette Birch was one of the first trained nurses prepared under the Nightingale system in England to come to New Zealand. She undertook her nurse training at Queen Charlotte Hospital in 1879. After working for a year in London Hospital, followed by a period of private nursing, she set sail for New Zealand. Birch arrived in Nelson in 1886,

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53 *BPT*, 1.6.1891, DSC.

54 *Ibid.*, 27.3.1893, DSC.

nursed at Nelson hospital until 1890, then was appointed matron of the Rotorua Sanatorium. She held this position until 1894.[55]

The Sanatorium Hospital was intended for patients from other hospital districts who required nursing and medical attention, but could not afford the expense of a course of bath treatment. The treatments and medical services, although not available to the residents of Rotorua, were available to Te Arawa people, the original owners of the land. Te Arawa were admitted to the Sanatorium Hospital for treatment regardless of where they lived.[56]

All other patients admitted to the Sanatorium Hospital were referred from districts throughout New Zealand, admitted by order of the Crown Lands Office in Wellington. The medical superintendent had no part in the selection of patients.[57] This rule was sometimes the subject of critical media comment:

> Local European patients are not admitted to the Sanatorium unless an order is obtained from Wellington. The other day a bushman named John Coleman

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55 After leaving Rotorua, Miss Birch nursed at the Women's Maternity Home in Parnell from 1896-1901. In 1905 she returned to England. She died on January 1st, 1914 at St Maudes in Cornwall, having spent the last few years of her life among her friends and relatives. At the time of her death, she was still remembered affectionately by the older residents of Rotorua. See *Kai Tiaki*, July 1914, p. 140. This brief obituary refers to Miss Birch as the first matron of the Rotorua Sanatorium. Obviously she was the first *qualified* matron, as Miss Mannix had preceded her.

56 Kate Shaw, *Just Ordinary People*, p. 32. Undated publication of the Rotorua Historical Society. Kate Shaw, whose great-grandmother was half Maori and half pakeha, was born in Rotorua in 1896. Kate recalls that her family were also entitled to free medical treatment from the government appointed doctors at the Sanatorium, even though, as she puts it, their Maori connection was slight. See also, H 119/53. 'Free Treatment for the Maori', NA.

57 *Founding Years*, p. 157.

> (being paralysed with rheumatic fever) was carried by his mates on a stretcher for many miles and brought to the Sanatorium, where he was refused admission until the authorities at Wellington gave consent. Meanwhile for two days, until the Government Agent received a reply to his urgent wire stating the case, the unfortunate man was kept waiting in a wretched hovel, suffering all the time the greatest agony. It is about time this state of things was altered and discretionary powers allowed to the doctor and Government Agent as to the admission of local patients to the Sanatorium. Some time ago the Government decided that residents in the district suffering from complaints likely to be benefited by the waters should be admitted.[58]

From 1895 to 1900 MacGregor generally spoke highly of the matrons at the Rotorua Sanatorium, so they obviously met his and Neill's desired standards for acceptable training and practice. Alice Thomson replaced Birch as matron in 1896, and in 1898 MacGregor commented:

> So far as the organisation of the hospital itself is concerned, there is little to find fault with. The patients are comfortable and well attended to, and for the matron, Miss Thomson, I have nothing but the highest praise.[59]

In MacGregor's report for the same year, Thomson's annual salary shows an increase from £80 to £105. The increase in salary was probably in recognition of her special qualities which included the new scientific approach to nursing referred to by the Christchurch Hospital Commission of Inquiry. It could also have been an incentive for her to remain in the position. She is mentioned in similar manner in MacGregor's reports to Parliament until 1900: [60]

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58 *BPT*, 5.9.1887, DSC.

59 Report of MacGregor, Inspector of Hospitals and Charitable Organisations, *AJHR*, H-22, 1898:3, p. 36.

60 *Ibid.*, see also, Reports of MacGregor, Inspector of Hospitals and Charitable Institutions, *AJHR*, H-22, 1899:3, p. 32 and *AJHR*, H-22, 1900:3, p. 30.

> Nothing could be better than the way in which Miss Thomson has managed the Sanatorium Hospital. It is one of the best conducted institutions in the colony.[61]

This new order of nursing was occurring at the same time that the opportunities to exploit the thermal district as a lucrative spa resort were being recognised. In keeping with this need to develop an international image was the need to provide medical and nursing care of the highest possible standards in order to attract wealthy invalids from all over the world.

History has shown that the marked improvements in British hospitals were a direct result of the introduction of nurse training under the Nightingale system. Between 1873 and 1900 nursing practice in New Zealand was exposed to the influence of hospital and nursing reforms that were demonstrating obvious success in Victorian England. Florence Nightingale's system of nurse training, with its inherent elements of gender, subservience, discipline and morality, had revolutionised hospital care. These values were responsible for establishing nursing as a vocation, with the individual nurse's motives directed towards altruism and a sense of self-sacrificing duty rather than financial reward. New Zealand health officials, keen to improve the standards of a rapidly burgeoning hospital system moved to introduce the best of those reforms to this country.

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61 Report of MacGregor, Inspector of Hospitals and Charitable Institutions, *AJHR*, H-22, 1899:3, p. 32.

British nurses, trained to train, began arriving in New Zealand in numbers large enough to make a significant impression on the hospital policy decision makers. The medical profession, already with powerful advocacy at a senior government level, in the form of Duncan MacGregor, was able to mobilise its forces of professional closure to avoid this new threat to its position of supremacy in the New Zealand health care system. MacGregor's assistant Grace Neill, a Nightingale product of the first generation was also, through her personal background, socialised into accepting the inevitability of nursing's subservience to medicine. Neill worked tirelessly however, to ensure that nursing in New Zealand developed an image of competency, efficiency, high standards of practice, and intelligent obedience to its superiors, on whom it was financially and emotionally dependent. Nursing, in attempting to emerge as a profession in its own right, was moving rapidly to establish exclusionary rules of closure that would remove the untrained from its ranks and provide the basis for self-regulation and autonomy. The opportunity to apply usurpationary strategies to enhance their professional status within the changing health care system did not yet exist. Nursing quickly capitulated to the influences of professional closure from the medical profession, which saw it successfully relegated to a position of dependency relative to that profession.

From 1873 to 1900, the Rotorua township and surrounding district saw two patterns of caring practice. First were the untrained carers, women who operated within a domestic sphere, mainly to provide support for the family unit, while working for the benefit of their community. These women were the invisible carers, their skill developed

from necessity and from the experience they gained through their practice. Second, there were the trained carers who had undergone the new system of hospital training, that included a small amount of theoretical study as well as practical knowledge acquisition. These nurses were part of the new order, destined to work within a hierarchical framework that placed nurses in a role of subordination to doctors. They effectively applied their new skills to their practice in caring for the invalids who came to Rotorua for the unique treatment at the Sanatorium Hospital. However, in this setting, nursing would need to compete for professional recognition not just with the medical profession, but with the various groups of untrained caregivers who emerged with the development of the thermal district as a spa resort.

CHAPTER FOUR

THE NEW CENTURY: NURSING IN ROTORUA 1900 -1910

As the new century dawned, two Acts of Parliament provided the rules of closure through which medicine assumed a secure position of power, control and dominance over nursing. Nursing was also provided with the means to use closure rules to carve out and maintain an exclusive niche for itself, albeit in the shadow of medicine. Medicine and nursing both embraced the new scientific approach to health care, while the government acknowledged that epidemics of typhoid, measles and smallpox were most effectively controlled through public health measures. Scientific knowledge was to prove effective, not only in the effort to control the spread of disease, but also in securing professional credibility for nursing. The Rotorua Sanatorium Hospital and Baths, influenced by European trends, and with their unique government controlled administrative structure, was an appropriate setting for nursing's new direction.

The new century heralded many changes as the Liberal government began to implement social legislation aimed at improving the circumstances of all New Zealanders, especially in relation to their health. Duncan MacGregor, Inspector of Hospitals and Asylums was an ardent supporter of the social reforms, though he often expressed public concern that they might result in a loss of voluntary charitable support from the public.[1] He and Grace Neill, Assistant Inspector of Hospitals, worked hard to improve the standards and conditions of New Zealand's hospitals during their terms of office. Neill

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1 Report of Dr Duncan MacGregor, Inspector-General of Hospitals and Asylums, *AJHR*, H-19, 1887:2, p. 1.

was unique as a woman and especially so as a nurse in holding a senior government position during this period in New Zealand's history. Although women had been franchised in New Zealand since 1893, their influence in the halls of power emerged slowly.[2] Neill was therefore, in a potentially powerful position to influence the policymakers. However, whether she was a pawn of the established order or a woman with a highly developed sense of political acumen, is arguable.[3] She was not a nurse leader in the strict sense, rather a senior government official who was also a Nightingale trained nurse, providing insights into nursing that enabled policies to be developed. Certainly with a growing son to support in an age when such opportunities for women were limited, she was not likely to risk losing her position by challenging her superiors. Neill's influence on the development of the Nurses Act of 1901 (referred to in Chapter 2) was significant, making New Zealand a forerunner in the domain of professional nursing. However, the 1901 legislation was introduced more to provide doctors with an accurate list of suitably qualified nurses to complement their practice, than to enhance the professional status of nurses. MacGregor voiced his concern about the dangers of untrained nurses in his annual report to Parliament as he rationalised the proposed legislation:

> They know nothing about nursing, but they add a new and very real, as well as costly, terror to illness and death. They will not or cannot cook anything towards the comfort and proper feeding of their patients; they are chiefly remarkable for

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2 Sandra Coney, *Standing in the Sunshine: A History of New Zealand Women Since They Won the Vote*, Auckland, NZ : Viking Press, 1993. The first woman Member of Parliament was not elected until 1933, the first Maori woman was not elected until 1949.

3 *'Nursing Education NZ'*, pp. 26-27.

> their incessant demands for having everybody wait on them, and are in some cases very dangerous members of any household.[4]

MacGregor was referring to those amateur nurses who had gained some experience in hospital nursing and who were working as private nurses.[5] In contrast he applauded the properly trained nurse:

> the noble qualities and services of our really qualified nurses . . . none better can be found anywhere.[6]

Rodgers pointed out that State registration was a source of power, that whoever controlled nursing training also controlled nursing service and the direction of nursing knowledge.[7] This control was placed in the hands of the politicians with the passing of the Nurses Registration Act of 1901. Florence Nightingale did not approve of State registration for nurses. While she insisted that cleanliness, obedience, endurance and forbearance were important qualities in a nurse, she was adamant that these qualities could not be assessed by written examination. She was also adamant in her belief that nursing should control its own practice.[8] It has been noted that Neill allowed MacGregor to take all credit for achieving registration for nurses, yet it could also be seen that she

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4 Report of MacGregor, Inspector of Hospitals and Charitable Organisations, *AJHR*, H-22, 1901:4, p. 4.

5 Apart from MacGregor's allegations about the dangerous practices of the untrained nurses, I have not been able to find written evidence to substantiate his claims.

6 Report of MacGregor, Inspector of Hospitals and Charitable Organisations, *AJHR*, H-22, 1901:4, p. 4.

7 *'Nursing Education NZ'*, p. 96.

8 *The Nightingale Nurse*, p. 8

did not wish to take any responsibility for the legislation. As a British nurse trained in the Nightingale system, it is possible that she privately supported Nightingale's ideals.

The Nurses Act added examinable competence to nursing's rules of professional closure, while simultaneously strengthening the boundaries of the medical profession. Roles, functions, rights and responsibilities were for the first time clearly established. Certainly, the Nurses Act was pivotal in strengthening the nursing profession as a female domain, and in providing controls for nursing's direction.[9] The medical profession, satisfied that nursing was no longer a threat, and that they could control nursing education and practice, were prepared to tolerate nursing's development in their shadow.[10]

As nursing was establishing and enforcing its rules and strategies of professional closure, other health-related occupational groups were also defining their boundaries and closing their ranks to potential usurpers. While the medical profession was determined to control the health care system, other groups sought to retain autonomy and control over their emerging professions, while establishing registration, standards of practice and

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9 *'Nursing Education NZ'*, p. 21.

10 The Registrar of Nurses under the Nurses Registration Act 1901, was the Inspector-General of Hospitals, initially Dr Duncan MacGregor. See, Report on Nurses Registration, Midwives, and Private Hospitals Act, *AJHR*, H-22, 1908:5, passim. The Registrar of Nurses, now Dr Valintine, appointed a Board of Examiners to 'study the question of nurse-training and examination,' and to advise and cooperate with the Registrar on these issues. The Board comprised 19 doctors and 10 nurses. p. 7.

examinable competence. These groups included chemists, dentists, optometrists and masseuses.[11]

New Zealand led the Commonwealth with the enactment of another important piece of legislation early in the new century, the Public Health Act of 1900. The passing of this Act was an indication that the government was concerned for the health of people in the community and the prevention of illness, yet nursing was increasingly being concentrated in hospitals, with training focused on caring for the sick. The Act created a Minister of Public Health, the first to be established in the British Commonwealth, especially acclaimed because this was the first time in the history of Great Britain and the Commonwealth that the welfare of the people had become a government priority.[12] Sanitary Commissioners were appointed to six health districts in 1899 to carry out a careful general survey of the sanitation of the colony.[13] The survey uncovered some very unsanitary conditions and practices that gave cause for alarm. One report showed:

> Meat kept within a few feet of a privy, milk stored beneath beds, fruit covered with rags which had been gathered off the street, houses unfit for habitation, water supplies in constant danger of pollution by filth of the most dangerous nature.[14]

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11 *Healthy Country,* pp. 16-20.

12 Report of the Chief Health Officer, Dr. Malcolm Mason, *AJHR,* H-31, 1901:4, p. 1.

13 *Ibid.*, p. 2. The Health Districts were Auckland, Hawkes Bay, Wellington, Westland/Nelson, Canterbury and Otago.

14 *Ibid.*, p. 1

Prior to the passing of the Public Health legislation, responsibility for all sanitary and health matters had been vested in the local authorities, but health spending was not always a priority at local government level. With the threat of bubonic plague, and the increasing incidence of tuberculosis and typhoid, central administration of public health interests had become a matter of urgency.[15] The Chief Health Officer, Dr Malcolm Mason, in his first report to the Minister of Public Health decried the fact that important sanitary works were being unacceptably delayed because local authorities were financing projects designed to improve their popularity, rather than to improve the public health.[16] Untreated effluent discharged into the rivers, streams and harbours throughout New Zealand had become a way of life and pollution of these waterways was a matter for real concern. From Auckland came the report:

> [T]he most beautiful city in the colony, occupies an unenviable first place. Main sewers emptying themselves in the centre of inhabited areas, and sewage deposits forming an odoriferous fringe along its foreshore. . . . As with the water supply so with the sewage - a complete and satisfactory system ought at once to be undertaken. Never until this is done will enteric fever cease to figure as largely in their hospital and death returns as it does at present.[17]

Each Health District came under the responsibility of a District Health Officer, a registered medical practitioner with either a special qualification in public health or

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15 Report of the Chief Health Officer, Dr. Malcolm Mason, *AJHR*, H-31, 1902:3, p. 3, pp. 19-23. The first cremation in Australasia was carried out in Auckland on 28 April 1901 on the body of a victim of the bubonic plague. From the time the man was diagnosed as having the disease, until his death, he was nursed 24 hours a day by volunteer nurses.

16 Report of the Chief Health Officer, Dr. Malcolm Mason, *AJHR*, H-31, 1901:4, p. 7. The first Minister of Public Health was J.G. Ward. Dr Malcolm Mason was the first Chief Health Officer appointed under the Public Health Act of 1900.

17 *Ibid.*, p. 8.

sanitary science or with a specialised knowledge of sanitary and bacteriological work. Under the new Act the District Health Officer was given wide ranging power to facilitate the improvement and protection of the public's health.[18] Rotorua came within the new Auckland Health District, although the Thermal Springs Act of 1881 had placed it in a special category for the development of services. The Board of Management set up in Rotorua at that time was periodically the focus for local public criticism as money earned from the Baths and the Sanatorium Hospital was often spent on public works. However, this explains why many of the facilities required by the Public Health Act were already well under way by the time the legislation of 1900 was enacted.

By the year 1900, Rotorua was attracting visitors to the spa resort in increasing numbers and the public health measures were seen as a means of enhancing tourism. The Rotorua Sanatorium Hospital was unique. One of only two such hospitals ever to be built in New Zealand, it was inextricably linked to the tourist attraction which included the baths and springs of the Sanatorium reserve.[19] Electricity was available to the Sanatorium and was also available to pump sewage by this time.[20] However, even with the heightened awareness and scientific advances in medical knowledge and disease causality, the need to create a favourable impression for royalty still took priority over

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18 *Ibid.*, p. 2. The District Health Officer's responsibilities included carrying out simple bacteriological tests, regular inspections of the health district and advising local bodies on matters of health. In the event of an outbreak of communicable disease, the District Health Officer was required to take immediate action to determine its cause, to prevent further spread and to arrange appropriate treatment for the victims.

19 The other Sanatorium Hospital was at Hanmer Springs in the South Island.

20 Rotorua was the second place in New Zealand to have electricity installed.

the need to protect the public's health. This was evidenced by the decision to delay completing the installation of the drainage system for the Sanatorium Hospital until after the royal visit in 1901. To do so would have disturbed the ground creating unsightly dirt and dust.[21] Improvements continued to be made to the gardens in the Sanatorium grounds, a band rotunda was erected, an artificial lake was constructed and a bowling green was completed.

MacGregor's report to Parliament for the year ended 31st March 1900, announced the appointment of the new Medical Superintendent for Rotorua, Dr George Kenny, formerly of Waikato Hospital. Kenny was awarded a salary increase of £51 per annum on the condition that his services should be available for invalid visitors who were willing to pay half a guinea for consultation at the Sanatorium and one guinea for those who wished to be visited in their own rooms. People who declared themselves unable to pay were still eligible for free treatment. For the first time, the government owned hospital was available to those willing and able to pay.[22]

MacGregor, in handing over the Rotorua Sanatorium Hospital to the Lands and Survey Department in 1900, declared it to be one of the best managed institutions in New Zealand, with electric lighting and the new system of drainage almost in working

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21 *New Century Rotorua,* p88. During June 1901, the Duke and Duchess of Cornwall and York (later King George V and Queen Mary), spent three days in the district.

22 Report of MacGregor, Inspector of Hospitals, *AJHR,* H-22, 1900:3, p. 30.

order.[23] This, from MacGregor, was high commendation indeed, as he was more inclined to expose the lack of facilities, than to give praise. However, he recommended that a new Thermal Springs Act be passed, so that authority and responsibility for all the thermal districts in New Zealand could be vested in one man.[24] Curiously, when appointed as Medical Officer following Dr Ginders death, Kenny's line of responsibility was to the Railways Department.[25] All other public hospitals in New Zealand were administered under the Hospital and Charitable Institutions Act of 1885, which had local communities managing their own institutions assisted by a government subsidy. Rotorua residents did not have right of access to the Sanatorium Hospital, it was operated not as a charitable institution, but as a revenue generating enterprise. The Department of Lands and Survey having incurred considerable expense in establishing the hospital, would no doubt have objected had the substantial income from the treatments been directed to another government department, or to any charitable aid board. Management through two government departments inevitably created conflict, and in 1901 the Department of Tourist and Health Resorts was created in an attempt to resolve the management difficulties.[26]

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23 *Ibid.*, p. 30.

24 *Ibid.*, p. 31.

25 *Early Spas,* pp. 22-23.

26 *Ibid.*, pp. 44-45. The newly established Department of Health also had an interest in the Rotorua Sanatorium Hospital, and the management problems continued until the hospital was eventually closed in 1947.

The Chief Health Officer, Dr Malcolm Mason, undertook an inspection of the sanitary conditions of Rotorua in 1900, including an inspection of the Sanatorium Hospital.[27] He described the conditions less favourably than had MacGregor in his annual reports to Parliament from 1898 to 1900. He pointed out instances of general neglect of the buildings and in particular of a deficiency in the hot water supply. Arthritic patients were required to wash their hands and faces in the mornings in icy cold water when the temperature at night often fell below zero.[28] Mason was concerned about the sanitary conditions of the hospital. He observed for example, that all waste water from the bedrooms, dish water and kitchen water were drained into a concrete tank, then pumped into an open ditch at one end of the garden. The kitchen garden so proudly described by Camille Malfroy in 1891, was neglected.[29] Mason made several recommendations, all of which were carried out soon after his visit, such was the motivation to conform to the required standards.[30]

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27 Report of Dr Malcolm Mason, Chief Health Officer, to Hon. J.G. Ward, Minister of Health, dated February 21st, 1901. T0 1/1901/28/2. 'Dr Mason's Report', NA.

28 Letter from Kenny, Resident Medical Officer, Government Sanatorium, Rotorua, to T.E. Donne, Superintendent, Tourist Department Wellington, dated 8 July, 1901. T0 1/1901/28/2. 'Dr Mason's Report', NA.

29 *Early Spas*, pp. 8, 23, 25. Camille Malfroy, a French Engineer, was Inspector of Works for the Lands and Survey Department. He was also Custodian of the Rotorua Sanatorium from 1886 until his death in 1897.

30 Report of Dr Malcolm Mason, Chief Health Officer to Hon. J.G. Ward, Minister of Health dated February 21st, 1901. T0 1/1901/28/2. 'Dr Mason's Report', NA.

Dr Arthur Wohlmann was appointed government balneologist in 1901.[31] Based in Rotorua, Wohlmann took responsibility for advising the government on all matters relevant to New Zealand's health resorts. One of his first tasks was to analyse the various mineral waters and to publish an explanation of their therapeutic value for general information. As Medical Officer in charge of the Sanatorium Hospital and Baths, Wohlmann gave medical advice and information on the proper use of the mineral waters at fixed fees to visitors who consulted him. He was also responsible for providing medical attention and advice to patients at the Sanatorium Hospital and to the Maori of the Rotorua district. Wohlmann had spent several years at the Royal Mineral Water Hospital in Bath, England, and had accumulated an impressive list of qualifications and publications.[32] Prior to his arrival in New Zealand, he visited and inspected a number of the principal mineral water health resorts of Europe. He therefore already had many ideas for the development of the Rotorua spa facility when he eventually took up his appointment in 1902.

The Nurses Registration Act of 1901, had an immediate effect in excluding unregistered nurses from private practice. One of the first casualties in Rotorua was a Mrs Bushby, who opened the first private nursing home in the town, claiming to be a nurse trained at Shrewsbury Hospital, England.[33] She apparantly had not applied for

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31 *Goulds Medical Dictionary* (3rd Edition), 1972. Balneology is the science of baths and their therapeutic uses.

32 Report of the Department of Tourist and Health Resorts, *AJHR*, H-2, 1902:3, pp. 4-6. Close scrutiny of Wohlmann's references reveals that his experience was in fact, quite limited.

33 *New Century Rotorua*, p. 25.

New Zealand registration as her name does not appear on the Register of Nurses.[34] For some reason, Mrs Bushby's Nursing Home and Private Boarding House appears to have been in existence for only a very short period of time.[35] Bushby possibly posed a threat to the local doctors by setting up a commercial venture, creating competition for financial rewards. As an unqualified nurse she would have been vulnerable to the forces of professional closure, now politically sanctioned.

Hospital administrators generally did not perceive a need to employ registered nurses, even though the Nurses Registration Act of 1901 specified that trained nurses be given preference of employment in government institutions. Apart from the matron, trained nurses had not initially been considered necessary for staffing the Sanatorium Hospital. The purpose of the hospital was to treat non-paying patients referred and subsidised by other hospital districts throughout New Zealand. Patients were expected to be ambulatory and largely able to care for themselves. Bath attendants, many of whom were female, together with untrained men who worked in the wards, assisted the balneologist in carrying out the various treatments associated with the Baths. The wards men were responsible for conveying the patients from the hospital to the main Bath Building, and then back to the hospital. As the majority of patients were men severely incapacitated by arthritic conditions, heavy lifting in and out of the baths was necessary to their treatment.

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34 A search of the Register of Nurses and the Register of Midwives in the *New Zealand Gazette* from 1903 - 1912 failed to reveal a Mrs Bushby.

35 *New Century Rotorua*, p. 25.

Society, while prepared to accept women into the workforce in a limited way, still did not totally approve of young women having to care for men in their naked state. It was not long since the inquiry into the management of Christchurch Hospital had explored the propriety of young female nurse probationers in training being present and assisting with procedures such as:

> holding the limbs of men during delicate operations at which none but male attendants should be present.[36]

The public at that time had been reassured that in the modern system of scientific nursing there were no procedures that should be considered impure or indelicate whereby 'scientific knowledge and skill are employed in the relief of suffering'.[37]

The female bath attendants and also untrained caregivers, worked in the Bath Building. Their duties were to assist the patients with undressing and to watch over them while they were in the baths. When patients had completed their treatment, the attendant would help them out of the water, wrap them in towels and wait with them until they were dressed. Bath attendants made observations about the immediate condition of the patients. For example, if a patient became faint from the gases occasionally released from the water, the bath attendant would assist him from the bath, wrap him in towels

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36 Report on the Inquiry into the Management of Christchurch Hospital, *AJHR,* H-18, 1895:3, p. 1.

37 *Ibid.*, p. 2.

and wait until he felt well enough to dress again. Until 1906 the bath attendants were unskilled, usually young women without any specialised background or formal training for this work.[38]

Mason's report to the Minister of Health in 1900 had included a recommendation that Alice Thomson, matron of the Sanatorium Hospital, be allowed to have a probationer or some form of skilled help.[39] Mason had observed that of the nineteen patients in the Sanatorium Hospital, one was suffering from gastric ulcer and several were unable to feed themselves. He expressed concern that Thomson had had to sit up several nights with patients suffering from acute forms of rheumatism. Kenny, the Resident Medical Officer was adamantly opposed to Mason's suggestion. His response indicates quite clearly that the nurses' duties were to care for the sick:

> I would beg to point out that the Sanatorium is in no sense a nursing Institution (*sic*), and for the reasons given before I do not consider it can ever be made one. All the patients admitted to the Sanatorium are supposed to be able to attend to themselves, except in the matter of bathing, when the services of a bath attendant is always at their disposal when required; of course if any patient is so crippled by rheumatism as not to be able to go to the bath, we always provide the means of locomotion, by having them wheeled to the bath in a chair, and back again. But we do not undertake any bedside nursing in the true sense of the word Nursing, of course if a patient has the ill-luck to fall sick while in our hands, in the absence of any Hospital to send him to, we nurse him and do all in our power for him, and

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38 Conversation with Kate Shaw, born in Rotorua in 1896 and long time resident of the town. Mrs Shaw has memories of her sister who was a bath attendant when she was a young woman.

39 *'Nursing Education NZ'*, pp. 11-12. Describes the duties of the probationer. Probationer training was based on Florence Nightingale's concept of 'lady nurses', introduced to New Zealand by F.M.Moore, an ex Crimean War nurse, matron of Wellington Hospital from 1882-1883. The intention of this one year training course was to replace the untrained attenders of the sick with educated women who would become skilled in a number of tasks, at the same time developing the characteristics of being sober, trustworthy, punctual, quiet, clean, orderly and neat.

> having a private ward would make this all the easier. I am not in favour of a Probationer, as this is not a Hospital, we could not teach her anything, therefore it would be unfair to any girl coming in such capacity. The way I think Miss Thomson's hands could be best eased, and which I consider will be an absolute necessity as soon as you take over the administration of Rotorua ... to give us a clerk and typist who shall keep all the books of our Department in Rotorua.[40]

Ambulatory patients were expected to help each other. This sometimes caused resentment, one patient from Masterton became so incensed that he wrote the following letter to his Member of Parliament:

> As I am a sufferer from Rehumatism (*sic*) and Nervous Complaint I went to Rotorua and entered the Sanatorium there on the 18th of May and left on the 1st of June and while in that Institution I was treated in a very unfair way. My bed was in an exposed position being under a window which is continually open therefore when the wind is from the North rain and wind was continually beating on the bed and I had to shift the bed 3 times during one night. And then was unable to get out of the wind and spray. Also the Rule of the Institution is all Patients get out of bed by 7 a.m. Now while there the Night Nurse had all the Ward awake by 6 a.m. which I think is deviating from the Rule. Also there was not no (*sic*) Night Commode which necessitated myself and others no matter how unwell for to leave the ward and go to a very exposed W.C. Also myself and others who could get about had to take pity on those who could not, and wheel them to and from the baths otherwise on various occasions several of the Patients would have been unable to have a bath. As far as the Medical Staff is concerned I have no complaints to make. My trouble in short is that there was no commode in the wards and the Ward in General was anything but a comfortable place for patients. [41]

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40 Letter from Dr Kenny, Resident Medical Officer, Government Sanatorium, Rotorua, to T.E. Donne, Superintendent, Tourist Department Wellington, dated 8 July, 1901. Tourist and Health Resorts T0 1/1901/28/2. 'Dr Mason's Report', NA. The spelling, grammar and punctuation have been reproduced as in Kenny's original letter.

41 Letter from J.P. Barry, to The Hon. Hogg, Member of Parliament for Wairarapa, June 14, 1906. TO 1/1901/28, 'Rotorua Sanatorium General Working 1901-1907', NA. The spelling, punctuation and grammar has been reproduced as in Mr Barry's original letter.

Wohlmann's response to the Minister's enquiry, far from conciliatory, explained the open air treatment, the routines and the obvious problems associated with having a night commode in one room with twelve to fourteen men:

> Mr Barry's complaint is really a disguised form of praise in most particulars. . . . He was suffering from a complaint which makes all his statements, including his commendation of the medical staff, open to criticism.[42]

Trained nurses worked with untrained caregivers at the Rotorua Sanatorium. However, to attract patients and visitors to the spa, trained nurses began to be employed as a means of providing high standards of care. The Nurses Registration Act passed in 1901, became effective in 1902, the same year that Wohlmann took up his position as Balneologist and medical officer of the Baths and Sanatorium.[43] Wohlmann immediately endorsed the need for a new Bath building. He also recommended that a small general hospital be built, to include a ward for Maori patients and an outpatients department.[44] The Superintendent of Tourist and Health Resorts supported Wohlmann's recommendation, adding that if a small cottage hospital was provided the Sanatorium Hospital would be relieved of some of the pressure on its beds, releasing Wohlmann to attend to his balneological duties. Wohlmann suggested that the present Sanatorium Hospital be kept for non paying patients and that a Spa be provided for patients able and willing to pay for their treatment in full.[45]

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42 Letter from Wohlmann to the Superintendent of Tourist and Health Resorts, Wellington, July 18, 1906. TO 1/1901/28, 'Rotorua Sanatorium General Working 1901-1907', NA.

43 The Nurses Registration Act, 1901, *AJHR*, H-22, 1902:3, p. 3.

44 Report of the Department of Tourist and Health Resorts, *AJHR*, H-2, 1902:3, p. 14.

45 Ibid.

In the absence of an early commitment to provide a general hospital for Rotorua, the government appointed Dr William Craig, as house surgeon to assist Wohlmann. Craig also had the responsibility to undertake the treatment of all the Maori in the District.[46] It seems that additional resources, including extra nursing staff were directed to the Sanatorium in 1902 to ensure that the highest standards of treatment and care were made available to invalid visitors to the Spa.

When the Nurses Registration Act was enforced, Alice Thomson, held in such high regard by MacGregor and Neill, was replaced by Frances Payne. A former matron of Wellington Hospital, Payne was a nurse considered to have proven administrative ability. By 1902 Thomson was possibly no longer qualified to hold the position of matron.[47] Information about her is meagre. Her name does not appear on the register of nurses in the New Zealand Gazette. This could indicate that her experience and background were not sufficient for her to qualify as a registered nurse.[48] It is likely that

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46 *New Century Rotorua,* p. 23. This agreement had been made under the terms of the Pukeroa-Oruawhata Block Purchase.

47 Miss Thomson's name does not appear on the Register of Nurses in 1903 or in subsequent years.

48 Miss Alice Thomson is listed in the Wise's Street Directory 1898, as being the Sanatorium matron at Rotorua. A Miss Alice Thomson died at Christchurch in July 1950 at the age of 89. She had been the second matron of Canon Hall, the Christchurch University College hostel for women students, from 1918 until her retirement, a period of possibly 10 years. Her obituary, in the Christchurch Press mentions Miss Thomson's capable management and kindly interest in the activities of the women students, which laid the foundation for a residential background to university life that proved invaluable to hundreds of students. Long after her retirement, many ex students continued to keep in touch with her from all over New Zealand. It is likely that Alice Thomson, matron of Cannon Hall, was the same Alice Thomson who was matron of the

when Mason drew attention to Thomson's excessive workload in 1901, recommending that she be assigned a probationer it became apparent that she was not a qualified nurse. The information contained in Kenny's heated response to Mason's report suggests that Kenny had a very limited understanding of nursing and placed small value on the contribution made by the nurses at the Sanatorium Hospital. It is also possible that having been matron of the hospital for eight years, Thomson had reached retirement age. It is probably not a coincidence though, that she was replaced at the same time that Wohlmann took up his new position. Payne was appointed in September 1902, two months after Wohlmann's arrival. An Irishwoman, Payne came to New Zealand and commenced her training at Wellington Hospital in 1890. She continued nursing at Wellington in the position of sister until 1896. In 1898 she became matron of Christchurch Hospital and in the same year, matron of Southland Hospital. She then became the matron of Wellington Hospital and remained in that position from 1899-1902.[49] Payne was one of the nurses who, with Grace Neill, was considered to have done much to raise the standards of nursing in New Zealand.[50] During the time she was matron at Wellington Hospital important advances were made, one of which was the introduction of the eight hour day for nurses.[51] Payne's appointment at the Rotorua

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Rotorua Sanatorium Hospital from 1894-1902. If so, she would have been aged in her early forties when she resigned from the Rotorua position.

49 *NZG,* 1905, Register of Nurses, p. 325.

50 *KT,* 36:4:114. Payne was described as having a great personality, and as being hard working with high expectations of others. She is said to have been a just and good administrator, always loyal to those who served her conscientiously.

51 *Department of Health 1840-1940*, p. 57. The eight hour day was introduced at Wellington Hospital in 1886 for probationers only.

Sanatorium Hospital coincided with the appointment of extra nursing and clerical staff, and a house surgeon. Accommodation was provided for nurses in the form of an old cottage, renovated and situated behind the Sanatorium.[52] Frances Payne remained as Matron of the Sanatorium for two years until 1904, at which time she returned to her previous position as matron of Wellington Hospital. Possibly she had been sent to Rotorua to organise an efficient nursing service. Payne was replaced by Edith Rennell.[53]

Nursing and nurses at the Sanatorium Hospital, as in other early 20th century hospitals, were socialised into the hierarchical hospital organisation, through their training. Nurses assisted doctors and were the servants of the hospital boards.[54] Wohlmann, newly arrived from England, having observed the influence the Nightingale system of nursing had in that country, would have sought to confirm the dominance of the medical profession from the outset of his appointment. Wohlmann was also keen to introduce new trends in balneological treatment emerging from the spas of Europe, that included more than just supervised baths for arthritis sufferers. He no doubt realised the

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52 Report of the Department of Tourist and Health Resorts, *AJHR*, H-2, 1902:2, p. 12.

53 Rennell commenced her nurse training at Wellington Hospital in 1897, registering as a nurse in 1902. She would have been well known to Payne who had been matron at Wellington hospital while Rennell was training to be a nurse. Rennell would undoubtedly have been recommended for this position by her former matron. Rennell was matron at the Rotorua Sanatorium from 1904 until 1908, then became matron of the Sanatorium at Hanmer Springs. Between 1904 and 1923, Rennell moved between Hanmer Springs and the Rotorua Sanatorium, serving as matron in each establishment as she was required. She was to return to Rotorua to be matron of the Sanatorium from 1914-1915, and again from 1922 until her retirement in 1923.

54 *'Nursing Education NZ'*, p. 36. Nurses at the Sanatorium Hospital were employed by the Department of Tourism and Health Resorts, whereas hospital nurses throughout New Zealand generally, were employed by hospital boards. The experiences of the Sanatorium nurses parallelled the conditions of their counterparts employed by hospital boards.

value of employing nurses trained in the new scientific methods. Any resistance to his proposed changes and to his new ideas for treatment could be effectively overcome by employing intelligent, but also obedient nurses who would carry out his prescribed treatments unquestioningly. Technology, the domain claimed by doctors, was expanding and nurses were able to take on more responsibilities and to demonstrate their advanced skills and knowledge. In the Rotorua Sanatorium Hospital setting, nursing had the opportunity to become complementary to medicine.

Wohlmann contributed a new perspective to medical knowledge that was expanding to incorporate a model of disease prevention. Environmental measures to control waste disposal and to protect the public from unsafe food and water supplies were being implemented. Nurses, trained in the Nightingale tradition which emphasised the importance of light, cleanliness, fresh air, pure water and efficient drainage, fitted very well into this new public health model, and the value of the trained nurses was being recognised.[55]

In the meantime, the popularity of the resort was increasing. The Sanatorium Hospital, already able to provide accommodation for twelve male and twelve female patients, added an extra two beds.[56] The demand was so high that applications for

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55 During her career, Florence Nightingale was responsible for major reforms in the conditions of sanitation for the British Army, for Army Hospitals in India, and among the poorer classes in Britain. She wrote: *Notes on Matters Affecting the Health, Efficiency and Hospital Administration of the British Army,* 1858, *Notes on Hospitals,* 1858, *Notes on the Sanitary State of the Army in India,* 1871, and *Life or Death in India,* 1874.

56 Report of the Department of Tourist and Health Resorts, *AJHR,* H-2, 1902:2, pp. 9-12.

admission needed to be made one year in advance. This extra work meant that Payne's duties had increased to the extent that a clerk and an additional nurse were appointed to the staff. Payne now had two nurses to supervise where previously there had been one.[57] Wohlmann, in his first report to Parliament, observed that with Payne and the extra nursing staff, patients had received much more efficient nursing care. He was pleased to report that cases requiring massage and passive movements were now able to obtain the necessary treatment. [58]

The Public Health Act of 1900 raised awareness for the need to control infectious diseases. Hotels and boarding houses, accustomed to taking in invalids now refused to take in infectious cases.[59] Rotorua residents and hoteliers put pressure on the Town Board and the government to provide a separate facility for infectious patients. However, it is likely that the hotels themselves were responsible for some of the outbreaks of typhoid. Mason had expressed concern that of the sixteen or seventeen cases of typhoid occurring in Rotorua in the six months prior to his inspection in the latter part of 1900, the majority had occurred in Brent's Bathgate House. He had found privies inside the hotel without any ventilating shaft, and urinals with no proper drain at all, the urine simply falling on to the ground. He also found wooden drains either

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57 Memo to the Superintendent of Tourist and Health Resorts from Wohlmann, 23rd May, 1903; TO 1/1901/52/9. 'Rotorua Sanatorium Staff - General', NA. The two nurses were Avis Corlett and Mary Threckeld. Annie Johnson replaced Threckeld in 1903. All three were registered nurses.

58 Report of the Department of Tourist and Health Resorts, *AJHR*, H-2, 1902:2, pp. 9-12.

59 Report of the Chief Health Officer, Malcolm Mason, *AJHR*, H-31, 1902:2, p. 30.

stopped up or filled with rats.[60] However, an Isolation Hospital was eventually provided by the Health Department in 1901 by renovating a former schoolhouse. Wohlmann remained adamant that infectious patients should not be nursed anywhere near the Sanatorium or Baths. Not only would this pose a risk for the tourists visiting the spa, but it could potentially damage the reputation of the thermal resort.

As the popularity of the thermal spa resort grew, it became increasingly apparent that a small general hospital was needed for the town. Rotorua was the only centre in the district where medical assistance was available. For example, accident cases from Taupo were taken to Rotorua, treated overnight at the Sanatorium Hospital, then sent to Hamilton by rail the next day.[61] This situation placed an increasing burden on the resources of the Sanatorium Hospital. The demand for services provided by the hospital for Maori patients was also increasing. Entitled to free medical treatment, they were admitted to the institution for the treatment of conditions other than arthritis or rheumatic disorders.[62]

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60 Report to Hon. J.G. Ward, Minister of Health from Dr Malcolm Mason, Chief Health Officer dated February 21st, 1901; T 01/1901/28/2, 'Dr Mason's Report', NA. Brent's Bathgate was the first hotel to be built in Rotorua. In the light of this information the hotel is a testimony to the power of advertising. The hotel has consistently enjoyed a reputation for excellence from the time it opened in 1888, and throughout its almost one hundred years of existence. When Mason inspected the hotel in 1901, he described the sanitary arrangements as primitive. An interesting history of Brent's Hotel is provided by Joan Stagpoole, Brent's Hotel Rotorua: The Story of a 90 Year Old Hotel, *AWHJ*, 1978:33, pp. 13-16.

61 Report of the Department of Tourist and Health Resorts, *AJHR*, H-2, 1902:3, p. 14. The distance between Taupo and Rotorua is 80 kilometres, and between Rotorua and Hamilton, 120 kilometres.

62 *Medical Practice Rotorua*, p. 258. In 1888, seventeen Maori patients were admitted to the Sanatorium Hospital, and of these, three died. Adlam pointed out that it is unlikely their deaths were caused by rheumatic diseases.

The health of the Maori in the early part of the twentieth century in New Zealand was a cause for serious concern. It was feared that the Maori race, decimated by European introduced illnesses, might not survive. The official concern stemmed partly from benevolence, but largely from the fear that Maori communities provided a health hazard to the European.[63] Dr Maui Pomare, Health Commissioner for the Maori, in his report to Parliament in 1903, expressed concern about the high death rate among the Maori throughout New Zealand from enteric fever and tuberculosis.[64] In spite of these concerns the health of the Maori in Rotorua improved at a satisfactory rate and Pomare reported in 1904 on the steady advances made over the previous year. Although sixty-seven deaths were recorded in Rotorua for 1903, nearly all of whom were children, there was an overall increase in the Maori birth rate of thirty-six for the same year.[65] Pomare attributed the improved health of Te Arawa people to improved housing, and to the fact that many were employed in road making and gardening in the Sanatorium grounds, a situation that did not exist elsewhere in New Zealand.[66] Te Arawa had gifted the land for the Sanatorium reserve in return for the guarantee of free medical treatment for their people.[67] The distrust of the pakeha system possibly did not develop to the same extent in Rotorua as it did in other parts of the country. Also, Te Arawa were affluent relative

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63 *Ministering Angels,* p. 58.

64 Report of Dr Pomare, Health Officer to the Maori, to the Chief Health Officer, *AJHR,* H-31, 1903:3, p. 72.

65 *Ibid.,* H-31, 1904:3, p. 62.

66 *Ibid.,* H-31, 1903:3, p. 72

67 See for example, *Founding Years* and *New Century Rotorua,* passim.

to other Maori tribes in New Zealand because of their involvement in the tourism industry.[68]

A scheme to train Maori women as nurses to work among their own people throughout New Zealand, was instigated in 1905.[69] Pomare had identified difficulties in isolating Maori patients from the healthy members of their community because of their style of communal living, and their unwillingness to accept hospital treatment. He also noted the difficulty of obtaining the services of pakeha nurses to care for sick Maori. He strongly recommended that large numbers of young Maori women be trained to nurse the sick and to provide health education, especially with regard to infant health and welfare.[70] In 1906 five carefully selected Maori women were chosen and placed in hospitals:

> This was a new move, and it must have been a great effort for these Maori girls, who were required to follow the same course of training and pass the same examinations as their European sisters. All honour to these women who opened the door for their sisters for the future.[71]

The Maori women who participated in the scheme were heroic, self sacrificing and have largely been unacknowledged:

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68 Ngahuia Te Awekotuku, *The Socio-cultural Impact of Tourism on the Te Arawa People of Rotorua,* PhD Thesis, University of Waikato, 1981.

69 *Ministering Angels,* p. 65.

70 Report of Dr Pomare, Health Officer to the Maori, to the Chief Health Officer, *AJHR,* H-31, 1903:3, p. 72.

71 *Health Department Report 1840-1940,* p. 58.

> These early nurses experienced great difficulties as they had to live very isolated lives, often under great hardships. The Maori did not understand their work, the breaking down of age-old superstitions and customs, and the winning of their respect and love took many years. Several laid down their lives in attempting the establishment of this important branch of our nursing services. Probably no one will ever fully realise the heroic deeds many of these women carried out so quietly and devotedly.[72]

The progress of this scheme, which lasted only a decade, has been documented.[73] During that time the health of the Maori in Rotorua improved as a direct result of the nurses who came to the district as part of the scheme.[74]

In 1905 Wohlmann was still impressing on the government the urgent need to provide Rotorua with a small general hospital or a private sanatorium. There was an increasing demand from patients requiring nursing care, too ill to be accommodated in the boarding houses or hotels, and yet willing and able to pay to have private accommodation in conjunction with their treatment.[75] Wohlmann was not immediately successful in his bid to have a general hospital built at Rotorua, but did manage to obtain approval to have a small wing added on to the Sanatorium Hospital, equipped for use as an accident ward. Wohlmann selected the equipment for the new accident ward himself,

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72 *Ibid.*, p. 58.

73 R.T. Lange *The Revival of a Dying Race: A Study of Maori Health Reform 1900-1918 and its Nineteenth Century Background*, MA Thesis, University of Auckland, 1972. Pamela Woods, Efficient Preachers of the Gospel of Health: The 1898 Scheme for Educating Maori Nurses, *Nursing Praxis in New Zealand* 1992:7:1, pp. 12-21, Alex McKegg, *Ministering Angels*, MA Thesis, University of Auckland, 1991. Maureen Holdaway, Where are the Maori Nurses who were to Become Those Efficient Preachers of the Gospel of Health? *Nursing Praxis in New Zealand*, 1993:8:1, pp. 25-34.

74 The specific effects of this scheme on the health of the people of Rotorua are discussed more fully in Chapter Four.

75 Report of the Government Balneologist, Dr Wohlmann, *AJHR*, H-2, 1905:3, p. 17.

travelling by the express train to Auckland to do so. He was obviously not a man to await the due course of government process, having already experienced delays and deferred promises in relation to the building of a cottage hospital.

The people of the Rotorua community were delighted that at last they had access to emergency medical and surgical treatment in their own town, but were also concerned that the government might use this as a means of further delaying the building of a full general hospital at Rotorua.[76] By 1907 the emergency ward was being used extensively. Wohlmann reported that the pressure was so great he had been forced to accommodate surgical cases in tents. This effectively increased the work of the staff, and in his annual report to Parliament he recorded his appreciation of the 'ungrudging services' of the house surgeon, the matron Edith Rennell, and the nurses.[77]

In 1905, with the idea of eventually establishing a school of massage at Rotorua, Wohlmann initiated a practical training course for bath attendants that included instruction in massage and 'medical gymnastics'.[78] The duration of the course is not known, though it was available to both males and females.[79] From this point attendants

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76 *DP,* 15.6.37, referring to a newspaper article in *BPT,* 18.2.05. In 1905, another new acquisition, an ambulance, was purchased by the Tourist Department to convey patients from the train to the Sanatorium. Constructed by the St Johns Ambulance Association, it had pneumatic tyres and ball-bearing joints. *BPT* 4.10.05 (All references in this footnote are from the DSC).

77 Government Balneologist's Report, *AJHR,* H-2, 1907:4, p. 16.

78 *Ibid.*, H-2, 1906:3, p. 14.

79 *Ibid.*, H-2, 1907:4, p. 17.

were categorised and employed according to whether they had undertaken the course of training. Permanent attendants were skilled, while temporary attendants, taken on during the seasonal peaks to carry out routine tasks, were unskilled. Wohlmann was pleased with this innovation which allowed for:

> much more efficient medical measures to be prescribed than was formerly possible.[80]

This move posed a threat to the position of the trained nurse, now in danger of being usurped by an emerging occupational group seeking a place in the expanding health market. Nurses were trained to assist doctors in the treatment and care of the sick, their place was in the Sanatorium Hospital. Many of the patients taking the mineral baths and spa treatments were intent on enhancing their wellbeing with a focus on health promotion. Nursing would need to meet this new challenge and incorporate massage into its own practice, thus strengthening its boundaries and facilitating professional closure. The First World War eventually provided this opportunity and for a number of years massage became the exclusive domain of the registered nurse.[81]

This decade was a time of heightened awareness of the need to safeguard the public's health by introducing legislation to prevent and control disease. The Nurses Registration Act of 1901 controlled and regulated the training and practice of nurses, excluding the untrained while supporting the concept of nursing as a female occupation. This Act of Parliament enhanced nursing's image and elevated the status and standards

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80 *Ibid.*, H-2, 1906:3, p. 14.

81 Jan Rodgers pinpoints the year that massage ceased being the nurses exclusive domain as 1920.

of nursing practice. The Public Health Act of 1900 specifically provided legislation for doctors to take key positions in the new public health system. These two Acts of Parliament ensured that the twentieth century heralded a new era of health care that saw the medical profession assume control over other health care providers in New Zealand. However, the new legislation also provided professional opportunities for nurses at Rotorua, because of the importance of ensuring high standards of public health and hygiene in the spa resort. Visitors to the district needed to be assured that they were safe from the perils of infectious diseases. New innovative treatments introduced in response to advances in medical science and technology allowed nursing to take additional responsibilities and to assume a role complementary to medicine, especially in the treatment of rheumatic diseases. The appointment of matrons at the Sanatorium Hospital reflected the new approach. Qualified, competent and experienced, these women influenced the management of nursing in Rotorua along the lines of major hospitals throughout New Zealand.

Chapter Five explores the second decade of the twentieth century. By now the image of the trained nurse was a significant factor in promoting the value of the healing waters at Rotorua. Rules of professional closure, initiated by the nursing profession, became increasingly evident as untrained nurses were both excluded and exploited in the expanding health service. Female nurses gradually usurped the positions of male caregivers in the Sanatorium Hospital, just as they had throughout New Zealand. The element of examinable competence became the hallmark for standards of nursing

excellence. However, aspirations of autonomy and professional self control were still beyond the reach of nursing, as legislation designed to enhance nursing's professional status, also strengthened the control the medical profession held over nursing.

CHAPTER FIVE

A PICTURE OF DIVERSITY: NURSING IN ROTORUA 1900-1914

This chapter examines the influence of professional closure on individual nurses, both trained and untrained, who came to Rotorua between 1900 and 1914 to practise in a variety of clinical settings. All of the registered nurses were New Zealand trained, some possibly attracted to the area by the novelty of the tourist resort. Medical knowledge was advancing and trained nurses were increasingly perceived as useful 'disciples', offering a means of extending medical care to disadvantaged people in the community, to whom medical and nursing care had previously not been accessible. The difference between the trained and the untrained nurse was by now obvious. Nursing education, hospital focused and illness oriented, combined a limited amount of scientific knowledge with the discipline of nursing, to produce nurses who were loyal, considerate, kind, caring and obedient. The parameters of the nursing profession were clearly established through the process of formal training with rules, standards and the requirement for examinable competence.

As the twentieth century commenced, social legislation, initiated by the Liberal government continued to be enacted. Realising that its own citizens were New Zealand's greatest assets, the government moved to implement legislation to improve the health and welfare of the mother and child.[1] Opportunities for registered nurses were

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1 Mary Lambie, 'A Wealth of Information: Facts Relating to our Nursing History Which Every Nurse Should Know', *KT*, July 1960, pp. 8-17 (hereinafter known as *Facts Nursing*).

expanding at a rapid rate. Grace Neill worked tirelessly, planning and successfully implementing the system of training and registration of midwives. The Midwives Act of 1904 brought all obstetric nurses and midwives under the control of the Health Department. The Private Hospitals Act of 1906 brought the supervision of these hospitals under the Hospitals Department, and dictated the proportion of their trained to untrained nursing staff.[2] The Infant Life Protection Act of 1907 saw nurses appointed to the position of supervising officers, as the State assumed responsibility for the supervision of 'backward and unwanted' children.[3] It was at this time that Dr Truby King inaugurated the Plunket Society, the object of which was to protect the welfare and health of the women and children of New Zealand. Dr King also established the first Karitane Hospital in Dunedin in 1907.[4] King was a powerful force in influencing policy that strengthened the family unit, emphasising and reinforcing the domestic role of women. This has been described as being 'virtually a cult of motherhood'.[5]

Neill retired in 1906, following the deaths of Duncan MacGregor and the Premier, Richard Seddon, also a close friend of hers. Seddon, described as a humanitarian, had been the architect of the liberal social and health reforms.[6] Without

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2 *Ibid.*, p. 10.

3 *Ibid.*

4 *Ibid.*, Karitane Hospitals were for healthy babies with feeding problems.

5 David Hamer, 'Centralisation and Nationalism 1891-1912', in Keith Sinclair (Ed.), *The Oxford Illustrated History of New Zealand*, Auckland: Oxford University Press, 1990, p. 150.

6 *Ibid.*, p. 125-152, passim.

him Neill's political influence was considerably diminished.[7] Neill chose Hester Maclean as her successor, an Australian nurse of Scottish parentage. Simultaneous with Maclean's appointment were the appointments of two nurse inspectors to the Department of Health, Jessie Bicknell and Amelia Bagley, both New Zealand trained nurses who were also midwives. Maclean and the nurse inspectors were responsible for the supervision of nursing conditions throughout the country.[8]

The Public Health Department and the Department of Hospitals and Charitable Institutions merged in 1909, to come under the direction of Dr T.H.A.Valintine.[9] One of Valintine's first moves was to initiate the Backblock District Nursing Service, a service that commenced in 1909 with the appointment of the first district nurse at Uruti, in Taranaki. It could be said that district nurses were independent practitioners, autonomous and accountable for their own practice in the community. However the Hospitals and Charitable Institutions Act of 1909 set very clear parameters for the district nurses, again limiting the nursing responsibility to that of 'handmaiden' to the doctor. The following rules printed in *Kai Tiaki* in 1911 were a reminder to all nurses that the doctor was firmly in control, even without being physically present:

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7 *Grace Neill,* pp. 58-60.

8 *Facts Nursing,* p. 10.

9 *History General Practice,* p. 30. A medical graduate from England, Valintine came to New Zealand as general practitioner at Inglewood, Taranaki, from 1891 to 1901. He became Assistant Chief Health Officer for Wellington in 1901, then Inspector of Hospitals, succeeding MacGregor in 1906. He became Chief Health Officer in 1912, Director of Military Hospitals in 1915, and in 1920, the first Director-General of Health.

> She shall work under the doctor appointed by the Board, and other doctors practising in her district. . . . She shall decide as soon as possible whether or not the services of a medical practitioner are needed, and shall advise the head of the household accordingly. . . .She shall faithfully carry out the instructions of the medical practitioner, and shall from time to time advise him as to the condition of the patient. . . . She may, with the approval of the Board, in remote country districts act as a midwife at confinements, adhering to the "Rules and Guidance of Midwives" in regard with sending for medical aid.[10]

The district nurse, required to live within her district, could not leave it for more than twelve hours at a time without the permission of the Hospital Board.

By 1908 the effects of closure were being experienced in Rotorua, reinforcing the difference between the untrained and the trained nurse. An example of this difference was epitomised by the way untrained nurses caring for patients with infectious diseases were able to be exploited. The Isolation Hospital, a former schoolhouse provided by the Health Department in 1901 was administered by the Sanatorium, but came under the control of the Rotorua Town Board. The building, old to begin with, very quickly fell into decay.[11] Staff consisted of one registered nurse, Mrs Laird, and two untrained nurses, Miss Bruce and Mrs Landells. The complicated administrative structure sometimes created problems for the nurses. For example, in June 1908, an account submitted by Bruce to Wohlmann for the expenses of maintaining and nursing six patients in the hospital for approximately one year, was immediately passed by Wohlmann to the Town Board for payment. This account was then forwarded to the

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10 'Rules Relating to the Appointment of District Nurses', in *Kai Tiaki*, July, 1911, pp. 130-131.

11 Report of the Chief Health Officer, Dr Malcolm Mason, *AJHR*, H-31, 1902:3, p. 30. The Isolation Hospital was situated on the corner of Te Ngae Road and Fenton Street.

General Manager of the Tourist Department in Wellington, who insisted that the money must be paid from the Rotorua Town Account. The Engineer-in-Charge at Rotorua, responded by refusing to pay Bruce's salary for the five months up until the end of May, claiming that he had not been informed of her employment until early in June. He did however, agree to pay her salary for the month of June. Laird was also owed wages, and Landells had claimed for money she owed to tradesmen for supplies at the Isolation Hospital. Laird, the only registered nurse, was paid the money owed to her, but the Rotorua Town Account was not able to support the payment of the other amounts, because to do so would have raised the town overdraft beyond its legal limit.[12]

The only person paid in the first instance was the registered nurse. Bruce, untrained though very experienced, did not have the professional support or status she would have required to press her case for payment. The incident however, precipitated an ongoing argument over which Department was responsible for the cost and maintenance of the Isolation Hospital. Legally these costs were meant to have been recovered from the patients, but the government kept forgetting that it had an agreement with the Maori of Rotorua, who were entitled to free treatment in return for the use of Maori land in perpetuation for as long as that land was required for hospitals.[13]

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12 Letter from the Engineer in Charge, Tourist and Health Resorts Rotorua, to General Manager, Tourist Department, Wellington, July 2nd, 1908, DSC. For a comprehensive explanation of the unique administration of the town of Rotorua, see *New Century Rotorua*, Chapter Two.

13 This agreement was embodied in the Thermal Districts Act, 1883.

The expense of maintaining the old Isolation Hospital in its dilapidated state on the outskirts of the town created financial hardship for the Rotorua Town Board. Wohlmann, when asked by the General Manager of the Tourist Department in Wellington to keep expenses at the Isolation Hospital at a minimum, responded immediately:

> The whole position in regard to the Isolation Hospital is utterly unsatisfactory. The place is at present unfit to put patients in and unfit for any Nurse to live in charge of (*sic*) the patients. It is a matter of extreme good fortune that there happened to be in Rotorua a qualified nurse who will consent to stay alone at the hospital when required, and who will do all the work of the place without servants, and who is also generally available at short notice, and for whom no railway fare has to be paid. The invariable price for ordinary fever cases is £3.3.0 a week, with board and lodging, and I do not think it would be possible to get any trained nurse for less than that, unless indeed she were, as you suggest, attached to the Sanatorium staff. I do not think that we should be likely to get one nurse in a hundred to run the whole hospital on her own as Nurse Bruce has hitherto done, and if we had a spare nurse attached to the Sanatorium staff we should have to send out with her at least one servant whenever she was sent to the Isolation Hospital. I have been over the matter carefully with Mr Birks and he agrees with me that in so far as the nursing is concerned we are exceptionally fortunate in running the place so cheaply.[14]

Although not a trained nurse, Bruce continued to be employed at the Isolation Hospital.

In 1909 the decision was made to build a new Isolation Hospital in the Sanatorium grounds in an attempt to reduce the costs of medical treatment in Rotorua. The government, alarmed at the escalating cost of hospital treatment throughout New

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14 Letter from Wohlmann to General Manager, Department of Tourist and Health Resorts, August 2, 1909, DSC.

Zealand generally, urged Wohlmann to reduce expenditure even more at the Isolation Hospital:

> [W]ith regard to the economy of running I would suggest that the Hospital Department send a representative to look into this matter if they have any doubt on the point. Nurse Bruce is an exceptional nurse in this direction. With the exception of only one or two cases, she does the whole of the nursing and the whole of the cooking and housekeeping herself and refuses any assistance whatever. As a result our total expenditure for one or two cases, is only 3 guineas per week in wages and about 2 guineas per week for keep. She would be quite justified and no doubt any other nurse would demand that there should be two trained nurses and at least one housekeeper, which would cost about 7 guineas per week in wages and 3 or 4 guineas in food and supplies. There is probably not another nurse in the Dominion who would consent to live absolutely alone with patients in that isolation building.[15]

The value of the trained nurse was being considered in terms of the cost to the institution.[16] However, in 1908 a shortage of trained nurses throughout New Zealand made it necessary to relax nursing's rules of closure in Rotorua, especially in an area of nursing that was not only unattractive, but which also held considerable danger for the nurse.[17] Bruce, though untrained, was a valued employee. By 1911, the Isolation Hospital was in heavy demand, accommodation stretched beyond its limits, with tents required for typhoid cases. The nurses were also required to sleep in a tent.[18]

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15 Letter from the Resident Officer, Tourist Department, Rotorua to the Director, Tourist Department, Wellington., April 20th, 1910, DSC.

16 Report of Dr Valintine, Inspector of Hospitals, *AJHR*, H-22, 1908:5, p. 2. A comparison of hospital expenditure between England, Australia and New Zealand reveals the following: 1s. 1d; 8s. 3d; and 6s. 10d respectively, per head of population. Hospital costs were reported to be increasing in New Zealand, as a result of increases in salaries, especially those of medical superintendents and registered nurses. A reason given for the increase in nurses salaries was the acute shortage of registered nurses.

17 *Ibid.*, p. 2.

18 Letter from Franklin, Health Inspector to Makgill, District Health Officer, Auckland, March 9, 1911, H 120/5, NA.

A new wing with eight extra beds and additional offices had been added to the Sanatorium Hospital by 1908.[19] Wohlmann reported a greatly increased workload for the nursing staff compared with previous years, and commended them for their excellent work. An extra nurse was appointed to cope with the increased work created by the expansion.[20] Again Wohlmann urged the government to consider building a small cottage hospital in Rotorua as the population was increasing rapidly, with the sawmilling industry now firmly established. The small emergency wing with its two rooms and operating theatre was being used as a surgical ward.[21]

Tuberculosis had long been a major health concern in New Zealand, requiring the establishment of sanatoria at Otaki and Cambridge. On 24th May 1908, the Karere Tree Planting Camp for 'cured' consumptives was opened at Waipa, five miles south of Rotorua. This experimental scheme enabled men considered cured or nearly cured of tuberculosis to be moved to Karere to work for the Forestry Department. Tree planting was seen as an appropriate means by which the men could rebuild their strength. Paid by piecework, they contributed toward expenses so that the camp was self-supporting. The men at Karere were also responsible for their own cooking and washing. An outreach of the Te Waikato Tuberculosis Sanatorium at Cambridge, Karere Camp consisted of two

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19 Report of the Government Balneologist, Dr Wohlmann, *AJHR*, H-2, 1908:5, p. 20.

20 *Ibid.*

21 *Ibid.*, See also, Report of the Government Balneologist, Dr Wohlmann, *AJHR*, H-2, 1909:5, p. 16.

accommodation tents, a dining tent and a sister's tent. The tents all had boarded floors and independent walls that could be rolled up to allow for the maximum flow of fresh air.[22]

Margaret Urquhart was transferred from the staff of Te Waikato to be Sister-in-Charge of Te Karere.[23] She was responsible for ensuring that the men did not over-exert themselves, the open-air existence was maintained, meals were regular and the food suitable, and general sanitation and order were maintained.[24] The experiment at Karere was considered a success. Dr Mason, the Chief Health Officer for New Zealand reported to Parliament:

> "Karere" is truly the "forerunner" and the "bringer of hope". The experiment has shown that it pays to look after our sick. Several who have been "hardened off" at Karere have gone back to their ordinary work quite recovered . . . . I am certain that both the Medical Superintendent and the Matron will agree that to Sister Urquhart's care, skill and devotion the success of our experiment is due.[25]

The camp closed in 1910 as part of the general cost cutting measures instituted when a new Medical Superintendent was appointed to Te Waikato Sanatorium.[26] However, the

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22 Public Health Department, Te Karere Report, *AJHR*, H-31, 1909:3, p. 63.

23 *NZG*, 1914:1, p. 278. Margaret Urquhart trained as a Nurse at Christchurch Hospital. She achieved the Christchurch Hospital Certificate and passed the State Final examination in 1902. She nursed at Nelson Hospital until 1904, then was appointed sister at Te Waikato Sanatorium in 1905.

24 *KT*, July 1908, p. 70.

25 Report of the Public Health Department, *AJHR*, H-31, 1909:3, pp. 63-64.

26 *Ibid.*, H-31, 1910:3, p. 4.

acknowledged success of this experiment was due more to expert nursing than to the medical treatment, and the cost of the venture would have been minimal.

In June 1911 the care of the health of the Maori was transferred from the Native Department to the Health Department.[27] For some considerable time attempts had been made to provide nursing treatment for the sick Maori, either through Mission workers in different parts of the country, or by seconding trained nurses in times of epidemics to cope with a particular outbreak.[28] These attempts, however, had no continuity, and suitable nurses were difficult to find when needed. The Native Health Nursing Scheme was established to provide registered nurses who were also midwives, either Maori or pakeha, to live among the Maori.[29] They were to give instruction in infant care, health promotion and disease prevention. Their presence would ensure the early detection of disease so that medical attention could be provided in time to prevent serious illness. These nurses would also be in a good position to prevent the spread of disease by isolating infectious patients and ensuring that the proper disinfection of clothing and premises was carried out.[30]

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27 *Ministering Angels,* p. 78.

28 The Mission nurses were seldom qualified.

29 *Ministering Angels,* pp. 78-80.

30 *KT,* April 1912, p. 26. 'Nursing For Maoris: Department of Hospitals and Charitable Aid, Wellington, 31st January, 1912. Circular No. 102'.

The first nurse in New Zealand to be appointed under this scheme was Mary Purcell, a registered nurse and midwife.[31] In 1911 she was posted to the Rotorua district, paid by the Health Department but under the authority of the Waikato Hospital Board. Mary Purcell was a graduate of Wellington Hospital, and Wellington's St Helens Hospital.[32]

Purcell had travelled to England in 1909 to gain experience in mental health nursing at Holloway Sanatorium. She also undertook massage training in London, and obtained her Certificate in Massage from the Incorporated Society of Trained Masseuses. From England Purcell described her impressions of nursing in that country. She mentioned that New Zealand nurses were held in high regard there, and hoped that she too would bring credit to her training school. In comparing the New Zealand hospital system with the British system she provided a glimpse of the nursing situation in Britain where standardisation of training schools and registration of nurses had yet to be achieved:

> The more I hear of hospitals and nursing here the more I admire our New Zealand system of State control and inspection. It seems that anyone, trained or

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31 *KT*, 1911:4:3, p. 137. See also, Hester Maclean, *Nursing in New Zealand*, Wellington, NZ: Tolan Printing Company, 1932, pp. 88-89; Joan Rattray, *Great Days in New Zealand Nursing*, Wellington, NZ: A.H. & A.W. Reid, 1961, p. 38. Bagley was appointed Superintendent of Native Health Nurses when this scheme commenced.

32 *NZG*, 1912:1, p. 396. Purcell achieved the Wellington Hospital certificate and passed the State Final examination in 1903, then undertook her midwifery training at St Helens Hospital in Wellington, to obtain her Certificate of Midwifery in 1905. She was engaged in private nursing practice until 1907, when Hester Maclean reported that Purcell had opened a private general and maternity hospital in Hawera, see *AJHR*, H-22, 1908:5, p. 13. Purcell was the first matron of Ruanui Hospital in Taihape, see also *KT*, 1908:2:1, p. 27. Ruanui was a small maternity home established for the settler's wives through the private philanthropy of Mr and Mrs Studholme, residents of that district. She continued in this position until 1909 then left New Zealand to travel to England. See also, *KT*, 1908:2:1, p. 27.

> otherwise, can run a private hospital here, and the name of private nursing homes is legion.[33]

The British trained nurses, even without having achieved registration, were demonstrating that their training prepared them for management positions and for autonomous practice, possibly on an equal footing with doctors. Purcell, and indeed other career motivated New Zealand nurses, were constantly being moved around this country to set up new endeavours, and to fill specific positions. Rotorua was but one example of such a disempowering strategy that limited nurses ability to establish a long term commitment to a career, or to develop an independent power base. Purcell had held senior management positions and had managed her own private hospital. It is possible that she abandoned the autonomy and control that she had over her own practice because her training had socialised her into feeling most comfortable in a dependent nursing role. In this role the doctor was the authority, the decision maker, while the nurse followed instructions, intelligently and obediently.[34] On her return to New Zealand in July 1911, Purcell's appointment was reported in *Kai Tiaki*:

> Nurse Purcell has been appointed nurse under the Native Health Scheme. Her knowledge of sanitation gained while in England lately, will be of great value in this work.[35]

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33 *KT,* April 1909, p. 67. The Private Hospitals Act 1906 controlled the registration and licensing of all private hospitals in New Zealand.

34 It is also quite possible that her private hospital had not been a financial success, and that she had more financial security as an employee.

35 *KT,* 1911:5:3, p. 137.

Purcell was initially sent to relieve Amelia Bagley in Ahipara, and then moved to the Rotorua District. In January 1912 it was reported that Purcell had been very busy with an outbreak of typhoid among the Maori at Mokai, near Lake Taupo.[36] By March of 1912 Purcell had resigned from the Native Health Service to travel to Dunedin where she undertook her Plunket Nurse training at Karitane Hospital.[37] Her work was commended by Maclean in 1912:

> For eight months Miss Purcell did excellent work - travelling from pa to pa in the Rotorua and Taupo districts. The work was carried on with a great deal of difficulty, as most pioneer work is . . . Miss Purcell, owing to ill health, resigned her position . . . and Miss Cora Anderson took up her work in March.[38]

From 1912 to 1914 Purcell was the Plunket Nurse for Hastings. When she resigned from this position to become the senior Plunket Nurse in Wellington, the people of Hastings expressed sadness for the loss created by her departure:

> [D]uring the past year she has done invaluable work, as many a Hastings mother will testify. Nurse Purcell is endowed with the very necessary gift of tact and possesses as well unusual skill in all branches of her profession.[39]

Meanwhile during this period of time very little has been recorded of the nurses at the Sanatorium Hospital, although in 1908 Rennell transferred from the Rotorua

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36 *KT*, January 1912, p. 25.

37 *KT*, April 1912, p. 40.

38 Health Department Report, *AJHR*, H-31, 1912:4, p. 20.

39 *KT*, April 1914, p. 100. See also, *KT*, Oct. 1915, p. 201. Purcell had returned to England in 1909, where she married Lieutenant Morris Marples of the Army Service Corps. *NZG*, 1920:1, p. 630, Register of Nurses. Mary Purcell had become Mary Marples. From 1922-1928, Mary Marples lived in Shanghai, China, then from 1929 her last address was Karipira, Cambridge - whether that was in New Zealand or England is not known.

Sanatorium Hospital to Hanmer Sanatorium and Inez Pownall became matron at Rotorua.[40] In 1911, Inez Pownall was incapacitated by a particularly severe illness, causing Hester Maclean to report: 'We are pleased to hear that Nurse Pownall, Matron of the Rotorua Sanatorium has recovered and has returned to her duties.'[41]

The demand on the Sanatorium Hospital beds and the emergency ward continued to increase, but it was not until early in 1913 that the Rotorua Cottage Hospital and the new Infectious Diseases Hospital were opened in the Sanatorium grounds.[42] A new nurses home providing accommodation for seven nurses was completed at the same time. The emergency ward at the Sanatorium Hospital was closed, and subsequently used as accommodation for domestic staff. The old Isolation Hospital was burned down.[43] The Cottage Hospital was fully occupied from the time it was opened, and the new operating theatre enabled many patients to remain in Rotorua where previously they would have been sent to Hamilton for surgery.[44] Wohlmann was appointed medical superintendent of the Sanatorium Hospital, the Cottage Hospital and the Infectious Diseases Hospital. Nursing responsibility for the Sanatorium and the Cottage Hospital

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40 *NZG*, 1914:1, p. 271. Inez Pownall had obtained the Thames Hospital Certificate and passed the State Final examination in 1904. She was engaged in private nursing practice from 1906 to 1907, then spent one year as a sister at Gisborne Hospital. She became the matron of the Rotorua Sanatorium in 1908, replacing Miss Rennell.

41 *KT*, July 1911, p. 137.

42 Report of the Tourist and Health Resorts, *AJHR*, H-2, 1913:3, p. 3, p. 8.

43 *Ibid.*

44 *Ibid.*

came under the same matron, Inez Pownall.[45] Olive Hames, already on the staff of the Sanatorium Hospital, was appointed matron of the new Isolation Hospital. She continued to nurse at the Sanatorium Hospital, except when required to open the Isolation Hospital during an outbreak of infectious disease.[46]

Pownall continued to occupy the position of matron until 1914, when she contracted typhoid fever and died. Wohlmann reported 1914 as a particularly difficult year made more so by the typhoid epidemic:

> The disease unfortunately, attacked several of the nurses attending the sick, and we have to deplore the death of the Matron, Miss Pownall, from the cause.[47]

Pownall's death was reported sadly by Miss Maclean:

> Her short term of nursing work, carried out with devotion and enthusiasm, was terminated very sadly by a very severe attack of typhoid fever, during which her suffering was great . . . Her sister, Miss Mabel Pownall from Otaki, was with her for a fortnight before her death . . . Miss Pownall had many friends . . . and her bright personality will be much missed.[48]

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45 *Ibid.*

46 *NZG*, 1925:1, Register of Nurses, p. 403. Olive Hames, a graduate of Hamilton Hospital, obtained her Hospital Certificate and passed the State Final examination in December, 1907. In 1908 she nursed for a period of time at Dannevirke Hospital and was engaged in private nursing until 1909, at which time she was appointed to the staff of the Sanatorium Hospital in Rotorua. Miss Hames continued as matron of the Infectious Diseases hospital, also nursing at the Sanatorium, until 1920. She then resigned to take up a position at Te Waikato Sanatorium in Cambridge where she remained until 1921. See also, Olive Hames Obituary, D.P. 18.2.53. Olive Hames died in Auckland at the age of 81 in 1953. DSC.

47 Report of the Tourist and Health Resorts, *AJHR*, H-2, 1915:3, p. 10.

48 *KT*, October 1914, p. 190, 191. Augusta Enberg, a trained nurse from Finland also developed typhoid while nursing at the Sanatorium Hospital, and eventually recovered. Fortunately, Enberg's sister was available and able to assist with her nursing care.

Pownall was replaced by Edith Rennell who had previously been matron of the Sanatorium from 1904-1908. When Pownall contracted typhoid at the same time as the Hanmer Sanatorium was destroyed by fire, Rennell was the obvious choice for what was initially to have been a temporary replacement, but which tragically became a permanent position.[49]

It was noted in 1913, that although the Isolation Hospital had been ready for use since October, 1912, it had not yet been required. There had only been one case of infectious disease during the year, and even then the patient had not contracted the disease in Rotorua.[50] Dr Scott, the acting balneologist attributed the credit for this to the work of the District Nurse, Cora Anderson 'whose patient teaching of the Natives seems to be at last bearing fruit'.[51]

Cora Anderson had replaced Purcell as Native Health Nurse in the Rotorua District. Shortly after commencing this work, Anderson's mother became seriously ill, and she returned to Auckland to nurse her.[52] However, it wasn't long before she was

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49 *KT*, January 1914. Edith Rennell enjoyed her annual holiday in the South Island before moving back to Rotorua. She stayed at the Hermitage, Mt. Cook, climbed to the head of the Tasman Glacier and then 'motored' from the Hermitage to Queenstown.

50 Report of the Tourist and Health Resorts, *AJHR*, H-2, 1913:3, p. 9.

51 *Ibid.*, p. 8. See also, *NZG*, 1914:1, p. 437. Cora Anderson, from Remuera in Auckland, undertook her nurse training at Thames Hospital, and passed the State Final examination in 1909. She immediately entered St Helens Hospital in Auckland to undertake midwifery training. Following this, in January 1910, she was appointed to the position of matron of the newly constructed Townley Maternity Hospital in Gisborne. Anderson continued in that position until 1912, at which time she was appointed by the Health Department to replace Purcell in the Rotorua district.

52 *KT*, April 1912, p. 25.

back in Rotorua, working with Maud Mataira fighting the battle against typhoid.[53] Two years later Anderson resigned to return to Auckland so that she could be near her mother.[54]

This perception that women have a duty to care has been described as a dilemma of womanhood, that the propensity to care and to nurse are embedded in the natural or ordained character of all women.[55] The responsibility for nursing family members through their illnesses was a powerful force that could reach out and draw a woman back to the family hearth, regardless of her personal aspirations or career circumstances:

> The family's "long arm" might reach out at any time to a woman working in a distant city . . . pulling her home to care for the sick, infirm or newborn. No form of woman's labour protected her from this demand.[56]

Anderson's resignation was accepted with the greatest regret by the Health Department:

> We regret to be losing Nurse Anderson from Rotorua. She has done much good work which is beginning to tell in the Kaingas, by their improved sanitation and the freedom from epidemics enjoyed during the last 18 months. Nurse has, however, always had many cases on hand of general illnesses and children's troubles, but her lectures to mothers and addresses to the school children are proving a great help as well as the more practical nursing in their own homes of the sick, and Maoris there are fast losing their dread of going into hospitals, although, as Nurse Anderson states, that always depends on the sort of nurse who happens to attend them. They are quick to realise one's attitude towards them, and a slight - fancied or real - will drive them away, while a little sympathy

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53 *Ibid.*, p. 40.

54 *KT*, January 1914, p. 48.

55 Susan Reverby, A Caring Dilemma: Womanhood and Nursing in Historical Perspective, *Nursing Research*, 36:1, pp. 5, 6.

56 *Ibid.*, p. 6

works wonders - which proves again that a nurses' personality counts for as much as her training.[57]

By this time the First World War had been declared and possibly Anderson had decided to apply to nurse New Zealand troops overseas. In any case, she was in the first contingent of nurses to leave New Zealand in 1915, to be stationed initially at the New Zealand General Hospital Abassia in Cairo.[58] Agnes Stephenson replaced Cora Anderson in Rotorua in 1914. Stephenson remained there for one year, then in August 1915 she too joined the New Zealand Army Nursing Service.[59]

Maud Mataira, trained at Wanganui Hospital under the Maori Nurse Training Scheme, was sent to Rotorua in 1911 soon after she graduated, to assist Mary Purcell.[60] However, she was required instead to nurse an outbreak of typhoid in the temporary

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57 *KT,* January 1914, p. 48.

58 *Military Nursing,* p. 69. Cora Anderson was mentioned in Despatches from London, on June 21, 1916, then promoted to the position of sister in the NZANS. By this time the New Zealand 1st General Hospital had been moved from Cairo to Brockenhurst in England. Anderson was mentioned in despatches from the London War Office again in 1917. She became matron of Codford Hospital, Sister-in-Charge of Morant War Hospital, then matron of Hornchurch N.Z. Convalescent Hospital. Cora Anderson, one of the five Principal Matrons of the NZANS, was awarded the Royal Red Cross, both First Class and Second Class, for services to nursing in the First World War in Europe. She returned to New Zealand in charge of the nursing staff on the Rimutaka, in 1919. On October 1st, 1919, she married Eric Robertson, also from Remuera. They made their home in Stratford, Taranaki.

59 *NZG,* 1920:1, p. 596. Agnes Stephenson trained at Auckland Hospital, passing the State Final examination in December 1908. She continued nursing at Auckland Hospital until 1910. For a short period of time she was engaged in private nursing, then nursed at Waikato Hospital from 1910 until 1912. She undertook her midwifery training at St Helens Hospital in Auckland, to obtain her Midwifery Certificate in 1913. Agnes Stephenson served in the 31st General Hospital in Port Said, and on H.S. *Delta.* She achieved the rank of sister in the NZANS, concluding active service in January 1918, at which time she married, to become Mrs Cruikshank.

60 *KT,* October 1911, p. 137.

isolation hospital set up at Ohinemutu.[61] By October 1912 she had been sent to Whakatane to nurse typhoid patients, to remain there permanently until 1914 when she was granted six months leave to undertake the midwifery course at St Helens. At that time Amelia Bagley expressed concern that Mataira was being overworked as the only nurse in the Bay of Plenty district. For the entire year 1913-1914 Mataira worked at typhoid and smallpox camps throughout the Bay of Plenty. One epidemic in the middle of winter, was situated on Matakana Island off the coast of Tauranga. When this typhoid epidemic reached overwhelming proportions, Anderson from Rotorua and Gill from Auckland were sent to assist Mataira. During the smallpox epidemic of 1913, Mataira, the only registered nurse, managed with assistance from some of the local Maori women and with the help of an untrained nurse, Miss Wing.[62] In 1915 Maclean reluctantly reported that Mataira had resigned from the Native Health Nursing Service. She acknowledged that Mataira had worked well, but that she was tired from working in isolation camps.[63] In 1917 Mataira was reappointed to the Hokianga, where two years later she died in the influenza epidemic. The Senior Inspector of Native Schools, J. Porteous reported her death in 1920:[64]

> The number of Maori nurses who are at present at work amongst the Maori people is comparatively small, and it is to be deeply regretted that their ranks

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61 Kate Shaw aged 96, long time Rotorua resident, remembers this isolation hospital, which was situated where the Railway Station now stands.

62 *KT*, January 1914, p. 48.

63 Health Department Report, *AJHR*, H-31, 1915:3, p. 6.

64 *Ministering Angels*, p. 63. Mataira's death was reported to the Minister of Education because the nurses who trained under this scheme were supported on scholarships provided by the Department of Education.

> have been further reduced by the death of Miss Maud Mataira. Nurse Mataira, who had been at work for several years and had a record for good and faithful work, died at Hokianga in the early part of the current year of influenza, which had contracted in the performance of her duty. By her untimely death the Department sustains a loss in this branch of its efforts on behalf of the Maori race which is distinctly unfortunate.[65]

For the European nurses, self-preservation appears to have been a priority, they were able to recognise when stress became overwhelming and made choices to withdraw from the stressful nursing situation. The Maori nurses were, or were expected to be imbued with a strong sense of commitment and selfless devotion to meeting the health needs of their people, preventing them from giving due consideration to their own health needs.[66]

The Private Hospitals Act of 1906 provided an unprecedented opportunity for nurses and midwives to practice independently and autonomously, by enabling them to apply for a licence to manage their own private hospital. It was not until 1911 however, that Eleanor Pascoe opened a licensed private hospital in Rotorua, known as 'Wharemahu'.[67] She ran the hospital as a business, taking in private medical, surgical and

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65 Report to the Minister of Education on Education of Native Children, *AJHR*, E-3, 1920:2, p. 11.

66 *KT*, April 1912, p. 38. As an example when Nurse Eva Wirepa resigned from her position as Maori Health Nurse in the Hawera District in 1912, it was reported that she was undertaking private nursing among her own people in Hawkes Bay, where there were many wealthy Maori families. Another nurse trained under the Maori Health Nursing Scheme, Nurse Heni Whangaperita did not allow marriage to entirely stop her nursing work. See also, *KT*, July 1913, when it was reported that as Mrs Reedy she continued to nurse among her own people whenever she was required.

67 *KT*, July 1911, p. 137. See also, *NZG*, 1907:I, Section 107, pp. 1660-1661. The Hospitals and Charitable Institutions Act, 1906, Part II.

obstetric patients under the care of the local General Practitioners, one of whom was Dr Herbert Bertram.[68] Bertram developed an overwhelming dislike of Pascoe, both as a person, and because of what he proclaimed to be her shortcomings as a nurse.

Pascoe perhaps did not behave according to the prevailing perception of what constituted a good nurse. Nurse training by 1912 was focusing on the development of nurses who were obedient, had unfaltering moral standards, and who possessed the nursing 'instinct', basic to a woman's kind, caring nature, obedience and subservience.[69] The nursing journal, *Kai Tiaki,* was at the same time, constantly portraying the desirable attitudes to be encouraged in nurses - loyalty, consideration, kindness, caring and again, obedience.[70] Bertram was no doubt aware of the characteristics he could expect to see in a nurse. Not only would he have had a professional interest in this newly emerging profession, but he had the added advantage of being married to a registered nurse.[71] Pascoe proved to be neither subservient nor obedient. She may not even have been kind and caring. She certainly had no intention of being thwarted in her attempt to run her hospital as a successful business.

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68 Report of the Tourist and Health Resorts, *AJHR,* H-2, 1908:5, p. 20. Dr Bertram came to Rotorua in 1907, to be house surgeon at the Sanatorium Hospital.

69 *'Nursing Education NZ'*, p. 37.

70 *Ibid.*, p. 38.

71 *NZG,* 1914:1, p. 439. Madeline Evans, the daughter of Archdeacon Evans of Taranaki registered as a nurse from Wellington Hospital in 1911. She and Dr Bertram were married in New Plymouth in April 1912. In 1930 Mrs Bertram became the first President of the Rotorua branch of the Trained Nurses Association

Pascoe had never completed a three year nurse training course, she nursed at Auckland Hospital from 1901-1905, but did not appear on the Register of Nurses until 1915. She was awarded the Auckland Hospital Certificate and subsequently admitted to the Nurses Register in October 1915. She did not sit the State Final Examination. The reason Pascoe did not complete the three year course at Auckland Hospital could have been that she was not able to conform to the requirements of a probationer.[72]

In March, 1914 Pascoe took an action of slander against Bertram to the High Court at Hamilton. This action arose from a series of incidents, including Pascoe's perception of Bertram's increasingly overbearing manner and because he openly made derogatory remarks about her and her establishment. The final insult for Pascoe occurred when Bertram transferred a terminally ill patient from her care to the Sanatorium Hospital. His reason for doing this was presented at the Supreme Court trial:

> He [the patient] had a chance. He was three days flat on his back [here followed references to the patient's condition]. I removed him to the Sanatorium for better treatment. I do not trust Nurse Pascoe. She neglects her patients. She is not fit to be a nurse. She is the type of woman I loathe. I abhor and detest her. Two or three of the wealthiest people in Rotorua would like to get her out of town. Dr. . . had said things did not seem to run properly, and that, with regard to Nurse Pascoe, something was wrong.[73]

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72 A subject for further study.

73 *NZH*, March 24, 1914. Evidence given during the trial of a meeting between Pascoe, Bertram, Pascoe's lawyer and witnesses.

Unfortunately, the patient died within two days of his being transferred to the Sanatorium Hospital. At the time of the patient's death Bertram was absent from Rotorua, visiting Auckland. Pascoe brought legal action against Bertram because she was concerned about the effect this incident would have on her reputation and on her business in a small town such as Rotorua.

The trial, which took place over eight days, with sixty witnesses being called, created intense interest with several points being raised. Evidence of a brief affair between Pascoe and a prominent Rotorua public servant was presented. It also transpired that Bertram, two years previously, had made a commitment to support another nurse, Grace Castle, in her endeavour to establish a private hospital in Rotorua when she was ready to do so. That time had now arrived. An attempt was made during the trial to discredit Bertram by introducing evidence of some ill feeling that had occurred between him and the nursing staff of Auckland Hospital over the death of a nurse during a four month period when Bertram was a physician at that hospital.

The case for defamation included two actions, one each from Pascoe and Bertram. Pascoe required Bertram to provide explicit evidence as to the occasions he had been compelled to complain to her about the way she ran the hospital, and of her treatment of specific patients. Bertram had alleged that some patients had refused to return to the hospital because of the treatment they had received there. Pascoe demanded that Bertram provide evidence of the date, the time and the exact nature of the complaints. Bertram was unable to produce this evidence without having access to the

hospital's register of patients. Because he no longer sent his patients to the hospital, he did not have right of access to the register.[74] Bertram brought a counter action for an order that Pascoe produce the register and allow him to use what he had written in it as evidence. The case was settled unexpectedly on the eighth day. Bertram was not able to provide the evidence required. It was ruled that not being allowed to inspect the register was not a sufficient answer. The fact that he had made most of the entries in the register did not entitle him to inspect it. Bertram released a statement which included a public apology, and the jury was discharged.[75] Pascoe won her case and was awarded costs.[76] Bertram, the 'two or three wealthy people in Rotorua' and Grace Castle should have been able to raise the question of Pascoe's credibility in the eyes of the public, and the medical and nursing professions, without recourse to the public mud-slinging that did eventuate. The legislation of 1901 and 1906 had been enacted to prevent just such a situation from occurring.[77]

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74 The Hospital and Charitable Institutions Act of 1909, required that a licensed private hospital keep a register of patients. Regulation No. 7, Clause 2 of the Act provided that 'no-one shall be allowed to inspect such register but the person or persons authorised to do so under the Act.' The penalty for breach of this clause was £20.

75 *NZH,* April 1, 1914. The following appeared:
With regard to Nurse Pascoe's complaint that Dr Bertram made a statement reflecting upon her skill, capacity and attention, as proprietress of her nursing home at Rotorua, Dr Bertram freely and voluntarily makes the following statements:

1. That he made the statements believing they were true.
2. That after having heard Nurse Pascoe's evidence in reply to such statements, he is now prepared to admit, and does admit, that her evidence has been given in perfect good faith.
3. That Nurse Pascoe's skill and capacity as a surgical, medical and midwifery nurse is unquestioned.

76 *New Zealand Law Reports,* 1914:36, pp. 646-649. Hocken Law Library, Otago University, Dunedin.

77 The Nurses Registration Act, 1901, and the Private Hospitals Act, 1906. Eleanor Pascoe must have had impressive references because in 1916 she became matron of Timaru Hospital and

Pascoe's victory was obviously a hollow one, because she left Rotorua shortly after the court case. Although in the eyes of the law she was right, in the eyes of the public and the medical profession, she had committed a serious transgression. She had successfully challenged the patriarchal medical control over nursing and its monopoly over medical care and treatment. Had she undertaken the three year nursing course to attain registration as a nurse, her socialisation into the profession would probably have prevented her from taking the righteous stand that she did.

From the beginning of the new century, professional nurses began to emerge as a significant force in the battle against disease and suffering in the thermal district. Nurses, both Maori and pakeha, demonstrated energy, commitment and dedication whilst providing nursing care of a high standard in the community and in the hospitals. Unqualified nurses continued to have an influence on health care in the Rotorua district, but those women were gradually, though surely, supplanted by qualified nurses. Self employed nurses were finding it increasingly difficult to maintain autonomous practice, and the medical profession emerged as the power brokers of the health care system.

At a time in New Zealand's history when women generally were not afforded a substantial degree of independence, the movement of the women who came to Rotorua was an indication that nurses were already travelling extensively, both within New

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retained that position until 1921, at which time she returned to private nursing practice in Wellington.

Zealand and overseas. Although their training was oppressive, demanding loyalty, obedience and subservience to the medical profession, it also provided rewards for those young women who followed the rules. Not only did they achieve the status of the trained nurse, but they also achieved a measure of independence and liberation not within the reach of most working women in the early twentieth century. The professional nurses who came to Rotorua during this period, 1900-1914, were intelligent, hardworking and courageous. They were career women and for most this was to be an interlude in a nursing career notable for remarkable achievements. These nurses were outstanding for the contribution they made to improving the health and well-being of the people of Rotorua, often in extreme conditions of hardship.

Nursing practice in Rotorua was about to enter a new phase as the therapeutic properties of the thermal waters were utilised in the treatment of wounded soldiers returned from the First World War. Nurses of the New Zealand Army Nursing Service were to be stationed in Rotorua at the Soldiers Convalescent Hospital, and at the Cottage Hospital, commandeered to function as a military hospital. The next chapter shows how the rules of closure tightened within the patriarchal military structure, then relaxed in the immediate post-war period as the devastating effects of the influenza pandemic highlighted the acute shortage of trained nurses.

CHAPTER SIX

WAR AND THE AFTERMATH: NURSING IN ROTORUA 1915-1920

This chapter examines the complex, patriarchal hospital structure that evolved in Rotorua between 1915 and 1920, and the effect that this had on nurses and nursing. The political environment was a significant factor in the professional development of nurses during this period. This was due not only to the impact of the First World War and the military influence on nursing, but also to the government's involvement in the administration of Rotorua. Professional closure intensified as nurses were drawn into the hierarchical hospital settings. However, when the influenza epidemic highlighted the acute shortage of trained nurses, the rules of professional closure were relaxed in Rotorua as they were throughout New Zealand, and popular discourse once again supported the Florence Nightingale contention that 'every woman is a nurse.' An examination of the career patterns of the nurses who came to Rotorua during this five year period provides an insight into the way in which nursing became increasingly subordinated to the medical profession.

With the 1914 declaration of war in Europe, representations made to the government by Hester Maclean and the Trained Nurses Association accelerated the formation of the New Zealand Army Nursing Service. Six registered nurses were sent with the first soldiers who left New Zealand to take over the German colony in Western Samoa. The Army Nursing Service was finally formed in January 1915 with a beginning establishment of 110. Fifty of these nurses were sent abroad to serve in Egypt, the other

sixty nurses remained in New Zealand. Eventually over five hundred nurses served with New Zealand troops in Egypt, the Middle East, France, on hospital ships and in New Zealand Hospitals in England.[1]

As large numbers of trained nurses left the country to serve with troops overseas it became apparent that there would soon be a shortage of nurses in New Zealand. Hospitals had become dependent on nurses to provide support to doctors as medical science and technology expanded. The establishment of training schools in hospitals was seen as a cheap and effective means of providing nursing staff. However, this trend seriously jeopardised the professional standards of nursing practice as fewer trained nurses were available in hospitals to provide the appropriate teaching. Nursing education reflected this as nurse trainees were frequently 'thrown in at the deep end', and expected to 'sink or swim'. Instead of being taught by skilled nurses they learned from each other, or from the doctors. Grace Neill had worked hard to ensure that nursing standards were maintained at a consistently high level throughout the country as a means of increasing the professional status and credibility of nursing. Her successor Hester Maclean however, supported the concept of nursing as service based, and the role of the nurse as subservient and obedient.

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1 *'Nursing Education NZ'*, pp. 45-49. Rodgers describes the difficulties Maclean and the Trained Nurses Association experienced convincing the government of the importance of establishing the New Zealand Army Nursing Service. See also, Jan Rodgers, *' "A 'Paradox of Power' and Marginality" : N.Z. Nurses' Professional Campaign During War, 1900 - 1920'*. Ph.D Thesis, Massey University, Palmerston North, 1994 (hereinafter known as *'Paradox of Power'*).

As with Neill, it has been noted that Maclean had a harmonious working relationship with the Inspector-General of Health, in this case, Valintine.[2] It was a worthwhile closure strategy of Valintine's to ensure that he and Maclean worked well together, because it was through this relationship that significant achievements were made in subordinating nursing to medicine. Not least of these was the failure of private hospitals to secure the right to provide nurse training.[3] Many private hospitals were managed or owned by registered nurses at this time. The influence of those entrepreneurial nurses on nursing education would at least have followed the true spirit of the apprenticeship system, which entailed the transmission of knowledge from the acknowledged expert to the neophyte. One reason put forward by Maclean for denying private hospitals the right to take trainee nurses was that the motives stemmed more from an interest in enhancing profit than from a professional concern for nursing.[4] This motive was anathema to the perception of nursing as a vocation that cherished the ideals of self-sacrifice while providing a service to humanity. Maclean's contention that introducing trainee nurses to private hospitals would lead to a lowering of nursing standards has a hollow ring, because public hospitals were opening schools of nursing blatantly as a means of providing a cheap and controllable labour force. If private hospitals, owned or managed by registered nurses, had been able to establish schools of nursing, this could have provided nursing with an opportunity to take some control of its

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2 *'Nursing Education NZ'*, p. 50.

3 *Ibid.*, pp. 33-34.

4 *Ibid.*, p. 34.

own profession. By ensuring that this did not occur, Valintine and Maclean were successful in closing a gate to true professionalism offered to nursing by the Hospitals Act of 1909.

By 1915 the government owned hospitals in Rotorua were well established. Nursing staff, directed and controlled by medical imperatives, moved between the Sanatorium Hospital, the Cottage Hospital and the Isolation Hospital, ensuring that all three hospitals remained fully staffed. The Isolation Hospital was opened only when required. At times Herbert, who was building up an impressive balneology practice, found it impossible to release Olive Hames from the Cottage Hospital to fulfil her role as the matron of the Isolation Hospital. He was also reluctant to release additional nurses to care for typhoid patients who were unable to be cared for in the community.[5] Consequently, in his dual role of Medical Superintendent of the Rotorua hospitals, as well as government balneologist, Herbert occasionally came into conflict with the local doctors.[6] For example, he was adamant that typhoid cases requiring hospitalisation should not be admitted to the Cottage Hospital, as the Sanatorium and the Cottage Hospital shared nursing staff and kitchen facilities. Invalids visiting Rotorua for

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5 Dr Wohlmann adopted his mother's maiden name of Herbert during 1915, because of the tension his German sounding name generated.

6 Letters from Herbert to Valintine, 25 May, 1915 and 27 May, 1915. See also, letter of response from Valintine to Herbert, 29 May, 1915, H 120; 'Rotorua Institutions', NA. The letters indicate conflict between Herbert and local GPs regarding admission of typhoid patients to the Cottage Hospital. Valintine supported Herbert's position. The problem was compounded by the fact that the Native Health Nursing Scheme was not able to attract suitably qualified nurses to the Rotorua region during the war, which meant that typhoid patients were more likely to be admitted to hospital instead of being nursed in the community. There is no evidence that nurses wrote to Valintine expressing concern about the risk of typhoid contamination.

balneological treatment and otherwise healthy, were at risk of being infected with typhoid. Herbert was convinced that during the typhoid epidemic of 1914, the infection of several nurses and the death of matron Inez Pownall from typhoid, had been caused by fly-contaminated food in the Sanatorium kitchen.[7]

The medical profession by this time were tightening their boundaries to exclude practitioners of what they perceived to be 'fringe' medicine, or alternative therapies. Increasingly, massage and balneology were being included in this category.[8] This could have created additional conflict between Herbert and the medical practitioners in Rotorua, as Herbert sought to carve out a specialist niche for these therapies, within the medical profession though outside of a medical model. He had already initiated the training of masseuses, a development that threatened to usurp nursing's exclusive claim to this domain of practice. Unlike most medical practitioners, Herbert promoted the importance of the environment in the treatment of illness:

> With every year I have become more impressed with the importance of fresh air and sunshine in the treatment of disease, and especially of chronic disease.[9]

When Valintine was appointed Director of Military Hospitals in June 1915, Herbert immediately wrote to him suggesting that the Cottage Hospital should be

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7 Letter from Herbert to Valintine, 25 May, 1915.

8 *Healthy Country*, p. 13.

9 Report of the Tourist and Health Resorts, *AJHR*, H-2, 1914:3, p. 10.

emptied of civilian patients and used exclusively for the treatment of wounded soldiers.[10] Civilian cases, Herbert suggested, could be admitted to local private hospitals for the duration of the War. He cited, as an example, the Mineral Water Hospital in Bath, England. That 170 bed hospital was already being used by the British government to provide balneological treatment for convalescent soldiers. Herbert wrote convincingly of the advantages that would derive from such an arrangement. Apart from the psychological boost for the soldiers, these included an assured income from a large number of patients, instead of the uncertain and grudging payment from a few patients and the Waikato Hospital Board.[11] Herbert also presented a convincing argument that treatment time for convalescent soldiers would be reduced by fifty percent as a result of his expert knowledge and skill in this field:

> We could get these men fit in half the time that would be required in an ordinary hospital, and probably a large proportion could be returned to the Front.[12]

Herbert was certain that his expertise would be more effectively utilised as a balneologist than as the medical superintendent of the Cottage Hospital:

> I can offer the experience of an expert in this class of work, instead of blundering on pretending to be a surgeon, as at present.[13]

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10 Report of the Department of Hospitals and Charitable Aid, *AJHR*, H-31, 1916:2, p. 1.

11 *Ibid.*, p. 1. Valintine had been appointed Director of Military Hospitals in June 1915. Six beds at the Cottage Hospital had already been set aside for the Defence Department to be used for returned soldiers requiring hospital treatment. The Cottage Hospital was controlled by the Public Health, Hospital and Charitable Aid Department from 1915.

12 Letter from Herbert to Valintine, June 14th, 1915, H 120; 'Rotorua Institutions', NA.

13 *Ibid.*

Valintine responded immediately, applauding Herbert for his excellent suggestion, and giving him the necessary approval to approach local private hospitals to commence negotiations.[14] The Rotorua community had worked hard to have their Cottage Hospital and the Isolation Hospital established and if given the opportunity to comment would possibly have disapproved of Herbert's proposal. However, patriotism may have outweighed any negative feelings on the issue. That he was successful in this endeavour, further indicates the political lobbying power of the medical profession. Herbert was playing a double-edged sword however, as he grasped the opportunity to increase the profile, image and status of balneology by using his influence as a member of the medical profession. In the process of enhancing his own personal power base, he was prepared to sacrifice the advances made by medicine in establishing a power base in Rotorua. Herbert never claimed and was never given credit for the idea of providing balneological treatment for wounded soldiers though, it was presented by Valintine as his own. The Defence Department, anxious to exploit the therapeutic value of the thermal resort for the benefit of convalescent servicemen, significantly increased government control over medical and nursing care, creating a complicated and expensive administrative structure.

In August 1915, Herbert was able to report to Valintine that the Isolation Hospital was closed and the Cottage Hospital had been cleared of patients. Urgent cases requiring hospital treatment would be admitted to Rotorua's two private hospitals, under

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14 *Ibid.*, 16th June 1915.

the care of their attending general practitioner.[15] Dr Watson's patients were to be admitted to Nurse Baillie's and Dr Bertram's patients to Grace Castle's private hospital.[16] Castle, a registered nurse and midwife, had taken over the management of the King Street private hospital in 1915.[17] This arrangement whereby acute patients were diverted to private hospitals would undoubtedly have been well received by those establishments, as it provided them with an assured source of income from the government. To ensure that the highest standards were maintained, it was arranged that either Herbert or his house surgeon would examine all patients prior to their admission to the private hospital. As a gesture of patriotism, local doctors indicated their willingness to provide free treatment for these publicly funded patients in private hospitals, as long as they were reimbursed for the cost of dressings and medicines.[18]

In 1915 the Rotorua Cottage Hospital and the Isolation Hospital were taken over by the Public Health, Hospitals and Charitable Aid Department.[19] The Sanatorium

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15 *Ibid.*, 5th August 1915.

16 *Ibid.* Although Dr Herbert clearly indicates that there were two hospitals run by nurses in Rotorua at this time, the limited information so far available relates only to Mrs Castle's Hospital. Nurse Baillie's name does not appear on either the nurses or the midwives registers between 1901 and 1930, so she was not a registered nurse.

17 *NZG*, 1920:1, Register of Nurses, p. 592. Grace Castle, nee McLarnon, trained at Wellington Hospital, to become a registered nurse in 1909. She nursed at Dannevirke Hospital until 1910 followed by a brief period of private nursing, during which time she was married. She entered Townley Hospital in Gisborne to undertake her midwifery training, graduating in 1915. In the same year Mrs Castle took over the management of the King Street private hospital in Rotorua. See also, *NZG*, 1916:1, p. 1061, Register of Midwives,.

18 Letter from Herbert to Valintine, 5th August, 1915, H 120; 'Rotorua Institutions', NA.

19 Report of the Department of Hospitals and Charitable Aid, *AJHR*, H-31, 1916:2, p. 2.

Hospital accommodation was increased by adding to and increasing the use of the verandahs. The kitchen and dining room were enlarged, a recreation room for patients was added. A daily average of sixty-three military patients were receiving balneological treatment by 1916.[20] Female patients receiving treatment at the Baths were accommodated at a nearby boarding house.[21] Staffing of Rotorua's hospitals came from the Defence Department's budget, therefore one of the first major effects of the military influence was the replacement of Rennell the matron, with Louise Brandon of the New Zealand Army Nursing Service.[22] The Defence Department was now having an influence on which nurses should be employed.

Early in 1915, Hester Maclean visited the Rotorua hospitals and Sanatorium, possibly to prepare Rennell for her transfer to Hanmer, and to inspect the hospital in preparation for its change of function. With the Cottage Hospital and the Sanatorium having been commandeered by the Army for the treatment of sick and wounded soldiers, the hospital was to be staffed with nurses from the New Zealand Army Nursing Service. At the time of her visit Maclean was so impressed with a convalescent wrap Rennell had designed for wheelchair transport, she had the instructions for making it published in *Kai*

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20 *Ibid.*

21 *New Century Rotorua*, p. 364. Possibly the establishment of August Brackebush, attributed as being Rotorua's earliest independent professional masseur. Many of his clients spent lengthy periods under his care. He extended his residence, built at the turn of the century opposite the Sanatorium on the corner of Hinemaru and Pukuatua Streets to accommodate them. Eventually this establishment became the Kia Ora Private Hotel.

22 *'Paradox of Power'*, passim. The N.Z. Army Nursing Service was established in 1914 by Hester Maclean, who became its first Matron-in-Chief.

Tiaki, with the recommendation that these would be useful inclusions when sending hospital supplies overseas for New Zealand soldiers at the front.[23] Rennell left the Rotorua Sanatorium for the second time in 1915, to occupy her previously held position of matron at Hanmer.[24] She was to return to Rotorua again in 1922 when the military influence was withdrawn, once more to be matron of the Sanatorium Hospital until her retirement in 1923.[25]

On January 12 1916, King George V Soldier's Convalescent Home on Pukeroa Hill, controlled by the Health Department, and staffed from the Defence Department budget, was officially opened by the Hon. G.W. Russell, Minister of Public Health. Many of the two thousand people who gathered to celebrate the event were returned servicemen and their families, including people visiting Rotorua especially for the occasion. Several ministers and members of Parliament were present. Sir James Carroll, a Maori member of Parliament, received an ovation from Te Arawa Maori, who provided a dramatic and impressive contribution to the ceremony.[26] They presented two

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23 *KT*, July 1915, p. 122.

24 *KT*, October 1912, p. 145.

25 *KT*, July 1923, p. 131. Miss Rennell moved to a flat in Auckland in 1923 where possibly she lived out her retirement.

26 *KT*, January 1916, p. 39, carried a report of the ceremony. See also, Keith Sorrenson's essay, 'Modern Maori: Young Maori Party to Mana Motuhake', in Keith Sinclair (Ed.), *The Oxford illustrated History of New Zealand*, p. 328. Sir James Carroll was of Ngati Kahungunu descent. A Maori member of the Liberal cabinet representing a pakeha seat, he became Native minister in 1899 and remained a pivotal figure in New Zealand politics for the next twenty years. Carroll supported and nurtured the gifted leaders of the Young Maori Party, and worked hard to achieve a balance between the pakeha demand for land and the Maori need to retain control over their land.

large sums of money with the expressed hope that a good quality piano and three roll-top desks would be purchased for the soldiers.[27]

The site was described as quite unsurpassable. In the centre of Pukeroa Hill, it commanded magnificent views of the surrounding parks and thermal activity, and across Lake Rotorua to Mokoia Island.[28] A feature of the convalescent hospital was its ability to be a complete fresh air system. Each of the two large octagon shaped wards were designed to accommodate as many as one hundred and fifty beds. Each ward had a central circular duty room, elevated above the level of the main floor. Both wards could be entirely opened, having no glass, but canvas windows right around. These windows were made to drop into a well just above the floor. When up, they did not reach the ceiling so that it was impossible to exclude air. The weather was counteracted by projecting eaves. The wards were situated at each end of the main building. A large men's mess room of similar design to the wards was an important feature of the hospital. There were ten officers' rooms with French doors opening on to balconies facing the lake, and a special officers mess room. The Commandant's quarters were to the rear of the building, where the dispensary, the doctor's consulting room and a waiting room were situated. There was a modern kitchen with well ventilated pantry, storeroom and cupboard. Linen closets were situated off the main corridor. There were no nurses

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27 *Ibid.*

28 *New Century Rotorua,* pp. 221-222. Pukeroa Park had originally been gifted to the people of Rotorua by the Ngati Whakaue for use as a recreation ground. It was allowed to be used as the site for this convalescent hospital on a special dispensation that it revert to being a recreation ground when the land was no longer required for the hospital. This became the subject of intense and prolonged debate in subsequent years, finally ending in 1934.

quarters, as the new hospital was intended for convalescent soldiers only. Soldiers requiring nursing care were to be admitted to the Cottage Hospital in the Sanatorium grounds. The convalescent hospital was run with strict military discipline with a workshop provided for those men fit enough to be retrained for employment.[29] Hester Maclean commented:

> A woman wonders just how such an institution will be run by men only. There is no laundry accommodation. The care of linen and bedding, etc, seems to call for female management, even if without us a measure of comfort, etc., can be secured for the convalescent soldiers . . . [However] the Institution will have the benefits of a woman's supervision, as the new matron of the Rotorua Hospital and Sanatorium, now converted into a military hospital, Miss Brandon, will also have to deal with this Camp Hospital.[30]

Louise Brandon joined the New Zealand Army Nursing Service in August 1914 and was a member of the seven strong nursing representation to supply nursing services to Western Samoa.[31] On her return to New Zealand in June 1915, she was stationed at Trentham Military Camp Hospital during a particularly severe outbreak of meningitis. She then served on H.S. *Maheno* until December 1915, at which time she was appointed matron of the military hospitals in Rotorua.

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29 *KT*, January 1916, p. 39.

30 *Ibid.*, p. 40. The Commandant in charge of both the Cottage Hospital (at that time known as the Military Hospital) and the Soldiers Convalescent Home was Colonel Newall, a soldier who had fought with distinction in the Land Wars and the South African Wars. Herbert became the Officer in Charge of each institution.

31 Sheryl Kendall & David Corbett, *N.Z. Military Nursing: A History of the New Zealand Nursing Corp.*, Auckland: Kendall & Corbett, 1992, p. 19 (hereinafter known as *Military Nursing*). Louise Brandon was with the first contingent of six nurses that accompanied the Advance Expeditionary Force to Samoa in August, 1914. The number of nurses increased to seven when Ida Willis, stranded in Fiji at the outbreak of the war, joined the contingent.

When Valintine visited the two military hospitals in Rotorua shortly after the opening of the convalescent hospital in 1916, he commented that the treatments and the discipline took an unusually relaxed approach, compared with other hospitals in New Zealand. He was impressed with the results of Herbert's treatments, many of which he believed bordered on the miraculous, certainly justifying the Minister of Public Health's decision to acquire the thermal resorts for the treatment of sick and wounded soldiers:[32]

> Nevertheless, it is with a feeling akin to relief that we turn our backs on Rotorua. Though the results of the treatment surpass belief, it is sad to see so many young lives crippled physically and mentally, and to hear from the nurses that robust as some of their patients may appear it often happens that in the dark watches of the night they cry out in agony on account of dreams associated with their awful experiences of the past on that far-away and blood-stained peninsula. A visit to these hospitals and a talk with the medical officers and nurses - aye, and with the patients themselves - will soon satisfy those interested that, though the discipline of this institution may seem somewhat lax to those accustomed to the discipline of ordinary hospitals, the medical authorities are nevertheless acting on sound grounds in their endeavour to remove from the minds of their men anything calculated even in the smallest degree to bring back the awful experiences and horrors of the past.[33]

The war created a shortage of nurses throughout New Zealand as the number of nurses employed in the NZANS during the war accelerated. This had prompted Valintine to attempt to have a training school for nurses established in Rotorua in 1915, an idea strongly opposed by Herbert. The balneologist cited the lack of surgical experience available at the Cottage Hospital as a reason for his reluctance to comply

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32 Report of the Department of Hospitals and Charitable Aid, *AJHR*, H-31, 1916:2, p. 3. Herbert's involvement in the Minister's decision is not acknowledged.

33 *Ibid.*

with Valintine's directive.[34] It could be argued that Herbert's self-professed lack of confidence in his own surgical expertise was an important factor. Surgical cases were already being referred either to one of the two local private hospitals or to Hamilton, even before the government had decided to use those hospitals for civilian patients.[35]

Herbert had long dreamed of the Rotorua Baths becoming a world-renowned health resort and spa. The introduction of nurse training would have created a strong focus on illness, a situation he and his predecessors had actively discouraged. The New Zealand nursing curriculum had a strong emphasis on disease process, medical conditions and surgical specialties. At that time the trained nurse was being identified as a specialist in surgical nursing.[36] Though Valintine continued to insist that a training school for nurses be established at Rotorua, Herbert managed to achieve a compromise. Training of hospital orderlies and stretcher bearers was commenced under the direction of a man described by Herbert as capable, though undergoing treatment for severe psychosis. This would not, in Herbert's opinion, detract from the man's ability to train men.[37]

A newspaper report at the time indicates the level of community support for the soldiers in both the Sanatorium and the Convalescent Camp:

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34 Letter from Valintine to Herbert, June 16th, 1915, H 120; 'Rotorua Institutions', NA.

35 Letter from Herbert to Valintine, August 5th, 1915, H 120; 'Rotorua Institutions', NA.

36 *'Nursing Education NZ'*, p. 35.

37 Letter from Herbert to Valintine, August 5th, 1915, H 120; 'Rotorua Institutions', NA.

> Miss L. Brandon, the Matron at the Sanatorium Hospital . . . [acknowledges] your great kindness in sending that generous gift of game . . . how thoroughly the boys enjoyed their feast. I never saw a dinner so much enjoyed. A quantity was sent to Pukeroa Hill Camp (King George V Hospital) and no doubt Colonel Newall will tell you what his soldiers thought.[38]

Louise Brandon's responsibility as matron of the Cottage Hospital extended to the Pukeroa Convalescent Hospital where she was to assist the Commandant 'in all things in which a woman's influence was required'.[39] She occupied the position of matron, Rotorua Cottage Hospital, Sanatorium and Isolation Hospital for less than one year, then left to sail with the Hospital Ship *Maheno* on its second commission on October 31st, 1916.[40] Late in 1916, Hilda Burton was transferred to Rotorua in Louise Brandon's place.[41]

Until 1915 the Isolation Hospital was staffed by nurses employed at the Sanatorium Hospital, which came under the control of the Tourist Department. In 1915 the Health Department took over the control of the Rotorua hospitals replacing the staff of the Sanatorium and Cottage Hospital with military nurses, paid by the Defence

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38 *BPT*, July 19th, 1916.

39 *KT*, January 1916, p. 40.

40 *KT*, October 1916, p. 202. Both Hilda Burton and Louise Brandon had served on the H.S. *Marama* for its First Commission, and Burton would have sailed on the H.S. *Maheno* for its second commission in 1916, but having contracted enteric fever, was replaced by Louise Brandon. However, Brandon did not leave on the H.S. *Maheno*, instead she sailed as a passenger on the *Corinthe* to be attached to the New Zealand Expeditionary Force in England.

41 *KT*, January 1917, p. 16. It is difficult to pinpoint exactly when Burton became matron at Rotorua, though an item appeared in the local newspaper in December 1916 wherein Burton acknowledged with appreciation the gift of two cases of lemons for the patients of KGV Hospital, DSC.

Department. Patients in the Sanatorium and Cottage Hospital were predominantly soldiers, although there were some male civilians, admitted through the Tourist Department. Their treatment was provided at the Baths by staff paid by the Tourist Department.[42] Civilian patients requiring general medical, surgical or obstetric care were either sent to Waikato Hospital or to the King Street private hospital in Rotorua which, for the duration of the war, was maintained by the Public Health Department.

From 1915-1918, the Defence Department had responsibility for staffing but had no control over the management of the military hospitals at Rotorua. When the government decided that the Public Health department should hand full responsibility for the running of these hospitals to the Defence Department, an extensive building scheme was embarked upon late in 1918. The hospital on Pukeroa hill was converted into a major orthopaedic hospital.[43] The new additions comprised a nurses home and four new wards, each with thirty beds. A bath house, massage rooms and vocational workshops were also added. In 1918, control of the King George V Convalescent Hospital was formally transferred from the Public Health Department to the Defence Department.[44] The Public Health Department retained control of the Isolation Hospital, and partial

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42 Memo from J. Frengley, Acting Inspector-General of Hospitals to Valintine, Director of Military Hospitals, 12 April, 1918, H 120; 'Rotorua Institutions', NA.

43 Report of the Defence Forces of New Zealand, *AJHR*, H-19, 1919:2, p. 35. See also, A.D. Carbery, *The New Zealand Medical Service in the Great War,1914-1918,* Wellington: Whitcombe and Tombs, 1924, pp. 13, 31, 121, 226, 368, 488, 497 (hereinafter known as *Medical Services War1914-1918*).

44 Memo from J. Frengley, Acting Inspector-General of Hospitals to Valintine, Director of Military Hospitals, 12 April, 1918, H 120; 'Rotorua Institutions', NA.

control over the Cottage Hospital and the Sanatorium Hospital. From this point the Cottage hospital and the Sanatorium Hospital were jointly administered by the Public Health Department and the Tourist Department.[45]

Before these additional wards and facilities were completed and equipped, they had to be hurriedly opened in 1918 to cope with the influenza epidemic.[46] During November and December of 1918, thirty-eight deaths from influenza were recorded in Rotorua.[47] The armistice celebrations that marked the end of the war in Europe, coincided with, and probably exacerbated the influenza epidemic of 1918. People were so overjoyed and relieved when the war ended, that many continued to join the celebrating crowds despite the Health Department's instructions to avoid public gatherings. A new tragedy emerged as the country was plunged into the grips of the worst natural disaster ever recorded. The influenza epidemic claimed half the number of New Zealand lives in the two months of November and December 1918, as had been lost in the four years of the World War.[48]

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45 Memo to the General Manager, Tourist Department from Jos. Frengley, Acting Chief Health Officer, Public Health Department, August 29, 1919, H 120; 'Rotorua Institutions', NA. The Health Department paid the salaries of the Assistant Medical Superintendent, the matron and nurses at the Cottage Hospital. The nursing staff were all available to work in the Sanatorium Hospital. The Tourist Department paid the salaries of the Medical Superintendent, the Clerical Officer and the domestic staff, who in turn were all available to the Cottage Hospital and Isolation Hospital.

46 *KT*, January 1919, p. 9.

47 *New Century Rotorua*, p. 93.

48 Geoffrey Rice, *Black November: the 1918 Influenza Epidemic in New Zealand*, Wellington, N.Z: Allen & Unwin, 1988, p. 159 (hereinafter known as *Black November*). The final influenza death toll was 8573 and could be as high as 8600 if New Zealand civilians who died of influenza overseas were included. The First World War claimed the lives of 16,688 NZ soldiers. *Black November*, p. 1.

The disease was particularly frightening because of its rapid progress from the sudden onset of the viral symptoms of influenza, to the pneumonic symptoms of the superimposed bacterial infection. Prostration, delirium and death quickly followed. Typically the bodies of victims turned dark purple or black, in many cases even before they died, thus compounding the horror.[49] Most severely affected were males aged from thirty to thirty-four.[50] Many nurses and doctors also died fighting the epidemic.[51] An unprecedented climate of fear and panic gripped New Zealand as the disease swept through the country.

The effects of the influenza epidemic were magnified by the shortage of trained nurses, five hundred of whom were still serving overseas with the New Zealand Army Nursing Service.[52] Maclean reported that during the epidemic there was on average, only one trained nurse to care for seventy or eighty patients in the hospitals. For the less severe cases nursed in their own homes, only amateur help was available.[53] With the acute shortage of trained nurses the rules of professional closure were considerably

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49 *Ibid.*, p. 49.

50 *Ibid.*, pp. 159-160. The death rate for males in this age group was twice that for females in the same age group. Least effected were children aged 5 to 15.

51 *N.Z. Military Nursing*, p. 45. Seven military sisters and twenty-six civilian nurses lost their lives during the epidemic. Rice, in *Black November*, puts the figure for nurses at thirty-seven, doctors at fourteen, p. 165. See also *KT*, January 1919, p. 13.

52 Report on Public Health, Hospitals and Charitable Aid, *AJHR*, H-31, 1919:2, p. 10.

53 *KT* January 1919, p. 13.

relaxed. Daily, through the national press, the two Assistant Inspectors of Hospitals, Amelia Bagley in Auckland and Hester Maclean in Wellington, pleaded with trained nurses to come forward - out of their homes and out of retirement to assist with nursing the influenza victims. Women everywhere were exhorted to do their 'womanly duty' by caring for their fellow citizens in this national emergency. Amelia Bagley reminded women of this duty as she applauded the work of the Auckland Sisters of Mercy:

> The sisters of Mercy, everyone, have given their services. Many noble women are working now. Are the other women less womanly?[54]

When the epidemic had abated Maclean reported that:

> Every woman with any knowledge of nursing was of the greatest value, and the greatest praise and honour must be accorded to those who left their ordinary life and plunged into the midst of the most appalling kind of nursing; nursing that tried to the utmost the endurance of [even] those accustomed to the sights and sounds of suffering and death.[55]

The influenza epidemic reinforced the perception that caring was the unique domain of women, because of their special and innate abilities at the bedside of the sick, and also that it was a womanly duty to care, regardless of the sacrifices or the danger involved.[56] School children especially the Boy Scouts, working tirelessly in the community, and students of massage and medicine working in hospital wards, putting

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54 *Black November,* Quote from *Auckland Star*, 12 November, 1918, p. 39.

55 *KT* January 1919, p. 13.

56 Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945.* New York: Cambridge University Press, 1987.

aside all thoughts other than the need to help. A nurse, herself a victim of influenza wrote:

> Equality, pride, and pettiness were forgotten; people's better nature exerted itself. We were all one family, stricken and humbled in the hands of an all merciful God.[57]

The influenza epidemic had a firm grip on Auckland by the fourth week in October 1918, but Rotorua did not experience its first death from the disease until November 13th.[58] Two days later Rotorua was being included with the daily reports from the regions in the *New Zealand Herald*.[59] The Rotorua community took immediate action. A group of volunteers was established and a bureau was set up to organise assistance for the influenza victims. Mrs Elizabeth Robertson supervised and co-ordinated the work of this bureau from the Technical School building commandeered for the purpose. The school kitchens proved ideal for the preparation and provision of food for the Isolation Hospital, as well as the three emergency hospitals that had been set up, and for stricken families in the community. Special diets were also prepared and sent to the soldier patients at King George V Convalescent Hospital on Pukeroa Hill, and to patients at the Sanatorium Hospital. The bureau organised and co-ordinated the women who provided voluntary nursing assistance in the homes of the victims. Elizabeth

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57 *KT*, January 1919, p. 13.

58 *Black November*, p. 27, p. 134.

59 Fire has destroyed copies of the local Rotorua newspaper for 1918. The only source of information for that period is the *New Zealand Herald*. Rice provides one brief mention of Rotorua's involvement in the pandemic. *Black November*, p. 115.

Robertson was eminently suited for the role of bureau co-ordinator. The wife of Edwin Robertson, one of Rotorua's most intrepid and colourful pioneers, Elizabeth had first come to Rotorua from Melbourne, Australia, as Elizabeth Jeffries in 1896 to help with mission work among the Maori. With a sound knowledge of nursing, together with her administrative capabilities, developed over years of voluntary work for the Presbyterian Church since her marriage, Mrs Robertson and her band of workers provided staunch support for the community for the duration of the influenza emergency.

As the number of influenza cases increased, emergency hospitals were established to cope with the demand. Male patients requiring hospital care were sent to the Isolation Hospital, and female patients were sent to the St John's Church Hall, commandeered and equipped for use as an emergency hospital. Two temporary hospitals were also established for Maori patients, one being the caretaker's cottage at Whakarewarewa. The other was at the Rotorua District School for the treatment of the Maori of Ohinemutu. The caretaker's cottage was destined never to be used however, much to the chagrin of the organising committee, because it was a tapu building. Two previous caretakers had died in the house, and a third unfortunate caretaker had been removed from the house just before he died.[60] Even though these events had occurred many years prior to this, the Maori refused to enter the cottage, insisting that to do so would mean certain death for them. As an alternative, the Whakarewarewa Hall was commandeered but lacked the appropriate facilities.[61] This meant that the Maori from Whakarewarewa

60 *NZH*, 19.11.18.

61 *Ibid.*, November 15, 18, 19; 1918.

were cared for with those from Ohinemutu at the local District School under the direction of a Nurse Ewart.[62] Trained nurses travelled the length and breadth of New Zealand during the influenza epidemic in response to pleas for trained nurses to assist.

An appeal for volunteers on 16 November 1918, brought forward many willing helpers. Mrs Couper sent her car to Tauranga to be loaded up with lemons when she heard there was a demand for them.[63] A committee of men was formed to determine the extent of the assistance required. The town was divided into sections with each committee member undertaking to visit every house in his sector. Miss Young of the Anglican Maori mission together with a committee of local residents, undertook the supervision of the Maori population in their own homes at Ohinemutu and Whakarewarewa.[64] At the same time a small committee was appointed to take action to prevent profiteering in the sale of citrus fruit. This same committee was also charged with the responsibility for ensuring that Rotorua had access to an adequate supply of the standard medicines recommended by the Health Department.[65] Hospital orderlies from

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62 *NZG*, 1919, p. 491. This was possibly Mary Ewart who registered as a nurse in New Zealand in 1902. Irish by birth, Ewart had trained at the Royal Hospital, Belfast from 1874 to 1875. After a period of eleven years as District Nurse in Belfast, she came to New Zealand to work at Christchurch Hospital in 1887. Ewart became matron of that hospital in 1898 and remained in the position until her retirement in 1908. She continued private nursing in Christchurch until 1918, coming out of retirement to assist during the influenza epidemic. By this time Ewart would have been in her middle to late sixties.

63 *NZH*, 18.11.18. An Order in Council was made on the 18th November to fix the price of lemons and oranges. Profiteering in these fruits was rife.

64 *Ibid.*, 18.11.18.

65 *Black November*, p. 40. The Health Department devised a standard influenza remedy produced in bulk and distributed through depots and chemist shops. Basically it was a strong cough mixture containing alcohol, quinine and hydrochlorate of strychnine.

King George V Convalescent Hospital were deployed to transfer seriously ill patients from the trains and from private homes to the various hospitals. When volunteers were called for example, for men to act as orderlies at the Isolation Hospital, eight immediately offered their services.[66] Churches, hotels and billiard rooms in Rotorua were closed, and all indoor meetings were prohibited. Inhalation chambers were set up by the Health Department at the railway station and at the King George V Hospital. At the height of the epidemic three hundred people a day were using these chambers to have their throats sprayed with antiseptic as a precautionary measure against the virus.[67]

Rotorua had three general practitioners in 1918, Dr Geoffrey Osborne, Dr Maurice Price and Dr Herbert Bertram.[68] However from the onset of the epidemic only Bertram was available to the people of Rotorua. The other two general practitioners were perhaps not prepared to risk their lives and that of their families. To protect his own family from the deadly virus Bertram entered a self imposed isolation, living in a tent on his front lawn. There were no antibiotics, isolation was the only precaution available.[69] After ten days as the only doctor treating victims of the epidemic in Rotorua, Bertram, possibly from sheer exhaustion, was compelled to withdraw.

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66 *NZH*, 19.11.18.

67 *Black November*, p. 24. The spray was a 2% zinc sulphate solution.

68 *NZG*, 1919, pp. 25–48. Register of Medical Practitioners.

69 Report on Prisons, *AJHR*, H-20, 1919:2, pp. 12-20. The effectiveness of isolation as a technique for containing the epidemic was evidenced by the fact that the influenza epidemic had very little, and in some instances, no effect on the inmates of New Zealand prisons.

Comparing Rotorua with Stratford in Taranaki, a town of similar size to Rotorua in 1918, the experiences of Dr Doris Gordon, a general practitioner in that town, provided an insight into the pressure on doctors during the influenza epidemic. Stricken with the disease herself, Gordon resumed work after six days in bed, still so severely weakened that it was an effort even to carry her doctor's bag. Each day, terrified relatives camped in her driveway waiting for her to return home, imploring her to tend their sick relatives. The demand from these desperate people continued into the nights, and she was compelled to take refuge at a friend's house in order to get some sleep. People were so fearful though, that they elicited the help of the operators at the telephone exchange to determine where her car was parked. She would emerge from each house she visited to find three or four people waiting for her, insisting that she visit their relatives next. Gordon admits that under pressure she even signed the death certificate of a young man who would obviously not recover, but who still had a flickering pulse. The undertaker was insistent. He had been called to remove the body of the young man's brother, and did not wish to make another trip to the same house when it was obvious that the second young man would die anyway. Gordon then realised that the undertaker was as hard pressed as she was.[70]

For six days the nurses, Red Cross volunteers and the women of Rotorua were left to cope with the emergency without medical assistance. At the height of the

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70 Doris Gordon, *Back Blocks Baby Doctor,* pp. 135-143. London: Faber, 1957.

epidemic there were in excess of forty patients in the Isolation Hospital, forty Maori patients at the District School, and eighty patients at the King George V Hospital . There was also a constant demand at the bureau in the Technical School for food, old linen and for women to assist in the homes of the afflicted.[71] Not only did the nurses have to care for patients suffering from a horrifying disease, the likes of which they had never previously encountered, they also had to cope with civic panic and the disorganisation of all regular services. The public turned in desperation to their doctors, expecting them to stem the tide of disaster. When Bertram was no longer able to provide medical assistance to the Rotorua people, the community was left without a doctor. Unlike Gordon in Taranaki, who contracted the virus herself and withdrew temporarily to recover, Bertram did not re-enter the battle against the influenza epidemic.

Only the severe cases of influenza were admitted to the hospitals, uncomplicated cases being nursed at home. Several theories as to the most effective internal medical treatment were prevalent at the time. Alcohol was considered useful and was widely used. Many doctors swore by its effectiveness, both as a stimulant in the acute phase and as a sedative in the convalescent phase. Daily gargles, cough medicines and regular visits to the inhalation chamber were measures taken by many people. Dr T. Thacker, a Wellington Member of Parliament, recommended the frequent inhalation of two teaspoons of pure formalin mixed with two tablespoons of eau de Cologne or lavender

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71 *NZH,* 29.11.18.

water. The drug he found most helpful was salicylate of soda, twelve grains mixed with bromide of potassium, taken orally. Thacker declared that this would reduce the temperature and remove all nerve pain within ten hours.[72] The main drugs used in the treatment of influenza were aspirin, digitalis and morphine along with the cough mixture previously mentioned.[73]

The acute shortage of trained nurses created a desperate situation. In an attempt to provide the necessary assistance to victims, pamphlets were widely distributed by the Health Department with instructions on how to care for the influenza victims at home, demystifying the nursing procedures. In this situation all women were exhorted to care for the sick, to take on the nursing role, and to do their duty as women. Nursing was perceived to be a natural extension of the domestic role, and women had a duty to care for the sick in all situations. The authorities were astonished at the lack of basic nursing knowledge demonstrated by women in this time of national crisis.

Home nursing consisted of ensuring that ample fresh air was available, while excluding draught. Tepid sponging was a major aspect of the treatment together with encouraging the patient to drink copious fluids, preferably soda water or soda water in milk. These were the means by which the extremely high temperature was controlled. The patient's temperature was taken regularly. If it was higher than 102°F medical

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72 *Ibid.*, 12.11.18, p. 4. 'Heroic medicine' was obviously still in vogue with some doctors.

73 *Black November*, p. 52.

attention was sought. This invariably resulted in the patient being transferred to one of the emergency hospitals where temperature taking and tepid sponging were a constant regime. Enemas were given, often as a means of fluid replacement. Compresses were standard treatment for delirium, haemorrhage and pneumonia. Hot compresses were applied to the feet followed by cold compresses to the head for cases of delirium. The treatment for haemorrhage was the application of a cold compress to the back of the neck while raising the patient's head. For the vast number of patients who developed pneumonia, hot compresses were constantly applied to the back, between the shoulders.[74] Patients who responded to the treatment were discharged from hospital in approximately one week. Those who didn't respond slipped into a coma and died within five to ten days. Haemorrhage was common.[75]

Convalescent nursing care was vitally important to prevent relapse. Again, sunlight and fresh air were important elements. A nourishing diet with milk, eggs and fish was recommended, and a tonic prepared by the Health Department available through the bureau was usually necessary. Once the temperature had returned to normal the patient remained on bedrest for two days. This time was extended for those who had developed complications. Convalescent patients were then allowed up for short periods, once or twice each day, for two to three days. After this they could gradually resume their normal patterns of activity. Patients were exhorted not to go out of doors for seven

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74 *NZH*, 26.11.18.

75 *Black November*, p. 52.

days, nor to appear in public for fourteen days from the date of the onset of their symptoms.

Unaccustomed to providing prolonged bedside care, and possibly because he was confident that the epidemic relief was well organised in Rotorua, Bertram allowed himself to withdraw to the safety of his home and family.[76] With no doctor available to the community, one couple took matters into their own hands. Canadian born Mrs Rayner, a Rotorua resident whose dentist husband lived in Auckland, became seriously ill at this time.[77] Her condition concerned her husband to the extent that on 25th November Mr Rayner arranged to have Dr Endletsberger, who had been their family doctor prior to 1916, conveyed to Rotorua at Mr Rayner's expense to treat Mrs Rayner. The problem however, was that Endletsberger was a German, interned on Motuiti Island off the Hauraki Gulf for the duration of the War. Dr Maui Pomare, member of Parliament for Western Maori, was approached for permission to release Endletsberger to allow him to attend Mrs Rayner. Pomare conferred with the Minister of Defence, and the decision to allow the German doctor's temporary release was made in light of the newly signed Armistice agreement. Endletsberger duly attended Mrs Rayner, under guard, then returned to Motuiti Island. Questions were raised in Parliament over the incident such was the resentment and the intensity of anti-German hostility. Pomare took full responsibility, declaring that he had made a humanitarian decision to save a

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76 There were doctors at the Cottage Hospital and King George V Hospital.

77 *NZG*, 1919, Frederick John Rayner's name appears on the Register of Dentists, p. 64.

British life and that he would not hesitate to do so again if necessary. No further comment was ever raised in relation to the affair, such was the confidence held by the public in the legitimacy of the medical profession to save lives at all costs.[78] A letter from Bertram appeared in the press stating that Endletsberger had called on him whilst in Rotorua to say that he had not visited the town to attend Mrs Rayner, but to convalesce after treating soldiers with influenza at Narrow Neck Military Camp. This was refuted by the Minister of Defence, Sir James Allen. The politicians declared that either Endletsberger or Bertram was 'pulling the leg of somebody'.[79]

Rotorua was more fortunate than many other parts of the country, being a government controlled town with the added advantage of having available medical and nursing personnel from the Defence Department. Nurses who had served overseas during the War under extreme circumstances, were able to organise and mobilise untrained nurses and volunteers to care effectively for the influenza victims. The situation in Rotorua was soon under complete control.[80] By the 23rd November, it was reported that as far as the European population was concerned, the epidemic was over, but the incidence among the Maori population was still high.[81] There was a shortage of nurses at the District School, there was still a brisk demand at the bureau for food for special diets, for old linen and for women to work in the homes of the afflicted. The

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78 *N.Z. Parliamentary Debates*, December 4, 1918, p. 731; December 8, 1918, pp. 907-8.

79 *NZH*, 6.12.18.

80 *Ibid.*, 22.11.18.

81 *Ibid.*, 23.11.18.

nurses and voluntary Red Cross workers in Rotorua were reported to be worn out, and despite urgent appeals, sufficient helpers were not forthcoming to meet the demand. The nurses in the emergency hospitals in Rotorua continued to care for the Maori victims under increasingly difficult circumstances.[82]

With Bertram's departure a direct appeal was made to Dr Frengley, deputy Chief Health Officer with the Department of Health. Dr Murray and Nurse Shaw, a trained nurse, arrived in Rotorua by express train with two volunteers, Mrs Bardsley and Miss Haddow, on Tuesday, 26th November in response to that appeal. On Wednesday, Dr Murray, accompanied by Mr Furness the District Health Officer, travelled to Murupara to tend to the Maori settlement that had been hard hit there, and to provide medicines. Nurse Shaw took charge of the temporary hospital for Maori influenza patients in Rotorua, thus relieving the exhausted Nurse Ewart. Bardsley and Haddow went to Awahou to attend the stricken Maori community on the outskirts of Rotorua.[83]

Six days later on Monday, December 2, the epidemic restrictions were lifted in Rotorua. Barber shops, hotels and billiard rooms re-opened, but the Maori were still being stricken with influenza. Although the bureau was still required to provide meals for the patients and staff at the District School, Elizabeth Robertson relinquished her role

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82 *Ibid.*, 25.11.18.

82 H.T.B. Drew (Ed.), *The War Effort of New Zealand*, Auckland, New Zealand: Whitcombe and Tombs Ltd. pp. 102-103 (hereinafter known as *War Effort*).

83 *NZH*, 29.11.18.

as supervisor to take charge of the twenty-two victims at the temporary hospital for Maori patients. This released Nurse Shaw and Miss Haddow, the voluntary worker, to nurse the sick Maori at Murupara.[84] What happened to Dr Murray has not been recorded but it seems once again, doctors were not equipped to meet the unique demands of the influenza epidemic. The St John's Hall, no longer required for female patients, was by this time closed, thereby releasing nurses to assist with nursing the Maori patients at the District School. On Saturday, December 13th 1918, the temporary hospital for Maori influenza victims at the local District School was closed. The nine patients remaining, not considered to be seriously ill, were transferred to the Isolation Hospital. The influenza epidemic in Rotorua was over.

Rotorua was as hard hit by the influenza epidemic as was most of the North Island. Twenty European and ten Maori deaths occurred, representing a rate of 7 per thousand and 15.3 per thousand respectively.[85] When comparing these with the overall rate for New Zealand of 5.8 per thousand for Europeans and 42.3 per thousand for Maori, the European death rate was higher and the Maori death rate lower in Rotorua than the national average. Simplistic analyses are not helpful, but the higher rate for Europeans could reflect the large soldier and tourist population in Rotorua at the time. The lower Maori death rate although abysmal could be explained by the fact that emergency hospitals were set up for Maori patients, and trained nurses went into the

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84 *Ibid.*, 3.12.18.

85 *Black November*, p.193.

community to care for them in their own homes. The Maori of Rotorua were generally not fearful of European medicine and hospitals. They preferred to take their loved ones to be cared for in the European system rather than to risk their succumbing to an almost certain death within the environs of their culture with its philosophy of fatalism. Te Arawa had gifted the land for the use of hospitals in return for free medical treatment. They always insisted that these rights were honoured.

Nurses provided valuable leadership during the epidemic. Olive Hames, matron of the Isolation Hospital, together with Hilda Burton matron of both the Cottage Hospital and King George V Convalescent Hospital worked day and night:

> [W]hen the supply of nurses was not in any way equal to the demand, the sisters at . . . Rotorua Military Hospitals showed wonderful endurance and remained on duty even when seriously ill themselves.[86]

Other registered nurses in Rotorua caring for the epidemic victims were Daisy Anderson, Lucy Bowie, Kathleen Cumming, Elsie Stronach and Ethel Kidd.[87] All of these nurses received commendations for the nursing services they provided in Rotorua during the influenza epidemic.[88] Hilda Burton in particular, received a special commendation for her services during the 1918 epidemic in a memorandum from the Matron in Chief, Hester Maclean, to the Director-General of Medical Services.[89]

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86 *War Effort*, pp. 102-103.

87 *NZG*, 1919:1, Register of Nurses, pp. 472-477.

88 *N.Z. Military Nursing*, p. 45.

89 *Ibid.*, p. 45.

In 1919 Burton resigned from the New Zealand Army Nursing Service, continuing as matron of the Sanatorium, the Cottage Hospital, and the Isolation Hospital, but now employed by the Health Department.[90] At this time, all of the military patients were transferred from the Cottage Hospital and the Sanatorium to the new Orthopaedic Hospital on Pukeroa Hill, where Bertha Nurse had been appointed as matron. In 1919 Burton was sent to organise the Timaru Military Hospital in preparation for its new matron Isabella Scott.[91]

Burton remained matron of Rotorua's three hospitals until 1921 at which time the Cottage Hospital and the Sanatorium were amalgamated. On June 30th of that year, the Cottage Hospital passed from the control of the Health Department and became part of the Tourist Department Sanatorium Hospital. The Isolation Hospital was placed under the control of King George V Orthopaedic Hospital. Hilda Burton resigned from the position of matron at Rotorua and was appointed as matron of the Greytown Hospital.[92]

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90 Memo from Jos Frengley, Acting Chief Health Officer, Health Department to General Manager, Tourist Department, Wellington 29th August, 1919, H 120, 'Rotorua Institutions', NA.

91 *Military Nursing*, passim. Scott was a member of the NZANS, one of the first fifty to leave New Zealand for active service. She served in the Imperial Forces Hospital Egypt, June-July 1915, then as Sister in Charge of 1.N.Z.G.H. August 1916 - February 1917. Scott was awarded the ARRC.

92 *KT*, July 1921, p. 159, p. 167.

From 1915 to 1919 acute medical and surgical patients continued to be admitted to the private hospital, initially referred to as Mrs Castle's Hospital.[93] By 1918 the private hospital was referred to as Nurses Castle and Glasson's and then simply as Nurse Glasson's.[94] In 1919 Herbert resigned for personal reasons to return to England where he took up private practice in Kensington.[95]

In August 1919 Bertha Nurse, the first NZANS sister to have been awarded the Royal Red Cross for active war service, was appointed as the first matron of the King George V Military Orthopaedic Hospital.[96] At the time, additions including a nurses home, were still being built. Nurse commenced her new position in Rotorua in August 1919 with nursing sisters, massage sisters and masseuses, all of the New Zealand Army

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93 Letter from Herbert to Valintine, June 14th, 1915; letter from Herbert to Valintine, August 5th, 1915, H 120, 'Rotorua Institutions', NA. See also, *Medical Practice Rotorua.* Adlam refers to Mrs Castle's hospital in Eruera Street, established about 1916, as Rotorua's first maternity hospital.

94 Letters from Frengley, Chief Health Officer to Minister of Public Health, 20th April, 1918, and 2nd May, 1918; letter from Frengley to Herbert, 24 May, 1918; letter from Herbert to Frengley 31st May, 1918, and letter from Scott, Government Balneologist to Chief Health Officer, Wellington August, 1919, H 120, 'Rotorua Institutions', NA.

95 *DP,* 8 June 1944, Obituary. See also, Report on Tourist and Health Resorts, *AJHR,* H-2, 1920:2, p. 3.

96 *KT,* January, 1921. The Royal Red Cross was awarded in two classes, First and Second. In the case of the First Class (RRC), it was conferred upon 'a fully trained nurse who is a member of one of the officially recognised nursing services, and who has shown exceptional devotion and competency in the performance of actual nursing duties with the Army in the field, in the Naval, Military, or Air Force hospitals, or in an Auxiliary War Hospital over a continuous and long period, or who may have performed some very exceptional act of bravery and devotion at her post of duty.' p. 45. The Second Class (ARRC), was awarded acccording to the same formula, with special consideration to those who did not meet the criteria for the award of the First Class. The awards of the First Class were not to exceed two percent and in the Second Class, five percent of the total establishment of nurses.

Nursing Service.[97] For several months Bertha Nurse and her staff had very little to do at the hospital in Rotorua while they waited for the new wards to be ready, and for the nurses' home to be completed. This must have provided a welcome respite after the rigours of war nursing and the exhaustion of nursing the victims of the influenza epidemic. In the meantime the sisters took charge of the few wards that had sick patients. The majority of the patients were convalescent, cared for by orderlies. Nurse spent six months establishing and organising the nursing service at King George V Military Hospital. She then resigned from the position, retired from the Army Nursing Service and moved to Masterton to be matron of the hospital there.

Rotorua provided the setting for a very complex system of hospitals and nursing care for the five year period 1915-1920. The Army were enticed to Rotorua by the claim that the therapeutic waters and mineral springs offered hope of near-miraculous cures for men wounded in battle. However, the nurses and doctors who came to Rotorua had, through their active war service on many fronts, obtained extensive experience in Europe and England in treating sick, wounded and convalescent soldiers. This period saw the scientific medical model overtake the balneological approach, and eventually the dream of Rotorua becoming an international health resort was abandoned in favour of the establishment of a large orthopaedic hospital. By 1918, the medical profession in New Zealand had become firmly established as a powerful and influential group, perceived to

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97 *KT*, January 1920, p. 17. Bertha Nurse's staff were: Sisters: Maud Atkinson ARRC, Ivy Caroline Burke, Florence Murray and Wynnifrid Stronach. Massage Sisters: Louise Brandon ARRC, Vera Harris, Maud Haste and Muriel Goulstone. Masseuses: Berry, Flett, Miller

have specialised scientific knowledge and expertise that set them apart from the other health professionals. This knowledge was assumed to be able to make the difference between life and death in the treatment of disease and in the event of an emergency. The public looked to doctors in desperation during the 1918 influenza epidemic, expecting them to perform the miracles of modern science. There is ample evidence that many doctors throughout New Zealand worked day and night attending to the victims of the epidemic, several lost their lives in the process. Nurses also died, but it was nurses - practical, caring, self-sacrificing, able to work autonomously, to make decisions on behalf of patients and their relatives, that proved most effective in the battle against the pandemic.

Five matrons with significant ability, experience and professional standing influenced and facilitated the many changes that occurred during this exciting, though tense period in Rotorua's nursing history. For some, their involvement spanned less than a year, but their contribution to professional nursing in Rotorua can be assumed by the wealth of knowledge and experience they brought to these positions, and the impact they continued to have on professional nursing in New Zealand. Civilian nursing in Rotorua also revealed heroines, demonstrated by the contribution of the nurses who had the foresight, courage and fortitude to maintain nursing services and facilitate medical services for the people of Rotorua.

The influenza epidemic highlighted the conflict between two ideologic views of reality that have shaped the development of nursing. The ideology of professionalism, the right to care, and the ideology of domesticity, the perception that nursing is a natural extension of women's work, therefore nurses, and women, have a duty to care.[98] The First World War and the influenza pandemic provided nursing with unique opportunities to demonstrate competence and credibility as a profession. These two critical episodes in New Zealand's history also provided convincing evidence of the value of an organised nursing workforce. Nurse leaders were now in a position to identify and implement strategies that would enhance nursing's status and prestige and to negotiate for practice related reforms.

Chapter Seven analyses the structures and processes that emerged as nursing adapted to the changing health care system. By this time the medical profession had expanded its boundaries to include all health related areas and had succeeded in establishing dominance over other health occupational groups. Nursing, in relinquishing claims to autonomy of practice had 'carved out a niche for itself in the shadow of medicine', and now focused on strengthening its image and status.[99] It sought to do this by reinforcing the elements of professional closure that articulated the notion of a professional nurse. These were still vocationism, examinable competence and segregation through registration.

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98 *Professionalizing Domesticity*, pp. 25-31.

99 *Healthy Country*, p. 24. See also, *Professional Closure*, p. 138.

CHAPTER SEVEN

THE FOCUS CHANGES: NURSING IN ROTORUA 1920-1934

In this chapter, professional nursing in Rotorua will be examined within the socio-political context of the period 1920-1934. The aftermath of both World War I and the 1918 influenza epidemic had subsided, while the full impact of the economic depression of the 1930s had yet to be felt. The relative affluence of the post war years was diminishing, and nursing, along with other occupational groups, began to feel the threat of unemployment. The importance of nursing's contribution to medical and health services and to the 'national interest' of New Zealand had been confirmed by the experiences of World War I and the 1918 influenza epidemic. Nursing now sought to transform its image beyond the world-view perpetuated by the patriarchal socio-political processes that portrayed nurse-as-woman-as-domestic servant. Through its rules of professional closure, nursing began to focus on consolidating its position as a professional group with a specialised body of knowledge, and a commitment to an altruistic service ideal.[1] In return, it was expected that the public would award prestige and privileges on the basis that this body of knowledge had been proven to be essential to the public welfare. Nursing had accepted its subordinated position relative to medicine, and nurse leaders now moved to ensure that nursing's professional progress was not thwarted by the barriers imposed by paternalism.

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1 *Professionalizing Domesticity*, p. 27.

Rotorua occupied a unique position within the New Zealand health care system, having developed within the context of a spa resort. The hospitals had been established on the basis of a special need to utilize the therapeutic thermal resources. As that need diminished, the community and the medical profession sought to justify the continued existence of the expensive administrative structure that had evolved over the years. Nursing in Rotorua became increasingly concentrated within this patriarchal setting of male power, dominated by male medical authority.

In 1920, as a result of the influenza epidemic, a new Act was passed reorganising the work of the Health Department into seven divisions, each with a controlling officer, or director.[2] For the first time nursing was in a position to control its own professional direction, as it now had a division in its own right with Maclean as the first Director of Nursing. At the same time New Zealand was divided into four health districts, each under the charge of a medical officer of health who had as part of his staff, a nurse inspector, with responsibility for the supervision of private hospitals, midwives and maternity nurses in her district.[3] Maclean's association with Valintine became more remote now that she was but one of seven directors. However, having a division devoted entirely to nursing increased the potential for advancing nursing's professional development. By instituting rules of closure based on examinable competence,

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2 The Hospitals and Charitable Institutions Amendment Act, 1920.

3 Report of Public Health, Hospitals and Charitable Aid, *AJHR*, H-31, 1919:2, p. 2.

vocationism, gender, youth and subservience, nursing sought to establish its status and credibility as a profession.[4]

Hospital and health services in Rotorua continued to be juggled between three central government departments, while hospital services throughout the rest of New Zealand had become the responsibility of the four health districts.[5] The Health Department had total control of Rotorua's Isolation Hospital in 1920, and joint control with the Tourist Department for the Cottage Hospital and the Sanatorium Hospital. The Defence Department still controlled King George V Military Orthopaedic Hospital. Military patients were by now decreasing in number though, and the Health Department, keen to reduce costs and rationalise services negotiated with the two other government departments to transfer civilian patients from the Cottage Hospital to the Military Orthopaedic Hospital.[6] Administration of the Isolation Hospital in the Sanatorium grounds and the King George V Hospital on Pukeroa Hill were amalgamated. Hilda Burton, previously matron of all three institutions in the Sanatorium grounds, was instructed to confine her duties to the Cottage Hospital and the Sanatorium.[7]

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4 *'Nursing Education NZ'*, p. 51.

5 Rotorua was in the Auckland Health District.

6 Letter from Makgill to the Director-General of Medical Services, Wellington 6th February, 1920, H 120, 'Rotorua Institutions - general', NA.

7 Letter from Duncan, Government Balneologist, to Matron in Chief, Wellington, 10 May, 1920, H 120/5, 'Rotorua Institutions - Isolation Hospital', NA.

The matron of King George V Hospital at this time was Mabel Thurston, former Matron-in-Chief of the New Zealand Expeditionary Forces. Her appointment at Rotorua came about through controversy and conflict. Born in Cambridgeshire, England, Thurston had come to New Zealand as a young woman in 1901. She immediately entered Wellington Hospital as a nurse probationer and following three years of training, sat the State Final examination in 1904. Before the war Thurston had been matron of both Greymouth and Christchurch hospitals. On entering the New Zealand Army Nursing Service, she was required to relinquish her position at Christchurch Hospital following what transpired to be an unpopular decision of the Christchurch Hospital Board. Her enforced resignation and subsequent employment at King George V Hospital was created by conflict but her abilities as a matron were never in doubt.

Thurston and her sub matron, Emily Hodges, managed a staff of twenty-five trained nurses of the NZANS at Rotorua's King George V Hospital.[8] Thurston's brief term as matron of the Rotorua hospital coincided with the visit of H.R.H. Edward, the Prince of Wales, on April 28, 1920. The Prince visited the wards and workshops at the hospital, demonstrating considerable interest in the rehabilitative work being undertaken there.[9] In September 1920, Thurston left Rotorua to take up the appointment of matron at Trentham Military Hospital in Wellington, where she remained until that hospital finally closed in 1923.[10]

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8 *KT*, April 1920, p. 99.

9 *New Century Rotorua*, p. 125.

10 *NZG*, 1932:1, p. 1025.

Thurston's successor, Emily Hodges, had graduated as a nurse from Christchurch Hospital in 1907. She was briefly on the staff of Trentham Hospital before being transferred in 1920 to King George V Hospital in Rotorua, as sub matron to Thurston.[11] At the time of her appointment, the hospital on Pukeroa Hill was providing orthopaedic treatment for crippled children, including victims of the 1914 poliomyelitis epidemic, and those disabled by congenital and other deformities.[12] The Health Department paid the Defence Department a subsidy for this treatment, with the parents or guardians meeting the remainder of the cost. In 1921 the Health Department was given approval to fully subsidise the treatment of children whose parents were unable to contribute financially:

> The treatment required is long and tedious and quite beyond the reach of persons of ordinary means. This fact is shown by the numbers of severely crippled children for whom only very inadequate treatment has been secured, owing to their parents being unable to afford the expense of a lengthy course of physiotherapy.[13]

A children's ward was established and expanded to accommodate the extra children from all over the North Island, now eligible for free treatment. King George V Hospital was one of the first in New Zealand to have a school teacher seconded from the Department

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11 *KT*, April 1920, p. 99.

12 *Ibid.*, See also, Report on the Defence Forces of New Zealand, *AJHR*, H-19, 1921/22:3, p. 16.

13 Letter from D.S. Wylie Director, Division of Hospitals to the Hon. Minister of Health, 7th February, 1921, H 54, 'Hospital Boards, general and salaries advisory, NA.

of Education enabling children to continue with their education during prolonged treatment.[14]

Nursing knowledge expanded in the post-war period to match the advances in medical knowledge. The State Finals Examination reflected this, demonstrating that nursing knowledge derived from and supported medical knowledge.[15] This was a period of increasing medical and surgical specialisation as hospitals competed with each other in the expansion of diagnostic and curative services.[16] King George V Orthopaedic Hospital developed a reputation for excellence as the orthopaedic centre in the North Island. Innovative procedures and new methods of treatment were developed, including muscle re-education through physiotherapy and the use of reconstructive surgery. The combination of these treatments with school discipline and training was proclaimed to be very successful for the children admitted to the hospital.[17] It was also acknowledged that this very success was dependent on the availability of skilled nursing care and physiotherapy:[18]

> It must be emphasised that operative measures alone for the treatment of deformities are futile in very many cases unless they can be followed up by

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14 Trentham Hospital, a similar treatment centre for crippled children, also had a resident school teacher.

15 *'Nursing Education NZ'*, p. 53.

16 *Ibid.*, p. 52.

17 Report of the Director-General of Health, *AJHR*, H-31, 1923:2, p. 46.

18 Physiotherapy was the nurse's domain. The department at KGVH was staffed and managed by nurses.

> effective after-treatment and close supervision of that treatment by a skilled staff.[19]

Gradually as the need for a specialist orthopaedic centre decreased, the hospital began to provide treatment of a more general nature. A woman's ward established early in 1921, increased the trend from a military and orthopaedic specialist facility to a general hospital.

On October 20th 1921, King George V Hospital, now with over 250 beds, was transferred from the Defence Department back to the Department of Health.[20] In June of the same year, the Cottage Hospital was transferred from the Department of Health to the Tourist Department, to be annexed to the Sanatorium Hospital.[21] Hilda Burton resigned as matron of the Cottage Hospital and Sanatorium Hospital to take up the position of matron of Greytown Hospital.[22] Hodges and her staff of military nurses were given the opportunity to remain at King George V Hospital, while adjustments were made to bring their pay scales in line with Health Department hospitals.[23]

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19 Report of the Director-General of Health, *AJHR*, H-31, 1921/22:3, p. 21. See also, Report of the Director-General of Health, *AJHR*, H-31, 1922:2, p. 19.

20 *KT*, October 1921, p. 182.

21 Report on Tourist and Health Resorts, *AJHR*, H-2, 1922:2, p. 4.

22 *KT*, July 1921, p. 167.

23 Cost of Hospital Staff in Military Medical Institutions, February 1, 1921, H 17/1, 'Military Institutions', NA. See also, *KT*, April 1922, p. 65. The Public Service Commissioner approved 28 days annual leave and an allowance of £8 a year uniform allowance for New Zealand Army Nursing Service sisters transferring to the Health Department.

During this decade the Sanatorium and Baths in the Government Gardens, continued to function for the benefit of tourists under the Tourist Department.[24] Burton was replaced by Rennell who remained until her retirement in 1923. Lily Macdermott then became matron of the Sanatorium Hospital, and remained in that position until 1933.[25]

Emily Hodges was matron at King George V Hospital until 1924 during a period of change that saw the numbers of military patients decrease, and the treatment of crippled children increase. King George V Hospital was held in high regard as an orthopaedic hospital, during her term as matron. From as early as 1915 Valintine had attempted to have a training school for nurses established at Rotorua, but was convinced by Herbert that the time had not been right. In 1922, Hester Maclean inspected King George V Hospital and reported:

> The Wards, Theatre, Massage Department, and all the parts of the institution under the control of the Matron [are] in excellent order.[26]

During her visit Maclean discussed with Hodges and the medical superintendent, the question of establishing a training school for nurses. The majority of the nursing staff at

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24 *Early Spas,* p. 44. The Sanatorium Hospital continued to provide accommodation for visitors receiving treatment at the Rotorua Baths until 1947 when control of the institution passed to the Health Department. The building survived for another 28 years as a home for elderly men.

25 Macdermott had trained as a nurse at Thames Hospital, graduating in 1912. She continued to nurse at her training hospital until appointed to the position of matron at the Rotorua Sanatorium Hospital.

26 Letter from Hester Maclean to Deputy Director-General of Health, 19th October, 1922, H 119/36, 'King George V Hospital - Inspections', NA.

that time comprised hospital aids, with a high level of staff turnover. The introduction of probationer training was seen as a means of overcoming this problem.[27]

Taking into account the Isolation Hospital, still situated in the Sanatorium grounds, there was a total of thirty beds occupied by patients that were considered by Maclean to be appropriate to meet the learning needs of pupil nurses.[28] It was therefore decided that nurse training at Rotorua should commence with an intake of six probationers on January 1st, 1923.[29] Recruitment proved difficult however, and it was only possible to introduce one or two probationers at a time. The experiences of these first nurses was fraught with hardship and anxiety as they struggled through their training in a hospital too busy to allow them true probationer status. Dorothea Grove, the third trainee to be accepted, was terrified when transferred to the operating theatre a mere six weeks from commencing her training.[30] Not surprisingly, Grove moved to New Plymouth nine months later, preferring to complete her training in a larger, more established school of nursing.[31]

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27 A major contributing factor in the high turnover of staff was that Rotorua was an appealing inclusion to a working holiday for nurses visiting the thermal district.

28 Report on Tourist and Health Resorts, *AJHR*, H-2, 1922:2, p. 4. The Cottage Hospital had been handed over to the Tourist Department to be annexed to the Sanatorium Hospital in 1921.

29 Hester Maclean to Deputy Director-General of Health, 19 October 1922, H 119/36, NA. See also, Report of the Director-General of Health, *AJHR*, H-31, 1922:2, p. 26.

30 Dorothea Boon (nee Grove), 'Reminiscences', *NERF Oral History Collection*, Alexander Turnbull Library, Wellington (hereinafter known as *Reminiscences*).

31 *NZG*, 1933:1, p. 903. Grove graduated from New Plymouth Hospital to become a registered nurse in 1928.

The nurse probationer had an interesting, varied and arduous life at King George V Hospital during the early training school days. Trainees had to buy their own shoes and stockings and were provided with the material to make their own uniforms.[32] For the first three months they had no leave, not even a day off. After that time they were allowed one day off each month.[33] The probationers' responsibilities included cooking breakfast for the patients, washing the dishes and doing the sweeping and high dusting. Lectures were given by the doctors during duty time with that time being made up in the wards afterwards. Probationer nurses at Rotorua generally 'learned by doing', and were 'thrown in at the deep end'. Examinations were not included in duty time, students sat them after completing a morning shift.[34]

In October 1923, on the occasion of Maclean's last official visit to King George V Hospital prior to her retirement, Hodges arranged a farewell function for her, which was 'a very pleasant evening spent in the Sister's sitting room, with cards, games and music followed by supper.'[35] Emily Hodges resigned in 1924, after four years at Rotorua, to take up the position of matron at Queen Mary Hospital, Hanmer.[36] She was replaced by Isobel Whyte, RRC, Medaille de la Reine.

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32 *Reminiscences,* passim.

33 New Zealand nurses had been awarded one day off a week in 1921. This had obviously not been introduced at Rotorua.

34 *Reminiscences,* passim.

35 *KT,* October 1923, p. 186.

36 *KT,* July 1924, p. 138.

Whyte had trained at Auckland Hospital, and passed the State Final examination in 1909. Soon afterwards she travelled to Scotland to join Queen Alexandra's Imperial Nursing Service (Reserve). When war broke in 1914, she was posted to France and served with distinction in the retreat on the Marne. Whyte was mentioned in despatches, awarded the Medaille de la Reine of the Belgians, and the RRC first class. On her return to New Zealand, she joined the New Zealand Army Nursing Service to be posted to Trentham. When that hospital closed in 1922, she was transferred to be matron at Pukeora Sanatorium, Waipukurau until early in 1924, then was appointed matron of King George V Hospital at Rotorua.[37]

Within a few months of taking up her new appointment, Whyte died suddenly and unexpectedly after a short illness that was not at the time considered to be serious.[38] She was buried at Hamilton on December 12th 1924, with full military honours. Her coffin bearers were officers who had served during the war. Medical and nursing staff from Rotorua attended her funeral, as did many members of the public. Farewell ovations from Maori chiefs were reported in the local Rotorua newspaper, indicating the high regard with which Whyte had come to be held in the six or seven months she had been matron.[39] Sad though the occasion was, it did provide an opportunity for a public

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37 *KT*, January 1925, p. 39.

38 *Ibid.*

39 *Ibid.*, p. 41.

display of patriotic gratitude for the heroism and sacrifice made by nurses as they performed their duty on behalf of their country during the war:

> How much the noble sisterhood who gave their youth, their health and their lives to the cause of the Empire's honour and freedom, inspired the fainting heart and drooping courage of those in the firing-line, we can hardly gauge.[40]

This accolade reflected the public's perception of nursing as an honourable calling, characterised by selfless devotion to duty. This had the effect of strengthening nursing's boundaries of professional closure.

Examinable competence and vocationism were the two key elements of professional closure that were being applied during the 1920s and the 1930s. As the country struggled with the financial constraints of the economic depression, the notion of altruistic service inherent in the concept of vocationism, served to justify low levels of pay, long hours of work and strict disciplinary practices for trainee nurses. 'Indeed, the leaders of the profession thought such practices were needed to keep the vocational torch alight'.[41]

The expectation that nurses should be imbued with an altruistic motive, and the perception that they were dedicated, self-sacrificing, and hardworking had been reinforced in 1921, when nurses throughout New Zealand were awarded one day off

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40 *KT*, January 1925, pp. 39-40.

41 *Professional Closure*, p. 148.

each week. Not only was this move considered by many to be frivolous and unnecessary, there was also a suggestion that the course of training should be extended beyond three years to make up for the resultant loss in time.[42] Similarly, the introduction of the eight hour day for nurses had already caused concern in some quarters, many felt that the move would undermine nursing standards. *Kai Tiaki* published the following poem, written by a patient, confirming the notion of nursing as a vocation and a dedicated service:

> If there's one thing I do detest, It is the eight hour day;
> Just as you get to know a nurse she's off and gone away.
>
> I ask Nurse G - who makes my bed to put my pillows 'so'
> The next time I must ask again
> Another new nurse show.
>
> Nurse D - , she knows exactly how
> I like my cup of tea
> I hardly ever get it though
> Another nurse, you see.
>
> When you are feeling rather blue
> It's really pretty rotten
> To always have a different nurse
> You sort o' feel forgotten.
>
> Of you whose cry is 'shorter hours!'
> I beg consideration.
> Improve off-duty where you can,
> But not by Legislation.[43]

Even in 1926 when six nurses were summarily dismissed from Wellington Hospital for attempting to sneak into the nurses home via the fire escape after the designated hour,

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42 *KT,* July 1921, p. 1.

43 *KT,* April 1921, p. 97.

off duty time was still seen as a potential threat to discipline. Maclean, in denouncing the 'very disgraceful action' of the Wellington nurses, declared:

> Recreation is necessary but should not be indulged in to excess, and the work she has to do on duty should be 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.[44]

However, it must have been extremely difficult for probationer nurses to continue day after day without a break from the sights and sounds of increasingly busy hospital wards. A graduate nurse, reflecting on her first days of training provided an insight:

> [T]he surgical ward. Rows of white, tidy beds in the shining ward where dreadful wounds, operations and pain were hidden, buried in their neat bandages . . . and the medical ward: Two years strapped to a frame! Two long years of one's life left thus. Twelve months crippled with a rheumatism that will not let him even feed himself, read or sew. To lie there like a helpless log, gazing at the ceiling with an active brain and able only to listen to the sounds of the ward. . . . Theatre: what an enormous trust is placed in us! In these days when Asepsis reigns supreme, when we know a slip may mean a life - it all hangs on us.[45]

With very little support available to the trainee nurses, it is not surprising to find that King George V Hospital was not able to attract probationers who would successfully complete the entire three year course to qualify for the King George V Hospital Certificate until 1924. This coincided with Janet McGhie's appointment as sister-tutor, one of the first nurses in New Zealand to be appointed to that position.[46]

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44 *KT*, January 1926, p. 2.

45 *KT*, May 1933, p. 57.

46 *'Nursing Education NZ'*, p. 91. The first appointment of a sister-tutor was at Christchurch Hospital in 1923.

McGhie made an immediate and lasting impression. Dr Wallis, medical superintendent, reported in 1925:

> the training of probationers is proceeding satisfactorily, and we greatly appreciate the benefits that have accrued to us in this direction by reason of the appointment of a sister-tutor.[47]

Jessie Bicknell, who had replaced Maclean in the Department of Health as Director, Division of nursing, conveyed her approval of McGhie's work:

> The addition of a sister-tutor to the staff [of King George V Hospital] has proved a great success, and pupil nurses are being given every assistance in making the most of the facilities at their command.[48]

By 1926 training of probationers was well under way, with Wallis reporting that all nurses who sat the state final examination had passed with honours.[49] McGhie continued to earn the medical superintendent's praise. In his annual report to Parliament for 1926, Wallis expressed pleasure at the excellent results achieved in the State Final examination:

> The general efficiency of their training is in no small measure due to the tutor-sister, an appointment which, it seems to me, should be a regular feature of our hospital system.[50]

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47 Report of the Director-General of Health, *AJHR*, H-31, 1925:3, p. 56.

48 *Ibid.*, p. 39.

49 Report of the Director-General of Health, *AJHR*, H-31, 1926:2, p. 53.

50 *Ibid.*

McGhie resigned as sister-tutor in 1927, to become matron of Palmerston North Hospital, continuing with what became a distinguished nursing career.[51]

Alice Searell was appointed acting matron following Whyte's tragic death. Searell had trained at Timaru Hospital, passing the State Final examination in 1909. She remained there as a staff nurse until 1910, then took the post of district nurse with the Southland Charitable Aid Board until 1915. She then joined the New Zealand Army Nursing Service, leaving with the first contingent of fifty New Zealand nurses for Egypt. She served in a British military hospital in Egypt, on the Hospital Ship *Gascon* and then in military hospitals in England, before returning to New Zealand in 1919. On her return she was immediately posted to Trentham Military Hospital, then transferred to King George V Hospital in Rotorua as sub matron to Isobel Whyte.

Searell's six month term as acting matron coincided with the poliomyelitis epidemic of 1924. This created a strenuous workload for nurses, as the admission rate for children requiring specialist orthopaedic treatment for the effects of this crippling disease rose rapidly. It was after this that Searrell was confirmed in the position of matron.[52] She was fortunate that McGhie's appointment as sister-tutor coincided with her own appointment, thus relieving her of much of the responsibility associated with running the newly established training school for nurses. During her term as matron,

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51 *NZG*, 1933:1, p. 945.

52 Report of the Director-General of Health, *AJHR*, H-31, 1925:3, pp. 38-39.

Searell had to contend with reducing patient numbers and contracting services, which made it difficult to maintain the standards required to continue the school of nursing. By 1927 she was responsible for a staff of ten sisters, six staff nurses, twenty-one probationers and seventeen hospital aids.[53] Of these, two sisters and one hospital aid were also on the permanent staff of the Isolation Hospital in the Sanatorium grounds.[54] Three maternity beds were made available in 1927, and in the same year one of the old military wards was converted into an isolation ward with the subsequent closure of the Isolation Hospital.[55]

In the mid 1920s a move to provide private beds for paying patients arose in response to public demand. Intended for the deserving sick poor, hospitals in colonial New Zealand began as charitable institutions. By the 1920s though, hospitals were being paid for by the local ratepayers, who justifiably expected to be able to take advantage of modern treatments and expensive equipment provided for public hospitals, that were unavailable in private hospitals. Doctors stood to gain from this new arrangement, they continued to receive fees from their patients. Nurses, on the other hand, had traditionally tolerated low wages and difficult conditions while training in the public hospitals, with the knowledge that on entering private sector nursing as registered nurses, income and conditions would improve substantially. These opportunities came

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53 Letter from J.Bicknell to Director-General of Health, 31.3.27, H 119/36, 'King George V Hospital - Inspections', NA.

54 At times, as many as five nurses were required to work at the Isolation Hospital.

55 Report of the Director-General of Health, *AJHR*, H-31, 1928:3, p. 33.

under threat with the introduction of private beds into public hospitals, and the move was resisted by the nursing profession.[56]

In 1926 a small number of beds at Rotorua hospital were made available for private patients. They proved very popular and were soon insufficient to meet the demand.[57] In 1927, thirty six patients were admitted to these beds under the care of local general practitioners. Increased professional interaction was considered a major advantage of this private service.[58]

By 1928 King George V Hospital had outlived its usefulness as a large orthopaedic specialist centre. All four Health Districts throughout New Zealand now had fully developed and well equipped orthopaedic departments. Originally intended as a temporary establishment, King George V Hospital was becoming expensive to maintain. In spite of efforts to increase bed numbers, patient numbers continued to decrease. Many Rotorua residents were concerned for the future of their hospital, one of the few in New Zealand to be run by the government, not a hospital board. Others began to challenge the government's right to continue to occupy Pukeroa Hill. The agreement

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56 *KT*, July 1925, pp. 1-2. The private wards were not included in the annual report to Parliament after 1928.

57 Report of the Director-General of Health, *AJHR*, H-31, 1927:3, p. 51.

58 *Ibid.*, H-31, 1928:3, p. 64.

between Te Arawa and the government to use the land for a hospital for the treatment of wounded and sick soldiers, was considered to be no longer valid.[59]

Te Arawa never allowed the government to forget this far-sighted agreement they had struck. In fact, in 1924 Dr Maui Pomare, the then Minister of Health, prompted by a deputation of Arawa chiefs, had found it necessary to once again remind the Director-General of Health of the Thermal Springs District Act of 1883. This Act contained the promise that the government would provide free medical treatment for the Maori of Ohinemutu, Whakarewarewa and Tarewa, for as long as the government required Pukeroa Hill for the hospital.[60]

During the ten years that Searell was matron of King George V Hospital, two nurses consistently provided loyal support and high quality care to their patients. Elizabeth Stanton, sub matron from 1924 until 1933, trained at Wanganui Hospital, completed one year as a staff nurse, then transferred to Christchurch Hospital as a sister from 1912-1915. She was engaged in military nursing from 1916-21, at Bagthorpe Military Hospital in Nottingham, England, followed by a period of military nursing in France.[61]

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59 *Rotorua Chronicle*; Letters to the Editor, 29.6.28 - 20.7.28, H 119/53, 'King George V Hospital - Free treatment for the Maori', NA.

60 Letter from Pomare to Valintine, 11 March, 1924, H 119/53, 'King George V Hospital -Free Treatment for the Maori', NA.

61 *N.Z. Military Nursing*, p. 77.

Emma Jane Harris, Sister-in-Charge of the massage department from 1921 until 1934, trained as a nurse in New Plymouth to achieve the New Plymouth Hospital certificate and pass the State Final examination in 1909. Harris joined the New Zealand Army Nursing Service in 1915 and served at No.15 British General Hospital Alexandria, and in military hospitals in England.[62] She was held in high regard by her patients and colleagues, especially for her contribution to the treatment of children crippled by poliomyelitis. Dr Wallis' justifiable commendation of Harris' work in his annual report to Parliament in 1925, never-the-less demonstrates the paternalistic attitude of the hospital management:

> I beg again to express my satisfaction and confidence in the work and ability shown by my Head Masseuse, Miss E.J. Harris.[63]

Searell attended the First New Zealand Conference of Hospital Matrons held at the nurses home of Wellington Hospital, in June 1927. The Minister of Health, the Hon. J.A. Young addressed the assembled matrons from twenty-eight of the thirty-seven training schools throughout New Zealand. In congratulating them, he articulated the notion of nursing as a vocation, the practical application of a dedicated service to fellow human beings. He also clarified their aim for the conference:

> [T]o discover simple and effective solutions of problems in the interests of their high calling, and with a view to applying the machinery of our hospital system so as to render the best possible service for the benefit of the patient.[64]

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62 *Ibid.*, p. 73.

63 Report of the Director-General of Health, *AJHR*, H-31, 1925:3, p. 56.

64 *KT*, July 1927, pp. 137-138.

Delegates at the Conference discussed issues which included the hours of duty for both registered nurses and nurses in training:

> It was considered that a minimum of two days leave a month is desirable where possible, taking into consideration the comfort of the patient and the needs of the nurse. The smaller hospitals in country districts felt that two days together in two months, or three days in three months, was much more appreciated than single days more frequently taken.[65]

Many other subjects were discussed at the conference, including raising the standard of nurse training, and the need to standardise uniforms and salaries for all training schools throughout New Zealand. The assembled matrons discussed the possibility of adding a fourth year to the course for nurses training. They also explored the need to include domestic civil science and private home nursing as subjects in the nursing curriculum. A postgraduate course in administration, the training course for sister-tutors, and the need for periodic revision of the curriculum for nurses, were all hotly debated topics. A suggestion put to the conference was that dietitians and masseuses should come under the control of the matron 'for the purpose of discipline and the administration of this department'.[66] Management of linen and stock records was considered an important discussion topic and the question was asked, '[S]hould the person who distributes the hospital daily stores be a layman or a trained nurse?'[67] The

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65 *Ibid.*, p. 144.

66 *Ibid.*, p. 143.

67 *Ibid.*

first conference was declared a complete success, with the second conference date being set for 18 months later.

The conference epitomised the structural changes that had occurred in professional nursing as nurse leaders articulated the rules of closure that reinforced the image and status of the New Zealand trained nurse. The major themes of gender, trained subservience to male medical authority, vocation, discipline and morality were confirmed as nursing's key elements. Examinable competence was an important issue. During the war and the influenza epidemic, the acute shortage of trained nurses caused the government and the community to rely on untrained or partially trained personnel. It was of real concern to the nursing profession that these untrained care-givers might compete with trained nurses for social and economic rewards. The curriculum, the nursing examination and the long and arduous hours of work were elements of the rules of closure that resembled 'initiation rites.' They were effective means by which potential usurpers were excluded and prevented from attaining the privileged status and title of the trained nurse.[68]

The concern that the untrained might usurp the trained nurse's exclusive position within the health care system highlighted the importance of having a unifying professional focus. The Trained Nurses Association had been formed in 1909 at the instigation of Hester Maclean, its inaugural president. Maclean, in her role as Assistant

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68 *Professional Closure*, p. 145.

Inspector of Hospitals observed a pressing need for an organisation that would represent the professional interests of nurses. She also required a vehicle for conveying information to nurses in scattered communities. Regional Branches gradually formed, and from the beginning the Association enjoyed a close working relationship with the nursing staff of the Department of Health: 'a relationship which has made for harmonious working and mutual benefit to an extra-ordinary degree.'[69]

Alice Searell, having already established the Waikato Branch of the Trained Nurses Association, was also responsible for initiating the Rotorua Branch. Jessie Bicknell, Director, Division of Nursing, was present and spoke at the inaugural meeting in Rotorua, held at King George V Hospital on October 10th, 1929. Miss Holford, matron of St Helens Hospital in Dunedin and a member of the Council of the Otago Branch of the Association, reminded the gathering of trained and trainee nurses, that it should be considered an honour to be a member of the Association. In her address, Holford reinforced the ideal of vocationism, that the trained nurse was equated with being a 'disciplined and moral woman.' The ideal was well illustrated:[70]

> A nurse may be registered, but unless her behaviour is absolutely beyond reproach she could not become a member of the Trained Nurses Association. Moreover, in travelling and in working in other countries - one is not only asked if she is a registered nurse, but also does she belong to a Nurses' Association, and if not - why not![71]

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69 *Facts Nursing*, p. 11.

70 *Professional Closure*, p. 142.

71 *KT*, January 15, 1930, pp. 7-8.

Mrs Bertram was appointed as President of the Rotorua Branch, Searell and Miss Lewis, vice Presidents and Emma Jane Harris, honorary Secretary.[72]

Two government appointed nurses provided health care to the Rotorua community during the 1920s, Mrs Ina Naumann and Margaret Blackie. Naumann was not a registered nurse, but a midwife who had trained after her marriage at St Helens Hospital in Auckland. She was immediately appointed district midwife to the Northland Hospital Board at Whangarei in 1911. She was the midwife at Taupaki until 1919, then transferred to the Health Department.[73] At that time she moved to Rotorua as district midwife and in 1924, undertook her Plunket training.[74] Naumann became Rotorua's Plunket Nurse in association with the Rotorua Women's Club in the mid 1920s, using her own home as Plunket rooms.[75] When the Town Council built public rest rooms for the women of Rotorua in 1927, a room with a telephone was set aside for Naumann to provide Plunket nursing care for the mothers and babies of the district. She received considerable support from the Rotorua Women's Club, who even raised funds to buy her a car. Previously reliant on her bicycle for transport, Naumann, on receiving the car announced that she would now require driving lessons.[76] In 1931 after twelve years in

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72 Madeline Bertram, nee Evans, was the wife of a local GP, Dr. Herbert Bertram.

73 Taupaki is in Auckland.

74 *KT*, November 1931, p. 254.

75 Annual Return and Statistics of Maori Health Nurses, 1928, H 21/3, 'District Nurses to the Maori', NA.

76 Minutes of Meeting of Finance Committee to Discuss questions with the Women's Club and Nurse Naumann re Plunket Room, held on Wednesday, 14th December, 1927, at 4.00 pm. Whether Naumann received the driving lessons has not been recorded. DSC.

Rotorua, Ina Naumann was required to take enforced early retirement as part of the economic restructuring of the Health Department.[77]

Margaret Blackie, Native Health Nurse for the Rotorua district from 1925 until 1931, trained at Oamaru Hospital and passed the State Final examination in 1913. She was sister at Te Waikato Sanatorium in Cambridge in 1914, then joined the Native Health Nursing Service in 1915. From 1917 until 1925 she was district nurse to the Maori in Taupo, before transferring to Rotorua as the only Native Health Nurse, based at Whakarewarewa.[78] Blackie resided at the Isolation Hospital during the time she lived in Rotorua, using local transport services to travel around her district.[79] In 1921 she took time out to return to the South Island to undertake her midwifery training at St Helens Hospital in Invercargill. When she transferred to Otaki in 1931 after six years in Rotorua, the maternity service at King George V Hospital was well established and the services of the district midwife were no longer considered necessary. Blackie was farewelled with sadness by the Maori women at a function held in her honour at the Mission House at Whakarewarewa. Several women spoke of her work amongst them, and of the deep sorrow they felt at losing her. Words spoken in Maori and songs of farewell created a poignant occasion. Margaret Blackie was presented with a greenstone

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77 *KT*, November 16, 1931, p. 254.

78 *NZG*, 1930, p. 1179.

79 'District Nurses to the Maoris', H 21/3, NA.

mere of ancestral significance, a kit and poi, a piripiri, a framed photograph, a greenstone tiki, and an album from the Mission House.[80]

The government continued to control the Rotorua Sanatorium Hospital through the Tourist Department. In 1929, the Deputy Director-General of Health, Dr Watt recommended that a new 60 bed medical and surgical hospital, administered by the Waikato Hospital Board be built in the Sanatorium grounds, and that the Infectious Diseases Hospital eventually be annexed to this new hospital. He further recommended that no more money be spent on King George V Hospital except where necessary for maintenance, that the hospital be closed and orthopaedic cases be sent to the four main centres for ongoing treatment. With the closure of King George V Hospital, the equipment could be moved to the proposed new hospital, and the buildings on Pukeroa Hill disposed of 'to the best advantage'.[81] The local newspaper reported the Cabinet decision:

> The King George V Hospital on Pukeroa Hill is to be done away with according to a Cabinet decision announced by the Prime Minister, Sir Joseph Ward. He said it was intended to erect a building in the Government Grounds to take the place of the present Sanatorium and to act as a hospital for Rotorua cases. The present King George V Hospital was a temporary structure erected in war time to deal with returned wounded soldiers. It was now in a bad state and was very expensive to maintain, while the existing Sanatorium was out of date and needed replacing. To have two institutions under one roof would do away with the present duplication of staffs. . . . The Prime Minister said he had given instructions for the immediate preparations of plans.[82]

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80 *KT*, November 1931, p. 304.

81 Memorandum from Watt, Deputy Director General of Health to the Director-General of Health, Dr Valintine - copy to the Prime Minister. 'Hospital Policy in Rotorua, 27.6.29', H 120, 'Rotorua Institutions - general', NA.

82 *BPT*, 24.8.29.

A change of heart occurred following this announcement, subsequent to a meeting between Dr Watt, newly promoted to the position of Director-General of Health, and the Mayor of Rotorua, Thomas Jackson. The government had decided that it was preferable to spend money on improving facilities at King George V Hospital, rather than take the risk that Te Arawa would reclaim Pukeroa Hill.[83]

Jessie Bicknell retired from the position of Director, Division of Nursing in 1930, to be replaced by Mary Lambie. Prior to her retirement, Bicknell developed a system of classifying nurse training schools that was immediately adopted by the Nurses and Midwives Board.[84] Schools of nursing, previously established as a means of providing a cheap hospital labour force, were now classified according to the resources available in the relevant hospital. Grade A training schools, deemed competent to provide the complete three year course of training, were those with adequate resources. Grade B training schools could provide partial training, with the remainder of the course carried out in an approved Grade A hospital.[85]

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83 Report on Watt's visit to King George V Hospital, and interview with the Mayor 29.4.30, H 119, 'King George V Hospital - general', NA.

84 *Nursing New Zealand*, p. 87. The Nurses and Midwives Board, the forerunner to the Nursing Council of new Zealand, was created when the Nurses and Midwives Act of 1925, amalgamated the Nurses Act 1901, and the Midwives Act, 1914. The Board, responsible for nursing registration and for administering the new Act, comprised four nurses and three doctors.

85 Report of the Director-General of Health, *AJHR*, H-31, 1931:2, p. 27.

By 1931 the country was firmly in the grips of the economic depression and in 1932, Mary Lambie recommended to the Director-General of Health that the nurse training school at King George V Hospital be closed. Factors contributing to this decision were the closure of the orthopaedic department in 1930, and the reality that in 1931, unemployment of nurses was a major problem.[86] Nursing unemployment was attributed to the increasing numbers of nurses graduating from hospital schools throughout New Zealand.[87] Lambie's inspection of the Rotorua hospital had revealed a limited number of suitable patients available to trainee nurses, a problem compounded by difficulties with arranging lectures. At the time of Lambie's visit, there were forty-four medical-surgical patients and two maternity patients in the hospital.[88] King George V Hospital did not meet the criteria of even a Grade B training school. The school of nursing closed on June 30th 1932, and remained closed until 1938. The nine trainees at Rotorua were transferred to Waikato, Hawera and Wellington hospitals to complete their training.[89] They were replaced at Rotorua by registered nurses from those hospitals.[90]

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86 *Ibid.*, p. 23.

87 *Ibid.*, p. 28.

88 Letter from Mary Lambie, Director, Division of Nursing, to Director-General of Health, 15.3.32, H 119/36, 'King George V Hospital - Inspections', NA.

89 *Ibid.* A search of the Register of Nurses (1933), reveals only one graduate with a combined Hospital Board certificate with King George V Hospital for 1932. That was Marjorie Welch, who sat her State Final examination in 1932 at Waikato Hospital.

90 Letter from Mary Lambie to Searell, Matron King George V Hospital, 28th April, 1932, H 119 40/5, 'King George V Hospital -nursing staff', NA.

Twenty-seven nurses graduated with certificates from King George V Hospital School of Nursing between 1923 and 1932. Hannah Benn registered as a nurse after passing the State Final examination in June 1925, with certificates from both Thames Hospital and King George V Hospital, Rotorua. In December 1926, Minnie Marshall passed the State Final examination with certificates from both Palmerston North and King George V Hospital.

However, the first nurse to qualify with a full Rotorua Hospital certificate, prior to passing the State Final examination was Catherine Gladys Leicester in 1926, the only one to qualify with a full certificate in that year. The following year five nurses qualified with certificates from King George V Hospital. They were Sarah Jackson, Ruby Johnstone, Sarah Mutton, Ethel Peake, and Zara Phillips.[91] Only one of these graduates, Ethel Peake, continued to nurse following graduation.[92] In 1928, another seven nurses graduated with King George V Hospital certificates. They were Doris Diprose, Ivy Duffill, Jean McDonald, Ethel Murdoch, Eileen O'Shea, and Margaret Wallace. Wallace was accepted for the newly established Post Graduate Course for trained nurses in Wellington in 1929.[93] Miriama Poutama also passed the State Final Exam in 1928, the first Maori nurse to graduate with a King George V Hospital certificate.

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91 *NZG*, 1928:1, pp. 1193-1348.

92 *NZG*, 1933:1, pp. 831-1035.

93 '*Nursing Education NZ*', pp. 62-92, has a full and accurate description of the history and the aims and outcomes of the Post Graduate Course.

In 1929 two more nurses graduated, Florence Carson, who remained as a staff nurse at the hospital, and Thelma Faulconbridge, who in 1937 became the first matron of the Wilson Home for Crippled Children in Auckland, remaining there until her retirement in 1960.[94] In 1930 three nurses successfully completed their training, Olga Harstone, Emma Thruston, and Beatrice Llewellyn.[95] Thruston continued to nurse on the staff of Rotorua Hospital, at least until 1933, the only one of her graduating class to do so.[96] Graduates of 1931 were Vencie Ferguson, Erica Simmons, Muriel Voyce, and Winifred Quigley. In 1932, the final year of the school's existence, Mary Kerridge was the only nurse to graduate with a full certificate from King George V Hospital.[97]

Between the two World Wars it was not customary for women to pursue a career once they married. In fact, married nurses were required to resign from the staffs of public hospitals and government departments.[98] This regulation was not embodied in legislation, rather it was a rule that reflected the social climate of the 1920s and 1930s.

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94 *KT*, December 15, 1948. See also, *KT*, August 15, 1953, and *NZH*, Obituary, 16.11.87. In 1949, Faulconbridge was selected to tour the United States, Great Britain and Australia to study the treatment of spastic and other crippled children. In 1953, she was created a Member of the Most Excellent Order of the British Empire.

95 *NZG*, 1933:1, p. 1010. Winifred Robertson also graduated in 1930, with a combined certificate from Christchurch and King George V Hospital.

96 The NZ Gazette ceased to publish the Register of Nurses after 1933.

97 *NZG*, 1933:1, p. 1024. There was one other graduate in 1932, Marjorie Welch, who had a combined certificate from KGVH and Waikato Hospital (see footnote 89).

98 'Nursing conditions in New Zealand.' Information provided by M. Lambie for the Ministry of Health, Whitehall, England, 1938, H 21, 'Nurses - general', NA. Mrs Naumann could be seen to be an exception, although she was employed by the Health Department, and was a midwife, not a nurse. It is possible that she had been widowed, as she was already married when she entered the midwifery course.

A womans place was in the home, and very few women worked after marriage.[99] This was also a contributing factor to the exclusivity of nursing, an effective closure strategy that ensured that the nursing profession maintained its mystique as a vocational calling that 'came before husband, children and bodily temptations'.[100] It was no accident that the ranks of nursing comprised young, healthy, unmarried females. This possibly explains why only ten of the first graduates from Rotorua's hospital continued to nurse after graduation. Records indicate that only three pursued a nursing career for more than one year.[101] Only one graduate, Faulconbridge, attained a senior position in nursing. Some nurses even considered the concept of career as antithesis to nursing. 'Graduate Nurse' was one of these. She provided a graphic example of the effectiveness of nursing's rules of professional closure in imbuing the nurse with a strong sense of self-denial, and of providing a humanitarian service. She was in no doubt that nursing was a vocation:

> You can't make nursing a career. It is a work that calls for a selfless devotion and a deep innate kindliness that even the most rigid training cannot eradicate. To my mind the word "career" always contains about ninety percent of selfishness. It is something definitely worldly . . . a true nurse can never, never, be a calculating worldly-wise woman with a career.[102]

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99 Miles Fairburn, The Farmers Take Over, in Keith Sinclair (Ed.), *The Oxford Illustrated History of New Zealand,* Auckland: Oxford University Press, 1990. p. 208.

100 *Professional Closure,* p. 143.

101 This comment is made as a result of a careful search of the Register of Nurses in the *NZG,* between 1925 and 1933.

102 *KT,* March 15, 1934, p. 44.

The Waikato Hospital Board took over the control of King George V Hospital on the 31st March 1934, renaming it Rotorua Hospital. At that time Alice Searell retired after 26 years of nursing. She and Emma Harris, also with 26 years of nursing experience, were the only two nurses on the staff of King George V Hospital not offered positions by the Waikato Hospital Board following the transfer of control.[103]

In 1920 there were three government hospitals in Rotorua, each administered by separate government departments. As the 1920s progressed, King George V Hospital discarded the military involvement and image to become a civilian orthopaedic hospital for the treatment of the victims of the 1919 poliomyelitis epidemic, as well as for the treatment of congenital orthopaedic abnormalities. Eventually, in the move to rationalise services, the Isolation Hospital closed, the Cottage Hospital became annexed to the Sanatorium Hospital and the two district midwives' services were discontinued. The Sanatorium Hospital continued to provide accommodation for visiting invalids receiving spa treatment.

By the late 1920s, King George V Hospital entered a new era as a general hospital. For the first time in its history it entered the mainstream public system of hospital administration, providing medical and nursing services to its own community. Nursing practice in Rotorua was buffeted by many changes during the 1920s and early 1930s. The character of the hospitals, the nature of the treatments and the locus of

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103 Letter from Lambie to Director-General of Health, 2.3.34, H 119/36, 'King George V Hospital - Inspections', NA.

control changed. The addition of a training school for nurses improved standards of nursing care. However, the effects of the economic depression began to be felt in the early 1920s, with unemployment of nurses causing concern. The demand for hospital services continued to diminish with the advent of preventative medicine, the decline in epidemics and a reduction in the numbers of returned soldiers requiring hospital treatment. King George V Hospital, along with other small hospitals throughout New Zealand, closed its school of nursing.

Nurses in Rotorua were embraced by the national and international network of nurses with the establishment of a local Branch of the Trained Nurses Association and the representation of their nursing interests at the first national Matron's Conference. By the 1930s, a commitment to the professional ideals of nursing had emerged, while medicine had successfully extended the boundaries of its expertise to encompass all health-related areas. Nursing was content to accept its position as being subordinate to medicine, and now focused on establishing an exclusive niche for itself in the shadow of the medical profession. Through the rules of professional closure, barriers were constructed that ensured nursing's exclusive rights and privileges to the status, image and practice of the New Zealand trained nurse.

CONCLUSION

The professional development of nursing in New Zealand over the period 1840 - 1934, was powerfully shaped by the forces of professional closure. The efforts to elevate nursing's status from that of amateur to professional has been a continuous endeavour to discard the image of nursing as a domestic service. This image was perpetuated within the male dominated socio-political environment of New Zealand throughout the ninety-four year period that has been the focus of this study.

Nursing services at Rotorua prior to the introduction of formal nurse training, were usually performed by women within the family and immediate neighbourhood environment, or by the wives of the missionaries. As nursing developed into a distinct occupational group comprising women, the characteristics of altruism, sacrifice and submissiveness were not merely expected of them, or even just encouraged, they were demanded. For over ninety years the status of nursing in Rotorua parallelled the status of nursing in New Zealand generally, as the popular perception gradually evolved from that of a 'specialised form of charring' to an elite and exclusive position of professionalism.[1]

Professional closure, a mechanism by which professions limit their membership to a restricted group of eligible people, operates through a system of rules and strategies.

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1 Beryl Hughes, The Development of Nursing as a Profession in New Zealand, *KT*, March, 1978, p. 17.

The medical profession used closure strategies to construct barriers to prevent nursing from usurping their domain of practice, and nursing's rules of closure effectively marginalised untrained women's nursing practices. Nursing was perceived as a threat to medicine's dominant position in the health care system, and medicine moved to secure its monopoly of the social and financial rewards that society extends to those occupational groups that achieve the status of the professional. Nursing was constructing a professional image based on the elements of gender, vocationism, subservience, obedience, loyalty, morality and discipline, to exclude the untrained from its ranks.

Before 1870, the boundaries between the various health occupations were considerably blurred, with the medical profession no better positioned to monopolise the health care system than other health occupational groups. As health care became a marketable commodity, these groups all sought to enhance their image and to move towards professional status. The medical profession mobilised its forces of closure to secure a position of power, control and monopoly over all other health workers within the evolving health economy. Nursing, without the political influence and lobbying power available to medicine and other male dominated groups, relinquished the right to autonomous practice as it encountered the forces of closure, particularly from the medical profession. This capitulation occurred in favour of nursing registration and in the interests of improving and developing consistently high standards of nursing practice. With the introduction of registration, increasingly nurses were controlled by the bureaucrats who employed them.

The thermal district of Rotorua provided a unique backdrop against which to examine the emergence of professional nursing. The healing properties of the springs, the mud pools and mineral waters, first discovered by the Maori, were commandeered by the European to develop a spa resort of world acclaim. Nurses practised in a variety of settings in Rotorua, in the hospitals and in the community. Because the town was owned by the government, the structures and processes that encompassed nursing practice were intensely patriarchal, reflecting the male dominated socio-political system prevalent in New Zealand during that period.

Professional nursing in New Zealand developed from the system attributed to Florence Nightingale and imported from England in the 1880s. Based on the apprenticeship model, this new scientific approach to nursing made an early and significant impact on the health care of New Zealanders, and the value of the trained nurse was soon realised. However, the new nurse training system was not entirely conducive to the development of professionalism for nursing, as the curriculum did not include the principles of nursing management, education or administration. It therefore represented a form of occupational imperialism for nursing, providing the principles of self development but not the means of self determination. Apprenticeship in any occupation is a structured form of oppression, and for nurses, apprenticeship training served largely to rationalise the abuse of student labour through the institutionalised emphasis on low wages, long hours, discipline, order and practical skills.

In the wake of the First World War and the 1918 influenza epidemic, untrained personnel threatened to usurp nursing's hard won exclusive social and economic privileges. Nursing applied the forces of professional closure as the restructured Health Department provided nursing leaders with the means of securing more control over the profession. By the 1920s nursing had sacrificed several opportunities to take control of its own practice and to develop as an autonomous, self directed profession. Satisfied with a position subordinate to medicine, nursing began to strengthen its own boundaries by intensifying its rules of closure and laying claim to the exclusive title of 'nurse'. The elements of closure included a continuation of the gender theme, the notion of a vocational calling and educational credentials with examinable competence.

Many significant achievements and innovative advances in preventative and curative medicine, physiotherapy and orthopaedic treatment can be related to the therapeutic use of the thermal resource. However, all credit for these successes has been attributed to medical men, even though those very successes reflect the quality of the nursing care provided. Nurse training, introduced at Rotorua in 1924, provided a cheap labour force for the hospital. The Rotorua school of nursing, as did nursing schools throughout New Zealand generally, contributed significantly to the oppression of nurses. Their socialisation into a hierarchical system that demanded subservience, obedience, and loyalty, served to deny nurses the opportunity to develop as autonomous, self-directing professionals.

This study examines the effects of patriarchy and professional closure, and attempts to explicate the nurses whose significant contribution to nursing and to the community of the thermal district has not previously been told, simply because the information has been fragmented, submerged and almost lost. Many of the nurses in this study came to the Rotorua area only briefly between 1840 and 1934. Apart from the first matron of the Sanatorium Hospital, they were all New Zealand trained and effectively demonstrated the qualities of loyalty, obedience, forbearance and endurance in their professional practice. Their competence was assured by their training and validated through examination. Nurses came to Rotorua, partly because they were directed by the bureaucrats, but also to enjoy the holiday resort.

This is the first attempt to provide a coherent account of their professional lives and practice. Previous accounts of the history of medicine and health care in Rotorua have focused on the doctors who practised in the town. The only indication that nurses existed at all, was the list of matrons added almost as an afterthought to one of those accounts.[2] That list is now considerably extended.[3]

> The irony that pervades the study of nursing and its history is that, as primarily women's work, it is ignored equally by traditional historians who focus more frequently on men's work and by feminist historians who choose more usually to celebrate women who have entered occupations previously considered men's province. As a consequence, nurses are the prototypically invisible women whose minds, hearts, and hands shaped a huge industry, yet whose story is essentially untold.[4]

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2 See Appendix B, p. 233.

3 Ibid., p. 228.

4 *Nurses*, p. 459.

Vignettes

Prior to undertaking this research there were no written accounts of individual nurses who came to Rotorua during the period 1840 - 1934. The list of hospital matrons provided in what has, to date, been the official history of the Rotorua Hospital, apart from being inaccurate, neglects to provide the initial letter of their first names.[1] The urge to retrieve those nurses from their relegation to relative obscurity in the history of Rotorua generally, became the driving force for this research.

Throughout the chapters of this thesis, details of individual nurses have been provided in the footnotes, in the hope that the information contained therein will assist future researchers of our nursing history. However, for six of the nurses who came to Rotorua, a wealth of data emerged, too comprehensive to include as footnotes. These portraits are therefore presented as vignettes of six women whose stories have not previously been written for publication. Women who became professional nurses and whose rich and eventful careers brought them, albeit briefly, to Rotorua.

That these stories have yet to enter the annals of our nursing history, epitomises the invisibility of nurses in the context of New Zealand's history, generally. This phenomenon of nursing's invisibility is not merely the result of historical oversight. A most likely cause can be found in a close examination of the powerful strategies of professional closure that successfully ensured that the contribution of nurses and nursing to the New Zealand health care system, has remained largely unacknowledged. The vignettes demonstrate that these nurses really did exist and that they were professionally committed career women.

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1 Appendices A and B, pp. 233. Note that doctors have been similarly treated, though their histories have been recorded elsewhere.

Louise Elizabeth de Bath Brandon: ARRC; ISTM; New Zealand Army Nursing Service; Matron Rotorua Military Hospitals December 1915 - October 1916

Louise Brandon, the daughter of a well-known and respected Wellington family, was a journalist before she embarked on her nursing career.[2] She commenced her nurse training at Wellington Hospital on January 16, 1907 and passed the State Final examination in 1910.[3] In November 1911 she managed a small private hospital owned by a Miss McDonnell, in Kensington Street, Wellington, a position she held for one year.[4]

After spending a short period of time in Sydney in 1913, Brandon returned to New Zealand to enter the newly established New Zealand Army Nursing Service, commencing in August 1914. Selected as one of the six nurses to be sent with the Advance Expeditionary Force from New Zealand, she was part of the first contingent of New Zealand nurses to serve overseas in World War I.[5] Brandon and the five other nurses were selected for this contingent at short notice.[6] Each was given a small bag that contained nursing equipment and provided with a canvas stretcher bed and bedding. Friends presented each nurse with a deck chair and cushion for the voyage. Brandon's

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2 National Library of New Zealand, *NZ Obituaries*. Louise Brandon was the Lulu Brandon who occasionally wrote articles for *NZ Freelance* in the early 1900s. See also, *KT*, October 1914, p. 158, and *NZ Freelance*, 28 September 1917, p. 46.

3 L. Barker, & R. Towers, *Wellington Hospital 1847-1976*, Wellington, NZ: Wright and Carman Ltd, 1976.

4 *KT*, October 1912, p. 145.

5 *KT*, October 1914, p. 158.

6 *NZ Military Nursing*, p. 19. The number of nurses was increased to seven when Ida Willis, stranded in Fiji at the outbreak of the war, joined the contingent.

uniform, prepared in great haste by Hester Maclean, Matron in Chief of the New Zealand Army Nursing Service, consisted of a dark grey dress in Petone cloth and cloak with a touch of scarlet on the collar, cuffs and cape, and a plain grey bonnet. Two grey cotton frocks and two Panama hats completed the uniform.[7]

When Brandon embarked on Wednesday, August 12th 1914, she must have experienced feelings of great excitement and apprehension, because at that point their destination was still unknown. After some delay the contingent finally sailed out of Wellington Harbour early on the morning of the 15th of August with a war ship escort. Their first destination was New Caledonia, then Fiji and on to Samoa, where the British flag was hoisted without any opposition from the German residents or the Governor.[8] *KaiTiaki* records that Brandon's contingent was impressed with the beauty of Samoa, and of the Samoan people. The hospital taken over from the Germans, was still shared with German doctors and nurses who continued to treat the Samoan people, while the New Zealand nurses cared for the sick New Zealand troops.[9]

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7 *Ibid.*, See also, *KT*, October 1914, p. 157.

8 *KT*, October 1914, pp. 157-158. Louise Brandon, a journalist as well as a nurse, no doubt contributed many of the unacknowledged articles which appeared in the *Kai Tiaki* throughout her Army Nursing Service career. See also, *Ibid.*, p. 182. Brandon commented on the disappointment experienced by the troops at this bloodless victory, and their sense of frustration at having been deprived of a fight.

9 *Ibid.*, p. 169.

On her return from Samoa, Brandon, together with a few other nurses, was sent to Trentham to organise a temporary hospital during a particularly severe outbreak of cerebro-spinal meningitis in July 1915.[10] Here she:

> brought order to chaos . . . worked day and night and saved many lives, aided by women untrained but eager to help.[11]

Soon after, she was selected for the first commission of the Hospital Ship *Maheno*, along with ten other nurses, two of whom had been in Samoa with her.[12] H.S. *Maheno* was one of two New Zealand passenger liners converted to Hospital Ships during World War I.[13] The hospital facilities on board H.S. *Maheno*, described in detail in *Kai Tiaki* at the time, sounded impressive.[14] However, a letter subsequently appeared in *Kai Tiaki* criticising the nurses for complaining about the conditions on board the ship. This suggests that Brandon might have written an article or letter indicating that she was not impressed with the facilities provided for the nurses on that first assignment.[15]

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10 *War Effort*, pp. 102-103.

11 *Ibid.*

12 One of these two nurses, Evelyn Brooke, Assistant matron on the *Maheno*, was subsequently awarded the RRC and Bar, the highest award ever earned by a New Zealand Nurse.

13 The other was H.S. *Marama*. The other nurse appointed to the H.S. *Maheno* with whom she had shared the Samoan experience was Louie McNie. McNie subsequently became one of the five Principal Matrons of the New Zealand Expeditionary Force. Hilda Burton, later to become a matron of the Rotorua Sanatorium and Cottage Hospital, was also on the nursing staff of the first commission of the *Maheno*.

14 *KT*, July 1915, pp. 130-131.

15 *KT*, January 1916, pp. 39-40.

Brandon served on H.S. *Maheno* until December 1915, at which time she was appointed matron of the Rotorua Cottage Hospital and Sanatorium Hospital, now enlarged and converted into a military hospital. She also carried some responsibility for the King George V soldier's convalescent camp on Pukeroa Hill.[16] She did not remain in Rotorua for long however, as she was selected for the second commission of the H.S. *Marama,* which left Port Chalmers again on October 31st 1916.[17] For some reason Brandon did not join the staff of the *Marama.* She sailed instead as a passenger on the *'Corinthic'* to England where she was attached to the New Zealand Expeditionary Force, as sister in charge of the auxiliary branch of the Officer's Hospital at Brighton. Her progress on board the *Corinthic* was reported in *Kai Tiaki.* Again travelling with Louie McNie, she had a pleasant voyage, assisting the busy staff with cases of pneumonia, septic throats, chronic appendicitis, and several cases of influenza. Brandon's accommodation on board was obviously very pleasant and comfortable. She shared a sitting room with three other nurses, a little white cabin with rose pink furnishings.[18]

Brandon was awarded the ARRC in 1917, receiving the decoration at a ceremony at Buckingham Palace.[19] She continued to write of her experiences from the Officer's Convalescent Hospital at Brighton. In summer, tennis, parties, tea in the

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16 *Ibid.* This became known as King George V Convalescent Hospital soon after it was officially opened.

17 *KT,* October 1916, p. 202.

18 *KT,* July 1917, pp. 138, 142.

19 *KT,* October 1917, p. 199. An account of the ceremony, probably written by Miss Brandon.

garden, sea bathing and the band on the famous Brighton pier, and in the winter, billiards, badminton, occasional dances and concerts with golf and bridge available for all seasons. She wrote:

> This picture of rest, change and amusement after the horrors of the campaign at the real front is well earned by our poor men, and probably aid greatly in building them up or returning their shattered nerves.[20]

Possibly Brandon changed her mind about serving on the H.S. *Marama* in 1916, choosing instead the Soldiers Convalescent Hospital in Brighton to enable her to focus her career on rehabilitation nursing. She was certainly provided with a unique opportunity to increase her knowledge and qualifications in this field.[21]

Massage was increasingly included in the treatment for injured soldiers, and there was concern at the lack of qualified masseuses available in New Zealand at that time.[22] In 1918, in an attempt to overcome this deficit, a massage course based on the Incorporated Society of Trained Masseuses (ISTM) course in England, was set up by the Defence Department at the medical school at Otago University and Otago Hospital.[23] This six month course, followed by practical experience under supervision at the

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20 *KT*, April 1918, p. 63.

21 It is possible that Brandon was following her brother, Percy Brandon, who had a distinguished War record. He left New Zealand with the main body of the NZEF in WWI, held the rank of Captain, served in Egypt, Gallipoli, France and finally at Headquarters in London. He was wounded twice, so he may actually have been a patient at the hospital in Brighton. *New Zealand Obituaries*, 1949, ATL.

22 *KT*, July 1918, p. 120.

23 *Ibid.*

orthopaedic hospitals in Christchurch and Rotorua, was not available to nurses.[24] Maclean was concerned that the shortage of nurses would be exacerbated if all those nurses who applied for the course were permitted to undertake it. As she was responsible for selecting the students for the massage course, she was able to exclude nurses. A similar course available to nurses was established at the same time at Hornchurch in England, and Brandon was one of the nurses seconded to undertake it.[25] She passed her ISTM examination with Class I distinction.[26]

When the King George V Military Orthopaedic Hospital was opened in 1919, the Massage Department with the most up-to-date facilities was well prepared to provide massage treatment under Brandon's direction.[27] However by April 1920, she was demobilised, left King George V Hospital and commenced a massage practice with Sister Haste at the Brandon Street Centre in Wellington.[28] It is not certain whether Brandon was able to secure a reasonable livelihood in independent practice. *Kai Tiaki* carried a story warning of the problems associated with attempting to earn a living in a field of nursing that was limited and potentially overcrowded.[29] When the Masseurs Registration Act was passed in 1920, Brandon was appointed as a member of the

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24 *KT*, July 1918, pp. 120, 126. See also, *KT*, October 1918, p. 196.

25 *Ibid.* See also, *Medical Services War 1914-1918*, p. 488.

26 *KT*, January 1919, p. 43.

27 *KT*, January 1920, p. 16.

28 *KT*, April 1920, p. 99. See also, *KT*, July 1920, p. 155.

29 *KT*, October 1920, p. 168.

Registration Board, established to govern this developing profession of Masseurs. In 1923, when the Masseurs Association was formed, she became the first Vice President.[30]

Brandon continued to be active in the Wellington Branch of the Trained Nurses Association until 1930.[31] In the early 1920s, she gave lectures on home nursing for the Red Cross which were very popular and attracted large audiences.[32] She was instrumental in forming the Association of Overseas Women War Workers. This group met regularly for several years, to provide fellowship, reuniting women who had served overseas during the First World War.[33] She was also treasurer and organiser of the committee set up to secure donations from the nurses of New Zealand to buy a bell for the Wellington War Memorial Carillon.[34]

Nothing further has been heard of Louise Brandon, no obituary was recorded.[35]

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30 *KT,* April 1923, p. 52. The Masseurs Association was seen as a means of improving the Masseurs Act, and for ensuring that the highest standards of practice were maintained.

31 *KT,* January 1929, p. 19.

32 *KT,* July 1921, p. 122.

33 *KT,* July 1925, p. 136.

34 *KT,* 1926, p. 125. Only nurses were permitted to subscribe to this cause.

35 A search of the Register of Deaths reveals that Louise Elizabeth Brandon died in 1945. ATL.

Hilda Burton, ARRC, Matron of the Sanatorium, Cottage Hospital and Isolation Hospital 1916-1921.

Hilda Burton entered Dunedin Hospital School of Nursing in 1902. She received the Dunedin Hospital Certificate and passed the State Final Examination in May 1905. She nursed for a short time at Southland Hospital and at the Chalet Private Hospital in 1905 and 1906, then from 1907 to 1908 was engaged in private nursing. She returned to Dunedin Hospital in 1908 where she worked as a staff nurse until her appointment to the position of matron at Picton Hospital in 1911.[36] She remained at Picton Hospital until 1914, then resigned with the intention of having a rest from nursing.[37] However in October of the same year she returned to Dunedin to take up private nursing again.[38]

Burton joined the New Zealand Army Nursing Service and was appointed as staff nurse on the first commission of the H.S. *Maheno* from June until December 1915, following which she joined the staff of Trentham Military Hospital.[39] Both Burton and Brandon had served on the H.S. *Maheno* for its first commission, and Burton would have sailed on the second commission in 1916, but having contracted enteric fever, was replaced by Brandon, matron of the Rotorua Military Hospitals.[40] Late in 1916, Burton

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36 *NZG,* 1920:1, Register of Nurses, p. 590.

37 *KT,* April 1914, p. 99.

38 *KT,* October 1914, p. 190.

39 *KT,* July 1915, p. 127.

40 *KT,* January 1916, p. 16.

was transferred to Rotorua to be matron in Louise Brandon's place.[41]Her responsibilities encompassed the supervision of nursing staff at the Rotorua Sanatorium and Cottage Hospitals, now under military control, and the Isolation Hospital. She also provided support and advice to the King George V Convalescent Camp.[42] Burton received a special commendation for her services to Rotorua during the 1918 Influenza epidemic, in a memorandum from the Matron in Chief, Hester Maclean, to the Director-General of Medical Services.[43] She was awarded the Royal Red Cross, Second Class in 1919, for Home Service and Hospital ships duty.[44] For some reason she did not receive her medal, as it was listed among the several unclaimed decorations in *Kai Tiaki* in 1922.[45]

In 1919 Hilda Burton resigned from the New Zealand Army Nursing Service, continuing as matron of the Sanatorium, Cottage Hospital, and Isolation Hospital, but now employed by the Health Department.[46] At this time, all military patients from the Cottage Hospital and Sanatorium Hospital transferred to the new Orthopaedic Hospital on Pukeroa Hill, where Bertha Nurse had been appointed as matron. Because of her

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41 *Ibid.*, Miss Brandon did not leave on the H.S. *Maheno*, instead she sailed as a passenger on the *Corinthe* to be attached to the N.Z.E.F. in England. It is difficult to pinpoint exactly when Burton became matron at Rotorua, though an item appeared in the local newspaper in December 1916, wherein Miss Burton acknowledged with appreciation the gift of two cases of lemons for the patients of KGV Hospital. DSC.

42 *KT*, January 1916, pp. 39-40.

43 *NZ Military Nursing*, p. 45.

44 *Ibid.*, p. 148.

45 *KT*, July 1922, p. 148.

46 Memo to General Manager, Tourist Department, Wellington from Jos Frengley, Acting Chief Health Officer, Health Department 29th August, 1919, H 120, N.A.

experience in military hospital nursing, Burton was sent to organise the Timaru Military Hospital to prepare for its new matron, Isabella Scott, in 1919.[47]

Burton remained matron of Rotorua's three hospitals until 1921 at which time the Cottage Hospital and the Sanatorium Hospital were amalgamated under the control of the Tourist Department. She then resigned to become matron of Greytown Hospital, to be replaced at Rotorua by Edith Rennell. In 1922, Burton required a long convalescent period to enable her to recover from a serious illness and an operation.[48] She continued in the position of matron at Greytown Hospital until the 1930s. There is no record of her obituary.[49]

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47 *KT,* October 1919, p. 170. See also, *Military Nursing,* p. 77. Scott was a member of the NZANS, one of the first 50 to leave New Zealand for active service. She served in the Imperial Forces Hospital, Egypt, from June to July 1915, then was Sister in Charge of No.1. NZGH from August 1916 to February 1917. Scott was awarded the ARRC.

48 *KT,* July 1922, p. 147.

49 A search of the Register of Deaths reveals that Hilda Alice Burton died in 1956. ATL.

Bertha Nurse RN, RM, ISTM, RRC: Matron of King George V. Military Orthopaedic Hospital, August 1919 - February 1920

Bertha Nurse was born in Christchurch in 1871, to a distinguished Christchurch family. She undertook her nurse training at Wellington Hospital in 1901, at the age of 30. She obtained the Wellington Hospital Certificate and passed the State Final Examination in 1904. She remained on the staff of Wellington Hospital until 1908, at which time she embarked on her travels. Following an enjoyable holiday in Scotland and Ireland, she undertook her midwifery training at Clapham Maternity Hospital in London.[50] She obtained the Clapham School of Midwifery Certificate in 1909. In the same year, she and five other New Zealand nurses undertook massage training and Nurse was successful in achieving the ISTM certificate.[51] In 1910 Nurse travelled to Egypt to take up the position of sister in the Anglo-American hospital in Cairo. She enjoyed this two year experience, and reported Egypt to be a very interesting country.[52] In 1912 she returned to New Zealand and was for a brief period of time on the staff of 'The Limes' in Christchurch.[53] Following this she took up the temporary position of acting matron at the Waikato Sanatorium, replacing Dora Gill who had been taken seriously ill.[54] In 1914 at the outbreak of war, she was once again at Wellington Hospital, as relieving sister.[55]

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50 *KT*, January 1909, p. 35.

51 *Ibid.*

52 *KT*, April 1912, p. 39.

53 *KT*, April 1913, p. 85.

54 *Ibid.*, p. 86.

55 *KT*, January 1914, p. 25.

In August 1914, at the age of 43, Bertha Nurse was selected as matron and one of seven nurses with the Advance Expeditionary Force sent from New Zealand with the intention of recapturing Samoa from the Germans. Hester Maclean, Matron-in-Chief of the New Zealand Army Nursing Service, had four days to select, notify and prepare these nurses for the first contingent. With the exception of Louie McNie, who was given two hours to catch the late boat from Christchurch, they were selected from nurses already available in Wellington.[56] Although Nurse and her contingent were ready by the deadline, they didn't sail out of Wellington Harbour until Saturday, August 15th.[57]

The Germans had retreated from Samoa prior to the arrival of the Advance Expeditionary Force, though Apia Hospital had retained the staff of three German doctors, three German sisters and a matron. Bertha Nurse efficiently managed the small New Zealand Nursing Service in what must have been a very difficult situation, as the New Zealand nurses were required to share some facilities with the German staff.[58]

When the contingent returned to New Zealand in early 1915, Nurse was immediately appointed matron to the contingent of fifty nurses to accompany the First

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56 Maclean was given directions on Saturday morning, 9th August, to have six nurses prepared to travel on Tuesday afternoon, 12th August. They were selected and notified on Saturday afternoon. Sunday was taken up with making lists, designing the uniforms and making many necessary arrangements. On Monday morning the material for the uniforms was purchased, with arrangements to have them made up.

57 *NZ Military Nursing*, p. 19.

58 *KT*, October 1914, p. 169.

Expeditionary Force to Egypt. In Egypt she became matron of the New Zealand General Hospital, Pont de Koubbeh in Cairo, a hospital originally built for the Egyptian Army. With no expense spared this very well equipped hospital had an X-ray department, electric laundry, and electric lighting throughout. The hospital was originally intended to accommodate two hundred patients. However, with modifications to the verandahs and the addition of several tents, the New Zealanders were able to accommodate more than 1000 patients.[59] These changes must have created many administrative challenges for Nurse, who once again carried out her responsibilities competently and efficiently.

In January 1916, Bertha Nurse was the first New Zealand nurse to be awarded the Royal Red Cross, First Class, in recognition of meritorious services during the months when wounded New Zealand soldiers were taken from Gallipoli to Cairo. She received the decoration from King George V at the investiture at Buckingham Palace in October 1916.[60] She was also mentioned in Despatches from London on 21st June 1916, shortly before the New Zealand General Hospital was moved from Cairo to Brockenhurst in Hampshire, England.[61]

Maclean had accompanied the first contingent of 50 nurses to England and Egypt, remaining with them for six months. During that time she visited dignitaries and military hospitals throughout Egypt, providing support and encouragement to the nurses

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59 *KT*, January 1916, pp. 25-28.

60 *KT*, January 1917, p. 5.

61 *KT*, July 1916, p. 149. See also, *KT*, October 1916, p. 208.

as she went. When Maclean returned to New Zealand she assigned this important role of public relations to Bertha Nurse. Nurse was expected to continue Maclean's example of visiting the various New Zealand hospitals in Egypt, to sustain the morale of the nurses and to maintain the goodwill of the administrators. Maclean was disappointed to discover that Nurse had not been able to fulfil this function, possibly because Nurse was more than fully occupied with her role as matron of the New Zealand General Hospital.[62] Nurse's career took a down turn from this point however, so Maclean must have decided that Nurse had demonstrated that she did not have the qualities required for further professional advancement.

While Bertha Nurse was at Brockenhurst, Thurston, matron of Walton-on-Thames Hospital was appointed Principal Matron in Charge of the New Zealand nurses in England. Hester Maclean felt it necessary to explain through the pages of *Kai Tiaki,* the reason for Thurston's selection over that of Nurse. Both were senior New Zealand matrons, though Nurse was the only one to have seen active service. Thurston was chosen because as matron of Walton-on-Thames Hospital she was near enough to Defence Headquarters to attend there twice a week. Maclean felt Nurse would not have been able to combine the duties of Principal Matron with the responsibility of being in charge of Brockenhurst, which was a large institution.[63] It seems more likely that Nurse

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62 *Nursing New Zealand,* p. 184.

63 *KT,* October 1916, p. 208. Brockenhurst comprised a general hospital with two outlying branches, Forest Park and Balman Lawn.

had fallen out of favour with Maclean, as a result of Nurse's perceived failure to carry out instructions following Maclean's departure from Egypt in 1915.

In 1917 Bertha Nurse returned to New Zealand on the transport *Monganui*. She had been granted six months leave on full pay to have a well deserved rest. The various matrons, sisters and nurses who worked with her in Samoa, Cairo and England wrote the following letter of appreciation to Maclean:

> We, as nurses of the different sections of the New Zealand Military Hospital, wish to record through you our sincere appreciation of the services of Miss Nurse, for two and a half years a Matron in the New Zealand Army Nursing Service. We sincerely regret that she has been obliged to take six months leave, but hope that when her leave is completed, she may still continue in the work she is deeply interested in.[64]

Edna Pengally also wrote from Brockenhurst to say how much the New Zealand nurses all missed Bertha Nurse.[65] While on leave Nurse arranged a presentation ceremony for Frances Payne, recently retired matron of Wellington Hospital and former matron of the Rotorua Sanatorium Hospital. The ceremony was on behalf of nurses on duty in England and France who had nursed or trained at Wellington Hospital. These nurses all extended their warmest wishes for the welfare of their former matron.[66]

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64 *KT*, July 1917, p. 142.

65 *Ibid.*, p. 140.

66 *Ibid.*, p. 179.

Three years later in 1918, an afternoon tea was held in Nurse's honour by a Mrs de Castro who had lived in Cairo at the time the New Zealand General Hospital was situated there. Mrs de Castro spoke in very glowing terms of the quality of Nurse's leadership and of the many New Zealanders who owed their lives to the devoted care of Bertha Nurse and the sisters at Pont de Koubbeh. In particular, Mrs de Castro quoted an Australian Army officer who had lauded the work of the New Zealand nurses.[67]

Nurse became matron of Trentham Military Hospital in 1918 and would have taken the position of matron of H.S. *Maheno* for its fifth commission, but unfortunately was too ill to join the ship.[68] In 1919 she requested a transfer from Trentham Hospital, and following a short term of leave, was appointed as the first matron of the King George V Military Orthopaedic Hospital in Rotorua, in August of the same year.[69] At the time of her appointment, new additions including a nurses' home were still being built. Nurse commenced her new position in Rotorua with nursing staff from the New Zealand Army Nursing Service.[70]

For several months Bertha Nurse, and her nurses had very little to do at King George V Hospital while they waited for the new wards to be ready, and for the nurses'

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67 *KT*, April 1918, p. 105.

68 *KT*, July 1918, p. 125.

69 *KT*, July 1919, p. 143.

70 *KT*, January 1920, p. 17. Bertha Nurse's staff were: Sisters Maud Atkinson ARRC, Ivy Caroline Burke, Florence Murray and Wynnifrid Stronach. Massage Sisters, Louise Brandon ARRC, Vera Harris, Maud Haste and Muriel Goulstone. Masseuses: Berry, Flett and Miller.

home to be completed. This must have provided a welcome respite after the rigours of war nursing and the exhaustion of nursing victims of the 1918 influenza epidemic. In the meantime they took charge of the few wards that had sick patients, as the majority of the patients were convalescent, cared for by orderlies. Nurse spent six months establishing and organising the nursing service at King George V Military Hospital. She then resigned, retired from the Army Nursing Service and moved to Masterton to be matron of the hospital there.[71]

Nurse remained at Masterton for three years then resigned to become matron of Cook Hospital in Gisborne.[72] In 1923, she represented Wellington on the central council of the New Zealand Trained Nurses Association at the annual meeting held in Dunedin for four days, from the 5th to the 9th of November.[73] In 1925, at the age of fifty-four, she resigned from her position at Cook Hospital, stating her intention to have a holiday in Auckland with her sister.[74] She did not return to nursing however, instead she moved to Christchurch remaining active in many branches of welfare work, including the Red Cross Society.[75] Although she lived for another thirty-five years, she did not take an active interest in nursing after her retirement. She had worked strenuously throughout her nursing career. She may have suffered from burnout, or perhaps was disillusioned

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71 *KT*, April 1920, p. 99.

72 *KT*, October 1923, p. 196.

73 *KT*, January 1924, p. 3.

74 *KT*, July 1925, p. 151.

75 *KT*, February 1961, p. 26.

after being passed over for the important promotion in 1917. It seems obvious that she had fallen out of favour with Maclean.[76] She did not attend the reunion of Overseas Women War Workers held in May 1925, did not send her apologies, nor did she continue to subscribe to *Kai Tiaki*.[77]

Bertha Nurse died in the Nurse Maude Convalescent Home at Christchurch in 1960, at the age of 89.[78]

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76 Bertha Nurse was not included in the photograph of the Five Principal Matrons of the NZEF which appeared in *Kai Tiaki*, July 1918, p. 145.

77 The lists of subscribers was published regularly in *Kai Tiaki* for several years from 1925.

78 *KT*, February 1961, p. 26.

Mabel Thurston RRC, CBE, Matron: King George V Hospital Rotorua, 1920

Thurston, born in Cambridgeshire, England in 1872, came to New Zealand in 1901, at the age of 29.[79] She immediately entered Wellington Hospital as a nurse probationer and following three years of training, sat and passed the State Final examination in 1904. Mabel Thurston and Bertha Nurse were in the same graduating class at Wellington Hospital, the only two from that class to serve in the New Zealand Army Nursing Service during World War I.[80]

Mabel Thurston became matron of Greymouth Hospital in 1906, at the age of 34, and a mere two years after graduating as a nurse. She held that position for two years, resigning in 1908 to take up the appointment of Lady Superintendent of Christchurch Hospital. She was held in very high regard by the staff of Greymouth Hospital, when farewelled she received many gifts of silverware from the patients, the domestic staff and the nursing staff. The doctors of Greymouth presented her with a gold bangle set with opals. The Mayor of Greymouth presented her with a gold watch and chain and a pearl pendant in a silver casket, a special gift from the ladies of Greymouth. All the guests at the afternoon tea given in Thurston's honour were presented with souvenir cards bearing the date and a miniature photograph of Thurston. Much regret was expressed throughout the farewells at the loss created by her leaving.[81]

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79 Many thanks to Jan Rodgers for providing Thurston's date of birth.

80 *New Zealand Military Nursing*, pp. 69-79. New Zealand Nursing Roll, World War I, gives training school and date of registration of all nurses in NZANS during the First World War.

81 *KT*, October 1908, p. 123.

This reaction to Thurston's departure was in striking contrast to the response of the Canterbury Hospital Board when in 1916, after nine years as matron of Christchurch Hospital, she joined the New Zealand Army Nursing Service. She left Christchurch in 1916 to become matron of the War Contingent Association Hospital at Walton-on-Thames in England.[82] The Canterbury Hospital Board felt obliged to terminate Thurston's employment, rather than to continue indefinitely with a nurse in the position of acting matron. This decision was very unpopular and attracted intense media debate, both with the public generally, and within the nursing profession in New Zealand.[83]

Thurston had been at Walton-on-Thames for seven months when the decision was made to appoint a Matron-in-Chief of the New Zealand Expeditionary Force. The New Zealand Hospitals in England and France had increased considerably in size and activity, and many nurses were needed to staff them. It was therefore considered necessary to have a matron at Headquarters in London to receive and post the detachments of nurses continuously arriving from New Zealand.[84] Thurston was promoted as Matron-in-Chief to the Expeditionary Force in 1917, and remained in that position until after the armistice. During her term she received the Royal Red Cross,

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82 *KT*, January 1920, p. 27.

83 *KT*, April 1920, p. 81. See also, *KT*, July 1921, p. 154, which ran a letter expressing belated appreciation of Miss Thurston's services as matron of the Christchurch Hospital, from the chairman of the North Canterbury Hospital Board.

84 *KT*, October 1916, p. 208.

First Class in 1917 and was created a Commander of the British Empire in 1918, for her war service. She attended Buckingham Palace on two occasions to receive these decorations from King George V.[85]

Thurston returned to New Zealand on the troopship *Kigoma* on January 12th, 1920. She travelled as a passenger, as there were no invalid men among the troops on board and therefore no nursing staff on duty.[86] The two years of her post-war work in England were spent organising the closure of the New Zealand hospitals.[87] Soon after her return to New Zealand she was posted to Rotorua to become the Matron of the King George V Military hospital, replacing Bertha Nurse who had resigned to take up the matronship of Masterton hospital. With Emily Hodges as submatron, Thurston had a staff of twenty-five sisters to manage. At this time King George V Hospital was being made available for both civilian and military patients, to become the orthopaedic centre for the North Island.[88]

Thurston remained only briefly as the matron of the Rotorua hospital, from January until September 1920, then was appointed matron of Trentham Hospital, where she remained until that hospital closed in 1923.[89] Then, after a holiday in Sydney, she

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85 *KT*, August 1960. Obituary, Mabel Thurston, p. 24.

86 *KT*, January 1920, p. 27.

87 Little has been written as to what this work actually entailed.

88 *KT*, April 1920, p. 99.

89 *NZG*, 1933:1, p. 831.

was appointed matron of Queen Mary Hospital in Hanmer, taking up this position in February 1924.[90] Later the same year she was transferred to Pukeora Sanatorium in Waipukurau, where she remained until 1926, when she was granted twelve months leave to return to England.[91]

In 1927, Thurston resigned from her position as matron of Pukeora Sanatorium to remain in England permanently, to live in retirement.[92] She continued to maintain an interest in the nursing profession in New Zealand, however. During World War II she was the official visiting officer of the New Zealand War Services Association, with her headquarters in London. New Zealand House supplied her with the names of all casualties in the New Zealand armed forces and she visited the men, or wrote to them if they were too distant, to ascertain their needs. She directed the distribution of parcels supplied by the New Zealand War Service Association, and ensured they were received by the New Zealand soldiers.[93] As former Matron-in-Chief of the NZANS, Thurston continued to represent New Zealand nurses in England, attending a reception in London in 1949, held in recognition of nurses who had served in the Boer War, although she herself had not served in that war.[94]

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90 *KT*, January 1923, p. 20, p. 47.

91 Report of the Director-General of Health, *AJHR*, H-31, 1927:3, p. 24.

92 *Ibid.*, H-31, 1928:3, p. 33. See also, *KT*, April 1927, pp. 68-69, for a full report of Mabel Thurston's official farewell function.

93 *KT*, October 1941, p. 344.

94 *KT*, October 1949, pp. 182-183.

Mabel Thurston's nursing career was interesting. Her meteoric rise to the rank of Matron-in-Chief, and the almost reverent following she engendered from Christchurch nurses indicates that she was probably a woman with a charismatic personality and that she possessed a large degree of political astuteness. Soon after arriving in New Zealand from England she acquired a basic nursing registration, sought no further qualifications and practised for only two years as a registered nurse before securing access to the career path of matron. She was awarded the RRC, 1st Class and the CBE during World War I without seeing front line active service.

Thurston lived in New Zealand for 22 years, less than one quarter of her life. In the 1930s long after she had left this country, Christchurch nurses who had trained during her term as Lady Superintendent formed a 'Thurston Club'. They met every year and continued to correspond with her, sending gifts each Christmas and flowers on her birthdays.[95] Following her death in 1960, a memorial window in the Christchurch Hospital Chapel was dedicated to her memory subscribed by doctors, sisters, nurses and friends.[96]

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95 *KT*, August 1960, p. 24.

96 *KT*, October 1960, p. 18.

Emily Hodges, Matron of King George V Rotorua 1920-1924

Emily Hodges entered Christchurch Hospital, as a probationer in 1907, at the age of 23. As was customary at that time, she was placed in a ward under the direction of the ward sister, who taught her basic nursing skills and basic nursing care. She achieved the Christchurch Hospital Certificate and passed the State Final examination in December, 1910. Hodges remained at Christchurch Hospital as staff nurse, and then as sister in charge of a surgical ward until 1915, then entered the New Zealand Army Nursing Service. Unlike her matron Thurston, Hodges was granted leave by the Christchurch Hospital Board to join the second contingent of nurses for Egypt.[97] As with the first contingent, these nurses were selected at short notice, and given five days to prepare. Although they were provided with the material for their uniforms with instructions to make them up on the voyage to Alexandria, seasickness prevented Hodges from doing this. In Alexandria she was attached to the No. 21. General Hospital in charge of a surgical division.

On October 23rd 1915, Hodges was among twenty-six nursing sisters rescued from the British transport ship *Marquette* when it was torpedoed in the Aegean Sea.[98] She fell off the side of the ship as it was sinking, and was amazed to find she was still alive when she came to the surface. She was among those picked up by a French

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97 *KT*, January 1917, p. 5.

98 '*Paradox of Power*', passim, has a full and comprehensive account of the sinking of the *Marquette*.

destroyer, after spending seven hours in the water. Hodges occupied the Captain's cabin that night, he couldn't speak English, she couldn't speak French. 'He just patted me on the shoulder two or three times during the night and that was all'.[99]

Hodges was back in Egypt within days, this time to be attached to No. 27 General Hospital, Abbassio in Cairo. From there she was posted to the Walton-on-Thames Convalescent Hospital for New Zealand soldiers in England. She was mentioned in despatches in 1916 and in 1918, awarded the Royal Red Cross, Second Class.

Hodges returned to New Zealand as matron of H.S. *Malta*, in 1919. After a brief period on the staff of Trentham Hospital she transferred to Rotorua in 1920, to be submatron to Thurston.[100] In September of the same year she was appointed matron of King George V Hospital when Thurston was transferred to be matron at Trentham.[101] Hodges was matron of the hospital in Rotorua during a period of considerable change, as the numbers of military patients decreased, while the treatment of crippled children increased. King George V Hospital was highly respected as a centre for specialised orthopaedic treatment during her time as matron. In 1924, Emily Hodges, having served as matron of King George V Hospital for four years, resigned to take up the position of matron at Queen Mary Hospital, Hanmer.

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99 Emily Hodges, 'Reminiscences,' *Nursing Education and Research Foundation (NERF)*, oral history tape 93. Recorded by H. Campbell.

100 *KT*, April 1920, p. 99.

101 *NZG*, 1933:1, p. 831, Register of Nurses.

From 1940 until she retired in 1943 at the age of 60, Emily Hodges was matron of the Royal New Zealand Air Force Hospitals at Wigram and Harewood. She died in Christchurch in 1983, aged 99 years.[102]

102 *KT*, September 1983, p. 13. During her long retirement, Hodges maintained an active interest in the NZ Nurses Association through the local Christchurch branch.

Isobel Whyte, RRC, Medaille de la Reine, Matron of King George V Hospital 1924

Emily Hodges was replaced by Isobel Whyte, RRC, Medaille de la Reine.[103] Tragically, Whyte died while on duty at the hospital, within a few months of taking up her new appointment.[104]

Whyte trained at Auckland Hospital, obtained the Auckland Hospital Certificate and passed the State Final examination in 1909.[105] Soon afterwards she travelled to Scotland to join the staff of the Edinburgh Infirmary. She became a member of Queen Alexandra's Imperial Nursing Service (Reserve), then when war broke out in 1914, was almost immediately posted to France. Whyte served with distinction while in charge of the casualty clearing station in the retreat on the Marne.[106] Hester Maclean reported her progress to other New Zealand nurses:

> Nurse Isobel Whyte, of Auckland Hospital who has been nursing in France, has been appointed Matron of a Field Hospital close to the firing line. Her brother Major Whyte, was recently married to Sister Dorothy Rose of Christchurch. Miss Whyte is one of the many New Zealand nurses who have been serving since the beginning of the war. It is extremely gratifying to learn of the appreciation of her services evidenced by her promotion.[107]

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103 *KT*, July 1924, p. 138.

104 *KT*, January 1925, p. 39.

105 *NZG*, 1924:1, p. 428.

106 *Ibid.*

107 *KT*, July 1916, p. 181.

Whyte was mentioned in despatches, awarded the Medaille de la Reine of the Belgians, and the RRC, First Class. She was received at Buckingham Palace and Marlborough House.[108] On her return to New Zealand, she joined the New Zealand Army Nursing Service and was posted to Trentham. When Trentham hospital closed in 1922, she transferred to Pukeora Sanatorium, Waipukurau, and remained there as matron until early in 1924 when she became the matron of King George V Hospital at Rotorua.[109]

Whyte was buried at Hamilton on December 12th, 1924 with full military honours.[110] Her coffin bearers were officers who had served during the war. Medical and nursing staff from Rotorua attended her funeral, as did many members of the public. Farewell ovations from Maori chiefs were reported in the local Rotorua paper, indicating the high regard with which Whyte had come to be held in the six or seven months she had been matron:

> Pakeha and Maori were at unity in their grief. Many of those moved to tears knew her in times of peril and grievous distress when the foundations of Empire rocked and the earth was strewn with dead. Of these times the great actors seldom speak; the memory is too dreadful and too saddening to remember. . . . For the close of a life, so great, so well and so heroically spent as that of the late matron of King George V Hospital, there should be no regrets; her work will live after her and successive generations will follow in her footsteps. "Well done, thou good and faithful servant!" may be her fitting epitaph.[111]

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108 *BPT*, 12 December 1924, DSC.

109 *KT*, January 1925, pp. 39-40.

110 *Ibid.*

111 *Ibid.*

Jessie Bicknell, Director, Division of Nursing sadly reported Whyte's death in her annual report to Parliament in 1925:

> It is with regret that I have to report the loss by death during the year of Miss Whyte, RRC Medaille de la Reine, Matron of King George V Hospital, Rotorua, who had served with distinction during the war, died suddenly after a short illness.[112]

Dr Stanley Wallis, Medical Superintendent of King George V Hospital, reflected the feelings of the medical and nursing staff at Rotorua:

> In submitting this report I beg to refer to the outstanding loss the nursing service in general and this hospital in particular has suffered by reason of the death of the late Miss Whyte, whose service as Matron here has confirmed the approbation in which she was held both while on service and since her return.[113]

Dr Valintine also paid tribute to Whyte in his annual report to Parliament:

> In the death of Miss Whyte (RRC, Medaille de la Reine) Matron of King George V Hospital Rotorua, the Department suffered a serious loss. Miss Whyte was a capable and highly esteemed officer and I wish to endorse the tribute paid to her memory by Dr Wallis.[114]

Shortly after Isobel Whyte's death, Hester Maclean, editor of *Kai Tiaki* received a letter from Miss McCarthy, Matron-in-Chief of Queen Alexandra's Imperial Nursing

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112 Report of the Director-General of Health, *AJHR*, 1925:3, H-31, p. 38.

113 *Ibid.*, p. 56.

114 *Ibid.*, p. 10.

Service in France during the war. Miss McCarthy conveyed the sense of shock expressed by Whyte's friends in England at the news of her untimely death, and wrote:

> She was a fine woman as well as a dear one and did magnificent work during the war. She had the honour of nursing Lord Bertie, the British Ambassador in Paris, who was devoted to her.[115]

Whyte has the added distinction of having been the model for the figure of the army nursing sister which stands in the Pavilion de la Guerre in Paris - the army sister standing in the British section of the allies.[116] In 1932 Isobel Whyte's name was included on the memorial plaque in the Auckland War Memorial Hall of Memories. This Memorial Roll has inscribed on it the names of New Zealand nurses who died on war service:

> Thus adding to the lustre of New Zealand's noble woman-hood.[117]

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115 *KT*, July 1925, p. 116.

116 *Ibid.*

117 *KT*, July 15 1932, p. 178.

Appendix A

Appendices A and B have been included to provide a comparison between the previously available information on the history of nursing in Rotorua, and the information now available. The following list has been developed from the data gathered for this thesis.

ROTORUA MATRONS : 1885 - 1934

Sanatorium Hospital

Miss Mannix		1885 -1887
Miss Taylor		1887 -1890
Antoinette Birch		1890 -1894
Alice Thomson		1894 -1901
Berta Fergusen		1901 - 1902
Elizabeth Kay		1902
Frances Payne		1902 -1904
Ellen Pettit		1904 - 1905
Edith Rennell		1905 - 1908
Inez Pownell	**Included Cottage Hospital & Isolation Hospital from 1912**	1908 - 1914
Edith Rennell		1914 - 1915
Louise Brandon	**Included King George V Military Convalescent Hospital**	1915 - 1916
Hilda Burton		1916 - 1921

Sanatorium Hospital only

Edith Rennell	1922 - 1923
Lily Macdermott	1923 - 1933

King George V Hospital

Bertha Nurse	1919 August - February (6 months)
Mabel Thurston	1920 February - September (8 months)
Emily Hodges	1920 - 1924
Isobel Whyte	1924 (6 months)
Alice Searell	1924 - 1934

Appendix B

THE HISTORY OF ROTORUA HOSPITAL 1916 - 1979

The following excerpts are examples of histories about Rotorua Hospital that make little reference to the contribution of nurses.

History of Rotorua Hospital

John Porteous
(Second Prize)

A major building in the history of Rotorua has been the Hospital. It has been and still is a fabulous, essential milestone of Rotorua, caring for many people since it was first opened in the year 1916.

It can be seen from miles around for it is situated on Pukeroa Hill, a hill that has seen historic battles fought by men as true and rugged as the land itself.

The hospital was given in endless duration to the Waikato Hospital Board by the Ngati Whakaue Tribe for as long as the land was needed for hospital purposes.

When the hospital first opened it consisted of a main block of two large glass-encloseed rotundas which were known as the ANZAC and Suvla wards.

By means of connecting corridors with bedrooms on one side, these led to a main dining and recreation hall.

Included in this was a well equipped kitchen and bathrooms for the patients, officers and quarters for the resident Medical Officer. Each of the rotunda wards accommodated 60 patients.

Below this main block was a building facing Rotorua lake, containing cubicles and a billiard room for Officer patients, also adjoining on a higher level were the stores.

Early in the year 1916 King George V Hospital was opened. It was named "King George V Military Hospital," and the first Commanding Officer appointed was Colonel Newall who was followed later by Colonel Bernau.

This original hospital was specifically for ambulatory military patients, either convalescent or for Physiotherapy or balneological treatment which was given at the main Bathhouse in Rotorua.

The staff was entirely male, and female staff didn't arrive until the year 1919. This comprised a Sister and one Hospital Aid. Shortly afterwards these were followed by the first Matron, Miss B. Nurse, and several more aids.

Their duties were mainly preparatory in anticipation of the opening of the main hospital. Prior to this, patients requiring treatment in bed were accommodated at the old Sanatorium.

-35-

Source: Journal of the Federation of Historical Societies, 1984:2:2, pp. 35-37.

Two Lowry wards were the next buildings added. They were so-called because of the Donors' surnames. Each could accommodate 30 bed-patients but were not used much until a regular nursing staff arrived.

In the 1919's a complete military hospital was constructed and it incorporated the existing buildings in itself. This new hospital consisted of four main wards each of 30 beds, with adjoining side-rooms, operating theatre, X-ray and plaster departments and extensive physiotherapy department complete with its own thermal swimming bath, kitchen, boiler house, workshops, administration offices, and all that goes with a hospital.

Very shortly before this new hospital was first supplied by patients, the place was taken over by medical, nursing, technical, household and outdoor staff. The inaugural medical staff numbered about ten and the nursing staff about sixty or more.

When the hospital was full of patients, they were honoured at the visit by his Royal Highness the Prince of Wales in April, 1920.

Military patients were treated with a fully occupied hospital until 1921, when the numbers began to fall. In 1924 the first civilians were admitted, which were mainly children suffering from the after-effects of Poliomyelitis.

October 21st, 1921, the Defence Department handed the hospital over to the control of the Department of Health, its name was changed to "King George V Orthopaedic Hospital". Word spread throughout the country of the fame of the hospital. Patients came from as far afield as Invercargill and the far north.

The name and work of Doctor W.S. Wallis and his staff for these patients is still well remembered and will not be forgotten.

Doctor Wallis requested that there should be a special school at the hospital to enable the child patients to continue their education.

The Education Department agreed and what used to be the recreation hall was now a place for ambulatory children to carry on with their schooling. Bed patients were taught in the wards.

From about the year 1924, the numbers began to drop — there having been in the meantime no major Pliobyelitus (sic) outbreak.

The drop in patient numbers was only gradual but it was sufficient for the gradual beginning of the hospital's next change in character and functions, the beginnings of actual and steady changes of any acute general hospital.

About this time the hospital was created into a general training school for nurses. Also about this time the name of the hospital again changed with the dropping of the word "Orthopaedic". Eventually King George V Hospital became the actute (sic) General Hospital and one A-Grade Training School.

On the 31st March 1934, King George V Hospital passed from the control of the Department of Health to that of the Waikato Hospital Board, which changed the name of the institution to "Rotorua Hospital".

In 1945 the new Nurses' Home was built. In the construction of the hospital many changes occurred from that year on.

Instead of dwelling into the flesh of them I am only stating the skeleton of these changes.

April 8, 1962 — Outpatients block opened, Ward 9 and Accident and Emergency.

May 11, 1965 — "Edward Guy Maternity Wing" opened.

May 10, 1964 — "Ngati Whakaue Block" opened.

October 22, 1974 — "D" Floor, Edward Guy Maternity Wing, known as "Mary Jackson Ward" opened. Also the new Special Care Baby Unit at about the same time.

Because of financial restriction the Maternity Wing was constructed in two stages. The first stage completed in 1965 consisted of Ground Floor, 'B' and 'C' Floors, and 'D' Floor added in 1974.

1974

November — Provision of Medical Gas Department in Bridgman Block (Provision of Emergency Store in Bridgman Block)

19 December — New Ward 3 was occupied for the first time.
Consequential works — Clinical Services Block

1975
May — Female Domestic Change Facilities — previously Special Care Baby Unit.

July — District Nursing Accommodation.

July — Offices — Engineers' Block.

1976
October — Re-siting of Medical Residences.

1977
September — Stage 2, Engineers' Workshop.

1979
May — Geothermal reticulation (bore fields and building).

May — Additional boiler installation.

PROGRESSIVE DEVELOPMENT

June 1964	Upgrading of Central Laundry.
August 1969	Provision of Admission and Enquiry Office in Outpatients' Block.
February 1970	Provision of I.C.U. Bridgman Block.
June 1970	Central Store.
August 1970	Ward 2 upgrading for geriatric accommodation.
July 1971	Nurses' Tutorial, Arawa House
April 1972	Extension of Transport Department.
September 1973	Extension of laboratory.
November 1973	Conversion of Staff quarters for Paramedical offices.
December 1973	Replacement and additional Medical Staff accommodation 2 units.
February 23, 1975	New residential home replacement Gardenholm.
March 10, 1975	Roberts Day Care Centre.
February 1976	Extension of present Radiology Department.
September 1976	Conversion of 11 Rangiuru Street to flats.
October 1976	Upgrading of Ward One Geriatric accommodation.
November 1976	Replacement and additional Medical Staff accommodation — 1 unit.
March 1977	Re-siting part of old Medical Staff Block for office accommodation.
September 4, 1978	Installation of Emergency Generator.
January 1978	Alterations to provide Audiology Clinic.
January 1978	Extensions to central laundry for sorting and loading.

Throughout the history of the hospital a vital point was played by its backbone — Medical Superintendents.

So I would like to commemorate them by listing them in chronological order.
1919: Col. Lumsden, Dr Stanley Wallis. **1934**: Dr Lewis, Dr Mackreth, Dr Mulcock. **1938**: Dr Ritchie, Mr W.J. Watt. **1939**: Dr Eric Bridgman. **1969**: Mr W.J. Watt. **1978**: Dr Keith W. Riding. **1979**: Dr Kevin Greene.

I hope that this brief essay of the hospital has shown my respect for the building itself as well as all the people that have since 1916, been in some way connected to the organisation and running of it.

I state again that a major building in the history of Rotorua has been and still is the Rotorua Hospital. I go so far to say that it is the most important place of Rotorua and without it the "centre of the Tourist Diamond" would no longer be for the likes of tourists.

The City of Rotorua lies below the hospital, which looks down on it like a stabilised God. A God of fame!

HISTORY OF THE ROTORUA HOSPITAL

The Rotorua Hospital is situated on Pukeroa Hill on land now given in perpetuity by the Ngati Whakaue tribe to the Waikato Hospital Board as long as required for hospital purposes. The hospital has, since it was opened in 1916, carried out four different and mainly distinct functions, viz:

1. A convalescent hospital for ambulatory military patients of the First World War and staffed entirely by military personnel.
2. A military hospital for patients of the First World War.
3. A civilian orthopaedic hospital for the treatment of the after effects of osteomyelitis, resulting mainly from the epidemic of this disease in 1919; also for the treatment of congenital kindred conditions.
4. As an acute general hospital.

King George V Hospital was opened early in 1916 and the first Commanding Officer appointed was Colonel Newell. The original hospital was used exclusively for ambulatory military patients, either convalescent, for physiotherapy or balneological treatment which was given at the Main Bath House in Rotorua.

The buildings on Pukeroa Hill at the time of the opening comprised a main block containing two large glass-enclosed rotundas which were known respectively as the "Anzac" and "Sulva" wards. Each of the rotunda wards accommodated 60 patients. Below the main block was a building facing the lake and containing cubicles and a billiard room. The next buildings to be erected were known as the "Lowery Wards". Each of these wards had accommodation for 30 patients (bed patients) but were rarely used except for up-patients until a regular nursing staff arrived. The nucleus of the nursing staff to arrive at the end of the year 1919 comprised a sister and one hospital aid. Shortly afterwards these were followed by the first matron, Miss B. Nurse, and several more aids. Their duties were mainly preparatory, in anticipation of the opening of the new hospital. Prior to this, patients requiring treatment in bed were accommodated in the old sanatorium.

In the year 1919, a complete military hospital for the treatment of all types of service patients was erected on Pukeroa Hill adjacent to the new buildings. This new building consisted of four main wards each of 30 beds, operating theatre, x-ray and plaster departments and an extensive physiotherapy department complete with its own thermal swimming bath, kitchen, boilerhouse, workshop, administrative offices. In addition, there existed occupational and vocational workshops where soldier patients were trained in various trades. The inaugural medical staff numbered about 10 and the nursing staff about 60 or more. The sanatorium was evacuated. Special trains from Auckland brought patients for admission to the new King George V Hospital. When H.R.H. the Prince of Wales visited the hospital in April 1920, a total of 200 patients were being treated.

The essential character of this new hospital was almost exclusively orthopaedic - surgically and otherwise. The treatment of military patients continued with a fully occupied hospital

until about the year 1921 when the numbers began to fall off and early in the year 1922, the first civilian patients began to be admitted. These were mainly children suffering from the after effects of poliomyelitis. As the numbers of military patients decreased, the hospital gradually developed as an orthopaedic hospital on a specialist basis for treatment of this type of patient. On 21 October 1921 the Defence Department handed the hospital over to the control of the Department of Health and the name was changed to "King George V Orthopaedic Hospital".

Crippled children patients continued to be admitted. Patients came from as far afield as Invercargill and (sic) the far south. The name and the work of the Medical Superintendent, Dr W.S. Wallis is still well remembered.

All the specialist orthopaedic departments of the hospital were retained and extended. The physiotherapy department, in particular, had a most important place in the entire structure.

A special school to enable the patients in the Children's Ward to continue their education at the hospital was introduced. This arrangement was inaugurated by the Education Department at the request of Dr Wallis. Ambulatory patients attended school in what used to be the recreation hall and bed patients were taught in the wards. There were two teachers.

From about the year 1924, the number of admissions to the children's ward began to decrease, there having been in the meantime no major outbreak of poliomyelitis. The drop at this time was only gradual but it was sufficient for the transition to an acute general hospital. About this time, as the general patients began to increase, the hospital was created a general training school for nurses and it was during this period that the name of the hospital was again changed with the dropping of the word "Orthopaedic". Sufferers from the effect of poliomyelitis still continued to be treated until the King George V Hospital eventually became the acute general hospital and "A" grade training school it is today. On 31 March 1934, the King George V Hospital passed from the control of the Department of Health to that of the Waikato Hospital Board. The name was changed by the Board to that of "Rotorua Hospital". The maternity annexe became a maternity training school in June 1935.
The Medical Superintendents and Principal Nurses of the hospital are as follows:

Medical Superintendents		Principal Nurses	
Colonel Newall	Major Wallis	Miss Nurse	Miss Walker
Colonel Burnau	Doctor Lewis	Miss Hodges	Miss Goodwin
Colonel Bury	Doctor Mackereth	Miss Searell	Miss Sullivan
Colonel Hogg	Doctor Ritchie	Miss Hay	Miss Bayley
Doctor Bridgman	Doctor Ridings	Miss Bonnington	
Doctor Watt	Doctor Greene		

Source: Rotorua Hospital Library. Author and date unknown.

Bibliography

1. PRIMARY SOURCES

a. UNPUBLISHED

NATIONAL ARCHIVES, DEPARTMENT OF INTERNAL AFFAIRS, WELLINGTON (NA)

Archives of the Tourist and Health Resorts, Series 1 (TO1)

TO 1/1901/28 Rotorua Sanatorium, General Working

TO 1/1901/28/2 Rotorua Sanatorium, Dr Mason's Report

TO 1/1901/28/53 Rotorua Sanatorium, concession to nurses re Baths

TO 1/1901/52/9 Rotorua Staff - General

TO 1/1901/107/5 Whakarewarewa Immoral Practices

TO 1/1902/43/50 Rotorua Township Isolation Hospital, 1901-1910

TO 1/1902/43/62 Rotorua Township District Hospital, 1909

TO 1/1912/343 Rotorua Affected by 'Bush Sickness'

TO 1/ 1912/ 419 Rotorua Contract Nurses Home

Archives of the Health Department, Series 1: Registered Files (H)

Subseries 17: Military Hospitals

H 17/1 Cost of Hospital Staff in Military Medical Institutions 1st February 1921

Subseries 21: Nurses

H 21 'Nursing conditions in New Zealand.' Information provided by M. Lambie for the Ministry of Health Whitehall England 1938

H 21/3 District Nurses to the Maoris

Subseries 54: Hospital Boards - General and Salaries Advisory

H 54 D.S. Wylie Director, Division of Hospitals to the Hon. Minister of Health 7th February 1921

Subseries 119: King George V Hospital Rotorua

H 119 General

Rotorua visit to King George V Hospital. Interview with the Mayor 29th April 1930

H 119 40/5 Nursing Staff

Letter from Lambie to Searell, Matron King George V Hospital 28th April 1932

H 119/36 Inspections

Letter from Bicknell to Director-General of Health 31st March 1927

Letter from Hester Maclean to Deputy Director-General of Health 19th October 1922

Letter from Lambie to Director-General of Health 15th March 1932

Letter from Lambie to Director-General of Health 2nd March 1934

H 119/53 Free Treatment for the Maori

Agreement for a township at Ohinemutu between Francis Dart Fenton for the government of New Zealand the Chief of Ngatiwhakaue, Rangiwewehe and Ngatiuenukukopako, the Supposed Owners of the Soil 25 November 1880

Pomare to Valintine 11th March 1924

Subseries 120: Rotorua Institutions

H 120 General

Director of Military Hospitals from J. Frengley, Acting Inspector-General 12 April 1918

Frengley to Herbert 24 May 1918

Frengley Chief Health Officer to Minister of Public Health 20th April 1918

Frengley Chief Health Officer to Minister of Public Health 2nd May 1918

General Manager Tourist Department from R.H. MakGill Acting Chief Health Officer Public Health Department August 29th 1919

General Manager Tourist Department Wellington from Jos Frengley Acting Chief Health Officer Health Department 29th August 1919

Herbert to Frengley 31st May 1918

Herbert to Valintine 25th May 1915

Herbert to Valintine 5th August 1915

Herbert to Valintine June 14th 1915

Makgill to Director-General of Medical Services Wellington 6th February 1920

Memo to General Manager Tourist Department Wellington from Jos Frengley Acting Chief Health Officer Health Department 29th August 1919

Scott Government Balneologist to Chief Health Officer Wellington August 1919

Valintine to Herbert 16th June 1915

Watt to the Director General of Health - copy to the Prime Minister. Hospital Policy in Rotorua. 27th June 1929

H 120/3 District Nurses to the Maori 1928

H 120/5 Isolation Hospital 1901-1922

Franklin, Health Inspector to Makgill, District Health Officer, Auckland. 9th March 1911

Duncan (Government Balneologist) to Matron in Chief Wellington 10th May 1920

THE ALEXANDER TURNBULL LIBRARY (ATL)

Newspaper archives
Shipping and Immigration Records
Nursing Education Research Foundation (NERF): Oral History Collection
Photographic Archives
New Zealand Nursing Journal (*Kai Tiaki*) 1908-1915
Manuscripts, letters and audiotapes relevant to New Zealand Nursing History
Family History Records
WTU/1984/197 Boon, D. 'Reminiscences', NERF Oral History Collection
Interview with Dorothea Mary Boon
Hodges, E., 'Reminiscences', NERF oral history tape 93. Recorded by H. Campbell

THE NATIONAL LIBRARY OF NEW ZEALAND (NL)

NZ Obituaries
Records of Births, Deaths and Marriages
Family History Records

ROTORUA HOSPITAL MEDICAL LIBRARY

Taylor to Searell 22.05.67. Request for information on the history of Rotorua Hospital

Searell to Taylor 30.05.67. Response with enclosed photographs

DON STAFFORD COLLECTION ROTORUA LIBRARY (DSC)

Wohlmann to General Manager Department of Tourist and Health Resorts 2nd August 1909

Resident Officer Tourist Department, Rotorua to the Director, Tourist Department Wellington 20th April 1910

Baths File

Hotels and Hospital File

Medical File Minutes of meeting regarding the Plunket Room held on Wednesday 14 December 1927 at 4.00pm. Meeting of Finance Committee to Discuss questions with the Women's Club and Nurse Naumann

THESES

Lange, R.T. 'The Revival of a Dying Race: A Study of Maori Health Reform 1900-1918.' MA Thesis, Auckland University. 1972.

McKegg A.H. '"Ministering Angels". The Government Backblock Nursing Service and the Maori Health Nurse.' MA Thesis, Auckland University. 1991.

Rodgers, J.A. 'Nursing Education in New Zealand, 1883-1930. The Persistence of the Nightingale Ethos.' MA Thesis, Massey University. 1985.

Rodgers, J.A. '"A Paradox of Power and Marginality" : N.Z. Nurses' Professional Campaign During War, 1900 - 1920.' PhD Thesis, Massey University. Palmerston North. 1994.

Te Awekotuku, N. 'The Socio-cultural Impact of Tourism on the Te Arawa People of Rotorua' PhD Thesis, University of Waikato. 1981.

Tennant, M. 'Women and Welfare: The Response of Three New Zealand Women to Social Problems of the Period 1890-1910.' BA Hons. Thesis, Massey University. 1974.

Tennant, M 'Matrons with a Mission: Womens Organisations in New Zealand 1893-1915', Massey University. 1976.

Tennant, M. 'Indigence and Charitable Aid in New Zealand, 1885-1920.' PhD Thesis, Massey University. 1981.

CONFERENCE PAPERS

Balzer, M. Unpublished paper presented at the First Annual Conference of the College of Nurses, Aotearoa (NZ) 12 June 1993.

Keith, J. "A Voice in the Wilderness": Florence Nightingale's report on Maori health to Sir George Grey is outlined. Where has it been all these years and why did no-one listen? Unpublished paper presented at Seminar in conjunction with the "Florence Nightingale and New Zealand" display, Florence Nightingale Museum, 2 Lambeth Palace Road, London. May 15, 1991.

b. **PUBLISHED**

OFFICIAL PAPERS

Appendices to the Journal of the House of Representatives (AJHR) : Annual Reports to Parliament

C-1 1891
E-3 1920
H-9 1888
H-10 1875
H-18 1885; 1895
H-19 1887; 1919; 1921/22
H-2 1902 - 1922
H-20 1919
H-22 1898 - 1910
H-31 1901 - 1931
H-31 1939

New Zealand Parliamentary Debates

1918 Dr Endletsberger: December 4th - December 8th. p.731, pp.907-8.

New Zealand Statutes

1871 Vaccination Act 1871 [35 Vict. 1871, No. L1]
1885 Coroners Act 1867 Amendment Act, 1885 [49 Vict. 1885, No. 25]
1883 Thermal Springs District Act 1881 Amendment [47 Vict. 1883, No. 21]
1900 Public Health Act 1900 [64 Vict. 1900, No. 25]
1901 Nurses Registration Act 1901 [8 Edw. VII, 1901, No. 12]
1906 Private Hospitals Act, 1906 [18 Edw. VII, 1906, No. 19]
1909 Hospitals and Charitable Institutions Act 1909 [9 Edw. VII, 1909, No. 11]
1920 Health Act 1920 [11 Geo. V, 1920, No. 41]
1925 Nurses and Midwives Registration Act 1925 [16 Geo. V, 1935, No.10]

New Zealand Government Gazette (NZG)

Register of Nurses: 1905, 1907, 1910, 1917, 1919, 1920, 1928, 1930, 1933
Register of Medical Practitioners: 1919

New Zealand Law Reports

Pascoe vs Bertram (1914) Vol.36, pp.646-649, Hocken Law Library, Otago University, Dunedin

NEWSPAPERS AND PERIODICALS

Bay of Plenty Times (BPT)
1916 - 1929 DSC

NZ Freelance
28 September 1917

NZ Herald (NZH)
1914 - 1918, 1987

Rotorua Chronicle
June 1928 - July 1928 NA

Rotorua Daily Post
8 June 1944

2 SECONDARY SOURCES

a. Books

Andrews, P. *Ko Mata,* Rotorua: Rotorua and District Historical Society, 1991.

Annabell, R. & Dennan, R. *Guide Rangi of Rotorua,* Christchurch NZ: Whitcombe & Tombs, 1968.

Ashley, J. *Hospitals, Paternalism, and the Role of the Nurse,* Columbia University N.Y: Teachers College Press, 1976.

Barker, L. & Towers, R. *Wellington Hospital 1847-1976,* Wellington, NZ: Wright and Carman Ltd, 1976.

Belgrave, M. Medicine and the Rise of the Health Care Professions. in Bryder, L. (Ed.) *A Healthy Country,* Wellington, NZ: Bridget Williams Books Ltd, 1991.

Binney, J. & Chaplin, G. *Nga Morehu - The Survivors,* Auckland, NZ: Oxford University Press, 1986.

Brooks, B. Macdonald, C. & Tennant, M. *Women in History: Essays on European Women in New Zealand,* Wellington, NZ: Allen & Unwin / Port Nicholson Press, 1986.

Burgess, M.E. *Nursing in New Zealand Society,* Auckland, NZ: Longman-Paul, 1984.

Carbery, A.D. *The New Zealand Medical Service in the Great War*, Auckland, NZ: Whitcombe and Tombs Ltd, 1924.

Carle, C.J. *Masterton Hospital 1879-1979,* Masterton, NZ: Wairarapa Hospital Board, Centennial Book Committee, 1979.

Coney, S. *Standing in the Sunshine: A History of New Zealand Women Since They Won the Vote,* Auckland, NZ: Viking Press, 1993.

Davies, C. (Ed.) *Rewriting Nursing History,* London: Croom Helm Ltd, 1980.

Dow, D.A. (Comp.) *Annotated Bibliography for the History of Health & Medicine in New Zealand,* Dunedin: Hocken Library, University of Otago NZ, 1994.

Drew, H.T.B. (Ed.) *The War Effort of New Zealand: A Popular History of Minor Campaigns in which New Zealanders Took Part, Services not Dealt with in the Campaign Volumes,* Auckland, NZ: Whitcombe & Tombs, 1923.

Ehrenreich, B & English, D. *For Her Own Good,* New York: Doubleday, 1978.

Elliman, Sons & Co. *The R.E.P.(Rubbing Eases Pain) Book,* 4th edition, Slough, England: Elliman, Sons & Co., 1904.

Ford, A. *Farming is My Life,* Rotorua, NZ: Holmes Printing, 1988.

Ginders, A. *New Zealand Official Year-Book 1887,* Wellington, NZ: Government Printer, 1887.

Gluckman, L.K. *Tangiwai: A Medical History of 19th Century New Zealand,* Auckland, NZ: L.K.Gluckman, 1976.

Gordon, D. *Back Blocks Baby Doctor,* London: Faber, 1957.

Gould, G.M. *Goulds Medical Dictionary,* 3rd edition, New York: McGraw-Hill, 1972.

Johnson, J. *Early Travels of New Zealand,* N.M. Taylor (Ed.) Oxford: Claredon Press, 1959.

Jolley, M & Brykczynska, G. *Nursing: Its Hidden Agendas,* London: Edward Arnold Publishers, 1993.

Kellaway, J and Maryan, M. Ellen Dougherty: Pioneering Matron. First Matron 1893-1908, in *A Century of Care: Palmerston North Hospital 1893-1993,* Double Bay, NSW, Australia: Focus Books Pty. Ltd, 1993.

Kendall, S. & Corbett, D. *N.Z. Military Nursing,* Auckland, NZ: S. Kendall & D. Corbett, 1990.

Lambie, M.I. *Historical Development of Nursing in New Zealand,* Wellington, NZ: Government Printer, 1951.

Lewis, H. *Medical Guide to the Mineral Waters of Rotorua*, Wellington, NZ: Government Printer, 1885.

Leys, T.W. (Ed.) *Bretts Colonist Guide and Cyclopaedia of Useful Knowledge: Being a Compendium of Information by Practical Colonists,* Auckland, NZ: Brett, 1883.

Mair, G. *Reminiscences and Maori Stories*, Auckland, NZ: Brett, 1923.

Macdonald, C. Penfold, M. & Williams, B. (Eds.) *The Book of New Zealand Women,* Wellington, NZ: Bridget Williams Books, 1991.

Maclean, H. *Nursing in New Zealand: History and Reminiscences,* Wellington NZ: Tolan Printing Company, 1932.

MacLean, F. S. *Challenge For Health: A History of Public Health in New Zealand,* Wellington, NZ: Government Printer, 1964.

Maggs, C.J. *The Origins of General Nursing,* London: Croom Helm Ltd, 1993.

Melosh, B. *"The Physicians Hand" Work Culture and Conflict in American Nursing,* Philadelphia: Temple University Press, 1982.

Neill, J.O.C. *Grace Neill: the Story of a Noblewoman,* Christchurch, NZ: Norman Peryer Ltd, 1961.

Nightingale, F. *Notes on Nursing* (Reprinted edition), London: Harrison, 1924.

Papakura, M. *Makereti: The Old Time Maori,* Auckland, NZ: New Women's Press, 1986.

Rattray, J. *Great Days in New Zealand Nursing,* Wellington, NZ: A.H. & A.W. Reed, 1961.

Reed, A.H. *Heroes of Peace and War in Early New Zealand,* Wellington, NZ: A.H. & A.W. Reed, 1959.

Reverby, S.M. *Ordered to Care : The Dilemma of American Nursing 1850-1945,* New York USA: Cambridge University Press, 1987.

Rice, G. *Black November: The 1918 Influenza Epidemic in New Zealand,* Wellington, NZ: Allen & Unwin, 1988.

Rockel, I. *Taking The Waters: Early Spas in New Zealand,* Wellington, NZ: Government Printing Office, 1986.

Sargison, P.A. *From Candles to Computers: a Bibliography of Printed Sources on the History of New Zealand,* Wellington, NZ: New Zealand Nursing Education and Research Foundation, 1986.

Simpson, H. *The Women of New Zealand,* Wellington, NZ: Department of Internal Affairs, 1940.

Shaw, K. *Just Ordinary People,* Rotorua, NZ: Rotorua Historical Society, (undated).

Stafford, D.M. *The Founding Years in Rotorua*, Auckland, NZ: Ray Richards/ Rotorua District Council, 1986.

Stafford, D.M. *The New Century in Rotorua,* Auckland, NZ: Ray Richards/Rotorua District Council, 1988.

Tapsell, E. *A History of Rotorua*, Wellington, NZ: Hutcheson, Bowman and Stewart, 1972.

TeAwekotuku, N. *He Tikanga Whakaaro: Research Ethics in the Maori Community,* Wellington, NZ: Ministry of Maori Affairs, 1991.

Tennant, M. *Paupers and Providers: Charitable Aid in New Zealand,* Wellington, NZ: Allen & Unwin / Department of Internal Affairs, 1989.

Turabian, K.L. *A Manual For Writers of Term Papers, Theses, and Dissertations* (3rd edition, Revised), Chicago: University of Chicago Press, 1969.

Wright-St Clair, R.E. *A History of General Practice and the Royal N.Z. College of General Practicioners,* Upper Hutt, NZ: Wright and Carman Ltd, 1989.

b. Articles

Adlam, P., Medical Practice in Rotorua, in *Rotorua 1880-1980,* Rotorua NZ: Holmes Rotorua, 1980.

Baer, E.D., Nurses, in Apple, R. (Ed.), *Women Health and Medicine in America. A Historical Handbook*, New York: Garland Publishing, 1990.

Bates, A., Lieutenant Bates Returns to Napier from the Pink and white Terraces in 1860, *Historical Journal Auckland-Waikato,* 1970:16, p. 23.

Chua, W., & Clegg, S., Professional Closure: The Case of British Nursing, *Theory and Society,* 1990:19:2, pp. 135-172.

Colliere, M., Invisible Care and Invisible Women as Health Care-providers, *International Journal of Nursing,* 1986:23:2. pp. 95-109.

Dalziel, R., The Colonial Helpmeet: Women's Role and the Vote in Nineteenth Century New Zealand, *New Zealand Journal of History,* 1977:11, pp. 112-123.

Fairburn, M., The Farmers Take Over, in Keith Sinclair (Ed.) *The Oxford Illustrated History of New Zealand,* Auckland, NZ: Oxford University Press, 1990.

Fogarty, C.P., From 1900 To The Present, *KaiTiaki,* February 1973. pp. 23-25.

Garmanikow, E., Sexual Division of Labour: The Case for Nursing, in A. Wolpe (Ed.), *Feminism and Materialism,* London: Routledge and Kegan Paul, 1978.

Hamer, D., Centralisation and Nationalism 1891-1912, in Keith Sinclair (Ed.), *The Oxford Illustrated History of New Zealand,* Auckland: Oxford University Press, 1990.

Hearn, J., Notes on Patriarchy, Professionalisation and the Semi-Professions, *Sociology,* 1982:16:1, pp. 184-200.

Holdaway, M., Where are the Maori Nurses who were to Become those "Efficient Preachers of the Gospel of Health?" *Nursing Praxis in New Zealand,* 1993:8:1, pp. 25-34.

Hughes, B., The Development of Nursing as a Profession in New Zealand, *KaiTiaki,* March, 1978, pp. 17-20.

Hughes, L., Professionalizing Domesticity: A Synthesis of Selected Nursing Historiography, in *Advances in Nursing Science,* USA: Aspen Publishers Inc., 1990:12:4, pp. 25-31.

Keddy, B., & Lukin, E., The Nursing Apprentice: An Historical Perspective, *Nursing Papers,* 1985:17:1, pp. 35-47.

Lambie, M., A Wealth of Information: Facts Relating to Our Nursing History Which Every Nurse Should Know, *KaiTiaki,* July 1960. pp. 8-17.

Lambie, M., Nursing in New Continents: New Zealand, in Dock, L.L. *A History of Nursing: From the Earliest Times to the Present Day with Special Reference to*

the Work of the Past Thirty Years, New York: G.P. Putnam's Sons, 1912. pp. 189-222.

Longway, I.M., Curriculum Concepts - An Historical Analysis, *Nursing Outlook,* 1972:20:2, pp. 116-120.

Masters, A., Three Rotorua Portraits. *Auckland-Waikato Historical Journal,* 1983:43, pp. 19-21.

Masters, A., Forbidden Honey: The Story of Mt Tarawera, *Auckland-Waikato Historical Journal,* 1986:48, pp. 1-3.

Masters, A., The Spencers of Lake Tarawera, *Auckland-Waikato Historical Journal,* 1989:54, pp.10-11.

Moore, J.A., Reminiscences of Nursing in New Zealand, *KaiTiaki,* October 1950. pp. 187-189.

Murphy, R., The Structure of Closure: a Critique and Development of the Theories of Weber, Collins, and Parkin, *The British Journal of Sociology,* 34:4, pp. 547-567.

Porteous, J., History of the Rotorua Hospital, *Journal of the New Zealand Federation of Historical Societies,* 1984, 2:2, pp. 35-37.

Reverby, S., A Caring Dilemma: Womanhood and Nursing in Historical Perspective, *Nursing Research,* 1987, 36:1, pp. 5-11.

Roche, H., A Brave Surveyor Helps to Rescue Victims. Reprinted from The NZ Science Review October 20, 1948, in *Historical Journal of Auckland-Waikato,* 1976:28, p. 8.

Shaw, K., Pukeroa Hill and the Hospital, *Historical Review Bay of Plenty Journal of History,* 1986:34:1, pp. 21-23.

Stagpoole, J., Brent's Hotel Rotorua: The Story of a 90 Year Old Hotel, *Historical Journal of Auckland-Waikato,* 1978:33, pp. 13-16.

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1908 - 1961

To avoid any confusion that might occur because several editions of *Kai Tiaki* (*New Zealand Nursing Journal*) have been misnumbered, journal publication dates have been used as reference, rather than the volume / number system. Also, the title *Kai Tiaki* has been used throughout to maintain consistency.