PART V.—NURSING.

INTRODUCTION.

Historical.

I have the honour to present my annual report.

This year, which marks the Centennial of New Zealand's establishment, would appear to be a suitable time to review the development of our nursing services.

One hundred years is a short period in relation to time when thought of in terms of world evolution, yet it is difficult for those of us living to-day to picture our little country as it was when our grandmothers arrived on its shores.

The country, in a primitive state inhabited by a Native race, proud with its own social order, which included the *tohunga*, or medicine man, to treat either sick or ailing.

The intervening period between that state and our present highly civilized and organized condition may be usefully divided into four stages, which have to a large extent followed the political and social development of our country.

1840 to 1900.—Covering the introduction of hospitals and the inception of the training of nurses, together with the development of a consciousness that the State must safeguard the social welfare of the community.

1900 to 1919.—The regulation of the training of nurses under State supervision with the introduction of social and public-health services culminating in the Great War, which brought about the establishment of the Army Nursing Service.

1919 to 1930.—The necessary reorganization following on the war and the disastrous influenza epidemic of 1918 with the realization of the necessity for better-prepared women to guide these expanding services, and of giving the profession more authority in controlling its own development, as well as the need for more provision to safeguard the retirement of nurses.

1930.—The effect of social legislation and the recent advances in preventive and curative medicine.

1840 to 1900.—The first mention we read of in regard to nursing by nurses as we understand the term was at the first hospital in New Zealand, established at Auckland to serve as a general Military Hospital for the care of soldiers and their families, as well as the few white settlers. The conditions were, of course, most primitive. The staff consisted of a Master and a Matron and such help as could be procured from the refuge.

Gradually hospitals extended throughout the country—generally because of some local need, such as a military post, the opening of a settlement, or a gold-mine—until we find in 1882, when Dr. Grabham, the first Inspector of Hospitals, was appointed, there were twenty-eight, and in his report he states: "The distribution is irregular and appears somewhat capricious. A spirit of rivalry or emulation between neighbouring towns would appear to have had some part in this matter. Some of the establishments have an appearance of homeliness and great comfort; others look starved and poverty-stricken; while a third class present evidence of a very strict economy without detriment to the well-being of the patient."

Dr. Grabham's comments on individual hospitals show that the staff generally consisted of a Master and Matron with such help as could be obtained. The type of women employed were uneducated, rough, and uncouth often in their conduct, and this was reflected in the state of the wards and care of the patients.

But rapidly a change was brought about. The effect of the Nightingale system of training nurses was to be felt even in New Zealand, and we read with interest in Dr. Grabham's report of 1884: "A very excellent system of nursing is in full operation at the Wellington and Auckland Hospitals, where well-educated ladies may be seen serving their apprenticeship with other probationers. Trained nurses from these two schools will gradually become distributed in various parts of the colony. The example so set might with advantage be followed by others of the larger hospitals whose present nursing arrangements are not in accordance by any means with modern ideas."

In his reports on the individual hospitals Dr. Grabham draws the attention of Auckland to the need for better accommodation than a dormitory and the Board room being used for the nurses' meals and general use if a training-school for nurses is to be established. He also remarks on the eminent qualifications of Miss Crisp, the Lady Superintendent.

In the case of Wellington, where Dr. Truby King was Medical Superintendent, the report states: "The very successful introduction of the probationer system will also necessitate some structural addition of an inexpensive character. These nurses take the greatest possible interest in their calling, which they have chosen from other than pecuniary motives only, and I have no hesitation in stating that a foundation is here being laid for a considerable permanent benefit to the colony. In connection with this subject it may be well to mention that the salary of a probationer is only £25 a year, where an ordinary nurse would cost twice that amount."

Slowly the system extends, and in 1886 we read that at Dunedin, "In the female wards two probationer nurses are now learning their duties in addition to the regular staff."