

The first step was to ensure better care for motherhood. Up to this time there had been no training for obstetric nurses in New Zealand. The few nurses in the Dominion who were qualified as midwives had either trained in Great Britain or Australia. Mrs. Neill therefore planned training-schools for midwives and registration for those women who had been practising obstetrics for a certain period and who could be satisfactorily recommended, the number so admitted to the register to be limited to a period of grace.

Again, this scheme was approved and put into operation by the Government, in spite of the opposition of many medical men as well as the general public, who did not realize the significance of the new legislation which was passed in 1904.

This Act immediately brought under supervision the work of obstetric nurses and necessitated the appointment of additional Nurse Inspectors to the Department.

About this period also arises the question of nurses' uniforms. "Washing dresses, white aprons, removable sleeves represent the absolute cleanliness and neatness, together with freedom of movement required." Comment is made concerning the tendency for nurses to wear jewellery on duty and for the cap which was intended to cover the hair to have shrunk "into a small piece of starched linen crowning an edifice of pads and loose hair." Although fashions have changed, uniform and an aseptic nursing technique are still problems of our time.

In 1906 Mrs. Neill retired and was succeeded by Miss Hester Maclean, an Australian of Scotch parentage who had had an unusually wide and varied experience not only in the hospital world, but also in obstetrics and district nursing. She was a woman of strong character with a forceful personality who was interested in people as individuals, which made her well known and beloved by those with whom she came in contact. So, again, New Zealand was fortunate in its new leader.

Almost simultaneously the additional Nurse Inspectors referred to were appointed in the persons of Miss J. Bicknell and Miss Amelia Bagley, two New-Zealand-trained nurses who were also qualified as midwives, an unusual combination at this period.

The next stage in the development of New Zealand nursing lies largely in the hands of these three women, who were responsible for the supervision of nursing conditions in general.

In 1906 a new Private Hospitals Act was passed which brought the supervision of these hospitals under the Hospital Department as from January, 1907. Their inspection was largely the work of the new Assistant Inspectors. The Act laid down that there must be a certain proportion of registered nurses or registered midwives to so many beds, and as training and registration were comparatively new in this country the problem of providing sufficient staff was often difficult.

Again and again there was pressure brought to bear on the Department to permit these private hospitals to become training-schools, and we owe much to the wisdom of Miss Maclean, who always insisted that "the training in this country must be such that the nurses trained should be recognized throughout the world, and the standard must not be lowered, but rather improved." It would be impossible in these private hospitals to give the all-round clinical training.

This question of using the small country hospital or the private hospital as a training-school is one which remains a recurring one throughout the whole of this period.

Alive to the difficulties of bringing a health service to the Maoris, it was considered advisable to train carefully selected Maori girls, and co-operating with the Education Department, five girls 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.

This period was further distinguished by the extension of the new conception of social and public-health services, as it was realized that prevention was better than cure.

Child-welfare, in the form of State supervision of the backward and unwanted child, was ensured by the passing of the first Child Welfare Act in 1907, and by the introduction of nurses as supervising officers in this new field of endeavour.

Dr. Truby King (as he then was) at this period inaugurated the Plunket Society, with Lady Plunket, the wife of the then Governor, as patroness, with the object of protecting the welfare and health of the women and children of the Dominion.

The first Baby Hospital and Dietetic Training Centre for Infant Welfare Nurses was established in Dunedin in 1907. This introduced nurses into a new field where their work would be principally in visiting homes to instruct mothers in the care of their babies and young children.

Two years later, in 1909, an appeal was made for district nurses in backblock rural areas to help settlers who were far away from medical and hospital help because roads and transport at this time were very deficient. This resulted in the appointment of the first rural district nurse at Ūrutu in Taranaki.

It was natural that when such attention was being given to the European population some thought should be given in this enlightened era to the care of the Native race New Zealand is responsible for, and it was felt that the same principle of appointing a nurse to work amongst their homes would be the best method of dealing with this complicated problem. These early nurses experienced great difficulties as they had to live very isolated lives, often under great hardships. The Maoris did not understand their work, and 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 realize the heroic deeds many of these women carried out so quietly and devotedly.