Nursing Education: The Collapse of the Diploma of Nursing at the University of Otago, 1925-1926

ON 2 March 1928 a social evening was held at the Pioneer Club, Wellington, to welcome students to the first post-graduate course in nursing established by the Department of Health. Miss Jessie Bicknell, Director of the Division of Nursing in the Department, gave an outline of the background to the course, beginning with the plan to establish a five year diploma course in nursing at the University of Otago in 1925. She said that ‘For reasons which need not be gone into, this course was discontinued, but not before the idea was conceived of using the programme mapped out for the fifth year as one which could be made available for any nurses already trained, who were desirous of qualifying themselves for administrative and teaching positions or for the field of preventive medicine.' These comments, accurate in themselves, concealed important issues. The diploma course in nursing in the University of Otago was the first attempt in this country to provide instruction for nurses based on their own educational requirements and not on the service needs of hospitals. A programme of this sort was essential before nursing could achieve full professional status. A study of the attempt to establish this course, and its failure, can cast light on contemporary New Zealand attitudes to the status of nurses and to the higher education of women in general.

The post-graduate course which started in 1928 was the outcome of several years of struggle to provide advanced training for nurses. Nursing as a women's occupation had to establish its own professional standards and programmes without effective models to follow. In England, where modern professional nursing first developed, leading figures in the nursing world were divided over the best way to improve the status of nurses and nursing conditions generally. There were even divergences over objectives. Mrs Bedford Fenwick planned for a professional association of nurses and for examination and registration of nurses, and preferred that entry to nursing

1Kai Tiaki (The New Zealand Nursing Journal) (KT), XVII, 2 (1928), 87. [Journal misnumbered – should be XXI]
should be limited to the well-to-do.\textsuperscript{2} Florence Nightingale believed that moral worth, most suitably evaluated by the matron of a hospital training-school, was more important in a nurse than ability to pass examinations and that poor girls, even from a workhouse, could, if properly trained, make good nurses.\textsuperscript{3} Mrs. Fenwick and her supporters hoped that an improved status for nurses would assist the women’s movement; Miss Nightingale was indifferent, at times hostile, to the movement. The division between the two groups — ‘the thirty years’ war’\textsuperscript{4} — was compounded of snobbery, feminism, anti-feminism, pride, prejudice and doctors’ fears for their own status.

Some of the same attitudes existed in New Zealand. Yet although the reform of nursing standards began rather later here than in England, the relative lack of strongly entrenched vested interests in a newly settled colony made some reforms easier to accomplish. Registration of nurses was achieved here in 1901, eighteen years ahead of England. Grace Neill, an upper-class Scotswoman trained at Charing Cross Hospital, London, who has been called the Florence Nightingale of New Zealand, was largely responsible for this important step. Twenty-six years younger than Miss Nightingale, she represented the new breed of nursing leaders who wanted to see nursing develop on professional lines, free from the uneasy combination of religious and military influences which had dominated the Nightingale generation. As Assistant-Inspector of Hospitals she visited hospitals around the country and observed their varying standards. The Nurses’ Registration Act, 1901, provided for registration of nurses who had completed their three years training in an approved hospital training-school and passed the state examination.\textsuperscript{5} But registration of nurses was only the first step towards the achievement of a properly trained profession; equally important was the training and education of recruits.

To begin with, New Zealand nurses like their counterparts in other countries had included women of very varied abilities and qualities, some of them rough, uncouth and uneducated.\textsuperscript{6} An improvement in nursing standards began after the arrival of nurses trained in the Nightingale system, a system emphasizing the autonomy of the matron in certain spheres of the hospital, the importance of the ward sister and of theoretical as well as practical instruction to nurses. Nightingale nurses, ‘trained to train’, were quick to spread their pioneering ideas throughout much of the world.\textsuperscript{7} No hospital in New Zealand received such an immediate and thorough overhaul as the Sydney Infirmary, to which Miss Nightingale sent out five nurses in the charge of Lucy Osburn in 1868, but Nightingale nurses soon began to improve the state of New Zealand nursing. Dr. Grabham, the first Inspector

\textsuperscript{3}ibid., pp. 65 and 22.
\textsuperscript{4}ibid., p. 67.
\textsuperscript{6}Appendix to the Journals of the House of Representatives (AJHR), 1939, H31, p. 56.
of Hospitals in this country, reported in 1884 that an excellent system of nursing was in full operation at the hospitals in Wellington and Auckland, where well-educated young women served their apprenticeship with other probationers. Trained nurses from these two hospital training-schools would soon be distributed around the colony.\textsuperscript{8}

For many years the training of nurses was an apprentice-type on-the-job mode of instruction, with obvious advantages to Hospital Boards, which gained a good supply of cheap labour. The quality of training varied from one hospital to another; the smaller hospitals often took their duties rather lightly and lectures to nurses in a training-school were sometimes given by a single doctor.\textsuperscript{9} Minimum standards for training-schools were enforced by the Inspectors of Hospitals and later by the Department of Health. In no hospital was the instruction ideally suited to the education of nurses, whose needs as students, as distinct from workers, were not properly catered for and were scarcely even perceived. They received a training in basic nursing duties after which, if they wished, they could train for a midwifery certificate or for a certificate as a Plunket nurse. Unless they went overseas New Zealand could not study hospital administration, the skills of instructing other nurses or several other specialties. These limitations were harmful to hospitals and community health as well as to the professional status of nurses; the failure to train sister-tutors was particularly unfortunate.

Defects in the training of nurses existed, of course, in other countries; in other countries, as here, there was a confusion over the role of the nurse which affected the type of training envisaged for her. Some people feared that an advanced education for nurses would lead to a decrease in dedication among them\textsuperscript{10} while some doctors feared that nurses might be a threat to medical prestige.\textsuperscript{11} But a gradual understanding on the part of doctors and public that better training would lead to better nursing and a perception by nurses that higher education would bring improved care for patients and an improved status for themselves, created a demand for advanced training facilities.

An interest in university education for nurses was aroused in New Zealand by the news, publicized in \textit{Kai Tiaki (The New Zealand Nursing Journal)} that the University of Minnesota was establishing a bachelor’s degree in nursing in 1910. The curriculum consisted of two years of academic instruction, two years of practical training in hospital and a final year of both general and specialized instruction.\textsuperscript{12} A demand that university training should be available for nurses in New Zealand soon followed. On 20 March 1912 Dr J.C. Pabst, chairman of the honorary medical staff of Auckland Hospital, made a speech at the opening of a Nurses’ Home, urging that the

\textsuperscript{8}AJHR, 1884, H7A, p. 1.
\textsuperscript{9}Ibid., 1909, H22, p. 9 and 1913, H31, p. 12.
\textsuperscript{11}Grace Neill in a speech at the International Council of Women in London in 1899 quoted some doctors as saying ‘Oh! we don’t want an educated hospital-trained nurse, she thinks she knows too much!’ Neill, p. 44.
\textsuperscript{12}Seymer, p. 178.
University of New Zealand should institute a degree in nursing. He told a reporter from the New Zealand Herald that trained nursing ought to be given full professional rank. While instruction was currently given to nurses by the visiting medical staff at the hospital it ought in future to be given at Auckland University College.13

Although Kai Tiaki was consistently interested in nursing education the editor, Hester Maclean, shared the ambivalent views towards university education for nurses held by some senior nurses. Her own strong involvement in nursing affairs had been demonstrated when she founded Kai Tiaki single-handed and edited it for many years, in addition to working as Assistant-Inspector of Hospitals, yet her approval of Dr Pabst's ideas was tepid. She pointed out that he recognized that for a nurse, practical experience was more valuable than theoretical training — a point which does not emerge from the report of Dr Pabst's speech in Kai Tiaki — and then discussed the difficulty of combining instruction in a university with practical work in a hospital. 'We must not forget that of equal importance in the training of the nurse is the education of the hands as well as the brain'.14 This response was a common one at the time among older women, who feared that university training might produce nurses too divorced from practical work in the wards. Often underlying this attitude was a fear of loss of status in those who were never likely to achieve a university education themselves.

Dr Pabst's suggestions produced no immediate results and the outbreak of the first world war brought different problems to nurses and others interested in nursing education. During the war five hundred nurses served abroad, distinguishing themselves by their services in several theatres of war and in the influenza epidemic of 1918.15 The war ended with the profession proud of its achievements and conscious that much of its success had come from the initiative of its own members. In many countries there was recognition that the part nurses had played in the war had improved their position.16 The demands of war had, however, in New Zealand removed senior nurses to work overseas, leaving some hospital training-schools without adequate staff. Hester Maclean, in her capacity of Assistant-Inspector of Hospitals and Deputy Registrar of Nurses, asked that special lecturers should be engaged for the instruction of nurses; the whole burden should not be left to junior house surgeons who often did not know what was required or to busy matrons and ward-sisters.17

A fresh demand for improved education for nurses began soon after the war. An article in Kai Tiaki, signed 'Hospital Matron', claimed that the value of the nurse to the community was better understood after the war, partly because of the distinction with which nurses had served, partly because recent progress in preventive medicine and child-welfare was seen to depend on

13KT, V, 2 (1912), 20. The date of the speech is given on p. 8.
14ibid., p. 2.
15Hester Maclean, Nursing in New Zealand, Wellington, 1932, pp. 130-1.
17AJHR, 1919, H31, p. 10.
good nursing. Yet nursing sisters who taught probationers usually knew very little of the art of teaching and had frequently qualified recently themselves. 'In what other profession does a pupil pass without special preparation from the class to the tutorial chair?' Sisters, like school-teachers, should be selected, trained and rewarded with a diploma.\(^{18}\)

One body which had worked steadily towards improving the standard of nursing since its inception in 1909 was the New Zealand Trained Nurses' Association (T.N.A.). Conscious of the defects of the existing system of trained nurses and aware that probationer nurses were poorly trained in comparison with young people entering other professions, it observed with interest the institution of a diploma course in nursing at the University of Leeds in 1922.\(^{19}\) Examiners in the state examinations for nurses were becoming concerned, too, with the low standard of general education shown by probationers. Their complaints that the standard reached by candidates in December 1921 and in June 1922\(^{20}\) was below that obtained in recent years led to action on the part of the Department of Health. Dr T.H.A. Valintine, Director-General of Health, issued a circular dated 19 July 1922 to the medical superintendents and matrons of all training-schools, reporting the complaints of the examiners. He asked that the responsible officers of the training-schools be informed of the necessity of enforcing the requirement of a Standard 6 education qualification or its equivalent.\(^{21}\) This circular was followed almost at once by a report on nursing education presented on 1 August to the Otago Hospital Board by Dr A.R. Falconer, Medical Superintendent of Dunedin Hospital. After outlining the social reasons for the shortage of suitable applicants for training as nurses — chiefly the number of occupations open to women — he suggested ways of making nursing more attractive. American nursing authorities believed that the educational defects of the existing system were among the main reasons for the insufficiency of applicants and in particular of better qualified applicants. Apprenticeship was becoming obsolete in other professions but still survived in schools of nursing. Dr Falconer criticized the entrance requirements in New Zealand, where education to Standard 6, still the minimum requirement, had often become in practice the maximum obtained; a candidate who had years before completed Standard 6 was not well-prepared by that distinction for scientific nursing in a modern hospital. He recommended a stocktaking of methods and standards of nursing education and a transference of responsibility for the educational training of nurses to educational authorities, with practical training still being supplied by hospitals. About twenty universities in America offered courses from which successful students would earn a degree in nursing and a diploma as a graduate nurse and would become the leaders of the nursing profession.\(^{22}\)

\(^{18}\)KT, XIV, 3, (1921), 135. The question asked by 'Hospital Matron' was, of course, rhetorical, but the reply 'University teaching' could still be given to it.

\(^{19}\)ibid., XV, 1 (1922), 36.

\(^{20}\)ibid., p. 11 and XV, 3 (1922), 102.

\(^{21}\)ibid., XV, 4 (1922), 162.

\(^{22}\)These courses lasted five years and were similar in structure to the degree in nursing established by the University of Minnesota in 1910.
Further advances in New Zealand could be made chiefly through university courses for nurses similar to those established in the United States.\(^{23}\)

Hester Maclean had even less enthusiasm for these suggestions than for Dr Pabst's. 'I do not think at the present time the conditions are suitable for any course of training for nurses other than the "apprenticeship" which is criticised in this paper . . .' she wrote in an editorial in the issue of *Kai Tiaki* which reported Dr Falconer's views. She considered that the attendance of nursing students at universities would involve financial hardship to them and the loss of their services to hospitals but she was willing to support the idea of university instruction for senior nurses who could then teach younger ones.\(^{24}\)

There was still some fear of the academic nurse, too incompetent — or too proud — for the routine care of patients.

Not long after this the University of Otago first became involved in the attempt to provide advanced training for nurses in October 1922. The matter was then discussed by the Chancellor, the Reverend Dr Andrew Cameron, Miss Holford and Miss Gow from the Trained Nurses' Association, Professor Gertrude Rawson, professor of Home Science and Professor Ann Strong, professor of Domestic Arts, who had helped in the planning of the curriculum of the School of Nursing and Health in Cincinnati. This group decided that the best and simplest way to promote advanced education for nurses would be to institute a Diploma of Nursing which the University could approve, rather than a degree which would require the approval of the Senate of the University of New Zealand.\(^{25}\)

Following this the T.N.A., aware of the defects in the training of nurses here, approved at the annual conference on 1 November 1922 a resolution in accordance with Miss Maclean's priorities. This was that their association should take active steps to obtain some recognition for their profession from the University of New Zealand, provided that such a course was supplementary to the three years practical and clinical teaching in hospitals. It was further resolved that until such recognition was given by the University of New Zealand the University of Otago should be requested to institute a diploma course in nursing. A provisional syllabus was adopted, providing for two years of instruction in the School of Home Science, two years of general hospital training and a fifth year of hospital training and specialization in one branch of nursing.\(^{26}\) These resolutions were approved by a conference held in Dunedin Hospital on 20 August 1923. The University of Otago was represented by the Chancellor, the Professor of Systematic Medicine, Dr. D.W. Carmalt Jones, the Professor of Surgery, Dr. L.E. Barnett, the chairman of the Home Science Committee, Mr J. Rennie, the nursing profession by several members of the T.N.A., including Miss Young. The president, Dr.

\(^{23}\) *KT*, XV, 4 (1922), 169-70.

\(^{24}\) ibid., pp. 149-50.

\(^{25}\) C.F., 104, A.R. Falconer to the Chancellor, W.K. Sidey, 5 November 1926, and including a letter from Falconer to Hester Maclean of 21 October 1922. Mr. Sidey had not been Chancellor at the time of this discussion.

\(^{26}\) *KT*, XVI, 4 (1923), 153-5. These resolutions were not reported in the journal at the time.
Falconer, was also present, and it seems likely that he had brought the parties together. 27 The conference resolved that 'pending the recognition of the New Zealand University of academic status to nursing, the Otago University be requested to institute a Diploma in Nursing'. A syllabus was provisionally adopted for such a course, substantially the same as the one adopted at the conference of the T.N.A. 28 One merit of such a scheme lay in its cheapness, since most of the training could be given in classes already established in the University or in hospitals, where the nurses would pay with their labour for any training received.

The next step was to approach the University of Otago directly. Five members of the T.N.A. introduced by Dr. W. Marshall Macdonald, a member of Council who had long been interested in nursing and who was married to a nurse, waited on the University Council on 21 August 1923. Miss Young, President of the T.N.A., presented the syllabus which had been provisionally adopted at Dunedin Hospital the day before. Miss Holford, another member of the T.N.A., spoke of the feeling among nurses that nursing was not recognized as a profession but was considered almost a trade. Help was needed from the University to raise standards by giving recognition to nursing. It was also desirable to provide girls with the opportunity, between leaving school and entering hospitals, of studying subjects which would be useful in their nursing careers. (Since at that time probationers were not accepted for training until they were eighteen, 29 and most girls left school before then, the interval between their leaving school and their admission to training was a dangerous one for nursing authorities. Many girls remained indefinitely in what they had intended to be only stop-gap occupations.) The Chancellor promised to consider the request for help carefully and sympathetically. 30

One argument which appears to have weighed heavily with the University Council was that a course for nurses could be provided at little or no cost to the University. Miss Holford said that the University 'would not be called upon to provide any further teachers except possibly a nursing teacher and they hoped the Government would come forward and provide this'. 31 Miss Holford, as a member of a pressure group, was presenting the case in the most optimistic light, it was hardly her fault that Council was convinced from the beginning without a thorough examination of the case that it could provide a diploma course in nursing without any financial cost to the University. It did in fact decide on the establishment of the course on the definite

27 ibid., XVI, 2 (1927), 60. [Journal misnumbered - should be XX]
29 In 1925 the minimum age for registration reverted to 23 and the minimum age for entering training to 20; these had been the minimum ages from 1908 to 1920, when the ages had been lowered to 20 and 18 respectively because of the post-war shortage of nurses.
30 KT, XVI, 4 (1923), 153-4; Otago Daily Times (ODT), 22 August 1923. The date of the deputation to Council is wrongly given on p. 153. The correct date is given in ODT above and in University of Otago Correspondence files (CF) 104, letter from Falconer to the Chancellor, 5 November 1926.
31 ODT, 22 August 1923.
understanding that there would be no expense to the University; the opposition of some members of Council was deflected only by the assurance that no extra expense would be necessary. Council on 18 September 1923 accepted the report of the Medical and Home Science Committees and approved in principle the establishment of a Diploma in Nursing. Although the T.N.A. urged that the course should begin in early 1924 the Medical and Home Science Committees believed that such a swift move would present difficulties.

The final year of the diploma course had a special importance. It was designed not only as the final year of the course for young nurses in training but also for nurses already registered who could take it on its own and who could be admitted without matriculation (the requirement for entrance to the diploma course) if the Professorial Board was satisfied with their educational attainments. The fifth year would give training of a type previously unobtainable in New Zealand, which would provide a supply of nurses qualified to teach, who would raise the standards of training-schools throughout the country, as well as nurses who would specialize in hospital administration. Moreover the fifth year was the only part of the course which would require the University to employ extra staff. Council at first did not intend to run the fifth year course until the first year's intake of students would have reached that point; this meant that with the diploma course beginning in 1925 no extra staff would be needed until 1929. The idea that the final year course or courses should begin in 1926, to be taken for the first three years by registered nurses alone, developed later.

Miss Jessie Bicknell, Director, Division of Nursing, returned to New Zealand in November 1923 after seeing post-graduate nursing developments overseas and eager that the Department of Health should start a post-graduate course for sister-tutors. The special committee which had been given the task of working out the details of the Diploma in Nursing heard of Miss Bicknell's hopes. Furthermore Dr. Valintine wrote to the Registrar on 18 July 1924 suggesting that Council should arrange a post-graduate course identical with the fifth year course in the Diploma of Nursing to which specially selected registered nurses might be admitted. The committee then decided to begin the fifth year course in 1926, at first for registered nurses only. This created in the minds of Council the impression that the fifth year course had been instituted solely for the benefit of the department and the Hospital Boards; this impression ignored the fact that Council had agreed in principle to

32ODT, 27 March 1926.
33University of Otago Reports of Committees of Council (RCC), 3, p. 26: University of Otago Minutes of Council (MC), 7, p. 176.
34RCC, 3, pp. 277 and 286.
35CF, 98, unsigned document headed 'Dunedin Hospital' and dated 4 March 1926. This explains Council's change of plan for the fifth year. Perhaps the most likely person to have written it is Marshall Macdonald, a member of both Council and the honorary staff of the hospital, though Falconer is also a possibility.
36CF, 83.
37CF, 98. Document headed 'Dunedin Hospital', see note 35 above.
establish a Diploma in Nursing before the department had become involved in any way. Moreover, the syllabus which the president of the T.N.A. presented to Council on 21 August 1923 (over two months before Miss Bicknell returned) and which had formed the basis for discussions on the Diploma, had included courses which clearly might require employing someone from outside the existing University staff. The committee, thinking it prudent to look for help, recommended that the Registrar should write to the Department of Health to find out 'what assistance the Department is prepared to grant for an appointment of an instructor in the final year's work ...'. This letter would have brought the department directly into a project in which it was inevitably concerned, since up to this point the training of nurses had been always conducted by Hospital Boards under the department and it was the department which granted registration to nurses. Unfortunately, before there was time for the Registrar to write, a letter of 19 May 1924 from the Director-General of Health was received by the Chancellor. In this Dr. Valintine said he was prepared, if Council approved the appointment of a fully-qualified New Zealand nurse as a lecturer in the fifth year of the course 'to approach the Government with a view to sending such a nurse to undergo the necessary training in London'. Dr. Valintine made no reference to the payment of salary and offered nothing except to send the nurses to London. The Registrar replied on 2 July 1924, 'On behalf of the Council the Committee wishes to thank you very sincerely for the offer which it gladly accepts for the carrying out of the course, viz., institutional and educational work, or, as the Committee prefers to name it, teaching and administration in the schools of nursing'. But what precisely was being offered and accepted had not been made clear enough; as it turned out the University and the department had different views on the subject.

Two months later Dr. Valintine informed the Registrar that Miss Janet Moore, an experienced nurse, had been chosen to go to London for training and that she had been told that the University Council had agreed to accept her as an instructor in the Diploma of Nursing course. When both the University and the department came to believe that a second nurse should be appointed to lecture in Public Health, Professor C.F. Hercus, professor of Bacteriology and Public Health, strongly recommended Miss Mary Lambie, whose work as a nurse in the School Medical Service had already earned his respect. But as in the case of the appointment of the first lecturer, the correspondence between the University and the department over the second lecturer did not touch on the responsibility for the payment of salary so that the differing expectations of the two interested bodies were still not made clear.

35 RCC, 4, p. 20.
36 CF, 83.
37 ibid.
38 ibid., 18 July 1924.
39 ibid., telegram from Registrar to Valintine (23 July 1924).
40 Statement of Dr. J. Fitzgerald to Council, ODT, 20 October 1926.
Miss Moore, a former matron of Waikato Hospital, was sent to London for ten months to take a course for administrators and teachers instituted by the College of Nursing, Bedford College and the League of Red Cross Societies, and to study for the International Red Cross Post-graduate Diploma. Miss Lambie was sent to the University of Toronto, which had been recommended by Professor Hercus. Of Miss Moore’s studies at Bedford College not much is known. On her arrival in England she was presented by the All Blacks with a gold travelling clock set in tortoiseshell in recognition of her services on the ship. She visited Leeds Infirmary where nurses were prepared for the Diploma of Nursing of the University of Leeds and she studied the workings of the course. More is known of Miss Lambie’s experiences. Her arrival in Toronto in February 1925 was scarcely auspicious. She was told before leaving Wellington that there had not been time for the department to tell the Canadian authorities of her arrival. ‘This’, Miss Lambie wrote, ‘was the day before airmails and the only other way of communication was by cable which the department thought was unnecessary’. Armed with letters of introduction she reached Toronto to discover that her arrival was not only unexpected but mistimed. The department, assuming that the academic year began in Canada at the same time as in New Zealand, had planned for her to take a course which was almost over. With characteristic energy and decision Miss Lambie filled in the time until the beginning of the next public health course in Toronto by attending lectures at the Toronto General Hospital and in Columbia University, New York, and in fieldwork in the Toronto area.

While the lecturers for the diploma course trained, the course began. For the first two years students would attend classes in chemistry, physics, technology of cookery, housecraft, and elementary anatomy, which already existed for students in the Faculty of Home Science. In the second year they would attend Home Science classes in applied chemistry, dietetics, hygiene and laundrywork in addition to classes in biology, physiology, sanitary science and bacteriology in other faculties. In the first and second years students would also attend lectures in elementary nursing given in a hospital and do three months ward work in hospital between the end of the first academic year and the beginning of the second. The third and fourth years would be taken up entirely with hospital training. For the fifth year the student could study either teaching and administration in Schools of Nursing or Public Health Nursing. Three students enrolled in 1925.

Rather belatedly the University attempted to settle the matter of salaries for Miss Moore and Miss Lambie. The Registrar wrote to the Director-General of Health on 27 August 1925, saying that Council had assumed the department would arrange for the remuneration of the two lecturers since the University had no funds for the purpose and asking the department to

44 KT, XVII, 4 (1924), 158.
45 ibid., VIII, 1 (1925), 28. [Journal misnumbered – should be XVIII]
46 Lambie, My Story, Christchurch, 1956, pp. 34-52.
47 University of Otago Calendar, 1925, pp. 251-4.
48 ibid., 1926 p. 46.
provide the necessary information so that details could be arranged.\textsuperscript{49} In Dr. Valintine’s absence the Acting Director-General replied that the department had offered to send the two nurses overseas for training, to help a course already established by the University, but could not consider becoming responsible for the salaries of the two lecturers ‘who as such become University officers’.\textsuperscript{50} With this reply the assumption that the University could establish the Diploma at no cost to itself was blown sky-high. This assumption had developed because neither the Registrar nor Dr. Valintine expressed his intentions with precision and because the University had entered into its responsibilities towards the Diploma carefully in some ways but had shown some insouciance over the financing of the course.

On his return Dr. Valintine reminded the Registrar that when he had first written to Council on 19 May 1924 Council had already instituted the Diploma and had thus committed itself to the expense involved.\textsuperscript{51} In another letter he wrote:

Later, when the Department learned of the Otago University’s scheme it was agreed that the Department should undertake to secure suitable instructors for the University and provide at the expense of the Department the special course of training required for these officers. This was done. But at no time was it suggested either by the University or by any officer of the Department that this action . . . indicated that the Department was liable for the permanent salaries of these University instructors.

But in spite of this Dr. Valintine was willing to recommend that government should pay the salaries of the two lecturers who would then become wholly the officers of the department, with no guarantee that they would remain in Dunedin after the first year.\textsuperscript{52}

The Registrar’s reply repeated that Council had believed that the department had intended to pay the two salaries but made no specific refutation of Dr. Valintin’s argument. (In a later letter the Registrar admitted that the department had made no specific offer to pay the salaries in its correspondence with the University.) Council noted with pleasure the recommendation that government should pay the two salaries but urged that the lecturers be kept permanently in Dunedin, which would not involve year-round residence there for them since they could give refresher courses in other centres at times outside the academic year. If the lecturers were not kept permanently in Dunedin the University could not keep faith with nursing students.\textsuperscript{53} The Minister of Health, however, rejected the suggestion that government should pay the salaries on the grounds that it had not been made clear to the department that it was expected to do this.\textsuperscript{54}

\textsuperscript{49} CF, 90A.
\textsuperscript{50} ibid., 91A, 3 September 1925, Dr M.H. Watt to Registrar.
\textsuperscript{51} ibid., 30 October 1925.
\textsuperscript{52} ibid., 20 November 1925.
\textsuperscript{53} ibid., 17 December 1925 and 98, 28 January 1926.
\textsuperscript{54} ibid., Director-General to Registrar, 12 January 1926.
The Diploma of Nursing was now in jeopardy. The University collected fees from the students but the total collected in 1925 and 1926 (when four more students enrolled, and one of the first three dropped out) was only about £230. If the University had been prepared to lose money temporarily it might well have found that the number of students — and fees — would soon increase; Home Science students increased from a handful in 1911 to 87 in 1926. But the University was not prepared to lose any money at all. It was convinced that it could not afford to pay two salaries which together would amount to a total of £800 per annum. The financial position of the University at this time was difficult; it was hard-pressed for money throughout the twenties, ending the year 1925 with a deficit, and had to face legitimate and reasonable demands from many sides. There is a parallel between Council's attempt to place responsibility for the payment of the salaries on the department and its unsuccessful attempt to persuade the Director of Education to give financial help towards the teaching of physical culture and voice training on the grounds that 'the classes in Physical Education and Voice Production have a direct bearing on a student's efficiency as a teacher, and that it seems of very great importance that a student should be taught to stand before her class with poise and to use her voice properly'.

If the department was not prepared to pay the salaries neither was Council and the Finance and Medical Committees recommended to Council that it should assume no liability but that the matter should be taken up again with the department. Council adopted this recommendation at its meeting on 20 October 1925.

Several attempts were made to save the course from collapse. The T.N.A. promised to raise £225 on condition that the University offered Miss Moore an appointment in 1926 but Council was unwilling to agree; it was prepared to consider the offer favourably only if the department was prepared to finance the course after 1927. Then the Registrar wrote to the Department of Health and to the Department of Education to see if either would grant a subsidy towards the course which would enable Council to take up the T.N.A.'s offer; both departments refused. The Director of Education could not see that it was the function of the University of Otago to train nurses, the Minister of Health expressed his personal view that the financing of state teaching institutions was properly the concern of the Department of Education. Next the Registrar wrote to the secretary of the British Red

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55 *University of Otago Calendar*, 1927, p. 50.
56 University of Otago, Minutes of the Professorial Board, 1919-1933, paper on salaries between pp. 317 and 318. For a full-time lecturer the salary at this time was £400 x £25 x £650.
58 MC, 8, p. 182.
59 RCC, 4, p. 120, MC 8, p. 94.
60 CF, 104. Registrar to Director-General of Health, 1 September 1926.
61 ibid., letters from Director of Education, 9 September 1926 and Minister of Health, 10 September 1926.
Cross and Order of St. John asking if the society could provide a salary of £420 for one, two or possibly three years, with the hope that this money and the T.N.A.'s offer of £225 would lead the Department of Health to find the balance required.\(^6\) The Red Cross could not help.\(^6\) Because of its failure to raise enough money and its unwillingness to pay out itself, Council refused the offer of the T.N.A.\(^6\) and at its meeting of 19 October 1926 adopted the recommendation of the Medical Committee to delete the Diploma of Nursing from the Calendar and to accept no further students of nursing.\(^6\)

The T.N.A. did not easily give up the battle. Its secretary begged the Chancellor that Council should defer the matter and in spite of a letter from the Registrar saying that Council could not re-open the matter, the T.N.A. continued its efforts.\(^6\) The Otago branch of the Association sent a deputation to the Minister of Health without success; the Auckland branch sent a deputation to the Council of Auckland University to ask for help. The Council was willing to establish a post-graduate course provided that it received financial help. No help was forthcoming from the government.\(^6\) At much the same time the national secretary of the T.N.A. appealed to the Dunedin Savings Bank for funds to assist the post-graduate course. The bank voted £1000 towards the general funds of the University, which a deputation from the T.N.A. failed to persuade the Council to allocate to the payment of the lecturers; all the University would do was to promise £50 provided that the T.N.A. raised the balance of the sum required.

Other interested groups and persons joined in. Dr. Falconer in his capacity of Medical Superintendent of Dunedin Hospital wrote to the secretary of the Otago Hospital Board suggesting that Miss Moore should be offered a part-time appointment at the hospital as educational director to the training-school, in the hope that this might prevent the collapse of the course; presumably he saw this as a way of helping to pay her salary. This soon became a proposal that the Hospital Board should pay half the salary while the Department of Health paid the other half. But the department was engaged in formulating a scheme for post-graduate courses for nurses in the four main centres and nothing came of Dr. Falconer's suggestion.\(^6\) Resolutions supporting the Diploma of Nursing were passed by medical and nursing groups. The T.N.A. continued its efforts. The secretary wrote on 13 September 1927 to ask if Council would pay the salary of one lecturer provided the salary of the other lecturer was guaranteed, and if the course could be established if the fees of twenty students for three years were

\(^{6\text{a}}\)ibid., 17 September 1926.

\(^{6\text{b}}\)ibid., secretary of Red Cross, 28 September 1926.

\(^{6\text{c}}\)ibid., Registrar to secretary of T.N.A., 20 October 1926.

\(^{6\text{d}}\)RCC, 4, p. 206 and MC, 8, p. 155.

\(^{6\text{e}}\)CF 104, letters dated 20 October 1926 and 17 November 1926.

\(^{6\text{f}}\)KT, XVI, 1 (1927), 20 and 4 (1927), 185-6. [Journal misnumbered — should be XX].

\(^{6\text{g}}\)CF, 98, Falconer to Hospital Board, 18 February 1926; Chancellor to Director-General of Health, 4 March 1926; telegram from Director-General to Chancellor, 16 March 1926.
vouched for. Council simply reaffirmed its earlier decision to allocate £50 per annum to the course.69

Meanwhile the skills of Miss Moore and Miss Lambie seemed in danger of being wasted. Miss Lambie found on her return to New Zealand that the Department of Health had no idea what she should do. Deciding to improve her qualifications she trained in midwifery without a salary and after a hard year during which she shared a coat with a double set of buttons with another nurse, equally poor but stouter, she was offered a post in the department in April 1927. Miss Moore had been attached to the Division of Nursing as an inspector since her return and had conducted refresher courses in Wellington. The two women were now in regular contact, both anxious to find a way of using their overseas training to the best advantage. Now in another university city they had other options open. 'Without saying anything to anybody', they took the syllabuses of the nursing courses at the University of Toronto and Bedford College and an outline of a course suitable for New Zealand to Victoria University College. From the start they found Professor (later Sir) Thomas Hunter extremely helpful. 'He at once said that he felt that the University should help in any new movement which would benefit the community.'70 They also discussed the matter with Dr. Valintine and Miss Bicknell.

Victoria College promptly set up a committee to consider the matter which agreed in principle to the College's participating in a programme for state-registered nurses. After Treasury approval had been obtained the course began in February 1928 in Wellington Hospital, one day before the desks and chairs arrived.71 This course, which was placed under a supervisory committee composed of representatives of the Department of Health, Victoria University College and the Hospital Boards Association, bore marks of improvisation to begin with but soon proved successful; it was in fact the beginning of the New Zealand School of Advanced Nursing Studies which celebrates its golden jubilee this year. Some of the money collected by the T.N.A. was given to the Grace Neill Memorial Library attached to the School, some of it went to provide bursaries for students taking the course.72

The young women whose studies at Otago University had been cut short made their own adaptations. Winifred Fraser and Mavis Hillary, after two years of the diploma course and two years' hospital training, completed the post-graduate course in Wellington. Only Winifred Fraser applied for the Diploma of Nursing from the University of Otago, which was willing to recognize her completion of hospital training and the new course in Wellington as satisfying the requirements for the Diploma. She became the sole possessor of this qualification. Miss Hillary does not seem to have applied for it, though like Miss Fraser she gained the New Zealand Diploma in Nursing from the post-graduate course in Wellington. The third person to

69 RCC, 8, pp. 213 and 279.
70 Lambie, pp. 55-61.
71 ibid., pp. 62-63.
72 KT, XXII, 2 (1929), 129; AJHR, 1932, H31, p.34.
begin the Diploma of Nursing course in Otago in 1925 changed to a Home Science course for 1926, while the four entrants in 1926 could not go on to a second year since the course had ceased to exist. Three of them changed to Home Science, the fourth entered a hospital training-school.73

The swift and successful establishment of the post-graduate course in Wellington, only a few months after Miss Moore and Miss Lambie first approached Professor Hunter, is a remarkable contrast to the fiasco of the course in Otago. What was set up in Wellington was certainly on a more modest scale, a six-months course as against one taking five years to complete, three years of which would involve classes at the University. Yet the Wellington course represented the fifth year of the Diploma of Nursing, on which the Otago course had foundered – and the February-August course in Wellington was not substantially shorter than the March-October one in Otago would have been.

Several reasons can be suggested for the varying fortunes of the two ventures. There appeared to be no one of great influence in Otago who was as enthusiastic or as quick to perceive the advantages of post-graduate study not only to the nursing profession but ultimately to the community as Hunter in Victoria University College. Dr. Marshall Macdonald, the chief supporter of the Diploma of Nursing on Council, is said to have been ‘a rather controversial figure’ on it. His relations with the Dean of the Medical School, the influential Professor H. Lindo Ferguson, were not happy and this incompatibility was apparently the main reason he was not appointed to the chair of Systematic Medicine in 1919.74 Within Council, support had been generally tempered by a determination not to spend money on the course; for some members this had been a condition of approval. The University was in a difficult financial position with the number of medical students dropping and the Medical School’s development hampered by lack of money.75 The interests of the Medical School and its legitimate needs were overwhelmingly important in the minds of some Council members. The committees of Council which recommended that Council should assume no liability for the salaries of Miss Moore and Miss Lambie were the Finance and Medical Committees; it was the Medical Committee which recommended to Council that it delete the Diploma of Nursing from the Calendar and accept no further students of nursing.76 It was estimated that a capital sum of £10,000 was required for the University to establish the diploma course; even this allowed for only one lecturer for the course.77 The University did not have these funds at its disposal and the priorities on which its planning was based did not permit it to launch the diploma course at the cost of retrenchment or failure to expand in what seemed to it more important directions. Perhaps it

73I am indebted to Winifred Fraser, now Mrs. Penty of Timaru, for this information.
74C.E. Hercus and G. Bell, The Otago Medical School under the First Three Deans, Edinburgh, 1964, p. 271; Morrell, p. 124.
75RCC, 4, pp. 259-60.
76ibid., pp. 120 and 206. The recommendation was adopted by Council on 19 October 1926. (MC, 8, p. 155).
77ODT, 20 November 1926.
was a point favouring the approach to Victoria University College that Victoria had no special schools to consider. Nor were the financial demands on it particularly heavy, since Miss Moore and Miss Lambie were paid by the Department of Health and the College paid for only minor part-time assistance. Such an arrangement had not been seriously contemplated in Otago, which was remote from the headquarters of the department, nor in the rather strained situation which developed was it likely to have been considered.

The medical profession, with some exceptions, was perhaps not particularly interested in the education of women. When in 1909 the Council of the University of Otago had debated the offer of Mr. John Studholme to give money towards the establishment of a chair in Home Science, the two professorial representatives were against accepting the offer and so were the two doctors present. The motion to accept the offer was carried by six votes to four, the six votes being those of businessmen and ministers of religion.

The post-graduate course in Wellington had other advantages over the Diploma of Nursing in Otago. The Department of Health was likely to be more favourable to a course in which it had been involved from the beginning, the advisory board of which was chaired by the Director-General or his deputy. The Wellington course had the benefit of lecturers from several government departments and a larger public health and hospital field. Moreover, the services of Miss Moore and Miss Lambie could be used by the department during the May vacation and for the five months of the year when the courses were not in operation; they were in fact sent to inspect hospitals, a call on their services to which the department would have had no right had they been employed by the University of Otago. In the eyes of the department the Wellington course was of wider benefit to the country than the Otago one, which would have appeared to limit the activities of the two women too much. The department was more interested in the provision of post-registration courses for the greatest possible number of registered nurses, rather than with a University course for a few. As far as the post-graduate course in Wellington was concerned, the secretary of the department declared that it was the department, not Victoria University College, which had an interest in the course. This could certainly not have been said of the department and the University of Otago in the matter of the Diploma of Nursing.

In his report to the Otago Hospital Board on nursing education, Dr. Falconer, in discussing past developments, said that the community had not been educated to paying the cost of the improvements which it was so easy to

78 Victoria University College Council Minutes, VI, p.116.
79 Morrell, pp.95-96.
80 Lambie, p.61.
81 ibid., p.66.
82 CF, 91A, Director-General to Registrar, 20 November 1925.
83 National Archives, H.21/9/99, memorandum from Secretary to Director-General, 25 February 1928.
This was a comment which might have been applied to the Diploma of Nursing, which won sympathy, but within firm limits; on the whole it was a sympathy which assumed that there must be no cost to the sympathizer. Underlying this attitude was a failure to recognize the need for post-graduate training for nurses, without which the profession could not advance. The members of the T.N.A., of course, recognized this and were willing to contribute financially from their own thinly-lined pockets. Dr. Valintine at one point told the Registrar at Otago University that it was ‘hardly in keeping with the dignity which attaches to the New Zealand University to have to accept a contribution from these hardworking women...’ But the University of Otago showed no qualms over this, chiefly perhaps because it was not convinced that providing education for nurses was really its business. It was not clear whose business it was. The department provided basic training but advanced education for nurses was a relatively new idea and one which many people thought unnecessary. Doctors had years of education to fit them to make decisions and to give the right orders; was anything more needed of nurses than stamina, deftness and the ability to carry out these orders? The increasing complexity of twentieth-century medicine indicated that there was. The people who realized this most clearly were members of the T.N.A., whose single-minded determination to see the establishment of advanced education for nurses contrasts with the hesitation shown by others. Apart from the various attempts made by the T.N.A. to keep the diploma course in Otago alive, two of its members, Miss Moore and Miss Lambie, played a decisive role in establishing the post-graduate course in Wellington under the wing of the Department of Health, where Miss Bicknell, also a member of the T.N.A., had prepared the ground. They achieved a considerable advance for their profession. But there were to be no university studies in nursing until Massey University introduced them into its curriculum in 1973.

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84 KT, XV, 4 (1922), 169.
85 CF, 104, Director-General to Registrar, 20 September 1926.