

Nursing in the "Fortunate Isles."

AN INTERVIEW WITH AN ENFRANCHISED NURSE.

"As you are a busier person than I am just now, I will come and see you." Such was the courteous reply which I received from Mrs. Neill, Assistant Inspector of Hospitals in New Zealand, Hon. Member of the Matrons' Council, and one of the appointed readers of papers on nursing in the forthcoming International Congress of Women, to a request for an interview. Punctual to the moment Mrs. Neill arrived. "We have corresponded, but we have never met," she said. And, indeed, we in nowise felt strangers to one another. The Matrons' Council forms a very real link between the members at home, and the notable nurses in other countries who have done them the honour to accept honorary membership of the Council, and they feel when circumstances happily bring them together that they are acquaintances of long standing.

Mrs. Neill received her professional training in England, but in 1886 went out to Queensland, and from thence to New Zealand. For the last six years she has been in the New Zealand Civil Service, and since 1895 she has acted as Deputy Assistant Inspector of Hospitals, Asylums, and Charitable Institutions to the Inspector General, Dr. Duncan Magregor. "I look upon my appointment as largely the result of women having obtained the franchise," said Mrs. Neill. "Of course, the Matrons and nurses wanted their interests represented by one of their own sex, and a trained nurse, and so it came about; at least, that is my view." "And you really mean to say that they like your visits? I don't think you would find quite the same appreciation of a woman inspector of hospitals here." "Really," said Mrs. Neill, "do you mean to tell me that London Matrons are as narrow as that? Well, I hope that kind of spirit will not be imported into New Zealand. I can assure you that I always receive a welcome from the Matrons and nurses, they are so glad to have an inspector who can understand their needs." Mrs. Neill then went on to describe something of her work in connection with her Government appointment. There are 42 hospitals in New Zealand, and they are all inspected on behalf of the Government at least once during the year. Wellington has the largest hospital, the number of patients admitted during 1898 being 1,562, at an average daily cost of 3s. 7¾d. per patient. Auckland comes next, with 1,300, the average daily cost being 4s. 1½d. The hospitals are maintained—

(1) By local rates, subsidised pound for pound by the Government.

(2) By voluntary contributions, subsidised 24s. in the £ by Government.

(3) By patients' payments, bequests, and endowments.

The total cost of maintenance of hospitals in 1898 was £108,210. Of this £38,686 was directly from Government, £31,523 from local rates, and about £6,000 from voluntary contributions. All patients are expected to pay if they can, and it is usually the duty of the Hospital Secretary to enquire into their circumstances, or if patients are destitute and have well-to-do relatives, to enforce payment from them under the Destitute Persons Act. Mrs. Neill, who had attended the meeting of the Charity Organization Society with regard to a Central Hospital Board for London the day before I saw her, seemed surprised at the suggestions as to the appointment of an enquiry officer in our hospitals at home, and was of opinion that such an officer already existed in the person of the secretary. In the great London hospitals, however, the duties of the secretary are already multifarious, and it is probable that he would not be able to devote the time necessary to inquiring into the circumstances of individual patients. In the smaller hospitals there is no doubt that this might with advantage form one of the duties of the secretary.

With regard to medical schools, the only one in New Zealand is at Dunedin, where a house surgeon is appointed yearly. At the other larger hospitals there is a permanent resident medical superintendent. Mrs. Neill is of opinion that, there being no medical schools, the nurses learn considerably more than they would otherwise do, as they are required to take all the clinical notes of the cases under the direction of the doctor. At the Wellington Hospital there is a male dresser who attends to the screen cases. In many instances, also, if an interesting post-mortem examination is made, the medical man who makes it will allow nurses to be present, and lecture to them, explaining the case.

At the Wellington Hospital, an eight hours' day for nurses has been in force for some nine or ten years past, and in Mrs. Neill's opinion the system works well, the small ailments, such as sore throats and others well known to most Matrons, very seldom occur. Within the last few years also Christchurch, Auckland, and Dunedin have all reduced the hours of daily work for nurses to eight or nine. "How are the hours on duty arranged," I enquire, "in shifts of eight hours, or by giving long passes each day?" "Mostly in three shifts, six to two, two to ten, and ten to six, the nurses changing duty from time to time, so that they do not always get off duty at the same time. I shouldn't have liked it, I was too interested in my patients to care to give them over to anyone else for sixteen hours out of the twenty-four, but the modern nurse isn't like that." "No," I admit, "regretfully," she

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