

COUNTRY HOSPITALS.

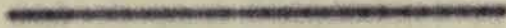
The Country Hospitals which are open to the public are run very much on the same lines as an ordinary nursing home. The doctor is permitted to make his own arrangements with the patients who can afford to pay his charges, and the North Canterbury Hospital Board pays a small retaining salary to the doctor for which he attends the person who is unable to pay, while the Board charges a fee for nursing and maintenance. The institutions were erected to provide for the country residents, facilities for dealing with cases of maternity and sickness. The Board made a stipulation that no surgical operations other than minor ones were to be performed unless there was competent assistance.

With regard to assistance being called for in cases of emergency or operations, it was understood that a neighbouring doctor in receipt of a subsidy from the Board should be called upon. In the event of still further assistance, communication with the Medical Superintendent of the Christchurch Hospital or the Chairman of the Board should be obtained.

Instructions were issued to the medical practitioner when appointed to the country hospitals and were enlarged upon later when the Medical and Lady Superintendents of the Christchurch Hospital were appointed to inspect the country hospitals regularly and report to the Board.

At one time a number of doctors were subsidised to practice in country districts by local medical committees. It was discovered that the County Councils had power to subsidise doctors and some of them did so. The Health Department considered it the function of Hospital Boards, and the power to do so was taken from County Councils by legislation by an Amendment to the Hospitals and Charitable Aid Boards Act in 1920.

To numbers of the travelling public, particularly in accident cases, many of the country hospitals have proved beneficial.



96

COUNTRY HOSPITALS.

From 1927 six new hospitals were opened, and proved of distinct benefit to the outlying districts, being run successfully, but certainly not as a paying proposition. The public supply part of the deficit, the rest being found out of general hospital funds to enable the local sick to be retained in their own districts.

That the public made more claims upon the Hospital Boards is only natural, seeing that every individual in the Community contributes towards the upkeep of the country hospitals, and the fear that many people had of treatment in hospital gradually died down till they demanded to have the benefit of local service. Even so, there remained a marked aversion to the public ward so that the North Canterbury Hospital Board was more or less compelled to have alterations made to ensure privacy, more especially for the maternity patients.

The North Canterbury Hospital Board's Economy Committee, formed in 1931, was the outcome of a meeting of Local Bodies to consider the question of closing some of the hospitals because of financial difficulties. The Department of Health suggested restrictions in the amount of subsidies, and to evade the entire cutting down of services, all practical means of economy were performed by those in charge of the Board's institutions.

When the question of closing or leasing some of the hospitals was mooted ten years ago, an opinion was expressed that what was really required when some of the country districts requested their own hospitals was six, eight or ten roomed houses similar to the nursing homes which existed at Rangiora and Kaiapoi. Had such hospitals been built and local co-operation encouraged, both with the building and the subsequent operation of the hospitals, all would have been well. For an average of three patients, a staff of three nurses and two maids was provided. Unfortunately, the requests for hospitals came at a time of unexampled prosperity. Having built pretentious institutions, the expenditure was regulated accordingly. Owing to the extent of the grounds, men had to be engaged full time to look after them and very beautiful some of the gardens were. The results were delightful hospitals and surroundings and an annual deficit!

Although the cottage hospitals were faced with drastic economy during the lean years of 1931-33, they were neither closed nor leased during that period. This surely proved that the policy of the North Canterbury Hospital Board, in endeavouring to maintain these smaller institutions, was in the best interests of the country districts.

The hospitals were :-

Chatham Islands	Kaiapoi
Cheviot	Little River
Darfield	Lincoln.

AKAROA HOSPITAL.

The first hospitals were Government institutions intended for the care of Maoris and indigent white people. It was the plight of the Maoris that seemed



Town Clerk's Office

AKAROA, 20th. October 1941

COMMUNICATIONS TO BE ADDRESSED:
TOWN CLERK,
P.O. BOX 10,
AKAROA.

Mr W. R. Norris
Nth. Canterbury Hospital Board,
Christchurch C.1.

Dear Madam,

The reply to your telephone enquiry & letter has been somewhat delayed. I have spent a great deal of time in endeavouring to secure information in connection with the early history of the hospital, but cannot get very much.

If the matter of a history had been considered about 10 years ago, more information would have been available.

I have searched the "Akaroa Mail" from 1876, its beginning, but cannot find very much, however, what I have found may be useful.

The hospital was apparently erected in the latter part of 1876, in June the paper mentions that the hospital has been erected in the months and has not been furnished, again in Sept. the same year, (1877) the Govt. is severely criticised for not furnishing the building, and in Feb. 1878 mention is made about the non-furnishing.

On 26th. March 1878 mention is made of an operation by Dr. Christie, but it does not say whether it was in the hospital or not, and yet in spite of no furnishings, additions were being made to the building in June 1878.

The medical officer mentioned in your letter was Dr. Pearde, and evidently there was a matron in charge, as I noticed the matron expressed thanks on different occasions for gifts of linen, fruit etc. but no name is mentioned.

The several write-ups re the furnishings were brought about owing to the number of accidents and sickness in the district and nowhere else put them, although mention is made of some patients in the emigration tracks, which was then in existence next to the old hospital.

I am afraid this is about all the information I can give at present but if I can get anything further I will let you have it.

Yours faithfully,

Town Clerk.

cooking and nursing, frequently had to wash for the .

AKAROA HOSPITAL.

The first hospitals were Government institutions intended for the care of Maoris and indigent white people. It was the plight of the Maoris that seemed to be the main concern. They suffered from infectious diseases, venereal diseases, alcoholism, and other troubles that came with the white man.

1862.

In June, 1862, the white population of Akaroa raised amongst themselves £150 for the purpose of erecting a small hospital or invalids' home. Most of the Maoris of the district at that time were healthy, and all had been vaccinated. Occasionally, some suffered from diseases requiring attention and surgical care. Thus on behalf of all the natives, efforts were made for a Government grant to swell the Hospital fund in the hope of finding something suitable for the requirements of both the white and native population. The estimated cost of the proposed hospital was £300 and the annual subscriptions guaranteed would leave that required for native purposes, trifling.

1874.

In 1874, Mr. Durham was appointed medical officer at a salary of £50 per annum. He was expected to look after charitable aid and hospital cases also. In 1875, the Provincial Government placed £300 on the estimates for the establishment of a hospital or casualty ward. The Rev. W. Aylmer and the Mayor of Akaroa furnished to the Superintendent of the Province, the names of suitable residents to constitute an Akaroa Hospital Committee.

1876.

In 1876, tenders for the erection of the Hospital were considered by the Provincial Executive and that of W. Penlington for £440 was accepted for the building, and £75 for the verandah. The subject was side-tracked till 6th September, when a large petition was received from Akaroa residents pressing the necessity for such an institution. A statement of Provincial accounts was presented to the Provincial Government showing that a balance of £300 out of a vote of £500 remained unexpended in connection with the Christchurch Hospital building. The Akaroa Benefit Society requested a donation from the Provincial Government, also the control of the Hospital (with Dr. Pearce as Medical Officer) by the Society when that institution opened. The hospital was situated on the corner of Jolie Street and Aylmer Valley Road.

1877.

In 1877 a case illustrating the necessity of having the hospital placed under the management of a committee in Akaroa was made painfully apparent. A man was taken dangerously ill and an appeal was made to the authorities to secure the attendance of a nurse, but they were unable to aid the unfortunate patient, as the charitable grant from the Provincial Government which they formerly had, no longer existed. Good samaritans succeeded in securing the services of a man to attend, otherwise the patient might have been left without the slightest assistance.

It was not till March, 1877, that T. Crane, who had been architect to the now defunct Provincial Government, was called upon to prepare plans of alterations to the Hospital.

1879.

In 1879, Mr. and Mrs. Dickson were in charge of the hospital cottage. In 1881 they resigned and were followed by Mr. and Mrs. G. Smart. Mrs. Smart, in addition to cooking and nursing, frequently had to wash for the .

Akaroa Hospital, contd.

patients. Her husband did the necessary repairs and painting to the building. In consideration of these duties, they were given \$100 per annum.

1884.

During 1884, thirty-one patients were treated. There was no doubt that the hospital was of great benefit to the district as many patients came from long distances and could not possibly receive the same attention from the Medical Officer in their own homes.

1886.

In 1886 additions were made to the Hospital by W. B. Fosswill. Dr. Woodforde was appointed surgeon after Dr. Singleton's resignation. Mr. and Mrs. S. Penrose were appointed caretaker and nurse. It was the duty of the caretaker to make the necessary enquiries as to the ability of patients to pay for maintenance while in the hospital. The Mayor and Chairman of the County Council were the official visitors.

Owing to the large expenditure incurred in maintaining medical patients at the Cottage Hospital, it was recommended that, as there had been provided greater accommodation in the Christchurch Hospital, they should be transferred to that institution. The Cottage Hospital would still be called on as a casualty ward. Exception was taken by the Mayor to the transfer of patients to Christchurch. Since Dr. Woodforde's removal in 1888, no medical man had taken up residence at Akaroa, consequently the position of surgeon at the Cottage Hospital had not been filled. The residents formed a Medical Guarantee Association and secured the services of Dr. Bolger, who was also appointed surgeon to the Cottage Hospital, a post rendered vacant by Dr. Woodforde leaving the district.

1894.

In 1894 after eight years as caretaker, Mr. Penrose applied for holiday leave for himself and for some extra assistance for Mrs. Penrose, but after some regrettable incident, he did not return. Everything at the hospital was in perfect order, reflecting great credit on Mrs. Penrose. Strong representations were made to the North Canterbury Hospital Board from all the leading residents for the appointment of Mrs. Penrose as Matron. This appointment was approved by the Board, who considered her thoroughly competent to take charge of both the men's and women's wards.

1895.

In 1895 the Town Clerk advised the urgent need of painting and repairing the Immigration Barracks then in use and in occupation by the Board. Dr. Bolger reported that as only one or two inebriated patients who might be unsatisfactory for a general ward were placed in the barracks, the Council was exceeding its duty in asking the Board to make improvements, especially as the Government still had control of the buildings. A section of land adjoining the hospital grounds on which formerly stood the Immigration Barracks was gasetted as a hospital reserve No. 97, containing 2 roads, 14 porches.

Akaroa Hospital. contd.1898.

In 1898 the hospital consisted of two wards 16' x 16', with four beds in each, and staff accommodation consisting of sitting-room, two bedrooms with kitchen and outbuildings and morgue. The Board impressed upon the Medical Officer that the hospital was for the reception of casual cases only. Cases requiring operations might be transferred to the Christchurch Hospital as it was not possible to keep a nursing staff at Akaroa.

1911.

In 1911 Mrs. Penrose, after twenty-five years as nurse in charge, was granted six months leave of absence, and resigned the following year. Charge nurses were sent from Christchurch Hospital to relieve for periods of two to three months at a time till Nurse Davies was appointed nurse-in-charge in 1914.

1916.

The Akaroa County Council in 1916 was instrumental in bringing before the Board the demands of the residents of the County respecting a much needed Maternity Hospital; or some provision for the services of a Maternity Nurse. The Board was entirely in sympathy with the suggestions, but was unable to carry them into effect. Pending the establishment of a Maternity Hospital, the Board promised to appoint a midwife with the hospital as her base, but the services of a qualified nurse were unobtainable. Under the scheme for the extension of the St. Helen's Hospital system, nurses trained there were placed in country towns and districts to attend cases of confinement at the homes of the individuals.

1920.

In 1920 an agreement was made to purchase a site for a new Hospital and Maternity Home. The Board decided that if the residents of the Akaroa County and Borough would contribute the sum of £500 and the Government subsidy of 2 1/4% in the £ was obtainable, it would then purchase the area of land selected as a site for such a building as proposed.

1921.

In 1921 a ward in the existing hospital was reserved for maternity cases and a qualified midwife was appointed there with a trained nurse. The other ward in the hospital was reserved for emergency cases.

1923.

In 1923 the Board on the representation of the Akaroa Borough and County prepared plans and arranged to purchase a site. With the Minister's approval, the purchase of a site at Aylmers Valley, offered by Mrs. Porter, of 2 acres 1, rood, 14 perches, at the corner of Aylmer Street and Onuku Road was determined upon. Little time was lost in calling for tenders, and that of Hammett and Sons for £7,486 was accepted.

1924.

In 1924 the building was completed and opened on the 10th May, 1924, provision being made for four beds for maternity cases and three for sickness or casualties.

Approval was given by the Health Department for the sale of the old hospital site, the Board to utilise the proceeds towards the capital cost of the new building.

Akaroa Hospital, contd.

1929. It was not long before application was made for further accommodation for the benefit of the nursing staff. The Health Department was of opinion that as a new hospital had recently been erected at considerable expense and accommodation provided for a staff of six, it appeared there should be ample accommodation to meet the needs, therefore, the application was not granted. The refusal was not altogether unwarranted, for the staff consisted of five trained nurses and a hospital aid. At a later date alternative plans for providing extra nursing staff accommodation were drawn up by Collins and Harman. Harnett and Sons' tender was accepted for £664, and a covered-way for £51. In 1929, the Board granted the Akaroa Borough a small portion of land at the corner of Jolie Street and Bruce Terrace to enable a better turning for vehicles, and the fence in the hospital ground was set back so as to give more land for hospital garden purposes.

The Ladies Visiting Committee from time to time provided many extras to ensure comfort for the patients in no small measure. The residents of Akaroa and Banks Peninsula made contributions towards a radio for the hospital, and the Board accepted the County Council's offer to undertake to look after the grounds and provide all plants and seeds.

1938. A petition was circulated through the County and Borough by members of the local branch of the New Zealand Farmers' Union to support a request that an X-Ray plant be installed. In September, 1938, the Hospital Board approved the purchase of the plant. The County Clerk and the Secretary of the Union conveyed to the Board their appreciation and stated that it would be a great boon to the inhabitants of the district.

1918.

During the influenza epidemic in 1918 the need for a hospital in the Amuri County was made apparent; and if established, would be an inducement for a doctor to reside in the district. Amuri is situated twenty-three miles from Waikari by good road and seventy-six miles from Christchurch. There was a house available for a doctor, including nine acres of land at Rotherham. This land had been set aside by the late Mr. Alex. MacFarlane of Ashray.

A deputation of ratepayers representing practically the whole County of Amuri waited on the County Council to ask them to take immediate steps to establish a combined cottage hospital and maternity home similar to the one proposed for the Waipara County.

The Hospital Board notified the County of the arrangements made with the Oxford and Waipara Counties that their contributions and subsidies thereon should be equal to two-thirds of the cost, the other one-third being made up by the Board. If the Council decided to pay out of rates, it would have to be determined whether the Minister would pay subsidy on such contributions. If voluntary contributions were raised it might be possible to get a higher rate of subsidy.

At the invitation of the County Council, representatives of the Board visited Rotherham to inspect the site and approved of it. As the residents intended to erect a hospital of maternity home, the Board promised, once the building was erected and equipped, that it would undertake to staff and maintain the hospital. The Inspector-General promised to go into the matter with a view to providing a standard plan minimising the cost, which, considering the demands likely to be made upon the Department as in the two instances where contracts were already let, were somewhat excessive.

1919.

Plans similar to the standard design of the Department's Cottage Hospital at Denniston were submitted by the Architects, Collins and Harman, showing an area about 300 feet larger than the Waikari Hospital. They were received and approved by the Board in August, 1919. Tenders were received and in view of the high prices, the matter was referred to the Council, which approved of the Board's acceptance of J. Taylor's tender for building in concrete, with plaster walls and poillite roofing, at a cost of £7,700. The Minister's consent was received in March, 1920. In June, the Board of Trade, Wellington, under the building regulations, issued the necessary permit to build a hospital.

1921.

In 1921, owing to the threadbare conditions of finance, the Board gladly received £1,652.19.0 being the amount donated by the residents towards the cost of the erection of the building. The contractor sustained considerable loss through the inability to obtain cement for some months after his tender was accepted, and further, owing to the awards of the Court, wages had been materially increased.

1922.

In January, 1922, this modern building was opened, and it was considered to be of superior design to that of Waikari Hospital.

The Director, Division of Nursing (Miss H. McLean) approved of the appointment of Miss C. Blackie as Matron, and the Board drew up terms for the guidance of the Medical Officer.

By 1925 the Hospital had been largely diverted from the purpose for which it was originally built, and was mainly used as a convalescent hospital for the accommodation of plaster cases from the Christchurch Hospital. Nine such cases were transferred to Rotherham. From October, 1925, to February, 1926, only six maternity cases had been admitted.

That the Amuri Hospital was not justifying itself was largely brought about by indiscreet discrimination against persons being admitted, and encouraging patients to go to an unlicensed Home. At the same time, it was known that there had been fewer accident cases, and the year had been an unusually healthy one.

In 1931 there was little doubt that the Hospital was overbuilt for the requirements of the district and it was regarded more or less as a "white elephant." The district, however, found most of the money for its construction. Medical men available to the country districts were very often of inferior ability. It was only since the Board granted a subsidy and placed small hospitals at their disposal, that matters have been satisfactory in this direction.

It should be pointed out that the Amuri type of cottage hospital where medical and maternity cases could be treated, was an attraction to medical practitioners. Twice when the Hospital Board had to fill vacancies at Amuri, ten or more applicants on each occasion were received, when Dr. Smale and Dr. Todd were appointed.

The Board anticipated that considerable objection would be raised by the local authorities and the medical men concerned to the suggested closing of Country Hospitals due to the difficult financial position. Especially where contributions had been made towards the cost of erection, and as agreed to by the Department in the districts of Oxford, Waikari and Amuri. Instead of closing, there was an alternative suggestion of leasing and subsidising. The Department considered that the Board was not justified in continuing to operate these hospitals.

The great improvement in speed and comfort of modern transport definitely altered the position of some of the smaller hospitals from that existing when they were built. Medical men interested and representatives of the local bodies were invited to meet at a conference. The opinion was expressed that these hospital and medical and nursing services in the country districts should, to some extent, be looked upon as an insurance Policy. Through the introduction of motor transport, serious suffering and distress would be caused if some of the hospitals were closed. As the hospitals were all of very great benefit to the country districts, the Conference decided that the suggestion that any of them should be closed should be strongly opposed. If hospitals are not available to the residents, they have to go to Christchurch and fall into the hands of medical men other than the country doctor. Consequently, they are lost as patients to the local man, seriously reducing his income.

In 1934 as a practical means of economy, a special committee was appointed, and it was deemed necessary to reduce the medical subsidies by £100 to each of three existing grants, namely, Amuri, Cheviot and Waikari. The resident medical officers were asked to express their opinion regarding the closing of certain cottage hospitals. In the case of Amuri, the locum tenens felt he could make little comment other than to remind the Board that the resident doctor, who was on extended leave, had security of tenure in an agreement under the Board's seal, which provided for his appointment as medical officer at a salary of £100 per annum and for a subsidy of £250. This agreement had been substantially departed from without consultation and it would indeed be an unfortunate occurrence if the Hospital were closed. Taking into consideration the high travelling expenses incurred in this practice, it was apparent that, if the hospital were closed, there would be very little inducement for any medical man to practice in the district.

103

AMURI DOCTOR'S HOUSE.

In 1922 the North Canterbury Hospital Board took over the agreement that the Medical Officer had with the Amuri County Council, a free house being one of the emoluments supplied by the Council. The ratepayers gave £740 for the house, and, after bringing it up-to-date with water service, motor-garage, painting and paper-hanging, regarded the valuation as £1,050. The Council considered 25/- per week a reasonable rent for the Board to pay.

The Board was the responsible authority for the appointment of a medical man in the Amuri district and had to provide a residence. Previously the residence was the property of the Amuri Council, handed over to that body by a Medical Association or Committee and the Board leased it at a nominal rental with certain responsibilities regarding repairs.

A lease was drawn between the Chairman, Councillors and inhabitants of the County and the members of the Hospital Board. It was agreed to take approximately half an acre on which stands the dwelling known as the doctor's house, for a nominal rent of 1/- per week; the house to be tenanted by the doctor and the Board to maintain the house, out-buildings, fences etc., to pay all rates, taxes and insurance.

In 1936, the residence was completely destroyed by fire. The insurance amounted to £850 and was collected by the Amuri Council in whom the property was vested. Representatives of the County and the Board met to discuss the matter of ways and means for rebuilding. The Board suggested that it should take over the freehold of the site, and the insurance money and own the house. Objection was raised to this by the Department as a transfer of the property was not likely. The Board was not empowered to expend capital funds for the purpose of erecting premises on land which was the property of another local body.

A proposal was made to erect a concrete building at a cost of approximately £2,750, of which amount £850 was provided by the insurance on the old building. The Board would be called upon to make up the difference.

The Amuri County prepared plans, and when these were submitted to the Board, objection was raised to the apparent high cost of a new building. But it was found that over and above the ordinary accommodation that would be provided for a man of moderate means with a family, there had to be provision for a separate entrance and waiting-room, consulting room and dispensary. Further, on account of its distance from any possibility of assistance in case of fire, the Board agreed that the building should be erected in concrete, which would materially reduce the burden in the shape of maintenance for which the Board would be responsible during the tenancy. The proposal was recognised as being reasonable and subject to the tenders not exceeding the amount of the estimate, the Board agreed to be responsible for the interest on the loan for the total cost of the building, and would be liable for the sinking-fund over the period for which the loan was granted, at the cost of £95.10.0 per annum.



Amuri Hospital.



Amuri Dr's. House.

CHATHAM ISLANDS.

The Chatham Islands consist of two inhabited islands and several unimportant islets of a total area of some 372 square miles. Although about 480 miles eastward of Banks Peninsula, the group was constituted a county in 1901, and is not classed with the outlying islands. Before 1927, the islands were not included in any electoral district, and thus had no parliamentary representative, but from 1927 have been included in the Lyttelton Electoral District, and in the Western Maori Electoral District for the election of Maori representatives. In view of the special circumstances of the Chathams, certain laws are modified in their case, e.g., the Unemployment Act does not apply to them, nor do the provisions of the petrol-tax imposed for road purposes. The Chatham Islands are for most purposes grouped with the South Island, and are also treated for statistical purposes as part of Canterbury Provincial District, although the latter is not strictly correct in point of law. The islands are included within the Wellington Deeds, Land Transfer, and Land Districts, but within the North Canterbury Hospital District and the Canterbury-Kaikoura Sheep District.

The Rev. B. G. Fox, resident Chaplain at Chatham Islands in 1948, brought before the Minister of Public Health the pressing need of a resident qualified Government nurse and the utilisation of the doctor's house as a cottage hospital.

CHATHAM ISLANDS.

The "Discovery" with Captain Geo. Vancouver and the "Chatham" with Captain Broughton parted company during a gale after leaving Dusky Bay, and did not meet again till their arrival at Otaheite (Tahiti).

During the passage of the "Chatham" to this place, the Captain discovered and named the Chatham Islands on 29th November, 1791.

Mr. Seton Henderson, a leading resident, interviewed the Prime Minister in Wellington, and stated the need of a hospital on the Island. The residents were paying hospital rates, and the natives were quite willing to pay so long as the money was expended on the Island. The resident doctor was living alone in a seven-roomed house provided by the Government, and it was considered that this house would be suitable for a cottage hospital as well as the doctor's residence.

The Chatham Islands consist of two inhabited islands and several unimportant islets of a total area of some 372 square miles. Although about 480 miles eastward of Banks Peninsula, the group was constituted a county in 1901, and is not classed with the outlying islands. Before 1927, the islands were not included in any electoral district, and thus had no parliamentary representative, but from 1927 have been included in the Lyttelton Electoral District, and in the Western Maori Electoral District for the election of Maori representatives. In view of the special circumstances of the Chathams, certain laws are modified in their case, e.g., the Unemployment Act does not apply to them, nor do the provisions of the petrol-tax imposed for road purposes. The Chatham Islands are for most purposes grouped with the South Island, and are also treated for statistical purposes as part of Canterbury Provincial District, although the latter is not strictly correct in point of law. The islands are included within the Wellington Seeds, Land Transfer, and Land Districts, but within the North Canterbury Hospital District and the Canterbury-Kaikoura Sheep District.

The Rev. B. G. Fox, resident Chaplain at Chatham Islands in 1916, brought before the Minister of Public Health the pressing need of a resident qualified Government nurse and the utilization of the doctor's house as a cottage hospital. A trained nurse was sorely needed especially for the Maoris. The population of the Islands was given as 477, 287 being Maoris. Many of these had little or no conception of the proper treatment to be given in cases of serious illness, and if they had there were no facilities for such cases. A Government nurse trained to work amongst Maoris would render invaluable service and might often be the means of saving lives. Mr. Fox stated:-

"When in New Zealand I saw some of the good work done by Government nurses among the Maoris, especially in the matter of regular and systematic visits, and since I came to the Chathams over two years ago I have increasingly felt the need for a trained nurse here."

It was pointed out that a nurse would be seriously handicapped in her efforts if the nursing had to be done in the homes of the people - especially in the Maori houses. It was always difficult, and in many cases impossible to send cases to New Zealand for hospital nursing owing to the long intervals of the steamer connection. Even if a steamer were available in most cases the patient would be too ill to stand the long passage. The Department of Health notified the North Canterbury Hospital Board that the Minister approved of the Department paying the salary of a nurse but the difficulty was to obtain one. The Board was asked if any nurse in its employ was available for the Islands. The matter was referred to the Minister to make arrangements for an appointment. The Board had difficulty in obtaining any payments towards contributions from that particular part of its district.

Mr. Seton Henderson, a leading resident, interviewed the Prime Minister in Wellington, and stated the need of a hospital on the Island. The residents were paying hospital rates, and the natives were quite willing to pay so long as the money was expended on the Island. The resident doctor was living alone in a seven-roomed house provided by the Government, and it was considered that this house would be suitable for a cottage hospital as well as the doctor's residence.

Public meetings had been held by both races and resolutions were unanimously adopted favouring the proposed hospital. During the previous year, Dr. E. P. Ellison, B.M., of Waitangi, had on several occasions at least twelve acute medical and surgical cases on hand.

A strong committee was formed with Dr. Ellison as Chairman and a canvass of the whole Island was undertaken to raise £400 to secure a site. The site selected was an excellent one, overlooking Waitangi Bay, with a good water supply and natural drainage. It was also close to the medical officer's residence and situated where the roads of practically every part of the Island converge.

A public meeting discussed certain matters in connection with the County Council which would soon operate. Four Ridings were decided upon for the main Island, Pitt Island and the other outlying islands constituting the fifth. The ratepayers' roll was to be made up and members elected.

The Board secured an option on 23 acres of land for £400 and the Government would subsidize £ for £. It was necessary to have the land in order to provide grazing for cows and horses. Milk could not be purchased on the Island. Provision had to be made for horses in order to get about the country.

With regard to taking over the area of land for the erection of the Hospital, the Board understood that the area was native land, but later found that it was Crown Land held under a petition order by Mitai Pupu. Application was made to obtain the Minister's approval to the Board's securing this land and it was eventually taken under Section 18 of the Public Works Act.

An objection was lodged by Mitai Pupu, the owner of the property, unless compensation was exceeding the Government valuation by 10% was granted to him. The Board made this grant in December, 1925, and a proclamation of the taking of the land was gazetted on the 17th December, 1925, (Gazette No. 85). Plans were provided by Collins and Harman in May, 1925, and the design was made as plain as possible. As there was practically no shingle obtainable on the Island, the construction was of timber with an iron roof. The foundations were made of wooden piles; suitable timber was found on the Island, but all other materials were shipped from New Zealand. The Director-General improved upon several features which were contained in the plans and the Department made a sketch-plan setting out the whole of the accommodation on one floor. Arrangements proceeded more or less smoothly till the blow fell.

In October, 1925, the Director-General notified the Board that he had approved the proposed plans under a misapprehension and that the expenditure of £4,500 for a hospital for a population of 400 was absurd. In the circumstances he suggested that a plan of much more moderate design be submitted. The amended plan was approved by the Department and passed for the Minister's consent. The Department's plans were decreed quite inadequate; moreover, enquiry among well-known residents elicited the opinion that any local labour that might be available was neither certain nor reliable. The Board was not disposed to disregard the views of the late Minister of Health on this point, but was supported by the experience of the North Canterbury Education Board, which had erected two buildings on the Island, and its supervisor in the work had reached the same conclusion.

Chatham Islands, Contd.

1926.

In June, 1926, Mr. J. McCombe, M.P. interviewed Dr. Valentine and strongly urged the retention of the previously approved site and the provision of ample accommodation sufficient to cope with a "peak load". The Islanders were 500 miles from the nearest hospital and there were times when seven or nine weeks elapsed before a steamer sailed. Eventually the plans for accommodation for two patients and a staff of two - estimated cost £2,500 were forwarded to the Department. In August, Dr. Valentine recommended the Minister to agree to the provision, not of a cottage hospital, but merely of a district nurse's cottage with accommodation for two cases. The Department had already supplied a plan which was considered ample and could not agree to anything more elaborate.

In January, 1926, Collins and Harman, Architects visited Chatham Islands for the purpose of viewing the site of the building and commencing the work. The site was an excellent one, having a fair grade to the north sufficient to give good drainage to the land and about 100 feet above the sea, 8 or 9 chains distant. The local authorities strongly urged the necessity of the early planting of shelter trees round the buildings.

The Hospital Board's proposal had been received with every evidence of gratification by the residents. The Hospital would be a tremendous boon to all settlers, as the risk of sending patients to the mainland for treatment was a constant worry, a fact which could only be understood by people on the Island.

1927.

As little was known about the local conditions and several arrangements would have to be made for carrying out the necessary work of the Institution, Dr. Fox, Medical Superintendent, and Miss Muir, Lady Superintendent of the Christchurch Hospital, were asked to represent the Board at the opening ceremony, which took place on the 16th May, 1927.

Dr. Greenwood was the recognised medical officer although no arrangements had been made with regard to his salary, seeing that he was in receipt of remuneration from the Department of Health. Dr. Greenwood's appointment as Medical Officer of Chatham Islands terminated in 1927, and Dr. H. V. Drew was the first doctor appointed by the Board.

The Board nominated Mr. Seton Henderson as the Board's representative on the Island, and the County Clerk was asked to appoint a second representative to have authority to act in small matters in connection with the Hospital. No appointment was made until 1937 when the County appointed Mr. H. Lanuse, and a small Lady Visitors Committee was set up.

1928.

An Order-in-Council was gasetted making provision on the Hospital Board for the Chatham Islands County which was included in the combined district comprising the Akaroa, Mt. Herbert and Wairewa Counties.

1930.

In 1930 Dr. Drew reported that everything was going smoothly and the hospital was a little better patronised than when it first started. It was difficult to get the natives to understand the advantages it offered; still they were learning to appreciate it. The Doctor's position was no sinecure. His patients often lived many miles away from Waitangi. One trip to an accident case sixty miles distant included a cold ride through eight miles of water across a lake, the complete journey occupying the best part of ten hours.

Chatham Islands, contd.

There always has been considerable difficulty in obtaining the services of a medical practitioner who would be suitably qualified and otherwise fitted for work in the Islands. It was suggested in 1957 that some arrangement might be made with a House Surgeon whose term of appointment in the Christchurch Hospital had expired. If such a scheme came into force a special grant might be available to raise the salary to a more attractive level including the payment of £100 that the Government Department pays subject to the Medical Officer undertaking the medical examination of school children. As a temporary measure this suggestion was carried out. Since the Board appointed Dr. Drew in 1927 there have been no fewer than nine appointments. Of these, four house surgeons from the Christchurch Hospital were sent to act temporarily. It is clear that the Chatham Islands post is difficult for any medical man to hold, and were it not liberally subsidised, would not warrant any doctor establishing himself there. Medical and surgical skill are not sufficient qualifications. The Chatham Islands Doctor must possess tact to a marked degree to deal successfully with the mixed population of Europeans and Maoris.



Chatham Is. Hospital.





Cheviot Hospital.



1919.

In 1919 the Cheviot County Council expressed its intention to raise money for the erection of a Cottage Hospital and Maternity Home by means of rates, and the Hospital Board was notified that a site offered by W. T. Robinson had been chosen. The situation was unrivalled, with a good water supply, drainage and shelter plantation.

The Board had had proposals under consideration and felt that it could not depart from the method of financing that had already been laid down recently for other districts. It was willing to proceed with the work of erecting a hospital if the Council would undertake to provide, by means of voluntary contributions, a sum that, with the Government subsidy of 2½/- in the £., would provide two-thirds of the cost. In the event of the Council agreeing to this proposal, the Board asked if they would take steps to acquire approximately 2½ acres of land belonging to Mr. Robinson, which was approved by the Board's Committee.

The Inspector-General advised that the Government could not entertain the question of subsidising grants from County Councils for the purposes of erecting Hospitals, with the exception of Oxford and Waikari, which had already been determined.

1923.

In April, 1923, the County Council, considered a proposal made by the Board's representative for the County, but could not see that any advantage would be gained to warrant the erection of a Cottage Hospital, as the Amuri Hospital was more or less empty. Patients were sent on to Christchurch Hospital for treatment as there were neither facilities for operations nor the services of a second medical man.

The Council then approached the Board to consider the possibility of stationing an ambulance at or near Cheviot. An instance occurred when a man fell off a cliff and was badly hurt. The Railway Department refused to carry the man to Christchurch, and as there was no ambulance available, an ordinary motor-car had to be used.

In October, 1923, arrangements were made with Dr. Mary Erwin to go to Cheviot for three months. She intended settling in the district and the arrangement was approved by the Health Department. Later Dr. Erwin established a dispensary when Mr. Rentoul, the chemist, left the district.

The Cheviot County Council then convened a public meeting, at which a unanimous resolution was passed urging the erection of a Hospital. Later a petition containing the names of 170 ratepayers was forwarded to the Board, requesting favourable consideration of the erection of a Cottage Hospital.

1924.

In August, 1924, the Board's Committee visited Cheviot to select a site for a proposed maternity Hospital. It was intended that the institution should contain four beds, one to be set aside for acute or emergency cases. The Committee selected the site to the north-east of Cheviot, an area of 2 acres, 2 roods, 27 perches. Water was procurable from springs at no great distance and the Board was assured that water could be obtained by sinking a well on the site itself. The cost of the section was £300. When it was found that a section of unoccupied Crown Land was included in this block, application was made for its transfer from the Crown to the Board. The

Cheviot Hospital. contd.

Department considered that the section should be purchased in the usual way at Crown valuation. The property was bought from Mr. McClintock for £300 and he agreed to transfer his Crown lease without remuneration from the Board. Section 2, block 29, in the township of MacKenzie, consisting of 1 rood, was purchased for £15.

In September, 1924, the Medical Officer of Health made an analysis and furnished a report on the condition of the water taken from the spring at the rear of the ground on which it was proposed to establish a Hospital.

1925.

Everything appeared to be in order for the plans to be put into operation, but as if to prove that every public institution must conform to the rule that progress hastens slowly, the Department in July, 1925, decided to oppose the multiplication of small general hospitals in country districts, and regretted that it could not recommend the Minister of Health to approve the erection of the institutions at Cheviot and Little River. Attention was also drawn to what appeared to be undue numbers of major operations performed in country hospitals.

Up to October, 1925, nothing further was heard from the Department of the plans which had been submitted, and the people of the district were becoming very importunate, as the matter of a hospital had been held in abeyance so long. Land was purchased with the concurrence of the Department and the residence of a doctor had been completed; all this in anticipation of the building of a hospital at an early date.

In December, 1925, the Board pressed for some determination with regard to the proposals for the erection of hospitals at Cheviot, Little River and Lincoln respectively. The Department took up a somewhat uncomprising attitude and there seemed very little chance of getting hospital accommodation. Mr. G. W. Forbes, M.P., Cheviot, was asked if he could urge upon the Minister the real need for maternity accommodation. As it was years since the movement was first brought forward and twelve months since the Board applied to the Department for consent, it seemed a pity after all the delay that Cheviot should have to suffer because of a wave of economy.

1926.

After an interview, the Director-General had with the members of the Board in August, 1926, he agreed to the proposal for the Cheviot hospital. The Board was assured that there was a good and plentiful supply of water on the road reserve running along the banks of the McQueen Creek. Tenders were called for the construction and that of A. H. Pearce was accepted for £2,110. The plan provided for two single bed-rooms, three staff bedrooms, all on the ground floor.

1927.

On the 4th July, 1927, the official opening of the Cheviot Hospital took place. Mrs. G. W. Forbes performed the ceremony and the opportunity was taken to express the Board's thanks to Messrs. W. McDowell and G. W. Forbes, M.P. for their donations towards the laying-out of the grounds.

Following the Board's usual custom of presenting a silver mug in honour of the first-born child, a presentation was made to the parents of Cecil William Norman Chishelm, born on the 3rd August.

Cheviot Hospital. Contd.

There was rather a setback in September when the Director-General was distinctly averse to a hospital, erected for maternity purposes, being used for the treatment of medical or other cases. The Inspector of Hospitals pointed out that the work of the Cheviot Hospital was a heavy strain on one nurse, who had no one to relieve her. Even when the hospital was empty the Matron had to be constantly on call in case of emergency. He recommended that the domestic be replaced by a hospital aid, sufficiently trained to allow the Matron to leave the hospital when the condition of her patients permitted.

1930.

In March, 1930, an official visit was paid to the Hospital when it was reported that the surroundings, garden and lawn were in excellent order, the buildings were kept in good repair and everything was satisfactory except for the difficulties regarding the water-supply. Although the Cheviot hospital is isolated, it proved to be of valuable service to the district in 1931 when a considerable number of maternity cases were admitted. This was due to the location of the Public Works Camp.

When it was proposed to set up a local Advisory Committee, the Cheviot County Council thanked the Board for the opportunity, but considered that the Hospital was carried on efficiently; should occasion arise, the Council could adequately represent its case to the Board under existing conditions.

1940.

In March, 1940, the Red Cross Society showed its interest. For the purpose of collecting funds for the Hospital grounds, a garden fete was organised and proved financially successful. Local interest is naturally aroused during war time when such associations as the Red Cross are very active and are seeking means of service, especially to hospitals. It is to be hoped these very much appreciated efforts will be continued in the reconstruction years following the war.
