

DUNSTAN HOSPITAL

125TH ANNIVERSARY

FOREWARD

For 125 years, Dunstan Hospital has provided care for the sick and injured. It was built in 1863 and its 50 beds were immediately taken up by suffering miners.

In 1878, disaster struck. A severe flood forced the people of Clyde to dismantle the Hospital and drag it to higher ground, not far from the present site.

Around the turn of the century, a new hospital was built – a large wooden structure.

In 1958, the Dunstan as we know it today was completed.

This Booklet outlines some of the highlights of the Hospital's history and also mentions some of the people who played a part during that period.

The Booklet will serve as a memory for some and will allow others to appreciate the work done through the years, by many hundred of anonymous Hospital employees and volunteers.

I am sure that the Hospital will continue to function for many years but its services will no doubt change to suit the needs of the people on the district.

As services change and become more community orientated, the Hospital will continue to be the focal point for the care of the sick and the infirm.

I trust that this Booklet will provide pleasure for the reader and happy memories for those attending the celebrations during the weekend of 5 – 7 August 1988.

SJ Wormald

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"REQUEST FOT TITLE - 1866"

Messrs Stratford, Barlow, Edwards and Cope, the Committee appointed at the last monthly meeting of the Dunstan District Hospital Committee, to reply to his Honour the Superintendent for a Grant of land at the present site of the Hospital, instead of the site set apart by the Government under the terrace to the rear of the Clyde Township, held a meeting on Tuesday morning at the office of Mr Warden Stratford, when the following resolutions were proposed and unanimously agreed to: "That the Area required for outbuildings, recreation walks for convalescent patients, and for the purposes of a kitchen garden, is 10 acres, and that a memorial, signed by the Sub-Committee, be at once forwarded to his Honour the Superintendent, requesting that he will be pleased to issue instructions causing an area of 10 acres to be laid off, in and around the site upon which the Hospital now stands, it being about one mile below the Township of Clyde, on the banks of the Clutha, and within the town belt; and further, that his Honour will take into favourable consideration, the desire of the Dunstan Hospital Committee, that in future the ground, viz. 10 acres on the site above mentioned, should be granted as a Hospital Reserve, and that the site be marked on the Plan of the Township, and hitherto observed as a Hospital reserve, shall be abandoned, and the area now applied for, granted in lieu thereof. That Mr Cope, a member of the Committee, be deputed to wait upon his Honour the Superintendent, and lay before him a copy of the resolutions passed at this meeting, together with the memorial of the Committee, already referred to. The memorial is as follows: Dunstan Hospital, 27 June 1866. To his Honour the Superintendent of Otago, may it please your Honour - We the undersigned members of the Dunstan Hospital Committee, having been authorized at a General Meeting (as per Minutes attached) of that body, to ascertain the area required for Hospital purposes at the site upon which that building now stands, and further to petition, your Honour to grant us the site and area required, in lieu of the site now observed and surveyed as a Hospital Reserve, we beg most respectfully to submit for your favourable consideration, the prayer contained in the resolution of the Sub-Committee herewith attached.

1. That we have just reason to fear that encroachments may be made on the ground now enjoyed by us as Hospital Reserve (but without any right or title) by miners in search of gold, and that such encroachments, were they to take place, would effect serious injury to the ground, it having been carefully enclosed and cultivated for kitchen garden purposes for the benefit of the Hospital patients.

2. That the site which has been surveyed as a Hospital Reserve is totally unfit for that purpose, as it is situate away from water supply (which is so much required for such an Institution) and moreover, that the building now stands on the most convenient situation whithn the vicinity of the Township.

Leaving, with an expression of entire confidence, the matter of our request for your Honour's consideration, your petitioners will ever pray."

Photo Dr James G Hyde 1886 - 1914

DUNSTAN DISTRICT HOSPITAL

Since gold-rush days, Clyde has been the Hospital Centre for the district, and it has been there the admission body has always met. Until the passing of the Hospitals' and Charitable Institutions Act of 1855, the public Hospitals of Central Otago were supported by voluntary contributions assisted by Government Grants in aid, and were under the control of separate Committees.

The passing of the Hospitals and Charitable Institution Act 1855 brought about the establishment of the original Central Otago Hospitals Board in 1 October 1885, the contributory Local Authorities being the Counties of Vincent and Maniototo the Boroughs of Cromwell, Alexandra and Naseby. Under the new system, all monies raised by levy on Local Bodies carried a Government subsidy of £1 for £2 (£2 for £2) – in other words, after deducting the voluntary contribution and subsidy thereon. And patients' payments, the Government paid half the net estimated deficit of the amount required to maintain the Hospitals, the remaining half being raised by rates.

In a sense this system had its origin in Clyde, because the first Hospital district to be organized under a system of rates and Government subsidy was formed in the County of Vincent in 1879. It was the intention of the Colonial Treasurer to extend the system throughout New Zealand, but Local Body opinion was strongly against this.

The first members of the Central Otago Hospital Board were J McKenzie (Naseby), Duncan McKellar (Cromwell), GN McDonald (Alexandra), Thomas Foster (Maniototo), William Fraser (Vincent) and John Dickie, Secretary.

The Dunstan District Hospital was established early in 1863 at a time when sickness, owing to exposure suffered by miners, was more prevalent than today. Some 45 unfortunates sought medical assistance and shelter there.

The building, a wooden one, provided 50 beds and was situated on a terrace looking over the Molyneux River (later named Cluth) a little over a kilometer from where the town of Dunstan (Clyde) was settled at the same time.

The mining community subscribed liberally towards the maintenance of the Hospital, which was managed with considerable ability by a Committee of 13 local residents.

There was a resident Surgeon, Matron & Wardsman (they were a married couple) and a Cook, with the convalescing patients helping as much as possible.

The building was surrounded by a well kept garden, 4 acres in extent, including a lovely Weeping Willow. Water was supplied by a race coming off the Clyde supply race from Waikerikeri Valley.

In January 1869, the main Hospital building contained – a Mens' Ward, a Female Ward and a Chinese Ward. The Chinese lived the same as the other patients, only they consumed a much large portion of rice. Smoking of opium was permitted. Apparently opium smokers could take no other stimulant.

Outbuildings consisted of a kitchen, stable, washhouse, bath house and lumber room. There was ample provision for storing water with every drop of rain being saved and stored in tanks, capable of holding 1800 gallons.

Donations were augmented by bazaars, sports meetings, balls, lectures and horse racing, where at every meeting (and there were many in the district) a race was chosen as a "Hospital Race" with all money invested being donated to the Hospital. Impromptu dances were also very popular.

The purchase of liquor for the Hospital was questioned by the Dunstan Times of 22 May 1868: "the consumption of spirituous liquors, under the heading of "medical comforts" must be on a scale equal to, if not larger than, any hotel in the

district." The report went on to estimate that on average, patients were consuming rather more than the three "nobblers" each!

In 1869, the Alexander Ward was lined with tongue and groove timber and new iron beds replaced the wooden ones. At this time, tenders were called for the Surgeon's House "not to cost more than £400 (\$800)." The tenders received were too high and so the plans were returned to the Architect and new ones called. The Government contributed £100 (\$200) towards the erection of a Refectory Ward, built of local stone.

An election for a House Surgeon to replace Dr Shaw was postponed when it was discovered four children had voted. Legal opinion was sought and it was found that infants were able to vote, providing they were living with, and dependent on, a parent and a contributor within the Hospital Ordinance 1862. Dr Burrows was duly elected and his salary raised to include looking after prisoners from the jail.

Before the end of 1869, the Albert Ward's roof was raised 2', the water supply and sanitary conditions were upgraded and a thatched roof was put on the pantry. The grounds were substantially and securely fenced, and 3 acres of ground ploughed and planted with potatoes, making for greater efficiency and less expense.

In 1870, Government subsidies were reduced and the financial position of the Hospital became a concern. Salaries were drastically cut – Surgeons from £400 to £150 p.a. (\$800 to \$300); Wardsman and Matron from £120 to £90 (\$240 to \$180) and the Collector for £100 to £50 p.a. (\$200 to \$100). An outraged Staff resigned and a new Staff was advertised for. However, by 1873 things had improved and applications were invited for the position of Surgeon, at a salary of £300 (\$600) p.a. with a private residence and a private practice.

There were six applications, the successful one being Dr Alexander Thompson. In 1875, Dr Thompson visited England and a ship's doctor, Dr Christopher Allen who had just arrived in New Zealand, became the locum. Dr Thompson was commissioned to purchase medical supplies while in England and these duly arrived with an account for £36.9s11p (\$72.98).

In March of 1876, Dr Thompson had still not returned to the Hospital, despite his having been in New Zealand for some months. He failed to answer telegrams or communicate with the Committee, and later that month his resignation was received – stating that this decision was made "because of lack of instruments at the Hospital."

Hospital funds were decreasing and the Secretary was instructed to write to all station owners, business people and leading men in the district, asking them to help collect money. An advertisement was also placed in the Dunstan Times advising all defaulting paying patients that, unless their dues were paid immediately, their names would be published and proceedings taken against them.

During 1877 a verandah was added to the Doctor's Residence and minor alterations and repairs to the Hospital included the renewal of pipes and taps in the bath houses, and the removal of a closet from one side of the building to the other.

Concern was expressed at a meeting in May 1878, that a woman had been admitted as a paying patient for 'accouchement' (lying in). It was felt that a very bad precedent was being started. The Secretary read the rule referring to the particular class of cases which could be admitted. At the July meeting, it was decided that a Lying In Ward for paying patients be established, fees payable in advance to be: Doctors' £5.5.0 (\$10.50), Nurses' 15/- (\$1.50) and Board 30/- (\$3.00) per week.

In September 1878, a special meeting was called to approve the action taken to remove the Hospital buildings threatened by flood. Everyone in the district helped cut the building up into sections, removing them to an upper terrace. A vote of thanks was recorded "to those persons who so zealously assisted in saving Hospital

property." A Sub-Committee was later formed to select a new site, prepare a plan and cost within one month. This was done and a site on the Upper Terrace to the South East of the Surgeon's Residence was chosen.

Also in 1878, the Otago Bible Society was requested to supply copies of the Bible in English, French and German.

During 1879, most meetings were concerned with the payment of various accounts regarding the re-establishment of the Hospital. It took some eight months to resolve a dispute over laying of the concrete kitchen floor and the new year started off with the Wardsman being instructed to demand the return of a flannel nightshirt taken by

The site where the first Dunstan Hospital stood in 1863. Clyde (The Dunstan) can be seen in the distance.

A 50 bed hospital, built of wood, was later pulled down and relocated on higher ground when the Clutha River threatened to flood in 1878.

a patient.

1880 was not a very successful year for the Committee, with most meetings cancelled for want of a quorum.

1881 began with reductions in salaries once again – the following was recorded in the Minutes: “No word heard from these people – they are not resigning.” The cost per patient, per year, was 9s 9d (\$1).

In March 1881, the Resident Surgeon was instructed “not to receive into the Hospital, any suffering from the effects of liquor, except upon payment of all monies due by them” – and at the same time to secure “one weeks maintenance in advance.”

The interior of the Hospital was painted in 1882, new beds and bedding purchased, and a stove was installed in the Men’s Ward.

A new Resident Surgeon was appointed in March 1882, but it was not long before patients complained of the negligence of the Doctor, who had been seen “apparently the worse for liquor.” By August he had been dismissed and a replacement was installed by September of the same year.

At the first meeting in 1883, it was decided to purchase a Visitor’s Book and the Wardsman was instructed to ensure that every visitor signed it. The financial situation continued to cause concern and “leading citizens” were to be asked to arrange a bazaar to raise funds. The local ladies were later acknowledged as having raised some £150 (\$300). The kitchen was repainted, new roofing installed and the water race upgraded.

In 1884, the Secretary received an increase in his salary to £20 (\$40) per annum. Two patients from Europe were allowed to remain in the Hospital on the understanding that the Government would make a special case in granting £1 (\$2) per week each for their care. This was half what the Committee had requested.

During 1885, a Sub-Committee, under the Chairmanship of Benjamin Naylor, was appointed to look into Hospital and Charitable Aid Institutions Act. They agreed that it would be advisable to have a separate Institution under the Act, the only difficulty being the raising of the £100 (\$200) in subscriptions. This was soon overcome with local gentlemen being approached to help raise subscriptions. The first meeting of 1886 explained the incorporating of the institution as a separate Institution and a week later, the following Trustees were elected: James Hickson, JE Stevens, F Jeffrey, John Crawford, LD McGeorge and Alexander Joss.

The resignation in August 1886 of Dr Lewis, saw the Committee once again advertising nationwide for a replacement. Dr James Hyde, the successful applicant, took up his duties in November 1886 – subject to the condition that he not “absent himself from the Institution for longer than 24 hours without the Chairman’s or two trustees’ consent.”

In June 1887, the Committee received a letter from Dr Hyde and the Wardsman concerning a dispute between them. A Sub-Committee was formed to investigate the complaint. After several meetings and the resignation of one Committee Member, the Wardsman and Matron were dismissed for “insolent conduct towards the Surgeon.”

In August the entranceway and halls were painted and papered, a window was put in the end of the Female’s Ward and the Committee investigated the purchase of a fracture bed. (It took until May 1888 to have a fracture bed installed).

It was decided to take legal action to recover monies owed by paying patients. £5 (\$10) was approved to buy new blankets and a variety of fruit trees were purchased.

Other improvements during 1888 included the purchase of 200 yards of wire netting for the kitchen garden, a kitchen range and boiler was installed, the hearth was replaced in the sitting room at the Surgeon's Residence, as was the dining room grate. Carpet and matting was purchased for the Mens' Ward.

100 trees were planted during 1889, after the Committee had approved a Grant of £10 (\$20).

Improvements and purchases during 1890 included a verandah replacement at the Surgeon's Residence, two easy chairs, fracture bed, iron beds with wire woven mattresses and six ward lockers.

In October 1891, the Committee resolved that a sum not exceeding £60 (\$120) be spent on building a Mortuary, and in 1892 it is recorded that some Members felt that buildings were in a dilapidated condition and that urgent steps be taken to erect a stone Ward, to form part of a new Hospital Block." During that year trouble between a Chinese patient and the Wardsman was noted, and Committee Members were asked to investigate. Apparently Charlie the Chinese had been guilty of repeated acts of insubordination, resulting in the Resident Surgeon discharging him.

In 1893, Plans were drawn up for the new "small country hospital", consisting of an 8-bed Ward, 4-bed and 2-bed Wards. Other amenities would include a parlour and bedroom, surgery, dining room, kitchen, storeroom, coal house, wash house and mortuary.

It was not until a year later that a tender from Mr AO Fountain of £385 (\$770) was accepted. At the same meeting, the Trustees considered a notice of motion "That the Resident Surgeon be given 3 months notice as the Committee would not require his services after that date."

Early in 1894, the monthly account of £67.4.0 (\$134.40) was paid but the Trustees "noted with regret" that the account was much too high and the resident Surgeon was requested to exercise greater economy in the future. By August, some savings were noted!

In June 1894, the death of Life Governor, Past President and a loyal member of the Hospital Board from its beginning, Hon. Vincent Pyke, was recorded with the following Minute: "The Trustees of the Dunstan Districts Hospital having learnt with deep regret of the death of the Honorable Vincent Pyke, a Life Governor and former President of the Institution, who always took a lively interest in its welfare, desire to place on record their hearty appreciation of his past valuable services and also to express their sincere sympathy to Mrs Pyke, in her sad bereavement."

In 1885, water was piped to the vegetable garden and building of the stone Ward progressed slowly. During the year, bazaars and concerts netted £187.4.0 (\$374.40) and miscellaneous expenditure included Venetian blinds £9.14.6 (\$19.45) for the new Ward.

People gathered from outlying districts to join in the celebrations at the opening of the new Ward on 14th April 1896. Local ladies served a delicious afternoon tea and a dance in the Clyde Town Hall ended the celebration.

Donations of 75 macrocarpa trees from Mr Robert Studholme of Pembroke and 50 macrocarpa trees five ornamental shrubs from Mr George Mathews of Dunedin, were gratefully received.

A special meeting was held by the Trustees which decided to empower the Visiting Committee to procure a W.C. and Urinal "to be erected in a suitable position."

When the Resident Surgeon applied for five days leave of absence, he was asked to "take note that in future, no leave of absence would be granted unless 3 clear days of notice be given" also "that qualified locum tenens be provided who would be expected to live at the Hospital or residence and visit the Wards daily." Dr

Hyde was again later reprimanded for painting the Doctor's Residence without authority and the Trustees "declined any liability" when it came to assisting with payment of same.

Two 400 gallon iron tanks were purchased and installed by the kitchen door to form part of the water scheme. The stone morgue, first spoke of in 1891, was built at a cost of £65 (\$130) and a new windmill was providing ample water for both domestic and Hospital purposes.

During 1899, linoleum was purchased for the Wardsman and Matron's room, several pairs of slippers for patients were provided and £25 (\$50) was voted for the purchase of surgical instruments.

In August of that year, Dr Hyde requested six weeks leave of absence. When he had not returned in October, a notice of motion was tabled "That Dr Hyde be given notice that from after 3 months from date, his services would not be further required." However, after a letter of explanation was received from Dr Hyde, the following was passed: "That Dr Hyde have explicitly placed before him, that if he fails to attend with greater regularity to the duties of his office and in taking a more lively and active interest in the Institution and its surroundings, the Trustees feel encumbered to call on him to resign." (Dr Hyde was at Dunstan until 1914!)

At the end of 1899, a tender for the additions to the Hospital buildings for £1277.13.6 (\$2555.35) had been approved. Successful tenderers Kinaston and Lambourne of Dunedin, began work in the new year.

A firework display arranged by the Chinese community in 1900 resulted in £27.17.1 (\$55.71) being donated to the Hospital and at the end of that year, the Wardsman and Matron were given three months notice and duly qualified Staff replaced them. The first qualified Matron, Miss Carmichael, was employed at a salary of £50 per annum (\$100).

Appreciation was recorded "to the Clyde ladies who canvassed the gold dredges within the Hospital district (approximately 11), stations and residents, to help pay for the new Hospital – a tidy sum resulted."

Kitchen tenders were called and successful applicant, Mr McArthur, began work in May 1901.

The Wardsman was dismissed for insubordination when he refused to obey Dr Hyde – he was given a weeks notice and one-way travel expenses of 30/- (\$3).

The Matron's salary was increased by £10 (\$20) and an application by the Wardsman for an increase in his salary was refused.

The Committee appointed a Collector to canvass the district at 12/6 (\$1.25) per day. It was noted at the beginning of 1902, that the total cost of the new Ward block, including furnishings and drainage was £2245.6.10 (\$4490.70) to date – and the wisdom in employing Matron Carmichael was evident daily, by the expressed satisfaction of both male and female patients.

April to June of 1902 were eventful months, with complaints against Staff were investigated at special meetings of the Trustees. The Wardsman, having earlier been refused a salary increase, resigned, but left before his resignation took effect. He later sent an account to the Hospital of his traveling expenses to Invercargill £2.19.0 (\$5.90) – duly paid by the Committee. A woman patient wrote a letter of complaint concerning treatment and diet – the investigating committee found the complaints were not justified and the woman was advised that the Trustees had full confidence in the Staff, and in the next month, two letters were received from grateful patients who expressed thanks at the kindness and attention received.

A sub-Committee was set up in July 1902, to obtain Plans and specifications for an addition to the Surgeon's Residence and to call tenders for same.

Dunstan District Hospital in the early 1900's

About ten years later, with some additions

When Matron Carmichael left the Hospital for a six week holiday, it is noted that the temporary Matron was employed at 20/- (\$2) per week – four weeks to be paid by Miss Carmichael and two weeks by the Trustees!

Purchases during the year included hand bells, three sets of crutches, clock, colonial sofa and cupboard for the patients' dining room, and a water closet for the Mens' Ward.

In August 1903, it was decided to procure a washing machine "to meet the requirements of the Institution at no more than £5 (\$10).

The Cook received a pay increase to 15/- (\$1.50) per week and both the Cook and the Nurse were given a bonus of 30/- (\$3) and 20/- (\$2) respectively, for extra duties performed when the office of Wardsman had been vacant for four weeks.

Collecting funds for the Hospital was certainly done in some style. It was recorded in 1904, that horse and dray conveyed the Alexandra Brass Band around subscribers to collect monies due. This was to be a familiar sight for many years.

When, in 1908, it was discovered that the windmill was going to cost £7 (\$14) to repair, the Committee made the decision to sell – and were pleased to record they were able to get £10.10/- for it (\$21).

A Typhoid epidemic in 1909 saw the erection of a temporary Ward, and the Resident Surgeon requested that an Isolation Ward be built.

The passing of a new Government Act in 1910 meant Boards could levy the contributing Local Authorities on their rates, with a Government subsidy on those rates collected for that purpose. The Board consisted of eight members. Six were elected from the Vincent County Council, and one each from the Boroughs of Alexandra and Cromwell. The Hospital had a Committee of Management responsible for the day to day running and had to present an annual Budget to the Board for approval. The Board would then strike a levy on contributing authorities. To help finance the Board, patients were charged a fee of about 3/- (30c) a day.

With regret, the resignation of the Matron was received in 1915. She had been accepted for the Dardenelles with the Expeditionary Forces.

Two year later, the Committee instructed the Secretary to advertise for tenders for lighting the Hospital – either by petrol, gas or electricity. Further information was sought on the cost of the "Delco Electric Light" and enquiries were made regarding a proposed electric scheme from the Clyde town water supply. The tender of £226.13.0 (\$453.30) was accepted in November 1918.

Also in 1918, the Acting Inspector-General of Hospitals had been advised that "some persons in the district desired that either the Dunstan or Cromwell Hospitals be closed." He wrote to the Committee informing them that he would not advise such an occurrence happening, and suggested that the rate of maintenance be increased at both Hospitals to 5/- and 6/- (50c and 60c) per day, to cover increased costs.

In 1920, it was the Health Department who thought two hospitals 13 miles apart were unnecessary and too expensive. Their recommendation that only one remain as the central Hospital with all future improvements for that Hospital only, was not approved.

During the Great War, wounded or sick soldiers returning from overseas put further demands on Hospital beds. The Health Department advised that artificial limbs would be free to returned Soldiers. An agreement with Mr Thomas Wilkinson to build a new Doctor's Residence at about £2000 (\$4000) was made in 1921. The Board's Architect, Mr Wales, reported work was progressing satisfactorily and recommended that the Board accept plaster board ceilings instead of oak plywood as originally specified, as it was hard to obtain. The wiring cost £67 (\$134). The

The uniform worn by nurses in earlier days at Dunstan

Residence was finally completed in November 1921, costing £2847.1.4 (5694.13) far in excess of Budget and was exclusive of builder's commission and electrical wiring.

In 1922, owing to urgency of Staff accommodation, the two front rooms, bathroom and scullery were removed from the old Doctor's Residence at Dunstan and re-erected at Cromwell. This work was completed by Mr Lind for £187 (\$374) and the balance of the Residence was sold for £75 (\$150). Owing to rising costs and a 7% interest rate, the Director-General of Health asked Hospitals to adopt a uniform charge for patients – Adults 9/- (90c) a day and children under 12, half price.

Three years later, with the growth of the Board's Hospitals, it was decided to set up a Committee to fully administer the Dunstan and Cromwell Hospitals. At a Board Meeting held in 1925, it was decided a Medical Superintendent should have charge of both Hospitals, residing at Cromwell Hospital and at a salary of £600 (\$1200) per annum. An Assistant Medical Superintendent residing at Dunstan would receive £350 (\$700) per annum.

In 1926 when Matron Aitken requested new china, a representative for an English firm presented samples especially kilned for Hospitals. The Board ordered 50 dozen pieces inscribed with a badge of the Vincent Hospital Board, to be divided between Dunstan and Cromwell hospitals.

The Morgue was in for some special treatment in 1926, when the windows were frosted and a light was installed.

In September 1926, the Director-General of Health attended a meeting at Cromwell and he recommended that the Cromwell Hospital be closed (excluding the Maternity Ward) and that the Board concentrate on making Dunstan the Surgical Hospital for the entire district, and opening an Isolation Block. He suggested that the Board "put aside local sentiment and adhere to his recommendations." A second sister was employed for night duty, shared between the two Hospitals at £110 (\$220) per annum, and a District Nurse was appointed (also shared) for 25/- (@.50) per week.

It is recorded that in June 1927 severe weather caused problems with water and an influx of patients added to the winter woes. The water pipes were dug up to allow a thaw and the overflow of patients were transferred to Cromwell.

In October that year, water cisterns were installed and approval was given for two Tuberculosis Shelters to be erected – these were completed in December 1927.

In March 1928, a balcony was erected in the Womens' Ward and a new laundry and drying room were built. The verandahs on the Tuberculosis Shelters were closed-in later in the year.

Purchases included a cow for £9 (\$19) and the delivery of mail at a cost of £7 (\$14) per annum was approved.

It was noted that eight months after installation, the hot water system throughout the Hospital was not working satisfactorily.

The Superintendent, Dr K Brockenshire, asked the Board to consider installing a wireless set. He commented that funds from a concert he had organized two years previously had "gone in other directions." Residents of Alexandra were prepared to help financially to enable a wireless to be installed. Nursing Staff were advised of the approval of the Council of N.Z. Hospital Matrons, for them to have a minimum of two days off per month.

In 1929, Dr Brockenshire's private telephone line to the Hospital was removed, and the Clyde Postmaster advised it was possible for the Alexandra Exchange to have direct contact with the Hospital from 6 am to 7 pm until midnight after the Clyde Exchange closed.

The closure of either Dunstan or Cromwell Hospital was discussed again – a vote of four in favour four against, saw the Chairman, Mr J Ritchie, exercising his casting vote and the motion lost.

Work in the laundry became a lot easier when a washing machine was purchased, and a tender from Mr Lopdell for the erection of an Isolation Block for £1455 (\$2998) was accepted. On completion, the Matron reported difficulty in communication between the Isolation Block and the General Ward, and requested the installation of a telephone.

The following scale of salaries was adopted in 1930:-

Sisters in General Ward	£110	(\$220)	first year
	£120	(\$240)	second year
Sisters in Maternity Ward	£105	(\$210)	first year
	£110	(\$220)	second year

The financial depression in 1931 saw the Board's Medical Officers and the Chairman's Honorarium reduced by 10%, Gardener's and matron's salary also by 10% and Sister's salary by 5%. Government Subsidies were also reduced by 10%.

Dr Brockenshire resigned in 1934 and Dr D Mair from Dunedin was appointed temporary Medical Superintendent. His salary was £450 (\$900) per annum, with free board and lodging.

In December 1936, Dr Mair applied for six months leave for post-graduate study in England and Dr Austin was appointed Medical Superintendent for that time. With the appointment of Dr Brown in 1937, the Doctor's Residence, used as the Nurses' Home since 1929, was required to be vacated. The Board agreed to raise a loan and build a new Nurses' Home – today used as an Administration Block.

Over the years, many requests were made to provide maternity accommodation and in 1938, the financial position was still such that maternity care was out of the question. In December of that year, the Director-General of Health requested the Board give careful consideration to the report of the Committee of Enquiry into Maternity Services owing to the definite shortage of accommodation in Alexandra. Mr Spain is said to have offered Earnsclough Station homestead, but it was considered too far from Alexandra, and Mr Bodkin offered his residence in Centennial Avenue, Alexandra. The Board stated they weren't in a position to undertake any further commitment and wouldn't restrict patients going to Ranfurly Hospital.

In 1939, the Board decided to install an electric range in the Doctor's Residence.

By 1940, the second World War was in progress, and at the Hospital all exterior lights, including verandahs, were disconnected. Interior lights were shaded so no light reflected outside. All windows and skylights had blinds to comply with regulations, and sand bagging around Theatre and slit trenches were dug, as an air-raid precaution. All institutions were directed to grow as many vegetables as possible, also to have as much coal in reserve as possible, and for the Matron to have an emergency stock of provisions.

The Director-General of Health forwarded Circulars on national rationing as it affected Hospital Boards in respect of sugar for patients, Staff hosiery, and clothing for patients. All stocks on Quinine had to be forwarded to Health Department as the use of Quinine was confined solely for the use of Malaria victims.

An Emergency Hospital Committee was also appointed. Hospital Staff were all under the manpower regulations and could not leave or be appointed without this consent.

The Armed Forces Appeal Board acknowledged receipt of the Board's notice of appeal for the exemption from Service of Doctor Brown, as the Board found it necessary to have a surgeon in the area.

In 1940, the Department of Health advised that on account of ill health, Dr Gladstone would shortly be giving up his Maternity facilities in Alexandria, and advised the Board they should offer a subsidy to Nurse Jesson, who they understood was willing to take over his Hospital, in order to retain an adequate Maternity Service for Alexandria. After the purchase by Nurse Jesson of Dr Gladstone's Maternity Annexe (on the corner of Ennis and Kelman Streets, where Treadwell are situated today), the Board paid a subsidy to Nurse Jesson to supply a Maternity Service for the area. By 1944, under the new Social Security Act, both Nurse Jesson and Nurse Ruff, who also supplied a private Maternity Service at Tarbert Street, (the residence is still there) received £5 a patient allowance.

Miss E.H. Bell, Matron, resigned in 1941 after thirty years of Nursing Service and Miss L.P. Stringer was appointed Matron. These were difficult years and the war situation meant considerable strain through having to comply with regulations, and staffing difficulties. After three and a half years she finally resigned.

In January 1943, the Governor General, Sir Cyril and lady Newal, visited the Hospital and the Board expressed their appreciation and enjoyment on behalf of patients and members of the Staff.

By 1944 with the war in the Pacific looking brighter and Blackout regulations lifted, the Board decided to install street lighting at the Hospital.

Dr Brown also informed the Board that patient bed accommodation was fully taxed at the Hospital and that the Board should plan to provide more accommodation. He also reported on the shortage and difficulty regarding Staff, and complaints from Nurse Aides having to work a nine and ten hour day.

In January 1945, Miss McLees was appointed Matron at 36 years of age, at a salary of £240 (\$480) per annum plus £5 (\$10) per annum uniform allowance.

In 1945, the Board discussed the question of extension to the hospital together with the alternative of a new Hospital to be built in Alexandria.

- (A) Increasing present Hospital to a thirty bed General, including X-Ray and outpatients with a separate six bed Maternity and additions to the Nurses' Home, kitchen and laundry.
- (B) A new Hospital building erected on a site to be acquired in Alexandria, consisting of a General Ward, six bed Maternity, separate buildings for T.B., Medical Superintendent's Residence, accommodation for Staff and administration.

In April 1945, the Director-General of Health informed the Board that a new Hospital would cost approximately £100,000 (\$200,000) or £50,000 (\$100,000) to up-grade Dunstan, and he was firmly of the opinion that there should not be two Hospitals in one Board District. He advised that the Board should consider its future policy before embarking on any major expenditure.

In October 1945, the Board accepted the price of £518 (\$1036) from Mr L Vercoe to convert the Isolation Block into a temporary Maternity Ward.

At the January 1946 meeting, Dr Brown reported that the first two babies had been born at Dunstan and he had knowledge of thirty prospective maternity patients.

In April 1946, the Minister of Health, Hon. A.H. Nordmeyer, visited Dunstan Hospital to discuss with the Board their future building policy. The Board said they were concerned with the cost of establishing a new Hospital at Alexandria, but that the Department could dispose of the present Institution for some other use or make a Grant to establish a new Hospital at Alexandria. The Minister, in his reply, stated

TB shelters on the left were introduced quite some time after the stone hospital was built. This was taken in 1940.

That the Institution had given great service, but it was old and outdated. It was his view, and the view of the Department, that the present site was now unsuitable for further development and he could not agree to further capital expenditure. In his opinion, the Board should acquire land in Alexandra and proceed with a new Maternity building, with the view of shifting the General Hospital there in a few years. There was the possibility of a special Grant being made available for the purpose of building in Alexandra.

In July 1946, it was decided to increase the Matron's salary from £270 (\$540) to £300 (\$600) per annum and to increase all uniform allowances from £5 (\$10) to £10 (\$20) per annum.

With the Alexandra St John Ambulance going into recess in 1945, they approached the Board with a proposition, to hand over to the Board the new ambulance they had ordered. The cost of the chassis £405 (\$810) and the body would cost approximately £400 (\$800), and that subscriptions to date had raised £1020 (\$2040). It was agreed the Board take over the ambulance and at the following monthly meeting, the Chairman informed the Board that Mr W.H. Waddell in Clyde had offered to garage the ambulance for three shillings (30c) a week, and that he was prepared to drive the vehicle outside his working hours, free of charge. The Board approved the arrangements and the St John Ambulance Committee advised that the ambulance would be ready for delivery in October 1945.

The Matron reported in 1945, that as they were unable to keep suitable Staff for the Laundry, she had approached Snowwhite Laundry Dunedin, regarding having laundry done on a contract basis. The Board agreed to this proposal on a trial basis, and in 1946 they were approached by Mr Harrex of Earnsclough, who had started a laundry business. They approved Mr Harrex' prices, on condition the work was done to the satisfaction of the Hospital Matron.

In September 1947, Dr Brown reported to the Board that Nurse Ruff had closed her Maternity Home and offered her equipment for sale to the Board. Dr Brown stated that the values placed on them, in his opinion, were very reasonable. The Board moved that the articles be purchased.

Since 1946, the Board, under pressure from department of Health, tried to procure land on the Terrace, Alexandra, for the establishment of a new Maternity and General Hospital. In February 1948, Miss Mabel Howard, Minister of Health, visited the Hospital and inspected the buildings, and stated she was favourably impressed with the Maternity Annexe and Nurses' Home. A discussion took place with Board Members, Dr Brown, Matron McLees and Mr Bodkin M.P. also present, regarding the proposal to acquire land and build a new Hospital in Alexandra. Mr Bodkin expressed his view, stating that the purchase of land for a complete new Hospital in Alexandra was entirely un-necessary, the only requirement in Alexandra was a new Maternity Hospital. Dr Brown stated that he was of the opinion, that Maternity facilities should form part of, and be situated together with, the General Hospital. Miss Howard expressed a desire to inspect the proposed Alexandra site.

At a meeting in April 1948, some discussion was held between Board Members and the Medical Superintendent about the condition of the Hospital motor mower. It was decided to suggest to Dr Brown, that a patient currently in the Hospital, should inspect the mower and give an expert opinion in regard to its condition. At the same meeting, a Board Member reported that the cow (recently obtained on approval) had been returned as unsatisfactory, and that he was looking out for another animal.

During 1948, much discussion was held about the purchase of a 13 acre site in Alexandra for a new Hospital, with an especially urgent need for more Maternity accommodation to be built (for what we would now call the "post-war baby boom").

In September 1949, a Proclamation was made by the Governor General, for the taking of land in Alexandra for Hospital purposes. Considerable delay was encountered because of opposition by an Alexandra man whose land was being compulsorily acquired. Some land was purchased in 1950 and an option was held on adjoining land. Soon after, a request was received from the Otago Education Board which wished to purchase the land for a school. The Board had decided to buy the land in Alexandra because improvements were necessary to Dunstan Hospital but the Minister of Health at the time, Mr Nordmeyer, would not sanction any further building at Dunstan (Clyde). At a special meeting on 3 May 1950, the Government no longer wishing to make decisions on the Board's behalf, a decision was made to make improvements to Dunstan Hospital and scrap the idea of a new Hospital in Alexandra. Cost differences was the influencing factor.

On 18 August 1948, the sale of three pigs at 10d per lb, less cartage, and the ordering of three young pigs was approved.

In 1951, arrangements were made to raise the Dunstan Hospital Extensions Loan – 1951, of £150,000. Discussions were still being held four years later on the Plans for the new extensions.

At a Board Meeting in November 1953, it was decided that each Hospital should be allowed to expend up to £10 in providing Christmas Cheer for patients and Staff.

By way of comment, it would seem that Hospital Boards were just as involved in decision making for petty items, such as the purchase of a length of garden hose during the 1950's, as they are in the 1980's.

Radical changes have been made following the passing of the 1988 State Sector Bill. Board General Managers will have the power to act on all Staff and organizational matters. The role of Hospital Boards and the new District Committees to be set up under Area Health Board legislation, is to formulate service policies in a planning sense and to monitor the provision of services. A much broader overview of Hospital Services. Area Health Board, Hospital Board and District Committee reports, are likely to be less detailed for future historians.

During 1953, repairs were made to the roofing on the Hospital balconies and the Doctor's Residence and a rotary hoe and mower were purchased. It was noted that for the year ending 31 March 1954, the ambulance had travelled some 2567 miles – and an iron lung was installed in the hospital. Other purchases included an over bed lifting device, electric sewing machine and a breast pump.

A special meeting was held to discuss the proposed extension plans and the following alterations and additions were noted:

General Ward – Baths to be situated away from walls; linen room to be centralized; Room for refractory patients; the Mattress Room to be made large enough to accommodate mattress!; more wash hand basins in bathrooms; Nurses' Duty Room to be changed to Sewing Room; the construction of a Blanket Room should be of a size that blankets can be stored without folding; Screen fixtures in Wards – the days of the wooden screens have gone!; Indirect lighting so as to not disturb patients.

Maternity Ward – the eight beds as provided in the Plan would not be enough to cover present demand, suggested that the wall be extended 4'; Shower to be installed in Bathroom; Duty Room to be converted into a Soiled Linen Room; Soiled Linen Room to be converted into Sister's Office and Duty Room; The Night Sister on-call should have a separate room.

Administration Block – Space provided inadequate; Large flower boxes outside Secretary's Office to be removed and second office built.

Medical Superintendent – No office shown on Plan – suggested that the No. 1 Nurses' Change Room be made into office.

Sterilising Room – The Plan showed that sterile articles had to be carried into corridor, through swing doors into Theatre. Suggested that a door be provided directly from Sterilising Room to Theatre.

Theatre – No change on Plans. Suggested that the present size could be too small when a new operating table was installed.

Laboratory – The Medical Superintendent considered there would be enough laboratory work in the district to warrant the inclusion of a Laboratory on the Plan; Recommended that the Staff Change Room be converted into a Laboratory.

X-Ray – Recommended that the Records Room be converted into Change Rooms.

Extensive alterations and additions to the Nurses' Home included re-siting toilets, wash rooms and pantry, and the provision of an ironing room and cafeteria.

A resolution was passed in 1954, whereby the Board's Staff received free hospitalization – including medical, nursing, domestic and administration Staff.

By January 1955, the salary for the Medical Superintendent had risen to £705 per annum (\$1410).

A room for a Bacteriologist was provided in 1956 by converting the old Kitchen, and Mr Hall-Kenny, Architect, recommended that a Board Room be built between the two existing wings, at a cost of approximately £1000 (\$2000).

In 1956, the Visiting Committee was outraged to learn the Matron had been scrubbing floors and instructed the Secretary to take the necessary action.

Wilfred Dyson Naylor bequested £3000 (\$6000) each to Dunstan and Cromwell Hospitals.

Also in 1956, it was decided to build a two-room Mortuary with one room being suitable for post mortems. A Laboratory Technician was considered necessary and rooms were made available to accommodate same.

Horse hair and flock mattresses were becoming a thing of the past, when in 1956, the Committee decided that all replacement mattresses to be inner sprung.

The Health Department advised the Bacteriologist with a grading of Scale D to receive £965 per annum (\$1930) and tenders were called for the installation of an air conditioning plant in the Theatre.

The Nurses' Home was occupied in November 1957 accommodating Matron, Sisters and Nurses. Most of the furnishings had been installed and Staff were extremely satisfied.

At the end of 1957, approval was given to furnish and equip a new 30-bed General Ward and 11-bed Maternity Block at a cost of £9200 (\$18400 and to lay out the grounds for £2000 (\$4000).

The building programme ended in 1959 with the erection of two Staff Houses.

Mr G Wishart, Chairman, stated in his Annual Report to the Board, that one of the greatest improvements of advantage to the Institution, was the change in administration which was making for simpler and more efficient control. He concluded by saying that in his opinion "we have possibly the finest Country Hospital in New Zealand."

In May 1960, the establishment of kerbing, paths and sealed roading was completed, which finalized the major development programme associated with the re-building of the Hospital.

In 1962, tenders were called for the erection of a new Mortuary and Store Block. A new International Ambulance was obtained and treatment and services were expanded. Thoracic and Psychiatric Clinics were held at Dunstan and a part-time Visiting Dental Surgeon was appointed. Also in 1962, Matron McLees was in the process of establishing a Nurse Aide Training School. The old rubbish buckets became obsolete when "Ferdi" stands and multi-wall bags were introduced. Arrangements were being made to have the laundry services provided from the

Could take
The hospital as it was during the 1940's – 50's. The Balconies were added to
Accommodate both male and female patients.

Otago Hospital Board Laundry and entry to the Common Linen Pool System, Hospital Staff became involved in the Dunstan Gold Rush Centennial held at Clyde and a decision was made that by gradual process, the Board cease farming operations and no replacement cows be purchased. The vegetable garden was to be maintained but the farm was to be leased at a later date.

At the introduction of equal pay rates in the Government Service, Nursing and Physiotherapy Staff employed under the Vincent Hospital Board were the only sections of Staff affected. After the adjustment, living-in Staff paid £3 (\$6) per week for Board and Lodging. Previously they made no payment, while Staff living out received an extra £3 (\$6) a week. Extra items approved for the Dunstan Nursing School included an articulated skeleton which had increased in cost from £57.10/- (\$115) to £76 (\$152) and a female pelvis for £27 (\$54).

The Hospital Aide School commenced in May 1963 with 5 Students and Tutor, Sister M. Caldwell. Before the second intake of students, plans went ahead to include Cromwell Hospital in the School so that integration and standardization could take place. A garage was built at this time for the Matron's use and Staff built a float for the Alexandra Blossom Festival procession.

Preparation for Dunstan Hospital 100 Year Jubilee celebrations in 1963, started a few months before the event. The Centennial Ball was held at Clyde on 6 September and the celebrations were attended by the Minister of Health and the local Member of Parliament.

A major advance in the Board's diagnostic services was provided by the requisition of an electrocardiograph machine in 1963. In that year, the Board also took its place in the Southern Region Transfusion Service. This provided supplies of plasma and human albumin and opportunity to enlarge the blood donor panel. By the end of 1963 the Board was fully participating in the National Bulk Purchasing Scheme.

A lot of discussion went on regarding the advantages and disadvantages of amalgamation with larger Boards, relocation of boundaries and how to keep costs down in general.

In October 1963 the Assistant Director-General of Nursing visited and spoke in favour of having the title "Community Nurse" in place of "Registered Nurse Aid". This title was confirmed in September 1964 by the Nurses' and Midwives' Board, for Nurses undergoing a twelve month training period.

In 1964 Sister Avis Forrest took over the position of Tutor on a part-time basis.

Miss M. McLees was presented with a silver tea service on completion of 25 years in the Board's service. She resigned in September 1965.

These years had seen a great deal of change in nursing and Nurses. Even then, attempts were being made to overcome the parochialism and an interchange of Staff between the Hospitals was encouraged.

As academic standards in nursing rose, it became more difficult to get, and keep, Staff, and employment of District Nurses was difficult. Combining the two jobs while working at the Hospital was not successful and the Public Health Nurses took over the District Nursing for the area.

The new ambulance garage and Morgue was delayed but was eventually completed in 1964, the delay apparently being caused by the new Toilet Block at the Cromwell Racecourse taking precedence. Also in 1964, Dr Cook wrote a history of the first 100 years of the Hospital.

The Board's domestic cleaning and kitchen services were let out for a one year trial basis to Crothall and Co. in March 1965, and this service continues to the present day.

1965 saw the introduction of the new Hospital Employment Regulations requiring Nurses to work a 40-hour week and be paid overtime. This system had been in effect for other classes of employees for some time. Also in 1965, the local clergy were instrumental in arranging a "Meals on Wheels" service. Nurses began wearing name badges which were very much appreciated by patients, and Miss M. Beilby was appointed Matron in August of that year.

The period from 1965 – 1968, as stated by the Chairman at the end of the Board's Term in 1968, was a time of consolidation at the Dunstan Hospital.

The "highlight" of these years would probably be the decision to pass the responsibility for all ambulance services in the Alexandra/Clyde area to the St John Ambulance Service. This arrangement continues to this day, although principal funding is through the Hospital Board.

In 1966, the roadways around the Hospital were sealed by Fairfield Asphalt Ltd. In the same year, there were major changes to the sterilization area in the Theatre. There were also major staffing changes in Administration. It was found that the work, previously carried out solely by Mr Willemsen, was increasing rapidly and a House Manager and Staff Clerk were appointed.

By the end of 1968, many problems were coming to the fore. A severe shortage of Registered Nurses, especially Theatre Sisters was one, as well as the usual acute shortage prior to the Christmas break.

Due to changes in Medical Training, General Practitioners who did surgery and visa versa were almost extinct, and showed no sign of return at that time. Locums were difficult to find and providing surgery was becoming difficult.

The Dunstan Matron, Miss Beilby, had advised her resignation for April 1969, the Physiotherapist had left and no applications had been received.

Discussions on the future of the Nursing School were taking place, and another proposal was put forward to employ our own District Nurse.

It was a good time for lengthy discussion on the many proposals regarding the re-organisation of the Board's Institutions – one of them being to establish an Old People's Home in Central Otago.

As it was also the time of conversion to decimal currency, a new accounting machine was acquired.

Interesting terminology used in 1968 (Foreigners were charged \$13.00 per diem and a member of the Office would interview a non-resident inmate regarding fees)!

1969 saw anti-static rubber fitted to wheels and floors in Operating Theatre and Delivery Theatre, construction of a sewerage scheme between the Hospital and the river at a cost of \$7396.62 and a tender for \$2419.20 was accepted for the re-sealing of the driveway and car park. This project was completed in March. During this month, an air ambulance was requisitioned to transfer a patient from Dunstan to Green Lane Hospital, Auckland. The plane, a Piper AZTEE from Wellington Aero Club was used and the transfer cost approximately \$450.

Miss Rodgers took over as Acting Matron until Miss E. Gorrie became Supervising Matron to the Board and Matron of Dunstan Hospital. The Matron's Flat had another room added to make it a reasonable size.

Clerical and typing services had been performed by one female clerk for the previous two years and a further Clerk/Typist was employed part-time, five days a week. As well as this, a full-time Painter was employed.

A sisters regulation uniform 1950 outside the womens ward of the general hospital

Otago
Provincial Government
Gazette

The Nursing Students were finding difficulties with lack of transport and lack of recreational facilities available during off-duty periods. One bicycle had been provided and another was finally purchased. These two bicycles were constantly in use and of a great benefit to the Staff.

Mr Gordon retired as Secretary at the end of July and was replaced by Mr Willemsen.

On Friday, August 15, A DNTV-2 television crew produced a small documentary film of the Hospital. The film, of approximately 10 minutes duration, consisted of an interview with the Secretary, the Matron, Tutor Sister and some Student Nurses, and also filmed the Nurses going about their daily work.

The seventies have seen a radio telephone installed at Dunstan, a new autoclave to replace one that blew up and a car park provided for Nursing Staff. Also in the 70's, the Board Offices were moved to the Domestic Home building, the Dining Room was altered and a Bain Marie installed. A storm in September 1970 caused damage to roofs, TV aerials and plumbing. Door and window panes were blown out, and all the trees in the plantation were severely damaged.

The appointment of Dr J. Bisset as General Surgeon and Assistant Superintendent in February 1975 saw there-establishment of surgery at Dunstan Hospital. Orders were placed for new surgical equipment and in May, the Minutes recorded that "Threatre was running well."

With the development of surgical services at Clyde Hospital, the Surgical Clinics held at Dunstan by the Dunedin Specialists were reduced in number, but, other Outpatient Clinics were developed with 1975 witnessing the beginning of the Pediatric, Radiotherapy and Obstetric Clinics.

A matter of anxiety for the Hospital Board was the Government's White Paper on Health and the proposal for the establishment of Area Health Boards. The Board's representative at the Hospital Board's Association Conference, reported on the address by the then Minister of Health, the Hon. T.M.McGuigan, who defended the White Paper but, the Board's spokesperson noted that the Minister failed to convince many people, especially the medical profession.

Following requests from Senior Nursing Staff, direct crediting of wages was introduced in April 1975, a move which was well received by all staff members.

Radiotelephones were introduced to Dunstan in May and a report from Mr S Wormald noted that reception was excellent, and that the St John Ambulance Association wished to carry out further investigations into the Upper Clutha Area, with the intention of extending the radio communication network.

A meeting was called in August 1975 to draw up a Civil Defence Medical Plan for the Alexandra, Clyde and Omakau districts. It was agreed that the Plan should cover a major disaster, with the Hospital facilities still functioning or the alternative of a major disaster with the Hospital services out of action.

With the resignation of Dr C. Begg in December 1975, the Board was without a Superintendent for Clyde until August 1976, when Dr D Hodge was appointed.

In his first report to the Board, Dr Hodge paid tribute to Dr Bisset for his service to the Hospital, he acknowledged that he was going to assume responsibility for a Hospital which had been very well cared for. In his second report, Dr Hodge suggested the expansion of surgical services in the area and mentioned that the Surgeons from Dunedin had indicated their willingness to work full days of surgery at Clyde. It was mentioned that, "It was not beyond the bounds of possibility that certain Surgeons could work some of their Dunedin waiting list at Clyde Hospital." Professor A. Clarke and a number of his colleagues had indicated that they would be prepared to increase their work-load at the Clyde Hospital, their aim being to provide the community of Central Otago with a full and specialized surgical service without the need to travel to Dunedin.

The Board aroused the ire of the community with the proposal "That the Cromwell Maternity Ward be closed temporarily as from 15 November 1976. That this Ward re-open on 1 April 1977 and that Dunstan's Maternity Ward close as from that Day."

A public meeting was requested, but the Board felt it could not call a meeting on the matter of Maternity Wards, as Ministerial approval to close the Maternity Wards for a period exceeding three months had not been received.

In April 1977, it was proposed to create within the Hospital, a Chapel, the concept was supported by the Staff, local Priests and Ministers. A Plan was prepared to convert the Superintendent's Office into the Chapel, but the Minutes of September 1977 record that the Chapel was not established.

On a happier note, a District Nursing Service was established by the Board in October and was described as a major breakthrough in Health Services for the Area, by the Chairman of the Board.

Continental breakfasts were introduced to the Hospital in March and the October report noted that after the trial period, the meals had proved acceptable.

In April 1981, the District Nurse's vehicle was out of action for quite some time after a mechanic welding underneath set fire to the plastic fuel line, necessitating a call from the Volunteer Fire Brigade and the Nurse was without a vehicle for three months.

A Dialysis Unit was purchased in July 1981 which has proved a real asset.

The Government decided in 1983 to have Hospital Boards funded on a population-based system and the current Minister of Health, Mr Aussie Malcolm, introduced a Bill enabling Boards to initiate Area Health Boards.

After 26 years of service, the kitchen's Moffat Blue Seal Cooker was replaced. The installation of a new range in 1984 cost \$3750.

The high cost of oil-firing forced the Board to convert to coal, and in 1985 a new Boiler House was built at a cost of \$193,938.00.

Also in 1985 an up-to-date PABX telephone system was installed and Nurses voted to dispense with caps!

A greatly improved water supply resulted after the completion of a new supply in 1986.

Minutes Researched By:

Miss Nean Annan
Miss Edna Dark
Mr Ken Body
Mr Ted Richardson

Miss Beryl Smith
Mr Bob Bell
Dr Don McKirdy

ITEMS OF INTEREST FROM THE ADMISSION AND
DISCHARGE BOOK 1863 TO 1883
AND RELATED COMMENTS

The patients were all male (average age 31) until 1867 when women were admitted.

An exception was an Alice Hughes of Clyde who was admitted on 29 March 1865 but who died from Typhoid on 4 April 1865.

Typhoid sometimes appears to be listed as Colonial Fever. Scurvy was listed in the early days as Scorbutus and was a very common illness causing admission. This disease most likely resulted from the miners' poor diet, consisting mainly of meat and food made from flour. It was known in the mid 1700's that Scurvy was diet related and in some way could be avoided by the consumption of fresh vegetables and fruit. The reduction in admissions for this disease probably occurred because of the market garden started by M. Jean Ferraud of Clyde. At some time prior to 1878 a 4 acre garden was also laid out at the Hospital which would have assisted in the cure of the afflicted.

Initial admissions were high and on opening the hospital, all 50 beds were taken up. The first five months of the hospital's operation have been summarized and indicate a very busy period. Up to 31 December 1863 there had been 184 admissions with 137 patients having been cured, 9 died and 38 spending New Year's Eve in Hospital. 224 out-patients were also seen and the comment exists that a considerable number of the outpatients were cases of Scurvy, Rheumatism and Catarrh. I imagine that Catarrh was a different complaint then from the minor nuisance thought of as Catarrh today. Rheumatism would include Rheumatic Fever with its complications to the function of the heart. Antibiotics which can cure this disease and many others mentioned, had not been discovered.

The Admissions Book as well as listing the patient's name, list age, country, religion, place of employment, disease, recommendation, dates of admission, discharge or death and observations. Ages range from 18 to 46, with the majority being in their late 20's to 30's. It is interesting to ponder how the miners might have communicated with each other, as the countries of origin of patients are commonly are commonly England, Scotland, Wales and Ireland, with a considerable number from Denmark, Norway, Sweden and Germany.

Patients were either Roman Catholics or Protestants with one Jew admitted on 1 March 1885 until 5 December 1885 when a Lutheran named Charles John Frosberg was admitted. On 25 January 1866 the first Presbyterian, a Laurence Manson, was admitted.

The place of employment (later "where from" and even later "Late Residence") column lists some localities well known to present Central Otago residents, and some localities not so well known. Following is a list of early localities:- Adam's Gully, Alexandra, Blackstone Hill, Bannockburn, Bendigo Gully, Blacks, Butchers, Cardrona, Campbell's Gully, Clyde, Coal Creek (spelt Cole Creek on one occasion), Conroys, Cromwell, Dry Bread, Dunstan Creek, Gentle Annie, German Hill, German Jacks, Hamiltons, Hogburn, Nevis, Ida Burn, Kawarau, Potters Gully, Roaring Meg, St Bathans, Serpentine, Shotover, Teviot, Thomsons, Tinkers Gully, 14 Mile Beach.

Early subscribers to the Hospital were able to recommend patients for admission. The higher the subscription, the more recommendations. Patients have either the name of a recommender, were admitted as a result of an accident (not common) or were recommended by the Visiting Committee. Some of the recommenders were

given no title, just initials and surname, most were titled "Mr" and a few had the qualification Esq.

There are few "observations" made. The first was for a 28 year old Englishman, who was admitted on 25 January 1864 with anosoreia but 8 days later "died of dropsy; was moribund when admitted." Dropsy is a disorder now described as heart failure and was probably a result of earlier Rheumatic Fever in this patient. On 1 April 1865 a 25 year old Irishman was admitted with Lunacy "sent from Clyde Lock-up." On 23 February 1866 a 26 year old English seaman from Clyde with a fractured femur, was after a 2-hour admission, discharged uncured for insubordination. On 3 March 1867 a 22 year old Scottish clerk suffering from haemorrhoids, was after 36 days, dismissed for misconduct. A 39 year old Irishman named Scott who spent 66 days in Hospital with paralysis had "absented himself without leave."

Long admissions seem to have been the order of the day with one to three months being most common, one man being relieved of his albuminuria after 279 days! Long term geriatric care was not a feature of the day. Apart from long term geriatric care in the present Dunstan Hospital, "acute" patient's average stay would be about two weeks. This I tribute to the benefits of modern drugs and operative fixation of fractures, currently undertaken at a Base Hospital (Dunedin or Invercargill) with the return of patients for relatively short periods of recuperation and mobilization.

Diseases such as Rheumatism, Syphilis and "kicked by a horse" seldom lead to admissions today but some diseases remain as "hardy annuals": Pneumonia, Epilepsy and delirium tremors.

Reading through old Admission/Discharge and Minute Books, is a pleasurable pastime for both the illustration of diseases and details listed, and the humour seen in remarks which at the time were serious comments.

D.G. McKirdy

Stewart Clyde McPheson was the first baby born at the new maternity ward, June 3, 1958.

Chairman of the VHB Mr G Wishart presented the parents with a silver tankard suitably inscribed.

Left: Parents Syd and Marj McPherson, Sister in charge of maternity Miss Jessie Rawcliffe with baby McPherson, behind, Dr Adam Hunter and Mr Wishart.

TRAINING SCHOOL 1939 – 1941

I have many memories of my time spent as Nurse Aide at the Training School where staff included Dr William Brown, Matron Bell, and Sisters Hall and Talbot. Matron slept on the Women's Balcony until the new theatre was built and the old one converted into a Matron's Flat.

Nurse Aiding included washing the floors every morning, boiling masks and bandages in a tin on the coal range, cutting up bars of soap to make jelly for the laundry – and I once cooked for two days when the resident cook was off sick, using a double oven coal range. Night Nurse was responsible for making the toast and porridge for breakfast. I recall a tiring, itchy day's work sweeping down all the cobwebs in preparation for the arrival of the new Matron, Miss Stringer.

I once spent several weeks in the middle of winter in the Isolation Block with a small boy suffering from Whooping Cough. We weren't allowed to use a heater so we would turn the electric stove on full to try and generate some warmth.

At the tender age of 17, I was responsible for night duty on my own and on the occasion of my first death, the Matron sent me to the morgue to sweep out dead birds before sewing buttons on the corpse's pjyama coat!

When the first X-Ray machine was installed at the Hospital, everyone was lined up for several X-Rays to give the Doctors some practice.

I can remember the Sister's dismay when Matron turned out in black shoes with her crisp white uniform and white stockings.

As an extra duty I had to learn how to master the sewing machine – I didn't have any idea on how to fill a bobbin – but it wasn't long before I was making many-tailed bandages and doing general sewing.

Jessie MAY Butterick

A group of Hospital staff on the steps of the nurses home in 1948.
Back row left, O Templeton, M Frye, M Anderson and J Duncan.
Front Left, E Hebbard, M McDowall, Matron M McLess with baby Charlie Hollows.

PHYSIOTHERAPY

In July 1960, Dr Reid recommended that alterations be made to the old Maternity Annexe, intended for use as the Physiotherapy Department. This was the beginning.

Miss Helen McArthur (now Mrs Nevill) was the first appointed Physiotherapist. Prior to this, patients needing Physiotherapy had to travel to Dunedin.

Miss McArthur started practising full-time with virtually no equipment, in a small room in the old Maternity Annexe, with patients coming from as far away as Waipiata, Lindis Pass and Fruitlands.

Later, a short wave and an Ultrasound machine (still in use today) were purchased, and trundled between Dunstan and Cromwell Hospitals.

In 1961, it was recommended that the cost of Physiotherapy to persons not entitled to free treatment under the Social Security Regulations, should be charged 7/6d (75c).

The position has always been difficult to fill, and in fact at one time in an endeavor to fill the post, the Board advertised in the U.K. and offered to meet the cost of travelling expenses. Finally, in desperation, part-timers were employed.

The demand for Physiotherapy Services has grown over the years and there is now a full-time Physiotherapist based at Dunstan Hospital.

Lynn Weedon

THE OCCUPATIONAL THERAPY DEPARTMENT'S DEVELOPMENT

In the 1960's, Daphne Randal was appointed the first ever Regional Occupational Therapist for the Vincent Hospital Board. The National Occupational Board later informed, that because there were not enough Registered Occupational Therapist to staff the existing Departments scattered around New Zealand, it was their "current policy not to open any new Departments."

Increased numbers of students were taken into the Central Institute of Technology for the 3-year Diploma Course, and in July 1981, Janet Money was employed to set up the Department, serving both Cromwell and Dunstan Hospitals, and all the outlying areas (including at that time, Wanaka – Lake Hawea – Omapere). A tall order for one person, but fortunately Janet was a good "problem solver" and her home visits throughout the region assisting the Disabled, from the very young to the very old, are well remembered. She eventually went to Singapore, since at that time, the ways and means were not available to answer her cried for help!

Janet achieved a great deal, including setting up the Central Otago Arthritis Society; the Community Group for people with any disability to meet weekly for socialization, stimulation and recreational purposes, and a roof over the verandah expanded her "petite" Department.

January 1987 saw a new team emerge in the form of Daphne Randle and Jan Pessione, job-sharing 20 hours each. (Special thanks must go to John Weatherall, who thinks we wave a wand over his carefully made "built-up toilet seats" and "easy rise shower stools, etc., since they disappear so fast!!)

The caseload continued to rise with clients being referred from Doctors, Psychologists, District Nurses, Physiotherapists, Visiting Therapists, other Hospitals, Counselors and individuals themselves; after all, aren't we trying to encourage "self-help", independence and initiative? Recently, resources have been made available which will enable us to employ both a fully qualified Occupational Therapist for the Cromwell area, (Joanne Bird) and 20 hours of Assistant time. We look to completing the programme that the dedicated volunteers under the capable leadership of Mrs Wormald have run so successfully for the stimulation and enjoyment of long-term Residents.

... As to the future? We envisage the provision of a better contribution to Multi-disciplinary services for Central Otago, and we will continue to work enthusiastically toward "Quality ASSURANCE".

Jan Pessione

LABORATORY

For many years, Laboratory tests from the Vincent Hospital Board Area were carried out in Dunedin, as early as 1929, the accounts detail fees paid to the University of Otago for Laboratory work.

The first proposal for a Laboratory at Dunstan was made by Dr P McLeod at a meeting held in 1954. However, no progress was made until 1956, when Dr E. D'Ath The Visiting Pathologist to the Vincent Board, suggested that a Laboratory Technician was needed in the area.

The Board applied to the Health Department for approval to establish a Laboratory, and after receiving same, the Board decided that a Bacteriologist would be employed, with his time shared between the Clyde and Cromwell Hospitals. The Conditions of Appointment were set out in November 1956 and a Plan for the Clyde Laboratory was drawn up using the area which would be vacated when the Hospital Kitchen was relocated.

In December 1956, Mr Malcolm Morris was appointed Hospital Bacteriologist, and in July 1956, Laboratory equipment costing £3206 (\$6,412.00) was placed on order. It appears that there was some problem in getting unanimous approval for the Laboratory design, as the Minutes of February 1958 state "Laboratory details remain as planned by J.H. Hall-Kenny to avoid any further delay to completion." Unfortunately the Laboratory was not completed in time for the official opening of the Hospital on the 14th of May 1958, but later that year Laboratory services commenced at Dunstan Hospital with Mr Morris, Sole Charge Technologist.

Mr Morris offered a wide range of services including Haematology, Microbiology, Biochemistry and Blood Banking. At that time most of the tests were carried out using manual methods, and the classical T.N.P.N. was the method of choice for Kidney Function testing when the Laboratory was established.

Although Mr Morris applied for an Assistant, he remained in Sole Charge, apart from the assistance of Mrs Morris Snr, until his retirement in 1977. The Board was very well served by Mr Morris, and the hours he spent at the hospital including 24-hour call duty without relief, must have been very arduous.

When Mr Morris retired, the present Technologist, Mr Ken Boddy was appointed. As a result of increasing ties with the Dunedin Laboratory, the first automated analyser was obtained on loan, and with a developing workload, a Staff Technologist, Mr Ted Richardson, was appointed.

Plans for a new Laboratory were approved, and in 1983, the Laboratory was shifted to its present location in the old Nurses' Home. An establishment Grant provided funds for new computer controlled analysers in chemistry and haematology, which enabled the tests to be estimated in a shorter time and with increased accuracy.

The Laboratory at present occupies bright, spacious premises, has three full-time and one part-time member. It carries out a wide range of procedures, serving the entire Board Area and also refers certain samples to the Dunedin Laboratories for analysis.

With the Board soon to become part of an Area Health Board and the possible introduction of a user-pays system, the Laboratory looks forward to the changes in its scope of work and its role in the community.

Ken Boddy

HISTORY OF THE SUBSTANCE ABUSE SERVICE

The Substance Abuse Service is the "baby" of Dunstan Hospital, officially opening its doors on 6 April 1988.

For some years there had been concern within the community, at the lack of counseling services in the Central Otago area. Self-help groups such as A.A. and Al-Anon had been operating successfully for some years. Their experience, as well as the work of local Doctors and Social Workers, had identified a considerable drug and alcohol problem. These impressions were validated in a comprehensive survey by Graeme Robinson and Jim Hamilton undertaken for the Alexandra and District Council of Social Services (DISCOSS). A second report prepared by Joanne Edwards and Phillip Forde of the Justice Department gave further evidence of the need for a drug and alcohol counseling service. Many community groups and interested individuals were consulted, adding their weight to initiatives in the setting up of a service. The Alcoholic Liquor Advisory Council (ALAC) Southern Regional Manager, Dr Elvy and the Co-ordinator of the Southland Alcohol Assessment Unit, Mrs Cook, were used in a consultative capacity by the Vincent Hospital Board. Initial funding for the Substance Abuse Service has been provided by the Interdepartmental Co-ordinating Committee for Substance Abuse Funding.

The first Substance Abuse Counselor, Mr Colin Hayes, commenced his appointment on 28 April 1988. Mr Hayes, a born and bred Southlander, came to Dunstan after being Co-ordinator of the Community Addiction Services for the Auckland Hospital Board.

Colin Hayes

X-RAY DEPARTMENT

Since the late 1920's there has been an X-Ray service albeit very limited, in the Dunstan area. However, it was not until 1964 that plans for the present Department were contrived. Until then there existed a fixed Unit of limited output, in the old Plaster Room. The broom cupboard contained the Darkroom, so conditions were somewhat primitive, to say the least. With the employment in 1964 of a qualified Radiographer – Mrs Alwyne Pole things changed, slowly but surely, starting with the purchase in 1967 of a Phillips Practix Mobile Unit at a cost of £800 (\$1600) including installation.

In 1973 the floor plan for the present Department was drawn up and in 1976, it was decided to purchase more modern equipment with a higher output and screening facilities. Provision was also made for an automatic processor. This was not installed until July 1979. At the present time we are using a Phillips Medio 51, which was installed during the late 1970's.

M. Mulligan

GARDENING

As far as is known the Hospital has always had gardens surrounding it. In the beginning, the emphasis was more towards the growing of vegetables for the kitchen than having a flower garden. Approximately twenty acres surrounding the Hospital was farmed up to the late 1950's. The Nurses' Home now stands in the former Lucerne paddock. The paddocks to the front and behind the General Ward were lush with grass and about four cows supplied the milk and cream.

All that remains, is the cowbyre which was built in the late 1950's and the cows were finally sold in 1962. Pigs and hens were also kept to supply Hospital needs.

Water came from the Clyde supply, by open race, with the present race being built about 1920 and a well sunk beside the Doctor's House, was pumped by a windmill.

Little is known about the gardeners in the first years of the Hospital's existence. Possibly the wardsman milked the cows and looked after the garden. Both Matron Bell and Matron McLees usually tended the flower garden. Rabbits were quite a problem, even the flower plots received regular visits.

The first cowman gardener was a Mr Duff in the 1920'2, followed by Joe Grundy then Tom Cherry in the late 1930's. The last of the cowman gardeners was George Atkins, 1946 to 1965. George was an exceptional gardener with a highly productive unit. The vegetable garden extended from beside the original Hospital down on the flat to the end of the tar seal behind the Physiotherapy Department.

When the new Hospital was built the grounds were extended and a full-time grounds man, Ernest McGrath, was employed. He was followed by Alec Joyce, Des Courtney, Bruce Wallis and John Weatherall.

In 1984 the gardens at both Cromwell and Clyde were let out to contract, and since then have been the responsibility of Mr Charles Blok.

John Weatherall

"SO YOU WANT TO BE A NURSE!"

In 1901 the employment of the first Registered Nurse came almost unremarked to Dunstan Hospital.

For thirty years before that, the nursing services were provided by a stalwart, caring breed of pioneering women. These women became experts on the subjects of Gold Fever and all its symptoms. Then followed Tuberculosis, Influenza, Polio, Bubonic Plague and surgery.

Have you tried to imagine what nursing was like at Dunstan before the advent of electric light, running tap water, proper sewerage or medicines?

Oh! You have, and you still want to be a nurse. Yes, I agree, things are totally different now.

Take the original Dunstan Hospital for instance. It was a wooden structure and was situated where the vegetable garden used to be. There were two Wards then, Albert and Alexander. (The names should tell you something). Fifty beds in all. In view of the conditions existing at that time, it is no wonder that all 50 beds were full on opening day: and there were more applications that the Committee could accommodate. (This was known as the first New Zealand waiting list). Have things really changed?

Male only were admitted until 1867. Yes, that may be the reason why there was no shortage of staff at the time. Mind you, the turnover of staff was exceptional. The work must have been very exacting. All that scrubbing and cleaning by candlelight, growing food, milking the cows and trying to keep the neighbor's goat out of the flower and vegetable gardens. And then, there was looking after the clients. Good job they dug a well to obtain water.

After the flood in 1878, the hospital was rebuilt on its present site. (On the terrace to the South East of the Surgeon's Residence). The wooden walls of the old building were brought up and used for the new Hospital. By then a continuous flow of women were admitted, and it was strictly Male Ward and Female Ward. At that time, the Otago Bible Society requisitioned to supply the hospital with copies of the Bible in English, German and French.

Some interesting Hospital acquisitions before the turn of the Century were:-
May 1885 – A fracture bed. Also a housemaid named E. Holden was engaged.

June 1899 – A bath, heater and bed heads.

October 1899 – A Urinal and W.C. Thank goodness!

August 1899 – An operating table.

December of the same year, a mortuary table. No, I can only guess why.

On July 6 1899, the new Ward was opened.

After the turn of the Century, the Medical Superintendent decided that there was a need for a Registered Nurse and on February 8, 1901, the first Registered Nurse, Miss Carmichael from Invercargill was engaged, for a salary of £50 p.a.

After this the Nurse Aides were trained and supervised to a high degree.

In 1918 members of the Otago Hospital Board in Dunedin had been interviewed and agreed that two years service of a probationer nurse in country Hospitals should count as one year towards their State Certificate, provided they had received the necessary instruction in the syllabus. This was to be made part of the agreement with the Resident Surgeon. They were paid a very good salary of 12/6d per week.

During the first World War years, one nurse left to go to the Dardenelles with the expeditionary force, they also had an influenza epidemic. In December 1918 it was reported that the nurse and staff had such a strenuous time during the influenza

The first class of nurse aid students the day they started in 1963.
Standing Pat Dyet, Shirley Tamblyn, Matron McLees,
Judy Dalziel and tutor Maureen Cauldwell.
Seated, Hilda Ruffell, Bev Braid.

September 1966, the first graduation of Community Nurses.
Medical Superintendent Dr. R.G.B. Cook, Tutor Sister Avis Forrest, Jill Sibbald,
Jocelyn Guy, Sue Reid and Matron Marj Beilby.

epidemic that it was decided to give them a bonus, £10 to the Matron, £5 each for the nurses and the cook.

In the following February, all patients with Influenza in the epidemic were to be charged for their medicines.

By the end of 1925, Staff Nurses were getting £110 p.a.

In 1926 when Mr Spain proposed to put in electric ranges and heating appliances at Dunstan, the Board would in no way be committed but agreed to install an electric range for one month's trial. Thank goodness!

It was also in this year that in regard to the supply of meat, a proviso was made that the Matron had the right to reject a joint, should it not be up to the standard quality.

In 1928 Matron Bell said that if she was to allow members of the nursing staff two days off per month, as decided upon by the Board, it would be necessary to increase accommodation at the Nurses' Home.

As the amount of nursing staff did increase, the nurses were moved into the Doctor's Residence. And the Doctor was given the little Nurses' Home. (The present Outpatient Clinic building). The new Nurses' Home being finally built on the present site.

No! No! The nurses today definitely get more time off than that. They also prefer not to stay in the Nurses' Home. So to conserve space, the Nurses' Home is now the Laboratory and the staff requiring accommodation stay in what used to be the Sister's Home.

Did you ask where are the students staying? Yes, we did have a community Nursing School at Dunstan. It was started in 1964 due to the difficulties of retaining staff. Unfortunately the occupied bed rate dropped and even with the inclusion of Cromwell in 1969, there was an insufficient amount of clinical experience available to students. The School was closed in 1977. The Tutors were Avis Forrest and then Jill Kersey. Both did an excellent job. There was a marked improvement in the standards of nursing care and the nurses stayed for a longer time.

Since that time, we have maintained a high standard of nursing care with a mix of Enrolled Nurses, as they are now called, and Registered staff. Hospital Aides are still employed but do mostly do non-nursing work.

Why haven't I told you about the T.B. shelters? Well, we don't nurse people with active T.B. now. The Dunstan T.B. shelters have been gone for a long time. There are still quite a few photographs of them around. In 1929, estimate for the Isolation Block was £1500. The Dunstan shelters had the verandahs closed-in the year before.

It was about that time, the roads were graded around the hospital. The nursing staff also received a uniform allowance.

Yes, we do still wear uniforms, but there again, the reason for wearing them has changed.

Now that Hospitals are heated – the hems have gone up. No longer are nurses "lovely bits of crackling with soft centres."

Dress or overalls are for protection, sometimes to protect the nurse and at other times, to protect the patient.

Identification is sometimes difficult, due to different coloured epaulettes.

Veils are no longer worn by Senior Nurses – thank goodness,, and caps are no longer worn by nurses, although head covers are used in certain areas for protection, e.g. theatre, isolation.

The Dunstan nurses changed from wearing white shoes and stockings to brown shoes and stockings in October 1970.

Did you say what about Maternity patients? Mr Keddell told me that the original Maternity Ward was where the General Ward is today. The first baby to be

born there was Linda Ruffell in 1946. There were a lot of deliveries in those days. Due to lack of beds, the Isolation Block was used as extra Maternity beds until the new Ward was opened on 14 May 1958.

Later, the Isolation Block became the Nursing School. Now it is the Physiotherapy and the Occupational Therapy Departments.

Nursing today is a bit like the Hospital. It has been adapted to suit the present needs of the communities it serves.

Yes, the District Nurses do a grand job. At one time the job was given to the Public Health Nurses but was started up again at Dunstan and Cromwell in 1977.

At present there is no surgery performed at Dunstan. Miss McLees remembers the great surgical years and could probably tell us some great years.

August will not just be the 125th Anniversary of Dunstan Hospital. It will also be the start of a new era. No more Hospital Board, but part of an Area Health Board. Rather like the big change in Nursing Education coming under the Education System and not the Health System.

We are all victims of change, every week and every year. Sometimes the change is more noticeable than others. If we do not bend with the wind, some of us will break.

So, you want to be a Nurse?

B Smith

In 1971 a group of Registered Community Nurses graduated after 18 months training, tutored by Sister Avis Forrest.

Back, Margaret Nolan, Lynette Woodhouse

Seated, Cathleen Hannon, Dianne Tutty, Linda Henderson, Judy McKinlay (nee McLeod)

OBSERVATION FROM THE HOSPITAL BALCONY

Syd Stevens, Journalist and Script Writer of the Musical "Hell Bent for Dunstan", etc., was born at Clyde in 1909. A football injury at Queenstown in his early 20's resulted in a TB Hip that hospitalized him for about four years most of it on the balcony at Dunstan Hospital. Although now in his 80th year, he still has vivid memories of the odd-bods and interesting people who were his fellow-patients; and the efficient nursing staff under Matron Lena Bell, during his long tenure on the balcony.

COURT SITTING ON HOSPITAL BALCONY

The need to qualify as a resident within a New Zealand Hospital Board's district was a serious matter for anyone seeking admission to hospital on their return home after a year or so overseas, before the government's free health scheme came into force in the late 1930's.

Up to that time the Hospital Board was responsible for all residents within its precincts; and relied on contributions from the general public, and local bodies – as well as the full payment of hospital maintenance by any patients able to meet the bills. Anyone in business, or in regular employment, was expected to meet the full cost of hospital care – and defaulters were sometimes the target of legal proceedings. Syd Stevens, an old Clyde boy now living in Rotorua says:

"When I returned home after a couple of years in Australia with a wonky hip resulting from a knock at football, I went straight to Dr Brockenshire – a former team mate and a very good full-back – who referred me to Orthopaedic Specialist, Mr Renfrew White, who said I would have to go into Dunedin Hospital for a thorough examination.

But when I applied for admission at the main office of the Dunedin Public Hospital I was grilled by the Hospital Superintendent, Dr Thompson, who told me unequivocally that as I had not qualified as a resident of any Hospital Board since my return from overseas, I would have to pay a month in advance to cover my maintenance costs,

I managed to rake up enough cash to meet his demands and was duly admitted to the Dunedin Hospital but when Mr White decided to operate, there were further hassles about my absence from the country: and I had to go back home to Clyde and hang about for three months to qualify as a resident of the Vincent Hospital Boards area.

This led to a chain of delays – and by the time I was re-admitted to Dunedin Hospital and had the operation, it was too late. By this time I had a TB hip with mixed infection that, at that time, was incurable. Within a few weeks, I had another visit from the Superintendent who told me that I would have to arrange for my transfer to Dunstan Hospital as soon as possible.

So a month or so after my operation – while still in a plaster cast – I was transferred from Dunedin to Clyde on a stretcher suspended from the roof of the guard's van of the Central Otago train, surrounded by bundles of newspapers, mail bags, beer barrels and crates of eggs. I was met at the Clyde Railway Station by my uncle Syd who carted me off to the Dunstan Hospital in his half-ton Ford, where I was admitted without administration hassles of any kind. I was given a bed on the

balcony off the main ward ... and surrounded by pot plants and colourful flower beds ...I thought I was in heaven."

But despite the halcyon surroundings, and the ideal climate, I was brought back to earth abruptly when I had a visit from the local Solicitor, Mr Bill Harlow, who handed me a Court Summons in which the Otago Hospital Board sought redress for my unpaid dues and maintenance at the Dunedin Hospital.

This led to a sitting of the Magistrate's Court at my bedside on the balcony of the Dunstan Hospital with two Solicitors and the Magistrate. I had to take the oath, my evidence was written down, and I was examined and re-examined by the Solicitors for about an hour. The case was then adjourned to Dunedin where it was finally decreed that the Vincent Hospital Board was responsible for my maintenance at Dunedin.

Syd Stevens

DOCTOR IN THE CREEK

Medical attention for those living off the beaten track in the days before motors and telephones, was a real problem in cases of accident or sudden illness. The late Mr Robert Jopp of Moutere Station used to tell a story concerning the five-year old child of a married couple at the Station who developed acute stomach pains; and with the parents worried stiff, Robert undertook to ride his horse into Clyde to get Doctor Hyde.

It was mid-afternoon by the time he finally caught up with his man; and after a busy day, the Doctor was reluctant to set off for such an out of the way place as Moutere. But after questioning Robert about the boy's symptoms, he decided that any delay could be dangerous.

"Well I don't know the way - so you just go ahead and I'll follow you" he told Robert, placing his foot in the stirrup at the same time.

They set off for Moutere at an easy canter, but as it was winter time, darkness had set in by the time they reached Chatto Creek. At this stage it became necessary for Robert to lead the Doctor's horse by the reins to prevent them from being separated, the Doctor holding to the front of his saddle and submitting himself entirely to his horse's sure-footedness - and Robert's knowledge of the country.

This proved satisfactory until they were half-a-mile or so from the Moutere homestead and were approaching the last creek. Jopp's horse splashed through the shallow ford without hesitation but the Doctor's steed, who was beginning to tire, balked at the edge of the stream for a moment, then responding to Robert's sudden pull on the reins, jumped for the opposite bank. Expecting no such animation from his horse at this stage of the journey, the Doctor was flung from the saddle and straight into the creek. Robert managed to keep the horses under control while the Doctor struggled out onto the bank; but soaked to the hide on a winter's night, this was the last straw for the Doctor.

"You did that on purpose!" he accused through chattering teeth. You think that's clever, don't you? A practical joke! Well I don't think it's funny - I'll have the law on you for this Jopp! I'll summons you - I'll take every last shilling you've got", he fumed.

Robert assured the irate Doctor that the incident was purely accidental and he was finally persuaded to remount and continue on the short distance to the homestead. Wet, cold and completely exhausted, the Doctor's first concern on their arrival was for the welfare of his patient.

"And where is the sick child?" he asked as soon as he had been introduced to the parents.

"He's in bed asleep" the embarrassed mother told him.

"The attack seemed to pass off about an hour after Mr Jopp left. We're very grateful to you for coming, Doctor, but there is really nothing wrong with him, he's been as lively as a cricket all afternoon" she said with disarming frankness.

It took three stiff whiskies and a plate of hot soup to restore the Doctor's composure; but with a change into borrowed clothes, and on a borrowed horse, he was soon on his way back to Clyde.

A PRESENT FOR IKE

A regular visitor to Dunstan Hospital when surgery was needed in the 1920's was Doctor Tom Harrison of Cromwell. He was an outstanding personality with a wealth of experience in army hospitals during the First World War.

A ginger headed, freckly type, he radiated personality and everyone he ever had anything to do with became a personal friend.

He would go anywhere, day or night, through hail or high water and on one occasion returned from the inaccessible Nevis Valley with the tyres of his car in ribbons, and with the rims protected by rope wound round the wheels. He was on a hunting trip with friends in the Glenorchy area when he received word that he was wanted urgently back at the hospital. On his way back, he went over a bank in his car at Queenstown and was killed instantly.

The void left by his death could never have been filled completely, but the task of attempting to do so, fell to Dr R.E. (Wink) Austin. He proved a worthy successor to Harrison and ultimately achieved a similar popularity in the district; but one story that the new Doctor used to tell, illustrates something of the Harrison tradition that persisted for some time after his untimely death.

Ike Thompson was an old age pensioner, who, under the patronage of Dr Harrison had been allowed to live in a small hut on the Hospital grounds, and in return for a few odd jobs, was supplied with meals from the Hospital. Ike had become part of the establishment by the time Dr Austin arrived to take over as Superintendent of the Hospital, and he continued to enjoy the privileges that had been established under Dr Harrison's regime. These he regarded as no more than his due and the friendly attitude of the new Doctor was accepted on the same basis.

Impressed by the old chap's dour independence, Dr Austin took an immediate liking to Ike and with the approach of the Christmas season, he decided to give him a present of 50 Turkish cigarettes.

When Christmas Day arrived there was the usual festive dinner at the Hospital, with the Matron and the new Superintendent doing the honours by handing out small but gaily wrapped packages to the long-term patients; and finally, the special present of expensive Turkish cigarettes was handed over to Ike by Dr Austin.

"Merry Christmas Ike – and many more of them" he told him genially. Ike hefted the package in his hand and after eying it critically for a moment, removed the wrapper fumblingly.

"Huh – cigarettes!! Dr Harrison used to give me a box of cigars" was his sour acknowledgement.

Syd Stevens

The Operating theatre general ward, late 1940.

AND SO TO THE FUTURE

Until July 1988, Dunstan Hospital has, except for the very early years, been the responsibility of the Vincent Hospital Board, a body of people elected from, and by, the people of the Vincent County, Alexandra Borough and Cromwell Borough. The Board has executed its responsibilities well in providing the best service possible, according to the needs of the Southern part of its district centred on Dunstan Hospital.

Because of the availability of greater sophistication in medical treatments and of higher patient expectations, plus the use of highly technical and expensive equipment, planning for Hospital and Hospital related services, requires consideration of regional as well as district and local needs. There was seen to be a need for an administrative body to meet the needs of all of the people of Otago, hence the formation of the Otago Area Health Board, which the Vincent Hospital Board was happy to be part of. To some extent, planning for services at Dunstan Hospital and decisions regarding services to be provided, will be the responsibility of people not necessarily resident in Central Otago, yet a locally elected District Committee will have the task of advising on services to be provided, and of monitoring the service currently provided. Central Otago, for many years, has been under-serviced in relation to its expanding population. It is likely, in the near future, that a Specialist Physician will be employed and be based at Dunstan Hospital. Assessment and rehabilitation facilities will be provided for elderly patient's, and most acute medical admissions from Central Otago, directed to Dunstan Hospital. Some loss of long-term geriatric care to other Central Otago Hospitals might result. The employment of a Resident Surgeon is not likely, as most modern General Surgeons have a preference for working in Hospitals where there is a minimum establishment of three. However, there is a possibility of having surgical lists at Dunstan Hospital Theatre, using teams of Surgeons that would travel up from Dunedin.

A long way into the future, when the population of Central Otago is perhaps 30,000 health administrators might decide that all Hospital Services and facilities should be located at one place. Dunstan Hospital, being close to the centre of "Central" would be a reasonable choice of location for expansion.

Whatever happens, for those who choose to live in the rest of New Zealand, the question will always remain: "Where is Dunstan?"

D.G. McKirdy

Vincent Hospital Board 1987

Back: R.E. Bell, A.C. Rice, J.R. Laing, M.G. Willemson (Chief Executive)
D.A. Hull, W.J.B. Wilson, F.C. Webb

Front: J.M. Anderson, L.N. Burdon, D.G. McKirdy (Medical Superintendent),
S.J. Wormald (Chairman), P.R. McConnell, (Deputy Chairman), J.F. Bransgrove.

MEDICAL SUPERINTENDENTS

1863	Dr Henry Jackson Dr Morice
1865 – 1869	Dr Charles Shaw
1869 – 1869	Dr Alexander T. Thomson (temporary)
1869 – 1869	Dr John Niven
1869 – 1870	Dr Burrows
1871 – 1873	Dr Robert W. Stirling
1873 – 1875	Dr Alexander T. Thomson
1875	Dr Christopher Allen (temporary)
1875 – 1880	Dr Thomas A. Leahy
1880 – 1886	Dr G.A. Lewis
1886 – 1914	Dr James G. Hyde
1915 – 1917	Dr Turnbull
1918	Dr Menzies
1918 – 1925	Dr Turnbull
1925 – 1934	Dr Kenneth Brockenshire
1934 – 1937	Dr Darcy Moir
1937 – 1952	Dr William Brown
1952 – 1954	Dr Peter G. McLeod
1954 – 1955	Dr Peter Stichbury (Acting M.S.)
1955 – 1970	Dr R.B. Gould Cook
1971	Dr Archie St. Clair-Robertson
1971 – 1972	Dr Brian Hay
1972 – 1974	Dr Peter Searle
1975 – 1976	Dr Richard Campbell-Begg
1976 – 1981	Dr Dennis I.D. Hodge
1982 – 1988	Dr Donald G. McKirdy

The Jubilee Committee gratefully acknowledge

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