



## UNDERSTANDING AND EVALUATING HISTORICAL SOURCES IN NURSING HISTORY RESEARCH

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### Abstract

All nurse researchers need to address, in the manner most appropriate to their research methodology, issues of quality related to their research material. This concern is not about the care needed in generating data, rather it relates to understanding and evaluating material that already exists. This article describes four historical sources relevant to the history of nursing in New Zealand and uses them to explain how nurse researchers can evaluate their research material. The dimensions of this evaluation are the provenance, purpose, context, veracity and usefulness of the historical sources. The article explains the questions that need to be addressed in each dimension of the evaluation. The different kinds of information available in the four historical sources are illustrated by references to individual nurses.

**Key Words:** History of nursing, historical research, research methodology, nurse researchers.

Nurse researchers are careful to address issues of quality when planning their research and reporting their findings. Depending on the criteria appropriate to their research paradigm and methodology, they attend to the validity, reliability, rigour or trustworthiness of the process used in generating and analysing their research material. In historical research, however, the researcher is usually locating, selecting and analysing material that already exists. Issues of quality are therefore not about the generation of research material. Instead, the historian needs to understand and evaluate existing sources. This article describes four sources relevant to New Zealand nursing history and shows how the historian can understand and link the information they contain. It then explains how the researcher can evaluate historical sources, using these examples to describe the dimensions of this evaluation and the questions that need to be addressed in the critique.

### Historical Source Examples

At the turn of the twentieth century, to mark its sense of progress as a rapidly developing, modernising British

colony, New Zealand produced an encyclopaedia of its accomplishments. Published in six regional volumes between 1897 and 1908, the *Cyclopedia of New Zealand* presented descriptions of the history, geography, government, industry and business in each locality, as well as biographies of early settlers and noted people in the community.<sup>1</sup> Although the biographical information related mostly to men, 25 trained nurses were represented.

Four nurses listed in the *Cyclopedia* were matrons of large general hospitals: Alma Wooten at Auckland, Augusta Godfrey at Wellington, Mary Ewart at Christchurch and Isabella Fraser at Dunedin. Three others were matrons of mid-sized hospitals: Elizabeth Rothwell at Waikato, Elizabeth Browne at New Plymouth and Ellen Dougherty at Palmerston North. A further six were at small hospitals: Matilda Stewart at Thames, Mary Warmington at Wanganui, Marion Macandrew at Ashburton, Margaret Fothergill at Grey River, A. Petchell at Wallace and Fiord, and Helena Willis

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at Riverton. Charlotte Bird was described as the head nurse at Riverton and a Nurse Wildman was on the staff of The Private Hospital in Wellington where the lady superintendent was Eva Godfray. Annie Christian and M. Pope were in charge of private hospitals in Timaru and Christchurch, the only other entries for private hospitals where nurses were mentioned. Sophia Campbell was matron of the mental asylum at Auckland and Mary Sullivan and Emma Tuersley were noted as successive matrons at the Porirua Asylum. Four others who had previously held nursing positions were also mentioned.

As the volumes were produced over 12 years, these 25 nurses were not necessarily in these designated positions at the same time. For example, Augusta Godfrey retired as matron of Wellington Hospital in 1898, the year after the Wellington volume was published.<sup>2</sup> In 1898, Wooten was just arriving in New Zealand from Australia and starting as matron at Auckland Hospital, the position she held when the Auckland volume of the *Cyclopedia* was published in 1902.<sup>3</sup>

Entries could be brief. Besides noting nurses' current or previous positions, they listed where they were born, when they arrived in New Zealand (if immigrants) and often by what ship, and where they trained as nurses. Others carried more descriptive comments. The writer of the Wellington matron's entry, for example, reported that 'Miss Godfrey delights in her work, and spares no effort to benefit the sufferers who come within the institution over which she so ably presides'. For Mary Warmington at Wanganui in 1897, the writer assured readers that 'in the interest of the patients and sufferers generally' he had 'made particular inquiries in all quarters' about her suitability and was 'convinced beyond all doubt that a more capable or popular officer could not be found'. She had 'that rare capacity for managing without seeming to interfere' and was 'beloved by all'. He congratulated

the authorities for appointing her.<sup>4</sup>

Two other important sources in this time period are the *Appendices to the Journals of the House of Representatives* and the *New Zealand Gazette*, both relevant to nursing history. Respectively they contain annual reports from the government departments concerned with hospitals and health and a cumulative list of nurses registered under the Nurses Registration Act 1901. A fourth significant source is the country's only professional nursing journal, *Kai Tiaki*, which was established in 1908.

Only 15 of the nurses mentioned in the *Cyclopedia* were on the nursing register in 1908, when the final volume of the *Cyclopedia* was published.<sup>5</sup> Some would not have applied for registration when the register opened in 1902 as they were either no longer working or did not need general nursing registration for employment (as in Sophia Campbell's case as matron of a mental asylum). Only eight were still on the register in 1920.<sup>6</sup> It was the Registrar's practice to remove the name of any nurse who died. Twelve of the nurses were mentioned in *Kai Tiaki*.

These four publications are valuable primary sources. In using them the researcher needs to understand the kind of information they contain and how links can be made between them. Tracing one nurse, Eva Godfray, in these publications provides an example of how each source contributes differently to historical research.

### Understanding and Linking Historical Sources

In the *Cyclopedia* Eva Godfray was described as the lady superintendent of The Private Hospital in Grant Rd, Wellington, a hospital that combined 'skilled nursing with the comfort and quiet of a private house'. It noted she was born in Jersey, had 'specially trained' as a probationer at the London Hospital, and



had derived 'large experience' as a staff nurse there for nearly four years. She arrived in New Zealand in January 1892 'in search of health' and 'rested from her arduous labours' for a year.<sup>7</sup>

Godfray's name also appears in the cumulative lists of registered nurses contained in the *New Zealand Gazette* following the Nurses Registration Act 1901. Nurses from overseas who applied for registration in New Zealand had to supply evidence that they had undertaken the same length of training as required in New Zealand (three years) and had received a certificate from their training hospital. The matron of the London Hospital, Eva Lückes, vehemently held that a two-year training there was sufficient, as its quality made it the equivalent of training in any other hospital. This would not have been a sufficient argument to gain registration in New Zealand. Godfray was already in the country when the register opened in 1902. Although her training was less than three years, her subsequent experience and her standing as a matron in New Zealand when she applied for registration were clearly deemed sufficient.

All nurses were required each year to give the registrar an update of the position they held. Brief details of a nurse's career are therefore available in the yearly volumes of the *New Zealand Gazette*. Entries for Godfray show that she had worked in private nursing from 1892 to 1897. The *Cyclopaedia*, however, says she 'rested' for a year in 1892 and that The Private Hospital in Wellington opened in 1893. No other available information addresses this apparent discrepancy. She left there in 1897 to become matron of the small rural Waipawa Hospital in Waipukurau, Hawkes Bay, a position she held until 1904. In 1900 she undertook 'military nursing', serving in the South African (Boer) war. In 1906 she became matron of another small rural institution, Dannevirke Hospital, and in 1909 transferred to the same position at Gisborne Hospital where she remained until 1916.<sup>8</sup> There is no

information about the gap of up to two years between her leaving Waipawa and starting at Dannevirke. The researcher often contends with gaps in historical material.

Although we know Godfray emigrated 'in search of health', no information is available about her reason for choosing New Zealand. However, an obituary in *Kai Tiaki* for a Dr Godfray of Waipukurau in 1914, commenting that his sudden death was 'a great shock and cause of deep regret', suggested there might have been a family connection.<sup>9</sup> A general electronic search revealed a record of his military service that showed his next-of-kin lived in Jersey.<sup>10</sup> Following this line of enquiry with the archive in Jersey confirmed that Eva was Dr Sidney Godfray's older sister.<sup>11</sup>

*Kai Tiaki* also provides more information about Eva Godfray than the brief notes in the *Gazette*. While at Dannevirke Hospital she was granted nine months' leave in 1908 to visit England,<sup>12</sup> and following her resignation from that hospital a detailed account of her farewell in May 1909, reprinted from the local newspaper, described the 'speeches, music, and games' and a gift of a silver tea-service.<sup>13</sup> When matron of Gisborne Hospital she welcomed Lord Islington, the Governor-General, to a ceremony in 1912 to lay a foundation stone for the new hospital. The hospital plans included five wards, each to hold 24 beds and with a verandah on each side and dayrooms for convalescent patients. There were to be plentiful cupboards, a new operating theatre, a room for accident and emergency cases and an isolation ward. Godfray would have a suite of rooms 'just off the main corridor' in the hospital, with windows 'facing the sea, with a beautiful view of the bay'.<sup>14</sup> When she retired, the journal noted that Godfray was 'now staying with friends in the district and enjoying station life'.<sup>15</sup>

Hospital inspection reports in the *Appendices to the Journals of the House of Representatives* provide the



official view of her role as matron and show the scope of her work. At Waipawa, for example, in the time she was matron an average of 294 patients were admitted each year and the average length of stay in hospital ranged from 34.17 days in 1897 to 28.13 days in 1904.<sup>16</sup> In his first report following Godfray's appointment as matron, Duncan MacGregor, the government's Inspector-General of Hospitals and Charitable Institutions, considered her a 'great acquisition' and it was evident 'even to the casual observer' that the hospital was a 'well managed institution'.<sup>17</sup> In 1902 he noted that she and Dr Godfray were 'practical believers in the healthfulness of an abundance of fresh air', keeping the wide windows at the end of the wards open.<sup>18</sup> The hospital was still doing 'admirable work' in 1903 and MacGregor remarked that a 'very kindly atmosphere pervades the whole place'.<sup>19</sup> These four sources therefore offer different kinds of information and need to be evaluated.

### Evaluating Historical Sources

An historical or primary source is one created in the time period being studied in the research. Its evaluation needs to address five dimensions: provenance, purpose, context, veracity and usefulness. These dimensions and the questions to be used in critiquing sources are presented in Table 1.

#### Provenance.

The *provenance* of these documentary sources – how they have come into existence and been preserved – needs to be considered. Historians use a range of documentary primary sources, including archival records (such as the minutes of meetings and annual reports), newspapers, journals, personal papers (such as diaries and letters), ephemera (such as posters, pamphlets and cards), photographs and, in the case of nursing history, patient records and nursing notes. Determining who created them and why they were created are important first steps in evaluating a source.

For example, the annual inspection visits made to every hospital in the country were undertaken by MacGregor or his Assistant Inspector. This position was held from 1895 to 1906 by Grace Neill, a Scottish-born English-trained nurse. Her successor was an Australian nurse, Hester Maclean. In this position they were responsible for all nursing matters in the country and were therefore in effect the chief nurse. No other country at this time had a similar nursing position in a central government department. The hospital inspection reports were printed in the *Appendices to the Journals of the House of Representatives*, large volumes that published annual reports from every government department or reports of special commissions. The *New Zealand Gazette* was the official vehicle for any material relating to legislation so an updated list of nurses registered under the Nurses Registration Act 1901 was made available to the public in this annual publication.

The link between a document's preservation and its authenticity also needs to be considered. The official status of government publications such as the *Appendices* and the *Gazette* has ensured their preservation. They are held in the national archive, Archives New Zealand, and are also often available in specialist or larger public libraries. *Kai Tiaki* was closely linked with the New Zealand Trained Nurses Association. The preservation of both this journal and the *Cyclopedia* continues through their recent digitisation and on-line accessibility.<sup>20</sup>

#### Purpose.

The writer's *purpose* in creating a document, their intended audience and their strategy for getting their message across are important considerations. For example, members of the public represented in the *Cyclopedia* paid for their entries and supplied the information, so their portrayals should be regarded as likely to be flattering. Entries for private hospitals acted as a form of advertising. Godfray's private



Table 1.

*Understanding and Evaluating Historical Sources*

Dimension	Critique
Provenance	What kind of document is it? Who created the document? Why was the document created? What does its preservation suggest about its authenticity?
Purpose	What was the writer's purpose in creating the document? Who was the document written for? How did the writer's purpose influence the way the document was written?
Context	How does the document relate to its temporal, geographic, social, political, cultural and professional contexts? How representative is the document of other documents in the field? How representative is the writer of other people in the field?
Veracity	How credible is the writer? How might the writer's purpose in creating the document have introduced bias? What values and assumptions are evident in the document? How important is it that information in this document is accurate? How does the information differ from other sources?
Usefulness	How useful is the document for the research purpose? How does the document offer information not available in other material?

hospital in Wellington had a lengthy and fulsome description. The comfortably furnished building, its 'high and healthy' position, 'fine views' and 'pleasant and cheerful' aspect were so impressive that 'it almost made the writer wish to be sick' so 'the quiet and rest which appear to dwell there might enter his soul'.<sup>21</sup> It was no accident that Godfrey mentioned she had 'specially trained' at the London Hospital as it had an excellent reputation, and that she had been a 'probationer' – someone of good social standing who had paid to be trained.

The entries for general hospital matrons, however, were embedded in sections relating to hospital boards so tended to be more straightforward although still

focused on a positive presentation. The writer of the piece on Mary Warmington at Wanganui seemed to go to considerable trouble to form an opinion of her worth, which raises the question as to whether there had been some controversy.<sup>22</sup> Cross-checking comments in different sources can strengthen the evaluation. The complimentary opinion of Augusta Godfrey, for example, is borne out by comments made by MacGregor. In 1891 he remarked that the nursing department of Wellington Hospital was 'well organised and admirably managed by Miss Godfrey, whose energy and devotion are beyond all praise'. He considered it the best hospital in the country.<sup>23</sup> MacGregor was equally prepared to praise



or castigate matrons, doctors and hospital trustees when warranted so his view of Godfrey supports the complimentary comment in the *Cyclopedia*.

References to individual nurses in *Kai Tiaki* are usually brief notes in the section giving news of appointments, resignations, marriages and holidays, included near the end of each issue. Longer pieces recount farewells when matrons retired or moved from one hospital to another. In the January 1911 issue, for example, a lengthy description of the farewell for Matilda Stewart on her retirement from Thames Hospital records the presentation of a 'handsomely framed' 'illuminated address' and the gift of a 'handbag containing 200 sovereigns' (a large amount of money at that time but not an uncommon farewell gift). The text of the address is given, as well as 'an appreciation' of her contribution to the hospital, to Thames and to the 'goldfields generally'.<sup>24</sup> Farewell speeches and testimonials of this kind traditionally focus on positive aspects of individuals and their work so give one particular view.

### **Context.**

The document also needs to be evaluated in relation to its *context*. In historical research, the first context is temporal, relating to the time or point in history when the document was created. Present-day values cannot be used to judge actions, opinions, events or people in the past. The content of each source therefore needs to be related to the prevailing ideas at the time. For example, MacGregor occasionally commented about older matrons needing to retire. These remarks should be understood in the context that many small rural hospitals in the nineteenth century had a husband-and-wife team as 'master' and 'matron' and the matron was not necessarily a trained nurse. In 1905 he commented that Mrs Chapman at Waimate Hospital 'has done good service for many years, but the time has now come when she should be retired on the most generous terms possible, and

replaced by the best certificated nurse that can be found'. Clearly the situation at Waimate had come to a head as he added that it was 'almost too much to expect that friction will not arise between a Matron of Mrs Chapman's age and certificated nurses under her command'. It was a position of 'unstable equilibrium and full of difficulty'.<sup>25</sup> This was not an example of ageism but recognition of the shift at the turn of the century to trained nursing staff and the need for them even in small rural hospitals.

Historical research on New Zealand draws mainly on New Zealand sources but issues can also relate to other geographic and professional contexts, such as British nursing. News of Eva Godfray, for example, appears in the annual newsletter sent by Lückes to nurses previously at the London Hospital.<sup>26</sup> Social, political and cultural contexts also need to be considered. The Inspector-General's overall reports provide valuable material on contemporary views of a society's wish to provide hospital care and charitable aid to the poorer population and the difficulties associated with this, including ideas about the causes of poverty.<sup>27</sup> Both MacGregor and Neill worried that aid in the form of 'outdoor relief' provided by Boards would create dependency. In MacGregor's view, outdoor relief was 'as catching as small-pox, and just as deadly'.<sup>28</sup> Comments need to be considered in the context of the tensions at that time between a Liberal government's welfare policy and financial problems faced by hospital boards in delivering it.

An evaluation also needs to be made as to how representative the historical source and its writer are of other sources and people in the field. Maclean, for example, had a particular vantage point in her central government department position. She received information from matrons throughout the country and news of nurses in government services in her official position and used her editorial role to publish news, and her views on professional issues, in the journal.



She was therefore a conduit for nurses sharing information, as well as a nurse commenting from a leadership position. Nevertheless, her views could have differed from those of rank-and-file nurses.

## **Veracity.**

Ideas relating to the truthfulness or reliability of the historical source are captured in the notion of *veracity*. The reader needs to evaluate the credibility of the person creating the document, how their purpose in creating it might have introduced bias, and how their values and assumptions are embedded in it. On professional issues, Maclean was credible as a commentator holding a privileged position within the profession and central government department. She had a thorough knowledge of all nursing matters as well as of individual nurses throughout the country, at least those in more senior roles and in government nursing services. She presented her views forcefully, whether criticising nurses or championing their needs. MacGregor had credibility in reporting on hospitals but his reports should also be seen as a wish to put on record any identified problems so either the hospital board or government would then need to attend to issues beyond his own responsibility. In 1905 he commented that hospital boards seemed to think that because 'things are smooth on the surface' the hospital was well managed whereas this might be 'only the smooth surface of stagnation, allowing an accumulation of weeds to check progress'.<sup>29</sup> On the other hand, entries in the *Cyclopedia*, even the more straightforward descriptions of hospital boards, were designed to portray an institution and its staff in a positive light and reflect the pride each town had in the services it provided for its citizens.

If a document presented material as factual information, the likelihood of it being accurate needs to be evaluated, either by judging the credibility of the writer or by checking against information recorded elsewhere. Information might be presented selectively to bolster the writer's argument. The evaluation

therefore needs to consider whether accuracy of information in any particular document is important for the research. An opinion piece, for example, is understood to be different from an inspection report; both could contain misleading information but there is an expectation that writers overtly giving their opinion might feel freer in constructing their argument than writers reporting in an official role to the government. Both kinds of sources, however, need to be viewed with healthy caution.

## **Usefulness.**

The final dimension in evaluating an historical source relates to its *usefulness* in providing material for the research. The *Cyclopedia* would give valuable material, for example, for a study of the way women with or without formal professional training and in different positions in a variety of institutions could all be portrayed as nurses or matrons and how the introduction of state registration might have affected this. In addition to the 25 nurses mentioned in this article, other women were described as nurses or matrons but were untrained. The entry for Mrs Mee, matron of the Otago Benevolent Institution in 1905, presents her work in Dunedin as head laundress of one mental asylum and then as head nurse of another, as a kind of matter-of-fact career progression.<sup>30</sup>

The *Appendices* occasionally mention nurses by name. Even if a nurse is not named, a researcher can use the inspection report for a particular hospital to get information on the environment in which the nurse was working or the matron's perceived efficiency. The cumulative list of nurses on the register printed in the *Gazette* gives brief information on the career of each nurse and *Kai Tiaki* fleshes this out with more 'human interest' information. These three sources would therefore be useful for a nursing biography or for tracking the career patterns of a group of nurses who registered in a similar period.



## Evaluating Historical Sources

Whatever the historical source, the researcher must understand it and take care to evaluate it. Each offers different information about individual nurses, institutions and issues affecting nursing as an emerging profession. In evaluating them as historical sources, the dimensions of provenance, purpose, context, veracity and usefulness must be considered. Annual reports to government ministers and lists of registered nurses, for example, are official documents so have a reliable provenance. The purpose of an inspection report of a particular hospital is very different, however, from a self-funded promotional description of the same institution. Each document must also be considered in its temporal, geographic, social, cultural, political and professional contexts so that

the ideas and information it contains can be assessed appropriately. Circumstances affecting nursing in New Zealand in 1900, for example, could be different from those influencing practice in Britain. The veracity of a source can be addressed by considering the writer and the nature of the document. Hester Maclean's official inspection report of a hospital can be understood and evaluated differently from her opinion-based editorials in the nursing journal. The usefulness of all sources depends ultimately on all these factors as well as on the requirements of a particular research project. Just as researchers using other methodologies pay attention to issues of quality in relation to the research data they generate, so too must historians of nursing when locating, selecting and evaluating their primary source research material.

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2. 'Register of Nurses', *New Zealand Gazette*, Government Printer, Wellington, 1908, pp.170-186, entry p.176; *The Cyclopaedia of New Zealand*, Volume 1, p.357.
3. 'Register of Nurses', *New Zealand Gazette*, 1908, pp.170-186, entry p.185; *The Cyclopaedia of New Zealand*, Volume 2, p.189.
4. *The Cyclopaedia of New Zealand*, Volume 1, p.1384.
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7. *The Cyclopaedia of New Zealand*, Volume 1, p.493.
8. 'Register of Nurses', *New Zealand Gazette*, 1908, pp.170-186, entry p.175; 'Register of Nurses', *New Zealand Gazette*, 1920, pp.579-664, entry p.608.
9. 'Obituary', *Kai Tiaki*, April 1914, p.140.
10. 'S C Godfray', New Zealand History Online, retrieved 25 March 2010 from <http://www.nzhistory.net.nz/soldiers/s-c-godfray>.



11. Email correspondence with Jersey Heritage, April 2010. The 1871 census shows Eveline F. aged 7 and Sydney C. aged 4, living with their parents Alfred and Henriette Godfray, six other siblings and an aunt at 45 La Motte Street, St Helier, Jersey.
12. 'Notes from the Hospitals, and Personal Items', *Kai Tiaki*, April 1908, p.50.
13. Untitled, *Kai Tiaki*, July 1909, p.123.
14. M. E. Hobbs, 'The New Hospital at Gisborne', *Kai Tiaki*, April 1912, p.6.
15. 'Resignations and Appointments', *Kai Tiaki*, April 1916, p.115.
16. 'Hospitals and Charitable Institutions of the Colony', *Appendices to the Journals of the House of Representatives* [hereafter *AJHR*], 1898, H-22, p.32; 'Hospitals and Charitable Institutions of the Colony', *AJHR*, 1904, H-22, p.29.
17. 'Hospitals and Charitable Institutions of the Colony', *AJHR*, 1898, H-22, p.32.
18. 'Hospitals and Charitable Institutions of the Colony', *AJHR*, 1902, H-22, p.28. For a description and photograph of Waipawa Hospital see *The Cyclopedia of New Zealand*, Volume 6, Taranaki, Hawke's Bay and Wellington Provincial Districts, Cyclopedia Company Ltd, Christchurch, 1908, p.500.
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20. Issues of *Kai Tiaki* between 1908 and 1929 are available through the National Library of New Zealand's digital collection at <http://paperspast.natlib.govt.nz/cgi-bin/paperspast>. The digitised version of *The Cyclopedia of New Zealand* is available through the New Zealand Electronic Text Centre at <http://www.nzetc.org>.
21. *The Cyclopedia of New Zealand*, Volume 1, p.493.
22. A search of the local newspaper, the *Wanganui Chronicle*, for this time period however, revealed the only controversy was one that arose regarding her resignation the following year, 1898. See the *Wanganui Chronicle* between 8 and 27 September 1898, especially 8 September 1898, p.2 and 17 September 1898, p.2. She was complimented for her 'zeal and tact', *Wanganui Chronicle*, 1 October 1898, p.2.
23. 'Hospital and Charitable Institutions in the Colony', *AJHR*, 1891, H-7, p.26.
24. 'A Popular Matron: Miss Stewart's Retirement. Presentation of an Address and Purse of 200 Sovereigns', *Kai Tiaki*, January 1911, pp.24-25.
25. 'Hospitals and Charitable Institutions of the Colony', *AJHR*, 1905, H-22, p.31.
26. See for example Matron's Annual Letter, May 1894, RLH/LH/N/7/1/1; Matron's Annual Letter, June 1897, RLH/LH/N/7/1/4, The Royal London Hospital Archive, London.
27. See for example 'Hospitals and Charitable Institutions of the Colony', *AJHR*, 1896, H-22, p.2.
28. 'Hospitals and Charitable Institutions of the Colony', *AJHR*, 1897, H-22, p.1.
29. 'Hospitals and Charitable Institutions of the Colony', *AJHR*, 1905, H-22, p.7.
30. *The Cyclopedia of New Zealand*, Volume 4, p.150.

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