Case Study

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ISABEL MUIR: A NURSING CAREER GOES OFF TRACK

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INTRODUCTION

Biography is a form of narrative research that studies the life of one person (Joyce, 2015; Lewenson, 2006). This person may be in a different profession from readers, from a different time, place or context, or simply have a different experience and perspective. By vicariously experiencing another’s life, readers’ horizons are extended; biographies increase understanding and forge a connection for readers with the person who is the subject of the biography (Joyce, 2015; Lewenson, 2006; Noel, 1988; Schulte-Steinicke, 2006).

Biographies of nurses each shed light on the profession from one person’s situation and perspective (Noel, 1988). Together, these lights contribute to illuminate the profession as a whole over time. Connecting the dots of individual lives, both the similarities and the complementary differences, provides a richer and deeper picture of the nursing profession as a whole over time (Lewenson, 2006).

Biographers need an interest or affinity with their subject (Noel, 1988). In this paper, I investigate the life of Isabel Muir, in whom I have a great interest because she is my great-great aunt. She was described by a local history book (Cairns & Plunkett, 1984) and in both her parents’ obituaries as “nurse” (p. 77). I knew about the start and end of her life, before and after her professional career, and I wanted to fill in the gap. Knowing other nurses’ stories, and because of her very long life, I expected her story would be interesting and would build my sense of connection with someone I knew.

What I discovered was that she never actually qualified as a registered nurse. She was not alone: in the early twentieth century over 32 per cent of trainee nurses in two New Zealand hospitals did not complete registration (McDougall, 1997). This biographical and personal account of one woman’s life therefore contributes one answer to an important question: What happened to those who did not complete their nursing training? This is one of the dots to be connected, contributing to the overall picture of the nursing profession in New Zealand.

EARLY LIFE

Isabel Mary Louise Muir, called Bel, was born at Fortification station, in the southern Catlins area in Southland, New Zealand, on 7 December 1892 (Department of Education, New Zealand, n.d.-a, n.d.-b). Her father William Muir had been born in New Zealand (Presbyterian Church of New Zealand, 1855) to Scottish parents (Church of Scotland, 1846). He was farming at Fortification (‘Obituary: Mr William Muir: Early Southland Settler’, 1934). Bel’s mother Mary Clarke was an Irishwoman who immigrated to New Zealand in 1878 (A. Calder, personal communication, n.d.; ‘Obituary: Samuel Clarke’, 1931). William Muir and Mary Clarke were married in Dunedin, Otago, on 19 October 1886 (Presbyterian Church of New Zealand, 1886), and Isabel was the fifth of their nine children (Wood, n.d.).

When Bel was four years old, in 1897, her family moved from Fortification to a farm “Carie” a little further south, in the Redan district nearer Wyndham (Redan District Book Committee, 1990). Bel started her education at
Redan Valley School (Redan District Book Committee, 1990) on 3 March 1898 and passed Standards 1 to 4 here (Department of Education, New Zealand, n.d.-b). In about 1904, the farm was sold (Redan District Book Committee, 1990) and the family lived temporarily in Invercargill, Southland. Here Isabel attended Invercargill Middle School, from 19 September 1904 until early 1906, passing Standard 5 (Department of Education, New Zealand, n.d.-a).

The family then moved to another farm, “Cariedale,” in the South Hillend district of Southland (Cairns & Plunkett, 1984; Redan District Book Committee, 1990). That appears to have been the end of Bel’s schooling, at the age of 13; late in life Bel recalled attending South Hillend School (B. Muir, personal communication, 11 September 1984), but she does not seem to have been there long enough to have been registered as a pupil (Cairns & Plunkett, 1984).

As a young single woman, Bel lived at home on the farm with her parents. She drove her mother around the district in the horse and gig visiting every Protestant household to collect money to buy seats for the new Presbyterian Church building (Cairns & Plunkett, 1984; Henderson, 1982). She became one of the church organists at South Hillend (Cairns & Plunkett, 1984).

In 1914, she was still living in South Hillend, a “spinster” at the age of 21 (New Zealand Government, n.d.-a). There had once been a young man she thought she might have married, but he was killed in the war (B. Muir, personal communication, 1986). The South Hillend School Roll of Honour for World War I lists 26 young men who served as soldiers, including two of Bel’s brothers. Six of them did not come home (Cairns & Plunkett, 1984; Kia Mate Toa: Fight Unto Death, 2014), three of whom were very close to Bel’s age, two a little younger and one much older (Cairns & Plunkett, 1984). One of these six is likely to have been Bel’s “beau.”

This is probably when she decided to train to become a nurse, in 1916 or 1917. Perhaps she no longer expected to marry, perhaps she was inspired by the services provided by nurses during the war, perhaps she was encouraged by her younger sister Agnes who had already begun her nursing training.

**NURSING TRAINING**

Bel “trained as a nurse and made her life in Dunedin”, according to South Hillend’s local history book (Cairns & Plunkett, 1984). The reality is more complicated. Her training was in Dunedin (B. Muir, personal communication, 11 September 1984). Trainee nurses were called probationers (McDougall, 1997; Roddick, 2005). At that time, about 1916/17, nursing education was a three-year hospital-based course. Students had to pass a state examination in order to be registered (Burgess, 1984). Nurses could not sit the state final examination until the age of 23, so most started at 21 years of age and some were older (Roddick, 2005).

This training consisted of hard work in an apprenticeship model, with a focus on behaviour and attitude rather than knowledge, supplemented by formal lectures (Roddick, 2005). Nurse probationers lived together in the Nurses’ Home under strong supervision (Roddick, 2005). Records were kept of nurses in training, and these could include notes on reasons for leaving. Analysis of these records for Wellington Hospital in the period 1916-1924 revealed the following reasons why probationers left without completing their registration: no reason given, to be married, ill health, failed exams, family, unsuitable, did not like work, overseas, did not feel strong enough, not strong enough, died, dishonesty (McDougall, 1997). Attrition rates were also high in Dunedin Hospital (Roddick, 2005).

In 1918, Dunedin Hospital was “chronically overcrowded.” This was due to a combination of factors: injured soldiers returning from World War I, epidemics of scarlet fever and of diphtheria, the absence on war service, and the illness of many nurses. Beds had to be placed in the centre of the long wards, not just down the sides. The overcrowding led to longer shifts and reduced leave, and must have compromised the probationers’ education (Roddick, 2005).
Then the 1918 influenza epidemic arrived in Dunedin, compounding the problems at Dunedin Hospital.

During September and October, nurses who had already been on extended sick leave began to request additional leave because they were required at home to look after family members who had succumbed to the first wave of the influenza epidemic. In November, as the second wave approached, many felt compelled to resign due to the sudden deaths of family members. (Roddick, 2005, p. 90–91).

While many thousands of people died in the influenza epidemic, there were many more who became ill with influenza and recovered (Burgess, 1984). New Zealand’s worst recorded natural disaster struck the province of Southland particularly hard, including Bel’s home district of South Hillend (Rice & Bryder, 1988). Bel came home to nurse family members, the connection to family calling her away from her training. Two of her nieces died, six-year-old Agnes Wilson on 25 November 1918, and her sister Hazel Wilson on 26 November 1918, aged three.

It is interesting to consider Bel’s sister’s nursing career for comparison. Agnes Margaret Cornwall Muir was 18 months younger than Bel. She completed her training, sat her State examination in June 1917 and was registered as a nurse in July 1917. She worked at Riverton Hospital in Southland until May 1919, when she moved to St Helen’s Hospital (New Zealand Government, various years), a maternity hospital in Invercargill opened in 1918 (Stubbs, 1918). She obtained her midwifery certificate in December 1919. In 1923 she shifted to Timaru Hospital in South Canterbury (New Zealand Government, various years), then in 1926 she married. Bel was her bridesmaid (‘Wedding: Robertson - Muir’, 1926).

THE NEXT FEW YEARS

In later life, Bel mentioned that she had nursed in Christchurch and Wellington (B. Muir; personal communication, 11 September 1984) but I have not found any record locating her there. I can follow her movements over the next few years only from the Electoral Rolls. In 1922 she appears to be at South Hillend still (Wallace County). Her parents had retired to Invercargill in about 1917 (‘Obituary: Mr William Muir: Early Southland Settler’, 1934), and Bel was living there with her parents, her brother Sam and his wife at 23 Venus Street in Invercargill in 1925 and 1928 (New Zealand Government, n.d.-a). Having nursed family during the 1918 influenza epidemic, it is likely she nursed her mother before Mary’s death in 1930 (‘Deaths: Muir’, 1930; “Loopy Lass”, 2016). Her father moved back to South Hillend where he died in 1934 (“Loopy Lass”, 2016; ‘Deaths: Muir’, 1934; ‘Obituary: Mr William Muir: Early Southland Settler’, 1934). We cannot tell whether Bel went with him or not. In 1935, she was living at the same address in Invercargill with Sam and his wife. Perhaps she found short term work private nursing, caring for the sick and dying in their own homes (Ristori, 1947).

While living in Invercargill, Bel went on a day trip to Stewart Island with some nursing friends. The weather was rough and she was the only one not seasick—which meant she had the responsibility of looking after all the women’s false teeth so that they were not lost over the side of the boat. She knew whose teeth were whose, to return each set to the right person, because each young woman had wrapped her teeth in her own handkerchief (J. and G. Henderson, personal communication, May 1992).

By 1938 Bel was living on her own at 189 Tweed Street in Invercargill. However, although she still appears in the Electoral Roll for Invercargill in 1938, she had moved to Dunedin where she also appeared in the Dunedin West Electoral Roll, at 560 Cumberland Street. Here, although unregistered, she was able to continue her connection with the nursing profession.
DISTRICT NURSING IN DUNEDIN

Bel Muir worked in Roslyn as a district nurse (B. Muir, personal communication, 1986). The Roslyn District Nursing Association (RDNA) had been established in 1934, operating in the Roslyn, Maori Hill and Wakari suburbs of Dunedin (‘District Nursing: The Roslyn Association: Opening of Rooms’, 1934). A similar scheme was operated by the St John Ambulance Association in other parts of Dunedin (‘Community Service’, 1937). The RDNA was funded by member subscriptions, part charges paid by patients who could afford it, and donations of money and goods. Donations of food, bedding and clothing were received for distribution to patients, and equipment for use in providing the service (‘District Nursing: Roslyn Association’, 1939; ‘District Nursing: Roslyn Association: Future Uncertain’, 1945; ‘District Nursing: The Roslyn Association’, 1935).

The Roslyn District Nursing Association (RDNA) employed one trained nurse and St John employed three to “spend their time in visiting and helping the sick and aged poor of the community” (‘Community Service’, 1937, p. 10). The first annual report of the RDNA advises that:

The bedside care of a sick person, as far as possible, is carried out under the direction of his or her own family doctor, and the instruction of the patient’s family in home nursing and the laws of health is in accordance with the teachings of the Public Health Department under whose technical supervision and advice the committee desires to place the district nurse, so that her work will be co-ordinated with the public health nursing of the New Zealand Health Department. (‘District Nursing: The Roslyn Association’, 1935, p. 5).

The RDNA had monthly meetings. At their meeting in June 1939, they identified a need to employ unregistered assistants.

During the last two months there has been many demands on the services of the district nurse, and it has been impossible for her single-handed to cope with the situation. Owing to the shortage of trained nurses and of women to assist in the homes is [sic] has been decided to institute a register of auxiliary helpers (both honorary and paid) whom the nurse may call on in an emergency. (p. 11).

It is likely that Bel Muir was one of these paid auxiliary helpers.

The Red Cross also provided the services of Voluntary Aids, who were trained in home nursing, hygiene, and first aid, to support the work in Roslyn and elsewhere in Dunedin (‘Good Work’, 1943; ‘Red Cross Society’, 1941). When the government introduced a home aid scheme in Dunedin in 1946, the eight Voluntary Aids were all fully employed. The nature of their work was quite different to that of the district nurses and their auxiliary helpers:

These women are all highly qualified domestic workers with good experience, and the homes to which they have been sent have all been in desperate need of help. The aids are sent where there is sickness in the home or where the mother of the family is in a maternity hospital and there is no one else available as a housekeeper. (‘Social and Personal’, 1946, p. 11).

In October 1939, the government introduced a new two year course for nursing aids (Burgess, 1984), then in 1944, a District Nursing scheme was announced by the government. Free nursing services would be provided by a registered nurse, nursing aid, midwife, or maternity nurse employed by any department of state, hospital board or subsidised association (‘District Nurses: Free Service Announced: Details of Scheme’, 1944). This resulted in a reduction of income to the Roslyn District Nursing Association, because they were no longer permitted to collect fees from patients (‘District Nursing: Roslyn Association: Future Uncertain’, 1945). As a result, St John relinquished their district nursing service because they were unable to compete with the free service provided by the Hospital Board (‘District Nursing: Change in City Control: Hospital Board to Take Over’, 1945).
RDNA carried on and in 1947 secured an increased subsidy from the Hospital Board, approved by the Ministry of Health (‘Hospital Board’, 1947).

Nursing was hard work that took a toll physically. This was acknowledged in an editorial in an issue of the New Zealand Nursing Journal:

> Usually, the life of a nurse is strenuous and wearing in the extreme, so that she is more in need of a settled income in later life than many others, as generally she is quite unfit to take up other work to eke out whatever slender provision she has made for the future – cited in Wilson (‘The Shortage of Staff’, 1938, p.100).

Bel Muir ceased district nursing at the age of 53, which would have been in 1946. She hurt her back, lifting male patients, and there was no compensation available (B. Muir, personal communication, 11 September 1984). At that time, in 1946, she was living at 2 Brown Street, Abbotsford (New Zealand Government, n.d.-a).

**RECEPTIONIST/NURSE**

Mr Norman Waddle arrived in Dunedin and set up practice as a consulting surgeon in 1947 (‘Professional’, 1947). Bel Muir went to work for him, as his receptionist and nurse (J. W. Henderson, personal communication, 18 July 2021). This would have lighter work that still engaged her nursing experience.

Originally from New Plymouth, Mr Waddle studied medicine at the University of Otago in Dunedin. He started his medical career as house surgeon at Palmerston North Hospital, then after qualifying as a Fellow of the Royal College of Surgeons in Edinburgh, he returned to New Zealand and set up in General Practice in 1929. In 1939 he sold his practice and moved to England where he worked at the Royal Infirmary in Sheffield and qualified as a Fellow of the Royal College of Surgeons of England (‘Personal’, 1941; ‘Professional’, 1929; ‘Weddings’, 1928).

Dr Waddle’s consulting rooms were at St Duthus, 504 George Street, at the corner with Albany Street (‘Professional’, 1947). From the Stone’s Otago & Southland Directories, it appears that this building was previously in six flats but in 1947, some of the flats were converted to consulting rooms for professional practices, and the name St Duthus was adopted. Over the next few years, the other professional occupants were medical practitioners, a dental surgeon, and a skin specialist.

In the 1949 Electoral Roll, Bel Muir has 504 George Street listed as her address. She may have been living in one of the flats there, or else used her work address. The same year she is also listed as residing at 139 Carroll Street, but finally settled at 539 Castle Street, where she lived for about ten years (J. W. Henderson, personal communication, 18 July 2021; New Zealand Government, n.d.-a). Each year she would have one male university student boarding with her, a medical student because she knew they would be hard-working (J. W. Henderson, personal communication, 18 July 2021).

**ASSISTANT LIBRARIAN**

After she finished working for Mr Waddle in about the mid 1950s, Bel Muir worked at the Athenaum Library in the Octagon in Dunedin (J. W. Henderson, personal communication, 18 July 2021). The Dunedin Athenaum and Mechanics’ Institute runs a library for its members. The librarian, in the mid-1950s, was Doris Hale, then in late 1956 she was replaced by Miss R E Talboys (Sullivan, 2013). Bel would have been an assistant librarian (Athenaeum Library, personal communication, 26 July 2021).

In the post-war period until 1977, New Zealand superannuation was available universally from the age of 65 or means-tested from the age of 60 (Hurnard, 2005, sec. 3.3). Bel Muir turned 65 at the end of 1957, and it is likely she retired at that time.
A LONG RETIREMENT

She lived briefly at 772 Cumberland Street in 1965 (New Zealand Government, n.d.-b), then in the late 1960s moved to a Council pensioner flat at 36 Brook Street in North Dunedin (New Zealand Government, n.d.-a). She was “Aunty Bel” to her many nieces and nephews, great nieces and nephews, and great-great nieces and nephews.

Failing health led to a hospital admission in 1986, then a move to reside at Riverton Hospital back in Southland (Author’s personal knowledge). She died on 20 February 1990 at Riverton Hospital, in her 98th year. Her funeral was held at the Southland Crematorium Chapel on 23 February (‘Death: Muir’, 1990).

CONCLUSION

In the crisis of the 1918 influenza epidemic, Bel Muir’s connection to family proved stronger than her connection to nursing. However, although the epidemic prevented Bel Muir from completing her nursing training and registering as a nurse, she was nevertheless able to find employment opportunities that enabled her to nurse others and retain that professional connection. She worked as a private home nurse for family and probably for others, then as a district nurse auxiliary, and in a private consulting surgeon’s practice. She was able to construct a fulfilling professional life.
Lesley Brook is Research Projects Coordinator at Otago Polytechnic Te Pūkenga, working in the Research and Postgraduate Directorate to support researchers. Her professional research interest is in achieving and evidencing impact from research, and she has a personal research interest in genealogy.

https://orcid.org/0000-0001-6678-5179

Correspondence to: Lesley Brook, Lesley.Brook@op.ac.nz

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