Celebrating 100 Years of Innovation and Excellence
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Tauranga Hospital was officially opened on 6 March 1914 by the Inspector-General of Hospitals Dr T.H.A Valintine. The first two patients were admitted on that day. They were Herbert Wood, aged 20, and his brother, Reginald, aged 16. Both were diagnosed as having ‘enteric’ fever, that is, typhoid fever. The duration of their stay in hospital was 77 days for Herbert and 34 days for Reginald.

Forty years later, in 1950, Tauranga Hospital was considered a Cottage Hospital and was located a distance from town. Greerton was a Town Board and there was little housing beyond what is now 23rd Avenue.

Today we have a modern hospital that can no longer be considered a Cottage Hospital. We also have a wonderfully dedicated staff practising innovative and sometimes world-leading medicine for the people of the Bay of Plenty. I am often told by people how proud they are of Tauranga Hospital, and especially so when they drive past and compare today’s modern buildings to the 1950’s Cottage Hospital.

Reflecting on the last 100 years has presented a timely opportunity for us to reconnect with the past, and discover stories about people who have worked at the hospital during that time. This is a compilation of some of those stories and I want to thank all of you who have made a contribution to the hospital in the past and will do in the future.

Phil Cammish
Chief Executive
Bay of Plenty District Health Board
March 2014
In 1914 the vaccine against polio hadn’t been created. Today, polio has been eradicated in New Zealand due to immunisation. The effort to immunise all against disease continues.

Jim Savage - Polio Sufferer 1958
MBE Recipient and Paralympian

I worked in Kawerau Mill, I was a farmer before that, but I worked in the Mill and had a day off and went hunting in the Taraweras. We went out overnight sleeping on a big high ridge and I couldn’t sleep. I had aching in the knees and the hips and I put it down to the rugby game I had played the day before when I had my tooth broken and I thought, ‘oh well it’s just the tough work I did at the rugby’.

It started with aching in my knees and hips and I managed to put the sleeping bag over my knees and that stopped the aching. That was 3 o’clock. At 4 o’clock in the morning I managed to wake the bloke next to me and couldn’t feel my leg. It just wasn’t working. So I had to rethink my hunting experience. I went down a hill and we had to go across a river on a wire rope. It had a cart on it but somebody had taken the pulley off so I had to go across the wire rope hand-over-hand. It was so hot! I must have been also carrying a temperature you see, and when I went across I thought ‘oh that water looks lovely’ and I dropped in. But then I had to crawl out carrying this heavy leg. I had to go across a bit of land to the car and it took me from 5 o’clock in the morning to 2 o’clock in the afternoon to crawl out of there with the rifle. That was in 1958.

That night I had to crawl into my top bunk. We had eight bunks for us kids and that day my mother, who was a caterer, had people to stay which meant I was on the top bunk. I got into bed and the doctor was called but he couldn’t come because someone was having a baby, which was nice. Believe it or not the next morning I had to go to the toilet so I hopped down thinking I had a leg which I didn’t - it was gone! The doctor came at about 10 o’clock and then I went straight into hospital. It had got in between my shoulder blades down, right down. It had attacked me and one side was stronger than the other. I had a bit of trouble getting rid of water but I had to do it and that was a relief!

I was only there for two days before they flew me to Auckland. I was put in a special ward. They had a lot of people with polio there in Auckland and there was a girl there from Thornton, near Whakatane. She was Betty Northcote and I had to feel so lucky as she was in an iron lung and at times I would feed her. I fed her because often the nurses were so busy. I was very fortunate in a way.

I was 22. I loved dancing, I was an athlete, I was a rugby player, I was a bit of everything, which was proved later in life in my paralympics. I was really fit. I used to run up Mt Edgecumbe every Sunday.

At hospital I spent all this time in a room, using a toilet with a pan and one day the doctor came in and told me they reckoned I’d be there for two years. After I’d only been there about five months the doctor came in and he saw me sitting up on the side of the bed and he didn’t believe it. He just did not believe it! That was the only way I felt comfortable, sitting on the end of the bed and the doctor said, “you’re not supposed to be off your back”. From there they got me dressed in calipers and I was home in six months. In time to be the best man for my brother’s wedding.

I had strength in my upper body which helped when I went on calipers but they broke one day and went through my leg and that hurt quite a bit. I got married on calipers.

I had a wheelchair, the oldest wheelchair you could imagine. It had one wheel on the back, two wheels on the side and I used to get around on that for a little while. I would jump out of bed in the morning and crawl to the toilet. It was in Auckland Hospital I learnt how to crawl and how to balance using my arms. Crawling in my wheelchair was hard, but crawl and I’ve done that ever since, until I hurt my back.

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After leaving the hospital I went back to my mum. I wasn’t married at that stage I was still looking! Once I had my car, which was given to me by the Crippled Children’s Society, I was away. I still went hunting, eeling, trout fishing and I crawled on my hands and knees to do all that. I got a job back at the mill, inside in the office. I also helped run a youth club, I taught St John’s in Kawerau and I worked to raise money for cancer… I’ve always done things for the community.

I always thought and believed in religion because I was taught religion at school and it was in the curriculum and I said to myself, ‘why did that joker up there pick on me, if he’s around?’ Then later on I thought ‘look if you’re going to worry about a little thing like that why don’t you get off your backside and do something about it!’ That’s why I was able to make myself crawl and do what I used to do. Well just about except climb Mt Edgecumbe of course. You’re limited to what you can do but there’s no such word as can’t. If I wanted to get to the top of Mt Edgecumbe I’d surely get there I would! I’m truly blessed by the people that are around me and that have backed me.

I took up wheelchair sports in 1964 and have participated in nine Paralympic and Commonwealth Games, winning a total of four gold, eight silver and seven bronze medals between 1966 and 1980. In 1974 I was awarded an MBE (Member of the British Empire) by Queen Elizabeth II, at Wellington’s Government House, for services to paraplegic sport. I married Madeleine in 1963 and we have three children and I’d like to acknowledge the help, love and support from my family over the years.

New Zealand endured six polio epidemics

1916 1925 1937
1948-49 1952-53 1955-56

What is Polio?

- A highly contagious viral disease which attacks the nervous system and causes paralysis.
- Symptoms include: fever, headache, malaise, pain and stiffness in back and neck, and partial or complete paralysis of limbs or the entire body.
- Children under five are the most likely age group to contract the virus.

Did You Know?

The practice of immunisation dates back hundreds of years. Buddhist monks drank snake venom to become immune to snake bites. Edward Jenner is considered the founder of vaccinology. In the West, in 1796, he inoculated a 13-year-old boy with vaccinia virus (cowpox), and demonstrated immunity to smallpox. In 1798, the first smallpox vaccine was developed. Over the 18th and 19th centuries, systematic implementation of mass smallpox immunisation culminated in its global eradication in 1979.

Measles

“Unfortunately, some childhood infectious illnesses remain a significant problem, with measles a real threat. Even though we have been successful in vaccinating about 90 per cent of children in recent years, we need to consistently vaccinate over 95 per cent to have any real chance of preventing outbreaks. Every case of measles is potentially serious. Vaccination is the only safe and effective way to prevent measles.”

Dr Phil Shoemack, Medical Officer of Health, Toi Te Ora, Bay of Plenty District Health Board.

Influenza Pandemics

1918 Influenza Pandemic

New Zealand’s worst disease disaster to date is the influenza pandemic that struck between October – December 1918. No event has killed so many New Zealanders in such a short time. While the First World War claimed the lives of more than 18,000 New Zealand soldiers over a four-year period, the second wave of the 1918 influenza epidemic killed almost 8600 people in less than two months. No other recorded influenza pandemic has been so deadly – and nobody knows why it was so lethal.
Influenza Pandemic 2009 (Swine Flu)

The first cases of the influenza virus strain H1N1 arrived in New Zealand on 25 April, 2009, with students from Auckland’s Rangitoto College returning from a trip to Mexico. In the months that followed, the Ministry of Health reported more than 3500 cases of swine flu infection, and it was recorded as being responsible for 20 deaths, although a dozen more may have resulted from infection.

Margaret Downie (Grimmer)
Resident, 1950’s

I grew up in the state-housing block between 21st and 23rd Avenues in the early 1950’s. This block became home to many families who had lived in the Tauranga Domain transit camp, in very poor conditions, post war, and families like mine who came from Auckland for a better life. The block was backed by Murray’s dairy farm and extended down behind the present hospital site.

The Tauranga South School, later Tauranga Girl’s College, was built for the children of the expanding Tauranga town. The houses were allocated to families on unbroken land, previously farmland which had been the stables area for the British fighting the Māori.

This history was significant when a twin child of newly arrived British immigrants died of tetanus (lockjaw). This unheard of killer disease caused fear and panic in the young families.

I also remember painful boils and skin infections being quite common. My father was twice hospitalised with blood poisoning from very nasty carbuncles. TB was also an issue and a young mother up our street was sent away to a sanatorium for a very long recuperation. The son of farmer Murray, was kicked in the thigh by his draught horse ‘Judy’ and was in Tauranga Hospital for a long time and lucky not to lose his leg.

The polio epidemic struck when I was at the co-ed Tauranga College, now Tauranga Boys’ College. Some pupils were affected and we were all dosed with the new oral vaccine. How lucky we are today to have immunisation programmes to protect our children from potentially fatal diseases. I had diphtheria when I was three years old.

Happily, my sister was born in the Maternity Annexe in 1951. My mother told us she and a nurse discussed whether the birth was imminent. Having lost her first baby due to injuries at birth, my mother knew better, the baby promptly arrived safely.

I congratulate Tauranga Hospital on its centenary and thank staff, past and present, for the wonderful service they provide to the Bay of Plenty.

Did You Know?
The 1918 influenza pandemic was commonly referred to as ‘the Spanish flu’ but it did not originate in Spain. It was given the popular name by journalists when the Spanish King, Alfonso XIII, fell seriously ill with a form of influenza in May that year.

What is Influenza?

- A virus transmitted through the air by coughs or sneezes.
- Symptoms include: chills, fever, runny nose, sore throat, coughs, headache and muscular pain.
- The real killer in 1918 was pneumonia – a secondary infection.
- The skin of some people who caught pneumonia darkened because of burst blood vessels. If the whole body became virtually black this often meant imminent death.

Did You Know?

Influenza spreads around the world in seasonal epidemics, resulting in about three to five million yearly cases of severe illness and about 250,000 to 500,000 yearly deaths, rising to millions in some pandemic years.

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In 1914 global recognition would have been beyond the imagination of Tauranga Hospital’s small number of staff. Today, local innovation has led to international acclaim.

David Shaw, Gastroenterologist, New Zealand Order of Merit (November 1953 – April 2013)

David Shaw was an internationally renowned gastroenterologist based at Tauranga Hospital.

David completed a Bachelor of Medicine and Surgery from Otago University, and Masters degrees in science from Massey and Otago Universities respectively, before he joined Tauranga Hospital as a House Surgeon in 1981.

He returned to Tauranga Hospital as a Medical Registrar in the mid-1980’s and it was during this time that he developed his interest in gastroenterology and endoscopic medicine, when he covered for a colleague who was on leave.

On his third tenure at Tauranga Hospital, he returned as a gastroenterologist and began working with Dr Parry Guilford from the University of Otago Cancer Genetics laboratory and the Mt Maunganui Kimihauora Health Clinic, which had made contact with the Cancer Genetics Laboratory in 1996.

Systemic research led to the identification of mutations in the E-cadherin gene in 1997 amongst members of the McLeod whānau from Mount Maunganui who were highly susceptible to developing gastric cancer. The McLeod whānau were plagued by premature deaths which they once feared to have been a Māori curse.

A relatively simple blood test was developed by the University and a testing programme, run by Kimihauora and the Northern Regional Genetic Service, completed 110 blood tests. Out of that 38 were found to carry the mutation in the E-cadherin gene.

One of the critical outcomes was the setting up of a screening programme at Tauranga Hospital for those identified with the gene. David used a specially adapted chrome endoscopy technique which used coloured dye to help enhance the appearance of tiny lesions. It was this screening that became critical to the chances of early detection of this familial stomach cancer.

This collaborative work saved the lives of many of the McLeod whānau.

David received six fellowships and was also a Dawes Postgraduate Scholar. His work earned him the New Zealand Order of Merit in the 2005 Queen’s Birthday Honours list for his services to medicine.

David Shaw died in April 2013 in Tauranga at the age of 59.

Professor Fred Hollows (April 1929 – February 1993)

Fred Hollows was at Tauranga Hospital from 1958-1959. It was here that he made his first significant move towards becoming an ‘eye doctor’. He had completed an ‘eye term’ as part of his medical training, and the Eye Surgeon Dr R.E Tingey at Tauranga Hospital let him assist with his operations. Within a year, Fred knew how to remove a cataract safely.

After deciding that he was interested in eye surgery, he took a position at Wellington Hospital as an Ophthalmologic Registrar. In 1961 he went to Moorfields Eye Hospital in England to study Ophthalmology. He then did postgraduate work in Wales, United Kingdom, before moving to Australia in 1965.

He went on to become an internationally acclaimed eye surgeon and social justice activist who championed the right of all people to high quality and affordable eye care.

The Fred Hollows Foundation was set up in 1992 and carries on Fred’s work in 30 developing countries across Asia, Africa and the Pacific.

It’s been estimated that more than one million people in the world can see today because of initiatives instigated by Fred Hollows. Photo courtesy of Peter Solness.
The work of the Foundation restores sight to the needlessly blind and trains local eye health specialists to provide eye care services in their own communities. In the last five years alone, the Foundation has performed nearly one million sight-restoring operations and treatments and trained more than 38,000 local eye health specialists.

Fred Hollows died in 1993 in Sydney, Australia at the age of 63.

Recollection of Roie Kingan (Ball), Registered Nurse, Trained 1954

Fred Hollows was in Tauranga for a short time as a registrar. I have one funny memory of him. He always wore a blazer and he smoked a pipe… we were in Ward 1 that night and someone suddenly said, “Oh I can smell burning!” and of course there was panic stations. Suddenly Fred put his hand in his pocket and, oh his pipe hadn’t gone out it was burning a hole in his blazer!

Associate Professor Peter Gilling, Urologist, Head of Clinical School

Tauranga-based Peter Gilling is leading the world in urology research and cutting-edge techniques, including the use of the Holmium Laser and most recently robotics, to treat enlarged prostates (BPH), a very common disorder that affects 40 per cent of 80 year-old men.

“Compared to the procedure I trained in, the so called TURP (Trans Urethral Section of the Prostate), we developed a laser procedure which results in a shorter hospital stay – typically overnight as opposed to sometimes several days. There are fewer complications, so it’s safer and it’s long lasting. Once this procedure is done, it stays done. So it’s better, quicker and it’s safer,” says Peter.

In 1993, Peter and fellow urologist Mark Fraundorfer established Venturo, a unique public/private partnership model which allowed the clinicians to take decisions and invest in research and technologies.

“The research that was done here in Tauranga Hospital through the 1990’s has changed the way people do this procedure throughout the world. Venturo has played a very important part in my ability to do high quality research in the field of urology, which has put Tauranga on the map.

“Through Venturo, Mark and I have been able to introduce many procedures to treat a lot of different conditions, including enlarged and cancerous prostates, to the Bay of Plenty and New Zealand. Holmium Laser therapies, many key-hole surgery techniques, Aquablation (which uses water instead of lasers), Brachytherapy (which involves placing radioactive seeds into the prostate) and Cryo-therapy (which freezes kidney and prostate tumours) are some of these. Tauranga also got the first surgical robot in the country used for treating prostate cancer initially. This has only been possible in the private sector so far, but there is an expectation that we will be able to provide that service to public patients in the future.”

“Our procedure and technique (known as HoLEP) is being used worldwide now. Over 300 hospitals in Japan use it, it’s being used widely in Korea and China, throughout Europe and it’s very commonly done in the UK and more recently in Australia and the USA.”

Peter Gilling using Cryo-therapy on a kidney.

Cryo-therapy probes in place in a patient’s kidney.
In 1914 if you broke your shin bone you’d be in hospital for at least six weeks, in plaster for three months and require at least six months off work. Today, the average time off work is six to twelve weeks.

Senior Sergeant Deirdre Lack, Triathlete and Car Crash Victim

Deidre Lack suffered 17 different bone breaks and received 36 units of blood during the surgeries that followed her near fatal car crash outside Te Puke in December 2012.

“They told my mum that I had three breaks in my left ankle which they would set and operate on later; two breaks in my right femur, so they were going to put a rod in that; three breaks to the pelvis, which they were going to leave as bed rest would heal those. Two breaks to the right forearm, two breaks to the upper left arm and a couple of ribs and fingers. I also had lacerations to the spleen and liver. The surgeons spoke to mum and dad and said, ‘we don’t know if she’ll survive the surgery, she’s got quite a few breaks, some significant, and a lot of blood loss from internal bleeding from the larger bones’,” says Deidre.

Eleven weeks after the accident the surgeon told the triathlete she could go home. Five months later Deidre went back to work on light duties. She returned to full duties after passing the police physical test. “That’s when you’ve got to jump and pull yourself up onto and over a big six foot wall.”

Within a year of the crash Deidre won a 5km swim at Lake Karapiro and then a year and three days after the crash, she completed a triathlon at Mount Maunganui.

“Just to do it, that’s what I thought. It’s painful, but I got through it. I had so much support from Tauranga Triathlon and police and the whole community of Te Puke, it was amazing. I even had criminals send me cards, which was great.

“I won a national title at the beginning of 2014 for the Half Ironman. That’s a big race and last year I did it and got third in my age group for New Zealand. Just recently I went to the Kinloch Sprint Champs and won silver.

“The surgeons, in particular Dawson Muir, were amazing to get me back to what I am today. I’ve still got a bit of work to do in the running department, but I’m cycling faster than I’ve ever cycled. I just have to keep working on it and swimming – that’s always been my strength anyway,” says Deidre.

Recollection of Roie Kingan (Ball), Registered Nurse, Trained 1954

Dr Coates-Milson was there at the beginning of knee replacement surgery. He was also there for other big advancements in orthopaedics. He was a pioneer of orthopaedic surgery in New Zealand.

Mr O. Savage at Tauranga Hospital in the invalid carriage he made himself, circa 1930.
Did You Know?

In the 1970’s and early 1980’s, when a patient came into hospital to have a torn cartilage (meniscus) taken out of their knee, at surgery the knee was opened up, the cartilage removed, and the patient spent three to four days in hospital. Today, the same operation is done through an arthroscope (a telescope showing the inside of the knee) and the patient can go home within a few hours.

Also in the 1970’s, when a patient had surgery for Carpal Tunnel Syndrome (tingling in the hand caused by pressure on a nerve in the wrist) they had general anaesthetic for the surgery and they spent two to three days in hospital. Today it is done under local anaesthetic and they spend one to two hours in hospital.

Total Knee and Hip Joint Replacement

In the year 2000, the Bay of Plenty District Health Board did 155 hip replacements and 110 knee replacements. In 2013, these numbers increased to 391 hip and 333 knee replacements. This reflects a worldwide increase in the number of joint replacements done, especially increasing numbers of knee replacements.

Mr Richard Keddell, Orthopaedic
Department Clinical Director

As late as the early 1980’s anyone who broke their leg would be in hospital in traction for six to eight weeks; with some in hospital for three months. Today we put a steel rod in the leg and the patient goes home within a few days … that’s a dramatic change,” says Richard.

Richard says putting rods in to support broken thigh bones in particular, has been around since WW2 but the way it’s done has dramatically changed.

“In the early 1980’s, we could put a rod in, but it was only in the mid 1980’s that we had x-ray machines that changed how we do the operation. To fix a broken hip in an elderly person, we would make an incision, put a wire in across the break, take an x-ray and wait for the radiographer to develop the film. We’d look at the x-ray and say, ‘no that’s not quite the right position’. Then we’d put the wire in again and take another film and repeat the process until it was right,” he says.

“In about 1985 we got an Image Intensifier which allowed us to see what we were doing on a TV screen in the operating theatre. Technology has just got better and better. The equipment we use such as radiography and radiology services, has allowed us to do a lot more things. The knowledge just expands,” says Richard.

“It is very rare that anyone is lying around in traction in the hospital anymore!”

Seven Decades of Hospital Care
by Rex E Wright-St Clair

A specialist orthopaedic service was instituted at Tauranga Hospital in June 1953 with the part time appointment of Henry Britton Coates-Milson from 1 October 1953.

Dr Coates-Milson spent the rest of his life in Tauranga and was a brilliant orthopaedic surgeon; unconventional and inventive.
In 1914 parents were discouraged from visiting their sick child in hospital. Today, parents are encouraged to be part of the team working to make their sick child well. They can stay in the hospital and are part of the decision making process.

Early Life in the Children’s Ward
Ruby Bruning (Johanson), Patient, 1920’s

My name is Ruby Bruning, nee Johanson. I was born in Tauranga in 1921, at the Nursing Home on Cameron Road near 7th Avenue. Later Mrs Simmons had another Nursing Home opposite. When I was about two years old I had pneumonia and had to go to the Cottage Hospital.

At that time, mum and dad were not allowed to visit me as I got too upset to see them so Doctor MacDiarmid bought me sweeties.

What I also distinctly remember is the nurse taking me out in an old wheelchair to feed the hens. At that time I had to take Lanes Emolition to build me up again. The Cottage Hospital was later used as the Nurses’ Home.

When I was eight years old, I got diphtheria and was again hospitalised in the main hospital. We lived in Devonport Road and mum would walk or ride her bike to visit me. My nurse married Tony Williams who had a menswear shop on The Strand. To fundraise for the hospital, garden parties were held in the hospital grounds, which our family attended, and one year mum won the raffle.

The nurses’ uniforms were crisp, white starched dresses with starched caps worn on their heads. They wore white stockings and sensible rubber-soled lace-up shoes and a cape; a different colour cape for different stages of nurse training. The strict matron wore a veil. There was one nurse who would get quite annoyed when she would come up against a bed and her uniform would crinkle.

My brother was also in the hospital. He had a broken leg from a fight he’d had at school or something like that and he was in the next bed to another boy in the Children’s Ward. This other boy was making a lot of fuss and misbehaving and Dr MacDiarmid came in and said to him, “What are you making all the fuss for? I opened you up and took your appendix out, polished it with brasso and put it back in again!” He was great with children.

Recollection of Heidi Beers, Patient

There was a time when I found myself quite unexpectedly in a separate small room in Tauranga Hospital. Overwhelmed by mixed feelings and thoughts very much on the other side of the world where I came from - my mother and my brothers. The prognosis was not good, bad actually, and there I was feeling quite alone, not wanting to know, apprehensive and tired - very tired.

Unable to escape, tied to the blood transfusion bottle and unknown attributes around me in this unfamiliar small room. ‘What am I doing here? Why am I here, why are there distances!’

Then when I tiredly leant back in the pillows, incredibly - music came floating through the door. I thought I was wrong in hearing it but there it was. I heard the lovely tune of ‘Edelweiss’. Some staff member had sat himself outside my door with his guitar and softly played ‘Edelweiss’ for me.
Hugh Lees, Consultant Paediatrician

There’s no doubt the Children’s Ward at Tauranga Hospital has become much more family friendly and children stay for shorter lengths of time compared to the past. Changes in mortality rates from infection have improved for children too, says Hugh who started at Tauranga Hospital as a House Doctor in 1978.

“An increase in survival rates in children suffering leukaemia and cystic fibrosis are two of the most significant advances I’ve seen since I started. Children who suffered from leukaemia really didn’t have much chance of surviving the disease back then but now their rate of survival is between 80 and 90 per cent. This is largely due to studies and research into the disease. All children who suffered leukaemia would be entered into a study so the children who suffer from it today and are surviving now, stand on the shoulders of the children who have gone before them,” says Hugh.

“Similarly children with cystic fibrosis would have typically lived only into late childhood and now they can expect to survive into adulthood due to advancements in knowledge and fine tuning of treatment. There’s been much more determination to understand the disease better.”

Hugh also points to survival of pre-mature babies being much more likely than in the past. “They survive more and they survive better with fewer problems later on in life.”

Hugh is optimistic about the future for paediatrics and in particular the knowledge younger colleagues are bringing to the table. “My younger colleagues are inspiring. They are probably more thoroughly trained than I was and more knowledgeable. The future for paediatrics is certainly bright,” he says.

Children’s Ward 1940’s

Anonymous

Pale walls, polished floors, Starchy-uniformed puppet-people smiling on cue; Agony, of maternal leave-taking Etched on the dear face, Warm, familiar hand unclasped, Waving....

Loneliness crowding out joy, Enfolding my being, My small, silent, well-behaved being, Tentacles of fear and uncertainty Probing the corridors of my mind…Mother! Waving....

A blanket of silence, hospital smell, Wide eyes in tiny faces Staring from cold, steel cots, Ghostly figures moving behind a cloudy shroud, Unfriendly, distorted; oxygen softly Hissing....

Night sucking the pale colour from dividing screens, Doors closed against muffled sounds Of trolley wheels clattering Down distant wood-floored corridors, Mother, Father, Sisters, Brothers, Missing....

A vision of home, a sleepless dream Escape plans forming in the childish mind Hampered by physical inadequacy, Stark fear of the smothering gloom, illness Weeping....

Days and nights merging…. Eternity Of waiting, listening for familiar steps, Hugs and kisses, loving faces, fleetingly. Self-reliance extracted like a painful tooth From the bleeding mouth of necessity, acceptance. Sleeping.

Did You Know?

New Zealand is one of only a few countries in the world where Hospital Play Specialists are also required to be Registered Early Childhood Teachers.
Debbie McDougall, Play Specialist, Paediatrics

Significant changes have occurred in the approach taken to children’s treatment at hospital, says Debbie.

“It’s a world away from the days when a child was dropped off by their parents and left for the duration of their stay in a strange environment and put into bed. It would have been just terrifying for them,” she says.

“The biggest change is the involvement of families and the realisation that families are the most important thing in a child’s life. Now families are included through the whole process. They are informed, are part of the decision making process and encouraged to stay. We have facilities for them; beds near their child, ensuites, a parent lounge and meal making facilities. We spend a lot of time with parents and children in the activity room,” says Debbie.

Play is used as a fundamental coping strategy for children to both reduce anxiety, to normalise their environment and for learning. “It’s used for ongoing learning and development, particularly for the under sixes which is why we also operate a licensed early childhood education programme,” says Debbie.

“We also do lots of preparation using booklets full of photos showing the journeys of children that have been through the same procedure. We try to empower children with knowledge of what’s going to happen, so that there are no surprises, because knowledge is empowerment.”

“We go with children during procedures and we teach relaxation and breathing techniques with children as young as three years old who are able to learn and use them. This is particularly beneficial for children with chronic re-occurring health conditions,” says Debbie.

Recollection of Trish Simpson, Patient, 1940’s

As a young patient in the late 1940’s and early 1950’s I remember how very different it was then compared to the Children’s Ward of today.

It was very stark and run by matron’s strict rules which were not conducive to a very pleasant stay.

Visitors, including parents, were strictly monitored with limited visiting hours and I recall being so miserable during one stay that I contemplated walking home in the middle of the night - if only I had the courage!

Oxygen tents were used then as well which was a bit scary for a small child. The Children’s Ward today is a much more welcoming place and I’m sure must contribute to the well-being of the child.

Tui Meyer (Bentley), Patient, 1950’s

My name is Tui Meyer, nee Bentley. I was one of six chronically ill children and our life-threatening conditions caused us to constantly require treatment of care at Tauranga Hospital. Some of us were long term to permanent admissions and from the years 1954-59, hospital life was fairly consistent.

At this point, I reflect and remember with heartfelt praise to God for the dedication of the doctors and nurses of the time. We (the children of the above) were supervised and under the care of Dr Ralph Simmons, Heart Specialist and Consultant.

Dr Ralph Simmons, Heart Specialist and Consultant.
Dr Simmons was instrumental in the hospital acquiring a Cardiac Ward some years later after the new hospital was erected. You could say our treatment needs were ideal training practice for the many interns and nursing staff who followed Dr Simmons (and other professional doctors) on their daily rounds.

We children learnt their jargon and would ‘mimic’ in fun. I remember in awe our first intern doctor and some years later the introduction of male nurses!!

Admission into the appropriate ward was immediate and usually prearranged by the doctor. In my case Doctor Simmons would give me the immediate treatment at home first, and depending on the emergency, call the ambulance or take me himself.

No ID wrist bracelets then and personal file details were taken at ones’ bedside once the patient was settled into bed. No matter how sick I was, I remember not looking forward to those blue striped pyjamas or white nighties that tied at the back (it was not permissible to wear our own). Our sterile life, became in a sense, another world we lived in outside our homes.

Job prospects were varied and an opportunity to a wide range of people seeking employment. Successful applicants would be trained on site at Tauranga Hospital. The laundry was one such attached service. This period of time was from 1954 – 1970’s operating in an entirely different way to today.

Our little ‘White Administration Building’ situated on Cameron Road, did not appear to have the same significance as did the appearance of our Superintendent Doctor Short and Matron White back in the day. Their perspective and responsible roles required respect for strict rules to be followed and adhered to by all hospital personal. Inspections were daily and Matron White was a force to be reckoned with when it came to appearance and standard of uniform. Nurses were pulled up if their hair touched their collar. I remember every bed was inspected and the ‘Tauranga Hospital Board Logo’ on the Counterpane had to be facing the right way round.

Many of the nurses and hospital personnel came to know us well enough to be friends and encouragers. I believe their personal import was instrumental to my healing process.

From our cubical rooms we would view the comings and goings of the nurses, each donning their cape (of a particular colour) over their in-between duty uniform. This cape gave recognition of their status. They would be heading to the Nurses’ Home for meals or ‘on training’. A curfew was in place for the many nurses who lived-in and that was not easy, I was told.

The big stainless steel food trolleys (an essential part of the traffic that moved up and down this path) would indicate meal times to us and what occurred in between. I remember young able girls coming, fresh from college and entering into nursing. Some would come in as nurse-aids to begin nursing. I met college girls who held regular part-time jobs washing tea dishes after school.

In those early years, we were plagued by cockroaches at night. The hospital seemed to have cleaners at work from morning to dusk, leaving no evidence of their nightly invasion. Crothalls was a cleaning company that cleaned for the hospital for many years. The team of workers had supervisors who would check their work was carried out to satisfaction. Some of the family members of the ‘Long Stayers’ were employed by Crothalls so that they could be close to their loved one.

On the weekend we would be treated to the Salvation Army Band setting up on the lawn amongst trees and flower gardens, playing their beautiful music. This area was between Wards 1 and 2. Caring ladies would visit us and give us each a wee posy of flowers with a Bible verse and would always be interested in our welfare. Some nurses gave freely of their time to hold Sunday School Service for us.

As we convalesced we were able to have school lessons and some light activity in bed. Mrs Mune our first teacher would prepare our lessons according to our schooling year.

This photo is of myself (Tui Meyer nee Bentley) standing in front just on the hill incline between Ward 1 and the Maternity Annexe which are both gone now.
When Mrs Mune left she was replaced by Mrs Ferguson. Both ladies were very patient and kind and skilfully challenged to help us keep up. A large covered-in sun porch (a room built on the end of Ward 1, the Children’s Ward and opposite the Maternity Annexe) was used as a classroom for those who could attend.

Oxygen tents, oxygen cylinders and masks were a common sight alongside some of the medical instruments that were used and are now on display in the main foyer of the hospital.

Two new blocks were built adjacent to Ward 5 the then Isolation Ward. One of the buildings became the new Children’s Ward and the other accommodated Crothalls cleaning personnel. Since the middle of the 1960’s the changes at the hospital have become an ongoing project to keep up with our ever growing city.

My condition greatly improved and admission to hospital became less.

As well as my mother before me, my sisters and I and two of my children have all given birth at Tauranga Maternity Annexe. My sister-in-law, a qualified Maternity Sister, worked with special needs babies.

Recollection of an Elderly Lady, Dorothy Smith-Durham (Hofmann)

When I was only a little girl of four years, I was taken to Tauranga Hospital very sick with double pulmonic pneumonia.

We travelled in an old Buick car and on the way from Katikati to Tauranga, my parents smelt smoke coming from the car bonnet. My father stopped the car and we all got out. It turned out to be a rat’s nest alight, much to my father’s annoyance. Well dad put the fire out and we continued onto Tauranga Hospital, which comprised of two large concrete pillars and concrete steps – very old. I was taken in with my much loved teddy bear and clothes, and was put into bed alongside another little girl a little older than me. We both became good friends over the length of time we were in hospital together.

I was spoilt; the nurses used to carry me around and sit me on a shelf while they worked. At night I’d have three aniseed lollies put on my bedside cupboard for bedtime.

My grandma would come to see me and one night in particular, I was at the point of ‘passing my crisis’ as they called it in those days, and she told me a little saying that I had to repeat:

“Little by little, day by day, I am getting better in every way.”

Well I turned the corner only to catch scarlet fever and down I went again. While it slowly progressed, they moved me out onto the sunny veranda of Ward 17, where I had mustard packs put on my back. When I returned home eventually, I realised I’d left my teddy behind, which I missed!

In later years my parents bought me a celluloid doll with a red velvet skirt, with white bunny-fur edging sewn around the bottom of it. How I loved that doll! I always wanted to skate like Sonja Henie, the skating star of the year. My big brother found celluloid toys burnt brightly and I lost her and I was very upset as you can imagine. I later found out my teddy had been put into isolation. I was too little to understand what that big word meant.

My time spent in Tauranga Hospital over the years as a patient inspired me to become a nurse. Instead, as the years changed I became a ‘Jack and Jill’ of all trades through necessity and family. That’s life I guess. I did end up working for the hospital as a Home Help and cared for the elderly, which I loved.

Times have certainly changed, so has the hospital. Now I get lost among the many corridors trying to find my way to and fro. Oh for those old quiet days which have now gone.
In 1914 nurses were young, single and untrained. They made beds, fed and washed patients. Today’s nurses are highly trained, often specialising, and do many tasks that were previously done by doctors.

Julie Robinson, Director of Nursing, Trained 1971

Training of nurses has come a long way even since the early 1970’s, says Julie. “The scope of practise for nurses is broad, training has improved and nurses can choose to specialise in a certain area,” she says.

“There have been many changes in the way nurses are trained and patients are treated. In my day we learnt on the job over three years and attended block classes. However we didn’t get to apply the theory in practise on a patient at the same time. So you might have learnt about how to treat a patient with diabetes a year before you actually nursed one and you’d have to try and remember. Now theory and practise are more integrated,” she says.

The way patients were treated has changed significantly as well, Julie says. “When I was in training the lights would go on at 5am every morning in every ward and all patients would be bathed, showered and shaved, fed breakfast, hair done, sitting up in bed ready for the doctor and his entourage to do his rounds between 9-9.30am. No lounging about! Now it is less formal and that sort of thing doesn’t happen. The care is patient-centred which is quite a change compared to the previous military-style way of life that hospitals inherited.

“It’s evolution. As technology and research forge ahead so too do changes in training and nursing practise. When I started my training it was very unusual for nurses to insert IV lines and now it’s a general skill. Doctors are doing things they never used to do and nurses are expanding their practise as they step up,” Julie says.

“We had one fearsome night supervisor when I was a student nurse on night shift…if you weren’t working you were only allowed to do a crossword or read a text book.”
Roie Kingan (Ball), Registered Nurse, Trained 1954

I started with the Preliminary Class of 1954. There were five of us in the class, our tutor was Sister Natalie Banner and we graduated in 1958.

In the early 1950's you trained in general nursing and there were no specialties, however I spent quite a lot of time in Theatre for some reason or another. We only had six weeks when we first started with the Sister and then we went straight into the wards and all our training from then on was on the wards. Sometimes you had a Staff Nurse and usually only three nurses per ward each with 30-something patients.

None of us were married; well you probably weren't allowed to be married in those days. We all lived in the Nurses’ Home and we did everything there. Living with a whole group of girls in a nursing home was an amazing experience. We'd all go down for morning tea and breakfast at a certain time. When we went out, there was always a big group of us and we were invited to so many social events. People would ring the Nurses’ Home at times and say ‘we'd love some of the girls to come to something or other,’ and as many that wanted to, would go. The Māori community was a great friend of ours, a large number of patients were Māori and we went to a lot of dances, funerals, get-togethers, especially in the Te Puna area.

When we went out, one of the two Sisters would be rostered-on and remain at the Nurses’ Home. It would be an effort at times when you’d find yourself at 12 o’clock or 1 o’clock in the morning trying to evade Sister Bakewell or whoever was on that night.

The nurses became very close friends because we all lived and worked together the whole time. That was our home and nowhere else. You only had one or two days off a week and if you lived further away sometimes you got away and sometimes you didn’t. Sometimes you had a ‘Short-Change’ and you’d be doing afternoon duty one week and mornings the next. That meant you’d be off at 10 o’clock the night before starting at 6 o’clock the next morning with no time to go anywhere. So the nurses were very close. We had a tennis court so a lot of the nurses played tennis, and a basketball team (now netball). We played every Saturday afternoon. Of course you weren’t always the most popular if you were in the team as you got Saturday afternoon off to play, which meant you had to have Saturday night off too.

You usually did six weeks at a time working in one ward and then moved to another ward. Then you’d do night duty for so long. On night duty there was one nurse on in each ward, an afternoon supervisor and there was a nurse that was called a runner and she went from one ward to another as required. We’d have a telephone but that was about all. The wards were very close to each other. We had one long corridor and the three main wards were off that. Ward 3 was the TB Ward and that was right up the hill and Ward 6, which was the Geriatric Ward, was also quite a distance away and some of the girls didn’t like going up there at night as they were a bit scared.

I spent a lot of time in Theatre, just why I’m not sure. We didn’t seem to spend much time in the TB Ward but I think there was only one nurse on there as it was an isolation unit and a bit separate. The patients were often in for up to six months at a time.

We were probably much closer to our doctors and house surgeons. Now a huge amount of work goes through the Emergency Department, but in my time our patients nearly always went straight to the ward therefore you had to be much closer to doctors because they relied on you so much.

There was a runner and she came round knocking on your room door at the Nurses’ Home at 5.15am and we started work at 6am. It was quite amazing really when I think that you had only a Sister and sometimes a Staff Nurse, and maybe two or three nurses who could be from a second year nurse down to a nurse who had only just come out of training. You did the whole ward yourself starting at 6am. Very very few patients went to shower, which was almost never used, and one toilet I think in the 30-bed ward. So it was washes in bed and making beds. They were first woken at 5.30am for panning and then you had to have them all ready by breakfast at half past seven I think it was. From then on it was treatments and other things.

In Theatre we had one Sister and sometimes two nurses. You had a theatre list like today presumably; one surgeon was on at a special time. We only had two anaesthetists; one main anaesthetist, Dr Wilkie and Dr Sligo who had been the Medical Superintendent.

Tauranga Hospital Graduation Class of 1958.
When I first went to work in Theatre we had two general surgeons, Dr Gilbert and Dr Park who took week about. There was also Dr Coates-Milson, Orthopaedics and Dr Tingey the Eye Surgeon. Dr Mountfort and later Dr Short, our Medical Superintendent, were also excellent surgeons.

Dr Coates-Milson was there at the beginning of knee replacement surgery. He was also there for some of the other big advancements in the Orthopaedic area. He would have been one of the ones who did the first pioneering surgery in New Zealand. We would always have two House Surgeons and sometimes a Registrar. One of our House Surgeons, Dr Fairgray went on to become Medical Superintendent at Christchurch Hospital after quite a long while at Tauranga.

We had a porter who brought our patients in and as soon as they had finished being operated on they took them back to the ward and a Ward Nurse had to sit with them until they recovered, not like recovery outside Theatre these days. Theatre days in wards were very very hectic!

There were always some funny instances. One time I was on night duty in Ward 3 the TB Ward, and I was told to watch out as some of the ladies were going into the Men’s Ward. The other thing I was supposed to be watching out for, was any beer going into the Men's Ward. Of course they were both things that you tried to keep very clear of and hope that you didn’t happen to get involved because they were some of the very cheap perks that patients probably got after perhaps six months or more in one ward.

When you were on-call in Theatre they would call you over from the Nurses’ Home to the hospital. During the weekend, either as a Sister or Staff Nurse, if you were on-call or if any patients came in during the night you got a rap on the door, you got changed quickly and over you went, you literally ran over!

One time when I was in Ward 6, the Geriatrics Ward, someone called out that a woman was disappearing out of the ward which was very close to Cameron Road. Last seen this old lady, wearing only her white gown, was trotting down the middle of Cameron Road in rush hour traffic with a nurse hastily tearing down the road after her trying to catch up! Just funny little things like that.

The nurses in the Men’s Ward usually had to take racing bets down to the TAB on Saturdays. They all used to have their money and if you were on that ward and good enough you’d do that to help them out. It was very different because many of the patients were in for a very very long time. Some of them were there for months with legs in plaster. Cancer patients were often in for a long time, they didn’t go away for treatment. Cataract patients were on their backs for ten days with their eyes padded and you’d have to do everything for them. Patients were usually on bed rest for a long time and we did everything for them, for months so you got to know them well.

The Children’s Ward had up to 40 children and there were five special care side rooms. We usually had three nurses on and a Sister. One afternoon a week children had tonsillectomies and there’d be at least 10 new patients as a result.

The main children’s ailments were bad flu, asthma, polio, general children’s ailments and broken bones. Very seldom parents stayed with their children. If a patient was in one of the side rooms, parents sometimes stayed, but very seldom at other times as they weren’t allowed to and there weren’t extra facilities for people to stay.

We had very basic food and a Diet Kitchen in a room off the Men’s Ward. We would get a list of those patients who needed a special diet, perhaps low fat or salt free or something like that. Working in the Diet Kitchen was not a very popular duty I have to say. Not only did you do the list you had to cook it all. Some of the girls had never cooked before in their lives and here they were making specialised diets!
At Tauranga Hospital we had three Fijian ladies who came over and trained with us. On night duty one time Lupe Vatui Tui was on Ward 1 and I was the nurse runner helping her and we had a very elderly, very large, Chinese lady who had definitely not been able to move for some time. Well she fell out of bed this night. We couldn’t understand how but she did. We tried to lift her and eventually realised that we couldn’t. After getting help from three or four other nurses we got her back into bed – eventually!

Nurse Vatui Tui’s laugh was just gorgeous. The Fijians were such beautiful, laughing, friendly people. The lovely laughter throughout the wards when something unusual happened was common with them, it was just lovely.

Nurses are doing more and more these days than we could ever do. For example they can put in a drip these days and we weren’t allowed to. The technology has changed, we had very little technology. We would set up for our Senior Nurse to do all her dressings. She had to sterilize all the equipment and things in a little sterilizer and set up her own trays. Nowadays they come in packages and you just pick up what package you want and so on. A huge time saving! What we had available was much more basic compared to today.

Recollection of Betty Gordon (Blackie), Registered Nurse, Trained 1945

When I trained at Tauranga Hospital it was quite small; a Men’s Ward for medical and surgical, the same for women, a Maternity Annexe and Tuberculosis (TB) Ward away from the main hospital.

I did all my night nursing in the TB Ward and as it was near the end of WW2 we still had rationing in New Zealand. Our power went off at 11pm and came on again at 5am. The only lighting we had was a hurricane lantern and a torch to do the rounds in the wards. On one of those rounds I found someone in bed with a patient!

During the middle of my training we had a polio epidemic so many of the TB patients were sent home and polio patients in iron lungs filled the ward. I really enjoyed my training but we often had to work longer than our shift because of a nurse shortage.

Recollection of Pat Walker (Kendall) Registered Nurse, Trained 1941

As one of the first trainee nurses at Tauranga Hospital in the early 1940’s duties started at 6am until 2pm and we attended lectures after duty. At the end of our second year we were doing theatre duties - we were also required to prepare the deceased for burial (laying out) and to take them to the morgue for the undertaker to collect.

A class of three nurses depart for Waikato Hospital to attend lectures in Ear, Eyes, Nose and Throat. From left to right: Pat Walker (Kendall), Esther Borel (Quinlivan) and Jean McCready (Voss). Circa 1941.

Nursing staff with Dr Marks, Medical Superintendent in the middle of the front row next to Miss Jenkins, Matron. In the back row behind them is Tutor Sister Miss Harrison (Micky). Circa 1941.
Graduation Class 1976
Jill Stanton (Chubb)

The photo below, shows most of the Graduating Class in 1976. We had two intakes in 1973, February and April. The reason for this was the building of a third floor Maternity Annexe with a Theatre, Children’s Ward and Gynaecological Ward and the additional intake was to provide the extra staff required.

Nurse training began with the three month-long Preliminary Class known as Prelim. During this time we learned theory and practical such as bed baths, and making beds before becoming part of the work-force in the wards as a ‘one striker’.

A copy of ‘Suture Line’ Tauranga Hospital’s magazine 1963-64. Submitted by Jenny Garland.
In 1914 most women gave birth at home with help from family, neighbours and untrained midwives. Today, women have a choice of where and how they give birth: at home, at the hospital or in a birthing unit and a trained midwife assists.

Did You Know?

In 1921 New Zealand had the second highest maternal mortality rate in the western world. In 2011, a report, published by 29 leading world health agencies described New Zealand’s midwifery-led maternity model of care as the best care in the world for mothers and newborn babies.

Maternity Annexe

The old Maternity Annexe at Tauranga Hospital was originally built in 1943. It was designed for 13 patients and first used as general hospital accommodation for 30 military patients from WW2 as a condition of it being built. In August 1943 the Board was notified by the Secretary of Defence that, “it is not expected that this hospital will now be required for military patients”. Alterations were made and the Maternity Annexe was officially opened on 21 February 1944.

Further refurbishments were made in 1994 with education and clinical rooms added. In 2009 the old Maternity Annexe was closed and demolished and replaced with a modern Maternity Unit and Special Care Baby Unit in the main hospital allowing easy access to other services and the main theatre, should women require a Caesarean Section.

Recollection of Anon Patient, 1950’s

You stayed in for two weeks. You were swabbed three times a day while we were on bed rest for the first baby. You were looked after by doctors and midwives or nurses at the birth. Hospital food was like home cooking and we loved it.

You relied on your family back then. Your mother came to stay or neighbours helped. Breast feeding was normal but you added Karlac milk powder if needed.

I had five children and they were all overdue. I needed a Pitocin drip to push labour along and they listened in with a Funundascope. There was always a doctor at the birth but if he didn’t make it in time the midwife delivered the baby for you. Plunket came afterwards and were wonderful.

Recollection of Gwen Collard, New Mum, 1958

In February 1958 I gave birth to my daughter Wendy in the Tauranga Maternity Annexe. I was new to Tauranga and had my family doctor to look after me during the pregnancy. At the birth I really only remember the midwife telling me to push harder, and then the obstetrician who was a GP said “we’ll help you out”. Another GP put me to sleep and I had a forceps delivery. Fathers were not allowed at the birth but the kind doctor left a rose on the step to indicate we had a baby girl. I stayed two weeks in the annexe with my baby resting in bed most of the time.

David Joblin, resident, born 1941.
Esther Mackay, Clinical Midwife Manager

Esther Mackay has cared for approximately 3000 women in her midwifery career which started in 1978. She notes the rules have changed significantly over the years and led to a far greater choice for women in the care they receive.

“Rules were imposed. Women often gave birth on their backs with their feet in stirrups and fathers were not allowed to attend the birth. It took until the 1970’s for practises to change, when husbands were allowed to attend births and midwives and women worked to achieve more natural birthing,” says Esther.

“Today every pregnant woman in Tauranga has her own midwife who supports her throughout the pregnancy. The midwife monitors progress,安排s screen tests and provides information so that the woman and her family can make evidence-based choices around their birth experience. The midwife then cares for the woman during labour and birth whether in the shower or pool or lying on a bed pain-free with an epidural.

Did You Know?

The first baby to be born in the old Maternity Annexe was Norman Leslie, on 24 February 1944. To celebrate his birth, his mother was given five pounds by the Hospital Board.

Norman Leslie has lived all his life in Tauranga and two of his grandchildren were also born in the Maternity Annexe.

His great-great-grandfather, Alexander James Leslie, was an Assistant Surgeon during the New Zealand Land Wars and was the inventor of Leslie’s Patent Tape Plaster.

Determined to Survive

In 1978 Kris Holmes was born weighing 780 grams at 28 weeks. At that time his chances of survival were considered unlikely and he was cared for here in the Tauranga Neonatal Unit where he was nursed to full health and discharged home 11 weeks later. From the 1980’s and 1990’s huge advances have been made in caring for babies of extreme prematurity and can now survive from 24 weeks.

If a woman is in premature labour before 32 weeks they are sent to Waikato Hospital for intensive care making Kris’s story from 1978 truly remarkable. Two of the staff members who cared for Kris still work in the Tauranga Maternity Unit.
Dr Richard Speed, Head of Department, Obstetrics and Gynaecology

Dr Speed has delivered approximately 5000 babies throughout the 30 years he has worked at Tauranga Hospital including, at least 200 sets of twins and four sets of triplets.

"Women used to be transported from the Maternity Annexe to the main hospital by ambulance when I first started. St John’s Ambulance would be called and a driver would drive the ambulance from St John’s on 17th Avenue to the Maternity Annexe and then take the patient across to Theatre. After a while orderlies where trained to drive the ambulance, but often we would have to push people across to Theatre on a stretcher or trolley through the waiting area of the then new Emergency Department. There was minimal privacy and it wasn’t good, so things have improved," Richard says.

Other main changes Richard says, is the increase in Caesarean Sections and an increase in the age of women having babies. "Thirty years ago the Caesarean Section rate would’ve been about 10 per cent. It’s now somewhere between 25 and 30 per cent - a phenomenal increase. Also, many women start having a family after 30 and into their 40’s - it’s not uncommon," says Richard.

Working in this field brings a lot of joy, Richard says, and is not without its stresses or its rewards. "There was an occasion when I was off-duty and just happened to be walking past the Delivery Suite when I was called in. Someone was in distress after having a baby as another one was on its way. Twins were undiagnosed until the birth of the first baby, and the second baby was in a perilous state. I went in and managed to deliver the baby. I can’t mention names, but that baby went on to become a local champion New Zealand Sports Person!"

Trish Simpson, Tauranga resident

I was born at home in 1943 which I believe was just prior to the opening of the Maternity Annexe in 1944. In 1968 and again in 1971 two of my three children were born at the Maternity Annexe. On the first occasion Sister McKean was the Matron in charge and she ran a tight ship. I’m sure many people will remember her and her means of transport – an old lightweight motorcycle.

"In 1983 the ethnicity of women giving birth at the hospital would have been 65 per cent European and 25-30 per cent Māori. Now at least 20-30 per cent are Indian, Bangladeshi, Asian or Pacifica families and women often require translation services."
In 1914 traditional medicines and practices were used by Māori to treat illness, and they were cared for in their homes. Today, Māori have both clinical and cultural support in a dedicated Kaupapa Ward, the only one of its kind in New Zealand.

Did You Know?

In 1963 Miss Ngapani Te Hore gained the highest marks in the final examination for student nurses and became the first Māori nurse to achieve a gold medal from the Board.

Unique Ward for Māori

The staff of the Kaupapa Ward say that many people from around the country have visited to see for themselves how the ward is run. “It’s the only one that we know of operating in a hospital in New Zealand and we’ve had a lot of interest about what we’ve done here.”

“It is unique. A lot of people are quite acutely unwell or at the end-stage of their lives when they come in. In the Kaupapa Ward not only clinical care is provided, but also cultural support in a meaningful way that meets their needs.”

The model of care is based on ‘whanaungatanga’ or the relationships between and amongst iwi Māori. That is, whakapapa, whanaungatanga, kinship and the knowledge and understanding of local iwi, hapū and whānau networks and Māori Health provider groups. For some patients this can involve networks of people, and occasionally quite large groups can be involved.

The care provided is also supported by acknowledging the cultural values and beliefs of the patient and whānau.

The ward will often become the interface between the patient and the community to ensure that the patient’s discharge is a safe journey for them and ensure other key services are also provided for them. Nursing staff and social workers work with the patient and whānau to make this happen.

District Nurses will follow-up patients after they leave the hospital to ensure their needs are being met at home and Support Net services will also assess the patient with home-care where required. Patients can also be seen at outpatient clinics if further follow-up care is required.

“Overall there is good support in the hospital for the Kaupapa Ward and we hope that it will continue into the future,” the staff said.
The Kaupapa Ward

Ward 2A at Tauranga Hospital is the Kaupapa Ward, established in 1990 to meet the clinical and cultural needs of Māori patients. It is an acute ward for medical, respiratory, diabetes and cardiac care.

Tauranga Hospital is the only hospital in New Zealand with a dedicated Medical Kaupapa Ward and includes Kaupapa Nursing Mental Health Service, Kaupapa Social Work Service and Kaupapa Nursing Community Service.

The Kaupapa Ward has staff trained in basic Te Reo, tikanga best practice, Kaupapa Māori Health, Tiriti o Waitangi, cultural safety, local history and knowledge of Tauranga Moana.

The ward started with with four beds, then six and today has 10-12 beds dedicated to Māori with the ability to flex to 22 beds if required.

Tauirioterangi Gerry Pouwhare, Patient, 2014

I arrived at the Emergency Department when I had an irregular heart beat and my blood pressure was really low. I was taken up to the Kaupapa Ward and they welcomed me in Te Reo Māori. That was nice and very different. They have been monitoring me mainly but I did have a visit from the chaplain and the social worker who just popped in to say hi and to see if I needed anything. They have made me feel very welcome here and my visitors too. I had quite a few of them recently and they needed a very long seat which was brought in for them.

The Runanga

The Bay of Plenty District Health Board (BOPDHB) has 18 iwi in its region - the highest number of iwi in the country. BOPDHB identified that establishing a unique structure was the best way to build the capacity and capability of the Māori Provider sector, to contribute to the reduction of health inequalities for Māori. As a result the region is seeing positive health outcomes for Māori and a closing of the disparity gap for a number of health targets.

In 2013 it won the Institute of Public Administration New Zealand (IPANZ) Award for Crown-Māori Relationships. The award recognises the extent to which the BOPDHB has built a unique and innovative approach to addressing the challenges of the region.

A contributing factor to their success is the BOPDHB’s Māori Health Planning and Funding Unit – the only one of its kind in New Zealand. General Manager Māori Health Planning and Funding, Janet McLean has direct accountability and responsibility for all Māori health funding and contracts with the support of a dedicated team. Janet says Toi Ora – optimum health and wellbeing – has been a strategic priority for BOPDHB since the inception of DHBs in 2001.

“Given the high Māori population, diverse iwi, whānau and hapū structures, we needed an approach which enabled active and meaningful engagement at different levels between the DHB and Māori,” she says. “What we have established enables Māori to contribute to decision making and participate in the delivery of their health and disability services.”
Māori Health Development at Tauranga Hospital

1919
Following the Influenza Epidemic (1918) the Tauranga Hospital Board identified the need to appoint a Native Nurse to service Māori communities and she was provided with a horse and trap until 1933 when she got a car.

1930
Major typhoid outbreak in the Māori settlement of Matapihi, the Native Nurse still employed to service these settlements and Māori communities.

1989
Formation of Te Puna Hauora Kaupapa Māori Health Service within Tauranga Hospital.

1999 - 2000
Merging of Tauranga Hospital (Western Bay Health) and Whakatane Hospital (Eastern Bay Health) to become Pacific Health.

2001
Formation of the BOPDHB Māori Health Runanga consisting of representatives from the 18 iwi (tribes) across Mataatua (Bay of Plenty).

2008
Opening of Kaupapa Ward by local iwi and Kaumatua.

2009/10
Amalgamation of Western and Eastern Bay of Plenty Māori Health Services.

2013
Te Amorangi Kāhui Kaumatua Council (Provider Arm) formed consisting of representatives from the 18 iwi among the Bay of Plenty District Health Board and Department of Health geographic boundaries.

Seven Decades of Hospital Care by Rex E Wright-St Clair

In 1930 there was a major outbreak of typhoid fever in the Māori settlement of Matapihi. The Medical Officer of Health from Auckland, in whose district the Bay of Plenty then lay, insisted on the Isolation Ward at Tauranga Hospital being opened to admit six of the cases. Additional beds and bedding had to be bought, and also a tent to accommodate the three extra nurses who had to be taken on temporarily from Auckland.
In 1914 there were not the medicines to treat patients that are available now. Through knowledge and science, antibiotics and other medicines are constantly being developed to treat disease and illness.

Dr. Arthur Reid, Retired Consultant Physician and Deputy Medical Superintendent

Tauranga Hospital’s Arthur Reid has witnessed huge changes in medicine and treatment over the five decades he worked here. He has seen a number of firsts in medical improvement such as the progress in radiology (CT and MRI scans), coronary and open heart surgery, organ and joint replacements and other revolutionary discoveries.

“I graduated in 1949. That was near the beginning of the antibiotic era with Penicillin and then Streptomycin being the first antibiotics made widely available. The results in overcoming bacterial diseases like pneumonia were miraculous. Unfortunately due to the emergence of bacterial resistance factors we are now loosing that miracle,” says Arthur.

Other advancements that Arthur has seen change the face of medicine include the use of nuclear medicine, advances with drugs and radiology in all forms of cancer, and new vaccines for disease prevention like polio, rubella, hepatitis and mumps.

“All these wonderful developments in treatments we now regard as routine and meet our ordinary everyday expectations. Whole groups of highly qualified specialists have been trained to meet these expectations and do so now with ‘routine’ success. We all enjoy extended health and happiness as a consequence,” says Arthur.

Dr Paul Mountfort, Retired Senior Surgeon

My Arrival at Tauranga Hospital 1949

“Hello Mountfort! Nice to see you. I’ve been on-call continuously for 35 days and now I’m going on holiday.”

In so saying, Dr Sligo handed me a bunch of keys and said, “I’ll see you in a fortnight.”

Tauranga Hospital was a single storied rough cast building with a tiled roof. From the outside it was quite attractive. There was a tennis court in front, with a drive for cars separating it from the Boiler House with a tall chimney. The entrance led to a short corridor, from which there was a small Receptionist’s Office, with a switchboard, the Superintendent’s Office, the Dispensary and a public Waiting Room. At the end, was a larger corridor at right angles, which gave access to two wards, the Theatre, the X-ray Room, the Matron’s Office and the kitchen.

The two wards were identical; each was a large hall with a divider across the middle. There were two side rooms, a Ward Sister’s Office, a sterilising room and to one side, a sluice room and toilets. Around two sides was a glassed-in veranda for children and convalescents. One ward was for females and the other for males. The patients were aligned along the walls and if necessary, down the centre too. The first half was for acutely ill patients and the second half for elderly permanent cases. There was a third ward, made of wood which had about a dozen single rooms, used for chronically ill tuberculous patients. It was on a small rise, not far from the main block.

There were a number of small wooden huts dotted about, for the carpenters, the painters, the laboratory, a surgical boot maker and one was used by a chronic paraplegic called Scotty Savage, who went out there in his wheelchair and made ‘home brew’.

“It’s not our bodies but the bacteria that have changed. They’ve learnt a few tricks and we haven’t caught up with them yet. That’s the challenge for the next generation in medicine.”
There were two full time medical staff; the Superintendent, Dr Sligo and a House Surgeon, me. There were also two part-time surgeons, Drs Mark and Park who did the two lists each week and attended to the acute cases. They worked week and week about. The local general practitioners attended to the obstetric cases in the Maternity Annex which was nearby. There was no physician, no radiologist and no pathologist.

There were some visiting specialists including a Tuberculosis Officer from Hamilton and later from Rotorua. He did a clinic every fortnight, seeing numerous patients collected by the District Nurses.

Mr Selwyn Morris, an Orthopaedic Surgeon came down from Auckland twice a year on a small plane, which landed on the racecourse. He saw mainly children with orthopaedic problems and adults by special arrangement. Dr Pickerill and his wife Cecily, both Plastic Surgeons, saw children with congenital defects and arranged for some to be treated in Wellington. They came twice a year and stayed for two days; the second day they spent operating on minor cases.

The X-ray Department had a main room with the usual universal x-ray plant, such as a couch with an over-couch tube for doing most x-rays. It could be raised up to the vertical and had an under-couch tube and a screen for doing barium studies of the stomach and bowel. There was also a very fine Westinghouse portable, which the medical staff could use when the radiographer was not available. There was a radiographer, but no radiologist, so the doctors had to report based on the patients' films.

The laboratory consisted of a small wooden hut, with some basic equipment and a few chemicals to do simple tests. The equipment was not cleaned properly and the doctors were not trained laboratory technicians, so anything important was sent by bus to Waikato.

In spite of all the problems, two areas of the hospital functioned very well.

The first was the nursing service. Tauranga was a training school for nurses and the girls were a very dedicated group who worked hard and well. The second was the standard of the surgery. Both surgeons were London trained and were able to perform excellent surgery.

Did You Know?

Today over 225,000 New Zealanders have type 1 or type 2 diabetes and it's on the increase in New Zealand. Over the past 20 years, advances in treatment have led to the development of many new types of insulin and ability for patients to self-monitor blood glucose.

Dr Neil Goodwin, Retired Specialist Anaesthetist and Director Intensive Care Unit

The hospital had an area in the middle of the second floor, above the cafeteria, in which limited intensive care could be performed in the early 1980’s. Patients were usually transferred to either Hamilton or Auckland if they needed prolonged care.

In 1985, having successfully opened the first ICU in Africa in Durban in 1970, I was looking to relocate to a less stressful environment. For several years I had been very friendly with Dr Matt Spence, who was the doyen of Intensive Care in New Zealand. We often met at international conferences. He suggested that I should think of coming to New Zealand.

"I've just the spot for you in one of the nicest towns to live in, it's called Tauranga. They need someone to build and run an ICU there," he said. He then negotiated a new post with the Hospital Board; I was appointed and arrived in December 1986.

Designing a new ICU was easy, but deciding where to put it was a problem. If it took over an existing ward the extra space required for ICU care would reduce the hospital bed total. Tauranga only just had enough beds to qualify as a major establishment and any reduction would have a major effect on funding and staff salaries. We looked everywhere from the basement to the roof garden.

Fortunately, in the next budget, this all changed and we were able to go ahead and build in what had been Ward 7, conveniently close to the operating theatres. The new unit included cubicles for six Coronary Care beds, six ICU beds in an open plan area, two isolation rooms plus all the necessary storage, gas and power supplies. The ICU medical staff were all from the Department of Anaesthesia and provided a 24/7 cover at specialist level.

This fourth floor unit was used until 2012 when it was replaced by the new complex of High Dependency, Intensive and Coronary Care Units.
Longest-stay Permanent Patient in New Zealand

James Lynch was admitted to Tauranga Hospital in 1957 where he stayed in bed paralysed in Tauranga Hospital for over 40 years. James inspired many with his sense of humour, his strong Catholic faith, positive attitude and sharp mind. He was paralysed aged 14. When visiting on-board the HMS Veronica he went to help a sailor he came across in the Gun Room who was holding a live wire. The current passed through James, paralysing him and over the following years his body slowly deteriorated.

Registered Nurse, Stella Ward, (now retired), was one of many staff members who looked after James during his time at the hospital.

“One day when I was washing him he surprised me when he said out of the blue, ‘I’ve had such a good life’. I was stunned for a minute. ‘Do you think so James, with all that’s happened?’ I asked him. ‘Well I’ve never had any pain and I’ve never been bored. I’ve had such a good life,’ he replied.

“He used to celebrate his birthday in November and one day he’d been thinking and said, ‘I’m sure my mother didn’t die in the 1918 Influenza Epidemic but in 1919’, and he wanted to get a copy of his birth certificate. So we got in touch with the local Registry Office but couldn’t find any record of his birth and that really upset him. We were told that some people weren’t registered at birth but when they went to school so we applied to his old school, Tauranga District School, and we found his entry in the archives,” says Stella.

“When he was six years old his grandfather had enrolled him and his birthday was in fact 20 August 1918. ‘I’ve been reading Scorpio (horoscope) to you all these years and you’re a Leo!’ A local lawyer applied for his birth certificate and that became one of his prized treasures.

“I used to take him to the movies and he liked action and cowboy movies. He used to get so excited he’d shake. If he had had a normal life he would be an accountant he told me once. He’d lie there and count cars and trucks going past his window within ten minutes and how many in an hour. He was a lovely man,” says Stella.

James Lynch died peacefully at Tauranga Hospital in May 2001.

Did You Know?

During the 20th Century:
- Human life expectancy doubled
- Human population quadrupled
- Global food yield increased six fold
- Water consumption increased six fold
Recollection of Nola Cochrane, Patient, 1953

At the age of 28, married with three young children, I’d recently returned from India to begin a new life at Mount Maunganui. Soon afterwards however, I became ill with rheumatic fever and needed to be admitted as a patient to Tauranga Hospital.

When arrangements had been made for my family to be cared for, I gratefully packed a suitcase and caught the ferry to Tauranga – alighting near the town centre, a taxi took me to the hospital.

From there, things went a little awry! To begin with, I’d arrived alone and carrying a suitcase (for a stay of several weeks). I was probably mistaken for a new live-in housekeeper as I found myself deposited in an unfamiliar part of the hospital.

While considering what to do next and feeling embarrassed, a man nearby noticed me. He was middle-aged, stocky, casually dressed, and cheeky! He could have been the caretaker, gardener or similar. Nevertheless he approached me kindly and offered assistance.

“I’m a patient to be admitted to the hospital,” I said, and as an afterthought, added, “with rheumatic fever!”

“Then you shouldn’t be carrying that suitcase – give it to me,” he replied sternly. “I’ll carry it for you and take you to the Ward Sister’s office.”

Perhaps he was the porter and not the caretaker? I meekly followed this man until we’d reached the Ward Sister’s office.

“You’re patient has arrived,” he grandly announced loudly; winking at me and handing the suitcase to a nurse.

“Find her a bed,” he ordered and abruptly left – but not as either the caretaker, the porter, or similar….but as the superintendent of the hospital!

He was the unforgettable Dr Sligo.

Did You Know?

Tuberculosis (TB) is very resilient bacteria which caused widespread disease, particularly among Māori, in the early 1900’s and was nearly eradicated by the antibiotic Streptomycin. One of the most effective forms of detection is by chest x-ray which will show TB very early. A vaccine for this deadly disease is still widely available today.
The Hospital’s Changing Face

From Cottage Hospital to leading edge organisation, Tauranga Hospital has undergone enormous change since 1914.

1914

Tauranga Hospital was officially opened on 6 March, 1914, by Dr T.H.A Valentine. Features of the 250m² E-shaped building included: a surgery; a matron’s room; a waiting room; an accident room; a kitchen; two wards (Men’s Ward housing four patients and Women’s Ward housing two patients); an acre of grounds; a cow for milk supply; a horse for the district nurse to use for transport and live-in staff of four.

1920’s

Overcrowding was an early issue with patients often sleeping two in a bed and convalescent patients sleeping on the floor. In 1921 the Tauranga Hospital Board declared the old hospital be converted to a Nurses’ Home and “a modern hospital to accommodate 35 or 40 patients be built”.

An adjacent four acre parcel of land was purchased for £2100, a foundation stone laid by the Minister of Health, the Hon Sir Maui Pomare, on 27 February, 1924 and the new hospital opened on 22 July, 1925.

1930’s

By 1931, staff numbers had grown to 24 and by the mid-1930’s extensions were being made to the Nurses’ Home, which now provided 20 bedrooms, and to both the Men’s and Women’s Wards, to provide 16 beds apiece. In the wake of the 1931 Hawkes Bay earthquake the wards’ walls were also strengthened with tie rods “to prevent collapse”.

1940’s

The 12-bed Macmillan Ward - named after the late Hon Charles Edward de la Barca Macmillan - was opened for tuberculosis sufferers in 1941.

In August 1943 a £34,500 loan was raised for a new Children’s Ward, a laundry, adding two new wings to the Nurses’ Home, and for providing the kitchens with Esse cookers.

An annexe originally built by the Public Works Department for treating military patients but subsequently deemed surplus to requirements, became Tauranga’s first Maternity Annexe (housing 13 patients) when it opened in February 1944.
Recollection of Dr Paul Mountfort upon his arrival at Tauranga Hospital 1949

One ward was for females and the other for males. The patients were aligned along the walls and if necessary down the centre too. The first half was for acutely ill patients and the second half for elderly permanent cases. There was a third ward, made of wood which had about a dozen single rooms, used for chronically ill tuberculosis patients. It was on a small rise not far from the main block.

The wards were the old Nightingale open wards. You could see the earth through the split boards in the sluice rooms….and dirty linen had to be soaked in tubs outside the building under an umbrella in wet weather.

1950’s

The early 1950’s, when staff numbers reached 200, saw the completion of the Children’s Ward and a new temporary medical ward.

The hospital was poised on the brink of major transformation, Stage 1 of which was approved by the Government's Hospital Works Committee. This included: a new kitchen and store, outpatient and casualty departments, two operating theatres, a dispensary, admitting and enquiry office, medical records department and three wards.

Approval was also granted for plans to: alter the theatre and outpatient block into a building of four floors; build a three-storey ward block with provision for a fourth floor to be added later; and extend the Nurses’ Home to provide accommodation for an extra 70 nurses.

1960’s

The post-war years saw a large rise in Tauranga’s population, going from 3910 in 1941 to 14,150 in 1961. The hospital had to keep pace and the number of operations undertaken annually rose by 70 per cent from 1383 in 1955 to 2358 in 1960. The available beds went up 31 per cent from 137 to 180 in the same period.

With the completion of a five-storey block opened by Minister of Health Mr D.N McKay on 31 October, 1964, the hospital now consisted of nine main wards. The new-build also provided casualty and outpatient departments, operating theatres and an administrative core block. Meanwhile, six beds in Ward 2 were converted to an Intensive Care Unit and came into use in August 1965.

1970’s and 80’s

The building of another five-storey ward block progressed into the early 1970’s.

“As building on the new ward block, combined with pending works, noises, dust and parking inconvenience, will increase, which will affect patients, relatives and staff. Some tolerance from all will be required for some time,” said Dr R.S.C Scoular in February 1970 of the demands of running a fully functioning hospital undergoing major development.

The new West Ward block was opened in April 1972. Further development unfortunately required the demolition of the old hospital, originally opened in 1925. It made way for the Clinical Services block, completed in 1980, which won an Institute of Architects award in 1984.

The early 1980’s also saw the arrival of computers to the hospital and the dawn of a new era.
Computers come to Tauranga Hospital in 1982.

**Into the 21st Century**

Rapid development has taken place since the turn of the century:

• Mental Health Unit opened on 9 August, 2001.
• Bay of Plenty District Health Board Clinical School established in 2007.
• Bay of Plenty Cancer Centre opened on 11 October, 2008.
• Education Centre established in July 2010 following acquisition of old RSA grounds.
• 132-space car park created, in early 2010, following demolition of the old Maternity Annexe.

**Project LEO**

The four-stage Project LEO (Leading Edge Organisation) – a comprehensive refurbishment and build programme running between 2005 and 2011 – transformed the hospital.

It involved the construction of a five-level North Wing block, a two-level central block and significant upgrades to existing services infrastructure; a refurbishment of the West Wing and Outpatients Department; Imaging Department upgrade and Emergency Department extension.

Phase four, ‘Building 50’, required construction of a new five-storey ward block and establishment of a new Coronary Care Unit, Intensive Care Unit and Medical Day Stay Unit.

**Today**

Tauranga Hospital provides 349 beds (224 for medical and surgical patients) and 2240 staff are employed on the site (1745 medical and clinical support; and 495 management and administration). The buildings total 58,000m² of floor space and sit on a 12 hectare campus.

The hospital offers Level 4-5 services including medical, surgical, paediatrics, obstetrics, gynaecology and mental health. It is also a base for a range of associated clinical support services and allied health, such as rehabilitation, speech therapy, physiotherapy, stroke and cardiac support, district nursing and drug and alcohol programmes.

Aerial view of the hospital’s 12-hectare campus, 2013.
Bob Banyard, Gardener 1960 -1970
by Jean Banyard

Robert (Bob) Banyard was 28 years old when he was appointed head gardener in 1960. It was quite a challenge to start with as he was so young. His staff comprised of five or six men many of whom were very much his senior, but his very pleasant manner soon had them working very happily together.

Some of the trees planted during Bob’s time are still in the grounds today. Unfortunately the beautiful flower beds don’t exist anymore but I’m sure they are remembered by many.

At Christmas time there were no artificial Christmas trees instead the gardening staff went into the country side to find them on the side of the roads. The ward staff were always on the look out for the best shapes. It was much more a family atmosphere in those days before the hospital got so big.

Bob also became well known for the beautiful floral arrangements he created in the main entrance to encourage patients and visitors to exercise and view them, which they did. He worked with the architect on the plans for the roof garden but left before it was completed. Bob died in September 2013.

Joe Boyle, Foreman, Beazleys 1940’s
by Trish Simpson

In the 1940’s my father Joe Boyle, as foreman for Fred Beazley Builders, carried out building work at the hospital. I believe Tauranga Hospital historical records will show that Beazleys had the contract for building the Children’s Ward where I was later to spend more time than I would have liked as a child with asthma. This photo shows the construction of the hospital chimney during that time with my father Joe in the foreground.

Three Generations at Tauranga Hospital
by Megan Stewart

The Fergus family have certainly cemented their roots in Tauranga Hospital, with four members from three generations working at the hospital since 1960 to today.

In 1960 Dr Basil Fergus migrated from South Africa to what was a small town hospital at that time. While he was at the hospital covering the doctors who went away during the Vietnam War, Basil became the founding anaesthetist for the team that started both the Intensive Care Unit and the Emergency Department. Although it only started with two beds in a small room at the back of the Theatre, the ICU was only the second in New Zealand at the time, after Auckland.

His daughter Heather worked as a nurse from 1977-1987 and was in the second-to-last group of nurses to be trained at the hospital. In 1977 nurses’ pay was less than $100 a fortnight, with $8 a week going to food and lodgings at the Nurses’ Home. The matrons were well renowned as ‘tough as old boots’ but Heather tells of plenty of shenanigans that still went on; in Ward 9 (ENT Ward) all House Officers leaving the hospital got dunked in a cold bath of ice and water, and were ‘warmed up’ afterwards with a parting muffin loaded with Senacol (laxative) and hot tea laced with diuretics.

Retired Doctor Basil Fergus on his 88th birthday with his daughter Heather and granddaughter Megan; all have worked at Tauranga Hospital at some stage since 1960.

Daughter-in-law Judy Fergus started as a nurse in 1969 and after a training break, returned as a midwife in 1977. Still in the Maternity Unit today, she just can’t tear herself away from this place. And finally, Basil’s granddaughter, Megan Stewart, has been nursing at the hospital for seven years now and is still thoroughly enjoying her time in the Emergency Department. The shenanigans may not be as obvious in 2014, but Megan insists the camaraderie between colleagues is still second to none - Tauranga Hospital remains an amazing and innovative place to work just as the generations before her have seen.

Modelling the Hospital Carpet
by Trish Simpson

In the late 1980’s Tauranga Hospital staged a Revue (not for the first time) and I was asked to take part with the Ward 7 staff. This was a lot of fun with surgeons doing a tummy-whistling act, house officers performing the ballet ‘The Dance of the Sugar Plum Fairy’, and Ward 7 modelling dresses made from carpet remnants. This was just after carpet had been fitted in the hospital corridors amidst much discussion as to whether it was a good idea or not.
In 1914 doctors were unable to see inside the body. Today, Tauranga Hospital's Radiology Department has equipment that enables doctors to see inside the body through the use of x-rays, ultrasounds, MRI and CT scans. They can immediately see what is wrong or broken and start treatment quickly, saving lives.

Dr Roy Buchanan, Head of Radiology Department

Dr Roy Buchanan started at the current Radiology Department when it was still relatively new in 1986. “At that time we didn’t have a CT scanner so we could only take x-rays or an ultrasound and then evaluate patients clinically. We would decide what was happening based on our results, clinical findings and laboratory tests,” says Roy.

“If a patient came in with a brain tumour, acute bleeding in the brain or trauma we wouldn’t have always been able to diagnose the underlying problem.”

“A skull x-ray would be taken and a fracture may have been identified. Calcium might have been visible on the x-ray and we could say, ‘that’s in the position where I’d expect it’, or, ‘it’s moved’. That’s basically as far as you could go with the skull x-ray. Whereas now with a CT scan we can see inside the brain. We can identify the location of a haemorrhage or any mass that might be there. This has resulted in a huge difference in the management of the patient,” says Roy.

“When CT scanning first started, the initial scanners were very slow and the image quality was poor. Now we can scan a patient from head to foot basically in seconds. It’s very fast and the images start coming up as soon as you start scanning. We can have something like 2000 images produced from a CT scan within 30 seconds.”

“Within seconds of the patient having an x-ray or scan we can see the diseased organ using computerised imaging (PACS), and at a click of a button it can be viewed from multiple angles on a computer screen by any doctor within the Midland Region,” says Roy.

Recollection of Dr Paul Mountfort, Retired Senior Surgeon.

The X-ray Department had a main room with the usual universal x-ray plant was a couch with an over-tube for doing most x-rays. It could be raised up to the vertical and had an under-couch tube and a screen for doing barium studies of stomach and bowel. There was also a very fine portable Westinghouse which the medical staff could use when the radiographer was not available. There was a radiographer but no radiologist so the doctors had to diagnose based on the patient’s films.

Did You Know?

Tauranga Hospital works hard to care for the greatest number of patients in the least amount of time. To do this as efficiently and effectively as possible doctors need to know exactly what’s wrong with the patient. Doctors require as much information as possible and today imaging is considered to be a basic requirement for diagnosis alongside blood and laboratory tests.
Different Types of X-rays and Scans

- **X-ray** uses electromagnetic waves, similar to light, that can pass through the body to make an image.
- **Ultrasound** uses sound waves that cannot be heard, to make images of things like abdominal organs, muscles and tendons, babies in the womb and beating hearts.
- **A CT Scan** (Computed Tomography) uses x-rays to make detailed pictures to allow doctors to study all parts of your body, such as the chest, belly, arms, organs, blood vessels, bones and spinal cord. It is often used to diagnose cancer, bleeding in the brain, identify problems with organs, show vascular conditions, assess bone diseases and any injuries.
- **MRI** (Magnetic Resonance Imaging) uses magnetism and radio waves for detailed images that can show all parts of the body and the organs.
- **An angiogram** is an x-ray test that uses a special dye and camera (fluoroscopy) to take pictures of the blood flow in an artery or a vein. An angiogram can be used to look at the arteries or veins throughout the body, including the heart.
- **Fluoroscopy** is a study of moving body structures, similar to an x-ray ‘movie’. Barium is a drink that when swallowed outlines the gastrointestinal tract that cannot be seen on standard x-rays but shows up during a fluoroscopy.
- **PACS** (Picture Archiving and Communication System) allows electronic storage of images that can then be viewed on computer screens.

**Did You Know?**

- A radiographer (Medical Radiation Technologist – MRT) is a technician who takes images.
  - It requires a three year degree to become qualified.
- A sonographer produces images using ultrasound.
  - It takes two to three years to become a qualified sonographer after achieving a Bachelor of Science or MRT degree.
- A radiologist is a medical doctor who specialises in the reading and interpretation of x-rays and other medical images.
  - It takes a minimum of five years’ training as a doctor, followed by at least two years as a House Office and then another five years of training as a Registrar to qualify in the speciality of Radiology. Most go on to do a one year fellowship for further specialisation in a specific field after that.
Jan Caudwell Tauranga Hospital 1962
Physiotherapy

Kind friends arranged a job for me in mid-1962 as the Physiotherapy Assistant so that I could be near my terminally ill mother.

Assisting the physiotherapists, Mr Asa Neame and Miss Beverley Jones, I typed the weekly Orthopaedic Clinic notes dictated by Dr Coates-Milson. This was somewhat fraught, trying to spell the medical words, some of which had dual meanings! Asa and Bev enhanced my education and embarrassment in turn.

Jeannie Barker was in the Reception Office next door and no one passed that way without her scrutiny and approval. She was a vast source of information. Sister Flan (Flannery) ran the Outpatients Department in the room opposite and was a wonderful, motherly source of support and medical information. (A memorial to her is in the Tauranga Hospital Chapel).

At the Christmas concert, Drs Cath and Graeme Darby, coached some medical students and me in a Can Can routine. Andrew, one of the student doctors was on duty in ED and was loathe to wear stage make-up. He was finally persuaded, only to be called away to an emergency where the elderly gentleman was more bewildered by the bright red lipstick and the make-up, than his medical complaint.

With support from the Physiotherapy Department I trained as a physiotherapist and returned to work here in the holidays. Ward 1 Orthopaedics rounds involved us progressing down the long corridor with Dr Coates-Milson and Sister in front, and everyone else behind two-by-two in seniority order. I was last.

When qualified, I was sent to Tauranga Hospital for my compulsory bursar years. The Mount Maunganui Surf Club members were my saviours when on-call at weekends. As we only had landline phones and the beach was the only place to be, I would notify the lifeguard where I was on the beach (swim caps were distinctive then) and if a call came for me, they would send the patrol down to tell me. My car was in their parking lot so uniform-over-togs, brush off sandy feet, and I was at the hospital in a matter of minutes. I am not sure if Stancie Williams, then Charge Physiotherapist, approved.

I was able to repay their assistance by finding a special traction collar for a lifeguard injured in a nasty car accident as a team returned from competitions.

For some younger people injured in accidents the goal was to dance with their nurses at the annual Hospital Ball. The courage, determination and humour in adverse circumstances, shown by so many patients were always an inspiration. For example, a lady with MS, who lived for years in Ward 17; the elderly quadriplegic man who lost most of his family on the Kaimai Road; the young Japanese seaman who fell into a hold on his ship fracturing his pelvis. Communication was limited, and interpreters were scarce, but we made him feel at home. Eventually he left hospital to return to his ship. The shipping company presented Tauranga Hospital with a beautifully decorated Japanese doll (quite special at the time) as a mark of gratitude.

Uniform was regulation white dress, with bachelor buttons down the front and blue epaulets, a blue woollen cape when going outside and between the various buildings. Shoes were brown lace-up.

In 1965-66 the first Intensive Care Unit (ICU) was opened and as I was the most recent graduate I was assigned to the ICU. One of the anaesthetists used an Intermittent Positive Pressure Respirator (IPPR), manufactured by the Bird Corporation. This required physiotherapists to assist with Ambu bagging when it was disconnected from the patient.

However, the ICU was sometimes empty and the anaesthetist offered me the IPPR to use for respiratory patients in the Ward. This sparked an interest and I visited the Bird Corporation to learn how to use and assemble the machine. Many Americans, including Bob Hope, used IPPR daily to keep ‘healthy’.

I enjoyed my work, and frequently had to crank my small Vauxhall car watched by an amused patient audience in the building above, and once several bachelor buttons popped on my uniform during an active ‘knee exercise’ class.

Christmas circa 1965: From left, the Physio Aid, the Orderly, Peter Ewart, Jill Ewart, Jan Tully, Jan Miller and in front Glenda Leaning. Note the equipment stashed above the Guthrie Smith frame over the treatment plinth.
We would like to thank the following for their contributions to the Tauranga Hospital Centennial publications.

Jim Savage
Phil Shoemack
Margaret Downie
Peter Gilling
Liz Ellison
Shelley Roud
Health Research Council of New Zealand
Fred Hollows Foundation
Peter Solness
Wendy Napier-Walker
Deirdre Lack
Richard Keddell
Roie Kingan
Ruby Brunning
Hugh Lees
Dorothy Smith-Durham
Trish Simpson
Heidi Beers
Debbie McDougall
Tui Meyer
Julie Robinson
Alice Lee
Jenny Garland
Betty Gordon
Pat Walker
Jill Stanton
Esther Mackay
Richard Speed
Gwen Collard
David Joblin
Trish Simpson
Norman Leslie
Kris, Ray and Carolyn Holmes
Nola Cochrane
Arthur Reid

Neil Goodwin
Neil Graham
Stella Ward
Paul Mountfort
Roy Buchannan
Jillian Wright
Dot Rowe
Mary McChesney
Taurio terangi Pouwhare
Amohare Tangitu
Janet McLean
Punohu McCausland
Kara Winiata
Titihuia Pakeho
Liz Ngatai
Anamaria Watene
Clint Lovett
Haurawhiti Faulkner
Kara Ngamoki
Charmane Carnie
Pat Breingan
Jean Banyard
Bay of Plenty District Health Board’s Project Leo
The New Zealand Room, Tauranga City Council Libraries
Megan Stewart
Jacquie Comley
Tullock Photography
Seven Decades of Hospital Care by Rex E. Wright-St Clair
A View From Within by Pauline Grogan
Wikipedia
Jan Caudwell
Jacqui Patterson
Liz Necklen
Maxine Griffiths