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FEMINISM AND THE IDEOLOGY OF MOTHERHOOD IN NEW ZEALAND, 1896 - 1930

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ABSTRACT

Nineteenth century feminists demanded female autonomy and made two sets of claims arising from that. They demanded the removal of women's civil and political disabilities. Their biggest campaign was for the vote. They also wished to alter family life and to change the marriage relationship from coverture to equality and support. Because they believed women's subordinate status within the family denigrated the family itself, they wanted the economic independence of married women. They wanted women to be respected as individuals and be freed of the fears of uncontrolled male sexuality. This led them to oppose the double standard and embrace the ideology of social purity. Further, the demand for female autonomy led some of them to a partial acceptance of the ideas of voluntary motherhood.

Feminists disputed neither the centrality of motherhood to women's lives nor the idea that the devotion of mothers was essential to the progress of the family and society. Indeed, it was their belief that the subordinate status of women caused social disharmony and evil. However, their assertions that women had the same rights and duties as men, and a declining birth rate (which was, in part at least, the product of feminism) led to fears that female emancipation

would lead to social decay. Education and careers supposedly caused women to lose their maternal instinct. The result was a declining birth rate, a high infant mortality rate and worsening racial standards.

Consequently, the definition of womanhood underwent a subtle, but profound, change. Moral and physical progress depended upon the full-time nurturant role of mothers within monogamous marriage. To the idea that mothers ought to provide their children with moral guidance, was added the belief that women needed to guard their children's physical health through the techniques of scientific home management. This was re-enforced when an infant welfare movement based on these tenets was apparently so successful. Meanwhile, social purity had become a dominant value. But the prevailing view that sexuality was an anarchic force requiring containment through rigid self-control, placed an ever heavier burden on mothers.

The ideology of motherhood arose to confront the perceived excesses of feminism. But, paradoxically, women found that to meet its demands they not only needed to preserve their own health, but also to limit their fertility. Women embraced the ideology, for few would wilfully neglect their children, but to some extent they did so on their own terms. In the process, women transformed new attitudes to death and health into dominant values.

By the 1920s, within an unfavourable ideological climate, political feminism faced unresolved and perhaps, unresolvable conflicts. Feminists, especially those influenced by eugenic

fears, felt uneasy about middle class fertility control. The feminist aims of social purity and planned parenthood became dominant values, but feminism as a political ideology was stranded within a separate spheres argument and in a political wilderness, because women lacked the political power to shape the public world according to their view of it. They did, however, possess the power to shape familial life and structure.

PREFACE

There is no need to defend women's history, either as a means by which women can reclaim their own past or as a tool for uncovering the dynamics of a total society. Women's history has dual origins. It has arisen from the resurgence of feminism since the late 1960s and from the growing traditions of new social history. Women's history reflects this duality. It is a means by which women can understand their own past and their present situation. It also provides the means of discovering links between the public world that has interested historians for so long and the private world that we are only beginning to uncover.[1]

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1. Generally on the methodology and implications of women's history, see, Nancy F. Cott and Elizabeth H. Pleck, "Introduction" to Nancy F. Cott and Elizabeth H. Pleck (eds), A Heritage of Her Own Toward a New Social History of American Women, New York, 1979, pp. 9-23; Hilda Smith, Feminism and the Methodology of Women's History" in Berenice A. Carroll (ed.), Liberating Women's History: Theoretical and Critical Essays, Urbana, 1976, pp. 369-384; Joan Kelly-Gadol, "The Social Relations of the Sexes: Methodological Implications of Women's History", Signs: A Journal of Women in Culture and Society 1, 1976, pp. 817-823; Gerda Lerner, "Placing Women in History: Definitions and Challenges", Feminist Studies 3, 1975, pp. 5-14; Carroll Smith Rosenberg, "The New Women and the New History", Feminist Studies 3, 1975; Patricia Hilden, "Women's History: The Second Wave", The Historical Journal, Vol. 25, No. 2, 1982, pp. 501-512; Patricia Branca, "Women's History: Comments on Yesterday, Today and Tomorrow", Journal of Social History, Vol. 11, No. 4, Summer 1978, pp. 575-579.

Women's history contains within itself two strands. Some historians have attempted to reclaim the positive experiences of women's past, to show that women were not passive and demonstrate that women have controlled their own lives and shaped culture. Others have focussed on women's subordination and explained the nature of the political, economic and social disabilities which have attached to women. Both of these approaches are valid. Women's status has commonly been subordinate, but women have not always been passive victims. Woman-as-agent and woman-as-victim are both valid historical models. It is essential to describe and analyse how women perceived their role and how they grappled with their lives. But since men have commonly defined the public boundaries of women's role, analysis of male attitudes to women and womanhood can not be avoided. I have attempted to explore both the positive and negative aspects of women's lives, to see them as agents and as victims. I have also tried to explore the definitions of womanhood made by men.

Women share gender. But although many experiences are common to women, especially those associated with child bearing and rearing, women are not all the same. Social class, occupation, age, region and religion are things that women do not all have in common. It can therefore be dangerous to talk of "women" as if they were a unified group with the same aims, aspirations and experiences. Rural and Maori women are almost totally excluded from this thesis, for no better reason than the fact that boundaries had to be drawn somewhere. Even so, it is still dangerous to assume that urban women were all the same. It is, however, difficult not to take refuge in such

all-embracing terms, especially when so little is yet known about the social and economic dynamics of New Zealand urban society in the early twentieth century. It has been my aim to recognise the variety of women's experiences, but that has not always been possible. The women who left the memoirs, dairies and minutes were, for the most part, educated and middle class. On certain issues, the attitudes of women reflect more their social class, their region or their occupation than their sex.

There exist general problems in trying to recount the history of the inarticulate. There are special problems in trying to do this for women. For instance, while electoral rolls and street directories can be useful tools in social history, their use poses special problems for women's history. For the most part, women did not appear in street directories, and in electoral rolls women were almost exclusively described by marital status, even when they were in fact in paid employment. Married women conformed to the practice of using their husbands' initials, a practice which can make identification of women a rather complex problem. In this thesis women's own first names and initials have been used wherever possible.

Women's experiences in the family, their role as economic producers and the development of a female consciousness have all proved useful tools for analysing women's historical experience.[2] It is two of these themes, women's experience within the family and feminism, that this thesis uses to

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2. Cott and Pleck, "Introduction", pp. 18-19.

analyse women's experience in and contribution to New Zealand urban society in the first third of this century.

In the research for and writing of this thesis I have been helped by many people. No historical research would be possible without the help of librarians and I wish to thank the staff of the following institutions: Alexander Turnbull Library, General Assembly Library, National Archives, Wellington Public Library, Canterbury Museum Library, University of Canterbury Library, Christchurch Public Library, Otago Early Settlers Museum, Dunedin Public Library, University of Otago Library (especially those in the Reference Department who processed my numerous inter-loan requests), and the Hocken Library (especially David MacDonald, for his encyclopaedic knowledge and good humoured help).

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and encouragement. I also owe thanks to my family, who endured while I laboured.

Shelley Griffiths

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LIST OF ABBREVIATIONS

AJHR	Appendices to the Journals of the House of Representatives
NZG	New Zealand Gazette
NZH	New Zealand Herald
NZJH	New Zealand Journal of History
NZJHH	Journal of the Department of Public Health, Hospitals and Charitable Aid
NZLR	New Zealand Law Reports
NZMJ	New Zealand Medical Journal
NZPD	New Zealand Parliamentary Debates
NZWW	New Zealand Woman's Weekly
ODT	Otago Daily Times
PSP	Plunket Society Papers
Year Book	New Zealand Official Year Book

AWBNZLP	Auckland Women's Branch New Zealand Labour Party
NCW	National Council of Woman
NZFUW	New Zealand Federation of University Women
Plunket Society	Royal New Zealand Society for the Promotion of the Health of Women and Children
SPWC	Society for the Protection of Women and Children
WCTU	Women's Christian Temperance Union

INTRODUCTION

The index to the Oxford History of New Zealand, published in 1981, directs the reader who looks up "Feminism" to refer to "Franchise; Women". This indicates the extent to which feminism has traditionally been seen as synonymous with the suffrage campaign. The concentration on the suffrage issue has tended to obscure the breadth of nineteenth century feminism. Suffrage was part of a broader aim. Feminists saw the vote as their principal weapon and means of achieving their wider objectives. The fight for the suffrage was their most public battle, its gaining their chief victory, but feminism had a much larger meaning.

Feminism was, in essence, a demand for autonomy,[1] a demand by women that they be treated as individuals, not merely as the female relatives of men. Arising out of this, the feminists of the 1890s made two sets of claims. One was for the removal of the political and civil disabilities that attached to women. Essentially, this centred on the demand that women be allowed to vote in parliamentary elections. They demanded other things as well, particularly the right of entry to the professions, and to all education institutions, and the right of women to be appointed justices of the peace

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1. Aileen S. Kraditor, Up From the Pedestal, Chicago, 1968, p. 5.

and jurors. This set of claims can be called public feminism. Its goals were clear. The means of achieving them, through legislative reform, were equally obvious.

The feminists' other set of claims concerned woman's role as wife and mother and as the centre of the family. They wished to improve relations between the sexes and to raise the status of women within the family. This led them to oppose the double standard, to embrace the ideas of social purity, and to demand economic independence for married women. They believed that such social change would benefit women and would also enhance the quality of family life. They saw society as the sum of its component family units; consequently, if the conditions of life within the family improved, so the strength, wealth, prosperity and morality of the whole nation would improve. Woman's special role within the family, which grew out of her symbiotic role with her children, gave her special skills. These skills ought to be used to link the hearth and the political world for the benefit of both.

Domestic feminism, the assertion by women of control over fertility and the assumption of a role of strength within the family, was as important as public feminism. Indeed, although domestic feminism was not a carefully thought-out social critique in the way that public feminism was, domestic feminism was of more far reaching importance, in terms of the impact it had both on women's lives and on society generally. But as a more inchoate ideology,[2] domestic feminism is less amenable to analysis. The nineteenth century feminists strove

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2. On this idea of inchoate feminism, see Cott and Pleck, "Introduction", pp. 19-20.

for the removal of the double standard and for the purification of the sex relationship between men and women. In that, and in the assertion of control over fertility, domestic feminism proved to be more successful than public feminism did in its more tangible aims. Although domestic feminism presents more analytical problems, its impact on the lives of women makes it well worthy of attention.

The suffrage campaign must then be seen in its context. Suffragists asserted that it was a matter of human right and dignity, and that women should have all the rights and duties of men. Suffrage can also be seen as a device through which women hoped to shape the world according to their views of it. The suffrage campaign was "radical" in the sense that it was an assault on the proposition that the private and public world were totally distinct.[3] It rejected the notion that separate spheres meant that women ought to be contained within the family. By the 1920s, there seemed to be no device to link their ideas to the wider world.

This thesis attempts to anlayse public and domestic feminism and to explore their impact on women's public and private lives. This is not to say that most or even many women were consciously feminist. In the case of domestic feminism, it is a label applicable to a set of actions and beliefs, rather than an ideology with which women would have identified themselves. Nevertheless, this does not negate the usefulness of public and domestic feminism as analytical tools

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3. Ellen DuBois, "The Radicalism of Women Suffrage Movement: Notes Toward Reconstruction of Nineteenth-Century Feminism", Feminist Studies, 3, 1975, pp. 63-71.

to describe the reality and the perception of women's lives over time.

Nineteenth century New Zealand was predominantly young and male society. Towards the end of the century the sex ratio in the large towns began to assume a more normal distribution and the population as a whole became older. It was also a time of high fertility. Average family size for the marriage cohort of 1880 was six. Mortality was high, especially for infants and women in childbirth. Because of the imbalance between the sexes not every man could marry, if in fact he wanted to. Prostitution, as a result, was common, and in a society in which certain sections, at least, attached little value to marriage, wife desertion was common. So too were drunkenness, gambling, swaggering and itinerance. By the 1890s this began to change. In certain towns, the sex ratio altered. The values of monogamous marriage began to be vaunted by the urban middle classes, especially by the churches and feminists. By 1930 the transition to an ordered settled society was virtually complete. The age and sex structure of the population was more normal. The majority of the population in all age groups were married. Marital fertility had declined so that the marriage cohort of 1910 had an average family size of three. Maternal and neo-natal mortality had declined. Drunks and prostitutes had disappeared from the streets. Monogamous marriage and social purity became the normative values.

To the extent that this change in New Zealand has been analysed it has been looked at through male eyes and through

male structures and organisations.[4] This thesis attempts to explore this transition through women. This is valid for several reasons. For one thing feminism defined many of the boundaries of the social change, particularly through the critique of the double sexual standard and the espousal of social purity and monogamous marriage. Second, it was women who were in many ways of prime importance in the control of marital fertility, and their ready acceptance of changing attitudes to health meant that they were important agents in the reduction of maternal and infant mortality. Third, as mothers women were charged with the responsibility of teaching their children moral values, and especially that of self control.

Consequently, an analysis of feminism and the ideology of motherhood yields insights into both the changing cultural and familial structure and the nature of female experience in New Zealand.

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4. See, for instance, P.M. Meuli, "Occupational Change and Bourgeois Proliferation: a study of new middle class expansion in New Zealand, 1896-1926", M.A. thesis, Victoria, 1977 and Erik Olssen, "Towards a New Society", in W.H. Oliver (ed.), The Oxford History of New Zealand, Wellington, 1981, pp. 250-278.

CHAPTER 1

THE FEMINISTS AND THEIR CRITICS

In April 1896 representatives of eleven women's societies met in the Canterbury Provincial Chambers and formed a National Council of Women. The aim of those women was to

> unite all organised societies of women for mutual counsel and co-operation and in the attainment of justice and freedom for women and for all that makes for the good of the community.[1]

The delegates, dressed in what the Dunedin Evening Star described as "plain but becoming attire", heard a variety of papers on matters of interest to women.[2] All the "well-cared for matrons" who met at Christchurch had been active in the suffrage campaign and they had seen success in that campaign some two and a half years earlier. The women elected Kate Sheppard as President of the new organisation. They also showed their faith in the suffrage leaders by appointing Anna Stout, Margaret Sievwright and Annie Schnackenberg as Vice Presidents of the new organisation.

The emergence of women as a distinct interest group had gained momentum through the 1880s and 1890s. There are

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1. Betty Holt, Women in Council A History of the National Council of Women of New Zealand, Wellington, 1980, p.9.

2. Ibid., pp. 9-18.

various causes of this, not least of them the changing sex ratio. The trend began and consolidated in the urban areas, so that by 1901 there were more women than men in the four major towns and their suburbs.[3] The changing age structure meant that there were more older women in the population. The surplus of females in the towns meant that not all of them could expect to marry. As a consequence, there existed a group of women for whom organisations had a distinct attraction. Further, in the towns, responsibility for providing some services, which previously had fallen to women, such as caring for the sick and educating the young, was being assumed by local and central government. According to Tennant, the growing amount of leisure time available to older middle class women led them to find outlets for "talents and ambitions which home-life could no longer satisfy".[4] In such organisations and against a backdrop of the depression, women became increasingly concerned about social problems. It did not take them long to realise the problems which women faced when they sought to make social

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3. Females per 100 Males in the Four Cities, 1881 & 1901

	1881	1901
Auckland	92.6	105.4
Wellington	101.1	100.3
Christchurch	96.7	112.3
Dunedin	99.0	111.6

Source: "Population and Houses" Census, 1881, pp. 7-9; ibid, 1901, pp. 22-23.

On the relationship between feminism and the sex ratio, see Richard J. Evans, The Feminists Women's Emancipation Movements in Europe, America and Australasia 1840-1920, London, 1977, pp. 26-28.

4. Margaret Tennant, "Matrons with a mission: women's organisations in New Zealand, 1893-1915", M.A. thesis, Massey, 1976, p. 118.

change. Without the vote women had no effective device to bring about social reform. It was, therefore, a short step from an identification of social distress to a realisation of the powerlessness of women. One interpretation is to see feminism growing out of women's increasing powerlessness within the family.

It has been suggested, however, that the gaining of political rights by women grew out of their achievements "in their role within the family".[5] The dearth of domestic servants and the needs of a pioneer frontier society meant a heavy emphasis on an active role by women as wives and mothers. Women were also ascribed, and they assumed, a role of moral guidance of colonial society. The demand for political rights was a result of this elevated status and active role within the family. Dalziel claims that "political rights" were "a recognition of the work of that vocation and a complement to it".[6]

The link between feminism and prohibition tends to support this analysis. Women's support of prohibition stemmed in large part from their desire to fulfill their role as society's moral guardians. Further, since drinking was an almost exclusively male pastime, prohibition might be seen as an attempt to replace wild, boorish, male habits with sober,

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5. Raewyn Dalziel, "The colonial helpmeet: women's role and the vote in nineteenth century New Zealand", New Zealand Journal of History (hereafter NZJH), Vol. 11, No. 2, October 1977, pp. 112-123.

6. Ibid., p. 120.

moral, female ones; in essence, the feminization of male-dominated culture. It might be true that women played a no more important role in the prohibition movement than men did,[7] but prohibition was central to the emergence of feminism.[8] As Dalziel has shown, the idea that women were moral guardians was already quite deeply rooted in New Zealand society. Women therefore had a special role to play within a prohibition movement. Women identified that relationship. It was also true that women paid the price of excess alcohol consumption. Women were beaten and deserted by drunken husbands and alcohol drained family budgets. It seems highly likely that a lot of the domestic violence and tension in nineteenth century New Zealand was related to drunkenness. This link was one of the reasons why prohibition appealed to women.[9] Soon women noted that while sensible, intelligent women could not vote, drunken, idle, shiftless men could. Prohibition amplified the two strands of feminism. Within a temperance movement, women realised their powerlessness so long as they did not have the vote. They saw in prohibition a way

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7. A.R. Grigg, "The attack on the citadels of liquordom: the prohibition movement in New Zealand, 1894-1914", Ph.D. thesis, Otago, 1978, pp. 104-105.

8. Patricia Grimshaw, Women's Suffrage in New Zealand, Auckland, 1972, pp. 108-116; Phillida Bunkle, "The Origins of the Women's Movement in New Zealand: The Women's Christian Temperance Union 1885-1895", in Phillida Bunkle and Beryl Hughes (eds), Women in New Zealand Society, Auckland, 1980, pp. 52-76.

9. Grigg, "Attack on the Citadels", pp. 97-100 outlines the argument, although he does not believe the prohibitionists established their case. For other evidence on the link between alcohol and domestic strain and violence see Doris Gordon, Backblocks Baby Doctor, London, [1955], p. 94; Wellington Branch Society for Research on Women (Inc) (hereafter SROW), In those days, a study of older women in Wellington, Wellington, 1982, pp. 17-18.

of bringing about social reform that would improve the marriage relationship and the relations between men and women generally. In this linking of social reform and women's rights the Women's Christian Temperance Union was particularly important.

The WCTU was American in origin and its message was spread around the world[10] by missionaries such as Mary Clement Leavitt, who visited New Zealand in 1886. Leavitt found fertile ground for her message. Interest in prohibition had been growing amongst women for some time and for many there was a strong appeal in an exclusively female organisation.[11] By the time Leavitt left, eight branches of the Union had been founded, and in the decade that followed it flourished, especially in the South Island and where Presbyterianism was strong. At least until the War, the influence of the Union was profound.[12]

The Union was organised in "departments", each under a local "superintendent" Each superintendent and department was supervised from the national level.[13] This proved a very effective structure, giving the Union the benefits of both

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10. On the WCTU in Australia, see Andrea Hyslop, "Temperance christianity and feminism: the W.C.T.U. of Victoria, 1887-1897", Historical Studies, Australia and New Zealand, Vol. 17, No. 66, April, 1976.

11. Grimshaw, Women's Suffrage, Chapter 4 passim.

12. Bunkle, "Origins of the Women's Movement", pp. 58-59; on WCTU membership see Grigg, "Attack on the Citadels", p. 106.

13. Grimshaw, Women's Suffrage, p. 31.

local and national structure. It was the Union's Franchise Department, headed by the able Kate Sheppard, that led the campaign for the vote. Together with some non-prohibitionist feminist groups, the Union conducted a campaign of increasing intensity throughout 1891, 1892 and 1893. The feminists lobbied politicians, wrote pamphlets and articles in the Union's newspaper, the White Ribbon, and organised petitions. In 1893, 25 per cent of women over twenty-one signed the suffrage petition. Even Seddon could no longer resist the pressure and women gained the vote on 19 September 1893.

The women who met in Christchurch in 1896 saw a need to carry on from where the suffrage campaign had left off, to work toward the removal of other sex disqualifications and to see other feminist reforms effected.

Most historians have ignored the extent to which the feminists saw the woman's role as mother as her primary duty and the means of her fulfilment. As Kate Sheppard said:

> I cannot disguise from myself the fact that it is in the moulding of the character of our future citizens that our greatest privilege lies.[14]

These women accepted that the primary role of women was within the family, indeed they wished to enhance it so that all women might glory in it. They embraced the world view of separate spheres, believing that there were different and distinct male and female virtues, strengths and skills. In their view it was the exclusion of the female half of the human experience that was the cause of social evil and distress. Men and women, their separate visions together glimpsing a

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14. National Council of Women of New Zealand (hereafter NCW), Fifth Session, p. 14.

greater vision, could effect great social reform. There would be, they maintained, benefits for women when they became freed of their "burdens", but the whole community would benefit as well. Woman thus freed could stand "side by side with man as his mate and co-partner".[15] They did not challenge, let alone deny, the proposition that a woman's greatest fulfilment lay within the family. If women's status were improved, both within the family and in the wider world, the quality of domestic and political life would improve.

Kraditor called this the "argument from expediency",[16] maintaining that women used the argument to justify their claim for the vote on the basis of the benefits women's distinctiveness would bring to public life. It is suggested that, in the New Zealand context at least, the argument was more than a polemical device. Rather it was central to the feminists' position. This can be seen in the deliberations of the NCW, and in the writings of Sheppard and Sievwright in particular.

The centrality of the separate spheres argument stemmed from the fact that feminists identified two ways in which women's status was subordinate. Because of the disqualification of women from certain public offices and professions, women's public status was poor. Because women were denigrated and their special point of view ignored there were problems in domestic relations, and in relations between men and women

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15. NCW, Third Session, p.4.

16. Aileen Kraditor, The Ideas of the Woman Suffrage Movement, 1890-1920, New York, 1965, pp. 43-74.

generally. They believed that domestic violence, wife desertion, and the absence of financial and emotional support within marriage were endemic in societies that attached insufficient value to women. Because the inferior status of women caused problems in sex relationships, the feminists wished to change the nature of the marriage relationship from one of "possession" to one of mutual affection and support. It also lay behind their demands for the economic independence of married women.[17]

The iniquities in the relationship between men and women seemed to be summed up in the double standard, that set of values that demanded purity of women but condoned promiscuity in men. The feminists rejected the idea that men were possessed of sexual passions that could and ought not to be controlled. They believed that society ought to expect both men and women to be pure, before and during marriage. If men controlled their passions women would no longer be the victims of those passions. This led to the feminists' acceptance of social purity. Its implications might have been the puritanical repression of all matters remotely connected with sex, but that was not its aim. Social purity, and especially the control of male lust, would enable women to be free. Only when they were freed of the fear of being victims of male lust could women be truly free. Only when women were free from that fear within marriage could they be truly free.

In 1898 Margaret Sievwright read a paper to the NCW

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17. NCW, Third Session, pp. 51-56.

Conference on "Parental Responsibilities" in which she discussed these ideas. Two things are apparent from Sievwright's analysis; first, that child bearing was central to a woman's life, and second, that it was both the duty and the right of a woman to have children only when she was ready to do so. As she told her audience:

> No woman has any right - I will go further - a woman is guilty of a very serious offence, to my mind, who becomes with child during any point of her life, without having first insured to that child physically, mentally, morally, the right of every human being; viz, the right to a pure and wholesome birth and childhood. Each mother should guard the sacred portals of maternity with watchful care and jealous determination. If *she* do not, who will? I know I am talking what many here may consider rank heresy, but I know, too, that my children will probably live to see it become commonplace.[18]

She went on to link what amounted to a call for planned parenthood to a call for women to guard their health so that they might give birth to only healthy children. Women were also charged with training their children "physically, intellectually and morally, so that their bodies [might] be meet temples of the Holy Spirit". Mothers ought to encourage their children to ride, cycle, swim, climb hills and play games; they ought to teach them how to think for themselves, to "observe", "reflect" and "compare". They ought to foster in them moral values so that they would be chaste, temperate, truthful, brave and free. Boys, no less than girls, needed to learn how to keep "appetite firmly in hand".

Women were, unfortunately, not able to effectively fulfil their sacred duties. "We shriek", claimed Sievwright, about teaching girls cooking and sewing. But that was not

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18. NCW, Third Session, p. 11 (her emphasis).

sufficient education in the responsibilities of motherhood. She asked, "If wifehood and motherhood be the chief end of her existence, why, in the name of all that is good is she not prepared for it?"[19] She did not specify how and where this preparation should take place. There were other factors working against mothers. The conditions of the "outside" world made the care of children difficult. Poverty, over-crowding and the condoning of immorality made it difficult for the "Queen of her home", the "Priestess of her hearth" to be a good and caring mother. Outside influences worked in opposition to the goodness she dispensed in her home. Sievwright recognized the difficulties of being a good mother in over-crowded, dirty, damp living conditions. Women, she concluded, needed political rights to improve and influence the community in which her home was centred. She ended her speech with a call to women not to be overawed by the task, but to create a haven for her family within the home:

> Let us strive to make each home in our land a centre of pure health-laden antiseptic radiation, ... do not dream that you in your quiet homes can do nothing.[20]

Sievwright's analysis stressed the status and fulfilment women might find within the family. She linked that idea to a call for women to exercise influence in the wider world. As such it was a cogent statement of domestic feminism. She was an influential figure in the NCW and on several occasions she articulated this world view. It was this view

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19. Ibid., p. 16.

20. Ibid., p. 21.

that formed a framework which held together many of the specific reforms desired by the feminists.[21]

One of the apparently more radical proposals to emerge from the deliberations of the NCW was a call for the "economic independence of married women". The women thought that, as of right, women were entitled to a share of their husbands' wages. They envisaged some sort of scheme whereby a portion of wages would be paid directly to wives. There were reasons for their support of this idea. It was a "just" proposal, because while men continued to control the purse strings women could never be free. The economic independence would enhance the status of women because economic power was so determinative of status that women's position in society would always be inferior while they had no economic power. Further, economic dependency made women feel degraded both "spiritually" and "morally", to the detriment of women and of their families. Speaking in support of the idea of a Bill which would ensure such economic independence, Christchurch feminist Ada Wells said:

> Only when woman is free can the wife be free, and free motherhood is the end view. Evolution demands the birth of the fit, and the fit are those who are born of love, who come welcome to the world.[22]

Wells had reached similar conclusions to Sievwright. Both seemed to believe that planned motherhood was necessary for

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21. Tennant, "Matrons with a Mission", p. 121 is correct when she identifies this integration of reforms into a whole programme as the thing that distinguishes the first NCW from the organisation of the same name re-formed after 1917, see Chapter 3.

22. NCW, Fourth Session, p. 56.

the benefit of the race. The argument for economic independence was to strengthen the status of women within the family and thereby to strengthen the family and the race.

The following year, Sievwright spoke again in support of economic independence. This time she explained the links that existed between the evils of the double standard and economic dependency. She told delegates that men everywhere had

> failed to discover that the dual moral code which obtained in every nation was grafted on the economic dependence of women upon men, and that such dependence was fatal to the moral and spiritual progress of the race.[23]

Kate Sheppard explained many of these ideas in her 1899 Presidential address to the Council. Her speech amounted to a justification of the existence of the Council and of women's attempt to "move toward freedom". The desire for freedom was not prompted by selfish motives. The existence of a cruel, competitive, commercial world had led women to the conclusion that they ought to play a part in the government of the world or else, if society continued on its present path, "universal ruin" would ensue. Through an identification of the evils of the world, women had come to see their own "bondage" and to confront the fact that their powerlessness precluded change. This was the cause of their interest and participation in politics.

Sheppard maintained that the policy of the Council was not as disparate as its critics claimed it was. It had a policy for the "betterment of the social, moral, mental and

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23. NCW, Fifth Session, p. 23.

economic conditions of the people as a whole". The policy was concerned with "Parental Responsibility" because so often the "unwelcome child" became the "unfit citizen". Members of the Council wanted to free women within the marriage relationship and ensure their economic independence within it. The Council demanded the repeal of the Contagious Diseases Act, because it codified the double standard and amounted to the "non-recognition of the holiness of sex". The Council supported more democratic government, especially through an elective executive, an elective Upper House, and the appointment of a Civil Service Board. The Council wanted unspecified education reform and old age pensions to mitigate the effects of poverty on the old.[24]

The crux of the policy outlined by Sheppard lay more in the regulation of domestic relations than in an assault on public life. The implications of planned parenthood, the rejection of the double standard and the improved status of women within marriage were far reaching. They were as much an attack on existing social relations as were the demands for political representation. It is clear from this that women did not deny the centrality of motherhood to women's lives.

Critics of the feminists focussed on the demands the women made for political autonomy, for as the doggerel ran;

> When women's rights have come to stay,
> Oh, who will rock the cradle.[25]

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24. NCW, Fourth Session, pp. 3-5.

25. Grimshaw, Women's Suffrage, p. 1.

As time when on, critics came to identify feminism as the cause of social strife. Feminism had encouraged women, or so the argument ran, to seek work outside their homes, to reject domestic service and to go to University. The results of this were a declining birth rate and a weakening of the race. An Australian eugenist wrote that in New Zealand, where "feminism flourished", there was "feeble natality".[26]

It was in changing employment patterns and in University education that feminism seemed to have some of its more public effects. In 1891 Emily Siedeberg became the first female medical student. A year later she was joined by Margaret Cruickshank. Thereafter, a small but steady stream of women studied medicine at Otago.[27] Siedeberg received a rather cool reception from staff and fellow students and had flesh thrown at her during an anatomy class. However, she pursued the course with determination and graduated in 1895.[28]

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26. Octavius Beale, Racial Decay, Sydney, 1910; on weakening of parental control, see, P.A. Gregory, "Saving the children in New Zealand: a study of social attitudes towards larrikinism in the later nineteenth century", B.A. Hons Research essay, Massey, 1975; NZMJ, August 1911, pp. 50-52; AJHR, 1912, H.-18, p. 63 (H.W. Heslop).

27. Grimshaw, Women's Suffrage, p. 5; D.W. Carmalt Jones, Annals of the Otago Medical School, Wellington, 1945, p. 103; Frances Preston, Lady Doctor Vintage Model, Wellington, 1974, p. 146; New Zealand Federation of University Women (Wellington Branch) (hereafter NZFUW), Biographies Prepared for Archives - Emily Siedeberg MacKinnon, Alexander Turnbull Library; Emily Siedeberg MacKinnon, Address on the Occasion of the Eightieth Anniversary of the Otago Medical School, Typescript, Emily Siedeberg MacKinnon Papers.

28. Emily Siedeberg MacKinnon, Reminisences at the beginning of a Diary, begun in 1947, Emily Siedeberg MacKinnon Papers.

Meanwhile, Ethel Benjamin had begun to study law in Dunedin, even though women were not allowed to practise at the Bar. Benjamin's path to her degree had not been smooth. The Otago District Law Society gave her permission to use their books in a side-room, but were not prepared to let her study in its Library. The 1896 Female Law Practitioners Act was passed in time to allow Benjamin to be admitted to the Bar.[29] The number of women attending university increased rapidly,[30] heralding the apparent arrival of the "new woman". The changing work force structure was of more importance to a large number of women.

Domestic service was never a popular job with New Zealand women. Domestic servants were hard to find and notorious for their lack of civility. It was little wonder that desperate employers apparently lined the wharves when ships carrying immigrant women arrived.[31] In the 1890s women were a ready pool of labour for new industrial enterprises, especially in the woollen, textile and dressmaking industries. Factory work offered companionship and some regularity of hours, and proved much more popular than domestic service. But this change was not without its critics. Edward Tregear, Secretary of Labour,

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29. Michael Cullen, Lawfully Occupied: the Centennial History of the Otago District Law Society, Dunedin, 1979, pp. 52-53.

30. W.J. Gardner, Colonial Cap and Gown, Christchurch, 1979, Ch. 4.

31. Erik Olssen, "Social class in nineteenth century New Zealand', in David Pitt (ed.), Social Class in New Zealand, Auckland, 1977, p. 35; New Zealand Official Year Book (hereafter Year Book), 1893, p. 224; Tennant, "Matrons with a Mission", pp. 6-7.

was constantly worried by the racial implications of women working in factories. He wrote, "the less the future wives and mothers of the nation have to enter industrial competition with men, the better".[32] Factory work did not, however, remain the favoured occupation for long. By 1910 some factories could not meet orders because of the shortage of female labour. Tregear could not hide his glee. This was "racially a matter for congratulation".[33] Now commercial work had replaced factory work as the more popular alternative among young women. The proliferation of commercial and financial institutions,[34] and the introduction of the book-keeping machine and the typewriter, combined to create an almost unsatisfiable demand for female labour.[35] Females liked commercial work because it was clean, relatively well paid, of good status, and skilled. This change did not raise the spectre of competition with men to the extent that industrial work did, but it did not win universal approval. The President of the 1914 Australasian Medical Conference spoke disparagingly of what he called the "commercial flapper". She could be seen on the streets of Auckland any day, "her hair in a tail down her back", wearing a "short dress and high heeled boots". Girls, he lamented, were being

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32. AJHR, 1908, H.-11, p. vii.

33. AJHR, 1910, H.-11, p. lxiii.

34. P.M. Meuli, "Occupational change and bourgeois proliferation", p. 70.

35. AJHR, 1912, E.-5, p. 13.

launched into a commercial life when at an age when they really needed protection.[36]

Critics thought that the implications of these changes in women's lives were ominous. The most dreadful implication was the resultant decline in the birth rate. Octavius Beale maintained that abortifacients and contraceptives were easily available from "druggists" all over the country.[37] Another crusading eugenist, W.A. Chapple, a Christchurch surgeon and one-time politician, commented in 1903 that there was widespread use of "artificial checks and intermittent sexual restraint" in New Zealand.[38] Both Beale and Chapple perceived a link between women's growing assumption of a public role and the declining birth rate.

In 1905 Frederic Truby King, Medical Superintendent of Seacliff Mental Hospital, addressed the annual conference of the Farmers' Union. He spoke on the principles of feeding for plants and animals, using material he had collected during experiments he conducted at the farm attached to the hospital. He concluded his speech by discussing the feeding of children. He linked this theories on the impact of good feeding on health to a wider analysis of the means of controlling social disorder. In a passage which he repeated many times in the ensuing years, King told the farmers:

> If women were rendered more fit for maternity, if instrumental deliveries were obviated as far

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36. Transactions of the Tenth Australasian Medical Conference, 1914, p. 89.

37. Beale, Racial Decay, p. 2.

38. W.A. Chapple, The Fertility of the Unfit, Christchurch, 1903, p. 33.

> as possible, if infants were nourished by their mothers, and boys and girls were given a rational education, the main supplies of population of our asylums, hospitals, benevolent institutions, gaols and slums would be cut off at the sources; further a great improvement would take place in the physical, mental, and moral condition of the whole community.[39]

The implication was clear. The inefficiency of mothers and their refusal to discharge their duty to the race caused social disorder.

Evolutionary theory and Spencerian sociology were used by many, and King was among them, to give scientific authority to the notions that men and women were different in abilities, attitudes and talents. Anti-feminists believed that there were separate male and female spheres. Because of women's symbiotic relationship with their children, their proper sphere was the home. Man's sphere was the wider world. Men formed the link between the home and the world of commerce and politics. Their role was as breadwinners for and protectors of those within the domestic world. For the anti-feminist, the private and public worlds were separate. In the private world of home and family children were socialised and women centred their whole existence, but men derived from it the support that they required for them to effectively function in the wider world. Feminists also believed in the notion of separate spheres, but because they did not accept the disjunction of private and public life, they believed that, for the benefit of women and of society, women's special attributes ought to be used in the wider world.

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39. Frederic Truby King, The Feeding of Plants and Animals, Wellington, 1905.

Anti-feminists were influenced by the sociology of Herbert Spencer. He believed that there had been an earlier arrest of evolution in women. Rationality was a recent adaptation that women were yet to acquire. Women had acquired certain mental and emotional characteristics as a result of their prolonged existence in a male dominated environment. These were the desire for approval, the ability to deceive, and the capacity to quickly perceive the needs of others - intuition. Further, Spencer thought that society as it was presently organised, in the nuclear monogamous family, was the highest form of social evolution yet achieved. Within their protected, separate sphere women had acquired higher status than in any previous social order. His views were based upon the belief that men and women were biologically different. The body was perceived to have a limited store of energy. Reproduction consumed so much of women's energy that they did not have any left for intellectual activity. That was why, as Montague Lomax-Smith wrote in 1895, women could not write philosophy and be the mothers of future Bacons as well.[40]

The biological difference between men and women gained even more apparent scientific authority when Edinburgh biologist, Patrick Geddes, used the theories of cell metabolism to explain the differences between the sexes. These were symbolised by the difference between the sperm (the active cell) and the ovum (the passive cell). The fact that

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40. Montague Lomax-Smith, Women in Relation to Physiology, Sex, Emotion and Intellect, Christchurch [1895], quoted in Tennant, "Matrons with a Mission", p. 130.

the differences between men and women could be detected in the most basic form of life implied that the status quo ought not be altered. Women's subordinate status was what Nature intended. Men were active, aggressive, and creative. Women were patient, open minded, and intuitive. All female character centred around the basic task of reproduction. Biology was destiny. This was not only the way things were, but the way they ought to be. The position of women gave no cause for human guilt, as the feminists thought it ought. Rather, the separate spheres were the result of the working of Natural laws which worked independently of organised society.

The ideas that confined women to a role based on these biological truths underwent a re-definition in the early years of this century. Eugenics, shored up by social Darwinism and fostered by a declining birth rate, gave a slightly different emphasis to the older ideas of the anti-suffragists.[41] Social progress, it seemed, was dependent upon the effective rearing of children. Since it was mothers who had the primary responsibility of nurturing the young, social progress depended upon mothers. This led to an active campaign to persuade middle class women of the contribution they could make to social progress in their role as mothers. Clearly, this was intended to outflank the feminists, who wanted women to be free to make a contribution to society in a rather broader way. Eugenists offered women a positive role.

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41. On the ideas employed by anti-suffragists in New Zealand, see Grimshaw, Women's Suffrage, pp. 74-79.

Motherhood was a task of racial, national and imperial importance. King wrote on many occasions "[e]verything depends upon the mother, the race is in her hands".[42] Self development could be achieved through self sacrifice. If they made motherhood their career, women could find a personal vocation and ensure racial advancement.[43]

An attack on higher female education was essential in this redefinition of womanhood, because advanced education seemed to deny biological truth and try to turn women into men. King explained all these ideas in The Evils of Cram, a book peppered with quotations from Spencer and English eugenist theorists. No doubt he encountered Geddes' cell theories at Edinburgh University. King contended that over-study and insufficient recreation during periods of rapid

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42. For instance in Plunket Society, Christchurch, Annual Report, 1926.

43. Generally on the biological views of women and the impact of evolutionary theory on these attitudes see, Jill Conway, "Stereotypes of Femininity in a Theory of Sexual Evolution", in Martha Vicinus (ed.), Suffer and Be Still, Bloomington, 1972, pp. 142-154; Rosalind Rosenberg, "In Search of Women's Nature 1880-1920", Feminist Studies, Vol. 3, No. 1/2, Fall 1975, pp. 141-142; Carroll Smith Rosenberg and Charles Rosenberg, "The Female Animal. Medical and biological views of woman and her role in Nineteenth Century America", Journal of American History, Vol. LX, No. 2, September 1973; Lorna Duffin, "Prisoners of Progress: Women and evolution", in Sara Delamont and Lorna Duffin (eds), The Nineteenth Century Woman Her Cultural and Physical World, London, 1978, pp. 57-91; Carol Dyhouse, "Social Darwinistic Ideas and the Development of Women's Education in England, 1880-1920", History of Education, Vol. 5, No. 1, 1976, pp. 41-58; Carol Dyhouse, Girls Growing Up in Late Victorian and Edwardian England, London, 1981, Chapter 5.

growth during childhood led to the "dwarfing of both mind and body". In girls, this led to the impairment of the "potentialities of reproduction and healthy maternity".[44] An education system that treated boys and girls as if they were the same, which academic education did, denied the basic truths of biological difference.

The linking of the rigid perception of the separate spheres and the biological differences between men and women with eugenic attitudes to racial strength, laid the foundation for a re-definition of womanhood. Woman's primary role, the one in which she might find fulfilment and on which social order was based, was as mother. King summed up all these strands when he wrote:

> The safety of nations is not a question of the gun alone but also of the man behind the gun, and he is largely the result of the grit and self sacrifice of his mother. If we lack noble mothers we lack the first element of racial success and national greatness.
>
> THE DESTINY OF THE RACE IS IN THE HANDS OF ITS MOTHERS.[45]

These were recurring themes in the early twentieth century. John MacMillan Brown wrote in 1908 that the nation needed "cultured, elevated, responsible womanhood, and enlightened, dutiful, self sacrificing motherhood".[46]

By proclaiming motherhood as a science, by describing it

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44. Frederic Truby King, The Evils of Cram, Dunedin, 1906, p. 5.

45. Frederic Truby King, The Feeding and Care of Baby, Great Britain, 1913, p. 153.

46. Quoted in Tennant, "Matrons with a Mission", p. 89.

as a career and raising its status to a national calling, it was hoped that those women to whom feminism, employment and education seemed so appealing, would begin to glory in the role of mother. King's beliefs and attitudes had led him to form an infant welfare society. At the second annual meeting of that society, in May 1909, Dr Ferdinand Batchelor, a specialist in women's diseases, launched an attack on female employment and education.

Batchelor's audience, which included members of Dunedin's medical, legal, ecclesiastical and commercial élite, heard him deliver what the Otago Daily Times called an "impressive statement". He began by asking the essentially rhetorical question:

> Are the present conditions of life, as lived by a large proportion of the young women of this Dominion, favourable to what I most emphatically assert is the main function of womanhood, the raising of a healthy and vigorous race?

Batchelor's answer was that the present education system encouraged women in a course of study that Nature never intended for them. At this the audience burst into the first of many rounds of applause. A competitive education system caused mental and physical breakdown, it trained girls not for domestic life, but for a useless "matriculation exam". The girl employed as a domestic servant was "happier", led a "wholesome and healthier" life, made a better mother, and reared healthier stock than a woman who had more ambitious aims. Such ambition caused "neurasthenia" in women. Neurasthenic women could not bear the pain of labour and consequently required anaesthesia and manipulative assistance when they gave birth.

From a general attack on female education and unsuitable employment, Batchelor went on to launch a specific attack on women medical practitioners. In his experience the majority of female medical students broke down during training, and the most brilliant of them attained only mediocre results. Batchelor did not consider the special pressures felt by female students in a Medical School where the staff treated them as if they did not exist. A story recounted by Doris Gordon, a student at the Medical School about the time of World War I, is instructive on this point. She and her friend decided to visit the dissecting room the night before their first anatomy class. "It's not the idea of touching dead people that I mind", Francie Dowling told her friend, "... it's the awful thought that I might make a fool of myself and turn sick with all those men waiting to gloat over us."[47] Batchelor's assertions were given without evidence, and the special pressures of females who had to strive harder than their male colleagues did not occur to him.

Batchelor then went on to discuss venereal disease in a paragraph coyly titled "Our Marriage Custom". He asserted that a "large proportion" of men married while suffering from venereal disease. Parents of young women were apparently reluctant to ensure that their daughters married clean men. As a result, the health of many innocent women and children was ruined, wives were "rendered childless, life-long sufferers and invalids". Society could not hope to eradicate male immorality, because "the moral code for men has ever been and probably ever will be regulated by different standards".

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47. Gordon, Backblocks Baby-Doctor, p. 53.

The best that could be hoped for was to "regulate" this different standard in some way. This might be most easily achieved, Batchelor considered, by medical inspection of all men prior to marriage. This brought forth another round of applause from the audience. It was essential, he went on, that in a climate that favoured the "production of healthy and vigorous stock", urgent measures be taken so that New Zealand might avoid falling into the "racial decadence" so apparent in the Old World. He ended his address with an appeal to all women:

> The women of this land now have the power to resolutely insist on drastic measures to counteract this canker of modern civilisation, and, for the sake of your sons and daughters, for the sake of generations yet unborn, I urge you to grasp your opportunity and grasp it in time.

When the loud applause had died down, Truby King rose to endorse Batchelor's statements. He too was opposed to the foolish education system girls were forced to endure and he looked forward to the day when girls in New Zealand would be taught instead the "Science of Domestic Economics".[48]

In Dunedin and Wellington, Doctors Emily Siedeberg and Agnes Bennett were not so impressed by Batchelor's analysis.

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48. Society for Promoting the Health of Women and Children, Addresses delivered by Doctors F.C. Batchelor and Truby King, Dunedin, 1909; also Otago Daily Times (hereafter ODT), 22 May 1909, 28 May 1909; Dominion, 25 May 1909; Erik Olssen, "Women Work and Family: 1880-1926" in Bunkle and Hughes (eds) Women in New Zealand Society, pp. 167-173 analyses the dispute although he appears to suggest that Bennett and, to a lesser extent, Siedeberg were arguing from the anti-feminist position. This stems from the fact that he finds their belief in domestic education inconsistent with feminism, which it was not. On the resolution of this apparent conflict in feminism, see Dyhouse, Girls Growing Up, pp. 139-175.

Siedeberg was in private practice in Dunedin and was the medical officer of St Helens Maternity Hospital. Agnes Bennett was an Australian who had settled in Wellington. She also was in private practice and the medical officer of the St Helens Maternity Hospital.[49]

Siedeberg was first to take issue with Batchelor. She did not disagree with what he had to say about the awesome racial effects of venereal disease which, in view of her attachment to eugenics (in 1912 she attended a London conference on eugenics), is not surprising. She could not, however, accept his propositions on female education and work, and she would not concede that there was any truth in his remarks about female medical students. In her view, it was girls who stayed at home and did not enter the workforce who were most likely to suffer from neurasthenia. For herself, she maintained that her own health and happiness had increased since she had studied medicine and qualified and practiced as a doctor.

She did agree that girls needed better education in domestic matters. This was best done by mothers in the homes. But she conceded that the State would need to assume this role because it was clear that mothers were not doing it.[50]

Bennett's argument took a similar form. She also agreed with Batchelor's analysis of the "sapping effect" of venereal disease, but she disputed his conclusions about the impact of

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49. Cecil and Celia Manson, Doctor Agnes Bennett, London, 1960.

50. ODT, 22 May 1909.

female education and employment. In her view, education would enable women to be better wives and mothers. She claimed, just as many of the feminists had done, that women had "nicer sensibilities" and more "moral courage" than men. The "social evil" would only be eradicated by making individuals more moral. This could be best achieved by integrating women's higher moral standards into the life of the wider community. She continued:

> Give woman a chance to express herself and to make herself, her own natural moral self, felt in the life of the community, and this improvement must per se tend to come about. Her point of view must be taken into account in this too-much man governed community.[51]

It had fallen to Siedeberg and Bennett to articulate the domestic feminist defence because in 1905 the NCW had gone into abeyance. The NCW's failure was as much a function of its own success and structural problems as it was of an anti-feminist backlash.

By the 1900s a certain smugness had made its way into the Council. So many of its legislative aims, such as raising the age of consent, divorce reform and old age pensions had been achieved.[52] As a national federation of women's organisations the Council faced communications difficulties. It met only annually, which made it difficult for it to act as a cohesive pressure group. The problems were further compounded when many of the leaders grew old and unwell.[53]

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51. Dominion, 25 May 1909.

52. Anna Stout, "What Franchise has done for the Women and Children of New Zealand", English Woman, May 1910, pp. 3-6.

53. Tennant, "Matrons with a Mission", pp. 80-84 and pp. 121-122.

The NCW had articulated a world view of a society in which women would play an active role because of the status that accrued to them from their special role within the family. As one delegate told the Council's 1900 meeting:

> The happiest homes were those which were guided and governed by men and women. The community was only an enlarged home; and consequently that community and that nation would be best guided and governed when men and women stood side by side.[54]

Feminists never denied the centrality of motherhood to women; what they sought to do was create a moral society in which women could best fulfil the task and rear healthy happy children. To do this women had to be respected, both as mothers and as citizens. It followed, then, that the status of women needed to be raised in the family and in the wider community. Of all of their aims, perhaps the one with the most far reaching effects was one that was only alluded to - planned parenthood. By the early 1900s women, especially of the urban middle classes, were in fact successfully limiting the size of their families. This led to criticisms being levelled at women and at the changes that seemed to be taking place in women's lives. In response, organisations and policies were formulated to proclaim this glory of motherhood. Feminists had also wished to proclaim the glory of motherhood. They thought that if all was not well within the family then the fault lay in the wider community which condoned the double standard, allowed slums and poverty to exist and

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54. NCW, Fifth Session, p. 25.

denigrated women. Men such as King, who sought to elevate the status of motherhood to a national calling, identified a rather different reason for the frailty of the family. They laid the blame on women who were feckless, careless and ignorant.

CHAPTER 2

SOCIAL HYGIENE AND THE FEMINIST RESPONSE

Nineteenth century feminists perceived the double standard, that set of values that demanded purity of women but condoned, indeed encouraged, promiscuity among men, as symbolic of the subordinate status of women. If men were not expected to control their sexual appetites, women would never possess true autonomy because they would always live in fear of becoming the objects of male passions. The double standard was predicated upon the perfect morality of some women and the complete immorality of others. Women were either "womanly women" or "whorely whores".[1] If wives were to be honoured and denied a sexual nature, then prostitution was essential to the double standard. Feminists were not happy with that solution. Men's ready access to prostitutes did not necessarily mean that other women were safe from the needs of male appetite. Further, the wives of men who consorted with prostitutes ran the risks of contracting venereal disease. Feminists were sympathetic to prostitutes. They believed that prostitutes were the victims of an immoral system based on relationships between men and women which

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1. Peter Cominos, "Innocent Femina Sensualis in Unconscious Conflict", in Vicinus, Suffer and be Still, p. 168.

were defined by coverture and possession. Feminists thought that most prostitutes had been sentenced to such an existence because in their youth they had been the victims of the uncontrolled passions of older men.

It was a widely held belief that human kind was in a never-ending battle with sex instict. One act of immorality was enough to condemn a person to a life dominated by self gratification of sexual urges. The feminists believed that seduction meant that prostitutes were sentenced to such perpetual self-gratification. It was only by remaining a prostitute that she could satisfy these needs. Everybody was engaged in what Auckland gynaecologist Russell Tracy Inglis called "decisive battles with sex instinct".[2] But whereas some believed that once animal passion had conquered, its victory was secure, the feminists believed that prostitutes could and should be saved. In its early years the WCTU, with its evangelical roots, became involved in offering salvation to prostitutes in the major cities.[3]

Feminists denied that men possessed passions that ought not to be controlled. They would not have agreed with the commentator who thought that the "social evil is like the Maori King, a necessary nuisance".[4] The double standard

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2. Transactions of the Tenth Australasian Medical Congress 1914, p. 514.

3. Bunkle, "Origins of the Women's Movement", pp. 61-62.

4. New Zealand Herald, 7 November 1885, p. 6 quoted in C.A. Mairs, "The Contagious Diseases Acts An examination of the reasons for and opposition toward implementation of these Acts in England and New Zealand", M.A. thesis, Auckland, 1973, p. 40.

was wrong, because it denied the "holiness of sex", denied women autonomy and made women the victims of a male dominated culture. The ideas of social purity assumed that men could become moral, so long as they were given the right incentives. Through social purity, feminists hoped to create the moral order. Sanctifying sex and confining it to marriage would be an important part in this process. Prohibition, self control and hygiene were all means of dealing with pollutants and creating order out of chaos. Male sexuality posed one of the greatest threats to female autonomy: alcohol and it were the chief pollutants and threats to moral order. Feminists sought to contain these potentially anarchic forces; to confine sex to marriage and to limit the intake of alcohol. Social purity was also a way of feminizing culture using the power of woman's moral suasion.[5]

Social purity lay at the heart of nineteenth century feminism. Such a moral order, it was believed, would give women freedom.[6] It would also control the most sinister of

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5. On the complex relationship between pollution beliefs and social structure, see the work of social anthropoligist Mary Douglas, Purity and Danger: An analysis of concepts of pollution and taboo, London, 1966; on the implications of Douglas' work for women's history and the analysis of her ideas in an historical framework, see Sara Delamont and Lorna Duffin, "Introduction", to Delamont and Duffin, The Nineteenth Century Woman, pp. 14-24; Bunkle, "Origins of the Woman's Movement", uses the idea to structure her analysis of the WCTU.

6. On the relationship between feminism and social purity, see Linda Gordon, Woman's Body, Woman's Right Birth Control in America, Harmondsworth, 1977, [Penguin edition], pp. 117-120; Carroll Smith Rosenberg, "Beauty, the Beast and the Militant Woman: A case study in sex roles and social stress in Jacksonian America", American Quarterly, Vol. 23, October 1971, p. 583; Carl Degler, At Odds Women and the Family in America from the Revolution to the Present, New York, 1980, pp. 279-297; (continued ...)

pollutants, venereal disease. Venereal disease was seen as a sign of immorality, it was a sort of badge of pollution. There was no clear delineation between morality and health. Indeed, Kate Sheppard went so far as to tell the NCW in 1898 that "good morals and good health" went together. It was impossible to expect good health while "the former is disregarded".[7] It was not until World War I when Salvarsan came into widespread use that there was an effective treatment for venereal disease.[8] Moral purity seemed to be the only way of halting its spread. Dr F.C. Batchelor had suggested to the Second Annual Meeting of the Plunket Society that the only way to prevent the spread of venereal disease was for women to ensure they married only clean men.[9] Feminists believed that only when the "Seventh Commandment" was considered binding for hygienic and moral reasons would venereal disease be controlled.[10] Agnes Bennett replied to Batchelor, that it was, "Only through the inculcation of higher moral standards upon the whole community that we shall ever abate the social evil".[11] It was the role of mothers to teach their sons the

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6. (continued ...)
Daniel Scott Smith, "Family Limitation, Sexual Control and Domestic Feminism in Victorian America", in Mary Hartman and Lois Banner (eds), Clio's Consciousness Raised New Perspectives on the History of Women, New York 1977, pp. 119-136; David Pivar, Purity Crusade Sexual Morality and Social Control 1868-1900, Westport Connecticut, 1972.

7. NCW, Third Session, p. 6 (Sheppard).

8. Judith R. Walkowitz, Prostitution and Victorian Society Women, Class, and the State, Cambridge, 1980, p. 254.

9. ODT, 20 May 1909

10. NCW, Third Session, p. 16 (Sievwright).

11. Dominion, 25 May 1909.

value of hygiene and chastity and of wives to prevent their husbands from seeking the dubious charms of the prostitute. Social purity was both a claim for women's rights and a means of feminizing culture. It needed the purposive action of moral wives and mothers for it to become a dominant value.

Little is known of the economic and class dynamics of prostitution in nineteenth century New Zealand. It is not fully understood why women became prostitutes, how long they remained so, or who their clients were.[12] Although Mairs suggests that there was no economic need for women to become prostitutes in New Zealand, it seems likely that for some women poverty did force them into prostitution, especially during the Long Depression.[13] After 1869, New Zealand prostitutes were subject to the Contagious Diseases Act, a piece of legislation closely modelled on English legisation which had been introduced to control prostitution and venereal disease in garrison towns. The Act gave the police power to require any woman deemed a "common prostitute" to undergo regular medical examinations. If she refused, or was found to be suffering from venereal disease, she could be sent to gaol for treatment. The New Zealand Act was only rarely enforced.[14] In England, a sustained campaign forced the Act's

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12. On prostitution in England, see Walkowitz, Prostitution and Victorian Society and Frances Finnegan, Poverty and Prostitution A Study of Victorian Prostitutes in York, Cambridge, 1979.

13. Mairs, "The Contagious Diseases Acts", p. 42; W.B. Sutch, Women with a Cause, Wellington, 1973, p. 90; Stevan Eldred-Grigg, A New History of Canterbury, Dunedin, 1982, briefly mentions prostitution and brothel-keeping in Christchurch in the nineteenth century, p. 83.

14. The Act was enforced in Auckland during the 1880s; see Mairs, "The Contagious Diseases Act", pp. 35-51.

repeal in 1883.[15] There was a similar, if less fierce campaign in New Zealand led by the WCTU and, at the end of the decade, by the NCW. The feminists opposed the Act because it seemed to codify the double standard. It was an infringement on the rights of all women, not just those examined or detained. Part of the antagonism stemmed from the fear that no woman was safe if a policeman decided she might be a common prostitute. Both the NCW and the WCTU held meetings, passed resolutions and organised petitions urging the Act's repeal.[16] In 1910, when it seemed that the Government was on the point of repealing the Act which had by then been inoperative for some time, the WCTU embarked upon a strenuous and carefully orchestrated campaign of letter-writing to members of Parliament. The Superintendent of the Legal and Parliamentary Department wrote to all branch secretaries urging them to contact politicians and demand the repeal of the Act. The secretaries were advised to use WCTU letter paper because it "looked better". The Superintendent even offered a draft of a suitable letter for any branches which were having difficulty

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15. Walkowitz, Prostitution and Victorian Society, Part II; Judith R. Walkowitz, "The Politics of Prostitution" in Catharine R. Stimpson and Ethel Spector Person, Women Sex and Sexuality, Chicago, 1980, pp. 145-157; Edward Bristow, Vice and Vigilence Social Purity Movements in Britain since 1700, Totowa, 1977, pp. 75-93; Brian Harrison, "State Intervention and Moral Reform in nineteenth century England", in Patricia Hollis (ed.), Pressure from without in early Victorian England, London, 1974, pp. 312-315.

16. NCW, Second Session, pp. 9-11; ibid., Third Session, p. 6 and pp. 76-78; ibid., Fourth Session, p. 4; Kate Sheppard, Four Reasons why the Contagious Diseases Act Should be Repealed, Wellington [ca. 1900]; E. Claire Connell, "Women in Politics 1893-96", B.A. (Hons) Long Essay, Otago, 1975, pp. 85-86.

composing their own.[17]

By 1910, fears about the declining birth rate were growing. This had had some effect on the re-definition of the maternal role. Because venereal disease caused female sterility, abortions and still births, it was identifiable as a cause of fertility decline. This was one of the reasons why Ferdinand Batchelor had been so concerned about the extent of venereal infection in the country. So that when the Ward Government decided on repeal in 1910, as part of an effort to rekindle the nearly dead liberal spirit of the eighteenth nineties, members of Parliament conceded that the law as it stood was useless, but they nonetheless saw a need to do something to halt the spread of the "social diseases". They could not, however, find any basis from which to attack the problem. At that time, scientists were only beginning to understand the bacteriology of venereal disease, and it was still seen not so much as a disease but as the public sign of personal immorality. The only way of controlling the spread of the disease was personal morality.

The debate on the repeal Bill showed that the prostitute was still identified as the major source of infection. The professional prostitute, whose "stomach longings" dictated all her actions, "premeditatedly entice[d] young men and infect[ed]" them with disease.[18] Prostitutes were described

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17. Superintendent, Legal and Parliamentary Department, to all secretaries, 30 September 1910; see also letters 30 April 1910, 19 May 1910, 2 July 1910, ? August 1910, 30 September 1910, WCTU (Legal and Parliamentary Department) Letter Book 3, Christchurch NCW Archives.

18. NZPD, 153, (8 November 1910), p. 405 (Findlay).

as debased, foul creatures whose sexual urges had become so gross that they seduced all men with whom they came into contact. The feminists, on the other hand, believed that it was men who seduced women, and that 90 per cent of prostitutes had, in the first instance, been seduced by men significantly older than themselves.[19] Ward reassured those who doubted the wisdom of repeal by reminding them that the Act had been inoperative for a very long time. To enforce it would have led to an uproar that would have negated any possible benefit.

Feminists might have seen repeal as a victory, but during World War I the perceived need to control venereal disease and prostitution assumed a new urgency. The wastage of life made life-preservation and an increased birth rate imperative. The medical examination of recruits added a new dimension. Of the 135,282 young men examined, 82,562 (about 61 per cent) were rejected for active service.[20] All at once the myth of a healthy nation, free of the evils of the Old World, was shattered. Only 0.35 per cent of those rejected were suffering from venereal disease but it was seen as the cause of many other illnesses and deformities. This meant that the small proportion rejected because of venereal disease was not an adequate reflection of the impact of it.

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19. White Ribbon, 18 June 1918, p. 4; a survey of Wellington prostitutes in 1888 found that fifty were younger than fifteen, some as young as eleven, Leader, 8 June 1888, p. 4; quoted in Grimshaw, Women's Suffrage, p. 8.

20. AJHR, 1917, H.-19L, p. 3; L. Callon, "Fighting Fit? A Study of the Army's Medical Examinations, 1916-1918", B.A. Hons Long Essay, Otago, 1980.

"Social hygiene" became a matter of public concern. In Christchurch a group of women formed a Social Hygiene Association and opened a public office to give information about venereal disease and where treatment could be obtained. In Auckland, Tracy Inglis noted a dramatic increase in the number of St Helens patients who were suffering from venereal disease.[21]

Such concern was also reflected in the number of women arrested for soliciting. The number arrested for soliciting prostitution depends to a large extent upon the seriousness with which the police viewed their obligation to arrest. Police action depended on such things as the rowdiness of prostitutes and also social pressure to enforce the law. The figures for arrests are therefore as much a reflection of attitudes to prostitution as a measure of the incidence of the behaviour. In 1913, seventy-eight offences were reported; in 1916, fifty-four. The next year, when the social hygiene scare was at its height, the number reported nearly doubled to 104. Thereafter the numbers declined and in 1922 only twenty-two offences were reported. The punishment given the women shows a similar pattern. In 1915 eleven women (13 per cent of those convicted) were given prison sentences, all of less than three months, while in 1917 thirty-nine (37 per cent) were sent to prison and seventeen of them for more than three

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21. Secretary, North Canterbury Hospital and Charitable Aid Board to Minister of Public Health, 26 October 1916, H.45/3; AJHR, H.-31, p. 7; on the scare generally, see Susan Butterworth, "Moral Panics, Old and New", NZ Listener, 6 March 1974, P. 10.

months.[22]

The role of the prostitute in the spread of venereal disease seemed even more alarming during the war, because innocent young recruits, fresh from the country and unskilled in the ways of the world, were supposedly easy prey for the old "hags" of the streets. Suppression of prostitution was the only way to protect young men and halt the spread of the diseases. In mid-1916, the Government introduced the first of a series of measures to regulate prostitution and the "foulest of all diseases".

Clause 3(1)(h)(v) of the War Regulations Amendment Bill gave the Governor in Council power to make regulations for the "suppression of prostitution, or for the prevention of venereal diseases". Speaking in the House when the Bill was introduced, George Russell, Minister of Public Health, outlined the extent of infection amongst New Zealand troops. No case had, however, been found amongst troops returning from overseas. The implication was clear: the men had contracted venereal diseases not in the brothels of Cairo, but of Wellington and other New Zealand cities. It disturbed him gravely that the extent of the problem had only come to light with the first extensive medical examination conducted in the

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22. Police Department Reports, AJHR, 1912-20, H.-16, Appendix A and Statistics of New Zealand, Vol. I, Law and Crime, 1913-1919

Soliciting Prostitution: Offences Reported 1910-30

1910	71	1917	104	1924	12
1911	64	1918	31	1925	9
1912	94	1919	17	1926	8
1913	78	1920	22	1927	11
1914	108	1921	16	1928	5
1915	83	1922	9	1929	10
1916	52	1923	11	1930	6

Source: Police Department Reports

community. He said,

> in stating what has happened to the soldier population I have merely lifted the veil which covers this hideous cancer which is eating into the body politic of this country.[23]

Russell declared his sympathy with those women who had seen the Contagious Diseases Act as an insult, but there was an urgent need to confront venereal disease. Measles and small pox sufferers were put into isolation, and similarly those "who for commerce put themselves beyond the pale of pure and virtuous womanhood" should be segregated until they were no longer a health risk.[24] Again he identified women as the source of infection. Such views were not confined to members of Parliament. The Wellington Superintendent of Police launched a scathing attack on prostitutes in his 1915 report:

> Avaricious, money-making harlots ... are all at liberty to contaminate the nation from end to end ... One cannot wonder at the number of young people wearing glasses, artificial teeth and other evidence of constitutional weakness when female vultures are able to fatten and become wealthy while they disseminate disease in a wholesale manner.[25]

It seemed especially tragic that the disease could be transmitted by non-sexual physical contact. Russell claimed that venereal disease was transmitted "in lavatories, privies and barber's shops, by the use of towels, the kissing of children, [and] the smoking of infect[ed] pipes". Wellington doctor, Daisy Platts Mills, claimed venereal disease could be

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23. NZPD, 177, 16 July 1916, p. 211.

24. Ibid.

25. AJHR, 1915, H.-16, p. 9.

spread by "indiscriminate kissing" and the touching of infected objects.[26] Individual purity seemed insufficient to ensure health. Individual cleanliness might help, but segregating the prostitute, the centre of all infection, seemed the only realistic solution. Venereal disease was both a sickness and the symptom of moral malaise, both of individuals and of the wider community.[27] The feminists believed that segregation made women pay for the sins of men, and insisted that the only way to control venereal disease was to insist on purity for all members of the community. That was why they disapproved of Ettie Rout's issuing of prophylactics to soldiers. That, they contended, made vice safe for men.

Russell claimed the problem was too intricate for legislation, so he asked the women of the country to trust him, the Cabinet, and the Health and Police Departments to deal with it. He intended to use regulations to make one-woman-brothels illegal. At common law a house or rooms had to be used by more than one prostitute for it to be a brothel.[28]

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26. NZPD, 177, 16 July 1916, p. 212; Daisy Platts Mills, Social Diseases. What women should know about them and why, Wellington, 1917, Platts Mills pamphlet was written at the behest of the Health Department, see New Zealand Journal of Health and Hospitals (hereafter NZJHH, Vol. 1, No. 3, September 1917, p. 47.

27. On this relationship between moral and physical sickness, see H. Tristram Engelhardt Jr, "The Disease of Masturbation: values and the Concept of Disease", in Judith Walzer Leavitt and Ronald L. Numbers (eds), Sickness and Health in America, Madison Wisconsin, 1978, pp. 15-23.

28. A Full Court (Stout CJ, Cooper and Chapman JJ) held that the NZ statutes concerning prostitution, The Criminal Code Act 1893, s.144, (re-enacted in The Crimes Act 1908 ss.161 and 162) and The Indictable Offences Summary

(continued ...)

Further, it was thought necessary for the police to have the power to order medical examinations of all women convicted of vagrancy, and to detain the infected until cured.[29]

Russell's repeated reassurances that men and women would be treated equally did not placate those who feared the resurrection of the Contagious Diseases Act. During the debate, it was suggested to the Speaker that the ladies present in the Chamber be asked to leave. The Speaker said he did not have the power to compel them to leave, but he left it to their "good taste" to decide whether to continue to listen to a discussion on such an indelicate subject. No wonder those women who held an "indignant" meeting outside the chamber were suspicious about what Russell and his allies had in mind.[30]

The Society for the Protection of Women and Children[31] protested strongly against the section that would give the Cabinet the power to make such wide-ranging regulations and at first wrote to the Minister asking for more information. Evidently his response did not allay their fears, and the Society organised a well attended meeting. Speakers at the meeting were outraged and decided to confront the Minister.[32]

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28. (continued ...)
Jurisdiction Act, 1894 s.13 did not alter the common law position that a house needed to be used by more than one woman for it to be a brothel, Cassells v Hutcheson (1908) NZLR 763 at p. 764. See also The Police Offences Act, 1908, ss. 32 and 33.

29. NZPD, 177, 19 July 1916, p. 214.

30. Maoriland Worker, 26 July 1916, p. 3.

31. The SPWC, founded in the main cities in the 1890s, combined practical social work among women with political lobbying, see Tennant, "Matrons with a Mission", pp. 17-36.

32. Society for the Protection of Women and Children, Wellington Branch, Minutes (hereafter SPWC (Wgtn) Mins), 23 June 1916, and 28 July 1916.

It is impossible to tell whether that deputation and other correspondence forced Russell to change his mind, but the Regulations gazetted in August were rather different from the description Russell had given a month earlier. The provision for the forced examination and detention of female vagrants had gone. It did make one-woman brothels illegal, and it was an offence for any women to "loiter in a public place for the purposes of prostitution". The only significant change in substance from the existing law was that one-woman brothels were made illegal. The major procedural difference was that there was no right to trial by jury in prosecutions under War Regulations.[33]

When changes under the War Regulations were laid against a group of Wellington women, the matter turned into something of a feminist cause célèbre. In May 1818 twenty-eight year old Mary Griffin was charged under the Regulations with keeping a brothel at Upland Road, Kelburn, Wellington. Four other women were charged with assisting her. For several weeks before the arrests the police had kept watch from the veranda of a neighbouring house, and had occasionally peered through the windows of Griffin's home. On the basis of what they observed, they decided to raid the house. Inside they discovered seven men, five women, two bottles of whisky, one bottle of gin, and one bottle of ergot. Charges against two of the women were withdrawn but the other three appeared in the Wellington Magistrate's Court.

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33. New Zealand Gazette (hereafter NZG), 1916, No. 89, pp. 2803-2804.

Constable Tricklebank told the Court that he had seen dancing, drinking and smoking, and shades being drawn on bedroom windows. One woman was acquitted, apparently after an examination had proved her virginity, but the other two were found guilty of brothel-keeping. It was impossible to contemplate, the Magistrate concluded, that men would visit women living alone and take alcohol with them if the house were not a brothel. He found that Griffin's income could not have met her outgoings so she must have been receiving money from her male visitors.

The case attracted widespread interest. In Wellington rumours were rife. Indeed, Truth repeated suggestions that women were being sacrificed to protect prominent men and that even the Cabinet was implicated.[34]

Women's organisations, however, were not so fascinated by the lurid details of an apparently active social life. They were angered that only the women had been arrested and charged. The men found in the house were barely questioned, let alone examined or arrested.[35] For those women who attended protest meetings, frequently organised by Anna Stout, and rejoiced when the women won their subsequent appeal, the Kelburn raid brought the issue of the double moral standard into sharp focus. No doubt they would have agreed with the

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34. This account of the "Kelburn Raid" is based on the report in NZ Truth, 11 May 1918, p. 5 and 2 June 1918, p. 5; the report in the New Zealand Herald (hereafter NZH), 9 May 1918 and 10 May 1918 is factually the same although rather more staid. Ergot was a commonly used abortifacient.

35. NZ Truth, 15 June 1918, p. 5 and White Ribbon, 18 June 1918, pp. 9-10 asserted that one women was examined to determine if she were a virgin.

editor of the WCTU's White Ribbon, when she wrote:

> Alarmed at the spread of venereal disease the Cabinet makes drastic regulations. It does not aim to keep the soldier moral, but by giving the police power to enter any woman's home, to subject women to infamy, it strives to make vice safe for men. Solicitation and prostitution must be made crimes for both sexes or for neither sex.[36]

Any faith feminists had had in Russell's assurances that women would be treated fairly was destroyed by the events at Kelburn. The prosecution of Griffin and her friends aroused great hostility amongst women and it probably contributed to the revival of the NCW in 1917.

The quashing of the convictions forced Russell to re-think the issue. In October 1917, he put the whole issue before the House again when he introduced the Social Hygiene Bill. The 1916 Regulations had not been as successful in stamping out the disease as he had hoped, and only a scheme that involved the segregation of prostitutes would have any real chance of success. The provisions of the Social Hygiene Bill had much in common with the Contagious Diseases Act. When the Chief Officer of Health received information suggesting that a prostitute, or a man known to consort with prostitutes, was infected with venereal disease, the information was to be passed on to the Minister of Public Health. If the Minister's inquiry satisfied him that the suspicion was well-founded, he would then refer the case to a local Social Hygiene Board. These Boards, with equal male and female membership, would conduct inquiries into the cases referred to

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36. White Ribbon, 18 June 1918, p. 9.

them, and could compel the suspect to appear and be examined. If the person refused to appear, was diseased, or "a source of danger to the public", a Magistrate could order detention in a "prison hospital" until a cure had been effected. Russell saw the process and analogous to the investigation of instances of milk adulteration. Women would not take exception to the proposals, he assured the House, because their interests would be protected by the female members of the Boards.[37]

Speaking in the debate Russell repeated the arguments that were in his speeches of the previous year. He was still appalled that so many young men had been rejected for military service in such a "young, prosperous and healthy country" and that venereal disease was so prevalent.[38] Most members agreed with him that prostitution was the principal cause of the spread of these diseases. Again, much was said about the "steady young fellows" who were drafted into camp, who, because of their inexperience of city life, were insufficiently wary of the evils they confronted.[39] In this debate, however, some members hinted that immorality did not always involve the professional prostitute. Some mentioned "clandestine" or "casual" prostitution, and identified the lack of parental control and the increasing freedom of young people, especially females, as causes of immorality. In a pamphlet commissioned by the Health Department, a Wellington doctor, Daisy Platts

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37. NZPD, 180, 4 October 1917, pp. 633-639.

38. Ibid., p. 645.

39. Ibid., p. 639 (Poole), p. 643 (Russell).

Mills, also suggested that the centre of immorality in the community might well be what she termed the "private" prostitute. Wrote Platts Mills:

> The greatest danger to the State lies not in public prostitutes, who are usually sterile, but in private or clandestine prostitutes - young girls of the respectable section of society, to whom we look as the future mothers of the race.[40]

The emphasis was beginning to change but it should also be noted that women were still identified as the cause of immorality. The likelihood of conflict with the WCTU remained, because its members held fast to the view that it was "men, not women, that corrupt society".[41]

It might be said that at the point the feminists were beginning to lose some control of the social purity argument. Their opponents now also subscribed to the view that perhaps males and females ought to adhere to the same moral code, but they were beginning to lay the blame on women for not giving men the right incentives to subscribe to this morality. The idea that certain classes of society, other than prostitutes, required social control, was beginning to creep into the argument.

Not all members shared Russell's enthusiasm for the Bill. A few thought it was just the Contagious Diseases Act revived and given a new name. Some made the prophetic point that

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40. Platts Mills, Social Diseases, p. 7; see also NZPD, 180, 6 October 1917, p. 651 (Wright) and pp. 642-643 (Harris); Walkowitz, Prostitution and Victorian Society, describes the casual prostitute who supplemented intermittent employment with prostitution. In the New Zealand context "casual" prostitution seems to refer to sexual intercourse outside marriage for which no payment was made.

41. White Ribbon, 18 June 1918, p. 10.

without public support there would be no chance of enforcing it, and there was no way the Government could expect female support.[42] Russell disagreed. He was sure that the presence of women at all levels of the administration of the Act would protect women's rights and win their support. He refused to believe that there could be any opposition when prostitution was so evil and the diseases so widespread. He asked;

> is there any man or woman in this country who would say that where there is absolute proof that a woman has unsexed herself and is offering her diseased body - who is going through our streets as a harpy looking for prey amongst our young soldiers - is there any man with a heart in him who would not say that some steps should not be taken in order to safe-guard young men from such women, who are a danger to the health of the people.[43]

Public reaction to the Bill was varied. Some supported Russell's attempt to deal with a "difficult question".[44] Others were critical, but the bases of the criticisms were quite different. The medical profession preferred a scheme of compulsory conditional notification. They proposed that when a doctor encountered a case of venereal disease he would be obliged to report it to the Department, but would only have to reveal the name when the patient refused treatment.[45] Some,

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42. NZPD, 180, 4 October 1917, pp. 646-647 (Newman), p. 649 (Wright), pp. 653-654 (Payne), pp. 655-656 (McCombs).

43. Ibid., p. 657.

44. ODT, 5 October 1917, p. 4.

45. Chairman of the Council of the New Zealand Branch British Medical Association (hereafter NZBMA) to Minister of Public Health, 17 December 1917, H. 130/1; ODT, 15 October 1917, p. 4: The medical profession had supported such a scheme for a long time, NZMJ, V. 9, No. 37, February 1911, p. 52.

including the Auckland Hospital Board, criticized the Act because they believed it was unworkable.[46] Feminists saw it as nothing less than the re-introduction of the Contagious Diseases Act and nothing Russell said could convince them otherwise. The WCTU in particular, began a campaign of letters, telegrams, deputations and meetings.[47] The efforts of the feminists and their allies in the House, particularly A.K. Newman, convinced Russell that the Bill had defects. He decided to withdraw it, and on 24 October 1917 he replaced it with the Social Hygiene Bill, No. 2.

Gone from the revised Bill were the Boards, the inquiry of suspects and the creation of prison hospitals. Some members still saw room for criticism. Newman and T.A. Wilford believed that the new Bill gave such wide power to make regulations that the Minister was giving himself "absolute power by regulation to do what we will not let him do by statute".[48] Nevertheless, the changes were something of a victory for the feminists and their allies. Russell admitted that in drafting the new legislation he had tried to find a way to "placate" the women.[49] Despite any misgivings there might have been, the Bill passed through all its stages and in due course received assent, without being amended.

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46. NZH, 24 October 1917, p. 6.

47. ODT, 11 October 1917, p. 6 and 18 October 1917, p. 2; NZH, 11 October 1917, p. 6; WCTU 1918 Convention Resolutions, White Ribbon, 18 May 1918, p. 3; Womens International and Political League (Auckland) Minutes, 4 October 1917, Auckland Women's Branch of the New Zealand Labour Party Papers.

48. NZPD, 181, 24 October 1917, p. 425 (Wilford).

49. Ibid., p. 433.

Certainly it was the actions of the women's organisations that forced a change in the proposed legislation. Indeed, C.E. Statham told the annual meeting of the Dunedin SPWC that the widespread "misapprehension" amongst women had meant that the legislation had become rather different from what the Government had really wanted. Russell admitted as much, and the women's organisations congratulated themselves and their allies for "frustrating" the legislation.[50] Russell's constant references to his desire not to offend the women's point of view, and their success in changing the Social Hygiene legislation says much about their strength as an effective pressure group. The fact that the "Kelburn Raid" became something of a feminist cause célèbre in the winter of 1918 is not therefore surprising in the light of all that had gone on a few months earlier.

Two measures did survive the redrafting of the Social Hygiene measure. The Act authorized the establishment of free venereal disease clinics attached to the public hospitals. Clinics were established in the four main centres and to begin with they were run by army doctors. The work grew rapidly and in 1921 42,249 visits were made to them, 3277 by women and 38,972 by men.[51] The other measure that remained intact

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50. ODT, 28 May 1918, p. 3; White Ribbon, 18 April 1918, pp. 8-9.

51. Attendance of venereal disease clinics, 1921 and 1927

	To year ended 31 March 1921		To year ended 31 March 1927	
	F	M	F	M
Syphilis	1647	5256	2157	6629
Soft chancre	-	133	-	85
Gonorrhoea	1630	33583	-	59381

Source: AJHR, 1922, H.-31, p. 13 and 1928, H.31, p. 20

through the revision of the Bill was the creation of Health Patrols. The patrols consisted of women over forty years of age who patrolled the streets, parks and places of entertainment and warned young women of the dangers of a loose life. These women, dubbed "Joan 'Ops" by Truth, disentangled young women from embraces with young men, escorted groups of girls home, and, according to the SPWC and WCTU, forced females to have medical examinations to prove their cleanliness. The Social Hygiene Association wondered why there were no patrols to supervise men and boys. It is not surprising that the women's organisations were occasionally suspicious of the purpose of the patrols when they were in fact only allowed to approach females. This particular squad of "God's Police" controlled the actions of other women in the four main centres until 1924. The patrols were disbanded because the Government could no longer afford them.[52] The ideology of social purity was beginning to be redirected toward achieving the social control of those who failed to conform to acceptable values.

By 1918 it was clear that there were different attitudes towards venereal disease and its control. Some thought venereal disease as a disease like any other. Others thought it was the physical manifestation of moral illness. The

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52. NZG, 8 August 1918, No. 109, p. 2823; see also draft Health Patrol Regulations, H.130/1; F. McHugh, Chief Health Officer to Director General of Health, 30 August 1921; Dunedin, Auckland and Wellington Health Patrol monthly reports, February to July 1920, H.147/1; Chief Health Patrol Officer's Monthly Reports, 1918-23, H.130/1/6. On attitude of SPWC and WCTU see WCTU, 1920 Convention Minutes and SPWC (Wgtn) Mins, 24 September 1920.

different views led to differing opinions on appropriate control measures. Ettie Rout took a decidedly practical approach and issued condoms to soldiers and gave them instructions on how to disinfect themselves.[53] The WCTU disagreed with Rout. They believed that the giving of "anticipatory prophylactics" was predicated on the belief that men had uncontrollable sexual urges that needed to be satisfied for them to function effectively. To those who said chastity was unnatural for men, the WCTU replies, "chastity is the healthiest state, and the state in which man ... [is] more efficient".[54] The Minister of Public Health and some officials within the Health Department took the view that it was the actions of prostitutes, especially the seduction of innocent young men, that were the principal causes of the disease's spread. Only when those women could be apprehended and detained until cured, would there be any chance of effectively controlling venereal disease. During the war-time debate on the issue, the views of the Department and the women's organisations were in a state of transition.

The strength, organisation and determination of the feminist lobby in 1916 and 1917 paralysed enforcement of any measures to control venereal disease. John Salmond, the

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53. Ettie Rout to Marie Stopes, 30 March 1921 and 18 April 1921, in Ruth Hall, Dear Dr Stopes Sex in the 1920s, London [Penguin Edition], 1978, pp. 94-95; on another occasion Rout told Stopes that venereal infection had "nothing to do with sex or ethics", Rout to Stopes, 24 April 1921, Stopes Collection British Library. I am grateful to Barbara Brookes for this reference.

54. White Ribbon, 18 October 1918, p. 4; on attitudes amongst feminists to Rout see SPWC (Wgtn) Mins, 22 March 1918 and 26 April 1918.

Solicitor General, told the Christchurch Crown Solicitor in September 1918 that the Social Hygiene Act was "inoperative" and prosecution under it would be "highly inexpedient from the view of public policy".[55] This was the last victory of the feminist-prohibition alliance forged in the 1890s. Led by the WCTU and Anna Stout, the feminists used the same ideas that they had used in the campaign against the Contagious Diseases Act and the double standard generally. Thereafter women's organisations did not take the same unified stand against social hygiene legislation. Not all continued to see such legislation as objectionable because of perceived similarity to the Contagious Diseases Act. By the beginning of the 1920s, the WCTU lost its central role within the wider women's movement. This was largely a function of the decline of prohibition as a popular movement. But ideological shifts occurred as well. The earlier feminists had, in rhetoric at least, taken a sympathetic attitude toward "fallen" women. Once social purity became the accepted value system, it was used by a new generation of feminists and others to justify the social control of thsoe who did not conform to its values.

During 1918 and 1919 the Department tried to draft regulations to go with the 1917 Act. On each occasion the Solicitor General found the regulations unacceptable. Indeed, in 1918 Salmond told the Acting Chief Officer of Health that the regulations that had been submitted to him bore no relation whatsoever to the Act. He suggested that either regulations be made to fit the Act, or a new statute be passed to fit the

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55. Solicitor General to Crown Solicitor, Christchurch, 2 September 1918, H.130.

regulations. Further draft regulations the next year met with the same response, although Salmond agreed that it would be difficult to have a further Act passed.[56]

By now, however, the Department seemed to be growing a little tired of the issue. Local health officers were told by their superiors to keep quiet about what they knew of the incidence of venereal diseases amongst the troops, lest the community get an exaggerated idea of the dangers. The Acting Chief Officer of Health urged the doctors in charge of the clinics to do all they could to avoid "hysterical responses" from those groups that depicted the rate of infection as extravagantly high. He warned them to make sure that the details of statistics did not reach "the various well meaning enthusiasts who by meddling bring an all out proposed scheme of action to naught".[57] It seems that some in the Department now wished to confront venereal disease purely as a health problem, especially now that they knew more about it. They were less interested in social critique, especially that based on the notion of the seducing prostitute. Rather, they concluded that a real health problem was being oscured by fears about racial and moral decay.

They wished to be left free to pass measures to control the disease, without having to confront those who saw venereal disease as a moral rather than a health problem. Certainly,

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56. Solicitor General to Acting Chief Officer of Health, 18 October 1918 and 6 November 1918, H.130/1.

57. Chief Officer of Health to all Medical Officers of Health, 29 March 1919, H.130/1; Acting Chief Officer of Health to all Doctors in Charge of Venereal Diseases Clinics, 12 November 1919, H.45/3.

the operation of the clinics would have provided an increasingly clear picture of the true incidence of the disease. The Department's officers grew increasingly impatient with those sections of the women's groups which made the task of tackling what they saw as a serious health problem extremely difficult. The fact that the term "venereal disease" increasingly replaced "social hygiene" in Departmental files is indicative of this change.

This shift can be seen in the relationship with the Social Hygiene Association. To begin with the Association had received financial support from the Government, but this changed when the Hospital Boards established venereal disease clinics. The Association and the Department subsequently began to differ on policy. The Social Hygiene Association supported the prosecution of those who married while infected. The Department took the view that prosecutions would be unfair to the innocent, who would have to prove their cleanliness, and would in fact frighten the "clean" off marriage. In 1920 the Acting Chief Officer of Health told the Minister that he could not recommend continued financial support for the Association. It had refused to co-operate with the Health Patrols, and, in his opinion, its educative work often amounted to the "dissemination of exaggerated reports".[58] The Association had been opposed to any legislation that seemed to it tainted by the principles of the Contagious Diseases Act, and had been concerned that the Health Patrols

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58. Secretary, Department of Health, to Secretary, North Canterbury Hospital Board, 30 January 1919; Secretary, Social Hygiene Association to Acting Chief Officer of Health, 3 October 1919; Acting Chief Officer of Health to Secretary, Social Hygiene Association, 11 November 1919, H.45/3.

were only allowed to control the actions of young women and were not allowed to approach young men. The Association continued in existence for some years, but no longer with Government support.

By late 1919 the Government had decided that a new act was needed but the Acting Chief Officer of Health told the Commissioner of Police that the Health Department felt the need to act carefully because so many believed it was attempting to resurrect the Contagious Diseases Act.[59] The Department had now decided on compulsory notification by number as an effective means of dealing with venereal disease. As has been seen, the medical profession supported such a scheme.[60] The officials also were considering provisions that would ensure the examination of all persons suspected of suffering from venereal disease and their detention until cured. They had by then ceased to talk about prostitution, but in the light of the obvious sensitivity to public opinion, the detention provisions are rather surprising. It comes as no surprise to find in the Department's file a memorandum noting that newspapers had recently contained many reports of groups of women meeting to consider what the Government intended. The WCTU was opposed to compulsory notification,

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59. Memorandum, Prime Minister to Governor General [no date]; Acting Chief Officer of Health to Commissioner of Police, 14 January 1920, H. 130. Russell assured Anna Stout that in any legislation men and women would be treated equally, SPWC (Wgtn) Mins, 8 August 1919.

60. If a doctor suspected a patient was suffering from venereal disease he/she was obliged to tell the Department about the case, identifying the patient only by a number. If treatment was refused the doctor was obliged to reveal the name.

and had been for some considerable time. Its members believed that the fear of losing anonymity would dissuade the infected from seeking treatment. Even after the Department sent an officer to the Union's Convention to explain the proposal and what compulsory notification entailed, the delegates remained unconvinced.[61] By the end of 1921 the Department had abandoned all hope of getting legislation introduced.[62]

Late in 1921 the Director General prepared an outline of the history of venereal disease legislation for the Minister. The 1913 Hospital and Charitable Institutions Act had contained authority for regulations to ensure the detention of those suffering from infectious diseases. The protests of the WCTU and similar groups meant it had been impossible to implement regulations. The 1917 Act, Joseph Frengley told C.J. Parr, had avoided contentious elements in anticipation of the reaction of the WCTU and its allies. The actions of these women had made it impossible for the Department to tackle a problem it saw as "the gravest of our times". Frengley recounted to the Minister one instance where a man suffering from syphilis had named the woman who

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61. Memorandum to Minister of Public Health, 12 April 1920; Health Department Internal Memo, for example see NZ Times, 11 May 1920, [n.p.], H.130/1; Secretary, WCTU to Prime Minister, 6 November 1920, to Minister of Public Health, 2 December 1920; Dominion, 11 May 1921 [n.p.]; Latest Authoritative Statement Against Compulsory Measures in the Treatment of Venereal Diseases, Wellington 1920 (a note in the file suggested Anna Stout was the author of the pamphlet); Christina Henderson to Minister of Public Health, 26 March 1921 and 13 April 1921, H.130/1.

62. Director General of Health to Medical Officer of Health (Auckland), 2 December 1921, H.130/1.

had infected him, but, "thanks to the so-called enlightened feminism of today", the Department was powerless. Continued Frengley;

> I cannot fathom the attitude of the WCTU and other women leaders. I recognize some of the opposition is anti-government. Some of it is fostered by the American origin and sentiment of the Union. I suspect much of it, especially from the spinster, is that inexplicable sexual psycopathy - sex hatred of men.[63]

It is possible that he particularly had in mind Christina Henderson as "anti-government". She had strong Labour Party connections. The WCTU itself had disagreed strongly with various aspects of government policy, and had been particularly strong in its opposition to conscription. Denigrating women who had strong views or took public stances as man-hating spinsters was nothing new. The same label had been applied to suffragists.[64] It is clear from Frengley's analysis that he was angered by the actions of the women's groups, which had frustrated all the measures he and his colleagues believed necessary.

Once it became possible to treat venereal disease by the use of Salvarsan, moral purity was no longer the only way to control the disease. Further, the segregation of

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63. Deputy Director General of Health to Minister of Public Health, 18 October 1921, H.130/1.

64. Henderson was sister-in-law to Terence McCombes, Labour member for Lyttleton; among the most vociferous Northern critics of social hygiene legislation was the Women's International and Political League which became the Auckland Women's Branch of the NZLP; the president of the Social Hygiene Association in Christchurch was the daughter of one-time prominent Socialist Eveline Cunnington. On the description of feminists as man-haters see Lomax-Smith, Woman in Relation to Physiology, Tennant, "Matrons with a Mission", pp. 74-76.

prostitutes was no longer a necessary precondition to halting its spread. As the bacteriology of the disease became better understood, and blood tests could establish the existence of the infection, the solutions changed. Doctors now saw venereal disease as little different from other diseases.

In March 1922 the North Canterbury Hospital Board, disappointed at the lack of action, suggested a Commission of Inquiry. During a subsequent meeting with the Prime Minister, members of the Board shocked Massey by telling him there were 2000 new cases every year. Shocked he might have been, but he told the deputation that the Government could not contemplate a Commission because of the cost.[65] Shortly thereafter the Board of Health decided to set up a committee of its own, to consider venereal disease in its broadest context.[66]

Once the Board's intention became public knowledge, there was a flurry of activity, and the Department was inundated with correspondence. The Soldiers' Mothers League supported compulsory treatment, the WCTU and the Women's International and Political League did not. The SPWC wanted Anna Stout and Christina Henderson on the committee. The NCW wanted three people opposed to compulsion on the committee.[67]

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65. Secretary, North Canterbury Hospital Board to Minister of Public Health, 21 March 1922; Dominion, 6 June 1922 [n.p.], H.130/1; in the early 1920s the responsibility of venereal disease clinics was transferred from the Department to the Boards.

66. Dominion, 1 July 1922, [n.p.]; Minister of Public Health to W.A. Veitch, 3 July 1922, H.130/1.

67. Soldiers' Mothers League (Auckland) to Minister of Education, 4 July 1922, Women's International and Political League to Prime Minister, 29 June 1922, Christina

(continued ...)

In the event, the Board decided to appoint six of its own members, and W.H. Triggs, J.S. Elliott, M. Fraser, Joseph Frengley, Jacobina Luke and D. McGavin settled down to the task of holding hearings and collecting evidence.

The committee held hearings throughout the country and received evidence from medical practitioners, church groups, welfare workers, women's organisations and a host of others. It had set itself the not inconsiderable task of ascertaining the extent of venereal diseases in the community and the reasons for their spread, and devising a scheme for controlling them.

The committee concluded that all three major venereal diseases, syphilis, gonorrhoea and soft chancre, were widespread. It calculated that about one person in every 428 was currently receiving treatment for one of the diseases or some other complaint that flowed from venereal infection. This, they asserted, was a conservative estimate, because so many who suffered never sought treatment. The centre of all this infection was not, however, the prostitute. The police had told the committee that there were only 104 professional prostitutes in the whole country, so it was beyond the bounds of anyone's imagination to conclude that so few women were responsible for so much disease. The focus now shifted to the "private", "clandestine" or "casual" prostitute. They were not referring to women to occasionally swopped sexual

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67. (continued ...)
Henderson to Minister of Public Health, 4 October 1922, Secretary SPWC (Wellington) to Minister of Public Health, 24 July 1922, Secretary, NCW to Minister of Public Health, 24 July 1922, H.130/1.

favours for money, but to women who had intercourse outside marriage. Lack of parental control, modern and "sexually suggestive" forms of female dress and dance, and lack of sex education were identified by some as the most obvious causes of increasing promiscuity. The Committee was particularly concerned about "the presence in the community of individuals, especially girls, who are to some degree mentally defective or morally imbecile". These young women were frequently the "foci of infection: they [were] easily approachable and facile victims for men". This problem was particularly serious because in spite of such "moral or mental defect they may be physically attractive". This eugenics element was important, because defectives had "little sexual control" and were usually "very prolific".[68]

This was not the first time that the sexually promiscuous, defective woman had been identified as the centre of venereal infection. Occasionally in the past, that had been preferred to the prostitute stereotype. In the debate on the 1917 Bill, and in the public discussions about it, there were suggestions that lack of moral self control was among the causes of the spread of venereal diseases. Moreover, disease was seen as the penalty for such lack of restraint.[69] An address to the Wellington Branch of the Red Cross by Frances McHugh, Officer in Charge of the Health Patrols, shows the changing attitude. In particular, McHugh developed the notion

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68. AJHR, 1922, H-31A, especially pp. 11-12.

69. See ODT, 28 May 1918, p. 3, SPWC (Wgtn) Mins, 9 September 1921, W.E. Collins, Social Hygiene, Wellington 1921, Platts Mills, Social Diseases all show this change.

that women had a special role to play in halting the spread of immorality and in imparting to their children the right attitudes. As she told the Red Cross:

> A woman can influence a man either for good or evil. Then let no woman act in such a way as to lower the rest of her sisters in the estimation of the men who are the fathers of our race as we are the mothers; and above all, let them see the grace of true womanhood, and we shall see the royalty of true manhood.[70]

Increasingly throughout the twenties, weight was placed on the role of women as the moral guardians of their children. Indeed, a whole range of women's organisations grew up to buttress this re-definition of the ideology of motherhood.

It is clear in the Committee's report that the definitions of male and female sexuality had begun to change. Whereas Dr Ferdinand Batchelor had said, in 1909, that male and female sexuality were and always would be different, and that men could only function efficiently if they satisfied those appetites, that view of male sexuality was now modified. Men were still seen as more passionate and had difficulty in controlling those passions, but, with women's help, they could control their sexuality. Sexual purity, as defined by the feminists, was now accepted as the achievable and desirable aim for both sexes. Sexuality ought to be confined to monogamous marriage, but while that was seen as the desirable norm it was feared that that was not necessarily the accepted practice. Some women clearly did not take seriously their obligation to control male sexuality. Now

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70. F. McHugh, Social Hygiene: A Lecture delivered by F. McHugh, lecturer from the Public Health Department to Women at the Red Cross, Wellington, 21 September 1921, Wellington, 1921.

women had to teach their daughters to be chaste and tell them of the evils of enticing men. This attitude still divided women into two classes. The "damned whores" might no longer receive money, but "God's police" were still charged with the responsibility for controlling them.[71]

In its Report, the Committee urged that the popular condemnation heaped on those who suffered from venereal disease should instead be attached to those who engaged in "promiscuous sexual intercourse". It also recommended instruction on "sexual laws" in the schools to make up for the lack of guidance in the home. In its major practical proposal, the Committee recommended compulsory conditional notification. The work of the clinics, they concluded, would never be effective so long as they could not reach all who needed treatment. They therefore proposed a scheme whereby, if the Director General had "reason to believe" that a person was suffering from venereal disease, he could call upon the suspect to prove that he or she was not infected. If such a voluntary examination was refused, the suspect could be ordered by a Magistrate to undergo an examination, and if treatment was refused the suspect could be confined to a prison hospital.[72] The proposals bore a distinct resemblance to the first Social Hygiene Bill. Many supported compulsory notification, but in a different from from that outlined in the Report. For instance, the NZ Branch of the BMA favoured

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71. The phrases are borrowed from Anne Summers, Damned Whores and God's Police, Melbourne, 1975.

72. AJHR, 1922, H.-31A, pp. 21-23.

compulsory notification, but it envisaged that when one of its members encountered venereal infection in a patient the case would be notified to the Department. Only when the patient refused treatment would the name be revealed. Many who might have agreed with a proposal such as the BMA's were less enthusiastic about the Committee's version of compulsory notification, because it reeked of the Contagious Diseases Act and the first Social Hygiene Bill.

In the interim, structural and ideological shifts had taken place within and between women's groups. The National Council of Women was reformed in 1917, partially in response to the social hygiene furore. In consequence, the WCTU lost its role as the de facto leader of the feminist lobby. WCTU feminists were united in their attitude to social purity and the definitions of sexuality. The demand that men achieve the same standard of sexual behaviour as was required of women was fundamental to feminist reform as perceived by Sheppard, Stout and Henderson. The feminists of the second National Council also believed that men and women ought to live by the same moral code. But they tended to the view that it was women and not men who were the cause of immorality. Men might be capable of controlling their sexual appetites, but their self control had a low threshold and they easily fell victim to the enticements of promiscuous young women. This change stemmed partly from a grudging acceptance that women, as well as men, had a sexual nature. But they saw female sexuality as potentially destructive of ordered society.

In 1922 the Wellington branch of the National Council

published an open letter on venereal disease in the weekly magazine, Free Lance, and subsequently printed and circulated the text as a pamphlet. The branch was opposed to compulsory notification because it was unworkable, would drive the disease underground, and attacked individual liberty.[73] When the Council considered the Committee's report there was a sharp division of opinion among members on the merits of compulsory notification. Those who were opposed to it used the same arguments as in the pamphlet. There were others who thought that any measure was desirable to prevent "hideous cruelty to healthy children" and to protect "innocent and straight living people". Eleven members voted against compulsory notification, but six were in favour of it.[74]

Some members of the NCW and WCTU in Wellington organised a deputation to the Minister of Health. They told him of their opposition to compulsory notification and explained why they held that view. They told him that the Department's resources would be better directed towards extending the work of the clinics. The WCTU was opposed to all compulsory provisions on this subject. The Union believed that all compulsory legislation would become "*sex* legislation and *class* legislation".[75]

By now, however, there were splits in the ranks. The following week Dr Hilda Northcroft, a member of the Auckland

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73. NCW (Wellington Branch), Venereal Diseases: open letter, Wellington, 1922.

74. National Council of Women, 1923 Conference Minutes (hereafter NCW Conf Mins), NZ National Council of Women Papers 1371:126.

75. WCTU, 1924 Convention Minutes, report of a discussion led by Henderson (their emphasis).

Council, wrote to the Minister telling him that the views expressed by the Wellington women were not those of all the Councils. The northern branches supported the recommendations of the Committee, including compulsory notification. It was only the southern branches that were opposed.[76]

In September the matter was discussed at some length at the Council's annual conference. Northcroft and Dr Sophia de la Mare from Hamilton claimed that the infected ought not to be allowed to go free and infect the innocent. The diseased should be forced to receive treatment. Neither could understand why women were opposed to compulsory notification. It was southern delegates who were left to make the case against compulsory notification. They claimed it would drive the disease underground. Jane Runciman, a Dunedin union secretary, maintained that any form of compulsion was open to sex discrimination. At the end of the discussion the conference delegates voted to support the Committee's recommendations on compulsory notification.[77] Other divisions had begun to appear in the NCW. The previous year Christina Henderson had suddenly resigned as National Secretary. Henderson's opposition to social hygiene legislation was unshakeable. Although it is nowhere made clear, it may well be that the Council's softening on the issue exacerbated the breach between Henderson and the Council. The divisions between

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76. Report of Deputation, 22 August 1923; Hilda Northcroft to Minister of Health, 29 August 1923, H.120/1.

77. NCW, 1923 Conf. Mins, NZNCW Papers 1371:126; NZH, 19 September 1923, Auckland Star, 12 October 1923, ODT, 7 November 1923, Clippings H.130/1.

the northern and southern branches were rapidly becoming apparent. In the southern branches of the NCW, the WCTU still had considerable influence. Henderson remained President of the Christchurch Council, and in Dunedin, Rachel Don was prominent in both organisations. Other women's organisations, including the SPWC, supported the Board of Health Committee's recommendations and had begun to urge the Government to give effect to them. Now the WCTU stood alone in total opposition to compulsory notification. Even so, McHugh suggested that there was a section of the WCTU which supported compulsory notification, but its members were afraid to go against Don and "her clic [sic]".[78]

The contribution of Northcroft and de la Mare to the change of attitude within the NCW should not be underestimated. They came fresh to the issue and they were both doctors. The study of the bacteriology of venereal disease and the subsequent development of the Wassermann test had made venereal disease less of a mystery to the medical profession. It seemed more of a health problem than a moral one. Northcroft, de la Mare and the medically trained officials in the Department would have looked at it in that light. The older arguments about social purity and the double standard, so essential to the nineteenth century feminists' social critique, were not so important to the women of the second NCW. The post-war, post-Freudian feminists saw things rather differently. In their view, immorality was caused by want of self control, selfishness and perversity. The fallen woman

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78. McHugh to Medical Officer of Health (Wellington), 18 August 1924, H.130/1/6.

as victim of male lust was no longer an acceptable paradigm. The women of the second NCW looked at "fallen women" with rather less sympathy than had most nineteenth century feminists. For women like Northcroft and de la Mare, immoral women were imbecelic or simply bad.

Once the argument shifted from prostitution to compulsory notification, as it inevitably had to, the way became clear for divisions to open up within and between the women's organisation. The older women, and the WCTU in particular, used the same arguments against compulsory notification that they had used against compulsory examination and detention of prostitutes. The idea of compulsion, common to both, led them to confuse the two concepts. In a sense then, the arguments did not change but the issue had altered. Younger feminists, unconcerned about prostitutes, approached the problem from a different perspective and saw venereal disease as primarily a health problem. Insofar as they saw it as a moral issue, they had nothing but condemnation for the afflicted.

For the next few years, the Department was indecisive about legislation. The Minister and the Board of Health were occasionally reassured that Bills were being drafted, but nothing eventuated.[79] Such reassurances were periodically given to questions in the House.[80] Then in 1925 the Department realised that regulations for compulsory notification could be

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79. Memo to Minister, 15 July 1924, Director General of Health to Board of Health, 25 September 1924, H.130/1.

80. NZPD, 201, 23 July 1923, p. 234 (Isitt).

made under the 1920 Health Act.[81] The solution was simple. Regulations were made without the need for discussion in the House or in the country generally. Regulations requiring the compulsory notification by doctors of all cases of venereal disease were gazetted.

The debate about venereal disease shows that by the 1920s the ideals of social purity, so central to the philosophy of nineteenth century feminism, had become accepted as desirable in theory, if not necessarily accepted in practice. Ideas of male sexuality were re-defined, and in consequence it seemed that men did not have the power to control their sexuality, so long as women gave them the right incentives. It was the role of women, as the guardians of men's souls, to give them those incentives. It was in her role as mother that a woman could most effectively discharge this duty.

The ideology of social purity had itself undergone a subtle transformation. By the early 1920s many, and NCW activists were prominent among them, sought to coerce those who did not adhere to the values of sexual purity. The feminists of the WCTU were decidedly uncomfortable about the change, and this caused something of a breach between the NCW and the WCTU. Social purity was proclaimed as a yard-stick against which female behaviour ought to be measured, rather than as a set of values from which women could derive autonomy. The social feminists of the NCW, reluctant to articulate a broad vision of the female role, were trapped

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81. Director General of Health to Board of Health, 6 May 1925; Dominion, 20 May 1925 [n.p.], H.130/1.

within the separate spheres argument. Women were seen as being more moral than men, and that special status ultimately confined women to a narrow role. Because they were the guardians of national morality and the purifiers of men's souls, social feminists were eager to support the control and coercion of the morally deficient. The difference between the feminists of the 1890s and those of the 1920s is seen clearly in the shift from social purity to social control.

The social hygiene issue demonstrated the success feminists could have when they argued and lobbied as a cohesive group. It also established the ideological boundaries of feminist rhetoric in the 1920s and it contributed to the revival of the NCW. Its role in redefining feminism and in the redefinition of motherhood ought not to be underestimated.

CHAPTER 3

SOCIAL FEMINISM IN ACTION: THE NATIONAL COUNCIL OF WOMEN AND ITS ALLIES

In the winter of 1917, women's organisations, distrustful of the Government's motives in proposing legislation to control prostitution and venereal disease, formed themselves into a loose, ad hoc federation. The WCTU and SPWC in particular, led by seasoned campaigners Anna Stout and Christina Henderson, forced the Government to alter policy and redraft legislation. Later that year, Henderson and Kate Sheppard wrote to several women and women's organisations in the main centres to test out feelings about reviving the moribund National Council of Women.

Both women had been active in the first NCW and had continued their work for feminist causes in the WCTU at both the branch and national levels. It seems likely that in view of Sheppard's advancing age (she was seventy and recently widowed), Henderson did most of the organising. The two women met Ellen Melville, an Auckland solicitor and City Councillor, in Wellington in late 1917 and made plans for an initial conference to be held there in 1918.[1] As a result of their moves, there was a Council in existence in Wellington

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1. Holt, Women in Council, p. 48; NCW News, Vol. 1, No. 1, 15 March 1923, pp. 8-9.

in August 1917 and the Christchurch Council had its first meeting in September 1917. The Christchurch meetings were sporadic until September 1918 when the Council began regular monthly meetings.[2] In early 1918, Henderson addressed a meeting of interested Dunedin women who decided to form a Council, and elected Mrs C.E. Statham as president.[3]

It seems plausible to suggest that the furore about the social hygiene legislation provided the catalyst in this revival. There were no doubt other reasons. Histories of the various Councils suggest that they were re-formed to bring about "reforms" made necessary by the War.[4] No doubt some women, especially those active in the first Council, had remained faithful to the idea of a federation of women's organisations after the demise of the first Council. As there were still reforms to be achieved, they may have seen advantages in a broadly based organisation, rather than having women's issues articulated by temperance groups. The major piece of unfinished business from the nineteenth century was the continued ineligibility of women for election to Parliament. This issue seems to provide the key to the relationship between Henderson and Sheppard, and Melville.

Ellen Melville was not an active prohibitionist, although

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2. SPWC (Wgtn) Mins, 10 August 1917; National Council of Women, Christchurch Branch, Minutes (hereafter NCW (Chch) Mins), 13 September 1917.

3. National Council of Women, Dunedin Branch, History 1918-48; Otago Witness, 10 April 1918, p. 46; N.E. Wallis, A Brief History of the Dunedin National Council of Women to 1980, Dunedin, 1980, p. 5; Mrs Statham was the wife of C.E. Statham, a Dunedin Member of Parliament and later Speaker.

4. Holt, Women in Council, p. 47.

she did support that reform. She took no part in the activity against the social hygiene legislation, and she was too young to have had anything to do with the feminist movement in the 1890s. She was a committed member of the Reform Party, with conservative political views rather different from those of Sheppard and one-time Fabian Henderson. She would have been known to Henderson because of her prominent career in Auckland local body politics and it is not surprising that she was one of the prominent women Henderson contacted.

Because she was a committed political woman, Melville was interested in forming an organisation such as the National Council, and this interest may have been based on a desire to change the law to allow woman to stand for parliament. Indeed, she stood in the 1919 election only weeks after women were granted eligibility.

The three who met in Wellington were a strange triumvirate. In their views and attitudes they are to some extent symbolic of the differences between the first and second Councils. The prohibitionist, Fabian-inclined Henderson and Sheppard, both from Christchurch, and the conservative lawyer and would-be politician Melville, with no public dedication to prohibition, from Auckalnd, formed a link between two kinds of feminist. Whatever the motives of the three, they found fertile ground for their ideas. By 1919, there were Councils in the four main cities and not long after than one was formed in Hamilton.

In an address delivered on her behalf to the 1919 NCW Conference, Kate Sheppard re-stated the bases of feminist philosophy. Her rhetoric had changed little since the 1890s.

The home and the state, she asserted, were one, because all the work which governments did was, in the end, for the benefit of the home. Any nation which excluded women from its government lacked a "true perception of the functions of government" and could not expect to be a happy, strong and successful society. A good home was based upon the work and co-operation of a man and a woman. It similarly took men and women to build an "ideal" nation. A society which ignored that, did so at its peril.[5] She had made a similar point in slightly different form in a statement set before the WCTU for discussion in 1918. She contended that the general moral, social and economic aspects of government affected men and women equally. However, certain functions of government, especially "hygiene", "social purity", care of neglected children, and education, were the special concerns of women.[6] This separate spheres argument had been used successfully by the suffragists. Although few would have denied that women did have special moral redemptive powers, not many were prepared to concede that women ought to have a say in the wider issues of government. Those who controlled political power, especially within political parties, were reluctant to accept the first part of Sheppard's argument. A more rigid definition of the separate spheres argument than that used by the feminists could easily be employed by the anti-feminist. The argument could be used to justify the view that, because of women's special moral

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5. Kate Sheppard, Text of Address to 1919 NCW Conference, NZNCW Papers 1371:107.

6. White Ribbon, 18 April 1918, p. 5.

power, they ought to confine their role to exercising those virtues within the family. It was as mothers that women might most effectively use those talents. The separate spheres argument could be used to confine women to a role dependent upon the status as mothers and to limit their participation in the wider world. By the eve of the 1920s, chiefly in response to fears about declining fertility, such a shift in the definition of womanhood had taken place. Sheppard and Henderson argued as if little had changed since the 1890s. But it had, and the younger generation of feminists knew it. They were in fact part of the redefinition. That accounts for the difference between the feminism of the earlier period and the social feminism of the 1920s.

The right of parliamentary election had not really been claimed by the nineteenth century feminists. The right to choose who sat in parliament seemed to satisfy them. Perhaps they simply did not seek to achieve more than they could reasonably have hoped to achieve. They did, however, look forward to the day when women would be eligible for parliament. Indeed, Kate Sheppard told the inaugural conference of the NCW that the Council's whole *raison d'être* was to be a parallel to the "national council of men". She hoped that before too long the need for separate councils would cease and women would be able to join men in their deliberations.[7] The first NCW made claims for the right, but it was not one they pushed with any degree of determination. When the NCW was reformed it was the first claim the new organisation made.

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7. White Ribbon, April 1897, p. 12, quoted in Grimshaw, Women's Suffrage, pp. 112-113.

In November 1917, the Wellington Council held a public meeting to press the claim. Anna Stout told the audience that all laws affected women and women ought to have a say in the making of those laws. Women's presence in parliament might have the additional benefit of improving standards of behaviour there.[8] Yet again the arguments from justice and expediency were being used to underpin the claims. In concert with other groups, notably the SPWC and to a lesser extent the WCTU, the NCW began a campaign of bringing the issue to the attention of members of Parliament and, in particular, to Ministers. The WCTU's role was relatively restrained; for example, the issue was not discussed with any great vigour at the 1919 Convention. These were important days for the temperance campaign and the women of the WCTU probably had little energy left for other things.

The NCW directed its campaign at the politicians. There was no attempt to mobilize mass female support. Perhaps they assumed that the majority of women would support such a measure. All that was needed was to carefully use all tried and true methods to sway the politicians. When British women were given full parliamentary rights in 1918, it seemed highly unlikely that Massey's government would refused to extend the privilege to New Zealand women. The fear that New Zealand might fall behind other nations, and especially behind Britain, acted as a more effective spur to Massey's government than almost anything else.

The Christchurch Council made the issue its chief

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8. Maoriland Worker, 14 November 1917, p. 7.

objective in 1918. The branch systematically wrote to and approached all local Members of Parliament. The Council was assured of support by all the men.[9] In Auckland the NCW, led by Melville, held meetings and despatched resolutions to Members of Parliament in an effort to gain support for the claim.[10]

The women used the same arguments that had been employed in the suffrage campaign. To stand for parliament was a right that ought to attach to all adult members of a society. Further, the special qualities of women could be instrumental in effecting social reform. It was this government-as-housekeeping idea that proved particularly effective, just as it had nearly thirty years before.

The SPWC approached Massey in December 1918. He was polite but non-committal. R.A. Wright, a Wellington Member of Parliament, told the Society that Massey had told him privately that something would be done next session. Massey's reluctance to publicly support the measure might be explained by several things. It is hard to imagine the cause was particularly dear to his heart. He may have needed the realisation that the privilege had been given to British women as a reward for their actions in the War to spur him to action. His reluctance to give public support to the measure may reflect his realisation that it was a change the Legislative Council was not going to accept meekly. While he was being lobbied by women's organisations and probably by

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9. NCW (Chch) Mins, 21 June 1918, [?] October 1918, 30 June 1919, 29 July 1919.

10. National Council of Women, Auckland Branch, History 1918-38, NZNCW Papers 1371:404.

women from within his own party (it is hard to imagine Melville did not make use of the Reform Party networks available to her), he would have realised that the men of the Upper House had no love for this proposed reform. The next year, however, he told the NCW and SPWC, now lobbying in concert, that he supported the measure.[11]

The Women's Parliamentary Rights Bill which was introduced to the House in August 1919, had the support of all Parties. Some members asserted that it was a matter of justice that women be eligible for Parliament. It was the logical extension of the right to vote. Others said it was the proper time to complete enfranchisement because of the fine work women had done in the war. Others, including Massey, mentioned the recent enfranchisement of British women. Many were agreed that, in the past, Parliaments had tended to overlook the special needs of women, children and the household. When women were in Parliament these omissions would end. Women's natural empathy with the young, the sick and the weak would be reflected in legislation and the whole nation would benefit as a result. As Dr A.K. Newman said, "women are much more capable than they used to be". They would bring a new perspective to lawmaking, improve the standards of behaviour in the House, and instigate meaningful social reform. Women gave up their lives to bring forth new life. This gave them the right, according to Robert Semple, to stand on the same level as their brother-man. It also gave them a sensitivity and perspicacity that should

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11. SPWC (Wgtn) Mins, 13 December 1918, 13 June 1919, 22 August 1919.

no longer be excluded from law making.[12]

Most speakers thought it unlikely that many women would be elected and, in the event, that was true. It was in fact fourteen years before a woman was elected. Some speakers had a few doubts. J.V. Brown (of Napier) was concerned that women members would have to break off from parliamentary business and go home to cook dinner for their families. C.E. Statham, husband of the President of the Dunedin NCW, was a reluctant supporter. He expressed the view that one of the tasks of Parliament was the enforcement of laws, and women did not have the physical strength for that.[13]

If members of the Lower House accepted the measure with varying degrees of enthusiasm, the reverse was the case in the Legislative Council. The Council tried to undermine the legislation from the start. Members claimed that it was an infringement of their prerogatives that a measure which purported to alter the composition of the Legislative Council originated in the House. The Council returned the Bill with an amendment that removed the eligibility of women for appointment to the Council. This was unacceptable to the House, for it went against the practice of the Council accepting any legislation which originated as a Government measure. Meetings were arranged to seek a way out of this constitutional impasse, but the Council remained obdurate. In the end the amended Bill was passed by the House, and

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12. NZPD, 184, 26 September 1919, pp. 963-979, 2nd reading. p. 964 (Massey), p. 967 (Holland), pp. 967-968 (Parr), p. 968 (McCombs), p. 973 (Findlay), p. 974 (Fraser), p. 973 (Newman) and p. 979 (Semple).

13. Ibid., pp. 977-978 (Brown), p. 966 (Statham).

Government members of the Legislative Council introduced the Women's Parliamentary Rights Bill (No. 2). This bill would have made it possible for women to be appointed to the Council, but Council members refused to pass it.[14]

Councillors took refuge in a belief that women had not expressed a universal desire for such a measure. It had not been part of the Government's election platform, so there was no way of ascertaining whether the reform had any popular support. Others asserted that membership of such bodies was not women's work. Even though he was "partial to the ladies especially to the young", sixty-seven year old William Earnshaw believed it would not be a good thing. "In the nature of things" man must head the household and, on the wider stage, men must head the nation. Women were not the equal of men and it would degrade the "finer fibre of their physical natures" to treat them as if they were. Te Heuheu Tukino feared that husbands would be left at home to look after children while women rushed to become politicians. This would lead to a great deal of trouble in the home and in the country at large.[15]

If women generally were not much interested in becoming Members of Parliament, one woman certainly was. In the general election of 1919 Ellen Melville stood for Reform in the Grey Lynn seat.

Melville conducted an enthusiastic campaign, talking

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14. Ibid., pp. 996-998, pp. 1101-1105; 185, p. 77, p. 147, pp 208-218, pp. 499-503; Women's Parliamentary Rights Bill No. 2, p. 624, pp. 756-767.

15. Ibid., p. 4 (Earnshaw), pp. 6-7 (Tukino).

about broad political issues but focussing on the so-called woman question, as well. She frequently made mention of the benefits of a woman's viewpoint in the legislature, but she refused to concede that women members ought to confine themselves to social legislation. She did, however, support all the major reforms called for by the NCW and its allies. She supported raising the age of consent, and state endowment of motherhood. She wished to see the appointment of women police. Not, she hastened to add, to arrest drunken men, but to patrol all places where boys and girls were likely to congregate. Massey was prepared to say he would enthusiastically welcome her to the House. The New Zealand Herald considered that she had a good grasp of the issues of the day and proved herself a strong candidate. She spoke at length on housing, education, the need to control "coloured" immigration, and the needs of repatriated soldiers. As well, she pitched part of her campaign specifically at women. Her final advertisement in the New Zealand Herald exhorted the women of Grey Lynn to be "loyal to your sex and to those who have obtained this privilege for you".[16]

Melville lost to Labour's F.N. Bartram by 480 votes. Bartram increased the 1914 majority from 89 votes, but there was a trend toward Labour in urban Auckland and the extent to which a female candidate made any difference to the swing cannot readily be assessed.[17] In 1922 Melville stood as an

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16. NZH, 26 November 1919, p. 10, 3 December 1919, p. 10, 11 December 1919, p. 10, 16 Decemebr 1919, p. 16.

17. E.P. Aimer, "The Politics of a City: A Study in the Auckland Urban Area, 1899-1935", M.A. thesis, Auckland, 1958, p. 137, p. 144.

Independent Reform candidate in Roskill. She stood again in Grey Lynn in 1925, this time again for Reform. For reasons that remain a mystery, Melville had an unsettled relationship with the Reform Party machine. In 1926, when C.J. Parr's Eden seat became vacant, she was believed to have a better claim to the seat than the official Reform candidate. She stood as an Independent Reform candidate and polled enough votes to cost Reform the seat and allow H.G.R. Mason to win for Labour. It seems that A.E. Davey, Reform's organiser, did not like her and prevented her from getting the nomination.[18]

The speed with which Melville entered the political arena gives credence to the view that her prime objective in organising the NCW was to lobby for the extension of political rights to women. Her subsequent career showed the problems facing women seeking political office. Without Party recognition there was no chance of success and major Parties showed a reluctance to nominate women to safe seats. Even the Labour Party, with its avowed support of women in Parliament and a host of strong potential candidates, did not nominate a woman to a safe seat until Elizabeth McCombs succeeded her husband in Lyttleton in 1933. Elizabeth McCombs had a wealth of experience on Christchurch local authorities and in women's organisations, notably the WCTU. She stood for Kaiapoi (1928) and Christchurch North (1931), before getting the nomination that opened the way for her to become New Zealand's first female Member of Parliament.

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18. J.A. Gaudin, "The Coates Government 1925-1928", M.A. thesis, Auckland, 1971, p. 14.

She was, as Truth noted on her election in 1933, the rare combination of a home loving woman who adored children, dogs and gardens, and who had the public spirit and the capacity to serve her fellow human beings.[19]

Both Melville and McCombs, the two persistent female political campaigners on the national stage, saw benefits to the nation if women's special point of view were brought to bear on political decision-making. In essence, they saw Government as housekeeping writ large. Although the NCW activists and the female politicians used the same rhetoric as earlier feminists, the climate of opinion in which they were operating had changed. Anti-suffragists had claimed that political activity would unsex women and lead them to neglect their duties to their families. Feminists had denied that, of course, but because they were describing the future, the anti-suffragists had not had to prove their case. However, the declining birth rate and the World War I revelations about national health seemed to prove that the implications of feminism for the race and the nation were unfavourable. Sufficient was known about national health for politicians, bureaucrats and doctors to assert that women were failing in their maternal role. Feminists, therefore, were forced onto the defensive. In consequence, their arguments were shaped by these attacks on the standards of mothering. One of the results of this was that social feminism in the 1920s was characterized by a lack of original ideas. The activists of the NCW sought to complete reforms begun by the earlier women, such as the appointment of women

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19. NZ Truth, [?] September 1933, E.R. McCombs, New Zealand's First Woman Member of Parliament, Extracts from various newspapers.

police and jurors, altough these claims were now couched in terms of these new anxieties and concerns. Another strand of feminist activity was directed toward supporting and publicizing the policies and concerns of Government and the bureaucracy, such as child welfare and mental deficiency. In a sense, the separate spheres argument had led feminism up a cul-de-sac.

The nature of the social purity argument had altered and had become a demand for sexual repression and social control. There was a strong authoritarian strand in the NCW's deliberations on moral and mental imbecility, the implications of sexual crime and the threats posed to social order by the influence of the cinema. The Council also demonstrated a considerable faith in the opinion of experts and in the power of legislation to regulate not only political and economic relations, but social and moral relations as well.

Apart from the name, the new Council had little in common with the organisation which had been founded with such optimism in 1896 and which had foundered about 1905. This time, the Council was organised on a regional basis. Various women's organisations decided to affiliate, and each chose delegates who attended meetings of the local NCW. Each Council then chose delegates to attend national conferences. These conferences were an annual event until 1925, thereafter the women met biennially. Such a structure lessened the organisational and logistical problems that had proved so crippling to the first Council. The structure did give rise to some regionalism, but the localised structure enabled

the Council to take firm root, and accounts, in part at least, for the Council's continued existence.

Apart from organisation, there were other differences between the two Councils. The groups affiliated to the first Council were, for the most part, political. For example, Dunedin Women's Franchise League, the Christchurch Women's Political League, Auckland Women's Political League, the Canterbury Women's Institute. The founding organisations of the Dunedin Council which were still affiliated in 1929, were the Otago University Women's Club, the Otago Trained Nurses' Association, the Otago Women Teachers Association, the Otago Women's Club, the WCTU and the Tailoresses' Union. It could be said that through the 1920s the Council was dominated by professional-occupational groups. The nurses and teachers were subsequently joined by the Otago Women Doctors Association and the Federation of University Women. The other broad grouping that was important in the 1920s was religious-oriented organisations: for example, the Mothers Union, the League of Mothers, the St Paul's Ladies Guild, the Salvation Army, the Trinity Ladies Guild.[20] Within that group the mother-based organisations reveal the changing orientation of the Council.

A similar pattern is apparent in the membership of the other Councils. Organisations of nurses and teachers were affiliated to all four Councils in 1919. So too were groups such as the Mothers Union, Women's Mutual Aid Society and the Mother's Thought Guild. The more political organisations

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20. See Table 3.2.

had a more uneasy relationship with the Council. For instance, the Women's International League, which in 1925 became the Auckland Women's Branch of the Labour Party, was affiliated to the Council when it began, but subsequently withdrew. In Wellington the SPWC had an uneasy relationship with the local Council and decided to withdraw in 1925. The SPWC never belonged in Dunedin, although some of its members were delegates to the Council through their relationship with other organisations. In the early part of the decade it was probably the dispute about compulsory notification of venereal diseases that caused these tensions.

An analysis of seventy-seven women who were delegates to the Council in Dunedin between 1927 and 1933 shows the Council to have been middle class and dominated by single women. Whereas 25 per cent of the Dunedin female population aged over 25 was unmarried in 1926, 62 per cent of the NCW delegates were unmarried. Sixteen of the forty-eight unmarried women are known to have been in paid employment. The actual figure may have been higher. Women generally described themselves by marital status in electoral rolls and similar lists. For instance, both Emily Siedelberg and Jane Runciman, Secretary of the Tailoresses Union, were described as spinsters in the 1920 electoral roll. It may be that a greater proportion of the unmarried were in full or part-time employment than the analysis indicates. As Table 3.1 shows, the majority were engaged in what might generally be described as social work and education. The role of social workers on all of the Councils was important. They all had a particular view of social problems, and

TABLE 3.1

National Council of Women, Dunedin, 1920-30: a socio-economic analysis of 77 activists

Marital Status:	21 married)	37.67 per cent
	8 widowed)	
	48 single	62.33 per cent
Occupation:		
Own[1]	6 teachers	
	4 social workers	
	1 union secretary	
	3 tailoresses	
	1 medical practitioner	
	2 nurses	
Husbands	4 solicitors	
	1 minister	
	1 teacher	
	2 commercial travellers	
	4 merchants	
	3 university teachers	
	2 accountants	
	1 auctioneer	
Tertiary education:	16, 7 with university degrees	
Religion:	4 Church of England	
	3 Methodist	
	4 Presbyterian	
	1 Congregationalist	
	1 Baptist	

1. Because of the practice of women describing themselves by marital status, it is impossible to discover how many of them were in paid employment.

TABLE 3.2

Organisations Affiliated to Branches at Time of 1919 NCW Conference

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Auckland:

Civic League, Women's International League, YWCA, SPWC, Women Teachers' Association, Women's National Reserve, Girls Friendly Society, WCTU, Trained Nurses Association, Business Girls' Club, Women's Mutual Aid Society, Mothers' Union

Wellington:

SPWC, WCTU, YWCA, Women's International League, Women's Soft Goods Union, Kindergarten Union, Women Teachers' Association, Housewives' Union

Christchurch:

SPWC, Social Hygiene Association, Women Teachers' Association, YWCA, WCTU, Trained Nurses' Association, Canterbury Mothers Union, Mothers Thought Guild

Dunedin:

WCTU, YWCA, SPCA, Toymakers Association, Free Kindergarten Association, Society for Promoting the Health of Women and Children, Otago Women's Club, Women's National Reserve, Women's Branch of Educational Institute, Women Doctors Association.

Source: Holt, Women in Council, p. 131.

TABLE 3.3

National Council of Women, Dunedin Branch, Affiliated Organisations and Date of Affiliation

Otago University Women's Association	1918
Otago Trained Nurses Association	1918
Otago Women's Club	1918
Otago Women Teachers Association	1918
WCTU	1918
Tailoresses Union	1918
Otago Women Doctors Association	1919
St John Ambulance Association	1921
Salvation Army	1921
YWCA	1920
St Pauls Ladies Guild	1922
Mothers Union	1922
League of Nations Union	1923
Otago University Women's Students' Association	1923
Trinity Ladies Guild	1923
Young Women's Methodist Bible Class Union	1925
Otago Home Economics Association	1926
Howard League for Penal Reform	1926
Federation of University Women	1927
League of Mothers	1929
Young Women Baptist Bible Class Union	1929
Women's Division of Federated Farmers (Otago)	1929

Source: Dunedin, NCW Mins, 1929 Minute Book

TABLE 3.4

Membership National Council of Women, Christchurch Branch, 1923

Mothers Union	1200
WCTU	475
YWCA	1000
Social Hygiene Association	100
Trained Nurses	170
Home Economics Association	350
Women Teachers Association	160
SPWC	50
Mothers Thought Guild	?
Social Welfare League	?

Source: Christchurch Branch Minutes, 27 August 1923

particularly on the problems of children. All tended to support increased supervision of the wayward and naughty. The influence of women such as Jean Begg, who had a long and distinguished career with the YWCA after a brief career in social work in New York, was profound. Sarah Jackson, who was a member of the Auckland Council and holder of various national NCW offices, was a social worker in Auckland for fifty years and was for some time in charge of the Child Welfare Division of the Education Department in Auckland.[21]

The occupation of nineteen of the twenty-one husbands of the Dunedin sample could be traced. Most were professionals or managerial. The most common were lawyers (four), university professors and lecturers (three) and merchants (four). Sixteen of the seventy-seven women are known to have had tertiary education and seven of those had degrees. The religion of thirteen of the women could be traced, and all of them were Protestant.

Most of the women were active in several organisations. Mrs Denton Leech, the widow of an English solicitor, who had studied Social Science at the London School of Economics, was a delegate to the Council from the League of Nations Association and the Dunedin Women Citizens Association. In 1923, aged about 62, she stood unsuccessfully for the Dunedin City Council. She was President of the Dunedin Council in 1927 and National Secretary in 1923. Lillian Aslin, who was educated at Christchurch Girls while Helen Macmillan Brown was the Head Mistress, was a social worker in Australia before she married a solicitor and settled in Dunedin. Aslin was

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21. Holt, Women in Council, p. 58.

active in the League of Mothers, the YWCA, the Otago Women's Club and later in the National Party. Helen Benson represented the League of Nations Association and the Federation of University Women on the Council. As Helen Rawson, she had been Professor of Home Science until she retired when she married the Professor of Mineral Technology in 1922. She was President of the Dunedin Council and of the New Zealand Council in 1940. She was an untiring worker for the Federation of University Women, the Home Science Alumnae, and the Otago Home Economics Association, of which she was a founder.

Without the untiring efforts of women such as these the Council would never have become established and survived. It is easy to see the appeal of the Council to women such as Benson. Women with free time, an adequate level of family income and tertiary education, they were discouraged from seeking paid employment. In the National Council of Women they found companionship, intellectual stimulation, a sense of worth, and a feeling of making a contribution to society. Although Jane Runciman suggested to the 1922 Conference that an attempt be made to attract working women, the Council remained intensely middle class. Once the Women's International League and Christina Henderson became less involved in the NCW, the Councils were dominated by politically conservative women. It is not surprising that, on many social issues, the Councils' activists reached the same conclusion as the clergy, senior bureaucrats and politicians. The women showed a fascination for the new social sciences, especially criminology, and this is reflected in their interest in child

welfare, in its broadest senst, and in mental deficiency. They also showed great enthusiasm for legislation. The great successes of the nineteenth century feminists seemed to have been legislative, especially the gaining of the suffrage. Soon after the Council was re-established, legislation gave it the chief reform that it wanted. It is not surprising that feminists were fond of legislation. They also inherited from the first Council a generalised belief in the power of State reform. Thereafter, women's organisations, and they were by no means alone in this, had an almost naive belief in the power of legislation to alter human behaviour. Because they themselves were law-abiding, they expected all citizens would be law-abiding. They believed that if moral misdemeanours were made into crimes, immorality would disappear. If it were illegal to have intercourse with a girl under eighteen, nobody would. If hotels were not allowed to serve alcohol to women, females would stop drinking. This implicit faith in the power of legislative suasion is one of the distinguishing characteristics of social feminism in the 1920s. A few measures would herald the moral society. As women, they had a special role to play in this, for if women possessed moral superiority it was their duty to extend that moral influence to the whole world. Dispensing emotional and physical sustenance at the hearthside was no longer enough. Indeed, their fear that women were not fulfilling this role adequately led them to the view that women needed help and support from social workers and educative organisations to fulfil the task. The NCW women thought their own role was to create the climate in which

social and moral reform could be effected. This is why they devoted their lobbying activities to a selected series of legislative measures. It is also why women's organisations, along with a cadre of senior civil servants, seem to have been responsible for what social reform that did take place in New Zealand in the 1920s. The development of the ideology of social feminism can be seen in the various specific campaigns conducted by the NCW.

During World War I women's organisations began to demand that the Government appoint women police. A large deputation of Wellington women representing the SPWC, WCTU, YWCA, Ladies Christian Association, the Housewives Union, the Salvation Army, and church groups, met W.A. Herdman, the Minister of Police. A year later the NCW organised a large public meeting to consider the issue.[22] The women wanted women police appointed to patrol parks, railway stations and public halls. It was probably in response to this growing agitation that the Government included the provision for the appointment of Health Patrols in the Social Hygiene Act. As has been seen, the Health Patrols supervised and controlled the activities of young women in the four main centres until 1924.

If the patrols had been established as a "concession" to those who wanted women police,[23] the measure was not entirely satisfactory. The women's organisations liked the idea of women being on the streets advising the young of the

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22. Secretary, Social Hygiene Association to Minister of Public Health, 11 June 1917, H.45/3; SPWC (Wgtn) Mins, 16 October 1916; SPWC (Wgtn) Mins, 10 August 1917.

23. ODT, 5 October 1917, p. 4.

implications of an immoral life. Given their belief that one act of sin led inevitably to others, it was essential to approach young women in particular before they sinned.[24] They did not like the idea that the patrols would come to be identified in the public mind with disease. They wished for what they called a "broader" approach to the issue. Some disliked the patrols because of the attitudes feminists held toward the Act under which the patrols were created. To those women who were opposed to social hygiene legislation, the health patrols consisted of well-meaning amateurs tainted by a relationship with unacceptable legislation. Feminists wanted police women who were adequately trained and had wider powers than the Health Patrols. What these powers would be is not clear. Certainly they wished them to be able to approach males as well as females, and possibly not confine themselves to the young. They also wanted them to be able to do some probation work. Women police would take the redemptive power of women onto the streets and into entertainment places and help ensure the morality of the total community. The feminists were not sure whether policewomen ought to be given the power to arrest.

The issue is to some extent confused by the existence of Police Matrons within the police service. It seems these women were first appointed in 1897 to inspect homes licenced under the Infant Life Protection Act. By the 1920s their work was probably confined to police stations where they

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24. For an analysis of this idea of the inevitability of moral death after one immoral act see SPWC evidence in Committee of Inquiry into Mental Defectives and Sexual Offenders, Transcript of Evidence, (hereafter Mental Defectives Cttee Evidence), pp. 121-124, H.3/13.

assisted with female victims and criminals. In 1921, the Minister in Charge of Police told the SPWC that the Matrons were doing good work patrolling railway stations. Because this is the only reference to Matrons doing outside work it seems possible that the Minister was confusing the matrons with the Health Patrols which would have been patrolling railway stations in 1921.[25]

The NCW took up the demand for women police with a vengeance.[26] Throughout the country women's organisations repeatedly discussed the reform and kept up a steady stream of correspondence to the Minister of Justice and the Prime Minister. The claim for women police had two bases. It was part of a general campaign waged by the NCW for the removal of remaining civil and political disabilities. It was also a device that could be used to extend the moral influence of women from the hearthside to the streets. As Ellen Melville said, policewomen would be not out arresting drunken men. Rather they would be a force to prevent the young, girls especially, from drifting into a life of immorality.[27] It was an attempt to find a mechanism to link the morality of the home with the apparent immorality of the street and amusement centres. It rested on the assumption that if only the young could have the truth shown to them they would

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25. SPWC (Wgtn) Mins, 22 April 1921.

26. SPWC (Wgtn) Mins, 10 August 1917; NCW (Chch) Mins, 26 May 1919, 23 February 1920; NCW Conf Mins, 1919, ibid., 1921; NZNCW Papers 1371:126.

27. NZH, 26 November 1919, p. 10.

eschew the fast and giddy life so many of them were leading. It was predicated on the innate moral power of women.

In 1924, the agitation for women police suffered a blow when a deputation to the Prime Minister found Massey "non-comprehending and unsympathetic". He could not agree with the women that women police would be a beneficial social reform. There was a reluctance to include women in the police force. This may have been because to do so would have been to give women publicly observable power. It might be desirable for women to police immorality, as the Health Patrols had done, but to give to women the power to co-erce was unacceptable.

By 1926 the organisations thought the need for women police had become urgent because of the perceived increase in the number of assaults against women and children.[28] It was essential to have women in the force to deal sympathetically and sensitively with the victims of crime. There was an almost naive belief that if women patrolled the streets and emanated moral good, and returned promiscuous girls to their homes, the incidence of sex crimes would fall. Consequently, the agitation for the appointment of policewomen continued and although the deputations and letters met polite and sympathetic responses from politicians no real progress was made.

The women's organisations seem to have been somewhat confused about the powers they wanted for policewomen. The Christchurch branch of the NCW wanted them to have the same

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28. SPWC (Wgtn) Mins, 12 February 1926.

powers as policemen. When the issue was discussed at the 1927 NCW Conference, all the delegates accepted a remit calling for the appointment of policewomen with the "same status" as men, but they voted to remove the words "and responsibilities" from the remit.[29] Perhaps they too felt uncomfortable giving women too much power. They might also have wished to keep the demand as moderate as possible to ensure a greater likelihood of success.

In the first months of 1928 the Dunedin Council devoted two meetings to the issue. In February the members read and discussed newspaper clippings about the success of women police in the United States and Britain. In April, Emily Siedeberg MacKinnon and Miss O'Shea, a probation officer, gave papers in which they discussed the type of woman suited for the work and the role that women police would play in crime prevention. They expected that well-educated women with social work training and practical experience would be selected for a role they described as "protective and preventive". Unlike male constables, policewomen would be concerned with preventive and follow-up work. They would, in effect, be social workers in uniform.[30] These women had great faith in the possibilities of preventing anti-social behaviour by supervision. If only children received the right influence at the right time the likelihood of their descending

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29. NCW (Chch) Mins, 30 September 1926; NCW Conf Mins, 1927, NZNCW Papers 1371:126.

30. NCW (Dn) Mins, 15 February 1928, 26 April 1928, 25 September 1929; Emily Siedeberg MacKinnon, Notes on Speech to SPWC, May 1934, Emily Siedeberg MacKinnon Papers; SPWC (Wgtn) Mins, 8 March 1929.

into criminal ways would be reduced. As society became more complex, it seemed that the family, and mothers especially, needed help in providing the proper moral guidance for children. The Plunket Society had already been helping mothers provide the proper physical requirements of children for nearly twenty years. Within the National Council the influence of the disciples of what Lasch calls the "religion of health"[31] can not be gainsaid. Jean Begg, with her Americal social work training, was an important populariser of these views within the Council. On every Council there were social workers, child welfare officers and teachers who transmitted these ideas to an eager audience of middle class women, a significant proportion of whom had tertiary education. As the decade progressed, the demands for the appointment of women police were couched increasingly in terms of preventive social work.

In 1929, the NCW organised another large scale deputation to the Minister of Justice. Again they were met with the same polite refusal. He asked instead that they accept an increase in the number of Police Matrons. The NCW, and probably other organisations as well, considered this proposal, but they decided that they could not agree. It was the appointment of well-educated and refined women for preventive and patrol work amongst young people, women who "could work toward the uplift and improvement of the moral standards of young people", or nothing. They remained confident that women police would be appointed "despite the present Minister

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31. Christopher Lasch, Haven in a Heartless World: The Family Besieged, New York, 1977, pp. 100-107 and 168-171.

of Justice".[32]

The Government remained unimpressed, although throughout the 1930s the women continued to agitate, sending resolutions and letters to successive Ministers.[33] Finally, in 1936, with little debate in the House, the Government decided to appoint women as members of the police, although it was several years before women were actually appointed.[34]

The NCW, and also the SPWC and WCTU, wished to see two other reforms of the justice system. They wanted the law changed so that women could be jurors and also justices of the peace. As with the claim for the appointment of women police, their case for these reforms rested on two grounds. It was a logical extension of enfranchisement that women have all the same rights and responsibilities as men. It was also suggested that in the interests of society generally and in the interests of women and children in particular, the justice system ought to be exposed to the woman's point of view. In the cases of sexual assault against women and children, women jurors and justices of the peace would be more understanding and sensitive to the victims of these crimes. It was also felt that women might well be less sympathetic to the perpetrators of these heinous crimes.

The organisations campaigned for these reforms using

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32. NCW Bulletin, April 1929; NZNCW Papers 1371:197; National Council of Women, Dunedin Branch, Minutes (hereafter NCW (Dn) Mins), 20 May 1929; Siedeberg MacKinnon, Notes on Speech to SPWC 1934, Emily Siedeberg MacKinnon Papers.

33. NCW (Dn) Mins, 17 October 1930, 22 July 1931, 25 November 1931, 23 November 1932; Federation of University Women, Dunedin, Minutes, 29 April 1937.

34. NZPD, 246, 28 August 1936, pp. 768-769.

the same methods that they used for all their demands; they lobbied politicians. In their demand for women justices of the peace, the women had plenty of support in the House of Representatives, but the measure enjoyed scant support in the Legislative Council. In 1922, 1923 and 1924 Thomas Wilford introduced Bills amending the Justices of the Peace Act, 1908, so that women could be eligible for appointment. It was not, however, a Government measure, and the Legislative Council felt no compunction in rejecting the Bill each time. The argument in the Council was that the majority of New Zealand women did not want to be j.p's. William Earnshaw took much the same line that he had taken against the Parliamentary Rights legislation and further maintained that in any event women would not make good justices.[35]

In the interim, the NCW and its colleagues kept up the pressure. In 1924 and 1925 the Conference of the Council decided to support the idea of urging the government to pass a Sex Disqualification (Removal) Act. This would have overridden all provisions that excluded women from holding any public office. They did not explore this proposed measure, which originated with the Christchurch branch, in any detail. Rather, it was part of a lobbying campaign for specific reforms.[36]

In 1926, possibly in response to this consistent pressure, for it no longer could be denied that some women

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35. NZPD, 196, 6 September 1922, p. 954 (House), 12 September 1922, pp. 1111-1126 (Legislative Council); 200, 5 July 1923, p. 717; 201, 24 July 1923, pp. 160-177, 26 July 1923, pp. 216-224.

36. NCW Conf Mins, 1924 and 1925, NZNCW Papers 1371:126.

at least wanted the reform, the Bill was introduced as a Government measure. Now the Legislative Council was forced to agree, because it was normal practice for the Council to accept any Government measure. Earnshaw remained obdurate to the end. Being a justice was not a "function of womanhood". He had no time for "woman's meddlesom interference" in men's functions. The time would come, he warned, when "this nation will ... rue the day they [sic] allow women to wear the breeches".[37]

The women's organisations were jubilant, none more so than the WCTU, when seven of the first eight female justices appointed in 1928 were "White Ribboners". By now the NCW had retreated from advocating the blanket sex disqualification removal proposal. They no doubt felt that they were more likely to have success with individual campaigns. The likelihood of the House, let alone the Legislative Council, agreeing to such a measure was almost non-existent.[38]

Joy at this legislative success was tempered by the realisation that this was one of the few demands that was successful. In 1928 the WCTU bemoaned the fact that in the previous year, the Government had done nothing special in the interests of women. Women were not "pushing hard enough", warned the White Ribbon.[39] As early as 1924 the Secretary of the NCW, Hilda Northcroft, remarked in her review of the year's work that in the year there had been "no marked

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37. NZPD 206, 7 July 1926, pp. 490-496 (House), 30 July 1926, pp. 1173-1181 (Legislative Council), p. 1175 (Earnshaw).

38. White Ribbon, 19 March 1928; WCTU Convention Mins, 1928.

39. White Ribbon, 18 April 1928, p. 2.

achievement to the credit of the women's movement". When she spoke to the delegates in 1923 she berated them because nothing was happening in the areas they thought important. New Zealand women had to "bestir" themselves, and do it soon. Once they had been "in the van of women's movement", soon they would be at the rear. Many of the reforms for which women had been working for thirty-eight years had yet to be achieved.[40] One measure that women had been fighting for since the 1890s was the raising of the age of consent. It was an issue that the NCW had taken up in 1917.

Raising the age at which unmarried girls could consent to sexual intercourse had been one of the aims of the nineteenth century feminists. They believed that girls were the victims of older and more experienced men. They thought that by making it illegal to have intercourse with a girl under twenty-one years, men would be dissuaded from their evil desires. It rested on a belief that men could control their passions if only they had the right incentive. Because they denied that men had uncontrollable sexual urges, the feminists' desire to raise the age of consent was part of their wider attack on the double standard. A raised age would protect girls, indeed it was often referred to as raising the age of protection. If girls were freed from the likelihood of seduction, they would be able to pursue personal autonomy. Social purity was, therefore, the key to female independence.

In 1896, pressure from feminist groups forced the age to be raised from twelve to sixteen. Any prosecution had to

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40. Secretary's Report, 1923-24, NZNCW Papers 1371:128; NCW Conf Mins, 1923, NZNCW Papers 1371:126.

be initiated within one month of the offence.[41] Attempts by the SPWC and WCTU to get the age raised in the hiatus between the first and second National Councils were unsuccessful.[42] When the NCW was reformed the age of consent was sixteen and the legal age of marriage for girls was twelve.[43]

The NCW wanted the age of consent raised to eighteen. The WCTU thought that twenty-one was more suitable, but the Union was prepared to join a campaign which accepted the NCW's position. During 1921 the NCW devoted considerable effort to circulating a petition which was signed by more than 18000 people.[44] The petition called for the law to be changed in three ways. The age of consent ought to be raised to eighteen, and men accused of unlawful intercourse ought no longer be allowed to defend their actions on the basis that they reasonably believed the girl was over the age of consent. The period within which such a complaint had to be made ought to be extended to nine months after the offence took place. Presumably, by the time nine months had passed, the results of such illegal activity would have been clear for all to see.

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41. The Criminal Code Act, 1893, ss.194-196; An Act to Make Further Provision for the Protection of Girls and for Other Purposes, 1896, s.3.

42. SPWC (Wgtn) Mins, 25 May 1913, 13 June 1913, 23 August 1913, 20 August 1914.

43. In New Zealand the common law position (that marriage was legal at the age of puberty, twelve for girls and fourteen for boys) prevailed until the Marriage Amendment Act, 1933, P.R.H. Webb, NZ edition of Family Law by P.M. Bromley, Wellington, 1974, pp. 47-48.

44. NCW (Chch) Mins, 27 June 1921.

This would make it easier for parents and guardians to press charges. Perhaps it seemed that fewer girls were complaining of acts perpetrated against them. The NCW supported the petition with a sustained campaign of letters to appropriate Ministers.[45]

The Public Petitions Committee referred the petition to the House with a recommendation that it receive favourable consideration.[46] As a result, the Government introduced an amendment to the Crimes Act,[47] which removed the "reasonable cause to believe" defence and extended the period in which a complaint could be laid to nine months. It did not, however, raise the age of consent to eighteen.

The debate on the amendment showed differing attitudes to sexual activity among the young. Some took the view that girls needed the protection of the State from the wiles of would-be seducers. In any such case the girl ought to be given the benefit of the doubt and the general assumption be that the male was the instigator of the act. Others thought that in many instances the girl might be "responsible for the whole thing". It was as likely that boys were the victims of the seductive wiles of precocious girls as it was that girls were the victims of men. The protection of the State ought not to be extended to girls who were little

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45. SPWC (Wgtn) Mins, 9 September 1921, 10 February 1922, 18 July 1922; NCW (Chch) Mins, 30 June 1922.

46. AJHR, 1921/22, I.-2, p. 2.

47. The provisions on the age of consent had been re-enacted in The Crimes Act 1908, s. 208, which replaced the Criminal Code Act as the codification of the criminal law.

more than juvenile prostitutes. In many instances a girl would "trump up" charges against an "innocent lad" who had better prospects than the man she had been "carrying on" with. There seemed to many of the speakers to be a distinction to be drawn between sexual acts between young people of similar ages, and acts between girls and much older men. For that reason, some thought that males under twenty-one ought to be allowed to use the defence that they believed the girl was over sixteen.[48]

In the event, the amendment was passed intact. The women's organisations were reasonably satisfied with a partial victory in a campaign to which the NCW had devoted a considerable amount of effort. The need to press on with the claim to raise the age of consent remained. In the 1922 elections, the NCW proposed to ask all candidates their attitude toward raising the age.[49] At successive NCW conferences the delegates passed resolutions supporting raising the age and reminded the Government of their attitude. As time went by, the reasons why the women wanted the age raised began to change.

In 1918, delegates to the WCTU Convention had expressed concern about the rising illegitimacy rate. They had concluded that women would be powerless to do anything about it until the Government had passed legislation to ensure the "protection" of girls.[50] The Union consistently identified

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48. NZPD, 198, 18 October 1922, p. 335 (J. McC. Dickison), p. 333 (C.E. Statham), p. 332 (Lysnar), p. 334 (Sullivan), p. 333 (Reed).

49. NCW (Chch) Mins, 24 Septemebr 1922.

50. White Ribbon, 18 April, 1918, p. 3.

men as the cause of immorality. By the time the NCW delegates had a lengthy discussion on the age of consent at the 1924 conference, attitudes had shifted. Delegates wanted the age raised to eighteen because in the two years between sixteen and eighteen girls developed a more sophisticated sense of self control. A raised age of consent was no longer a measure to protect girls from men. It was rather a measure to protect girls from themselves, and to a lesser extent a means of protecting men from precocious girls. If children were not taught the lessons of self control before adolescence, they would fail to make the transition to "civilized" adulthood. It was essential during the adolescent years that children received careful guidance so that they made that transition properly.[51] Raising the age of consent to eighteen would give girls two more years to make that transition. Such views now underpinned the NCW's attitude to raising the age of consent. This was rather different from the social purity argument developed by the nineteenth century feminists.

In preparation for the discussion at the 1924 Conference, the Dunedin branch of the Council had sought the opinion of members of the Otago legal profession. The lawyers warned that if the age were too high juries would simply refuse to convict and the law would fall into disuse. When the Dunedin delegates raised this evidence at the Conference, Sister Hannah claimed that the lawyers' views savoured of a defence

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51. See an address to Otago Branch of Workers' Education Association entitled "Psychology and the Adolescent", ODT, 8 April, 1924, p. 5.

of men by men. What the Council wanted, she asserted, was to protect innocent girls from men. In fact that was not really what all the members wanted. If they thought the two years between sixteen and eighteen would give girls the time to develop self control, they must have thought that, in some instances at least, girls were willing partners. If self control could divert the attentions of men, the NCW probably thought that lack of self control encouraged men. It can be deduced from attitudes on related matters, especially on venereal disease, that a body of opinion was developing that girls were on some occasions willing partners and, on others, the instigators of immorality.[52] In view of what she knew of the work done by the homes for unmarried mothers, Jean Begg had reached the conclusion that all "sex delinquents" ought to be confined to institutions for an indefinite period. It seems clear from Begg's evidence to the Mental Defectives and Sex Offenders Committee of Inquiry that she thought all unmarried mothers were sex delinquents. In her view they were not the victims of men. The work Annie Herbert, a Christchurch social worker, had done among unmarried mothers had led her to the same conclusion. She revealed the case histories of numerous such women to the Committee. She not once depicted any of them as the victims of men. "M.E." was a "clever girl, splendid at housework or any needlework, but so over-sexed she could never be trusted". She had five illegitimate children. The relatives of "I.W." had tried to watch her but had had no success. She had four illegitimate

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52. NCW Conf Mins, 1924, NZNCW Papers 1371:126.

children. In Herbert's view all the girls she came in contact with were the cause of their own downfall or so mentally deficient they could not control their actions.[53] Raising the age of consent was one way of controlling the actions of women who did not conform to the strictures of social purity.

The NCW continued with its campaign to raise the age of consent but successive governments showed no willingness to support it. In the late 1920s the NCW turned its attention to raising the marriage age to sixteen for both sexes. This reform was achieved in 1933.

The removal of civil and political disabilities, and the raising of the age of consent were reforms the NCW had inherited from the first National Council. But the social feminists put new emphases on older demands. They wanted to see the special moral powers of women extended from the home to the street to control the activities of the young. Raising the age of consent and appointing women to the police force would help achieve that aim.

The women's organisations demonstrated their unswerving faith in legislation. When they could convince sufficient Members of Parliament, or when they had powerful allies, the methods could prove successful. As a pressure group the Council seemed increasingly feeble. Finding a means to shape the world according to their image of it proved to be increasingly difficult for the feminists.

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53. Mental Defectives Cttee Evidence, p. 769 (Begg), p. 551 ff. (Herbert), Initials have been used to preserve the anonymity of Herbert's examples; see also evidence of Alice Edwards, p. 638, H.3/13.

The Child Welfare Act of 1925 fitted the social feminists' world view. The ideas behind, and the structure of the reform came from John Beck of the Special Schools Division of the Education Department. The women's organisations, with their concern about wayward and backward children,[54] helped provide the climate of opinion that enabled the passage of legislation designed for the supervision of neglected, deserted and delinquent children. Once the Act was passed, the Councils provided a link between the bureaucracy and its experts and a wider audience.

In the early years of the Act's operation the Councils were always eager to have the officials from the Child Welfare Division explain the Act and its implications.[55] The idea of supervision, which, a Dunedin Child Welfare Officer told the NCW, was the "most important" task of the Division, was supported by the NCW. The social feminists were enthusiastic proponents of the supervision of children, to prevent delinquency and to control the delinquent.

The ideas of control and supervision articulated at the national level were echoed by the local Councils. The regional structure meant that the Councils became firmly rooted in their local communities, and very interested in local affairs. The Dunedin NCW urged the City Council to build public rest rooms and conveniences, especially for the use of women with young children, and they constantly urged the local authority to provide adequate supervision of children's play grounds.[56]

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54. See Chapter 7.

55. NCW (Dn) Mins, 24 August 1927; White Ribbon, 19 March 1928, p. 11.

56. NCW (Dn) Mins, 22 August 1928, 24 July 1929, 28 August 1929.

The Dunedin branch also became an important pressure group in the agitation demanding the replacement of the Batchelor and and St Helens Maternity hospitals with a new, modern hospital. The Council also got involved in issues that may seem apparently trivial, but were important to the women at the time. They constantly urged the City Council and the Motor Club to do something about the "excessive" noise of motor vehicles. The Council was also concerned about the suggestiveness of billboards outside cinemas and the display of underwear on mannequins in shop windows. In 1929 the Council wrote to the Bishop of London asking him for the name of a play he had recently condemned as immoral. If they knew what it was, they could do their best to "keep it out" of New Zealand.[57] The Council took a strong position on the need for censorship of films as well. As the decade went on the NCW, at both the local and national levels, lobbied for the censorship and control of sexual expression. Social purity had become puritanism.

The NCW noted with alarm the growing laxity on moral behaviour among the young. In the 1930s this turned into a campaign to suppress the sale of contraceptives to the young. One Dunedin Council member wished to see the importation of small sized contraceptives stopped, because they were the ones used by young men and boys.[58] This immorality among the young was caused by the lack of parental care, and especially lack of care by mothers. Poor mothering caused

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57. NCW (Dn) Mins, 24 July 1929.

58. NCW (Dn) Mins, 29 November 1935; on requests to curtail the sale of contraceptives see Health Department File, H.175/51/1.

mental and moral deficiency. The Council supported State supervision and control of those whose habits and behaviour failed to meet the standard required of them. It was because families had apparently failed in their role that such supervision was required.

When the Council published its own magazine for a brief period in 1924, an article outlining the aims of the Council was included in the first edition. The Pakeha settlers had brought to New Zealand the fine traditions of democracy. But, as a good farmer "culls out the weeds", so too the people of the nation ought to "cull out" "objectionable and hurtful practices". To achieve this aim, women had found it useful to band together. The purpose of the NCW was to create an appropriate environment in which "home life [might] be protected and improved". Mothers had to be ever vigilant against the evils that beset the home. The NCW might aid them to do that.[59] The aim of the Council was to keep mothers in their national calling and to create the social environment in which they might best fulfil their duty. Women's lives were, and ought to be, centred on the home. The aim of social feminism was to bring about reforms to enable women to do that most efficiently, in the interests of the nation and the race. The second NCW accepted the ideological baggage of the nineteenth century feminist, but, in a sense, it lost control of the arguments. A changed social milieu, in which the value attached to children had changed, and the role of motherhood had been redefined, meant that arguments which had seemed

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59. NCW News, Vol. 1, No. 1, March 1924, p. 2.

revolutionary in the 1890s were essentially limiting in the 1920s. The continued adherence to the separate spheres argument led feminism to a political wilderness. The wider vision of Sheppard, Sievwright and Stout became narrowed. It is not surprising that the biggest and most successful campaign waged by the NCW was for an improvement in maternity services.

CHAPTER 4

THE PROFESSIONALISATION OF MOTHERHOOD

By the end of the 1920s, the arguments and attitudes of feminists had altered in response to the redefinitions of womanhood and motherhood that had gone on around them. In response to the apparent appeal of paid employment and the threat posed by feminism to society, motherhood was glorified and proclaimed as a profession. The shapers of educational and infant and maternal welfare policies maintained that the only ambition a woman ought to have was to be a mother. Motherhood was not a life of drudgery, it was a national calling. The Minister of Education claimed in 1916 that;

> not even the laywer, doctor, statesman, or merchant has a calling so richly fruitful of all that is highest and noblest in national life as the mother of a good home.[1]

The Plunket Society, ostensibly formed to combat the high rate of infant mortality, aimed to make women "competent household executives".[2] Motherhood was thus both a calling and a profession. By elevating and defining motherhood in this way policy makers hoped to arrest the birth rate decline, improve the quality of the race, and ensure the moral progress

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1. AJHR, 1916, E.-1A, p. 8.

2. Plunket Society, Christchurch Branch Annual Report, 1926.

of the nation. A columnist in the New Zealand Illustrated Magazine summed up what became the basis of official policy. "Alma" wrote:

> I have consistently preached, ... the dignity to every woman ... of housekeeping, and home-making, which professions, if dutifully and lovingly followed would, I believe, eradicate the desire to have rights, and would certainly solve that ugly thing that is now confronting the women of New Zealand, the reproach of the declining birth rate.[3]

Nineteenth century feminists had also hoped for the elevation of the status of motherhood. But their aim had been to improve the status of women for the benefit of women as well as of society. This new definition ignored the rights of women as people. The separate spheres argument had proved to be a double-edged sword.

Nevertheless, women responded to this new vision, because it promised that if women centred their lives firmly in the home the health and welfare of their children would be ensured. Women grasped the message of the infant welfare movement because it would help them save their babies' lives.

In early twentieth century New Zealand, the most common causes of infant death were respiratory diseases and intestinal diseases, especially diarrhoea. The aetiology of diarrhoea was not particularly well understood at the turn of the century. It was identified as a primarily urban disease, contracted by exposure to contagion, although no-one was sure of the precise source of the contagion. Diarrhoea did appear to be common in the summer months, bottled fed babies were

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3. New Zealand Illustrated Magazine, May 1904, pp. 139-140.

more susceptible to it, and it seemed to spread where there was poor sanitation and where homes were dirty. English experts, such as Arthur Newsholme and George Newman, concluded that domestic dirt was the major source of infection.[4] This meant that if breast-fed babies were less susceptible to diarrhoea it was not because the bacteria count in milk was high, but because mothers did not clean feeding bottles properly or used the types of bottles that could not be effectively cleaned. The logical conclusion from this analysis of the causes of diarrhoea was that the primary responsibility for ensuring that infants did not contract diarrhoea lay with mothers. If mothers would learn the skills of hygienic home management and breast-feed their infants, then deaths from infant diarrhoea would decline.

The analysis under-estimated the difficulties of excluding domestic dirt; an almost impossible task in certain urban areas. As late as 1921, 10 per cent of the population in the four major New Zealand cities were living in conditions that the Health Department characterized as overcrowded and "inimical to the maintenance of a proper standard of health and decency".[5] Arthur Ellis remembered that when he was a young man in the Dunedin suburb of Kaikorai Valley in the early years of the twentieth century, the natural lie of the land was the only drainage and open drains and ponds were

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4. Jane Lewis, Politics of Motherhood: Child and Maternal Welfare in England 1900-39, London, 1980, pp. 62-65; Milton Lewis, "The Problem of Infant Feeding: the Australian experience from the mid-nineteenth century to the 1920s", Journal of the History of Medicine, Vol. xxxv, No. 2, April 1980, p. 177.

5. 1921 Census, Pt xv, pp. 16-17.

"veritable cesspools".[6] In 1911 there were eight cases of plague in Auckland. As a result Health Department officials throughout the country investigated the standard of sanitation. Many areas had inadequate water and sewerage schemes, night soil was collected in open carts and there were inadequate systems for the collection and disposal of domestic refuse. In Dunedin, Dr Champtaloup of the Medical School surveyed streets and inspected 10601 houses. More than 4800 of the houses had dry privies and a further 5000 had other drainage deficiencies. More than 7500 had inadequate methods of dealing with domestic refuse and only 1500 of the houses were without some deficiency.[7] The Health Department and local Councils were taking some action and in many areas adequate sewerage schemes were being introduced, but in many parts of the urban centres sanitation was poor. Water closets only gradually replaced dry privies. Only in 1920 did Doris Gordon get a water closet installed in her Stratford hospital.[8] Given the prevailing standards of urban sanitation, the lack of hot water supplies in many homes, and the overcrowding in certain areas, no matter how conscientious a mother was, cleanliness was an almost unachievable aim. But because of the identification of mothers as the principal agents in reducing infant mortality, the infant mortality movement was directed not to improving the standards of public health, but to teaching mothers the skills of hygienic home management.

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6. Arthur Ellis, Reminisences, Typescript, Hocken.

7. AJHR, 1912, H.-31, p. 86, pp. 87 ff.

8. Gordon, Backblocks Baby-Doctor, p. 153.

The acquiring of those skills by mothers at the same time that sanitation improved made it possible for infant mortality to decline.

The infant death rate in New Zealand began to decline from about 1891.[9] Two things are noticeable about the death rate before World War I. First, there is clearly a general downward trend but, secondly, within that general trend, there were wild fluctuations. This was because epidemics of certain diseases, such as diarrhoea, whooping cough and measles were inevitable and uncontrollable. The general decline in the rate was closely related to the declining birth rate. It was the falling birth rate and eugenic fears about racial fitness which provided the impetus for the establishment of an infant welfare movement in New Zealand. In 1904, concerned about the wastage of infant life, Sedden prepared his "Memorandum on Child Life Preservation", which proposed several legislative measures to reduce infant and maternal deaths.[10]

At Seacliff Mental Hospital, near Dunedin, Frederic Truby King, anxious to find the origins of the mental diseases of his patients, conducted experiments in the nourishment of plants and animals. King's subsequent interest in infant mortality was prompted by two things. He was concerned about the declining birth rate and also the weakening

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9. Miriam Gilson Vosburgh, The New Zealand Family and Social Change A Trend Analysis, Wellington, 1979, pp. 141 & 141a.

10. "Memorandum on Child Life Preservation", Seddon Papers 3/60; Margaret Tennant, "Mrs Grace Neill in the Department of Asylums, Hospitals and Charitable Institutions", NZJH, V. 12, No. 1, April 1978, p. 12.

TABLE 4.1

Deaths of Infants Under One Year, per 1000 Births, 1900 - 1919

1900	75.2	1910	67.7
1901	71.4	1911	56.3
1902	82.9	1912	51.2
1903	81.1	1913	59.2
1904	71.0	1914	51.4
1905	67.5	1915	50.1
1906	62.1	1916	50.7
1907	88.8	1917	48.2
1908	67.9	1918	48.4
1909	61.6	1919	45.3

Source: Year Book, 1910, p. 357; ibid., 1920, p. 43

TABLE 4.2

Infant Deaths, by Cause, 1905 - 1912 [1]

(a) 1905 - 1907	1905	1906	1907
Miasmatic	20	43	238
Diarrhoeal	92	65	235
Developmental Diseases	401	386	419
Diseases of the Nervous System	145	134	128
Diseases of the Respiratory System	241	181	287
Diseases of the Digestive System	285	259	416
Accident or Negligence	37	56	52
Total Deaths	1599	1506	2228
Total Births	23682	24252	25094

(b) 1908 - 1912	1908	1909	1910	1911	1912
Epidemic Diseases	43	59	73	30	26
Diseases of the Nervous System	138	160	138	152	93
Diseases of the Respiratory System	155	190	178	175	140
Diseases of the Digestive System	480	331	403	291	220
Infancy	711	668	716	669	738
Violence	53	50	33	19	13
Total Deaths	1761	1634	1760	1484	1409
Total Births	25940	26524	25984	26354	27508

Source: NZ Vital Statistics, 1905-1912.

1. Unfortunately in 1908, the statistician altered the groups used to classify deaths.

TABLE 4.3

Infant Deaths, per 1000 Live Births, 1920 - 1930

Year	Total Under One Year	Under One Month	One Month and Under one Year
1920	50.57	30.81	19.76
1921	47.82	30.66	17.16
1922	41.89	27.24	14.65
1923	43.80	29.00	14.80
1924	40.23	23.95	16.28
1925	39.96	26.43	13.53
1926	39.76	25.46	14.30
1927	38.74	25.83	12.91
1928	36.18	25.44	10.74
1929	34.10	23.26	10.84
1930	34.48	24.03	10.45

Source: NZ Vital Statistics, 1921 - 1931

racial standard of the people. He concluded that the blame for both of these phenomena should be attached to women. Influenced by feminist ideas and educated in a school system designed for delicate spinsterhood, women had lost touch with their true natures. The result was a declining birth rate, poor standards of mothering, and a consequently high infant death rate. The key to a strong race lay in educating women in their duties to the race and in teaching them the skills of hygienic home management. Only when mothers breast-fed their babies, and reared them in hygienic conditions, would the infant death rate fall and the sources of supply of inmates of gaols, mental hospitals and lunatic asylums "be cut off at their source".[11]

King combined his eugenic theories and the results of his feeding experiments in a coherent philosophy of child rearing. There were certain basic tenets of his scheme. First, every baby ought to be breast-fed. If a mother could not for some reason breast-feed her baby then she ought to substitute hygienically prepared, humanized cow's milk. No baby ought to be fed patent foods, solids, or concoctions such as "pap", a sweetened mixture of bread and milk diluted with water. Underpinning the system was regularity and cleanliness. Baby's clothes, feeding implements, and the mother's nipples had to be kept scrupulously clean. All baby's needs had to be met in an ordered and "scientific" way. Four-hourly feeds and regular bowel motions were fundamental to the system.[12]

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11. King, Evils of Cram, p. 28.

12. Frederic Truby King, Feeding and Care of Baby, (Wellington, 1921 (hereafter Feeding and Care), pp. 1-2, pp. 36-37, p. 52, p. 86, pp. 91-92.

In 1906 King presented his views in a speech to the Farmers' Union and published the text of it, including the methods of humanising milk, soon after. Already King had begun to provide a service for mothers in Dunedin to teach them the methods of child feeding which he had devised. He taught a Seacliff woman, Joanna MacKinnon, how to humanise milk using a method that reduced the amount of bacteria in the milk and augmented its food value by the addition of lactose. MacKinnon's services were freely available to the women of Dunedin and within months of commencing this service, she had fifty babies under her care.[13]

King's attitude to milk seemed to be predicated on both of the then current views of the link between infant deaths and milk supply. The view that breastfeeding was preferable because bacteria was present in the milk supply was one analysis of the connection. The other was that bottle-fed babies were at a disadvantage because feeding bottles were not cleaned properly, and bottle-fed infants were fed nutritionally inadequate food, such as condensed milk which was generally deficient in fat and vitamins A and D. King advocated a system of humanising cow's milk by heating it so as to kill any bacteria, supplementing its food value by adding lactose and lime water, and ensuring utensils used in the preparation and the feeding bottles were clean. He suggested that milk be stored outside the house in a clean meat safe. Hence it can be seen that King subscribed to the dirty milk and dirty home analyses as the

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13. Lynne Milne, "The Plunket Society: An Experiment in Infant Welfare", B.A. Hons Long Essay, Otago, 1976, pp. 40-43.

causes of infant death. Further, the primary responsibility of improving the standard of infant feeding lay with the mother.

An investigation of the milk supply by Dr Thomas Valintine, then Chief Medical Officer for the Wellington district, and later Director General of Health, concluded that, because of the poor standard of milk collection, distribution and storage, an ideal food for children was being turned into a "veritable agent for ill health and death". Milk was often collected in filthy sheds, stored in containers that could not be effectively cleaned, and kept cool in ponds, often full of "dirty stagnant water, yellow or green with old spillings". Unprotected from sun or dirt, milk cans sat for several hours before being transported to the towns. In the towns, milk was either purchased from shops in which the standard of cleanliness was often poor, or delivered to houses. For home delivery, jugs, often with the residue of old milk still in them, were left out for the milkman. In many instances, it was some hours before the uncovered jugs were retrieved from the streets.[14] Mothers were apparently lax in storing the milk in the homes. It was not covered and not keep cool. King advised keeping milk in a meat safe outside the house or by covering it with clean, damp muslin.[15]

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14. AJHR, 1906, H.-31, pp. ii-iii and 26-34; on the relationship between infant death and the storage and sterilisation of milk see Carol Dyhouse, "Working Class Mothers and Infant Mortality in England 1895-1914", Journal of Social History, V. 12, No. 2, Winter 1978, pp. 248-250; M.W. Beaver, "Population, Infant Mortality and Milk", Population Studies, V. 27, No. 3, July 1973, p. 244; Milton Lewis, "The Problem of Infant Feeding", p. 181.

15. Feeding and Care, 1921, pp. 28-29.

As King's experiment with infant welfare grew and the work apparently became too much for one man,[16] Dunedin was struck by an outbreak of diarrhoea in the summer of 1906/1907. That year, 110 babies died nationally, compared with only fifty-six the previous year. This epidemic aroused such public interest that at a public meeting in May 1907, it was decided to form an infant welfare society. The society soon became known as the Plunket Society because of its close association with Lady Plunket, wife of the Governor. The ladies who formed Plunket's first committee exclusively came from the city's business and legal elite. The committee did not, as was later claimed,[17] draw its membership from all creeds and classes. The Central Council was always dominated by wives of business and professional men. The Wellington Committee of the Society[18] was also dominated by the urban well-to-do. It seems too that most of them were past child-rearing age, and their interest in infant welfare stemmed from a desire that other women be taught how to rear their infants. It also gave them a means of social contact erected

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16. Milne, "The Plunket Society", p. 49; Plunket Society, Central Council Report, 1930, p. 10, claims that various friends told King the work was too much for one man and advised him to form a society; R.M. Burdon, New Zealand Notables, Series 2, Christchurch, 1945, p. 28 suggested that the friends might have suggested the idea but King put it into their minds.

17. Rita Snowden, From the Pen of F. Truby King, Auckland, 1951, p. 12; on the composition of the committee, see Milne, "The Plunket Society", p. 51.

18. Plunket Society, Wellington, 1914, Plunket Society Papers (hereafter PSP), 3/23.

on an edifice of benevolence and doing good.[19] King did not direct his campaign to the "society women" who formed the Committees. Rather, he believed the appeal would be and ought to be, to the "self-reliant and self-supporting class". He told the 1914 Conference of the Society that the Society ought to first get its ideas accepted by the more "intelligent" members of the community, who were the ones best equipped to rear a "great race". In time, the ideas would filter down to all levels of the community.[20] Milne suggests that the message was egalitarian in that he preached it to anyone prepared to listen. Olssen claims that the "self-reliant" classes grasped the message most readily. But King's eugenic ideas, his identification of higher female education as a course of maternal ignorance, and the content of the message suggest that he aimed it at certain groups within the community. He was, it seems, less concerned with the mothers of the unskilled working class who would have found his regime extremely difficult to adhere to.[21]

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19. Wealthy benefactos were important to Plunket, especially in its early days, for instance Wolf Harris gave a house in Dunedin to be used as a Karitane hospital and a subsequent donation of 10,000, Plunket Society, Central Council Minutes, 12 March 1915, also on other benefactors 18 November 1915, 11 August 1916, PSP 129/947.

20. Conference between Valintine, Chief Health Officer and a sub-committee of the Plunket Society, n.d. [1910?], PSP 4; Plunket Society, Fourth Annual Conference Report, 1914, p. 12, PSP 3/24.

21. Unfortunately, health statistics do not contain enough information for an analysis of infant death by social class, only the use of death certificates would provide the data for such an analysis. Elsewhere, the infant death rate was higher amongst the working class, see Milton Lewis, "The Problem of Infant Feeding", Jane Lewis, Politics of Motherhood, p. 67, Dyhouse, "Working

(continued ...)

In 1910 King wrote the first edition of The Feeding and Care of Baby for the Society. Through several printings and a few minor alterations this remained the Society's basic text until the 1940s. It became a vital reference in many homes, some women even knew it "by heart".[22] In it King outlined the requirements of successful child-rearing. The system was such that it required that a mother devote her full-time energy to child-rearing. If the system was followed strictly, there was little time for women to do anything else. The method also required that the family's living conditions be uncrowded. Further, the message was transmitted by the written word, in the books and in the "Our Babies" column which appeared in fifty newspapers in 1913.[23] The role of the Plunket nurse was important in spreading the message, but the reliance on the written word assumed fairly sophisticated literacy skills on the part of those who would read the prescriptions. King hoped his audience would be the sober, settled, self-reliant middle class. His belief that advanced female education was the cause of poor mothering supports this proposition, because

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21. (continued ...)
Class Mothers"; on the kind of conditions in which the practices would have been hard to conform to see W.A.V. Clark, "The Slums of Dunedin, 1900-1910", NZ Geographers' Conference Proceedings III, August 1961, pp. 85-92; Milne, "The Plunket Society", pp. 87-90; Erik Olssen, "Truby King and the Plunket Society; An Analysis of a Prescriptive Ideology", NZJH, V. 15, No. 1, April 1981, p. 9.

22. Frederic Truby King, The New Zealand Scheme for the Promotion of the Health of Women and Children, Manchester, 1913, p. 6.

23. Ibid., p. 2.

it was middle class girls who had grasped the chances for advanced education.[24]

The key to Plunket's scheme was the clock. It was the clock that enabled the mother to achieve regularity in all aspects of daily life. Babies had to feed, bath, sleep and excrete at regular intervals. Four-hourly feeds, with no feeding ever allowed between meals, were normal until eighteen months of age. Babies ought to be weaned between nine and twelve months, but the four-hourly feedings of humanised milk augmented with fruit, vegetables and bread should continue. At about two years of age the number of meals could gradually be reduced to three, with solids being slowly introduced into the diet.[25] Feeding needed to be regular, but it was also essential that babies excrete at a certain time. No mother was to let 10 o'clock in the morning pass without getting her baby's bowels to move. As King wrote "mothers often say, 'My babies bowels will not move at a certain time'. MAKE them move".[26] Infant constipation was the fault of the mother. The regularity of a breast-fed baby was certain if a mother's own bowels were regular. A constipated baby meant that mother had not been having her prescribed amount of exercise, a walk of at least one mile a day, and cold baths nor eating the right foods: fresh fruit and vegetables, water, milk, little tea and no

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24. Gardner, Colonial Cap and Gown, p. 110.

25. The 1921 edition of The Feeding and Care, p. 35 even included a diagram of a clock with a baby's daily cycle superimposed on it, pp. 36-38 and p. 47.

26. Feeding and Care, 1910, p. 99.

alcohol.[27] Toilet training began when the child was about two months old. Mothers were told to hold the baby over the potty twice a day at the same time every day. If a baby refused to co-operate, the mother was advised to tickle the anus with a feather and soon the desired results would be achieved.[28]

In the regime there was no time for mothers to play with small children. On the contrary, petting, "dandling" and rocking to pacify babies was injurious to them. Soon they would demand such attention all the time and become "exacting little tyrants". Rocking and patting by mothers and well-meaning relatives made babies spoilt. Spoilt babies would never grow up to be self controlled children and adults. "Over-indulgence", "mismanagement" and "spoiling" could be just as dangerous to the child as neglect or mistreatment.[29] Physical contact between mothers and their infants was confined to feeding, bathing and changing.

The practice of babies sleeping with their mothers was severely frowned on by King. Mothers ran the risk of lying on their babies and suffocating them. "Baby must NEVER sleep in bed with his mother."[30] Not only was there a risk

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27. Ibid., 1921 edition, pp. 9-10.

28. Ibid., 1921 edition, p. 62.

29. "What your Baby Needs", Plunket Society, Central Council Report, 1928, pp. 38-39.

30. Ibid., "over laying" was a cause of infant death that vexed many infant welfare reformers - see Jane Lewis, Politics of Motherhood, pp. 76-77. Unfortunately New Zealand death statistics did not isolate that as a cause of death, but King and Plunket were adamantly against babies sleeping with their mothers, indicating that they believed that babies did die of "over laying" in New Zealand.

that the mother might suffocate her baby, but sleeping in bed with its mother meant that it continually breathed foul air. Babies slept alone in their basinette, in a well ventilated room and preferably on an open veranda.[31] Such a regime was dependent upon the household having enough space to allow for such sleeping arrangements.

Other common child-rearing practices, such as the use of dummies and pacifiers and the covering of faces when outside was frowned upon. Babies needed fresh air, indeed the more time spent outside in the pure, clear air the better. Dummies introduced dirt, misshaped infants' mouths, and led them to become dependent rather than self controlled. The emphasis on obedience and self control was basic to King's philosophy on child-rearing.[32] Character training came to assume as much importance as hygiene and feeding. By 1916 a Plunket baby was not just a breast-fed baby, but one who was brought up according to the teachings of the Society. Indeed, the most important aspect of the Society's message was the regularity and routine the baby was made to observe.[33]

To carry out the regime prescribed by Plunket, a mother needed to be full-time in that job, have a home with sufficient space to cater for baby's needs, and the facilities to enable her to remove dirt from the domestic environment.

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31. Feeding and Care, 1921 edition, pp. 64-71.

32. This element of Plunket ideology is developed in Olssen, "Truby King and the Plunket Society", pp. 3-23.

33. Plunket Society, Central Council Report, 1916, p. 18; Bay of Plenty Times, [?] November 1922, PSP 756.

For some women, reaching the required standard must have been difficult.

In some ways, King's prescriptions seem quite naive about the reality of many women's lives. For instance, he advised that for a month after delivery a new mother ought to do no housework. If a monthly nurse could not be employed, a domestic servant ought to be engaged. Failing that a neighbour or family member might come and help.[34] The chances of being able to employ a domestic servant were small, even for those who could afford it. King came from a comfortable family background and all his medical experience in New Zealand was in hospitals.[35] His expertise on infant welfare was derived from experiments and reading. Agnes Bennett, who was in general practice in Wellington and was Medical Officer at St Helens, had a slightly different attitude to child rearing. She saw no wrong in feeding patent foods to infants over one year, prescribed a feeding regime that was more flexible than King's, and had a less stringent attitude to hygiene.[36] King's regime was based around the nuclear family, in which the husband worked and the wife cared for the children. Those groups whose lifestyle fitted the reality grasped the message and the service willingly.

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34. F. Truby King, The Expectant Mother and Baby's First Month, Wellington, 1921, pp. 17-18.

35. On King's social and career background see Mary King, Truby King the Man: A Biography, London, 1948; Burdon, New Zealand Notables.

36. Agnes Bennett, Baby's Welfare. Practical Hints to Mothers, Wellington, 1907; Agnes Bennett, Domestic Hygiene. Address to Wellington Red Cross, 13 September 1921, Wellington, 1921; Agnes Bennett, "Breast Feeding of Infants in New Zealand", Thesis for M.D., Edinburgh University, 1911: Drafts and Fragments, A.E.L. Bennett Papers, 1346:236.

In the 1920s, as the middle classes increased rapidly, Plunket's system was adopted by an increasing number of women.

The strictness and content of the Plunket method suggests two things. First, that it was not intended for the poor urban working class. King's eugenicism and analysis of the causes of maternal ignorance make that plausible. Secondly, it raises the possibility that women did not follow it completely, that they took advice from other sources. An Englishwoman who brought her baby up under King's doctrine in the 1920s recalled:

> One's baby screamed and tears splashed down one's cheeks while milk gushed through one's jersey. But one must *never* pick the baby up - it was practically incestuous to enjoy one's baby.[37]

It is hard to imagine that some New Zealand women did not have similar experiences. Certainly, practices at odds with Plunket's teachings continued. One Plunket nurse recounted how she was perplexed by an upset baby. The mother assured her that the baby was fed nothing but breast milk. Then an older child piped up, "He does have potato and gravy sometimes". The nurse also said that she was constantly assured by mothers that they did not use a dummy and then she found one hidden in the child's cot.[38]

But if many women continued to have some faith in older practices, they showed a great willingness to use Plunket

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37. Quoted in Jane Lewis, Politics of Motherhood, p. 101.

38. Pahiatua Herald, n.d. [192?], PSP 756: on the need to treat prescriptions with care see Jay Mechling, "Advice to historians on advice to mothers", Journal of Social History, V. 9, No. 1, Fall 1975, pp. 44-63.

Services. The first burst of activity occurred in 1912, in the wake of King's six month nation-wide tour, and as a result of this Plunket became a national organisation.[39] In 1913 Plunket nurses were at work in Wellington, Auckland, Christchurch, Dunedin, Invercargill, Napier, Timaru, Gisborne, Hawera and Wanganui.[40]

The link between women and the Society was the Plunket nurses. They were qualified nurses who attended a six month specialist course on infant feeding in particular and rearing in general. In the early days of the Society, the nurses visited women in their homes giving general advice and assistance with specific problems. Some women visited the nurses in the clinics but it seems it was more common for nurses to visit the mothers in their homes. In Dunedin the services were widely known, building upon the apparent early success of Joanna MacKinnon. Elsewhere the system of health visiting was perhaps less entrenched before the war. Women who gave evidence to the St Helens Commission in Auckland in 1913 had never heard of the Society, or of its nurses.[41] The other service provided by the Society was the Karitane Hospitals, for the care of sick babies, especially for babies with feeding difficulties.[42]

The pre-war growth of Plunket, especially in Dunedin but elsewhere as well, was built on its apparent success in

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39. Mary King, Truby King, pp. 205-207.

40. AJHR, 1913, H.-31, p. 12.

41. AJHR, H.-31B, p. 30 (Angelina Allen).

42. Milne, "The Plunket Society", pp. 54-81 outlines the development of this element of the work.

reducing infant mortality. The number of deaths in 1907 was particularly high. The number of deaths per thousand live births increased from 62.1 in 1906 to 88.78 in 1907, falling to 67.88 in 1908. The chief contributions to the high rate in 1907 were an outbreak of diarrhoea and a whooping cough epidemic. In 1907, 110 infants died of diarrhoea, almost twice as many as the previous year. Deaths from whooping cough accounted for 1.13 per cent of all infant deaths in 1906, but 9.29 per cent in 1907.

The increased rate in 1907 was important in galvanising the support King needed to transform his limited work into an infant welfare movement. It also gave Plunket a useful set of statistics. Thereafter the Society was able to produce graphs and diagrams showing a very high death rate in 1907, followed by what appeared to be a dramatic decline in the wake of the Society's foundation. What they were in fact describing was a return to the pre-existing trend. There probably would have been a reduction in the rate in 1908 whether Plunket had been formed or not. This is not to deny that the Society did make a contribution to the reduction in infant mortality and in particular to the decline in the incidence of intestinal diseases. In 1908, deaths from "diseases of the digestive system" accounted for 27.25 per cent of all infant deaths. By 1912 the proportion had declined to 15.61 per cent. Plunket's instructions on breast-feeding, the hygienic preparation of modified food, and the eradication of household dirt had an important impact on the death rate.

Plunket was similarly fortunate with the death rate in Dunedin city. The low death rate there was pointed to as an

indicator of the effectiveness of Plunket methods. Certainly the infant mortality rate was lower there than in other New Zealand cities. In 1909, in Dunedin city, the rate of deaths for infants under one year was 48.52 deaths per 1000 live births. The rate in Wellington was 84.21, in Christchurch 62.78 and 61.85 in Auckland. The Dunedin rate had, however, always been lower than elsewhere. The Health Department calculated a mean rate for the decade 1894-1903 of 134.7 for Auckland, 112.9 for Wellington, 105.6 for Christchurch and only 74.6 for Dunedin.[43] No doubt the cooler summer weather and the relatively sophisticated processing and distribution of milk made a contribution to the relatively low rate. Nevertheless, the Plunket Society was, and indeed ought to have been, well pleased with the fact that there were no infant deaths from diarrhoea in Dunedin from 1918 to 1922.[44]

These impressive statistics were important factors in Plunket's dramatic growth and success in the 1920s. The examination of army recruits revealed that the health of the nation's young was not as good as it ought to have been. The depressing statistics only confirmed what King had been saying for a decade. As a result the Society urged upon the mothers of New Zealand the need to redouble efforts to reduce mortality and improve the vigour of the race. Further, the "wastage" of life in the war made the needs of "life preservation" in the peace even more pressing.[45] There followed

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43. AJHR, 1906, H.-31, p. 27.

44. Plunket Society, Dunedin Branch Annual Report, 1922, p. 37.

45. Plunket Society, Central Council Annual Report, 1916, p. 2; "Our Babies", Otago Witness, 20 September 1916, PSP 3/24; Plunket Society Central Council Mins, 2 February 1917, PSP 129/947.

for Plunket a decade of impressive growth. The trend was the same, whether it was measured by visits to nurses, babies under care, or the number of branches. By 1930, sixty-five per cent of Pakeha children were under the care of the Plunket nurses.[46]

Part of this was the result of a deliberate policy by the Society to extend its influence, first to children under one month and then to children over one year. By the early part of the decade the infant death rate had steadied. It seemed to the Society that only by reducing the number of deaths of infants in the first month of life could any serious reduction be made to the total rate. The diseases that were the most common causes of death in the immediate post-natal period were less amenable to control by Plunket methods. The results of birth trauma and premature birth were only defeated when special care for weak babies became common in maternity hospitals. Nevertheless, the Plunket Society's Council concluded that any further reduction in the infant mortality rate would only come about if earlier contact was made with the babies and midwives were trained in Plunket methods. Early contact with mothers would also mean that the task of educating mothers in the techniques of mothercraft could begin earlier. Indeed, one delegate told the 1924 Plunket conference that it would be beneficial if all mothers could spend about two weeks at a Karitane hospital with their first babies so that the nurses would be able to teach them the proper way to look after them.

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46. Plunket Society, Central Council Annual Report, 1930, p. 48.

Delegates were united in their support of the idea but regretted that because of financial constraints such a scheme was impossible.[47] After 1922, Plunket nurses received regular lists from the Registrar of Births in their districts and then wrote to all the mothers of new babies. The Director of Plunket Nursing, Anne Pattrick, concluded that, as a result of this method, mothers were bringing their babies to the nurse earlier and in consequence, there was a "great increase" in the number of breast-fed babies.[48] Before the war it was more common for nurses to visit the mothers and babies in their own homes. During the 1920s it became more common for women to take their babies to the clinic. This was a deliberate policy by the Society. So many women wished to use the nurses' services that it became impossible for the nurses to visit many mothers.[49] It might also be that women preferred to visit the nurse, because of the chances of meeting other mothers at the clinic, and it prevented nurses from inspecting their homes.

In the 1920s a copy of Plunket literature was given to all couples applying for a marriage licence. Included with a copy of The Expectant Mother and Baby's First Month was a brief pamphlet which stressed the importance of the information contained in the book and reminded the reader that "Perfect Motherhood is Perfect Patriotism". The pamphlet

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47. Plunket Society Conference Report, 1924, p. 45.

48. Plunket Society, Central Coucnil Report, 1923, p. 3, pp. 21-22; a copy of the letter is contained in Plunket Society, Dunedin Branch Annual Report, 1924, p. 50.

49. Table 4.4.

TABLE 4.4

Plunket Society: Visits to Nurses and Visits by Nurses to Homes, 1918 - 1930

	1918	1920	1922	1924	1926	1928	1930
Babies under care	13234	19142	22586	35086	41655	54700	64576
Visits by Nurses to homes	58171	69128	97093	113052	155983	182587	189698
Visits to Nurses	76752	94195	178404	364580	371560	478937	606597

Source: Plunket Society Central Council Reports, 1918 - 1930.

TABLE 4.5

Babies Under Plunket Care, 1918 - 1930

Year	Babies Under Care	% of Live Births Under Plunket Care	Live Births	Children Under Five Years
1918	13234	51.18	25860	
1919	15951	65.15	24483	
1920	19142	63.98	29921	
1921	17495	61.24	28567	129192 (13.54%)
1922	22586	77.86	29006	
1923[1]	28328			
1924	35086			
1925	37808			
1926	41655			134431 (30.99%)
1927	35086			
1928	54700			
1929	62492			
1930	64576			

Source: Babies under Care figures from Plunket Society Central Council Reports, 1918-30.
Live Births from NZ Statistics, Vital Statistics.
Children under five from 1921 & 1926 Censuses.

1. After 1923, the number of "babies under care" was greater than the number of live births, indicating the trend of children older than one year coming under Plunket care.

confidently asserted that "almost the only risks to life and health run by mother and child are easily avoidable risks, due to ignorance, carelessness and mistakes".[50] In 1922 Wellington Plunket volunteers sent a copy of the same information to 50 per cent of all married women younger than thirty-five.[51]

The Society also identified a need to supervise children until school age. It was claimed that the good work done in the first year was useless in the end because mothers were ignorant about the needs of older children. The basic needs of regularity, good feeding and exercise were as applicable to young children as they were to babies, but too few mothers recognised that. Young children were fed the same things as adults, too much "soft" food and far too many cakes and sweets. The education of mothers on the needs of older children was not so much concerned with reducing mortality, but ensuring the health, physical and moral, of children. Obedience and self control were taught from the moment babies were fed regularly and potty trained, but it seemed that, while mothers followed the dictates for babies, they failed to recognize the need to inculcate these values in older children as well.

Plunket literature showed the preponderant view on sexuality, that for social order sexuality needed to be contained and that sexual thoughts and activities were so

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50. Plunket Society, Central Council Report, 1924, pp. 4-5; The Expectant Mother and Baby's First Month was, in effect, a condensed version of The Feeding and Care of Baby.

51. Plunket Society, Central Council Report, 1922, p. 4.

forceful that reason would be lost in their path. But whereas the feminists had made their claims for sexual control on the basis of an assertion of female autonomy, King and Plunket made it on the basis of the need to preserve social order. Children who masturbated affected the behaviour of a "group of play-mates or even a whole school".[52] Such sexual prococity or indeed the development of sexual irregularity, posed the greatest threat to any "civilisation which regards self control as essential".[53] The view that sexuality needed to be contained for the effective ordering of civilised society was not unique to Plunket. Whereas other groups stressed the need to inculcate the values of chastity in the young, Plunket's answer was more precise in definition. Infants reared in a manner that encouraged regularity would learn to be obedient and self controlled. But even the very detailed teachings of the Society would cause moral improvement. Chronic constipation caused "intolerable itching". This excited sexual feelings, and soon the "vice of masturbation is contracted".[54] The implications of the Society's teachings on regular bowel movements were thus more profound than appeared at first sight. Women unfortunately forgot the cosmic significance of the basic tenets of the Society once the days of babyhood had passed. Consequently the Society moved to ensure greater influence over older children.

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52. Feeding and Care of Baby, 1925, p. 122; on sexuality of the young see Dyhouse, Girls Growing Up and Paul Thompson, The Edwardians, London 1975, Chapters 4 and 5.

53. RNZSHWC, Picture Shows, Wellington, 1920.

54. Feeding and Care of Baby, 1925, p. 150.

In 1926 one area in Dunedin was designated a special district. Based around the Kelsey-Yaralla kindergarten on the North Dunedin flat, the nurse moved to extend her work to older children. At the end of the first year of the experiment she had contacted half the families of young children in the area. She reported to her superiors that a great deal of education was needed to get the mothers to realise the need for continued supervision once babyhood had passed.[55] The aim of the pre-school section was to bridge the perceived gap in the "skilled supervision and advice" between babyhood and school days. The notion was that the work of the Plunket nurse ought to be extended so that she could exercise some supervision over young children until they could be "handed over to the supervision of the School Medical Officer and Nurses".[56]

Whatever their motivation, women answered the call in increasing numbers. In 1918, 76,752 visits were made to the Plunket clinics. In 1930 there were 606,597 visits. The number of nurses and the number of branches increased rapidly as well. In 1918 there were thirty-seven nurses based in twenty-four centres. In 1925 there were ninety-four nurses in fifty-five centres and between them the centres had 377

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55. Plunket Society, Dunedin Branch Annual Report, 1927, pp. 67-68.

56. Caption accompanying photograph of children aged about three years, Plunket Society, Christchurch Branch Annual Report, 1927, p. 26; the Department wanted to get from Plunket its records so that it would have, with its own information collected in the school medical examinations, a complete record of each child, Director General of Health to Director of Plunket Nursing, 30 August 1927, PSP 704.

sub-branches.[57] This trend to sub-branches accelerated throughout the decade, in both small country towns and in suburban areas. The Hutt Valley branch grew to such an extent that in 1925 it split into Upper and Lower Hutt branches.[58] The large city branches had numerous sub-branches and the nurses conducted weekly clinics in the sub-branches. In 1926 the Christchurch nurses, as well as conducting clinics in the central city, visited sub-branches at Sydenham, Papanui, Woolston, Sumner, Belfast, Kaiapoi, Ellesmere and Lyttleton.[59] Each sub-branch had its own committee of local women, and by various means such as fairs, dances and bridge evenings some were able to raise sufficient funds to buy their own premises. In 1925 the Hastings branch raised £1036 in a fund-raising effort. In the early part of the decade the Central Council told branches that if they wanted an extra nurse they would have to provide half her salary and pay to outfit her. To many branches this was no stumbling block. Many country branches were also able to raise enough money to buy their nurse a car.[60] Plunket committees and their social activities no doubt became integral parts of community life. The Plunket Society provided

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57. Plunket Society, Central Council Report, 1919, pp. 11-12; Plunket Society, Central Council Report, 1925, pp. 17-20; see also the Annual Reports of all the individual branches, 1926-28, PSP 570-572.

58. Plunket Society, Lower Hutt Branch Annual Report, 1925.

59. Plunket Society, Christhcurch Branch Annual Report, 1926.

60. The Annual Reports of the branches detail these fund-raising activities. The local committee had fairly wide discretion on fund-raising, although the Central Council prohibited the sale of sweets at any fair, Plunket Society, Central Council Report, 1926, p. 13.

information on child rearing that women found meaningful, it provided a service to help women ensure the health of their children and the means of maintaining and extending social relationships.

Plunket's ideology was predicated upon the nuclear family; the father was the bread-winner, the mother the child-rearer and home-maker. Fathers played a minimal role in the socialisation of their children. Mothers had no other role in life. Not only did it seek to create the character-type suited to ordered society, it required that sort of society for it to be effective. The strictures on domestic hygiene, separate arrangements for babies and special meals for young children depended upon a clean, reasonably spacious home run by a full-time mother. By the 1920s that sort of existence was the norm for an ever-growing number of New Zealand families.[61] Even those families whose living conditions were far from the ideal felt strong needs to provide the best possible environment for their children. An Auckland woman who lived in a packing case and tent at Point Chevalier with her husband and three children told the Auckland Weekly News that the family could not afford to rent a "room" in

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61. On the trend to suburbanisation and changing housing patterns, see G.N. Stedman, "The South Dunedin flat: a study in urbanisation, 1849-1965", M.A. thesis, Otago, 1966; E.W. Rogerson,"'Cosy Homes multiply' : a study of suburban expansion in Western Auckland, 1918-31", M.A. thesis, Auckland, 1976: on the changing demographic structure, see L.B.D. Heenan, "The Urbanisation of New Zealand's population: demographic patterns in the South Island, 1881-1961", in R.J. Johnston (ed.), Urbanisation in New Zealand: geographical essays, Wellington, 1973, pp. 108-131; S.H. Franklin, "New Zealand's population in the welfare era, 1901-1962", in R.F. Walters (ed.), Land and Society in New Zealand: essays in historical geography, Wellington, 1965, pp. 160-187.

town. In any event, it was better for the children to live where they could play in the open. If the family lived in the centre of the city the children would had to have played in the street and that was not good for them.[62]

The ideology was shaped in the first instance by King, but it was tantamount to official policy. That was certainly true when King was appointed Director of the Child Welfare Division of the Health Department in 1920. Indeed, King's appointment seemed to have been for no other purpose than to give official recognition to his attitudes.[63] The purpose of this philosophy was to encourage an increase in the birth rate. King said as much in his reply to a request from the Canadian Social Services Council for information on the New Zealand Health Department's policy on birth control. King replied;

> both the State and private organisations dealing with the conservation of family life and the welfare of mother and child do all in the power to encourage and promote increase not diminuition, in the size of the family.[64]

Women, however, found that to carry out the tenets of this child-rearing system they needed to limit family size. They also found that they needed to be healthy during and after pregnancy. Just as they had ceased to accept the inevitability of infant death and ill-health, they came to reject ill-health and death as an acceptable risk of childbirth. As a consequence of that, women came to make demands about the quality and content of maternity services and practices.

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62. Auckland Weekly News, 11 June 1925, p. 32

63. Philippa Smith, "The State and Maternity in New Zealand 1920-1935", M.A. thesis, Canterbury, 1982, pp. 24-27.

64. Director of Child Welfare to General Secretary, Social Service Council of Canada, 23 May 1923, H.13/20/3.

CHAPTER 5

MATERNAL WELFARE: POLICIES AND USERS

To meet the demands of professional and scientific motherhood, women found that it was essential for them to be healthy. Further, the reduction in infant mortality led to a changed attitude to death, ill-health and disease. As a result, women refused to accept that childbirth ought to be risky and that ill-health and weariness were a necessary consequence of motherhood. In August 1926, Jenny Bates, a Spreydon woman, wrote to the Director General of Health. She had seven children and by the time she had fed them and attended to all their needs she was too tired to eat. She was weak and weary. Many times she had "wept with tiredness". It was clear from the tone of Bates' letter, and indeed from the very fact that she wrote it, that she did not believe women ought to accept exhaustion as a necessary price of motherhood.[1] Notions of what constituted women's rights underwent a redefinition in response to the changing definitions of womanhood. As the 1920s progressed, women asserted, sometimes in words, other times by actions, influence over the nature of maternity services.

The quality of maternity services touched the lives

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1. Jenny Bates to Director General of Health, [August] 1926, H.13/20/3.

of most New Zealand women. It is not surprising the women, collectively and individually, tried to assert some control over the nature of those services. Because the policies on maternity were formulated principally by men, it is tempting to see women as essentially passive in the changes that took place during a sustained attack on maternal mortality during the 1920s. Indeed, both the Health Department and the doctors seemed to ignore women, talking as they did about "cases", "rates" and "statistics". But women did make assertions of their own and forced some alterations in policy. Women wanted pain relief, privacy and shortened labours. It was inevitable that as consumers they would get caught in the battle waged by the Health Department and obstetric specialists for status and for control of maternity policies. Many women agreed with the views of the medical profession. Doctors offered pain relief and shortened labours. The obstetricians might have "preyed on" women's fears,[2] but women believed that what was offered by the profession was best and they chose the kind of maternity care offered by doctors for that reason. The medicalisation of childbirth by doctors might well have destroyed an important part of female culture and meant that women lost control of the

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2. Smith, "The State and Maternity", p. 282; Smith's analysis is primarily about the evolution of policy and the conflict between the doctor-bureaucrats of the Department and the obstetricians. The role of women in the process has no part in her argument, indeed she claims women exerted no influence over policy, p. 404; on the ways that the apparently powerless can exert influence see, Berenice Carroll, "Peace Research: The Cult of Power", Journal of Conflict Resolution, December 1972, pp. 379-400 and Delamont and Duffin, "Introduction" to Delamont and Duffin, Nineteenth Century Woman, pp. 10-13.

childbirth process, but in the 1920s women did not see it in that way. The doctor-bureaucrats of the Health Department ignored them. It seemed that the doctors had some respect for their wishes. The role of women doctors, especially Doris Gordon and Sophia de la Mare, in forging this relationship between women's demands about maternal rights and the medical profession, was highly significant.

Little is known about maternity services in nineteenth century New Zealand. It is safe to say that almost all births took place in private homes and that most babies were delivered by midwives. Readily available evidence suggests that most midwives were ignorant, slovenly and dangerous. Overseas research had shown that this stereotypic view of midwives is wrong. It would therefore be unwise to use such evidence to describe nineteenth century midwifery practice in New Zealand.[3] It is true, however, that there was no formal training for midwives. Midwives learnt their skills from other women, in the course of practice, or from the "medical men who employed them".[4] By the early twentieth century there were, in urban areas at least, a number of small, private, maternity hospitals. By then women had a choice. Some had their babies

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3. For example the Mansons describe one midwife whose apparently sole gesture to cleanliness was to boil her wig each week, Manson, Doctor Agnes Bennett, p. 48; on the re-interpretation of the role of midwives in obstetrics see, J. Donnison, Midwives and Medical Men : a history of inter-professional rivalries and women's rights, London, 1977; Judy Barrett Litoff, American Midwives 1880 to the Present, Westport Connecticut, 1978.

4. R. Tracy Inglis, "The History of Obstetrics and the Development of Maternal Care in New Zealand", Kai Tiaki, January 1928, p. 18.

at home, attended by a midwife or, for an increasing number of wealthy women, by a medical practitioner. Others chose to give birth in maternity hospitals, commonly referred to as "homes".

It was the growing anxiety about the declining birth rate that led to public concern about maternity care. In 1904, Seddon was sufficiently concerned about the declining birth rate to consider a "Sale of Preventatives Prohibition Bill". He soon rejected that idea and turned his attention to infant and maternal "life protection". In May 1904, he circulated his "Memorandum on Child Life Preservation". Seddon proposed State registration and training of midwives, the establishment of State maternity homes for the wives of working men, and the better supervision of homes for illegitimate children.[5] The first two of these proposals were contained in the Midwives Registration Act of 1904. It is obvious that the motivation behind the Act was the desire to halt the decline in the birth rate[6] and no doubt that contributed to the universal support the Bill received in the House. Seddon blamed the appallingly high number of infant deaths on the standard of care available at the time of birth. "Reproduction and the preservation of life" were amongst the foremost duties of mankind and ensuring the adequate training of midwives was one element of this duty. The one cause for concern the Bill gave some Members was that single women were to be allowed to train as midwives. Seddon maintained it was just "false

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5. Tennant, "Matrons with a Mission", pp. 86-87.

6. See Health Department File, St Helens - General 1905-38, H.111.

modesty" that demanded midwives to be married. Seddon was adamant that only midwives be responsible for delivering babies. He was opposed to any suggestions that medical students could gain experience at the hospitals.[7]

The Act prescribed that all midwives be registered after graduation from a course at one of the State maternity hospitals. In the interim, those women who were practising midwifery already could become registered if they were able to supply evidence from a medical practitioner confirming their proficiency and evidence of their good character from a clergyman or similarly respectable person.[8] The course of study consisted of an explanation of pregnancy and its complications, the stages of labour and the mechanics of delivery, and developed sufficient skills for the midwife to recognize the symptoms of abnormality. Regulations also laid down the rules for the State maternity hospitals. These soon became known as St Helens Hospitals, in honour of Seddon's birthplace. In these hospitals, deliveries were to be managed by the trainees under the supervision of the matron, herself a qualified midwife. Matrons were expressly forbidden from using instruments to assist in the birth, or from using any pain relief drug. If the labour was particularly difficult or if there were any complications the nursing staff were to call in the Medical Officer. General practitioners were appointed as Medical Officers and as well as

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7. NZPD, 128, 1 July 1904, pp. 70-71 (Seddon); D.W. Carmalt Jones, Annals, pp. 134-135.

8. Midwives Act, 1904, S.4(a): NZG, 1905, pp. 1022-1023; AJHR, 1906, H.-22, p. 3.

coping with difficult cases, they were to assist with the training of the midwives. These hospitals, each situated near the densest area of poor population, were for the married women of the working class.[9] With these locational requirements in mind, Grace Neill, an assistant Inspector of Hospitals, set about finding suitable accommodation in the four main centres.[10] A St Helens hospital opened in Wellington in June 1905 and another in Dunedin the following month. A third opened in Auckland in June 1906 and a fourth in Christchurch in October that year. In Wellington, Dunedin and Christchurch women general practitioners were appointed Medical Officers.[11]

The State also moved to more effectively control and regulate private maternity hospitals. These hospitals were generally small, with facilities for only two or three patients, and, apparently, many of them were owned by medical practitioners.[12] Regulations gazetted in January 1907

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9. Tennant, "Mrs Grace Neill", p. 13.

10. Interpretations on the establishment of these hospitals differ. Both the Mansons and Sutch take the view that in every case Grace Neill was the instigator, going so far as to describe the legislation as her brainchild, Manson, Doctor Agnes Bennett, p. 51; W.B. Sutch, Women with a Cause, Wellington, 1973, p. 97. Tennant inclines to the view that Seddon's role was crucial, Tennant, "Mrs Grace Neill", p. 12; Emily Siedeberg suggested that, in Dunedin at least, Harriet Morrison and Seddon were more important than Neill, Diary, Emily Siedeberg MacKinnon Papers, Box 4, Hocken.

11. AJHR, 1906, H.-22, p. 3; at first a man was appointed in Wellington, but at Grace Neill's instigation he was replaced by Agnes Bennett, Manson, Doctor Agnes Bennett, p. 60.

12. J.O.C. Neill, Grace Neill: the story of a noble woman, Christchurch, 1961, p. 51.

required private hospitals to be licensed by the Minister of Public Health. Applicants had to provide evidence of their own good character and the premises had to satisfy certain structural requirements before a hospital could be licensed. The licencees had to keep a register of patients and the officials of the Department could inspect the premises at any time. On any occasion on which a diagnosis of puerperal fever was made, no more patients could be admitted until the local Departmental Officer was satisfied that there was no further risk of infection.[13]

The State had entered the field of maternity care in a limited, but significant way. It was limited in the sense that the benefits of St Helens extended to a few married women. But the basis of Departmental policy was set. Supervision of the places where confinements took place was one basis of the policy. The other was that it was preferable for deliveries to be conducted by midwives. The chance of septic infection was less if a midwife attended a parturient woman than if a doctor did. This was extremely important because septic infection (puerperal septicaemia) was the most common cause of death following childbirth. Before penicillin and sulpha became available in the 1930s and 40s, there was no cure for the infection. Prevention was therefore crucial to safe maternity.

Sepsis can follow a delivery where instruments are used or where a woman haemorrhages. The haemolytic streptococcus virus, present in the mouth, nose and throat

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13. NZG, 1906, p. 1661.

of the medical attendant, could easily be transferred to the parturient women in whom a lacerated cervix, vagina or perineum would afford a suitable breeding ground for the virus. Doctors, who commonly came to a woman in labour from dealing with other patients who might have septic wounds, and who used instruments regularly, were likely to cause infection. The virus, indicated by a high temperature, is particularly virulent and easily spread. Therefore, domiciliary confinements attended by midwives, seemed least likely to cause septic infection. Preventive measures, such as ensuring the cleanliness of surroundings and minimizing instrumental interference, were essential.[14] Policy was therefore directed toward ensuring that the labour environment minimized the chance of infection.

The principal reason the State became involved in maternal care was to save the lives of as many infants as possible and to arrest the declining birth rate. Improving the quality of the birth environment would improve the health of infants. Not only would fewer babies die, but those that survived would be healthier. The child, rather than the mother, was the focus of attention. These pro-natalist policies had their roots in eugenics. The State became involved in regulating the standard of maternity care primarily because of a perceived need to save babies, not to make childbirth safer than it was.

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14. Jane Lewis, Politics of Motherhood, pp. 117-139; Richard W. and Dorothy G. Wertz, Lying-In A History of Childbirth in America, New York, 1977; Wesley Spink, Infectious Diseases Prevention and Treatment in the Nineteenth and Twentieth Centuries, Minneapolis, 1978, pp. 13-15.

Because of the scarcity of health statistics before World War I, it is impossible to calculate where confinements took place, or to establish whether the increase in hospitalization noted abroad took place in New Zealand as well.[15] The number of small private hospitals remained fairly constant but it is impossible to know how many women used them. From Health Department reports it seems that the quality of care provided by these hospitals varied greatly.[16] Some St Helens-trained midwives took over maternity hospitals, a trend that pleased the Department because these midwives were well-trained in the practice of asepsis.[17] Many small hospitals were owned by doctors who confined their own patients there, frequently assisted by Class "B" midwives or by untrained "handywomen".[18]

Women could therefore choose between three different places to have their babies. Married working class women could have their babies in the St Helens hospitals. Others could choose to have their infants in private maternity hospitals, attended either by a midwife or by a doctor depending on the institution. The final option was to have the baby at home and again with the choice between a midwife or a doctor. Presumably the cost of these services varied greatly and for many women the choice was probably dictated

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15. Jane Lewis, Politics of Motherhood, pp. 120-121; Wertz, Lying In, p. 128 and pp. 143-146.

16. AJHR, 1907, H.-22, p. 3.

17. AJHR, 1909, H.-22, p. 14.

18. AJHR, 1926, H.-31. p. 24; Smith, "The State and Maternity", Pp. 52-54.

by what they could afford.[19] Doctors could provide one service that was increasingly perceived as an advantage. Midwives were specifically forbidden by the regulations that controlled their activities from giving any anaesthesia or analgesia. Doctors could provide pain relief, and, because they were able to use forceps, they could apparently "speed up" labours.[20] In 1918 a doctor who specialized in obstetrics claimed that pain relief was given by doctors to about 90 per cent of the women they confined.[21]

Before World War I, the Health Department began, albeit tentatively, to get involved in maternity care, particularly in two ways. One was the assumption of the control and regulation of the training of midwives and the licensing of maternity hospitals. The other was the provision of subsidized care for the wives of working men in the St Helens hospitals. Women had begun to demonstrate a preference for deliveries conducted by medical practitioners, even if St Helens-trained midwives had in fact received much better training in midwifery than medical graduates from Otago.

The War gave new emphases to older concerns about racial health and vigour. The standard of fitness revealed in the examination of troops, and the high mortality rate, made life and health preservation seem all the more important. The anxiety was compounded by the high mortality rate in the influenza epidemic. In March 1921, the newly re-organized

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19. On the cost of maternity services, see Cost of Living Commission, AJHR, 1912, H.-18, p. 336 and p. 506.

20. AJHR, 1913, H.-31A, p. 46.

21. NZJHH, July 1918, pp. 214-215.

Health Department[22] launched a health campaign to raise public awareness and improve health education.[23] The campaign was conducted by Frederic Truby King, whose reputation as a health expert and propagandist was firmly established. If the successful campaign to reduce the infant mortality rate could be extended to achieve an improvement in the health of the whole nation, then the future of the nation might not be as bad as was feared. It would be mothers who would play the crucial role if this improvement was to be effected. Consequently, much of King's propaganda in the campaign was directed toward women.[24] Two months later, the Children's Bureau of the United States Labour Department published the results of a survey of international maternal mortality rates. New Zealand's rate was the second highest. This seemed especially shocking when New Zealand had the lowest infant mortality rate. To a nation that continued to be proud of its reputation as a social laboratory and as "God's own", the statistics were a "blow to national pride".[25]

The Minister of Health, C.J. Parr, considering it a matter of "national importance", asked the Director General of Health to investigate the accuracy of the figures. If they were accurate he wanted to find out why New Zealand's

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22. See Smith, "The State and Maternity", p. 5; Linda Bryder, "'Lessons' of the 1918 Influenza Epidemic in Auckland", NZJH, V. 16, No. 2, October 1982, pp. 97-103.

23. Kai Tiaki, April 1921, p. 82; AJHR, 1922, H.-31, p. 21.

24. AJHR, 1923, H.-31, pp. 22-23.

25. ODT, 10 May 1921, p. 4.

TABLE 5.1

Puerperal Deaths per 1000 Children Born, Selected Dates 1875 - 1920

1875	6.44
1880	3.93
1885	7.31
1890	5.42
1895	5.45
1900	3.84
1905	4.22
1910	4.50
1915	4.70
1920	6.48

Source: Year Book, 1921-22, p. 104.

TABLE 5.2

Puerperal Deaths, All Causes, per 1000 Live Births, 1920 - 1929

	Deaths	Live Births	Death Rate Per 1000 Live Births
1920	194	29921	6.48
1921	145	28567	5.08
1922	146	29006	5.03
1923	141	27967	5.04
1924	139	28014	4.96
1925	131	28153	4.65
1926	121	28473	4.25
1927	137	27881	4.91
1928	134	27200	4.93
1929	129	26747	4.82

Source: NZ Vital Statistics, 1921 - 1931

TABLE 5.3

Maternal Deaths, by Cause, 1920 - 1929

	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
Accidents of pregnancy	26	9	13	17	15	10	20	7	11	12
Puerperal haemorrhage	40	18	22	26	19	24	9	17	15	10
Other accidents of pregnancy	12	10	13	4	6	7	9	10	4	8
Puerperal septicaemia	67	48	52	52	52	42	39	70	56	49
Puerperal phlegmasia, alba dolens embolus, sudden death	9	18	12	8	11	14	11	6	9	14
Puerperal albuminuria and convulsions	37	41	35	34	36	32	32	26	38	34
Following childbirth (not included elsewhere)	3	1	2	2	1	2	1	1	1	2
Total	194	145	149	143	140	131	121	137	134	129

Source: Year Book, 1931, p. 161.

rate was so high, and what could be done to reduce it.[26] Recognizing the complexity and importance of the matter, the Director General referred the questions to the Board of Health, which in turn appointed a special subcommittee.

The subcommittee decided that it could not be certain whether New Zealand's rank was accurate because of the different methods of measuring mortality used by different countries. It was unclear how many nations included deaths from abortion, as the New Zealand figures did. For that reason the subcommittee concluded that there was "considerable doubt" about the accuracy of New Zealand's position. Nevertheless, wherever New Zealand ranked, the rate was too high to be acceptable and the subcommittee turned its attention to the causes and the remedies. Already the Minister had vowed he could not "rest content" until New Zealand was at the bottom of the list.[27]

The principal cause of maternal death in New Zealand and elsewhere was still puerperal sepsis. It seemed that in recent times there had been an increase in the incidence of puerperal fever. The subcommittee concluded that there were three main reasons for this. The War had caused an increase in the virulence of, and a decrease in the resistance to, certain organisms. The reduced resistance among women was exacerbated by lack of domestic help and housing problems. Perhaps more importantly, confinements frequently took place

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26. ODT, 12 July 1921, p. 7; Health Department files reveal that it was the bureaucrats idea to get it referred to the Board of Health to get the issue out of the hands of King, Smith, "The State and Maternity", p. 39.

27. ODT, 12 July 1921, p. 7.

in totally unsatisfactory surroundings, in private homes and in substandard private maternity hospitals. The subcommittee was convinced that there was an unacceptably high rate of forceps deliveries. The use of instruments was dangerous for two reasons. Their use increased the likelihood of lacerations, and if the instruments were not properly sterilised they transmitted the infection to women. Others claimed that the tendency for an ever increasing number of women to have their babies in hospitals meant that there was overcrowding in many hospitals. Further, many midwives who had been in practice before 1905 and had gained registration on the basis of experience, were untrained in methods of asepsis.[28] The subcommittee carefully avoided apportioning blame for septic infection.

The subcommittee recommended closer supervision of private maternity hospitals and more detailed investigation of each maternal death. It advocated better training for midwives, and it especially wanted more emphasis on a thorough knowledge of asepsis. The subcommittee concluded that it was necessary to educate the public that, in the great majority of cases, instrumental deliveries were unnecessary. It was patients and their families who brought "undue pressure" to bear on medical attendants to "expedite the course of labour by the use of instruments".[29] As Smith

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28. ODT, 13 July 1921, p. 8.

29. AJHR, 1921, H.-31A, p. 3; The view that women were asking their medical attendants to hurry nature along by the use of forceps was not confined to New Zealand, J.M. Winter, "Infant Mortality, Maternal Mortality and Public Health in Britain in the 1930s", Journal of European Economic History, 1979, p. 457.

has pointed out, the subcommittee was dominated by doctors and was therefore unlikely to blame medical practitioners for the apparently high rate of instrumental interference.[30] It was, however, easy to blame women. The subcommittee concluded that better ante-natal care and supervision were essential to the reduction of maternal mortality, and the subcommittee thought it advisable for the Department to establish ante-natal clinics throughout the country.

In many ways the subcommittee re-stated earlier policies that had been employed to reduce maternal mortality. Supervision of maternity hospitals and better training of midwives had been the aims of the Health Department since the early twentieth century. Now, concern about the use of forceps assumed paramount importance, and the value of ante-natal care was recognized. In this, the subcommittee was undoubtedly influenced by Henry Jellett, formerly Master of the Rotunda Hospital, Dublin, and author of text books on obstetrics and gynaecology, who had recently settled in Christchurch, who gave evidence to the subcommittee.

All these elements provided the basis for the Health Department's assault on maternal mortality and morbidity throughout the 1920s. Early attention was paid to puerperal septicaemia, because it was the chief cause of maternal illness but also because of all the diseases of childbirth it seemed the most easily controllable. Some ideas were added during the decade and some elements assumed greater importance. Although the subcommittee's report remained the blueprint for

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30. Smith, "The State and Maternity", p. 41.

Health Department policy during the decade, the views of Henry Jellett assumed increasing importance.

For its part, the medical profession deplored the "undue publicity" given to the matter in the press, believing that feelings of "apprehension and anxiety" had been created amongst prospective mothers.[31] Urgent action was required to restore public confidence in the nation's maternity services. The profession believed that the inclusion of abortion figures in the total maternal death records was responsible for New Zealand's poor international record. When the Otago Daily Times asked several Dunedin doctors for their reaction to the subcommittee's report, they all mentioned the high number of abortions and denied there had been a marked increased in the use of instruments.[32]

The BMA, obviously concerned about the blow to its public image, set up a special committee of its own to consider the whole question. The committee was convened by Russell Tracy Inglis, an Auckland doctor who specialised in midwifery, as well as being Medical Officer at St Helens. It concluded that the situation was not nearly so serious if the deaths from abortions were excluded. It believed that the future for maternity services in New Zealand lay in the creation of large hospitals, because they were safer, more efficient and provided facilities for the better training of midwives.[33] The committee remained silent on the question of

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31. ODT, 7 March 1921, p. 3.

32. ODT, 11 October 1921, p. 6; see also NZPD, 191, 11 October 1921, pp. 400-401 (Dr Thacker).

33. NZMJ, V. 21, No. 102, April 1922, pp. 57-58, Tracy Inglis experience at St Helens may have influenced this apparent enthusiasm for large hospitals, a view not shared by all doctors.

"meddlesome midwifery", no doubt sensitive to charges, such as that levelled by Truth, that the profession was hiding behind the term meddling when "murdering" would have been a more accurate description.[34]

The figures might have stirred up a controversy, but at that point the Health Department's policy rested on rhetoric rather than action. While there was no action taken on the Report's recommendations, there was no conflict with the medical profession. Only after a major outbreak of septicaemia at the Kelvin Private Hospital in Auckland was the Department galvanised into action. Until then, women's organisations seem to have remained silent. For instance the Christchurch branch of the NCW did not discuss the matter, and it certainly did not arise as an important issue at the 1921 NCW conference. There seem two possible reasons for this. First, the NCW, as has been seen, was dominated by single women and possibly the maternal welfare issue needed to be transformed into something very urgent for it to have much impact on women's groups. After all, the 1921 discussions centred on statistics. The issue may therefore have seemed less immediate and, in a sense, less real. Also in 1921 the NCW devoted most of its energy to a campaign to raise the age of consent. There was, perhaps, little time for anything else.

Women, however, were beginning to make their preferences obvious. In 1922, the Director of the Division of Hospitals, D.S. Wylie, told the Director General that St Helens hospitals

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34. NZ Truth, 6 August 1921, p. 4.

were not being utilized as they should. Women resented not being allowed to have anaesthesia or be attended by the doctor of their choice. Apparently the midwife-conducted "natural" deliveries at St Helens did not appeal to many women. Wylie suggested that perhaps the time had come for St Helens policy to change and midwives ought to be allowed to give chloroform.[35] In the past, various women's organisations had suggested to the Department that midwives ought to be allowed to do this. Their argument was based on the fact that pain relief in labour was something women wanted and something every woman should have if she wanted. Although in 1917 the Health Department concluded that the administration of analgesia was too great a responsibility to entrust to nurses, in 1922 its officials concluded that matrons might be allowed to do this.[36]

The St Helens Medical Officers did give twilight sleep occasionally, but only when they thought it was necessary.[37]

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35. Director of Division of Hospitals to Director General of Health, 30 March 1922, H.111/2/4.

36. Women's Progress League, Napier to Premier, 17 July 1917; New Plymouth woman to Inspector General of Hospitals, 5 April 1918; Emily Siedeberg to Deputy Director General of Health, 21 September 1922 (received), Agnes Bennett to Deputy Director General of Health, 28 September 1922, and Russell Tracy Inglis to Director General of Health, 12 November 1922, H.111/2/4.

37. NZJHH, September 1917, pp. 45-46; twilight sleep, the administration of morphine and scopolamine, produces analgesia and sedation with an effect very similar to full general anaesthesia; Doris Gordon was very keen on twilight sleep, Gordon, Backblocks Baby Doctor, pp. 153-157, (including an account of the births of her own children under it); no copy of her MD thesis "Scopolamine Morphine Narcosis in Childbirth" seems to have survived.

Departmental officers were not in favour of twilight sleep because they believed it was dangerous. Although it had "little or no ill-effects" on mothers, it was potentially dangerous to babies, causing problems in respiration. When it was decided to introduce pain relief to St Helens, it was chloroform that was chosen. It is not anywhere made clear in the Department's files, but it seems that the decision to have chloroform would lie with the women. If it was asked for, the nurse would give it, unless perhaps there seemed special reasons not to. If this is true, it amounts to quite a change in policy, because in the past pain relief had been given when the Medical Officer thought it advisable, not when a woman wanted it. Although the Department was opposed to interference in labour of any sort, policy had to change in response to women's obvious preferences.

The recommendations of the 1921 Report were not acted upon, chiefly because of the financial constraints placed upon the Department in the early years of the decade. However, in 1923 there was a prolonged outbreak of septicaemia at a highly respectable Auckland hospital and as a result the Government and the Department could not allow the matter to rest any longer.

Between July and November 1923, five women died at the Kelvin hospital. It is not hard to imagine the impact that had on women, especially in Auckland. The deaths caused alarm, relations "were up in arms, expectant mothers in tears and the country generally demanded explanations".[38]

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38. Gordon, Backblocks Baby Doctor, p. 160.

A campaign waged principally by the mother of the fifth woman who died caused the Government to set up a Commission of Inquiry.[39] The fact that the Government appointed a Commission rather than referring the matter to the Board of Health, as had been done in 1921, showed just how serious the matter seemed to have become.

Puerperal septicaemia was a notifiable infectious disease under the 1920 Health Act. The Act placed an obligation on any medical practitioner who was aware of, or suspected a case of, septicaemia to inform both the proprietor of the premises and the Health Department. The officers of the Department were obliged to take action to "prevent, limit and suppress" the spread of the disease. Normally this meant the isolation of the infected patient, the closure of the hospital and the complete disinfection of the building, fixtures and staff.[40] Furthermore, the 1921 subcommittee had recommended that each Medical Officer of Health ought to personally inquire into any death from puerperal septicaemia notified to the Department in his district. This recommendation had been relayed to all the Medical Officers, but, along with the rest of the Report's recommendations, it had never been given any legal force.

The Assistant Inspector in Auckland, Miss Bagley, had made a routine visit to Kelvin on 16 February 1923. There was a death from septicaemia in July, two deaths in September and one on 10 October 1923. The next visit to the hospital

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39. C.J. Drake to F. Earl, 16 February 1924, H.131/38/18.

40. NZG, 1907, p. 1660; the regulations were still in force although the Act had been repealed.

by an officer of the Department was made on 16 October. The Commissioners were sympathetic to the officers, who were quite obviously overworked. They were appalled that the Medical Officer for the Auckland District, Dr Hughes, made his first visit to Kelvin on 12 November. The actions of the Auckland office showed, in the view of the Commission, "a complete, and having regard to the exceptional circumstances, an amazing absence of vigour".[41] These criticisms were, however, unfair. The Department had not received the appropriate notifications from the doctors concerned. The Commission was dominated by doctors and, as Smith has pointed out, they were unlikely to fix the blame on their colleagues. Health Department officials were irritated. The Department was blamed when in fact it was operating within severe financial constraints, and doctors had not notified it.[42]

Kelvin was one of the best run private maternity hospitals in Auckland, with the most suitable conditions and equipment. Its major fault was that the bath, toilet and sink were all in the same room. It was in this room that all the expectant and "convalescent" mothers bathed. The Commissioners made no comment on the practice of bathing all women when they were admitted to the hospital. In many private hospitals bed-pans were apparently emptied and washed in baths, so the practice of bathing was well designed to introduct septic organisms into women.[43]

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41. AJHR, 1924, H.-31A, p. 10.

42. Smith, "The State and Maternity", pp. 67-70; F.S. Maclean, Challenge for Health A History of Public Heath in New Zealand, Wellington 1964, pp. 301-303.

43. Smith, "The State and Maternity", p. 59.

The Commissioners had no doubt that the "private maternity hospital system in New Zealand was unsatisfactory from almost every standpoint". Hospitals were small and ill-equipped, few had sterilisers because they were too expensive. They were run by licencees who were for the most part well trained but did not have the financial resources to improve the premises. The financial return from such institutions was not sufficient to attract the "capitalist".

Health Department officials agreed that the standard of private maternity hospitals was inadequate. D.S. Wylie, Director of Hospitals, reported to the 1921 BMA conference on an inspection he had made of the private hospitals in a "medium sized town". The four hospitals had a total bed capacity of 18, none had a separate labour room, sterilising equipment, or the means of isolating a patient suffering from an infectious disease. Private maternity hospitals generally had unhygienic conditions, such as wallpaper peeling from walls, rubbish in bedrooms and unclean meat safes. What gave Wylie most concern was the general disregard of the regulations. Notifiable diseases were not reported, changes of ownership were made without the Department being told, unlicensed rooms were used for patients' use and registers were kept haphazardly.[44]

The Kelvin report agreed with the Health Department's opinion on the standard of private maternity care. Premises were unsuitable and regulations were ignored. Regulations under the 1908 Midwives Act specifically forbade midwives from administering drugs. These regulations had fallen

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44. NZMJ, Vol 21, No. 102, April 1922, pp. 47-48.

into disuse and in private hospitals Matrons often gave patients a "whiff" on the instructions of the medical attendant. The Committee believed the practice could not be "too strongly discouraged".

The Commission concluded that, in the case of Kelvin, the actions of the Health Department had not been as thorough as could have been expected. At the more general level, the Commission was of the view that efficient maternity care would have to be provided by the Government through the Health Department, and be paid for by the user on an income-related scale.

Never again would the Department be accused of langour. Its officers set about tackling the problem with both energy and urgency. There were three objectives of the subsequent attack on maternal mortality: improving the standard of asepsis in the places where births took place, extending the availability of ante-natal care and improving the quality of midwifery training. The Department also appointed Thomas Paget as Inspector of Private Hospitals and Henry Jellett as Consulting Obstetrician. The appointment of Jellett made the future course of Departmental policy plain. Jellett supported the establishment of large maternity hospitals and believed that most labours ought to be attended by midwives. Because his ideas were so important to Health Department policy in the following years they are worth looking at in some detail.[45] He in a sense defined the boundaries of the argument and the other two groups involved in maternity care,

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45. Ibid., p. 36, pp. 35-45 show Jellett's views on the New Zealand system.

doctors and women, reacted to his ideas.

Jellett asserted that the maternal mortality rate in New Zealand was "somewhat excessive", the number of instrumental deliveries far too high, and most maternity hospitals were unsuitable in both construction and equipment. He was opposed to interference, either by instrument, Caesarian section or vaginal examination unless it was "absolutely necessary". As he wrote:

> Labour is a physiological process, under normal conditions, until we interfere with its course. Such interference is a pathological process, where complications of all kinds jostle one another for predominance.[46]

He contended that such interference was the chief cause of deaths from septicaemia. The other significant contributor to the high rate of septic death was the unsuitable surroundings where deliveries took place.

Jellett was also concerned with "functional mortality". When problems arose with the female generative organs many surgeons were too quick to remove offending organs. The skilled gynaecologist, claimed Jellett, would do everything he could to save the "female generative system" from "unnecessary mortality". There were two reasons why this ought to be the aim. Unnecessary surgery brought with it unnecessary dangers and put lives at risk, and the removal of generative organs was followed by sterility. Concerns about the declining birth rate continued to shape the efforts to reduce maternal mortality and morbidity.[47]

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46. Ibid., p. 38.

47. Septicaemia could also lead to sterility, Philips Cutright and Edward Shorter, "The effects of health on the completed fertility of non-white and white U.S. women born between 1867 and 1938", Journal of Social History, V. 13, No. 2, Winter 1974, pp. 191-217.

Jellett proposed four remedies for the relief of "maternal and functional mortality". First, the relationship between the patient and the attendant needed change. He understood it was common practice for medical practitioners to be engaged for the very reason that they could speed up deliveries by using forceps. Jellett was not in favour of doctors being present at deliveries. As their presence meant "forced deliveries and shortened third stages", continued Jellett, they were better absent. Busy general practitioners had to shorten labours as much as possible to fit births into their schedules. Furthermore, those who came to the parturient women from dressing a septic cut or something similar, brought with them to the delivery those very organisms that sensible midwifery practice sought to exclude. The role of the medical practitioner was to provide ante-natal supervision and to identify potentially difficult cases. Delivery, maintained Jellett, was the task of the midwife. Second, the multitude of small and inefficient maternity hospitals were inimical to safe, modern obstetric practice. Jellett thought that they ought to be abolished and replaced with midwifery "blocks" attached to public hospitals. With parsimonious and unimaginative Governments in power in the 1920s, such proposals had no future. Third, Jellett perceived a need for better obstetric instruction for medical students, so that they would be able to correctly identify the role of the medical practitioner in pregnancy and childbirth. Such education would also mean there would be a group of highly qualified specialists for difficult cases so that there would be a reduction in "functional mortality".

Finally, Jellett believed that maternity services ought to be centred in large, modern hospitals and that most confinements ought to be attended by midwives. He also believed that the standard of asepsis ought to be the same as for surgery.[48] He therefore supported some degree of medicalisation of childbirth even though he was opposed to instrumental interferences except in the most exceptional cases.

By the appointment of Paget and Jellett the Department showed its intention of attacking the maternal mortality problem in a clinical way. However, some benefit was seen in a programme of public education and propaganda. It was the Minister, Maui Pomare, and King, still Director of Child Welfare, who favoured such a propagandist approach to the issue. The bureaucrats in the Department, increasingly irritated by King, favoured a more clinical approach.[49] It is noteworthy that although the Department had shown itself keen to speak to women's organisations on venereal disease when they wanted to sway female opinion, they never saw any need to explain the policies on maternal welfare to women.

On 8 June 1924, Maui Pomare, the Minister of Health, launched a campaign to reduce maternal mortality through public education. Accompanied by Truby King, Pomare embarked

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48. Henry Jellett, A Manual of Midwifery, London, 1910, pp. 153-156.

49. Smith, "The State and Maternity", Chapter 2; on the close relationship between King and Pomare see Olssen, "Truby King and the Plunket Society", p. 11, f.n. 37.

upon a nationwide speaking tour. Their message was simple. The principal cause of maternal death was instrumental interference. At the same time they stressed the need for better regulation of the places where births took place and the need for readily available ante-natal care. In a speech in a campaign later that week, Pomare claimed that too many women were pressuring doctors into using forceps to "hurry nature along".[50] This call for the return to natural child-birth, and its implication, that women were incapable of bearing pain, drew swift and strongly worded comments from many women. For two weeks the Letters to the Editor columns of the Otago Daily Times were full of letters from women who took issue with Pomare and King. "A medical practitioner who is also a Mother" summed up the views of many of the correspondents when she wrote, "I reply to Maui Pomare and Truby King, 'Gentlemen, we are having New Zealand's babies, not you'."[51]

It was implicit in the argument of King and Pomare that the system at St Helens was the ideal. There, forceps and pain relief were used only very rarely, and in extremely difficult cases. There was, as a result, a low rate of

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50. ODT, 9 June 1924, p. 8; King was opposed to forceps deliveries because he believed they caused much idiocy and imbecility, see, Valintine to King, 17 May 1917, King to Valintine, 31 May 1917, Valintine to King, 5 June 1917, H.13/25.

51. ODT, 13 June 1924, p. 9; the sentiments expressed and the style of expression suggest that the correspondent was Doris Gordon. Gordon, although forthright in her view, may have used a nom-de-plume in deference to medical ethics. A correspondent using the same name wrote a very similar letter to Dominion, 24 June 1924, PSP756.

septic infection there. Some rejected the belief that St Helens had a low incidence of septic infection. Indeed it was claimed that unflattering statistics were "covered up".

The praise of St Helens elicited many strongly held feelings that the system there was in fact "not very kind".[52] Women claimed that stitches were inserted without anaesthetic, with patients being "held down". Others claimed that if there was thought to be any chance of a woman delivering without assistance she might be left unaided for up to three days. One correspondent even claimed that the standard of asepsis in St Helens was as poor as in any private maternity hospital, but that the Department preferred to ignore this. Women might not be afraid of death, contended "1924 Mother", but they were afraid of the St Helens system. Wealthy women had the benefits of twilight sleep and the attendance of a doctor at all stages of their labours, and these were rights due to all women.[53]

At that point Emily Siedeberg, Medical Officer at St Helens in Dunedin, wrote to defend the hospital. She alone inserted stitches and she assessed carefully each case before deciding whether or not to use an anaesthetic. She contended that a doctor was called for every complication, no matter how "trivial".[54] Siedeberg's defence did not stem the flow of angry and bitter letters. "Just another mother" claimed

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52. ODT, 17 June 1924, p. 5.

53. See "A 1924 Mother" and "Otago Central Mother", ODT 18 June 1924, p. 8.

54. ODT, 20 June 1924, p. 8.

she found the experience of having her second and subsequent babies in her own home, with a nurse and her own doctor in attendance, much better than the birth of her first child in St Helens.[55] Others claimed the attendance of a doctor at the confinement was the right of all women.

"Mother of Five" suggested that if the Government could not afford the cost of pain relief for those who had their babies at St Helens, then wives of working men ought to be able to get "things" to prevent pregnancy. She claimed she would "rather die than have another baby naturally". In fact, the link between the horrors of a painful childbirth and a decline in the birth rate was made by many.[56]

It is clear from the unsolicited views of the women who wrote to the newspaper that they all had clear ideas on what women could expect when they had their babies. Agony, lack of support and ill-health were not the natural prices of motherhood. Pain relief, sympathetic treatment and safety were reasonable expectations. Indeed they believed that women had a right to such things.

King re-entered the discussion with a letter to the Otago Daily Times. He claimed that the mothers and babies who were "sacrificed" at or about the time of childbirth were the victims of "complex artificial circumstances, for which the mother must share responsibility with the medical and nursing professions". Equally important, and here he

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55. ODT, 21 June 1924, p. 7.

56. Medical Officer, St Helens, Gisborne to Nurse Inspector, 15 February 1922, Nurse Inspector, Wanganui, to Director of the Division of Nursing, 8 August 1921, H.111/2/4.

harked back to the old theme, was the foolish ways of educating girls, which left them with no "idea as to the essentials for healthy, normal womanhood".[57]

The New Zealand branch of the BMA maintained that the Department, its Minister and King were all making "alarming" statements about interference. They believed that factors other than interference were the cause of the high death rate, and continued to suspect that criminally-induced abortion was a significant factor.[58] In essence, the Department blamed the doctors, the doctors blamed the criminal abortionist, and they both blamed women.

The NCW began to develop a policy of its own. This growing interest probably arose out of the issues raised by the Kelvin Commission and because the events at Kelvin personalised the issue. The NCW either ignored or did not identify the growing tension between the doctors and the Department. But the policy they began to evolve demonstrates that they were increasingly on the same side as the doctors. For instance, the Dunedin Council was perturbed that the Health Department might close down all the private maternity hospitals. The women believed that, although many of these hospitals were sub-standard, small "homes" were the best places for women to have their babies. Closer and more effective supervision and inspection of maternity hospitals was all that was needed.[59] Since it was in these hospitals

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57. ODT, 2 August 1924, p. 13.

58. ODT, 17 June 1924, p. 6 and p. 8.

59. ODT, 21 June 1924, p. 6.

that doctors attended women and gave pain relief, it seems reasonable to infer that the NCW women preferred that type of delivery. The same attitudes can be seen in a discussion paper that the Wellington NCW distributed among its affiliates late in 1924. The Council identified careful and thorough inspection of maternity "homes" as one of the most important parts of a policy to reduce maternal mortality. Other elements in the Council's proposal suggest that they favoured some degree of medicalisation of childbirth. For one thing they carefully talked about the better training for "attendants"; the word midwife was never mentioned in the paper. The NCW also put considerable faith in the benefits of women paying more careful attention to their health, both generally and during pregnancy in particular. Improved personal health, better training for midwives and closer supervision of maternity homes were basic to the NCW's solution to the apparent maternal welfare problem.[60]

By this point, the position of the three groups had become clear. The Health Department, influenced by Jellett, subscribed to the view that asepsis and minimal interference held the key to reducing maternal mortality. The position was given a slightly different emphasis by Pomare and King who tended to the view that it was the selfishness of women that made instrumental deliveries so common. The medical profession, especially a growing group of obstetric specialists within it, saw no reason to entrust childbirth to midwives. Preferring Bonney's views on the causes of septic infection

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60. SPWC (Wgtn) Mins, 7 November 1924.

and coming to understand more about the other causes of abnormal births, they saw the need to have labours attended by doctors. It was also an attempt by them to hold their position in the face of Health Department policy, which favoured midwife deliveries. Women showed that they preferred pain relief, and shortened labours in small hospitals. Taranaki doctor, Doris Gordon, formed an important link between obstetric specialists and feminism.

Two things influenced Gordon's attitudes to childbirth practices. She recalled later that she was appalled that doctors who specialised in midwifery practice when she was a house surgeon about the time of the War, seemed to think that urinary incontinence, prolapses and anaemia were the "natural price of motherhood".[61] Gordon could not accept that. It was, however, two specific incidents that shaped her attitude to childbirth. The first delivery Gordon ever conducted was of a woman in the Forth Street Hospital in Dunedin. The woman was in labour for thirty-six hours with no relief from sedatives. Gordon later wrote.

> If this was ... the law of life, then I'd spend my days discovering some safe method of making it easier. ... Simpson had discovered chloroform, especially to relieve women in labour. ... Why had this woman not had it too?

The second crucial incident in the evolution of Gordon's views came when she was called to visit a woman she had confined nine days earlier. She rushed to the woman's home to find

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61. Doris Gordon, Doctor Down Under, London, 1957, p. 49.

> a church deaconess sitting calmly on the double bed acting as a buffer between the terrified convalescent mother and her drunken husband. He was shouting for his marital rights.[62]

Thereafter she believed that it was the right of all women to rest for fourteen days before returning home. Thus, for Gordon, hospitalisation had advantages beyond what she would have identified as the medical advantages. No doubt her experiences in Taranaki, where women milked cows with their babies in cribs beside them, further convinced her of the need for such a rest. The NCW shared this view. Indeed, the Council wanted it made illegal for women to work in paid employment for six weeks before and after childbirth.[63] This suggests that the Council believed that, whereas it was common for middle class women to have a rest it was less common for working class women to have such a rest. Gordon believed it was the right of all women to have their babies in hospital, attended by the doctor of their own choice.[64]

Gordon's subsequent experience with twilight sleep, a mixture of scopolamine and morphine, when she had her own children, further convinced her of the benefits of analgesia in childbirth. Further, she contended that having her four children made her a "better doctor". Thereafter she laboured

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62. Gordon, Backblocks Baby-Doctor, pp. 68 and 94.

63. Wrote Mrs M.N. (Wellington) to Marie Stopes, 6 September 1922, "I know a woman ..., a dairy farmer's wife ... She is the mother of 17 children, she gets up at 3.30 am and has to ... *handmilk* 90 cows" (her emphasis), also Mrs W.J.B. to Stopes, March 1926, in Ruth Hall, Dear Dr Stopes, p. 124 and pp. 135-136.

64. Gordon, Backblocks Baby-Doctor, p. 158.

with every woman she delivered.[65] It was this amalgam of personal experience and medical knowledge that made Gordon confident enought to dispute the contentions of King, Pomare and Health Department officials that women should "[d]o without doctors ... do without anaesthetics". How could, she pondered, "the honourable Minister, a *man*," know how much or how little the insertion of stitches might hurt at the end of a strenuous twenty-four hour labour.[66]

She found that her views were not popular. She claimed that when she left for an overseas trip in 1924, letters of introduction to overseas obstetricians were not forthcoming from the Department. Also, she claimed that King suggested that she resign as President of the Stratford Branch of the Plunket Society because she held views on the use of anaesthetics in labour that were at variance with his. She stuck to her view, reassuring herself that King was not an expert on midwifery and concluding that she was demanding for all women the same rights that the "society ladies" on Plunket committees expected for themselves.[67] Pain relief, it would seem, had become common for middle class women by the early 1920s. The attitudes of women who had their babies at St Helens show that, by the middle of the decade, working class women wanted the same treatment.

The Department showed, as yet, no willingness to alter policy in the fact of this criticism by women. Neither was

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65. Gordon, Doctor Down Under, p. 77 and p. 66.

66. Gordon, Backblocks Baby-Doctor, p. 162 (her emphasis).

67. Ibid., pp. 162-164.

there any immediate willingness to compromise with the medical profession. The Health Department had made clear the focus of its policy when, in 1924, Henry Jellett was appointed Consulting Obstetrician to the Department.[68]

Shortly after his appointment, Jellett prepared a report on the St Helens hospitals. The two newest, at Wanganui and Invercargill,[69] were quite adequate. However, a new building was urgently needed in Christchurch, alterations were required in Auckland and Wellington, and soon new premises would be needed in Dunedin as well. He also recommended changes to the practices at these hospitals. Routine bathing and vaginal examinations of all patients on admission ought to be discontinued. Jellett suggested the adoption of a precise routine for the disinfection of equipment and surroundings. He thought that the St Helens midwives should be allowed to administer chloroform. He asserted that in private practice. midwives were routinely given gas to patients and he saw no reason why St Helens midwives could not do so also.[70]

Obviously many women thought care at St Helens was callous, and if they could afford it, they chose to have their babies where analgesia was available. Jellett's proposal represented something of a change of heart for him, and suggests that he too thought it was time that the St Helens system recognized the preferences of women. He

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68. AJHR, 1925, H.-31, p. 4.

69. St Helens, Invercargill was established after a deputation of WCTU women met George Russell, Minister of Public Health in 1917, White Ribbon, 18 September 1929, p. 1.

70. Henry Jellett, Report on the St Helens Hospitals, 1 August 1924, H.111/19.

believed that maternal mortality would decrease if the number of confinements attended by midwives increased, because it seemed to him that excessive instrumental interference was the real evil in obstetrical practice. The judicious use of chloroform might in fact reduce the use of forceps,[71] and it might also encourage women to entrust the management of their labours to midwives, rather than to doctors.

After inspecting the seven St Helens Hospitals, Jellett embarked upon a more general consideration of the state of maternity services. Since 1921, nothing had caused him to change his mind about the necessary elements in good obstetric practice. Future policy, he contended, ought to be directed to the establishment of a large hospital in each of the four main centres. Such institutions would be sufficiently large for the efficient training of midwives and medical students and to have ante-natal clinics attached. Jellett thought there was little value in the education of mothers as was favoured by Plunket. It was where the confinements took place that the most useful work could be done.[72]

In the meantime, the practices and training at the St Helens hospitals needed to be standardised urgently. He also recommended the creation of a new class of nurse, the maternity nurse. In view of the financial outlay required, it is not surprising that the large maternity hospitals were

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71. Memo, April 1928, H.13/25.

72. Jellett to Editor, ODT, 2 June 1924, p. 10.

not established until many years later.[73]

The Nurses and Midwives Registration Act, 1926, which classified obstetric nurses as either midwives or maternity nurses, gave legal definition to what had been a practice ever since the 1904 Midwives Act. The new class of midwives, highly trained in obstetric technique, were allowed to deliver babies on their own. The maternity nurse, adequately but less highly trained, could work only in concert with medical practitioners.[74] Since the 1904 Act many midwives, especially the Class B midwives, those who had been registered on the basis of experience, had done the routine nursing while doctors had managed the deliveries. All midwives registered under the 1904 Act had been allowed to work independently. The 1926 Act changed that. Only the highly trained midwives could work independently. Jellett hoped that when sufficient women had been trained in this way, they would form the basis of a new maternity system in which most deliveries would be attended by midwives. It would seem, however, that in the interim few women would have been qualified in this way. If there were not many midwives allowed to work independently that must surely have increased the number of women having doctors deliver their babies. That was not the intention of the Act, but it seems likely that that was the result.

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73. The foundation stone of the National Women's Hospital in Auckland was not laid until 1959, Gerald Wakely, For the Women of New Zealand; The Story of the National Women's Hospital, Auckland, 1963, p. 11; on the establishment of a modern obstetric hospital in Dunedin see "Protests from Women's Organisations, 1933-34", H.117/26/1 and Training of Medical Students in Midwifery - newspaper cuttings, H.117/26A.

74. Nurses and Midwives Registration Act, 1926; Smith, "The State and Maternity", pp. 127-130.

Meanwhile, Jellett had not been idle. Together with Thomas Paget, Inspector of Hospitals, he had drawn up regulations describing the asceptic technique to be followed by midwives during labour and the puerperium. The two men also wrote a pamphlet describing the technique for the midwives.[75] Jellett and Paget concentrated on puerperal septicaemia, not only because it was the principal cause of death, but because by the 1920s, it was, in theory at least, wholly preventable. There was, however, no effective treatment before the 1930s. Prevention was the first, and only, line of defence.

The regulations were very detailed. The standard of asepsis to be achieved in private homes and in private hospitals was very high. The bedding, walls and floor had to be thoroughly cleaned and all unnecessary furniture and clothing removed from the room where the birth was to take place. The midwife had to thoroughly disinfect "the genital organs or their neighbourhood" on every occasion they were touched. She also had to thoroughly clean her own hands and forearms by scrubbing them vigorously with antiseptic soap and hot water for at least five minutes. After rinsing in cold water, the nurse had to soak her hands in an approved antiseptic for five minutes. Although midwives were directed to use rubber gloves or finger stalls when making all vaginal examinations, gloves and facial masks were not yet used for the actual delivery.

The midwife was responsible for the health of her

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75. NZG, 25 September 1924, pp. 2207-2213.

patient and baby for ten days after the birth. It was for this reason that the Plunket Society wanted all midwives to have appropriate training in Plunket methods.[76] If the midwive was not resident in the house, she was obliged to visit at least once every twenty-four hours and record the woman's pulse and temperature. A doctor had to be called whenever there was any abnormality and if the midwife suspected the presence of any notifiable disease she was obliged to tell the Department immediately. By now septicaemia and ecampsia were both notifiable diseases. Puerperal fever was indicated by a temperature of more than 100.4°F for more than twenty-four hours. Medical practitioners and midwives had to officially notify such cases. Morbidity was indicated by a temperature reading of 100°F on two occasions within a twenty-four hour period. Such information had to be recorded, but not notified.[77] Midwives were still not allowed to use any drugs, such as ergot, or administer any form of pain relief, including chloroform, except under the direction of a medical practitioner.

Jellett and Paget were unmoved by criticism that the technique was too complicated. Asepsis to surgical standard was complicated, but the two men claimed that that made it no less necessary. Similar criticisms were levelled at Jellett's textbook, but he was unswerving in his assertion that the standard required for surgery was equally necessary

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76. Plunket Society, Central Council Report, 1925, p. 14.

77. NZMJ, Vol. 26, No. 35, October 1927, p. 209.

in obstetrical practice.[78] Such a standard of asepsis might well have re-enforced the trend toward hospitalisation. The domiciliary midwife probably found the standard unattainable in many of the homes she visited. Further, the consumer would have had to bear the cost of antiseptics, rubber gloves and so on. Increased cost of domiciliary care would probably have resulted in more women choosing alternatives.

In 1927, Jellett began his campaign against instrumental interference in earnest. He identified instrumental interference as one of the principal causes of septic infection. He was unimpressed by doctors who could point to a high forceps rate and low mortality and morbidity rates in their practices. Even if a doctor had a low mortality rate, too frequent use of forceps was a bad example for his less-skilled colleagues. Jellett began then to analyse the rate of forceps deliveries in ever-increasing detail. He declared that a forceps delivery rate of 14 per cent was the maximum acceptable level. It was still, in his view, a higher rate

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78. AJHR, 1926, H.-31, p. 22; NZMJ, Vol. 26, No. 135, October 1927, pp. 203-204; the asceptic technique described in the Regulations was very similar to that outlined in Jellett's textbooks, see Henry Jellett, A Short Practice of Midwifery, London, 1913, pp. 1-8, A Manual of Midwifery, pp. 153-156 and The Causes and Prevention of Maternal Mortality, London, 1929; on the criticisms of Jellett's book see Jane Lewis, The Politics of Motherhood, p. 127; Smith claiming that Lewis has misunderstood Jellett's views, maintains that his method was only designed for maternity hospitals, Smith, "The State and Maternity", p. 108. Smith's criticisms of Lewis seem irrelevent in the New Zealand context in that the asceptic technique devised by Jellett and made binding on midwives by the Regulations, was to be followed by all midwives wherever they worked. Further, Smith contention that Jellett favoured domiciliary care is unfounded, see footnotes 48 and 72 above.

than required for the normal population, but he used it as his benchmark because it was a "concession to the bad habits of the country".[79] The rate in the East End Mothers Home in London was only 2.38 per cent. When he completed his first analysis he was surprised to find that the practice was not as widespread as he had expected. He hastened to add, however, that there were still too many institutions with a rate of more than 14 per cent. In the same period, the rate estimated for New South Wales was about 50 per cent,[80] so that the New Zealand level does not seem particularly high.

Jellett believed that instruments were used for various reasons. Doctors used forceps so that they could shorten labours and move on to the next case. Women demanded interference because they were unable or unwilling to bear pain. Further, "misguided and clamorous relations" urged fearful women to demand instruments. Jellett contended that one of the reasons why forceps rates were comparatively low in hospitals was that there a woman was away from the influence of her "fussing family".[81] Others suggested different reasons. New Zealand babies were particularly heavy because pregnant women were generally well nourished. The combination of small pelvises and large babies made a high rate of forceps

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79. NZMJ, Vol. 26, No. 135, October 1927, p. 208.

80. Claudia Thame, "Health and the State: the development of collective responsibility for health care in Australia in the first half of the twentieth century", Ph.D. thesis, Australian National University, 1974, p. 163; in 1933 it was estimated that British Doctors used instruments in 60 per cent of their cases, Jane Lewis, Politics of Motherhood, p. 149.

81. Henry Jellett, Memo, "The Use of Forceps", 1928, H.13/25; AJHR, 1928, H.-31, p. 41.

deliveries likely.[82]

Regardless of these arguments, Jellett continued with his campaign. He wrote to all hospitals and doctors with an average of over 40 per cent. In 1928, he wrote to all doctors with a rate higher than 30 per cent. Among those to receive a letter from Jellett were Doris and Bill Gordon. Jellett was concerned that he could not get information about rates in private homes. He suspected that in domiciliary practice forceps were used far too frequently.

It was inevitable that Jellett's activities would lead him to conflict with the profession. He questioned doctors about their forceps rates and investigated each maternal death.[83] It was not surprising that the members of a self-disciplining, independent-minded profession resented his inquiries. This irritation had been growing for some time. Gordon, for instance, was irritated that the Department appeared to insist that its permission be obtained before a caesarian operation was performed. Complained Gordon to Paget,

> By the time I've written asking for your consent to do a Caesarean, and have waited for your answer, I'll be able to send you the duplicate of the death certificate.[84]

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82. NZMJ, Vol. 27, No. 142, December 1928, p. 325; Cutright & Shorter, "The Effects of Health"; no figures on the incidence of diseases such as rickets which cause pelvic deformity exist in New Zealand, however, in 1913 23 per cent of school children examined were suffering from some degree of malnutrition, AJHR, 1914, E.-2, Appendix F, p. v.

83. NZMJ, Vol. 26, No. 135, October 1927, pp. 210-211.

84. Gordon, Backblocks Baby-Doctor, p. 159 and Gordon, Doctor Down Under, p. 53.

Doctors became increasingly annoyed with Jellett. The Department's local officers, who had to cope with the ire of the doctors, also were irritated by Jellett. At one level the doctors challenged Jellett's basic assumptions, claiming that in private practice a rate of about 50 per cent was perfectly acceptable. On another level, they were quite simply irritated by Jellett's interference and blunt manner. Russell Tracy Inglis begged Valintine to do something to protect the profession from Jellett's "sarcastic letters". Even Paget told Valintine that he thought Jellett's letters were "unnecessarily blunt" and likely to cause antagonism.[85]

The conflict between doctors and the Health Department was about status. But there were theoretical differences as well. Paget and Jellett thought the origins of septic infection were exogenous. Infection was introduced into the woman from outside, usually by hands or, most dangerously, by instruments. Doctors, taking what was in fact an old view, believed that the source of infection was in the woman's body. In the 1920s the autogenous theory was seen as "modern", because of the work of Victor Bonney who suggested that the microbes were "raised to a state of virulence by the bruising and exhaustion of labour". Further, the doctors believed that their methods, which they believed reduced bruising and exhaustion, lessened the chances of septic infection.[86]

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85. Tracy Inglis to Valintine, 3 August 1929, and 14 August 1929; Paget to Valintine, Memo, 24 July 1929; Medical Officer of Health (Wellington) to Acting Director General of Health, 1 July 1929; Dr Wheeler (Matakana) to Medical Officer of Health (Auckland), 3 May 1928; Dr Moir (Auckland) to Medical Officer of Health (Auckland), 23 April 1928; H.13/25.

86. Gordon, Backblocks Baby-Doctor, pp. 160-161.

Doctors in private practice tended to the view that comparing instrumental rates of large hospitals with those in private hospitals placed private practice in an unfair light. The arguments were fully developed by T.F. Corkill, a Wellington obstetrician, in an article in the New Zealand Medical Journal.[87] Corkill contended that there were different types of practice. The age and class of parturient women and the place of confinements were so varied as to make comparison between different types of practice invalid. St Helens hospitals constituted one class. To set it up as a standard, as Corkill and his colleagues thought Jellett and his colleagues did, was to ignore the fundamental variability.

Corkill categorized his own practice into three classes. He confined single women at the Alexandra Home, the wives of working men and artisans in the private wards of the Alexandra Home, and the wives of "professional" and "business" men in private hospitals. The rate at which Corkill used forceps was different in each class. He believed that the preparation of first births, the proportion of large infants, the age and the "social class" of the mother were the factors that influenced the use of instruments.[88]

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87. T.F. Corkill, "The Use of Forceps in Private Practice", NZMJ, v. 29, no. 154, December 1930), pp. 350-354.

88. Forceps Deliveres, per 100 delivers, by Size of Hospital, 1925-28.

Hospital Size Number of Confinements per year	Year 1925	1926	1927	1928
50 or fewer	12.0	14.5	15.06	12.35
51 - 100	17.2	14.9	12.63	10.78
101 - 150	19.1	18.8	16.29	12.70
151 plus	8.7	8.02	7.35	7.85
Total	14.3	13.7	12.51	10.30

from: AJHR, 1928, H.-31, p. 41 and 1929, H.-31, p. 34.

Using clinical evidence, Corkill showed how various factors caused different rates of forceps deliveries. When he analysed the variation in rate by the "social class" of the mother he had to resort to intuition. He used forceps on 8.5 per cent of unmarried primiparae, on 22.5 per cent of married working class women and on 37 per cent of women of the business and professional classes. The explanation of this lay in the fact that in the "higher social classes" there was less ability to bear pain than among the "sturdier types" of women.[89] It was these sturdier women who elected to go to St Helens and that accounted for the relatively low rate of forceps deliveries there. When women made their demands there was no public support for such a distinction. It was their belief that all women ought to receive the same "quality" of care. Corkill's analysis shows that many obstetrical specialists, as much as the doctor-bureaucrats, did not see parturient women as individuals.

Once Jellett had embarked upon his detailed analysis of the forceps rate, conflict with the profession was inevitable. Clearly, he and the doctors, especially the obstetric specialists had different views on the management of labour. Jellett did see some need for doctors in maternity services. In his view up to 20 per cent of labours were abnormal. Midwives were quite obviously the better alternative for the normal 80 per cent. It fell to the medical profession to

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89. Corkill, "The Use of Forceps", p. 354; on the perceived differences of women of different classes to bear pain see, Barbara Ehrenreich and Deirdre English, Complaints and Disorders The Sexual Politics of Sickness, New York 1973, p. 11 ff; Wertz, Childbirth in America, pp. 111-112.

isolate the 20 per cent, and to provide the properly trained experts to deal with the potentially difficult deliveries. This presented something of a problem. If doctors were to become skilled in dealing with difficult maternity cases they would need to be trained on normal ones.

Midwifery training for medical students was brief, especially compared with the thorough attention paid to medical and surgical education. The basic problem was to find a sufficient number of cases for the medical students to gain experience. It was highly unlikely that private practitioners would have been willing to train students in private hospitals, if indeed the Medical School or the women concerned would have accepted such a policy. Medical students had always been allowed to deliver the babies of the unmarried women who were confined at the Batchelor Hospital in Dunedin.[90] It might have seemed reasonable to let medical students learn on unmarried women, but no-one was prepared to allow them to learn on respectable married women. After 1918, if the woman gave her permission, senior medical students were allowed to deliver the baby at St Helens. Many women were prepared to give this permission, 116 of a total of 145 gave this permission in 1922.[91] The practice was not mentioned when women complained about St Helens in 1924. By the end of the decade, attitudes had changed. In 1930 women's groups became very perturbed

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90. Carmalt Jones, Annals, pp. 134-140.

91. Frengley to Minister of Public Health, 7 October 1918; Russell to Frengley (telegram), 8 October 1918; Matron, St Helens Dunedin to Hester Maclean, 13 January 1919; Chief Health Officer to Dean, Otago Medical School, 28 April 1919, H.111/31/

about a proposal by the Department to allow medical students to attend all labours at St Helens. The women thought that it was wrong for medical students to learn on women. Groups ranging from women's branches of the Labour Party to the Federation of University Women were angered that in St Helens women would have medical students practice on them. A deputation of women's organisations met the Prime Minister and told him that women who had their babies in St Helens were not charity patients, and they should not have to be confined by medical students, who were only learning.[92] The Editor of the Medical Journal accused the women of selfishness and prudery. The argument that women having their babies at St Helens were paying their own way and ought therefore to be protected from medical students, did not impress him. St Helens patients were paying only a portion of the cost of their confinements, and it was in the ultimate interest of all women that medical practitioners be properly trained in obstetrics.[93]

It is clear that by now women were quite assertive about what they considered to be their rights regarding maternity services. According to Doris Gordon, a group of women told the Minister of Health in 1928 that all maternity hospitals

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92. Report of Deputation to Prime Minister, 24 July 1920, H.111; During the 1920s, medical students received a one hour lecture each week in the first term and one hour each day in the second term in the fifth year of the course. Frederick Riley was the only full time member of the staff of the Midwifery and Gynaecology Department; University of Otago, Calendar for the Year 1925; Carmalt Jones, Annals, pp. 224-225.

93. NZMJ, Vol. 29, No. 152, August 1930, p. 233.

ought to have single sound-proofed labour rooms. Women had, they claimed, a right to privacy while they were giving birth. Part of the opposition to medical students being present lay in this assertion of a right to privacy. Gordon, recounting the meeting with the Minister, wrote:

> A Conservative Minister sat blinking at the notion that the humblest "char" had a right to strain and bulge in private, that no young woman in her first labour ought to hear expulsive groans on her left and uncontrolled yells on her right.

She concluded that the Minister saw the "writing on the wall" and acceded to the women's demands.[94]

If women were becoming more assertive about what they wanted from maternity services, a section of the medical profession was even more forthcoming in articulating its demands. In February 1927, some doctors formed an Obstetric Society, and by the end of that year it had about 200 members.[95] The primary reason for the emergence of this new group was that its members felt threatened by the activities of the Health Department. Doctors such as Doris Gordon felt a need to respond to the Department's advocacy of the role of mid-wives. Also, the group was keen to see the standard of obstetric education for doctors improved. Their first major task was to co-ordinate activities to raise sufficient money to endow a Chair of Obstetrics at the Medical School.

The Society's campaign was led by Doris Gordon, who travelled the length of the country addressing meetings, especially of women, speaking on the radio, and making contact

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94. Gordon, Backblocks Baby-Doctor, p. 170.

95. NZMJ, Vol. 26, No. 131, February 1927, p. 97, Vol. 26, No. 135, October 1927, p. 244.

with wealthy benefactors. Committees were formed throughout the country to raise money.[96] In May 1930, Gordon handed over £25000 to the University.[97] Her commitment and energy was obviously crucial in this fundraising effort. Together with Hamilton doctor, Sophia de la Mare, Gordon forged an important link with the NCW. The attitude of the NCW women was crucial to the campaign's success. The NCW at the same time raised money to fund a scholarship for the study of gynaecology. The Council hoped that the Scholarship would be awarded to a woman.[98] Obstetric specialists and women had come together in an alliance because they disagreed with the ideas that underpinned Health Department policy. In the case of the doctors, their disagreement with the Department stemmed from their independence and desire to maintain and improve their own status. Women preferred the type of care given by a system dominated by doctors. But as well as pain relief and shortened labours, women wanted some things that the profession was not committed to, particularly the right to privacy during labour. Middle class women from the NCW, working class women from the Labour Party and wealthy women, such as Mrs Nathan in Auckland, combined in an unusual show of unity to campaign for what they thought were the rights of

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96. Gordon, Backblocks Baby-Doctor, pp. 177-178; Mayoress of Auckland to Minister of Health, 26 July 1933, see generally file H.117/26/1.

97. NZMJ, Vol. 27, No. 139, June 1928, p. 171, April 1929, p. 134; Vol. 29, No. 152, August 1930, p. 251; NCW (Dunedin) Mins, 26 February 1930, 28 May 1930; NCW Conf Mins 1929, NZNCW Papers 1371:126; AWBNZLP Minutes, 6 February 1930; Maclean, Challenge for Health, p. 311.

98. NCW (Dunedin) Mins, 26 February 1930; NCW Conf Mins, NZNCW Papers 1371:126.

all women.

There was, however, one reform on which doctor-bureaucrats, the profession and women could agree. The provision of widely and freely available ante-natal care was one of the principal changes that took place in the 1920s. The Health Department and the doctors saw it as an essential device for screening pregnant women and isolating potentially abnormal and difficult cases. Women saw it as a way to preserve the health of themselves and their infants. Whereas the Department and the doctors looked at ante-natal care as a means of reducing mortality rates, women viewed ante-natal care as a way they could help themselves.

Before the middle of the decade, ante-natal care had been, at best, hapazard. Indeed, ante-natal care was meaningful only after 1910, when it was discovered that eclampsia could be diagnosed by testing urine.[99] Eclampsia, epileptic-like convulsions which are indicated by a high level of albumin in the urine, was the second most common cause of maternal mortality and morbidity. Before the War in New Zealand there were no ante-natal clincis. Women confined at St Helens discussed no more than "general matters" with th- matron when they booked in for their confinements.[100] It seems unlikely, in fact, that women sought medical advice to establish that they were pregnant. Many women probably used "quickening" as the indicator of the existence of a pregnancy.[101] The first

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99. Wertz & Wertz, Lying In, p. 41.

100. AJHR, 1913, H-31A, pp. 23, 34 and 77.

101. Women who spoke to Jayashree Punjabi, on a programme broadcast on Radio New Zealand in October 1982, about abortion in the 1930s, frequently mentioned that "quickening" alterted them to the fact that they were pregnant.

ante-natal clinics established were attached to the St Helens hospitals.[102] In the flurry of activity after the Kelvin Commission a few years later, the Department set out to establish free and readily accessible ante-natal clinics. Elaine Gurr was appointed in October 1924 to oversee the establishment of the clinics and to train midwives for specialised ante-natal supervision and diagnosis. To begin with, clinics were based on existing St Helens and Plunket facilities. At the end of March 1925, Gurr reported that there were six clinics operating in Wellington and five in Christchurch. Clinics were subsequently established in the other major towns.

Ante-natal care had two main aims. One was to provide women with information to help them prepare for the birth, especially on diet, exercise and the antiseptic procedures needed in their homes, if they were to have their babies there. Ante-natal screening could also identify the symptoms of specific diseases, such as eclampsia. Late in the 1920s, as the influence of Bonney grew, even within the Department, attention was paid to septic wounds or rotten teeth which might harbour the septic organisms that were so dangerous in the post-natal period. By the end of the decade, Jellett made it clear that the assault on maternal mortality depended upon isolating those women whose labours were likely to be difficult. In this process ante-natal care was crucial.

The midwives who ran the clinics were trained to look for indications of abnormality, such as contracted pelvis or

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102. AJHR, 1917, H.-31, p. 3.

albumin. All details were meticulously recorded. The nurses also gave the women what Gurr called advice on "general hygiene" and "sociological instruction". The nurses also helped in the preparation of what were known as "maternity outfits". Women brought bed linen, clothing and other materials that would be used by the domiciliary midwife. The nurses at the clinics sterilised them and they were kept at home by the women until they were needed by the midwife during the labour.[103] This was part of the attempt to raise the standard of asepsis in domiciliary care. The growing influence of Bonney's theories can be seen in the fact that the clinics provided facilities for the treatment of dental problems.[104] The clinics also tested for venereal diseases. These tests were conducted on all women whose "previous history or present condition [gave] reason to suspect venereal diseases". Wassermann tests and urethral swabs were taken from all unmarried women who attended clinics.[105]

The number of women using the clinics grew rapidly. In the year ended March 1927 some 3500 women attended the clinics.[106] There was much publicity given to the clinics. The display at the Exhibition in Dunedin in 1926 drew much comment and clinic nurses were always willing to talk to any groups of women who wanted them. The Department was irritated occasionally that the Plunket Society did not commit more of

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103. AJHR, 1925, H.-31, pp. 32 and 34-36.

104. Minister of Health to Director General of Health, 10 December 1926, H.13/5/7; AJHR, 1926, H.-31, p. 23.

105. AJHR, 1926, H.-31, p. 28.

106. AJHR, 1927, H.-31, p. 35.

its resources to ante-natal work. As Paget commented, the Society derived a considerable amount of its income from a State subsidy. The Plunket Society was not wholehearted in its attitude to ante-natal work. It saw its aim as infant welfare and was reluctant to divert energy from that. Further, the Health Department demanded that the Department ought to be responsible for the training of nurses involved in ante-natal work. Only reluctantly did the Plunket Society relinquish any part of its precious independence.[107]

By 1927, Paget was confident that ante-natal work was having an impact on reducing maternal mortality generally, and on the death rate from eclampsia especially. Regular attendance at an ante-natal clinic seemed to reduce the likelihood of death. Forty-five per cent of women who attended the clinics were having their first child, whereas 35 per cent of all births were primiparae. Since it was universally agreed that first births were more dangerous, the death rate amongst women who attended the clinics was even more impressive.[108] Ante-natal care, together with

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107. AJHR, 1928, H.-31, p. 45; Deputy Director General of Health to Director of Plunket Nursing, 23 April 1928, PSP 704; Plunket Society Central Council Report, 1930, p. 61; Plunket Society Annual Conference Minutes, 1924, p. 28.

108. Mortality Amongst Women Who Attended Ante-Natal Clinics 1926

	Total Deaths per 1000 live births	Deaths of those who attended clinics per 1000 live births
Total mortality	4.25	2.94
Still births	31.1	22.64
Eclampsia	2.6	1.74

from: AJHR, 1927, H.-31, p. 36.

TABLE 5.4

Puerperal Septicaemia, 1920-1929

	Total Maternal Deaths	Deaths from Puerperal Septicaemia	Percentage of total Maternal Deaths
1920	194	67	34.54
1921	145	48	33.10
1922	146	52	35.62
1923	141	52	36.88
1924	139	52	37.41
1925	131	42	32.06
1926	121	39	32.23
1927	137	70	51.09
1928	134	56	41.79
1929	129	49	37.98

Source: NZ Vital Statistics, 1921-30

a rigorous standard of asepsis and improved midwifery training, seemed to be having the desired effect. In 1920 there had been 6.28 maternal deaths per one thousand live births. In 1926 the rate dropped to a decennial low of 4.25. The next year, however, the rate increased to 4.91 and continued to climb, reaching 5.08 in 1930. The 1927 figures, mused Paget, were not "pleasing to contemplate". A close inspection of the figures showed that more women (seventy) had died of septicaemia than in any other year in the decade. All the work of the previous four or five years seemed to have been in vain.[109]

In an effort to find some cause for this sudden increase, Paget analyzed fully the fifty-eight cases of sepsis in Auckland. While 41.5 per cent of confinements took place in private homes, 58.6 per cent of the cases of septicaemia occurred there. The risk of septic infection was therefore greater outside the maternity hsopitals. In the past it had seemed that the isolation of home deliveries had afforded a considerable amount of protection. But the standard of asepsis in hospitals had improved. For instance, by the end of the decade Paget was able to provide a steriliser costing only £13, whereas earlier models had ranged in price from £35 to £100.[110] Consequently, it was now, it seemed, safer to have babies in hospital. Paget did not, however, suggest that the existing trend toward hospitalisation be accelerated.

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109. AJHR, 1928, H.-31, p. 45.

110. AJHR, 1926, H.-31, p. 23; Paget was in fact responsible for modifying and inventing cheap sterilising equipment, see Smith, "The State and Maternity", pp. 105-106.

On the contrary, the conclusion that he thought ought to be derived from the Auckland figures was that the "standard of nursing and asepsis for private cases should be brought up to the highest possible standard". The Department was committed to encouraging women to choose midwives to attend labour rather than doctors. Hospitalisation was commonly associated with deliveries managed by doctors. Further, extension of hospital services would have required money and in the financially straitened times of the late 1920s the Government would not have been prepared to find the economic resources. There was also very little likelihood that private operators would have been keen to open new hospitals.

By the late 1920s the Department believed it had set in place the appropriate policies. Now there was stringent inspection of maternity hospitals, effective midwifery training, widespread ante-natal care and supervision of midwifery practice. The rise in the maternal mortality rate at the end of the decade was characterized as an aberration, and the Department accepted that periodic setbacks were inevitable. Paget and others did begin to suspect that the effects of septic abortion were inflating the figures for both mortality and morbidity. It is probably true that the rate for septic abortion did increase at the end of the decade as the economic pressures on many women became increasingly intolerable.

The role of the Department was to ensure that its policies were adhered to. Promotion of maternal welfare, wrote Paget, lay in

> co-operation between the expectant mother and her husband, a well trained ante-natal nurse, an alert

> and efficiently trained medical attendant, and a well-trained maternity nurse or midwife ... The most useful work that the Health Department can do is in organising these forces so that they work harmoniously together to promote maternal welfare.[111]

This signifies that the Department recognized that "medical attendants" were regarded by the profession and by women especially as having an important place in maternity services. Midwives might have been safer and Bonney's theories on the causes of septicaemia less than accurate, but women preferred doctors to deliver their babies. This preference hinged upon the fact that the medical profession refused to entrust the administration of drugs to midwives. They might have been allowed to give "whiffs" of chloroform, but twilight sleep for instance, one of the most popular analgesic methods, required an injection of morphine. While women wanted pain relief in childbirth it was inevitable that they preferred doctors to deliver their babies.

The development of maternity services during the 1920s was shaped by a debate about methodology and status between the Health Department and doctors. Both groups tended to ignore the women whose lives they wished to save. Although the Health Department officials favoured midwife deliveries, that was not because they wished to see the control of childbirth rest with women. Rather, it stemmed from their views on the causes of septic infection. It is not strictly true that the Department sought to hold the line against the medicalisation of childbirth favoured by the doctors. By insisting on asepsis up to surgical standard and demonstrating

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111. AJHR, 1928, H.-31, p. 45.

a somewhat ambivalent attitude to midwifery, the doctor-bureaucrats encouraged hospitalisation and, in consequence, medicalisation. They did not go as far as the doctors in this, but their essentially clinical approach to maternal health had that effect. Women chose to follow the doctors' line, because that offered them pain relief, and a type of care they believed best for themselves and their infants.

Pain relief, shortened deliveries and privacy were demanded by all women for all women. On that issue women of all classes united in a way that they rarely did. The middle class social feminists of the NCW and the Federation of University women joined the socialist feminists of the Labour Party in an alliance to make certain demands about maternity services. Together with Doris Gordon, who forged an important link between feminism and medical specialists, they raised sufficient money to endow a Chair at the Medical School. But the changes in maternity services had an impact on women's lives far beyond any feminist alliance. For one thing, by the end of the decade fewer women died in childbirth than at the beginning. Although statistics on morbidity were kept less assiduously than those on mortality, it seems clear that the health of fewer women was irreparably damanged than before. The increased safety of childbirth did not induce women to have more children, but it helped them discharge the duties of scientific and professional motherhood.

CHAPTER 6

BIRTH CONTROL

The infant and maternal welfare movements were formed to halt the decline in the birth rate and elevate motherhood to a national calling in which women might glory. In many ways women answered the call, but in some ways it was on their own terms. Despite exhortations and health policies framed to encourage natality, women continued to control their fertility. The birth rate decline began in the 1880s and continued into the twentieth century. By 1936 the Government was sufficiently concerned about the decline, and the incidence of abortion in particular, to set up a committee to enquire into the causes of both phenomena.[1] The Committee concluded:

> It is clear that, whether the motives be worthy or selfish, women of all classes are demanding the right to decide how many children they will have.[2]

Just as women had articulated a new notion of what constituted women's rights in the face of an attack on maternal mortality, women asserted rights in response to the ideology of motherhood.

It was from about 1870 that non-Maori birth and fertility

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1. On the origins and investigations of the Committee see Barbara Brookes, "The Committee of Inquiry into Abortion in New Zealand", B.A. (Hons) Long Essay, Otago, 1976; Smith, "The State and Maternity", Chapter 7.

2. AJHR, 1937, H.-31A, p. 11.

rates began to decline. During the first quarter of the twentieth century the trend accelerated. In 1881, there were 315 live births for every 1000 women in the 15 - 44 age group. By 1906 that rate had dropped to 235 and by 1926 it had plummeted to 167. Family size declined dramatically as well. Couples in the 1881 marriage cohort had an average completed family size of 6.6; those of the 1891 cohort 5.2; and those of the 1913 cohort, only 3.7. In New Zealand, as elsewhere, it was the urban middle and professional classes who effectively limited their family size first. In the 1898-1907 marriage cohort "managerial and professional" couples had an average completed family size of 4.8, while the urban manual group's average completed family size was 5.5 In the 1918-27 cohort both groups had reduced family size further, to 3.2 and 4.2 children respectively.[3]

There was, too, a tendency to increase the length of time taken to complete families.[4] Couples had fewer children and the length of time they took to complete their families increased. Consequently the gap between children increased.

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3. Family Size in New Zealand by Occupational Class

Occupational Class	Mean Number of Children by Marriage Cohort		
	1989-1907	1908-17	1918-27
Professional & Managerial	4.8	3.4	3.2
Minor Business & Professional	4.9	3.6	3.5
Urban Manual	5.5	4.9	4.2
Farming	6.8	5.3	4.0

Source: Gilson Vosburgh, The New Zealand Family, p. 77a, see also pp. 67-91 and Tables 1 and 2.

4. E.G. Jacoby, "A Fertility Analysis of New Zealand Marriage Cohorts", Population Studies, V. 12, No. 1, pp. 31-32.

TABLE 6.1

Number of Live Births per 1000 Married Women, 15-44 years, in Census years 1881 - 1936

Year	Birth Rate
1881	315
1886	298
1891	279
1896	255
1901	246
1906	235
1911	212
1916	194
1921	182
1926	167
1936	137

Source: Year Books, 1881 - 1937

TABLE 6.2

Average Number of Births per non-Maori Married Women with Completed Family, by Marriage Cohort

Marriage Cohort	Live Births to Women with Issue
1881	6.2
1886	5.2
1891	4.7
1913	3.7
1919	3.3
1921	3.1
1925	3.0

Source: Gilson Vosburgh, The New Zealand Family, p. 55a.

Not surprisingly, larger families were spaced more closely than smaller. Also, wives in the professional and managerial class had a longer gap between marriage and the birth of the first child than women in the "manual worker" group. Gilson Vosburgh's analysis suggests that as well as controlling the number of children, couples were controlling the interval between births.[5]

What this indicates is that in the early twentieth century, many New Zealand couples were effectively controlling their fertility. The consequences of this were profound. In the public arena, fears of "race suicide" and the anxiety caused by the apparent decline amongst the more intelligent classes were instrumental in shaping policies to reduce infant and maternal mortality and to impose a gender differentiated education system on the young. In the private world of the family the ramifications of this change were euqally important.

The issues are, of course, how and why couples chose to limit fertility. It is clear that what was done did not amount to a denial of parenthood, as some social critics feared. Rather, control was asserted. While middle class women may have thought that a family of eight led to a life of drudgery, a family of three or four was an ideal in which they could find satisfaction. What they did then was to exert some control over family size by spacing births and reducing the total number of them. This was the sort of process seemingly advocated by nineteenth century feminists

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5. Gilson Vosburgh, The New Zealand Family, p. 115 and p. 127.

such as Sievwright and Sheppard. The childlessness of women with high public profiles led social critics to believe that emancipation caused women to deny their maternal role. It was Siedeberg and Bennett who took issue with Batchelor. They were single and childless. It was Ellen Melville who tried to enter the national political scene. She had no children either.

Many female university graudates remained unmarried.[6] It was a fact that many of the most public articulators of women's rights were childless or had very small families.[7] As a consequence, there grew up a notion that the inevitable result of feminism was a denial of maternity. As has been seen, however, that was not the aim of the feminists. They apparently believed that a necessary precondition for female self-realisation was the assertion of some degree of control over the child-bearing process. Their demands were for limiting the number of children.

There can be no doubt that numerous pregnancies caused ill health in many women and the claim for limited family size grew out of that. Doris Gordon certainly linked the results of numerous pregnancies and the consequences of women's failed attempts to abort themselves with a demand for birth control. Writing about the impact her dealings with the "poor worn-out sufferers of peritonitis, blood poisoning and the multiple abscesses of pyaemia" had on her attitudes, Gordon concluded, "it seemed that there was a crying need for

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6. Gardner, Colonial Cap and Gown, p. 110.

7. Grimshaw, Womens Suffrage, pp. 29-30.

more sex education for men, if ever there was to be a fair deal for women".[8] She continued that only when men realised that it took two to perfect birth control would women "have their due share of human rights". Gordon told the Committee on abortion that it was her practice to give her patients advice on how to space their families, but only after the first child had arrived.[9]

Women then, it might be said, exerted control over their fertility so as to assume some control over their lives and to improve their health. As attitudes to child-rearing changed, and the nature of the maternal role underwent some subtle redefinitions, women continued the trend to limit and space their families so that they would better be able to fulfil that task. As has been seen, the strictures on child management from Plunket required a great deal of effort on the part of the mother. In a time when housework was of itself a time consuming task, stringent domestic hygiene required much effort. Further, the provision of different sorts of meals for babies, young children and older members of the family would have been, for some women, a quite difficult task. Plunket ideology reminded women that "Perfect Motherhood was Perfect Patriotism" and the race was in the hands of the mother. Women ought to glorify in that role. But to be the "competent executive in [their] own home",[10] many women found that they needed to have fewer

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8. Gordon, Backblocks Baby-Doctor, p. 93.

9. Evidence of Doris Gordon, Diseases - Septic Abortion - Committee of Inquiry (hereafter Abortion Cttee Evidence), H.131/139/15.

10. Aims of Plunket Society, Plunket Society, Christchurch Branch Annual Report, 1926, Preface.

children and they needed to have them further apart.

This analysis does not deny that men also wished to limit family size. Those who put forward an economic argument as the primary reason for family limitation[11] would, given the prevailing location of economic power, ascribe some of the motivation to men. No doubt the economic motive did play a part. Gilson Vosburgh has noted the correlation between the economic depression from the mid-1920s and the further contraction of family size.[12] But declining marital fertility took place over the total period. Indeed, the trend became pronounced during the period of sustained prosperity after the late 1890s.[13] While at certain times economic depressions re-enforced the trend, they did not cause it.

Changing economic expectations may, of course, be as important as actual economic recessions. But changing expectations of a more general kind are likely to be equally important. The value attached to children as a result of decreased mortality, the developing perception of childhood as a special time of life, and the increased demands on women to satisfy the physical and moral needs of their children, were all crucial in women's decisions to limit and control their fertility.

Contraceptive information and devices were not illegal *per se*, although early in the century Seddon entertained the

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11. See, for example, J.A. Banks, Prosperity and Parenthood.

12. Gilson Vosburgh, The New Zealand Family, pp. 62-63.

13. R.M. Campbell, "Family Allowances in New Zealand", Economic Journal, Vol. XXXVII, September 1927.

idea of prohibiting the sale of contraceptive devices. It was possible for certain information and devices to be banned under the 1910 Indecent Publications Act. Further, the Customs Department had the right to refuse to allow the importation of certain books and pamphlets.[14] Marie Stopes' books were on sale in New Zealand until the early 1920s when the Customs Department banned their importation.[15] Ettie Rout's Safe Marriage was also banned in this manner.[16] The reason there was no anti-birth control legislation as such in New Zealand was not that the New Zealand Government took an enlightened view on the subject, rather than no one seriously challenged the secrecy and privacy of the matter. There was no birth control movement until the Sex Hygiene and Birth Regulation Society was established in Wellington in 1937, and no borth control clinics until 1953.[18]

In 1903, W.A. Chapple reported that "artificial checks", "intermittent sexual restraint" and abortion were also used as birth control devices.[19] In 1907 the Colony's Chief Health Officer wrote that he had recently "had cause" to buy "devices" for demonstration purposes and was amazed to find that he had

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14. Barbara Brookes, "Housewives' Depression. The Debate over Abortion and Birth Control in the 1930s", NZJH, V. 15, No. 2, October 1981, p. 119 (f. ns 22 & 23).

15. Customs Department to Hon Sec., Society for Constructive Birth Control, 24 March 1924, in Hall, Dear Dr Stopes, p. 127; on sale of Stopes' Books in New Zealand see NZ Truth, 16 July 1921, p. 2.

16. E.A. Rout, Safe Marriage, London, 1923, Appendix iv.

18. Brookes, "Housewives' Depression", p. 115.

19. Chapple, Fertility of the Unfit, pp. 33-34; Beale, Racial Decay, p. 2.

been able to buy twelve varieties in all sorts of shapes.[20]

In Europe, *coitus interruptus* was the most commonly used form of birth control. It cost nothing and required no forward planning. As Brookes has suggested, there is no reason to believe that it was not commonly used in New Zealand.[21] "Intermittent sexual restraint" was widely suggested. Marriage manuals advised family planning by the use of long periods of abstinence.[22] It is hard to judge whether the woman who wrote to Marie Stopes that she had "reasonable rests" between her children because her husband never dreamt of "worrying" her more than once or twice a month[23] was describing a commonly used method. She asked Stopes for information on birth control for the benefit of other women who had less considerate husbands. She observed that "labouring men" were less considerate. It might be that abstinence was a middle class method, especially for those couples who could have separate rooms. Certainly, the women of the WCTU appeared to counsel restraint. They believed that condoms were "evil", whether used for birth control or as protection against venereal disease.[24] It appears possible that restraint was used by some couples. Those who relied upon the "safe" period would have had many failures because it was not until the middle

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20. AJHR, 1907, I.-14, p. 19.

21. Brookes, "Housewives' Depression", p. 118.

22. Mary Melendy, Vivilore the Pathway to Mental and Physical Perfection, Philadelphia [1907], ("manufactured" for a Wellington publisher), p. 209.

23. Mrs W.J.B. to Marie Stopes, March 1926, in Hall, Dear Dr Stopes, p. 135.

24. White Ribbon, 18 October 1918, p. 4.

1920s that the "safe" period was correctly identified.

In 1923, a correspondent told Truth that the "sin of artificial birth restraint" was "rampant in the land". "Health preservers" were openly displayed in chemist shop windows and everybody knew they were used as "preventatives".[25] It seems likely that these "health preservers" were the pills, such as Beechams Pills and Townley's Pills which were marketed as drugs that would ensure health. Such pills were frequently used as abortifacients. But this letter refers to them as being used as "preventatives". This suggests that the regular taking of pills to ensure regular periods was used in New Zealand in the 1920s as it was elsewhere.

During the decade, the Health Department moved to control the sale of pills by controlling advertisements for them. It did this in several ways. The Post and Telegraph Department had the power to make postal notes payable to any person invalid. When the Health Department suspected that newspaper advertisements with post office box numbers as the only address were in fact offering either abortifacients or abortion services, it advised the Post and Telegraph Department to make use of that power. For instance, the business of a Mrs Towler who was available for the "treatment of the diseases of the sexual organs", and whom the Department suspected was an abortionist, was controlled in this way. Similarly, the advertisements of the "Bridge Drug Store" for "Durands Regulating Pills, 5s a box ... harmless, reliable", and "Martins Pills", with the slogan "Ladies don't wait, take

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25. NZ Truth, 5 May 1923, p. 7.

MARTINS PILLS", were also controlled.[26] Sometimes a letter to the offending distributor sufficed. In 1922, the Department wrote to "Universal Agencies" which had sent a circular to chemists describing the products it had available. The Department took exception to the inclusion in the circular of "Dr Halls Capsules" which were an

> effective remedy for all irregularities in females ... [the] most active, prompt and certain preparation now being used for restoring the menstrual flow.

These pills came in two strengths, one especially designed for very "obstinate and chronic cases".[27] The third method used to control the advertisements and sale of abortifacients was a sort of gentleman's agreement with the Newspaper Proprietors Association that it would refer any dubious advertisements to the Department for its opinion.[28]

The Department was much less concerned about the sale of barrier devices. In 1925, a senior inspector in the Department's Auckland office responded to an advertisement for "Ladies and Gents Toilet and Rubber Requisites". He duly sent on what he received to the Department's Head Office. The Director of the Food and Drug Division replied that "there is

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26. Deputy Chief Health Officer to Secretary Post and Telegraph Department, 27 June 1916; Dominion, 10 February 1917, H.175/1; Director General of Health to Medical Officer of Health, Auckland, 16 January 1921, H.175/50.

27. Copy of standard letter from Universal Agencies, dated 26 May 1922, Memo by Deputy Director General of Health, 29 June 1922, H.175/50.

28. Director, Division of Public Hygiene to Acting Secretary, Newspaper Proprietors Association, 20 August 1930, H. 175/50.

ample work to be done within the province of this Department without touching debateable matters which are not really our concern".[29] The Department maintained that it sought to curb the sale of abortifacients because of "the legal aspect" and because they "preyed in an extortionate manner on the hopes and credulities of many women".[30] Departmental control of the sale of abortifacients might be seen as part of the process whereby abortion and birth control became separated.

Pills were still available directly from chemist shops, but during the 1920s the use of barrier devices, especially condoms and pessaries, increased. In 1915, an anonymous informant told the Department that "french letters or sheath protectors as they are called and also W.J. Rendells Soluble quinine Pessaries" were in widespread use.[31] Women sometimes made their own contraceptives, especially pessaries of cocoa butter and sponges soaked in quinine. These methods were used by Englishwomen before World War I and by New Zealand women in the 1930s, so it seems fair to suggest that they were used in New Zealand in the intervening period as well.[32]

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29. Medical Officer of Health, Auckland, to Director General of Health, 12 August 1925; Director, Division of Food and Drug to Medical Officer of Health, Auckland, 3 September 1925, H.175/50.

30. Director, Division of Food and Drug to Secretary, Newspaper Proprietors Association, 26 June 1925, H.175/50.

31. "J.P.", Hastings to Minister of Public Health, 20 Novemebr 1915, H.175/1.

32. On the making of such devices, see Patricia Branca, Women in Europe Since 1750, London, 1978, pp. 130-131; Angus McLaren, "Abortion in England, 1890-1914", Victorian Studies, Vol. 20, No. 4, Summer 1977, p. 397; on their use in New Zealand, see Brookes, "The Committee of Inquiry into Abortion", p. 7.

Barrier devices were expensive. In the 1930s, condoms cost one shilling each, "washable" ones 7s 6d, and the caps recommended by Stopes were hard to acquire.[33]

Although it was not until the 1930s that abortion became a matter of widespread popular concern, the practice was widespread long before that. In the 1920s the law on abortion was contained in the 1908 Crimes Act. It was illegal to use an instrument or to administer any "poison or other noxious thing" to a woman with intent to procure a miscarriage. Under s.222, it was also an offence for any woman to attempt to procure her own miscarriage or to allow anyone else to make such an attempt, whether she was pregnant or not.[34] This section of the law was very rarely enforced and it was extremely uncommon for the woman to be charged. Anyone inducing a miscarriage in a woman was liable to life imprisonment with hard labour. The criminal law was, for the most part, ignored. Many believed that the practice was widespread. The medical profession always suspected that the maternal mortality figures were high in New Zealand because they included deaths from abortion. Ettie Rout told H.G. Wells that the lack of freely available birth control information made abortion common.[35] Usually abortionists were only

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33. Evidence of Smith, representing Pharmaceutical Society, and Catalogue from "H.H. Shaw the Men's Chemist", High Street, Christchurch, H.131/139/12; Brookes, "Housewives Depression", f.n. 25 at p. 120.

34. The Crimes Act, 1908, ss. 221-223.

35. Ettie Rout to H.G. Wells, 28 February 1928, Rout Papers 1690/1; Ettie Rout, The Morality of Birth Control, London, 1925, p. 54.

convicted when the woman died and even then juries were notoriously reluctant to convict.[36]

There are very real problems in estimating the incidence of abortion. Successful abortions went unnoticed and unrecorded. But some did try to estimate the extent of the practice. In the late 1930s, J.B. Dawson, Professor of Obstetrics and Gynaecology at the Otago Medical School, suggested that there was one abortion for every 3.2 live births.[37] Even if abortion was only half as common in the early 1920s as it was a decade and a half later, a figure of about 4500 abortions per year is arrived at. A Wellington doctor told the McMillan Committee that in the previous twelve years there were as many abortions as births in the suburb he worked in. During that time, the professional abortionist had become more common.[38] This too suggests that abortion became more common. One of the few sets of statistics available is for admittances to public hospitals. Those figures refer to abortions that went wrong in some way or other. Although they may not be a satisfactory guide to the incidence of the practice, the figures in Table 6.3 demonstrate a clear increase in both the number of abortions and in the rate per 1000 live births.

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36. NZ Truth, 5 May 1923, p. 7; A.C. Hanlon, Random Recollections Notes on a Lifetime at the Bar, Dunedin 1939, pp. 121 & 124-126; Dr Lynch and Sgt Gallagher, Abortion Cttee Evidence, H.131/139/15; on a similar attitude to abortion elsewhere, see Patricia Knight, "Women and Abortion in Victorian and Edwardian England", History Workshop, Autumn 1977, pp. 57-68 and McLaren, "Abortion in England".

37. Quoted in Brookes, "Housewives Depression", p. 123.

38. Dr Shirer, Abortion Cttee Evidence, H.131/139/15.

TABLE 6.3

Incidence of Abortion, 1920-30

(a) Threatened and Incomplete Abortions and Abortions, Deaths in and Discharges from Public Hospitals, per 1000 live births, and per 1000 women 15-55

	Abortions	Live Births	Abortions Per 1000 Live Births	Per 1000 Women 15-55
1920	360	29921	12.03	
1921	354	28567	12.39	1.02
1922	436	29006	15.03	
1923	410	27967	14.66	
1924	660	28014	23.56	
1925	770	28153	27.35	
1926	820	28473	28.79	2.19
1927	945	27881	33.87	
1928	880	27200	32.35	
1929	963	26747	36.00	

The figures for hospital admissions and live births come from NZ Vital Statistics, 1921-31; the figures for the rate per 1000 women 15-55 uses data from the 1921 and 1926 Census.

(b) Abortion, Cases Reported to Police 1910 - 1930

1910	3	1917	8	1924	17
1911	8	1918	4	1925	16
1912	12	1919	11	1926	10
1913	5	1920	4	1927	9
1914	3	1921	5	1928	6
1915	6	1922	5	1929	6
1916	14	1923	18	1930	5

Source: Police Department Reports, AJHR, 1911-1931, H.-16, Appendix A

Similarly, information gleaned from abortion trials must be treated with care. Only abortions that were unsuccessful led to criminal trials. Further, criminal charges were almost invariably made only when the miscarriage was induced by an abortionist. Trials therefore tell very little about the practice of self-induced abortion. Nevertheless, the criminal trials do provide some information about the practice.

Abortion trials in Dunedin in the 1920s indicate that information was freely available to anyone who made an effort to find out. It seems, for example, that it was common knowledge that pills could be purchased from Wilkinson the Chemist in the "Arcade".[39] It also seems to have been common practice for women to try methods on themselves, especially pills, before resorting to the professional abortionist. Almost all the women who sought the help of the professional abortionist were single. However, when figures on deaths from septic abortion were classified according to marital status, it was apparent that by far the majority of women who died were married.[40] In almost every case that a woman used a professional abortionist the link between the two parties was forged by the man concerned, who frequently provided

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39. ODT, 9 May 1924, p. 5.

40. Deaths from Septic Abortion, 1927 - 1931

	1927	1928	1929	1930	1931
Married	14	14	19	26	26
Single				4	3

Source: AJHR, 1937, H.-31A, p. 5.

the cash.[41]

The career of one of Dunedin's best known professional abortionists is instructive on all these points. James Haynes was a chemist who had a shop in Moray Place in the central city. In late 1919, Gladys Bachelor, a nineteen year old single woman, travelled from Waimate to Dunedin after her boyfriend had made the arrangements with Haynes. After Haynes operated on her, she returned immediately to Waimate by train, became very ill and was admitted to Waimate hospital. The police interviewed her and told her that she would not be prosecuted if she gave evidence against Haynes. Bachelor willingly gave evidence at the trial but the jury could not agree. At the second trial she gave evidence again, although rather less willingly. The second jury could not agree. By the time of the third trial Bachelor had had enough and refused to give evidence. Since her evidence provided the basis of the prosecution's case, Haynes' trial could not proceed without her. Bachelor was then charged with allowing Haynes to use an instrument on her to procure a miscarriage. She was found guilty and held in prison for one day. At Haynes' resumed trial Bachelor refused to say anything. She was found guilty of contempt of court and sentenced to nine months in prison, without hard labour.

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41. For example see reports of trials in ODT of R.P. Edmonds and G.A. Kelly, 18 March 1924, p. 4; W.M. Wilkinson, 14 February 1923, p. 3; Quinn, 3 February 1923, p. 12; Isaacs, 16 March 1923, p. 5; Cranfield, 22 March 1923, p. 3; Helen Glegg, 14 June 1920, p. 9; see also Health Department's file on abortion in the 1920s H.131/139; Gordon, Backblocks Baby-Doctor, p. 94 suggested the role of the husband was important.

Haynes went free, but the next year he was back on trial again. This time, a thirty-five year old woman had contracted blood poisoning and died after Haynes had supposedly performed an operation on her at his shop. Three juries could not agree and Haynes went free. This publicity did not seem to affect his business, but it did affect his charges. When a young man approached Haynes the following year to arrange an abortion for his girlfriend, Haynes agreed, but stated that the abortion would cost £30. He had had to put up his charges because his two recent trials had cost him £1300 and £1400 in legal fees. Haynes was always defended by A.C. Hanlon who won fame in his early career when he defended Minnie Dean, the Winton baby farmer. Hanlon might not have been cheap but he was obviously good. Juries always failed to agree when he defended abortionists. When Hanlon could not appear for a Dunedin abortionist known as "Dr Kelly" at his second trial the unfortunate abortionist was found guilty. In this, the third of Haynes' three cases in as many years, successive juries again could not agree.[42]

Witnesses to the 1936 Committee on Abortion concluded that it was single women who were more likely to go to a professional abortionist because the man was willing to pay. Married women were more likely to try to abort themselves, either by taking drugs and potions, or, if that failed, by

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42. On Haynes' career see ODT, 4 October 1919, p. 8; 4 February 1920, p. 8; 27 March 1920, p. 15; 12 May 1920, p. 2; 13 May 1920, p. 2; 20 May 1920, p. 3; 26 October 1921, p. 5; 27 October 1921, p. 3; 18 November 1921, p. 7; 13 May 1922, p. 10; 26 May 1923, p. 12; on Hanlon's other case, see ODT, 14 May 1920, p. 11.

using instruments on themselves.[43] It was thought that the insertion of sea tangle tents was common in the 1920s. Although there is significantly less evidence about abortion in the 1920s than in the following decade, there is sufficient evidence to suggest that the practice was widespread and that many did not consider it a criminal act.

Women, it seems, resorted to abortion when contraception failed, or when no contraceptive measures had been taken. New Zealand couples were determined to limit the size of their families. Some were sufficiently desperate in their ignorance to write to the Health Department for birth control advice. But the Department's officials always replied that birth control had not been "taken up as a public health question".[44] By the end of the decade the Department advised that such information would be better sought from the family doctor, although it was clear that many doctors were unwilling to move into this area of health care.[45]

Birth control did not win universal approval. Elizabeth Bryson, a Wellington doctor and a prominent member of the League of Mothers, considered that the separation of reproduction and sexuality was an awful prospect.[46]

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43. Dr Levy and Commissioner of Police, Abortion Cttee Evidence, H.131/139/15.

44. To Minister of Public Health, 8 May 1926, H.13/20/3.

45. Director General of Health to Te Aroha man, 11 February 1929; to Petone man, 5 June 1930, H.13/20/3; Brookes, "Housewives Depression", p. 130; some doctors took a different view, Sophia de la Mare thought that safe, surgical abortion should be available if contraception failed, Abortion Cttee Evidence, H.131/139/15.

46. Elizabeth Bryson, Learning to Live, Sydney, 1938, p. 113.

The White Cross League believed that New Zealanders ought not to subscribe to the "doctrine of volitional limitation of the family". Such practices would make marriage no more than legalised prostitution, the prestige of womanhood would be lowered, and the marriage tie would become even looser.[47] The official journal of the Health Department, which was published for a few issues after the War, contained an article by conservative English doctor Mary Scharlieb. She claimed that artificial family limitation damaged the nervous system and, once the fear of consequence was removed, husbands would demand "too frequent intercourse". "Mankind", she went on, "was already oversexed ... and unbridled passions were likely to lead to effeminacy and degeneration, to war against self respect".[48]

While the State sought to glorify motherhood and bolster a declining birth rate through infant and maternal welfare movements, women showed a marked desire to limit the size of their families. Official policy proclaimed the importance of home life and demanded that women's lives be centred in the home. But as evidence to the 1938 Abortion Committee showed, women came to believe it was their right to limit and space their families.[49] While women were confined to a role that

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47. NZ Times, 4 June 1924, H.25/16; the belief that birth control might endanger the marriage bond was frequently preached in "marriage manuals", see for example F.C. and Eulalia Richards, Ladies' Handbook of Home Treatment, Melbourne, 1912.

48. NZJHH, November 1921, p. 326.

49. Evidence of Drs Tweed, Bull, Hogg, Siedeberg MacKinnon and Gordon, Abortion Cttee Evidence, H.131/139/15; on a similar attitude amongst English women see Politics of Motherhood, Chapter 7: Jane Lewis,

(continued ...)

was peripheral to the mainstream of political and economic life, they were not passive within the role ascribed to them. Planned parenthood was commonplace, just as Margaret Sievwright had predicted it would be.

Family limitation was a reality, but the implications of it were feared. If sex and parenthood were separated, the sex instict would become so strong that ordered society would collapse. Sex could easily conquer humanity, and leave it shiftless, uncontrolled and anarchic. There is an implicit belief that society was held together only loosely and if sufficient challenges were posed to self control the whole edifice of civilisation would collapse. Marriage sanctified sex, but if sex were regarded too lightly, even within that institution, it would be entered into even morelightly outside it. Ordered society would come under threat.

Within the middle classes there were very real tensions about sexuality. They themselves had managed to separate reproduction and sex. They feared that others, especially the unmarried, would follow suit. These tensions are seen in the mounting concern in the early 1920s about the incidence of sex crimes and sexual perversion. For feminists, who had separated sex and reproduction and who subscribed to the ideology of social purity, there were very real problems to confront.

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49. (continued ...)
p. 244, and Barbara Ehrenreich and Deirdre English, For Her Own Good, New York, 1978, conclude in respect of the English and American experience respectively, that women found that the emphasis on scientific and time consuming childcare filled any possible void created by having smaller families. That was probably true in the New Zealand context as well, although it is suggested here that the new demands actually re-enforced the trend toward smaller family size.

CHAPTER 7

SOCIAL PURITY AND SOCIAL ORDER

In the 1920s older fears about the eugenic implications of a declining birth rate combined with growing anxieties about moral dissoluteness and social anarchy into a movement for the social control of the morally defective and the feeble-minded. By the beginning of the decade the ideals of social purity had become normative. Males and females were expected to be chaste before marriage and faithful during it. But as views expressed in the Venereal Diseases Committee report showed, there was some concern that in reality these values were not adhered to. The cinema, new dance forms, changing dress fashions, and the motor car all seemed to pose new threats to chastity amongst the young. The increasing number of ex-nuptial births seemed to prove the point. Specific anxieties about the morals of the young were accompanied by more generalised concerns about the moral standards of the whole society. Sex crimes, sexual perversion, divorce and a more "mechanical" attitude to life seemed prevalent in the aftermath of the War. It seemed that moral anarchy was imminent. All these anxieties joined with eugenic fears about the implications of an ever-declining birth rate. This re-enforced the belief that mothers were

devoting insufficient attention to the moral instruction of their children and made it seem even more imperative that the standards of mothering improve. Women, it was believed, were responsible for the declining birth rate. Mothers were to blame for the immorality of the young. Together these attitudes justified the belief that women ought to devote all their energy and skills to mothering.

In the early years of the century, fears about fertility decline had fostered eugenic ideas in New Zealand as well as in most parts of the English-speaking world.[1] Eugenics is the study of the means by which human action can improve or impair the racial qualities of a society. In England, the ideas were espoused by an influential intellectual élite, especially biologists and medical practitioners.[2] In Edwardian New Zealand the ideas caught the imagination of a similar group whose members grew increasingly uneasy at the decline of the birth rate and at the apparent unfitness of the rising generation. The especially alarming aspect of the declining birth rate was that the decline was not consistent over all classes of society. The "fit" were limiting their family size, the "unfit" were not. Abroad, various investigations, which equated fitness with high social class, confirmed this. In New Zealand there was no such survey,

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1. G.R. Searle, Eugenics and Politics in Britain 1900-1914, Leyden, The Netherlands, 1976; Mark H. Haller, Eugenics: Hereditarian Attitudes in American Thought, New Brunswick, 1963; Neville Hicks, 'This Sin and Scandal': Australia's population debate 1891-1911, Canberra, 1978.

2. Searle, Eugenics and Politics.

but the belief was nevertheless firmly held.[3] Prominent New Zealand eugenists in the early period were Duncan MacGregor, Robert Stout and Truby King.[4]

Although the New Zealanders had read the works of Galton, Pearson and other ideologues of the English movement, they were not entirely comfortable with the rigidly fatalistic implications of heredity accepted by many of the English theorists. New Zealand eugenists tended to the view that environmental influences were as important to the development of a strong race as heredity. This led some of them, notably King, but also Emily Siedeberg and Thomas Valintine, to pro-natalist policies and reforms. This belief in the benefits of the environment described by Fleming, probably stemmed from widely held views that New Zealand had the ideal physical surroundings in which the race could grow strong. In a temperate climate, the Anglo Saxon race had a chance to flourish away from the squalor and poverty of cities.[5] By the early twentieth century there was a growing realisation that all was not well in the Antipodean Garden, as the writings of King, MacGregor and Edward Tregear show, but the belief was sufficiently widely held for it to contribute

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3. In New Zealand there were no statistics that demonstrated the dfferential birth rate decline which did in fact exist; on the fertility decline by social class see Chapter 5 supra.

4. Philippa Fleming, "Eugenics in New Zealand 1900-1940", M.A. thesis, Massey, 1981, pp. 9-10.

5. On the role of cities in creating racial decay see Gareth Stedman Jones, Outcast London, Oxford, 1971, Chapter 6; on the city in New Zealand, Miles Fairburn, "The rural myth and the new urban frontier: an approach to New Zealand social history, 1870-1940", NZJH, V. 9, No. 1, April 1975, pp. 3-21.

a distinctive tone to New Zealand eugenics thought.

King gave his own definition of eugenics when he spoke to the 1914 Australasian Medical Conference on "Education and Eugenics". It was, he said

> the systematic effort in the direction, first of all, of finding out what are the factors that tend towards improving the race from generation to generation; and secondly, it deals with the measures which tend in the direction of bringing about that improvement by concerted effort.

He concluded that heredity and environment were equally important in "improving the race". Indeed, many so-called "congenital imbeciles" were retarded not by heredity, but by "fermentation and disease arising from maternal ignorance" during the foetal period. It followed then that it was essential for women to realise the importance of their health to the future of the race. He then turned to make his case against female education. Returning to by now well-established arguments, he explained how pressure caused weakness, debility and ill-health for girls forced to compete in an education system designed for boys.[6] The role of women in race betterment was central to the eugenists' argument, both in New Zealand and elsewhere.[7]

In 1910 and 1911 Eugenics Education Societies were formed in all the major cities. Their membership was dominated by university teachers and medical practitioners. Particularly important were the doctor-bureaucrats, such as Frank Hay,

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6. Transactions of the Tenth Australasian Medical Congress, 1914, p. 81 ff.

7. Jane Lewis, Politics of Motherhood, pp. 90-91; Linda Gordon, Womans Body, pp. 136-158; Lorna Duffin, "Prisoners of Progress", pp. 76-89.

Thomas Valintine and Truby King. The Societies stressed their educative function and were at pains to distance themselves from extremism, such as sterilisation.[8] All the Societies went into recess at the commencement of the War, and they were never revived. As a force in shaping public policy, eugenics was a more potent force during the succeeding decade than it had been prior to the War.

The results of the medical examination of recruits in 1916 confirmed what King and others had been saying. The increasing amount of anthropometric data, especially that gleaned from the regular examination of school children, confirmed vague fears about racial unfitness.[9] The birth rate continued to decline. In 1921 there were only 182 live births for every 1000 women of child bearing age. Twenty years earlier there had been 246 live births. Together the two factors were a recipe for national disaster. Coupled with the prolific breeding of Eastern peoples, they spelt doom for the British Empire. The point was made clear by two graphs in the Plunket Society's 1920 Central Council Report. One graph showed the declining birth rate of the West, the other the rising birth rate of the East.[10] This unease about Asiatics led to sporadic outbreaks of violence against the Chinese and calls for the restriction of entry of Chinese and Hindus. The Returned Services Association

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8. Fleming, "Eugenics in New Zealand", p. 16 ff.

9. In 1914 it was calculated that 23 per cent of school children suffered from some degree of malnutrition, NZMJ, V. xiii, No. 87, November 1914, p. 375.

10. Plunket Society Central Council Report, 1920, back cover; also ibid., 1921, p. 33.

warned that "streaks of colour" in nations that wished to be white, would prove to be "lines of weakness".[11]

The War had confirmed fears about declining racial standards. It also seemed to accelerate changes in moral attitudes. Many young men had become the victims of prostitutes, professional or amateur. Some had encountered Ettie Rout's radical views on sex, reproduction and venereal disease.[12] Further, the unity engendered by the War seemed to dissipate at its end. The interests of self seemed to be becoming more important than the interests of community. The "seriousness" had gone out of life. Now, "thoughts of pleasure, ease and frivolity" threatened to "overshadow the essential duties of life".[13] As economic prosperity ceased, unemployment rose, and housing shortages became severe,[14] all these vague fears seemed to be manifested in increasing divorce and ex-nuptial conception rates and an apparent rise in the incidence of sex crimes.

In 1920, amendments to the Divorce and Matrimonial Causes Act made consensual separation a ground for divorce.

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11. ODT, 13 June 1920, p. 9, 25 June 1920, p. 2, 4 May 1922, p. 10; Quick March, 10 July 1920, p. 73, 11 July 1921, p. 40.

12. P.S. O'Connor, "Venus and the Lonely Kiwi: The War Effort of Miss Effie A. Rout", NZJH, V. 1, No. 1, April 1967, pp. 11-32.

13. W. Hinchey, Commercial Civilisation Reflections on Social and moral aspects of Current society, Invercargill, 1920, p. 91.

14. D.J. George, "The Depression of 1921-22 in New Zealand", M.A. thesis, Auckland, 1969; R.M. Chapman and E.P. Malone, New Zealand in the twenties: Social Change and material progress, Auckland, 1969, pp. 4-7; ODT, 11 October 1920, p. 7, 18 October 1920, p. 3, 26 October 1920, p. 5; Quick March, 10 July 1920, p. 35; NCW (Chch) Mins, 31 May 1920.

This was followed by an immediate increase in the number of divorce petitions. In 1915 there were 256 divorce petitions filed, in 1921 there were 796. Truth called this a "divorce deluge" and filled its columns with the evidence presented in support of the petitions. The weekly magazine Free Lance wondered if New Zealanders were becoming "less regardful of the sacred responsibilities of the married state".[15] In 1920, and for the rest of the decade, about 30 per cent of first births were conceived ex-nuptially. The so-called illegitimacy rate increased from 4.10 for every 100 births in 1916 to 4.76 in 1920.[16] A Dunedin social worker told the 1920 Annual Meeting of the Dunedin Men's Mission that he was alarmed at the laxity of morals among the young and the incidence of spouse desertion. It was common, he asserted for spouses to leave home and co-habit with someone in the

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15. New Zealand Statistics on Justice, 1923, p. 6; NZ Truth, 1 January 1921, p. 5; Free Lance, 25 May 1921, p. 6.

16. Ex-Nuptial Conceptions 1920-29: Number of First Births Conceived ex-nuptially per 100 live births

1920	28.92	1925	31.28
1921	27.48	1926	33.09
1922	28.37	1927	33.42
1923	31.12	1928	33.51
1924	32.09	1929	33.49

Year Book, 1925, p. 120, 1930, p. 122, 1935, p. 73.

These figures are calculated by adding all births in the first seven months of marriage to the total illegitimate births, and calculating the sum as a proportion of all first births in that year. All illegitimate births were classified as first births, which would, of course, not have been true. The effect is to overstate the total of births conceived ex-nuptially, but probably by an insignificant amount. On illegitimacy, see Tables 7.1 and 7.2.

TABLE 7.1

Ex-nuptial Births

Ex-nuptial Births per 1000 Unmarried Women 15-45 years, in Census years 1891 - 1926

Year	Rate
1891	9.25
1896	9.30
1901	8.89
1906	9.72
1911	9.24
1916	9.24
1921	9.21
1926	9.71

Year Book, 1930, p. 122.

Ex-nuptial Births per 100 Births, 1913 - 1930

Year	Rate
1913	4.23
1914	4.59
1915	4.14
1916	4.10
1917	4.56
1918	4.65
1919	4.65
1920	4.76
1921	4.40
1922	4.22
1923	4.51
1924	4.77
1925	4.73
1926	5.17
1927	4.97
1928	5.08
1929	4.96
1930	5.12

Year Book, 1925, p. 12; ibid., 1930, p. 122, and ibid., 1935, p. 73.

TABLE 7.2

Criminal Cases in Magistrates Court per 1000 Mean Population 1915-34

Year	Male	Female	Total
1915	74.25	5.74	41.06
1916	68.59	5.13	37.03
1917	67.66	5.03	36.08
1918	59.16	5.00	31.57
1919	63.34	4.33	33.91
1920	64.63	3.95	35.01
1921	66.33	3.95	35.87
1922	60.88	3.61	32.87
1923	64.15	3.83	34.62
1924	66.77	3.71	35.90
1925	72.27	3.67	35.07
1926	73.74	4.11	39.70
1927	72.44	4.23	39.09
1928	70.76	4.37	38.00
1929	70.65	4.17	38.11
1930	71.83	4.20	38.72
1931	64.49	3.58	34.69
1932	64.51	3.75	34.73
1933	57.14	3.47	30.83
1934	55.40	3.94	30.16

Source: Year Book, 1926, p. 245; ibid., 1931, p. 240 and ibid., 1936, p. 167.

TABLE 7.3

Sexual Crime : Offences Reported, Census Years 1911 - 1926

	1911	1916	1921	1926
Unlawful carnal knowledge	37	52	43	62
Incest	6	5	13	16
Indecent Assaults	72	97	114	112
Rape & attempt	18	12	15	16
Indecent exposure or behaviour	378	300	280	112
Sodomy & attempt	8	8	6	11
Soliciting prostitution	64	52	16	8
Indecent language	n.g.	n.g.	810	742

Police Department Reports, AJHR, 1912-1927, H.-16, Appendix A.

same street.[17] Murder and suicide both seemed more common.[18] A few notorious cases drew public attention to an apparent epidemic of sex crimes. In Wanganui, the mayor, apparently "another Oscar Wilde" and the "pursuer of perverted and putrid pleasures", was charged with murder.[19]

By the early years of the decade some were sufficiently concerned about the extent of immorality amongst the young to suggest the need for sex education in schools. Those who favoured such a scheme did so because it seemed that the correct education on self control and chastity was not being given in the home. In 1924 the Wellington White Cross League asked the Ministers of Education and Health to consider the introduction of a sex education programme. The Education Department sought the advice of the School Hygiene Division of the Health Department. The Director of the Division concluded that the time was ripe for teachers to be allowed to give such instruction when it was manifest that parents had failed. But it was only to be given to children on a one to one basis. Sex education had no place in a classroom situation and the primary responsibility for moral education rested with the parents. Classroom education would destroy the "natural reticence" that children ought to have on this subject.[20] The Auckland Headmasters Association would

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17. ODT, 18 September 1920, p. 6.

18. SPWC (Wgtn) Mins, 23 September 1921; In April 1920 Truth reported that, following three murders within fourteen days in the North Island, "murder most foul" seemed to be "stalking abroad", 3 April 1920, p. 5.

19. NZ Truth, 5 June 1920, p. 5; other examples of "sex cases" see 14 February 1920, p. 6, 17 February 1923, p. 6.

20. Sex Hygiene, 1923-38, H.35/16.

have nothing to do with it, maintaining that the only appropriate place for sex education was in the home. Dunedin Principals agreed. W. Morrell, Rector of Otago Boys High School, feared it was so easy to say too much. Sex education was best given by parents and directed toward encouraging children toward "moral and physical fitness" and to a "clean and upright manner of life". The Principal of Otago Girls High school agreed that the home was the best place. The Headmaster of Auckland Grammar said that boys ought to fear God, honour the King, revere all that was good and beautiful and treat all women as they would wish their mothers and sisters to be treated.[21]

These proposals on sex education were not implemented. Those who had suggested that there was such a need did so because they believed parents had failed in their duty to inculcate the right values in their children. Men's passions might be controllable, but only as long as women gave them the right incentive. The primary role of containing sex instinct fell to women. Women ought to stand for all that was noble, pure and chaste. Mothers had the duty of imparting these values to their children. That they did not was apparent in the perceived moral decay. So some concluded that the schools ought to assume the task. The Education Department was reluctant to embark on such a course. Sex education in schools was an attack on the sanctity of the family. Further, there was the belief that, exposing children to information about sex would lead them to become

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21. ODT, 10 June 1924, p. 9, 9 June 1924, p. 11.

obsessively interested in sexuality. Ignorance was equated with innocence.

In 1919 the editor of the New Zealand Medical Journal linked changed aspirations of women with the restlessness that inevitably followed war in an analysis of the faults of society. He wrote that excitement and restlessness followed all wars and the "adorable sex" was passing through such a stage. An increasing number of women were unwilling to bear the pains and cares of child rearing and bearing. Women were more to blame for the decline in the birth rate than men, he confidently asserted, and educated women were more to blame than working class women. All should fervently hope that this "silliness" on the part of women would soon disappear. In the national and imperial interest it was essential that soon "a home will become more attractive than an office or a shop and a baby the most desirable possession on earth".[22]

The view that the evolution of the role of women was a major cause of the decline in family size was held by many. A deputation from the Auckland Young Citizens League told the Anglican General Synod that the struggle that women had made for rights had been for material and not spiritual things. They had, as a result, entered into a mad search for wealth and pleasure.

> Nowadays our women are so busy with work that they make for themselves, that they have not got the time to do the work which God gives them to do in this world ... The moral progress of humanity depends upon women, every man is the outcome of women's training.[23]

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22. NZMJ, V. xviii, No. 87, October 1919, pp. 263-264.

23. ODT, 4 May 1922, p. 10.

The moral standards of the community were therefore a cause for concern. Many of those who asked themselves why this state of affairs existed, focussed on women, and their apparent love of luxury and dislike of child bearing. It seemed that many couples preferred a piano to a baby.[24] The importance of mothers to the physical and spiritual welfare of the community could not be gainsaid. As Truby King never tired of saying, "The destiny of the nation [was] in the hands of the Mothers". The proper care of children was a far reaching in its implications as any work done by anyone in the community. As J.A. Hanan, Minister of Education, wrote in 1916:

> Not even the lawyer, doctor, statesman, or merchant has a calling so fruitful of all that is highest and noblest in national life as the mother of a good home.[25]

Proper mothering was the foundation upon which national efficiency was based. Truby King asserted in his Story of the Teeth, that simple things were necessary for the health of the people. Good supervision and the preparation of healthy food would ensure that children had sound teeth. Sound teeth would "tend to empty our hospitals, gaols and slums".[26] The role women played in ensuring the health of the youth of the nation was as straightforward as it was important. The presence of social degenerates in the community must have been, in part at least, the fault of mothers.

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24. NZPD, 203, 3 July 1924, p. 139 (McIntyre).

25. AJHR, E-1A, p. 8.

26. Frederic Truby King, The Story of the Teeth, Dunedin, 1917, pp. 31-32.

Women were also quick to ascribe the primary responsibility for the declining birth rate to other women. The WCTU accepted the decline as a modern trend, about which little could be done. They suggested that a reduction in the cost of living and the endowment of motherhood might have some small effect, but they did not really believe that there was much anyone could do.[27] Mrs T.E. Taylor told the Christchurch NCW that the love of ease and luxury and the pursuit of excitement and the worship of wealth were the causes of the decline. She also supported the endowment of motherhood, presumably on the grounds that such endowment would mean an easier choice for couples who believed that child rearing would drain their budgets and constrain their income.[28]

Women were highly sensitive about the declining birth rate. Although accusations were not publicly, and perhaps never privately, made, it was the middle class women, like those in the WCTU and the NCW, who were in fact limiting their fertility. Women were also particularly concerned about the extent of moral depravity in the community. There are several reasons for this. Women were afraid, for themselves and for their children, if there was in fact an epidemic of sexual molestation. The other form of sexual deliquency, the non-criminal sexual activities of the young, worried women's organisations also. If women were the transmitters of social and moral value and the purifiers of men's souls, then as mothers and as women they had failed.

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27. WCTU, 1920 Convention Minutes.

28. NCW (Chch) Mins, 31 July 1922.

Women did not publicly articulate such views, but it is plausible to suggest that they thought this way. It helps to explain the apparent obsession within, for example, the NCW with mental, moral, social and sexual deficiency.

From the time it was re-formed in 1917, the NCW was continually worried about the number of defectives in the community. At the first Conference in 1919 the delegates urged the Government to establish separate farm colonies for the detention of male and female degenerates. Every woman who had more than two illegitimate children by different fathers was manifestly a "moral degenerate" and ought to be detained in such a colony.[29] Two years later the Council's Annual Conference resolved:

> that the greatest menace to personal liberty and free social intercourse is the unrestrained presence of *moral perverts* and *sexually uncontrolled persons* in the community ...".

It was the Council's view that such persons ought to be segregated.[30] The NCW seemed to identify three classes of persons which required such segregation. One group was defective girls, and this included those who had illegitimate children by more than one father, although some wished to include all who had more than one illegitimate child. Men guilty of sex offences against children required segregation. Some would have added all sex perverts (probably by this they meant homosexuals) and those guilty of intercourse with girls under sixteen. Separation in farm colonies was also prescribed for the "feeble-minded", who were unable to protect

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29. NCW Conference Mins, 1919, NZNCW Papers 1371:126.

30. NCW Conference Mins, 1921 (their emphasis), NZNCW Papers 1371:126.

themselves or were a danger to society.[31] The boundaries between these classes were not, however, particularly clear. They did not at any time analyse the cost of such a scheme or indeed detail who should be segregated and for how long. Nor did the apparent absurdity of confining together large numbers of men convicted of "unnatural offences" ever occur to them.

There are two reasons for the segregation of the unfit. Segregation would make procreation impossible and therefore cut off the supply of degenerates. In such peaceful rural settings certain moral degenerates, especially girls, could come to see the error of their ways. In a happy and healthy environment, the feeble-minded could learn a few simple tasks.

Feeble-minded children in the schools presented another problem that exercised the minds of the NCW and others. By 1923 the Director of School Hygiene claimed the problem of mental deficiency among school children was beginning to get out of hand. Such children would be better of in institutions amongst their mental equals with "simple pleasures and suitable tasks", rather than trying vainly to compete with normal children.[32] The NCW agreed with this analysis and repeatedly urged the Government to extend the work of the special schools.[33] Miss Howlett addressed the Christchurch

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31. NCW (Chch) Mins, 31 May 1920, 26 July 1920, 25 April 1921, 30 April 1923, 30 July 1923, 27 August 1923, 26 May 1923; the WCTU had similar views on segregation and the establishment of farm colonies.

32. AJHR, 1923, H.-31, p. 41.

33. ODT, 1 April 1920, p. 5.

Council on the subject in 1921. Feeble-minded children, she told her audience, were intuitive rather than reasonable. They needed to be looked after in the best possible environment. The State had a duty to look after such individuals but it also had a duty to itself and the next generation to protect society from feeble-mindedness.[34]

The punishments suggested for sexual offenders were flogging, desexualisation, sterilisation, and segregation. In fact, the 1908 Crimes Act specified flogging or whipping as a punishment for most sexual offences.[35] For the most part, women's organisations, such as the NCW and the Wellington branch of SPWC, did not support flogging. At the 1923 NCW Conference a remit urging the flogging of all persons convicted of any sex offence was lost on the casting vote of the President. Those who were against flogging felt that it was demeaning to the person who had to administer the punishment. Jean Begg told the same conference that an "operation" was the only effective answer. It seems by this she meant castration rather than sterilisation. But the SPWC and the

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34. NCW (Chch) Mins, 30 May 1921; see also 24 July 1921

35. See for example the views of R.A. Wright, M.H.R. for Wellington Suburbs, NZ Times, 31 October 1923, clipping in SPWC (Wgtn) Mins, ? October 1923. Although apparently illegal, some boys at the Burnham Industrial School were sterilised, Jan M. Beagle, "Children of the State; a study of the New Zealand industrial school system, 1880-1925", M.A. Auckland, 1975, pp. 109-110 and p. 117; Interview between Frederic Truby King and Mr Archey, former manager of Burnham industrial school, Mental Defectives Cttee Evidence, p. 648 ff: the operation was performed to "cure" masturbation; The Crimes Act, 1908, ss. 27, 153-155, 208, 212, 214.

WCTU rejected castration as a remedy, because the medical profession had told them it had no real benefits. The Wellington branch of the SPWC favoured segregation. In their rejection of desexualisation they followed the recommendation of the 1924 Medical Conference.[36] There continued to be some support for a surgical solution among Committee members. For instance, in 1926, after a man was found guilty of a sex offence allegedly similar to ones committed by his father and grandfather, the Committee sought the advice of the BMA. The SPWC members thought there was now a less "serious" operation than had been available in the past and asked the doctors for information on this. The BMA assured them that such an operation would be successful from a eugenics point of view, but it would not prevent sex crimes.[37] Many had faith in a simple and effective solution to social problems. It seems amazing that the Committee members did not, by 1926, know of the difference between sterilisation and castration. It demonstrates the extent to which only a very few thought the matter out fully.

These groups considered that punishment for sexual offenders ought to serve two purposes. It ought to punish the offender in such a way that the full repugnance of society was demonstrated. It ought also to protect society from such people. It was implicitly accepted that one offence meant that it was inevitable that other similar offences would be committed. Society must, warned the Wellington branch of

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36. SPWC (Wgtn) Mins, 14 March 1924.

37. SPWC (Wgtn) Mins, 11 June 1926, 8 October 1926.

the SPWC, "protect the little children of our Dominion from sexual desecration". The answer that seemed to fit both these criteria was permanent segregation. This was favoured by all the women's groups, although one delegate suggested to the 1923 NCW conference that the convicted ought to be able to have some choice as to their punishment. They could choose either permanent imprisonment or desexualisation accompanied by one year's detention in a State farm.[38]

Segregation was seen therefore as the answer for both sexual offenders and the feeble-minded. Both sets of person were unfit and the society ought to protect itself from their indiscriminate breeding and from their acts of sexual violence against the innocent. Implicit in all this is the proposition that, however defiled, one could never be innocent again. A sex attack on a child was "moral murder" of that child. A sexually abused child would, in the fullness of time, become another focus for immorality.

In 1920, 1921 and 1922, the Prisons Board reported with alarm the growing incidence of sex crimes in New Zealand and urged investigation into segregation and desexualisation as means of controlling the problem.[39] The North Canterbury Hospital Board urged the Government to pass legislation so that those guilty of unnatural offences or crimes against

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38. SPWC (Wgtn) Mins, 20 October 1922, 13 April 1923; Letter to SPWC, Auckland from SPWC Wellington, SPWC (Wgtn) Mins, ? August 1923; SPWC (Wgtn) Mins, 11 May 1923, 14 March 1924, 11 June 1926, 8 October 1926; NCW Conf Mins, 1923, NZNCW Papers 1376:126; NCW (Chch) Mins, 27 August 1923, 26 May 1924.

39. AJHR, 1921, H.-20A, p. 4.

children could be desexed, and all those "degenerates" appearing before the Courts could be sterilised if a special tribunal thought such action appropriate.[40] As Tables 7.2 and 7.3 show, the increase was more apparent than real. Nevertheless, in November 1923, the Government announced that it had decided to appoint a committee of "experts" to investigate mental deficiency and sexual offending;[41] a move that was supported by the NCW and the SPWC.[42] The committee was chaired by W.H. Triggs, and its members were Ada Paterson, Director of the School of Hygiene Division of the Department of Health, C.E. Matthews, Controller General of Prisons, John Beck, Officer in Charge of the Special Schools Division of the Education Department, Frederic Truby King, J. Sands Elliott, Chairman of the New Zealand branch of the BMA, and Sir Donald MacGavin, Director of Medical Services in the Defence Department.

The Committee was asked to investigate the special care and treatement of the "feeble-minded and subnormal", and of mental degenerates and those charged with sexual offences. The Committee maintained that mental degeneracy and sexual offending were "separate and distinct". Some mental degenerates might show their defectiveness in their lack of control of their sexual desires. This was especially true in the case of mentally defective girls. But it was not necessarily true

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40. North Canterbury Hospital Board to Director General of Health, 6 March 1923, quoted in Fleming, "Eugenics in New Zealand, p. 39.

41. Ibid., pp. 38-42.

42. SPWC (Wgtn) Mins, 17 December 1923; NCW (Chch) Mins, 27 May 1924.

that all sex offenders were mentally defective. Indeed some, especially those convicted of unnatural offences, often possessed "intellectual and artistic powers above the average". All the feeble-minded and mental defectives had some fault "in the intelligence quotient". Not all sex offenders were of limited intelligence, but many of feeble intelligence were sex offenders.[43]

The Committee did not come to the issues without preconceived ideas, as their questioning of witnesses shows. Without such preconceived ideas they might never have reached a conclusion based on the incoherent and confusing evidence presented. Jean Begg's evidence demonstrates the extent to which there was confusion about what constituted mental and moral deficiency and sexual offending. Begg was a member of the Auckland NCW and was about to begin a long career with the YWCA. She had not long returned from social work in the United States of America which partly explained the great interest the Committee took in her evidence. Begg wanted a "complete and continuing census" of all "defectives" and urged that each "case" be studied individually and a method be devised to meet the individual's needs.[44] Generally, she favoured segregation of mental defectives, although she maintained that those defectives who showed no "anti-social tendencies" could, if sterilised, lead useful lives in the community. She then when on to discuss "sex offenders". For them she urged indeterminate detention. It is clear from

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43. AJHR, 1925, H.-3A, p. 5.

44. Mental Defectives Cttee Evidence, p. 768 (Jean Begg), H.3/13.

her evidence that in her mind the largest class of sex offenders were unmarried mothers.[45] She attributed the apparent increase in sex offending to unsupervised and unchaperoned dances, "sensuous music and suggestive improper dancing", the fact that parents of delinquent children were not answerable to the criminal law, and the Government's failure to appoint women police.[46] Although the Committee's Report specifically said that the mental degeneracy and sex offence questions were distinct, it can be seen from Begg's evidence that even the "experts" did not see such a clear demarcation. For her, a sexual offence was a breach of a moral code, although the Committee's terms of reference specifically referred to offences against the criminal law.

There were two elements to the problem of the unfit. One was controlling the existing mental defectives, the other was preventing their breeding so that the problem would be less severe in the future. The Committee was convinced that the feeble-minded were prolific. The Report recounted the famouse cases of the Kallikak and Jukes families.[47] But the Committee had received details of similarly prolific and profligate New Zealand families. J.S. Cupit, a probation officer, painstakingly told the Committee of seven families of whose progeny eighteen were "subnormal", five were "backward or dull", two were "feeble-minded", two were "erratic" and "neurotic", one was "sexually weak", one was

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45. Ibid., p. 769.

46. Ibid., p. 770.

47. AJHR, 1925, H.-31A, p. 8; Searle, Eugenics and Politics, p. 30.

a "mental case" and one was a freezing worker.[48] The Report itself included several cases of similar families. The father of the family identified as "Case No. 4" was a "sub-normal", "sexual case". He was a watersider whose personal habits were so dirty that his fellow watersiders had refused to work with him. The mother was subject to fits of "insanity". They had seven children, four were subnormal and under State care, the other three were described as "not yet ... brought under State control". The father of "Case No. 3" was an old age pensioner resident in a Home for the Aged, and the mother was "feeble-minded and a drunkard". They had six daughters. Three of them were prostitutes, one was "immoral" and generally of "bad character", one was a "drunkard", and the sixth daughter was described as "indifferent". Two of these women had married criminals, one had married a drunkard and one was living with a drunkard. Between them they had twenty-one children, twelve of them illegitimate.[49]

As these case studies tended to indicate, the unfit were particularly prolific. At the same time, however, what the Committee called the "more intellectual classes" were limiting their family size. The Committee concluded there were two major causes of this apparent increase in the number of the unfit. Feeble-minded parents tended to have feeble-minded children, and have lots of them. Their case histories proved

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48. Mental Defective Cttee Evidence, p. 187 ff. (J.S. Cupit), H.3/13; Cupit's numerous categories also show the difficulties encountered in analysing just what was meant by the various terms. See too evidence of Alice Edwards, manager of Christchurch Receiving Home, p. 632 ff.

49. AJHR, 1925, H-31A, p. 9.

this point. On the other hand, some children, although born to parents who were not feeble-minded, were rendered unfit by the poor standard of care they received. Poor child rearing practices, bad nutrition, insufficient home supervision, and too frequent attendance at the cinema, made children unhealthy, ill-kempt, lacking in self discipline and led to their developing a morbid interest in things sexual.[50]

The Committee urged the early identification of feeble-minded children so that they could be placed in special schools or classes appropriate to their level of disability. Some feeble-minded were not sufficiently affected by their affliction to warrant institutionalisation, but it was in their and society's best interests that they be placed under some sort of State supervision, regardless of whom they lived with. The Committee wished to allow the State to exercise control over all those considered "feeble-minded", whatever their age and even if they lived with their own families. The family's traditional role of caring for its weaker members was challenged and, indeed, denied. The role of the State to protect itself was paramount.

The 1911 Mental Defectives Act had classified defectives into six groups, according to the severity of the affliction. The groups were those of unsound mind, those mentally inform, idiots, imbeciles, the feeble-minded and epileptics. Any person falling within one of these categories could be committed to a mental hospital. Special facilities for certain classes of mentally defective children were provided

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50. Ibid., pp.7-8.

by the Education Department's residential schools at Richmond and Otakeike. Delinquent boys and girls were sent to the industrial schools, where the treatment was harsh and brutal, although by 1924 some reforms were under way.[51] Until this point mental illness and delinquency had been kept administratively separate.

The Committee concluded that existing institutions were adequate insofar as they went. What caused most anxiety were those persons whose affliction was not so severe as to warrant institutionalisation and, by implication, those whose mental deficiency manifested itself in delinquent behaviour. The Committee approached this problem from two angles. First, it wanted another class of mentally defective persons added to the definitions of the 1911 Act. The Committee recommended that the definition of "moral imbecile" in the 1913 English Mental Defectives Act be adopted.[52] This defined as morally defective;

> persons who from an early age display permanent mental defect, coupled with strong criminal or vicious propensities, on which punishment has little or no deterrent effect.

Secondly, the Committee suggested the appointment of a Eugenics Board. The Board would compile a register of all mentally defective persons and exercise control over all those on the register whether they were in institutionalised care or not. All persons on the register would be forbidden from marrying.

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51. Beagle, "Children of the State", pp. 130-140.

52. Searle, Eugenics and Politics, Chapter 9; Harvey Simmons, "Explaining Social Policy: The English Mental Defectives Act of 1913", Journal of Social History, V. 11, No. 3 (Spring 1978), p. 387 ff.

The Committee also recommended that the Board be given a discretionary power to order sterilisation or segregation of persons on the register. In fact in certain cases the Board would be permitted to order sterilisation as a pre-condition to removal of a name from the register.[53]

The Committee had also been asked to consider the care and punishment of sexual offenders. It was to this part of the Committee's task that the women's organisations directed most of their attention. The Wellington branches of the NCW and the SPWC combined to present evidence, and the Auckland branch of the Council also gave evidence. The SPWC, which presented the evidence, told the Committee that the sexual assault on a child led to a "life-long injury" to that child. In the case of a girl it meant "ruination" of her body, and led to a "stain on the mind and soul that could never be removed". Molestated boys became "possessed of a horrible and sinister knowledge which may return in the form of temptation" for the rest of their lives, and they were likely to follow in the footsteps of the betrayers. Using a metaphor the Society was apparently fond of, the evidence described a sexual attack on a child as "moral murder". The two organisations urged permanent segregation or alternatively two years segregation after a "surgical operation". They also wished that criminals be educated "in the direction of understanding their own cases, and the harm done their victim". The two societies also wanted to see education in "sexual and personal

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53. AJHR, 1925, H.-31A, p. 1.

hygiene" throughout society.[54] The Auckland NCW also supported indeterminate sentence or desexualisation accompanied by a limited period of incarceration. They also saw value in education, especially if it were directed toward the necessity of "self control" and "moral and spiritual development".[55]

The Committee concluded that it was necessary to bear in mind the wide differences in the severity of various sexual crimes. There was a wide gulf between the case of the "lad" charged with unlawful sexual intercourse with a girl, who might well be the instigator of the offence, and that of a "miscreant" who "tampered" with little girls or set himself out to deliberately corrupt young boys.[56] When the Committee went on to deal with the punishment of sexual offending, it appeared to ignore the distinction it had carefully made. The best method of dealing with sexual offenders was indeterminate sentence. Desexualisation had little effect if it was carried out after puberty and only then did sexual perversion become manifest, so it was a pointless alternative. The Committee seemed to have no interest in the option of sterilizing sex offenders. The crimes its members were particularly concerned about were sodomy and crimes against children. Rape was never mentioned and intercourse with girls under sixteen was dismissed as relatively minor. Acts of non-procreative sex were what

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54. Mental Defectives Cttee Evidence, pp. 121-123 (SWPC, Wgtn).

55. Ibid., pp. 145-146 (NCW, Auckland Branch)

56. AJHR, 1925, H.-31A, p. 25.

worried the Committee, and for such offences sterilisation was pointless. Anyway, all sex offenders, if permanently segregated, would be unable to father children.[57] Eugenically, segregation was a highly satisfactory device.

The Committee concluded that its proposals, the social control of the feeble-minded and the segregation of the sexual offender, would contribute to the future welfare and happiness of the Dominion.[58] The measures would prevent the unfit from breeding and protect society from sexual and social delinquents.

Presenting the Report to Parliament the Minister of Health, Maui Pomare, said the Government hoped to introduce legislation along the lines recommended by the Report, as soon as possible.[59] In the event, it would be three years before the Government would introduce legislation, and only then after a mental hospital's officer, Theodore Gray, had made a world tour to investigate the treatment of mental defectives.

Gray was a Scot whose first post in New Zealand was at Seacliff where he worked with King. He later described King as the only man he had ever met who was worthy of the description "genius". From those years Gray and King had a close association and no doubt exchanged ideas when they were both Government officials in Wellington in the twenties. Gray, in his capacity as Assistant Inspector General, gave evidence

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57. Ibid., pp. 27-28.

58. Ibid., p. 28.

59. NZPD, 206, 16 July 1925, p. 588.

to the 1924 Committee, and some of his ideas, such as that of a Eugenics Board, were quite influential on the final form of the Report.[60]

In the meantime, women's organisations had been pressing the Government to take some action on the Committee's report. The Christchurch Council wrote to the Ministers of Health and Education urging some action on the Report. Throughout 1925 the Council tried to keep the Report before the public and Members of Parliament. The WCTU criticised the Government's inactivity on the matter and the NCW conferences in the intervening years urged action.[61]

In 1927 Gray visited almost 100 institutions in thirteen countries. His report formed the basis of the Bill presented to the House in 1928. Gray's recommendations did not differ significantly from the recommendations of the 1924 committee. He contended that the greatest danger to society lay with those whose affliction was not sufficiently severe to bring them within the ambit of the 1911 Act, essentially those who did not warrant institutionalisation. Again he proposed the creation of a new category of imbecile. He rejected the 1913 English definition, which had been adopted by the Committee, and put forward instead the term "social defective": "persons in whose case there exists mental deficiency associated with or manifested by anti-social conduct and who require State

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60. Theodore G. Gray, The Very Error of the Moon, Ilfracombe 1959, pp. 97-98; AJHR, 1921, H.-20, p. 17; AJHR, 1925, H.-31A, pp. 17-18.

61. NCW (Chch) Mins, 25 June 1925, 30 July 1925, 27 May 1926, 24 June 1926; White Ribbon, 18 April 1928, p. 2; NCW Conf Mins, 1927, NZNCW Papers 1371:126; SPWC (Wgtn) Mins, 3 July 1925.

supervision and control of their own protection or for the protection of others". Gray proposed the establishment of a Eugenics Board, the compilation of a register of defectives, and the same provisions for control and supervision of those on the register as had been recommended in the 1924 Report. The aim of control of defectives was the limiting of the procreation of the unfit. Segregation was impractical and therefore Gray contended that the Board ought to have the power to order the sterilisation of persons on the register.[62]

The recommendations were introduced into the House as the Mental Defectives Amendment Bill in July 1928. Some members expressed disquiet at the generalised nature of the definition of social defective and the power to order sterilisation and the forbidding of marriage. Nevertheless the Bill was referred to the Public Health Select Committee.

The NCW continued to be favourably disposed to these measures to deal with social deficiency. In June 1928 Gray addressed a public meeting in Dunedin on "A State Programme for the Treatment of Social Inadequacy". NCW delegates were urged to encourage as many to attend as possible. The Council's Executive considered the Bill the following month and supported the appointment of a Board for the "social control of the socially inadequate".[63]

The WCTU was rather more guarded in its response to the Bill. The Union feared that a number of "borderline" cases would be handed over to experts, who tended to be scientific,

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62. AJHR, 1927, H.-7A.

63. NCW (Dn) Mins, 27 June 1928, 31 July 1928.

and insufficiently humane in their approach. The Union had misgivings about the benefits of sterilisation and thought that in no instance should sterilisation be compulsory. Again the ambivilance was shown. Something had to be done to prevent the birth of so many degenerates and the likely consequence of race suicide. Perhaps desperate problems called for desperate remedies. The Union could not be quite sure what the solution was.[64] In one sense the issue was the rights of the State to protect itself versus the rights of individual liberty. The immediate reaction of the Union was to support individual liberty and for that reason they could not support compulsory sterilisation. On the other hand they were distressed by the apparent physical and spiritual weakening of the race. They could not feel entirely comfortable with the solution, but they felt decidedly uncomfortable with the problem.

The Bill did not receive universal support. The Otago Daily Times, hardly reknowned for its libertarian views, expressed considerable editorial disquiet. The compilation of the register seemed an "invasion of the privacy of domestic life" and there were severe misgivings about the sterilisation provision. The Roman Catholic Archbishop, Archbishop Redwood, thought the State was being exalted at the expense of the family. Limitation of the right to marry and the sanctioning of sterilisation introduced dangerous prinicples. The Auckland Executive of the Australasian Association of Psychology and Philosophy offered a particularly trenchant criticism. The Bill posed threats to the privacy of the family, for those

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64. White Ribbon, 18 August 1928, p. 6, 18 September 1928, p. 6.

families with defective members would be subject to constant interference from Government officials. The Association thought the definition of social defective was far too loose and the provision for compulsory sterilisation dangerous, particularly when coupled with such a loose definition.[65]

As a result of pressure from various groups and individuals and from some Members of Parliament, the Bill was altered. The social defective was added to the existing classes of mental defectives and a Eugenics Board was established and charged with compiling a register. However, the provisions for the sterilisation of defectives and the forbidding of marriage were removed. But as the Reform Party conceded in election propoganda that month, the Act was not as its sponsor had intended.[66]

Gray was no doubt disappointed, but his recent appointment as Director General of Mental Hospitals probably softened the blow. The Eugenics Board was established in 1929, with Jean Begg and Janet Fraser the two lay appointees to the Board. The women's organisations were satisfied with their appointment. Jean Begg thought it was a "big forward step" that women had been appointed to the Board. While the male members would look at the problems from more "scientific viewpoints", women would bring the "influence of the home"

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65. ODT, 20 July 1928, p. 10, 26 July 1928, p. 28, 21 August 1928, p. 13; see also 31 August 1928, p. 10, 12 September 1928, p. 3.

66. Reform Party, The General Election 1928. Sixteen Years of Progress. Reform Government's Achievements 1912-28. No. 2, Issued October 18, 1923, Wellington, 1928, p. 61.

to the deliberations.[67] In its early days the chief task of the Board was the establishment of psychological clinics in Wellington and Auckland to examine and treat those disturbed persons referred to it.[68]

If the women's organisations were disappointed about the amendments to the Bill they kept silent. The silence lends credence to the view that the whole issue was never fully thought out. None of the criticms made by others of the Bill were considered by the NCW. The NCW and SPWC made emotional responses to the proliferation of the unfit and the apparent incidence of sex crimes. Apart from thinking both sorts of people would benefit from segregation in "farm colonies" they had no real answer to the problem. To a problem that was essentially made of straw there probably was no realistic answer. The only answer lay in the fact that by talking about it people felt better about it. Implicit in the concern about feeble-mindedness was an attack on mothering. Rather than defend themselves or their sisters, the women of the NCW took refuge in the restatement of the ideology of motherhood. They themselves became fierce critics of ineffective mothering.

The 1928 Act and the Report that had preceded it had been concerned with what Searle calls "negative eugenics",[69] that is, they were directed towards finding means of dis-

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67. NCW Bulletin, February 1929. Interestingly, Janet Fraser's husband had been one of the Bill's chief critics in the House.

68. AJHR, 1920, H.-7, p. 4.

69. Searle, Eugenics and Politics, Chapter 8.

couraging or preventing the unfit from having children. Positive eugenics, encouraging the so-called fit to increase their family size, lay behind the 1926 Family Allowances Act.

It had long been suggested that economic constraints forced couples to restrict the size of their family. The Cost of Living Commission in 1912 was told by several witnesses that many couples could simply not afford to have more than two or so children.[70]

In 1918 the Wellington branch of the SPWC suggested that the State make payments to mothers to relieve the worst effects of the high cost of living.[71] Throughout the 1920s the Labour Party put forward similar schemes and Savage introduced three Bills.[72] The idea of an "endowment of motherhood" occasionally received attention from the NCW, although it was not an issue they devoted much attention to.[73] In 1919, Christina Henderson spoke to the Christchurch branch of the NCW on the subject. Mrs T.E. Taylor's analysis of motherhood endowment demonstrated that it had two benefits of equal importance. It would ensure the economic independence of married women as well as contributing to the increase in the birth rate.[74] By the time

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70. AJHR, 1912, H.-12, p. 505 (W.E. Collins), p. 508 (A.F.J. Mickle).

71. SPWC (Wgtn) Mins, 13 December 1918.

72. AWBNZLP Mins, 11 August 1921, 18 August 1921, 28 September 1922; Auckland Labour News, 1 September 1921, p. 23.

73. Among English feminists in the 1920s family allowances was an important issue; Jane Lewis "Beyond Suffrage: English feminism in the 1920's", Maryland Historian, 7, Spring 1975, pp. 1-17; Jane Lewis, Politics of Motherhood, Chapter 6; John Macnicol, The Movement for Family Allowances, 1918-45: A Study in Social Policy Development, London, 1980, especially Chapter 2.

74. NCW (Chch) Mins, 3 November 1919, 31 July 1922.

the NCW endorsed family allowances in 1925[75] the policy had caught the attention of F.W. Rowley, the Secretary of Labour. In his 1925 Report, Rowley ventured that view that in the wake of family allowances the "average size of families would tend to increase, and ... single men would be encouraged to marry".[76] In the 1925 election campaign the Prime Minister promised that the Government would implement such a scheme, and in August 1926 the Family Allowances Bill was introduced. Those families with a weekly income of less than £4 and with more than two children would be paid an allowance of two shillings for each child in excess of two. The allowance would be paid to the mother, although the father had to make the application personally.

The Labour Party welcomed the measure, although they criticized the parsimony of the amount. Labour members urged a payment of ten shillings per child. Indeed Rowley had suggested a payment of 7s 6d.

If the applicant for the allowance, or his wife, were of "notoriously bad character, or ... been guilty of any misconduct dishonouring him or in the public estimation" no allowance would be paid.[77] This raised the notion of the deserving and undeserving poor, and was criticized for this reason in the House by Harry Atmore, who questioned the justice of visiting the sins of parents on children. Aliens

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75. NCW Conf Mins, 1925, NZNCW Papers 1371:126.

76. AJHR, 1925, H.-11, p. 18.

77. Family Allowances Act, 1926, s. 8.

and Asiatics were ineligible.[78] Because it was only the father who could apply for the allowance, those women who had been deserted by their husbands found themselves ineligible. Although women's organisations pointed this out to the Government, no amendment was made and never were the reasons for such refusal made plain.[79]

The Government hoped the payment would help arrest the decline in the birth rate, but it was afraid to challenge the principle of paternal support for families to any great extent. The chances that the allowance would lead to an increase in the birth rate were very slim. As economist R.M. Campbell wrote at the time the policy was introduced, the birth rate had begun to decline during a period of sustained prosperity.[80] The amount of the allowance was meagre, but whatever effect it might have had was masked by the arrival of the Depression which further accelerated the decline in the birth rate.

The allowance was to be paid only to those families which conformed to normative values. Families with either parent of "notoriously bad character" were ineligible, so too were families without a father. The allowance would encourage the self reliant and steady poor to increase the size of their families and it would ameliorate some of their poverty. It was also intended to help hold the line against

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78. NZPD, 210, 18 August 1926, p. 624-626, (Atmore).

79. SPWC (Wgtn) Mins, 25 May 1928; AWBNZLP Mins, 18 April 1931.

80. R.M. Campbell, "Family Allowances in New Zealand", Economic Journal, Vol. xxxvii, September 1927.

married women entering the paid work force.[81] It was a social policy influenced by eugenic ideas. It was also a policy founded upon the commitment to the nuclear family, the physical and spiritual health of whose members was preserved by the care and support of the mother.

Women's organisations were important in melding eugenic ideas about racial fitness and anxieties about social anarchy during the 1920s. To some extent, therefore, they were influential in shaping the policies that were erected upon the interaction of eugenics and fears about the declining birth rate and impending moral decay. Beyond specific legislative programmes, like family allowances, this combination had an impact on women's lives.

New Zealand eugenists had always stressed the importance of the environment in creating a healthy race. The person who created the immediate environment for the family was the mother. Often she had to do it in difficult circumstances, but the task was hers. That the rising generation was weak, physically and spiritually, was attributable to the fecklessness or ignorance of mothers. Eugenics, and more general social concerns, came to underpin the ideology of motherhood, that cluster of values that sought to glorify the mother as the physical carer and spiritual mentor of her children, as the centre of the home, and, indeed, as the centre of the whole Nation.

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81. It is apparent from the debate, that all members believed the father's role as breadwinner ought not to be challenged, NZPD, 210, 18 August 1926, pp. 587-633.

CHAPTER 8

THE IDEOLOGY OF MOTHERHOOD

In the 1920s, it was universally agreed that the progress of the race, the Empire, the nation and the individual depended upon the noble, self-sacrifice and devotion of mothers in the home. No one seriously disputed the contention that children were best cared for by their mothers. For all but a few women, devoted care of their own children was the only role in which women could expect to find fulfilment, contentment and happiness. It was generally agreed, however, that some women could and ought to discharge this racial duty through vicarious mothering, in the medical, teaching and social welfare professions. By the 1920s, ideas of what constituted the maternal role had been modified. The notion that women were the moral guardians of their children, an idea that had its roots in nineteenth century assumptions about women and domesticity,[1] remained an integral part of the concepts of the maternal role. But other elements were added. The

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1. On nineteenth century definitions of womanhood, see Barbara Welter, "The Cult of True Womanhood, 1820-1860", American Quarterly, xviii, Summer 1966, pp. 151-174; Nancy F. Cott, The Bonds of Womanhood: "Woman's Sphere" in New England, 1780-1835, New Haven Connecticut, 1977; Gordon, Woman's Body, pp. 111-115; Rosenberg and Smith Rosenberg, "The Female Animal"; Patricia Branca, Silent Sisterhood: Middle Class Women in the Victorian Home, Pittsburgh, 1975.

declining birth rate led to calls for women to be re-united with a maternal instict which emancipation had apparently weakened. Anxiety about the declining birth rate and eugenic fears about racial quality led to new emphases on infant health and welfare. Pro-natal policies were framed to reduce the infant and maternal death rates, and women were expected to ensure the health of their children through careful home management. These infant welfare policies were predicated on the belief that the devotion, knowledge, skill and attitude of mothers were fundamental to child health, and indeed, to the good behaviour of all adults. The health revolution[2] of the early twentieth century led to a belief that good health was a reasonable expectation. Women were crucial in transforming these beliefs into normative values.

Although it was essential for mothers to teach their children appropriate moral values, that was no longer sufficient. Through careful home management, housewifery and mothercraft they had to ensure the physical health and vigour of their children. The elimination of domestic dirt and the provision of nutritious meals ensured individual health and formed the basis of national strength. This ideology of motherhood enjoined women to glory in the dignity of "strong and lovely motherhood"[3] and assured them that the "destiny of the race" was in their hands.[4] It was women's duty, and

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2. Lasch, Haven in a Heartless World, pp. 168-171; on changing attitudes to health, see also, Ronald Mendelsohn, The Condition of the People: Social Welfare in Australia, 1900-75, Sydney, 1975, pp. 228-229.

3. SPWC (Wgtn), Annual Meeting Mins, 21 October 1913.

4. Royal New Zealand Society for the Health of Women and Children, A Short Account of the Society's Work, Dunedin, 1924.

their reward, to rear healthy children. Increasingly, experts told them that they needed help to fulfil the task. Women needed to be taught the methods of home management and mothercraft and they needed supervision while they performed these tasks. The State also assumed the right to intervene when it seemed that women were failing. A supervisory child welfare system, the medical examination of school children and the health camps established by the Health Department were all designed to monitor and supervise maternal care. To some extent this left women in a rather ambiguous position. Motherhood was the only vocation that Nature had fitted them for, but even that they could not fulfil without help from experts who had superior knowledge and authority.[5]

This ideology of motherhood, the set of beliefs that proclaimed that children ought to be reared by their mothers, that full-time child-rearing was the only valid vocation for women and that there were certain standards of physical and moral care that ought to be achieved by mothers, became normative during the early twentieth century and was dominant by the 1920s. As a result, a gender-differentiated school curriculum was devised to teach girls the appropriate skills for this vocation and organisations developed to help women derive strengths and knowledge for the attainment of a high standard of mothering.

Marriage and motherhood dominated the adult life of almost every New Zealand woman. In 1921, 69 per cent of all non-

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5. These ideas are suggested by Lasch, Haven in a Heartless World, and Anna Davin, "Imperialism and Motherhood", History Workshop, 5, 1978, pp. 13-14.

TABLE 8.1

Median Ages of Women at Selected Stages of the Family Life Cycle, by Female Birth Cohort

Birth Cohort	Median Ages of Women at: First Marriage	First Birth	Last Birth	1st Marriage Last Child	Death of Husband	Death of Wife
1866-1871	25.6	27.4	41.0	67.9	67.3	73.3
1871-1876	26.4	28.2	41.1	67.5	68.0	74.6
1876-1881	26.3	28.0	40.2	65.9	68.7	75.8
1881-1886	25.8	27.8	38.0	63.3	68.9	76.1
1886-1891	25.6	27.3	35.8	60.8	69.1	76.4
1891-1896	25.3	27.0	34.5	59.6	69.2	77.0
1896-1901	25.2	26.9	34.7	57.9	69.3	77.6
1901-1906	25.5	27.5	35.4	58.6	69.9	78.3
1906-1911	25.2	26.9	33.9	59.0	70.4	78.9

Source: Gilson Vosburgh, NZ Family and Social Change, p. 146b

Maori females over the age of twenty-five were married, and a further 12 per cent were either widowed or divorced. Although the marital fertility rate had been declining since the nineteenth century, the vast majority of married women were mothers. In the 1920s, the "average" New Zealand woman could expect to marry at about twenty-five years of age and have the first of her three children twenty months after her marriage. About one third of brides were pregnant when they married. The "average" woman could expect to give birth to her last child when she was in her middle thirties. It was not until she was in her sixties that a woman could expect the last child to leave home. It was quite likely that the marriage relationship would have been ended by the death of one spouse before the last child left home.[6] Therefore for all but the first twenty months of her marriage, a woman's life centred around her children. Most of her married life was taken up by the rearing of and caring for her children. Few married women undertook paid employment in the workforce; only about 8000 of a total of about 160000 in 1926.[7] Marriage and motherhood, therefore, dominated the lives of the majority of adult New Zealand females.

Marriage was the institution which formed the basis of ordered, successful society. It sanctified sex, was the linchpin of family life and was a necessary precondition for social development. If marriage was entered too casually,

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6. See Table 8.1.

7. See Table 8.2; of a total of 161739 married women, 8093 (5.004 per cent) were in paid employment.

TABLE 8.2

Selected Occupational Groups by Marital Status, 1926

FEMALES		Never Married	Married	Widowed, Divorced, Legally Separated	Total
Agricultural & Pastoral	No.	1199	485	1562	3246
	%	36.94	14.94	48.12	
Commercial		11521	1584	1019	14124
		81.57	11.21	7.21	
Public Administration		11041	691	604	12336
		89.50	5.60	4.90	
Clerical & Professional		19877	586	496	20959
		94.84	2.80	2.36	
Manufacture of Clothing & Dress		11736	705	671	13112
		89.51	5.37	5.12	
Textile Workers		1647	50	58	1755
		93.85	2.85	3.30	
Domestic Service		28967	3992	4598	37557
		77.13	10.63	12.24	
Total		85988	8093	9008	103089

Figures are for wage earners, employed and unemployed, employers, workers on own account, and relatives assisting

Source: 1926 Census, Vol. IX, Industrial and Occupational Distribution, pp. 65, 70-71, 74, 85-88.

TABLE 8.3

Age Distribution in Domestic Service, 1921

	Under 30	Over 30
Private Houses	59.56	40.44
Hotels & Boarding Houses	48.26	51.74
Restaurants	70.93	29.07
Officer Cleaners/Charwomen	4.43	95.57

Source: 1921 Census, Industries, pp. 101-102.

and the marriage tie broken too readily, a blow could be dealth to family life and to the "integrity of the British race".[8] Marriage needed to be based on love. "Dorothy Dix", who solved readers problems in the pages of the New Zealand Woman's Weekly, frequently advised correspondents that to marry for any reason other than love was foolish. Love made marriage worthwhile.[9] Marriage, and especially the wedding day, was surrounded with romanticism. When she collected her trousseau a woman could justifiably be extravagant for once.[10] The wedding day was one day when a woman could aspire to the glamour of Hollywood stars. Weekly and daily newspapers carried numerous reports of weddings, with descriptions of what the bride, her attendants and the female family members wore. These reports give the impression that it was during the 1920s that the white wedding became the norm for all classes. The white wedding made a very public statement about virginity and the attached ritual gave marraiges a very clear and public start. But while companionship and love were seen as important reasons for marriage, the chief purpose of the relationship was the bearing and rearing of children. The books that many women used as handy references on domestic life and health made that plain. One such manual made it clear to the reader just what marriage was all about.

> Marriage was intended to hallow and safeguard the sexual relation. When, however, marriage is degraded by the wilful prevention of childbearing, which is

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8. Alice Fergusson, "A Letter on the Marriage Question", 1926, New Zealand League of Mothers Papers.

9. See for instance New Zealand Woman's Weekly (hereafter NZWW), 24 January 1935, p. 27.

10. Free Lance, 7 April 1920, p. 20.

> one of its chief objects, the relation is in danger of becoming merely a compact which renders the sexual relation convenient and free from social censure.[11]

After 1924, all couples received a copy of the Plunket Society's pamphlet The Expectant Mother when they acquired a marriage licence. With the booklet, which summarised all the Plunket Society's precepts on child care, the couple received a brief note which reminded them that "Perfect Motherhood" was "Perfect Patriotism" and exhorted them to read carefully the message in the book.

The family, erected upon monogamous marriage, was the only place in which children could be reared properly. But, while children were dependent upon the family, and especially mothers, for nurturance, women's fulfilment and happiness was dependent upon their children. Indeed, it was a widely held view that women were whole only after they had borne children. The medical profession shared and, in fact, popularised the view that a woman was physically and psychologically complete when she had given birth.[12] Elizabeth Bryson, a Wellington doctor, wrote that everybody recognised that the baby was dependent on its mother. It was equally true, she continued, that the mother was dependent for her "happiness and completion" on her baby. It was an undeniable fact that "the woman needs children even though she does not want them". Only when she became the "gracious and all giving mother" did a woman attain her "full stature".[13] When she gave birth, a woman

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11. Richards, Ladies Handbook of Home Treatment, p. 36, see also pp. 32-35.
12. For an analysis of this view see, for instance, Ann Oakley, Housewife, Harmondsworth, Middlesex, Pelican edition, 1977, pp. 186-221.
13. Bryson, Learning to Live, pp. viii, 111 and 123.

completed what King called the "cycle of womanhood".[14] Only when that was complete could a woman expect peace and contentment. For, as W. Hinchey wrote in 1920: "What a state of excruciating agonies a woman confines within her body, to be liberated on the day she becomes a mother".[15] Those women who did not wish to have children denied the State the children it could reasonably expect, but they also denied themselves true happiness. Most women realised this, but some, unfortunately, realised it too late. A 1912 cartoon in the Weekly Graphic showed a woman at the top of a flight of stairs. She was standing on steps labelled "loneliness", "anxiety" and "strife" and looking back wistfully down steps labelled "professional triumph" and "suffrage".[16] The implication was clear. Those women who decided not to have children were deluding themselves. Every woman, whether she admitted it or not, wanted to see "the next generation at her knees".[17] It was, however, in the national interest, for some women to find this fulfilment in careers that used mothering skills. Medicine, Elizabeth Bryson wrote in 1924, was an "eminently suitable" career for a woman, especially if she specialized in the care of women and children or social welfare work. Through medicine, a woman could mother a whole group of people.[18]

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14. Plunket Magazine, Vol. 1, No. 1, January 1915, p. 39.
15. Hinchey, Commercial Civilisation, p. 86.
16. Weekly Graphic, 13 November 1912, p. 45.
17. Mirror, 1 January 1936, p. 72.
18. NCW News, Vol. 1, No. 1, 15 March 1924, pp. 9-10.

Motherhood was essential to the health and happiness of individual women, but it was equally important to the national and imperial interest. It was necessary that women bear a sufficient number of children, and that they reared a healthy race. Many believed that women were not doing either of these things. At times of national crisis, faulty mothering was often blamed for the problems that were revealed. For instance, the high rate of rejection of army recruits in 1916 was blamed on poor mothercraft. Maternal ignorance was mentioned by the Commission of Inquiry into the influenza epidemic. The epidemic had shown, the Commission concluded, that there existed a "widespread ignorance" of the simplest rules of personal hygiene and housekeeping. Many girls were not receiving sufficient training for them to maintain a "well-directed, healthy home life" later in their lives.[19]

The incompetence of mothers was revealed every year by the results of the medical examination of school children. Very few children were completely healthy. Many were suffering from nutritional diseases and deficiencies.[20] Faulty jaws, bad teeth and rachitic chests were not uncommon and attributable to the ignorance and carelessness of mothers. This explanation, of course, neatly sidestepped the need for more careful scrutiny of the reasons for faulty nutrition. Overcrowded housing and unemployment were also causes of nutritional deficiencies, but it was, on the whole, easier and cheaper to blame mothers.

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19. AJHR, 1919, H.-31A, p. 32; Geoffrey Rice, "Christchurch in the 1918 Influenza Epidemic. A Preliminary Study", NZJH, Vol. 13, No. 2, October 1979, p. 126.
20. AJHR, 1924, H.-31, pp. 33-36; AJHR, 1924, H.-31, p. 29; AJHR, 1925, H.-31, pp. 30-31.

Mothers continued to be held responsible for the moral well-being of their children. There seemed plenty of evidence in the early 1920s that moral standards amongst the young were poor. Mothers were responsible for the physical and moral care of their children. There seemed plenty of evidence that neither duty was being taken seriously enough. Various factors had combined to result in this ignorance amongst mothers. In earlier times, or so the argument ran, girls had learnt how to care for children by helping their own mothers with the care of younger siblings. When family size decreased, this source of practical experience all but disappeared. Further, industrial and commercial expansion in the economy had wooed girls away from domestic service, where they might have learnt the housewifery skills that they could have subsequently applied in their own homes.[21]

New Zealand girls had always shown a lack of interest in domestic service, and it had been resorted to only when there was nothing else available. The problem worsened when, for younger women at least, there were almost always preferable alternatives available. Except during the few years after the War, opportunities were always expanding. Changes in workforce participation had other effects as well. Industrial and, to a lesser extent, commercial work pushed girls into competition with men in unhealthy environments. The impact of this on the health of young mothers was awesome. For some,

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21. See, for instance, "Our Babies", Weekly Graphic, 26 April 1911, p. 59.

the result was sterility. For others, child-bearing became so intensely difficult that they could not or would not endure many pregnancies.[22]

The same false values that made girls reject domestic service lay behind the rejection of motherhood by many women. They had mistakenly reached the conclusion that motherhood was not the only way of life desirable for a woman. Feminism, and its supposed implication that women could compete with men, had given rise to a "monstrous regiment of women moving along unwomanly lines".[23]

The answer to all these problems seemed to lie in education. Domestic education for girls at all levels of the education system would have two effects. It would re-unite women with their true nature and it would teach them the necessary skills required by a mother. The impact that domestic education would have on the health and strength of the nation was summed up by the Minister of Education in his 1918 Report:

> The moral and physical welfare of a country depends primarily upon the training and healthy upbringing of its children. This is the special work which ... custom has assigned to women and we must therefore provide our girls with that type of education which will enable them to discharge these duties efficiently.[24]

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22. King, Evils of Cram, p. 5; AJHR, 1908, H.-11, p. vii; Phoebe Myers, The Influence of Home and Social Education on Child Welfare, Dunedin, [ca 1920]; Weekly Graphic, 2 February 1910, p. 11; on female workforce participation see Olssen, "Women, Work and Family", pp. 161-167.

23. Dominion, 17 May 1913, clipping Anna P. Stout Papers; Auckland Weekly News, 24 August 1911, p. 50; Weekly Graphic, 13 November 1912, p. 45.

24. AJHR, 1918, E.-1, p. 7.

The wider movement toward sex differentiation in education, of which the new emphasis on domestic education was a part, was not new[25] and had two origins. It grew out of the belief that the poor standards of home life were the cause of many social problems. In the late nineteenth century, Labour Department Officials had suggested that wife desertion would end if only women were sufficiently skilled to provide decent homes for their husbands. Christchurch feminist, Ada Wells, told the Cost of Living Commission that effective home management would cause a reduction in the cost of living.[26] Domestic education would, of course, re-unite women with their true natures and they would be glad to glorify in their natural role, rather than denying it. The movement for differentiation was also a side effect of Hogben's educational reforms, which had been designed to make education less regimented and more attuned to a child's nature. From her earliest years, a female child's true nature meant she was happiest and most fulfilled in playing with babies and sewing and cooking. By 1917, all primary school girls were taught cookery, home management and hygiene, and in that year domestic education became a compulsory subject for all holders of Junior free places at post primary schools.[27] While they learnt cookery

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25. Tennant, "Natural Directions"; on the development of the female curriculum, see A.L. Duncan, "What Katy did at School", A Study of curriculum development in Dunedin Girls' Secondary Schools 1900-1920, B.A. (Hons) Long Essay, Otago, 1982.

26. AJHR, 1912, H.-18, p. 73.

27. AJHR, 1917, E.-1, p. 43 and E.-2, Appendix C; see also NZG, 1917, p. 2770. A junior free place entitled a student to two years' free secondary education.

and neddlework, girls would become interested in the important questions of "sound bodies, wholesome dwellings and real homes".[28] Not only would they accept the inevitability of becoming mothers and homemakers, they would actively seek that role. When they had homes and families of their own, the expertise they had acquired at school would enable them to carry out their duties more effectively, and, perhaps even more importantly, "expertise" would be substituted for "instinct and tradition".[29]

In 1915, the Minister of Education referred the whole issue of female education to the General Council of Education. The Council set up a sub-committee to consider female education at all levels. It concluded that the "basic principles" of education ought to apply equally to boys and girls; but if there were no difference in method there ought to be a difference in the content of the curricula. It was essential to look to the future careers of girls and to decide, in the light of that, what subjects girls needed to study. The answer to that question was, "obviously" domestic subjects; cooking, cleaning and clothing. Such subjects would also provide a challenge for the more intelligent girls, because domestic work gave an insight into the principles of chemistry and physics. One could not "light a fire, boil an egg [or] wash a piece of flannel" without applying the principles of science. There were, therefore, all-round benefits to be derived from domestic education. For instance,

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28. AJHR, 1915, E.-5, Appendix, p. 30.

29. AJHR, 1915, E.-5, p. 77.

the teaching of laundry work gave valuable training in "deftness", "neatness" and personal cleanliness.[30] The Committee concluded that the female curriculum could safely include, as well as domestic science, literary subjects, and, at the Senior level, a foreign language.[31] Already many girls had turned their backs on such a genteel education, and increasing numbers of them preferred the commercial option available in the Technical High Schools and in a growing number of High Schools. In the High Schools the academic course was the most popular, and in the Technical High Schools fewer and fewer girls chose the Domestic Science course.[32]

The Council's sub-committee report formed the basis of the advice which the Council gave the Minister. The Council asserted that the time was right to make more differentiation between the education of boys and girls, that the character of girls benefited by contact with only female teachers, and that female education ought to have as its primary objective the development of "womanly qualities" in girls. The education system ought to foster the proper social environment so that the importance of women to humanity might be recognised. Specifically, the Council advised that girls ought to be taught only by women after Standard III, and that women teachers be appointed in primary schools for the supervision

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30. AJHR, 1916, E.-2, Appendix C, p. 111.

31. General Council of Education, 1915 Report, p. 10 ff.

32. General Council of Education, 1916 Report, p. 9 ff; there is a copy of the Report in "Letters, notes etc on the teaching of domestic science in schools", Anna P. Stout Papers; Duncan, "What Katy did at school".

of girls. All secondary education ought to be separate and the post-primary curriculum for girls ought to place emphasis on English literature and history, science and a foreign language. All girls ought to receive "vocational training bearing on home life". Those girls who ended their education at primary school would be compelled to attend day classes for domestic science instruction until they were seventeen. The employers of girls younger than seventeen would be required to give them time off to attend such classes.

Domestic education and domestic service were always difficult issues for feminists. They identified education as an essential element in female emancipation, and saw tertiary education and entry to the professions as things women were entitled to as of right, and as necessary preconditions for feminist reform.[33] However, because they believed that women's role in the family was too important, they saw a need for domestic education to enable women to rear their children effectively. Once the link between the female nurturant role and the survival of children was made plain,

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33. Little has been written on the relationship between education and feminism in New Zealand, but see Grimshaw, Women's Suffrage, pp. 2-4, Duncan, "What Katy did at school" and Gardner, Colonial Cap and Gown, Chapters 3 and 4; NCW, Third Session, p. 14; NCW, Fourth Session, pp. 19-21 (Ada Wells suggested that boys as well as girls ought to be taught cookery); there are many histories of individual schools, see, for instance, Barbara Peddie, Christchurch Girls' High School, 1877-1977, Christchurch, 1977, Muriel May, St Hilda's Collegiate School The First Seventy Years, 1896-1966, Dunedin, 1969, and also the autobiographies of teachers, such as J. Rhoda Barr, Within Sound of the Bell, Christchurch, 1953, Muriel May, Freshly Remembered; Half a Century of School, [Christchurch, 1973].

especially after an infant welfare movement based on that link was so successful, domestic education seemed all the more important. Further, many feminists believed that domestic service was a necessary part of life. In common with other members of the middle class, feminists thought that raising the status of domestic work would make such employment more appealing. In the days before technological advances made housework less arduous, many women believed that domestic servants were essential to the smooth running of their homes, and perhaps to their own independence. Those few women who combined motherhood and paid employment no doubt found that domestic servants were a necessary part of their lifestyle. For instance, Doris Gordon employed a housekeeper and on occasions a Karitane nurse to look after her children.[34] It was hoped that better domestic education would be an important element in the improvement of the status of the domestic servant. Indeed, that was the basis of the case that Agnes Bennett made for domestic education in 1909.[35] The NCW continued to see domestic service and education as necessary long after most females had shown an obvious desire not to be domestic servants.[36] During the late 1920s, and well into the 1930s, the NCW continued to see domestic education and service as solutions to the female unemployment problem.

Although feminists saw advantages in domestic education, they also feared that excessive attention to such subjects

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34. Doris Gordon, to Matron, Karitane Hospital, Wanganui, 10 June 1928, PSP 717.

35. Dominion, 25 May 1909; see Chapter 1 infra.

36. On domestic service see Tables 8.3.

would hinder girls. For instance, in 1919 the Christchurch NCW seriously considered the implications of compulsory domestic education. The Council's members saw benefits in such education, but they concluded that, on balance, such compulsion would have adverse effects because it would "handicap" girls in their vocational training.[37] The feminist attitude to domestic education was, therefore, essentially ambiguous and elitist. Feminists wanted sound domestic education for girls of average intelligence, who would be mothers and some of whom, they hoped, would become domestic servants.[38] Highly intelligent girls needed a more academic education and feminists feared that compulsory domestic education would place intolerable burdens on them as they tried to gain University scholarships and similar qualifications.

The responses to the General Council of Education's report reveal these ambiguities. In July 1917, the Wellington branch of the SPWC called a meeting to consider the report. Anna Stout maintained that education ought to do more for women than teach them domestic arts. Men, she said, wanted more than a place to eat, they wanted good companionship from their wives. While some thought that a good and satisfying home could only exist where women possessed excellent culinary and cleaning skills, Stout argued, as Bennett and Siedeberg had done before, that a lively, well-trained mind was more useful in a marriage relationship. The different attitudes

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37. NCW (Chch) Mins, 29 July 1919.

38. On this sort of ambiguity, see the evidence of Emily Siedeberg MacKinnon and Doris Gordon to the Abortion Committee, Abortion Cttee Evidence, H.131/139/15.

largely stemmed from differing views on the primary importance of marriage. Those who thought that the fostering of a relationship of mutual support and affection between husband and wife was the chief purpose of marriage, identified a broad education as the best preparation for marriage. Those who thought that principal role of marriage was for the rearing of children in accordance with the ideas of scientific home management and mothercraft, believed that systematic teaching of domestic arts was necessary for girls. Thus, Anna Stout spoke of the attributes a woman might bring to her marriage relationship. The Committee's report spoke more in terms of the skills a woman needed to properly care for her children. Phoebe Myers, a teacher and a member of the General Council, rejected Stout's contentions. The existing education system had bred a "fine race", but the race would have been much finer if men and women had been trained for their separate duties. Efficient motherhood meant efficient homes. Only if women were taught domestic science could they be efficient, and national progress depended upon efficient homes.[39]

The other reason why Stout and others at the meeting, such as Mary McLean, head of Wellington Girls' College, attacked the Report, was because they believed that an education system that confined females to a specific role was inimical to female development. Stout maintained that, in a democractic society, ability, not sex, ought to be the "keynote". The Women Teachers Association believed that such a

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39. Evening Post, 5 July 1917, Clipping, Anna P. Stout Papers; Myers developed much the same arguments in the 1920 pamphlet, The Influence of Home and Social Education on Child Welfare.

rigid gender-differentiated education system was detrimental to girls' development. Any domestic education ought to be confined to the post-primary stage, and then ought to be optional.[40]

Not all the detailed recommendations of the Report were put into practice, but during the 1920s all girls over the age of ten were given instruction in domestic subjects. At the Standard 5 and 6 levels the education became quite intensive. Girls learnt cookery, including the planning of meals and purchasing of food and the dietetic value of foods. The subject "housewifery" included instruction in the "source and action of dust, stains and decay", the care of kitchen fittings, and the cleaning of hard and soft metals and wooden surfaces. In laundry work, girls learnt the techniques of washing, finishing and ironing, and the use of stiffening agents and disinfectants. In an omnibus subject, "household management", girls were taught how to manage a home while three or more housekeeping activities were going on at once. In this course the girls learnt how to do the routine daily and weekly cleaning and the periodic "turning out" of the whole house. This subject also included mothercraft, home-nursing and the keeping of household accounts.[41]

In the Technical High Schools, a pure domestic science course, augmented with some English, history and arithmetic was offered to an ever-decreasing number of girls. In the

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40. Nellie Coad to Anna Stout, 22 March 1917, Anna P. Stout Papers.

41. Education Department, Syllabus of Instruction for Public Schools 1929, Wellington, 1930, pp. 55-56.

TABLE 8.4

Female Education in Two "Typical" New Zealand High Schools, 1927

	Hours per Week on Certain Subjects			
	Large Technical		Large High School	
	1st yr	2nd yr	1st yr	2nd yr
English	3.0[1]	3.0[1]	4.83	5.0
History	1.5	1.5	2.0	2.0
Geography	-	-	1.3	1.5
French	-	-	3.75	4.16
Arithmetic	3.0	3.0	3.6	3.58
Home Science	-	-	2.25	2.0
Hygiene	1.0	1.0	-	-
First Aid	0.5	0.5	0.6	-
Cooking	3.0	3.0	2.0	2.0
Laundry	-	-	-	-
Needlework	3.0	3.0	1.0	1.30
Millinery	1.5	1.5	-	-
Drawing	2.0	2.0	1.3	1.5
Applied Art	2.5	2.5	-	-
Singing	1.5	1.5	1.0	0.6
Physical Education	1.5	1.5	1.0	1.0

The location and size of the school were not indicated in the Report, but they may, it said, be regarded as typical. The course in the Technical School would be a "general" one.

1. Includes elocution.

Source: AJHR, 1928, E.-5, p. 12.

High Schools, all students taking the academic, general or commercial courses had to study "domestic science", which included cooking, clothing and laundry work.[42] Many female teachers were not pleased by the intrusion of domestic science into girls schools and felt that it placed an excessive burden on those girls who wished to compete for University scholarships.[43] As a subject, domestic science was not particularly successful. It was "too formless and unsystematic to be a 'science'", and too technical and abstract to be of benefit in training girls for home life.[44] Nevertheless, an attempt was made to shape the education system to give recognition to the idea that the chief function of a girl was to "become a wife and mother".[45] J.A. Hanan had foreshadowed this when, as Minister, he had outlined in 1916 what ought to be the basis of female education in the post-war years. To continue to stand in its existing position, New Zealand, and indeed the whole Empire, needed "devoted mothers in our British Homes". Female education needed to be designed to achieve that aim.[46] The heavy emphasis on domestic education in girls schools was the principal device for achieving that aim.

In earlier years, however, an older generation of girls had not had the benefits of scientific domestic education. The young mothers of the early 1920s felt a need to supplement

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42. See Table 8.5.

43. Barr, Within Sound of the Bell, pp. 41-42.

44. J.H. Murdoch, The High Schools of New Zealand A Critical Survey, Christchurch, 1943, p. 130.

45. AJHR, 1912, H.-18, p. 247 (George George).

46. AJHR, 1916, E.-1A, p. 8.

the education they had received. Many girls tended to take domestic education lightly. When they did have homes and families of their own they realised that there were gaps in their knowledge. Further, Plunket literature and nurses spoke in terms of scientific home management, and more and more mothers came into contact with Plunket. It is, therefore, not surprising that many women sought more knowledge. Concern about their new role led women to form and join groups to help them.[47] In Dunedin, they found the Home Science School ready to popularise the techniques of scientific home management.[48]

In the early 1920s, a group of young mothers began meeting informally in each other's homes in the Dunedin suburb of St Kilda. Their aim was to provide support for each other, so that they might all be able to "develop and fulfil" the ideals of motherhood. The group decided to approach the staff of the Home Science School to given them a course of lectures and demonstrations.

Largely inspired by their new American Professor, Ann Strong, the staff at the School had begun to reach out into the community. The recently founded Home Science Alumnae had

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47. On a similar process in the United States, see Kathleen W. Jones, "Sentiment and Science: The late nineteenth century Pediatrician as Mothers' Advisor", Journal of Social History, V. 17, No. 1, Fall 1983, p. 85; on mothers' clubs and "schools for mothers" in Britain, see Jane Lewis, Politics of Motherhood, pp. 102-103 and Davin, "Imperialism and Motherhood", pp. 36-43.

48. The Home Science course began at Otago University in 1909, and in 1912 home science became the basis of a whole degree, J.C. Beaglehole, The University of New Zealand: An Historical Study, Auckland and London, 1937, p. 260; A.M. Strong, History of the Development of University Education in Home Science in New Zealand, Dunedin, 1937.

as its primary aim the provision of fellowship for home science graduates, but its founders also hoped it would spread the ideas of scientific home economics. The meetings organised by the St Kilda Club proved so popular that soon they had to hire the St Kilda Town Hall to accommodate all those who wished to hear the addresses. Soon women from all over Dunedin attended to hear Strong and her colleagues. At the end of 1921, at Strong's instigation, it was decided to form the club into a Home Economics Association, and its inaugural meeting was held in March 1922. By 1923, there were five branches in various Dunedin suburbs. Sometimes the branches held their meetings at the Home Science School, where lecturers had access to equipment for their demonstrations. On other occasions, the meetings were held locally. The demonstrations and lectures included information concerning food preparation and nutrition, home furnishing, clothing, stain removal and budgeting and the keeping of household records; this was truly a programme to help women become household executives.[49]

The foundation of the Association linked two types of women. Educated professionally trained home scientists, such as Strong and Helen Benson who was Strong's predecessor at the Home Science School, were committed to extending the knowledge of new scientific home management as widely as possible. They saw skilled homemakers as the basis of civilized society. The women who met in each other's homes in

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49. Helen and Sylvia Thomson, Ann Gilchrist Strong Scientist in the Home, Christchurch, 1962, pp. 152-153; Dorothy R. Emerson, OHEA The History of the Otago Home Economics Association (Inc) From 1922-1972, Dunedin, 1972.

St Kilda wanted companionship, and they wanted to acquire the skills that would enable them to provide the care which they believed their families, especially their children, needed. Scientific management seemd to enrich tasks that of themselves had little intrinsic appeal. It is not surprising that young women were keen to attend these meetings. For one thing, many of them had passed through an education system that had been beginning to impress these ideas on girls. The majority would have come into contact with their local Plunket nurse and almost certainly into contact with Plunket literature. The Plunket nurse had time to tell women about the needs of children, but probably did not have the time to give detailed instructions on how to prepare nutritious and appetising meals. It was impressed upon women that toddlers and young children needed a special diet, and children at different ages needed different food elements emphasised. Mothers anxiously sought specific advice on how to meet these needs. The Association provided this very detailed instruction. At the 1923 Annual Meeting, for instance, members were shown the use of the new "fireless" cooker. In 1925, at a Mornington branch meeting, 100 women heard talks on "Food Values", "How to Select Food" and "The Care and Keeping of Food".

The Home Economics Association ascribed value to the work that women did. It re-enforced ideas that had been around for some time and its lecturers showed women, in very practical ways, how they could provide good food and clean homes for their families. It provided companionship and a ready way of making new friends. The influence of Ann Strong, forceful, enthusiastic and with modern American ideas, cannot

be gainsaid. The Home Economics Association soon became an important part of the suburban landscape.

As well as learning practical housekeeping skills, many women sought fellowship to enable them to carry out the spiritual side of the "sacrament" of motherhood. For this reason, women joined groups such as the Mothers Union and the League of Mothers. The impetus for the Home Economics Association came from the local level, while the idea for a League of Mothers came from Lady Alice Fergusson, wife of the Governor General.

The Mothers' Union was an Anglican-based women's fellowship organised on the Church's parish and diocesan structure. Lady Glasgow, wife of the Governor, is credited with introducing the Union into New Zealand in the 1890s.[50] Although the Union was supposedly open to all women, over the years membership became confined to baptized Anglican women who were faithful to their marriage vows and who declared adherence to the three central objects of the Union. These objects were: "to uphold the sanctity of marriage", to "awaken in all mothers a sense of their great responsibility" in the training of their children, and to organize everywhere "band[s] of mothers who will unite in prayer and seek by their own example to lead their families in Purity and Holiness of Life". In their early years, the Unions were not particularly strong or firmly entrenched. They were very localised and had little contact with each other. It was not until 1926 that a national conference was held. It seems that the existence of a Union

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50. "The Mothers Union in the Diocese of Dunedin", undated typescript, Mothers Union (Dunedin Diocese) Papers, Box 2, Hocken.

depended upon the enthusiasm of local parish women and, probably most importantly, upon the enthusiasm of the Vicar's wife. The Union was spiritual in scope, seeking to give women, through fellowship and prayer, the strength to carry out their sacred duty.

In the second half of the decade, the Union faced a challenge to its solitary position as an organisation for mothers. In April 1926, Alice Fergusson introduced the idea of a League for all mothers to a meeting of seventy Auckland women. The Mothers' Union had been intended as non-denominational, but by the 1920s it had become exclusively Anglican. There was no parallel group for women of other religious persuasions. There were women's organisations within the other churches, such as the Presbyterian Women's Missionary Union, but for the most part these existed for specific purposes, such as the raising of funds for mission work. The idea of a fellowship for mothers was somewhat different. It was Fergusson's aim to establish a non-denominational fellowship to provide for the needs of as many mothers as possible. The Auckland women decided to form such a group and later that year Fergusson repeated the procedure in Wellington. By the end of 1926, there were fourteen branches in the Wellington area. In early 1927, Fergusson helped organise Leagues in Dunedin and Invercargill. No effort was made to establish a League in Christchurch because the Mothers' Union was so firmly entrenched there.[51]

Between August and October 1926, the Wellington provisional

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51. Elizabeth Bryson, The History of the League of Mothers in New Zealand 1926-1959, Wellington, 1960, p. 14.

committee met many times with Fergusson to define the aims and purposes of the League. Elizabeth Bryson later wrote that the early members had wanted to make the League appealing to as many women as possible. There were fundamental differences between the Union and the League: the League was not attached to any church, although all office holders had to be of the Christian faith, the League's membership was open to all mothers including unmarried mothers, and to all women sympathetic to the aim of the League even if they had no children or were in fact not married.[52] Whether unmarried mothers were welcomed into the League is a moot point, but certainly unmarried women were prominent within it. For example, on the Wellington Committee in 1927, several of the members were unmarried. Membership of the Union was confined to mothers, although subsequently Unions did admit childless married women.

In their aims, the League and the Union were very similar. The three aims of the League were to uphold the sanctity of marrige, to help "parents realise the greatness of their responsibility and the power of their influence in forming the character of the child", and to establish a fellowship of mothers.[53] To begin with, the relationship between the two organisations was fairly close. The Union even sent a delegate to the League's Annual Conference. This continued until 1936 when the Mothers Union discontinued the practice because of a conflict over interpretation of the common aim of up-

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52. Ibid., p. 11.

53. Ibid., p. 21.

holding the sanctity of marriage.[54] The aim of both organisations was, as one member of the Union put it, to help mothers do for the "spiritual life" of a child what the Plunket Society helped them do for its body.[55]

The League of Mothers sought to foster what it called "Sisterhood in Motherhood", and it certainly touched a chord among many women. In October 1927, it had 1188 members nationally, two years later nearly 3000 women belonged to the League.[56] The Union experienced a period of sustained growth as well.[57]

The League's primary aim was to help young mothers, to assist them to strive for "high ideals in the home" and encourage them to "lead their families in purity of life and steadfastness of character".[58] To others it seemed that the League represented a hope that the "spiritual and moral values" that apparently had been lost might be recaptured. It was, in the Dominion's view, a woman's organisation of the very best kind. It was not formed for the purpose of

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54. Ibid., p. 37, this probably arose out of different Churches' differing interpretations of the indissolubility of marriage.

55. "Claims of the Mothers Union: Mrs Falconer's address to the Dean, Clergy and Members of the Dunedin Synod, [1926], Mothers Union (Dunedin Diocese), Papers, Box 2.

56. New Zealand League of Mothers, Dominion Council Minutes, 11 October 1928, 16 October 1928.

57. Mothers Union, Dunedin Council Annual Reports, 1927/28 and 1929/30, Mothers Union (Dunedin Diocese) Papers, Box 2.

58. New Zealand League of Mothers, Dominion Council Minutes, 13 October 1927; New Zealand League of Mothers, How to Form and Work a Branch, [n.p., n.d.], p. 8.

"deputations and lobbying", it was concerned with the spirit. It was to be hoped the League could cut through the "jungle and jazz" of modern life to "vibrate in the spirit" of New Zealand women.[59]

In many ways, the ideas of the two organisations were the re-statement of older ideas about the role and duties of mothers. The women of the League and the Union would not have contested the value of the essentially practical skills taught by Plunket and organisations like the Home Economics Association. But the League and the Union placed more emphasis on the role of mother as moral guardian of her children. In this, they were not significantly different from the view articulated in the nineteenth century by the WCTU and the first NCW. The women of the WCTU in particular, using pietistic ideas of moral redemption, had hoped to elevate the status of mothers and eradicate moral disorder by confronting it with the power of female purity. In the 1920s, the WCTU continued to want those same things. It still believed wholeheartedly in the "reforming and elevating influence of mother love".[60] Such views of the role of mothers had gained popular currency by the 1920s, but there was a parallel fear that social and moral anarchy were at hand. In 1928, the President of the WCTU feared that the "whole fabric of sex relationships and moral responsibility, both to the individual and the race" seemed to be "trembling" at their "very foundations".[61] Unfortunately,

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59. Dominion, 1 November 1929, Clipping, New Zealand League of Mothers Papers.

60. WCTU, 1919 Convention Minutes.

61. White Ribbon, 18 April 1928, p. 3.

many mothers had neglected to teach their children what was "right".[62] The League of Mothers and the resurgence of the Mothers Union were products of that fear. The emphasis on practical housewifery and mothercraft, which had dominated mothers' education for the previous decade, was insufficient. The League of Mothers and the Mothers Union were responses to a perceived need to re-enforce the role of mother as moral guardian. Careful home management was not enough to ensure individual strength and national success.

In the nineteenth century, the WCTU and NCW had articulated views of what motherhood meant, and used these views as the basis for integrating the female perspective into the wider world. The League of Mothers and the Mothers Union did not have that wider view. They were not, as the Dominion correctly noted, concerned with lobbying and deputations. They were not political. The ideas of the two organisations amounted to a statement of the moral aspects of the motherhood role. In these groups, women found fellowship, and also confirmation that the maternal role had cosmic importance.

These ideas of the maternal role can be seen in a series of pamphlets published by the Mothers' Thought Guild.[63] To give women a sense of unity, the Guild suggested that at a certain time every day women, alone in their homes, ought to pause and recite the following affirmation: "I am a mother, therefore I must be loving, patient and gentle, so that I

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62. Ibid., 18 October 1929, p. 5.

63. Unfortunately, virtually nothing is known of the Mothers' Thought Guild. It was affiliated to the NCW in Christchurch in 1919 and 1923. See Tables 3.2 and 3.4.

make my home happy and train my children wisely".[64] This would help women overcome the loneliness that attached to home-making. The pamphlets explained the nature of the maternal role and how women could discharge the role. Motherhood was much more than a biological relationship. For women, motherhood was the "consummation of all things" and the "fulfilment of life". The mother was the pivot of the home, the centre of a child's life and, almost more importantly than anything else, the guardian of its soul. The series of pamphlets outlined the kinds of attitudes women ought to foster in their children. It was necessary that women inculcate their children with the values of social purity. Mothers were advised to constantly remind their daughters of the evils of having a child outside marriage. Women were always left injured in such cases and "lawless unions and sex irregularities are especially vicious and destructive to the finest qualities of the race". Any child that was the result of such a union was always considered and treated as "undesirable" by the State.[65] Boys and girls needed to be taught rigid self-discipline. Boys needed hard beds and plenty of cold water. Girls needed rather more sensitive treatment, but the constant teaching of the rules of purity was essential.

The ideology of motherhood, therefore, had two strands. It was the task and duty of mothers to attend to the physical needs of their families and safeguard their health. At the

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64. Mothers' Thought Guild, What's in a Name, [n.p., 192?]; in the late 1880s, the President of the WCTU had urged women to halt and pray and feel fellowship, Bunkle, "Origins of the Women's Movement", p. 59.

65. Mothers' Thought Guild, Ideals ... A Word of Advice to Mothers By a Medical Woman, [n.p., 192?].

same time, it was vital that mothers teach their children the appropriate moral values. Human progress depended on self control and, especially on the containment of sexuality. Mothers, and only mothers, could teach these values. Social and moral progress, therefore, depended upon mothers.

The values of scientific and professional motherhood were promulgated in newspapers and the weekly journals, which were read by many during the 1920s. All such publications contained women's pages. These commonly included social news, detailed reports of weddings, recipes, household hints and the ubiquitous "Our Babies" column, supplied by the Plunket Society.[66] In the late 1920s a few indigenous women's magazines began publication. Some, such as Mirror, lasted for a few years. Others, such as New Zealand Woman and Home, ceased publication quickly.

In 1933, the New Zealand Woman's Weekly began an, as yet, unbroken period of publication.[67] It contained a mixture of practical advice, "social" news, mawkish short stories, problem pages and articles on subjects of interest to women. All the material buttressed the vision of the dignity and glory of motherhood[68] and made it plain to woman that in the home as full-time child rearer she could find satisfaction

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66. For a set of "Our Babies" which appeared in the Otago Witness, see PSP 1/1.

67. On the Woman's Weekly, see D.P. Brewster, "A Decade of the Woman's Weekly 1932-1942", B.A. (Honś) Long Essay, Otago, 1980.

68. The short stories particularly made the point about where woman's true role lay, see, for instance "Clever Wives Stay at Home", NZWW, 9 February 1933, pp. 8-9 and 57-58.

and discharge her duty to her children and to the race.

The task of mothers was enormous. They were responsible for ensuring that their children developed the right moral standards. Mothers needed to protect their own and their children's physical health. For most women, domestic chores dominated their whole day. In 1982 a ninety-year old woman recalled:

> You spend the whole day doing housework. It really was full time. Wash day was a big day. Light up the copper in the back yard and wash. Really you wouldn't do anything else on wash day except cook dinner and gather up sticks for the copper.[69]

Although the number of houses that had electric power increased dramatically throughout the decade,[70] electricity was used more for lighting than for cooking and heating. The coal range still dominated the family kitchen. Even in the towns, some houses did not have proper sewerage.[71] Although 25 per cent of females employed in the workforce were in the domestic service sector, very few of them actually worked in private homes. The onerous and time-consuming tasks of housework

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69. SROW, In Those Days, p. 51.

70. Units of Electricity Used for Specific Purposes 1927-29

	1927	1929
Street lighting	9156	10265
Light, heat and cooking	138866	227400
Power	94058	114663
Tramways	36909	44446
Other	4103	26929
Total	283092	423698

Source: Year Book, 1928, p. 880; ibid., 1930, p. 964.

71. SROW, In Those Days, p. 51; Eve Ebbett, Victoria's Daughters New Zealand Women of the Thirties, Wellington, 1981, pp. 20-27.

fell to mothers.[72] Now they were enjoined to serve different meals to suit the different needs of their children. They also had to wage a constant battle for the moral well-being of their children, to take up arms against the giants of Hollywood. But even more significantly, they were enjoined to live their lives through others. Motherhood was a life of noble, self sacrifice. The reward came in the satisfaction derived from healthy, moral, self-disciplined children.

Women continued, apparently, to deny these truths and motherhood was regarded by too many as a "penalty to be avoided".[73] Women insisted on wearing fashions that were, in King's mind, suitable only for the "sterile demi-monde". Specially identified were high heels, which irreparably damaged the balance of the pelvis, and "brassiers" which "telescoped" the nipples and consequently made suckling difficult.[74] Women, too, ignored the facilities which were available to help them with the rearing of their children. Such refusal was the result of "reckless folly and indifference". In 1924, the Plunket Society's Central Council wondered how women, "realising the trust and privilege of handing on the lamp of life to future generations" could refuse to look after themselves well and grasp all the facilities available to them.[75] The charge was, of course, rather unfair. Ever-increasing numbers of

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72. On the implications of housework tasks for women see Joann Vanek, "Time Spent in Housework" in Cott and Pleck (eds), A Heritage of Her Own, pp. 499-506.

73. Plunket Society, Central Council Report, 1923, p. 39.

74. Free Lance, 10 October 1923, p. 13.

75. Plunket Society, Central Council Report, 1924, p. 31.

women used Plunket's facilities. When the ante-natal clinics were opened the number of women using the services grew steadily, and many women sought out the mother-based organisations for fellowship and for education.

The ideology of motherhood combined nineteenth century ideas of womanhood and domesticity with newer attitudes to health, disease and science. It arose to combat the perceived excesses of female emancipation, which seemed manifest in the declining birth rate and worsening racial standards. But, paradoxically, the requirements of scientific motherhood proved so demanding that women found that it was necessary to keep the size of their families small. Domestic feminism and the ideology of motherhood were, therefore, inextricably linked, but, in many ways, they were dichotomous.

Nineteenth century feminists too had sought to glorify and elevate the status of motherhood. They believed that women ought to centre their lives in the family, but they feared that if the status of women in the family was low then it was inevitable that it would be equally low in the wider world. They wanted therefore to improve the status of motherhood so that women's role in society would not be subordinate. Feminists hoped to integrate the insights women received from the symbiotic relationship they had with children into the wider world. Domestic feminism sought to provide women with autonomy within the family and to end the subordinate status of women.

The ideology of motherhood, underpinned by moral blackmail, demanded that women not only centre their lives in the home, but that they live their lives through their children.

Female independence had no place in ordered, moral society. Women accepted the ideology, for who could wilfully neglect their children, but, to some extent, they did so on their own terms. In its efforts to outflank feminism and its implications, the ideology of motherhood assumed some of the baggage of nineteenth century feminism. Motherhood was essential to preserve moral order, and consequently the ideology accepted the values of social purity. But the ideology denied the more awesome implications of feminism and female autonomy.

Two important ideas of nineteenth century feminism, social purity and planned parenthood, transformed New Zealand familial life in the early twentieth century. Public feminism seemed in ideological tatters by the 1920s, as feminists lost control of some of their arguments and struggled to find a means to shape the world according to their view of it. While the ideology of motherhood confronted public feminism and attempted to destroy it, some of the arguments which were essential to the feminists' social critique had become normative.

APPENDIX I

Aslin, Lillian 1868 - 1958

Educated Christchurch Girls High School - 10 years social work in Australia - married solicitor and settled in Dunedin - active in League of Mothers, YWCA, NCW, Otago Women's Club, National Party.

Begg, Jean 1887 - 1971

Educated Otago Girls High School, Otago University and Dunedin Teachers Training College - 10 years teaching in Samoa - graduate New York School of Social Work - 3 years executive secretary, Inwood House (for delinquent girls), New York - return to New Zealand early in 1920s: General secretary YWCA, Auckalnd - active in NCW - member Eugenics Board.

Bennett, Agnes E.L. 1872 - 1960

Born Sydney - educated Cheltenham College, England, Sydney High School - studied at Sydney University (B.Sc., 1984), Edinburgh University (M.B., Ch. M, 1899, M.D. 1911) - commenced private practice in Wellington 1905 - medical officer, St Helens Hospital, Wellington - overseas service in World War I in Dardanelles and Serbia.

Benson, G. Helen (Rawson) 1885 - 1957

Born Yorkshire - educated at Newnham College and Kings College, London - appointed to Home Science School, Otago University, 1922 - subsequently Professor until retired in 1923 to marry W.N. Benson, Professor of Mineral Technology - Quaker - active in League of Nations Union, Home Science Alumnae, Otago Home Economics Association, NCW.

de la Mare, Sophia R. 1877 - ?

Born England - M.B. (Sydney) - obstetrician - married to prominent barrister and solicitor F. de la Mare - one son, one daughter - active in NCW and Obstetrical Society - organiser of NCW's Obstetrical Appeal Fund

Don, Rachel 1867 - 1944

Active in NCW, WCTU, YWCA, Sundary Schools Union - official visitor at Dunedin Public Hospital - member, Ladies Committee of Otago Charitable Aid Board.

England, Maude

Born England - education Girls' High School, Oxford and Dresden - resident in Wellington after 1902 - lecturer to WEA on economics, English literature and history - teacher at Marsden School - active in NCW and Free Kindergarten Association.

Gordon, Doris C. 1890 - 1956

Born Melbourne - educated Otago University, M.B., Ch.B. (1915) - general practice in Stratford, Taranaki with husband, W.P. Gordon - three sons, one daughter - founder Obstetrical Society - organiser Obstetrical Appeal Fund - FRCS (Edinburgh), Fellow Royal College of Obstetrics and Gynaecology.

Henderson, Christina

Born Kaiapoi - B.A., Canterbury University (1891) - first assistant Christchurch Girls' High, 1886 - 1912 - retired in 1912 to devote full-time to WCTU - prominent in NCW and WCTU.

McCombs, Elizabeth R.

Born Kaiapoi - educated Christchurch Girls' High School - married to T. McCombs, Member of Parliament, one son, one daughter - justice of the peace - member North Canterbury Hospital Board, Christchurch Tramways Board, Christchurch Domain Board - contested Kaiapoi (1928) and Christchurch North (1931) for Labour, succeeded her husband in Lyttleton in 1933 - active in WCTU.

Melville, Ellen 1882- 1946

Born Northern Wairoa - educated Auckland Girls' Grammar School and Auckland University - admitted barrister and solicitor, 1906 - independent practice in law 1909 - member Auckland City Council 1913 - 1946 - contested Grey Lynn for Reform Party in 1919, Independent Reform 1921 - active in NCW, Auckland Lyceum Club, SPWC.

Northcroft, Hilda 1882 - 1951

Medical practitioner - active in NCW, Auckland Medical Women's Association, Obstetric Society - member of Auckland Hospital Board.

Platts Mills, Daisy

Born Port Chalmers - educated Otago Girls High School, Otago University Medical School - married J.F. Mills, two sons, one daughter - general practice Wellington, 1902 - 15 and then medical referee to Public Service - active in Plunket Society, YWCA, Royal Life Saving Association.

Sidey, Helena

Educated Otago Girls High School - studied science at Otago University, then medicine but ill-health forced withdrawal three weeks before end of final year - married T.K. Sidey, Member of Parliament, one son - active in Free Kindergarten Association, Plunket Society, Otago University Women's Association, NCW.

Siedeberg, Emily 1873 - 1974

Born Clyde - educated Otago Girls High School - first female graduate Otago Medical School - attended maternity course at Rotunda, and one on diseases of women and children at Berlin - general practice in Dunedin - medical officer at St Helens, Dunedin - active in SPWC, NZ Women Medical Association, NCW (after her marriage in 1928 known as Emily Siedeberg MacKinnon).

Sievwright, Margaret 1844 - 1905

Born Scotland - trained nurse - married William Sievwright, lawyer and partner of Robert Stout - active in WCTU, Gisborne Women's Political Association and first NCW - prominent in suffrage campaign.

Sheppard, Katherine 1848 - 1934

Born Liverpool, settled in Christchurch 1869 - married to W.A. Sheppard - prominent in WCTU and leader of suffrage campaign - active in first NCW, and briefly in second NCW.

Stout, Anna P. 1858 - 1931

Born Dunedin, married Robert Stout - founding member of WCTU, Dunedin Franchise League, first NCW and second NCW - active in SPWC and Plunket Society.

Statham, Lilias

Born Dunedin - married to C.E. Statham, Member of Parliament - founding member second NCW.

APPENDIX III

BIRTH RATE

(a) Birth Rate, per 1000 mean population, quinquennia, 1871 - 1915.

1871 - 1875	39.88
1876 - 1880	41.12
1881 - 1885	36.36
1886 - 1890	31.15
1891 - 1895	27.68
1896 - 1900	25.75
1901 - 1905	26.60
1906 - 1910	27.06
1911 - 1915	25.98

Source: Year Book, 1919, p. 117.

(b) Birth Rate, per 1000 mean population, 1914 - 29

1914	25.99	1922	23.17
1915	25.33	1923	21.94
1916	25.94	1924	21.57
1917	25.69	1925	21.17
1918	23.44	1926	21.05
1919	21.42	1927	20.29
1920	25.09	1928	19.56
1921	23.34	1919	19.01

(c) Birth Rate, per 1000 married women aged 15-45, Census Years 1881 - 1926

1881	194.8	1906	114.1
1886	163.7	1911	109.5
1891	139.2	1916	106.7
1896	117.6	1921	99.0
1901	111.7	1926	89.0

Source: Year Book, 1935, pp. 66 and 67.

APPENDIX III

CONJUGAL CONDITION OF ADULT POPULATION

CENSUS YEARS 1881 - 1926

Females	Never Married	Married	Legally Separated	Widowed	Divorced
1881	15.07	76.97	-	7.96	*
1891	22.39	68.35	-	9.26	*
1901	28.78	61.64	-	9.50	0.08
1906	28.62	61.78	-	9.49	0.11
1911	27.22	63.02	-	9.61	0.15
1916	24.90	65.17	-	9.74	0.19
1921	24.21	64.88	-	10.62	0.29
1926	23.48	64.94	0.79	10.37	0.42
Males					
1881	43.77	52.66	-	3.57	*
1891	41.19	54.15	-	4.66	*
1901	42.10	53.01	-	4.78	0.11
1906	42.91	52.36	-	4.60	0.13
1911	40.97	54.34	-	4.51	0.18
1916	30.51	64.32	-	4.93	0.24
1921	31.74	63.04	-	4.87	0.35
1926	30.23	64.10	0.60	4.55	0.52

* Divorced included with "never married"
\- Not collected until 1926

Source: 1926 Census, Vol. iv, Conjugal Condition of the People, p. 7.

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