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A QUESTION OF RESPONSIBILITY -
THE PALMERSTON NORTH HOSPITAL BOARD AND
CHARITABLE RELIEF, 1925 - 1938

A research essay presented in
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ABBREVIATIONS

<u>AJHR</u>	<u>Appendices to the Journals of the House of Representatives</u>
<u>Appendices</u>	<u>Department of Health - Appendices to the Annual Report of the Director-General of Health</u>
PNHB	Minutes of the Palmerston North Hospital Board

INTRODUCTION

This research essay is an examination of the distribution and administration of outdoor charitable relief by the Palmerston North Hospital Board over the period 1925 to 1938. The intention of this is to test certain comments made by historians concerning the administration of outdoor relief in the pre-Welfare State era in New Zealand. By examining relief administration in Palmerston North this study will add to our understanding of social welfare in a period that has not been investigated extensively.

The historiography of charitable relief in the period before 1938 is not substantial. Most of the historical theses and journal articles on this topic focus on the period to 1920, and commentary on relief after this period is limited. Studies that comment on charitable relief after 1920 do so in passing, in the context of wider discussions of social welfare or general history. There are, however, several features of this limited historical debate which are interesting.

Histories of the inter-war period concentrate on national events primarily, or upon the experience of the four main centres. The studies by A. Ashton-Peach, R. Noonan and R. Robertson exemplify this.¹ These works mention charitable relief only in passing when discussing the Depression period.

1. A. Ashton-Peach, "The Social Effects of the Depression in Auckland, 1930 - 35", M.A. Thesis, Auckland University, 1971; R.J. Noonan, "The Riots of 1932: A Study of Social Unrest in Auckland, Wellington and Dunedin", M.A. Thesis, Auckland University, 1969; R.T. Robertson, "The Tyranny of Circumstances: Response to Unemployment in New Zealand, 1929-35, with particular reference to Dunedin", Ph.D. Thesis, Otago University, 1978.

Furthermore, there are very few studies which focus on secondary centres during this period.² There have been two studies of Palmerston North in this period, for example, one of which had an economic perspective.³ While this study is not concerned in particular with Palmerston North's experience of the Depression, it will give an insight into some aspects of the experience of a secondary town during these years.

The historical studies of charitable relief in New Zealand primarily discuss the establishment and early years of the administration.⁴ The Hospitals and Charitable Institutions Act of 1885 assigned hospital boards the responsibility of providing relief to the sick, the aged and the indigent. This was essentially the colony's version of the 1832 English Poor Law which had been modified in New Zealand to include hospital boards in the distribution of relief. Public hospitals were established initially as medical centres for the poor and others who could not afford private treatment. Hospitals pre-dated charitable aid in New Zealand, and the duty of relief distribution marked an extension of medical responsibilities.

Most of the changes in the administration of charitable relief had occurred by 1920.⁵ The only major change to occur

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2. D.N.H. Lenting, "Organised Relief in Nelson City during the Depression", M.A. Thesis, Canterbury University, 1978.
 3. J. McGill, "An Examination of the Effects of the 1930s Depression on the Employment of Labour in Palmerston North", B.A. (Hons) Research Essay, Massey University, 1975; J. McGill, "An Examination of the Effects of Unemployment on Palmerston North during the Depression of the 1930s", Research Essay, Massey University, 1975.
 4. M.A. Tennant, "Indigence and Charitable Aid in New Zealand, 1885 - 1920", Ph.D. Thesis, Massey University, 1981.
 5. *ibid.*, pp. 19 - 52.

during the 1920s and the 1930s was the clarification of the matter of provision of unemployment relief by hospital boards. The fact that the administrative system had remained basically unchanged since 1920 may be one reason why historians have not studied this period closely. As a result our understanding of relief in this period is based on assumptions and statements made as to the nature of charitable aid in an earlier period. The possibility that such claims may not be applicable to relief administration in the 1920s and the 1930s has not been examined hitherto.

One area of assumption which will be investigated here concerns the role of the "front-line official" of charitable aid, the relieving officer. In her study of relief between 1885 and 1920, M. Tennant comments on some problems facing relieving officers. Such officials were often torn between the demands of relief recipients and the need to be responsible to the hospital board in financial terms, since the charitable relief budget was paid out of board funds. Many officers had no special qualifications for such a job. There were, moreover, no official guidelines set down to assist the relieving officer in his or her duty of administering relief. As pointed out by Tennant, the 1885 Act did not give any guidance on the day to day administration of relief. Most officers distributed relief according to their own standards, or on precedents as to what constituted a needy case. In this they were often assisted by the secretary of the hospital board or a specific Charitable Aid

Committee.⁶

It has been suggested that relief applicants were often seen as one of two types - the deserving and the undeserving poor.⁷ Tennant notes that one of the main attributes of the deserving poor was a disdain for charitable relief. Those seeking assistance were undeserving almost by definition.⁸ There were, however, some exceptions to this, for widows, deserted wives and families were often considered deserving. Nevertheless such a distinction did influence the treatment of an applicant.

This study will show that in Palmerston North during the 1920s and the 1930s the power and role of the relieving officer largely remained the same as they had been in New Zealand generally at the end of the previous century. The administration of relief was, furthermore, marred by similar problems such as the lack of official guidelines and the distinction between the deserving and the undeserving poor.

The studies of charitable aid in the period to 1920 have also suggested that the importance of relief in the wider functions of hospital boards was declining. Tennant has commented on the contraction of charitable relief as a result of the expansion of medical facilities offered by hospital boards.⁹

6. *ibid.*, pp. 144 - 171.

7. W.H. Oliver, "The Origins and Growth of the Welfare State", in A.D. Trlin (ed.), Social Welfare and New Zealand Society, Wellington: Methuen, 1977, p. 8; E. Olssen, "Towards a New Society", in W.H. Oliver (ed.) with B.R. Williams, The Oxford History of New Zealand, Wellington: Oxford University Press, 1981, p. 263; Tennant, p. 172.

8. Tennant, p. 173.

9. *ibid.*, p. 3.

This trend was not always obvious in Palmerston North during the period under discussion. It will be shown that there was an increase in charitable relief cases and expenditure during the 1920s and up until the mid-1930s in response to the conditions of the Depression. At the same time there was an expansion of medical facilities offered by the board but this did not have a major effect in financial terms on charitable relief.

There was, however, a contraction of the importance of charitable relief which was not necessarily reflected in financial terms. The administration of relief occupied an increasingly smaller portion of the board's time in the 1930s. Despite the fact that a specific sub-committee was established to supervise the administration of relief, it will be shown that this function was but a minor part of the committee's tasks. This was in marked contrast to the importance of relief in the 1920s.

Other claims made concerning the inter-war period will also be investigated. For example, a contemporary of the period has commented on the lack of trained personnel involved in administering relief and identifies this as a problem. An overlapping in the distribution of relief by a variety of charitable agencies which seldom cooperated was also seen as a problem in the 1920s.¹⁰ Both of these claims will be challenged. While it was true that the Palmerston North Hospital Board relieving officer was untrained, his considerable experience in relief work

10. E.M. Higgins, "The Hospital and Charitable Aid System of New Zealand", M.A. Thesis, Canterbury University, 1931, pp. 94 - 99.

compensated for this to a degree. Again, over-lapping did occur in Palmerston North because of the number of relief agencies but there was increasing cooperation between these from the late 1920s.

Another aspect of the historiography of the period is that charitable relief during these years has primarily been mentioned in the context of the Depression. Robertson and Noonan, for example, have highlighted the difficulties experienced by hospital boards as a result of an increased demand on their charitable services.¹¹ These authors suggest that the provision of unemployment relief was the dominant issue for boards at this time. Robertson outlines the details of the struggle between the government and hospital boards over the responsibility for this. He suggests that many boards were severely taxed by having to provide this relief, and as a result frequently petitioned the government to assume a greater role. The government's reluctance to do this forced the boards into an uncompromising stance on the issue. In June 1932 the boards announced that they would no longer assist the able-bodied unemployed after the end of the month. This forced the government to act, and in July 1932 an agreement was reached which clarified the responsibilities of hospital boards with regard to unemployment relief.¹²

This study will show that the Palmerston North Hospital Board was similarly troubled on this issue. Unemployment relief had never been considered as part of the traditional functions of

11. Noonan, p. 36; Robertson, "The Tyranny of Circumstances", p. 182.

12. Robertson, "The Tyranny of Circumstances", pp. 182 - 185.

the board, and the board remained reluctant to see it as any part of its duty. The expense incurred through providing such relief made the board particularly open to schemes and agreements which reduced its role in this. Moreover, the issue was of importance to the board throughout the whole period under discussion and was not confined to the worst years of the Depression.

This examination of the Palmerston North Hospital Board has been undertaken with these questions in mind. A provincial centre such as Palmerston North gives scope for the specific testing of some of the above claims which are perceived more often than not in a larger urban, or national context.

The period from 1925 to 1938 was an important time for the board. The unemployment situation in the district had been worsening from the mid-1920s, putting more pressure on the board's relief resources. Both the number of cases investigated by the board and relief expenditure increased after 1925. The relieving officer also began making detailed reports to the board in that year. Following the introduction of Social Security in 1938, many of the board's charitable functions were assumed by the state. That year marks a fitting end-point for a discussion of the board's administration of charitable relief.

This paper has been divided into several sections to facilitate discussion of the board's charitable services. As the provision of unemployment relief emerged as the major issue for the board during these years, the discussion has been framed around this.

The first period covering the years from 1925 to 1929 is primarily a discussion of the role of the relieving officer. The officer made his first detailed reports of charitable relief cases to the board in 1925. These reports provide a valuable source of information on the officer's role, power and attitudes to relief recipients. These reports ceased in 1929. In that year, too, the board made its first protest concerning its role in providing unemployment relief. The period from 1925 to 1929 gives an insight into these events.

The second of the three periods examined, covering the years from 1929 to 1933, was perhaps the most important for the board. Its relief expenditure increased markedly over this time in response to the rising number of relief applicants, many of whom were unemployed. During this period the board made determined efforts to reduce and define its responsibilities towards the unemployed. At the same time, various changes were made in the board's administration of relief, which served to reduce the relative importance of charitable relief in its wider functions.

The final period discussed, 1933 to 1938, shows the board's continued concern with the issue of unemployment relief despite the fact that the government had assumed much of this responsibility. The nature of relief also changed in this period to a degree. By 1938, the notion of charitable relief as it was in the 1920s had disappeared from the board's records.

SECTION 1: 1925 - 1929

The Palmerston North Hospital Board's administration of outdoor relief between 1925 and 1929 is significant for two reasons. At the beginning of 1925 the relieving officer began to submit to the hospital board detailed accounts of his work. These reports provide a valuable source of information on the role of the officer, and his attitudes to relief recipients. The second section of the chapter describes the board's reaction to the growing number of relief applicants, many of whom were unemployed.

In 1891 the Palmerston North hospital district was constituted by an Act of Parliament, and the Palmerston North Hospital was officially opened two years later. By the 1920s the board had jurisdiction over a relatively large area and controlled four separate institutions. The Palmerston North Public Hospital was at the centre of the board's functions. In addition it controlled the Awapuni Old People's Home and two institutions at Otaki.

The hospital board's administration of charitable relief covered both indoor and outdoor relief. The supervision of the former was located in the Awapuni Old People's Home which cared for the infirm, the homeless and pensioners. Outdoor relief - the focus of this paper - involved a wider range of applicants who did not require accommodation in the Home. During the 1920s and 1930s the administration and distribution of outdoor relief was performed by a salaried relieving officer. Tennant has made a number of points concerning relieving officers prior to 1920.

Many of the officers studied had held their positions for a long period of time. Many possessed no special qualifications to equip them for a social work job and in the absence of official guidelines in the administration of relief they had a relatively free hand in dealing with relief applicants. In some instances their position was neither secure nor appreciated. Suspicion, intimidation, but also sympathy were marked features of these officers' behaviour.¹

The activities of the relieving officer in Palmerston North in the late 1920s can be examined in view of these comments through the reports submitted by him to the hospital board between 1925 and 1929. From 1903 to 1930 the Palmerston North Hospital Board was served by one relieving officer, F.W. Aisher. Prior to his appointment Aisher had owned and managed a confectionary store in the centre of town. Before that he had served in the navy, reaching the rank of chief petty officer. The reports made by Aisher to the board suggest that he was not a well-educated man although he had served on the Palmerston North Borough Council and had been a Justice of the Peace.² His reports were often structured poorly and the grammar and spelling were often incorrect. It appears that Aisher did not hold any special qualifications for his duty as relieving officer. This factor did not appear to have concerned the board, if one can judge this from the length of his service with them. In contrast to Tennant's claim concerning relieving officers up to 1920,

1. Tennant, pp. 144 - 171.

2. Manawatu Evening Standard, 26 May 1933, p. 6.

Aisher's job appears to have been very secure. Moreover, a lengthy obituary in the local paper suggests that he was appreciated in his capacity as relieving officer.³

Aisher's primary duty as relieving officer was the administration and distribution of outdoor charitable relief. Applications for assistance were received from a variety of people who were in need from such causes as unemployment, old age, sickness, desertion, widowhood and so on. Charitable relief was essentially available to those who, through no fault of their own, were unable to help themselves.⁴

Aisher was empowered to grant or deny relief after investigating the applicant's cause of distress.⁵ "Relief" constituted a variety of forms of assistance which might be given. In many cases Aisher issued a chit for ration orders. Such a chit allowed the recipient to receive groceries from local shops or the board's own supplies. Other forms of assistance included board and lodging, rent payments, fuel rations or the provision of clothing, medical attendance or burial expenses. All forms of assistance were paid out of the board's charitable relief budget which was allocated at the beginning of each

3. F.W. Aisher - Obituary, *ibid.*, 26 May 1933, p. 6; 27 May 1933, p. 2.

4. The Health Department had devised this classification system in 1923. Before this, applicants had been classified under terms such as "thriftlessness" and "intemperance". The new classification system offered no guidelines to assist relieving officers in deciding if an applicant were eligible for relief. Appendices, 1923, pp. 5 - 7.

5. A questionnaire to this effect was devised some time in the early twentieth century, H 75/7/4 Rules of the Awapuni Old People's Home, Archives of the Department of Health, National Archives.

financial year. In all but two years during the 1920s and 1930s, actual payments on outdoor relief exceeded the budget allocated. Although these were years of financial crises Aisher does not appear to have been under any overt pressure by the board to keep within the assigned budget. There were, however, several cost-cutting measures introduced in the 1930s to reduce relief expenditure.⁶ Aisher himself was conscious of the need to be responsible to the board in financial terms. His reports always described the type and amount of relief spent on each case and he constantly endeavoured to minimise expenditure by assisting only genuine relief cases.

There were no official guidelines to assist Aisher in this task. The 1885 Act gave no guidance in the day to day administration of relief, a situation which prevailed forty years later. Aisher frequently acted on his own in distributing relief or was assisted by the board's secretary, A.J. Phillipps.

One result of the lack of guidelines was the occasional arbitrary distribution of relief. In 1927 for instance an application for assistance was lodged by an unemployed labourer. Aisher recorded this in his monthly report -

he is very sturdy and says he has a grievance and very much resented me asking so many questions. I did not assist him as I did not like his style and he demanded everything When asking him the

6. In mid-1929 the board introduced a revised ration system to reduce expenditure and to guard against applicants receiving luxury goods rather than necessities, Report of the Managing Secretary, Minutes of the Palmerston North Hospital Board, 11 June 1929 (hereafter PNHB); in April 1931 the board reduced all rent payments by 10%, Manawatu Daily Times, 18 April 1931, p. 13.

questions he informed me he would like to "crack" me.

It appears that this man was refused relief because of his "style" rather than his circumstances or need for assistance. It may have been that he was not greatly in need of this and that relief was refused accordingly. Aisher's comments suggest that if that had been the case it was only a secondary reason.

Aisher refused relief on other occasions for similar reasons. In 1925 for example a young unemployed labourer was denied relief. The details of the case were not recorded but Aisher justified his decision to the board with the statement that "I sized him up, a boozier by the look of him".⁸

Despite the lack of guidelines in relief administration and his lack of training, Aisher's length of service and his experience as relieving officer may well have enabled him to make such decisions. The sheer number of relief applicants would have provided Aisher with a considerable degree of experience in handling relief cases. This practical training would have given him the ability to discern whether some applicants were truly in need or not.

It may also have been a consequence of his long service that Aisher handled many cases with a degree of suspicion. In 1926 he reported a case of a man who had requested assistance unsuccessfully. Aisher noted in his reports that "he tells me he

7. Original grammar and spelling have been retained throughout in references from the hospital board, Report of the Relieving Officer, PNHB, 14 April 1927.

8. *ibid.*, 10 September 1925.

lost his money or was robbed, I have my doubts".⁹ On occasions he remained suspicious after an applicant had been granted relief. In 1925 he noted one such case -

I have been unable to do anything tangible with this man.... I will have to take him quietly or he may bolt altogether. He is very tricky and one of the biggest liars I know of, and I am sorry to say that one cannot believe a word his wife also tells one.¹⁰

A further aspect of the lack of official guidelines to assist in the administration of relief was a tendency to intimidate or bully applicants. One persistent applicant who was described by Aisher as "half-witted" and a "great cadger" was treated in this way. The relieving officer noted that "to get rid of him I had to threaten to have him 'vagged' if he did not pick up a job and go to work.... He disappeared".¹¹ In 1925 Aisher wrote to a man who had deserted his family two years previously and threatened "that if he did not attend to his family at once I would lay an information against him - with the result that he sent her £10".¹²

These elements were, however, integral parts of the occupation. As Tennant points out relieving officers were in the rather unenviable position of being torn between the demands of relief recipients and financial responsibilities to boards.¹³ Officers were consequently wary and suspicious of the motives and needs of relief applicants. Officers such as Aisher were

9. *ibid.*, 14 January 1926.

10. *ibid.*, 10 September 1925.

11. *ibid.*, 11 June 1925.

12. *ibid.*, 13 August 1925.

13. Tennant, p. 152.

particularly desirous of weeding out those applicants who no longer required assistance. In accordance with Health Department instructions Aisher was required to review regularly all applicants' relief needs.¹⁴ This was done by visiting the homes of applicants or questioning neighbours and relatives. After one such visit Aisher noted -

I have been assisting a man casually named Jackson, wife and child. This man I have proved is lazy, his wife is working and he threatened to assault me when I found him in bed at 10 a.m. on a fine morning, and his wife out working; aid ceased.¹⁵

A further aspect of Aisher's concern with weeding out unnecessary or prolonged expenditure was apparent in his attempts to close some cases as quickly as possible. One case which Aisher had reluctantly assisted for several months was closed with the rejoinder that -

I am pleased to report that at last I got rid of the two children Price.... The woman who was minding the children (Mrs. Fowlds) I got her to go down [to Porirua] with them and on no account to bring them back. I have been afraid of [the parents], clearing out and leaving the two babies on my hands.¹⁶

Another case was finished with the remark that "I thought the cheapest thing to do was to pay his fare to Auckland to get rid of him".¹⁷

Various historians have discussed the concept of deserving and undeserving poor in the late nineteenth and early twentieth

14. Appendices, 1924, p. 5.

15. All names used in this and other case notes are fictitious and bear no resemblance to those contained in the actual reports, Report of the Relieving Officer, PNHB, 18 March 1926.

16. *ibid.*, 8 October 1925.

17. *ibid.*, 11 June 1928.

centuries.¹⁸ Tennant for example describes various types of these and suggests that such a distinction was fundamental to charitable relief at this time. A variety of applicants was included in the category of the deserving poor such as the aged, the infirm, widows and deserted wives. The undeserving poor included those who would not help themselves such as perpetual paupers and drunkards.¹⁹ In Palmerston North the latter was expanded to include applicants who were not from the hospital board district.

The distinction between deserving and undeserving poor may have been due to the prevalence of the protestant work ethic which emphasized the values of self-help and hard work. Those who found themselves without means were expected to help themselves rather than to seek assistance from charitable organisations. If they were unable to help themselves they were expected to rely on relatives and, in the last resort, on local charity for assistance.

This concept appears to have continued as a feature of relief administration in Palmerston North in the 1920s and was reflected in a number of ways.

Aisher endeavoured to assist only those who belonged to the Palmerston North hospital district and was determined that "city-bred paupers" should not become a burden on the district.²⁰ This was a very real possibility in the centre, for the geographical

18. Oliver, "The Origins and Growth of the Welfare State", p. 8; Olssen, p. 263; Tennant, p. 172.

19. Tennant, pp. 172 - 221.

20. *ibid.*, p. 154.

centrality of the town and its proximity to such areas as Hawkes Bay, Wellington, Wanganui and the Wairarapa made it an important stop-over point for travellers, swaggers and those in search of employment. These casuals usually stopped in the town for one or two nights calling on the board for bed and breakfast. Aisher's reports indicate that he handled many of these cases. In July 1927 for instance "fifty-odd" called on the board of whom forty-three were assisted.²¹

Casuals who attempted to stop for longer periods were either denied relief or given transport out of town. One couple who tried to stay were hurriedly taken to the Railway Station by Aisher and "sent... back to Wellington with my compliments to the board there".²² Another casual, a ship's fireman, was similarly transported out of town with "some good advice, what we in the country think of sailors and firemen".²³

A similar policy applied to people who had recently moved to Palmerston North from another centre. Aisher took strong action in the case of one family who had moved to the district from Auckland, and then found themselves in need of assistance. He reported -

I got Mr. Phillipps to report the case to Auckland with the result that word came back repudiating them, but I am going to insist that they return to their own District as it is not fair to the people of this District that they be saddled with their maintenance.²⁴

These instances reflect both Aisher's concern to save money and

21. Report of the Relieving Officer, PNHB, 11 August 1927.

22. *ibid.*, 14 January 1926.

23. *ibid.*, 11 February 1926.

24. *ibid.*, 14 February 1927.

to assist the deserving poor of the district primarily. Although applicants were never referred to as deserving or undeserving in such a forthright way some of Aisher's attitudes and comments suggest that such a distinction was being made. For example, he was particularly unsympathetic to relief applicants who did not attempt to better their own position. One man with eight children was refused relief for this reason as he had allowed his two elder sons to "live on him".²⁵ In another instance he stopped assisting a family who had received relief for several months. Aisher noted in his report -

I have had to bring things to a head by stopping assistance, as this man does not seem inclined to get work.... The neighbours have complained to me of his lazy habits and so I stopped assistance to see what he would do.²⁶

Drunkards were given a similar treatment. One such applicant was described by Aisher as "a perfect pest.... He is a drunkard and filthy in his habits and has a most vile tongue". This man approached the board for both indoor and outdoor relief on three occasions until -

in the end his brother-in-law ... had him medically examined as to insanity and I am pleased to be able to report that he²⁷ was committed to the Mental Hospital at Porirua.

By the same token, Aisher was extremely sympathetic towards those he saw as the deserving poor such as widows and deserted wives. In one instance he pressed relief on one woman and noted that "this is a very sad case and the woman is a splendid

25. *ibid.*, 14 April 1927.

26. *ibid.*, 11 April 1929.

27. *ibid.*, 9 February 1928.

worker".²⁸ The deserving poor notion was also applied to those who attempted to help themselves. Aisher assisted one such case in 1926 and noted -

this is an unfortunate case of a decent hardworking man who has tried everywhere for employment and failed. The whole of their savings have been spent and they are 3 behind in rent, and his wife is an Englishwoman, clean, and her children are well and cared for.²⁹

These attitudes were in many respects a product of the time. The idea of self-help and self-improvement was, for instance, a major factor behind government unemployment relief schemes which were so designed that relief "must not be made so attractive that there is any incentive for workers to remain on it".³⁰ People were expected to help themselves. Such an ethic had been a feature of relief in the nineteenth century and remained so well into the twentieth century as this example of Palmerston North has shown.

Thus it may be seen that the administration of charitable relief in Palmerston North in the 1920s had much in common with the system of the nineteenth century. The continued lack of official guidelines forced relieving officers such as Aisher to apply their own standards to the administration of relief. This problem, however, was hardly the fault of the individual officer but rather the relief system which did not guard against such deficiencies in the first place.

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28. *ibid.*, 9 December 1926.

29. *ibid.*, 13 May 1926.

30. Statement of the Minister of Unemployment, *AJHR*, H-35a, 1931, p. 3.

The provision of unemployment relief dominated the charitable functions of the Palmerston North Hospital Board between 1925 and 1938. Historians who have discussed hospital board relief at this time have indicated that boards became concerned over the question of responsibility for assisting the unemployed after 1930. This concern intensified in 1932.³¹ Such discussions of hospital boards after 1930 give no indication of the events which led to the boards becoming concerned over the matter of relief for the unemployed. This section will indicate that the issue of unemployment relief concerned the Palmerston North Hospital Board before 1930. It was of concern to the board in the mid-1920s, before the "traditional" start of the Depression in the latter years of that decade. This concern developed as the number of cases investigated by the relieving officer, and relief expenditure, began to rise after 1925 in response to increasing unemployment in the district. As a result, the board attempted to diminish its role in assisting the unemployed.

Between 1925 and 1929 there was an increase in the number of outdoor relief cases investigated by the board. In 1925 the relieving officer gave relief to 142 applicants. This had increased to 474 in 1926, 563 in 1927, and after dropping to 524 in 1928, had increased to 610 applicants assisted in the following year.³² These figures represent the number of cases or applicants assisted by the board each year but do not give any

31. Noonan, pp. 26 - 131; Robertson, "The Tyranny of Circumstances", pp. 182 - 185.

32. Appendices, 1926, p. 59; 1927, p. 111; 1928, p. 35; 1929, p. 41; 1930, p. 41.

indication of the length of assistance. The increase in the number of cases assisted led to the growth in the board's expenditure on relief, as illustrated in Table 1. The relief expenditure followed a pattern similar to the trend in the number of cases assisted. The total amount spent on relief increased both as a proportion of the board's total expenditure and in relation to earlier years. This expenditure rose after 1926.

Most of the increase in the number of cases and expenditure was due to the growth in the number of cases which resulted from the involuntary unemployment of an employable breadwinner. As shown in Figure 1 there was a sudden increase in the number of such cases particularly after 1926. There was a slight decrease in this between 1928 and 1929. One reason for this was the increase in the numbers of registered unemployed throughout the district. At the beginning of the period under discussion there were only two registered unemployed men in the town; by the winter of that year the number stood at over 100. It remained at a high level during 1927 and 1928.³³

There was also an increase in the number of men passing through the centre looking for work after 1925. In that year Aisher noted "it is noticeable ... the number of men on the swag, and the number who call on me if not for assistance but to put them on the way to gain employment".³⁴ In 1926 he commented that "the number of men, and mostly young and single on the tramp is noticeable. They are coming from all directions".³⁵ The board

33. New Zealand Monthly Abstract of Statistics, 1925 - 1928.

34. Report of the Relieving Officer, PNHB, 21 May 1925.

35. ibid., 12 August 1926.

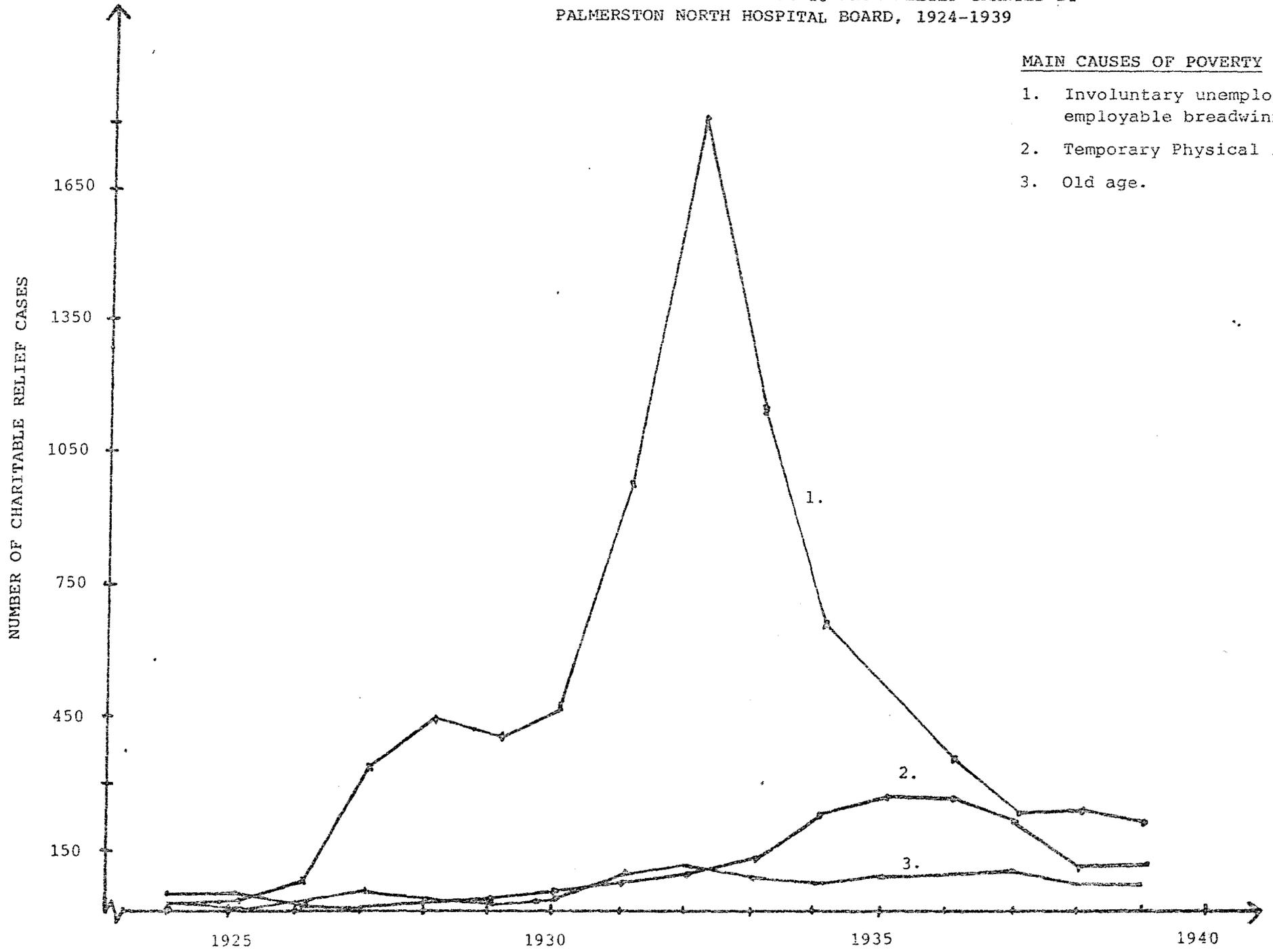
TABLE 1

PALMERSTON NORTH HOSPITAL BOARD
ANNUAL EXPENDITURE, 1923-1939

Year to 31 March	Outdoor Relief Expenditure £	Total Expenditure £	Outdoor Relief as a Percentage of Total Expenditure
1924	1947	46,943	4.1%
1925	2487	66,756	3.7%
1926	2226	80,929	2.7%
1927	2547	47,600	5.0%
1928	3503	65,981	5.0%
1929	3996	73,845	5.0%
1930	3804	79,633	4.7%
1931	4963	82,431	6.0%
1932	5313	67,907	7.8%
1933	3634	56,170	6.3%
1934	3192	56,217	5.6%
1935	3792	63,482	5.9%
1936	4367	84,842	5.1%
1937	4576	112,474	4.0%
1938	3374	113,657	2.0%
1939	2812	131,320	2.0%

Source - Department of Health - Appendices to the Annual Report of the Director-General of Health, 1923-1939

FIGURE 1 - MAIN CAUSES OF POVERTY TO WHOM RELIEF GRANTED BY PALMERSTON NORTH HOSPITAL BOARD, 1924-1939



MAIN CAUSES OF POVERTY

1. Involuntary unemployment of employable breadwinner.
2. Temporary Physical infirmity
3. Old age.

Source - See Appendix 1

was very conscious of this. The managing secretary, for example, made some pessimistic predictions on this for the 1927 - 1928 financial year, noting that the increase in charitable relief expenditure was primarily due to unemployment.³⁶

The provision of unemployment relief had never been considered as a function of the hospital board. This was a point which was frequently reiterated during the 1920s and 1930s. In mid-1930, for example, one member of the board retorted to the Mayor's charge that "the Charitable Aid Board should do more than it is doing" in regard to unemployment relief with the statement that "it is not the function of the Board to help men out of work. That is a state affair".³⁷ Despite the fact that people may have been unemployed through no fault of their own it was expected that they would find work rather than seek assistance. That they did not, or could not do so caused the board to become concerned at its increasing role in providing such relief. The board's belief that the relief of unemployment was a state function may well signify the beginning of a trend away from the distinction between deserving and undeserving poor. The unemployed had been traditionally seen as undeserving. The indication that such people should receive some assistance may have been a reaction to the steadily increasing numbers of unemployed who put paid to the old notion of unemployment as a failing on the part of the individual.

However the board did not actively petition the government

36. Report of the Managing Secretary, *ibid.*, 4 April 1927.

37. Manawatu Evening Standard, 12 June 1930, p. 6.

to assume a greater role in this at this stage - in contrast to its later actions. One reason for this may have been the board's perception of the problem of unemployment. In common with other institutions in New Zealand the board appears to have considered unemployment as a seasonal phenomenon.³⁸ In November 1925 for example the relieving officer commented on the number of men on the roads looking for employment. This was attributed to the fact that "as a rule this time of year those who put in the Winter in the cities make for the country for shearing etc."³⁹ In April 1926 he noticed a similar trend and attributed this to "the Harvest being finished and being the end of the financial year, employers are shortening hands".⁴⁰ In September of that year he noted that "the want of employment is still very bad in the District but Spring setting in and the dairying season starting things ought to brighten up considerably".⁴¹ Such an interpretation of unemployment was held by the managing secretary and the board at large.⁴²

This cyclical interpretation of unemployment led the board to expect more relief applicants and casuals at certain times of the year. As the numbers started to rise, however, the issue became of concern to the board. From 1926 the managing secretary prefaced his financial reports with a lengthy statement on the state of employment in the district and the effects this was

38. A similar view was held by the government, Report of the Committee for Unemployment in New Zealand, AJHR, H-11b, 1929, p. 8.

39. Report of the Relieving Officer, PNHB, 12 November 1925.

40. *ibid.*, 15 April 1926.

41. *ibid.*, 9 September 1926.

42. Report of the Managing Secretary, *ibid.*, 8 April 1926; 4 April 1927; 11 August 1927; 20 April 1928.

having on the board's budget.⁴³ In early 1929 the board reported that it would probably exceed its relief budget by £500 because of the necessity of giving relief to the unemployed. The possibility of making an application to the government for assistance in this was discussed but not actioned.⁴⁴ The provision of unemployment relief was beginning to trouble the board, but at this stage the issue did not appear to be of major concern. The cyclical view of unemployment fluctuation led to the belief that the present problems would soon be over. Nevertheless the board did take steps to reduce its role in providing this form of relief.

The board's efforts in this respect revolved around attempting to share the burden of unemployment relief with other charitable institutions in the town. To this end the board took advantage of several schemes which offered the prospect of reducing its expenditure and responsibilities in this area. Three such schemes operated between 1925 and 1929. The Christmas Fund and the Mayor's Fund were established specifically to provide for the needy of the district. Although the hospital board did receive some financial benefit from these schemes neither assumed any unemployment cases.⁴⁵ In 1927 the Mayor inaugurated an Unemployment Fund specifically for the relief of unemployment in the district. All married men who applied to the hospital board for relief were sent to the Mayor who gave them

43. *ibid.*, 8 April 1926; 4 April 1927; 20 April 1928.

44. *Manawatu Daily Times*, 11 January 1929, p. 8.

45. In August 1926 Aisher noted that the Mayor's Fund had assumed responsibility for twelve of the board's "border-line" cases, Report of the Relieving Officer, PNHB, 12 August 1926.

relief work or paid their relief out of the fund.⁴⁶ The increasing numbers of unemployed who received relief from the board after the introduction of the fund indicate that the scheme was not particularly successful at reducing the board's expenditure or taking over relief cases (see Table 1 and Appendix 1).

This was the board's "protest" at providing unemployment relief during this period. Despite the fact that the Unemployment Fund did not reduce the number of cases handled by the board its use of the facility was significant. At this stage the board was prepared to take advantage of a scheme which held out the possibility of assuming its charitable relief burden. That the board was not more active in attempting to reduce its role in this is also significant. It may be assumed that an increase in the number of unemployment cases from 84 to over 400 between 1925 and 1928 would have elicited a greater response from the board (see Figure 1). That it did not was due to the board's perception of the nature of unemployment.

The discussion of the period from 1925 to 1929 has been useful in highlighting some aspects of the Palmerston North Hospital Board's administration of charitable relief. It has been indicated that Aisher, the relieving officer, was faced with problems which were similar to those faced by relieving officers of the nineteenth century. One important problem was the lack of guidelines to assist in distributing relief. Aisher used his own "guidelines" of habit and precedent when issuing relief. Some of

46. *ibid.*, 8 September 1927.

Aisher's attitudes towards relief applicants, notably the distinction between deserving and undeserving poor, were also part of the late nineteenth century administration of relief. However, the growing number of unemployed in the district began to necessitate a reworking of the distinction. Instead of stating that the unemployed should not receive relief, in common with other, undeserving poor groups, the hospital board demanded that they be assisted by the government. The growing number of unemployed also had the effect of increasing relief expenditure and the number of relief cases investigated by the board. The board began to be concerned at its increasing role in providing unemployment relief and took some steps to reduce this. The realization that the economic slump would not be brief, and that expenditure on relief would continue to rise forced the board into more decisive action after 1929.

SECTION 2: 1929 - 1933

There was a dramatic increase in the number of registered unemployed in Palmerston North after 1929. In October of that year there were 271 men on the books of the local labour bureau; two years later this had swelled to over 1400.¹ The lack of an effective national relief scheme forced many of the unemployed to seek assistance from charitable institutions such as the hospital board.² The responsibility of providing such relief was not welcomed by the board and the increased pressure from this led it into a series of attempts to reduce and define its role in this area. Another feature of this period was the decline in the relative importance of relief as part of the hospital board's activities. Despite the fact that the total number of relief cases and expenditure had been increasing since the mid-1920s, the administration of charitable relief was assuming a secondary place in the board's functions as it expanded its medical services. This section is a discussion of these two themes: the hospital board's reaction to assisting the unemployed, and the conflicting tendencies of the expansion in the scale of charitable relief at the same time as the relative importance of the board's charitable functions was decreasing.

Historians have made a number of points concerning charitable relief in the Depression period. Noonan and Robertson

1. Report of the Committee for Unemployment in New Zealand, AJHR, H-11b, 1930, p. 27; Report of the Unemployment Board, AJHR, H-35, 1931, p. 25.
2. For a discussion of the government's attitudes to providing unemployment relief see R.T. Robertson, "Government Responses to Unemployment in New Zealand, 1929 - 35", New Zealand Journal of History, 16:1 (April 1982), pp. 21 - 38.

amongst others have identified the provision of unemployment relief as a major problem facing hospital boards. Noonan comments on the financial difficulties faced by boards due to the necessity of assisting the unemployed. She provides an example of the Auckland Hospital Board which had a deficit of £35,000 for the year up until March 1932, much of which had been incurred as the result of having to assist the unemployed in the area.³ Robertson similarly notes the financial problems of boards, and the fact that they were eager to rid themselves of the expensive responsibility of giving relief to the unemployed.⁴ He also outlines the steps they took to achieve this.

The reliance of the unemployed on hospital boards increased as levels of unemployment rose after 1929. Between 1929 and 1930 boards throughout the country had assisted a total of 6091 cases which were the result of unemployment; this had increased to 28,773 between 1931 and 1932.⁵ This led the Hospital Boards' Association, the national organisation of all boards in the country, to demand regularly that the government assume a greater role in providing unemployment relief. These demands were stepped up after 1932.⁶ In early 1932 it was reported that boards were going to make a "determined effort" to force the government to assume the provision of unemployment relief.⁷ An agreement between the two bodies was reached in 1932 when the

3. Noonan, pp. 26 - 36.

4. Robertson, "The Tyranny of Circumstances", p. 182.

5. Appendices, 1930, p. 41; 1932, p. 46.

6. Robertson, "The Tyranny of Circumstances", p. 184.

7. Dominion, 4 January 1932, Newspaper clipping, H 54/49, Charitable Aid, 1918 - 36, Archives of the Department of Health, National Archives.

government assumed the role of providing relief to able-bodied unemployed. The issue was finally resolved in April 1933, when hospital boards were given the task of assisting only unfit men.⁸ This signified the end of the conflict between the government and hospital boards over the issue of unemployment relief. This date thus marks a convenient end-point for the discussion of unemployment relief.

Noonan's and Robertson's comments refer to boards in a national context, or describe the plight of boards in the four main centres. A similar situation prevailed in Palmerston North. Although the local board never incurred a financial deficit as the result of assisting the unemployed in the area the amount expended on such relief troubled the board. The board campaigned at both a national and a local level in the attempt to reduce its role and expenditure in providing such relief.

Unlike the earlier period discussed the board appears to have considered unemployment as more than a seasonal phenomenon after 1929. The managing secretary's financial reports often carried pessimistic indications of the state of unemployment in the district. In 1929, for example, he predicted an increased demand on the board's charitable services due to the poor unemployment situation in Palmerston North.⁹ In 1930 the cost of unemployment relief was described as an ever-increasing charge on the board's budget.¹⁰

8. Robertson, "The Tyranny of Circumstances", p. 184.

9. Report of the Managing Secretary, PNHB, 15 April 1929.

10. Manawatu Evening Standard, 12 June 1930, p. 6.

This led the board to become concerned over the amount expended on relief. As illustrated in Table 1 the amount spent of relief was rising at this time. Despite a slight drop in this between 1929 and 1930 there was an overall increase in outdoor relief expenditure from £3996 in 1928 - 1929 to £5313 in 1931 - 1932. These figures may appear insignificant beside the above example of the Auckland Hospital Board's expenditure but the increase was of importance to the local board which had spent under £2000 each year on outdoor relief in the early 1920s.

The board's concern over this growth was exhibited in a number of ways. The board's financial position was publicised several times throughout this period. In early 1929, for instance, a local newspaper carried a report of the board's meeting which discussed the possibility of approaching the government for financial assistance in helping the unemployed.¹¹ The same paper carried a lengthy report of a special meeting convened by the board in April 1931 called to discuss the relief budget and the possibility of raising an overdraft to cover the cost of outdoor relief. The paper published full details of the cases assisted by the board during the year which showed that unemployment related cases comprised the bulk of those assisted by the board.¹²

The board also exhibited its concern by protesting over the rising number of unemployment cases and attempting to reduce its role in relation to them. Its first official protest at this was

11. Manawatu Daily Times, 11 January 1929, p. 8.

12. ibid., 18 April 1931, p. 13.

registered in 1929. At its April meeting the board discussed and endorsed a resolution made at a recent conference of hospital boards which stated that "the providing of Charitable relief for employable workers was a function of the state and was an unfair tax on Local Bodies". The board echoed these sentiments and resolved to make a similar "strong representation" to the Minister of Health.¹³

Two aspects of these statements are of interest: the board's belief that the provision of relief to able-bodied unemployed was a state function and that local body involvement was unfair. The board's concern with these issues conforms to the national pattern revealed by Noonan and Robertson.

The Palmerston North Hospital Board was very outspoken in its belief that the provision of unemployment relief was a national responsibility. It was frequently stated that it was not the work of the board to assist the unemployed if they were able to work. In early 1933, for example, the chairman of the board noted that it was "manifestly unfair" that the board had been expected to assist such people as it was no part of the 1885 Act.¹⁴ The board attempted to follow a policy of denying assistance to able-bodied unemployed men or their families. The managing secretary noted this in 1931 in stating that "we have continued to follow out a policy of granting no relief to able-bodied men unless work is done to cover the cost of this relief".¹⁵ The fact that the board was assisting the unemployed

13. Report of the Managing Secretary, PNHB, 15 April 1929.

14. Manawatu Daily Times, 17 January 1933, p. 8.

15. Report of the Managing Secretary, PNHB, 17 April 1931.

at all may signify a move away from the notion of unemployed as part of the undeserving poor. Although the board was not prepared to give the unemployed charitable relief, it did demand that the unemployed should receive some assistance from the government.

Even though the board would give unemployed men relief if they were prepared to do work for it, it still considered that its role in this in the first place was an unfair tax. The belief that unemployment relief was a state affair and one which should not be passed to local bodies was reiterated on many occasions in this period. The chairman of the board stated in 1931 that the Unemployment Board had been established for the purposes of assisting the unemployed and it was not the duty of the hospital board to have a role in this.¹⁶ This statement was immediately countered by a member of the Unemployment Board who chastised the local hospital board for its actions in regard to unemployment relief and noting that

there has been a tendency to slacken off expenditure in this direction, chiefly because of the prevalence of a belief that the Unemployment Board would in the future act the part of the fairy godmother and relieve them of further responsibility.

The above two statements illustrate one of the fundamental features of the conflict between the government and the hospital boards over the issue of unemployment relief. Boards such as the Palmerston North Hospital Board considered unemployment relief as a national responsibility. The government, on the other hand, believed that all sections of the community should assist in the

16. Manawatu Daily Times, 21 January 1931, p. 8.

17. ibid., p. 8.

task of relieving the plight of the unemployed. This sentiment was expressed by the government in the early years of the Depression. The Unemployment Committee of 1930 described unemployment as a social problem which all parts of the community should assist in relieving.¹⁸ Such a policy was endorsed after the passage of the Unemployment Act of 1930. The first report of the Unemployment Board stated that

In common with the General Government and the Unemployment Board, local governing authorities have real responsibilities in regard to the alleviation of distress caused through unemployment in their respective districts, and they have not been divested of these responsibilities by the passing of the Unemployment Act.¹⁹

These two stances in essence were representative of a conflict between the agencies of central and local government during the Depression. The national government's policy of sharing the burden called for the cooperation of local bodies in all aspects of the problem of unemployment. Although the latter attempted to resist this their cooperation was enforced by relief schemes devised by the Unemployment Board. The major urban relief scheme, the number 5, was totally administered by local bodies. The wages of men on this scheme were paid by the Unemployment Board. Local bodies had to provide, organise and supervise the work done.

The Palmerston North Hospital Board attempted to define its responsibilities in regard to unemployment relief by taking action on a local level. Noonan and Robertson have both, to a

18. Report of the Committee for Unemployment in New Zealand, AJHR, H-11b, 1930, p. 4.

19. Report of the Unemployment Board, AJHR, H-35, 1931, p.6.

limited extent, discussed this type of action by other hospital boards, but indicate that the boards studied attempted this by taking a firm policy on local unemployed.²⁰ The Palmerston North board followed a similar policy while at the same time it actively sought the cooperation of other local bodies and relief agencies in an effort to share the burden of unemployment relief around the town. This marked an intensification of a late 1920s development. To this end the board took advantage of any relief schemes offered by other organisations. In July 1930 the relieving officer was instructed to "collaborate" regularly with the Mayor to discuss the Unemployment Fund.²¹ This was in addition to the weekly meetings between the two men that had begun in 1927.²²

Unlike the earlier period however the board took more initiative in organising schemes to share the burden of unemployment relief than it had done before. The board organised several local body conferences between 1930 and 1931 at which the board's administration of unemployment relief was the major topic for discussion. The first such conference was called with the expressed intention of "pointing out" the financial position of the board to local bodies and informing them that they were "missing the opportunity" of providing relief for the unemployed.²³ The aim was to induce them to cooperate in relief

20. Noonan, pp. 84 - 96; Robertson, "The Tyranny of Circumstances", pp. 94 - 97, 182 - 185.

21. Report of the Social Welfare and Old People's Home Committee, PNHB, 21 July 1930.

22. Report of the Relieving Officer, *ibid.*, 8 September 1927.

23. Report of the Social Welfare Committee, *ibid.*, 20 October 1930.

efforts.

One conference which did achieve this was a meeting of the town's relief agencies which was organised by the board in 1931. This meeting was attended by over thirty officials representing twenty-five different relief organisations. Included were representatives from the Salvation Army, the St. Vincent de Paul Society, the Red Cross, Rotary Clubs and church charitable groups amongst others which provided the unemployed with clothing, food, firing and accommodation.²⁴ The primary aim of the meeting was to devise a system of distributing relief which would stop the current problem of over-lapping since this allowed people to obtain the same assistance from various agencies, needlessly depleting the resources of each of these. Over-lapping in Palmerston North was inevitable in view of the number of agencies which were represented at the meeting. All of them appear to have operated in isolation from one another.

This was a common problem of relief administration in New Zealand at the time. Higgins reports, for example, that there were more than twenty different relief organisations in Christchurch in the 1920s which were plagued by similar problems.²⁵ However Higgins also states that these organisations would not cooperate with each other to avoid such over-lapping.²⁶ Non-cooperation in relief distribution was not always in evidence in Palmerston North. One result of the 1931 meeting was the organisation of a Central Relief Committee which supervised the

24. Report of the Managing Secretary, *ibid.*, 15 June 1931.

25. Higgins, pp. 100 - 105.

26. *ibid.*, p. 99.

distribution of relief from a Central Depot. All relief agencies, including the hospital board, contributed some or all of their relief supplies such as groceries, clothing or firing.²⁷ It was calculated that the Depot saved the board 100 a week in 1931 by providing the unemployed with grocery rations.²⁸

Despite the board's actions in attempting to reduce and define its responsibilities in the matter of unemployment relief, the issue was in most respects out of its control. It was only after the agreements between the Hospital Boards' Association and the government in 1932 and 1933 that the total number of unemployment cases assisted by the board declined. The government's assumption of responsibility for most of the unemployed left the local board with a declining number of cases, as shown in Figure 1. This was at a time when the level of unemployment in the town had not changed significantly. There were 1601 registered unemployed in Palmerston North in August 1932; by May 1936 this had fallen to 1004 which was still considerably more than in the years before 1930.²⁹

The issue of unemployment relief became important at the same time as the board was attempting to define its role in the whole administration of charitable aid. This was a trend which had been in evidence in hospital boards throughout New Zealand before 1920. Tennant has noted that hospital board administration of indoor and outdoor charitable relief had been

27. Report of the Managing Secretary, PNHB, 15 June 1931.

28. Deputation of hospital boards to Prime Minister, 10 September 1931, H 54/49, Charitable Aid, 1918 - 36.

29. Report of the Unemployment Board, AJHR, H-35, 1932, p. 25; 1936, p. 6.

declining in importance in the face of expanding medical facilities offered by boards in the period from 1885 to 1920.³⁰ The Palmerston North Hospital Board continued this trend in the 1920s and 1930s. Table 1 illustrates this. In the mid-1920s the board was spending about 3% of its annual budget on outdoor relief. This proportion increased in response to the growing number of people who needed assistance because of the Depression. This proportion steadily declined after 1932 until by the late 1930s the board was spending a smaller percentage of its budget on outdoor relief than it had in the early 1920s.

The medical facilities offered by the board had been increasing during the 1920s and 1930s. Despite the financial stringencies of the Depression the board had increased its medical facilities in a spectacular fashion during these years. In 1927 a new maternity home was opened. This was followed by a new X-ray department in 1928, a new operating theatre, massage department and the establishment of a radio-therapy unit in 1933 and a new administrative block in 1936. This was in addition to the regular maintenance of buildings and minor additions to the plant. Such a spate of activity was equalled only in the first few years of the hospital's existence. The board also expanded its district nursing service during the 1920s and 1930s.³¹

The diversion of funds away from its building and expansion programme was begrudged by the board. In 1930 the board's chairman stated that the board had been forced to keep

30. Tennant, p. 3.

31. G.C. Petersen, Palmerston North - A Centennial History, Wellington: A.H. and A.W. Reed, 1973, pp. 142 - 144.

maintenance and medical costs as low as possible as it had "recognised" that a Depression was approaching. Despite this, the pressure on the board's charitable services had increased to the stage that the board had to call on local bodies in the district for assistance.³² Dissatisfaction was expressed more clearly in 1931. In response to a deputation of local unemployed who were demanding assistance the chairman of the board stated

that if there is a deserving case, you can rest assured it will be dealt with sympathetically and receive that consideration which it is the duty of the board to give despite the fact that our hospital accommodation will have to be kept down.³³

On another occasion he noted that the first duty of the board was to the sick and the infirm rather than to the unemployed.³⁴ Similar sentiments were expressed by other boards throughout the country. A representative of the Hospital Boards' Association claimed in 1932 that "the work of hospitals has been completely over-shadowed by this constant nightmare of relieving the distress of the unemployed".³⁵

The expansion of medical facilities offered by the board led to a decline in the relative importance of charitable relief as part of its duties. Between 1929 and 1933 the board introduced a number of reforms in its relief system which served to reduce the importance of outdoor relief in its wider functions. In mid-1929 the Social Welfare and Old People's Home Committee was established to supervise the administration of both indoor and

32. Manawatu Evening Standard, 24 October 1930, p. 2.

33. Manawatu Daily Times, 14 April 1931, p. 8.

34. ibid., 17 January 1933, p. 8.

35. Dominion, 4 January 1932, Newspaper clipping, H 54/49, Charitable Aid, 1918 - 36.

outdoor relief.³⁶ The board's records contain no reasons for this move nor any discussion of the matter. Several other specialist committees were established at the same time such as the Finance Committee, the Farm Committee and the Otaki Sanatorium Committee. It may be that the establishment of the Social Welfare Committee marked an increased interest in outdoor relief. A small, five or six member committee could pay closer attention to relief than the larger board could. In this case, however, an increased interest in charitable relief was not in evidence.

The establishment of the Social Welfare Committee effectively separated the administration of charitable relief from the wider functions of the board. Until this time the relieving officer had submitted monthly reports of his work to the whole board. After June 1929 these reports were submitted to the Social Welfare Committee which passed on a confirmation of the officer's actions to the wider board. The relieving officer's reports were not recorded in the board's minutes after July of that year. The committee was established to supervise both outdoor relief and the Awapuni Old People's Home. In spite of this dual focus most of the committee's attention was directed to the latter, even during those years when the number of outdoor relief cases was increasing. The majority of the committee's reports after 1929 contained detailed accounts of the Home. Outdoor relief generally received a one or two line summary to the effect that the relieving officer's report had been received

36. Report of the Social Welfare Committee, PNHB, 11 June 1929.

and confirmed. There may have been considerable discussion of charitable relief behind the scenes. However, the fact that the committee met only once a week, and that much of its time was devoted to the Old People's Home suggests otherwise.

The other reform made by the board concerned the duties of the relieving officer. Aisher, the relieving officer since 1903, retired in March 1930. His place was taken by W.H.J. Watson, a member of the board's office staff. In addition to performing the duties of relieving officer Watson retained his office work. The board had decided that charitable relief in the future was "to be absorbed as part of the work of the office staff".³⁷ The step of making the position of relieving officer a part-time post was hardly a cost-cutting measure for the board shortly appointed a full-time typist to assist in the administration of relief.³⁸ The move can be interpreted as an effort to reduce the role of relief even at a time when the number of relief cases was rising.

Watson was also assigned the title of social welfare officer rather than relieving officer. This step appears to have been taken to remove the notion of charitable relief and its connotations of charity and indigence from the board's functions and relief recipients, but the board's records provide no clue to the reasons for such a name change.

One explanation of the name change and the establishment of the Social Welfare committee may be that they were both part of the board's attempts to diminish the importance of outdoor relief

37. Report of the Executive Committee, *ibid.*, 17 March 1930.

38. Report of the Managing Secretary, *ibid.*, 17 April 1931.

in its wider functions. In the early 1920s charitable relief had been a minor function of the board. The number of relief cases investigated, and the amount spent on these increased during the 1930s. By the mid-1930s, however, charitable relief had become a secondary function of the duties of a small sub-committee of the board.

The period between 1929 and 1933 was, then, a time of considerable change in the Palmerston North Hospital Board's administration of charitable relief. The issue of unemployment relief had been clarified by the 1932 and 1933 agreements between the government and the Hospital Boards' Association. The conflict between the two over the question of responsibility for the unemployed had essentially subsided. The board's expenditure on outdoor relief, and the number of cases investigated by the relieving officer reached an unprecedented level. In contrast, the relative importance of charitable relief declined as part of the board's total functions. Both of these issues would continue to concern the hospital board after 1933.

SECTION 3: 1933 - 1938

This section explores two aspects of the hospital board's administration of charitable relief between 1933 and 1938, the advent of Social Security: the board's continued concern over the provision of unemployment relief despite the 1933 agreement between the government and the Hospital Boards' Association; and the continued decline in the relative importance of charitable relief as an aspect of the local board's functions.

Robertson, who has commented in some detail on the struggle between the Hospital Boards' Association and the government ends his discussion with the 1933 agreement between these two organisations.¹ The government assumed full responsibility for the able-bodied unemployed as part of this arrangement leaving hospital boards to provide for those who were unable to work, the class C, or unfit men. While this marked the end of the conflict between the government and the Association it did not signify an end to hospital board concern over unemployment relief.

The Palmerston North Hospital Board mirrored this continued concern. In mid-1934 the managing secretary expressed his uncertainty over the three-tier classification system devised by the government and the Hospital Boards' Association in 1933. He noted that

classification of men is on the face of it sound enough, but in quite a number of cases men who are now classified as class C, are men who were always able to maintain their wives and their families before the present depression, and whether hospital boards were wise in agreeing to such a scheme of classification as against dealing with cases from

1. Robertson, "The Tyranny of Circumstances", pp. 182 - 185.

the point² of view of cause of distress, is a moot point.

The managing secretary's dissatisfaction with the system appears to have been due to the fact that the board was providing relief for those who, in normal times, would not have needed assistance. However, as illustrated in Figure 1 there was a decline after 1932 in the number of cases assisted by the board which were the result of unemployment. At the same time there was a substantial increase in the number of cases due to temporary physical infirmity. Although no records survive which describe the type of infirmity it may be that it was equivalent to unemployment in some cases. It is noticeable that much of the increase in this was after 1933. This corresponds with the 1933 agreement on unemployment relief. Some of the cases may have been men who could not receive unemployment relief under the terms of this agreement.

The board was determined to see its share of the burden of providing unemployment relief continue to decline. The board registered few protests concerning the 1933 classification system. However any moves by the Unemployment Board to shift some of this duty back to the hospital board were vigorously opposed. As early as July 1933 - just three months after the final agreement with the government - the hospital board was protesting that the Unemployment Board was attempting to abandon its role in giving unemployment relief.³ The hospital board attempted to counter moves in this direction by constantly

2. Manawatu Daily Times, 21 August 1934, p. 3.

3. ibid., 18 July 1933, p. 9.

reminding the government of its agreements and duties towards the unemployed.

In 1933, for example, the board petitioned the government to assist able-bodied unemployed in the city with their rent payments. It was reported that families were being evicted because they could not meet their rent payments, and were approaching the hospital board for assistance. To illustrate the urgency of this plea the board reported that on the very day that the demand was made an unemployed family had been evicted as they were 1s6d short with their rent.⁴ The hospital board considered that such payments were part of the 1933 agreement and that the responsibility lay with the government.

The board also protested for similar reasons at the introduction of sustenance payments in Palmerston North in 1934. Upon receiving notification of this the board immediately gave its support to a protest registered by relief workers who considered that sustenance payments were too low and were unfair.⁵ Until 1936 single men were paid 14s a week on the major urban relief plan, the number 5 scheme; single men on sustenance received 12s a week.⁶ The difference was often made up by charitable relief. The board was particularly concerned about this and stated that "adequate sustenance for our unemployed, now more than ever, is a national responsibility".⁷

4. *ibid.*

5. *ibid.*, 22 May 1934, p. 6.

6. Both of these rates were lower than those paid in urban areas, Report of the Department of Labour - Employment Division, *AJHR*, 1937, H-11a, p. 7.

7. Report of the Board, PNHB, 21 May 1934.

The Unemployment Board's actions were interpreted as an attempt to "shirk" its responsibilities by passing an aspect of unemployment relief back onto the hospital board.⁸ Despite these protests sustenance payments were made in Palmerston North and those unemployed who found such payments insufficient were forced to apply to the hospital board for relief. Able-bodied unemployed were refused assistance, a policy justified as being in accordance with the 1933 agreement.⁹

It is evident then that the issue of unemployment relief concerned the hospital board after 1933, despite the agreement between the government and the Hospital Boards' Association in that year. The Unemployment Board's policy of attempting to continue to share the burden of relief in the Palmerston North district kept the issue alive for the hospital board.

While unemployment relief was an important issue for the board at this time the relative importance of charitable relief in the board's wider functions was declining. This trend was evident in the activities of the Social Welfare Committee. After 1933 this committee was increasingly concerned with the administration of indoor relief at the Awapuni Old People's Home rather than the supervision of outdoor relief. The latter was rarely noted in the committee's monthly reports to the board. Although there may have been considerable discussion of this by the committee, the bland monthly statements of "social welfare officer's report was received and confirmed" suggest otherwise.

8. Manawatu Daily Times, 19 June 1934, p. 11.

9. ibid., 17 July 1934, p. 8; 19 March 1935, p. 10.

On the contrary, minor details of the administration of the Home were often discussed, such as the number of cigarettes an applicant should be allowed each week.¹⁰ Most of the references to charitable relief were contained in the reports of the managing secretary.¹¹

The nature of charitable relief also changed somewhat after 1933. On those occasions when the committee discussed relief it was often concerned with the medical aspects of this, such as the provision of dentures, spectacles and artificial limbs to those who could not afford them. In mid-1937, for example, the committee reported that it had received application from several people who were in need of medical supplies and from one or two other "extraordinary" cases where the breadwinner was out of work.¹² From the mid-1930s the board began to give more relief in the form of medical supplies. In 1925, for example, the board gave such relief to 13 cases; in 1933 it gave medical relief to 87 cases. The total number of cases increased only four-fold compared to the six-fold increase in the number of cases requiring medical treatment.¹³ This type of relief may have been a consequence of providing relief to an increasing number of cases due to old age and sickness. Nevertheless unemployment cases remained as the majority of applications investigated and assisted by the board into the late 1930s. This meant that

10. Report of the Social Welfare and Old People's Home Committee, PNHB, 21 June 1937.

11. Report of the Managing Secretary, *ibid.*, 19 April 1933; 16 April 1934; 15 April 1935; 4 May 1936; 15 April 1937.

12. Report of the Social Welfare and Old People's Home Committee, *ibid.*, 21 June 1937.

13. Appendices, 1926, p. 60; 1934, p. 46.

relief in the form of food rations and board payments were the major form of assistance given by the board.

This period marked the continuation of trends begun earlier. The board attempted to maintain its position in the matter of unemployment relief by frequently reminding the Unemployment Board of its obligations to local unemployed. The hospital board remained adamant that relief of unemployment was a national responsibility. The relative importance of charitable relief continued to decline as a function of the hospital board. This was increasingly so towards the end of the period discussed. The nature of relief also exhibited signs of change as the board began to distribute more assistance in the form of medical supplies. The board was slowly moving towards a more medical-based orientation, and away from the broader, social dimensions of charitable relief.

CONCLUSION

This study has provided an insight into some aspects of the Palmerston North Hospital Board's administration of charitable relief between 1925 and 1938. This is a period in which social welfare has received scant attention from historians. The Palmerston North example consequently illustrates a part of social welfare which has not been studied extensively.

A number of conclusions can be drawn from the issues raised. The Palmerston North Hospital Board's administration of outdoor relief was in many respects similar to relief administration in the late nineteenth and early twentieth centuries. The relieving officer was confronted with similar problems which faced earlier officers and his responses to these were similar. The reason for this may have been the continued lack of official guidelines to assist officers in the daily administration of relief. Officers such as Aisher were forced to impose their own "guidelines" of habit and precedent in distributing relief.

The issue of unemployment relief was of major concern to the local board during the 1920s and 1930s. The growth of unemployment in the district from the mid-1920s and the lack of a national relief scheme led many unemployed to seek assistance from the board. The number of cases investigated by the board and the amount expended on this increased in consequence. The board attempted to reduce and re-define its role in this in two ways. It took action on a national level between 1929 and 1933 by joining with other hospital boards to protest over the government's reluctance to assume more responsibility in

assisting the unemployed. This was the most successful form of protest as it achieved some tangible results in the form of the national agreements concerning unemployment relief in 1932 and 1933. However the local board was concerned with the issue of unemployment relief during the whole period under discussion. In the period up until 1929 the board's perception of the nature of unemployment inhibited it from making a firm stand on the matter of relief for the unemployed. It was only with the increasing number of cases and financial pressure that the board took decisive action over the issue and sought the cooperation of other relief agencies in the town to share the burden. After 1933 the board showed itself to be determined to adhere to the agreements between the government and the Hospital Boards' Association over the responsibility of providing unemployment relief.

The question of responsibility for unemployment relief also raises other points. The issue highlighted a conflict between central and local governments, a feature of the Depression. The responsibility of assisting the unemployed was a duty that each attributed to the other. The agreements over the provision of such relief in 1932 and 1933 signified a victory for local bodies. After 1933 the relief of unemployment was predominantly confined to the national arena. These agreements may be seen to represent some of the last features of a long period of gradual growth in state control of welfare before the advent of Social Security in 1938. In 1898 the government began paying pensions to the aged, to widows from 1911, to miners suffering from

phthisis from 1915, to the blind from 1924 and in the form of family allowances from 1926. Government assumption of the responsibility of tending to the unemployed was an extension of previous policy. It was, moreover, an extension which hospital boards such as the Palmerston North board encouraged and supported.

The issue of unemployment relief also signified something of a changed philosophy on the part of the Palmerston North Hospital Board. The board had traditionally viewed the unemployed as part of the undeserving poor who did not merit charitable relief. The rapidly increasing numbers of unemployed after 1929 forced the board to re-consider the nature of unemployment. The board's frequent demands after 1929 that the unemployed should be given assistance suggests that the board no longer saw the unemployed as undeserving, but as people who truly needed assistance. However it may be argued that the distinction between the deserving and the undeserving poor continues to be applied to recipients of Social Security.

Indeed the whole issue of hospital board administration of charitable relief came under question in the 1920s and 1930s. The relative importance of the local board's responsibility in distributing charitable relief was declining as part of its wider functions. Between 1925 and 1938 the amount spent on outdoor relief declined as a proportion of the board's total expenditure. It was a development which was interrupted by the events of the Depression. The declining importance of relief was also exhibited in its place in the board's duties. In the early 1930s

supervision of relief was assigned to a specialist committee. In practice this committee was predominantly concerned with the supervision of indoor, rather than outdoor, relief. Even the notion of charitable relief itself had vanished from the board's vocabulary and had been replaced with the less offensive term of social welfare. The question of responsibility in regard to charitable relief had been raised by the Palmerston North Hospital Board, but not resolved. One aspect of the board's role in this had been clarified. The resolution of the entire issue of hospital board administration of charitable relief lay in the future.

APPENDIX 1

NUMBER OF CASES OF CAUSES OF POVERTY TO WHOM RELIEF GRANTED
BY THE PALMERSTON NORTH HOSPITAL BOARD, 1923-1939

Year to 31 March	Death, Desertion or Imprisonment of Breadwinner	Involuntary Unemployment of Employable Breadwinner	Wages of Employable Breadwinner Insufficient	Breadwinner Unemployable or Wages Insufficient through			Total ¹	
				Old Age	Temporary Physical Infirmity	Permanent Physical Infirmity and Insanity	Number of Cases	Persons Affected
1924	33	8	2	18	38	28	142	281
1925	32	30	-	8	33	4	132	246
1926	7	84	-	6	17	14	142	269
1927	28	338	1	58	9	18	474	698
1928	28	448	-	27	20	40	563	961
1929	40	407	3	17	27	30	524	1098
1930	50	455	16	24	38	27	610	1058
1931	42	962	16	87	64	36	1210	2144
1932	60	1799	19	109	78	27	2092	3073
1933	68	1136	13	82	120	41	1460	2722
1934	61	655	4	67	220	42	1049	1635
1935	83	453	10	82	257	40	925	1427
1936	93	357	6	80	237	63	829	1440
1937	56	228	5	103	191	52	635	1090
1938	56	238	1	83	92	36	506	845
1939	62	194	7	72	99	30	464	732

1. The total includes some minor categories not listed.

Source - Department of Health - Appendices to the Annual Report of the Director-General of Health, 1923-1939

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