

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

INDIGENCE AND CHARITABLE AID IN NEW ZEALAND

1885 - 1920

A thesis presented in partial fulfilment of the  
requirements for the degree of Doctor of Philosophy  
in History at Massey University

Margaret Tennant  
1981

## ABSTRACT

This thesis studies the administration of public relief through the charitable aid system in New Zealand, 1885 - 1920. This was a formative, and somewhat neglected period in the history of New Zealand's 'welfare state', one in which notions of social efficiency mingled with the more benevolent motives usually attributed to social welfare. Politicians and charitable aid administrators found it hard to reconcile the presence of 'social evils' with the hope and promise of a new society, and assumed that they could distinguish between the 'deserving' and the 'undeserving' poor. The thesis also studies policy implementation, noting first the points of tension in the governing Act. It examines the different 'levels' of administration, represented by the Department of Hospitals and Charitable Institutions, as it was first called, by the different types of hospital and charitable aid boards, and by the relieving officers and others involved in the daily administration of relief. It is argued that those on the receiving end were no less important in shaping the charitable aid system than those administering it, and the later chapters examine the different categories of 'the poor', the forms of assistance given them, and the interaction of charitable aid with wholly state welfare activities, and with voluntary charity. There was a gap between policy aims, which were based on a rigid assessment of the poor, and actual achievements. Rigorous policy aims were undermined by a complex social reality.

## ACKNOWLEDGEMENTS

During the preparation of this thesis I have been assisted by several individuals and organisations. I would particularly like to thank my chief supervisor, Professor W.H. Oliver, for his kind encouragement over many years, and also Professor Erik Olssen, Dr Warwick Tyler and Mr Merv Hancock, who have at various times shared the task of supervision. I am grateful to the Palmerston North, Auckland, Wellington, North Canterbury and Otago Hospital Boards for permitting me to use their records and, in some instances, for providing me with office space while I was engaged in research. Special thanks must go to Mr Roy Towers, archivist at the Wellington Hospital, Mr F. Larney, of the Auckland Hospital Board, and Mr J.R. Wright of the North Canterbury Board. Branches of the Society for the Protection of Home and Family provided similar help and hospitality at different times. Those who responded to my requests for interviews or written information provided valuable information from their own experience.

I have received every assistance from the staffs of the Alexander Turnbull Library, the Auckland Public Library, the Auckland Institute and Museum Library, the Hocken Library, the Canterbury Museum Library, the Massey University Library and National Archives. Here special thanks must go to Mr Peter Millar, Ms Margaret Cullen and Mr Bruce Symondsen for bringing newly-acquired archives to my attention. I would also like to acknowledge assistance given by Mr Frank Rodgers, Mr Warwick Brunton and, in the later stages of preparation, by Miss Heather Read, Mrs Glenis Foster, Barrie Belk and Ian Tennant. Many thanks to Mrs Marion Somerville and Mrs Dot Reichert for typing the thesis.

## CONTENTS

|   | Page |
|---|------|
| Abstract  | ii   |
| Acknowledgements  | iii  |
| Illustrations   | v    |
| Tables  | vi   |
| Abbreviations   | vii  |
| <br>  |      |
| Introduction  | 1    |
| 1. The Legislative Framework  | 19   |
| 2. The Department   | 52   |
| 3. The Boards   | 100  |
| 4. Relieving Officers   | 144  |
| 5. Outdoor Relief   | 172  |
| 6. The Indoor Relief of the Elderly Poor  | 235  |
| 7. <u>Indoor Relief and the Care of 'Fallen Women'</u>  | 288  |
| 8. The Care of Indigent Children  | 317  |
| 9. Medical Relief   | 3 53 |
| Conclusion  | 390  |
| <br>  |      |
| Appendix 1: Appropriations for Consolidated Fund Services, Hospitals and Charitable, 1886-87, 1907-08           | 403  |
| Appendix 2: Duties of Male and Female Charitable Aid Officers of the Auckland Hospital and Charitable Aid Board | 4 05 |
| Appendix 3: Outdoor Relief Applicants' Sheet, Palmerston North Hospital and Charitable Aid Board                | 4.06 |
| Appendix 4: Extracts From a Letter Written by an Inmate of the Costley Home                                     | 407  |
| Appendix 5: Bye-Laws and Regulations of the Armagh Street Depot   | 4 10 |
| Appendix 6: Rules of the Dunedin Female Refuge  | 413  |
| Appendix 7: Regulations for the Management of the Otago Benevolent Institution's Maternity Department           | 4 15 |
| <br>  |      |
| Bibliography  | 4 16 |

## ILLUSTRATIONS

Between pages

|   |         |
|---|---------|
| 'Looking After Hospitals': Dr Duncan MacGregor          | 54-55   |
| Grace Neill   | 81-82   |
| Hester Maclean  | 84-85   |
| Thomas Valintine  | 84-85   |
| A Family Begging  | 192-193 |
| 'He Could See the Humour of It': the Unemployed         | 202-203 |
| Costley's Home for the Aged Poor, Auckland              | 255-256 |
| The 'Otago Benevolent'                                  | 258-259 |
| The Queen's Jubilee Memorial Home, Woolston             | 258-259 |
| Old Age Pensioners in the Costley Home                  | 280-281 |
| Two Male Inmates of the Southland Board's<br>Lorne Farm | 285-286 |
| The Canterbury Orphanage                                | 326-327 |

## TABLES

Page

|      |   |         |
|------|---|---------|
| 1.   | Total Expenditure by Boards and Separate Institutions on Indoor and Outdoor Relief 1889-1925  | 175     |
| 2.   | Expenditure on Outdoor Relief by Charitable Aid Districts for Year Ending 31 March 1895-1899  | 176     |
| 3.   | Persons Receiving Outdoor Relief from the Otago Benevolent Institution During Selected Years 1880-1909  | 179     |
| 4.   | Nature of Outdoor Relief Cases Handled by the Otago Benevolent Institution, 1895-1909   | 181     |
| 5.   | 'Causes of Poverty' Reported to the Department of Hospitals and Charitable Institutions, 1897-1900  | 182     |
| 6.   | 'Causes of Poverty': Number of Cases and Persons Affected, 1922-23, 1924-25   | 183     |
| 7.   | Proportions Per Cent of Persons Aged 65+ to Total Inmates Treated in Selected Institutions 1885-1920  | 238     |
| 8.   | Average Number of Inmates Per Day in Charitable Aid Institutions, 1910-1925   | 242-243 |
| 9.   | Pensioners to Available Beds in Selected Institutions, 1910   | 245     |
| 10a. | Percentage of Males Aged 65+ Actively Employed, Dependent, and Independent in the New Zealand Workforce   | 249     |
| 10b. | Percentage of Males Over 65 Gainfully Employed in the United States Workforce   | 249     |
| 11.  | Adult Inmates of the Otago Benevolent Institution and Reasons Given for their Inability to Earn a Living on 1 January 1885, 1890, 1895                      | 260     |
| 12.  | Staff in Selected Charitable Aid Institutions, 1910-1925  | 267     |
| 13.  | Total Staff in Charitable Aid Institutions (Excluding Separate Institutions), and Proportions Per Cent of Nursing Staff to Total Staff, 1910-1925           | 268     |
| 14.  | Males and Females Aged 65+ in Institutions Other than Prisons and Lock-ups on Census Date 1891, 1916, and Proportions Per Cent to Total Population Aged 65+ | 285     |
| 15.  | Children in Lyttelton and Waltham Orphanages 1885-1920  | 325     |
| 16.  | Reasons for Discharge of Children from the Otago Benevolent Institution, 1870-1893  | 332     |
| 17.  | Children Boarded Out by Hospital and Charitable Aid Boards and Separate Institutions, 1895-1907   | 337     |
| 18.  | Children Maintained in Industrial Schools by Charitable Aid Authorities and Amounts Received by the Education Department from Boards                        | 345     |

## ABBREVIATIONS

|      |   |
|------|---|
| AJHR | <u>Appendices to the Journals of the House of Representatives</u>   |
| EP   | <u>Evening Post</u>   |
| JPH  | <u>Journal of the Department of Hospitals, Public Health and Charitable Aid (later New Zealand Journal of Health and Hospitals)</u> |
| NZH  | <u>New Zealand Herald</u>   |
| NZPD | <u>New Zealand Parliamentary Debates</u>  |
| ODT  | <u>Otago Daily Times</u>  |
| OYB  | <u>New Zealand Official Year Book</u>   |



## INTRODUCTION

Perhaps there is nothing so depressing to the social reformers in the colonies as the existence of the social evils of older lands in our new nations. We have drunkenness, vice, crime and poverty amongst us.... We have brought to the colonies the vices and crimes of the older land, as well as its social life and literature.... 1.

So wrote Robert Stout, Premier of New Zealand, in December 1884. He, like many others, found it hard to reconcile the presence of these 'evils' with the hope and promise of a new society. Only reluctantly did Stout and his fellow politicians acknowledge the existence of social problems in New Zealand and these, they assumed, were transmitted from the Old World. They were even less willing to concede that conditions peculiar to a pioneering environment might create problems distinctively their own; conditions in which the very young and the very old, the victims of accident and disease, might prove especially vulnerable. If, as New Zealand's first female inspector of hospitals claimed, New Zealand lacked England's 'blackest poverty', still there were the poor to be relieved.<sup>2</sup>

The 1885 Hospitals and Charitable Institutions Act gave legislative recognition to the fact of poverty in New Zealand. It had been preceded by limited voluntary effort and by various local measures enacted in the Provincial Councils. But only with the 1885 Act was a national system of hospitals and poor relief finally established. The

- 
1. Robert Stout, 'Our Waifs and Strays', The Melbourne Review, April 1885, p.109.
  2. Grace Neill, 'Forms of State Relief in New Zealand', Countess of Aberdeen (ed.), Women in Politics, Being the Political Section of the International Congress of Women, London, 1899, London, 1900, p.84.

intention of the Act was to remove existing inequalities in relief practices and to spread the support of the poor equitably between government and local communities. In this it was only partially successful; it did, however, commit the state to an ever-mounting expenditure on welfare. At the same time, the vision of New Zealand as a land of plenty remained pervasive, and would inhibit social reform for years to come. The able-bodied poor, in particular, were viewed as shiftless individuals who had failed to grasp the opportunities so patently before them.

In New Zealand the term 'charitable aid' meant the provision of relief by government or local bodies. There was a clear enough distinction in the public mind between subsidised charitable activities carried out under the 1885 Act and the independent work undertaken by churches or private benevolent societies. Charitable aid was administered in two forms: indoor relief (or institutional care), and outdoor relief, which enabled the poor to receive assistance in money, in services, or in kind, while residing in their own homes. Such a distinction was basic to charitable aid, and followed the example of the English Poor Law. Many, indeed, regarded charitable aid as a colonial version of the Poor Law, especially since local communities were rated to provide for its administration. Nevertheless, there were certain differences between the Poor Law and its New Zealand counterpart. Most obviously, the New Zealand system lacked the historical roots of the Poor Law, it added a government subsidy to local rates, bequests and donations, and made formal provision for voluntary charity to be integrated into the public relief structure. The 'separate institution', run by an independent board of trustees, and drawing on public funds, was peculiar to New Zealand. But the fundamental distinction between charitable aid and the Poor Law was the administrative linkage of hospitals and charitable aid. This association was complete when, in 1909, a new Hospitals and Charitable Institutions Act

abolished separate charitable aid boards. All 'hospital boards' then became 'hospital and charitable aid boards'.

While this thesis is concerned with the charitable aid side of the 1885 and 1909 Acts, the changing relationship between medical care and charitable relief cannot be ignored. As first established in New Zealand, the hospitals were charitable institutions. They were intended for the indigent, for those unable to pay a doctor, and unable to provide medical care in their own homes. They were not places to which a self-respecting person would seek admission, except as a last resort. As medical knowledge advanced and hospitals became specialised institutions catering for all sections of the community, not just the poor, the link between charitable aid and hospital care came under strain. The government department responsible for hospitals and charitable aid and the boards themselves all came to place more emphasis on medical and public health services than on relief. Although charitable aid remained a function of the boards (and under the current Hospitals Act boards 'may administer relief'), it was but a minor part of their activities by 1920. In 1920 the 'hospital and charitable aid boards' became known simply as 'hospital boards'. In that same year a Health Department reorganisation made charitable aid an off-shoot of the Hospitals Division, itself only one of eight administrative divisions in the Department. These developments symbolised less a contraction of charitable aid, than the expansion of other, more dynamic responses to social need. The state had begun to appropriate many functions of charitable aid, providing certain forms of income maintenance, and asserting more forcefully its charge of destitute children. Depression in the 1930s would confirm the inability of the charitable aid system to meet twentieth century demands. The pattern of future developments had, however, been set by 1920.

The study of charitable aid administration between 1885 and 1920 therefore sheds light on a formative period in New Zealand's welfare state. Charitable aid stood somewhere between voluntary welfare activities, with which it had both formal and informal links, and welfare services which were wholly the domain of the state. For much of the period it dealt with those whose needs the voluntary bodies rejected, and the state had not yet recognised. The period saw a partial working-out of responsibilities between the three. By 1920 it was clear that the initiative lay with the state.

Although its details are now historical, charitable aid is important in a contemporary sense. The attitudes behind charitable aid have been more persistent than these details, inputs into the welfare state broader, and less benevolent than is sometimes supposed. Many references to the emergence of welfare systems have interpreted these developments in terms of social justice and social progress. As Richard Titmuss wrote in his Essays on 'The Welfare State':

Some students of social policy see the development of 'The Welfare State' in historical perspective as part of a broad, ascending road of social betterment provided for the working classes since the nineteenth century and achieving its goal in our time. 3.

This 'broad, ascending road of social betterment' interpretation sees social welfare as a humanitarian response to existing need: need that was often created, intensified, or at least made apparent by the processes of urbanisation and industrialisation. Welfare legislation thus became practically inevitable, but at the same time was mediated through the goodwill of individual

---

3. Richard M. Titmuss, Essays on 'The Welfare State', Revised Edition, London, 1963, p.34.

politicians. 4.

In New Zealand this interpretation has taken on an especially intensive character. New Zealand's 'firsts' in social welfare are proudly singled out. The figure of Richard John Seddon smiles benevolently over Old Age Pensions and Michael Joseph Savage over Social Security. Dental nurses, health camps, and apples for school children augment this reassuring picture. Such later innovations as Accident Compensation might even gain inclusion in the sequence, though the political circumstances surrounding National Superannuation are surely too recent to evoke the necessary sentiment. The humanitarian process is seen to have begun with Old Age Pensions, but Social Security marks the real turning point. The 1938 Social Security Act has become the welfare apotheosis against which all else is measured, an unquestionable triumph for decency and social concern. With Social Security, one writer claims, 'The Government ... moved into the lives of all New Zealanders beneficially and permanently'.<sup>5</sup> The Act is widely accepted as a radical departure from the past, a reaction against the

---

4. See, for example, T.H. Marshall, Social Policy, London, 1974; Maurice Bruce, The Coming of the Welfare State, Fourth Edition, London, 1968.

5. Janice Campbell, 'Social Security and the Welfare State', New Zealand's Heritage, Volume 17, p.2376.

inadequacies and indignities of charitable aid. <sup>6.</sup>

However, it now seems doubtful that the more negative aspects of charitable aid were so readily transcended. The retention in the Social Security Act of the 'moral clauses' associated with earlier pensions might warn us of this. <sup>7.</sup> The reappearance of discretionary benefits in New Zealand in the 1950s raised the spectre of charitable aid in yet another form. By the 1970s it was apparent that the movement toward social betterment was not, to use Titmuss' phrase, 'achieving its goal in our time'. Concern with present inequalities in welfare prompts questions about how far past policies were designed to eliminate social injustice. A negative approach to welfare history seems now to have more to offer.

- 
6. This viewpoint may be all the more widespread (and reassuring) because it is based on little serious research into the development of social welfare in New Zealand. Despite New Zealand's pioneering activities in the field, published research is still lacking. The only recent exception is Elizabeth Hanson's study of The Politics of Social Security, Auckland, 1980, and Hanson puts relatively little stress on the continuities in welfare. General histories from William Pember Reeves' State Experiments in Australia and New Zealand, [1902], Reprint, Edinburgh, 1923, to Keith Sinclair's History of New Zealand, Third Edition, 1980, have tended to stress the 'progressive' and 'humanitarian' aspects of welfare. A more critical note was struck by W.H. Oliver in his Chapter on 'The Origins and Growth of the Welfare State', in A.D. Trlin (ed.), Social Welfare in New Zealand Society, Wellington, 1977. This was developed further in relation to the Liberal period in his article 'Social Policy in the Liberal Period', in New Zealand Journal of History, April 1979, pp.25-33. Nevertheless, the progressive view of social welfare is still commonplace and is, for example, frequently exploited by politicians.
7. These clauses made sobriety and good moral character a condition of benefits. They were abolished only in 1972, though the extent of their enforcement after 1938 is unknown.

Following a marxist analysis, some writers have long questioned the 'humanitarian' basis of welfare. They see welfare reforms as attempts by a ruling elite to secure social stability, to secure a reasonably healthy and well-educated workforce, and to undermine working-class protest. Francis Fox Piven and Richard A. Cloward, for example, cite a number of examples from Britain and, more particularly, the United States, to suggest that poor relief has expanded in time of civil disorder and contracted when political stability was restored. Expansive welfare policies, they argue, are designed to mute civil disorder; restrictive ones to enforce work norms.<sup>8</sup>

Such arguments have in turn been questioned by writers who do not necessarily espouse the progressive-humanitarian viewpoint. Joan Higgins has pointed out that there are many groups in the population who do not constitute a threat to social stability, but who have benefited from welfare extensions. The blind, not usually considered a disruptive group, have received relatively generous treatment in many countries. On the other hand, mass disturbance has sometimes resulted in more overt forms of social control, such as increased police activity. There is also some contradiction in the argument that a ruling elite act in response to pressure exerted by the poor, when they supposedly have total power and determine all expansion and contraction of relief.<sup>9</sup>

Nonetheless, one does not have to totally accept the arguments of writers such as Piven and Cloward to agree that welfare provision may have manipulative elements, or intentions which go beyond the 'good' of welfare beneficiaries. Broad notions of social efficiency may be more

---

8. Frances Fox Piven and Richard A. Cloward, Regulating the Poor, London, 1972.

9. Joan Higgins, The Poverty Business - Britain and America, Oxford, London, 1978. Chapter Two of Higgins' book contains an effective summary of the Marxist and 'liberal' perspectives on welfare. P. Hall et. al. in Change, Choice and Conflict in Social Policy, London, 1975, also review this debate. See, especially, pp.5-10, 143-53.

helpful to our understanding of social policy than the search for programmes of social control. An alternative perspective on welfare in New Zealand might focus on that which was not done. It would see the state's role in child and maternity care as providing for a healthy workforce and fighting force. It may well show that whatever was done to help the poor, more was done to assist those able to help themselves; that land settlement and social lending policies proved more compelling than state housing and adequate levels of income maintenance. Such a perspective would certainly be able to identify many of the values associated with charitable aid and would, in particular, look at those excluded from the Old Age Pension and later benefits, the distinction between the deserving and the undeserving poor, the persistence of ideas on less eligibility. It may well conclude that the preoccupation of the 1970s with solo mothers and dole bludgers smacks more of charitable aid in the 1890s than of social security in the 1930s.

It is argued, therefore, that there have been varied inputs into the welfare state which may surface at different times. The mixture of the disciplinary and the humane has been more complex than either the progressive-humanitarian or the conflict-social control model would suggest. Higgins also maintains that these models overstate the rationality of decision-makers and underemphasise the pressures and constraints which may influence a policy between inception and enforcement.<sup>10</sup> Some recent studies have thus focussed less on how policies develop, and more on the extent to which policies achieve what they set out to achieve.

The study of policy implementation has certain advantages. It gives some idea of the impact of welfare measures, the experiences of those charged with administration, and of those on the receiving end of policies. As Michael Hill notes, departures from legislative intent

---

10. Higgins, p.17.



may stem either from defective policies or from the implementing agencies. The experience of policy administration may of itself lead to new initiatives.<sup>11</sup> Since theoretical writings on implementation are geared toward the sophisticated bureaucracies of contemporary society, they do not provide a wholly satisfactory framework from which to examine early welfare structures. They nonetheless alert us to possible tensions in the administrative process and raise questions about the relationship between legislation, central bureaucracy, the 'street-level bureaucrat' and public which are entirely relevant to New Zealand's charitable aid system. As local studies of the English Poor Law are now demonstrating, there was often a wide gap between the theoretical framework of the law and the actual practice of relief.<sup>12</sup>

Martin Rein and Francine Rabinovitz have identified three potentially conflicting imperatives which influence each stage of implementation.<sup>13</sup> The legal imperative (respect for the legal intent behind a particular measure) is mediated by the bureaucratic imperative (that is, by concern for instrumental rationality or 'workability' as defined by bureaucrats). At the same time, both of these are informed by the consensual imperative. This recognises that there may be contending parties with a stake in the outcome of policy. Some

- 
11. Michael Hill, Understanding Social Policy, Oxford, 1980, p.80.
  12. See, for example, Anne Digby, Pauper Palaces, London, 1978, for a study of Poor Law administration in Norfolk. Essays in D. Fraser (ed.), The New Poor Law in the Nineteenth Century, London, 1976, also focus on the actual practice of Poor Law relief, drawing on local examples.
  13. Martin Rein and Francine F. Rabinovitz, 'Implementation: A Theoretical Perspective', in W.D. Burnham and M.W. Weinberg, American Politics and Public Policy, Massachusetts, 1978, pp.309-14. Hill, Chapter 4, also discusses the implementation of policy.

degree of acceptance must be gained from these groups which, if the bureaucratic agency is weak, or the legal imperative confused, may come to dominate the administrative process. The way in which conflict between these imperatives is resolved is a function of the purposes (the clarity and consistency of goals), the resources, and the complexity of the administrative process governing implementation.<sup>14</sup>

In practice policy making and policy implementation are not wholly distinct. The purposes of social welfare policy as expressed in a particular piece of legislation may or may not be clear. Policy makers, Hill suggests, may themselves be far from clear about their goals. Some policies may, in effect, be symbolic, if politicians wish to demonstrate a popularly desirable commitment, but are less decided on the means of obtaining their ends. The dissensus which attends the birth of a policy will usually continue to affect its implementation.<sup>15</sup> The result may be ambiguous programmes which are characteristically implemented in a very complex, circular manner. This, Chapter One demonstrates, was certainly true of charitable aid.

If the sponsors of the 1885 Act held to any very clear goal it was to establish a national system of poor relief while reducing expenditure - especially government expenditure - in these fields. Over all parts of the country direct government action would be replaced by local or community responsibility. (It seems that 'community responsibility' has always been promoted as a desirable social goal when governments wish to reduce their costs. Such thinking permeates the 1979 Planning Council Report on social welfare in the 1980s, and more

---

14. Rein and Rabinovitz, pp.332-33.

15. Hill, pp.87-88.

recent statements by the Minister of Health.)<sup>16</sup> Local responsibility was to be expressed through voluntary charity, with provision for compulsory local rating where voluntary effort failed. The state would provide subsidies to encourage local benevolence and would exercise a broad oversight of the entire process. Thus, while seeking to reduce its obligations, the government retained a substantial financial commitment to hospitals and poor relief. At the same time, national uniformity was undermined by the multiplicity of local agencies which emerged as a result of the Act.

The 1885 legislation was also informed by a wish to reduce pauperism. Those introducing the Bill hoped that local responsibility would have this effect. Others argued that the provision of public assistance would in itself encourage pauperism which, they argued, increased according to the availability of relief. In a sense, this was a 'symbolic' goal, since all agreed on the need to attack pauperism, but few could agree on the means for achieving this end. (There was, however, nothing symbolic about this goal in the mind of the Act's principal administrator, Dr Duncan MacGregor.<sup>17</sup> He was clear enough on the proper mechanisms of restraint.) Here it should be noted that a desire to relieve the poor more adequately was not a major factor behind the 1885 Act, despite the presence of economic recession. The stress was always on a more efficient administration which would reduce expenditure and discourage applications from all but the most desperately poor.

The Act as passed was complex in the extreme. Chapter One isolates the major points of tension in the Act, the compromises made to ensure its passage, and its

---

16. New Zealand Planning Council, *The Welfare State? Social Policy in the 1980's*, Wellington, 1979.

17. Inspector General of Hospitals and Charitable Institutions, and of Lunatic Asylums, 1886-1906.

vagueness on such key points of implementation as central supervision and entitlement to relief or hospital treatment. The legal imperative was consequently very weak.

Since one aim of the legislators was to reduce expenditure, the resources allocated to hospitals and charitable aid were limited. This in turn undermined the bureaucratic imperative, for there were insufficient officers to fully exploit the discretionary powers allowed by the Act. The advantages of closer inquiry and supervision in charitable aid were frequently acknowledged, but there was resistance to a 'poor law' bureaucracy. In practice, as medical care advanced, hospital administration came to have a momentum all of its own, but those employed in the charitable aid side of the boards' work were always few in number.

The administration of charitable aid was as complex as the 1885 Act promised. Not only was there a dispersion of power from centre to locality, but each level of administration was characterised by overlapping jurisdictions. The chapters of this thesis follow these different levels of administration, noting the main characteristics of the implementing agencies. Chapter Two examines the Department responsible for supervising hospitals and charitable aid, and the conflict which resulted when a strong-minded Inspector General had policy aspirations beyond his actual powers. Informal channels of influence proved more effective than the powers granted by statute. The local bodies generated by the 1885 Act are the subject of Chapter Three. Complexity at this level was enormous, some boards having responsibility for hospitals and charitable aid, others for charitable aid only, some sharing the distribution of relief with the semi-voluntary bodies termed 'separate institutions', others having comparatively passive, book-keeping functions. Relations between centre and periphery were often strained, as the boards struggled to maintain their autonomy while drawing ever more heavily on central government funds.

Given the discretionary basis to charitable aid, it was the relieving officer who had most say in individual cases. Yet even at this level there was considerable diversity of practice. As Chapter Four indicates, some boards did not have any paid official. In these instances a board member might carry out a relieving officer's duties. Michael Hill points out that even today the 'street-level bureaucrat' is subject to conflicting pressures from his employers, clients, and the community at large.<sup>18</sup> The relieving officers of the past acted within a broad framework of attitudes generated by their boards, but were seldom given explicit guidelines in their dealings with the poor. Their role involved the rationing of a scarce resource - the charitable aid fund. In so far as they had any mandate, it was to be vigilant and prevent imposition. While this might encourage a predisposition to petty tyranny, the relieving officers' closeness to their clients might equally result in a more realistic, if not a more sympathetic attitude toward the poor than their boards, or the Department, had foreseen. The consensual imperative operated at every level of administration, and no less forcefully at this, the lowest level of all.

The activities of the charitable aid administrators were not discharged in a social vacuum. Policy implementation is affected by the environment to which it is directed, and even the poor might prove resistant to official intentions. The final chapters of this thesis are concerned with those on the receiving end of charitable aid, their interaction with the administrators, and the policies evolved to meet their different needs. Outdoor relief, the subject of Chapter Five, was given to the able-bodied poor. It was given reluctantly, and provoked constant criticism from the press, from Parliament, and from social reformers. Outdoor relief, more than any other form of charitable aid, showed the

---

18. Hill, p.98.

difficulty of controlling or manipulating the poor. The frustration expressed by critics of outdoor relief suggests that few of the boards' clients conformed to their idea of deservedness.

Indoor relief held out the prospect of greater control, but this was achieved only by altering the character of the charitable institutions. The first charitable institutions were few in number and provided a refuge for almost every type of need. Men, women, and children were found in them. As each board erected a more substantial institution of its own, indoor relief came to mean the care of the elderly and infirm. Chapter Six discusses the process by which benevolent institutions became old people's (more usually 'old men's') homes increasingly characterised by medical management. Destitute children and unmarried mothers were gradually excluded, to be provided with outdoor relief, or taken up by the state and voluntary agencies. As Chapters Seven and Eight suggest, these groups had fitted uneasily into the charitable aid structure, the state providing alternative care for the young, and voluntary groups, for destitute women. Those areas of care not fully met by the charitable aid boards tell as much of social attitudes to public relief as do the boards' mainstream activities.

Chapter Nine deals with medical relief. Medical care was given as part of both indoor and outdoor relief, but by 1920 had lost many of its charitable associations. Poverty was increasingly explained in physical, rather than moral terms and the early detection of disease became an important social goal. As the boards' medical concerns usurped their charitable functions, certain categories of the poor were granted state assistance. State responsibility began to undermine the need for charitable aid.

Charitable aid was largely an urban phenomenon, and the sources used in this thesis reflect this urban bias. If informal assistance of a neighbourly or voluntary kind

was not forthcoming in their own communities, even the rural poor might migrate to the towns where the public institutions were situated. The records of hospital boards in the four main centres have been used extensively, for it was in these centres that the demand for relief was greatest. The Palmerston North Hospital Board's records were also consulted. Palmerston North provides the example of a smaller centre, one which was a transit point for the 'casual poor' on their way to work in Hawke's Bay, Wellington and the Wairarapa. The full range of administrative arrangements thrown up by the 1885 Act is represented here: Auckland had a single hospital and charitable aid board from 1885, Palmerston North from 1891. In Christchurch, however, the charitable aid board and hospital board were separate entities and the United Charitable Aid Board administered outdoor relief and a range of institutions directly. In Wellington and Dunedin hospital and charitable aid administration were likewise separate until 1910, but in both centres the United Charitable Aid Boards were forced to delegate the greater part of relief to separate institutions, most notably the Wellington and Otago Benevolent Institutions. The records of the Otago and North Canterbury Hospital Boards are the most complete. The Otago Board's records contain a particularly valuable set of case books from the Otago Benevolent Institution. The practice of keeping charity case records was relatively new in the 1890s and 1900s, and, even where records were kept, their confidentiality did not assist their chances of survival. Hospital boards, it seems, were more likely to retain the minute books of their fees committees or house committees than the proceedings of their charitable aid and social welfare committees. The value of hospital board records to the social historian has only recently been recognised, and some boards are now depositing their records in libraries and archives for safekeeping. Press reports of the meetings of hospital and charitable aid boards and separate institutions are often more complete than the

boards' own records and help fill the gaps left in hospital board archives.

The use of hospital board records generally, and of case studies in particular, poses problems. Although the persons involved in case studies of the period 1885 to 1920 must now be long dead, confidentiality has been preserved. Most case material is taken from the 1880s and 1890s. As a condition of access, details of cases have been given in such a way as to prevent identification of persons involved. Personal names, street names, and the names of work places have either been omitted or changed. Names and initials have been altered in quotations where an omission or dash would disturb the 'flow' of the quotation or lead to confusion between a number of individuals. In each instance the change has been noted in a footnote. Real names have been used only for cases reported in the press or in other published sources. There was not the same respect for confidentiality in the later nineteenth century, and details of cases were often reported in the press, sometimes as a means of 'punishing' those involved for their fecklessness or lack of humility.

The other major source used in this thesis is the Health Department Archives, now mostly held at National Archives, Wellington. Unfortunately the records of the Department of Hospitals and Charitable Institutions were destroyed in 1909, shortly before the Departments of Health and Hospitals were amalgamated.<sup>19</sup> The development of the Department under its most controversial Inspector General, Duncan MacGregor, can be derived only from MacGregor's reports to Parliament and from comments - often critical - in the press and parliamentary debates.

---

19. In 1909 there was a flood in the cellar where most of the old files were kept. The files were so damaged by water and coal dust that they were destroyed. E. Killick to J. Jacobs, Secretary, Otago Hospital Board, 31 July 1928, H 89/5/3.



MacGregor's successors did not share his intense interest in the charitable aid side of the boards' work, and were faced with mounting public demand for medical services. Those archives which survive reveal more of the services which were emerging alongside charitable aid than they show of relief in the localities. They nonetheless shed considerable light on the Department's operations at a crucial time in its development: the increase of staff, the refinement of bureaucratic routine, the increase of powers.

As part of these developments, the Department sought more information on the hospital boards. Statistics on indoor and outdoor relief began to be collected, along with material on hospital administration and the incidence of disease. Here a note of warning must be sounded. The compilation of 'social' statistics was in its infancy. It was certainly not regarded as a priority by overworked hospital board secretaries. Some secretaries simply did not bother to make returns to the Department, while others misunderstood the information they were required to give. In the period 1885-1920 statistics concerned with institutional maintenance, or numbers of inmates and staff, reached a reasonable level of detail and accuracy, but those on outdoor relief remained untrustworthy. Some series of tables were published in the Department's annual report for a decade or more, and were then discarded on this count. Registers of outdoor cases among the Otago Hospital Board material provide some numerical data, but even here the runs of statistics tend to be short and inconsistent. Charitable aid records do not, therefore, provide a wealth of statistical material on poverty and the boards' responses to it. The statistics which do exist need to be used with caution. It may be as well to remember the Department's own warning, based on past experience:

It is never safe to take statistics at their face value without being fully aware of their meanings and limitations, and it is really only those who have prepared them that possess fully such intimate knowledge, and even with them some of it may be fleeting. 20.

Within these limitations, this thesis has two major aims. The first and more general objective is to study, through the charitable aid system, a formative and somewhat neglected period in the development of New Zealand's 'welfare state'. This was a period when notions of social efficiency mingled, quite openly, with the more benevolent motives usually attributed to social welfare. Since few historical studies have been concerned with the implementation of welfare in New Zealand, attention is also paid to the gap between policy aspirations and actual achievements. This involves examination of the different levels of charitable aid administration and the interaction between charitable aid and its social environment. The legal imperative identified by Rein and Rabinovitz is shown to have been weak and the bureaucratic imperative limited by financial and administrative resources. New Zealand's welfare bureaucracy was in its infancy and its members burdened by a plurality of roles. The consensual imperative operated most strongly at the lowest level of administration where outside pressures could influence the individual case. Since those most in need of relief did not constitute an effective political pressure group, adjustments to charitable aid did not reflect their interests. Reform took place outside the charitable aid system, through state assistance to the deserving poor and other, more productive elements in society.

---

20. Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1927, p.62.

Chapter One

## THE LEGISLATIVE FRAMEWORK

The 1885 Act established a national system of hospitals and charitable relief under the jurisdiction of specially constituted local boards. This system survives in a modified form to the present day. Although the 1885 Act is rightly regarded as a landmark in hospitals administration, it was the product of confused and sometimes heated debate. If the force of a particular piece of legislation depends on the clarity of legislators' intentions, and on the means available to enforce these intentions, then the 1885 Act lost out on both counts. In England the New Poor Law was informed by the findings of the 1832 Royal Commission on the Poor Laws. New Zealand's politicians had no comparable inquiry to guide their deliberations, and did not regard the Poor Law as an especially satisfactory model. There was a good deal of ambivalence in their attitude. Convinced of the natural advantages of their adopted country, colonial politicians were anxious to avoid the stigma of a Poor Law. Many preferred to close their eyes to the existence of poverty in New Zealand. Many others would have done so, but realised that their particular districts were carrying a disproportionate share of the burden of hospitals and poor relief. Thus, in the 50,000 and more words of parliamentary debate generated by the 1885 Bill, local self-interest overrode any dispassionate analysis of principles. Few politicians were wholly satisfied with the Act as passed and some openly stated their intention to modify it as defects became apparent. Under such circumstances the legal intention behind the Act was rather less than an 'imperative'.

The 1885 Act replaced the diverse local arrangements for hospitals and charitable relief which had developed in the provincial period, and which the central government inherited in 1876. At the same time as it illustrated the need for change, this diversity made fundamental reform difficult to achieve. Each district had different ideas on

the role of voluntary charity, local bodies and government in hospitals and charitable aid. Very few areas had found voluntary effort so extensive as to preclude government assistance. This came in the form of relief work for the unemployed, and direct grants and subsidies to the voluntary organisations. The grant of subsidies was the course preferred by all governments between 1876 and 1885. As was noted in a cabinet minute of 18 April 1878, charitable aid 'should, in the opinion of the Government, be distributed through Social Voluntary Organisations, subsidised by the Colony in proportion to the voluntary subscriptions raised'.<sup>1</sup>

Unfortunately, the principle of voluntary effort was stronger than the reality. Some areas were lamentably slow in forming a local benevolent society while others, after an initial bout of enthusiasm for charitable activity, left such societies without funds for their maintenance. Local bodies were sometimes prevailed upon to distribute outdoor relief, and in other instances this function was carried out by government-appointed committees or by a single government relieving officer. By 1884 a paid officer of government distributed charitable aid in Auckland, New Plymouth, Nelson and Canterbury. At Thames a committee of the borough council acted and in Napier a private gentleman obliged the government by distributing relief gratuitously. In Wellington a voluntary benevolent society distributed aid which was overwhelmingly financed from government sources, and in Gisborne, Wanganui, Greymouth, Hokitika, Oamaru and Nelson other local benevolent societies functioned with pound for pound subsidies on subscriptions. Outdoor relief was distributed by the hospital in some smaller centres such as Picton, while in rural areas there was often little charitable aid as such distributed, the needy migrating to towns when bereft of neighbourly assistance. Hospitals, like charitable aid, were

---

1. Cited in Michael F. Chilton, 'The Genesis of the Welfare State: A Study of Hospitals and Charitable Aid in New Zealand, 1877-92', M.A. Thesis, 1968, p.47.

administered by an assortment of committees - of voluntary subscribers, of local bodies, and of government appointees, or by a combination of these three.<sup>2</sup>.

Sources of finance were equally variable and dependent often on provincial precedent. The extent to which voluntary and local body contributions were underwritten by government support caused some disquiet. The 1876 and 1878 Financial Arrangements Acts authorised government to deduct money for hospitals and charitable aid from the subsidies then paid to counties, boroughs, and road boards. The 1878 Act also conferred a pound for pound subsidy on voluntary contributions and local body grants to hospitals and benevolent committees. Unfortunately, from the government's point of view, its financial commitments did not stop there. The abolition of government subsidies to local bodies as part of financial stringencies imposed in 1882 removed this particular lever on local bodies to contribute.<sup>3</sup> Nor did government subsidies remain at the standard pound for pound level: by 1882, for example, the Tuapeka Hospital received £3 for every voluntary and local body pound contributed, and the Waipawa County and Coromandel Hospitals £2 for every other pound.<sup>4</sup> Overall, government expenditure on hospitals rose from £38,104 to £53,687 between the 1877-78 and 1884-85 financial years. In the same period its expenditure on charitable aid rose from £17,768 to £34,393.<sup>5</sup>

The unequal distribution of this expenditure, at least with regard to charitable aid, is best illustrated by Canterbury and Otago. Canterbury had made provision for charitable aid in the provincial era through its own charitable aid department. Canterbury had spent more than other provinces on charitable aid and, as Treasury allocations to charitable aid after 1876 were based on provincial

---

2. *ibid.*, p.46; Memorandum on Hospital and Charitable-Aid Expenditure, AJHR, 1884 (S.2), H.13, p.2.

3. Chilton, p.75.

4. Memorandum on Hospital and Charitable-Aid Expenditure, AJHR, 1884 (S.2), H.13, p.1.

5. Chilton, p.181. These figures exclude expenditure on orphanages, industrial schools, and female refuges.

spending, Canterbury continued to receive more than other provinces. Of £14,776 paid in direct government grants for charitable aid in the 1883-1884 year, £9,665 went to Canterbury. Only Auckland, recipient of the next largest grant (£2,931), came anywhere near Canterbury which, when subsidies were added to direct grants, received some 40 per cent of total government expenditure on charitable aid. Canterbury's reputation as a hot-bed of imposition, a district where the most idle loafer could depend on government assistance, resulted from this unseemly reliance on central government funds. Quite obviously, Canterbury Members of Parliament were not likely to be enthusiastic about any reform which reduced too drastically their assistance from government sources.<sup>6.</sup>

Otago, on the other hand, had a much stronger reputation for voluntary charitable effort. Charitable aid had been organised by the Otago Benevolent Institution, founded in 1863 and assisted by a pound for pound government subsidy. In the 1883-1884 financial year, Otago received only £277 in direct government grants, and a further £3,343 in subsidies. Although it had a larger population than Canterbury, Otago therefore received only slightly more than 10 per cent of total government expenditure on charitable aid. The discrepancy did not escape Otago Members in both Houses of Parliament, who supported reform based heavily on voluntary charity and local control.<sup>7.</sup>

These inequalities, coupled with mounting government expenditure on hospitals and charitable aid, prompted the Stout-Vogel Government to introduce a Hospitals and Charitable Institutions Bill to the House in June 1885. It promised a solution to the long-standing 'difficulties and incongruities' affecting charitable aid. Vogel carefully attributed the Bill to the Colonial Secretary, P.A. Buckley who, he noted, had made himself personally acquainted with the matter by a series of surprise visits to hospitals and

---

6. Memorandum on Hospital and Charitable-Aid Expenditure, AJHR, 1884 (S.2), H.13, p.4.

7. *ibid.* Chilton, p.98, p.107.

charitable institutions throughout the country. Buckley, it seems, must be given credit for a certain cleverness in marrying the demands of those who advocated voluntary charity, state, or local body responsibility, but the recommendations of Dr W. Grabham, Inspector of Asylums and Hospitals were no doubt heeded as well. The government was especially anxious to discard the direct administration of institutions which, it felt, could be more efficiently and economically managed by local committees. Though some portion of management expenses should continue to be met by the state, the government hoped that state contributions would be but an adjunct to locally derived finance. The government's input would be on a subsidy basis to preclude pressures for direct government grants.

The Bill as presented proposed twelve districts coterminous with the existing education districts. In each district a board would be established, consisting of mayors of boroughs, the chairmen of county councils, and a number of other persons nominated by these bodies. The boards, in other words, would not be popularly elected on either a parliamentary or a ratepayer franchise. This was but one of the many many points of conflict built into the Bill from its very inception.

The boards would take control of the existing institutions in their district and ensure that they were provided with sufficient funds for their management. The boards would derive their revenue from five main sources: from rents and profits of land and endowments vested in it; from rents and profits of land and endowments set apart for the benefit of institutions which had not become separately incorporated under the Act; from voluntary contributions, including donations and bequests; from grants made by local authorities; and subsidies from the Consolidated Fund.<sup>8.</sup>

This all seemed relatively clear, though as debate progressed it was plain that even here was material for contention. From the Bill's introduction there was

---

8. NZPD, 51, pp.100-102 (23 June 1885).

superimposed upon this pattern of district boards a feature which would prove the system's least successful element, and certainly the one which contributed most to administrative complexity. This was the provision for 'separate institutions'. Existing hospitals and charitable institutions which did not wish to come under the control of the district board could petition for incorporation as separate institutions, provided they attached to the petition the names of not less than 100 persons pledged to contribute £100 to the institution in yearly sums of no less than five shillings.

A separate institution would derive its funds from rents and profits of land and endowments belonging to it, voluntary contributions, grants from the district board, and subsidies from the Consolidated Fund.<sup>9</sup> These last two sources were significant. Although the conditions of incorporation presupposed that separate institutions had effective management and revenues and endowments of their own, the separate institutions could call upon the district boards for additional funds, and could channel through them requests for government subsidies on voluntary contributions. The district boards would then call upon local bodies to provide funds for the support both of separate institutions and those administered directly by themselves. Though intended to encourage voluntary effort, and reassure economically managed institutions of continued autonomy, this arrangement proved most unwieldy in practice.

The Hospitals and Charitable Institutions Act therefore had contradictory elements right from its introduction. Two major changes made during its passage then refined these to a nicety. The first involved an increase in the rate of government subsidy on voluntary and local body contributions from ten shillings in the pound to a pound for pound subsidy. More important was an increase in the number of proposed boards, from twelve to twenty eight.<sup>10</sup>

---

9. *ibid.*, p.102.

10. See successive drafts of the 1885 Hospitals and Charitable Institutions Bill held by the General Assembly Library.



This was by no means the last time that parochialism would prevail over rationality in the formation of hospital districts, and it is quite possible that the number of districts was at first set unacceptably low by the government to give it a bargaining point over other issues. The extent of subdivision which did occur, however, forced the government to further amend the Bill. Stout readily admitted that he saw little harm in dividing the districts for hospital purposes. But it had been intended that the district boards should have responsibility for indoor and outdoor relief as well as hospitals, and the government thought it essential that large districts incorporating both rural and urban areas should be retained for charitable aid.<sup>11</sup> Since the poor usually gravitated to the towns any close subdivision of districts could leave the towns heavily committed to supporting the poor, while relatively self-contained rural districts would escape lightly. The government's solution was to reunite a number of districts solely for the purpose of distributing charitable aid. Where this occurred, the district boards would be responsible for administering hospitals only, while they would combine as 'united boards' to administer charitable aid. Thus the North Auckland district was combined with Auckland, Coromandel with Thames, Patea with Wanganui, Waipawa with Hawke's Bay, Wellington with Wairarapa, Inangahua and Buller with Nelson, Ashburton with North Canterbury, and Central Otago and Tuapeka with Otago.<sup>12</sup> A number of districts were not united in this way, among them Taranaki, South Canterbury, and Southland, and they retained the same boundaries for the administration of hospitals and charitable aid. In effect then, three types of board came into operation - district boards with responsibility for hospitals and charitable aid, district boards with hospital responsibilities only, and united boards which managed charitable aid only. And, as noted above, any board might be called upon to

---

11. NZPD, 53, p.12 (12 August 1885, R. Stout).

12. New Zealand Statutes, 1885, Hospitals and Charitable Institutions Act, 1885, cl.34, p.162.

finance independent separate institutions within its boundaries. Bewildering enough on paper, such arrangements were to show their full complexity in the first few months of the Act's operation.

There were clearly sufficient stresses and anomalies in the 1885 Act to fuel a number of reforming bills over subsequent years. Most of these stresses had been isolated during the 1885 debate and were accentuated by a lack of goodwill toward the Act from participating local bodies. The first and most fundamental complications arose from town-country rivalries which almost invariably accompanied politics at the time. Here the main issues tended to be the size of districts and the method of local body rating within these districts. A second source of tension was the role of the separate institutions, a third the power - or lack of power - of the government inspector under the Act. Further difficulties arose from the method of representation on the boards and from the 'settlement' clause. This last enabled each board to claim off the others for the care and treatment of residents from outside its boundaries. It was to carry over into subsequent legislation and cause persistent and futile litigation between boards. In addition, some questioned the administrative connection of hospitals and charitable aid in view of diverging public attitudes toward the two. Such fundamental questions as the state's responsibility toward the poor, or the causes and real extent of poverty usually proved of less concern to the legislators than local discontents and the intricacies of local body finance.

Resentment at what some saw as the arbitrary association of districts with little historical or geographical affinity, and a fear that local institutions, often the objects of great local pride, would lose their identity and perhaps even face closure in any large union of areas contributed to the segmentation of the twelve hospital and charitable aid districts originally proposed by the government. Also behind this was the determination of some country districts to provide for their own, and only their own, poor, a resolve which was partially countered by the government's introduction

of united districts for charitable aid. Representatives of districts which felt especially disadvantaged by this arrangement campaigned most persistently for separation in later years. Some were successful and by 1908 the number of hospital districts had increased from 28 to 35, two of the united districts had been dissolved, and others had lost constituent districts.<sup>13</sup> Unsuccessful local districts vigorously denounced the greedy urban incubus which fed on rural wealth and, less expressively, but equally unsuccessfully, campaigned for a system of local body rating more favourable to the country.

In the 1885 debate a full rehearsal of town-country acrimony had been deflected by the government's ready concessions on the government subsidy and hospital districts. By 1886 the full implications of the Act had struck home and objections were more emphatically expressed. The reason why the country districts sought responsibility for their own poor was, quite simply, that they believed they had very few of this class at all. Since nobody seriously questioned that the demand for charitable aid was greatest in the towns, the debate evolved into a wrangle over the conditions responsible for spawning the poor.

According to rural representatives speaking on the 1886 amending Bill, the past and present profligacy of the towns had created a pauper class, dependent and unwilling to work. Christchurch, a longstanding offender in this direction, was castigated by its unwilling associates on the Ashburton and North Canterbury United Board. Members from surrounding counties saw Christchurch as a veritable mecca for the idle and socially irresponsible. W.C. Walker of Ashburton claimed that his district had to pay an 'enormous sum' each year to support its own poor as well as 'the exigencies which have been fostered round the centre in Christchurch - I believe artificially fostered'. Many

---

13. See A Health Service for New Zealand, AJHR, 1975, H.23, pp.242-243, for variations in the number of hospital districts in New Zealand, 1885-1974.

gravitated there, he claimed, 'through some sort of animal instinct, [finding] that Christchurch was the best place to leave their wives and children if anything happened to themselves'.<sup>14</sup> W.F. Buckland of Franklin North was even more graphic - the towns he likened to 'festering masses that are living on the country', placing crippling demands on poor struggling settlers.<sup>15</sup>

These arguments were, of course, rejected by urban members. Yes, they said, there were more persons requiring charitable assistance in the towns than in the country, but these were distressed persons who moved to the towns to take advantage of the facilities available there. D. Reese, member for Stanmore, pointed out the country districts' reliance on seasonal labour, which was cast on to the towns when no longer needed. In addition, he claimed, those injured in agricultural pursuits invariably ended up in institutions in the larger towns. Any attempt by the country members to renounce the support of those whose disabilities they had created should be vigorously resisted.<sup>16</sup> Dr Newman of Thorndon saw a determination on the part of wealthy but sparsely populated districts to cut themselves adrift from the charitable aid system and leave the towns with the burden of supporting the poor from enormously increased rates.<sup>17</sup> Stout, the Premier, took this argument even further by invoking all the horrors of the English Poor Law. The separation of country districts would not only exempt large property owners from the support of the poor, he maintained, but would cause them to prevent any further settlement of their districts, for fear of charitable aid taxation.<sup>18</sup> Stout no doubt foresaw the entire burden of charitable aid reverting to the state if rural wealth were exempted from its support.

---

14. NZPD, 55, p.354 (7 July 1886).

15. *ibid.*, p.363.

16. *ibid.*, pp. 364-365.

17. *ibid.*, pp.358-359.

18. *ibid.*, p.366.

Fore stalled by the lack of government support, some rural Members put forward a less aggressively self-interested justification for separate country districts. They argued, for example, that the smallest possible administrative districts for charitable aid would enable local knowledge of applicants to inhibit imposition, and that large districts worked unfairly against country attendance on boards. Since most board meetings were held in the towns, country members were able to claim in both the 1885 and 1886 debates that they might spend up to three days a week travelling to and attending meetings. It was, one member pointed out, difficult enough to interest able persons in local body affairs, but such unreasonable demands would totally dissuade those interested.<sup>19</sup> Still more likely was it that country members on charitable aid boards would simply abandon the effort and fail to attend meetings. In the 1886 debate, for example, Seddon expressed the fear that non-attendance by country representatives would allow district boards and benevolent trustees to totally disregard country interests.<sup>20</sup> As a partial concession the government allowed boards and trustees to grant travelling expenses to members in 1886, and permitted two united boards, the Auckland and North Auckland Board and the Nelson, Inangahua and Buller United Board to dissolve with the consent of all their constituent districts.<sup>21</sup>

Failing to achieve the separation and containment of country districts, some Members of Parliament sought to alter the basis of local contributions to a system which would ease the burden of charitable aid on rural districts. When the 1885 Bill was first introduced, rated local body contributions for hospitals and charitable aid were to be allotted among sub-districts according to their population. This meant, of course, that the more heavily populated

---

19. NZPD, 51, p.609 (15 July 1885, W.C. Buchanan).

20. NZPD, 55, p.348 (7 July 1886).

21. New Zealand Statutes, 1886, Hospitals and Charitable Institutions Act 1885 Amendment Act, 1886, cl.16, p.240; cl.30, p.242.

urban districts would contribute the most. In the Act as finally passed, however, contributions were allocated according to the rateable value of property within these sub-districts.<sup>22</sup> This, some Members protested in 1886, was grossly unfair to country districts and left forms of wealth other than land exempt.<sup>23</sup> Calls for all forms of wealth to be taxed for charitable aid met with little sympathy from government - this, Stout pointed out, was little more than a roundabout way of saying that charitable aid should come out of the Consolidated Fund, and would mean a return to the old extravagant ways of the past.<sup>24</sup>

Here again a concession was made, even if the full demands of the country districts could not be met. In the 1886 amending act, representation on the boards was made proportionate to sub-districts' level of contribution, not according to their population.<sup>25</sup> Those sub-districts contributing the most could at least expect some effective control over board policy, invariably with the aim of greater frugality in administration. Despite continual agitation in Parliament over the next twenty years for the separation of districts and alteration of the method of taxation, references, even, to the 'robbery' of rural areas to cultivate urban pauperism, it was at the lowest level, in the actual distribution of relief that local antagonisms had their fullest impact.

Though a subject of less parliamentary rhetoric, the provision for separate institutions provided yet another legislative complexity which realised its full disruptive potential only at the local level. Provision was made in the 1885 Act for local bodies to claim representation on the trustees of separate institutions to which they contributed. Since the number of trustees elected by subscribers always outnumbered local body appointees, it was frequently claimed that one virtually independent body (the separate institution)

---

22. See drafts of the 1885 Bill, and New Zealand Statutes, 1885, Hospitals and Charitable Institutions Act 1885, cl.23, p.161.

23. See, for example, NZPD, 55, p.351 (7 July 1886, E.Lake).

24. *ibid.*, p.366.

25. New Zealand Statutes, 1886, Hospitals and Charitable Institutions Act 1885 Amendment Act, 1886, cl.6, p.237.

was given the spending of funds raised by another (the district board).<sup>26</sup> Where the trustees elected by subscribers were 'benevolent and well-meaning persons' whose philanthropic zeal outweighed their business capacity, extravagance and sentiment were the supposed result. Certainly the combination of minority local body representation and elected voluntary subscribers created continual tension on the various boards of trustees. The very existence of separate institutions added one more body to an already complex administrative structure.

As the number of hospital and charitable aid boards rose, so too did the problems caused by the 'settlement' clause of the 1885 Act - and here it should be noted that 'settlement' in the New Zealand context meant something different from its use in the English Poor Law, which attempted to restrict the poor to a particular locality. In New Zealand there was no attempt to restrict mobility. This would have been quite inappropriate in a developing country reliant on seasonal labour. Rather, clause 74 of the 1885 Act allowed boards to claim from one another the cost of relief given to persons from outside their district, provided those persons had resided in their original district 'at least six months next before receiving relief'.<sup>27</sup> Imprecise as it was, this clause aimed at lifting some of the burden of charitable aid from districts well endowed with institutions. The large districts originally provided in the 1885 Bill had presumed that movement would be most likely to occur within districts, and that this compensatory provision would be unnecessary. But the smaller and more numerous districts which finally emerged, the separations which occurred in later years, and the mobility attributed to those most likely to seek relief, provoked constant hostility between boards disclaiming responsibility in individual cases. The details of clause 74 were hammered out in subsequent legal cases or

---

26. Contributing local authorities could claim no more than five representatives on Boards of Trustees; subscribers were to elect between six and nine members. New Zealand Statutes, 1885, Hospitals and Charitable Institutions Act 1885, cl.46, p.165.

27. *ibid.*, p.170.

were circumvented by an 'I won't claim off you if you won't claim off me' arrangement between boards. Since charitable aid applicants could not be compelled to return to their district of origin some boards found themselves paying for the support of individuals over whom, to their disgust, they had absolutely no control. As with the separate institutions, it could be claimed that a board spending money provided by another lacked the necessary incentives to economy.

Basic to the 1885 Act was its association of hospitals and charitable institutions within the same broad administrative framework. In theory at least the distinction between the two was unnecessary - hospitals were charitable institutions in the sense that they were intended for patients unable to afford private medical care. The reality, however, was rather different. The separate mention of hospitals and charitable institutions in the title of the Act was but a superficial indication of increasingly divergent attitudes toward the two.<sup>28</sup> Hospital care was already being seen as a right, not a last, humiliating resort. The difficult marriage of hospitals and charitable aid was illustrated by the need to provide united districts for charitable aid only. Where dissatisfaction was expressed in later years, it was invariably with the charitable aid side of the Act. In 1894, for example, J. Green, Member for Waikouaiti stressed that 'the great objection to the Act was more to that portion of it dealing with outdoor relief in the charitable aid rather than with the portion relating to hospitals'<sup>29</sup>. and in 1906 it was claimed that many areas seeking separation would have been content to do so for charitable aid only.<sup>30</sup>

Charitable aid provoked by far the greatest fears of imposition, accusations of extravagance and leniency, and

---

28. Chilton, p.116 notes that 'hospitals' were incorporated separately into the title of an 1878 Hospitals and Charitable Institutions Bill because of the resentment felt by some medical men at the classification of hospitals as charitable institutions.

29. NZPD, 84, p.61 (25 July 1894).

30. NZPD, 138, p.312 (17 October 1906, J. Allen).



expressions of righteous indignation. Medical care was a service which all might need at some time. Dependence on charitable aid, on the other hand, could readily be attributed to personal failing, its real need was more difficult to gauge than sickness, and expenditure on charitable aid seldom resulted in any dramatic improvement in the recipient's condition. Money spent on outdoor relief was most likely to be seen as money wasted. As one Legislative Councillor pointed out during the 1885 debate, patients were unlikely to enter hospitals unless absolutely necessary and once in hospital were under close supervision. There they could be compelled to make payment if able to do so. None of this applied to outdoor relief.<sup>31</sup>

Thus, while the localising aspects of the 1885 Act were generally tolerated as applied to hospitals, some politicians maintained that charitable aid should be totally removed from the Act's jurisdiction. On the one hand it was suggested that charitable aid was more properly the concern of voluntary philanthropy.<sup>32</sup> Others maintained that charitable aid should be wholly financed from the Consolidated Fund. Representatives from the Christchurch area tended particularly to the view that as the state had been responsible for introducing diseased and infirm persons to the colony, it should also take responsibility for their support.<sup>33</sup> From a government viewpoint, each argument was a political non-starter. Well before 1885 voluntary effort had been tried and found wanting, and the very intention of the 1885 Act was to relieve the Consolidated Fund of mounting demands from charitable aid. The Stout-Vogel ministry had decided that the state's previous input to charitable aid was in itself an incentive to extravagance, and that only by coupling local administration with substantial local funding would this be checked. Subsequent governments were not anxious to assume a burden so recently lightened.

---

31. NZPD, 53, p.391 (1 September 1885, R. Pharazyn).

32. By, for example, J. Menzies, in the 1885 debate. NZPD, 53, p.389 (1 September 1885).

33. See NZPD, 62, p.129 (19 July 1888, F. Jones).

Tied though it was to local money raised from other sources, the state's subsidy contribution to hospitals and charitable aid was substantial, and soon became the source of yet more discord. Although its contribution amounted in most years to over 40 per cent of charitable aid funding the government had little say over its expenditure. The 1885 Act provided for a government inspector and prescribed penalties for any obstruction experienced by the inspector during his visits to institutions.<sup>34</sup> Beyond this, the real powers of the Inspector General of Hospitals and Charitable Institutions as he was termed, were minimal. Where the incumbent of this office was, like Duncan MacGregor, of an authoritarian disposition, his frustrations were enormous. At the same time, the mere existence of a government department with oversight of hospitals and charitable aid provided a certain uniformity of practice and a focus for the spread of information. An adverse report from the inspector could so react upon local pride as to eliminate the cause of complaint.

Two existing pieces of legislation interacted with the 1885 Act, each representing a different mix of state and individual responsibility. The Destitute Persons Act of 1877 confirmed the family's role as the first resort of the sick and needy. Any person receiving relief from a hospital and charitable aid board was deemed to be a destitute person under the provisions of the Act. The board was then empowered to seek recompense from the near relatives of the destitute person.<sup>35</sup> In subsequent years the definition of 'near relative' was clarified and familial responsibility defined for different situations of need. Since claims for the reimbursement of relief were so often ignored or evaded, the boards were among those seeking the attachment of wages, reciprocity within the Australasian colonies, and the harsher punishment of those who thought

---

34. New Zealand Statutes, 1885, Hospitals and Charitable Institutions Act 1885, cl. 93, 94, 95, p. 174.

35. *ibid.*, cl. 72.

by absconding to evade their natural responsibility.<sup>36.</sup>

The other important piece of legislation which touched upon the 1885 Act was the 1882 Industrial Schools Act. This contained a substantial state commitment to the care of destitute, criminal and neglected children through state-directed industrial schools. The boards were required to defray the cost of children sent to an industrial school by reason of their own or their parents' indigent circumstances, a responsibility which in 1886 was made retrospective - that is, it was extended to include children committed before 1885.<sup>37.</sup> This provision greatly offended the boards who resented their lack of control over industrial school children and attempted wherever possible to maintain children more cheaply themselves. Only in 1920 was it repealed.<sup>38.</sup> Until then it remained a constant irritant to the boards and an obstacle to any uniform policy on child care in New Zealand.

These were the main features of the 1885 Hospitals and Charitable Institutions Act as it operated for more than twenty years. Its flaws have been rehearsed at some length because they were not simply the object of parliamentary rhetoric, but exerted a very real influence on the day to day functioning of charitable aid boards. Within Parliament, one Member later commented, charitable aid remained 'something like Satan and sin; it flourished best in an atmosphere of vigorous cursing and denunciation'.<sup>39.</sup> Few, however critical,

---

36. See New Zealand Statutes for amendments to the 1877 Destitute Persons Act in 1883, 1884, 1886, the Destitute Persons Act 1894 and amendments in 1904, 1905, the Destitute Persons Act 1910 and its amendment of 1915, for the clarification of family responsibility and maintenance enforcement.

37. New Zealand Statutes, 1886, Hospitals and Charitable Institutions Act 1885 Amendment Act 1886, cl.3, p.236.

38. New Zealand Statutes, 1920, Hospitals and Charitable Institutions Amendment Act 1920 (No.2) cl.21, p.486.

39. NZPD, 101, p.214 (5 July 1898, A.W. Hogg).

were able to suggest less expensive alternatives, and many regarded the whole business as a hornets' nest better left unstirred.

Nonetheless, attempts were made at reform. The intention of the 1886 Hospitals and Charitable Institutions Amendment Act was to iron out some of the complications which had become apparent during the first months of the main Act's operation. The most important alteration involved an increase in the subsidy on voluntary contributions in a vain attempt to boost the flagging voluntary input to charitable aid. It was this Act which made the boards' responsibility for destitute children retrospective and also clarified the boards' guardianship over children directly under their care. The advance of subsidies to boards was authorised, two of the united boards dissolved, and provision made for the grant of salaries and travelling expenses to board members. Beyond this, no major overhaul of the Act was achieved until 1909, though both the Seddon and Atkinson governments introduced reforming bills. The few alterations made to the Act after 1886 resulted from local members' efforts for the separation of their own districts. This William Pember Reeves scornfully termed 'legislation by nibbling'.<sup>40</sup> Those districts which successfully 'nibbled' their way to independence were the Manawatu, Hawera, Waihi, Waiapu, Wallace, Vincent, and Maniototo districts. Equally persistent, but unsuccessful before 1909, were Ashburton and Wairarapa, the unwilling associates of North Canterbury and Wellington respectively.

Such measures showed little more than the working out of local animosities. More interesting as an indication of official reaction to hospital and charitable aid administration was the 1889 Hospitals and Charitable Aid Bill, introduced by the Colonial Secretary, T.W. Hislop, but bearing the unmistakable stamp of the Inspector General, Duncan MacGregor. The 1889 Bill contained two fundamental principles very dear to MacGregor and absent, to his profound regret, from the 1885 Act: the classification of

---

40. NZPD, 61, p.230 (21 June 1888).

the poor into categories of 'deservedness' and the coercion of those whose slothfulness and degeneracy made them threats to the community. The 'casual' poor and others requiring outdoor relief were to be left wholly to voluntary charity or to local authorities, the sick cared for in hospitals, and the old and infirm in separate 'homes'. Idlers, drunkards, tramps and those whose families were likely to become a burden on the state, were to be drafted into 'state refuges'. These 'state refuges' were to be virtual prisons, to which undesirables could be committed by a magistrate on the complaint of a town or county clerk, and once there they could be compelled to work.

While the most degenerate were therefore to become the sole responsibility of the state, and the casual poor to be left wholly to voluntary charity and local bodies, those in hospitals and homes would receive a state subsidy on a daily maintenance basis. The hospital and charitable aid boards would be disbanded and their place taken by certain existing local bodies, mostly borough councils, which would become the 'controlling councils' of a district on behalf of all the local bodies within. The Wellington City Council, for example, was to be the controlling council for a district consisting of the Horowhenua and Hutt Counties and all the boroughs therein.<sup>41.</sup>

Obviously, a proposal which involved such an extensive revision of local body responsibilities was bound to excite extensive comment among local bodies and in newspapers throughout New Zealand. It was equally bound to fail. The feature of the Bill which to modern eyes seems most offensive, most open to abuse, and careless of individual liberties, was at the time regarded as the sugar coating on an otherwise bitter pill. The provision for state refuges was, in the opinion of the Feilding Star a thoroughly admirable one,<sup>42.</sup> and members of the Auckland Hospital and Charitable Aid Board anticipated with some enthusiasm the removal of tramps and other undesirables to a state refuge, sited (of course) in

41. See Bills Thrown Out 1889, No. 20, and Hislop's introduction of the Bill, NZPD, 64, pp.41-46 (26 June 1889).

42. Feilding Star, 13 July 1889.

Wellington.<sup>43</sup> But however attractive the wholesale mopping up of social misfits, this proposal could not redeem other parts of the Bill which increased the charitable aid burden on local bodies. Most intolerable of all was the removal of the state subsidy on outdoor relief. Many local bodies expressed their resentment at the lack of consultation on this and other issues, a mistake which would not be made in later years. With little hope of losing its commitment to outdoor relief, and every chance of lumbering itself with expensive state refuges, the government dropped the Bill without debate.

Unsuccessful though it was, the Bill showed the government's willingness to trade total responsibility in one area of relief for an end to demand in another. It also demonstrated the early failure of a devolutional policy to rid the state of ever-increasing demand from below, and anticipated the Liberals' attempts in the 1890s to link charitable aid with the broader question of local body reform. In 1885 Stout had hinted that the hospital and charitable aid boards might take on other local body functions.<sup>44</sup> By 1889 the boards' performance was such that their abolition was contemplated. The union of hospitals and charitable aid with other local body functions was still mooted, but with existing borough councils as the more promising vehicle of reform.

The Liberals later proposed an even more extensive revision of local government. Seddon was always very critical of charitable aid, especially when it suited his advocacy of old age pensions. He claimed, for example, that the 1885 Act had done more to degrade the people of the colony than any other piece of legislation ever passed, and was on record as urging further localising of relief.<sup>45</sup> This was one intention of the 1895 Local Government Bill. The Bill's aim, Seddon later told the House, was to give local bodies powers almost equal to those held by the provincial councils, these to

---

43. NZH, 5 July 1889.

44. NZPD, 51, p.614 (15 July 1885).

45. NZPD, 104, p.570 (7 October 1898); 55, p.348 (7 July 1886).

include, of course, control over charitable aid.<sup>46</sup> Whereas the 1889 Bill had handed the administration of charitable aid over to certain existing councils to administer on behalf of other local bodies, the 1895 measure provided a total reorganisation of borough and county councils. Each would administer hospitals and charitable aid, along with a number of other functions, on a more localised basis than before. There would be no government subsidy specifically for hospitals and charitable aid, though each council would as a whole receive capitation grants. Again, the influence of MacGregor was apparent. The powers of the Inspector and Minister were extended to allow deductions from government grants where councils had failed to supply the hospital and charitable aid needs of their district. This, and the removal of subsidies, was as much in keeping with the Inspector's social policy as the government's desire to reduce expenditure.<sup>47</sup> As with the 1889 Bill, Seddon's Local Government measure was withdrawn without debate. It was reintroduced and suffered a similar fate in 1896, 1897, and 1898. From this time it was clear that the reform of existing hospital and charitable aid boards would be more easily achieved than any restructuring of local government; that ad hoc local authorities would have to remain for the purpose.

By 1900 new criticisms of charitable aid were surfacing and new reforms were promised. Longstanding criticisms of the method of representation on boards took a new slant, with calls for direct ratepayer election of members. This, some people hoped, would advance women to boards and provide a much-needed stimulus to public interest.<sup>48</sup> There was also an increase in consultation among boards through the holding of conferences and exchange of resolutions. Such activities indicated a greater identity of purpose among boards, if not between boards and separate institutions. They also provided a platform for consultation between local

---

46. NZPD, 101, p.214 (5 July 1898).

47. See Bills Thrown Out 1895, No.103, for the Local Government Bill.

48. NZPD, 102, p.142 (29 July 1898, J. Graham); and discussion in NZPD, 119, p.570 (21 October 1901).

authorities and government when general ideas on reform of the law had hardened into firm proposals.

By 1906 a reforming bill incorporating many of MacGregor's less draconian ideas had been presented to parliament, but did not proceed past its first reading. MacGregor's death that year and the appointment of T.H. Valintine as his successor delayed the reintroduction of the Bill but allowed time for its circulation and discussion. When George Fowlds, Minister of Hospitals and Charitable Institutions, presented the Bill to a specially convened conference of boards and separate institutions in June 1908, he was able to emphasise the government's desire for feedback.

The basic principles of the Bill as outlined by Valintine and Fowlds were that committees of management should be essentially local, that expenditure on the various institutions should be 'somewhat localised', with the government meeting a reasonable proportion of costs (though at the same time, the Minister envisaged a reduction of subsidies), the direct election of boards by ratepayers, the mapping of the country into larger districts, that district boards should in all cases control both hospitals and charitable aid, that the establishment of separate institutions should be limited, and that the central government assume more control, especially over appointments and buildings. Certain provisions gained the immediate approval of the boards, especially those placing hospitals and charitable aid under the one authority, providing longer terms of office, and the appointment of committees, not necessarily restricted to board members, and these were incorporated into the Act as finally passed. Others were anathema to members of the existing boards. Resolutions from the conference therefore sought a continuation of separate institutions, and opposed the election of board members by ratepayers, any reduction of subsidies or increase in central control.<sup>49</sup>

---

49. Conference of Delegates of Hospital and Charitable Aid Boards and Separate Institutions, held at Wellington on 9th, 10th, 11th June, 1908, AJHR, 1908, H.22A, contains the addresses of Fowlds and Valintine, the Conference resolutions, and the draft of the 1906 Bill as presented to the Conference.



This exchange completed, the Bill was then redrafted and extended, making some concessions, but only some, to the fears expressed by the conference. The election of boards by ratepayers, for example, was retained, but the number of boards was not decreased as much as the Department had hoped, and it was no longer proposed to reduce the level of subsidies. Introducing the Bill, Fowlds claimed that it concerned 'one of the most complicated and difficult problems civilisation has to face', a problem which in Britain had only recently come under the scrutiny of a Royal Commission, and which in New Zealand had received the attention of a number of ministers, two inspectors general of the Department, and the recent conference. Since the passing of the 1885 Act conditions in New Zealand had changed enormously: the number of districts had increased, voluntary contributions had declined, and the whole idea of separate institutions had failed to encourage voluntary effort. One of the most important aims of the Bill was to unite hospitals and charitable aid under a single administrative authority. This, it was hoped, would encourage a more comprehensive approach to sickness and poverty within each district.<sup>50</sup>

The response to the Bill was friendly, some members even making unusually complimentary remarks about charitable aid administration under the present minister and officials. Some would have preferred hospital and charitable aid board elections to be based on the parliamentary franchise rather than being restricted to ratepayers. Others were concerned about the frequent reference in the Bill to the governor-in-council: the allocation of representatives on the boards, for example, was to be determined before each election by the governor-in-council, according to the population and rateable value of sub-districts. The basic principles of the Bill, especially as they affected charitable aid, remained largely unchanged by either House. Some attenuation of central powers was achieved, and an increase in the number of hospital

---

50. NZPD, 147, pp.519-523 (22 October 1909). The Bill had been submitted before the Minister and officials had time to consider the Report of the English Royal Commission into the Poor Laws.

districts caused the government to reconsider its allocation of subsidies. Major differences between the two Houses of Parliament focussed on hospital matters - the right of boards to make concessionary arrangements with the friendly societies for medical treatment, and medical school appointments to hospitals - but were eventually resolved after conferences between the two Houses. The Bill was finally enacted on 24 December 1909. Its implications for charitable aid were more substantive than the mention of relief in the Act would suggest, for as well as imposing new duties on the boards, it eliminated a number of the stresses which had formerly confounded charitable aid administration.

The bitter town-country divisions so persistent in the 1880s were far less apparent in the 1909 debate, probably because of the large number of districts provided in even the first draft of the Bill. A new emphasis on the boards' duty to provide for the poor and needy throughout their districts, mainly by way of cottage hospitals and district nurses, may have undermined some of the jealousies existing between outlying areas and the centre of each district. Fowlds attributed local rivalries and longstanding calls for subdivision to the boards' past reluctance to establish cottage hospitals and other facilities throughout their districts: 'If the Boards discharged their functions in that respect, the people in the country districts would feel that they were not entirely forgotten, and that they were getting some benefit from the rates which were collected'.<sup>51</sup> The abolition of distinctive united districts meant that charitable aid became merged with wider hospital responsibilities and the object of less intensive scrutiny than in the past. As long as settlers could see some return from their rates in the form of medical services, they would be less likely to resent urban expenditure on charitable aid.

Since the number of districts had been increased beyond what the Department thought desirable, the old problem of wealthy, sparsely populated districts and closely settled districts still remained, or so it was thought at

---

51. *ibid.*, p.522.

the time. In committee Fowlds therefore changed the government subsidy on local body contributions from a straight pound for pound subsidy to one which distinguished between capital and maintenance expenditure.<sup>52</sup> A complicated sliding scale of subsidies for maintenance expenditure was introduced in the fourth schedule of the Act, its object to assist poor districts, and penalise unnecessarily high expenditure. The assumption behind the scale was that a high rateable capital value per head of population meant a wealthy district, while high expenditure per head of population on hospitals and charitable aid meant either extravagance or poverty in a district. In the long run the scale proved unworkable, since it depended on a stable population and stable rateable valuation. The level of rateable property value per head of population gave no true indication of the wealth of a district, or of variations of wealth within a district; nor was mounting expenditure necessarily a sign of extravagance at a time of increased hospital use. With inflation the average subsidy rate fell from £1 0s 5d per pound in 1910-11, to 15s 9d per pound in 1919-20, necessitating a revision of the subsidy in 1923.<sup>53</sup>

The question of settlement, a longstanding source of friction between the boards, was not eliminated by the 1909 Act. Instead, section 72 made more detailed provision for the establishment of settlement and responsibility for migratory individuals. Even these details were insufficient, and in 1913 an amendment to the Act allowed disputes over settlement to be referred to the Minister for arbitration.<sup>54</sup> This eliminated much expensive litigation, if not the actual

---

52. Fowlds wrote that he was 'propounding a scheme of graduated subsidy to modify the evil effects of subdivision and the inequalities of rating in the different districts.... I have the graduated scale fixed on a basis which will discourage local extravagance, as well as help those districts which have the largest demands for expenditure on hospitals and charitable aid'. Fowlds to Hon. W. Hall-Jones, High Commissioner in London, 11 November 1909. Fowlds Papers, 1/47.

53. JPH, Vol. 3, March 1920, pp.81-88.

54. New Zealand Statutes, 1913, Hospitals and Charitable Institutions Amendment Act 1913, cl.14, p.309.

cause of disputes. As long as New Zealand's population remained mobile and districts relatively small, settlement would remain an issue. From the Department's point of view, however, the 1913 Amendment gave it further opportunity for leadership and intervention.

One area in which the 1909 Act did introduce a fundamental change was in the method of representation on hospital and charitable aid boards. The old system of local body nominations to the boards was abolished, and ratepayer election substituted. Election for the hospital boards would normally be held at the same time as other local body elections, sections of each board being replaced in alternate years. This, it was hoped, would permit the election of more 'suitable' candidates, persons truly interested in the boards' activities. Fowlds claimed that many such persons had previously been debarred from hospital board affairs by the need to first be elected to (or nominated by) some other local body. They would no longer have to experience the hurly-burly of local body politics to realise their interest in 'social' issues. In addition the Act allowed the appointment of special committees whose membership could be drawn from outside the elected board.<sup>55</sup> Fowlds anticipated an institutional committee, a public health committee and a social welfare committee for each board (and note the use of the term 'social welfare' in place of 'charitable aid'). Such committees would, he hoped, be 'composed of persons who have made a special study of many of those problems with which we are confronted, and thereby bring about a very necessary and substantial reform in our system'.<sup>56</sup> The new Act theoretically paved the way for more representative and better informed boards whose members would, in their two year term, have more time to familiarise themselves with the boards' operations than under the old system of annual appointment.

One of the few areas where the 1909 Act went further than the 1906 Bill was in abolishing all separate institutions

---

55. NZPD, 147, p.521 (22 October 1909).

56. NZPD, 148, p.405 (26 November 1909).

dependent upon the local rates. This had been one of the least successful features of the 1885 Act; certainly it was the feature most damning of 'community' responsibility for charitable aid. So often had local enthusiasm for a separate institution been followed by loss of interest, and its maintenance thrown upon the local rates, that the Act abolished all but a very few separate institutions. The rest, including the largest and most controversial separate institutions in the country, the Wellington and Otago Benevolent Trusts, were absorbed by their local boards and thereby ceased to be foci of district resentment.<sup>57</sup>

Only partly resolved, however, was the question of central control. Some of the initial proposals on Ministerial and Departmental powers were moderated during the Bill's passage, but others were retained; permission was to be given by the Minister for capital works costing more than £250 (£100 in the first draft of the Bill); by-laws were to be approved by the Minister; his permission was required for the raising of loans; and he was to be given 21 days' notice of the appointment of a matron or medical superintendent (and, by an amendment to the Act in 1913, of the appointment of a board's secretary).<sup>58</sup> This last provision was rather less than the power of veto originally sought, and as late as 1921 the Department was complaining about the unsuitable appointments still being made by hospital boards.<sup>59</sup> Finally, and in theory the most important extension of ministerial power, the Minister could withhold subsidies and direct the Inspector General to rectify shortcomings at the boards' expense.<sup>60</sup> By 1920 this had never been exercised. Most of these powers were more pertinent to indoor relief

---

57. New Zealand Statutes, 1909, Hospitals and Charitable Institutions Act 1909, cl.24, p.66; Second Schedule, p.106.

58. These powers are summarised in A Health Service for New Zealand, AJHR, 1975, H.23, p.28.

59. Departmental Memorandum dated 12 January 1921, H.50/3, No. 3, 1921-22 (02163).

60. New Zealand Statutes, 1909, Hospitals and Charitable Institutions Act 1909, cl.77, p.87.

and hospitals than to outdoor relief. Central powers remained limited and most effective where the boards themselves sought the Department's arbitration or information on increasingly complex aspects of their duties.

The 1909 Act had its greatest impact on charitable aid in a negative sense, through the elimination of all separate charitable aid authorities above the committee level. In some districts - Auckland is the only example among the four main centres - a single hospital and charitable aid board had always been the norm. But now both the separate institutions distributing relief and the united charitable aid boards disappeared, and new hospital and charitable aid districts were delineated. The union of hospital and charitable aid under single administrations over the entire country then enabled a much closer interaction between the boards' medical and charitable functions. A quite discernible emphasis was placed on hospital board activity over their entire districts, and on the prevention of both sickness and material need. It was Fowlds' hope that the boards would assume responsibility not only for the care of the sick in their institutions,

but that their activities should extend towards the care of the sick and needy to the remotest boundaries of their districts. And if the Boards assume responsibility for the care of all the sick and needy within their respective districts, it is only right and proper that they should also have some power of control over the influences and conditions which are likely to develop such sickness and indigence. 61.

On a more practical level, it was hoped that this integration would allow hospital board personnel to be deployed more effectively. Sanitary inspectors employed by the hospital boards, for example, would be able to visit and report on recipients of charitable aid, to thereby prevent a good deal of abuse, and 'see that those persons who are in receipt of such relief at any rate conform to the general laws of health....'<sup>62</sup>. A parallel emphasis at the centre saw the

---

61. NZPD, 148, p.405 (26 November 1909).

62. *ibid.*, p.406.

integration of the Department of Health and the Department of Hospitals and Charitable Aid in June, 1909. The philosophy of the 1909 Act and the organisation of the Department both supported an increasingly preventive approach to indigence and sickness, and a willingness to accept physical rather than moral explanations of inadequacy.

For boards less sensitive to this rationale, however, charitable aid became just one of an expanding range of duties, many of which were prescribed in the 1909 Act. Boards were authorised to establish a number of institutions, some of which had long come under their jurisdiction, others suggesting directions the Department wanted <sup>them</sup> to take. The list included a hospital for the reception or relief of persons requiring medical or surgical treatment, or suffering from disease, a charitable institution for the reception or relief of children, or of aged, infirm, incurable or destitute persons (the first 'or' is significant, for the Department was against the mixture of young and old persons in institutions), a maternity home, a sanatorium for persons suffering from consumption or any other disease, a convalescent home, an institution for the reception of habitual inebriates, and a reformatory for the reception of women and girls.<sup>63.</sup>

Though no board ever did establish this range of institutions, this clause of the Act and subsequent statements from the Department anticipated a much higher level of activity from the boards. Hospitals were acquiring more sophisticated facilities, specialised departments and highly trained staffs. The Departmental stress on hospital board activity beyond the main institution involved district nurses, sanitary inspectors, and cottage hospitals. In 1910 the transfer of public health responsibilities from local bodies to hospital boards became mandatory.<sup>64.</sup> Charitable aid became just one, increasingly minor part of the boards' many responsibilities; an alternative response to problems

63. New Zealand Statutes, 1909, Hospitals and Charitable Institutions Act 1909, cl.61, pp.78-79.

64. New Zealand Statutes, 1910, Hospitals and Charitable Institutions Amendment Act 1910, cl.5, p.318.

which defied medical treatment, but which had not yet been appropriated by the state.

The tendency for charitable aid to shrink in relation to the boards' medical and public health concerns was confirmed by developments at the centre, beginning with the appointment of the new Inspector General and the departmental amalgamation. The 1920 Health Act reorganised the Department into divisions. Charitable aid remained a minor appendage of the Hospitals Division - there was no Division of Charitable Aid, as there surely would have been in MacGregor's time. In the same year, another Hospitals Act altered the title of the boards from 'hospital and charitable aid boards' to 'hospital boards'.<sup>65</sup> The change of nomenclature signified both the diminishing importance of charitable aid in relation to other fields of welfare and the desire to eliminate the charitable connotations of public medical care.

Charitable aid in the period 1885 - 1920 was governed by the two major acts passed in 1885 and 1909. The first was important both in its recognition that poverty did indeed exist, and in instituting a national system - if 'system' is indeed the proper word for the complex arrangement of boards and separate institutions which resulted. The 1885 Act promoted local responsibility for the sick and poor, but at the same time acknowledged the limitations of a wholly local approach by providing for government subsidies and inspection. In the long run, as later chapters will show, local supervision of the indigent proved unreliable, and local funding inadequate. Mounting financial demand from below scuttled a truly devolutionary policy. On the other hand, by establishing ad hoc local boards to administer hospitals, the 1885 Act had one powerful long-term influence. These boards remain in existence today, outliving the voluntary and locally rated revenues which 100 years ago provided the main justification for their existence.

---

65. New Zealand Statutes, 1920, Hospitals and Charitable Institutions Amendment Act 1920 (No.2) cl. 4, p.483.



Unlike the 1834 English Poor Law, the 1885 Act dealt with both hospitals and charitable aid. This meant that right from the start the Act had two discernible elements - one involving medical care and the other, charitable provision. In theory, hospitals were charitable institutions; that is, in the 1880s the charitable element outweighed the medical. This was a time when medical procedures were still unsophisticated, and the claim of the hospital to be a place of treatment and cure was still tenuous. Many of the procedures carried out in the hospital could be just as readily (and sometimes more safely) carried out elsewhere, in a private home or hotel, for example. By 1920 the emphasis had altered. The medical reference point was by then the dominant one, and the charitable nature of the hospitals had been undermined by public demand for their facilities. Alternative terminology was emerging, even for charitable aid. Inadequacy was increasingly explained in medical terms, even where it did not command an appropriate medical response. Forms of need which could not be explained in such terms were gradually handed over to the state. The process would not be completed until the 1940s when Social Security removed the last of the able-bodied from hospital board jurisdiction. From this time the remnants of charitable aid, or 'social welfare' as it was invariably termed, involved the provision of extraordinary medical assistance, false teeth, spectacles and other such physical aids.

The 1909 Act and its amendments were a major step in this direction. By bringing medical treatment and preventive health together they reduced the importance of charitable aid. In relation to these other concerns charitable aid assumed an increasingly residual role. Public fear of able-bodied pauperism and 'imposition' was diluted by an awareness of public health, the threat of disease, and physical degeneracy.

There were consequently elements both of continuity and of change over this period. The administration of hospitals and charitable aid by local ad hoc boards remained a constant factor, though, as we shall see, there were departmental ambitions for their 'nationalisation' and for

direct central control. Local rating and the government subsidy on rates continued to provide the bulk of the boards' funds, with voluntary contributions fading into insignificance. The 'settlement' clause remained an awkward concession to ideals of local responsibility and community stability.

Changes were more in the nature of adjustments to the broader pattern. The administrative structure was simplified as united charitable aid boards and separate institutions disappeared. Each board gained responsibility not only for hospitals and charitable aid, but for new public health concerns. Boards became elective and, supposedly, more responsive to ratepayer opinion. Central control was extended, but this central control was most effective where it related to institutions. Outdoor relief remained relatively free from legislative regulations.

The legislative framework behind hospitals and charitable aid illustrates Rein and Rabinovitz's contention that 'Ambiguous, symbolic, low-saliency programs [sic] are characteristically implemented in a very complex, circular fashion'.<sup>66</sup> Disagreement at parliamentary level was reflected in the elaborate administrative arrangements generated by the 1885 Act. The Act tried to accommodate state, local body and voluntary effort; it tried to marry local responsibility with central funding and oversight. In the end, it satisfied very few. The legal imperative involves obedience to the law as stated and firm rules to guide implementation. On the charitable aid side of the Act, these firm rules were lacking. Such controversial matters as the extent and causes of poverty were not adequately faced and clarified in the debate. Unlike later pensions legislation the Hospitals Acts did not state who might receive assistance, and did not define income limits or moral qualifications for relief. Nor for that matter did they exclude any such group as the able-bodied poor, but by

---

66. Rein and Rabinovitz, p.326.

these omissions allowed vast discretion to the administrators.<sup>67.</sup> Under such circumstances one would expect the bureaucratic imperative to dominate. But, as following chapters indicate, there were several levels of administration, and these different levels did not necessarily share quite the same policy goals. As one Legislative Councillor quite rightly observed of the 1885 Bill: 'The whole secret of the success of charitable relief does not lie in the machinery, but it lies in the spirit that regulates its administration'.<sup>68.</sup>

---

67. Those who could establish settlement under the provisions of the English Poor Law were entitled to relief in time of need. The Scottish Poor Law, on the other hand, denied relief to the able-bodied. Relief there was officially restricted to those who were disabled and destitute. See Derek Fraser, The New Poor Law in the Nineteenth Century, London, 1976, pp.2-17.

68. NZPD, 53, p.458 (3 September 1885, J. Bathgate).

## Chapter Two

### THE DEPARTMENT

The period 1885 - 1920 saw crucial developments in the public service. Departments were created and grew, powers and responsibilities were defined. In terms of expenditure and numbers employed the state welfare bureaucracy grew less than other sections of the public service, but its members shared in the refinement of bureaucratic routine.<sup>1</sup> At this level, however, charitable aid administration expanded scarcely at all. It remained marginal to other state welfare activities: hospitals, asylums, and health. Between 1885 and 1906 the Inspector of Hospitals and Charitable Institutions was also the Inspector of Lunatic Asylums, and the Asylums position was the more important of the two. This situation meant that the Inspector's energies were dispersed over a wide area. It also ensured that a specialised charitable aid bureaucracy never developed. Instead, appointments were made to the Department on the basis of applicants' medical qualifications. An ability to assess broader social needs would, it was assumed, follow from this. At the very least, medical training would enable its possessors to gauge the presence or absence of cleanliness - and cleanliness was a vital precondition of deservedness. Such assumptions would bedevil the social work profession for many decades. In this instance they ensured that the charitable aid side of the Department's work would receive a low priority when appointments were made.

---

1. Between 1896-97 and 1912-13 staff increases in the area of 'modern welfare services' (Education, Public Health, Hospitals and Mental Hospitals, and the Native Department) constituted only 6 per cent of the total increase in public servants. The greatest increases were in departments concerned with communications, Railways and the Post Office gaining 74 per cent of the total increase. A similar pattern occurs where government expenditure is the index. Here welfare administration constitutes only 8 per cent of the expenditure increase over the same period. I.S. Ewing, 'Public Service Reform in New Zealand 1866-1912', M.A. Thesis, 1979, pp.17-18, p.22.

Just as charitable aid was an unpopular item of expenditure at the local level, so was a 'Poor Law' bureaucracy an unworthy avenue of state investment.

Three factors were therefore basic to the central oversight of charitable aid and to the operation of the bureaucratic imperative at this level. First was the relationship of charitable aid to those other social service activities with which it was associated. As these concerns lost their 'charitable' connotations and gained in public esteem, there was increasing dissonance between their demands and the charitable aid side of the Department's work. Second was the place of the individual within the public service, and the role of personality within an increasingly formalised bureaucratic structure. Third was the tension which existed between a jealously-guarded local control and central administrative aspirations. Basic to the 1885 Act was its decentralisation of hospitals and charitable aid. So certain was the government that local objectives would mirror its own (chiefly, to reduce expenditure), that it left itself little recourse against a contrary result. The Inspector's powers were limited to inspection and advice. In these circumstances, how much real power did the Department of Hospitals and Charitable Institutions have?

The development of the Department of Hospitals and Charitable Institutions between 1885 and 1920 is characterised by its union, or partial union with other departments, and the consequent overlap of interests. An inspectorate of hospitals and charitable aid predated the 1885 Act. In 1876 the Lunatic Asylums Department had been established as the first 'social service' department of central government. In 1880 the inspectorate of Lunatic Asylums was extended to include hospitals and charitable institutions.<sup>2</sup> Dr F.W.A. Skae,

---

2. A Health Service for New Zealand, AJHR, 1975, H.23, p.15.

first Inspector of Lunatic Asylums died in 1881 of, ironically, 'mental shock and erysipelas'.<sup>3</sup>

Skae was succeeded by Dr G.W. Grabham who, like Skae, was recruited from Britain. Grabham, however, was appointed Inspector of Lunatic Asylums and Inspector of Hospitals only.<sup>4</sup> Charitable Institutions were not under his jurisdiction and his annual reports do not directly refer to them. He was highly critical of the way in which central funds were used to finance local hospitals and may be given at least part of the credit for the 1885 Act, especially its emphasis on local management and finance.<sup>5</sup> Grabham was apparently not happy in his position. In 1885 he protested against the transfer of the Lunacy Department records to the Colonial Secretary's office, a move which, as he saw it, detracted from his authority by making him 'simply ... the Inspector of the "Lunacy Branch" of the Colonial Secretary's department'.<sup>6</sup> As soon as his contract expired Grabham returned to England, claiming that his salary was insufficient for the work expected of him.<sup>7</sup>

New Zealand could not claim to have had great success with its first two inspectors. Skae had proved too weak-minded and ineffective to run two departments; Grabham, though competent, had just cost the colony his fare home. Convinced, perhaps, that the devil known was better than the devil unknown, the government sought a replacement in New Zealand. It found just the man in Duncan MacGregor, Professor of Mental and Moral Science at Otago University, previously Inspector of Asylums for the Otago

---

3. Skae died a month after learning that his appointment would be terminated in six months. His dismissal followed a Royal Commission into the Mount View Asylum. On this, see W.A. Brunton, 'If Cows Could Fly', Australia and New Zealand Journal of Psychiatry, Vol.6, 1972, p.50.

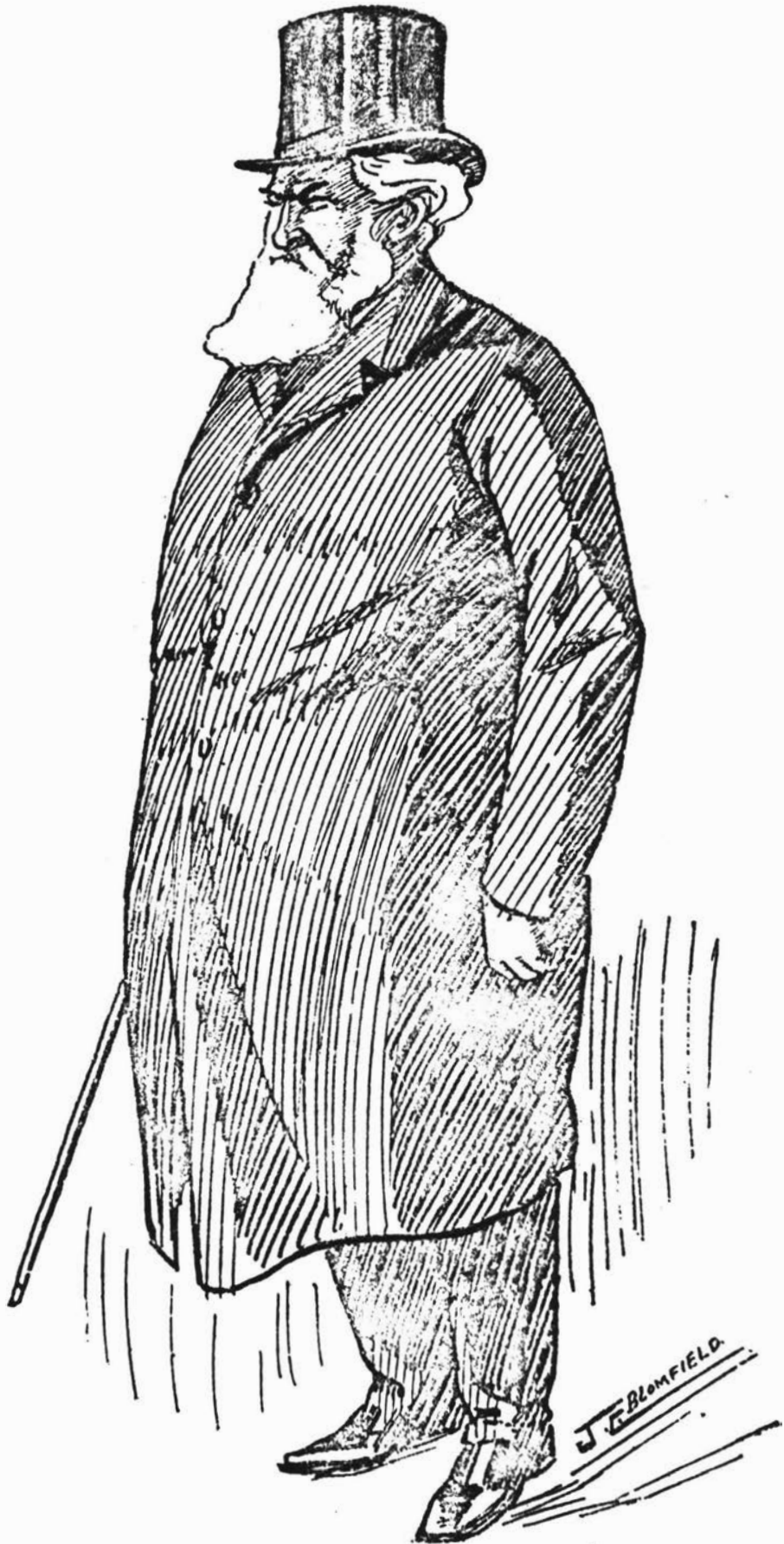
4. New Zealand Gazette, Vol.2, 1882, p.1715 (16 November 1882).

5. See, for example, Grabham's comments in Report on Hospitals, AJHR, 1885, H.18, p.2.

6. Memorandum from G.W. Grabham, 20 July 1885. IA 1933/182/7.

7. NZPD, 64, p.71 (27 June 1889, Sir H.A. Atkinson).

The imposing figure of Duncan MacGregor, Inspector General of Hospitals 1886-1906, as depicted by Blomfield in the New Zealand Free Lance, 21 July 1906. In the Annual Report MacGregor's successor in the Mental Hospitals Department, Frank Hay, described him as a man with a mind 'as massive as his frame'.



*LOOKING AFTER HOSPITALS.*



Provincial District and, not least among his qualifications, former teacher of Premier Robert Stout.<sup>8</sup> In view of the strain that had been placed on his health Grabham had recommended that his place be taken by two inspectors, one for the North Island, Nelson, Picton and Blenheim, and the other for the south. To reduce expenditure, he suggested that Australian precedent be followed, and that the medical superintendents of existing asylums be given these duties. Instead, the positions of Inspector of Asylums and Inspector of Hospitals and Charitable Aid were offered to MacGregor who accepted with alacrity, stating his willingness to commence immediately.<sup>9</sup> He was formally appointed on Grabham's departure in April 1886. Asylums, hospitals and charitable aid were all to come under his jurisdiction. The administrative burden which had found other men wanting was to rest on MacGregor's broader shoulders for the next twenty years.

MacGregor's appointment was not without controversy in view of his connections with Stout, and Grabham's recommendations. But few could seriously question his ability and qualifications. Like his predecessors he was appointed mainly on account of his mental hospitals experience. The seniority of the Asylums Inspectorate was indicated by the generous salary of £1,200 per annum only £200 of this being granted for duties in relation to hospitals and charitable aid. The combined salary made him the highest paid of all state servants, with the exception of the Judges and Railway Commissioners.<sup>10</sup>

In terms of central administrative staff the combined departments were minute, consisting of the Inspector and a clerk whose salary was initially voted as part of the Colonial Secretary's Department. (Both departments were under the supervision of the Colonial Secretary and, from

---

8. ODT, 17 December 1906.

9. Correspondence relating to the appointment of Dr MacGregor to the position of Inspector General of Lunatic Asylums and Hospitals, Le 1/1886/125.

10. NZPD, 64, p.69 (27 June 1889, H. Fish).

1891, the Minister of Education. Not until 1902 was there a Minister of Hospitals and Charitable Aid). As Inspector of Asylums, however, MacGregor had direct oversight of the asylums and all their employees, 212 persons in 1886.<sup>11</sup> He had authority to order improvements to the management of asylums and to dismiss staff, and these powers he used sufficiently freely to prompt questions in the House. As Inspector of Hospitals and Charitable Aid, on the other hand, his powers were minimal. All local personnel, efficient and otherwise, were responsible to the boards. The boards, mindful of their independence, were likely to see a central recommendation as justifying quite the opposite response. The Inspector could never entirely dissociate his responsibilities, for the populations of the asylums and charitable institutions were, many thought, fished from much the same, distinctly murky, social pool. Considerable strain must have resulted from the wearing of two caps, one conferring extensive central powers, and the other requiring tact and caution in dealings with local bodies. It was easy enough for an inspector authoritarian by nature to confuse the two, and to act in a manner inappropriate to his powers.

The combined Department remained the domain of one clerk and one inspector until 1895 when it made its own very modest bid for a share in bureaucratic expansion. In that year MacGregor requested a female inspector to handle 'the numerous and delicate questions affecting women which have to be dealt with in connection with our system of charitable aid, and our hospitals and asylums....'<sup>12</sup> The timing of the request was due in part to the availability of Mrs Grace Neill, already in the government service as its first female inspector of factories. Neill's responsibilities, like MacGregor's, encompassed both departments, but it was intended that she should take a special interest in nurses and female

---

11. Appropriations for Consolidated Fund Services, AJHR, 1886, BIA, p.17. See AJHR BIA for the establishments and annual vote of the Lunatic Asylums Department and the Department of Hospitals and Charitable Institutions in later years.

12. Annual Report on Hospitals and Charitable Institutions, AJHR, 1895, H.22, p.2.

recipients of relief, two groups which MacGregor found equally fractious. Some years later Dr Frank Hay was added to the asylums' inspectorate, partly relieving MacGregor and Neill of responsibilities in this area.<sup>13</sup>

The central office gained no more staff until after MacGregor's death in late 1906. The two departments were then split into a Mental Hospitals Department under Hay and the Department of Hospitals and Charitable Institutions under MacGregor's successor, Dr T.H.A. Valintine.<sup>14</sup> Even then the division was not entirely complete. Hester Maclean, who replaced Neill on her retirement in 1906, was paid £50 per annum for duties as 'Female Inspector of Mental Hospitals' in addition to her other responsibilities. In 1907 there was for the first time an independent Department of Hospitals and Charitable Institutions, consisting of Valintine, Maclean, a chief clerk, and an assistant clerk.<sup>15</sup>

In the meantime, however, its duties had gradually increased and a subtle shift of emphasis had occurred. No longer was the Department simply responsible for inspecting institutions managed by independent boards. The 1901 Registration of Nurses Act and the 1904 Midwives Act placed an additional burden on the Department's female inspector (always a trained nurse), who was required to maintain the register of nurses and supervise the St Helen's Maternity Hospitals. After 1906 the Department also undertook the registration of private hospitals. It was also receiving demands from private individuals and voluntary organisations for financial assistance beyond the subsidy allowed by the 1885 Act. Appendix I shows the increasing variety of such demands between 1886 and 1907, when the number of additional items charged to the Department's accounts reached a peak of 26. A number of these items remained constant over the period - the burial of destitute persons, a limited number of

---

13. OYB, 1904, p.48.

14. A Health Service for New Zealand, AJHR, 1975, H.23, p.24.

15. Appropriations Chargeable on the Consolidated Fund and Other Accounts, AJHR, 1907, B.7, p.123.

compassionate allowances made in the 1880s and soon terminated, presumably by the death or remarriage of the recipients. Police expenses in connection with destitute persons were a regular and relatively limited charge on the Department's funds. Much of the increase in expenditure can be attributed to the St Helen's Maternity Hospitals and to the demands of voluntary societies undertaking duties the government was reluctant to assume. The 'grant for refuge work' was one item which regularly increased until 1913 when the government urged voluntary societies to direct their claims through hospital boards. Though even at a high of £14,906 these additional charges were hardly a massive item of government expenditure, they do illustrate the ultimate futility of attempts to localise social welfare expenditure, the tendency even then of local and voluntary bodies to look to the state, and the demands consequently placed on the body responsible for investigating these claims.

As the Department's work became more complex and its responsibilities more numerous, the activities of its members became specialised. Grace Neill had functioned as the Department's omniscient woman inspector, frequently deputising for MacGregor and even writing the annual report. Nonetheless, her growing preoccupation with nursing matters before her retirement anticipated Maclean's eventual transformation into the Director of Nursing Services. Maclean was joined soon after her appointment by two other women inspectors, nurses like herself.<sup>16</sup> None of the Department's new members could equal their predecessors' interest in charitable aid and all found their time increasingly absorbed by new responsibilities. Maclean confirms in her autobiography that

Although in the early part of my time in New Zealand I had a good deal to do with the inspection of charitable institutions other than hospitals, with enquiry into outside relief, with visiting homes for boarded-out children, ... my chief interest was in the hospitals, and especially the training schools for nurses. 17.

---

16. Hester Maclean, Nursing in New Zealand, Wellington, 1932, pp.39-40, p.88.

17. *ibid.*, p.42.

The Department of Hospitals and Charitable Institutions did not retain its separate identity for long. In 1900 New Zealand had faced the threat of a bubonic plague which had spread from Asia and had already been confirmed in Sydney. After hurried dissection of Auckland wharf rats New Zealand's first human case was identified in June 1900. The result was the formation of a Department of Public Health in early 1901. Dr J.M. Mason was appointed Chief Health Officer, with duties which came to include the supervision of district health officers and of the Waikato Sanatorium (opened 1902), Maori health, and food and drugs legislation passed in 1907 and 1908.<sup>18</sup>.

As a result of public service retrenchment the Department of Health and the Department of Hospitals and Charitable Aid were amalgamated in 1909. Two heads of department were not needed and Mason was packed off to a newly created position in London.<sup>19</sup> Valentine became Inspector General of Hospitals and Chief Health Officer - his own priorities following that order.<sup>20</sup>.

The union of the two departments was at first more apparent than real. In 1910 they continued to function under separate ministers, D. Buddo for Public Health, and George Fowlds for Hospitals and Charitable Aid, and not until the 1912 - 1913 financial year did they receive a combined appropriation from the Consolidated Fund. Nevertheless the amalgamation of Health (by far the larger department, with its contingent of local health officers, sanitary inspectors and other such personnel) and Hospitals and Charitable Aid accentuated an existing trend toward formality and specialisation. The Department's records, which become available from 1909, give some insight into this development as well as the Department's claim to specialised knowledge and the dispensing of advice.

---

18. F.S. Maclean, Challenge for Health, Wellington, 1964, pp.15-18.

19. *ibid.*, p.19.

20. *ibid.*, p.20. Valentine signed himself as 'Inspector-General of Hospitals and Chief Health Officer'.

Hester Maclean, whose career in the Department spanned this period of reorganisation and change, refers nostalgically in her autobiography to the early years of her inspectorate when she, Valintine and two nurse inspectors formed a small, intimate department. These were years which she remembers as being 'happier and more harmonious than when our numbers increased'.<sup>21</sup> The union of the two departments lessened the cooperation between Maclean and her chief, and subjected all to the demands of bureaucratic routine. As clerical staff increased so did the responsibilities of the Chief Clerk. Record keeping became more elaborate, and the accuracy of statistics more vital than ever before. Attempts by the Public Service Commissioner's office to impose uniformity of procedure with other departments met with some resistance, the Chief Clerk claiming that the methods suggested were more appropriate to an American meat canning establishment than to a government department.<sup>22</sup> Where the Department's own routines were concerned, however, he was a hard taskmaster, scolding subordinates and superiors alike for inattention to detail, and forwarding constant memos on despatch sequences, precedence of correspondence, bring-up slips, and all the other minutia of bureaucratic order.<sup>23</sup> The increase in the Department's size, its new executive responsibilities, the emergence of sub-branches of the Department, the fact that many of its officers were required to travel and yet be kept informed of developments: all these fostered hierarchy and procedure, and this at a time of chronic understaffing.

And so the supervision of charitable aid fell even further down the Department's list of priorities. Public Health initiatives against tuberculosis, concern about the incidence of venereal disease, and the expansion of hospital services combined to take the heat off charitable aid.

---

21. Hester Maclean, p.40, p.54.

22. E. Killick to Dr Valintine, 20 January 1914, H.181/1.

23. See, especially, H 172/8 (Health Department - Records System - Head Office).

Outdoor relief, once guaranteed to raise the departmental pulse, continued to increase but at an average annual rate of only 11 per cent between 1910 and 1921.<sup>24</sup> This, given prevailing price and population increases, caused no great alarm and was minimal in relation to hospital and public health expenditure.

There is, however, at least one hint of official concern for the status of charitable aid in the immediate post-war years. An undated departmental memorandum on the 'Nationalisation of Hospitals' (itself suggesting departmental ambitions) recommends the reorganisation of the Department under a Commissioner of Health. In charge of the four chief sections of the Department would be a Deputy Commissioner of Health, an Institutional Manager, an Inspector of Hospitals and an Inspector of Charities. This last official would deal with a 'somewhat neglected branch of the Department, neglected for the reason that we have little powers and less time'. The position would demand a man of broad sympathies ('as distinguished from mere sentiment'), of cultivated ideas, a 'profund [sic] student of sociology', devoid of class opinions. He would deal solely with the charitable aid side of the Department's work and would inspect the charitable institutions which, like hospitals, would be 'nationalised'. He might either be a professional man or a layman, but should on no account be a cleric or 'quasi-cleric', for such gentlemen were 'apt to forget that poverty, like disease, often has a physical origin', and relied too much on moral cure. The memorandum, signed by E. Killick, the Chief Clerk, is of interest for this description alone. But it also suggests that some officials regretted the demotion of charitable aid, and wished it to retain equal status with hospitals and public health.<sup>25</sup>

This was not to be. The understaffing exposed by the 1918 influenza epidemic further pushed the Department into a preventive health role and ensured that reorganisation, when

---

24. Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics) 1927, p.54.

25. Memorandum on 'Nationalisation of Hospitals' (undated), H 170/3 (05574).

it came, would give a strong emphasis to this role. From 1920 the Department became the Department of Health and its head simply the Director General of Health. The Department was divided into divisions: Public Hygiene, Hospitals, Nursing, School Hygiene, Dental Hygiene, Child Welfare, and Maori Welfare. The Hospitals inspectorate, with which charitable aid had always been associated, became one of seven divisions, and charitable aid just one concern of that division.

Besides these developments, another government department had by this time assumed the lead in matters to do with poverty and income maintenance. When the Pensions Department was first established with the passing of the Old Age Pensions Act in 1898, its personnel were mainly attached to other departments, undertaking pensions duties on a part-time basis. The scope of the Pensions Department's operations was later increased by the introduction of Widows', Miners' and War Pensions. Imperial Pensions were transferred from the Treasury Department to Pensions in 1919, and in 1922 the position of Medical Administrator of Pensions was created to deal with the medical treatment of ex-members of the Expeditionary Force. Even more significant, the Department assumed control of the (influenza) Epidemic Allowances, which had initially been administered by the Health Department and paid through the local hospital boards. The transfer was made partly because of a lack of uniformity in the administration of Epidemic Allowances - an interesting indication that the discretionary powers of local officials were becoming less and less acceptable in certain situations of need.<sup>26</sup>

Such were the main developments affecting the department charged with supervising hospitals and charitable aid. Unlike the English Poor Law, charitable aid was never given a supervising authority of its own. It was always placed in tandem with other 'social welfare' activities: hospitals, asylums and, later, public health. Only under MacGregor did it acquire anything like an equality within this partnership,

---

26. New Zealand Department of Social Security, *The Growth and Development of Social Security in New Zealand*, Wellington, 1950, pp.41-43.



and this was due to the Inspector's personal influence at a time of economic hardship. It was, however, the Department's other activities which provided the greater stimulus to bureaucratic expansion. Health and hospitals in particular held out the prospect of prevention or cure. It was therefore easier to justify public expenditure on these areas than on charitable aid, which had long been criticised for its futility. Charitable aid remained a poorer sister, sadly deficient in central administrative resources.

Within the period covered by this thesis, the decisive years in the Department's development were those between 1904 and 1910. These years saw new legislative responsibilities, the separation of the Mental Hospitals Department and the amalgamation of the Departments of Hospitals and Public Health. They also saw a change of personnel: the retirement of Neill and death of MacGregor, their replacement by Maclean and Valentine, and the appointment of additional inspectors.

This even more than the subsequent reorganisation symbolised a change of emphasis at the centre. MacGregor had been head of the Department for twenty years. In that time his name had become almost synonymous with charitable aid and his personality firmly stamped on the Department. Neill had established herself as the senior woman official of the day, MacGregor's equal in character. She, like her superior, was no friend of any system which bred weaklings and social misfits. Between them, Neill and MacGregor had given the charitable aid side of their duties an emphasis which might well have been avoided by spirits less bold than themselves. Certainly their concern was not equalled by Valentine, Maclean, and their associates, whose increasingly specialised duties did not encourage an eclectic social view.

MacGregor, on the other hand, came to his task with what one parliamentarian termed 'just that touch of philosophy which made him extremely valuable'.<sup>27</sup> Later, some might

---

27. NZPD, 64, p.70 (27 June 1889, M.J.S. MacKenzie).

rather have said that MacGregor's 'touch of philosophy' made him tiresomely verbose, but initially the learned tone and the vigour of his reports made a marked impression.

MacGregor's views on social problems had been formed long before his appointment to the Department. His early experiences were not best calculated to instil empathy with the unsuccessful and incompetent. Born in Scotland, a highly successful scholar in arts at Aberdeen, and in medicine at Edinburgh, he arrived in New Zealand in 1871 as the Otago University's youngest professorial appointment (aged 28).<sup>28</sup> MacGregor soon displayed that force of character, and intemperance of language, that later characterised his official career.

MacGregor's chair in Mental and Moral Philosophy had been endowed by the Otago Presbyterian Synod. Some members of the Synod came to regard the young professor's statements on evolutionary theory as dangerously rationalistic and, in an attempt to confine him to less controversial ground, put forward proposals for the division of the Chair. In the immediate term the move was unsuccessful. MacGregor retained the support of the University Senate, the intense loyalty of his students, and his Chair intact.<sup>29</sup>

Student loyalty was to prove very useful to MacGregor in later years. F.E. Baume, Robert Stout and John Findlay were just three former students who at one time or other defended him from parliamentary criticism.<sup>30</sup> On MacGregor's death Findlay described the lasting impression his old teacher had made on his classes. The description is worth

---

28. Cyclopaedia of New Zealand, Vol. 1, Wellington, 1897, p.170; ODT, 17 December 1906.

29. W.P. Morrell, The University of Otago. A Centennial History, Dunedin, 1969, pp.52-54.

30. F.E. Baume stated in a parliamentary debate of 1903, that as an old pupil of MacGregor's, he felt he would be lacking in loyalty not to defend him. NZPD, 125, p.607 (18 September 1903). On MacGregor's influence on Stout, see W.H. Dunn and I.L.M. Richardson, Sir Robert Stout, Wellington, 1961, p.28, p.214. One of Stout's sons was named 'Thomas Duncan MacGregor'.

quoting as a portrait of MacGregor at the height of his powers; for a suggestion of the considerable physical presence which, in a different context, might well be used to harangue and intimidate:

At his best in the lecture-room he was the finest speaker I have ever listened to, and I have heard some of the best orators in England. No man I have ever met had such a command of striking analogy and forcible metaphor, and expressive English that he had, and he evinced it in his lectures. He showed a splendid scorn of shams, superstitions and bigotries. These he fearlessly denounced, and even in my years incurred the denunciations of many who did not understand him.

. . . .

My chief recollection of my years under him is the stimulating effect of his lectures. His fine presence, his sonorous voice, the sternness and rectitude of his character, and his passion for truth, combined to present a personality that left its impression on every student under him. The atmosphere of his class-room was unlike that of any class-room I was ever in. It was charged with an electricity, emanating from the man himself, and defying [sic] definition. When, with flushed face and flashing eye, his voice rose to its full pitch in denouncing the shams of the world, in appealing to our manhood, in exhorting the truth at all cost, his class used to sit as if transfixed, and the scenes of that class-room, the burning phrases the man was uttering, and the recollection of his splendid personality remain clearly in my mind to-day. 31.

This was a vivid portrait of a man of undoubted ability, high ideals, and immensely forceful personality, a man who even twenty years later could leave a keen impression on the mind of a former pupil. But it does not suggest a man who would show to best advantage within the confines of the public service. Nor is it a picture of a person likely to deal generously with others, especially those whose past experience discounted such high ideals of manhood, rationality and truth.

MacGregor had given notice of his future stance on social policy in a series of articles in the New Zealand Magazine (the same articles which so offended the Presbyterian

Synod). In the highly metaphorical language which coloured his official reports and which, from Findlay's account, also characterised his lecturing style, he analysed the human condition from the time of the 'primaeval savage', encompassing, in his passage, the Greek philosophers, Kant, Macaulay, Adam Smith, Shelley, Southey, Malthus, J.S. Mill, Sir Thomas More and the Ten Commandments, with a side-swipe here and there at the 'worshippers of Mammon', priests, publicans, 'and other vested interests of any kind'.<sup>32</sup>

MacGregor was a firm supporter of Herbert Spencer's brand of social Darwinism, and underneath the extravagant phrases, his intention was clear. The 'hopelessly lazy, the diseased, and the vicious', those who would once have been weeded out by the workings of a wise and beneficent Nature, were now, MacGregor said, surviving to eat 'like a cancer into the vitals of society'.<sup>33</sup> His appeal was for the incarceration of these 'waste products of society':

The time is coming when the law must extend its definition of insanity, so as to include hopeless drunkards, hopeless criminals, and hopeless paupers, adjudged to be such after a sufficient number of trials and failures. They must be made to work for their support, and deprived of liberty until they die, in order to prevent their injuring society either by their crimes or by having children to inherit their curse. 34.

An intervening period as medical officer of the Otago Lunatic Asylum seems to have intensified MacGregor's beliefs, convincing him that New Zealand had by no means escaped the grosser taints of degeneracy associated with the Old World. Lunatics, at least, were kept under suitable restraint. It was later contact with the recipients of outdoor relief, able to indulge their degenerate inclinations in complete and untrammelled freedom, which prompted his most bitter attacks.

---

32. 'The Problem of Poverty in New Zealand', New Zealand Magazine, January, April, July 1876.

33. 'The Problem of Poverty ...', Part III, New Zealand Magazine, July 1876, p.317.

34. *ibid.*, p.320.

MacGregor resigned his University post in 1886. His resignation was accepted with effusive protestations of regret from all but the Presbyterian Synod (which had probably found his denunciations of religious hypocrisy no more congenial than his alleged 'materialism'). A resolution proposed by one of the Synod's members expressed its sense of loss, recognised MacGregor's success as a lecturer, and prayed that the blessing of God might ever rest on the heads of MacGregor and his family. Amended, the resolution simply congratulated MacGregor on his new appointment and thanked him for his discharge of duties.<sup>35</sup> MacGregor commenced his new duties minus the blessings of the Presbyterian Synod.

MacGregor began his inspectorate by familiarising himself with the hospitals. Not until mid-1887 was he able to turn his attention to the charitable aid side of his work, and what he observed left him truly appalled. Personal investigation of case lists in a number of centres convinced him of widespread imposition and gross laxity on the part of local officials. MacGregor, who had no very abundant reserves of human sympathy to begin with, found that 'nothing ... so rapidly freezes the genial current of the human soul as a house-to-house visitation of the recipients of our outdoor relief'.<sup>36</sup> Convinced that his chief business as a public officer was 'to analyse the social significance of the tendencies manifested within my departmental scope',<sup>37</sup> MacGregor set out to expose the enormity of the charitable aid problem. He thereby became, in his primitive and unscientific way, one of New Zealand's earliest social researchers, his findings enshrined in a series of annual reports to Parliament. Highly individualistic and full of frustrated zeal, these reports shifted ground from a basic analysis of charitable aid administration to an elaborate statement on the deficiencies of social organisation.

---

35. ODT, 14 January, 22 January 1886.

36. Annual Report on Hospitals and Charitable Institutions, AJHR, 1888, H.9, p.5.

37. Annual Report on Hospitals and Charitable Institutions, AJHR, 1898, H.22, p.4.

MacGregor's views on social policy as outlined in his reports were not original. Nor were they always consistent. Beatrice and Sidney Webb, who visited New Zealand in 1898, considered MacGregor and Edward Tregear (the Secretary of Labour) to be equally muddle-headed.<sup>38</sup> Like Tregear in his Journal of Labour, MacGregor borrowed heavily from overseas sources. He showed himself thoroughly familiar with the workings of the English Poor Law and with the responses of various American states to welfare problems. Through the Colonial Secretary's office he received books, journals, and reports of overseas conferences on charity. In his annual report for 1889, for example, MacGregor examined settlement laws and the division of responsibility between central and local government in selected American States. His source of information was a large shipment of over 100 volumes forwarded by the United States Legation in London.<sup>39</sup> To this knowledge was added a personal acquaintance with Australian relief systems, and, no doubt, the Scottish Poor Law. His assistant, Grace Neill, had experience of such charitable administration in England, Germany and Australia, experience which was supplemented in 1899 by a visit to England on full pay to visit asylums and charitable institutions.<sup>40</sup>

MacGregor therefore commenced his analysis of charitable relief in New Zealand with a reasonable grasp of overseas systems. At first he was favorably disposed toward

---

38. D.A. Hamer (ed.), The Webbs in New Zealand, 2nd edition, Wellington, 1974, p.42. Beatrice Webb described MacGregor as 'a voluble Highlander, ex-Professor of Philosophy at Dunedin, who fills his official reports with lengthy diatribes against democracy, and querulous railings against a system which he has no power to check or remedy', *ibid.*, p.51.

39. E.J. Phelps to F.D. Bell, Agent-General, London, 6 March 1888; F.D. Bell to Colonial Secretary, 6 April 1888, IA 1888/1635. In 1888 MacGregor had also visited a number of Australian states to observe hospitals and charitable institutions there. See IA 1888/3495.

40. Grace Neill to Dr MacGregor, 5 September 1898, H 30/54/10, Health Department. I am indebted to Mr W.A. Brunton for bringing this file to my attention.

the 1885 Act: it was, he said in 1888 'the first step towards returning rationality in this business'.<sup>41</sup> By 1892 he was distinctly more critical: 'It would be difficult to find a more striking illustration of the evils of compromise' than was provided by the 1885 Act.<sup>42</sup> By 1898 his faith in the Act was quite destroyed:

I used to be hopeful of the sobering effect of Direct Taxation, but now the outlook is less promising. Until we make up our minds to seclude - till they become safe - our degenerates and incorrigible even direct taxation in the interests of the 'have-nots' can only bring universal beggary. 43.

The main problem, according to MacGregor's analysis, was the existence of a persistent substratum of social undesirables, whose unrestrained presence in the community was bound to frustrate any rational social policy. The immigration schemes of the 1870s had provided the main supply of this group. The 'low class of navvies' introduced at this time had been supplemented by the refuse of Irish workhouses, the vicious and degenerate, whose defects would not die out with themselves but would descend through the generations of their multitudinous offspring.<sup>44</sup> MacGregor had an inexhaustible store of expressive phrases to describe this element. They were 'human beings without human qualities', 'the unorganisable residuum in society', 'a swarm of parasitical organisms'. The last was the metaphor which flowed most enthusiastically from MacGregor's pen. Time and time again he lamented society's tolerance of 'the systematic cultivation of social parasites': 'We carefully hatch them out, and lay them down in the alimentary tracts of society, and we call the insane proceeding philanthropy'.<sup>45</sup> MacGregor

---

41. Annual Report on Hospitals and Charitable Institutions, AJHR, 1888, H.9, p.8.

42. *ibid.*, AJHR, 1892, H.3, p.1.

43. *ibid.*, AJHR, 1898, H.22, p.5.

44. *ibid.*, AJHR, 1888, H.9, p.6.

45. *ibid.*, 1897 (S.2), p.1. This, and the following summary of MacGregor's social view is based on his Annual Report on Hospitals and Charitable Institutions, AJHR, 1888-1902.

recognised - with some regret - that society would never allow the wholesale destruction, or even the castration of undesirables. But if society could sufficiently overcome its squeamishness to deprive these misfits of their liberty all might yet be well.

MacGregor was not one to rely on negative and carping criticism to make a point. He was entirely sympathetic with the English Poor Law principle of less eligibility, stressing always that institutional care provided the greatest opportunities for economy, order and discipline among the destitute. He also found that the precepts of the Charity Organisation Society fitted in very well with his own value system. Like the Society, MacGregor pressed for continued voluntary effort and the more rational use of charitable resources, always emphasising individualism and self-help. Above all, he found the Society's stress on painstaking investigation and the subsequent classification of the poor, truly admirable objectives. Classification could quite reasonably imply recognition of the varied needs of the poor, but it also enabled the recalcitrant among them to be more easily labelled - those over whom closer control should be exercised.

Despite his preference for voluntary effort, MacGregor advocated state intervention at both ends of a spectrum of 'deservedness'. For the intractable elements, those whose baseness ruled out assistance in any more positive form, MacGregor advocated state penitentiaries or work-houses, where they could be made to work for their support. At the other extreme MacGregor advocated total state support of children, whom he considered still educable and worthy of state investment, and of the deserving aged, whom he likened to 'worn out soldiers, who have deserved well of their country'. Even so, these concessions were not unequivocally humanitarian in their intent. The state guardianship of children would be accompanied by a sharp watch for 'the consequences of bastardy made easy', and the old age pension scheme most favored by MacGregor was that of Denmark, with its rigid moral qualifications.



MacGregor, it must be allowed, was not alone in his stress on classification. Tregear, whose department dealt with a not dissimilar clientele, distinguished between the 'helpful poor', who might be directed to work, the 'helpless poor', deserving objects of benevolent aid, and the 'criminally lazy poor', who should be compelled to work.<sup>46</sup> As later chapters indicate, others were working toward the classification of children in industrial schools, and of 'fallen women' in various stages of moral decline.

MacGregor's particular plans for those at the negative end of his classification scale were, however, more pleasing in theory than they were politically acceptable. The pivotal element in his scheme, the provision of state penitentiaries, was embodied in the unsuccessful 1889 Hospitals and Charitable Institutions Bill. Despite its being taken up by women's organisations and amateur eugenicists in later years, it was never put into effect. Only the more positive of MacGregor's recommendations ever drew state investment, most notably increased state provision for children and for the respectable aged. Without punitive measures to counterbalance them, even these came uncomfortably close to the 'sentimental philanthropy operating through taxation' that he had earlier denounced.

Initially MacGregor's reports were well received and his exposés of the charitable aid system heartily endorsed. When his social criticism extended into political criticism; when he tried, however tentatively, to put his theories into action, both public and politicians showed themselves distinctly more cautious.

---

46. Annual Report, Department of Labour, AJHR, 1893, H.10, p.2. See also P. Gibbons, 'Turning Tramps into Taxpayers', M.A. Thesis, 1970. Gibbons analyses the Labour Department's early activity and suggests that the 'new bureaucracy' of the Liberal period tempered ideals of 'alleviation' with aims for social control. MacGregor was not, therefore, alone in his coercive aspirations. W.H. Oliver discusses this further in relation to other aspects of social policy during the Liberal period in his article 'Social Policy in the Liberal Period'.

By nature authoritarian, MacGregor was not inclined to content himself with insubstantial tirades in his annual reports. A first indication that he did not intend to court popularity was given in 1887, when MacGregor descended upon the homes of the indigent, triumphantly exposing cases of deception and fraud. As a result of MacGregor's Auckland visit 100 persons were struck off the relief list. A 'still worse' state of affairs existed in Napier, while at Masterton a veritable nestbed of shiftless and immoral women was exposed. Boards were driven to public refutation of his claims, secretaries cowered in their beds during his visits, and the neighbours of charitable aid cases dutifully supplied all information requested.<sup>47</sup> Those districts which drew no very harsh fire could breathe a collective sigh of relief or, like the Dunedin Benevolent Trustees, virtuously proclaim their freedom from criticism.<sup>48</sup> As MacGregor's duties increased, such painstaking inspection could not be sustained, though the appointment of a female inspector enabled him to revive these techniques on occasion. Inevitably, there was much resentment at criticism from an outsider who knew little of the long term complexities of cases and the pressures on boards. Efficiency was fine in theory, but it was not easily imposed from above. As MacGregor's actions more and more often ruffled sensitive local feathers, adverse reactions to the Inspector General began to appear in the press and parliamentary debates.

Official attempts to intervene in the boards' activities left MacGregor open to charges of callous high-handedness. His most publicised attempt to translate theory into practice invited adverse reaction, and resulted in a resounding victory for his adversary, the Auckland Hospital and Charitable Aid Board. MacGregor had long been upset at the number of persons admitted to mental hospitals when their condition did not warrant such placement. Typical of this group were destitute old people suffering from senile decay and 'low grade imbeciles'.

---

47. Annual Report on Hospitals and Charitable Institutions, AJHR, 1888, H.9, pp.3-5.

48. Annual Report of the Otago Benevolent Institution, 1889, p.9.

Such persons required some degree of supervision or nursing care, but their presence caused overcrowding and slowed the admission of curable mental cases. The committal of these old and retarded cases was encouraged by the state funding of asylums, for where the burden of support could not be shared by relatives, the local rates were saved by admission to an asylum.<sup>49</sup>

With the opening of Auckland's Costley Home in 1890 came opportunity for action. MacGregor wrote to the Auckland Board pointing out that there were about 30 old people in the Auckland Asylum who ought to be transferred to the spacious new home. Before the Board had time to even consider the proposal, the Asylum dray drove up to its office door and unceremoniously dumped there six pauper lunatics - aged 70, 57, 55, 55, 67, and 60 respectively. The Board's secretary emphatically refused to take charge of these unfortunates; the Asylum's superintendent declined to take them back, saying that he had acted under government orders. The police then intervened and decided, in the interests of public safety, to 'run the lunatics in'. This, of course, caused an immediate outcry.<sup>50</sup>

The Board defended itself on the ground that it could not be expected to support from the local rates lunatics who had been committed from all over the country. MacGregor argued that as these men were not insane they were a legitimate charge on the local authorities, who had shown a relentless determination to relieve themselves of such responsibilities wherever they could. The Auckland Board claimed that there was no room at the Costley Home anyway. MacGregor countered by threatening to stop its subsidies. Other boards followed the dispute anxiously, foreseeing a mass evacuation of harmless, but troublesome (and expensive), senile paupers. To their relief, the Auckland Board emerged the victor. The six were removed to the Salvation Army Home (from where one

---

49. See, for example, Annual Report on Lunatic Asylums, AJHR, 1887 (S.1), H.9, p.1.

50. NZH, 3 May 1890.

promptly escaped), and for the next few years their upkeep was charged to the state, until one by one they died.<sup>51.</sup>

MacGregor had miscalculated. Though he was theoretically in the right, the unsavoury process by which six befuddled old men found themselves in the police cells did his, and the government's, image no good. MacGregor had made an ill-judged comment that a night or two in the cells was no hardship for old imbeciles. This, given conditions in the Auckland Asylum, was probably quite true, but he was attacked by the press for his apparent lack of concern:

It was a cruel thing to turn these poor old creatures adrift, without proper arrangements being made to provide them with suitable shelter and maintenance. The police were not fit guardians for them, and the police cells no proper place of rest. Old, helpless, and infirm, these poor fellows should not have been used ... to force the hands of any charitable institution, at the cost of ... hardship to themselves....

Sympathy is essential to the proper dispensing of even State charity, and those entrusted with its distribution and supervision must not permit the milk of human kindness in their breasts to become entirely curdled by the acidity of officialdom. It is better that even State charity should occasionally be misapplied than that any really deserving case should be allowed to suffer unrelieved. 52.

The Post's editorial suggests that in this instance MacGregor simply invoked a sympathetic reaction on behalf of the poor generally - quite the opposite to what was intended. He clearly needed to pick his way more carefully if he wished his views to gain wider public acceptance.

Other instances reported in the press also suggest that MacGregor's overbearing manner did his cause no good. Visiting the Timaru Benevolent Home in 1889, he reputedly questioned some of the inmates carefully as to their history and health:

---

51. NZH, 5 May 1890; EP, 6 May 1890.

52. EP, 6 May 1890.

In one case he placed his hands beneath the armpits of an inmate, and pressing vigorously, asked the man if he 'felt that'. The man said 'yes', and grimaced as though in pain. The doctor said - 'There is nothing at all wrong with you there; I only done [sic] that to test you. What you want is some hard work!

Questioning a somewhat garrulous female, who rattled on in an exasperating manner, the doctor supposedly said, 'What I should like to do with you is to drown you'.<sup>53</sup> Again, MacGregor had, if the report is true, displayed an almost bullying insensitivity. He had yet to learn that the unemployed, deserted wives and other able bodied poor were much fairer game than the pathetic derelicts in benevolent homes.

In 1891 MacGregor was again in the public eye, this time in an incident which bordered on the farcical. A Commission of Inquiry had been appointed to investigate conditions in the Seacliff Lunatic Asylum. Seacliff's superintendent, Truby King, was a man after MacGregor's heart, a follower of Herbert Spencer, and uncompromising foe of the 'unfit', in whatever shape or form. Dunedin's Globe newspaper had pressed the Seacliff charges, which principally involved poor food and inadequate supervision. It was the Globe which in July 1891 published a highly coloured account of a conversation alleged to have taken place between MacGregor and Mr W.L. Simpson, Commissioner appointed to the inquiry. The scenario was ludicrously melodramatic. MacGregor and Simpson had been travelling to the inquiry on the same train, in the same carriage, but studiously ignoring each other - until a tunnel was reached. MacGregor then seated himself alongside Simpson and began to discuss the inquiry. Convinced that 'an unprincipled plot was being hatched, and that all honourable scruples had been cast to the wind in an effort to stifle fair investigation', the Globe's reporter - who also happened to be on the train - likewise abandoned principle, and took notes of the conversation. MacGregor was overheard to say, 'That's the only way to put down this pauperism. Now, Dr KING has been especially vigorous in that department, and that is just

---

53. The Globe, 31 July 1891.

why I want to see him through'. To which Simpson replied, 'Quite right, Quite right'.<sup>54</sup>

These allegations of bias and undue influence were not without their absurd side, not least of which was the spectacle of MacGregor creeping around a railway carriage under cover of darkness. The remarks about 'putting down pauperism' nevertheless ring true. MacGregor had little patience for public inquiries, which he regarded as weak minded concessions to public hysteria.<sup>55</sup> He, after all, was the Inspector General, and could be relied on to expose any abuses. It is more than likely that he prejudged this particular inquiry and thought the complaints trivial. When the incident was raised in parliament, the real point at issue was not MacGregor's conversation, but the Globe reporter's lack of integrity. The Globe had by this time completely overreached itself, linking MacGregor's name with a fire that had occurred in the newspaper's office.<sup>56</sup> Whatever MacGregor's enthusiasms, there was no reason to number arson among them, and the Globe was finally discredited.

The incident was not entirely trivial. The suggestion that their mutual hostility to pauperism gave King some claim to MacGregor's loyalty was not, apparently, refuted. MacGregor had all too publicly become involved in the dispute, and by his indiscreet remarks had demonstrated a partiality that was no longer acceptable in a senior public official. The inquiry itself foreshadowed later dissatisfaction with asylum managements, a dissatisfaction which would undermine MacGregor's authority and lead, rather unfairly, to calls for his removal. As the asylums were the area over which the Department had most complete control, the asylums inspectorate bore the brunt of public criticism. No amount of learned social analysis in MacGregor's reports could compensate for the Liberals' reluctance to spend money in this area.

---

54. *ibid.*

55. Annual Report on Hospitals and Charitable Institutions, AJHR, 1898, H.22, p.5.

56. The debate on the incident is recorded in NZPD, 73, pp.442-445 (21 August 1891).

Criticism in one form or other was nothing new to MacGregor, even in 1891. Such criticism took three basic forms. The first involved opposition not so much to MacGregor as to his high salary. The second reflected dislike of bureaucracy as such, and the manner in which senior public officials were supposedly able to manipulate ministers ('the voice was the voice of SEDDON, [but] the hand was the hand of MACGREGOR', wrote the Evening Post when the Premier rejected an additional grant to the Wellington Hospital in 1893).<sup>57</sup> In the 1890s personal criticism of MacGregor became more intense, until even government ministers were concurring with the suggestion that he was outdated and in need of ministerial restraint.

Criticisms of MacGregor's high salary followed hard upon his appointment in 1886. At £1,200 per annum he was one of the highest paid administrators in the country, being paid even more than the Premier, as his critics never tired of pointing out. These complaints led in the 1889 session to an attempt to reduce MacGregor's salary, in line with those of other senior officials. (The Inspector General of Education, for example, had just had his salary reduced from £650 to £600 as a retrenchment measure). The result was an outpouring of fulsome praise from MacGregor's parliamentary supporters. He was 'one of the foremost men in the whole of Australasia', had saved the country his salary several times over, was required to act more independently than any other public servant in the colony, and, above all, 'possessed backbone - a man who could say "No" when "No" ought to be said'. His sterling honesty and supposed knowledge of social matters stood greatly in his favour, and it was pointed out that as a medical man he could earn more in private practice. In all it was, MacGregor's most virulent critic said, 'absolutely revolting' to hear a public servant talked of in this effusive manner. MacGregor, who had obviously threatened to resign if subjected to retrenchment, retained his full salary.<sup>58</sup> Later attempts to subject him to even the most token of cuts were unsuccessful.

---

57. EP, 18 January 1893.

58. NZPD, 64, pp.69-81 (27 June 1889).

Others carping at MacGregor did so out of a general mistrust of bureaucracy, and as a bureaucrat, MacGregor was more obtrusive than most. Attempts to extend his powers, as in the Lunatics Bill of 1891, provoked adverse comment. A. Hogg of Masterton suspected 'that exceedingly able officer the Inspector-General' had devised the Bill, for in it the term 'Inspector-General' occupied a very conspicuous position. The Government which appointed MacGregor seemed to have had a craze that everything ought to be under the control of an Inspector General, he grumbled.<sup>59</sup> Generally, however, most recognised that MacGregor's powers regarding hospitals and charitable aid were circumscribed. It was only when local ambitions had been thwarted that there was significant disquiet in this area.

More serious were the personal attacks on MacGregor which became more frequent in the 1890s. The accusations of Henry Fish, an old enemy of MacGregor's, are interesting, if only to indicate the hostility the Inspector could provoke. MacGregor, Fish stated in 1893, was systematically fiery and overbearing to those under him, his force of character was such that he could easily dominate his ministerial head (in 1893, Reeves), his enthusiasm, about which others were so insistent, was but another name 'for doggedness, autocracy, domineering, and tyrannical conduct', and wherever that gentleman went, he left a trail of friction behind him. MacGregor was nonetheless sufficiently devious to be 'extremely sycophantic' whenever it suited him, and because he moved in the higher social circles of Wellington never lacked friends in the House.<sup>60</sup> Members were not quite so effusive in MacGregor's defence as they had been five years earlier: perhaps by this time they were used to Fish's tirades; but perhaps the favourable impression made by MacGregor had worn thin. Certainly in that same year the Evening Post was moved to suggest that MacGregor's behaviour be tempered by 'discretion, a small modicum of pity, and a considerable infusion of genuine charity':

---

59. NZPD, 72, pp.340-341 (17 July 1891).

60. *ibid.*, 81, pp.550-552, 558-561 (1 September 1893).



... he carries his care and his sternness somewhat too far. It would never do to have a gushing or tender-hearted man in his position. Dr. MACGREGOR certainly is neither: but it is questionable whether it is absolutely necessary that the Inspector should be of the stuff the old Inquisitors were made of - mere machines to carry out a set purpose, uninfluenced by any touch of human sympathy or feeling. Dr. MACGREGOR should not be quite so superior to even human weakness. 61.

By the late 1890 s even government members were making oblique references to MacGregor's shortcomings, though again, mainly with reference to the asylums side of his work. In 1898 Seddon spoke of the need for an assistant inspector of asylums, 'one who was up to date in the working of the various systems in Europe'. Others, too, suggested that MacGregor was outdated, or excused him as overworked.<sup>62</sup> In addition, MacGregor had probably compromised his own position with the Seddon government by his friendship with Robert Stout. Beatrice Webb wrote in 1898 that MacGregor 'never tires, in private, of abusing the Seddon Government, and I believe contributes anonymous articles to the Opposition press'.<sup>63</sup> His reports, which had begun as social analysis, began to include an indiscreet sprinkling of political criticism, as his recommendations failed to be implemented. His 1898 report, long and unrestrained, seems to have been the last in that vein. It, and others like it should be 'embalmed amongst the curiosities of literature' said one Member of Parliament.<sup>64</sup> In 1899 T.E. Taylor claimed that the government had threatened to dismiss MacGregor if he continued to show bias against the ministry. No, replied Seddon, it was said that they would curb his power.<sup>65</sup> From the shorter, more specific departmental reports which followed, it would appear that this was indeed what happened. Certainly there are parliamentary references in the 1900s to the days 'when the Inspector-General had a

---

61. EP, 18 January 1893.

62. NZPD, 102, p.138 (29 July 1898).

63. Hamer (ed.), p.42.

64. NZPD, 138, p.252-253 (12 October 1906, A. Hogg).

65. *ibid.*, 109, p.589 (26 September 1898).

freer hand'.<sup>66</sup> It should again be stressed that specific criticisms of MacGregor focussed mainly on his failure to effect reform in the asylums. There were plenty who thought that arbitrary and authoritarian behaviour was entirely appropriate in those who had dealings with the poor. It was simply unfortunate that MacGregor did not always restrict such behaviour to these situations. Even Seddon recognised that the formal powers that went with MacGregor's position were limited, for in 1904 he recommended that the Inspector General be given explicit powers to withhold subsidies from inefficient boards.<sup>67</sup>

When MacGregor died in late 1906 it was only just in time to preserve his ailing reputation. As Inspector General he had inherited the 1885 Act and its provisions, the main intent of which was to reduce expenditure. His principal and, he soon found, his most thankless task, was to 'resist ... the swelling tide of pauperisation';<sup>68</sup> to act as the overseer of public policy toward the poor. Whatever the theoretical approval given to reduced expenditure, closer inspection, and the control of the undeserving, the reality was often harder to stomach. When one came down to it the 'undeserving' were thinner on the ground than many thought. Any individual could be seen to have redeeming features and the immediacy of need was often undeniable. MacGregor's style of personal intervention and wide-ranging social commentary came into conflict with new expectations of bureaucratic discretion. His high profile made him an easy target for those who would blame him for the government's omissions. Tired and frustrated, MacGregor wished upon the public 'such servants as its supineness deserves'.<sup>69</sup>

MacGregor's death was followed by the retirement of Grace Neill, his associate in the Department. Neill was a formidable lady - it was not without reason that she had

---

66. For example, NZPD, 125, p.606 (18 September 1903, T. MacKenzie).

67. NZPD, 124, p.389 (11 August 1904).

68. Annual Report on Hospitals and Charitable Institutions, AJHR, 1898, H.22, p.5.

69. *ibid.*

become New Zealand's first senior female public servant.<sup>70.</sup> Her past experience included nursing and midwifery training, marriage and motherhood, the editing of an English journal in Germany, management of her own typewriting business, service on a Queensland Labour Commission, and in New Zealand's Department of Labour. She had also been an official visitor to the Pōirua Asylum and had served on a Commission of Inquiry into charitable relief in Christchurch. The breadth of her experience was therefore considerably greater than MacGregor's.<sup>71.</sup> He, however, was a male and the necessary letters after his name gave him a salary more than five times her own. Neill was at one with MacGregor in her views on charitable aid, believing that 'the existing mode of out - relief encourages a cancerous growth of pauperism and many another social evil'. Her reports on the subject were, however, more restrained and more specific in their criticisms. The Webbs noted her ability at the same time as they reported MacGregor's 'muddleheadedness',<sup>72.</sup> and her efficiency and experience were commended in parliamentary debates.<sup>73.</sup>

The reasons for Neill's appointment are interesting. In April 1895 MacGregor wrote to Reeves requesting the transfer of Neill from the Labour Department to his own:

Experience has shown that a lady-assistant's help is indispensable to me for the purpose of getting full information regarding the circumstances and deserts of the recipients of Out-door relief which if it is allowed to go on as at present must break down the finances of the Colony. It is also necessary that I should have the help of an able and experienced woman in enquiring into the charge

---

70. At a valedictory tea on her retirement Neill claimed that, as the first woman employed in the New Zealand public service, she was asked to enter and leave the buildings either before or after the men, 'so that the men's feelings would not be hurt'. New Zealand Free Lance, 8 December 1906, p.9.

71. See M. Tennant, 'Mrs Grace Neill in the Department of Asylums, Hospitals, and Charitable Institutions', New Zealand Journal of History, April 1978, pp.3-16, for a more detailed account of Neill's career.

72. Hamer (ed.), p.53.

73. See, for example, NZPD, 138, p.251 (12 October 1906, G. Fowlds, W. Herries).

Grace Neill, New Zealand's first senior woman public servant. An exceedingly capable and experienced woman, Neill was highly respected by all who knew her, and escaped much of the criticism directed at MacGregor. In his biography of his mother, J.O.C. Neill describes her as red-headed and unconventional, an avid cigarette smoker at a time when the practice was considered most unladylike.

Photograph: Alexander Turnbull Library.



of blackmailing women applicants by the relieving officers of the boards. Such charges have frequently been made against officers in all the large centres. Again, the nurses of our hospitals and asylums cannot be completely managed now-a-days without female assistance. 74.

It is clear that even the masterful MacGregor felt unable to cope with obstreperous nurses and conniving, blackmailing, female indigents. A female inspector would, it was hoped, show greater insight than a man in dealing with members of her own sex, and prove more adept at ferreting out cases of brazen exploitation. The tendency to use women volunteers and officials for the management of women deviants was one that was repeated further down the administrative structure (see Chapter Four).

Although Neill deputised for MacGregor in a number of inquiries into charitable relief, nursing matters came to take up an increasing amount of her time. In this respect her career illustrates the growing specialisation within the Department, and the relegation of the woman inspector to spheres which were thought appropriately 'female'. It was nonetheless these fields which gave Neill a claim to greater practical achievement than her chief. She initiated - admittedly, with his concurrence - the 1901 Nurses Registration Act and the 1904 Midwives Act, and was directly responsible for establishing the first three St Helen's Maternity Hospitals.

The administration resulting from these measures decided how her successor, Hester Maclean, would spend her energies. Maclean's own background also led her firmly along the path to Director of Nursing Services. Like Neill, she was a trained nurse, but Australian born and trained. Though possessing a wealth of experience within her field, she lacked Neill's broader social perspective. Having been matron of a cottage hospital, a private mental hospital, and a hospital for women and children, and a district nurse in Melbourne, she found that many of her previous appointments had a direct bearing on the New Zealand Department's emerging

---

74. Dr MacGregor to W.P. Reeves, 4 April 1895, 30/54/10, Health Department.

concerns.<sup>75</sup> Maclean was used to authority and control - as she wrote to her friend Agnes Bennett after an unsatisfactory period under another matron, 'I must say I prefer being the boss myself'.<sup>76</sup> At the same time she was a product of the hospital system which, whatever her command of nurses, had probably instilled in her a suitable deference toward doctors and other male superiors. Neill, who boasted that she loved to 'bully the male if he be placed in the position of superior officer' thought that Maclean had too lofty an opinion of the opposite sex.<sup>77</sup> Maclean maintained a close and loyal relationship with Valintine and expressed her relief that he, and not Mason was given command of the combined departments in 1909.<sup>78</sup> Though Maclean's work was more restricted in scope than Neill's had been, her supervision of the nursing service came at an important time in its development. She, even more than Neill, was responsible for the development of the nursing service as we know it today.

Valintine remains a much more shadowy figure than MacGregor, a clear example, however, of the species 'bureaucracy'. (The 'big-jowled Director', Doris Gordon once called him, 'more familiar with bureaucracy than the practice of medicine').<sup>79</sup> His background, like Maclean's, directed his interests along more narrow medical lines than his predecessor's. He had emigrated to New Zealand in 1890 and set up practice in Inglewood in 1891. Ten years later he became District Health Officer for the Wellington area, the following year was appointed Deputy Chief Health Officer, and from this position stepped into MacGregor's shoes.<sup>80</sup>

---

75. Hester Maclean, pp.17-18.

76. Hester Maclean to Agnes Bennett, 2 October 1898, A.E.L. Bennett Collection, MS Papers 1346, Folder 208, Alexander Turnbull Library.

77. Grace Neill to Agnes Bennett, 20 March [1912?], *ibid*, Folder 211.

78. Hester Maclean, p.53.

79. Doris Gordon, Backblocks Baby Doctor, London, 1955, p.159.

80. G.H. Scholefield, Who's Who in New Zealand and the Western Pacific, 1908, Wellington, 1908, p.173.

His public health experience no doubt stood him in good stead when the Departments of Health and Hospitals were amalgamated. His years in general practice had given him a deep sympathy for the difficulties of settlers in isolated country districts, and his inspectorate was consequently marked by pressure put on hospital boards to establish cottage hospitals and a 'back-blocks district nursing scheme'.<sup>81.</sup>

This is not to say that Valintine neglected the question of charitable aid. It was, he told the 1908 conference of hospital boards, the greatest of all problems before them. Modestly disclaiming to have the 'pen of [his] predecessor, with which, year in and year out, in vigorous and picturesque language he denounced the system which is gradually weakening the moral fibre of the people...!', Valintine urged them to avoid false feelings of sickly sentimentalism, advocated charity organisation, and the workhouse test for the able-bodied.<sup>82.</sup> But though he so dutifully echoed MacGregor, his statements lack the intensity which characterised MacGregor's writings. There is not the same sense of outrage; the affronted reaction of a high-principled man to the very worst in human nature.

Whereas MacGregor had begun his inspectorate by organising the hospitals and then turning his attention to charitable aid, Valintine simply had not the time to carry his intentions through. The new Bill had to be knocked into shape and then implemented, and the amalgamation of the two departments and consequent retrenchment drew so heavily on his energies that it brought him near to breakdown.<sup>83.</sup> He did not get on with David Buddo, Minister of Health from 1909 to 1911, and found the situation whereby Health and

---

81. Hester Maclean, p.86. In 1908 he reminded the Conference of Delegates of Hospital and Charitable Aid Boards and Separate Institutions that he had previously worked in a large country district, often taking journeys of forty to eighty miles to patients, and undertaking the duties of nurse as well as doctor to women during their confinements. AJHR, 1908, H.22A, p.14.

82. *ibid.*, p.18.

83. Dr Makgill to George Fowlds, 16 November 1909, Fowlds Papers, 2/114.



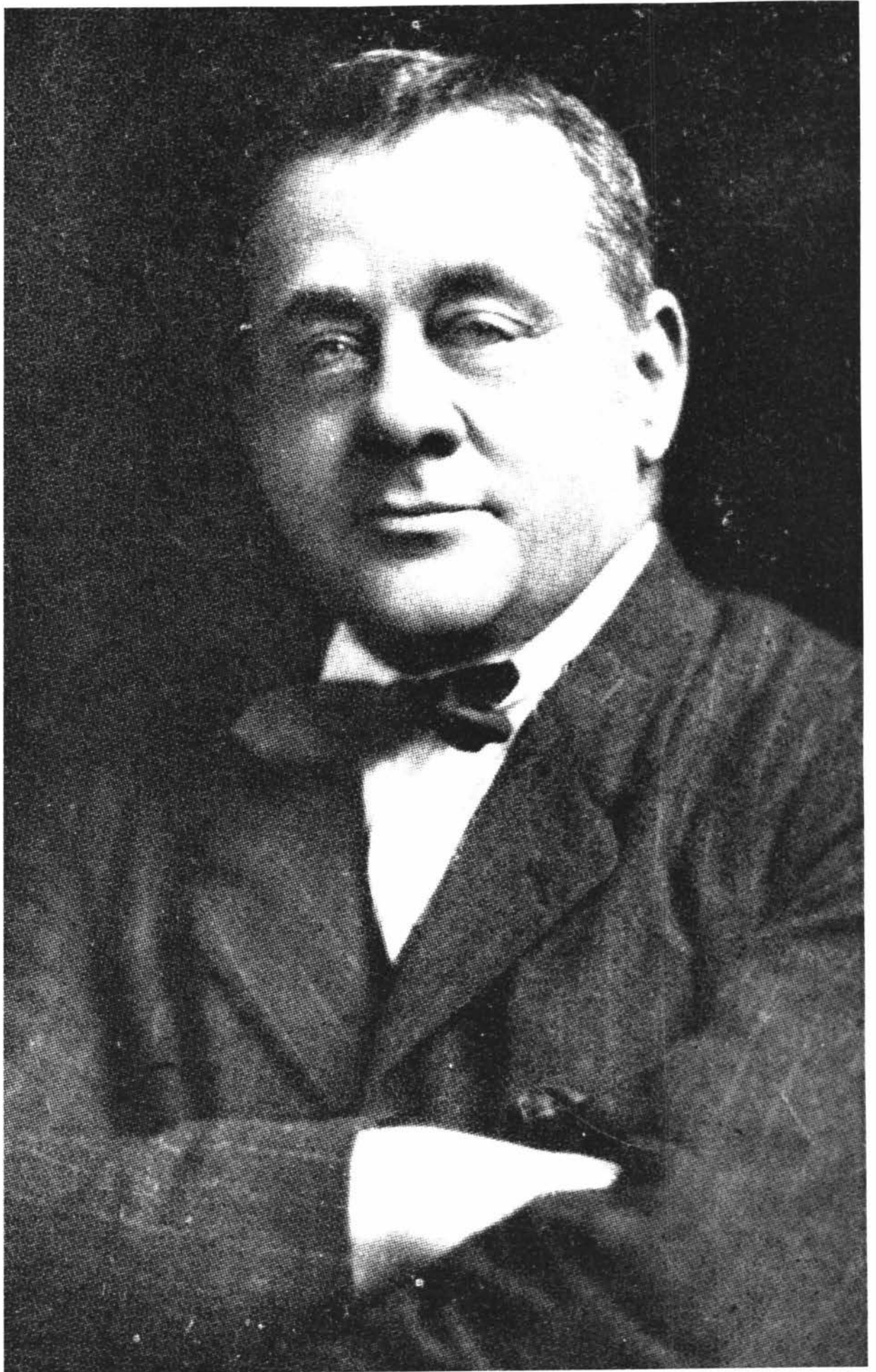
Hester Maclean, first Director of the Health Department's Nursing Division. Maclean served overseas as Matron-in-Chief of Nursing Services during World War I. She is seen here in uniform.

Photograph: Alexander Turnbull Library.



T.H.A. Valintine, Doris Gordon's 'big-jowled' Director. Valintine was head of the Health Department until 1930.

Photograph: F.S. Maclean, Challenge for Health.



Hospitals were under two ministers most unsatisfactory. In 1910 personal tragedy struck when Valentine's wife died of puerperal eclampsia. 'Speaking plainly I lost a good deal of time and heart last session and was conscious that I was not too keen', he later wrote to George Fowlds.<sup>84</sup> Amendments to the 1909 Act also required careful planning: the 1910 Amendment, which gave certain public health responsibilities to hospital boards was an especially 'great score'.<sup>85</sup> With war, followed by epidemic and another departmental reorganisation, Valentine was never able to give charitable aid the close scrutiny he had originally intended. In 1909 he directed Miss Bagley, a nurse inspector, to inquire into outdoor relief during her midwives' visits but, he casually noted, nothing very glaring was exposed.<sup>86</sup> It seems that Valentine was sufficiently aware of his own deficiencies in the field to recommend in 1922 the appointment of an officer versed in relief from the United Kingdom.<sup>87</sup> The matter was not pressed and no such appointment was made.

F.S. Maclean describes Valentine as essentially a hospitals man,<sup>88</sup> and it is true that any little homilies in his reports related to hospital matters ('Justice is a blind goddess; so is a matron without scales').<sup>89</sup> His most frequently voiced concerns were hospital wastage and the failure to collect fees. At the same time he gave due emphasis to the preventive role of public health, even if he did delegate many of the details to subordinates.

---

84. Dr Valentine to George Fowlds, 21 January 1911, Fowlds Papers, 2/135. This and other letters show that Valentine and Fowlds were on very good terms and Valentine urged Fowlds to take responsibility for the combined departments - Buddo, he said, was unable to grasp the Act.

85. *ibid.*

86. Annual Report on Hospitals and Charitable Institutions, AJHR, 1909 (S.2), H.22, p.8.

87. Annual Report of Department of Health, AJHR, 1921-1922 (S.2), H.31, p.5.

88. F.S. Maclean, p.28.

89. Annual Report on Hospitals and Charitable Institutions, AJHR, 1909 (S.2), H.22, p.5.

Valentine's reports differ from MacGregor's. They are much more complex and detailed, using information collated from the new statistical forms introduced in 1908. The Inspector General's personal concerns still show through, but they are more discreetly promulgated. Valentine remained a dominant figure within the Department, but fitted far more comfortably within the bureaucratic framework than MacGregor could ever have done. He was, however, no theoretician and had less occasion than his predecessor to think in terms of wide-ranging social policy. And it is likely that he had considerably less latitude to publicly express whatever views he held.

The question of Departmental control over the hospital boards assumed greater importance as the government contribution to their revenues rose. As indicated earlier, one intention of the 1885 Act was to limit government expenditure on hospitals and charitable aid. Instead, as rated revenues rose, so was the government's subsidy forced up. In 1903, when the subsidy exceeded £100,000 per annum, Seddon called the situation 'almost farcical', pointing out that

Members review and criticize the expenditure of those Departments directly controlled by the State, but in this, which to all intents and purposes is a Department of State, neither the House nor the Government has any voice in the administration and cost, although providing by far the largest share of the money. 90.

Seddon recommended that the government's input should be a set amount voted annually, and that the Inspector be given authority to stop the subsidy to boards and trustees who failed to meet their obligations.

This last power was granted by the 1909 Act. It is debatable whether this meant that subsidies could be held back on account of unreasonable or wasteful expenditure. This was never, in any case, put to the test, for as a 1920 departmental memorandum stated:

---

90. NZPD, 124, p.389 (11 August 1903).

Subsidy ... has never yet been withheld, in fact it would be difficult to do so, as if it were withheld it would mean that the Board was short of funds and would levy its requirements the following year, receiving subsidy thereon automatically.... The Department's powers are rather in the direction of moral suasion, and there is seldom a question of any importance where the Department's requirements have not in the long run been given effect to. 91.

The memorandum suggests that the Department's real powers went beyond those conferred by statute. A closer look at the Department's activities shows that there were a number of channels through which it could tender advice or exert pressure as occasion demanded. Many of these existed in MacGregor's day, and even the power to inspect and recommend was by no means ineffectual. The Inspector's attendances at board meetings and conferences, the distribution of circulars, standardised by-laws and, later, a journal, the authority to mediate in disputes and to demand statistical returns - all these fostered a certain uniformity and helped establish the Department's authority. The extent to which the Department could fully exploit these channels was limited by its chronic understaffing and the possibility of ministerial interference in its actions.<sup>92</sup> And, since the boards were very jealous of their independence, their relations with the Department were likely to be characterised by mutual hostility.<sup>93</sup> Financial constraints and concern

- 
91. Replies to questions asked by Mr Hanify for the information of the Hon. J. Huxham, Secretary for Public Instruction, Brisbane, 12 April 1920. Quoted in *A Health Service for New Zealand*, AJHR, 1975, H.23, p.28. This letter could not be located in the file cited (H170/3, 12345).
92. In 1908, for example, Fowlds wrote that he had had the section of the Annual Report relating to the Auckland Hospital 'toned down considerably'. It was however 'always a delicate matter' for the Minister to interfere with the reports of his officers. Fowlds to Mr George Knight, 14 September 1908, Fowlds Papers, 1/30.
93. A cutting from The Dominion, 13 January 1922, records threats of the wholesale resignation of hospital boards in response to a proposed hospitals bill. A comment in the margin of the Health Department file tersely notes 'At least one good effect!' H.50/3, (01263).

over public reaction would deter them from implementing even those policies which they and the Department agreed were desirable. On the other hand, as the boards' duties became more complex, there was a tendency for them to actively seek the Department's advice. The question then is whether the Department's influence was as fully extended with regard to charitable aid as it was to the hospitals side of its work.

Detailed knowledge of the Department's working in its early years is obscured by the lack of available records before 1909. The Inspector General and his staff spent a good deal of time travelling around the country's hospitals, asylums, and charitable institutions.<sup>94</sup> The annual reports suggest that each institution was visited at least once, and probably twice a year. There were unsalaried official visitors to assist with the asylums inspection, mostly political appointees, local notables and, later, labour representatives. But the Department had no such assistance with the hospitals and charitable institutions whose expansion must have invited a more cursory inspection. Adverse reports on institutions were met by accusations of bias and perfunctory inspection, one of Fowlds' correspondents, for example, suggesting that 'Dr MacGregor's reports would command more confidence if they were the results of personal knowledge obtained by more frequent inspections'.<sup>95</sup> The Commission of Inquiry into the Costley Home in 1904 revealed gross and longstanding deficiencies which, the Auckland Board claimed, had not been noted by the Department's inspectors.<sup>96</sup>

Unless inspections were frequent and unannounced, the utility of the entire exercise might appear to have been in doubt. At the same time, it is not difficult to cite

---

94. Grace Neill was absent on inspections so often that her young son had to be sent to boarding school.  
J.O.C. Neill, Grace Neill, Christchurch, 1961, p.27.

95. S. Saunders to George Fowlds, 28 September 1906, Fowlds Papers, 2/13.

96. Report of Commission on the Costley Home, AJHR, 1904, H.26, p.7, p.9.



instances where omissions were recorded in the Inspector's report, and acted upon by the board or trustees concerned. MacGregor was satisfied that his critique of outdoor relief in the 1888 Annual Report resulted in tighter administration, while some of the larger boards responded to a later recommendation and appointed female relieving officers. The Inspector's advice was most likely to be heeded when it related to institutions. Most boards, for example, accepted that the old age pensioners in their homes should be given a small allowance from their pensions. Those which did not, found themselves under constant pressure from the Department, their meanness revealed by a table in the Annual Report. Under these circumstances even the North Canterbury Board eventually came into line (see Chapter Six). Likewise, when the Department began to recommend the use of trained nurses in the homes its advice was taken. The Otago Benevolent Trustees even called upon Valintine and Maclean to establish ground rules governing the relationship between trained and untrained staff in their institution.<sup>97</sup> Specific recommendations on the physical condition of the institutions were most likely of all to be implemented - the need of a coat of paint, new lavatories, an isolation ward, an armchair or two. Though the availability of finance was often the deciding factor, boards were sensitive to any adverse comparison with other boards. The annual report held them up to scrutiny and, if nothing else, could be expected to stimulate public debate.

The personal influence of the Inspector General was also vital. The 1909 Act gave him authority to call meetings of hospital and charitable aid boards and to attend and speak at any meeting of a board (clause 75). Though even under MacGregor special meetings of boards had been convened to coincide with an official visit, the practice seems to have been more common in Valintine's time. Hester Maclean comments on Valintine's great influence over the boards and his ability to sway a meeting to his opinion even when it

---

97. Otago Benevolent Institution,  
Minutes, 7 August, 4 September 1907.

seemed hopeless.<sup>98</sup> As might be expected, he frequently attended meetings of the Wellington Hospital and Charitable Aid Board to give advice and generally to familiarise himself with its workings. As the boards' responsibilities became more complex they increasingly sought the Department's advice and in 1914 Valintine informed the Minister that 'The Hospital Boards constantly invite the attendance at their meetings of the responsible officers of the Department, they submit many questions of policy for the opinion of the Department, and the submission of the plans of the extensions of their institutions alone involves a considerable amount of work'.<sup>99</sup>

Conferences organised either by the boards or by the Department provided another medium through which the Department could exert its influence. Conferences of charitable aid boards were organised in 1897 by the Wellington and Wairarapa Board, and in 1904 by the North Canterbury United Board. On each occasion the Inspector General and his deputy were invited to attend and comment on discussion. The 1908 Conference was arranged by the Department, specifically to solicit support for a new Bill. The prospect of a conference in 1911 was not at first welcomed by Valintine. He nonetheless took full advantage of the opportunity to promote the Department - so much so that one delegate publicly complained of his influence over the Conference.<sup>100</sup> At both the 1908 and 1911 Conferences delegates were addressed at length by the Minister and the Inspector General and the latter played a dominant part in discussion. There were occasional clashes between delegates and the Inspector General, especially when it was feared that the government intended to off-load its responsibilities onto the boards, but with regard to charitable aid policy the Conference participants were as one. In 1911 Valintine agreed with

---

98. Hester Maclean, p.54.

99. Dr Valintine to Minister of Health and Hospitals, [n.d. 1914?], H 181/1.

100. New Zealand Times, 7 July 1911, Wellington Hospital Board, Press Cuttings Book, 1911.

the charitable aid remits put forward, most vigorously endorsing those which sought labour farms for wastrels and greater uniformity in charitable methods. The 1911 Conference ended by acclaiming his contribution. His knowledge, it was said, had been 'a great help'.<sup>101</sup>

One of the remits put forward by the 1911 Conference had sought the Inspector General's arbitration in disputes between boards. These mostly involved disputed settlement and responsibility for the burial of indigents. MacGregor had been most concerned at the amount of wrangling on this score and had urged boards not to claim off one another.<sup>102</sup> The 1913 Hospitals and Charitable Institutions Amendment Act gave the Minister (in effect, the Inspector General), power to decide for one board or another in such instances. As noted in the previous chapter, this gave the Department further opportunity for leadership and intervention, since the cases referred to it were both complex and varied.

A man was drowned and his body washed up on the Southern Beach of the Manawatu Heads. The body was taken to Foxton for inquest and burial. Who should bear the cost: the police, who authorised the burial, the Wellington Board, in whose district the body was recovered, or the Palmerston North Board, in whose district it was buried?<sup>103</sup> An Otautau woman gave birth to an illegitimate child in Dunedin and immediately placed it in the Caversham Industrial School. Was the Otago Board, or the Wallace and Fiord Board (in whose district the mother lived), responsible for its maintenance? The Otago Board, said the Minister: though under the English Poor Law an illegitimate child retained its mother's settlement, this was not the case in New Zealand, and the child itself had always resided in Dunedin.<sup>104</sup>

---

101. Minutes, Reports of Proceedings etc., of the Hospitals Conference, June, 1911, AJHR, 1911, H.31, p.254.

102. NZPD, 148, p.506 (1 December 1909, Hon. C. Luke).

103. R.H. Rhodes to Solicitor-General, 5 August 1914, H 54/8.

104. Minister of Hospitals and Health to Crown Law Office, May 1915, H 93/12.

An elderly miner was treated and died in the Dunedin Hospital. He had claimed to have come from Southland. The Southland Board denied responsibility. Solicitors' letters and abuse were exchanged. The dispute was referred to the Minister who decided that the Southland Board was indeed responsible, but regretted that both boards had acted in 'a very poor spirit'.<sup>105</sup>.

From 1917 such decisions could be recorded for the enlightenment of all hospital boards in the Department's own publication, the New Zealand Journal of Health and Hospitals. The Department used the Journal to rally the troops: to print informative material from overseas sources, to scold those boards whose work was not up to scratch, and to bring them into closer contact with departmental policy. Since E. Killick, the Chief Clerk, was editor of the Journal, it placed a distinct emphasis on office and accounting procedure. With a certain naive optimism Killick assumed that secretaries with 'good ideas' in these fields would contribute articles to educate and encourage their weaker brethren. He enthusiastically offered a £10 prize for the best essay on 'The Economic and Efficient Management of Public Hospitals from the Secretary's Standpoint'; further competitions on 'The Matron's Side of Hospital Administration' and charitable aid were to follow.<sup>106</sup> There were no takers. As an exercise in participatory journalism the publication was a dismal failure. Most hospital board employees were simply too busy with their regular duties to respond to the editor's pleas for notes and other feedback. When, however, the pages of the Journal were reduced as an economy measure a number of boards belatedly protested that the Journal was invaluable. The chairman of the Taranaki Board assured the Department:

Our Board ... consists of farmers and businessmen who have not previously given serious thought to the question of Public Health. Your Journal has opened out to

---

105. Correspondence between Otago and Southland Boards and the Department, August to December 1914, H 92/12.

106. JPH, Vol.1, January 1918, pp.178-79.

us a wide and deeply interesting horizon and enabled us to take a practical grip of the main question that comes up before us. 107.

The chairman perhaps revealed more than he intended. It was unfortunately typical that members acquired the relevant knowledge after, and not before their election to a hospital board.

Throughout its existence from 1917 to late 1921, the Journal published statistics on infectious diseases, reports from overseas journals and departmental circulars, press reports on board meetings, reminders that information was due, and notification on conferences. Notes and articles in the Journal covered a wide range of issues, among them, hospital patients' payments, hospital book-keeping, the Social Hygiene Bill 1917, the Plunket Society and the Department, 'sponging' on public hospitals, the training of nurses in small hospitals, maternal mortality, the hospital dietician, alcoholism and shell-shock, and twilight sleep. Charitable aid was not neglected. There were, for example, articles on 'The Law of Settlement', 'Methods of Administering Charitable Relief', 'Existing War Conditions and Charitable Relief', 'The Preparation of Charitable Aid Statistics', 'Allowances to Old Age Pensioners by Hospital Boards', 'The Maintenance of Dependents of Prisoners and Persons Hanged by the State', 'Hospital Social Services' and 'Unemployment and Charitable Relief'.

In May 1919 the editor commented on the increasing interest in the Journal, and in response to an apparent need, featured answers to questions on hospital board administration.<sup>108</sup> Though the elementary nature of some of the questions showed a definite need for the service, the Journal was axed in 1921 as a retrenchment measure. This particular avenue of influence was abruptly terminated.<sup>109</sup>

---

107. T. Fraser to Department, 1 May 1918, H 54/16.

108. JPH, Vol.2, May 1919, p.110.

109. Secretary of Treasury to Director General of Health, 16 November 1921, H 54/16.

The Journal's emphasis on routine and statistical procedures showed the growing importance of information-gathering. Statistical information became an adjunct of central powers. From 1888 the Department's returns showed receipts and expenditure on hospitals and charitable institutions. In 1896 MacGregor introduced a new statistical form, seeking 'causes of poverty' and the decisions made in outdoor relief applications. From 1908 still more information was sought. The availability of statistical information on hospitals was far more comprehensive than on charitable aid in the following years, but even so details were for the first time available on the charitable institutions, old age pensioners in the institutions and, on occasion, the nationalities of those in receipt of relief. By 1915 the statistical returns to the Department were so extensive that they were published in a separate volume rather than being bound with the annual report. The effect of such material was to give the Department and the boards an overview of past developments and, ideally, to foster future planning. It enabled a quick comparison of the different institutions and boards and the Department was able to point out any glaring anomalies. The returns furnished by the boards could be used to exert pressure for reform, since no board wanted its inefficiency so palpably revealed.

But here a problem arose. In 1908 Valintine complained that the returns sent in by some boards could scarcely be called 'roughly approximate', and that such dubious returns nullified the value of the whole exercise.<sup>110.</sup> He sent out more detailed guides on the preparation of the annual report, but even then found the varied ability of hospital board secretaries extremely frustrating. Though the 1913 Amending Act required that secretarial appointments be referred to the Department, the quality of staff employed by the smaller boards long gave cause for complaint. Few such men had experience of accountancy, and even into the 1920s some were part-time officers.<sup>111.</sup> From 1913 the

---

110. Annual Report on Hospitals and Charitable Institutions, AJHR, 1908, H.22, p.6.

111. Appendix to the Annual Report, (Hospitals and Charitable Institutions Statistics), 1927, p.46.

Department could at least take action against secretaries who delayed submitting returns, and it always stressed its willingness to assist in their compilation.

The problem of obtaining accurate charitable aid statistics went beyond hospital board inefficiency, however. Indoor relief statistics were relatively straightforward since they were derived from an institutional framework. It was not difficult to establish the number of inmates and staff members, the cost of maintenance and payments received, as was done for hospitals. Outdoor relief was a different matter altogether. The form which MacGregor introduced in 1896 met with a very incomplete response, some of the largest relieving bodies giving only partial figures, or none at all. The tables furnished were so lacking in uniformity that Valentine abandoned them altogether in 1909.<sup>112</sup> Attempts to gain more accurate results were deferred because of depleted hospital board staffs during the war years,<sup>113</sup> and not until 1921 did tables reappear stating 'causes of poverty' in outdoor relief.

The problems involved in this procedure were neatly summed up by A.H. Truebridge, Wellington's superintendent of charitable aid. Truebridge, who fancied himself as something of a social scientist, believed that 'social phenomena are as much the outcome of fixed laws as are physical phenomena', and that the collection of accurate statistics had a value which was 'scarcely possible to fully appraise at this stage of our local social development'.<sup>114</sup> This was advanced thinking indeed from a hospital board employee, and Truebridge's analysis naturally featured in the Department's Journal.

When asked the number of 'cases' dealt with, should one include both parents and the children of a family, and if the latter, what age-range should be included? What was the precise difference between casual and long-term relief?

---

112. JPH, Vol.1, September 1918, p.263.

113. *ibid.*

114. *ibid.*, p.257.

How did one define rations granted, and should the information be given in quantity or in monetary value? Truebridge addressed himself to all these questions and suggested, in addition, a basic classification for assessing the primary cause of poverty in each case.<sup>115</sup> Even so, his proposals were crude and misleading, for part of the problem arose from the type of question being asked. A single 'cause' of poverty did not allow for the complexity of the individual case, nor for rapidly changing family circumstances. Statistics on outdoor relief therefore remained less complete than those for hospitals and indoor relief, and offered the Department less opportunity for intervention and comparison. The Department could always look at total expenditure on outdoor relief and query an unsatisfactory result, but this was more a feature of MacGregor's regime than of the prosperous years after 1900.

On a more regular basis the Department disseminated and requested information through letters and circulars to the boards. Usually these involved relatively mundane matters. In 1915, for example, letters to the Palmerston North Hospital and Charitable Aid Board from the Department made suggestions on by-laws for the Awapuni Old People's Home, reminded the Board of the urgent need for economy, gave advice on hospital and charitable aid accounts, and noted a recipe for the extermination of flies. On occasion however, such circulars confirmed important shifts in policy. A circular of 1921, for example, urged all hospital boards to use the words 'charitable aid' as little as possible in connection with their relief activities. Since the offending words had been removed from the boards' titles in 1920, and had informally been dropped by the Department in 1920, it was thought that the terms 'social welfare' and 'pecuniary

---

115. *ibid.*, pp.258-59.

Truebridge derived an order of classification whereby the different 'causes of poverty' would be applied in order of importance: insanity, imprisonment, old age, widowhood, illegitimate maternity, desertion, sickness, physical defects, physical inefficiency, unemployment (involuntary), unemployment (voluntary) and 'indeterminate'.



relief' were much more suitable.<sup>116</sup> The aim, it seems, was to remove all taint of charity from the boards' activities. The difficulty of achieving this by a mere change of terminology drew some good humoured banter from Truebridge:

Personally I am gradually introducing the term 'maintenance Advance', which appeals to me on two or three grounds. First, it is delightfully obscure - there is no remotest hint of relief nor charity nor aid nor poverty nor indigence nor assistance nor anything in the slightest degree derogatory to the 'eminent personal dignity' of anybody.

Then its obscurantism is of a precisely popular type. Am I not daily assured by 'clients' that charity is not desired and would, if offered, be indignantly repelled, but that what is desired is a loan which will certainly be repaid when an available opportunity presents itself. The term would therefore not only be non-irritant but positively comforting. Interpreted in terms of rations or a pair of pants it would imply at once a satisfaction of the grosser material appetites combined with the soothing of the infinitely delicate and tender feelings and susceptibilities....

And beyond the above ... there is the fact that it really has some logical basis inasmuch as the receiving of this unnameable thing legally creates a state of debt. Perhaps this slight trace of rational origin might be deemed a fatal objection but I really do not think it would be recognised either by the political leaders or Social Reformers....

P.S. Forgive me! but did you notice that your circular 43/21 refers to 'charitable aid', Dear! Dear! 117.

Truebridge's letter, with its gentle thrust at 'political leaders' and 'Social Reformers' shows the difficulty of shaping charitable aid practices from above. The discretionary powers of charitable aid committees were all-pervasive. It was they who met daily with charitable

---

116. Memorandum for Accountant and Chief Clerk, 7 November 1919, Draft Circular to Hospital Boards, 6 June 1921, H 50/3/3.

117. A. Truebridge to Mr Killick, 16 June 1921, H 50/3/3. See also JPH, Vol.4, July 1921, p.193. Punctuation as in the original.

aid applicants and whose attitudes were likely to acquire no small measure of cynicism and mistrust. And Truebridge was quite correct. No department could alter the fact that charitable aid remained charitable aid whatever the name bestowed on it. It was precisely the persistence of attitudes underlying charitable aid which makes it so relevant to welfare even today. But in 1921 the Department might have anticipated the last word. Truebridge did eventually become the 'Superintendent of Social Welfare' for the Wellington Hospital Board.

The period 1885 - 1920 was a time of transition for the Department of Hospitals and Charitable Institutions. Its development during that period falls into two approximate parts, each dominated by an Inspector General of very different personality. MacGregor is probably best characterised as 'pre-bureaucracy' because of his own very individualistic outlook and his lack of an effective supporting structure. From him came the most emphatic policy statements ever to be made on charitable aid. His views on charitable aid were far more penetrating than those of his political superiors, who were responsible for the laws governing hospitals and charitable aid. MacGregor did not see as his role the uncritical implementation of the legal framework which he had inherited in 1886. He developed his own agenda for reform, one with distinctly coercive elements. But although the Inspector's concern was echoed in newspaper articles and parliamentary debates, this concern did not lead to action along the lines MacGregor advocated. His more extreme solutions were not to the public taste, and were probably too expensive for the government to countenance. Frustrated by his lack of legal powers, MacGregor attempted to influence the individual case, but the effort required a constant surveillance well beyond his resources.

Valentine was less concerned with charitable aid than with preventive policies which might eventually eliminate charitable aid altogether. In his early years he echoed

MacGregor's alarm, but by 1920 the Department's statements on charitable aid appear relatively moderate. In 1918 its Journal recorded that 'Charitable aid is not a burning question in New Zealand, and therefore has not exercised any particular comment'. The Journal anticipated that it would be a very long time before the issue became acute and supported any improvement in the 'machinery existing for the welfare of the people'.<sup>118.</sup> Public health and economic explanations were more likely to be advanced to explain distress. In 1919, for example, the statistical appendix to the Department's report noted that 'Economic causes have tended to increase the poverty existing in New Zealand', and laid the blame on an acute shortage of houses and the high rents being demanded.<sup>119.</sup> The stress on a more acceptable terminology for charitable aid was in itself an indication of more tolerant attitudes. At the same time the old fear of 'pauperisation' did not entirely disappear. Even at departmental level it was prone to surface in time of economic recession, when expenditure on charitable aid showed a sudden rise. In 1921, for example, Valintine expressed his unease at the way in which charitable aid was administered, fearing that families of the third or fourth generation were now receiving alms.<sup>120.</sup>

The bureaucratic imperative was by no means inoperative at the centre. But it did not depend greatly on powers conferred by statute. Informal channels of influence ultimately proved the more valuable, though the statutory powers of the Department in relation to indoor relief were increased from 1909. The Department could, and did, influence the siting of homes, the selection of staff, and the mix of inmates within. Outdoor relief was different again. Sometimes the Inspector General's suggestions were adopted, but more often he could do little more than try and influence public opinion against harmful practices. The supervision of outdoor relief required an energy and a conviction that only MacGregor displayed, and even he was defeated in the end.

---

118. JPH, Vol.1, August 1918, pp.234-35.

119. Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics) 1919, p.3.

120. Annual Report of Department of Health, AJHR, 1921-22 (S.2), H.31, p.5.

## Chapter Three

### THE BOARDS

Between the Department and the recipients of charitable aid, and subject to pressures from both, were the boards established under the 1885 Act - charitable aid boards, hospital and charitable aid boards, and the boards of separate institutions. No matter how clear the Department's policy goals, the routine administration of hospitals and charitable aid was out of its hands. Even if it had local agencies of its own to distribute relief, the small, over-worked central Department would have been hard put to influence daily decisions. But from 1885 the power to administer relief was given to these independently constituted local boards. The perspective of board members was derived from local government and was not likely to embrace either MacGregor's wide-ranging social view, or Valentine's concern for bureaucratic rationality.

Rein and Rabinovitz suggest that policy implementation depends very much on the number of levels of administration and the agencies or participants who have a say in the process, or who are able to veto decisions at any stage. Participation, they conclude, inhibits decision-making.<sup>1</sup> The boards could choose for the most part whether to accept or reject recommendations from the Department. They also had the power to evolve policies of their own. Whether they exercised this power depended on the degree of unanimity among their members. Unfortunately, there was discord, not only between the different boards, and between boards and separate institutions, but within all these bodies. The parliamentary conflicts which had added to the complexity of the 1885 Act were re-enacted on the newly constituted boards, and prevented the emergence of consistent relief policies. Effective 'community' involvement assumes community solidarity or agreement. Even on the hospital and charitable aid boards, whose members shared a reasonably uniform social status, consensus was hard to achieve.

---

1. Rein and Rabinovitz, p.328.

By placing hospitals and charitable aid within a local body context, the government hoped to reduce expenditure, and to draw upon community knowledge of applicants. Given the stress on voluntary activity, many also hoped that local government personnel would be more able than central government to tap voluntary sources of revenue. The politicians were soon to be disillusioned on all counts, but in 1887 Stout could still assert that:

The meaning of the Hospital and Charitable Aid Act is this:- First, it gives you local management; second, it gives you, I believe, a cheaper management. I am glad to say that we have found from actual working that once you have placed the hospitals and the distribution of charitable aid in the hands of the local bodies - made them responsible to find part of the money - made them responsible for the administration ... it has been more cheaply done than it had been done in the past, through the central office at Wellington having offices in the various provincial districts. And so it always is with local bodies. 2.

From the government's viewpoint there was obviously much to commend a local body basis to charitable aid. This did not lead, as in Britain, to the widespread involvement of territorial local bodies in social welfare. The creation of ad hoc boards for education, hospitals, charitable aid, and other special tasks reflected the historical inadequacy of local government in New Zealand. The abolition of the provinces hastened the proliferation of road boards, counties and boroughs, units which proved too small and divided, too parochial in outlook, and which lacked the resources to undertake such new burdens as charitable aid. Harbour boards preceded the hospital and charitable aid boards; river, drainage and rabbit boards were superimposed on the local body structure soon after.<sup>3</sup> The usual increase of small local

2. Robert Stout, Political Address by the Hon. Sir Robert Stout, Premier, N.Z. Delivered at Marton on 11th March, 1887, Napier, N.D., p.12.

3. Graham Bush, Local Government and Politics in New Zealand, Auckland, 1980, pp.22-23. See also W.B. Sutch, Local Government in New Zealand - A History of Defeat, Wellington, reprinted 1964.

bodies was boosted by newly separated hospital and charitable aid districts. MacGregor disparagingly termed the process 'multiplying by fission', and predicted total administrative paralysis in local government.<sup>4</sup>

Complexity was therefore the keynote of charitable aid at this, the middle level of administration. It can be seen in the profusion of hospital boards, hospital and charitable aid boards, united boards and separate institutions established under the Act. It is demonstrated by the confusion which characterised the first years of their operation. Although one can reach some broad conclusions about the membership of the boards, this complexity makes it difficult to generalise about their activities. Much depended on the type of board concerned, its location, and the demands made upon it for charitable aid. The personnel and practices of the larger, city-based boards were more sophisticated than their rural counterparts. Only in 1909 was there some simplification, but the boards remained at different stages of development until much later. This Chapter and the next concentrate upon the boards associated with the four main centres, for here the demand for charitable aid was greatest, and the relief organisation most complete.

After the 1886 amending Act had eliminated two of the larger united boards, there were six such boards left, thirteen hospital boards, and sixteen hospital and charitable aid boards. By 1909 there were still thirteen hospital boards and six united boards, though some of the latter had lost constituent districts. Seven districts had made a successful bid for independence from united districts and had formed hospital and charitable aid boards of their own, bringing the total to 23 by 1909.<sup>5</sup>

---

4. Annual Report on Hospitals and Charitable Institutions, AJHR, 1889, H.3, p.4.

5. See Appendix III, A Health Service for New Zealand, AJHR, 1975, H.23, pp.242-243, for hospital districts in New Zealand, 1885-1974. Table IX, Annual Report on Hospitals and Charitable Institutions, AJHR, 1909 (S.2), H.22, pp.63-70, lists hospital boards, united charitable aid boards, and hospital and charitable aid boards in 1909, together with institutions under their control, separate institutions, and contributing local bodies within their boundaries.

Superimposed on the local boards were 27 hospitals and fourteen charitable institutions incorporated as separate institutions. Of these, only nine made no demand on the local rates and they, with the exception of the Hawke's Bay Children's Home retained their independent, state-subsidised existence under the 1909 Act.<sup>6</sup> The majority of separate institutions did call upon the rates for their support, and so provoked great antagonism from the local bodies. The four main centres provide clear examples of the elaborate administrative arrangements generated by the Act. It is worth rehearsing these more fully, to understand how this amalgam of boards and societies could bewilder even contemporary observers.

After the dissolution of the Auckland and North Auckland United Charitable Aid Board in 1887, Auckland was the centre which came closest to the simplified arrangements of the 1909 Act. Governed by a single hospital and charitable aid board, the Auckland district contained no separate institutions until 1890 when the Jubilee Institute for the Blind was established. As the Institute managed on voluntary subscriptions and government subsidy, it made no call on the district board for a share of locally rated funds.

In Christchurch arrangements fell midway in complexity between Auckland on the one hand, and Dunedin and Wellington on the other. For the North Canterbury and Ashburton districts a united charitable aid board had been constituted. This meant that hospital and charitable aid activities were separate in Canterbury, and that the Christchurch Hospital Board and the Ashburton Hospital Board administered the two hospitals. The Ashburton and North Canterbury United Board raised the revenue for charitable aid and administered it directly, in the form of both indoor and outdoor relief. Until 1896 there

---

6. The separate institutions which remained in existence under the provisions of the 1909 Act were the Mercury Bay Hospital, the Oamaru Hospital, the Charleston Hospital, the Wellington Convalescent Home, the Jubilee Institute for the Blind, the Reefton Ladies' Benevolent Society, St Andrew's Orphanage, Nelson, the Wellington Society for the Relief of the Aged Needy, and the Wellington Ladies' Christian Association. New Zealand Statutes 1909, Hospitals and Charitable Institutions Act, Second Schedule, p.106.

were no separate institutions in the district; in that year the Samaritan Home was incorporated against the most vigorous representations of the United Board.

With the exception of funds handed over to the Samaritan Home Trustees, the Ashburton and North Canterbury Board at least expended all the money it raised itself. This was not the case for the boards associated with Wellington and Dunedin. Here arrangements were complicated by the existence of large separate institutions which administered outdoor relief, a controversial operation at the best of times.

In Otago charitable aid came under the Otago, Central Otago, and Tuapeka United Charitable Aid Board. However, indoor and outdoor relief were administered by the Otago Benevolent Trust, a separate institution which by 1898 was spending more than £10,000 of public money annually.<sup>7</sup> Since there was no need for the Trustees' activities to be duplicated, the Charitable Aid Board became a supervisory and fund raising body, deciding how much money was needed from contributing local bodies, applying for government subsidy, and handing most of the funds over to the Trustees to spend. The Charitable Aid Board had direct responsibility for only one institution, the Female Refuge, and the daily management of even this institution it preferred to hand over to a committee of ladies.

Because the United Board had responsibility only for charitable aid there was a quite distinct hospital board for the Dunedin area. Like the United Board, its role was supervisory and financial, for the Dunedin Hospital had been incorporated as a separate institution and came under its own trustees. There was, to be sure, some overlap of personnel, not only between Hospital Board and Hospital Trustees, and United Board and Benevolent Trustees, but between hospital and charitable aid authorities at all levels. This did not prevent competition and conflict, and a feeling that in each case one body was raising money to be spent by another.

---

7. Annual Report on Hospitals and Charitable Institutions, AJHR, 1899, H.22, p.1.



Similar arrangements prevailed in the Wellington area, with the difference that separate institutions were more numerous in Wellington than in Dunedin. Wellington itself had four separate institutions: the Convalescent Home, the Wellington Ladies' Christian Association, the Society for the Relief of the Aged Needy, and the Wellington Benevolent Trust. Only the last of these made any claim on the local rates. The main function of the Wellington and Wairarapa United Charitable Aid Board was, like the Otago United Board, to raise revenue. The actual administration of relief within its area was undertaken by the Wellington Benevolent Trustees (indoor and outdoor relief) and the North Wairarapa Benevolent Trustees in Masterton (outdoor relief only).

As in Otago the picture was complicated by a parallel arrangement of hospital authorities. In the city, for example, the Wellington Hospital Board raised money for the Wellington Hospital Trustees. The Wairarapa Hospital Board raised money for the South Wairarapa Hospital Trustees to spend. There was also a hospital at Masterton which functioned as a separate institution, but did not call on the hospital board for funds.

Though Wellington and Dunedin showed the system in its most complicated form, the whole impressed Beatrice Webb as 'a bewildering chaos of independent local bodies, which overlap each other; which spend without check or supervision money which they do not themselves provide; which are governed in their distribution of aid by no law....'<sup>8</sup>.

This structural complexity was serious enough. The situation was not improved by the boards' hostility to the Act and, often enough, to each other. Hostility was apparent as soon as the boards first met, and rapidly diverted members' attention from the needs of the poor and deprived in their communities. A complicated Act was undermined by the lack of goodwill from its administrators.

---

8. Hamer (ed.), p.49.

In late 1885 there was a period of flux as new boards were established and voluntary societies decided whether to incorporate. In areas where charitable aid burdens were light, the transition progressed relatively smoothly. The Patea and Wanganui United Board, for example, agreed that each local body within the district would as before control its own charitable aid. Local bodies initially assessed their own charitable aid requirements, struck a rate if necessary for half this amount and handed the revenue over to the Board. The United Board applied for government subsidy and handed the total back to the local body for distribution. It was not long before the urban areas of Wanganui and Palmerston North realised the objection to this arrangement. In March 1887 the Wanganui Borough refused to cooperate on the ground that it had more poor to support than the country districts. The Charitable Aid Board was finally forced to make an assessment which covered the whole of its area and the burden of charitable aid was shared more equitably by town and country. Even so, charitable aid expenditure was small.<sup>9</sup>

Elsewhere problems were more serious, reflecting fundamental disagreement with the principles of the Act. The representatives of counties and road boards, in particular, tried to scuttle the new Act or, failing this, to evade its rating requirements. The initial meetings of boards in the four main centres decided on various degrees of non-compliance with its terms. The Auckland and North Auckland Board began its existence with a legal opinion that united boards had no corporate identity and no legal right to strike a rate. All members present thought the district too large, and one member openly hoped that the Act would prove unworkable.<sup>10</sup>

Local bodies everywhere delayed sending their contributions to the boards. This in turn prevented the payment of state subsidies. Some boards and separate

---

9. As a result of the new arrangement the Wanganui and Waitotara Counties' contributions increased from £5 annually to £71 and £65 respectively. The Wanganui Borough had to find £77 in 1887-88, compared with £150 for the previous year. EP, 17 March 1887.

10. NZH, 21 November 1885.

institutions found themselves operating with bank overdrafts. Country areas which anticipated their separation from the united districts saw little reason to cooperate in the meantime, but nonetheless sought immediate and drastic economies in the granting of relief. Stout thought that the Auckland and Wellington charitable aid districts provided the worst examples of disharmony in this period.<sup>11</sup> When the situation in Auckland was rescued by the separation of Waikato and North Auckland from Auckland, Wellington remained torn by dissension. Underlying the conflict were attitudes current in many charitable aid districts.

As soon as it realised the United Board had a majority of country members (and was therefore likely to be unsympathetic), the Wellington Benevolent Institution decided to apply for incorporation as a separate institution.<sup>12</sup> This began a three year saga of hostility and dogged obstruction which at times nearly paralysed the distribution of relief in Wellington. The process of incorporation took some time, partly because of the Trustees' struggle to find the necessary 100 subscribers. The Wellington and Wairarapa United Board delayed meeting in the hope that the Act would soon be repealed. When it did meet, it proved reluctant to call on the local bodies for their charitable aid contribution. The government, for its part, refused to advance any subsidy until the local bodies had been called upon. In the meantime the position of the Benevolent Trustees became desperate. Only by operating on bank overdraft, for which its members were individually responsible, could it pay its lodging and ration contractors. The Evening Post wondered 'Whether it was thought that a practical experience of the pangs of poverty, an entrance on official life in a state of helpless indigence, poor and penniless, might dispose [ the Trustees' ] hearts to more tender consideration

---

11. EP, 19 March 1886.

12. EP, 16 December 1885, 6 January, 1886. The Benevolent Institution had commenced operation in July 1867, and since 1879 had administered the whole of Wellington's charitable aid with assistance from the government and City Council. See EP, 27 March 1886, for the background to the Institution.

for the poor....<sup>13</sup>. In practice quite another rationale prevailed. While the Trustees continued their hand to mouth existence, the ratepayers' pockets were spared.

In March 1886 the United Board unconcernedly - and quite illegally - announced that it would not call on the Wairarapa districts to contribute to the charitable aid fund.<sup>14</sup>. At this point a justifiably irate deputation from the Benevolent Trustees called upon the Premier. Stout agreed that the Board's action was contrary to the letter and spirit of the 1885 Act, but was concerned that any government assistance to the Trustees would allow the Board to further escape its responsibilities.<sup>15</sup> Temporary arrangements were made and by the end of March the Wellington Benevolent Institution was incorporated as a separate institution. From this time the Wellington City Corporation contributed to the charitable aid fund out of its general revenue. In a last-ditch effort to avoid a special charitable aid rate, the Mayor called a public meeting to solicit voluntary contributions to the charitable aid fund. Much was made of the need to avoid a 'poor rate' and the beneficial effect of help gladly and voluntarily given to the poor.<sup>16</sup> Wellington's citizens were not impressed. Voluntary contributions to the extent of the thousands required annually were not forthcoming, and subscriptions promised were not honoured. Within the year a special charitable aid rate had been struck.<sup>17</sup>

The conflict did not end here. Country members on the United Board redoubled their efforts to relieve their districts of the support of the poor. Some members of the Board tried to dispose of the Wellington Trustees altogether and take the administration of relief into their own, more frugal hands. Certainly, said their solicitors, the Board might itself administer relief, but having failed to object to the Trustees' incorporation, it could not now disband the Society.<sup>18</sup>

---

13. EP, 29 January 1886.

14. EP, 11 March 1886.

15. EP, 19 March 1886.

16. EP, 8 June 1886.

17. EP, 1 July 1887. Although 700 promises of subscriptions were received, the Wellington City Council was told that no money had come in.

18. EP, 22 February 1888.

A new attack was mounted. It was one thing for the Board to call on the local bodies for their charitable aid contribution: it was quite another to enforce the demand. The country members used their majority on the Board to prevent it taking legal action against defaulting local bodies.<sup>19</sup> Eventually the Wellington Trustees took legal action to make the Board enforce its rate. Arrears were taken out of the regular subsidy paid by government to all local bodies. By 1889 all but the most intransigent local bodies had given way and instead campaigned for the complete separation of Wellington and Wairarapa.<sup>20</sup> An alternative strategy made them seek representation on the Wellington Trustees, using that vantage point to promote economy in outdoor relief.

The Wellington dispute was more bitter and protracted than similar conflicts elsewhere, but it suggests that the applicants for relief counted for less in the concerns of parochial board members than the ratepayers' pockets. In other districts town-country rivalries were also likely to flare up at any time, and overrode any concerted 'class' initiatives toward the poor. However much members agreed on the need for economy and professed to abhor 'pauperism', it is a mistake to regard the boards as unified bodies able to formulate consistently repressive (or liberal) policies toward the poor.

The method of representation on hospital and charitable aid boards certainly promised more concern with financial than social issues. Board members were not elected by ratepayer franchise until 1909. Before this, they were appointed by the local bodies which contributed to the charitable aid fund. In November of each year the members of these local bodies would agree on one or more representatives, small contributory bodies sharing one or more member between them. Under the

---

19. EP, 11 September 1888.

20. EP, 31 August 1889.

1885 Act representation was allocated according to the population of each locality, but from 1886 it was based on the size of contribution. These representatives did not have to be local body personnel, but most councillors assumed that their fellows would be more answerable to the ratepayers than any outsider. When, for example, local bodies in the Auckland district passed over certain philanthropic gentlemen and placed their own members on the Auckland United Board, they did so with the approval of the press and local Members of Parliament. The New Zealand Herald affirmed that

There are two parties to the Charitable Aid Act - those who need relief, and those who furnish the funds [the ratepayers]; and there may not, in many cases, be a very wide gulf between the worldly circumstances of the one and of the other. The members of the local bodies do not see that they should be instruments for imposing rates which they have to hand over for disbursement to gentlemen who have earned reputations for philanthropy and charity. While regretting that a gentleman like Colonel Haultain, who has devoted much of his time to the administration of our local charities, who has studied the working of such institutions not only here but in New South Wales and Victoria, should not be placed on the Board, we must admit that there is a great deal to be said for the action of the local bodies.... It is always a healthy thing for those persons who disburse money to undertake also the task of raising it, and to have to pay a part of it themselves. 21.

The nine to thirteen members of a hospital and charitable aid board were therefore men whose introduction to local politics came through the territorial local bodies. The boards of most of the large separate institutions were similarly constituted. From 1886 the voluntary contributors could elect only two trustees if voluntary contributions came to less than one-sixth of the institution's total revenue (and this was invariably the case where outdoor relief was distributed). This meant that as many as seven of the nine trustees of a benevolent institution could be appointed by the contributing local bodies - but those seven were not

---

21. NZH, 17 October 1885.

necessarily the same as those who served on the local charitable aid board.<sup>22</sup> As the Herald extract above suggests, some knowledge of the task in hand might work against an individual's appointment to either body. The system was designed to give maximum participation to men whose talents were financial. In his evidence to the 1905 Auckland Hospital Commission Dr Scott, honorary surgeon to the Auckland Hospital and an ex-mayor of Onehunga, confirmed that 'the representative of that district on the Hospital [and Charitable Aid] Board was elected from a financial standpoint - one who would see that as little levy as possible would be made on the local authority....'<sup>23</sup> Other evidence given to the same Commission suggests that a place on a charitable aid board was no very great prize. Even the Auckland Board's chairman, G.J. Garland, had learned<sup>24</sup> of his appointment to the Board in the local newspapers. Despite a malicious suggestion that the local undertaker had a vested interest in getting on the Board,<sup>25</sup> there were probably few, if any, economic rewards in charitable aid board membership. Cynical as always, MacGregor suggested that aspirants to public office sought a place on the boards as a means of gaining cheap popularity.<sup>26</sup> But he did not say whether such persons sought popularity with the ratepayers, or with recipients of charitable aid, and at the time of his comment most appointees already had public office.

Since the composition of the boards and of the larger benevolent societies followed that of the territorial local bodies before 1910, it tended to reinforce existing patterns of influence in the communities. Of the thirty-five individuals who sat on the Ashburton and North Canterbury United Board between 1900 and 1910, and whose occupations can be traced, fifteen were farmers (one retired and living in Christchurch), four were married women and one a female Salvation Army officer, one a Member of Parliament and the

---

22. Hamer (ed.), p.50.

23. Report of the Auckland Hospital Commission, AJHR, 1905, H.22A, p.77.

24. *ibid.*, p.72.

25. *ibid.*, p.81.

26. Annual Report on Hospitals and Charitable Institutions, AJHR, 1898, H.22, p.5.

rest businessmen, including a butcher, a bookseller, a merchant, two builders and a grocer. Farmers formed the largest single occupational grouping, partly because the counties and road districts had the largest number of seats on the Board. (Christchurch City had only four seats on a Board of fifteen. Many small boroughs shared a member with one or two counties, and this member was often a farmer).<sup>27</sup>. Many of these members held office on a number of local bodies and associations, and were quite clearly persons of note in their communities. For example, Frederick Horrell, chairman of the Board in 1908, was a farmer who represented the Ashley Road and Town Districts, was prominent in the Agricultural and Pastoral Association, served on the West Eyreton Road Board, and the Waimakariri-Ashley Water Supply Board. Hugo Friedlander, a merchant who for several years had represented Ashburton on the Board, had served on the Ashburton Borough and County Councils, and was a former mayor of Ashburton. William Radcliffe, who served for most of the 1900s, was a Justice of the Peace, a Lyttelton County Councillor and former mayor, was on the local school committee and the Hospital Board, as well as the Charitable Aid Board - and so the list goes on.<sup>28</sup>. Apart from the inclusion of at least two women in any one year between 1900 and 1910, the North Canterbury Board was doubtless representative of Boards elsewhere.

In terms of influence on the boards, social status and community participation may have been less important than other factors. John Garrard claims that the occupancy of political office has not always been synonymous with political power, and that the mere counting of occupational heads may even be misleading.<sup>29</sup>. He suggests that real power may go to those able and willing simply to work hard on the council or

---

27. The names of members of the Ashburton and North Canterbury Board and the districts they represented have been taken from the Board's minutes. Their occupations were traced through directories and cross-checked in electoral rolls where there was doubt.

28. See Cyclopaedia of New Zealand, Vol.3, Christchurch, 1903.

29. John Garrard, 'The History of Local Political Power - Some Suggestions for Analysis', Political Studies, Vol.XXV, 1977, pp.252-69.



board. The ability to produce intended effects also depends on such institutional factors as the nature of the franchise, the level of cohesion among the elective leadership, and the number of 'access points' at which outside groups or individuals can influence decisions.<sup>30.</sup>

To take Garrard's first point, that real power goes to those most able and willing to grasp it: this certainly appears to have been true of the charitable aid boards. Influence on the boards depended both on continuity of membership and on the amount of time members could devote to their duties. Since boards were appointed annually before 1910, they were characterised by lack of continuity. The medical profession thought that this was especially harmful to hospital administration,<sup>31.</sup> but MacGregor saw equally objectionable implications for charitable aid:

... universal experience proves that there is no public office where inexperience is so mischievous and its effects so terribly expensive as in dispensing public charity. Even the shrewdest and hardest-headed defenders of the public purse are unable to resist the appeals and sights of misery, real and feigned, that come before them, and by the time they are beginning to understand a little, their year is up and they mostly retire in despair. Let there be but one or two persistent men on the Board, and there is nothing more certain than that, in the present comatose condition of public feeling, they, with the secretary, will get control of the whole expenditure. 32.

Invariably these 'one or two persistent men' were those who had the time and stamina for charitable aid work. Involvement in a large number of local bodies and in their own business affairs reduced the time 'local notables' could devote to this activity. The country members of a large united board found their powers reduced by their distance from the board's offices. In 1886 the Ashburton and North

---

30. *ibid.*, pp.261-65.

31. Presidential Address by Ernest Robertson to the New Zealand Branch of the British Medical Association: 'The Management of Public Hospitals in New Zealand', New Zealand Medical Journal, Vol. IV, April 1905, pp.1-18.

32. Annual Report on Hospitals and Charitable Institutions, AJHR, 1898, H.22, p.5.

Canterbury Board excused certain country members from all committees sitting in Christchurch, as it was impossible for them to play an active part in the work.<sup>33</sup> W.C. Walker of Ashburton, himself a member of the Board, complained to Parliament that members living fifty to one hundred miles from Christchurch were unable to have any real influence at all.<sup>34</sup>

The realities of charitable aid administration required individuals on the spot, individuals who were readily available to charitable aid applicants. These realities imposed a heavy burden on the chairman of a board, the chairman of the charitable aid committee and one or two long standing members. In his evidence to the 1905 Auckland Hospital Commission, the Auckland Board's chairman estimated that ordinary board members could spend up to one full day a week on the Board's business: for the chairman this was more like three days.<sup>35</sup> The number of persons who could afford such a commitment was limited and, as the president of the New Zealand Medical Association suggested, must have '[reduced] still further the already small list of eligible persons which the election by local bodies affords'.<sup>36</sup>

Where a united board such as the Wellington and Wairarapa United Board was responsible only for funding charitable aid, such demands would obviously not apply. But the country's two largest outdoor relief bodies, the Wellington and Otago Benevolent Trustees, certainly made heavy calls on their members' time. As MacGregor suggested, it was on these bodies that one or two prominent members gained a very real ascendancy which carried over to the elective boards of 1910.

One such individual was a Dunedin pawnbroker, Abraham Solomon. Solomon served on the Otago Benevolent Institution from the period before its incorporation until his

---

33. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 28 December, 1886.

34. NZPD, 61, p.231 (21 June 1888).

35. Report of Auckland Hospital Commission, AJHR, 1905, H.22A, p.73.

36. Robertson, p.10.

death in 1900. Elected first by the subscribers, and later representing the Dunedin City Council, Solomon was first treasurer and later chairman of the Benevolent Institution (1887 - 1892). He remained prominent throughout the 1890s and also served on the United Charitable Aid Board. Like many who had a longstanding interest in charitable aid, Solomon was blamed for the Trustees' 'namby - pamby sentimental system' (in the words of H.R. Fish, sometime Member of Parliament, Mayor of Dunedin and a life governor of the Institution). In 1893 Fish admitted that Solomon was,

a capable and clever man, but he also looked upon him as the head and front of the offending with regard to this Institution, and he thought that so long as [Solomon] was a member of the board of trustees, so long would the system of extravagance, especially in regard to outdoor relief, continue. 37.

Fish's continual abuse, like that of many critics of charitable aid, was equalled by his own reluctance to administer relief (even when Solomon, in a fit of exasperation, nominated him to the Trustees in 1895).<sup>38.</sup>

An equally strong commitment to charitable aid administration over many years was shown by W.T. Talboys, a Dunedin draper who became a Benevolent Trustee in 1901, chairman of the Trustees in 1906, and the chairman of the Otago Hospital and Charitable Aid Board's Benevolent Committee in 1910. Charitable aid administration had entered a less controversial period by 1910, and Talboys acted as a constant liaison between the Hospital Board and other charitable agencies. He retained his position on the Benevolent Committee until his death in 1924.<sup>39.</sup>

None, however, could surpass the record of Rabbi Herman Van Staveren, whose name became almost synonymous with charitable causes in the Wellington district. Van Staveren,

---

37. Annual Report of the Otago Benevolent Institution, 1893, p.13.

38. *ibid.*, 1895, p.14.

39. ODT, 26 April 1919, Otago Hospital Board Press Cuttings Book, Vol.15, p.60.

more than anyone, is the individual who by sheer enthusiasm, knowledge and ability could dominate charitable aid administration, outliving and out-arguing most of his opponents. Born in Friesland of an English father, Van Staveren had been involved in charitable work in London before he came to New Zealand in 1877. For 54 years he led the New Zealand Jewish community. For 21 of these years he was a member, and usually chairman, of the Wellington Benevolent Trustees. For a further twenty years he served on the Wellington Hospital and Charitable Aid Board, often topping the Wellington poll. Van Staveren was connected with numerous charitable organisations in Wellington. He served on the Hospital trustees and the United Charitable Aid Board, he was on the local licensing trust and was a foundation Trustee of the Home for the Aged Needy. He belonged to the SPCA.

Van Staveren's influence sprang from his assiduous attention to duty. Throughout his life he was known for his regularity and punctuality at meetings and, an obituary states, was known by his fellow board members as 'the time-keeper'.<sup>40</sup> Newspapers of the 1880s and 1890s frequently report the lack of a quorum at meetings of the Benevolent Trustees, but the long-bearded Rabbi was invariably among those present. As a result of Van Staveren's long service his name, like Solomon's, became linked with liberality in relief policies. He became embroiled in numerous conflicts with the proponents of a more rigorous policy. Among the Benevolent Trustees such critics were usually appointees of the Wellington City Council which in the 1880s at least, had a majority on the Trustees. In 1886, for example, the Mayor of Wellington suggested that 'loafers' taking advantage of the Trustees be made to work until they had earned double the cost of their board. Such action would, he hoped, make them 'clear out' and ultimately save the rates. Van Staveren protested vigorously, describing such action as cruel in the extreme.<sup>41</sup> He later expressed his 'great repugnance to the

---

40. Material in this and the previous paragraph is taken from Van Staveren's obituary, EP, 24 January 1930.

41. EP, 19 May 1886.

manner in which certain business had been conducted on two or three occasions of late when strict economy was really unwise'.<sup>42.</sup> Rigid economy and sound social policy were not always compatible.

Van Staveren's crusading spirit was most prominently displayed during the 1897 inquiry into the Home for the Aged Needy. On this occasion he clashed headlong with his fellow trustees, who defended the management of the Home and resented one of their number precipitating a magisterial inquiry. Van Staveren had the backing of the New Zealand Times and the Women's Social and Political League, which heartily approved of his actions and expressed the hope that he would continue his efforts to protect the poor and helpless.<sup>43.</sup> Since the inquiry held that Van Staveren had partly or wholly proven some of his charges, he became persona non grata with his fellow trustees. In the antagonism which surfaced at subsequent meetings, Van Staveren's view of his role was clearly expressed. He would retain his seat, he said, just to ensure that the people in the Home received justice. He had done more for the institution than anyone else - a remark which, the chairman retorted, was in very bad taste.<sup>44.</sup>

Van Staveren once remarked that he felt uneasy if he did not get a 'blackguarding' in the press once a fortnight.<sup>45.</sup> This prompted one critic to reflect on the Rabbi's 'passionate craving for martyrdom in the public interest ... which indeed has been the distinguishing mark of his public career'.<sup>46.</sup> Though many of Van Staveren's remarks sound distinctly severe to the modern ear, he still stands out for his open support of the poor, or at least, the 'deserving' among them. Long service to charitable aid may have reduced other members' identification with the ratepayers' interest, but none were as persistent, or as public in their stance as Van Staveren. The Rabbi's partiality did not prevent his return to the

---

42. *ibid.*, 26 May 1886.

43. *ibid.*, 15 March 1897.

44. *ibid.*, 4 June 1897.

45. *ibid.*, 16 June 1897.

46. *ibid.*, 26 June 1897 (A.R. Atkinson).

Trustees year after year: nor did it harm his chances of electoral success after 1909. It is an important reminder of the ambivalence of public attitudes to relief.

The conflict which so often surrounded Van Staveren illustrates a basic dichotomy among board members. There were, in effect, two types of member: those who saw themselves as watchdogs of the public purse, and those whose years of social service gave them a somewhat broader perception of their role. In the first case it was assumed that men with experience of business or in managing their own affairs were best qualified to handle public money. As one aspirant to the Otago Board claimed in 1911, 'It is said that one who has succeeded in his own business should be capable of looking after the interests of others. That being so, I will ask you to kindly record your VOTES in my favour'.<sup>47</sup> This was an argument which gained force as the hospital and charitable aid boards moved into the realm of 'big business', as they handled larger and larger amounts of money, and became responsible for many institutions.

At the other extreme were a few like Van Staveren, who had experience of 'good works' or whose knowledge of social matters far exceeded that of their colleagues. Often aligned with this group were those who might be termed 'realists': members who had begun with a firm commitment to economy, but who had been nudged by experience into a more liberal position. ('The difficulty...', confessed W. Downie Stewart, a Trustee of the Otago Benevolent Institution, 'was to deal with individual cases, as he recognised from actual experience on the Board'.)<sup>48</sup> Though distinguished by their greater social awareness, the members of this second group cannot be credited with a clearcut humanitarianism. Long association with charitable relief extended their definition of the 'deserving' poor beyond MacGregor's parameter of deservedness. At the same time, this association frequently increased their mistrust of the 'undeserving' poor. It certainly made them more inventive

---

47. Evening Star, 7 November 1911, Otago Hospital Board Press Cuttings Book, Vol.3, p.122.

48. Annual Report of the Otago Benevolent Institution, 1892, p.14.

in their plans for the 'undeserving' than those whose objections were mainly financial.

One result of such divisions was inconsistency, an inconsistency, most of all, between statements which equalled MacGregor's for ferocity, and a mounting expenditure on relief. Repressive measures were frequently urged in the 1890s and 1900s. But since effective repression did not come cheaply, the boards were forced into a more limited range of responses than 'informed' members advocated, and a more generous relief than the watchdogs of the public purse approved. Either way, theory was confounded by reality and harsh attitudes were tempered by the immediacy of need. The closefisted had to be content with intermittent economy drives. The dilemma was freely acknowledged by those of quite different persuasion. Abraham Solomon, for example, told subscribers to the Otago Benevolent Institution that 'It was a very simple thing to condemn the administration of the trustees, but they could not judge of the difficulties of dealing with a poverty-stricken people until they saw how miserably poor were those who came to the trustees for relief'.<sup>49</sup> A chairman of the North Canterbury Board viewed the options less sympathetically:

On all sides, this outrelief system, extended to persons known to be undeserving but who nevertheless must not be allowed to starve and should not be suffered to prey on society by begging [,] stealing or continuing other immoral practices in order to procure the barest means of subsistence, is open to the strongest objection.... The Board would be justly blamed [if] it contributed direct to such persons an allowance sufficient to maintain them; and the Board is often blamed because it endeavours to protect the public funds in its refusal to grant more than is absolutely necessary for the sustenance of life. 50.

The chairman justified relief in the most conservative terms possible. The poor were not to be helped out of any sympathy for their plight. They were certainly not to be helped as an interim step toward social change. They were to be helped on

---

49. *ibid.*, p.12.

50. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 23 January 1895.

account of the threat they posed to society, and they were to be helped in the most minimal way possible. At the same time, his stress on 'persons known to be undeserving' did imply the existence of a more worthy element.

The way in which a particular board operated depended on the extent of its responsibilities, and whether certain tasks within its district had been taken up by separate institutions. Those with a range of institutions and responsibility for outdoor relief relied heavily on the efficient conduct of committees. A contrast is provided by the Ashburton and North Canterbury United Board and the Otago, Central Otago and Tuapeka Board. The Otago United Board had little to do but collect charitable aid contributions from local bodies and disburse payments to the female refuge, the Otago Benevolent Institution, and the industrial schools which contained destitute children from the Otago district. The Board met no more than once a month, sometimes at longer intervals. It might query the Benevolent Trustees' requisition and examine plans for extensions to the Benevolent Institution, but played little part in relief operations.

Every so often the Board's country members would initiate economy drives. These were usually abortive, but on the rare occasion did influence the daily administration of relief. In 1896, for example, the Board decided that the Benevolent Trustees' requisition was excessive and declined to raise the total demanded. The Trustees insisted that they were unable to carry out their work on a lesser sum, and several Trustees resigned in protest at the Board's stand. The Board appealed to MacGregor, who appointed a commissioner to assess the requisition. The commissioner agreed that the Trustees' claim was excessive and reduced it from £11,500 to £11,000.<sup>51</sup> This was not an enormous reduction, but it forced the Trustees into numerous petty economies. The Trustees decided to curtail the consumption of coal at the Benevolent

---

51. Otago Benevolent Institution, Rough Minutes, 13, 21 October 1896.



Institution, to cut their expenditure on clothing by a public appeal for cast-off apparel, to dismiss two housemaids at the Institution and set female inmates to work in their place. There was a lengthy debate on the cost of afternoon tea supplied to the old women in the Institution, some Trustees claiming that if retrenchments were made in this area, then the old men ought to lose their special treat, the weekly tobacco allowance. (The men retained their tobacco: the old women lost their cup of tea).<sup>52</sup>

Attempts to promote economy were seldom so successful, the Board usually granting whatever was requested 'under protest'. Its comparatively passive, 'postman' role was reflected in members' lack of commitment to their task. In 1907 one of their number, Dr F.C. Batchelor, asserted that the management of the Board was as unsatisfactory and haphazard and irritating as it could possibly be. Members showed little interest in the Board's activities and, he claimed, their attendance was occasional and irregular. Important matters discussed at one meeting had to be explained to the missing members at their next attendance. Board members were unacquainted with the spirit and provisions of the Act and had been told by the chairman that they were 'a kind of a fifth wheel to a coach', with nothing to do but to sign cheques.<sup>53</sup> Little in the way of a consistent charitable aid policy was likely to come from such an uninspired body.

The Ashburton and North Canterbury Board, on the other hand, was a much more active concern. Separate committees of the Board supervised finance, outdoor relief, the orphanage, and the Board's other institutions. In 1889, for example, the Board met on thirteen separate occasions, with an average attendance of ten members out of fourteen. However, the charitable aid committee (outdoor relief) held 96 separate meetings, and the other committees 47 meetings between them. There were, in addition, visits of inspection to the Board's institutions in Ashburton, Lyttelton, and Christchurch.<sup>54</sup>

---

52. *ibid.*, 17 February 1897; ODT, 19 February 1897.

53. ODT, 22 March 1907.

54. Ashburton and North Canterbury United Charitable Aid Board, Minutes (Annual Meeting), 4 December 1889.

Each committee reported monthly to the Board, which would carefully scrutinise the report and endorse or (more rarely) revoke its decisions. The finance committee dealt with such matters as the annual requisition on local bodies, and administered the Board's endowments. The institutions committee decided on admissions to the homes and supervised the homes' staffing and physical maintenance. The orphanage committee carried out similar functions for the orphanage, sited first at Lyttelton, later at Waltham. It was assisted, however, by a 'ladies' visiting committee', which professed to take a special interest in the children, and often recommended foster homes, or placements for service. The Board's own committee always had the final say in orphanage matters, however. Yet another 'ladies' committee' administered the Female Refuge, for reasons which are discussed in Chapter Seven. This committee was virtually independent of the Board in all but financial matters. By far the most demanding work was undertaken by the charitable aid committee, which met as often as twice a week in the 1880s, but less frequently in later years when a charitable aid inspector was appointed. This committee made heavy demands on members' time and brought them into direct contact with the recipients of relief - not an especially pleasant experience for those on either side of the exchange. As one chairman of the Board said of his work with outdoor relief: '... it would be difficult to name any other position which demands such an amount of time and attention to details of important, very often unsatisfactory, and sometimes positively unpleasant work in the public interest'.<sup>55</sup> Only the most dedicated members could sustain the demands of this work. While there was some attempt to give every district representation on each of the Board's committees, individual interest was also considered, and it was this which ultimately determined a member's contribution to committee proceedings. Most members had, of course, a place on more than one committee.

The North Canterbury Board was thus involved far more intimately in the day by day administration of relief than its

---

55. Ashburton and North Canterbury United Charitable Aid Board, Minutes (Annual Meeting), 7 December 1892.

Otago counterpart. Town-country animosities certainly surfaced on the North Canterbury Board, but the Board's committee structure and direct control of funds helped undermine territorial groupings. After 1909 the North Canterbury Hospital and Charitable Aid Board formed a public health and a hospital committee in addition to the finance, institutions, and charitable aid committees. Other boards also established elaborate committee structures more in keeping with their new responsibilities, their expanding range of institutions, and heavy financial commitments. Members could no longer claim an intimate acquaintance with all facets of board's activities. They were forced to specialise, and depended much more on the reports of 'experts' in their employment.

The 'ladies' committees' utilised by the North Canterbury Board were significant, for they represented one of the 'access points' for outside influence in the Board's process. They were not unique to North Canterbury. The Wellington Benevolent Trustees allowed another body, the Wellington Ladies' Christian Association, to inspect their boarded-out children. From 1910 the Otago Hospital and Charitable Aid Board had a 'Ladies' Advisory Committee' which investigated outdoor relief cases and passed on its recommendations to the Board's own benevolent committee. The ladies' recommendations were not always followed by these bodies, but the women did have considerable influence over individual cases. The use of such help constituted a voluntary, if very partial, surrender of responsibility, an indication of board members' distaste for the details of charitable aid.

The boards proved less receptive to outside criticism. Before 1910 the method of local body appointment removed them from direct electoral accountability. The boards did, however, show some sensitivity to press criticism, especially if it invited official inquiry. In the 1880s and 1890s the press was sometimes permitted (and sometimes encouraged) to attend meetings of the charitable aid committees. Reporters usually responded with suitably shocked accounts of the audacity of outdoor relief applicants. But on occasion they criticised

the charitable aid authorities for their harshness and inconsistency, and disgruntled inmates of the boards' institutions often found an outlet for their complaints in the local newspapers. Chairmen of the North Canterbury Board frequently expressed vexation at the what one termed 'the usual promptitude on the part of persons who are always ready to jump to conclusions before ascertaining facts on reliable authority....'<sup>56</sup>. Sensationalised these reports may have been, but they involved charitable aid authorities in three of the four main centres in highly publicised inquiries before 1909.

In 1894 the Ashburton and North Canterbury Board was subject to the scrutiny of Grace Neill and a stipendiary magistrate, James Martin. In 1906 the administration of the Waltham Orphanage provoked yet another Canterbury inquiry, this time a Royal Commission. On a more informal basis, Grace Neill made a special investigation of the Wellington Benevolent Trustees in 1897. In the same year allegations of cruelty and neglect prompted a magisterial inquiry into the Home for the Aged Needy. The mid 1900s were a turbulent period for the Auckland Hospital and Charitable Aid Board, since the 1903 Royal Commission into its Costley Home was followed by a Hospital Commission in 1905, which examined very critically the capabilities of the Board as a whole. Only the Dunedin charitable aid authorities seem to have escaped outside scrutiny of this kind, a fact which owed more to good fortune than the Trustees' good management.

The frequency of such inquiries infuriated MacGregor, who saw in them the working of public sentiment, uninformed, and wholly inimical to sound discipline:

There are so many in search of a mission to secure popularity, and there is no means so cheap and effectual to this end as an agitation to expose some abuse of authority - as if it were still anywhere extant - or, if possible, something like cruelty. Any drunken old reprobate, quite incapable of truth, can easily be found to bring horrible charges against the officers.... Nothing short of a Royal Commission will serve as a sop to Cerberus. I have seen dozens of

---

56. *ibid.*, 27 July 1892.

them, and never one worth a penny of the money squandered on them. 57.

In this, at least, MacGregor's views paralleled the boards'. Some inquiries, however, resulted from longstanding divisions on a particular board, where one faction appealed for outside sympathy and publicised shortcomings in its management. Prime examples of this were the Waltham Orphanage Inquiry and the 1897 investigation of Wellington's Home for the Aged Needy. In the first instance a small minority of Canterbury Board members had continually criticised the Board's control of children and the secretary's control of the Board. In the second, one member of the Home's Board of Trustees, a longstanding and very influential member, publicly supported the inmates' charges against the Home's management.<sup>58</sup> Both disputes show once again, that the charitable aid boards and separate institutions were not necessarily cohesive units, that some members did have more influence than others, and that conflict could arise from quite different conceptions of their role.

Divisions within the boards and ambivalence in public attitudes led to a good deal of dissatisfaction with charitable aid generally, and with outdoor relief in particular. New solutions were sought. Some suggestions focussed on the boards' membership, others on their mode of operation. Many were incorporated into the 1909 Act.

One reform which enjoyed strong advocacy in the 1890s and 1900s was the appointment of women to charitable aid boards. Women's supposed sympathy and knowledge of 'social' matters provided the main justification for their representation. As the White Ribbon, magazine of the Women's Christian Temperance Union pointed out, in private life 'deeds of helpfulness and of charity' were almost invariably assigned

---

57. Annual Report on Hospitals and Charitable Institutions, AJHR, 1898, H.22, p.5.

58. Details of the Waltham Commission are given in Chapter Eight.

to the women of the family.<sup>59</sup> Voluntary organisations had long assumed that women had the necessary tact, leisure, and concern to minister to the needy. The 1912 report of the Auckland Ladies' Benevolent Society urged that,

... some must bind up the broken-hearted and minister relief to the desolate and oppressed, and is that not Woman's mission? Men cannot do it: all women cannot, owing to domestic duties and other causes, and mere public officials cannot do it. It is by unofficial informal visits by benevolent women, who can weep with those that weep, and rejoice with those who rejoice, and administer relief with a gentle spirit and neighbourly hand, that the sting is taken out of charity. 60.

This, a constant theme of the Society's reports, contained much of the sentimental piety that MacGregor so detested, and others too thought wholly inappropriate to public relief. Had women's claim to a place on the boards been based only on their supposed sympathy and charitable inclinations, it may well have been disregarded. There was sufficient support for MacGregor's view that rather too much of the 'sting' had been taken out of charitable aid.

It was in the 1900s that 'feminist' organisations provided a more persuasive rationale for female representation. They did not overturn the sentimental image of women; rather, they added another dimension to it. Yes, they argued, women did have certain humane qualities and social skills which equipped them for work among the poor. But they also had powers of discernment denied to men, an intuitive ability to assess the merits of a case, and a housewifely eye to bad management. The female perspective should therefore complement the male perspective on all public boards. It was all very reasonable. Organisations such as the National Council of Women, the Women's Christian Temperance Union, and the Society for the Protection of Women and Children accepted existing stereotypes of women and made them the basis of new claims. At the 1899 Convention of the Women's Christian

---

59. White Ribbon, December 1900, p.1.

60. Twenty-Eighth Annual Report of the Auckland Ladies' Benevolent Society, 1912, p.6.

Temperance Union Kate Sheppard, a former leader of the franchise campaign, likened the family to an embryo state. The characteristics of a good home - cleanliness, comfort, order, economy, health and goodwill - were precisely those conditions needed in the state, she assured her listeners. The welfare of the state, like the welfare of the family, needed the care of both men and women.<sup>61</sup>

Women's political associations all over the country, such as the Wellington Women's Social and Political League, urged the appointment of women to hospital and charitable aid boards, to school committees, to be truant officers, inspectors of lunatic asylums, industrial schools, female prisons and factories, and to be consulted on all matters affecting sanitation.<sup>62</sup> The reasoning with which the women's magazine Daybreak put the case for women hygiene inspectors was fairly typical:

When a good-looking dairymaid ranges her pans, which have been well rubbed up for the occasion with Sapolio till they reflect her pretty face ... the male Inspector is more likely not to look beyond the smiling coquette. But a woman is not so easily taken in. With her, however, [sic] bright and clean the dairy and all appertaining to it may appear, she will quickly detect the smell of some butter cloths stowed away in the corner, or an unwashed bucket left from the over-night's milking....<sup>63</sup>

And so it was with charitable aid. The undeserving poor would be no less likely to escape detection by a keen-eyed woman.

The fact that women and children figured prominently among recipients of charitable aid gave force to the feminists' arguments. Depression conditions in the late 1880s and early 1890s highlighted the special vulnerability of women and children. The view that women had distinctive needs which would be most appropriately handled by other women was one which gained acceptance in government circles - hence the appointment of women as factory inspectors and

---

61. White Ribbon, April 1899, pp.8-9.

62. Platform of the Wellington Women's Social and Political League. Daybreak, 2 March 1895, p.2.

63. Daybreak, 23 March 1895, p.3.

asylum visitors, and the appointment of Grace Neill as MacGregor's assistant.

These three lines of argument came together in calls to have women appointed to the hospital and charitable aid boards. Women's longstanding service to the benevolent societies provided a precedent for their involvement in public charity. The women's organisations emphasised the claims of their sex to participate in not only the unstructured and informal areas of charitable relief, but to be represented as of right on public bodies. They also gave more force to women's qualification for this task, for where appropriate, women might prove even more exacting than their male counterparts. Finally, the vulnerability of women to distress gave credence to the view that women should be involved in the management of other women. As one Member of Parliament suggested in 1894, many persons in acute distress were reluctant to go before a board composed of men. A charitable aid board offered, therefore, 'peculiar facilities for the operations of women in a proper degree'.<sup>64</sup>

It took several years of agitation before the first women were appointed to hospital and charitable aid boards, and the main thrust of this agitation came from Christchurch. In Christchurch were a number of particularly vigorous women's organisations, most of them with a well developed social conscience. The National Council of Women and Women's Christian Temperance Union were well represented in that city. The Canterbury Women's Institute and Children's Aid Society also promoted women's representation on the Charitable Aid Board. In 1898 Mrs Emily Black, a member of all four organisations was chosen to represent Selwyn County on the Board. In 1899 she temporarily lost her seat, but Mrs Ada Wells became the new woman member.<sup>65</sup> Wells was also prominent in the Children's Aid Society and the National Council of Women. In November 1899 Black was reappointed to

64. NZPD, 84, p.64 (25 July 1894, W. Collins). My emphasis.

65. See Press, 24 November 1898 and 23 November 1899, for local body discussions on the appointment of these women.



the Board, and she and Ada Wells served until 1906, when they were both displaced. Throughout the 1900s, however, there were always at least two women on the Board. They invariably represented districts which had more than one member allocated to them. Such districts could afford to be generous, knowing that if the woman proved 'difficult', she would always be out-voted by their other delegates. No district wanted to hand over its total representation to a person who was not responsible to the ratepayers (least of all to a woman with a social conscience). It appears that only two other hospital and charitable aid authorities admitted women before 1910. In 1900 Mrs Williamson (also a member of the National Council of Women and the Women's Christian Temperance Union) became a member of the Wanganui Hospital Board, and in 1901, Mrs E. Allan joined the Wellington Benevolent Trustees.<sup>66</sup> Her nomination was supported by the Wellington Branch of the Society for the Protection of Women and Children.

Not until 1910 did women gain representation on hospital and charitable aid boards in any numbers, and even then the trend was most apparent in the four main centres. The 1910 elections saw three women elected to the North Canterbury Board - Eveline Cunnington and Sarah Ensom (both members of the Fabian Society), and Emma Wilson. One woman was elected to the South Canterbury Board, one to the Wellington Board, and two to the Nelson Board. Wanganui rejected its one woman candidate, and in Dunedin two women were nominated but withdrew before the election.<sup>67</sup>

---

66. See White Ribbon, August 1902, p.6, for Mrs Williamson's activities on the Wanganui Hospital Board. Mrs Allan was elected to the Wellington Trustees on 2 December 1901. Wellington Branch, Society for the Protection of Women and Children, Minutes, 10 December 1901.

67. Press, 10 March 1910, 17 March 1910. Eveline Cunnington wrote in May 1910 to a friend: 'I quite agree that in a certain sense, Hospital and C.A.B. work is not in my line, and it rather frets me to be distracted from my teaching activities.... At the same time I am able to do some valuable work influencing the men of the Board to broader, more sane, more humanitarian principles'. The Letters and Lectures of E.W. Cunnington, edited by Her Children, Christchurch, 1918, pp.121-22.

In 1913 more boards gained female members. Dr Florence Keller topped the Auckland poll, Dr Daisy Platts-Mills headed the Wellington poll, and was joined on that Board by Augusta McLaren, standing on a Labour ticket.<sup>68</sup>

The 1913 election for urban representatives on the Otago Hospital and Charitable Aid Board affords an interesting example of women working together to promote women candidates. Here a meeting was organised by the Women's Christian Temperance Union. Mrs Rachel Reynolds presided and Dr Emily Siedeberg addressed the meeting, pointing out the valuable work done by the Board's female inspector, and English precedents for women's involvement in public life. Four women were nominated.<sup>69</sup> Two withdrew, one because she was not on the Greater Dunedin electoral roll and the other because she already served on the Board's 'Ladies' Advisory Committee' and thought that women's interests were amply safeguarded by this. The woman, Mrs Hicks, argued that the Ladies' Committee would be seriously threatened if women were elected to the Board.<sup>70</sup> The two remaining nominees, one of whom was also a member of the Ladies' Committee, disagreed, and in April 1913 Mrs Margaret Jackson and Mrs Lindo Ferguson topped the poll for the Otago Hospital and Charitable Aid Board.<sup>71</sup>

Many of the women who gained places on the board were involved in voluntary social work. In 1919, for example, four of the seven Dunedin members declared elected to the Otago Board were women (though one lost her place when late votes were counted). The women elected were Mary Gordon, honorary deaconess to the Congregational Church for fifteen years, vice-president of the Ladies' Advisory Committee until her

---

68. ODT, 1 May 1913, Otago Hospital Board Press Cuttings Book, Vol.5, p.158.

69. Evening Star, 16 April 1913, Otago Hospital Board Press Cuttings Book, Vol.5, p.123.

70. ODT, 17 April 1913, Otago Hospital Board Press Cuttings Book, Vol.5, p.126; ODT, 22 April 1913, Press Cuttings Book, Vol.5, p.133.

71. ODT, 1 May 1913, Otago Hospital Board Press Cuttings Book, Vol.5, p.158.

election to the Board in 1915, a member of the Society for the Protection of Women and Children and a member of the 'Social Workers Welfare Association'. Margaret Jackson had been connected with the St Vincent de Paul Society for thirty-one years. She was an official prison visitor, committee member of the Plunket Society and Society for the Protection of Women and Children, had been an honorary court visitor for two years, and had served on the Ladies' Advisory Committee. Miss Annie Mendelsohn, the woman who lost her seat, was Lady Superintendent of the St John Ambulance Nursing Division and a Red Cross Worker. The other woman, Rosina McFie, had been actively engaged in patriotic work since the war.

The male candidates emphasised somewhat different qualifications. One was a doctor on the honorary staff of the hospital. Another was a city councillor and former mayor, a member of the University Council and a Board member since 1910. W.T. Talboys emphasised, of course, his many years on the Board's Benevolent Committee. As a former Salvation Army officer and the local agent of the Patient and Prisoners' Aid Society Francis Cumming had a broad social work background comparable with that of Jackson and Gordon. Even so, he stressed his local body experience on the Maori Hill Borough Council and his place on the School Committees Association.<sup>72.</sup>

A general impression of these early women members is that many had the backing of at least one women's organisation and connections with voluntary bodies. Where women stood for election it was invariably as urban representatives, with a perfectly reasonable chance of success. Their numbers were too small to threaten male dominance on the boards (an important condition of their success) and their credentials were at least equal to those of the men. Since, however, these credentials had a heavy bias toward 'social' and philanthropic concerns, the women's role on the boards was virtually predetermined.

---

72. ODT, 26 April 1919, Otago Hospital Board Press Cuttings Book, Vol.15, p.60. On Gordon, see also Evening Star obituary, 9 July 1921, Otago Hospital Board Press Cuttings Book, Vol.19, p.23.

The reaction to women board members was mixed. The men who accepted women's right to sit on the charitable aid boards stressed the 'woman's perspective' and overseas precedent. In England, for example, the first woman Poor Law guardian had been elected in 1875, and by 1898 there were 950 women guardians.<sup>73</sup> When in 1898 the Christchurch City Council discussed the appointment of a woman representative to the charitable aid board, one councillor asserted that 'prejudice against the placing of ladies on public bodies arose from the fact that Councillors had not met ladies in business'. In America, he claimed, ladies filled the highest municipal offices with credit. Yet another councillor felt that the Board was getting very hard-hearted, and hoped that women members would put matters to right. A majority of local councillors had reservations. Some accepted that women might make a valuable contribution, but immediately qualified their acceptance. Women might upset the town-country balance on the Board, they feared; women were not themselves members of local bodies and to appoint them would be to hand over responsible functions to irresponsible persons; members should be men of experience, 'tradesmen, for instance, who were up to the tricks recipients sometimes practised....'<sup>74</sup>.

Some couched their reservations in less guarded terms. Mr T. Boag assured the Selwyn County Council that he had consulted with a local doctor on the subject. The doctor (an irrefutable authority) 'had assured him that ladies always wanted their say on everything, and if there was a mixed Board, the ladies would worry the life out of the gentlemen, and no business would be done'. That old stand-by, the ladies' committee, powerless but willing, would be 'a capital institution'. The good councillor was, after all, astute enough to realise that 'Women were better workers than men'. 'Ladies', he said, in a statement which captures the view many had of women's 'social' work, 'could fossick around in places where sympathy was wanted'.<sup>75</sup>.

---

73. Ronald G. Walton, Women in Social Work, London, 1975, pp.30-31.

74. Press, 24 November 1898.

75. *ibid.*

Though such attitudes trivialised the experience of women who aspired to the charitable aid boards, these women had their own stereotypes of the role they should play. One effect of their success was to further emphasise the division between members with supposed 'social' concern and others on the charitable aid boards. In the case of the Canterbury women pioneers, Emily Black and Ada Wells, this led to open conflict on the North Canterbury Board and, eventually, to the Waltham Orphanage Inquiry. From the very first these two ladies championed the cause of destitute women and children. Wells was especially vocal, constantly advocating cottage homes for destitute children and more generous relief to the deserving, above all to widows with dependent children. As she told the Board, she was 'not looking at this question from a rate point of view but from a humanitarian point, and she felt sure the ratepayers would agree to the souls of the poor being saved as well as their bodies'.<sup>76</sup> Like many who would be generous toward the deserving poor, she was uncompromising in her attitudes toward the undeserving. Illegitimate parents, 'married and unmarried' should have their children removed, absconders and deserters should be forced to work, and a labour test should be applied to all able-bodied applicants for relief.<sup>77</sup>

Throughout the early 1900s there was constant tension between the women Board members and their few male allies on the one hand, and the rest of the Board, and its secretary, T.C. Norris, on the other. Conservative male Board members did not welcome the women's initiatives. The women, for their part, may have overplayed their hand, displaying an irritating sense of righteousness and an all too obvious knowledgeability. A certain feeling of womanly superiority pervaded a meeting of Christchurch ladies held to discuss Seddon's 1904 Memorandum on Infant Life Protection, a meeting attended by Wells and Black. Mrs Margaret Sievwright, president of the National Council of Women said, for example, that Seddon 'struck them as a great big overgrown brother, a typical example of the male element alone in society'. While women were quietly educating themselves and finding new concerns, Mr Seddon was '"floundering" in the thunder and whirlwind of unrestrained

---

76. *ibid.*, 19 July 1904.

77. *ibid.*, 24 March 1904.

malehood'<sup>78</sup>.

Did Black and Wells dare to display a similar condescension toward their 'overgrown brothers' on the Charitable Aid Board? When Wells gave evidence to the Waltham Commission in 1906 she certainly stressed her own reformist zeal, hinted at the deficiencies of her male associates and openly accused the Board's secretary of obstruction:

Men who were busy as farmers and in business had not the proper time to devote to such great sociological questions as they had to deal with. It was her opinion that the Board was antagonistic to her and those who held her views; the others ... were in the habit of deferring to the secretary's views. 79.

At least one of the men on the Board thought he had the 'progressive women' (as they were termed) nicely summed up:

... first of all, there was Mrs Black, a very nice lady and a useful member of the Board. Then there was Mrs Wells, a fine, intelligent woman, rather more aggressive than Mrs Black. Mrs Wells had ideals, which she was anxious to reach. Some of us are not so fortunate as to have ideals beyond our reach; we are satisfied with the commonplace. 80.

Nevertheless, he hastened to assure the Commission, he had no fault to find with the ladies on the Board. He thought they were 'very useful'.

Useful or not, Wells and Black lost their places when the 1907 appointments to the Board were made. They were later replaced by two less 'aggressive' ladies.

Statements made in 1913 by female members of the Otago Hospital and Charitable Aid Board show that these women had an altogether more appropriate conception of their role. Mrs Lindo Ferguson was no doubt helped in this respect by her

---

78. *ibid.*, 21 May 1904.

79. *ibid.*, 13 January 1906.

80. *ibid.*, 17 January 1906 (J.T. Smith). The Commissioner, H.W. Bishop, concluded as a 'mere man' that the women's work had been of distinct advantage. Report of Commission into Waltham Orphanage, AJHR, 1906 (S.2), H.22A, p.7.

husband's reaction to her candidacy: 'Why, you can't stand!', Dr Lindo Ferguson exclaimed incredulously, 'If you get in you will have the spending of some £40,000 of ratepayers' money!' Mrs Ferguson may well have been speaking from experience when she claimed that women as a rule were more conscientious and careful in money matters than men, one reason being that they seldom had much of their own to spend. Mrs Ferguson described how she had summoned up her courage and sought reforms in certain areas - warm capes and more recreation time for nurses, more equitable wages for the Board's women employees, and a change of underclothes for inmates of the Benevolent Institution - to be provided at intervals of rather less than the two months one old man complained of.<sup>81.</sup>

Mrs Jackson spent much time reassuring her listeners that women members posed no threat to the men:

Men, of course, should ... be the dominating factor on the board, but when it comes to the practical side of the functions of a Charitable Aid Board, they find that women are able to assist them in a manner they had not suspected. Men are undoubtedly fitted for the control of finance and business, but when it comes to the practical application of charitable aid, I venture to affirm ... that women are more capable of administering in this direction.... What I wish to suggest is that women have their functions as members of the board. That they should dominate it I would not suggest for a moment. 82.

Women may at last have gained representation on the boards in their own right, but they clearly found it hard to shake off the 'handmaiden' role associated with the ladies' committees. A 'women's sphere' rapidly developed on the boards, and it did not extend to finance and matters of high policy. It is almost as though women were allowed on the boards to deal with charitable aid at the very time it was being eclipsed by other, more dynamic aspects of the boards' work.

---

81. ODT, 1 March 1915, Otago Hospital Board Press Cuttings Book, Vol. 8, p.198.

82. Evening Star, 21 April 1915, Otago Hospital Board Press Cuttings Book, Vol. 9, p.44.

Women were allowed some latitude in policies affecting their own sex, but only if their proposals did not involve the boards in too much additional expense. When, for example, two women delegates to the 1911 Conference of Hospital and Charitable Aid Boards won the admiration of Valentine and not a few of their colleagues, they did so by advocating the compulsory detention of 'defective' girls, feeble-minded degenerate women, drunkards who neglected their families, and 'other self indulgents' - all at the state's expense. Valentine commended their addresses on 'social questions' and confirmed that more such members as Mrs Fell and Mrs Wilson were needed on the boards.<sup>83</sup> The episode was an early example of the way in which repressive policies could be given some spurious legitimacy if they were voiced by women.

The provision in the 1909 Act for ratepayer election assisted women to membership of the charitable aid boards, especially in the large urban centres. Hospital boards ever since have provided women with a relatively acceptable path to local body service.<sup>84</sup> Direct election also encouraged a development which was seen elsewhere in local body politics between 1900 and 1920, for there was a growing tendency for candidates to run on party or policy 'tickets'.<sup>85</sup> In the first election in Christchurch five individuals, three of them women, stood as 'People's Progressive' candidates for the Hospital and Charitable Aid Board. Their platform focussed on the charitable aid side of the Board's work, and sought both more adequate relief and more thorough investigation of applicants. Four of the five were elected.<sup>86</sup>

---

83. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, pp.8, 191-92, 213.

84. In 1974 women made up 30.9 per cent of candidates for hospital boards and 31 per cent of members. They provided only 9.5 per cent of candidates for territorial local bodies (and 7.8 per cent of members) and showed little interest in ad hoc authorities other than hospital boards. John Halligan and Paul Harris, 'Women in Local Politics', Political Science, December 1977, p.100.

85. Bush, pp.28-29.

86. Press, 15, 17 March 1910.



It was, however, unusual for charitable aid to form more than a part of any group's programme after 1910. As hospital developments became more pressing, members of the medical profession began to stand for election or to put their weight behind sympathetic candidates. In the past the New Zealand Medical Journal had been highly critical of hospital boards and their supposed disregard for the medical staff in general, and honorary staff in particular.<sup>87</sup> In 1913 a vigorous campaign was fought in Auckland between those standing on a 'reform' ticket, an 'independent' ticket and four candidates who claimed no association with either group. The candidates' allegiances reflected existing divisions on the Board, and the 'reform' group which had the backing of honorary consultants urged electors 'not to be deceived by the reactionary section of the Hospital Board, who put forth programmes that are ludicrous to anyone with even a superficial idea of the requirements of the Hospital'.<sup>88</sup> Such issues as the medical profession's attitude to friendly societies, access to the hospitals and relations between medical and nursing staff came into play and overshadowed charitable aid as an election issue.

Labour and Citizens' tickets also began to appear in the period after 1910. Three Labour candidates, including a woman, Alberta McLaren, were successful in the 1913 election for the Wellington Hospital Board.<sup>89</sup> The war years saw a general reversal in Labour's fortunes which was reflected in hospital board elections, as in all local body elections. The 1919 election saw a future Labour Prime Minister, Michael Joseph Savage, gain a seat on the Auckland Hospital and Charitable Aid Board.<sup>90</sup>

The 1909 Act was expected to lead to greater diversity among members of hospital and charitable aid boards. The

---

87. Robertson, p.10.

88. NZH, 28 April 1913.

89. ODT, 1 May 1913, Otago Hospital Board Press Cuttings Book, Vol.5, p.158.

90. Barry Gustafson, Labour's Path to Political Independence, Auckland, 1980, p.90, p.137.

overall impression is one of no very great change. The same type of member probably dominated the boards as before 1909, with the possible addition of one or two labour representatives, a woman member, or a medical man. Even these changes were more typical of the city seats. The sense of continuity with the past is even stronger for members representing counties or small combined boroughs. At the 1911 Conference Valintine commented that the Act had not altered the personnel of the boards very much as he saw the same old faces around him that he had seen at a conference a few years earlier.<sup>91</sup> An examination of 29 members serving on the North Canterbury Board between 1910 and 1913 shows that at least six of them had served on both the United Board and the old Hospital Board in the previous ten years, while three others had been members of the Hospital Board, and one a member of the Charitable Aid Board only.<sup>92</sup> What is more significant is that most of these longstanding members continued to serve for several years, whereas newer members showed a somewhat higher turnover. The 'same old faces' that Valintine noted were probably those who continued to dominate the Board, having demonstrated their capacity for such work.

Nor did the elections greatly stimulate public interest in the boards' affairs. The 1910 elections were marked by overwhelming public apathy. In Christchurch only 8 per cent of those eligible voted.<sup>93</sup> Under the heading 'Somnolent Citizens' a Wellington newspaper noted that only 2000 votes had been recorded by 30,000 eligible voters. Such apathy, it said, would have been justly rewarded had the 'Red Flag Brigade' taken the opportunity to socialise hospitals and charitable institutions.<sup>94</sup> Where hospital board elections were held on the same day as other local body elections they tended to be

---

91. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.231.

92. F.O. Bennett, Hospital on the Avon, Christchurch, 1962, pp.312-15 contains a list of Hospital Board members with the dates of their service to the Board. Names of members of the United Board between 1900 and 1910 were taken from the Board's minutes.

93. Press, 17 March 1910.

94. Press Cutting, (source not given, n.d.), Wellington Hospital Board, Press Cuttings Book 1909-1910.

overshadowed. In rural areas they were often not held, and local body nomination effectively continued. In 1922 the Deputy Director of Health complained that in the far north of the country the county councils constituted the hospital boards, and that hospital affairs had become of quite secondary importance as a result.<sup>95</sup>

At the same time the Department expressed rather more satisfaction with hospital board personnel than MacGregor had in the 1890s. The 1927 Report stated:

There is not a great deal of kudos in Hospital Board work, and men merely seeking personal advancement in public life do not as a rule use the Hospital Boards as a stepping-stone thereto....

Hospital work is by no means simple. Even the lay administration is highly specialized, but it contains problems and questions of enthralling interest. It is small wonder, therefore, that we find men giving up other public-body work and devoting themselves to Hospital Board activities, often during the entire span of their active life. 96.

The Van Staverens were still around, but now an increasing range of hospital board specialisations competed for their attention.

However involved its internal operations, a hospital and charitable aid board was frequently reminded that it did not function in a vacuum. In a clash with another board or with government officials, its members found they could quickly close ranks. Out of such clashes, the boards acquired some limited sense of common identity.

When initially the boards made contact with one another, it was usually to dispute responsibility for hospital or charitable aid cases. As the futility and expense of litigation

---

95. Jos. Frengley, Deputy Director General to Minister of Health, 3 August 1922, H.51 (02179).

96. Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1927, p.8.

inspired by 'settlement' cases became all too apparent, some boards sought reciprocal arrangements with other boards, promising that they would not claim for outside cases if other boards showed similar restraint. By the war years, many boards were following the practice of the Palmerston North Board, whose secretary described the frustration caused by the 'settlement' clause:

There is a nomadic class of people in New Zealand who are always shifting. They are the wasters, as a rule, who change their residence often because they are too well known in one district.... They have often to conceal the fact of their last residence, and when they are questioned by the officer as to where they have lived they concoct a tale....

Of late years we have ceased to send any notifications, and we made no claim unless other Boards have charged us with fees, and then we try and get even with them by searching our records for patients who have come from their district.... 97.

More positive forms of interaction between the boards existed by this time. Even in the 1890s they had attempted to learn from one another's experience, seeking information on relief methods and exchanging resolutions which were forwarded to government. In 1890, for example, the North Canterbury Board wrote to the Otago Benevolent Institution, seeking information on the Trustees' administration of outdoor relief.<sup>98.</sup> In 1905 the charitable aid committee of the North Canterbury Board actually visited the Southland Board's Lorne Farm in Invercargill.<sup>99.</sup> The purpose of their visit was to observe the labour test as applied to able-bodied applicants, and the indoor relief of children. As new institutions were built, the different boards also exchanged rules and by-laws, and discussed the conditions on which staff were appointed. The larger boards with their many institutions and important base hospitals were able to give advice to smaller, rural boards

---

97. JPH, Vol.1, August 1917, p.23.

98. Otago Benevolent Institution, Rough Minutes, 12 February 1890.

99. Report of Charitable Aid Committee, Ashburton and North Canterbury United Charitable Aid Board, Minutes, 5 July 1905.

on problems which they had experienced earlier in their development.

In 1897 the first conference of charitable aid boards was held at the instigation of the Wellington and Wairarapa United Board. Another was organised in 1904 by the Ashburton and North Canterbury Board, which showed rather more willingness to listen to outside ideas than eagerness to act on them. Though regular conferences were not held until the 1920s, the few conferences organised before this provided a forum for the exchange of ideas. They also allowed a degree of feedback from the locality to the centre, as boards gave their opinion on the working of the Hospitals and Charitable Institutions Act, and attempted to influence future legislation. Thirty-three of 43 boards were represented at the 1920 Conference, for example. Many of the Conference's 84 remits showed the boards presenting a combined front on matters of concern to them - the bulk purchase of supplies, amendments to the Destitute Persons Act, the removal of boards' responsibility for the dependents of prisoners.<sup>100</sup> Though the conferences did not represent total unanimity of outlook, they did help undermine some of the competition between boards and led in 1925 to the formation of the Hospital Boards' Association.

The increasing interaction between hospital and charitable aid boards stemmed in part from central pressures. We have seen how the Department under its various titles gradually extended its powers, with a major thrust in 1909. From the boards' perspective such moves were a constant threat. The Department, they frequently argued, was far removed from the daily problems of management. Especially irritating on the charitable aid side were the Department's constant requests for information, requests which they were frequently unable to fulfil. The minute books of the Otago Benevolent Institution show a steady flow of circulars and letters from MacGregor, mostly on such routine administrative matters as the amount of subsidy, the expenditure of invested funds, giving MacGregor's approval to by-laws and rules and, very occasionally, recommending cases for relief. MacGregor's

---

100. JPH, Vol.3, June 1920, pp.178-182.

attempt in the 1890s to gain more accurate statistics met with resistance from many boards and trustees. It was a number of years before the Otago Benevolent Institution supplied the required statistics on outdoor relief for the Department's annual report. The North Canterbury Board complained bitterly about the additional work such statistics placed on its employees. Its charitable aid committee pointed out that such returns would only be approximate for the North Canterbury Board and that they could not be comparable with statistics supplied by other boards which used different methods of compilation.<sup>101</sup>

For the most part, however, it was the Department's directives on hospital and public health matters which drew the boards together in opposition. If they had a common policy on charitable aid, it was to shift as much responsibility as possible on to the state and its various departments, and to be permitted to continue their various practices with the minimum of government interference.

The 1885 Act placed a local body framework between central government and the recipients of charitable aid. Although the legal imperative was weak on the details of charitable aid, it did impose certain restraints on the new boards. However reluctant, they were required to administer charitable aid, to call on all districts to finance charitable aid, and to disburse funds to separate institutions. Some boards tried to circumvent these obligations, but were soon advised of their duty.

The boards were not overly concerned with the efficient administration of the Act, and certainly did not share the Department's regard for uniformity, consistency, and measurement. Few of their members thought in terms of broad social policy. They had to contend with conflicting pressures from the society around them, to weigh their financial accountability

---

101. Report of Charitable Aid Committee, Ashburton and North Canterbury United Charitable Aid Board, Minutes, 9 September 1896.

to the ratepayers against their responsibility to the poor, and to avoid undue attention from the press, women's societies and, later, political groupings. The consensual imperative consequently outweighed the bureaucratic imperative in the boards' operations. Ratepayers themselves, most board members began with strong views on the need to cut expenditure, but found it difficult to apply rigid economic principles with any consistency. Differences of personality and principle became most apparent on the city-based boards, where the demand for charitable aid was greatest. Power went to those willing to involve themselves, often for years on end, in the boards' time-consuming and often distasteful work.

To these members and to the boards' employees went the task of deciding on the individual case. Some thought that a certain liberality resulted from their close acquaintance with the poor. If so, they were 'liberal' only by the austere standards of a poor law.

## Chapter Four

### RELIEVING OFFICERS

The discretionary basis of charitable aid and the frequently ambivalent attitudes of charitable aid boards placed a good deal of responsibility on the boards' officials. Even when a board could agree on a particular policy, it was seldom willing to give its employees any very specific instructions on how to achieve the desired end, and the 1885 Act gave no guidance whatever on the daily administration of relief.

The paid employees of the boards represented another level of administration between the central authority and the recipients of relief. The boards' officials might be men with very definite views about their task, men whose long service enabled them to exert considerable influence over inexperienced and unenthusiastic board members. Such an official might have his own ideas on bureaucratic rationality and on what could, or could not be achieved in charitable aid. He might also be subject to a wider range of pressures than the board members, and be less involved in the town-country rivalries which so engrossed his employers. Again, we see the importance of policy implementation, and the way in which policy intentions can be modified by subordinates. As Michael Hill points out, particular policy goals may be thwarted by their own lack of clarity, by local scarcities, and by the discretionary powers afforded to field staff. The job of the 'street level bureaucrat', he says, is characterised by inadequate resources for his task, by variable and often low public support for his role, and by ambiguous expectations of performance. His concern is with the impact of specific policies on specific individuals, and this may make him disregard the wider policy issues which concern those 'higher up'.<sup>1</sup>

The relieving officer was the 'frontline' official of the charitable aid system. However, the concern of this Chapter is not merely with those individuals given the title

---

1. Hill, p.98.



of 'relieving officer', 'charitable aid inspector' or (when women were at last employed) 'lady visitor', for only a few boards appointed any official with such clear-cut responsibilities. Its concern is with a whole range of persons involved in the investigation of indoor and outdoor relief applicants, and the distribution of aid to outdoor cases. Some of these persons were initially employed by the boards in other capacities - as clerk, secretary, master of the local institution and, later, sanitary inspectors and district nurses. Some were board members or ex-board members, and in such cases they scarcely constitute a separate 'level' of administration. Others were outsiders - local mayors and councillors, policemen and voluntary helpers. All, however peripheral their involvement with the boards, formed part of the mechanism by which charitable aid finally reached its consumers.

When the boards were established, most employed only a full or part-time secretary, who undertook all the administrative work and reported where necessary on individual cases. This was also true of the large separate institutions, though where large amounts of outdoor relief were distributed, the need for a separate relieving officer had already been felt. The secretaries of smaller boards combined secretarial duties with the role of relieving officer well into the twentieth century, and even where a separate charitable aid inspector was employed, the secretary would retain some involvement in the actual distribution of relief. The conflict between the secretary's administrative and charitable aid duties soon became apparent, some appointees having insufficient skills for either task. With one or two prominent exceptions, most of the secretaries mentioned in volumes of the Cyclopaedia came to their positions with clerical experience. Among the exceptions was Alfred Clulee, secretary of the Otago Benevolent Institution between 1884 and 1910, who had previously been employed in the grocery business.<sup>2</sup> C.M. Lepper, secretary of the Taranaki Hospital and Charitable Aid Board in 1908 was

---

2. Cyclopaedia, Vol.4, 1905, p.150.

previously a farm manager , and while secretary owned and managed his own dairy farm.<sup>3</sup> Captain Thomas Baker, secretary of the Hawke's Bay United Board, had been a miner, stockman, gaoler for the Southland district in the 1860s, and a member of the Wellington Armed Constabulary.<sup>4</sup>

Even where secretaries had previous clerical experience, it may be doubted that their skills measured up to demands being placed on them by the Department. Certainly MacGregor and Valentine never ceased to complain about the quality of hospital board administrative staff. MacGregor suggested that the large number of local bodies resulted in a multitude of miserably underpaid officials, whose efficiency was in proportion to their pay.<sup>5</sup> With the amalgamation of hospital and charitable aid boards in 1910 the quality of their secretaries became a matter of very real concern to the Department, but salaries were apparently no more attractive than before to competent personnel. In 1919 the Journal of Health complained that smaller boards were especially unsympathetic to their secretarial staff, whom they expected to work long hours for minimal wages. Boards consisting of farmers, the Journal suggested, were used to working long hours on their own account and did not regard clerical work as a very arduous way of earning a living.<sup>6</sup> In 1919 the Department's Annual Report even suggested that the boards' secretaries be made officers of the Department,<sup>7</sup> but in the late 1920s it conceded that they were of a much higher standard than twenty years previously. The time had passed, it noted, when a hospital board secretaryship was regarded as a suitable way to provide for some needy and worthy local individual.<sup>8</sup> At times, it seems, the line between those distributing and those receiving charitable relief was a distinctly narrow one.

---

3. *ibid.*, Vol.6, 1908, p.66.

4. *ibid.*, p.338.

5. Annual Report on Hospitals and Charitable Institutions, AJHR, 1889, H.3, p.4.

6. JPH, Vol.2, December 1919, p.364.

7. Annual Report on Public Health, Hospitals and Charitable Aid, AJHR, 1919, H.31, p.14.

8. Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1927, p.61.

The same problems reduced the secretaries' effectiveness in their relieving officer role. They were usually totally unprepared for this side of their work. The higher the standard of record-keeping and accountancy required of them, the less the time left for charitable aid inquiry. But despite these other demands, the secretaries of some of the large boards and separate institutions, those which had no hospital responsibilities, showed a deep concern about charitable aid matters, and prided themselves on their knowledge of recipients. Thomas Norris, secretary and treasurer of the Ashburton and North Canterbury United Board, and Alfred Clulee of Otago were two such officials. John A. Lee remembers Clulee as a 'man who never seemed to smile' when he, as a little boy, went to collect his family's ration ticket.<sup>9</sup> Clulee retired in 1910 when the Otago Benevolent Institution was incorporated into the Otago Hospital and Charitable Aid Board. His reward for more than twenty years' service was, appropriately enough, a water colour painting of the Benevolent Institution.<sup>10</sup> Norris was an even more formidable character whose loyalty to the Board prompted numerous small economies on its behalf. Because of his responsibilities as treasurer, financial considerations underlay all his dealings with the poor. The report of the 1894 Commission into charitable aid in Christchurch concluded, however, that Norris was an excellent officer with a keen interest in his work.<sup>11</sup> His retirement on account of ill health in 1912 ended an era for charitable aid in Christchurch.<sup>12</sup>

The secretaries of smaller hospital and charitable aid boards must have found the charitable aid side of their duties exceedingly irksome, despite its smaller scale. They had less clerical assistance than their counterparts in the main centres and their personal investigation of cases was often found to be wanting. When the Department stressed the need to improve clerical and accounting skills in the boards' offices, it

- 
9. Correspondence with John A. Lee, 15 November 1979.  
 10. ODT, 2 December 1910, Otago Hospital Board Press Cuttings Book, Vol.1, p.87.  
 11. Press, 6 February 1895.  
 12. Bennett, Hospital on the Avon, p.145.

effectively acknowledged that the board's secretary was no longer an appropriate person to administer relief. No one person could possess the range of skills needed to be effective in both roles.<sup>13.</sup>

In the 1880s and 1890s the master of the benevolent institution might also be asked to report on charitable aid cases. As long as the institutions were centrally situated and catered for a wide range of semi-casual cases, their supervisors were as well placed as any of the boards' employees to distribute relief. They could also provide work at the institution for able-bodied applicants. For example, George Neale, master of the Napier Refuge and relieving officer, often gave outdoor relief to individuals before and after a stay in the Refuge. He admitted elderly outdoor recipients to the Refuge as their infirmities became apparent, and provided temporary maintenance and construction work for unemployed men at the Refuge. A former policeman, Neale saw a close relationship between indoor and outdoor relief, and argued that able-bodied tramps should be taken into the Refuge for short periods. It would, he reported, give those men a chance of recovering their fallen positions and prevent the police apprehending them for vagrancy. With a humanity seemingly rare in charitable aid officers he complained that

There are some inhuman persons who inform the police if an unfortunate person happens to call at a house to solicit food, and the next thing the man is arrested and charged with having no lawful visible means of support. I would strongly recommend that in cases of this kind instead of reporting the matter to the police that the Relieving Officer should be made acquainted with the fact, or the party sent to the Charitable Aid Office so that the case could be enquired into.... 14.

- 
13. After 1909 there was pressure from the Department for hospital board offices to be at the hospital, not at some central point in the town, as they had been in the past. This would facilitate hospital administration, whereas a central location made the boards' officials more readily available to charitable aid applicants. See 'The Advantages of Hospital Board Offices being at the Hospital', JPH, Vol.2, December 1919, pp.362-64.
14. Hawke's Bay United District Charitable Aid Board, Report, 1887, p.14.

The statement is remarkable in that most officers in Neale's position appeared only too anxious to direct cases to the police or any other agency. By soliciting custom in this way, Neale was putting his clients' best interest before the Board's finances. It was an action which would surely have dismayed some of his contemporaries.

Like the boards' secretaries, masters of the institutions found their other duties expanding at a rate which left little time for outdoor relief inquiry. New homes were built, usually larger than the old institutions and sometimes more remote from the community. Inmates required more intensive care than in the past. There was a growing feeling that the master of the institution was no better equipped than the board's secretary for the delicate task of inquiry.

The Otago and Wellington Benevolent Trusts were the first to employ a separate inquiry officer. In both cases the first appointee was a part-time official. In Wellington in the 1880s Alfred Johnson combined the roles of charitable aid inspector and City Council inspector of public nuisances.<sup>15</sup> In Dunedin a Mr Aitken, inspector for the Society for the Prevention of Cruelty to Animals, was persuaded to act as charitable aid officer.<sup>16</sup> In neither place was the juxtaposition of roles thought inappropriate. By the 1890s Johnson had begun working only for the Wellington Trustees,<sup>17</sup> and the Otago Benevolent Institution had appointed Mr Edward Favell as its charitable aid inspector on a full-time basis.<sup>18</sup> The Auckland Hospital and Charitable Aid Board also had its own inspector, John Strathearn, the ex-detective who had accompanied MacGregor on his 1888 inquiries in Auckland.

Such full-time officers were a minority, however, for in most places the number of outdoor cases did not warrant their appointment. Boards were reluctant to sanction the

---

15. EP, 21 March 1889.

16. Otago Benevolent Institution, Rough Minutes, 15 February 1883.

17. EP, 21 March 1889.

18. Otago Benevolent Institution, Rough Minutes, 10 April 1889.

appropriate salaries if they could in any way add to the workload of an existing employee. There may also have been a reluctance to make any appointment which could be equated with the Poor Law relieving officer. The Auckland Benevolent Society's reference to 'mere public officials' (quoted in the previous Chapter) illustrates a more general suspicion of persons who undertook charitable work for a salary, rather than in response to some heartfelt 'call'. If Mr Bumble had to appear in New Zealand, was he not better disguised as a secretary, a clerk, a home manager? The full-time relieving officer provided an unpleasant reminder that voluntary charity and 'community knowledge' had been less than successful in New Zealand.<sup>19</sup>

Board members were involved to varying degrees in the delivery of relief. Where large amounts of outdoor relief were distributed, a charitable aid committee would pass final judgement on each case, but its decisions were guided by the inspector's recommendations. The rules of the Otago Benevolent Institution stated that all cases were to be verified by 'some reputable person who knew the applicant' (usually a trustee, a life governor of the Institution, a clergyman or local councillor).<sup>20</sup> This recommendation served both as a form of preliminary inquiry and an additional hurdle for applicants. The case books show, however, that it was not always insisted upon. Applications were to be in the secretary's hands by 12 p.m. on the day before the Trustees' weekly meeting but urgent relief could be given immediately by the secretary. The secretary kept a case list in which were recorded the details of each case - the names and ages of applicants and their children, the name of the person recommending relief, district of residence, date at which relief was commenced and concluded, the nature of each case, and any additional remarks. An additional case book gave the inspector's remarks

---

19. Complaints about charitable aid administration were often accompanied by cries of 'Bumbledom'. The White Ribbon, for example, headed an attack on charitable aid in Canterbury 'The Ways of Bumble'. White Ribbon, July 1906, p.10.

20. See 'Rules of the Otago Benevolent Institution', printed with the Annual Report of the Otago Benevolent Institution.

on each case. This report clearly carried a great deal of weight with the Trustees, though in the 1880s and 1890s applicants were supposed to appear in person before them.

The 1894 Commission of Inquiry into charitable aid in Christchurch outlined the procedure followed in outdoor cases there. The Board's officers attended at the office daily, and the chairman for one hour in the morning on most days. The secretary gave relief in all urgent cases. The charitable aid committee met weekly and considered each case. Reports were obtained from the police, and the Board's inspector visited each applicant to report on the home and surroundings. If it could be shown that the applicant had relatives liable for his or her support, the committee would refuse relief until the applicant applied for a support order (under the Destitute Persons Act).<sup>21</sup> Again, the Board's employees had an important and, in the 1890s, an increasingly influential bearing on each case. In 1890 the committee decided it would no longer interview each applicant personally, preferring instead to depend upon 'official reports based on careful inquiries'.<sup>22</sup>

The relieving officer's powers over applicants increased as reliance on these reports became the norm everywhere. An exceptionally dedicated trustee or board member like Van Staveren in Wellington would pay visits to recipients' homes and make himself readily available to applicants, but most of his colleagues were only too willing to distance themselves from the poor. As one Auckland Board member righteously complained, there was nothing more humiliating to a citizen than to have to sit on the charitable aid committee, and face 'the worst characters in the town':

He had been abused as if he were a pickpocket, followed about at his factory by women wanting charitable aid, and men uttering the most abusive language: and, he asked, was this the work of a man who gave his time for nothing? who came here to do his duty to the ratepayers? 23.

- 
21. 'Report of the Commission to Enquire into Allegations Against the North Canterbury and Ashburton Charitable Aid Board', pp.2-3. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 27 February 1895.
22. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 11 June 1890.
23. NZH, 5 July 1889.

A later report in the Herald confirmed that each week two or three members of the Board would turn up at 3 p.m., sitting sometimes until 7 p.m. 'to be bounced and abused, for the most part, by the stream of drunken, improvident, loafing, and dissolute humanity which surges into the corridors of the Board's offices once a week'.<sup>24</sup> If these were typical reactions to the charitable aid routine, it is not surprising that thin-skinned local politicians wished to delegate such duties to 'professionals'. Their surrender showed a distaste for the realities of poverty. Only dimly did they perceive the need for sound casework, a degree of continuity in relief distribution, and the artificiality of a weekly interview routine.

In practice responsibility was shifted on to men who were little better equipped than the board members for their role; men whose outlook was just as much a product of their time and situation. Always overworked and frequently accused of insensitivity, the officers faced pressures from individual applicants, clergymen and others supporting cases, and from local body personnel. They were torn between the demands of charitable aid recipients and the need to save the rates. This last consideration usually prevailed, since their own salaries and even their positions were at risk in time of retrenchment. On the whole, however, they had a relatively free hand in their relations with recipients. If their version of events conflicted with that of a pauper, there was little doubt as to whom to believe. The 1894 inquiry into charitable aid in Christchurch was provoked by claims of cruelty and high-handedness at the charitable aid office. The Board's former medical officer maintained that the poor had been 'talked to like dogs'.<sup>25</sup> Despite a high level of public support for the claims, all charges were dismissed by the commissioners. Likewise, when Edward Favell, charitable aid inspector for the Otago Benevolent Institution, was accused of extorting £4 from one woman (in return for an undertaking not to disclose that she had a savings account), the charge was

---

24. ibid., 8 July 1889.

25. Press, 25 October 1894.



readily dismissed. The woman had 'already proved herself untruthful'.<sup>26</sup> And when secretary Clulee and inspector Aitken were earlier accused of harassing applicants to the Otago Benevolent Institution, of mimicking one woman's speech defect and bullying another until she withdrew her claim, they were completely exonerated by the Trustees, even though one of their number had personally witnessed one such event. Aitken, significantly, claimed that he was a poor man himself and could have no object in browbeating poor people.<sup>27</sup>

Contrary to Aitken's protestations, there must have been a strong temptation to intimidate. This temptation was not likely to be any the less in one so aware of his own lowly social station. Negative reactions to their clients abound in the officers' reports. They were suspicious of their clients' morals, continually affronted by their lack of gratitude, and disgusted by their lack of hygiene. Typical is the comment that 'Mrs --- says that she does nothing but attend to the house. I cannot see in what way she does it as it is in a very dirty condition - filthy is not too strong a word'.<sup>28</sup>

The name of secretary Norris was so strongly associated with charitable aid in Christchurch that his chairmen were hard put to deny he 'ran the show'.<sup>29</sup> Norris concurred wholeheartedly with MacGregor's reports,<sup>30</sup> and ran his own little vendetta against 'irresponsible parenthood'. Norris feared that the country was getting 'overrun with bastards',<sup>31</sup> and came down heavily on mothers who thought they could divest themselves of their natural responsibilities. His letter

---

26. Otago Benevolent Institution, Minutes, 17 January 1894.

27. ODT, 22, 29 May 1885.

28. Otago Benevolent Institution, Applications for Relief, Vol. 1, 30 April 1889.

29. In 1905, for example, the Chairman, Hugo Friedlander, was forced to deny exactly this claim, made by a former Board member, George Scott. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 7 December 1905.

30. Norris wrote to MacGregor suggesting that he ask the leading newspapers to print his reports. T. Norris to Dr MacGregor, 30 November 1897, Ashburton and North Canterbury United Charitable Aid Board, Letter Book 1897-1898.

31. T. Norris to Inspector of Police, 31 January 1898, *ibid.*

books indicate that he spent much time forcing these women to take charge of their unwanted offspring. His views naturally brought him into conflict with the women Board members who promulgated different solutions to the same problem. The 'progressive women' claimed that children were best served by their removal from irresponsible parents.<sup>32</sup> They found Norris obstructive and authoritarian in his approach; he no doubt considered them unrealistic and spend-thrift. Norris provides the best example of an employee whose control over charitable aid policies was so strong as to thwart any new approaches. He had established his credentials through long service to the Board and careful husbanding of its finances. Without Norris' cooperation any 'progressive women' could expect an uphill battle.

Norris administered charitable aid in a major city. Christchurch and other cities traditionally contained large numbers of women left behind as their men departed in search of work, especially seasonal work. In a smaller centre such as Palmerston North charitable organisation was less extensive and the problems rather different. The charitable aid officer there had to deal with a relatively high proportion of casual cases, men passing through on their way to work in the Wairarapa and Hawke's Bay. He was determined that city-bred paupers should not impose upon his district. His reports survive for only a three year period in the 1920s, when one might expect 'social workers' to be couching their reports in slightly more cautious terms than before. These reports show that in Palmerston North a 'case' was most successfully ended when the object of relief had been safely despatched to another district. Many times the officer's reports make such statements as

I am pleased to be able to report that at last I have got rid of the two children —  
 ....The woman who was minding the children  
 I got her to go down with them and leave  
 them [at Porirua with the parents] and on  
 no account to bring them back. 33.

---

32. See Chapter Three.

33. Charitable Aid Officer's report to Executive Committee, Palmerston North Hospital Board, Minutes, 8 October 1925. Grammar as in the original.

On another case he reported with equal satisfaction that 'The woman — whose case I reported on last month, I am pleased to be able to report I got rid of her to Wellington. She was a nuisance here always half drunk'.<sup>34.</sup>

Non-European applicants were unlikely to be rewarded with even a rail fare out of the district. An itinerant 'Cyrian' was 'inferred ... to some of his countryman [sic]';<sup>35.</sup> and only when application to the local Chinese community had produced no response was a paralysed Chinese placed in the Awapuni Home, in a room by himself.<sup>36.</sup> The reports show the officer's confidence in his ability to assess applicants ('I sized him up, a boozier by the look of him'),<sup>37.</sup> and a certain crude psychology in his handling of cases ('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 one cannot believe [sic] a word his wife also tells one').<sup>38.</sup> The officer also displayed a solid sense of rural virtues: 'I gave him some good advice, what we in the country think of sailors and fireman [sic] and sent him about his business'.<sup>39.</sup>

These unguarded and ungrammatical reports to the Palmerston North Board suggest that there was as wide a range of skills and education among the boards' charitable aid officers as among their secretaries. But the extracts quoted above need some qualification. While the officers castigated the undeserving poor, they could respond almost generously to the more pitiful cases. Cancer patients or elderly widows who struggled, alone and decrepit, to earn a living would win a sympathetic hearing. The charitable aid officer could also be more realistic in his assessment of cases than local bodies. When, for example, the South Dunedin Council complained that

---

34. *ibid.*, 18 March 1926. Grammar as in the original.

35. *ibid.*, 8 July 1926.

36. *ibid.*, 6 June 1927.

37. *ibid.*, 10 September 1925.

38. *ibid.*

39. *ibid.*, 11 February 1926. The reference is to a Scottish-born ship's fireman who had been paid off in Wellington and travelled by lorry to Palmerston North. He wanted his union fees paid, and his fare to Lyttelton.

the Benevolent Institution was assisting a man who refused to work, the inspector pointed out that 'stopping the case will not hurt — as he can and does look after himself'. The only result of such harsh action would be to make the wife and children starve, he wrote.<sup>40</sup> On such occasions the charitable aid officer might be more neutral in his judgement than members of local bodies, who lacked his familiarity with a total range of cases and may have been even more open to local gossip.

Long service in the capacity of secretary-relieving officer or charitable aid inspector could result not only in more realistic expectations of the poor, but also in a certain defensive pride in the work. A.H. Truebridge, who for many years served as charitable aid superintendent to the Wellington Hospital and Charitable Aid Board, gave considerable thought to his role and to the place of charitable aid within the Board's responsibilities. He maintained that the importance of charitable aid was not sufficiently recognised. It gave no opportunity for spectacular display, it had no imposing buildings nor picturesque staffs to stimulate the imagination and, 'like the art of government itself' its practice was not thought to require any special aptitudes, knowledge or training. The slenderness of its budget made it contemptible as a poor relation but, Truebridge ponderously insisted, 'its sequelae present diffusible and penetrative qualities possessing potentialities of a gravity at least equal to those of the medical sphere....',<sup>41</sup>

Truebridge had reason to be defensive about his task. The position of charitable aid officer was neither appreciated nor secure. Because there were no special qualifications for the task, the officer could easily be replaced. In 1897, for example, Edward Favell was 'retrenched' by the Otago Trustees despite insistence that he had been 'in all respects an active and conscientious officer'. Mr Mee, master of the Institution, was asked to add outdoor relief to his existing duties.<sup>42</sup> In

---

40. Otago Benevolent Institution, Applications for Relief, Vol. 5, 12 June 1895.

41. JPH, Vol.1, September 1918, p.262.

42. ODT, 19 February 1897.

1894 the commissioners investigating charitable aid in Christchurch recommended that the inspector's salary be cut from £170 to that of a first class constable (under £150 per annum), since his reports were meagre and of less value than the police reports. An elderly clerk in the office was 'retrenched' on the commissioners' advice. He was unable to find new employment, and only his death following a heart attack saved him from the charitable aid queue.<sup>43</sup>

But dangers other than retrenchment threatened those delivering relief. Rabbi Van Staveren once related how he had been followed around by a labourer who offered to fight him for relief.<sup>44</sup> More serious was an incident in which a disaffected gumdigger tried to shoot John Strathearn, inspector for the Auckland Board. The gumdigger, Joseph White, was displeased with the treatment given for his rheumatism and returned to the charitable aid office intending 'to have satisfaction out of somebody'. He produced a loaded revolver, said 'Take that', and shot at Strathearn. The ex-detective soon had White by the throat against the wall, but he had had a narrow escape. The gun was loaded in five chambers - the sixth had been previously discharged. Charitable aid administration had its moments.<sup>45</sup>

Incidents of a different kind arose when male officers inquired into the circumstances of female applicants. By the mid-1890s charitable aid officers in all four main centres had been accused of immoral behaviour by their clients. It was alleged, for example, that Edward Favell had fondled one woman's breasts, fathered another woman's child, paid 'hush money' to yet another, and had been 'intimate' and 'familiar' with various Dunedin women. And, for good measure, he had

---

43. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 27 February, 22 May 1895.

44. Manawatu Herald, 18 April 1893.

45. NZH, 11, 13 March 1899. Charitable aid officers were especially at risk during the Depression years. Mr Lowe, the Wellington Board's social welfare officer during the 1930s, always carried a policeman's baton up his sleeve when out on visits. Interview with Mrs J. Rowell, clerk in the Wellington Board's Social Welfare Department until 1943, 24 January 1980.

also entered a woman's house without knocking, put his arms around her, 'and told her that if she gave him a kiss she would get all she wished from the Benevolent Trustees'. Such largesse was not the Inspector's to grant, and Favell was eventually declared quite blameless of all charges. First, however, the accusations went before the courts, and provided a delicious scandal for the Dunedin press.<sup>46</sup>.

There may well have been certain ambiguities in the officers' relationships with female applicants. The officers were men in a position of power; the women were aware of their need to impress. In 1894 Grace Neill and James Martin found charges against the Christchurch inspector 'not proven' but felt that there must have been some reason for the public feeling against him. Work which involved domestic visitation, dealing with prostitutes and confinements, and with the clothing and well-being of destitute children was, they felt, quite unsuitable for a man. The inspector's admission that in many cases he had used 'a little flattery' to gain information spoke for itself, they concluded.<sup>47</sup>.

As a result of these and other scandals some sections of the public began to demand female relief inspectors. The arguments used to justify female inspectors were similar to those for female board members, but this reform was more easily achieved. The lady visitors were placed under the supervision of the boards' male secretary or charitable aid officer; they played no direct part in policy-making and in many cases extended the work already done by women volunteers.

The Ashburton and North Canterbury Board took the lead. As part of the agitation which preceded the 1894 Commission, the Board had received deputations from the Knights of Labour and the Canterbury Progressive Liberal Association, both urging the appointment of women.<sup>48</sup> On the strong recommendation of the Commission the Board finally

---

46. ODT, 20 March 1895.

47. Press, 6 February 1895.

48. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 21 March, 25 April 1894.

advertised for a female assistant inspector, hoping for a suitable married woman or widow. On 22 May 1895 Mrs Julia Carpenter was appointed.<sup>49</sup> The old inspector, who was in poor health, eventually resigned and Mrs Carpenter became the Board's only charitable aid inspector. For the sum of £100 per annum Mrs Carpenter attended at the Board's office daily, took her instructions on cases needing inquiry, reported in writing and in person to Norris, and attended meetings of the Board's charitable aid committee as required.<sup>50</sup>

The Wellington Trustees appointed a female inquiry officer in 1897, the year that they came under attack from Grace Neill for their erratic relief policies and poor record-keeping.<sup>51</sup> By this time Neill herself had provided something of a model for those who advocated women inspectors. The Trustees denied Neill's allegations and claimed that she had relied far too heavily on hearsay, but many shared the view of a correspondent to the Evening Post that 'The cause of true charitable relief would be infinitely benefited if we had many more Grace Neills amongst us....'.<sup>52</sup> The Dunedin Star maintained that Neill's report fully justified the appointment of women to such positions, and suggested that the Dunedin Trustees would do well to note her recommendations.<sup>53</sup> Neill's 1899 report commended the Wellington Trustees on their appointment of Mrs Annie Dudfield (whose services they shared with the Ladies' Christian Association) as visitor. It was, she said, 'a much needed reform'.<sup>54</sup>

After making inquiries of Wellington and Christchurch the Auckland Board decided to follow suit. But the Auckland Board was rather more ingenious than its fellows, for it managed to employ a female officer at no extra cost. It

---

49. *ibid.*, 24 April, 22 May 1895.

50. T. Norris to Auckland Hospital and Charitable Aid Board, 2 May 1898. Ashburton and North Canterbury United Charitable Aid Board, Letter Book 1897-1898.

51. New Zealand Times, 26 May 1897.

52. EP, 28 May 1897.

53. Quoted *ibid.*, 3 June 1897.

54. Annual Report on Hospitals and Charitable Institutions, AJHR, 1899, H.22, p.2.

simply dismissed Mr Strathearn, advertised for male and female inspectors, and then re-employed Strathearn, - along with his wife - at Strathearn's previous salary.<sup>55</sup> The decision to appoint a married couple infuriated women's groups which had been agitating for a woman appointee equal in status to the male inspector and qualified on her own account. The women held a protest meeting and to present their views chose a delegation which included the deaconesses of various protestant churches, Mrs Sparks of the Salvation Army, and Miss Porter, secretary-visitor of the Society for the Protection of Women and Children. It was no use, said the Board's chairman. He and his colleagues had decided to appoint a married couple no matter how many deputations came. The Board was saving itself £100.<sup>56</sup>

In the meantime the Otago Benevolent Institution stubbornly resisted Departmental pressure for a woman inspector. 'The Dunedin Benevolent Society changes not; its policy is conservative', said the 1901 Departmental Report. Dunedin was the only large city where a woman visitor was not employed 'although experience teaches us how advantageous both to ratepayer and to relief applicant is careful investigation of cases by the right sort of woman'.<sup>57</sup> Having only recently dismissed Favell, the Trustees were not anxious to appoint another inspector, even at the lower salary a woman would command. In the 1900s they used the deaconesses of different Dunedin churches to investigate difficult cases, but the Trustees' chairman, W. Talboys, later confirmed that the sisters had failed to live up to the Trustees' expectations.<sup>58</sup> In May 1909 the Trustees finally gave way and appointed Mrs Ann Ansell female inspector on a salary of £50 per annum. Since Ansell had been visitor for the Society for the Protection of Women and Children from 1900 the Trustees were paying little enough for her skill and experience. Ansell

---

55. Auckland Hospital and Charitable Aid Board, Minutes, 23 May, 20 June 1898.

56. NZH, 3 June 1898.

57. Annual Report on Hospitals and Charitable Institutions, AJHR, 1901, H.22, p.1.

58. ODT, 23 April 1908.



continued to serve the Protection Society, which paid the other half of her salary.<sup>59</sup> Unfortunately her health broke down under the dual commitment and in 1911 she was asked to choose which organisation she would rather serve. She remained with the Protection Society and was replaced as charitable aid inspector by Mrs Flora Darroch.<sup>60</sup> In that same year the Otago Hospital and Charitable Aid Board appointed Mr M. Fraer as male charitable aid inspector and collector of hospital fees.<sup>61</sup>

Appendix 2 shows the division of responsibility laid down for the Auckland Board's male and female inspectors. They had certain duties of report and inspection in common but, in theory at least, their inquiries were governed by a strict sexual differentiation. The male officer would investigate cases involving men, would attend all court cases and collect hospital fees. When combined hospital and charitable aid boards were introduced in all areas it was usual for the male inspector to collect hospital fees and inquire into the circumstances of those unable to pay. This was an important part of Fraer's duties under the Otago Board.<sup>62</sup> The male officer's position was the more authoritarian one; his connections with the law enforcement agencies more clearly defined.

---

59. Otago Benevolent Institution, Minutes, 13 May 1908.

60. ODT, 21 April 1911, Otago Hospital Board Press Cuttings Book, Vol.2, p.4. To aid her recovery, Ansell was sponsored on a trip to England by 'her friends' and a local shipping company. While there, she acquainted herself with the work of various charitable bodies, visiting the Church Army Homes in London, women's prisons, and the Women's Imperial Health Association of Great Britain. See Press cutting (not identified) with Minutes of the Thirteenth Annual Meeting of the Dunedin Branch of the Society for the Protection of Women and Children, 6 June 1912; ODT, 26 August 1911, Otago Hospital Board Press Cuttings Book, Vol.3, p.35.

61. Secretary's Annual Report to Otago Hospital and Charitable Aid Board, 1911, pp.4-5, Minutes, Vol.6, 1911-15.

62. As more people began to make use of the hospitals and the hospitals lost their charitable associations, it could no longer be assumed that patients were indigent. The Department began to insist on more vigorous attempts to collect fees.

In Auckland the woman inspector would attend to all cases involving women and she issued the monthly ration orders. The instructions given to the Otago Board's lady inspector in 1911 had a similar emphasis, though she was also required to work in close consultation with the Ladies' Advisory Committee.<sup>63</sup> Tactful but searching inquiry was expected of the lady inspector; if a situation became too threatening the male officer or the board's secretary would intervene. As in other spheres of employment sex role stereotyping determined responsibility.

This did not, however, mean that the woman inspector's duties were any less stressful. The strain on Ansell's health is wholly explicable given her wide responsibilities and the sheer logistics of travel and inspection in an area which included Dunedin, its suburbs, Mosgiel and Port Chalmers. In most centres the relieving officers travelled by tram or by foot. Not until the 1920s did the motor car enable them to make more effective use of their time - before this a free tram pass, or perhaps a bicycle were the only concessions to mobility. New standards of inquiry complemented by adequate case records must have placed their own pressures on a conscientious officer. But despite all this, the female inquiry officer remained a luxury which only the largest boards could afford. Most boards thought themselves fortunate to have even one inquiry officer, and they usually regarded a broad-shouldered male (with additional clerical skills) as the better investment. In later years the boards found that they could cast their district nurses in the role of female inquiry officers, and use their sanitary inspectors as charitable aid officers.

While the number of female inspectors was too small to permit broad generalisations on their role, their appointment paralleled trends in the English Poor Law. In the later years of the nineteenth century there was pressure for 'ladies' to take senior posts within the Poor Law. This was mainly a

---

63. The Lady Inspector's duties are listed in a letter from the Secretary to Mrs L. Vernon, 31 March 1911, Otago Hospital and Charitable Aid Board, Letter Book, Vol.4.

response to the low quality of staff already in these posts. Women of higher social class were first appointed as work-house matrons and schoolmistresses, and not until 1893 was the first woman relieving officer appointed. At the time of the 1909 Royal Commission on the Poor Laws there were only four women as full relieving officers and another eight employed as assistants. Although the number was low, it must be placed against the total involvement of women - as guardians, officials and visitors. These women have been credited with 'humanising' the Poor Law and pushing it toward broader tasks than the mere relief of destitution. Although women's infiltration of the Poor Law system was slow, it did represent an expansion of paid employment opportunities within social work.<sup>64</sup>

A comparison with England cannot be taken too far. The appointment of women relieving officers progressed no more quickly in England than in New Zealand. Here, at least, it was encouraged by a central department of government. Evidence on status is tenuous, though there was certainly much talk on the need for 'cultivated' women in public charity. The Dunedin material suggests that women involved with the Hospital and Charitable Aid Board could, if they wished, move quite readily between the role of visitor and board member. The women who served first on the Ladies' Committee and later as Board members have already been mentioned. Ansell herself intended standing for election to the Board in 1913, but found she was not on the ratepayers' roll.<sup>65</sup>

The appointment of women inspectors was linked to emerging definitions of the 'social worker' role. The agitation which resulted from Mrs Strathearn's appointment in Auckland shows that some sections of the public sought appointees with recognised experience and personal qualifications. The composition of the the protest delegation is also significant, for these women were all well known Auckland social workers. The Dunedin situation suggested that the women inspectors appointed there had stronger links with other

---

64. Walton, pp.32-36.

65. ODT, 22 April 1913, Otago Hospital Board Press Cuttings Book, Vol.5, p.133.

social welfare organisations than their male predecessors. They may as a consequence have perceived themselves as 'social workers' in some broader sense, and not merely as loyal employees of the Otago Hospital and Charitable Aid Board. Responsibility to more than one organisation may have had a similar effect. The duties of the female inspector in any case required her to confer with other charitable organisations.<sup>66</sup> Ansell obviously forged links between the Board and the Protection Society, but her reports also show her visiting applicants in the company of local deaconesses.

It is equally difficult to gauge whether women inspectors helped 'humanise' charitable distribution, or whether they merely made inspection more rigorous. In Dunedin the Ladies' Advisory Committee, with which the inspector was closely associated, made some enlightened suggestions in its early years, but the only measure implemented was a visiting housekeeper scheme which began in 1910. The housekeeper's duties were to clean house, wash and 'do all a mother's duties' for poor households where the mother was ill.<sup>67</sup> On the positive side this showed a more innovative response to the problems of poor families than the simple distribution of rations; on the other hand it probably meant exploitation of the housekeeper, who was paid only £1 per week and subject to the Ladies' critical scrutiny. Eight months later the Ladies were on their third 'visiting housekeeper'. After several bids for more influence over charitable aid policies the Ladies' Committee settled down to a strictly advisory role, hoping to shed more light on individual cases but aware that their recommendations might not be followed. Like most women who professed an interest in charitable aid, they were stern toward delinquents of their own sex. Typical was the recommendation that 'The Ladies' Advisory Committee strongly object to Lizzie — receiving aid from the Board [;] they are in a position to know that it is not a case for

---

66. Secretary to Mrs L. Vernon, 31 March 1911, Otago Hospital and Charitable Aid Board, Letter Book, Vol.4.

67. 'Housekeeper's Duties', Otago Hospital and Charitable Aid Board, Ladies' Advisory Committee, Fair Minutes, 26 August 1910.

Benevolent Aid [-] to grant it really means encouraging her in her sinful life'.<sup>68</sup> And, almost routine where women's groups concerned themselves with social policy, was the plea that mothers with illegitimate children be incarcerated in detention homes.<sup>69</sup>

The Ladies' Committee points to the more casual involvement in relief inquiry of a whole range of individuals and organisations. Links with voluntary societies were important, though seldom as extensive as the Department of Hospitals wished. The records of the Society for the Protection of Women and Children in the different centres show it referring cases to charitable aid boards for relief. The boards would also seek the Society's help where they thought personal assistance and counselling more appropriate than financial aid. W. Talboys, chairman of the Otago Board's Benevolent Committee, frequently commended the Protection Society for its work, which by keeping homes together saved the Board large amounts of money.<sup>70</sup> He in return was thanked by the Society for 'much sympathetic help to cases of distress'.<sup>71</sup> Likewise in Wellington the Protection Society referred cases to the Trustees on many occasions and in 1911 its treasurer, Miss L.M. Kirk, became the Wellington Hospital and Charitable Aid Board's lady visitor. Among the Wellington Society's trustees were members of the Hospital and Charitable Aid Board, most notably the Rev. W.A. Evans and J.W. Aitken, both of whom served as chairmen of the Board. The Society also sponsored women onto the Board - among them Mrs Annie McVicar, Mrs W. McLaren, Mrs. T.M. Wilford and Dr Elizabeth (Daisy) Platts-Mills.<sup>72</sup>

Since the main role of the Protection Society was a counselling one, it was willing to forge links with other bodies which, like the charitable aid boards, distributed relief in kind. Other voluntary organisations were more likely to see themselves in competition with the boards. The Auckland

68. *ibid.*, 10 November 1911. The name has been altered in this quotation.

69. *ibid.*, 24 May 1912.

70. Dunedin Branch of the Society for the Protection of Women and Children, Report of Annual Meeting, 27 May 1918, (reprinted from ODT, 28 May 1918), Minutes, 1914-21.

71. *ibid.*, Report of Annual Meeting, 26 May 1919 (reprinted from Evening Star, 26 May 1919).

72. Wellington Branch of the Society for the Protection of Women and Children, Minutes, 9 April 1915.

Benevolent Society had an unusual, semi-dependent relationship with the Auckland Hospital and Charitable Aid Board. For many years the Society's subscriptions were handed over to the Board, which collected the government subsidy for voluntary contributions and handed the total back to the Society.<sup>73</sup> Since the Benevolent Society had not been incorporated as a separate institution this procedure was legally quite improper. The Society recommended cases to the Board which acted on them after further inquiry from its own officers. However, the Society was always careful to stress its separation from the Charitable Aid Board, making it clear that 'It is the deserving poor that [the] Society helps. Criminals and abandoned characters are looked after by other organisations'.<sup>74</sup>

Foremost among these 'other organisations' was, of course, the Charitable Aid Board. Many voluntary societies believed that it was their duty to help the deserving poor, grateful for and responsive to their personalised ministrations. The undeserving were ineligible for such kindly treatment and could be swiftly turned over to the the charitable aid boards. It was a distinction which in England was typified by the Charity Organisation Society and the Poor Law. It assumed that the voluntary and public agency each had its own clientele and method, and that the undeserving could somehow be weeded out from the deserving poor.<sup>75</sup> Jealous of their independence, the voluntary societies willingly referred difficult cases to the boards but declined any regular exchange of relief lists and other information. When in 1888 the Otago Benevolent Institution sent letters to nearly fifty charitable bodies in and around Dunedin seeking to exchange relief lists, they received only six replies. Half of these declined to cooperate with the Trustees; the

---

73. Nineteenth Annual Report of the Auckland Benevolent Society, 1903, p.4.

74. Twenty-Second Annual Report of the Auckland Benevolent Society 1906, p.4. The Society had among its clientele a numerous 'decayed gentlewoman' element - elderly maiden ladies who eked out their last days giving music lessons for a pittance, widows of former naval and military officers, all persons who, the 1917 Report stated (p.4.), 'would rather die of starvation than go to the Charitable Aid Board'.

75. See Kathleen Woodroffe, From Charity to Social Work in England and the United States, London, 1968, Chapter II: 'The C.O.S. and Social Casework'.

other half gave very little useful detail.<sup>76.</sup> MacGregor often urged greater cooperation between public and private charity, but did so in vain. In 1927 the Department urged that each board act as the 'charity organization society' of its district - again, to no avail.<sup>77.</sup> Interaction between the boards and voluntary societies continued on an informal basis, but resulted more from personal contacts between their visitors than calculated policy.

For information on outdoor cases in country districts the boards were forced to rely on persons who were neither hospital board employees nor, necessarily, members of the boards. The boards' officers would visit outlying districts as often as they could, but this was seldom as often as efficient casework required. Instead, the boards were forced to rely on local residents - often the mayor or councillors of small towns - for information on applicants. In Otago, for example, local councils would recommend cases to the Benevolent Institution and supply intermittent reports on these cases. The local origin of these reports did not add to their accuracy. Sometimes they were shaped more by community gossip than objective assessment. At other times they reflected local determination to see some return from the charitable aid rate. Some local bodies concluded that if such a rate could not be avoided, local storekeepers might as well profit from the expenditure of ration tickets. In 1891 inspector Favell checked on cases in the Tuapeka, Clutha and Bruce Counties, and reported 'great laxity' in their supervision.<sup>78.</sup> Reductions were quickly made, but the incident did not escape MacGregor's comment in the next Annual Report. By 1907, however, the country districts felt that they were being treated unfairly, and that their recommendations were either ignored or reduced in amount.<sup>79.</sup> Some local bodies gained the right to administer their own relief without recourse to the Benevolent Institution. Between 1908 and 1910 a legal decision allowed those counties which wished to take responsibility for charitable aid (and some did not) to establish

---

76. Annual Report of the Otago Benevolent Institution, 1889,  
p.9-10.

77. Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1927, p.11.

78. ODT, 31 December 1891.

79. *ibid.*, 22 February, 21 March 1907.

their own charitable aid committees. In these areas the county clerk effectively became the relieving officer.<sup>80.</sup> 168

Otago's local committees were abandoned when the Otago Hospital and Charitable Aid Board was formed in 1910. Most of the new boards still relied on local bodies to furnish reports and grant relief in their districts. The Wellington Board established local committees to supervise relief in country districts. They usually comprised local hospital board members and one or two volunteers. Each member of the committee was issued with a small book of ration orders and a few 'history sheets', since efficient casework was expected even in the perimeters of the Board's district. The charitable aid superintendent or visitor would report on all cases in Petone, the Hutt Valley, Hutt County and Johnsonville. In the Horowhenua district there was more reliance on the local committee's report, with an occasional general inspection by the charitable aid superintendent.<sup>81.</sup> The Palmerston North Board was not so highly organised, and relied on the mayor or local constable to check on cases and distribute rations.

The police were probably more useful to the charitable aid boards than either local body personnel or the voluntary societies. The 1894 Commission in Christchurch even claimed that police reports on outdoor applicants were of more value than those produced by the Board's inspector.<sup>82.</sup> Secretary Norris was in constant communication with the Christchurch police inspector, asking his officers to distribute charitable aid cheques in outlying districts, to inquire into cases, to seek out absconding husbands and to follow up the Board's claims for payment: 'Possibly an application through your office may cause him to think it worthwhile to settle the claim quietly'.<sup>83.</sup> The police force, with its local knowledge and its complement of local constables provided ideal agents for the charitable aid boards (as it did for the

---

80. *ibid.*, 21 February 1908. See Bruce Charitable Aid Committee Minute Book, May 1908 - August 1910.

81. Charitable Aid Committee Report, Wellington Hospital and Charitable Aid Board, Minutes, 18 October 1910.

82. Ashburton and North Canterbury United Charitable Aid Board Minutes, 27 February 1895.

83. T. Norris to Inspector Pender, 20 January 1892, Ashburton and North Canterbury United Charitable Aid Board, Letter Book, 1891-1892.



Labour Department). Police involvement in charitable aid inquiry may have distressed some applicants and deterred others, but one should not assume that individual constables were any more harsh than the boards' own officers. When in 1911 the Palmerston North Board thanked Feilding's sergeant of police for past attention to charitable aid, it added a request that he keep expenditure as low as possible in the future. This implied that the police had deviated from the Board's more rigorous standards and needed to be brought into line.<sup>84</sup> Police constables may have been suspicious of casual cases involving itinerant labourers, but so too were the boards' officers.<sup>85</sup> Tramps were at best unwelcome intruders from another district, and at worst thieves and wife deserters. A Napier relieving officer confirmed police and public harassment of tramps.<sup>86</sup> But although he was himself an ex-constable, his attitudes were relatively sympathetic.

Charitable aid inquiry and relief distribution absorbed the energies of a variety of individuals, not all of them salaried officials. Such tasks were likely to form only part of the duties performed by the boards' own officers, who in the 1880s were appointed more on account of their clerical or administrative skills than their ability to deal with people. Though women formed the majority of outdoor applicants, inquiry remained a male preserve - unlike the lower echelons of voluntary charity, which were overwhelmingly female, and unpaid.

There was, however, a growing feeling that charitable inquiry could not be undertaken by just anybody; that certain social skills and educational standards were needed for the task of 'scientific investigation'. As the Rev. W.A. Evans told the 1911 Conference, there was a need for 'tactful relieving officers and assistants - men and women of education,

---

84. Palmerston North Hospital and Charitable Aid Board, Minutes, 9 February 1911.

85. Gibbons documents police attitudes towards tramps, and particularly their tendency to view the swagger as vagrant. See, especially, pp.85-87.

86. Hawke's Bay United District Charitable Aid Board, Report, 1887, p.14.

who have eyes to see and power to seize the salient facts of the conditions they are investigating'.<sup>87</sup> Such views led to the appointment of women as 'lady inspectors', a move which was as much to protect male officials from 'blackmailing female indigents' as to promote more effective inquiry. Some of these women may have perceived themselves as 'social workers' in the professional sense of the term, but men such as Wellington's A.H. Truebridge were also seeking to define their role and to increase the status of charitable aid. They were using partially digested sociological concepts to do this. Male relieving officers in any case remained the more numerous, and often combined clerical or secretarial duties with the task of inquiry.

As the old informal practices were discredited, there came a new emphasis on casework and record keeping. This reflected in part the influence of overseas developments, but was given practical force by Departmental requests for information on 'causes of poverty', decisions made, relief given.<sup>88</sup> Casework enabled the individuality of each case to be recognised, and it held out the promise of rehabilitation. The Rev. Evans emphasised that

... all applicants for relief are human beings; ... they are not merely cases that may be dealt with in a uniform way - each has a history involving elements that are personal and individual.

.... When we realize that we are dealing with men and women and children, and that upon our decision depends very largely not only their immediate present, but their future, and the future of the State, the problem assumes a new meaning, and is endowed with a new value. 89.

As the charitable aid board members found their personal investigation of cases increasingly distasteful and time-consuming, they came to rely on case reports. In larger

---

87. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.243.

88. See Appendix 3 for an example of an application form used by the Palmerston North Board for indoor and outdoor cases.

89. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.243.

centres the women board members and one or two men might retain a close involvement in the inquiry process. Other board members responded more enthusiastically to financial issues and medical developments. By appointing special inquiry officers the charitable aid boards encouraged the emergence of the secular social worker in New Zealand. It should be remembered, however, that these appointments were not made to assist access to the boards' services. Since the intention was to prevent abuse and reduce expenditure, the relieving officers never quite lost the taint of 'bumbledom' and remained, in the public eye at least, the stern guardians of the boards' resources. This input to contemporary social work practice should not be forgotten.

## Chapter Five

### OUTDOOR RELIEF

The main task of the relieving officers, male and female, was to report on applicants for outdoor relief. This task they tackled with varying degrees of success and a fair amount of frustration, since outdoor cases were far from amenable to their direction. Outdoor relief shows how policies are affected by the social and economic environment in which they are implemented. MacGregor hoped to eliminate outdoor relief altogether: it was, he said, 'as catching as small-pox, and just as deadly'.<sup>1</sup> The politicians shared his hope that outdoor relief would become the domain of voluntary charity. But it remained an integral part of the public relief system, so much so that many used the terms 'outdoor relief' and 'charitable aid' interchangeably.

The careers of individual recipients also seemed to confound official policy intentions. The recipients of outdoor relief were highly visible, they lived among people who contributed, through rates and taxes, to their support, and they included a high proportion of able-bodied adults. Outdoor relief thus became the subject of considerable debate, especially when outdoor expenditure rose in the 1880s and 1890s. Those who claimed the 'pauperising' effect of outdoor assistance could cite numerous examples of family degeneracy and brazen imposition. Others, more tolerant, conceded that outdoor relief was a necessary evil. The poor must not be allowed to starve; families must not be broken up by a temporary need for public assistance.

The distinction between the deserving and the undeserving poor was fundamental to outdoor relief, and here MacGregor's attitudes met with a positive response from the press and

---

1. Annual Report on Hospitals and Charitable Institutions, AJHR, 1897 (S.2), H.22, p.1.

charitable aid boards. The deserving poor (the 'modest, retiring poor', the New Zealand Herald termed them)<sup>2</sup> were little enough in evidence. Since one of the main attributes of deservedness was a disdain for charitable aid, those seeking outdoor relief were undeserving almost by definition. The truly worthy element among the poor would, it was thought, prefer starvation to the shame of pauperdom. Neighbours and voluntary charity would recognise their plucky response to adversity and soon assist them. In 1891 the North Canterbury Board's chairman explained that 'many ... needy deserving persons will shrink from applying to the public funds for aid lest they should be classified with others who are known to be thriftless and improvident, or of questionable moral character....'<sup>3</sup> In a similar vein, MacGregor wrote that 'idlers and drunkards [absorbed] a very large proportion of what is meant for the victims of weakness and calamity ... respectable men and women, worn out with toil and old age [were] thrust aside by impudent beggars ....'<sup>4</sup> This implied that the majority of outdoor applicants were 'impudent beggars' who had forfeited any solicitude from the authorities. Where applicants showed no shame, the boards might encourage its development, or so the argument went. Always, it seemed, the undeserving were more easily recognised in theory than in practice.

The heat of the debate on outdoor relief followed fluctuations in expenditure. To MacGregor all was plain. Since in his view the supply of outdoor relief created its demand, a rise in outdoor expenditure indicated sloppy administration.

---

2. NZH, 8 July 1889.

3. Chairman's Report, Ashburton and North Canterbury United Charitable Aid Board, Minutes, 2 December 1891.

4. Annual Report on Hospitals and Charitable Institutions, AJHR, 1892, H.3, p.2.

Cases increased as administration was lax, and individual weakness was paramount. He was less expansive about the declining totals in evidence from 1897. Neill, however, attributed the decline to stricter administration.<sup>5</sup>

From 1889 the Department's Annual Report gave national totals of expenditure on indoor and outdoor relief, with a breakdown by charitable aid district. (See Table 1). MacGregor was able to reprimand districts whose expenditure seemed excessive, and this he did with minimum regard for regional circumstances, the possibility of localised business recession, or the presence of a port or public works which might attract a floating labour force and its dependents. Although these tables of expenditure formed one of the few series of charitable aid statistics to continue through the period covered by this thesis, they must be treated with the usual caution. Only from 1908 were costs of administration separated out from the indoor and outdoor relief totals.<sup>6</sup> More serious, some boards for many years remained unclear on the distinction between indoor and outdoor relief. Many, for example, were uncertain whether amounts paid to other boards for the maintenance of elderly persons in their institutions should be classified as indoor or outdoor relief.<sup>7</sup>

General trends are nonetheless illustrated by these figures. The most obvious feature is the changing balance between indoor and outdoor relief, with indoor expenditure exceeding outdoor from 1900. The figures begin in 1889, when most parts of the country had been hit by economic recession. Outdoor expenditure rose during the 1890s to peak dramatically in the 1895-96 financial year. Table 2 shows that South Island districts, and especially the Otago

---

5. See, for example, Neill's comments on the Wellington Benevolent Institution in the Annual Report on Hospitals and Charitable Institutions, AJHR, 1902, H.22, p.1.

6. *ibid.*, 1908, H.22, p.5.

7. Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1927, p.54.

TABLE 1: Total Expenditure by Boards and Separate Institutions on Indoor and Outdoor Relief 1889 - 1925 (to nearest £).

| Year ending<br>31 March | Indoor<br>Relief £ | Outdoor<br>Relief £ | Year ending<br>31 March | Indoor<br>Relief £ | Outdoor<br>Relief £ |
|-------------------------|--------------------|---------------------|-------------------------|--------------------|---------------------|
| 1889                    | 28334              | 40395               | 1907                    | 64561              | 38305               |
| 1890                    | 37563              | 37955               | 1908 <sup>1.</sup>      | 50887              | 33998               |
| 1891                    | 32648              | 41897               | 1909                    | 68012              | 37538               |
| 1892                    | 29082              | 41820               | 1910                    | 64336              | 38988               |
| 1893                    | 34372              | 42121               | 1911                    | 55686              | 32405               |
| 1894                    | 32902              | 43715               | 1912                    | 64651              | 34171               |
| 1895                    | 34324              | 52231               | 1913                    | 66378              | 31092               |
| 1896                    | 34470              | 72066               | 1914                    | 68510              | 34541 <sup>2.</sup> |
| 1897                    | 31421              | 58247               | 1915                    | 74081              | 37413               |
| 1898                    | 35251              | 50822               | 1916                    | 84269              | 40349               |
| 1899                    | 42220              | 50851               | 1917                    | 81070              | 41825               |
| 1900                    | 35812              | 41791               | 1918                    | 91092              | 44006               |
| 1901                    | 37693              | 42181               | 1919                    | 82713              | 53464               |
| 1902                    | 49914              | 38935               | 1920                    | 91974              | 82433               |
| 1903                    | 49737              | 43421               | 1921                    | 101695             | 88346               |
| 1904                    | 46613              | 42619               | 1922                    | 111107             | 81566               |
| 1905                    | 52540              | 40799               | 1923                    | 97742              | 76596               |
| 1906                    | 63726              | 39547               | 1924                    | 107400             | 76658               |
|                         |                    |                     | 1925                    | 105619             | 76508               |

Source: Annual Report on Hospitals and Charitable Institutions, AJHR, 1889 - 1915; Appendices to the Annual Report (Hospitals and Charitable Institutions Statistics), 1916-25 .

1. Excludes administration costs from this time. 1908 totals adjusted from 1909 Summary Table IX (returns from some boards not received when 1908 Report printed).
2. Amended for addition error.

TABLE 2: Expenditure on Outdoor Relief By Charitable Aid Districts for Year Ending 31 March 1895 - 31 March 1899. (to nearest £ ).

|                                 | 1895£ | 1896 £ | 1897£ | 1898£ | 1899£ |
|---------------------------------|-------|--------|-------|-------|-------|
| North Auckland                  | 1193  | 1987   | 1051  | 1035  | 1006  |
| Auckland                        | 5761  | 6618   | 6418  | 6286  | 5993  |
| Thames and Coromandel           | 1155  | 1377   | 1264  | 1097  | 1085  |
| Waikato                         | 372   | 379    | 389   | 351   | 657   |
| Bay of Plenty                   | 353   | 359    | 311   | 409   | 270   |
| Cook                            | 391   | 443    | 458   | 439   | 457   |
| Hawke's Bay                     | 1428  | 1548   | 1621  | 1905  | 2055  |
| Taranaki                        | 651   | 889    | 1295  | 1191  | 769   |
| Patea & Wanganui                | 528   | 592    | 550   | 656   | 735   |
| Palmerston North                | 567   | 695    | 615   | 708   | 909   |
| Wellington & Wairarapa          | 10985 | 11859  | 11280 | 8665  | 8858  |
| Wairau                          | 324   | 443    | 365   | 455   | 357   |
| Picton                          | 125   | 117    | 128   | 177   | 273   |
| Nelson                          | 1118  | 1245   | 1302  | 1402  | 1282  |
| Buller                          | 580   | 920    | 791   | 756   | 810   |
| Inangahua                       | 669   | 659    | 836   | 849   | 1022  |
| Grey                            | 1319  | 1396   | 1318  | 1548  | 1526  |
| Westland                        | 1850  | 2194   | 1437  | 1907  | 1816  |
| Ashburton & North<br>Canterbury | 10070 | 14855  | 9217  | 8376  | 8256  |
| South Canterbury                | 1637  | 2185   | 2297  | 2235  | 2321  |
| North Otago                     | 761   | 1699   | 1321  | 1330  | 1045  |
| Otago United                    | 8333  | 15297  | 12336 | 6767  | 7019  |
| Southland                       | 2061  | 4309   | 1648  | 2278  | 2332  |

Source: Annual Report on Hospitals and Charitable Institutions, AJHR, 1895 - 1899, H.22.



and North Canterbury Boards, contributed disproportionately to this increase. (It is impossible to compare the expenditure of individual boards over any length of time because of boundary changes and the separation of districts into new boards between 1885 and 1920). Outdoor expenditure fell away with some rapidity between 1897 and 1900, and then declined more steadily, with slight fluctuations, until the war years. During the First World War it began to rise again, slowly at first, and sharply in the immediate post-war years, to peak with the 1921-22 recession.<sup>8</sup> This time, however, the North Island boards experienced the sharpest increases. In 1922-23 expenditure fell slightly, but the decline was short-lived. From 1926 it again rose dramatically, to reach an all-time high in the worst years of the Great Depression.<sup>9</sup>

Fluctuations in expenditure did not necessarily indicate fluctuations in demand for outdoor relief. As Neill implied, increased expenditure may have reflected erratic spending policies, with the boards moving from free-handedness to retrenchment under pressure from the Department. However, the upswing which occurred in 1895-96 and the subsequent decline were of a magnitude which defies her simple analysis. The presence of economic recession obviously influenced both demand and expenditure from the late 1880s to the mid-1890s, and again in 1921-22.

Even before the appearance of these national tables, charitable organisations had been aware of fluctuating demand for their services and sought to understand this demand. Since the Otago Benevolent Trustees had to explain such variations first to their subscribers, and later to contributing local bodies, their impressions can be traced through published Annual Reports. As early as 1871 the

---

8. In *ibid.*, p.54, the rise between 1919 and 1921 is attributed to the end of the war, the cessation of separation allowances, the after-effects of the influenza epidemic, and competition in the labour market caused by demobilisation.

9. Expenditure on outdoor relief per 1000 of population rose from £69 in 1920-21 to £178 in 1931-32, *ibid.*, 1932, p.xii.

Report recorded 'numerous and heavy' calls on the Institution due, in part at least, to a severe winter and unemployment.<sup>10</sup> In 1874 the Trustees blamed increased demand on assisted immigration policies which had introduced 'trained paupers' to the colony.<sup>11</sup> The 1875 Report indignantly described how a number of Cork workhouse women had been very persistent applicants for relief: 'Of course, it was somewhat natural for them to throw themselves on the Institution immediately on their arrival here, having all their lives been dependent on charity'.<sup>12</sup> 1879 was 'very trying', unemployment, sickness, wife-desertion and the untimely deaths of breadwinners all contributing to the great distress that prevailed.<sup>13</sup> Each year thereafter brought new demands on the Institution, 'hard times' and scarcity of work alternating with desertion and 'sickness among the poorer classes' as reasons for the increases. As Table 3 shows, the number of persons given long-term or casual relief by the Otago Benevolent Institution rose from the 1880s to decline again in the 1900s. The 1909 figure is complicated by the fact that long term cases only are given in the Register, and that in 1908 a number of county councils had taken over their own relief. The Annual Report attributed a sharp rise in the Institution's expenditure during 1895 (from £11909 in 1894 to £19052 in 1895) to unemployment.<sup>14</sup>

From the 1890s both the boards and the Department attempted a more systematic analysis of cases. Unfortunately, of the charitable aid boards and separate institutions functioning in the four main centres, only the Otago Benevolent Institution has left registers indicating the 'nature of cases' for any length of time. The situation in Otago was not necessarily typical of other centres.

---

10. Annual Report of the Otago Benevolent Institution, 1871, p.4, p.9.

11. *ibid.*, 1874, p.3.

12. *ibid.*, 1875, p.3.

13. *ibid.*, 1879, p.3.

14. *ibid.*, 1896, p.10, p.13.

TABLE 3: Persons Receiving Outdoor Relief from the Otago Benevolent Institution During Selected Years 1880 - 1909.

| Year ending<br>31 Dec.                  | 1880 | 1885 | 1890 | 1895 | 1900 | 1905 | 1909 <sup>1.</sup> |
|---|------|------|------|------|------|------|--------------------|
| Total long<br>term cases                | -    | -    | -    | 690  | 441  | 459  | 275                |
| adult females                           | 314  | 490  | 550  | 553  | 337  | 326  | 236                |
| adult males                             | 141  | 178  | 220  | 279  | 165  | 213  | 89                 |
| children                                | 906  | 1363 | 1747 | 1573 | 858  | 795  | 259                |
| Total persons<br>assisted long<br>term. | 1361 | 2031 | 2517 | 2405 | 1360 | 1334 | 584                |
| <hr/>                                   |      |      |      |      |      |      |                    |
| Casual cases                            |      |      |      |      |      |      |                    |
| adult females                           | 42   | 55   | 167  | 141  | 70   | 102  | -                  |
| adult males                             | 14   | 44   | 34   | 70   | 16   | 38   | -                  |
| children                                | 184  | 178  | 679  | 585  | 189  | 278  | -                  |
| Total persons<br>assisted<br>casually   | 240  | 277  | 880  | 796  | 275  | 418  | -                  |
| Total persons<br>assisted               | 1601 | 2308 | 3397 | 3201 | 1635 | 1752 | -                  |

Source: 1880, 1885, 1890 from Annual Report of the Otago Benevolent Institution. 1895, 1900, 1905, 1909 from Otago Benevolent Institution, Outdoor Relief Book (Register).

1. No information on casual cases. From 1908 a number of local bodies took over the distribution of their own outdoor relief from the Benevolent Institution.

Between 1896 and 1908 the Department also attempted to isolate 'causes of poverty'. This attempt was thwarted, however, by the careless (or non-existent) responses of some of the country's largest charitable aid bodies, including the Otago Benevolent Institution.<sup>15</sup> (See Table 5.)

More important still, the attempt to assign a single 'cause' to each case resulted in arbitrary decisions which underestimated the complexity of each case. The categories employed by each board and by the Department reflected more their own moral preoccupations than any objective understanding of poverty. MacGregor, for example, employed such vague categories as 'intemperance' and 'shiftlessness' in the departmental tables. Neither of these was used by the Otago trustees in their register. Likewise, when the Department reintroduced these statistics in 1922 it included a category of 'wages insufficient to maintain family'. (See Table 6.) This was an admission - and one which would not have been made by MacGregor - that family size contributed to poverty; that the possession of a job and willingness to work did not necessarily eliminate hardship. Illegitimacy, on the other hand, was no longer considered a 'cause of poverty' in itself. Illegitimate maternity, the Appendix to the 1923 Report noted, might come under involuntary unemployment, wages insufficient to maintain family, physical infirmity (temporary), or desertion, if the father had absconded.<sup>16</sup> In an attempt to standardise the description of cases, hospital board secretaries were asked to apply certain classifications in consecutive order to each case. Where applicants might be described under more than one heading, the first description which suited the case should be used. First on the list came 'death of breadwinner', followed by 'imprisonment of breadwinner', 'desertion', 'voluntary unemployment of employable breadwinner', 'involuntary unemployment of

---

15. JPH, Vol.1, September 1918, p.263.

16. Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1923, p.6.

TABLE 4: Nature of Outdoor Relief Cases Handled by the Otago Benevolent Institution, 1895 - 1909.

|                                     | 1895       | 1900       | 1905       | 1909 <sup>1.</sup> |
|-------------------------------------|------------|------------|------------|--------------------|
| old and past work                   | 103        | 94         | 113        | 26                 |
| sick and unable to work             | 129        | 80         | 98         | 76                 |
| lack of work/unemployment           | 119        | 12         | 26         | 31                 |
| widows                              | 205        | 161        | 150        | 80                 |
| deserted wives                      | 62         | 47         | 31         | 25                 |
| illegitimacy                        | 21         | 7          | 3          | 5                  |
| husband in gaol                     | 8          | 3          | 4          | 7                  |
| husband in asylum                   | 4          | 6          | 10         | 9                  |
| children without support            | 26         | 20         | 15         | 9                  |
| weak intellect                      | 1          | 5          | 7          | 5                  |
| unable to support self<br>or family | 11         | 5          | 2          | 1                  |
| not indicated                       | 1          | 1          | 0          | 1                  |
| <b>Total cases:</b>                 | <b>690</b> | <b>441</b> | <b>459</b> | <b>275</b>         |

Source: Otago Benevolent Institution, Outdoor Relief Books (Register of Cases), 1895 - 1905.

1. Excludes cases undertaken by local bodies on their own account from 1908.

TABLE 5: 'Causes of Poverty' Reported to the Department of Hospitals and Charitable Institutions, 1897 - 1900.

|   | 1897 <sup>1.</sup> | 1898 <sup>2.</sup> | 1899 <sup>3.</sup> | 1900 <sup>4.</sup> |
|---|--------------------|--------------------|--------------------|--------------------|
| lack of employment ) 1. able-bodied )     | 523                | 480                | 280                | 177                |
| ) 2. inefficient )                        |                    |                    | 180                | 166                |
| sickness                                  | 724                | 752                | 545                | 402                |
| accident                                  | 44                 | 37                 | 24                 | 18                 |
| insanity breadwinner                      | 50                 | 52                 | 22                 | 14                 |
| imprisonment breadwinner                  | 78                 | 44                 | 35                 | 33                 |
| desertion breadwinner                     | 209                | 218                | 137                | 149                |
| no male support ) 1. widows )             | 720                | 636                | 423                | 386                |
| ) 2. mothers with illegitimate children ) |                    |                    | 41                 | 50                 |
| intemperance                              | 92                 | 80                 | 88                 | 24                 |
| shiftlessness                             | 24                 | 16                 | 57                 | 48                 |
| physical defects                          | 192                | 171                | 123                | 95                 |
| old age                                   | 925                | 918                | 707                | 393                |
| causes undetermined                       | 132                | 62                 | 34                 | 42                 |
| transportation (fares to destination)     | -                  | 47                 | -                  | -                  |

Source: Annual Report on Hospitals and Charitable Institutions, AJHR, 1897 - 1900, H.22.

- Returns received from Auckland Hospital and Charitable Aid Board, Wellington Benevolent Trust, Ashburton and North Canterbury United Board, Greymouth Benevolent Society, Waipawa and Hawke's Bay United Board, Westland Charitable Aid Board, and the Hokitika Benevolent Society.
- Reports received from the same boards and separate institutions as in previous year, with the exception of the Westland Board.
- Reports received from the same boards and separate institutions as in 1897, with the exception of Westland and addition of the North Wairarapa Benevolent Society, and Waikato Board. The Otago Benevolent Institution sent in a return which is not included in the total, since it was for the calendar year, and had a high proportion of 'causes undetermined'.
- Now includes South Canterbury Charitable Aid Board. Tables continue until 1907, but returns from the different boards fluctuate so much as to make totals meaningless.

TABLE 6: 'Causes of Poverty': Number of Cases and Persons Affected 1922-23, 1923-24.

|  | Number of cases |         | Number of Persons affected |         |
|--|-----------------|---------|----------------------------|---------|
|  | 1922-23         | 1923-24 | 1922-23                    | 1923-24 |
| Permanent and physical infirmity                   | 1140            | 1091    | 1807                       | 1845    |
| Involuntary unemployment of employable breadwinner | 967             | 566     | 3147                       | 1930    |
| Old age  | 943             | 1373    | 1045                       | 1495    |
| Physical infirmity, temporary                      | 548             | 793     | 1896                       | 2307    |
| Death of breadwinner                               | 495             | 505     | 1532                       | 1649    |
| Desertion of breadwinner                           | 388             | 375     | 1355                       | 1341    |
| Wages insufficient to maintain family              | 154             | 146     | 575                        | 593     |
| Imprisonment of breadwinner                        | 103             | 120     | 372                        | 481     |
| Mental deficiency                                  | 61              | 70      | 143                        | 171     |
| Voluntary employment of employable breadwinner     | 19              | 55      | 50                         | 172     |
| Causes indefinite                                  | 87              | 154     | 107                        | 244     |
| Total:   | 4905            | 5248    | 12029                      | 12228   |

Source: Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1924, p.6.

employable breadwinner', 'wages of breadwinner insufficient to maintain family', 'breadwinner unemployable or wages insufficient through old age' (senility or enfeeblement rather than numerical age), 'physical infirmity (temporary)', 'physical infirmity (permanent)', 'mental deficiency or insanity' and, finally, 'cases not coming within the above'.<sup>17.</sup> A woman, elderly and unmarried, who had lost her employment through infirmity would come under the 'unemployable through old age' classification, since this preceded 'physical infirmity' on the list. Obviously, such a procedure in itself influenced the number of cases in each category.

Tables on 'causes of poverty' therefore need to be treated with caution. As with all charitable aid statistics, it is worth remembering the Department's own misgivings about their accuracy. Although Table 5 shows statistics published by the Department on causes of poverty, one should be aware that it abandoned them in 1908 precisely because of their incompleteness. It is, however, reasonable to examine some of the larger categories in these tables more closely, and to supplement the Department's short-lived series with the Otago Trustees' case lists, single returns from other boards, and comment from the press and charitable aid board members. Such evidence is fragmentary in the extreme, but it does give some general impression of the forces which drove applicants to seek outdoor relief.

Widows, as a group, were considered 'deserving'. Individual widows no doubt blotted their copybook with ill-judged displays of slovenliness, forwardness, and ingratitude, but most were objects of sympathy. Widows, either the elderly, or younger women with dependent children, contributed to the heavy female representation among outdoor cases. Widowhood was consistently a leading 'cause of poverty' in

---

17. *ibid.*



the Department's statistics, challenged only by old age in the late 1890s, and sickness in the 1900s. It provided the greatest number of cases for the Otago Benevolent Institution between 1895 and 1909. In December 1889 the Secretary of the Ashburton and North Canterbury United Board reported that of 466 outdoor cases on his books, the largest single group was widows with dependent children (138 of 466 cases).<sup>18</sup> When the Department again issued national tables on causes of poverty in the 1920s, 'death of breadwinner' was relatively less important, permanent and temporary incapacity, unemployment and old age prompting a greater number of applications for outdoor assistance. One cannot be certain whether elderly widows were placed in the 'old age' or the 'death of breadwinner' category, and a similar confusion may well have operated earlier. The Otago Benevolent Institution certainly assigned all such women to the 'widowhood' category despite the quite different circumstances of widows with dependent children and elderly, usually infirm females.

Commenting in 1885 on the number of widows seeking assistance from the Otago Benevolent Institution, the Rev. Dr Stuart could 'not imagine why widows should be thus as thick as blackberries, and that there should be such a fatality in regard to husbands in this Colony'.<sup>19</sup> Had

- 
18. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 4 December 1889. The classification of the 466 cases was as follows:
- |   |     |
|---|-----|
| Widows with children:   | 138 |
| Deserted wives, with children:  | 26  |
| Families of worthless, dissolute, disabled, imprisoned or lunatic husbands: | 72  |
| Aged and infirm people:   | 121 |
| Women with illegitimate children:   | 14  |
| Destitute children boarded out:   | 68  |
| Infirm or invalid persons:  | 5   |
| Temporary cases not yet classified:   | 22  |
19. Annual Report of the Otago Benevolent Institution, 1885, p.12.

there been an equal fatality of wives, Dr Stuart and other subscribers to the Institution would not have noticed it. Widowers were not expected to seek charitable assistance. Those who applied for relief were regarded with suspicion. An anxiety to care for their own children suggested a disinclination for work. Such men were supposed to remarry smartly (which, generally speaking, most of them did), or to make arrangements for suitable child care. When one bereaved husband applied to the North Canterbury Board claiming that he might get work if his infant child were taken from him, Secretary Norris told him to make arrangements with his own or his wife's mother. 'The mere fact of becoming a widower does not relieve him of his paternal obligations', Norris wrote.<sup>20</sup> Census returns for the 1880s and 1890s show that the number of widows in New Zealand was considerably greater than the number of widowers, and that the imbalance was greatest in the younger age groups. In 1886, for example, there were 35 widows to every ten widowers in the 20 - 25 age group, but only fourteen to every ten widowers aged between 50 and 60.<sup>21</sup> Here it should be noted that the number of widows on the charitable aid boards' records (and, perhaps, in the census) was almost certainly inflated by women who were not bereaved at all. Deserting husbands were often as good as dead to their families, and the mothers of illegitimate children might disguise their shame with a wedding ring and an assumed name. The casebooks of the Otago Benevolent Institution have inverted commas around the description 'widow' in a number of instances, just as they imply the de facto status of many 'wives'.

- 
20. Memorandum from T. Norris to Chairman, 13 August 1909, Ashburton and North Canterbury United Charitable Aid Board, Letter Book, 1909-1910.
21. Census of New Zealand, 1886, Report, p.16. It was also noted that widowers tended to remarry sooner than widows.

The number of elderly widows reflected life expectancies which even at the end of the nineteenth century favoured women. Elderly widows were less likely than their male counterparts to support themselves through casual work, but were more likely to be able to maintain an acceptable domestic situation once on relief. Consequently, they were more likely than men to receive outdoor assistance as an alternative to the institution.

The situation of young widows with small children was more troublesome, and provided the boards with expensive long-term cases. The far greater vulnerability of men to death by violence or accident could result in a sudden reversal of family fortunes.<sup>22</sup> The loss of a breadwinner was critical to families in rented accommodation, with minimal savings and few other family supports. Communities acknowledged this when they raised subscriptions and held concerts for the deserving survivors of accident victims. But such help could only be temporary and, if unduly generous, might jeopardise that family's eligibility for outdoor relief. In 1900, for example, £300 was raised for a Mrs Cree, whose husband drowned in Wellington Harbour. The trustees of the fund, the Minister of the North Dunedin Presbyterian Church, and a representative of the Seamen's Union, decided to put the money out at interest until property prices dropped and a cottage could be purchased for the woman. Only reluctantly did the Otago Benevolent Trustees allow her assistance to the value of 5s per week. One, at least, of their number thought her claim a 'monstrous imposition' and suggested that the fund should first be used up or handed over to the Benevolent Institution.<sup>23</sup>

The widow with dependent children faced a dilemma. She was expected to seek work and to thereby maintain her self-respect. But to do this was to invite censure for

---

22. In 1894 for example, 15.08 of every 10,000 males living died a violent death; the same figure for women was 4.80, OYB, 1895, p.114.

23. ODT, 14 February 1900.

neglecting her children. Some widows sought work of an intermittent nature, struggling to maintain a respectable front. The epitome of deservedness was Mary L. , a 42 year old widow on the books of the Otago Benevolent Institution in 1909 and in 1910. Mrs Ansell reports:

In Company with Sister Francis I visited the people in the District Neighbours and Tradesmen who without exception testified to the honesty and integrity of Mary L. , we then went to her home and though poor it was scrupulously clean and so were the children.

There are nine altogether 3 daughters, 6 sons. The Second Boy is on the '\_\_\_\_\_', he deserted it and was punished and since the punishment the 2/6 he gave his Mother has been stopped.

The eldest Son is married, and it takes him all his time to support his wife and two children.

Another boy has been with his grandmother since infancy, gives her 10/6 weekly consequently can ill afford 2/6 out of a small wage to help his Mother. The remaining three aged 6, 7, and 8 go to school. The eldest daughter employed at the \_\_\_\_\_ Factory says she does not get a big wage, supports herself, and is preparing for marriage early in the New Year. Gives her mother 10/- weekly. Sometimes less. The other daughter age 14 is a Nursegirl earning 5/- weekly which is given to her mother. The youngest goes to school.

Mary L. herself goes to work as often as able but suffers acutely with a bad leg. The Doctor has advised an operation and says rest is imperative, still she goes out almost every second day, and washes, oftentimes with her leg propped up upon a box by the wash tub. Manages to keep her bills paid and her children clean and tidy, clothes neatly mended etc.

Would certainly recommend a continuance of the weekly allowance of 7/6 in the above case.<sup>24</sup>.

All the elements of deservedness are here: the widow bravely defying ill health to supplement her pauper's dole. Laundry work was the usual form of labour for poor women. It was an unpleasant and often extremely heavy activity, but was one which could be undertaken in a woman's own home.

---

24. Otago Benevolent Institution, Applications for Relief, Vol.10, 11 December 1910.

The names and initials of all those mentioned in this report have been altered. Spelling and punctuation are as in the original report.

It utilised domestic skills which even the most untrained woman was supposed to possess. That Mary L. undertook such work against a doctor's advice was marvellous indeed. Other aspects of the case made also made it thoroughly worthy in the inspector's eyes. The contribution by family members to their mother's support was exemplary, if insufficient for her total needs. Above all, Mary L. was honest and clean - the point is made twice in the inspector's report.

It was cases such as this which aroused public sympathy and eased the path of the 1911 Widows' Pensions Act. A politically uncontroversial measure, the Act acknowledged the contribution of widows as mothers to national well-being.<sup>25</sup> Widows without dependent children were ineligible. The charitable aid boards welcomed the measure wholeheartedly and immediately began to jettison as many of their widowed clientele as qualified under the Act. In December 1911 the Otago Hospital and Charitable Aid Board sent letters to all widows on outdoor relief, informing them that their rations would be reduced or would cease the following month.<sup>26</sup>

If, as this letter suggests, widows on outdoor relief needed prompting to apply for the pension, the explanation may lie in its pitifully low amount. The Act allowed a widow with one child only 5s per week.<sup>27</sup> The Otago Benevolent Institution's case book suggests that few widows with one child received less than this in outdoor relief (and old age pensioners, with only themselves to support, were receiving 10s per week from the state in

- 
25. Ward stated in introducing the Bill, that such a pension would help to nurture healthy and useful citizens. NZPD, 156, p.648 (16 October 1911).
26. 'Notice to Widows' [21 December 1911?], Otago Hospital and Charitable Aid Board, Letter Book Vol.7.
27. The amounts of pensions mentioned in this and the next paragraph are taken from New Zealand Department of Social Security, pp.24-28.

1911). Widows with four or more dependent children could receive a pension of £30 per annum, or 11s 6d per week. Whether these women were better off on a pension than on charitable aid depended entirely on the generosity of each individual board. Mary L. with her four dependent children received only 7s 6d in relief per week, but she had additional assistance from her family. The main advantage of pensions was their payment in cash at a rate determined by statute, not by the whim of untrained board members.

The grant of special Epidemic Allowances in 1919 drove home the inadequacies of the ordinary Widows' Pension. Males in the 25 to 45 years age range were almost twice as likely as women to die in the influenza epidemic of 1918-19. The Wellington Board found that in 75 per cent of cases the surviving parent in a family was the mother.<sup>28</sup> Because of the widespread distress caused by the epidemic, the government allowed special grants to epidemic widows and, for the first time, to widowers. The government emphasised that it wished the scheme to be administered 'on reasonably humanitarian lines and in a sympathetic manner'.<sup>29</sup> Widows were to receive up to 25s per week for their own support and a further 10s 6d per week for each boy under 16 years of age, and each girl under 18. Widowers with children might, if they earned less than £3. 10. 0 per week, claim an allowance of up to 25s per week for a housekeeper. This was at a time when the ordinary Widows' Pension was only 7s 6d per week plus 7s 6d for each child. Since the Epidemic Allowances were at first administered by the hospital and charitable aid boards, they invited comparison with the Widows' Pension and with outdoor relief. The boards found themselves distributing a relatively generous allowance to epidemic widows, supplementing the 'ordinary'

---

28. New Zealand Times, 24 January 1919, quoted in JPH, Vol.2, February 1919, p.56. See also G. Rice, 'Christchurch in the 1918 Influenza Epidemic. A preliminary study', in New Zealand Journal of History, October 1979, pp.109-37, and F.S. Maclean, Ch.XVII, for details on the impact of the epidemic.

29. JPH, Vol.2, February 1919, p.38.

Widows' Pension with outdoor relief, and granting various levels of outdoor assistance to women who qualified for neither of the state benefits. In April 1919 the Otago Hospital and Charitable Aid Board directed Cabinet's attention to the difference between the Epidemic Allowance and the Widows' Pension, and suggested that government double the latter, or at least increase it to a level where a widow might support her family without resort to charitable aid.<sup>30</sup> The 1920 Conference of hospital and charitable aid boards also passed a resolution to this effect.<sup>31</sup>

The Widows' Pension increased gradually over the following years until in 1924 a widow with one child was paid 20s per week, plus 10s for each of the next six children. This was still rather less than the remaining Epidemic Allowances, but was far more generous than in the past. At no time, however, did the existence of a state pension remove widows from the outdoor relief lists.

The sickness or invalidity of a breadwinner could be every bit as serious for a family as his sudden demise. A family encumbered by a chronically ill breadwinner might well regard his survival with mixed feelings. There were pensions, subscriptions and sympathy available to the widow which were not to be had by the chronically ill. In the period before 1920 miners afflicted by work-related disease were the only civilians to receive a state disability pension.<sup>32</sup> Friendly societies provided some back-up in time of illness, but in 1901 only 15 per cent of eligible males made the necessary contributions.<sup>33</sup> Nineteenth

---

30. *ibid.*, April 1919, p.102.

31. *ibid.*, Vol.3, June 1920, p.181.

32. See New Zealand Department of Social Security, p.27.

33. Heather Shepherd, 'The Nature and Role of Friendly Societies in Later Nineteenth Century New Zealand', B.A. (Hons) Research Exercise, 1976, p.46.

century New Zealand was not a healthy place. Accidents were common and the boards acknowledged that waves of sickness increased their expenditure. Sickness claims nonetheless met with searching inquiry. Malingerers were weeded out, but in the process many genuine cases must also have been rejected. As Dr F.O. Bennett has written:

To all outside the medical profession the test of whether a person was well was whether he looked well. If he did it was in vain for him to protest that he felt ill. Yet there were many diseases unknown then and well known now which in their early phases affected the energy more than the face. Such a list would include Parkinsonism, endogenous depression, thyrotoxicosis, tuberculosis, cancer, chronic nephritis, leukemyodemia, anaemia ....

....The sick man with flagging energy and yet with colour in his face could not communicate with his critical neighbour, who knew that feigned illness was the traditional prop of the lazy.<sup>34</sup>

If the authorities thought that a particular individual was evading work, even medical confirmation of his complaint did not help him. In 1887 the Wellington Trustees offered one man work cutting gorse. He returned with a doctor's certificate stating his unfitness for the task. The Trustees stood firm: he must work off the cost of his rations by cutting gorse.<sup>35</sup>

Some afflictions were more visible than others and aroused greater sympathy. Even so, the sufferers might not move too far from the bounds of deservedness. In October 1889 the Otago Trustees' inspector reported on a man, blind and crippled, who rode about in his wheelchair selling matches. His wife was badly affected by asthma and in need of hospital treatment, but refused to leave her husband. The Trustees granted weekly rations to the value of 5s and rent assistance of 8s. Five months later the inspector made a sudden visit and surprised a man and a girl

---

34. F.O. Bennett, 'Shadow of My Neighbour', Typescript (n.d.), Alexander Turnbull Library, p.13.

35. EP, 20 April 1887.



Accident was common in nineteenth century New Zealand. Where the breadwinner was incapacitated, the effect on the family could be disastrous. This family was doubly disadvantaged, having lost the economic contribution of both parents. The elderly man in the middle of the photograph is presumably the widowed father, who had lost his sight and right arm in a mining accident. He and two of his five children are begging, apparently at the races.

Photograph: Alexander Turnbull Library.



**DESERVING CASE.**  
*Be so kind as to patronise the  
blind man & Widow with five children  
who lost his sight & right arm by an  
explosion of Dynamite at Kumara.  
Smallest Donation Thankfully Received*

in the back room of the house. Closer inquiry disclosed that the girl was a 'well known prostitute', and that the previous boarder in the house had been convicted of soliciting and 'annoying men in the streets'. Assistance was immediately stopped. Outdoor relief could not be used to support a 'common brothel'.<sup>36.</sup>

Permanent and temporary infirmity combined as the leading 'causes of poverty' in the Department's 1923-24 tables. Their consistently high position in this and subsequent years' statistics reflects improvements made in medical diagnosis during the early twentieth century. The Department had begun to pay close attention to the incidence of certain diseases and to reflect upon the physical causes of poverty. The 1918 influenza epidemic contributed to this awareness of disease by providing an immediate increase in outdoor cases. The Wellington Hospital and Charitable Aid Board for example, reported that a serious call on its resources began around 10 December 1918. In the following three weeks the families of 31 married couples and 22 widows were assisted on account of the epidemic (a daily average of 346 persons receiving relief in December, 1918, as against 149 in December the previous year).<sup>37.</sup> Some persons were permanently incapacitated by the epidemic and remained on the boards' books well after the immediate crisis.

Although they were less dramatic in their onslaught, diseases such as cancer and tuberculosis also emphasised the physical dimension to poverty. Mounting concern over these two disorders is shown by the appearance of separate statistics on their incidence. In 1911 Valintine identified cancer and tuberculosis as the two diseases which stood out in the mortality returns.<sup>38.</sup> Victims of both diseases

---

36. Otago Benevolent Institution, Applications for Relief, Vol.1, 3 October 1889, 18 March 1890.

37. New Zealand Times, 24 January 1919, quoted in JPH, Vol.2, February 1919, p.56.

38. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.164.

were likely to be numbered among the deserving poor, and to receive relatively compassionate treatment from the hospital and charitable aid boards. Relief to tuberculosis sufferers became a matter of special importance, once they were known to be infectious.

In the later nineteenth century a convalescent breadwinner was encouraged to struggle back to his place of work, however incomplete his recovery. A man too long out of work, for whatever reason, might begin to enjoy his condition. The moral danger of pauperdom was more serious than any physical contagion. Tuberculosis sufferers consequently drifted in and out of employment in a manner which would horrify our infection-conscious age. In 1889 the Otago Benevolent Institution recorded the case of a 26 year old consumptive, a married man whose disease had reached such a critical state that he was forced to give up employment. Three months after the first report he was again at his work as a cook on a sheep station. Six months later he was dead, leaving a wife six months pregnant and three little children under four years of age. Relief was continued to the family, the woman supplementing her rations with cleaning work.<sup>39</sup>

At the time of this man's death, tuberculosis was little understood. By 1910 the Department of Health had expressed doubts about any policy which forced infectious incurables back into the community. There were calls to identify and isolate tuberculosis victims. The corollary of this was a need to provide for the dependents of tuberculosis patients for, as one doctor pointed out, consumptives were reluctant to enter the new sanatoria if their families were going to starve in their absence:

The public has the right to demand from the consumptive the rigid observance of precautions which will prevent the spread of infection.... On the other hand, the consumptive has the right to demand from society such aid as is necessary

---

39. Otago Benevolent Institution, Applications for Relief, Vol.1, 30 July 1889, 29 October 1889, 15 April 1890.

to enable him to combat his disease... inasmuch as he has contracted a disease which is preventable and from which he ought to have been protected.<sup>40</sup>

In 1910 Valintine recommended a new system of relief whereby the dependents of isolated consumptives would be cared for in the breadwinner's absence.<sup>41</sup> In default of any state provision, however, the financial support of tuberculosis sufferers and their families remained with the hospital and charitable aid boards.<sup>42</sup> This they may have undertaken more willingly, and even more generously than in the past, for they more than any other public bodies were familiar with the physical ramifications of the disease. With improved prospects of cure for tuberculosis and a number of other diseases, the short term assistance of afflicted persons promised greater economy than the long term support of bereaved families.

Income maintenance in time of sickness was one area of outdoor relief which remained reasonably compatible with the boards' medical functions. Before 1935 state intervention in this area was minimal. Invalid pensions were provided for the sufferers of miners' phthisis and, in 1924, for the blind. In 1936 the new Labour Government introduced invalid pensions for all forms of permanent incapacity. Not until the Social Security Act did the state provide for individuals suffering loss of earnings through temporary sickness.

Even in the 1920s a high proportion of outdoor cases was attributed to old age. The Otago Benevolent Institution

---

40. Minutes. Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.172.

41. Annual Report on Hospitals and Charitable Institutions, AJHR, 1910, H.31, p.3.

42. In 1925, for example, the Palmerston North Hospital Board attributed its increased charitable aid expenditure to the large number of tuberculosis sufferers and their dependents that the Board had to maintain. Report and note on estimates to Executive Committee, Palmerston North Hospital Board, Minutes, 9 April 1925.

had earlier used the classification 'old and past work' to describe such cases. This was very much to the point, because the simple fact of old age did not qualify applicants for relief. It was old age coupled with physical incapacity which caused most to seek charitable aid. The situation of the elderly poor is discussed in more detail in the following chapter, for by 1900 this group comprised the principal consumers of indoor relief. The Otago Trustees' case books nonetheless suggest that among the recipients of outdoor assistance, the elderly were an especially pitiable group.

Old women were less likely than men to be placed in an institution and, if they had no home of their own, might board with neighbours or relatives. This practice offered considerable potential for those who sought to exploit their elderly lodgers. In 1889 the Otago Trustees' inspector reported on a 90 year old woman who, it was alleged, had been selling her ration tickets and using the money to buy drink. This, in the Trustees' eyes, was the ultimate ingratitude, and would normally have resulted in the immediate withdrawal of relief. But the inspector was suspicious. His informants were two women, both of whom wanted the old woman for the little they could get out of her. The old woman herself claimed that her ration tickets had been stolen. The inspector gave her the benefit of the doubt and relief continued. In subsequent months the woman drifted from one lodging place to another. Six months later she was domiciled with 'a drunken prostitute' and the inspector suggested that she be compelled to move to a more respectable house or have her relief stopped. When next visited she was in even more squalid circumstances, having been taken in by a married couple. 'She was alone in the house when I called & in a wretchedly dirty condition', the inspector wrote. 'Her clothes appeared to be a lot of filthy rags around her. The house was also in a filthy state. The stench abominable. In fact it was quite unbearable'. This time the relief was terminated, presumably to force the old woman into the Institution where the Trustees' money

would be used to better effect.<sup>43.</sup>

Against such indifference and exploitation were instances of neighbourly assistance. There was the old woman who supplemented outdoor relief with the sale of milk and eggs, and whose neighbours subscribed to buy a new cow;<sup>44.</sup> there was the old fish hawker, infirm and blind in one eye, for whom neighbours built a one-roomed cottage.<sup>45.</sup> Old people with children were not necessarily better off than these individuals, for families were frequently unable or unwilling to assist. The charitable aid inspectors often lamented that couples who had raised four, five or six children found themselves abandoned in old age. Some elderly applicants were so 'difficult' that their families would have nothing to do with them. It is with some sympathy that an Otago report states, 'in justice to [the] family [I] must say that it is not their fault they have all left their Mother, she is one of those peculiar cantankerous dispositions that quarrel with everybody, and when fixed with even a little drink becomes a howling maniac'.<sup>46.</sup>

The Old Age Pensions Act assumed that the elderly poor could be divided into persons either 'deserving' or 'undeserving' of state assistance. Seddon intended that the deserving elderly should not have to experience the humiliation of charitable aid. Boards anticipated - and Seddon promised - a decline in expenditure as the state assumed responsibility for a portion of their cases.<sup>47.</sup> Table 5 suggests that their assumptions were justified, initially at least. The number of outdoor cases attributed to old age in these returns fell from 918 in 1898 to 393 in 1900. The leading 'cause of poverty' in 1897, old age

---

43. Otago Benevolent Institution, Applications for Relief, Vol.1, 25 July 1889, 25 April 1890, 7 July 1890.

44. *ibid.*, 4 May 1889.

45. *ibid.*, Vol.10, 14 November 1910.

46. R. Don to Mrs Ansell, 5 February 1911, *ibid.* Letter in back of volume.

47. NZPD, 103, p.535, p.538 (2 September 1898).

had fallen behind sickness and, very nearly, behind widowhood in 1900. The Otago figures in Table 4 suggest the need for caution in reaching conclusions. The number of cases listed as 'old and past work' was only nine fewer in 1900 than in 1895. As a proportion of total cases it was higher in both 1900 and in 1905 than in 1895. The 1923-24 Table also lists old age as an important 'cause of poverty' over the country, accounting for 943 applications for outdoor relief and more than 1045 people. The elderly it seems, still had need of outdoor relief, if only to supplement their pensions.

In January 1900 the Chairman of the Otago United Board estimated that the Board had been saved £1141 by the introduction of the Old Age Pension (the Act having come into force in November 1898).<sup>48</sup> A drop in national outdoor relief expenditure from £50851 in 1898-99 to £41791 in 1899-1900 may have reflected in part the introduction of Old Age Pensions, but needs to be placed against a much sharper decline in 1896-97. In subsequent years many of the elderly may simply have exchanged outdoor for indoor relief, and in 1908 Valintine himself commented on how little the pensions had influenced outdoor expenditure.<sup>49</sup> In December 1901 the Chairman of the Ashburton and North Canterbury United Board stated that the Pensions had not diminished the Board's work:

Whilst admitting that at the same time the Act came into force, the number of aged recipients of charitable aid was considerably reduced, it is remarkable that many pensioners who had never previously applied for relief at the hands of the Board, have since done so on various grounds: (1) Because the assistance previously afforded in many cases by relatives or friends had been withdrawn...(2) Because the pension alone is insufficient to maintain the individual in cases where [sic] increased age and infirmities render the pensioner unable to earn anything whatever; consequently the Board is called upon to supplement the pension: and (3) Because in

---

48. ODT, 19 January 1900.

49. Conference of Delegates of Hospital and Charitable Aid Boards and Separate Institutions held at Wellington on the 9th, 10th, and 11th June, AJHR, 1908, H.22A, p.18.



many instances the pensioners seek to avail themselves of the Board's institutions....50.

The Chairman's first and second points are the most relevant to outdoor relief. His claim that friends and relatives had withdrawn support from elderly associates is slightly at variance with the 1905 Report of the Commissioner of Pensions, J. Eman Smith. Smith contended that pensions had improved relations between the younger generation and their aged parents. Prior to the Old Age Pensions Act families could ill afford to care for infirm relatives, Smith wrote, and the presence of a dependent parent created ill will and tension in many homes. The Old Age Pension provided additional family income and 'aged people now [received] at the hands of their children an amount of consideration which it was practically impossible for the latter to previously bestow'.<sup>51</sup> Smith was referring to pensioners who had relatives willing to take them in. It is probable that the Chairman's views were more influenced by those lonely old people whose lack of family support had long made them contenders for the relief lists. Casual assistance from friends and neighbours may not have survived the issue of a state pension.

The Chairman's second point is especially important. It confirms that in practice the pensions did not meet the needs of all their recipients. Married couples on double pensions, and those who were able to work a little found them adequate, but the infirm elderly and those paying rent might still require outdoor relief. The Otago Trustees' casebooks and relief lists issued by the Southland Board in 1914 and 1915 show that a number of old age pensioners received supplementary assistance from these bodies.<sup>52</sup>

---

50. Chairman's statement, Ashburton and North Canterbury United Charitable Aid Board, Minutes, 4 December 1901.

51. Annual Report of the Old-Age Pensions Department, AJHR, 1905, H.18, p.11.

52. Monthly relief lists issued by the Southland Hospital and Charitable Aid Board are located in National Archives file H92/12.

In 1900 a legal decision confirmed that the Old Age Pension did not provide a 'sufficient maintenance' - that it did not pretend to do so. The circumstances of the case involved a Wellington man's attempt to evade the support of his father, who had recently been granted an Old Age Pension. A support order had been made against the son under the Destitute Persons Act. The son argued that he should be relieved of this support since his father, as a pensioner, could no longer be termed a 'destitute person'. Although the support order was reduced from 4s to 2s per week, the magistrate, W. Haselden decided against the son's claim. A pensioner, he stated, may or may not be destitute. The Act stated only that deserving persons should receive a pension. Since it allowed payment of a pension to persons who were in receipt of up to £52 per annum, the Act suggested that this £52 was a 'standard amount' for the support of pensioners.<sup>53</sup> The decision was as pertinent to the charitable aid boards as to individuals making payments under the Destitute Persons Act. The old age pensioners, a supposed elite among the elderly poor might not, after all, evade the stigma of charity. Since the pension did not necessarily provide a 'sufficient maintenance', they might still require help from relatives or the charitable aid boards.

There were also those who did not qualify for a pension, or who had some time to wait before they met the age and residence requirements. In 1905 only 35 per cent of the population eligible by age and residence for an Old Age Pension had been granted one.<sup>54</sup> Some of those excluded would have been debarred by the stringent income and property restrictions of the Act, possessing, perhaps,

---

53. ODT, 21 March 1900. The ODT commented that there may have been some who managed to subsist on the pensions, but these would be the exceptions. The Destitute Persons Act stated that relatives could be made to contribute up to £1 per week to destitute persons. An officially designated 'destitute person' could in theory receive £34 per annum more than a pensioner on the full pension. See Destitute Persons Act, 1894, No.22, cl.8(2), New Zealand Statutes, 1894, p.61.

54. Annual Report of the Old-Age Pensions Department, AJHR, 1905, H.18, p.2.

their own cottage, but having no form of income. Others, unquestionably destitute, were excluded by the 'moral' clauses in the Act. Others again may simply have failed to apply for a pension. Otago and Palmerston North case reports for the 1900s and 1920s respectively show their relieving officers initiating pension claims. The Palmerston North material suggests that even after twenty years of a state pension for the aged some prospective beneficiaries were unfamiliar with bureaucratic procedures, and in time of need saw the hospital board as their first resort.

Much to their annoyance, the boards were also encumbered with old persons who had lost their pensions through misbehaviour - most commonly, for drunkenness. Delegates to the 1908 Conference of Hospital and Charitable Aid Boards protested at the unconditional withdrawal of pensions for misbehaviour and suggested that pension certificates be handed over to the boards in such instances. The loss of a pension for five years, simply for falling asleep on one's way from a public house was, one delegate suggested, the equivalent of a £130 fine.<sup>55</sup> Given those who were ineligible for a pension, those who lost their pensions, and those who were unable to subsist on the state's bounty, the charitable aid boards remained responsible for a substantial number of the elderly poor. Pensions were not always an alternative to charitable aid, however much Seddon had promoted them in this light.

There was a high level of public tolerance for the elderly poor. All could anticipate old age, if not the poverty old age so often brought with it. The same was certainly not true of unemployment and the able-bodied unemployed. The popular image of the unemployed man was of a work-shy

---

55. Conference of Delegates of Hospitals and Charitable Aid Boards and Separate Institutions held at Wellington..., AJHR, 1908, H.22A, p.37.

degenerate, whose idle habits were enjoyed at the expense of his fellow workers. As one correspondent to the Evening Post bluntly put it in 1886: 'Every man who does not earn his tucker is a pauper, consequently every man who does work helps to support paupers. I use the word in no offensive sense, but merely to indicate a dead-head or drone in the community'.<sup>56.</sup>

The extent of unemployment in the nineteenth and early twentieth centuries is difficult to gauge. Underemployment was probably widespread. One attempt to establish an acceptable index of unemployment for the period 1875-1914 was unsuccessful, but identified several forms of unemployment.<sup>57.</sup> Factors connected with the trade and economic cycle can be linked to unemployment in the late 1880s and early 1890s and in isolated years after that. The 1896 census, the first to ask about unemployment, revealed an extremely high level of unemployment (100 unemployed males for every 1000 male wage and salary earners: 14759 in all).<sup>58.</sup> There was, it will be remembered, a high level of outdoor relief expenditure in that year. A rise in the level of unemployment was also noted in some subsequent years. Valintine identified 1908-9 as a year of high unemployment.<sup>59.</sup> The beginning of war in 1914 displaced a number of persons from the workforce. A high level of competition in the labour market was linked with the return of troops in 1919, and unemployment and outdoor relief both increased in the economic recession of 1921-22.<sup>60.</sup>

---

56. EP, 10 June 1886.

57. R.J. Campbell, 'Unemployment in New Zealand, 1875-1914', M. Phil. Thesis, 1976.

58. *ibid.*, p.60.

59. Annual Report on Hospitals and Charitable Insitutions, AJHR, 1909 (S.2), H.22, p.8.

60. See footnote 8.

The unemployed were always likely to be numbered among the 'undeserving' poor. Unemployed men were regarded as workshy idlers, though the affluent appearance of the Benevolent Trustee in this cartoon by Blomfield also tells its own story.

New Zealand Free Lance, 25 August 1906.



**HE COULD SEE THE HUMOUR OF IT.**

*Benevolent Trustee: Yes, but what would you do if I were to offer you work?*

*Applicant for Relief: It 'ud be all right, mister, I kin take a joke as well as anybody.*

Localised influences also operated, however. Seasonal fluctuations in demand for labour were more pronounced in some areas than in others, and in **Canterbury** especially, created a demand for winter relief. Technological change (the introduction of new farm machinery, for example) created unemployment in particular industries and in particular parts of the country. In addition there probably was an 'unemployable' element, the 'dead-heads and drones' so 'inoffensively' identified by the correspondent above. It was this element which the press and MacGregor regarded as typifying all of the unemployed.

In time of widespread economic recession such harsh views were modified slightly. Statements in parliamentary debates of the late 1880s deprecated the outflow of New Zealand's 'best bone and sinew' to Australia, and the demoralisation of the 'responsible unemployed' forced to depend on charitable aid.<sup>61</sup> The 'ups and downs of colonial life' were reluctantly acknowledged. The charitable aid boards reported dealing with men who had proven their stability by a continuous residence of twenty years or more in one place, but who in the current economic conditions were forced to go on the tramp.<sup>62</sup> Such was their anxiety for work that these men could not readily be dismissed as idlers and loafers.

Official attitudes toward unemployment were also modified over time. The Journal of Public Health suggests that by 1917 the Health Department's view of unemployment had matured considerably since MacGregor's day. Quoting from a Charity Organisation Society publication, the Journal stressed that boards should seek the reasons for unemployment. Unemployment, it stated, might stem from a number of causes, most of which could be met by more effective measures than outdoor relief:

---

61. See, for example, NZPD, 58, pp.488-89 (18 November 1887).

62. EP, 19 January 1887.

A man may be out of work because of the temporary nature of his trade, as, for instance, painting. To give a man money at such a time is to help him ignore the necessity of making provision in the times of full work for the times of slackness, or of learning to turn his hand to other work in the slack times. In many of these seasonal trades the men earn sufficient money in the good months to provide a sufficient income for all the year....63.

Irregular unemployment, in other words, was a fact of life, and one which labourers and tradesmen were supposed to recognise and accommodate.

If a man were unemployed through sickness or physical incapacity, the article continued, monetary assistance might allow time for convalescence. But, if a man were permanently incapacitated, it might be better to equip the wife to support the family, for 'Money spent in carefully training her for some trade [would] often render this possible when ordinary unskilled labour would tax her beyond her strength'. Lack of work might equally be caused by ignorance or want of efficiency or by some oversupply of the labour market. In such cases charitable relief helped conceal the real facts of the case and discouraged alternative provision in the form of technical education, reform of the health laws, or a trade regulating body. Such alternatives would, of course, come from the state.<sup>64</sup>.

This showed a far more sophisticated analysis of unemployment and possible responses to unemployment than had been current in the 1880s. The last few suggestions anticipated later attempts by the hospital boards to shake off responsibility for the unemployed. Since the 1880s the state had responded to unemployment by intervening in the labour market. In 1921, when the outdoor relief burden from unemployment showed a sudden increase, some boards suggested that the relief of the unemployed was equally the state's concern. They tried to distinguish

---

63. JPH, Vol.1, December 1917, p.92.

64. *ibid.*, p.93.



between 'outdoor relief' and 'unemployment relief', but were firmly told that there was no such distinction, that unemployment was a perfectly valid reason for giving relief, and that the boards should make every effort to find work for the unemployed.<sup>65</sup>

Throughout the period 1885-1920 the existence of unemployment created fluctuating demands on the boards' resources. Unemployment relief was invariably given on a minimal and short-term basis, and had a strong element of disincentive built into it. With the realisation that unemployment owed more to trade and cyclical factors than to individual inertia, came calls for greater government responsibility. This did not arise in the period covered by this thesis, but would be forced by the massive unemployment of the Great Depression.

Wife desertion, the other major 'cause of poverty' identified in the statistics, was closely linked to unemployment and the need of breadwinners to travel in search of work. It was easier for deserted wives to gain outdoor relief than for unemployed men to successfully claim relief on behalf of their families. In 1890 Abraham Solomon represented the Otago Benevolent Institution at an Australasian Conference of Charities held in Melbourne. There he identified two types of desertion. The first occurred when the breadwinner moved away from his family to find work, and after some time formed new ties and obligations. In every town in New Zealand there were 'scores of women' whose husbands were in Melbourne, Solomon said. (It was once remarked that there was no easier form of divorce than a trip to Australia).<sup>66</sup> The

---

65. *ibid.*, Vol.4, December 1921, pp.355-56.

66. Evening Star, 9 April 1912, Otago Hospital Board Press Cuttings Book, Vol.4, p.4.

second form of desertion was the result of a mutual understanding between husband and wife, and Solomon claimed that this 'so-called desertion' was very common indeed.<sup>67.</sup>

Boards were very suspicious of collusion, and Solomon may have overemphasised this aspect of desertion cases. Nevertheless, the Otago Benevolent Institution's case books suggest that some 'deserted' women did indeed have contact with their spouses, or at least knew of their whereabouts. Some were waiting for husbands to call for them when they had found employment. Letters were received, but money seldom. The line between desertion and basic neglect was very thin. Some husbands were apparently residing nearby and dropped in on their families occasionally, but refused them any assistance. Such was the case of a Mrs T., aged 35, with five children and another on the way. When in good health she managed to support her family by taking in embroidery from local Indian hawkers. When ill she relied on outdoor relief. Her husband would do little or nothing for her, but on prompting by the charitable aid officer might send sums ranging from 12s to 2s 6d. His intermittent earnings he usually spent on drink. His assistance was just enough to evade a summons under the Destitute Persons Act, but too little for the family's support.<sup>68.</sup>

Men who stayed in casual contact with their families might be more of a menace than those who vanished forever. As Solomon told his Australian audience, a woman often said to him, 'Do not send for my husband; we starve in peace when he is away, but we starve in misery when he is at home'.<sup>69.</sup> The cost of returning brutal and drunken husbands far exceeded any benefit to their families. The police usually charged a charitable aid board £50 to bring

---

67. Proceedings of the First Australasian Conference on Charity Held in Melbourne 11th-17th November, 1890, Melbourne, 1891, p.13.

68. Otago Benevolent Institution, Applications for Relief, Vol.1, 11 April 1889, 14 May 1889.

69. Proceedings of the First Australasian Conference on Charity... , p.92.

a man back from Australia. On his return he might be imprisoned for evading a maintenance order, in which case the family remained on outdoor relief. When discharged from prison he was unemployable. If he did not abscond immediately he also became dependent on relief, a burden to his family, and a nuisance in the community.

For this reason the attitude of the charitable aid boards to wife deserters was largely one of impotent fury. They might invoke the Destitute Persons Act, but to little real effect. Even when this Act was amended to define desertion more closely<sup>70</sup> and to allow for the attachment of wages,<sup>71</sup> the boards' hands still remained tied. Men could not be forced to support their families. They could only be punished for not doing so. In 1910 A.W. Hogg, Member for Masterton and a former trustee of the Wellington Benevolent Institution, told Parliament that if he had his way, he would send a policeman or a detective to the remotest part of the world and would bring back such a man by the scruff of the neck to be tied up to a triangle and flogged.<sup>72</sup> Such thoughts were no doubt immensely satisfying, but they offered no effective response to the problem of desertion. More promising was a scheme whereby deserters would be set to work on a state farm 'or other suitable places of healthy restraint for ... detention and enforced labour....' 'Drunkards or other self-indulgents' who spent an undue share of their earnings on themselves might also be removed to such colonies.<sup>73</sup> As with all such schemes, however, the cost and political consequences were more than any government would risk.

---

70. See, for example, Destitute Persons Act 1894, New Zealand Statutes, 1894, p.59.

71. Destitute Persons Act Amendment Act 1904, cl.2. New Zealand Statutes, 1904, p.193.

72. NZPD, 153, p.429 (8 November 1910).

73. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.149.

It is likely that public indignation over wife desertion was out of all proportion to its extent. Deserting husbands were condemned for their rejection of stable family life. Worse still, they were calculatingly using the welfare apparatus to evade responsibility. The charitable aid records show, however, that the number of outdoor relief applications prompted by desertion was considerably less than those attributed to old age, sickness and widowhood. None of these other 'causes of poverty' attracted nearly the same concern. It is true that desertion cases usually required long-term assistance, but so did families whose male parent was dead, or chronically ill. Relatively large numbers might need assistance for each instance of desertion, but as Table 6 shows for 1923-24, this was equally true of some other 'causes of poverty'.

Wife desertion was discussed less frequently in the press after the 1890s, though the boards continued to urge government action against it. The beginning of the First World War sparked renewed public comment since many absconders were found to be joining the forces. There were tales of men who casually stated that they were going out for the evening, but took their shaving gear with them. One Christchurch man told his wife that he was going to the coronation of the carnival queen at the Coliseum. The next day she read his name on the list of men bound for Trentham.<sup>74</sup> Not all such cases involved desertion in any strict sense of the word, but some enlisted men did neglect to inform the authorities that they were married, and left their families destitute. Even where soldiers acknowledged their dependents, they were required to hand over only one half of their pay to them.<sup>75</sup> Labour Members of Parliament claimed that soldiers' wives were 'deluging' the registry offices seeking day labour to support their children. The charitable aid boards protested at having

---

74. ODT, 19 November 1915; Evening Star, 20 November 1915, Otago Hospital Board Press Cuttings Book, Vol. 9, p.181

75. NZPD, 169, p.667 (G. Russell, J. Allen, 1 September 1914).

to support soldiers' dependents and eventually managed to offload a good many onto the various relief associations.<sup>76.</sup> There was general agreement that the families of men fighting on the front should not have to look to public charity - even if this dependence was partly a result of the male parent's indifference.

By 1920 discussion of the 'desertion problem' was less frequent and more constructive. Proposals for a labour colony continued to surface, but were balanced by more reasoned comments. In most cases men deserted because they were out of work and lost heart, said one member of the North Canterbury Board; they simply ran away to put responsibility on someone else.<sup>77.</sup> The economic strains on family life were likely to be acknowledged. In 1919 the Department noted that the boards were supporting men who were in steady employment, but who had large families.<sup>78.</sup> The tables on poverty issued from 1923-24 included a category of 'wages insufficient to maintain family', an indication that some men, no matter how willing, were unable to support large families. The 1926 Family Allowances Act effectively recognised that large family size might in itself be a 'cause of poverty', but not until 1936 were deserted wives entitled to a state pension.

One group which seems conspicuously absent from the relief lists is the Maori population. One reason was probably that few Maoris applied for charitable aid, finding support within their own hapu. At the same time, the boards were unsympathetic to all non-European applicants, be they Chinese, Indian or Maori. The Otago Benevolent Institution reluctantly aided elderly Chinese in the Otago and Tuapeka areas, despite continual resolutions from local county

---

76. See, for example, *ibid.*, 175, pp.674-75 (2 June 1916, J. Payne); p.809 (14 June 1916, J. Payne).

77. ODT, 27 May 1922, Otago Hospital Board Press Cuttings Book, Vol.20, p.88.

78. Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics) 1919. p. 3

councils that they terminate assistance. There was a feeling that non-Europeans required less assistance than other applicants for relief. With the Maori, however, discouragement of claims could even be seen as a virtue. At a meeting of the Wellington Hospital and Charitable Aid Board in 1913, for example, a member protested against Maoris receiving relief. The Maoris were not a subject race, he insisted, and it was wrong to the Maori people to provide any of their number with this form of assistance. More to the point, Maoris were not considered to pay their fair share of the rates: such relief was wrong both to the Maori and to the ratepayers.<sup>79</sup>

The Auckland Hospital and Charitable Aid Board was the most vocal in rejecting Maori claims, though these claims seem to have been very few in number. In 1897 the Board decided that Maoris on its list should make application for assistance to the Native Department. When the Justice Department wrote confirming the Board's liability for indigent Maoris, the Board decided that it was time to make a stand. Although there were only six or seven Maoris receiving relief, one member commented that this six or seven were only the beginning. There was no knowing where it all might end. Outdoor assistance to Maoris was therefore to cease at the end of the month.<sup>80</sup> But as long as demand was so slight, relief to Maoris, especially those of mixed blood, seems to have continued, though some forms of assistance were provided through a special fund administered by the Native Department. Native Department reports list payments made to doctors for attendance on Maori patients, and to firms for Maori funeral expenses and rations supplied.<sup>81</sup>

Unfortunately the records reveal little of the reasons why Maoris sought assistance. The boards' attitudes are nonetheless interesting, since reluctance and paternalism carried over into the administration of pensions. In

---

79. New Zealand Times, 20 June 1913.

80. Auckland Hospital and Charitable Aid Board, Minutes, 13 September 1897; 22 November 1897; 17 January 1898. NZH, 18 January 1898.

81. See Native Reserves Accounts, Public Trustee's Statement, AJHR, Series G.

1901 the Old-Age Pensions Amendment Act provided that Maoris otherwise qualified could be granted rations and other assistance from the Native Department in lieu of the pension. The Commissioner of Pensions, J. Eman Smith, urged magistrates to take advantage of this provision, since, he maintained, elderly Maoris were not capable of protecting themselves from 'the younger branches' who spent their elders' pensions.<sup>82</sup>

From the very first, Maori pensions were paid at a lower scale than European pensions, the main justification being Maoris' lower living standards and interest in communal land. One stipendiary magistrate wrote in 1900 to the Registrar of Pensions stating that the sum of £18, which was mere subsistence to an aged European, was far too much for an aged Maori, who should be given rations, not money. None of the general reasons urged on behalf of pensions for aged colonists who had migrated from the land of their birth to build up the colony applied to the Maori, he claimed. For this reason he had granted only twenty Maori pensions since the Act was introduced.<sup>83</sup> 'Maori pride', a convenient reason for refusing outdoor relief, was forgotten by those advocating Native Department rations in lieu of a pension.

Charitable aid was therefore not only a predominantly urban phenomenon, but it was mainly utilised by Europeans. Among the European population the death or illness of a breadwinner, old age, unemployment in its various forms, and desertion were the forces which singly or in combination drove people to outdoor relief. There were others, as well.

---

82. Annual Report of the Old-Age Pensions Department, AJHR, 1903, H.18, p.2.

83. R. Stanford S.M., New Plymouth, to Registrar of Old Age Pensions, 22 January 1900, Pensions Department, A 24.

The families of men on strike might be given temporary support (but in 1912 the Waihi Hospital and Charitable Aid Board refused it to the wives of the Waihi prisoners).<sup>84.</sup> The incarceration of a breadwinner in prison or asylum caused his family both humiliation and economic distress. The mothers of illegitimate children were in a similar position to deserted wives, but faced even greater moral condemnation.

The caution expressed earlier needs reiterating, for many cases were so complex as to defy easy classification. To scratch the surface of an apparently simple case is often to disclose a multiplicity of problems, constantly changing needs caused by stages in the family cycle, neighbourly tensions, and ambiguous relationships. One example may illustrate the point. It involves a middle-aged woman listed in the Otago Trustees' register of cases as 'deserted'. She had one 16 year old son, reported to be doing nothing, another two boys out rabbiting and doing casual work, and four daughters, one a baby. The inspector's report begins cautiously: 'So far as I can ascertain I believe the following to be a correct statement of facts'. He goes on to narrate a confusing saga of marriage and remarriage, the woman having lived with her husband and two other men, bearing children to each. Although she and her first husband had separated, he continued to live nearby, until at last he 'became too prominent', and each of his successors departed. The woman apparently went through a form of marriage with her third 'cohabitee', although not divorced from the first man. At the time of the report she was living on one property, her first husband living close nearby on the adjoining property and, although pretending to have different establishments, they were, in the inspector's words, 'practically living together'. Two of the boys lived with the first husband, the rest of the children with the woman. It seemed pretty clear, the

---

84. ODT, 28 October 1912, Otago Hospital Board Press Cuttings Book, Vol.4, p.189.



inspector concluded, that the man had hung around his wife, allowing other men to keep her, which they did only as long as the true state of affairs was kept from them.

This case, like many others, involves a deserting husband who kept intermittently in touch with his family. It is complicated by the woman's involved marital history, her children by different fathers, and the husband's calculated tolerance of other liaisons. The inspector might well have asked by whom the woman was deserted, for she went under the name of her third cohabitee (and second husband).<sup>85</sup> For all his skills at inquiry the inspector was obviously perplexed by cases such as this. 'I can make nothing of the woman', he wrote of another applicant whose marital status was equally confused: 'She says she is married but if so beyond the fact that it was "up Country" & by a Catholic Priest she either does not or will not know anything about it'.<sup>86</sup>

For the most part the inspectors had little difficulty gaining information about cases. They took advantage of neighbourly relations which were often hostile and, at the very least, cool. Anonymous information was plentiful - the charitable aid applicant who was seen drunk, the woman who received male visitors, the family whose lifestyle seemed extravagant would not long escape gossiping tongues. At one meeting the Wellington Trustees were told of a recipient who put on her oldest rags when applying for aid, 'yet was very well dressed on other occasions'; of another who 'daily threw away ... bread bought with the Trustees' money', and of yet another who paid 10s annually to keep a poodle.<sup>87</sup> Such information might not be especially accurate, but this did not trouble the Wellington Trustees. Their usual policy was to cut relief and check the details later.

---

85. Otago Benevolent Institution, Applications for Relief, Vol.5, 2 May 1895.

86. *ibid.*, Vol.1, 15 April 1889.

87. EP, 28 April 1897.

The impression gained from case material is not one of neighbourhood solidarity against an oppressive charitable aid board. Applicants who constantly shifted from one address to another to escape debt or an intolerant landlord were poorly integrated into their local communities. There is evidence that they were sometimes resented by neighbours, in a manner familiar to social welfare beneficiaries today. MacGregor claimed that charitable aid recipients were advantaged as tenants. Since their rents were virtually guaranteed by the boards, they became more desirable tenants than their more 'independent' neighbours.<sup>88</sup> Neill also believed that supplementary relief given to able-bodied women helped depress wages, for such women could afford to undertake laundry or cleaning work at a lower rate than their competitors.<sup>89</sup> It was often said that the neighbours of outdoor relief cases were rated to support individuals whose condition was little worse than their own. If this feeling was widespread, one can well understand the vigour and the detail of some case reports. The inspectors had a whole groundswell of local resentment on which to capitalise.

This is not to suggest that rancour and vindictiveness were confined to the neighbours of outdoor relief cases. 'Community knowledge' of the poor and needy included knowledge of their least agreeable characteristics. There is no reason to suppose that poverty breeds tolerance and goodwill towards others, and those receiving relief stirred up conflict on their own account. In 1895, for example, the Otago Trustees received a complaint that one of its elderly 'clients', a Mrs L., habitually got drunk and abused her neighbour, Mrs K. Inspector Favell reported that the allegations resulted from a longstanding quarrel between the two women. In the course of the dispute Mrs K.

---

88. Annual Report on Hospitals and Charitable Institutions, AJHR, 1904, H.22, pp.1-2.

89. *ibid.*, AJHR, 1897 (S.2), p.33.

had threatened to have Mrs L. turned out of her home and relief stopped. 'This naturally irritates Mrs L. who has a very bad temper and long tongue', wrote Favell. 'Mrs K., who also has an unamiable temper is in the habit of receiving visits from an old man named J. It is a well known fact in the neighbourhood and remarks are made in her hearing which appear to irritate her & Mrs L. living so near has more opportunities of annoying her in this respect than others and takes advantage of it'. Having satisfied himself that Mrs L. was not spending her allowance on drink, the inspector wearily wrote the case off as a typical instance of bad blood between equally fractious neighbours.<sup>90.</sup>

Outdoor relief continued against a background of family and neighbourhood altercations, petty grievances and tale-telling, a background which is hidden by the bare statistics. Nor do statistics reveal the persistence of many cases, the tenacity with which a few individuals asserted themselves against the board's officials, and sometimes got away with it. Neill and MacGregor had long been shocked by the 'brazenness' of outdoor relief applicants. Though their complaints were no doubt based on the effrontery of a few, they reflect the frustration felt by all charitable aid officials in the face of the truly intractable case. The individual for whom a subsistence living was something tolerable, who was apparently immune to all humiliation and who knew how to manipulate publicity could prove a thorn in the flesh of a relieving officer. The case reports give details from the official perspective and probably exaggerate the audacity of the individuals concerned. A Palmerston North case of the 1920s may be taken as reasonably typical: the report is so phrased that the charitable aid

---

90. Otago Benevolent Institution, Applications for Relief, Vol.5, 28 January 1895. The initials of those involved in this case have been altered.

officer seems the more persecuted.<sup>91</sup>.

The case of 'Thomas of Shannon' first appeared in the Palmerston North Board's records in September 1925. Thomas had just laid a complaint against the relieving officer. He had been evicted for failing to pay his rent, and had telephoned the officer to come at once as his family was homeless on the side of the road. The officer had refused, stating that Thomas had not officially applied for aid and had, in any case, been warned of the eviction months earlier. When Thomas wrote to apply formally for relief, the officer went to Shannon and 'quietened him down', allowed him 20s per week in rations, and sent two sacks of coal. Thomas admitted that he had been offered work by the local Council but had turned it down as he was not strong enough for the work available. Soon after receiving this assistance, Thomas wrote again to the Board, complaining about the contractor who supplied the Shannon rations. This time the Board's secretary accompanied the relieving officer to Shannon and explained rather desperately, that they only wanted Thomas to get a job. The report ended: 'As [Thomas'] wife is to be confined at once, I will take him quietly. He is all talk and bluster'. This round unquestionably went to Thomas.

A few months later Thomas again appeared in the reports, but the relieving officer merely noted that 'The man Thomas of Shannon has been giving no trouble lately'. Thomas was satisfactorily at work cutting firewood with a mate, and required only rent assistance. The relieving officer's peace of mind was short-lived. Two months later he reported that Thomas once more had a grievance, this time against the local Council for failing to give him relief

---

91. The name and place of residence have been altered in this case to preserve confidentiality. The relieving officer's reports on this case to the Executive Committee of the Palmerston North Hospital Board appear in the Board's Minutes on the following dates: 10 September, 8 October 1925; 13 May, 26 July, 9 September, 11 November, 9 December 1926; 13 January, 6 June, 8 September, 10 November. 1927.

work. Another two months passed, and 'Thomas of Shannon' was 'making more trouble again'. Thomas had written to the Board's secretary complaining about the treatment he was receiving, but when the relieving officer called to discuss the matter, he was at the races. The officer therefore paid a short visit to the local policeman, who assured him that if Thomas refused to work he would be 'vagged' by the police - 'with the result that [Thomas] is cutting wood again'.

But Thomas was not so easily repressed. Another two months passed before 'Thomas of Shannon' called into the charitable aid office 'full of trouble as usual'. He was offered work at the Awapuni Home, but failed to turn up. Thomas' wood-cutting was apparently getting out of hand, for his landlord complained at the same time that Thomas was destroying the house and fences, and stated that he wanted the family out immediately. The report ended on an optimistic note, however. Thomas intended to seek work in Hawke's Bay and the officer sincerely hoped that he would be successful, for 'the district would be well rid of the family'.

The hope was misplaced, as by the following month Thomas had taken his grievances to no less a personage than the Minister of Health. In response the Board offered him work at the hospital for 8s per day, and keep. The Director General of Health was assured that Thomas' case was well-known to the Board, which had continued to pay rent despite the man's refusal to work. Some time later the relieving officer confirmed that the family was shifting to Hawke's Bay. It was with an appearance of relief that the Board gave them 20s worth of groceries for Christmas.

Six months later the family was back again, and Thomas immediately called in to demand that the Board find him a better house. All help was refused. Two months later Thomas was sentenced to one month's imprisonment for stealing 5lb jam, two loaves of bread and some flour. A record attendance of the public at the local courtroom heard the prosecuting constable describe Thomas as 'the most untruthful person I have ever known'. His personal

feelings were that Thomas was 'a parasite, loafer and waster'. Thomas admitted guilt and said that he had committed the offence because his family was starving. He makes only one further appearance in the Board's records. In early November he called into the Board's office to seek assistance, having been on relief work since his release. The relieving officer, now reassured of his position of strength, told him that he had no intention of helping. Thomas then asked if the Board would pay his fare to Wanganui, where he had applied for work. The officer cautiously recorded that he 'made no promises', and there the report ended.

Thomas' family receives little mention in the reports, but they were the real victims of his intransigence and the Board's indignation. Thomas was the antithesis of the 'modest, retiring poor'. Extraordinarily persistent in pressing his claims, he was soon labelled a troublemaker by police and charitable aid authorities alike. Thomas was not, however, alone in his obstreperousness. Not all of those on outdoor relief were cowed by the experience. In 1890 the Otago Benevolent Trustees granted one woman rations on condition that she keep her house clean to the inspector's satisfaction. When the inspector attempted to assert his prerogative she smartly sent him packing. She wished the Trustees to understand that she was mistress in her own house, she said, and if the inspector called again, she would call the police to turn him out.<sup>92</sup> Others, too, abused the charitable aid officers, and although less persistent than the Shannon man, refused to alter their living habits. Dumb resistance could be more effective than open confrontation.

Dirt, drink, and a pitiful lack of possessions are all revealed in the Otago Trustees' case reports. The charitable aid inspector kept an especially watchful eye for the presence of alcohol. Drink was supposedly an agent in the destitute condition of many outdoor cases.

---

92. Otago Benevolent Institution, Applications for Relief, Vol.1 , 11 August, 8 September 1890.

Hapless 'clients' were frequently caught in public houses, drinking in back rooms, and in one particularly indiscreet case, vomiting in the front garden after a drinking bout.<sup>93</sup> Outdoor relief was discontinued, temporarily at least, in such instances. Some homes were almost entirely without furniture, only a few filthy mattresses and bundles of cast-off clothing serving as bedding. Children were described as naked and half-starved, lacking shoes or boots, and suffering from chilblains. 'Difficult' cases abounded, and there was little the charitable aid officer could do but continue the minimum of assistance, and remonstrate ineffectually against an undesirable lifestyle.

MacGregor believed in the existence of an intractable element among outdoor relief cases - paupers who bred paupers and families who were beyond any positive help. There may have been something in his argument that familiarity with outdoor relief bred contempt. So much of the shame was in making the first application, and having broken this barrier, there was little worse to be endured. Respectable families may have regarded charitable aid with the utmost horror, so that their offspring believed, as did one little girl, that the 'charitablade' was something monstrous and fearsome and dangerous to little girls' necks.<sup>94</sup> But for those experiencing the privation and conflict revealed in the Otago reports, the humiliation of outdoor relief was surely something relative.

There were undoubtedly enough problem cases to confirm the Inspector General's prejudices and to fuel eugenicist arguments. By 1921 Valentine had noted that the families of the third, and even the fourth generation were on relief.<sup>95</sup> Some of the most graphic evidence given

---

93. *ibid.*, Vol.6, 28 July 1896.

94. Correspondence from Miss M. Sutch, 2 January 1980.

95. Annual Report of the Director General of Health, AJHR, 1921 (S.2), H.31, p.5.

to the 1924 Committee of Inquiry into Mental Defectives and Sexual Offenders came from individuals associated with the hospital boards. Mrs Annie Herbert, chairwoman of the North Canterbury Board's social welfare committee elaborated on the large number of 'mental and moral degenerates' she encountered in her work on the Board. She described individuals totally inept at keeping a home, children who did not know what it was to have a bath or a proper meal, families who were the despair of the Board, the school, Plunket, and district nurses, and all who came into contact with them. A long list of sample cases highlighted the prevalence of illegitimacy, incest, feeble-mindedness, ill-health and crime among a 'hard core' of the Board's cases.<sup>96</sup> Thomas Pryde, Secretary of the Southland Board was similarly concerned. He particularly feared the resilience of this element, and their troubling capacity to survive. In the influenza epidemic, he assured the Committee, it was the occupants of the dirtiest houses who lived. 'I sometimes wonder', he said in a classic statement of eugenicist fears, 'whether we are not becoming too civilised and losing our stability and stamina, and whether this class is going to increase and wipe out the intelligent and civilised'.<sup>97</sup>

The details disclosed by the Committee's informants were horrific; the remedies suggested no less so. The mention of compulsory sterilisation and castration, incarceration and 'lethal chambers' recalled MacGregor at his most draconian and, indeed, MacGregor's report was quoted approvingly and at length.<sup>98</sup> But all this was largely a counsel of frustration. Though some such solutions

---

96. Evidence of Mrs Annie Elizabeth Herbert to Committee of Enquiry into Mental Defectives and Sexual Offenders, H3/13, pp.551-59.

97. Evidence of Thomas Pryde to Committee of Enquiry into Mental Defectives and Sexual Offenders, *ibid.*, pp.445-6.

98. Report of the Committee of Inquiry into Mental Defectives and Sexual Offenders, AJHR, 1925, H.31 A, p.29.



were applied unofficially,<sup>99</sup> they did not gain sufficient public acceptance to become respectable practice. The intractable poor, MacGregor's 'unorganisable residuum' remained an ever-present headache for the social welfare authorities.

Such cases as those quoted to the 1924 Committee were hopelessly incorrigible and provided a host of instructive tales for the policy makers. But there were many who received outdoor relief on a casual basis, and others who endeavoured to keep up appearances and contribute, at least a little, to their own support. Even those who struggled against poverty were unable to hold their heads above water for long. Crisis caused by ill-health would intervene; another child would be born, perhaps out of wedlock as a woman attempted to form new relationships and was abandoned yet again. Dependent relatives would move in, disrupt the family pattern, and shift on again, children would grow up, contribute temporarily to the family income, and then leave to begin the struggle to support a family of their own. All too soon old age and infirmity would threaten, with all their attendant miseries. Few cases could be viewed in stark black and white; there were only elusive graduations of 'deservedness'.

The concern of this chapter has so far been with the recipients of outdoor relief, the forces which prompted

---

99. An interview between Truby King and Mr Archey, former Manager of Burnham Industrial School dated 10 July 1924 confirms that a number of boys from the school were sterilized at Christchurch Hospital at the turn of the century. Evidence to Committee of Enquiry into Mental Defectives and Sexual Offenders, H3/13, pp.648-653. These boys had previously exhibited behaviour problems and 'masturbatory tendencies'. In one place King uses the term 'emasculatation' of the operations performed; elsewhere he terms it 'vasectomy'. In an unidentified press cutting (dated 26 October 1922) H54/46, Dr. P.C. Fenwick claimed that Seddon had signed the consent form for at least one of these operations.

them to seek assistance and the impressions to be gained from case records of the period. The boards and benevolent trustees handled a tremendous range of social need, responding to some cases more sympathetically than others. The diversity of need which confronted the charitable aid boards is paralleled by the many forms of outdoor assistance which were granted. Food rations constituted the main form of aid, but rent assistance, fuel and clothing might also be received. Cash payments were made to deserving cases. Assistance with travel was regarded as a good investment, for it removed an applicant from the particular board's district. Since even the poor had to be buried, pauper funerals were provided. And, in times of unemployment, but especially in the 1880s and 1890s, boards attempted to create work for idle men and women.

The distribution of rations was basic to outdoor relief. The precise composition of the ration scale was determined by each charitable aid board, since applicants were considered too feckless to assess their own basic needs. The departmental report for the years 1897 to 1908 gives the composition of a single ration for some of the larger boards. In 1899, for example, the Auckland Hospital and Charitable Aid Board allowed each adult a daily ration consisting of 1lb bread,  $\frac{1}{2}$ oz tea, 2oz rice, 3oz sugar, and 2oz oatmeal. Sick persons and those aged over 65 were allowed an additional  $\frac{1}{2}$ lb meat. The total value of each daily ration was precisely calculated to cost the Board between  $2\frac{11}{16}$ d and  $3\frac{3}{4}$ d. The Wellington Benevolent Trustees allowed every adult  $\frac{1}{2}$ lb meat per day, but permitted only  $1\frac{1}{2}$ oz sugar,  $\frac{1}{2}$ oz tea, 1lb bread, 1lb potatoes: total value,  $2\frac{15}{16}$ d. Small children would usually receive half the adult ration.<sup>100</sup>

The composition of the ration scale shows strikingly the minimal (and carbohydrate-laden) range of foodstuffs allowed outdoor cases, the lack of fruit and vegetables, and

---

100. Annual Report on Hospitals and Charitable Institutions, AJHR, 1899, H.22, p.38.

of any degree of variety in the diet. In practice some variation was allowed, especially when rations were disbursed by country storekeepers. Other household goods were also supplied where necessary. A letter from Alfred Clulee, Secretary of the Otago Benevolent Institution, to the Tuapeka Hospital Committee provides a list of goods which were permitted to outdoor cases. It extends only to tea, sugar, salt, butter, flour, oatmeal, rice, coffee, treacle, washing soda, soap, candles, matches, bread, meat and potatoes. The point of the letter was that storekeepers had been supplying products outside the permissible range.<sup>101</sup> There was a constant fear that outdoor cases might receive 'luxury' products unwarranted by their station. As late as 1929 the Palmerston North Board tightened up its relief procedures because negligent shopkeepers had allowed such items as bacon, sultanas, creamota, and dates to charitable aid cases. The quantity and composition of its new ration scale differed little from those approved by other boards in the 1890s, though the cost of the rations was higher. The weekly allowance for a single adult consisted of seven pints of milk at 1s 5d, 3lb meat at 1s 6d, 4lb bread at 11d, 2oz tea for 4d, 4lb potatoes at 5½d, 1lb sugar for 3d, 3lb oatmeal or flour for 7½d, other groceries to the value of 2s: total cost 7s 6d.<sup>102</sup>

Stodge and monotony were the main features of a charitable aid diet, though one would have to know more of the usual working class diet before condemning the boards on this count. Complaints on record from outdoor applicants relate more to the quality of the rations received than to the quantity allowed by the boards. Boards would establish the quantities of foodstuffs and other supplies which were to comprise an ordinary ration, and would invite

---

101. Letter 9 March 1887, Tuapeka Hospital Committee, Minutes 1885 - 1941, inside front cover.

102. Palmerston North Hospital Board, Minutes, 11 June 1929.

tenders for their supply. Separate tenders would be received for meat, milk, and coal. The lowest tender would usually be accepted. Outdoor cases would receive their ration tickets from the charitable aid board's office but could cash these tickets only at the shop of the successful tenderer. (If that shop was some distance from their own home, and if both were far away from the boards office, the applicant was unfortunate. To complain was to display ingratitude). To increase his profit the contractor would supply the meanest cuts of meat and the most inferior forms of produce, and might even attempt to cut back on the quantities allowed.

Most charitable aid authorities reacted strongly to any suggestion that they (and the ratepayers) were being short-changed. It was to ensure some basic quality and to benefit from the bulk purchase of supplies that the North Canterbury and Southland Boards established their own stores. The North Canterbury Board took this step when the 1894 Commission of Inquiry confirmed that the main complaint of outdoor recipients was the poor quality and short measure of food supplied by retail contractors. By supplying direct to its 'clients' the Board was able to supervise both the quality and weight of goods and to ensure that families received only those groceries allowed them. From the savings made through bulk purchase a storeman was paid to weigh and parcel.<sup>103</sup>. As was usual in most districts, country cases were still provisioned through local retail stores or, if there was no store in their locality, received a cash allowance to fend for themselves.

Rations and rent expenditure combined to make up the bulk of outdoor expenditure. The overwhelming majority of outdoor cases lived in rented accommodation and, the Otago case books indicate, were given assistance with rent

---

103. Memorandum for Chairman's information, Ashburton and North Canterbury United Charitable Aid Board, Minutes, 18 March 1908.

as well as their rations. Financial statements issued by the Auckland Hospital and Charitable Aid Board in the late 1890s show that the Board spent approximately one sixth the amount on rents that it did on rations.<sup>104</sup> The Christchurch Inquiry of 1894 revealed that the North Canterbury Board spent at least £2000 per annum on cottage rentals.<sup>105</sup> On a few occasions the Board also assisted with mortgage repayments.<sup>106</sup> Where the husband was seriously ill or where a widow with dependent children had fallen behind with repayments, such assistance could be more economical in the long run than seeing the family evicted and unable to recover its position.

It is difficult to judge the extent to which the boards made cash payments, because their annual accounts seldom distinguish between such allowances and expenditure on rentals. Cash payments were either a sign of great faith in an applicant's integrity (which was rare) or an unavoidable necessity (where there was no local store). Money might also be given to casual cases in an emergency, or to men passing through a district. Wherever possible, however, the boards tried to give relief in kind, and here there was a wide range of responses. Boots, clothing, blankets and fuel were all provided by means of a special 'ticket' or from the board's own supplies. As part of outdoor relief men passing through a district might be given board and lodging for a night, and perhaps a train ticket to another district. It was not unknown in the 1880s for an entire family to be sent to Australia. In

---

104. See Annual Statement 1898-99, Auckland Hospital and Charitable Aid Board, Minutes, 24 April 1899.

105. Report of Commission of Inquiry into Charitable Aid in Christchurch, p.12. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 27 February 1895.

106. *ibid.*, 11 May 1887.

the 1900s the Otago Benevolent Institution and United Board paid a proportion of the cost of returning elderly Chinese indigents to their place of birth - and at £7 per man they considered they had the best of the bargain.<sup>107.</sup>

Nor did this exhaust the range of relief offered. Medical assistance is discussed in Chapter Nine. On at least one occasion the Wellington Benevolent Trustees paid an old man's union fees to enable him to work as a carpenter.<sup>108.</sup> And for those who died in indigent circumstances, the boards guaranteed burial - of a kind. Charitable aid funerals, like rations, were contracted out under tender and were conducted with a minimum of ceremony, sometimes with a haste which was scarcely decent. In 1918 Christchurch trade unions complained about a 'regrettable incident' associated with one charitable aid funeral. It was customary in Christchurch for 'a kind of mortuary van' to be sent to the house at the time of the funeral. In this particular instance the coffin provided was obviously too shallow for the corpse. The relatives protested, but the lid was forced down, and immediately cracked in three places. The mortuary van, corpse, and cracked coffin then departed, the relatives having to follow as best they could in taxicab and cart. Even the Charitable Aid Board was offended at the crude style of this burial and told the undertaker to deliver the coffin at a time other than the actual funeral. It did not, however, take up the unions' suggestion that a proper hearse and mourning cab be provided.<sup>109.</sup> Pauper funerals were pauper funerals, after all.

---

107. Otago Benevolent Institution, Rough Minutes, 5 June 1907, 22 July 1908.

108. EP, 27 August 1890.

109. Evening Star, 19 April 1918, Otago Hospital Board Press Cuttings Book, Vol.12, p.127; Evening Star, 26 September 1918, *ibid.*, Vol.13, p.46.

Most of those on outdoor relief for any length of time received assistance in several of these forms. Rations would be supplemented by rent assistance and, in winter especially, by bedding, fuel and clothing. This gave a certain flexibility to outdoor relief, but also resulted in numerous inconsistencies. In 1897 Grace Neill severely criticised the Wellington Benevolent Trustees on this count. She published a list of 23 cases where the amount of rations and other assistance seemed to bear little relationship to the size of families or to the 'deservedness' of each case. The Trustees answered these charges to their own satisfaction (if not to Mrs Neill's), but had obviously found it difficult to vary relief according to the rapidly changing circumstances of the different cases.<sup>110</sup> Assistance might, for example, be set at a level which would support a family while the mother had part-time work. Within the month she would be ill or unemployed and the family in considerable distress. The older children might find work and start to contribute to the family income. The level of relief would take some time to adjust to the family's improved circumstances, since relief was granted for anything like one to six months between the inspector's visits.

Often, too, the boards would grant rations in standardised amounts. In the 1890s the Otago Benevolent Trustees would generally grant 5s worth of rations to a married couple, 7s 6d worth to a woman with two or three children, and perhaps 10s worth to a larger family. Under such a system some families would obviously fare better than others, though none could consider themselves lavishly treated. In 1894 the average daily wage of a general labourer was 6s 6d.<sup>111</sup> A typical case noted in the Otago case book for 1894 consisted of the pregnant mother, her parents, a single sister, and two children. None of the

---

110. New Zealand Times, 26, 27 May 1897.

111. OYB, 1895, p.161.

family had regular work. They received a total of 13s per week in rent and rations, hardly a princely sum.<sup>112.</sup>

The cost to the boards of a daily ration also underlines the austerity of public relief. As noted earlier, this in the 1890s was usually less than 3d per day. The 1894 Commission of Inquiry into charitable aid in Christchurch concluded that 3d was the minimum amount for which a single meal could be provided, and then only if that meal were provided collectively, as in an institution. This was no small indictment of outdoor relief policies, since Grace Neill and James Martin were both strongly against outdoor relief and recommended its ultimate abolition.<sup>113.</sup>

In 1917 the Commission's recommendation was again brought to the North Canterbury Board's attention. In February of that year a deputation from the Canterbury Women's Institute, the Women's International League and the Municipal Labour Representation Committee waited on the Board to press for a more liberal scale of outdoor grants. The deputation cited the case of a man recently sentenced to three months' imprisonment. His crime was to alter his birth certificate by one year in an attempt to secure work in the Railways Department. He had been unemployed for two months. His pregnant wife and three young children were left destitute. When the woman attempted to take on charring work, her health broke down completely. She applied to the Board for relief and was given 10s per week rent assistance and 7s 6d in rations; the equivalent, the deputation complained, of 1¼d per meal for each member of the family. Mrs Sarah Page suggested that because so many Board members came from the country, they had no idea of the value of 7s 6d in the town. The Board's chairman, F. Horrell, promised to look into the

---

112. Otago Benevolent Institution, Applications for Relief, Vol.5, 15 December 1894.

113. Report of Commission of Inquiry into Charitable Aid in Christchurch, p.5, p.13. Ashburton and North Canterbury Charitable Aid Board, Minutes, 27 February 1895.



case, but claimed that the recipients of outdoor relief were well satisfied with the scale.<sup>114</sup>.

The deputation apparently had little effect, for in 1918 the Canterbury Women's Institute and 22 trade unions sent a resolution to the Minister of Public Health. The Minister was urged to impress upon boards the need for increased grants 'in view of the present existing war conditions and the increase of the cost of living occasioned thereby'. The Minister simply replied that this was a matter for individual boards. He confirmed that the purchasing power of money had greatly decreased, and hoped that boards would deal sympathetically with poor people during the war.<sup>115</sup>.

It is likely that outdoor relief, always minimal and subject to numerous restrictions, was further eroded by rapid price increases. Boards were used to thinking in terms of standard prices for standard quantities and rentals, and these may well have lagged behind real price increases. Nonetheless, letters from various correspondents whose families received outdoor relief in the 1920s and 1930s suggest that some found the ration scales adequate. Those who had a garden and could supplement their diet with home grown foodstuffs considered themselves relatively well-served by the hospital boards.<sup>116</sup>. Outdoor relief was basically a system of compromises in which some did better than others.

Outdoor relief in the form of rations, rent, fuel, clothing, burial and travel expenses changed little over the period 1885 - 1920. The cost of individual items may have increased, the boards' generosity fluctuating with the demand on their resources, but these forms of relief continued to meet the needs of the individual case. There was, however, one other mode of outdoor assistance which was

---

114. Press cutting (unidentified), 28 February 1917, H170/3.

115. JPH, Vol.1, May 1918, pp.161-62.

116. Correspondence received December 1979, January, February 1980.

prevalent in the recession conditions of the 1880s and 1890s, and which gradually lost favour. The provision of work, more than any other form of outdoor relief, brought in a strong element of coercion and direction. The term 'work test' was often used, and this emphasised the dual intention of work relief. Employment of a disagreeable kind would sort out the workshy from the genuinely unemployed, and it would give the boards some return for their ration expenditure.

At first this rationale was applied not only to the able-bodied unemployed, but to elderly 'inefficient' men who were unable to compete in the workforce. From the early 1880s the Wellington Benevolent Trustees put their old men to work at that traditional pauper task, oakum picking. In July 1885 their secretary reported that the average weekly earnings of each old man in the oakum picking shed was the pathetically small sum of 5½d.<sup>117</sup>

As economic recession prompted large numbers of able-bodied men to seek assistance, new tasks were organised. Even quite elderly men were supposed to participate in stonebreaking and gorse cutting, the tasks most commonly developed as work tests. The Auckland Hospital and Charitable Aid Board proposed that its stonebreaking contingent be kept apart from prison labour working on the same site, but the obvious parallels did nothing to encourage men to work for their rations.<sup>118</sup> The North Canterbury Board first called tenders for stone to be broken in February 1886, and by June of that year had sold over 1000 yards of broken metal.<sup>119</sup> Secretary Norris later disclosed that each able-bodied man was supposed to break 3½ cubic yards of metal to 2½ inch gauge per week.<sup>120</sup>

---

117. EP, 15 July 1885.

118. Auckland Hospital and Charitable Aid Board, Minutes, 14 February 1887.

119. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 22 February, 9 June 1886.

120. T. Norris to W. Clarkson, Armagh St Depot, 19 August 1892. Ashburton and North Canterbury United Charitable Aid Board, Letter Book, 1892.

The charitable aid stonebreakers were seldom so efficient, however. When the Wellington Trustees put their unemployed men to work in the City Corporation's yards, the Corporation declined to make any payment in return for the men's services, arguing that the amount of work done was small and not of the best quality.<sup>121</sup> In 1904 it was again remarked that few of the Wellington stonebreakers came up to the mark, the small dimensions of the heap of broken metal in the Trustees' yard being taken as unmistakable proof of men's disinclination to work for their food.<sup>122</sup>

Lighter tasks might also be provided, but were no more popular with the unemployed. Some boards would provide women with mangles to assist them in their bid for laundry work. There were odd jobs available at the benevolent institutions, outside work for men, and house-keeping for women. The Southland Board, which had a farm attached to its institution at Lorne, was better placed than most boards to insist on the labour test as a condition of relief, and was held up as an example to other boards. Otherwise, boards became reluctant to increase their expenditure by creating productive employment. They talked of advertising their clients' services to 'farmers and others prepared to obtain labour if they knew they could get it cheaply', but seldom took any action.<sup>123</sup> The North Canterbury Board had its fingers burnt when it attempted to act as an intermediary in the labour market. By putting some of its unemployed to work as sandwich board men, it was seen to be advertising the men's indigence as much as the products concerned. Seddon denounced the move and the Labour Department alleged a breach of the Servants Registry Offices Act.<sup>124</sup> The Board retreated. When, in 1904, one of the Board's members

---

121. EP, 24 August 1887.

122. Press, 1 July 1904.

123. NZH, 20 November 1888.

124. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 12 August 1896.

suggested that it provide wage employment, there was agreement in principle, but a reluctance to repeat past experience. The Board decided that the cost of tools was greater than the return from the men's labour, and that the men concerned were in any case reluctant to work.<sup>125.</sup>

The boards could not afford to create and supervise relief work and at the most could only provide work in their institutions. Labour regulations discouraged them from seeking work on behalf of unemployed men and women. It became increasingly unprofitable for them to apply the labour test, though the Department certainly encouraged them to do this. Only with the onset of severe economic recession in the late 1920s did work relief again become important, and this was undertaken most reluctantly by the hospital boards.

The labour test represented a failed ideal. Men were given the choice of working for their rations or receiving none at all. Some, to the boards' dismay, absolutely refused to work. One man declined to cut gorse for the Wellington Trustees unless he was paid 6s or 7s per day. The Trustees spluttered with indignation, but had to acknowledge that the man's children were ravenous. With many misgivings they allowed rations sufficient for the children only.<sup>126.</sup> Innocent families could not be seen to suffer. The cost of forcing unwilling men to work was not worth the principle involved.

By 1920 the amount spent on state pensions was more than eleven times the expenditure on outdoor relief. Well beyond that date, however, outdoor relief would remain a very necessary resource for those excluded from the pensions, for those not covered by pensions, and for short term,

---

125. Press, 15 July 1904.

126. EP, 8 June 1887.

Casual cases. The other side of the coin was capriciousness and inconsistency, for the amount and form of outdoor relief was not decided simply on the needs of the individual case. The economic climate, a board's resources at a particular time, the interest shown in a case by some outside agency, and prevailing notions of deservedness all determined the adequacy of relief. Relief might vary between boards, and it might depend upon pressure exerted by the local bodies within a district. In contrast, pensions issued by the state were a matter of public record, however questionable their adequacy.

Also a matter of public record were the restrictions placed on pensions. The moral exclusions in particular represented an attempt to legislate for categories of deservedness. But these were distinctions which personal inquiry by relieving officers had found increasingly hard to sustain in charitable aid. Despite the endorsement given by politicians, by departmental heads, and by local body personnel to the idea of the deserving and undeserving poor, outdoor relief was given to persons who were not conventionally deserving. Case records show that those on the receiving end of outdoor relief were not faceless administrative problems, but individuals with a remarkably varied range of needs. Not all of these individuals evoke instant sympathy, for they include the unattractive, the unprepossessing, the unscrupulous, and the belligerent. Whether these qualities were the cause or the result of their distress is debatable. When Grace Neill blamed the poverty she observed on infirmity, intemperance and indolence, the New Zealand Times countered by stating that 'it is the awful misery of the poor which leads to intemperance and immorality'. Mrs Neill would have been nearer the mark had she stated that while hopeless poverty existed it would inevitably lead to intemperance and indolence, and finally to infirmity and penniless old age, the Times maintained.<sup>127.</sup>

---

127. New Zealand Times, 26 May 1897.

The charitable aid boards attempted nonetheless to control outdoor cases, judging the majority by the feckless few. They might have deterred some individuals from applying for relief in the first instance, but otherwise met with very mixed success. Outdoor relief applicants fully understood that their rations would be cut if their homes were unclean, if their children did not attend school, if they were seen in possession of alcohol, but seldom did their lifestyles change. There were a number of casualties. Those whose intransigence went too far and whose transgressions were detected, might have their relief withdrawn. The North Canterbury Board successfully exerted its authority when it forced the children of charitable aid families out into the workforce. This it achieved by cutting back rations when children reached the age of 12 or 13.<sup>128</sup> But because charitable aid was such a basic resource, the boards could not take these actions too far without risking public scandal. When minimal assistance was further pruned, it was invariably innocent dependents who suffered. Policy aims, attractively simple in theory, were undermined by a complex social environment. The boards moreover lacked resources to exert the control that they wished for. Just as they were relatively free from central direction in their administration of outdoor relief, so did their clients all too frequently go their own way. Indoor relief offered far more impressive prospects of control all round.

---

128. Norris wrote to one applicant: 'The Board considers that the time has now arrived when your elder children should be earning their own living and therefore has decided to reduce the allowance forthwith to 5/- weekly in rations'. Correspondence 15 October 1897, Ashburton and North Canterbury United Charitable Aid Board, Letter Book, 1897-1898.

## Chapter Six

### THE INDOOR RELIEF OF THE ELDERLY POOR

Although expenditure on indoor relief rapidly exceeded outdoor assistance from 1902, it did not provoke anything like the same concern. The charitable institutions gave tangible reassurance to the ratepayers that their contributions were well spent. Public criticism of indoor relief therefore focussed less on the principle of institutional care, than on specific abuses in individual homes. An institution might become a focus of community pride (and a substitute for community action) in a way that outdoor relief could not, and it removed from public view a whole range of disagreeable and disturbing 'social problems'.

From a bureaucratic standpoint, institutions were more amenable to central supervision, regulation and control than outdoor relief. The Inspector General had the right to demand admission to any institution at any time, and by 1920 the Department had had some success in promoting uniform rules and practices in the different homes. Legislation gave more guidance on the erection of homes and the raising of loans for their construction, than on management. As with outdoor relief, however, the inmates of the homes had some influence on the character of these institutions. For many years their boisterousness undermined the rule of decency and order within.

The period 1885 - 1920 was characterised by an increase in the number of charitable institutions in New Zealand. As the economic situation improved in the late 1890s and 1900s, communities had more resources to invest in a 'bricks and mortar' approach to welfare. New institutions were built in districts which had not formerly had them, and existing shelters were replaced by larger and more elaborate structures. Although incomplete, listings in the Statistics of New Zealand give some indication of the growth of institutional care. In 1885 only eight benevolent asylums or rescue homes and seven orphanages were sending in returns.

Seven of the benevolent asylums but only one of the orphanages came under the 1885 Act. By 1920, however, 32 adult institutions and 22 orphanages were listed in the same source, but with only one of the orphanages and at least twenty of the benevolent asylums coming under hospital board management. Nearly all of the old people's homes were hospital board institutions, the exceptions being Carter's Home for the Aged Poor in Carterton, the Nazareth Home, Christchurch, and the Anderson's Bay Home for the Aged Poor, Dunedin. These last two were Catholic institutions.<sup>1</sup>

Institutions were not only becoming more numerous, but they were more specialised than in the past. Many of the benevolent asylums began as refuges catering for the young as well as the old, for unmarried mothers, and for the able-bodied of both sexes who had no other shelter. They soon began to exclude all but the elderly and infirm. On 1 January 1887, for example, the Otago Benevolent Institution contained 96 men, 23 women, and 40 children.<sup>2</sup> The children were educated at the Institution's own school and, from 1888, as many as 25 women passed through its lying-in ward each year. In 1894 the Trustees adopted the boarding-out system, and all children were gradually removed from the Institution.<sup>3</sup> The number of maternity patients also declined, only five passing through the institution in the year 1909-10.<sup>4</sup> The decline was due in part to the opening of the Charitable Aid Board's Forth Street Maternity Hospital in 1906. By 1910 the Benevolent Institution was largely confirmed in its role as a repository for the old, incapable and chronically ill.

- 
1. Statistics of New Zealand, 1885, p.73; 1920, p.193. These lists are incomplete for each year. The Armagh Street Depot is not included in the 1885 listing, although it was in existence well before 1885. The 1920 listing excludes the Awapuni Home, Palmerston North, New Plymouth's Rangiatea Home and the Kaipara Old People's Home, all hospital board institutions. It also excludes a Catholic institution for the aged in Auckland.
  2. Annual Report of the Otago Benevolent Institution, 1887, p.15.
  3. *ibid.*, 1894, p.10.
  4. Otago Hospital and Charitable Aid Board, Benevolent Inmate Book, 1909-10.



Napier, a smaller centre, provides another example of this process. Napier was one of the few secondary centres to have a sizable refuge even before 1885. The Hawke's Bay Charitable Aid Board's Annual Report for 1887 shows that any children admitted to the refuge were smartly boarded out or placed in the nearest industrial school or Catholic orphanage. But at this stage the Napier Refuge still had its lying-in ward, and so a number of young female inmates, and it doubled as a casual shelter for unemployed itinerant men. Descriptions of individual cases confirm the impression that the Refuge provided temporary work suited to the trades of those men capable of working.<sup>5</sup>

In 1907 the Napier Refuge, 'old, dilapidated, unlined, infested with bugs' to use the Inspector's description, was replaced by a new building, the Park Island Old People's Home.<sup>6</sup> This was a more disciplined institution sited out in the countryside. The change of name is significant. Efficient institutions providing only for the elderly and infirm, well disciplined and preferably under the control of a trained nurse - this was now the Departmental ideal, and the passing of the overcrowded, verminous, and dilapidated Napier Refuge was a sign of the new order. A similar shift from the general 'almshouse' to more specialised institutions also occurred in other centres, though the transition was not always complete by 1920. There was still a tendency to use the charitable institutions as dumping grounds for all sorts of problem categories. Nevertheless, when new institutions were built, they were invariably termed 'old people's homes', and the older institutions showed a steadily increasing proportion of elderly residents in their population (see Table 7).

As might be expected, the largest institutions were

---

5. Hawke's Bay United District Charitable Aid Board, Report, 1887, pp.1-14.

6. Annual Report on Hospitals and Charitable Institutions, AJHR, 1904, H.22, p.2; 1907, H.22, p.3.

TABLE 7: Proportions Percent of Persons Aged 65+ to Total Inmates Treated in Selected Institutions, 1885-1920.

|   | 1885 | 1890 | 1895 | 1900 | 1905 | 1910 | 1915 | 1920 |
|---|------|------|------|------|------|------|------|------|
| Auckland Refuges/<br>Costley Home<br>* Auckland   | 46   | 58   | 54   | 61   | 66   | 63   | 68   | 66   |
| Home for the Aged<br>Needy, Wellington            | -    | 65   | 71   | 80   | 83   | 88   | 88   | 93   |
| Ohiro Home (Wellington<br>Benevolent Institution) | -    | -    | 28   | 32   | 51   | 41   | 40   | 58   |
| Queen's Jubilee Memorial<br>Home, Woolston        | -    | -    | 59   | 63   | 84   | 92   | 88   | 90   |
| Ashburton Home/<br>* Tuarangi Home                | 48   | 71   | 66   | 40   | 74   | 75   | 79   | 78   |
| Samaritan Home,<br>Christchurch                   | -    | -    | -    | 9    | 15   | 26   | -    | -    |
| Otago Benevolent<br>Institution                   | 34   | 35   | 50   | 55   | 51   | 66   | 62   | 74   |
| Napier Refuge/<br>* Park Island Home              | 23   | 39   | 31   | 47   | 54   | 68   | 90   | 83   |
| Nelson Refuge/<br>* Alexandra Home                | 67   | 89   | 85   | 76   | 84   | 84   | 91   | 61   |

\* First named institution replaced by second during period.

Source: Statistics of New Zealand, 1885-1920

concentrated in the four main centres. 1910 provides a convenient date from which to survey arrangements in each of these centres, for this was the year in which the revised Hospitals Act came into operation. By then most of the institutions associated with hospital board control had been established, and the direction of later developments was reasonably clear.

In 1910 62 per cent of beds in public charitable institutions were located in the four main centres. The two largest institutions were the Costley Home in Auckland with 256 beds and the Otago Benevolent Institution with 324.<sup>7</sup> Each of these institutions was unrivalled as the only structure of any scale in its area. The Costley Home was unusual among charitable institutions, for it was built with the proceeds of a single bequest by an Auckland businessman, Edward Costley. The 'Costley Home for the Aged Poor' was opened in 1890, some seven years after the death of its benefactor (the Auckland Board having meanwhile invested the bequest and used the interest to reduce outdoor relief demands on the rates).<sup>8</sup> The 'Otago Benevolent', as it was popularly termed, was constructed at Caversham much earlier, in 1866. It was extended in a piecemeal fashion as increasing demands were made on it. There the similarities ended, for whereas the Otago Benevolent had a relatively settled history, the Costley Home was dogged by bad management and a succession of public and private inquiries, culminating in a Royal Commission in 1903.

Wellington and Christchurch differed from the other two centres, for each contained more than one major institution operating under the 1885 Act. In Wellington the Wellington Benevolent Institution, or Ohiro Home, and the Home for the Aged Needy were both separate institutions until 1910, when the Ohiro Home came under the direct management of the Wellington Hospital and Charitable Aid Board. The

---

7. Annual Report on Hospitals and Charitable Institutions, AJHR, 1910, H.22, p.62.

8. NZH, 18, 24 January 1888.

Home for the Aged Needy was built in 1889 for the reception of old people whose 'antecedents ... carried no discredit'.<sup>9</sup> The Ohio Home, established by the Wellington Benevolent Trustees in 1892, was both larger and less selective in its intake. Since the Trustees also administered outdoor relief in the city, it was inevitable that a fair assortment of the needy should find their way into the Institution. There was one female refuge incorporated as a separate institution in Wellington, and this was run quite independently by the Ladies' Christian Association.

Christchurch stands out among the four main centres for a whole cluster of institutions managed directly by the Ashburton and North Canterbury Board. The Board administered the only charitable aid orphanage (at Waltham) and the Linwood Female Refuge (later the Essex Home). Both of these institutions are described in later chapters. The Board also ran the Tuarangi Old Men's Home at Ashburton,<sup>10</sup> the Queen's Jubilee Memorial Home at Woolston, and the Armagh Street Casual Depot. Another institution, the Samaritan Home, had been established in 1896 as a separate institution, but came under the Board's direct management in 1910 and was closed soon after. The Board had always played an important part in its management, however. Whereas the Tuarangi Home was for men only, the Jubilee and Samaritan Homes catered mainly for women. This rigid separation of the sexes was, however, mitigated by the existence of limited 'married quarters' at the Jubilee Home, a distinctly advanced measure for its time.

The Samaritan Home was quite the worst of the charitable institutions. It had been founded in response to the threat posed by 'women derelicts' in Christchurch, and functioned primarily as a refuge for vagrant old women, 'mostly acquainted with the Magistrate's Court', a reformatory for unmarried mothers, 'second offenders' in particular,

---

9. EP, 12 February 1889.

10. Old men were sent from Christchurch to the Tuarangi Home at Ashburton. Even after the separation of the Ashburton and North Canterbury districts in 1910, the Tuarangi Home continued to be administered by the North Canterbury Hospital and Charitable Aid Board.

and as a general shelter for those who would not be accepted anywhere else. Among the latter were old men who had absconded from the Tuarangi Home and referrals from the Prison Gate Brigade.<sup>11</sup> For many the Samaritan Home was a half-way house between the gaol and the old people's homes, catering for those who were too lawless or too disgusting to associate with the inmates of other charitable institutions.

The Ashburton and North Canterbury Board with its two old people's homes, orphanage, female refuge, night shelter and Samaritan Home was thus very well endowed with charitable institutions. This abundance was, however, viewed with mixed feelings. MacGregor wondered if too many institutions did not intensify poverty in Christchurch by discouraging self reliance. Certainly, he pointed out, they did not diminish outdoor relief one whit.<sup>12</sup> For the Board these institutions created administrative problems, not least of which was the tendency for some inmates to use the Samaritan Home as an escape from other institutions. This was easily enough done when misbehaviour meant relegation to the company of other incorrigibles. On the other hand, a variety of institutions enabled the Board to classify inmates according to need, age, and degree of moral weakness, a principle dear to the hearts of social reformers everywhere. It is the operation of such a policy which accounts for the commendably quiescent and superficially 'homelike' atmosphere of the Jubilee Home, noted year after year in the Inspector's report.

This is not to say that classification was not attempted elsewhere, if only in the allocation of beds and wards within the institutions. The Ohiro Home established an 'intermediate ward' for casual and refractory cases, and found that discipline within the institution was greatly improved.<sup>13</sup> The distribution of old age pensioners further

---

11. Press, 1 April 1910; Annual Report on Hospitals and Charitable Institutions, AJHR, 1900, H.22, p.31.

12. ibid., 1903, H.22, p.2.

13. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.244.

TABLE 8: Average Number of Inmates per Day in Charitable Aid Institutions, 1910-1925  
(excluding separate institutions, and taken to nearest whole number).

| Institution                                 | Year |      |      |      |      |      |
|---|------|------|------|------|------|------|
|   | 1910 | 1913 | 1916 | 1919 | 1922 | 1925 |
| Old Men's Home, Te Koporu                   | -    | -    | -    | -    | 11   | 15   |
| Cottage Home, Whangarei                     | 19   | 23   | 22   | 14   | -    | -    |
| Costley Home, Auckland                      | 222  | 246  | 262  | 260  | 294  | 333  |
| Old Men's Home, Hamilton                    | 16   | 15   | 16   | 27   | 39   | 35   |
| District Home Tararu, Thames                | 36   | 24   | 23   | 20   | 24   | 23   |
| Cook Old People's Home, Gisborne            | 9    | 16   | 18   | 18   | 28   | 33   |
| Rangiatea Home, New Plymouth                | 32   | 36   | 34   | 45   | 39   | 33   |
| Hawera Old People's Home                    | -    | -    | -    | -    | -    | 9    |
| Park Island Old People's Home (Hawke's Bay) | 79   | 78   | 83   | 80   | 86   | 80   |
| Jubilee Home, Wanganui                      | 31   | 29   | 31   | 35   | 39   | 41   |
| Awapuni Home, Palmerston North              | -    | -    | 24   | 29   | 30   | 36   |
| Renall-Solway Home, Wairarapa               | 5    | 9    | 11   | 14   | 13   | 12   |
| Ohiro Home, Wellington                      | 119  | 113  | 131  | 93   | 107  | 110  |
| Old Men's Home, Blenheim                    | -    | -    | -    | -    | 18   | 21   |
| Kumara Old People's Home                    | -    | -    | -    | 42   | 25   | 29   |
| Alexandra Home, Nelson                      | 35   | 34   | 39   | 20   | 26   | 31   |

TABLE 8 Cont'd.

|   | 1910 | 1913 | 1916 | 1919 | 1922 | 1925 |
|---|------|------|------|------|------|------|
| Old People's Home, Westport             | 21   | 21   | 29   | 20   | 25   | 16   |
| Tuarangi Home, Ashburton                | 64   | 81   | 99   | 101  | 106  | 117  |
| Queen's Jubilee Memorial Home, Woolston | 70   | 69   | 88   | 95   | 97   | 86   |
| Old Men's Home, Timaru                  | 34   | 32   | 38   | 38   | 35   | 39   |
| Victoria Home, Oamaru                   | 34   | 30   | 37   | 25   | 28   | 27   |
| Otago Benevolent Institution            | 211  | 117  | 143  | 154  | 141  | 137  |
| Lorne Farm, Invercargill                | 94   | 96   | 105  | 83   | 66   | 35   |
| Alexandra Convalescent Home, Auckland   | 6    | 10   | 8    | 7    | -    | -    |
| Essex Home, Linwood                     | -    | 31   | 35   | 22   | 36   | 24   |
| Waltham Orphanage                       | 13   | 17   | 24   | 42   | 34   | 32   |
| Armagh Street Depot, Christchurch       | 5    | 6    | 1    | 1    | 2    | 3    |
| Samaritan Home,* Christchurch           | 73   |      |      |      |      |      |

\* Closed 1912. Some of female inmates transferred to Essex Home.

Source: AJHR 1910, H.22; 1913, H.31; Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1916-1925.

suggests that some institutions were better endowed with these elderly worthies than were others (see Table 9). Since careful examination of inmates' resources excluded those with property from the institutions (or promptly deprived them of it as a condition of entry), a pension may be seen as confirming the sobriety and moral worth of its holder. It is therefore not surprising that the Samaritan Home contained a low proportion of old age pensioners (occupying 9 per cent of beds in 1910, as against 28 per cent and 33 per cent in the Tuarangi and Jubilee Homes respectively). More striking is the situation in Wellington where the Home for the Aged Needy was apparently successful in restricting its intake to those whose 'antecedents carried no discredit'. Here an unusually high proportion of the available beds in 1910 was occupied by pensioners: 67 per cent, compared with only 16 per cent in the Ohiro Home. Selection according to some criterion of respectability was clearly taking place here though even this did not eliminate disorder and disharmony.

The old had always figured prominently among the consumers of indoor relief. By 1920 the term itself was synonymous with the institutional care of the aged, and it is to their experiences that we now turn. Why did the number of institutions catering for the aged increase so markedly in New Zealand from the 1880s, and what was the standard of care? Two factors are relevant here: changing perceptions about the place of the elderly in society, and an actual increase in the proportion of persons aged 65 and over in the population.

American writers have identified a general trend toward what has been termed 'age segregation' from the second half of the nineteenth century.<sup>14</sup> Children were

---

14. See Tamara K. Hareven, 'The Last Stage: Historical Adulthood and Old Age', Daedalus, Vol. 105, No.4, 1976, pp.13-28; David H. Fischer, Growing Old in America, New York, 1977; W.A. Achenbaum, 'The Obsolescence of Old Age in America 1865 - 1914', Journal of Social History, Vol. 8, 1974, pp.48-62.



TABLE 9: Pensioners to Available Beds in Selected Institutions, 1910.

|  | Available<br>Beds | Pensioners<br>31 March<br>1910 | Proportion<br>Percent of<br>beds occupied<br>by Pensioners |
|--|-------------------|--------------------------------|--|
| Costley Home,<br>Auckland                            | 256               | 98                             | 38   |
| Park Island Old People's<br>Home, Hawke's Bay        | 92                | 27                             | 29   |
| Ohiro Home<br>(Wellington Benevolent<br>Institution) | 154               | 25                             | 16   |
| Home for the Aged Needy,<br>*Wellington              | 43                | 29                             | 67   |
| Rangiatea Home,<br>New Plymouth                      | 55                | 14                             | 25   |
| Queen's Jubilee Memorial<br>Home, Woolston           | 110               | 36                             | 33   |
| Tuarangi Home,<br>Ashburton                          | 107               | 30                             | 28   |
| Samaritan Home,<br>Christchurch                      | 76                | 7                              | 9  |
| Alexandra Home,<br>Nelson                            | 45                | 29                             | 64   |
| Otago Benevolent<br>Institution                      | 324               | 72                             | 22   |

\* Separate institution in 1910.

Source: AJHR 1910, H.18 (Annual Report of Pensions Department),  
H.22 (Annual Report on Hospitals and  
Charitable Institutions).

the first age grouping to be isolated as a separate category but by the turn of the century the old, too, had been 'discovered' and identified as a potential social problem. Longer life expectancy, and especially an increase in the numbers living into old age, urbanisation, industrialisation and the rise of wage labour are some of the developments which are seen as promoting 'old age dependency'. Industrialisation and wage labour, for example, meant that the decision to retire rested now with the employer, not with the individual worker concerned. Unlike the self employed worker or craftsman he could no longer adjust gradually to his own physical deterioration, but was likely to be discharged from the workforce at an arbitrary age. This process was accompanied by the emergence of a new science termed 'geriatrics' which helped draw attention to the pathological aspects of old age, by pension schemes, and by the construction of new institutions to cater for the elderly. The elderly were no longer viewed as simply one variety of the dependent poor, but were institutionalised on account of age as much as poverty. Furthermore, it is argued, earlier marriage and lower marital fertility led to the 'empty nest' syndrome. At the same time as the elderly were excluded from the workforce they lost the direct control over children which had contributed to their power and status.

Though the actual timing of this process and some of the casual connections (as between urbanisation, industrialisation, and the productive role of the aged) are unclear, it is generally accepted that by the twentieth century old age had become a 'problem' requiring society's intervention. Changes of attitude toward the aged are somewhat ambiguous, however. Some writers point to the growing 'gerontophobia' of modern society and the emergence of negative stereotypes about the aged.<sup>15</sup> Others deny that old age was idealised in the past, and suggest that whatever the loss of economic power, the 'psychic well-being' of the

---

15. *ibid.*

aged had improved considerably. In particular, they maintain, the elderly enjoyed greater warmth and familiarity in family relationships.<sup>16</sup>

The extent to which this model can be applied to New Zealand is complicated by the country's relatively short European history and by the economic and demographic characteristics associated with a newly settled country. Some aspects of the 'modernisation model' can be seen in New Zealand, and it is likely that New Zealand was influenced by developments elsewhere. But superimposed upon any such model must be the rapid increase of persons aged 65 and over in New Zealand's population. Whereas this age group made up 0.86 per cent of New Zealand's population in 1867, it had increased to 4.74 per cent in 1911.<sup>17</sup> The increase was more dramatic than had occurred in the United States over the same period, for the percentage of Americans aged 65 and over rose from 2.99 per cent in 1870 to 4.30 per cent in 1910. The natural aging of a young settlement population made the over sixty fives the most rapidly increasing age group in New Zealand's population during the 1890s and 1900s. Their numbers increased by 51 per cent between 1896 and 1901, whereas the population as a whole increased by only around 10 per cent.<sup>18</sup> This alone would have made society more aware of the special needs of the old, but the composition of the elderly population was another factor which prompted special provision, and especially separate institutional provision for old age.

Males predominated among the over sixty fives (roughly a ratio of 60 males to every 40 females throughout the 1890s and 1900s). Since males over 65 were

---

16. See Fischer, pp.154 - 156.

17. Census of New Zealand, 1911, Part IV, p.220.

18. Achenbaum, p.52; Census of New Zealand, 1911, p.219.

several times more likely than females to come into the 'unmarried' category, this rapidly increasing elderly population contained a high proportion of unattached men.<sup>19</sup> Without home and family these men were likely to be helpless when infirmity reduced their ability to earn a living. The removal of this elderly male population from the workforce seems to have occurred later in New Zealand than in the United States, however. Census figures show a marked decline in the percentage of men over 65 in the United States labour force between 1870 and 1920 (see Tables 10a and 10b). In New Zealand a high proportion of elderly males remained actively employed until 1906, when the census first records a drop. It declines steadily thereafter, though the marked decrease between 1921 and 1926 was due in part to changes in the census instructions which gave more detail about the work 'retired'.<sup>20</sup>

The real extent of this 'active participation' needs to be questioned, for early Labour Department reports show a special concern for the plight of the elderly unemployed. Many of these men, the reports claim, were having to turn to labouring work for the first time. Employers preferred to take on younger men, and these elderly workers were the group least able to stand the rigours of tent life on government cooperative works.<sup>21</sup> It may be that many of these older workers had only very tenuous connections with the workforce and figured prominently in seasonal unemployment. Certainly the mobility of the benevolent asylum population suggests an inefficient sector of the workforce which regarded itself as employable,

---

19. In 1901, for example, 4.34 per cent of females in the 60 - 65 year age range were unmarried, compared with 18.51 per cent of males. In the 65 - 70 age range the proportions of unmarried females and unmarried males were 4.21 per cent and 23.37 per cent respectively. Census of New Zealand, 1901, Report, p.39.

20. *ibid.*, 1926, Part 9, p.8.

21. Annual Report of the Department of Labour, AJHR, 1893, H.10, p.20; 1896, H.6, p.xiv.

TABLE 10a: Percentage of Males Aged 65+ Actively Employed, Dependent, and Independent in the New Zealand Workforce, 1891-1926.

|  | 1891              | 1896 | 1901 | 1906 | 1911 | 1916 | 1921 | 1926 |
|--|-------------------|------|------|------|------|------|------|------|
| Actively employed  | 84.5 <sup>1</sup> | 86.4 | 87.1 | 82.0 | 76.3 | 66.3 | 67.2 | 47.4 |
| Dependent  | 7.5               | 6.6  | 4.6  | 6.1  | 7.1  | 9.3  | 5.8  | 5.5  |
| Independent (includes pensioners, superannuitants, and 'retired'). | 8.0               | 7.0  | 8.3  | 11.9 | 16.6 | 24.4 | 27.0 | 47.1 |

1. Includes 262 men listed as 'undefined'.

Source: Census of New Zealand, 1891, pp.237, 244; 1926, Part 9, p.8.

TABLE 10b: Percentage of Males Over 65 Gainfully Employed in the United States Workforce.

|  | 1870 | 1880 | 1890 | 1900 | 1910 | 1920 |
|--|------|------|------|------|------|------|
|  | 80.6 | 76.7 | 73.8 | 68.4 | 63.7 | 60.2 |

Source: W.A. Achenbaum, 'The Obsolescence of Old Age in America 1865-1914', Journal of Social History, Vol. 8, 1974, p.56.

but which needed assistance over part of the year. In 1908 the Lyttelton Times specifically referred to the 'annual rush for the [Ashburton and North Canterbury Board's] homes by old people, who are able to support themselves in one fashion or another during the warmer months of the year', and to the 'usual influx of old people from the country' in winter when the weather had broken.<sup>22</sup> Such evidence suggests a marginal elderly labour force which regarded itself as 'actively employed' nonetheless. The decline in the number of elderly men describing themselves as 'actively employed' from the 1906 census may reflect the delayed impact of the old age pension. In its place the category of independent and pensioned elderly grows more rapidly than the dependent category.

The Industrial Conciliation and Arbitration Act provided for the issue of 'under-rate' permits whereby aged, infirm and incompetent workers could be employed at a lower rate than prescribed in the award.<sup>23</sup> This may have prolonged the participation of elderly men in the workforce despite other forces for their exclusion. However, there is some suggestion that the unions opposed liberal application of these permits, and the enforcement of award rates may eventually have pushed the elderly, inefficient worker out of the workforce. Certainly, the Palmerston North Board's inquiry officer claimed that many of the men passing through Palmerston North in the 1920s had lost their position because employers were reluctant to pay them award wages. 'He is old and gone in the legs and I am sorry to say that no one will employ him as they have to pay the award rate of wages' is a typical comment.<sup>24</sup>

---

22. Press cutting, Lyttelton Times (n.d.), Ashburton and North Canterbury United Charitable Aid Board, Minutes, 20 May 1908.

23. Alan Williams, 'Industrial Militancy in New Zealand: The Contributing Influence of the Industrial Conciliation and Arbitration Act, and its Administration, 1894 - 1908', Ph.D. Thesis, 1976, pp.134 - 142.

24. Charitable Aid Officer's report to Executive Committee, Palmerston North Hospital Board Minutes, 10 September 1925.

Such remarks suggest that the retirement ethos of old age as a period of rest and 'disengagement' was not then firmly established. Many of these old men were willing to work and indeed, expected to work, even into their eighties. Employers, on the other hand, were seeking a more efficient return for the wages they paid and might also have required a higher level of skills than in the past.

Somewhat contradictory attitudes existed toward the indigent aged in New Zealand. The distinction between the deserving and undeserving poor was blurred by an appreciation of the part played by 'old pioneers' in the country's development. The poverty of the aged could just as easily be attributed to the hardships of colonial life as to personal moral failings. Reporters visiting homes for the elderly produced sentimental pieces with such titles as 'Becalmed in the Benevolent', and sympathetically contrasted the inmates' present impotent state with their vigorous and sometimes dissolute prime. There was always the 'old identity', now fallen on hard times, or the 'industrious contributor to our city's development' to point to.<sup>25</sup>

But individuals who became 'characters' and 'poor old chaps' when restrained in an institution experienced rather less tolerance if they exposed their idiosyncracies to public view. At the very least they served as uncomfortable and highly visible reminders of New Zealand's frontier past. These 'hardy pioneers' proved decidedly out of place in the respectable urban environments to which they migrated in old age. Public order as much as public sympathy demanded that they be rescued from their own dirt and dissipation, and placed in structures determinedly labelled 'homes'. Old men who had never married, never had a settled home, and who were no longer able to earn a living were

---

25. See, for example, Auckland Weekly News, 9 June 1894, p.38; Evening Star, 22 January 1913, Otago Hospital Board Press Cuttings Book, Vol. 5, p.58.

prime candidates for the charitable institutions. In old age, at least, they might be subdued and domesticated.

Unfortunately, these were the individuals least likely to settle into institutional life. Far from being the tranquil havens rightly or wrongly associated with the care of the aged today, these early institutions were turbulent places which, when not torn apart by periodic crisis and public investigations, functioned in a simmering state of hostility between management and inmates. It will not do to regard inmates of the benevolent institutions as victims who passively accepted their fate. As a member of the Wellington Board remarked, old age did not always bring a return to innocence and simplicity, and some of the old inmates were 'not angels'.<sup>26</sup> It is through their sheer fractiousness and perversity that some penetrate even the relatively impersonal asylum records.

In response, the management of the charitable institutions was tactless and authoritarian, making few concessions to individual need. Modern writers such as Irving Goffman have identified the 'total institution' in which normal social divisions between place of work, recreation and sleep are broken down, where lack of privacy, rigid scheduling, and the removal of personal property are normal.<sup>27</sup> New Zealand's charitable institutions with their lengthy list of rules and proscriptions seem, on the surface, to conform to this type. In practice the degree of totality was modified by the inmates' own resistance, and the ease with which the fitter of them could leave the institution at will.

---

26. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.244.

27. Erving Goffman, Asylums, (1961) 1973 Pelican reprint, Middlesex, pp.15 - 22.



The physical surroundings of the charitable institutions often left much to desired. However, the first response to the problem posed by the homeless elderly was not to construct large institutions, but to board them out. This was not quite the same procedure as was followed for indigent children from the 1880s. Whereas children were placed with private families, the elderly poor were boarded out with some individual, often a boarding house keeper, who tendered for the job of accommodating them. In Wellington the Benevolent Trustees boarded out their old men until the construction of the Ohiro Home in 1892. By this time they had encountered so many pitfalls that the Home's opening must have been welcomed with considerable relief.

Boarding out in Wellington seems to have intensified the problems normally associated with the care of the elderly, for it concentrated them in one place and exposed them to one another's ill humour without the control and regimentation that could be exerted in a fully institutional setting. At least one Wellington boarding house had a central city location, far too close to public houses for sobriety and order to prevail. The Trustees racked their brains for schemes which would keep the old men gainfully employed. Their aim, they insisted, was to 'occupy their time and keep them from lounging about the streets, [rather] than that of obtaining from them contributions towards their own support'.<sup>28</sup> On this particular occasion the Trustees resolved to offer the old men's services to the City Council's overseer, but on other occasions stone breaking and gorse cutting were considered ('nice light work', it was thought, until a doctor pronounced all the men unfit for such activity).<sup>29</sup> Finally the Trustees hit upon the solution of hiring the old men out as advertising 'sandwich men'. Even here they were left doubting the value of the exercise. When the 'sandwich men' were allowed to keep their earnings on condition that

---

28. EP, 17 August 1887.

29. *ibid.*, 3 February 1886.

they buy warm winter clothing, they promptly spent the lot on drink and created a disturbance that was long instanced as an example of their extreme ingratitude.<sup>30</sup> Many of the problems associated with boarding out resembled those which later arose in the institutions. As numbers increased boarding out became more trouble than it was worth for the charitable authorities, and those requiring care and control were placed in the boards' own institutions.

The charitable institutions in existence before 1885 were almost always primitive structures located in whatever building happened to be available when the need arose. In 1885 the Otago Benevolent was the only charitable institution built specifically to receive the helpless and homeless. Most of the others had formerly served as immigration barracks or early hospital wards. The Costley Home was preceded by the Auckland Old Men's and Old Women's Refuges. The first had been a lunatic asylum and the second was the old Provincial Hospital. Both were located in the public hospital grounds, the Old Men's Refuge on a notoriously dank and unhealthy site. It was so wretched that in 1886 the Auckland Board's executive committee recommended it be vacated and moved, or, if it could be decently hidden by shrubs, used as a fowlhouse.<sup>31</sup> The Lyttelton Orphanage had first served as the Lyttelton Casual Ward, the Napier Refuge as troop quarters, and the Ashburton Home was located in the old immigration barracks. Conditions in the latter were so bad that it was described as a 'moving mass of bugs'. One old blind inmate begged the police to charge him with vagrancy so that he might sleep in his cell undisturbed by vermin. Board members visiting the Home at night were obliged to carry an umbrella

---

30. *ibid.*, 7 July 1890.

31. Executive Committee's Report on Institutions, Auckland Hospital and Charitable Aid Board, Minutes, 2 July 1886; NZH, 29 June 1886.

to protect themselves from the bugs which dropped from the ceiling. The Home's committee had even considered erecting tents for the inmates to sleep in during summer when the problem was at its worst.<sup>32</sup> Nevertheless, the Ashburton Home was not replaced by the Tuarangi Home until 1902.

Nor were later institutions necessarily sited in specially planned buildings. Immigration barracks continued to be used in Timaru, the Wanganui institution was located in a disused school, and the Samaritan Home, not inappropriately, in the old Addington Gaol. Where numbers were small, an old cottage might be acquired for the purpose. From the 1900s, however, there was a tendency for these makeshift arrangements to be superceded by new buildings. The Inspector General commended the gains in efficiency and cleanliness, but the elderly paid the price of greater regimentation and control. One wonders whether the Inspector's satisfaction at the construction of a 'modern' home in New Plymouth was shared by the inhabitants of the Tenui cottage, who had cooked their own meals and been kept supplied by the Board with food and tobacco in a relatively unsupervised state.<sup>33</sup> Just as the boarding out system had similarities with today's privately-run 'rest homes' for the elderly, these early cottage arrangements can be likened to contemporary pensioner flats or sheltered housing. However squalid, their informality and small scale were probably more congenial to the residents than the structures which replaced them.

The inmates' opinion of the new institutions was not one of the more crucial factors in their design. This is shown by the Costley Home, which was the focus of considerable community pride when it opened in 1890. The Costley Home was designed to impress, with its ornamental balustrades, grand staircase, corinthian columns, main vestibule, and large upstairs hall. Separate quarters for men and women

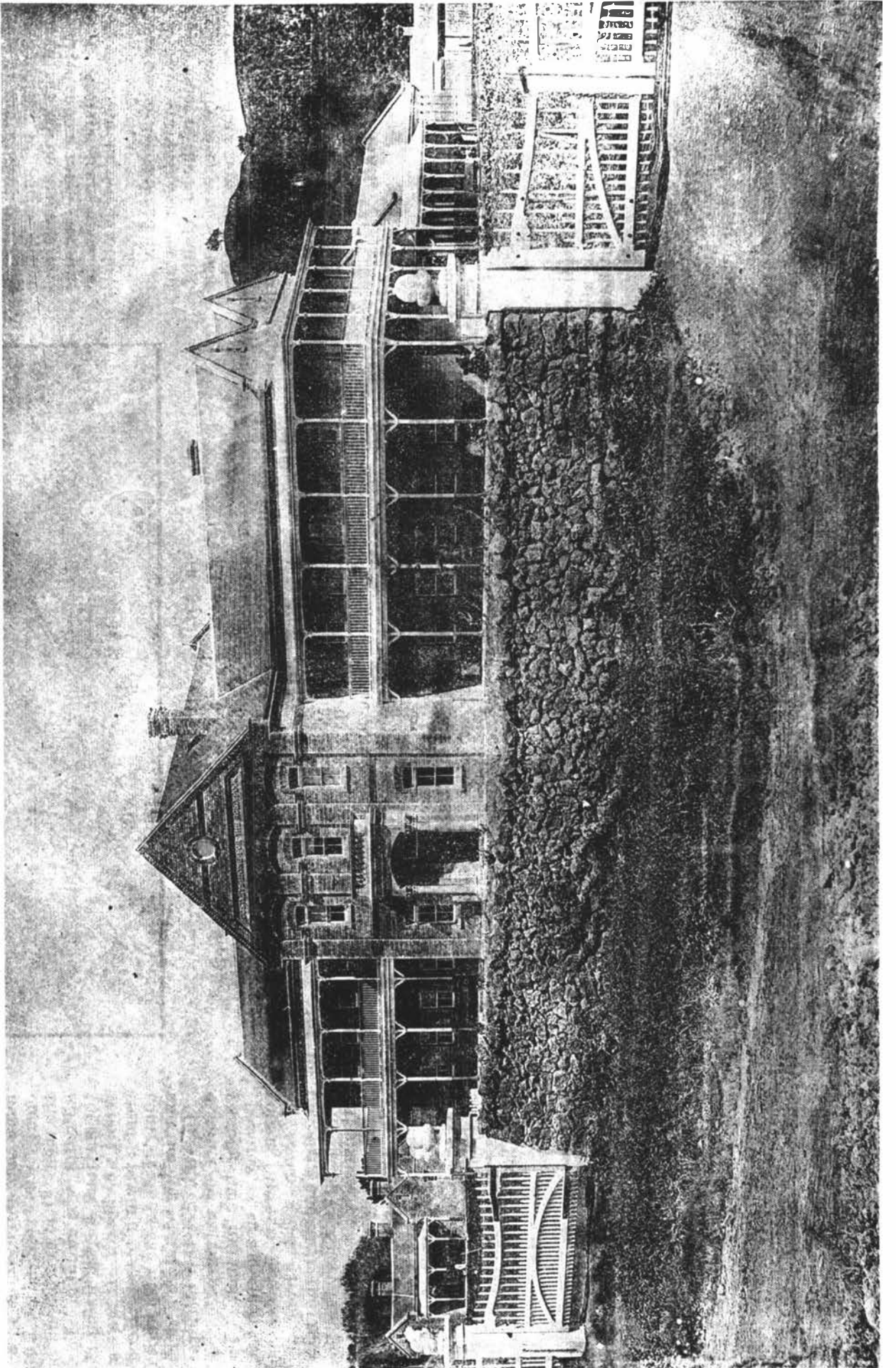
---

32. EP, 13 January 1887.

33. Annual Report on Hospitals and Charitable Institutions, AJHR, 1896, H.22, p.31; 1902, H.22, p.2.

Costley's Home for the Aged Poor, Auckland. A photograph taken soon after its completion in 1890. The bareness of the grounds had been relieved very little at the time of the Commission of Inquiry some thirteen years later.

Photograph: New Zealand Graphic, 24 January 1891.



allowed strict segregation of the sexes, who even ate in separate dining rooms. Most of the floor area was taken up by four women's wards and six men's wards, each with an attached day room, quarters for the master and matron, and a veranda for exercise. Visitors were less likely to be shown the small cancer ward, the morgue, the straw shed (straw was used for bedding), the laundry in which inmates were to undertake all the washing of the Costley Home, the public hospital and nurses' home, and the refractory ward at the rear of the building for those 'accustomed to ramble out ... in quest of treble XXX'.<sup>34</sup>

Despite its grandiose scale the building was badly designed and abysmally equipped. It soon became clear that the laundry equipment was obsolete, the hot water supply inadequate, conveniences badly situated, and plumbing primitive. The drainage was deficient and insanitary, all pipes emptying into a cess pit outside. (The contents of the cess pit were later spread over the garden or emptied into a handy volcanic fissure nearby. Public health was not a major concern before 1900).<sup>35</sup> Close to the main building were the piggeries. These functioned until the war years, when the Board reluctantly conceded that the problems caused by flies outweighed the profits to be made from its prize pigs.<sup>36</sup>

As one of New Zealand's largest institutions, the Costley Home was not necessarily typical of indoor relief elsewhere. The experiences of inmates in homes of less than 50 beds may have been quite different from those in large complexes. A kindly manager no doubt compensated for many defects in structural arrangements. But some features of the Costley Home were duplicated elsewhere; the segregation of the sexes, dormitory sleeping quarters, refractory ward

---

34. Auckland Weekly News, 26 April 1890, p.10.

35. Report of Commission on the Costley Home, AJHR, 1904, H.26, pp.2 - 3.

36. [H.A. Sommerville], The Auckland Hospital and Charitable Aid Board. A history of its buildings and endowments, Auckland, 1919, p.50.

and inadequate sanitation were features of institutions of all sizes all over the country. Some concessions to the inmates' comfort are apparent by the 1920s, however. Smoking rooms and libraries were more likely to be provided, and sometimes married quarters for spouses who did not wish to be separated. The straw pallet disappeared, to be replaced by iron bedsteads and proper mattresses. All too often, the institutions still remained cheerless in the extreme. This was not the result of deliberate policy, in the way that English workhouses had been intended to discourage entry. But there was often a feeling that the inmates' condition would be far worse outside the institution, and that they should show gratitude for any effort beyond total neglect. When complaints were made about the Costley Home in 1892 the Auckland Board's chairman pointed out that the Home was a poor house supplied by the rates. He had, he said, been taught to dread a spoilt child and a spoilt pauper, and the latter was the worst.<sup>37</sup> Such attitudes provided an unhappy legacy for the old people's homes of the twentieth century.

Deliberate policy was nonetheless a factor in the location of charitable institutions. The Department encouraged a rural site for all new institutions. Such a location would provide land for cultivation and would isolate inmates from those corrupt urban influences which, it was felt, had so often been their downfall. As the executive committee of the Auckland Board wrote in 1886:

It has been urged that a building maintained some few miles from the city on a line of railway would be best for ... such an institution, placing, as it would, a barrier of distance between the inmates and the temptation of drink, which in many instances has brought its occupants to their present condition.<sup>38</sup>

---

37. NZH, 23 September 1892.

38. Executive Committee's Report on Institutions, Auckland Hospital and Charitable Aid Board, Minutes, 2 July 1886; NZH, 29 June 1886.

MacGregor, who would have liked to shunt all the poor into the countryside, strongly supported rural sites with small farms attached. Departmental influence was probably behind the rural or semi-rural situations of the Tuarangi Home, the Hawke's Bay Park Island Home and Invercargill's Lorne Farm. Valentine also commented on the improved discipline among elderly inmates after their removal from the influences of the town.<sup>39</sup> The problem was that the town in the normal process of expansion caught up with these 'isolated' institutions. In any case, inmates proved familiar with tram and rail timetables.

The inmates tended not to appreciate the 'pleasant and park-like' surroundings in which they were placed. Rural sites were often undeveloped, far from city amenities and were not necessarily suitable for cultivation. The inmates of the Auckland Refuges even tried to sign a petition urging that the Costley Home be built on an inner city site, but were prevented from an act so subversive of discipline.<sup>40</sup> They were supported by many visitors to the Refuges, who appreciated the extent to which a distant location would discourage regular visiting. Moves to place old people in a rural setting can therefore be seen as an attempt to break old associations and habits. They were justified by references to old inmates contentedly engaged in the cultivation of their own foodstuffs. But as an Auckland Board member said of the Refuge inmates, they were 150 specimens of decaying humanity, and he was quite unhopeful of getting any work out of them!<sup>41</sup> Other sources suggest that the inmates much preferred to remain inside enveloped in a fug of tobacco smoke, or huddled around the fireplace (the Otago Benevolent Institution had as many as 50 fires burning in winter).<sup>42</sup>

---

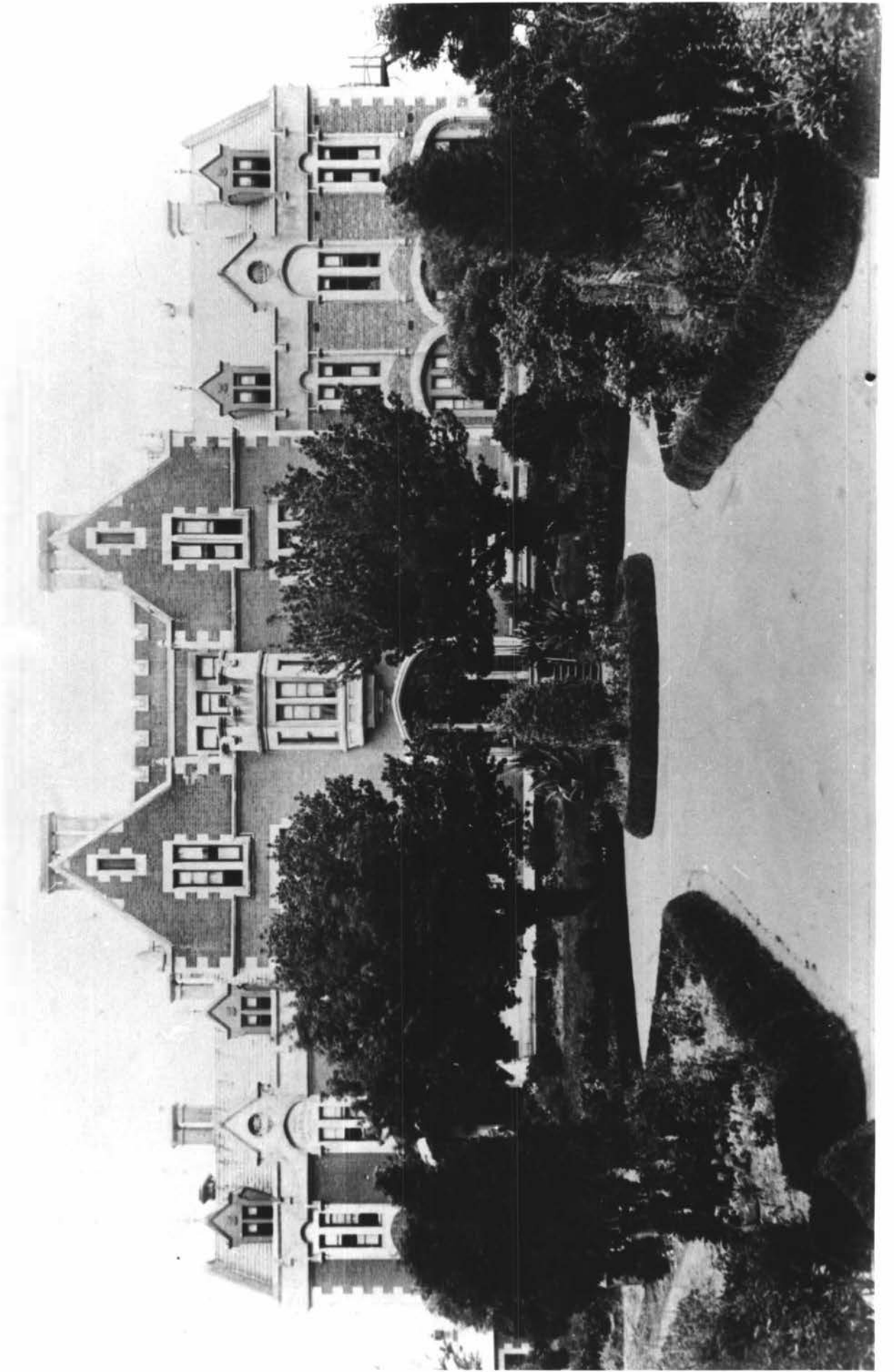
39. Annual Report on Hospitals and Charitable Institutions, AJHR, 1908, H.22, p.56.

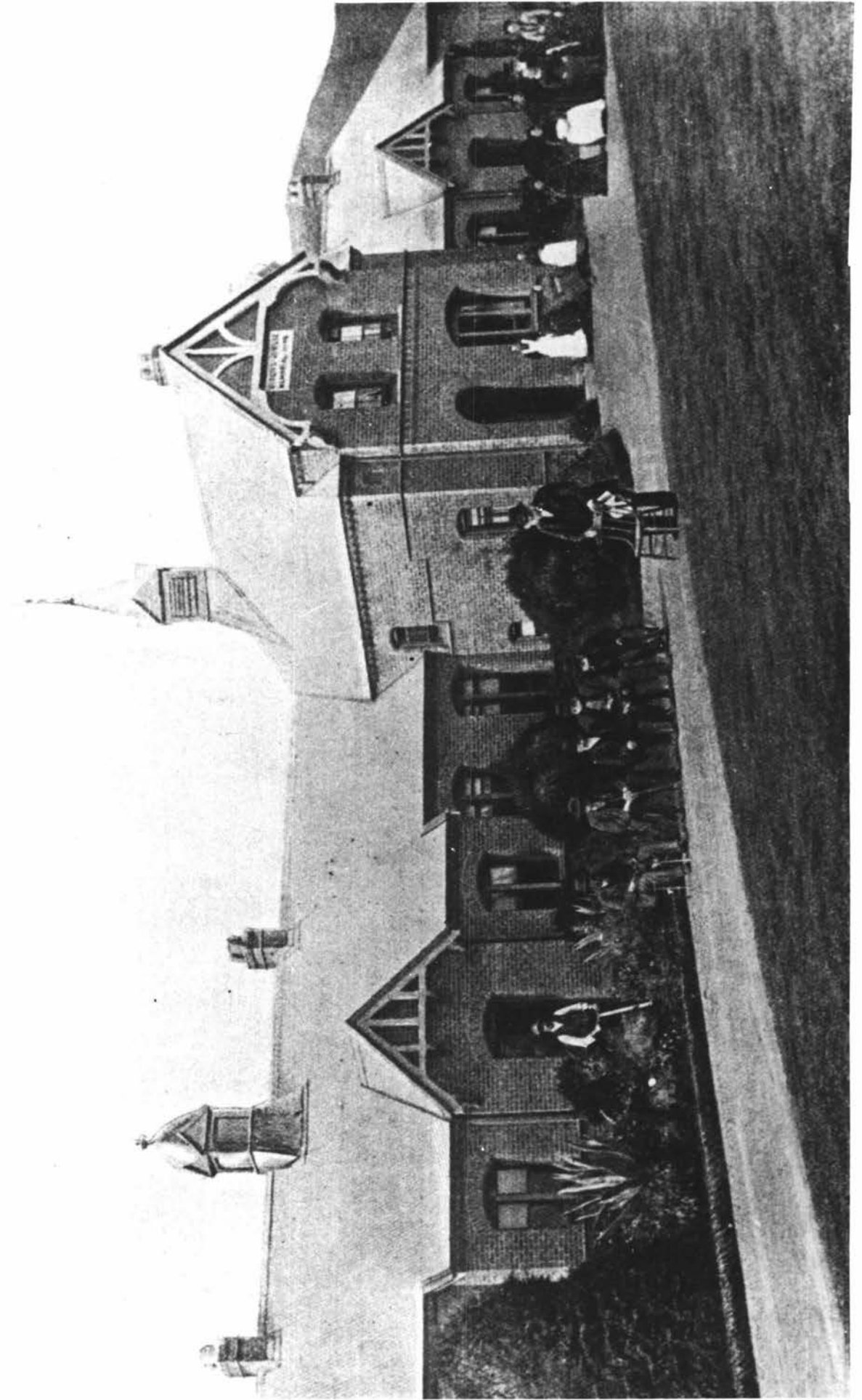
40. Auckland Hospital and Charitable Aid Board, Minutes, 13 August 1888.

41. NZH, 24 April 1888.

42. Annual Report of the Otago Benevolent Institution, 1891, p.15. In 1913 a reporter noted that all of the inmates at the Otago Benevolent Institution disliked fresh air and much preferred to lounge around inside. Evening Star, 22 January 1913, Otago Hospital Board Press Cuttings Book, Vol.5, p.58.







Doubts about the productivity of the elderly poor were probably well founded. Where one can examine the inmate population, its incapacity and decrepitude are the most striking features. The Otago Benevolent Institution provides the most complete record in its published annual reports and in its inmate book from 1909-10. The listing of inmates for 1909-10 is especially useful, for here under 'nature of cases' the reason for each inmate's admission is given. This practice was not followed in later years. The Benevolent Trustees' annual reports go to some length to demonstrate to the public that inmates were indeed persons unable to earn a living. These reports show that the largest single group within the institution was that designated 'old and past work'. Nearly 50 per cent of inmates came into this category in some years, while others were blind, crippled, or paralysed (see Table 11). A few maternity cases and unemployed persons remained in the Institution to sustain the link with the 'almshouse' concept. Over the period 1885 - 1896 between 55 per cent and 60 per cent of adult inmates were aged 65 and over at the time of the Annual Report, and there were usually three or four times as many men as women in the Institution.

The Benevolent Inmate Book, which lists all inmates passing through the Institution over the whole year confirms the advanced age, male predominance and infirmity of the inmate population.<sup>43</sup> In the year April 1909 to March 1910 294 men and 116 women made use of the Otago Benevolent Institution. Of these 410 persons, 297 were admitted as 'old and past work'. Most of the others exhibited a range of disabilities. It is interesting to note, however, that there were still 45 inmates in the under 45 age group. Ten of these were 'incurable', one a cripple, two paralysed, one 'deformed', and three classified simply as 'weak'. A further ten were either 'imbecile' or 'of weak intellect'.

---

43. Information in this and the following paragraph is derived from the Otago Hospital and Charitable Aid Board's Benevolent Inmate Book, 1909-10.

TABLE 11: Adult Inmates of the Otago Benevolent Institution and Reasons Given for their Inability to Earn a Living, on 1 January 1885, 1890, 1895.

|                                 | 1885 |   | 1890 |    | 1895 |    |
|---------------------------------|------|---|------|----|------|----|
|                                 | M    | F | M    | F  | M    | F  |
| Old and unable to earn a living | 39   | 5 | 47   | 15 | 97   | 23 |
| Paralysis                       | 5    | - | 8    | 1  | 7    | 3  |
| Crippled                        | 8    | - | 4    | -  | 7    | 1  |
| Blind                           | 4    | - | 3    | 2  | 3    | 2  |
| Chronic disease                 | 13   | 6 | 24   | 4  | 33   | 23 |
| *Widow                          | -    | 1 | -    | -  | -    | -  |
| Incurable                       | -    | - | 21   | 2  | 25   | 2  |
| Out of employment               | -    | - | 1    | 2  | 5    | 1  |
| Weak intellect                  | -    | - | 4    | 3  | 3    | 7  |
| Maternity case                  | -    | - | -    | 1  | -    | 3  |

\* 1885 only

Source: Annual Report of the Otago Benevolent Institution, 1885, 1890, 1895.

These were persons whose disabilities somehow corresponded with those of old age. The remainder of the more youthful cases comprised four maternity cases, seven persons with short-term illnesses who were institutionalised until fit, and five unemployed men. The fit had not yet been totally excluded. Individual cases indicate a multitude of personal tragedies: the 60 year old woman of weak intellect, who had been in the Institution since 1885; the 75 year old 'incurable' man and the 30 year old 'deformed' woman, who had both been in the Institution for more than twenty years; the 26 year old crippled woman, likewise consigned to the Institution for life.

For all that there were these pitiful long-term cases, other inmates were distinguished by their mobility and the shortness of their stay in the Institution. Of 191 cases admitted to the Institution during the twelve months, 108 were noted as having 'left' during the year, only two of these to Seacliff and one to the public hospital. The majority of those leaving within the year were in the 'old and past work' category. They may have repeated this entrance and exit process until death or infirmity overtook them. Doubtless this transience among the inmate population further undermined discipline and order at the Otago Benevolent and other institutions. Such inmates obviously did not wish to remain in the Institution and probably did not stay long enough to adjust to the rules and procedures.

This mobility is less in evidence by 1920. Of 127 new admissions to the Institution during 1920, 79 were no longer in residence at the end of the year. However, only 31 of these had 'left', 33 had died (which helps to confirm the Institution's growing importance as a place for the chronically and incurably ill), and no reason for discharge is provided in 15 cases. Only 22 of the 279 persons using the Institution during 1920 were aged 45 and under. Most of these were apparently persons permanently incapacitated or terminally ill, though there was one instance of a woman

and her two children given accommodation for seventeen days. Unfortunately reasons for admission were no longer given.<sup>44.</sup>

A list of old men in the Tuarangi Home gives another view of the inmates, this time in a Canterbury institution. There were 103 men in the Home on 25 June 1919. Their average age was 73, the oldest was 96, and the youngest 33. Sixty-four were admitted on account of old age, seven were paralysed, six had rheumatism, three were crippled, and the rest suffered from a range of complaints including cancer, tuberculosis, diabetes and deafness. The young man of 33 suffered from rheumatism. The former occupations of the Tuarangi residents are also noted. Most were manual workers. The 37 labourers in the Home comprised the largest single occupation, followed by sixteen farm labourers, four gardeners, three cooks and two clerks. Others came from a range of individual occupations: a wool classer, a jeweller, a valet, a bootmaker, a jockey trainer, a shepherd and a well sinker. One 47 year old man had suffered from paralysis since birth, and had never had an occupation.<sup>45.</sup>

The institution records also show how the aged, in particular, made their way into the institutions. The elderly inmate quoted in Appendix 4 was reasonably typical in both his previous itinerancy and his desire to leave the institution. The Otago Benevolent Institution's Relief Books confirm that inability to compete in the labour market, coupled with lack of family support, was the major factor pushing old people into the Institution, sometimes through an application for outdoor relief. Many old people were given outdoor relief, especially if they were married and had a stable home. The charitable aid boards and benevolent trustees were selective in whom they decided to place in their homes. Lone elderly males, particularly

---

44. *ibid.*, 1920.

45. North Canterbury Hospital and Charitable Aid Board, Institutions Committee Minutes, 15 July 1919.

those with some degree of infirmity and a propensity to cause trouble, those who had demonstrated their irresponsibility while on outdoor relief were most likely to be pressured into the institution. Typical was the 78 year old man living on his own in a small hut which he filled with rubbish under the impression that everyone was stealing from him. His 'wretched plight' and lack of neighbours to care for him persuaded the Otago Trustees to withdraw outdoor relief. This, it was hoped, would force him into the Institution.<sup>46</sup> Not all succumbed to such pressure. A minor scandal resulted when an old man died of starvation after the Southland Board offered him the choice of their institution or no assistance at all.<sup>47</sup>

Grace Neill confirmed that most inmates were of the 'pioneer or gold digger class who never had wife or family'.<sup>48</sup> An Evening Star reporter visiting the Otago Benevolent in 1913 noted the high proportion of elderly miners there, men susceptible to rheumatic ailments. 'Unmarried and poor', their sheer helplessness forced them into the Institution.<sup>49</sup> The Evening Star reporter noted the withdrawal and 'passivity' of the old men. While this may have been one response to their situation, possibly to long-term placement in the Institution, a more spirited response was far from unknown. Typically male, unmarried, and friendless, many of the institutionalised elderly were likely to be of a turbulent disposition. It was often this very characteristic which brought them to the authorities' attention, and precipitated their placement in the home.

---

46. Otago Benevolent Institution, Applications for Relief, Vol.5, 27 May 1895.

47. EP, 14 May 1897.

48. Grace Neill, 'Forms of State Relief', p.86.

49. Evening Star, 22 January 1913, Otago Hospital Board Press Cuttings Book, Vol.5, p.58.

If this gives some indication of the inmate population, what of those on the other side, the managers of these institutions? In the 1880s and 1890s staff were chosen for their ability to maintain firm discipline, and to manage the homes with the utmost economy and efficiency. [The domestic and ward staff of the institutions remain shadowy figures, distinguished by their high turnover and sometimes being disciplined for their intemperance and cruelty to inmates.<sup>50.</sup>] The directors of the homes were often dominant individuals, reigning supreme in their institutional domains for years on end.

Almost invariably a married couple was appointed master and matron, the husband to act as manager and custodian, the wife as nurse-housekeeper. In the by-laws of most institutions it was specifically required that the master be a married man. This meant that the wife's services could be acquired as part as a 'package deal' which included their keep and the wife's employment at a rate considerably below that of a single woman. Where information is available, it seems that the couple were appointed on account of the husband's qualifications. If the wife had been a nurse or housekeeper, so much the better. Mrs McCleary, first matron of the Ohiro Home, had been a boarding house keeper prior to her appointment.<sup>51.</sup> Mrs Mee, matron at Caversham for over 30 years, had had experience as laundress at the Seacliff Asylum and then as head nurse at Ashburn Hall Private Asylum (a progression apparently not uncommon in the asylums service). Mr Mee, her husband, had what must have been almost impeccable qualifications for the position of master. He had been a member of the local mounted police force, head warder at Seacliff, then surgical warder at the public hospital.<sup>52.</sup>

---

50. See, for example, Auckland Hospital and Charitable Aid Board, Costley Home Committee Book, 21 January 1891. The Report of the Royal Commission on the Costley Home, AJHR, 1904, H.26 also shows staff-manager-inmate relationships.

51. Cyclopaedia, Vol.1, Wellington 1897, p.360.

52. ibid., Vol.4, 1905, p.150.



The problem with husband and wife teams is that they were seldom both as well qualified as the Mees. Nor did their usual disciplinary bias lead to tact and skill in handling old people. But, as the magistrate investigating complaints about Wellington's Home for the Aged Needy confirmed in 1897, 'qualities of what I may call a business sort' were the most desirable attributes of a master and matron, and if the necessary efficiency and method were in evidence the public could not expect them to be 'overflowing with the milk of human kindness as well'.<sup>53</sup>. The continuous round of charges against the managers of some homes were, as Valintine recognised, largely the result of the masters' tendency to adopt the attitude of a policeman. This was an attitude precisely calculated to goad fractious inmates into defiance. His solution was to place a single matron, preferably a trained nurse, in charge of such institutions - a further endorsement of women's supposed ability to combine tact with unrelenting firmness.<sup>54</sup>.

Such appointments were in keeping with moves to place persons requiring long term nursing care in old people's homes. They would also help avoid the friction already apparent at Caversham between the trained nurse in charge of the chronic ward and the master's wife, who supervised the Institution as a whole.<sup>55</sup>. Departmental influence was behind the appointment of a trained nurse as matron to the Awapuni Home after the Palmerston North Board had first advertised for a married couple.<sup>56</sup>. It was probably behind the Auckland Board's decision in 1909 to replace the Master of the Costley Home with a trained nurse as matron under the direction of a medical superintendent. Significantly, one justification for the move was that it would raise the status of the institution.<sup>57</sup>.

---

53. EP, 15 May 1897.

54. Annual Report on Hospitals and Charitable Institutions, AJHR, 1909 (S.2), H.22, p.8.

55. Otago Benevolent Institution, Minutes, 4 September 1907.

56. Palmerston North Hospital and Charitable Aid Board, Minutes, 8 October 1914, 19 November 1914.

57. Auckland Hospital and Charitable Aid Board, Minutes, 27 August 1909; NZH, 28 August 1909.

These appointments helped to strengthen the association of old age with illness and incapacity. Table 12 shows the increasing numbers of nursing staff, especially in the larger charitable institutions such as the Costley Home, the Otago Benevolent Institution, and the Tuarangi and Jubilee Homes. Table 13 shows the total staff in all charitable institutions, and the growing proportion of nursing staff to other staff, from nearly 10 per cent in 1910, to 25 per cent in 1919, and 30 per cent by 1928. As if to emphasise the point the Costley Home became the Auckland Infirmary, and Lorne Farm, once the home of a miscellaneous assortment of children, old people, and able-bodied poor, later became the Lorne Infirmary.

These changes were very gradual, nonetheless. Even in 1922 smaller institutions such as the Alexandra Home in Nelson had no nursing staff. Nor, more surprisingly, did the Ohiro Home, the third largest charitable institution in the country. Some homes still had masters. An undercurrent of tension between inmates and administrators remained a feature of charitable institutions well into the twentieth century and rules and firm discipline continued as part of institutional life.

The inmates' day ran to a rigid and increasingly standardised routine as the Department of Health and Hospitals provided model by-laws to guide management. A typical day for the inmates of a charitable institution in the 1900s began at 7.30 a.m. in the winter and 7 a.m. in summer (half an hour earlier for inmates of the Costley Home). It ended at 8 p.m. or 8.30 p.m. according to season. Inmates were to be ready for breakfast at 8 a.m., dinner at 12 noon, and tea at 5 p.m. Visitors were allowed into the institution, usually on a daily basis, though the length of visiting hours depended on the generosity of the board concerned. At the Costley Home visitors were vetted by the manager and required to hand over any food they brought.

The by-laws of the institutions suggest where their priorities lay. They were concerned less with the comfort

TABLE 12: Staff in Selected Charitable Aid Institutions, 1910-1925.

| Institution                                | 1910           |           |                | 1913            |           |         | 1916            |           |         | 1919                 |           |         | 1922            |           |         | 1925            |           |         | 1928            |           |         |
|--|----------------|-----------|----------------|-----------------|-----------|---------|-----------------|-----------|---------|----------------------|-----------|---------|-----------------|-----------|---------|-----------------|-----------|---------|-----------------|-----------|---------|
|  | Nursing        | Household | Outdoor        | Nursing         | Household | Outdoor | Nursing         | Household | Outdoor | Nursing <sup>2</sup> | Household | Outdoor | Nursing         | Household | Outdoor | Nursing         | Household | Outdoor | Nursing         | Household | Outdoor |
| Costley Home, Auckland                     | <sup>1</sup> 4 | 8*        | 12             | <sup>1</sup> 12 | 11*       | 13      | <sup>1</sup> 12 | 11*       | 10      | <sup>1</sup> 22      | 6         | 15      | <sup>1</sup> 23 | 17        | 7       | <sup>1</sup> 24 | 26        | 10      | <sup>1</sup> 40 | 45        | 10      |
| Park Island Old People's Home, Hawke's Bay | 0              | 5         | <sup>3</sup> 5 | 0               | 4         | 6       | 0               | 4         | 4       | 0                    | 11        | 6       | 0               | 9         | 7       | 0               | 4         | 3       | 1               | 8         | 5       |
| Ohiro Home, Wellington                     | 0              | 5         | 2              | 0               | 6         | 3       | 0               | 6         | 1       | 0                    | 6         | 1       | 0               | 8         | 0       | 0               | 8         | 1       | 1               | 6         | 1       |
| Rangiatea Home, New Plymouth               | 0              | 3         | 2              | 0               | 3*        | 2       | 0               | 3*        | 3       | 2                    | 3         | 0       | 1               | 3         | 0       | 1               | 3         | 0       | 1               | 3         | 0       |
| Queen's Jubilee Memorial Home, Woolston    | 3              | 6         | 3              | 5               | 7         | 3       | 5               | 7         | 3       | 5                    | 15        | 2       | 8               | 9         | 2       | 8               | 11        | 5       | 8               | 12        | 4       |
| Tuarangi Home, Ashburton                   | 0              | 5         | 3              | 3               | 6         | 3       | 3               | 6         | 4       | 5                    | 10        | 0       | 5               | 11        | 0       | 5               | 11        | 2       | 6               | 10        | 2       |
| Alexandra Home, Nelson                     | 0              | 3         | 0              | 0               | 6         | 0       | 0               | 6         | 0       | 1                    | 3         | 0       | 0               | 2         | 0       | 0               | 3         | 0       | 0               | 5         | 0       |
| Otago Benevolent Institution, Caversham    | 4              | 7         | 0              | 0               | 5*        | 3       | 0               | 6*        | 2       | 7                    | 6         | 0       | 9               | 5         | 0       | 10              | 6         | 2       | 10              | 8         | 4       |

\* Matron included under household staff, but a registered nurse.

1. In addition, a resident medical man was Master of the Home.

2. Where Matron is a trained nurse, now appears to be placed under nursing staff. 'Nursing staff' includes probationer nurses.

3. Includes librarian.

Source: AJHR, 1910, H.22; 1913, H.31; Appendices to the Annual Report (Hospitals and Charitable Institutions Statistics), 1916-1925.

TABLE 13: Total Staff in Charitable Aid Institutions  
(Excluding Separate Institutions), and Proportions  
Per Cent of Nursing Staff to Total Staff, 1910-1925.

| Year | Nursing <sup>1.</sup> | Household | Outdoor | <sup>2.</sup> Proportion per<br>cent of Nursing<br>Staff to Total<br>Staff |
|------|-----------------------|-----------|---------|--|
| 1910 | 13                    | 91        | 34      | 9.42   |
| 1913 | 29                    | 94        | 41      | 17.68  |
| 1916 | 30                    | 97        | 37      | 18.29  |
| 1919 | 53                    | 128       | 34      | 24.65  |
| 1922 | 56                    | 135       | 22      | 26.29  |
| 1925 | 57                    | 141       | 36      | 24.36  |
| 1928 | 89                    | 175       | 31      | 30.16  |

1. Where Matron is a trained nurse, she is included under nursing staff in this table.

2. 'Total staff' excludes medical officers, although the Costley Home had a full-time resident medical officer.

Source: AJHR 1910, H.22; 1913, H.31; Appendices to the Annual Report (Hospitals and Charitable Institutions Statistics) 1916-1928.

and dignity of inmates than the convenience of the management and cost to the board. 'Inmates must not...' was the uncompromising dictum. As Appendix 5 shows, situations likely to lead to disorder were identified and carefully circumscribed. The standard by-laws supplied by the Department were less detailed and somewhat less severe than those of the Armagh Street Depot but they had certain elements in common. Inmates were to conduct themselves in an orderly manner and act in strict obedience to the master's orders. Unless told otherwise they must always take their meals in the dining room. The master's permission was to be obtained before inmates could leave the premises, 'obscene and profane' language was especially forbidden, weekly baths were insisted upon, and inmates were on no account to bring intoxicating liquor into the homes.<sup>58</sup>

As in the Armagh Street Depot, incoming residents had to sign a declaration that any future income and possessions, including pensions, would belong to the board. They had to surrender all existing property. They were usually allowed to keep their own clothes, though the existence of a pool of institutional clothing and normal mistakes in laundry allocation probably undermined the personal status of many garments. For the more enterprising inmates personal attachment to clothing served a very functional purpose. Inmates of the Costley Home allowed out on leave discovered that they could pawn their clothes to buy drink. The two charges of 'drunkenness' and 'pawning clothes' were commonly associated.<sup>59</sup>

The composition of the meals to be eaten at the institutions was also closely defined. By 1912 1 lb bread,

---

58. See series of by-laws in file H69/708, Health Department.

59. See, for example, Auckland Hospital and Charitable Aid Board, Costley Home Committee, Minutes, 28 October 1891, House Committee Minutes, 20 August 1888.

1/2 to 3/4 lb meat, 1oz butter, 1/4 to 3/4 pint of milk, 1/4oz tea or coffee, 2 to 3oz. sugar and 1 lb potatoes formed a standard daily scale per inmate. Supposedly 'sufficient and wholesome', the food available to inmates was very heavy in carbohydrates, lacking in protein and, above all, monotonous in presentation. The exact form each meal was to take on each day of the week was laid down, meat, potatoes, and bread forming the basis of daily nourishment.<sup>60</sup> Even assuming that inmates received the basic ration scale and that food was plentiful and well cooked - which it frequently was not - there are grounds for doubting that inmates received sufficient nourishment, especially if they were engaged in such heavy tasks as laundry work. But it appears that in some institutions the inmates did not receive even the basics due to them. 'Vegetables in season' were, it seems, a rarity, and when provided consisted more commonly of cabbages and swedes than the other delicacies produced in the homes' own gardens. It was a common charge that inmates saw very little of the produce of their own outdoor work which instead went to the hospital or, it was hinted, was sold for profit. As late as 1922 the Evening Star reported that inmates of the Otago Benevolent received vegetables only in soup on four days of the week, that sugar was never placed on the table, and that the main meal was an unappetising rotation of stew, bread and potatoes, mince, bread and potatoes, and cold mutton, bread, potatoes, and soup.<sup>61</sup>

---

60. This is based on the Costley Home ration scale given in the Auckland Hospital and Charitable Aid Board, Minutes, 18 August 1902, and on ration scales in the by-laws series H69/708, Health Department. All institutions allowed much the same amounts and meals were similar in form.

61. Evening Star, 22 August 1922, Otago Hospital Board Press Cuttings Book, Vol. 20, pp.185 - 186.

The Costley commissioners found on paying a surprise visit there that dinner consisted of bread, boiled meat of inferior quality, cabbages and potatoes, all cold before the inmates were summoned to the table. Cooking appliances at the home were obsolete and inadequate, and inmates were vociferous in their complaints about the bad quality and insufficient quantity of the food.<sup>62.</sup>

Such complaints were commonplace, and reflect the importance that meals can assume in an institutional setting. Even allowing for the difficulty of cooking food in bulk, it seems that food in the charitable institutions was at worst scanty and badly cooked, and at best monotonous with little allowance for individual health problems. The old man with digestive problems or, in one case, with throat cancer, suffered severely from the institutional diet.<sup>63.</sup> Here again, the more enterprising found their own solution. In 1922 the Otago Hospital Board was embarrassed by the number of old men from Caversham who descended upon the town each week to buy up vast quantities of sausages, saveloys, Belgian roll and cake (their choice of purchases damning the institution's food as much as any other evidence).<sup>64.</sup>

Food, its quality and quantity, loomed large among the inmates' daily concerns, but outsiders judged the institutions on their efficiency, order, and cleanliness. It was on this last count that some were found wanting. Though loud in their complaints about food, staff, lack of warmth, and other inmates, the residents of the homes seemed seldom to grumble about hygiene standards or the lack of opportunity to bath. The Costley Home required that inmates take a fortnightly bath, but some, it seems, objected even to this. In 1909 an inmate, William Law, brought charges of assault against the manager of the home, who had forced

---

62. Report of Royal Commission on The Costley Home, AJHR, 1904, H.26, p.2.

63. Evening Star, 26 August 1922, Otago Hospital Board Press Cuttings Book, Vol.20, p.195.

64. Evening Star, 22 August 1922, *ibid.*, p.185.

him 'in an unduly rough manner'' to take a bath. The manager claimed that the only damage done to Law was that the dirt was taken from his skin, but Law won his case and £5 damages. This minor victory threatened a whole spate of refusals to bath. An 80 year old inmate, William Garrick, decided after eleven years' residence in the Home that he, too, would no longer bath. At this point the chairman of the Board was brought in and ordered Garrick's removal to the bathroom. The manager refused to force the old man, saying that the last bath of this sort had cost him £120 in legal fees. Finally the medical officer despatched a telegram to the Inspector General: 'William Garrick declines to have a bath. What shall we do?' Valentine was not going to stand any nonsense. By return telegram came the terse reply: 'Turn him out'.<sup>65</sup>

Garrick's fate is unknown, but the management's insistence on bathing was not a sign of scrupulous hygiene in the Costley Home. From an official standpoint dirt was viewed with extreme horror, and MacGregor painstakingly identified in his annual reports those institutions with dirty closets, smelly urinals, and shabby bedding. For many years the Costley Home fell short. Whereas other institutions were shown to be dirty and 'bug-infested', inmates of the Costley Home had been found harbouring lice. Evidence given to the 1903 Costley Home Commission highlighted conditions that were appalling from a modern standpoint and in which the bedridden must have suffered considerably. Staff and other witnesses gave evidence of lice and bugs in bedding, the sick left lying on soaking straw palliases and bed linen and clothing left unwashed in wet weather when washing from outside the Home had priority. The majority of inmates were in a lousy state with vermin literally dropping off some, and cancer patients lay dying in stinking conditions with neglected open sores. The

---

65. NZH, 10 August 1909.



commissioners themselves noted the lack of baths, that even fresh linen appeared only half washed, and that the clothing and bedding of inmates were thin and dirty. The general condition of the Home they found to be spartan and comfortless, inmates had no individual lockers, and there was a lack of armchairs. The outside of the Home was almost entirely devoted to vegetable garden with an absence of recreational planting and outside seating. There had been an increase in the number of deaths, from 38 in 1901 to 66 in 1903. Overall, they concluded, the general well-being of inmates was sacrificed in the interests of economy.<sup>66.</sup>

While this was a charge which could be made of other institutions (and MacGregor made it of Caversham, the other institution of comparable size), it is difficult to gauge how typical were conditions at the Costley Home. The appointment of the Commission suggests that conditions were well below par. On the other hand the Costley Home was the largest in the country and several local groups, including the more vocal women's organisations, retained a close interest in the Home.<sup>67.</sup> It may simply have been a matter of good fortune that these groups existed in Auckland and were willing to agitate on the inmates' behalf. It was not unknown for lice and fleas to be introduced into other homes by new inmates. This was, in fact, one reason why some boards placed casuals in detached cottages away from the institution itself. Many of the older structures were notoriously 'bug-infested' and one supposes that inmates used to infestation before their committal found other aspects of indoor relief more distressing than this. The example of the Costley Home shows just how thin was the line between comfortless disorder and culpable neglect.

---

66. Report of Royal Commission on the Costley Home, AJHR, 1904, H.26, p.4.

67. The Auckland Women's Political League had been seeking an inquiry since mid-1902. Auckland Hospital and Charitable Aid Board, Minutes, 7 July, 4 August 1902. An earlier inquiry in 1892 had been precipitated by women visitors to the Home - 'benevolent busybodies', a columnist in the NZH called them. NZH, 1 October 1892.

Part of [the] problem was a continuing tendency to rely on inmate labour at a time when the proportion of able-bodied inmates appears to be declining. The Costley Home, with its daily average of 196 inmates in 1903, many of whom were 'bedridden, paralysed, epileptic, blind and imbeciles', had only ten indoor staff, five laundresses, and two gardeners. This number had only recently been increased.<sup>68</sup> While official sources give the impression of a light work routine, inmates grateful to have their boredom relieved by a little gardening or housework, the records of the Costley Home suggest that the work required was exceedingly heavy. Inmates worked in the laundry, sometimes in the kitchen, and in the garden which supplied produce for all the Board's other institutions. They are recorded as pumping water, pouring concrete and tending their bedridden fellows (hence the evils of 'pauper nursing' which MacGregor so endlessly denounced). The letter from the elderly resident quoted in Appendix 4 shows that he, for one, had to tend demented inmates in the refractory ward, carry coal and water, bathe inmates in other wards, and sometimes help in the scullery. Later he was made night watchman. If it is true that inmates were being sent to the gumfields to work, this further underlines the physical exertion expected of them.

Inmate labour was clearly not able to cope with the work expected of it. It was least suited to the care of the bedridden, who demanded advanced nursing skills. There was something to be said for activity which gave exercise and mental stimulation to elderly inmates, but the purpose of these monotonous tasks was not mental stimulation. They aimed rather at economy and cost cutting, and stemmed from a lingering work ethic which held that the poor should earn their keep and be discouraged from idleness. In 1903 the manager of the Costley Home sought permission to build a windmill because there were insufficient old men with the strength to pump water from the cisterns by hand.<sup>69</sup> In

---

68. Report of Royal Commission on the Costley Home, AJHR, 1904, H.26, pp.3,5.

69. Auckland Hospital and Charitable Aid Board, Minutes, 3 August 1903.

handing over responsibility for the Ohiro Home to the Wellington Hospital and Charitable Aid Board, the Benevolent Trustees congratulated themselves on having made entrance to the Home more difficult. The able-bodied were excluded to such an extent that there was difficulty in getting the necessary gardening and housework performed. Even the head gardener was a 77 year old rheumatic.<sup>70</sup> It became imperative to appoint more staff to the institutions, but the boards responded only very slowly. For many years 'old and past work' meant merely that an inmate was incapable of holding his or her own in a competitive labour market. The rules of each home still insisted that inmates do all the work demanded of them, and the requirement remained a continual source of friction between overbearing masters and intractable inmates.

Some inmates appear to have shown a certain delight and considerable deviousness in circumventing rules, in concealing their pension certificates, and, above all, in obtaining liquor. Drunkenness was undoubtedly one of the most prevalent offences in the homes. Inmates pawned their clothes to buy drink, they spent their allowances on it, and, from prohibitions to the contrary, appear to have bribed staff to obtain it for them. In 1913 the institutions committee of the North Canterbury Board was dismayed to learn that inmates of the Tuarangi Home made regular trips into Ashburton to buy meths and chlorodyne. The master was ordered to immediately stop the allowance of inmates caught in the act.<sup>71</sup>

A master's attempts to 'put down drunkenness' frequently created undercurrents of hostility within the institutions, while failure to do so damned him in the eyes

---

70. Wellington Hospital and Charitable Aid Board, press cutting (not identified), 22 March 1910, Press Cuttings Book, 1909 - 1910.

71. North Canterbury Hospital and Charitable Aid Board, Minutes, 22 October, 1913.

of the authorities. Many attributed the inmates' downfall to their taste for alcohol, and any concessions beyond total prohibition were denounced by temperance reformers. Brewers gave a gift of beer to the Costley Home on the occasion of the king's birthday in 1903. There was an immediate reaction from the Auckland Prohibition League, and accusations that brewers' 'How to Vote' forms had been distributed there at the previous election - not that inmates' sympathies needed to be solicited in this manner.<sup>72.</sup>

Other common offences included refusals to work, assault and 'insubordination'. Typical remarks in the Costley Home's records include 'J. reported for foul and abusive language and breaking windows. To be isolated seven days and have one stick of tobacco out of his own store'. 'M. reported for fighting - examined and cautioned'. One inmate's tobacco was to be stopped if he refused to work, another's leave was to be denied 'for selling shoes', and yet another was 'imbecile, to be taken before the court on next occasion of going out without leave'.<sup>73.</sup> At the Tuarangi Home there was at least one stabbing, when an elderly Austrian objected to his room-mate's snoring. (He was acquitted by an understanding jury).<sup>74.</sup> The Board's officials took this incident and the usual fights well in their stride. In 1916 one persistently violent inmate of the Tuarangi Home laid open another's head with a stick. The Board's secretary wrote to the local police superintendent requesting a cautionary visit from one of his men. 'Perhaps a visit from a Police Officer may impress the old man with the need of endeavouring to control his temper', he suggested.<sup>75.</sup>

---

72. Auckland Hospital and Charitable Aid Board, Minutes, 16 March 1903.

73. These remarks are taken at random from Auckland Hospital and Charitable Aid Board, Costley Home Committee, Minutes, October 1890 - October 1892. Initials have been altered.

74. Press, 4 October 1887.

75. Secretary of North Canterbury Board to Superintendent of Police, Christchurch, 4 July 1916. North Canterbury Hospital and Charitable Aid Board, Letter Book 1916.

The bolder spirits in the homes were not backward in making counter accusations about staff conduct. Even that relatively well ordered institution, the Awapuni Home in Palmerston North, suffered from inmates' complaints about staff dishonesty, immorality, and bad language. The complaints were invariably dismissed as frivolous and the ring leader on one occasion as a 'chronic grumbler and very disagreeable old man'.<sup>76</sup> The matrons of the homes had reason to sigh when the old men 'took to letter writing'. Their letters occasionally appear in the Department's records, respectful, written in a very shaky hand, and invariably giving as much detail about the writer's ailments as the cause of complaint. They were usually followed up by a routine query from the Inspector General or Minister of Health. An inmate of the Awapuni Home wrote to the Governor General in 1917 about a lost money order. The state of his corporeal health was most distressing he concluded. He suffered from 'dipsomnia', malaria, scurvy, asthma, leprosy, and cancer of the gums. Nonsense, said the Board's secretary. The man was in the pink of health, and was fit enough to walk into town each day and be back in time for dinner. Unfortunately he suffered from delusions and had received a message from the Almighty telling him not to work.<sup>77</sup>

Such complaints were not without danger for those making them. Sometimes they took on a more serious cast and resulted in major public inquiries such as the Costley Home Commission and the 1897 magisterial inquiry into the Wellington Home for the Aged Needy. This last inquiry exposed instances of violent behaviour and much harshness of manner on the part of the master and matron. The magistrate nonetheless concluded that the querulousness and

---

76. Palmerston North Hospital and Charitable Aid Board, Executive Committee Minutes, 2 May 1916.

77. Inmate to Governor General n.d.; N. Stubbs, Secretary Palmerston North Hospital and Charitable Aid Board to Inspector General, 17 April 1917, H75/7/4.

unreasonable behaviour of the inmates, some of whom were in their second childhood, provided the managers with a perfectly reasonable defence.<sup>78.</sup>

The managers of the charitable institutions used several inducements to good behaviour. If an extra tobacco ration or monetary allowance did not encourage obedience to the rules, then the refractory ward might. The old men valued their outdoor leave, and this might also be denied in the event of misbehaviour. The ultimate penalty in the homes was dismissal, but invariably the wrong-doer had to be readmitted as a public nuisance who was obviously in need of care. There is a decided air of resignation about one entry in the Costley Home's records: 'left the Home on 18 Sept., discharged for drunkenness & abusive language: to be kept out as long as possible'.<sup>79.</sup> Opinion was increasingly against placing such elderly delinquents in prison, and magistrates were, in any case, reluctant to place them there. The problem posed by persistently troublesome inmates was raised in the House of Representatives as early as 1888 when the Invercargill magistrate made a point of refusing to imprison such men. In 1900 the Wellington magistrate W.M. Haselden wrote to the Colonial Secretary:

It is not right to send men to gaol who have committed no offence, except that of being helpless and unable to take care of themselves, and who are fit subjects for a poor house. It may be quite right to endeavour to raise the tone of the Homes for the aged needy, and make them comfortable places of retirement for men and women of irreproachable character and habits, but something must be done for the intermediates, viz: those who are not model paupers and yet are not deserving of a pension.<sup>80.</sup>

Haselden's solution was that the state should set aside wards for such characters or else be prepared to pay

---

78. EP, 15 May 1897.

79. Auckland Hospital and Charitable Aid Board, Costley Home Committee, Minutes, 22 September 1903.

80. W. Haselden S.M. to Colonial Secretary, 19 September 1900, IA 1900/3311.

for their maintenance in private refuges or Salvation Army hotels. MacGregor opposed this suggestion, noting at the bottom of Haselden's letter that these cases were the responsibility of the charitable aid boards. The various boards also called for state action to control refractory inmates, but were increasingly likely to attribute such behaviour to senile dementia. The growing proportion of persons in the over 65 age group in mental hospitals probably reflects this diagnosis (Table 14). In 1929 the United Government finally passed a Rest Homes Act which provided for 'state rest homes'. These were to hold troublesome persons who would otherwise be placed in a mental hospital or gaol, especially those who had been charged with vagrancy and similar offences.<sup>81</sup> The 'rest homes' were not unlike the 'state refuges' proposed in 1889 but, like the refuges, they faced a lack of finance. Depression followed, and the homes were never built.

The Old Age Pensions Act did little in the short term to advance good relations in the homes. Seddon insisted that residence in a charitable institution should not render an applicant ineligible for the pension. However, this further emphasised divisions within the homes by making some inmates deserving and others not. A memorandum from the Ashburton and North Canterbury Board in 1899 noted that already, 'pensioned' inmates regarded themselves as self-supporting and entitled to more consideration than their fellows.<sup>82</sup> Maximum registration of those eligible was probably achieved within the homes as boards sought to shift the inmates' support onto the state, but less than half the number in

---

81. New Zealand Statutes, 1929, Rest-homes Act, 1929, pp.189 - 195.

82. 'Memorandum for Mrs Neill's Information', Ashburton and North Canterbury United Charitable Aid Board, Minutes, 22 March 1899.

most institutions received the pension. Some of these more favoured inmates were allowed to keep any portion of their pension which was not taken up by their maintenance. This invited friction since, as Valintine pointed out, the pensioners considered themselves on a better footing than their comrades.<sup>83</sup> Aware of these resentments, some boards made a small standard allowance to all inmates (and the more parsimonious boards used it as an excuse to appropriate the whole of the monthly pension). By 1918 some boards, such as the North Canterbury Board, granted all inmates an allowance of 2s 6d per week. The Wairarapa Board gave all inmates tobacco and matches only, the Wellington Board offered a bribe of 1s 6d to 6s per month 'according to industry exhibited and good conduct', while the Otago Board adopted what the Department considered a 'businesslike and humane' system. There all inmates were allowed 2s per week, while 3s was put into a temporary account for pensioners. This the Board made available for extra luxuries or temporary maintenance outside the institution.<sup>84</sup>

As the Wellington Board's grants suggest, these allowances gave the boards an extra additional lever to use against recalcitrant inmates. Allowances could be withheld, there might be delay in returning the pensions certificates of old men wishing to discharge themselves, and pensioners had trouble gaining access to amounts banked on their behalf. In 1916 it was alleged that when the Caversham inmates went to collect the balance of their pension so many obstacles were put in their way that most gave up. The funds were then appropriated by the Board when pensioners died.<sup>85</sup> It appears, however, that many pensioners and others in the homes were

---

83. Report on Hospitals and Charitable Institutions, AJHR, 1908, H.22, p.57.

84. JPH, Vol. 1, March 1918, pp.138-40.

85. ODT, 15 February 1916, Otago Hospital Board Press Cuttings Book, Vol. 10, p.37.



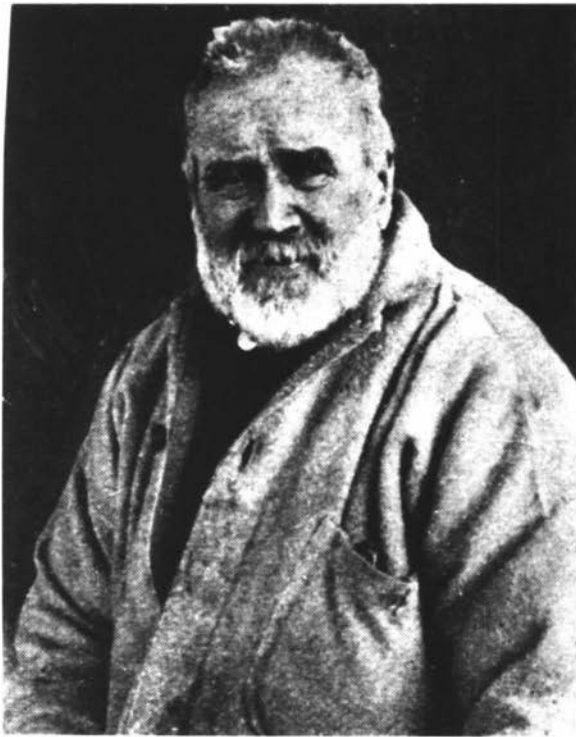
Some Old Age Pensioners in the Costley Home, as featured in The New Zealand Graphic, 17 February 1900. Note the insistence on these pensioners' respectability, and the forces which drove them into the Costley Home.

'Margaret Thompson. Aged 77. She has been in the colony for from 36 to 37 years. This old lady is, and has been, much respected, and was compelled about three years ago to seek the care and shelter which the Costley Home affords as a refuge from the storms of life which her advanced age ill-fitted her to bear.'

'Anna Albretchter, German, aged 82 years. Is an old and much respected colonist. The old lady was compelled during the year '97 to seek and gain admission to the Costley Home, because of the weakness and incapacity incidental to her extreme old age.'

'John Graham, aged 80, Scotch. This old man came to the colony about 35 years ago in the brig "Moa," Captain Robertson. He is a master mariner, having been in command of various coastal vessels for many years subsequent to his arrival, until failing eyesight caused him to relinquish his profession and seek admission to the Costley Home.'

'Joseph Webb, aged 90. This old man came out to the colony in the man-of-war "Emma" with Governor Hobson, in the capacity of valet, in the year 1840. He believes himself to be the oldest living colonist. He kept the Devonshire Hotel in Wyndham-street during the year 1845 and three succeeding years. During 1845 he owned the racehorse "Tampsin," with which he won the first race ever won on Potter's Paddock. The old fellow feels proud of this achievement. He is still vigorous physically and bright mentally.'



'Susan Duneen. Aged 89. Came out to New Zealand with her husband, an Imperial pensioner, she thinks from 40 to 50 years ago. She has witnessed many stirring events in the colony's history. Her husband has been dead 26 years this Christmas, '99. The old woman maintained herself in comparative comfort until old age forced her to seek shelter in the Auckland Refuge, whence she was transferred with the other inmates to the Costley Home on July 11th, 1890.'

'Margaret Graham, aged 76, is believed to have been in the colony a great many years, and has been a resident of the Costley Home since it was opened, nearly ten years. She is a Scotch woman, and labours under the delusion that she is "lost, lost, eternally lost" - a victim to the very benevolent teachings of orthodoxy.

A physiognomical study, depicting the hopelessness of morbid despair as opposed to the philosophy of healthy hope, eh?'

'Mary Ann Grant, age 75. Has resided in the colony about 37 years. She came with her husband who was a volunteer in the militia, in which he saw active service in the Maori war. Her husband died ten years ago, since which time she was sorely pressed by adverse circumstances until her admission to the Costley Home nearly two years ago, which means for her, she thinks, a new and extended lease of life.'

'Alice Kay, supposed to be nearly, if not over, one hundred years of age. She came to the colony in the very early days, and met with the customary hardships of pioneering. She resided for a number of years in the Costley Home, and passed "beyond the veil" on the 14th December, 1899. She stated with much pride that she had never taken a dose of medicine of any kind in her whole life. Though somewhat coarse and uncouth exteriorly, she was nevertheless kind and tender to a degree.'



anxious to avoid the indignity of a 'pauper funeral', and had no objection to money being put aside for their burial. The Otago Board's inmates had more reason than most to be anxious on this point. There was a longstanding agreement with the medical school to dispose of any unclaimed corpses from the Benevolent Institution.<sup>86</sup>

It was not unknown for a magistrate to grant a pension on condition that the applicant enter an institution. Evidence from the Costley Home shows that inmates there were allowed a pension only if the manager gave a favourable report on their behaviour.<sup>87</sup> It must have seemed to recipients that their behaviour was under the scrutiny not only of the Inspector General, of board members and the management of the homes, but of the Registrar of Pensions and the magistrate who granted the pension. The Pensions Department's interest was not necessarily to their detriment. As the government was now paying directly for the support of many inmates the Registrar of Pensions became interested in standards of care and comments on the homes began to appear in his annual report. On one occasion the Christchurch magistrate even delayed signing pensions warrents for inmates of the Ashburton and North Canterbury Board's homes. When the government raised the pension, the Board had promptly raised its maintenance charges, depriving pensioners of any part of the increase.<sup>88</sup> It appears there was some determination to ensure that 'deserving' inmates received some benefit from their pensions and were not unduly exploited by the boards. It is unclear how much real influence the Pensions Department had, but it can be regarded as yet another central pressure undermining the boards' autonomy.

---

86. Otago Benevolent Institution, Rough Minutes, 18 May 1887.

87. Auckland Hospital and Charitable Aid Board, Minutes, 4 July 1904.

88. Summary of correspondence 2 September 1905 - 4 October 1905, Ashburton and North Canterbury United Charitable Aid Board, Minutes, 18 October 1905.

The pension also meant that a proportion of the inmate population was no longer 'indigent' in the strict sense of the word. The photographs of old age pensioners which appear in this chapter were able to be taken because the subjects were pensioners and had no reason to be ashamed of their status. They were, as the commentaries insist, worthy persons and hard-working pioneers who had been forced into the Costley Home by their various disabilities. There were protests when, ten years later, photographs were taken of all the Costley inmates at a meal. The implication then was that inmates objected to being photographed and should not have their indigent state publicly displayed.<sup>89</sup>.

Although the immediate impact of the old age pension was probably to enable inmates to leave the homes, the boards claimed that in the long run it made old persons more willing to enter, because their pensions paid their keep. Theoretically, at least, they were no longer recipients of charitable aid. On the other hand, the boards became reluctant to admit them for precisely that reason. In the late 1900s some boards made great play of the fact that the state had discharged only part of its responsibility to the 'veterans of industry'. The state was urged to immediately erect 'homes for pensioners'.<sup>90</sup> As the secretary of the North Canterbury Board pointed out, an old age pension might enable a man of 65 to get by with a few additional earnings, but that same man at 75 was often physically incapable of caring for himself. The prejudice against charitable institutions on the part of old people was largely a thing of the past, he claimed, but there was a danger that if pensioners continued to be admitted to such institutions, there would be insufficient beds for the truly destitute.<sup>91</sup> It appears that the old

---

89. Auckland Hospital and Charitable Aid Board, Minutes, 25 January 1909; NZH, 26 January 1909.

90. See, for example, Conference of Delegates of Hospital and Charitable Aid **Boards** and Separate Institutions, Wellington, 9th, 10th, 11th June 1908, AJHR, 1908, H.22A, p.37.

91. Press Cutting, Lyttelton Times (n.d.), with Ashburton and North Canterbury United Charitable Aid Board, Minutes, 20 May 1908.

age pension played an important part in breaking down prejudice towards charitable institutions, and may even have encouraged more lenient attitudes towards the unpensioned elderly. With one third to one half of all inmates paying their own way, they were more likely to be characterised by their physical and mental infirmity than by poverty or moral failings.

In welfare history it is tempting to emphasise monetary benefits, for these are easily measured and clearly sign-posted by legislation. The Old Age Pensions Act thus becomes the major welfare advance of the later nineteenth century. There are, however, needs which are not adequately met by income maintenance schemes, and situations for which other forms of assistance may be appropriate. The Old Age Pensions Act was certainly a pioneering measure of its kind, but it must be placed against a rapid growth of homes for the elderly from the 1880s and 1890s. It was not enough to provide a basic pension: many of the elderly required personal services. With and without the pension they were forced into the charitable institutions in search of these services. The earliest institutions began as benevolent asylums or 'refuges' for all those who needed indoor relief and shelter. They soon became 'old people's homes' or, even more specifically, 'old men's homes'. Although they still contained a number of able-bodied persons, by 1920 they catered mainly for the old, the chronically ill, and others whose disabilities were akin to those of old age.

There is much to suggest that the inmates were mainly unmarried itinerant old men, with a fair proportion of social misfits, alcoholics and other 'public nuisances' among them. There was constant tension between the managements' attempts to impose order, and the old men's attachment to their past lifestyle. But the inmates' age and infirmity placed them at a disadvantage in the struggle,

and reports of scandal and indiscipline appear less frequently in the boards' records by 1920. Recognising that the old 'custodial' arrangements simply encouraged confrontation between masters and inmates, the Department of Hospitals pressed for change in management practices. As the homes increasingly became places for the old and infirm, the gap between staff and inmates widened. By 1920 the homes were more likely to be run by a qualified nurse than by an untrained master chosen for his ability to quash disorder. Discipline and control were still the order of the day, but they were exercised more subtly than in the past. The Department's influence was also seen in the move to larger, more sanitary structures, in the siting of homes, and in the use of standard by-laws. Here, at least, the Department saw some response to its recommendations.

The elderly poor nonetheless left their stamp both on the institutions and on the broader pattern of social welfare. Where census figures give an age breakdown of those in charitable institutions they show that a relatively high proportion of the elderly were in homes of various kinds. Some 3.75 per cent of those aged 65 and over in 1891, and 4.23 per cent of the same age group in 1916 were institutionalised (see Table 14). This means, of course, that nearly 96 per cent of the elderly were still living in the community. However, the figure becomes more significant when placed against today's rate of 6.2 per cent in institutions, a figure regarded as one of the highest in the industrialised world.<sup>92</sup> It seems, therefore, that New Zealand was placing its elderly in institutions from an early period. If so, it may well be by a legacy of this generation of elderly unattached males, some of whom were regarded as distinct threats to public order.

---

92. Peggy G. Koopman-Boyden, 'The Elderly in the Family', in Peggy G. Koopman-Boyden (ed.), Families in New Zealand Society, Wellington, 1978, pp.61,69.



TABLE 14: Males and Females Aged 65+ in Institutions other than Prisons and Lock-ups on Census Date 1891, 1916, and Proportions Per Cent to Total Population Aged 65+.

|                                     | 1891  |         |       |          | 1916  |         |       |          |
|-------------------------------------|-------|---------|-------|----------|-------|---------|-------|----------|
|                                     | Males | Females | Total | Per Cent | Males | Females | Total | Per Cent |
| Total population aged 65+           | 8336  | 6006    | 14342 |          | 29539 | 23857   | 53396 |          |
| Hospital                            | 67    | 10      | 77    | .54      | 470   | 137     | 607   | 1.14     |
| Benevolent asylum                   | 298   | 68      | 366   | 2.55     | 649   | 304     | 953   | 1.78     |
| Lunatic asylum                      | 60    | 35      | 95    | .66      | 400   | 259     | 659   | 1.23     |
| Orphan asylum                       | 1     | -       | 1     |          | -     | -       | -     |          |
| Reformatory or industrial school    | -     | -       | -     |          | 16    | 24      | 40    | .07      |
| Refuge                              | -     | -       | -     |          | -     | -       | -     |          |
| Per cent in charitable institutions |       |         |       | 3.75     |       |         |       | 4.22     |

Source: Census of New Zealand, 1891, Part VII, p. 278; 1916, Part IX, p.71.

Two male inmates of the Southland Board's Lorne Farm.  
The fitter inmates were expected to work on the farm.

Photograph: Alexander Turnbull Library.



In 1971 only 12 per cent of residential home beds were in institutions run by the hospital boards (excluding the hospitals themselves). Most were in religious and welfare homes (58 per cent), and the remainder in private residential homes.<sup>93</sup> In the period 1885 to 1920 the residential care of the aged (again, excluding hospitals and mental hospitals) was overwhelmingly a hospital board function. By the end of the First World War the Catholic Little Sisters of the Poor had started three homes for the elderly, in Auckland, Christchurch, and Dunedin.<sup>94</sup> The Salvation Army received elderly derelicts into its Prison Gate Homes, rescue homes, and workingmen's hostels, but did not start its Eventide Homes until the late 1920s.<sup>95</sup> For the most part the churches channeled their energies into orphanage work. The elderly reprobates in the boards' institutions provided barren ground for Christian endeavour. Something of the disdain felt by churchmen for this class of the poor comes through in a statement by the Rev. A. Kinmont in 1916. Urging that the Dunedin Presbyterian Social Service Association establish homes for aged Presbyterians, he pointed out the trials of elderly Christians placed in 'the Benevolent'. The more one saw of the Benevolent Institution, the more one was convinced that it was not a place where Christian old people should spend their closing days, he asserted. Many a good Christian was sent there to live among the riff-raff, the very dregs

- 
93. New Zealand Department of Health, Special Report No.46, Accommodation and Service Needs of the Elderly, Wellington, 1976, p.51.
94. E.R. Simmons, A Brief History of the Catholic Church in New Zealand, Auckland, 1978, p.96.
95. John C. Waite, Dear Mr Booth. Some Early Chapters on the History of the Salvation Army in New Zealand, Wellington, [1964], p.75; Captain Eva Fitness, 'History of S.A. Social Work in N.Z. Notes Prepared for International Conference of Social Officers, Amsterdam, September 1972'.

of the population, persons who had always been at the bottom of the social state.<sup>96</sup> Although this was a call for more church institutions, it in fact suggests why the larger churches mostly stood aloof from this area of social work. They could argue that the state had taken care of the deserving poor. The type of person seeking entry into the benevolent institutions was often uncouth, unpleasant, and ungrateful. He was likely to be incorrigible. He might also become exceedingly expensive to maintain when his decaying faculties had placed him in need of medical care. In this period the churches preferred to invest their limited resources in more promising areas of social work. The destitute elderly remained the prime responsibility of hospital and charitable aid boards, which had no alternative but to accept them into their homes.

---

96. ODT, 4 October 1916, Otago Hospital Board Press Cuttings Book, Vol. 11, p.5. As a result of a bequest from Sir John and Lady Ross, the Presbyterian Social Services Association opened the Ross Home for the Aged in Dunedin in 1918. J.R. Elder, The History of the Presbyterian Church of New Zealand 1840 - 1940, Christchurch, [1940], p.343.

## Chapter Seven

### INDOOR RELIEF AND THE CARE OF 'FALLEN WOMEN'.

Despite occasional attempts by local boards to repudiate responsibility for old age pensioners, the institutional care of the aged was generally regarded as a wholly necessary and appropriate activity for the charitable aid authorities. This was not, however, the case for certain other distressed groups who found their way into the boards' homes and institutions. For some of these both the state and voluntary bodies were willing, and occasionally quite anxious, to make alternative provision. Foremost among them were children and 'morally endangered' females.<sup>1</sup>

By the 1880s there were specialised institutions in existence for both of these groups, but only one orphanage and two women's refuges were run by charitable aid boards. The 1909 Act specifically gave hospital and charitable aid boards the right to establish charitable institutions for children, and reformatories for women and girls. None did so, though the North Canterbury Board continued its one orphanage and refuge. It is as important to identify what a particular welfare system does not do, the responsibilities it assumes in a merely peripheral manner, or discards over time, as it is to recognise its more positive commitments. Why, then, were the boards largely content to leave rescue work to voluntary agencies, and what forms of care did their institutions provide for 'fallen women'?

Women's refuges had two essential functions - the reform of 'loose-living' females, and maternity care for unmarried mothers. In the nineteenth century the former was the dominant function, since the physical well-being of inmates was always subordinate to their spiritual regeneration. Pregnancy was but one sign of a lapse from virtue.

---

1. Children are discussed in Chapter Eight.

Rescue work among women had a relatively long history, but the intensity of nineteenth century activity in the field followed very much from middle-class Victorian sexual attitudes, from the supposed threat of prostitution to newly sanctified family life, and from a contemporary confidence in the redemptive force of evangelical skills. A practical, militant christianity advanced ideas on sexual purity and social reform.<sup>2</sup> It was no coincidence that the first major social work of the Salvation Army in both England and New Zealand was aimed at the rescue of prostitutes.<sup>3</sup> Women's refuges were relatively cheap to establish and provided an outlet for female church members who would, it was hoped, serve as an example to their weaker sisters.

New Zealand responses were probably influenced as much by British revelations on organised vice as by informed knowledge of local conditions. The extent of the problem was particularly hard to assess, and virtually no historical research has as yet been carried out on sexual behaviour and prostitution in New Zealand. It is unlikely that the highly organised trade exposed by such campaigners as Josephine Butler in England had its counterpart in New Zealand, but estimates suggest there may have been as many as 200 prostitutes in Dunedin in 1864<sup>4</sup> and 800 in Auckland in 1891.<sup>5</sup> Though consumer demand was likely to be high in a predominantly male colonial society, the potential supply of prostitutes was reduced by the more favourable marriage chances of colonial women. At the same time, however, even

- 
2. See David J. Pivar, Purity Crusade. Sexual Morality and Social Control, 1868-1900, Westport, Conn., 1973, especially Chapters one and two; also Constance Rover, Love, Morals and the Feminists, London, 1970; Erik Olssen and Andree Levesque, 'Towards a History of the European Family in New Zealand', in Peggy G. Koopman - Boyden (ed.), pp.6-7.
  3. Waite, pp.61-63.
  4. J. Grant, Saturday Advertiser, 1864. Cited in Olssen and Levesque, p.5.
  5. Police Prosecutions Under 'The Licensing Act, 1881', AJHR, 1891 (S.2), H.5, p.9. There were 400 prostitutes known to the Auckland police, who supposed there were another 400 not known to them.

marriage was no certain hedge against the economic distress which traditionally forced women into prostitution. Some deserted wives and widows must have been tempted to supplement their incomes in this way. It was the plight of a widow which prompted Mother Aubert, foundress of the Homes of Compassion, to enter the field of child care in the late 1880s. This widow, the mother of a large family, was living in extreme poverty, friendless and in ill-health. She spoke calmly to Mother Aubert of the choices as she saw them: to see her children slowly starve, or to earn money to feed them through prostitution. Aubert's response was to relieve the mother of her younger children.<sup>6</sup> The response of other church groups (including some of Mother Aubert's co-religionists) was to establish rescue homes, in the hope of 'saving' such women after a lapse from virtue.

Images of rampant venereal disease, prostitution, and sexual promiscuity certainly favoured the establishment of women's refuges, though there were probably never more than a dozen in existence in New Zealand at any one time.<sup>7</sup> The most successful of these were not, however, for prostitutes, but for what were termed 'first fall' cases. The situation was never static, some institutions closing as others were founded, some moving from purely reformatory work into maternity care, others excluding those 'hardened' cases for whose reclamation they had been established. There was a quite perceptible shift from the rehabilitation of prostitutes to the shorter term care of women who needed to hide a temporary lapse. This did not necessarily indicate a weakening of the old assumptions about vice and promiscuity, for a first unmarried pregnancy might push many an unfortunate

---

6. Pat Rafter, Never Let Go! The Remarkable Story of Mother Aubert, Wellington, 1972, p.61.

7. In the absence of any detailed study of women's refuges, information is most readily available on those which received government grants or which had maternity wards attached, since the latter in particular became subject to government inspection and comment in the Annual Report on Hospitals, AJHR. Other useful sources are individual church histories, the Cyclopaedia and files on Refuge Grants, H 154, National Archives.



girl into prostitution. While their abandoned sisters proved stubbornly resistant to righteous influences, the 'first fall' cases provided more promising material for the reformers. This shift may also have been linked to the rise of new women's groups seeking social reforms which would remove the causes of prostitution. It might also suggest a decrease in the extent of prostitution. The falling proportion of 'never-married' males in the population points to a decline in demand for prostitutes' services.<sup>8</sup> New employment opportunities for women and attempts to improve working conditions in existing avenues of female employment may have reduced the need to 'go on the streets'. Certainly Edward Tregear linked prostitution to economic circumstances, stating that 'It is better to help a trade-union than a Magdala' - not that he was in any sense an advocate of broader work opportunities for women.<sup>9</sup> By 1922 it was claimed that only a very small amount of professional prostitution existed in New Zealand.<sup>10</sup>

In 1900 the Catholics' Mount Magdala (Christchurch), St Mary's in Otahuhu (Anglican), the Door of Hope in Auckland and the North Canterbury Board's Samaritan Home (which was not strictly a women's refuge) all proclaimed their willingness to receive 'second offenders'. The Salvation Army also had reformatories in the four main centres which accepted prostitutes and female alcoholics, the latter often elderly women. The Dunedin Refuge appears to have accepted second cases but was forced to close in 1904, for reasons which are discussed later in this Chapter. Other institutions were more restrictive. In Wellington and Christchurch the Church of England ran reformatories for young delinquent girls, both of them called St Mary's.

---

8. Olssen and Levesque, p.2.

9. Annual Report, Department of Labour, AJHR, 1896, H.6, p.iv. Tregear regretted the entrance of women into such activities as teaching, shop or office work, if this reduced their availability for marriage. See *ibid.*, 1897 (S.2), H.6, p.ix.

10. Report of the Committee on Venereal Diseases in New Zealand, AJHR, 1922, H.31A, p.11.

The Salvation Army maternity homes in the four main centres were quite separate from their reformatories, and were for first cases only, as were the Alexandra Home in Wellington, run by the Wellington Ladies' Christian Association, and the North Canterbury Board's Linwood Refuge.<sup>11</sup> Invercargill's Victoria Home for Friendless Girls claimed to be a maternity home for single women, a reformatory for morally endangered girls, a children's home for babies born there or brought in because their mothers were too ill to care for them, and a place of confinement for feeble-minded women.<sup>12</sup> (The refuges sometimes kept such women on as domestic helps).

With the exception of the Victoria Home, all these institutions were in the four main centres. Disgraced girls from smaller towns found refuge in the city institutions or trod a somewhat traditional path to discreet isolation in the country. With the exception of the Samaritan Home and the Dunedin and Linwood Refuges, all were church institutions. They therefore fell within a broad division of responsibility which regarded rescue work as the appropriate concern of highly motivated voluntary groups. There were, however, a number of points at which the state and the charitable aid boards encroached on this pattern of voluntary activity, or stepped in to plug gaps not adequately filled by voluntary effort.

On the one hand the state gave an annual grant to nearly all the voluntary institutions mentioned above, a regular amount being placed on the estimates for this purpose from 1893. The Salvation Army institutions usually received £500 between them, Mt Magdala, the largest refuge in the country, a further £500, and the others, grants of between £100 and £200. Although the total seldom exceeded £2000 per annum, some parliamentarians felt that even this amount was excessive, and that the state should play no part at all in the reclam-

---

11. Valintine to Fowlds, 27 February 1907, 28 February 1910, H154; Annual Report on Hospitals and Charitable Institutions, AJHR, 1908, H.22, p.11.

12. E.S. Baird, President, Victoria Home, to A.F. Hawke, Chairman, Southland Hospital and Charitable Aid Board, 16 February 1911, and other correspondence over claims for refuge grant, H154/2.

ation of young women. Others suspected sectarian bias in the grants, and others again thought that the money should go through the charitable aid boards.<sup>13</sup> In the late 1900s Valintine made continual recommendations that the grant should either be stopped or that it should go through the charitable aid boards in an attempt to coordinate local activities.<sup>14</sup> Since, however, the continual conflicts between boards and separate institutions linked to them by the 1885 Act had provided no very encouraging precedent for this line of action, the governments of the day quite wisely kept the allocation of these grants in their own hands.<sup>15</sup> In doing so they not only endorsed the principle of women volunteers dealing with female delinquents, but showed their increasing reluctance to hand over government money to intermediary bodies.

The government also touched upon the activities of church refuges by accepting responsibility for 'uncontrollable' girls who could be brought into the industrial school system. Female committals to industrial schools exceeded male committals in one category only: that of 'disreputable associations'.<sup>16</sup> The opening of the state-run Te Oranga Girls Reformatory so depleted numbers at St Mary's Home in Christchurch that this Anglican institution was forced to close in 1909.<sup>17</sup> To Te Oranga went the worst of the state wards, young girls brought 'direct from the brothels, from Chinese dens, from the open streets, from the company of dissolute parents'. Many, it was claimed, entered Te Oranga with 'irreparable marks of disease, of sin, and of degradation', all the evidence pointing to unbelievable youthful depravity.<sup>18</sup>

- 
13. NZPD, 78, p.854 (T.L. Buick, R. Meredith, 10 October 1892).
  14. Valintine to Fowlds, 28 February 1910, H 154.
  15. NZPD, 81, p.201 (W.P. Reeves, 18 August 1893).
  16. J. Beagle, 'Children of the State', M.A. Thesis, 1974, p.192.
  17. W.P. Morrell, The Anglican Church in New Zealand, Dunedin, 1973, p.130; M.L. Roper, 'The History of the Social Services of the Anglican Church in Canterbury', M.A. Thesis, 1943, p.49.
  18. Report of Commission into Te Oranga Home, AJHR, 1908, H.21, p.vii.

'Loose-living' females who were too old for the industrial schools and too diseased or ungovernable for the church groups to touch were likely to experience the state's hospitality in another form. There were fewer females in New Zealand's prisons than there were men, but the majority of female convictions were for offences against public order. Typical offences were soliciting, drunkenness, keeping a disorderly house and vagrancy (the latter a convenient charge for disposing of public nuisances, and more easily proven than soliciting). The small number of women offenders were regarded as especially incorrigible, and having once been imprisoned were likely to repeatedly break the law.<sup>19</sup>

The charitable aid boards' links with female rescue work were characterised by a certain diffidence. There were two main points of contact: the first involved the provision of lying-in facilities in institutions otherwise geared to the old and incapable. These would eventually lead the boards into the broader field of maternity care for the married as well as the unmarried, a development which is discussed more fully in Chapter Nine. The second point of contact was through the two charitable aid board refuges, one in Dunedin, the other at Linwood, near Christchurch. At the time when most female refuges were established, the personal influence of right-minded women was thought essential to their success. Since this was the precise quality in which all public authorities were supposed to be lacking, the association of not one, but two refuges with male-dominated charitable aid boards was distinctly irregular. It is interesting, therefore, to see how each managed in spite of its official connections to stay within the mainstream of women's refuge work until at least the 1900s.

The Dunedin Female Refuge and the Linwood Refuge were reasonably typical of nineteenth century refuges in New Zealand. Each had a long history reaching beyond the 1885 Act and each maintained links with the voluntary

---

19. C. Macdonald, 'Women and Crime in New Zealand Society 1888-1910', B.A. (Hons.) Research Exercise, 1977, pp.12-13.

groups involved in its establishment. The Dunedin Refuge was founded in 1873 by a group of women connected with the different local churches.<sup>20</sup> The Linwood Refuge had a similar beginning, but one in which the Provincial Government was more involved. It was established in 1876 out of provincial government funds and succeeded an earlier enterprise in Antigua Street, Christchurch, which had been supported only half-heartedly by the Anglican Church. Though the Provincial Government stipulated that the managing committee must be undenominational, many of those involved had connections with the first refuge. The Linwood, or Canterbury Refuge, as it was first known, was therefore initially under the control of the Provincial Government but was managed by a committee elected from interested voluntary subscribers.<sup>21</sup>

While receiving the bulk of their funds from the work of their inmates, both refuges had received government grants for some years. These, while certainly not princely, were sufficient to bring them under the 1885 Act. Both institutions decided not to incorporate as separate institutions, probably because the annual level of their voluntary subscriptions was already below the £100 needed to do this.<sup>22</sup> The Dunedin Refuge, for example, had earned £289 from laundry work in 1883, and received £100 from the government, but only £60 in voluntary subscriptions.<sup>23</sup> Most other women's refuges remained outside the charitable aid structure because of their early independence from government grants; an independence which stemmed partly from the sponsorship of individual churches, but was mostly due to their successful exploitation of inmates'

---

20. A.J.T. Fraser, 'The Social Work of the Presbyterian Church in New Zealand Up Till 1930', M.A. Thesis, 1930, p.84; Annual Report of the Dunedin Female Refuge, 1875.

21. Roper, pp.34-37.

22. Otago, Central Otago and Tuapeka United Charitable Aid Board, Minutes, 17 November 1885; Report on Female Refuge Presented to Ashburton and North Canterbury United Charitable Aid Board, Minutes, 19 October 1904.

23. Annual Report of the Dunedin Female Refuge, 1883.

labour. Only in the 1890s did some have need of government funds and by then the government was prepared to make a direct grant. The point is that the Otago and Ashburton and North Canterbury United Boards inherited responsibility for their respective refuges. At no time did a charitable aid board take the initiative in founding institutions aimed at moral reform. When they did enter the field of maternity care it was with a strict regard to medical requirements rather than the moral rehabilitation of those in their care.

In practice charitable aid board responsibility made little difference to the management of the refuges. Every effort was made in each case to maintain the female governance and direction thought essential to successful refuge work. The boards were only too pleased to hand over management to committees of ladies, who thereby combined almost total control with an assured income from charitable aid funds. The Dunedin Refuge remained under much the same management until its closure in 1904. The Linwood Refuge was likewise subject to the same committee as before 1885 but here the retirement of its various members forced the North Canterbury Board to assume full control in 1890. The Board smartly rid itself of the task by putting the management of the Refuge out to tender. In 1891 it accepted the bid of the St Saviour's Guild (formerly the Church of England Social Purity Society). For an annual payment of £250 the Guild agreed to provide maintenance and and medical care for destitute unmarried women (first cases only from this time).<sup>24</sup> The St Saviour's Guild, the Board noted with satisfaction, was eminently qualified 'to bestow that attention to detail which the nature of such work demands and which is hopelessly impossible ...if attempted by other than a Committee of ladies, actuated by the highest philanthropic motives'.<sup>25</sup>

---

24. Report on Female Refuge presented to North Canterbury and Ashburton United Charitable Aid Board, Minutes, 19 October 1904.

25. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 26 August 1891.

A nice fusion of public fiscal responsibility and voluntary management was achieved in 1891 without resort to the complexities of a separate institution. In 1904, however, the tendency of the Board's grant and other annual commitments to increase was questioned by some women Board members who had not the same awe of 'ladies' committees' as their male colleagues. A special inquiry confirmed existing arrangements, still regarding refuge work as unquestionably a matter for female direction.<sup>26</sup> Not until maternity care became associated with medical intervention rather than moral reform did male officialdom dare to intervene in such institutions.

The motives of ladies in rescue work were more complex than the North Canterbury Board appreciated in 1891. Women entered the field fired by a substantial measure of sympathy for their fallen sisters - 'magdalens' who were supposed to loathe their degraded existence. Some reformers appreciated the economic and social factors which drove women toward moral ruin. Eveline Cunnington, who was for many years involved with the Linwood Refuge wrote that 'Neglected children, cruel parents, miserable homes, drink, lack of technical and industrial education of the young woman, all these are tremendous factors in the production of "fallen women"'.<sup>27</sup> But the realities of contact with fallen women, who were frequently less anxious for salvation than their benefactors supposed, put a strain on reformist zeal. The annual reports of the ladies' committees suggest that the refuges served as a useful activity from which moral reformers could store up credits for the afterlife, fire outraged salvos at unrestrained male sexuality, and see to such pressing

---

26. Report on Female Refuge Presented to Ashburton and North Canterbury United Charitable Aid Board, *ibid.*, 19 October 1904.

27. E.W. Cunnington, The Lectures and Letters of E.W. Cunnington, Edited by Her Children, Christchurch, 1918, p.69.

concerns as the recruitment of domestic servants. (Servant-starved New Zealand housewives could not afford to be too fastidious about the antecedents of their 'slaveys'.) Personal rewards were not lacking in this area of social work but increasingly, it seemed, the rewards were hard-earned. Refuge work came to be seen as one of the most challenging fields of christian endeavour, the ladies of the Linwood Refuge stating that 'In no department of Christian work is greater discouragement experienced than in that of Reformatory work'.<sup>28</sup> Something of the ambivalence felt by those in rescue work also comes through in a Christmas message from Miss Hudson, matron of St Mary's Home in Otahuhu. Although St Mary's was not a charitable aid board refuge, its managers, like the managers of the Dunedin and Linwood Refuges, knew the discouragement of work with 'repeat offenders'.

Knowing what I know of the difficulties some of my sisterwomen have to contend with I should not dare to sit in judgment on the most degraded rag of humanity. I should not dare to say there was no good in the most depraved, abandoned specimen of womankind, for even the dirtiest pool of water gives back some sort of reflection if only the sun shines on it, and even a woman who is the very scum of womanhood will respond in some manner if only the sun of love is made to shine on her.<sup>29</sup>

The language used by the matron to describe her charges contrasts with her determinedly good intentions and the sentimental allusion to the 'sunshine of love': Miss Hudson knew the material she was dealing with.

The early reports of the Dunedin and Linwood Refuges show them bedevilled by remarkably similar management problems. In the 1880s the Linwood Refuge was divided into two parts, one for 'first fall' cases ('Class A'), and the other for 'Class B', the hardened cases who, the ladies were distressed to find, 'nearly all expressed their

---

28. Annual Report of Canterbury Female Refuge and Reformatory, 1883.

29. NZH, 22 December 1906.



preference for prison life rather than confinement and laundry work at the Reformatory'. While this statement suggests a great deal about the fearsomeness of 'God's Police' in full flight, it also underlines the acute discouragement associated with rescue work. Of the fourteen cases passing through 'B' section in 1883, five remained six months and then left for situations 'procured with difficulty for them' (all but one of these ending up in gaol), four refused to stay any more than a few weeks and 'returned at once to evil courses', while of the five remaining at the Refuge, only one gave any promise of amendment.<sup>30</sup>

The ladies at the Dunedin Refuge similarly bemoaned the 'fearfully depraving and enthralling power of the life which abandoned women pursue' and deeply regretted that they did not have a brighter tale to lay before the public (or, more precisely, the voluntary subscribers). Here nine women had left the Refuge over the year to return at once to their previous life, three 'entered upon situations, soon to abandon them for lawless courses', one went into hospital and only two remained to give hope of permanent reformation.<sup>31</sup> Year after year such sentiments were expressed and did little to encourage plentiful public giving. They also explain the tendency of some refuges to move out of work with prostitutes into 'first time' maternity care. 'Second offenders' were left to the more casual mercies of the benevolent institutions, whose impersonal ministrations they probably found infinitely preferable. The most hardened cases of all found their way into prison.

The broad area of rescue work remains largely unexplored and deserves a more elaborate study than is possible here. However, the records of the North Canterbury Board's Linwood Refuge enable us to look more closely at

---

30. Annual Report of the Canterbury Female Refuge and Reformatory, 1883.

31. Annual Report of the Dunedin Female Refuge, 1878.

one such institution, and to make some generalisations about the inmates and their relations with the management. The first time cases who comprised a majority of the Linwood residents and who, from 1891 were the only cases accepted, are brought sharply into focus by a 'Register of Inmates' for the years 1880 - 1884. Since the Refuge remained under the same management committee after 1885, it is safe to assume that the intake of 'first fall' cases remained much the same after this date. Even in the early 1880s the ladies' committee was seeking to withdraw from reformatory work with the 'B' cases and was concentrating its efforts on first timers.<sup>32</sup> Unfortunately there is not the same detailed evidence on the 'Class B' inmates who, presumably, included professional prostitutes.

Eighty-seven cases were received into 'Class A' during the years 1880 - 1884. The youngest of these women was sixteen, the oldest thirty. The average age was slightly over twenty-one; the modal age 19. (One would assume a somewhat higher average age for inmates of 'Class B'). Of 75 inmates whose place of birth is clear from their record, approximately 41 per cent were English born, nine per cent Irish born, sixteen per cent New Zealand born, and 29 per cent Scottish born. It appears that the vast majority of women were domestic servants. Fifty women had worked as domestics, one had worked in a factory, and another was training to be a tailoress. There is no information on the Occupations of the other 35 women, though some had been living with their families, and a number were very recent arrivals in New Zealand. Thirty-one women were recorded as having been in the colony less than five years, while many were assisted immigrants. (Information on date of arrival is not given in every instance.)<sup>33</sup>.

---

32. Ashburton and North Canterbury United Charitable Aid Board. Female Refuge (Essex Home) Committee, Minutes, 12 June 1882.

33. This information is taken from the Female Refuge Register of Inmates, 1880 - 1884, now held among the Ashburton and North Canterbury United Charitable Aid Board records, 7/2.

Brief statements on the different cases hint at a whole range of individual tragedies, and one or two conventionally happy endings. Many a young man had promised marriage, only to reject the woman when she became pregnant. A number of women had 'got into trouble' through relatives: the uncle of one eighteen year old girl had fathered her child, the brother-in-law of at least two others. In one 'terrible' case the girl's own father was responsible for her pregnancy. (The baby died, and the girl was sent to a home in Wellington, far away from the scene of the outrage.) Some women, it was noted, had been seduced by their fellow servants, others by employers and employers' sons. At least three were victims of rape, one having been 'forced by the child's father cruelly'. She, however, was not entirely friendless, for her sister did not wish to see her confined in a charitable institution, and removed her from the Refuge. Women living in hotels and boarding houses seemed particularly at risk. Typical comments were: 'Got into trouble at boarding house, while looking for a place'; 'Got into trouble while living as a housemaid at an Hotel. Has not spoken to the man since. Came here while in labour'; 'Been out two years, in service all the time at the -----Hotel... Got into trouble with one of the boarders, a Bank Clerk name of ----'. This last young woman paid dearly for her dalliance with the bank clerk, for she gave birth to twins, one of them still-born, and herself died in acute pain two days later.<sup>34</sup>

Some of the inmates had spun complex yarns to conceal the identity of the child's father, or to hide a previous confinement. One assured the Refuge management that she had been engaged for five years to a German jeweller, who fled to his home country when informed of her condition. A marginal addition notes, 'The foregoing is all untrue, the father of her child being her own brother-in-law'. Of others it is simply noted 'not truthful'.

---

34. *ibid.*, this last was case number 16.

Though most of the inmates returned to domestic service (often with their previous employer), some fared better than others. Of reoffenders it was tersely noted, 'Aftercourse: Bad'. There were some successes, mostly women who had redeemed themselves by marrying 'a very respectable man'. One conspicuous success involved a 20 year old servant girl who, though engaged to a carpenter, had been 'led astray by Captain ----'s son'. Whether the Captain's son was more dashing or more persuasive than her carpenter is not clear, but the carpenter proved the more steadfast in the long run. A later comment approvingly notes 'Doing well Joined Salvation Army About to marry her old sweetheart the carpenter'.

Unfortunately, marriage did not always allow such women to live happily ever after. At least one survived the rigours of unmarried motherhood to die giving birth to her first legitimate child two years later. The frequency with which babies died in the Refuge likewise reminds us of the risks to mother and infant in the nineteenth century. And, although these cases were in the 'Class A' section of the Refuge, at least one baby was born with 'diseased eyes', the consequence, it seems, of venereal disease in the mother. The Ladies' Committee minutes reveal other cases, which were usually sent to the hospital for fear of infection in the Refuge.

The Refuge's records also shed light upon its daily management.<sup>35</sup> First the Ladies' Committee, and later the St Saviour's Guild, busied themselves by devising new rules, which the girls deliberately broke, or sullenly resisted. Matrons were appointed and resigned, and in between crisis despaired at the laundry ever getting dry. 'Nothing dried due to the rain' was a frequent lament in the 1884 Report Book. In both parts of the Refuge monotonous daily routine was punctuated by outbreaks of

---

35. Female Refuge (Essex Home) Committee, Minutes, 1876 - 1910 (consulted at North Canterbury Hospital Board); Female Refuge Report Books, 1884, 1885, 7/1.

hysteria, fights, swearing, and refusals to work. 'Jane Millar refused to work this morning. [L]eft the laundry in a violent temper about half past ten and has neither spoken or [sic] eaten since then', the matron reported of one girl. The following day Jane was 'still in the same mood, she went out to night when we were at prayers, she lay down on the grass, refusing to move. Mrs ---... and I tried to carry her in but were struck and kicked, when she got in I locked her in her room'. The obstreperous Jane was finally expelled to the Armagh St Depot three months later, having 'used dreadful language', and told her friends that she hated them all, and meant to make her living on the streets 'as it was easier than working'.<sup>36.</sup>

Jane's threat suggests that the Refuge's attempts to promote virtuous domesticity were more counterproductive than otherwise. The management of both charitable aid refuges thought it necessary to 'guide their inmates spiritually' with scripture and prayer sessions night and morning and, in the 1880s, a weekly bible class at the Linwood Refuge.<sup>37.</sup> Even these efforts provoked rebellion. A letter to one of Linwood's lady visitors expresses sorrow that the inmates resist religious teaching and 'appear to resent the efforts made for their good'. All religious teaching was to come in future from the chaplain, 'to whose authority [they] were bound to submit'. In the meantime, it was suggested, lady visitors might confine themselves to 'a nice, secular reading'.<sup>38.</sup>

Other evidence points to a highly restrictive regimen for the inmates, and their careful seclusion from male contact. In 1892 the Linwood management decided that girls might be allowed out once in three weeks with a

---

36. Female Refuge, Report Book, 9 January 1884, 27 January 1884, 1 April 1884. 'Jane Millar' is not this woman's real name.

37. Annual Report of the Canterbury Female Refuge and Reformatory, 1883; Rules of the Dunedin Female Refuge, 1875, 1881.

38. Female Refuge (Essex Home) Committee, Minutes, 3 May 1892.

relative or friend 'of approved respectability'. Friendless girls might be escorted by a committee member, but on no account were permitted out alone.<sup>39</sup> Even the grounds of the Linwood Refuge were 'practically a wasteland' because the male assistance required to cultivate the ground was regarded as a security risk. 'It would be undesirable', the Charitable Aid Board concurred, 'to send casual labourers to such a place'.<sup>40</sup>

The rules of the Dunedin Refuge, reissued in 1881, show similar attempts to exert control over inmates, with particular effort being made to sever inmates' old associations. (See Appendix 7). No reference to the past is permitted, and isolation from friends is ensured by limits on visits and letter-writing. An early rise and early retirement to bed, locked doors, and the expectation of work carried out 'in cheerful obedience to the commands of the Matron' complete the picture of a distinctly unappealing environment.

The exposure of inmates to 'womanly pursuits' was supposed to aid their reform. Sewing and general domestic duties featured in the daily routine of the homes, but the main activity in almost every refuge - and the main money-spinner - was laundry work. This extremely monotonous and strenuous activity was usually carried out on a commercial basis. Not surprisingly, the rehabilitative aspects of the refuges were sometimes submerged in the quest for profits. By 1900 even MacGregor, not usually indisposed to a little hard grind on the part of inmates, was censuring such places as the Dunedin Refuge for putting profit before that 'kindly personal influence' which was supposed to be foremost among their aims.<sup>41</sup> This was

---

39. *ibid.*, 5 April 1892.

40. Report on Female Refuge presented to Ashburton and North Canterbury United Charitable Aid Board, Minutes, 19 October 1904.

41. Annual Report on Hospitals and Charitable Institutions, AJHR, 1900, H.22, p.31.

endorsed by Grace Neill, who later wrote of the Dunedin Refuge that it was 'miserably furnished and untidily kept', the matron's main object to get as much laundry work out of the girls as possible.<sup>42</sup> It is to Neill's credit, and a reflection of her interest in labour matters, that the refuges were eventually forced to register under the Factory Acts when engaged in laundry work. Despite agitation to have charitable institutions removed from labour regulations Seddon supported Neill, and some of the more excessive exploitation of refuge inmates was undermined by Labour Department inspection. The matron of the Dunedin Refuge was brought before the Court for failing, on the Charitable Aid Boards' advice, to register the Refuge as a factory. She was given a nominal fine and the Refuge struggled on for another two years before it closed. The official reason given for the closure was that there were only two residents, but since the Refuge was no longer self sufficient, the Board was probably reluctant to sanction its continued existence.<sup>43</sup> This type of regulation may also have made refuge work less attractive to the church groups and hastened their shift into the field of child care.

One almost universal feature of the female refuges was their attempt to insist on a long period of residence in the institution. The Linwood Refuge required a six month stay, which was probably the norm. Three main advantages were supposed to result from this. In the first place, it put inmates under a sustained moral influence and enabled them to be trained to some form of self support. This 'training' was invariably for domestic service, where a keen-eyed mistress could assume the Refuge's supervisory role (though domestic service had been the downfall of many first offenders at Linwood). Second, the requirement encouraged inmates to care for their babies after the birth,

---

42. Neill to Premier, 14 February 1905, H.89/15.

43. ODT, 5 September 1902; 23 January 1904.

thereby awakening them to their maternal responsibilities and reducing the high mortality associated with illegitimate infants. The Linwood management, for example, encouraged girls to breastfeed their babies. In addition, it kept out of circulation those girls who had shown themselves susceptible to the blandishments of unscrupulous males or, by some curious reversal of thinking, saved impressionable youths from contamination by 'outcast women'. (This tended to be the perspective of male charitable aid board members.)<sup>44</sup>. An additional, unstated advantage is suggested by the refuges' commercial functions, for a prolonged residential requirement enabled the refuge directors to maintain their labour supply, and to exact a profitable amount of work from inmates in return for their keep.

This is not to say that inmates responded meekly to such incarceration, and various procedures were tried to ensure their obedience to unpopular regulations. Women entering the Dunedin Refuge in the 1880s had their own clothing taken away from them and institutional garments substituted.<sup>45</sup>. Not only was this a classic means of undermining individual behaviour in an institutional setting, it also meant that women absconding in the institution's clothing could be arrested on a charge of larceny. This, ironically, was a device traditionally used by pimps to keep unwilling prostitutes on the job (though there is no evidence of the Refuge bringing such a charge). Women absconded nonetheless, and even the Linwood Refuge had a rule that runaways were to be advertised for by name.<sup>46</sup>. Other 'fallen women' simply refused to apply

---

44. See, for example, Conference of Delegates of Hospital and Charitable Aid Boards and Separate Institutions, held at Wellington on 9th, 10th, 11th June, 1908, AJHR, 1908, H.22A, p.23 (Mr Cooper).

45. Rules of the Dunedin Female Refuge, 1881.

46. Female Refuge (Essex Home) Committee, Minutes, 11 June 1901.



for admittance so that some institutions, including the Dunedin Refuge, were forced to modify their requirements. Its initial ruling of a two year stay had been lowered by 1904 to two months, and even this was resisted by inmates.<sup>47.</sup>

The gradual withdrawal of the churches from rescue and reformatory work was paralleled, therefore, by the growing unwillingness of women to make use of their facilities. These women clearly saw the refuges as places in which to give birth and to rest while seeking employment. Policy aims, which seem in retrospect to have been both coercive and manipulative were once again modified in practice. The experiences of the Dunedin and Linwood Refuges suggests that the inmates resisted attempts at reform and forced the management to modify unpopular rules. For many women, it seems, the alternative care provided in some benevolent institutions was preferable to the restrictions of a female refuge. In this area, at least, impersonal officialdom could be less oppressive than the intimacy of womanly concern.

Some maternity cases had always been regarded as unsuitable for the refuges. Usually these were women giving birth to a second or later illegitimate child, who lacked due signs of contrition, and married women who needed medical supervision during their confinement or whose homes were unsuitable for childbirth. The first group were regarded as beyond the refuges' reformatory skills and the second had no need of them. In an age when most women expected to give birth at home maternity care was not regarded as a routine hospital function. It is significant that the Dunedin Hospital, the medical institution most involved in

---

47. ODT, 23 January 1904.

training New Zealand's doctors, actually closed its maternity ward in 1887.<sup>48</sup> Here again the benevolent institution provided for a troublesome group to whom no other facility was available. The Otago Benevolent Institution opened its lying-in ward in 1888;<sup>49</sup> the Costley Home likewise provided for destitute women, despite objections from some medical men that a ward nearer the hospital would be more useful for training purposes.<sup>50</sup> The Samaritan Home in Christchurch was founded specifically for old women and 'second time' maternity cases after the Linwood Home was restricted to first births. Wellington's Ohiro Home had no specific lying-in facilities, but with much reluctance took in the occasional maternity case.<sup>51</sup>

The lying-in wards at the various institutions, often just a room, did not aim at moral reform (though incarceration with an assortment of social undesirables may have had its deterrent aspect). Women were accepted while awaiting delivery because they were, like other inmates, unable to support themselves; like other inmates they received medical treatment when needed and were expected to fend for themselves as soon as possible. Like other inmates they were expected to work while in the institution, and there are indications that pregnancy did not always prevent excessive demands. The Society for the Protection of Women and Children followed up one case where a girl had absconded from the Costley Home for being made to scrub floors while ill and with badly swollen legs.<sup>52</sup> The

---

48. *ibid.*, 27 January 1888.

49. *ibid.*, 1 March 1888.

50. F.C. Rauch, 'The History of the Auckland Hospital and Charitable Aid Board 1847 - 1914', M.A. Thesis, 1933, pp.146-47.

51. Annual Report, Department of Hospitals and Charitable Institutions, AJHR, 1906 (S.2), p.2.

52. Society for the Protection of Women and Children (Auckland), Record Book No.1, pp.100-101, (case 36).

contrast between these wards and the women's refuges is shown by the fact that some benevolent institutions took in girls from the rescue homes for their confinement. For many years women from the Dunedin Refuge went to the Otago Benevolent Institution for their labour and the Costley Home had a similar arrangement with the Parnell Women's Refuge.

The prime concern of the charitable aid boards' relieving officers was to discharge the women as soon as possible and to ensure that the males responsible for their plight did not evade responsibility. Information given by the manager of the Napier Refuge in his report of March 1887 illustrates that particular officer's concerns in two quite typical cases. The first was that of Mary Truett, a nineteen year old servant who, the manager recorded, was English-born and a protestant. Mary had been admitted to the refuge on 11 January 1887. The father of her prospective child was identified as Joseph Williams, a labourer of Clive and the girl's pregnancy had been discovered while she was in service at Ruddock's Hotel, Clive. Mary Truett's own parents were both dead but she had two step-parents living nearby with whom she had not resided for some years. It was recommended in this case that the step-father be asked to contribute towards her maintenance and that proceedings be taken against Williams immediately after the birth.

The second maternity case then in the Refuge was Sarah Roe, aged eighteen, likewise English and a protestant. She had been admitted on 29 January 1887 and was a 'second offender', her first child having also been born at the Refuge fourteen months previously. The father of the first child was employed as a cleaner on the railway and despite a court order had paid nothing towards the child's maintenance. The supposed father of the unborn child had smartly shipped out for Sydney and the officer had few hopes of extracting maintenance from him, but recommended that further court action be taken against the first man. 'The unfortunate young person the subject

of these remarks' had been discharged from her situation, also at 'Mrs Ruddock's', and had stayed with another woman during her pregnancy, her father having rejected her in best paternal style. He had, however, been charged with Sarah's maintenance while she was in the Refuge.<sup>53.</sup>

Apart from hinting that maidservants at Ruddock's Hotel were no better than they should be, these two reports show that the relieving officer's main concern was not with the reformation, or even with the future prospects of the two girls, and certainly not with the fate of the babies born there. Rather, and it is wholly in keeping with the usual concerns of the charitable aid authorities, it is with the questions of responsibility and reimbursement, detailed information being given on those against whom proceedings might be taken. Here the tone of the reports is distinctly impersonal, even Sarah Roe's repeat performance evoking no condemnatory comment. Occasionally women visitors to the benovolent institutions attempted a more extended supervision of unmarried mothers and the Society for the Protection of Women and Children in particular showed an interest in illegitimate children, but that Society was active only in and around the four main centres. The case books of the Auckland Branch show its members placing women in the Costley Home, arranging maintenance, and in one case following up a 'notoriously bad prostitute' whose rejection of her baby caused fears for its life (it was placed out to board and, like so many others, died anyway).<sup>54.</sup>

But for the most part the lying-in wards were exactly that, and rather than being inveigled to stay for a sustained period of moral influence, inmates were required to be quit of the institution within a stipulated time of the birth. The Samaritan Home, with its confused status somewhere between reformatory and old people's home,

---

53. Hawke's Bay United District Charitable Aid Board, Report, 1887, p.9.

54. Society for the Protection of Women and Children (Auckland), Record Book No.1, p.29, (case 13).

was once again the exception in having a six month residential requirement. More typical was the Otago Benevolent Institution where uncomplicated maternity cases were permitted a maximum of 21 days stay after confinement. The regulations of the Otago Benevolent's lying-in ward afford a striking contrast to those of the Dunedin Female Refuge, and confirm that its function was strictly the medical care of indigent women (See Appendix 8). The women's need of the institution is subject to strict scrutiny, the work requirement is there as in all benevolent institutions, and the visiting restrictions are similar to those at the refuge. Given the short stay permitted, these restrictions probably stemmed less from the desire to break old associations than to avoid disruption to the ward's routine. (They bear comparison with the restrictive visiting policies operating in modern maternity institutions until recent years).

The lying-in wards filled a very definite need for unmarried mothers and poor women anticipating a difficult birth, but as the emphasis came to be placed on the care of the aged in charitable aid board institutions, the mixture of old people and maternity cases was one which appeared increasingly inappropriate. Valintine in particular was opposed to maternity care in old people's homes, feeling that 'By the time single girls leave these Homes they must have lost the little self-respect left to them'.<sup>55</sup> This obviously did not solve the problem of where such cases would be accepted. The boards could pay for medical attendance on married women in their own homes, but unmarried women often had no home and only the respectably married qualified for a St Helen's delivery. The Costley Home excluded maternity cases in 1904 but made arrangements with St Mary's in Parnell to receive such cases at the rate of £4 for a fortnight's care.<sup>56</sup> Even this was only a temporary

---

55. Annual Report on Hospitals and Charitable Institutions, AJHR, 1909, (S.2) H.22, p.6.

56. NZH, 26 April 1904.

expedient as in 1911 St Mary's, the Door of Hope and the Salvation Army Maternity Home informed the Board that they could no longer consider taking 'second' cases.<sup>57</sup> Though Valentine believed that there was adequate maternity provision in private hospitals, the St Helen's hospitals for married women and voluntary institutions for single girls, he was eventually forced to countenance cottage maternity hospitals in isolated areas and wards in public hospitals for single girls and urgent cases only.<sup>58</sup> This meant that maternity care eventually became a 'hospital' rather than a 'charitable' function, a development which is further explored in Chapter Nine. But in providing lying-in wards in their benevolent institutions for women whose essential characteristic was poverty rather than moral deficiency, the charitable aid boards anticipated these developments and laid the groundwork for a later development of maternity care which came through the hospital boards rather than the state-run St Helen's system.

It should not be thought that the retreat of some voluntary groups from work with women and girls signified the end of reformist activity. The Salvation Army and Catholic churches in particular retained an involvement in this area and some of their institutions remain in existence today. But more generally, these drives underwent an interesting transformation under the influence of eugenicist ideas and changing views about 'those who fell'. Fallen women in the 1870s and 1880s were regarded as morally

---

57. St Mary's Home, and Door of Hope to Board, Auckland Hospital and Charitable Aid Board Minutes, 19 December 1911. These institutions stated that girls who had had a chance of reformation and 'fell again, were ... mentally or morally weak or both', and therefore different from persons 'normally constituted'. NZH, 20 December 1911.

58. Annual Report on Hospitals and Charitable Institutions, AJHR, 1909, (S.2), H.22, p.6.

corrupt, their unhappy state the result of sin. They were nevertheless supposed to have a degree of control over their fate. Even if they had not deliberately chosen their lifestyle, they did have the choice of its rejection, and with assistance from their betters even the worst among them might be saved. Fuelled by these assumptions, reformist activity flourished.

By the 1900s the rhetoric was different. 'The inheritability of undesirable characteristics' became a catchcry. Single women with only one illegitimate child were viewed with suspicion, but those with two or more were labelled 'degenerate', their vices seen as inbred. Moral reform was impracticable, for nature had long since deprived these women of any moral discernment. The failures of the rescue homes had testified to this. As new standards of motherhood were formulated for married women, the unmarried - or, at least, the 'repeat offenders' among them - were seen to debase the new maternal ideal.<sup>59</sup> They were no longer a threat simply to themselves, or to respectable family life, but to the future of the race itself. Since redemption was not possible the state came to be seen as the appropriate guardian of such dangerous social pollutant.

Such views found fullest expression in submissions to the 1924 Committee of Inquiry into Mental Defectives and Sexual Offenders. Hospital board representatives listed cases where women had given birth to several illegitimate children, who were growing into moral defectives like themselves.<sup>60</sup> Even earlier, however, the boards had urged

---

59. For information regarding the emphasis on motherhood see M. Tennant, 'Matrons with a Mission, Women's Organisations in New Zealand, 1893 - 1915', M.A. Thesis, 1975, especially Chapters Five to Seven; also Erik Olssen, 'Truby King and the Plunket Society', New Zealand Journal of History, April 1981, pp.3-23.

60. See, for example, evidence of Mrs A. Herbert to Committee of Enquiry into Mental Defectives and Sexual Offenders, 1924, Typescript of Evidence, H 3/13.

state action against degenerates and their offspring. Women board members, whose interest in female applicants for charitable aid has been mentioned previously, were particularly energetic in advocating the restraint of 'over-sexed' girls. At the 1911 conference of hospital and charitable aid boards, Mrs M. Wilson overcame her sensibilities at talking on such indelicate matters to describe her shock at the physical, mental, and moral deficiency of girls entering the Samaritan Home with their second, third, or fourth illegitimate child. Most were, she said, friendless and homeless, but more significant was the fact that they themselves were often the illegitimate children of dissolute parents:

As I have looked at these girls, with their dull faces and stunted natures, and at their poor little unloved, unwanted babies - the waste of our social mill - it has made me sad to think that the sacred office of motherhood, the joy and crown of life, which should be exalted to heaven, has been so cast down to the lowest hell; and I have dreaded to think of the probable future of both mother and child, and of their baneful influence upon the future of this country. This is the humanitarian side of the question; but it has a most serious economic side as well, for each of these girls spells an endless expense to the country, and the evil does not end with her poor being, but grows and gathers force as the years go on. We have at present no provision for female defectives, but plenty for what such defectives ultimately become; and, although the cost of their care will be considerable, it will be as nothing to the cost of their neglect.

.....

....I know that illegitimacy is not in itself a statutory offence, nor is it ever likely to be; but this class is not normal - it is not amenable to educative methods, nor to the efforts of the benevolent, being deficient in moral strength and self-control. She is a distinct degenerate social type; and it seems to me that when a woman brings her second child upon the State the chances are that she is a hopeless case, and the State has the right to step in, both in its own interest and in the interest of the woman herself.<sup>61</sup>

---

61. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.192.



This sort of thinking, which equated lack of sexual control and mental deficiency, had distinctly pernicious implications for women so labelled. Though male undesirables met with equal condemnation, it was women whose sexual transgressions were the more easily identified and who were brought under official notice by their need for care and assistance when pregnant. Beyond establishing the Richmond School for educable 'defective' girls, the state proved unwilling to invest in special facilities of the kind called for.<sup>62</sup> But asylums, prisons, and other places of detention existed, and may have been used to hold 'social defectives' as well as the classes they were intended for. It would appear from evidence given to the 1924 Committee on Mental Defectives and Sexual Offenders that the North Canterbury Board's Essex Maternity Home (formerly the Linwood Refuge) was for some girls a springboard to the nearest mental institution.<sup>63</sup> It can at least be said that had the government established a institution for 'social undesirables' there would have been no lack of enthusiastic supporters to keep it supplied with inmates. As early as 1912 the Dunedin branch of the Society for the Protection of Women and Children, with the help of the police, charitable aid board and local maternity homes was compiling a list of 'second fall' cases 'to see if there could not be some place to confine these women and girls, thus saving them from their own weakness [sic], also prevent them from placing more defectives on the state'.<sup>64</sup>

---

62. Richmond was a companion to the boys' school at Otekaike. Obviously, the numbers these institutions could receive were limited, and adults were not accepted.

63. Evidence of Mrs A. Herbert to Committee of Enquiry into Mental Defectives and Sexual Offenders, 1924. Typescript of Evidence, H 3/13. In 1928 the Mental Defectives Amendment Act formally introduced the category of 'social defective' as a mental classification.

64. Society for the Protection of Women and Children (Dunedin), Report, 11 July 1912, Rough Minute Book, 1907 - 1914.

In practice, responsibility for many of these cases fell on the charitable aid boards. The boards had not in the past been appropriate guardians for 'magdalens' and 'fallen women', and had divorced themselves from the management of the two charitable aid refuges. But, as the image of the 'moral imbecile' replaced that of the 'magdalen', rescue work lost much of its point. Since there were no new state institutions for their care (or incarceration), such women were left largely to the outdoor relief system. They made use of the boards' maternity facilities as necessary, and became just another of the intractable social problems which fell to the charitable aid boards.

Chapter Eight

## THE CARE OF INDIGENT CHILDREN

The charitable aid boards' slow retreat from child care highlights the changing role of local body relief. At the same time as the boards gained responsibility for the infirm elderly, their involvement with indigent children came under attack. Children living with their parents continued to receive outdoor relief, but those whose parents were unable or unwilling to care for them, and those without parents, were far more likely to be taken up by the state's agencies or by voluntary and religious groups.

To the men who framed the 1885 Act, there seemed little reason why destitute children should not become a local responsibility, like any other category of the poor. The 1886 amending Act gave boards the power to appoint guardians for children in their care, and the 1909 Act authorised them to establish institutions for indigent children, placing, however, a significant stress on separate institutions for children. But the boards were not directed to establish children's homes; they were merely given authority to do so. Legislation gave more detail on the mechanism by which boards were to pay for the support of children in industrial schools. This was an emphasis which was taken further by government officials. MacGregor strongly opposed any arrangement which associated children with adult paupers, and advocated total state responsibility for indigent children.<sup>1</sup> He and Valentine were also against any suggestion that the boards should establish their own homes for children. They were well placed to assess the Education Department's provision for destitute, criminal and neglected children, and probably discussed with other departmental heads the most rational response to the problem. A system which gave charitable aid boards responsibility for some needy children and the state responsibility for others, was administratively unwieldy. The Department's officials

---

1. Annual Report on Hospitals and Charitable Institutions, AJHR, 1892, H.3, p.3.

urged first that all children be separated from adult paupers, then that children be fostered out under proper supervision, and finally that they should become the total responsibility of the state.

These were views which were supported by broader public opinion. The later nineteenth century saw changes in the status of children, and a new emphasis on the child as 'social capital'.<sup>2</sup> If elderly delinquents were beyond rehabilitation, children were not. As the birth rate declined all children became important to the state. Early intervention in children's upbringing might even arrest the effects of unwholesome heredity. Nor were criminal children beyond influence, for as Stout wrote as early as 1885;

No doubt the criminal type is now a permanent one, and as Galton says in his 'Inquiries into Human Faculties', 'the criminal nature tends to be inherited'. We can, however, by education, by good food, good surroundings, home life, music &c., &c., encourage those social habits that are opposed to the criminal instincts, and in this lies our only hope of a better future. 3.

The acceptance of such ideas and a new stress on national efficiency underlay a whole range of legislative, organisational, and institutional activity directed at children from the 1890s. The Infant Life Protection Acts and regulations governing the early registration of births benefitted illegitimate and unwanted children most directly, but these were paralleled by reorganisation in the industrial schools, the establishment of a state medical service for school children, and a growth in the number of private orphanages and voluntary societies concerned with the physical and social wellbeing of children (the Canterbury Children's Aid Society, the Society for the Protection of Women and Children, and Plunket were among the most vocal). The state played the larger part in these developments, and the churches

- 
2. See Dugald J. McDonald, 'Children and Young Persons in New Zealand Society', in Peggy G. Koopman-Boyden (ed.), pp.44-56, for an account of changing attitudes to children, and the emergence of the child as an individual in its own right, rather than as an adjunct to its parents or family.
3. Robert Stout, 'Our Waifs and Strays', p.120.

and voluntary societies participated according to their means.<sup>4</sup> But the charitable aid boards saw their involvement in child care eroded during this period. The boards' activities had ranged over four broad areas: there was one charitable aid orphanage in North Canterbury, other children were maintained in the benevolent institutions, several hundred children were boarded out by the charitable aid boards, and they supported others in industrial schools. The more valuable children became to the state, the more necessary it was to protect them from the taint of pauperism, and to separate them from any system geared to its relief.

Although the boards were authorised to establish charitable institutions for children, there was only one charitable aid orphanage in the period 1885 - 1920, and this had preceded the 1885 Act. The forces which brought the Lyttelton Orphanage under the North Canterbury Board's management were similar to those which had operated in the case of the Linwood Refuge. In 1868 a committee of the Provincial Council considered how best to provide for the province's destitute children. There were 47 such children in an Anglican Orphanage at Addington, another 40 were in private care, while 296 lived with their parents. The committee suggested that many of the latter might be more 'usefully and economically brought up' if placed in an institution under proper supervision. Since the Addington Orphanage was a denominational one, the Provincial Government rejected the possibility of financing its extension, and instead voted £1000 to convert the old Lyttelton Hospital into an orphanage. The Canterbury Orphan Asylum opened on 1 July 1870 and by 1872 was full, the church institution having closed in the meantime. There was a chance that the Lyttelton Orphanage would be drawn into the industrial school system, but in 1874 the Burnham Industrial School was opened as a

---

4. See McDonald; Erik Olssen, 'Towards a New Society', in W. H. Oliver with B.R. Williams (eds.), The Oxford History of New Zealand, Wellington, 1981, pp.258-60; Olssen and Levesque, pp.6-7.

separate entity. After the abolition of the provinces, the Orphanage came under the control of the government-funded and nominated Christchurch Charitable Aid Board. There was a suggestion that it be gazetted under the 1882 Industrial Schools Act to allow the separation of non-committed children at Burnham but this never occurred, and in 1885 the Orphanage came under the newly constituted Ashburton and North Canterbury United Charitable Aid Board.<sup>5</sup> The government refused a petition for its incorporation as a separate institution,<sup>6</sup> and the Orphanage remained as it always had been, a public institution free from state or voluntary management, but under a committee less attuned to children's welfare than to the dictates of local body finance.

From this time the Orphanage followed a somewhat troubled course, though life for the children within was probably no worse than for children in any institution. On 12 January 1886 there were 71 boys and 32 girls in the Orphanage.<sup>7</sup> A large number were not full orphans, but had one and sometimes both parents alive. The Orphanage records show that parents frequently applied to admit their children, though the reasons for this are unclear. For those admitted, life was a monotonous round of housework, prayers, schooling, meals, and more housework. Twice a week the routine was varied by a march, and the more fortunate boys were involved in band practices.<sup>8</sup> For some, domestic chores began as early as five or six in the morning. Until 1889 the children were taught by the master and a governess at the Orphanage, but in the 1890s they began to attend the nearest public school.<sup>9</sup> Even this had its drawbacks. The children had to be up even earlier to attend to their duties and be ready for school on time. They had to rush back to the Orphanage, and

---

5. P.J. Whelan, 'The Care of Destitute, Neglected and Criminal Children in New Zealand 1840-1900', M.A. Thesis, 1956, pp.71-73, p.157.

6. Press, 9 February 1886.

7. Ashburton and North Canterbury United Charitable Aid Board, Orphanage Committee, Minutes, 12 January 1886.

8. Master's schedule of duties presented to Board, Ashburton and North Canterbury United Charitable Aid Board, Minutes, 25 February 1886.

9. *ibid.*, 12 March 1890.

return to the school by one o'clock in the afternoon. They had no ulsters or overcoats, and in wet weather were either kept from school, or sat all day in wet clothes.<sup>10</sup> For girls, in particular, schooling was a mere formality, and they were even more likely than the boys to be kept back from the classroom to attend to domestic tasks. Domestic service was their inevitable destiny. In 1890 the Board's orphanage committee resolved that Orphanage girls should be withdrawn from school at the age of 13 regardless of educational standards, to be prepared for service at, or before attaining the age of 14.<sup>11</sup> The opportunities for boys were slightly broader, as they were apprenticed to a variety of trades or went into the navy. Often, however, boys were returned from apprenticeships, the reports simply noting that they were 'unsatisfactory'. A letter of 1909 suggests that girls placed out as domestic servants from the Orphanage or Refuge also became more assertive as they got older. Norris wrote to a woman in 1909 that it was a very difficult matter to get suitable girls for domestic help, especially for homes in the country. They all sought to live in or near the town, and to have the liberty to go out whenever they wanted in the evenings, he complained.<sup>12</sup>

Like some of the benevolent institutions, the Orphanage was plagued by periodic scandals. As the new Board's institutions committee sought to extend its control and curb the master's authority in the 1880s it came into conflict with staff and lady visitors to the institution. The period between 1885 and 1890, when most of the children were boarded out, is marked by the forced resignation of managers and matrons, staff accusations about the manager, and frequent complaints about cruelty. In 1886 a new master reported on a severe shortage of clothing, dirty bedding, and the example of only one comb having been provided to dress

---

10. *ibid.*

11. Ashburton and North Canterbury United Charitable Aid Board, Orphanage Committee, Minutes, 18 February 1890.

12. T. Norris to woman making inquiry for domestic help, 26 November 1909, Ashburton and North Canterbury United Charitable Aid Board, Letter Book, 1909-1910.

the hair of 96 children.<sup>13</sup> A month later a visiting workman accused him of ill-treating a little boy. He had seen a 6 year old boy standing naked outside in the hail, while another threw cold water over him. The little lad was screaming, black and blue with cold, and could hardly stand, the workman claimed. An inquiry showed that the boy had soiled his clothes in class, and that this was a frequent way of washing down such children, to discourage them from 'dirty habits'.<sup>14</sup> The master denied all accusations, but two years later was dismissed for excessive discipline, and for his inability to get on with staff.<sup>15</sup>

Such troubles were well publicised in the press, and probably hastened the Board's decision to foster out most of the children.<sup>16</sup> Unwilling to surrender a valuable income from the Orphanage endowments, the Board retained a small number of inmates - between seven and fifteen - in what was then a very old, incommodious building. Its destruction by fire fourteen years later came as a distinct relief to the Board.<sup>17</sup> But the children, and the all-important endowments, had only just been transferred to a smaller property at Waltham when the institution became the subject of a major scandal, culminating in a public inquiry in late 1905.

The whole affair was heightened by the longstanding tensions between women Board members such as Ada Wells and their more conservative male colleagues. Were it not for this the Board's own inquiry might have been more searching and less bent on self-justification. Instead, the women remained dissatisfied and went public with their charges of mismanagement. The Commission of Inquiry which followed showed the usual institutional deficiencies - dirty bedding and monotonous food (a shortcoming aggravated by the matron's alleged consumption of all sorts of dainties in front of the children). A

---

13. Press, 13 May 1886.

14. Press cutting, (source not noted, dated 23 June 1886), with Ashburton and North Canterbury United Charitable Aid Board, Orphanage Committee, Minutes, 22 June 1886.

15. Press, 26 July 1888.

16. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 9 July, 13 August 1890.

17. *ibid.*, 11 May 1904.



'deadly dull' daily routine was varied, in the Commissioner's words, 'by an occasional whipping or period of silence'. The Board's secretary, Thomas Norris, evidently exercised stringent economy over all aspects of the Orphanage management. Regular baths for the children had only just been instituted, largely at Mrs Wells' behest,<sup>18.</sup> and the Commissioner spoke darkly of a lack of proper supervision in baths and in sleeping quarters.<sup>19.</sup> The children's bodily neglect was more readily excused than their spiritual shortcomings, for the most persistent charge involved a lack of moral teaching at the Orphanage. This was an almost inevitable reproach to a public institution functioning in a church dominated field.

A charge of harsh physical punishment was not substantiated, but some crude psychological victimisation had evidently been practised, with the children forbidden to talk for as much as a month, dressed in 'grotesque costumes' for outings, and taunted about their backgrounds. The matron was so unwise as to persecute a number of Catholic children and, more especially, to mock their religious observances. This was particularly foolish at a time of strong sectarian feeling, which had already been a force in the establishment of separate church institutions. The Commissioner saw the matron's longstanding unfitness as further evidence of the Board's culpability.<sup>20.</sup> The Board regarded the matron as a convenient scapegoat and, stubbornly rejecting any share of the blame, dismissed her. A new matron was appointed, her duties more closely defined, and the Board defiantly invited the government to take over its destitute children if it thought it could do any better.<sup>21.</sup>

Otherwise the Orphanage seems to have continued much as before, the new matron giving a continuity and stability which had been lacking. It remained under the United Board

---

18. Press, 13 January 1906.

19. Commissioner's Report on Waltham Orphanage, AJHR, 1906 (S.2), H.22A, p.4.

20. *ibid.*, pp.2-3.

21. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 21 March 1906.

and its successor, the North Canterbury Hospital and Charitable Aid Board, whose willingness to maintain the connection owed much to the institution's endowments. These freed the Orphanage from any large demand on the local rates.<sup>22.</sup> The Commissioner, H.W. Bishop, had thought that the Orphanage had the makings of a 'model cottage home' of the type favoured by many women's societies, but this transformation never occurred. Instead the Orphanage increased in size. Between 1910 and 1915 the number of inmates trebled, with a noticeable increase in the 15 to 25 age range (see Table 15). The Orphanage was extended in 1914, and this enabled control over inmates who had gained employment in town, 'girls especially'.<sup>23.</sup> From 1919 girls were in the majority in this age range, despite the higher number of boys overall. National figures on charitable institutions show a similar pattern in the 1920s. This reflects the closer supervision exercised over girls, in whom the consequences of a moral lapse were thought more costly, both to themselves and to the state.<sup>24.</sup> Such girls may also have provided a convenient domestic labour force in their spare time. The managers of such institutions had good reason to keep girls under control for longer than boys.

To give the United Board its due, it is difficult to believe that the Waltham Orphanage provides a particularly horrendous example of institutional life for children. In the 1900s there were other inquiries into the Stoke Orphanage (run by the Catholics) and the Te Oranga Reformatory (a state institution).<sup>25.</sup> These reflected growing public concern at the treatment of young persons in institutions and, on the surface at least, exposed conditions which were considerably more brutal than at Waltham. Waltham was a relatively small orphanage at the time of the inquiry. This, and the fact that

---

22. H. Wharton, Secretary, to Inspector General, 26 June 1914, H 72/57.

23. *ibid.*

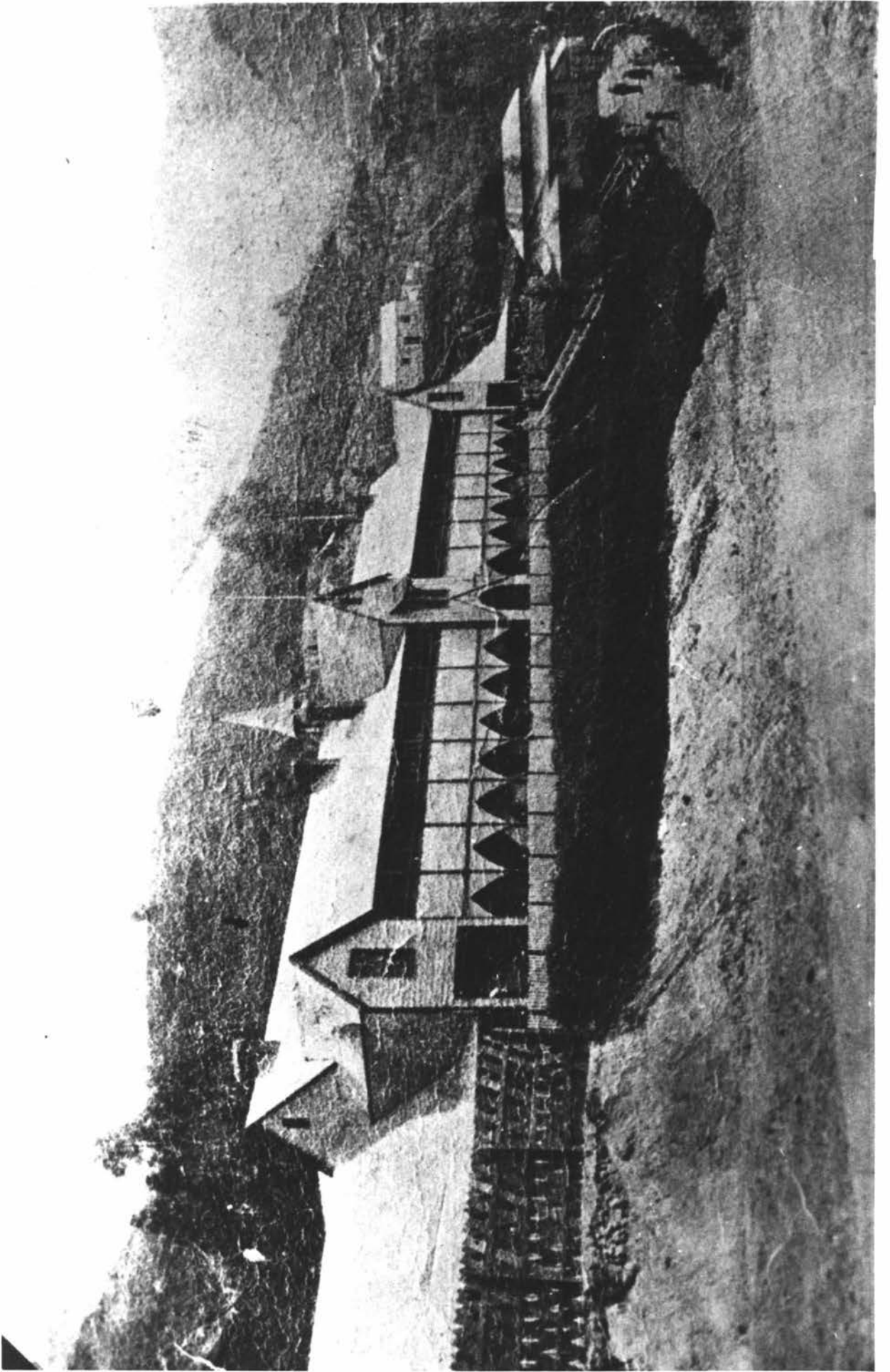
24. OYB, 1927, p.223, shows 204 males and 922 females aged 15 - 25 in charitable institutions. The number of females included those entering refuges and maternity homes, however.

25. See Report of Commission into Te Oranga Home, AJHR, 1908, H.21, and Report of Royal Commission on Stoke Industrial School, Nelson, AJHR, 1900, E.3B.

TABLE 15: Children in Lyttelton and Waltham Orphanages 1885-1920.

| Age range | 1885 |    | 1890 |    | 1895 |   | 1900 |   | 1905 |   | 1910 |   | 1915 |   | 1920 |    |
|-----------|------|----|------|----|------|---|------|---|------|---|------|---|------|---|------|----|
|           | M    | F  | M    | F  | M    | F | M    | F | M    | F | M    | F | M    | F | M    | F  |
| Under 5   | 2    | 1  | 1    | 1  | 3    | 0 | 1    | 0 | 1    | 0 | 0    | 0 | 7    | 1 | 2    | 0  |
| 5-10      | 25   | 7  | 8    | 8  | 1    | 4 | 1    | 1 | 6    | 3 | 3    | 2 | 7    | 5 | 14   | 1  |
| 10-15     | 42   | 24 | 33   | 14 | 0    | 5 | 1    | 9 | 3    | 7 | 6    | 3 | 9    | 8 | 9    | 3  |
| 15-25     | 2    | 0  | 3    | 1  | 0    | 1 | 0    | 0 | 0    | 0 | 0    | 0 | 7    | 3 | 4    | 12 |

Source: Statistics of New Zealand, 1900-1920.



the children at least associated with others in a public school may even have given it a more 'homelike' atmosphere than most institutions of its kind. Waltham was also a public institution open to scrutiny and criticism. This criticism was forthcoming more often than not, for it was traditionally more effective to protest against rating by an incompetent board than one which gave evidence of effective management. Waltham was also sited in a city which had an active child welfare organisation (the Children's Aid Society) and it was governed by a board which contained two women reformers. These women endorsed the Commissioner's view that charitable aid boards composed of men should not have responsibility for young children. The findings of the Waltham inquiry reinforced views already held by members of the Department, and reduced any likelihood that other boards would move into orphanage work. Waltham's discouraging history and MacGregor's active opposition put paid to any further charitable aid orphanages. The boards' energies were, in any case, soon absorbed by the care of the infirm elderly.

The total number of orphanages did increase from the end of the nineteenth century, but these were run by the churches. The churches were anxious, in the face of sectarian rivalry, to gather up their own, and their new 'social service' departments provided them with the resources to do it. The protestant churches in particular made the move into orphanage work during the 1900s, and in some cases replaced reformatories with child care. St Mary's in Christchurch, for example, was closed in 1909 and converted into an Anglican orphanage.<sup>26</sup> In other cases, separate institutions for children grew up alongside the reformatories. Official returns showed only four orphanages in 1900, but by 1929 there were approximately 70 private and denominational children's homes in New Zealand. Even though some institutions may have escaped notice in 1900, there was obviously a considerable increase in the number of

---

26. Roper, pp.19-20.

The Canterbury Orphanage, originally the Lyttelton Casualty Ward. Large institutions of this kind went against new ideals of raising destitute and orphaned children in a 'family' environment, either through foster care, or by placing them in a small 'cottage' home.

Photograph: Canterbury Museum.

orphanages and children's homes over the next 30 years.<sup>27.</sup> They mostly remained independent of state control, for although the Education Department claimed the right of inspection from 1910, its power to amend unsatisfactory conditions was minimal. Not until the 1927 Child Welfare Amendment Act were all children's homes required to be registered with the Education Department, and certain guidelines laid down for their management.<sup>28.</sup> Even then control was limited.

The churches moved into institutional care at a time when the Education Department and most charitable aid boards had rejected it as inferior to fostering. By 1920 John Beck, Officer in Charge of Special Schools, was strongly critical of the state for having allowed

private enterprise under the guise of benevolence to step in and handle the children of the State under a system that is obsolete, without any Government supervision either as regards the establishment of institutions, the selection of children who are admitted to these institutions, or the training and ultimate destiny of the children so dealt with. 29.

The churches, on the other hand, felt that an institution provided the most certain context for moral and spiritual training, they found it easier to raise money for something as tangible as an institution, and were often left large amounts of money on condition that it was spent in precisely this way.<sup>30.</sup>

---

27. Statistics of New Zealand, 1900, p.90; Annual Report, Department of Education, AJHR, 1929, E.1, p.35. See also H.C. Mathew, The Institutional Care of Dependent Children in New Zealand, Christchurch, 1942, pp.19-23; Morrell, p.130, and Roper, pp.17-22. Elder, p.339, notes that one of the main aims behind the formation of the Presbyterian Social Services Association was to 'rescue those Presbyterian children who were drifting beyond the care of the Church'.

28. Statutes of New Zealand, 1927, Child Welfare Amendment Act, 1927, cl.4, pp.572-73; cl.11, p.574.

29. Annual Report, Department of Education, AJHR, 1920, E.4, p.15. Beck also noted the rapid growth of the orphanage system, so that almost every church had an orphanage in each of the main centres of population.

30. Mathew, pp.19, 22.

Since they were under no statutory obligation to take in destitute children, the religious orphanages could afford to be more selective than the public institutions. Preference was given to full orphans who, although they provided the sentimental drawcard for generous giving, were probably always in a minority. (Although it contained an element of wishful thinking, the term 'children's home' was more accurate than 'orphanage', and was in common usage by the 1920s.) Illegitimate and disabled children were less welcome, both for fairly obvious reasons.<sup>31</sup> In 1913 a North Canterbury Board member claimed that the religious organisations 'would not touch' illegitimate children, and he urged the Board to establish its own receiving home for these cases. Nearly half the children in the Board's care were illegitimate at this time - seven of the 21 in the Orphanage, seventeen of the 32 boarded out and, although they were out of its control, 76 of the 131 children the Board maintained in industrial schools.<sup>32</sup> Many private orphanages and industrial schools accepted children from the charitable aid boards, but it was the Education Department which challenged the boards' jurisdiction. The state's agencies were less selective than the religious bodies, they laid claim to more generous resources, and could boast a pool of professional expertise.

The increasing number of children's homes reflected a deeper awareness of children's needs, and a willingness to take responsibility for their upbringing. The charitable aid boards had not been in the vanguard of these developments. Economic considerations and the need to discourage parental irresponsibility underlay all their policies on child care. The uniqueness of child life was not immediately apparent to

---

31. *ibid.*, p.82, pp.84-5. Of the 2770 children in charitable institutions on 31 December 1925, less than 10 per cent had lost both parents, 47 per cent had lost one parent, and 16 per cent were illegitimate. OYB, 1927, p.224.

32. Press Cutting, Evening News, 22 October 1913, E 40/1/1.



boards concerned with the ratepayer interest. It was tempting to regard children as young paupers, and to place them in benevolent asylums with all the other 'helpless poor'. But as their institutions became overcrowded most boards succumbed quite readily to official pressures in favour of foster care. Even in the 1880s it was apparent that boarding out might be cheaper than indoor relief.

Two local authorities had rather more invested in the indoor relief of children. Although the Department continually impressed upon them the impropriety of their arrangements, the Otago Benevolent Trustees continued to take children into the Benevolent Institution until 1893. The Southland Board placed indigent children first in its Bowmont Street Home (Invercargill) and later, on Lorne Farm. Here the children's proximity to chickens, cows, and a rural lifestyle was supposed to outweigh their proximity to the Board's old men. If nothing else, it made the arrangement more palatable to the authorities, and enabled the Board to maintain children at Lorne until the 1920s.

Part of the Otago Trustees' delay in boarding out children stemmed from their longstanding involvement in child care. When the Institution was opened in 1866, it was intended for all classes of indigence. The following year, however, the Destitute and Neglected Children's Act was passed, and the Trustees agreed that the Institution should function as an industrial school under the Act. The Trustees were uneasy about accepting criminal children, and in 1869 the Provincial Government opened its own industrial school at Lookout Point. This resulted in a fall in the number of children placed in the Benevolent Institution, but not until 1875 were adults in a majority there.<sup>33</sup> From this time the Trustees became less willing to receive children. At one stage they absolutely refused to provide for illegitimate children lest unmarried mothers should 'calculate on getting easily rid of the consequences of their folly and sin'.<sup>34</sup> The Presbyterian

---

33. Whelan, p.34; Annual Report of the Otago Benevolent Institution, 1868, pp.6-7; 1876, p.5, p.17.

34. *ibid.*, 1875, p.7.

Church at this time had a strong representation among the subscribers. The frightful consequences of a lax social policy were continually aired at the subscribers' annual meetings, and confirmed the Trustees in their moralistic stance.

Despite the Trustees' reluctance to take in children, there were 76 youngsters in residence by January 1891.<sup>35</sup> The criteria on which children were admitted are unclear, for the Trustees also sent children to the industrial school from the Institution, and directly upon their guardians' application for help. Some children may have been admitted on a temporary basis until their family situation became more organised, or while a parent was in prison. It was not uncommon for one or two children from a family to be admitted to a home or industrial school while the family tried to recover its position. On the other hand, children were refused admission to the 'Benevolent' if of weak intellect, or if their parents' reason for disposing of them seemed unduly frivolous.

The Otago Benevolent Trustees were not the only charitable body to find adult self-interest well to the fore. Children were still seen as economic liabilities while small, but became assets to the family when old enough to work. This shows in requests to substitute a small child for an older sibling in the Institution, and in the tendency for older, stronger children to be 'adopted'. Common enough were requests for 'a good, strong girl, able to milk a cow', 'a child of useful years', and the particularly audacious request of one Carterton farmer to the Wellington Benevolent Trustees for ten such sturdy youngsters.<sup>36</sup> To the credit of most charitable aid authorities the more blatant requests were indignantly refused, but many children must have been committed to the care of taskmasters who were more tactful in framing their request. At the same time, children did not have to be orphans, or destitute, or separated from their parents for their labour to be an exploitable commodity, as school medical inspectors found well into the twentieth century.

---

35. *ibid.*, 1891, p.18.

36. EP, 26 October 1887.

The largest group of children discharged from the Benevolent Institution in any one year were those 'taken out by friends', some presumably relatives whose altruism must also be suspect. Those 'placed at service', the next largest category, would at least receive some remuneration for their services (see Table 16). Domestic service loomed with a grim inevitability for girls, and farm work for boys. The Otago Trustees first exacted their share of the children's labour by instituting a six month 'training' period for all children about to be discharged.<sup>37</sup> To judge from the six or seven times one girl was returned to the Institution over a three year period, this did not necessarily result in a more satisfactory product.<sup>38</sup> Significantly, one argument in favour of boarding out was that children reared in an institution had no home training, and that when they left the Institution they were unwilling or unfit for work and made very bad servants.<sup>39</sup> In the meantime, however, the children saved the Trustees some of the cost of domestic labour in the Institution.

For the most part, the children's experience of indoor relief differed little from that of the elderly residents. There was little attempt to cater for individual needs. Treats such as the annual trip on the Union Steamship Company's steamer came their way, along with the well-meaning entertainments by ladies' groups and Sunday schools traditionally imposed on the institutionalised of all ages, classes, and interests. An equally doubtful diversion was 'drill' by the local fire chief. One Trustee proudly related how the little boys could evacuate the building and have the hoses trained upon the windows in three minutes flat.<sup>40</sup> Such activities at least provided some form of contact with the outside world, but for the most part the children were isolated from 'normal' activities and family life. They had

---

37. Otago Benevolent Institution, Rough Minutes, 15 June 1887, 23 July 1890.

38. This case appears in *ibid.*, 2 February 1887 - 8 October 1890.

39. The Globe, 17 September 1891.

40. Annual Report of the Otago Benevolent Institution, 1891, p.10.

TABLE 16: Reasons for Discharge of Children from the Otago Benevolent Institution, 1870-1893.

| Reason                                       | 1870 |    | 1875 |    | 1880 |    | 1885 |    | 1890 |    | 1893* |    |     |
|--|------|----|------|----|------|----|------|----|------|----|-------|----|-----|
|  | M    | F  | M    | F  | M    | F  | M    | F  | M    | F  | M     | F  |     |
| Left of own accord                           |      |    |      |    |      |    |      |    |      |    |       |    |     |
| Dead   | 1    | 1  |      |    |      |    |      |    |      |    |       |    |     |
| Sent to hospital                             |      |    |      |    |      |    |      |    |      |    |       |    |     |
| Sent to asylum                               |      |    |      |    |      |    |      |    |      |    |       |    |     |
| Expelled                                     |      |    |      |    |      |    |      |    |      |    |       |    |     |
| Taken by friends                             | 6    | 11 | 6    | 3  | 6    | 13 | 3    | 6  | 6    | 3  | 4     | 8  |     |
| Placed in service                            | 5    | 3  | 8    | 4  | 1    | 1  |      |    |      | 6  | 4     | 5  |     |
| Adopted                                      | 2    | 2  |      |    |      |    |      |    |      |    |       |    |     |
| Boarded out                                  |      |    |      |    |      |    |      |    |      |    | 11    | 10 |     |
| Sent to industrial school                    |      |    |      |    |      |    |      |    | 3    | 2  |       |    |     |
| Other  |      | 1  |      |    |      |    |      |    |      |    |       |    |     |
| Total  | 13   | 18 | 14   | 7  | 7    | 14 | 3    | 6  | 9    | 11 | 19    | 23 |     |
| Total children in institution on 31 December |      |    |      |    |      |    |      |    |      |    |       |    |     |
|  |      | 68 |      | 37 |      | 36 |      | 37 |      | 56 |       | 4  | 332 |

\* Boarding out commences

Source: Annual Report of the Otago Benevolent Institution, 1870-1894.

little contact with other children since the Institution had its own teacher. Their most immediate contact was with old people increasingly marked by sickness and debility.

Pressures on accommodation meant that the children could not be isolated from the old people, and seemed in danger of moral, if not actual physical contamination. The solution was obvious, but the Trustees hesitated until they were sure of the savings involved in foster care. The children's interests prevailed, and by the end of 1893 nineteen of them were satisfactorily boarded out at a weekly cost of 5s 6d, 2s a head less than was paid to foster parents by the industrial schools.<sup>41</sup> The Trustees could congratulate themselves on having struck a bargain.

The circumstances of the Southland Board were different again. The Southland Board claimed to have tried boarding out but found it unsatisfactory. Whereas Otago had a benevolent institution from the 1860s, the Southland Board had opened its Bowmont Street Home only in 1886. As in other centres children crept into a home which was quite unsuited to their needs. The difference was that they remained in residence, despite MacGregor's objections and at least one deputation of local ministers in protest to the Board.<sup>42</sup> There were the usual fears of hardened old lags corrupting innocent youth - all the more so, since in the Bowmont Street Home boys of under 12 shared a dormitory with old men. The Board was not totally unresponsive to public opinion. In the late 1890s it purchased land for a larger and more acceptable complex at Lorne. First the fit elderly, then the children were transferred to Lorne in 1902. From this time the tone of official reports changes. From 1902 the Lorne Farm was cited as one of the best charitable aid institutions in the country.<sup>43</sup> The children lived in a separate wing apart from the adults, and the rural setting was thought most commendable. Members of other boards visited

---

41. *ibid.*, 1894, p.9.

42. Southland Hospital Board, History of the Southland Hospitals and Board 1861-1968, Invercargill, 1968, pp.28-29.

43. Annual Report on Hospitals and Charitable Institutions, AJHR, 1902, H.22, p.2. See also later reports.

Lorne to note with approval the 95 acre farm, dairy, and cultivation, all maintained under the close supervision of the Southland Board. In 1905 there were 22 old men and 46 children in residence, and a staff comprising master and matron, nursery matron, housemaid, ploughman, and sewing mistress to instruct the girls. As well as helping on the farm, the children attended the local public school, and were described as being healthy, happy, and encouraged in their 'particular avocations'.<sup>44</sup>.

These were the favourable reports of visitors impressed by signs of neatness and order. Other reports suggest that Lorne was no more agreeable for the children within than most other institutions of its kind. When Miss H. Petrement inspected the Home under the provisions of the Infant Life Protection Act, she found the small children herded together under the supervision of two inmates, without toys or playthings. The whole appearance of the building she likened to a workhouse, with all other considerations sacrificed to neatness and order.<sup>45</sup> In later years George Benstead, manager of the government's special school at Otekaike, also likened Lorne to a workhouse.<sup>46</sup>

This criticism should be placed in context. Petrement and Benstead were Education Department officials, both convinced of their own Department's superiority in the field of child care. In the 1900s the Education Department's own institutions were not renowned for enlightened concessions to children's individuality. Valentine did not favour the close proximity of old and young at Lorne, but he bridled at any suggestion of Education Department interference.<sup>47</sup> The Board therefore continued to maintain young persons at Lorne until 1926, when it became an infirmary for the aged.

It must be stressed that the Southland Board was the exception in continuing to place children in its benevolent

- 
44. Report presented to Ashburton and North Canterbury United Charitable Aid Board, Minutes, 5 July 1905.
45. H. Petrement to Secretary for Education, 9 July 1908, E 40/6/1
46. G. Benstead to Secretary for Education, 14 May 1912, *ibid.*
47. T. Valentine to Secretary for Education, 12 September 1912, *ibid.*

institution, and that the children were maintained in a separate wing of the building. The Department's officials, women's groups, and others interested in child welfare, were very much against placing children and old people together, and the 1889 Hospitals and Charitable Institutions Bill even had a clause stating that children must not be maintained in a home for the aged for any more than one month.<sup>48</sup> Most boards soon realised that there was a simple and relatively cheap alternative in foster care. Alternatively, they could place destitute children in an industrial school, but this procedure was more costly, and meant that they lost control of the children. Boarding out had certain other advantages beyond the welfare of the children concerned.

The superiority of foster care had become part of Education Department orthodoxy by 1900. Following British, and more particularly, Australian precedents, the Education Department had adopted boarding out in the 1880s. Though introduced earlier in Britain, boarding out remained relatively limited in scope and largely restricted to pauper children. Australia's experience showed that children from reformatories and industrial schools could be successfully fostered.<sup>49</sup> After close study of the systems used in the different Australian states, William Habens, the Inspector General of Schools, recommended similar provision in New Zealand.<sup>50</sup> This was formalised in the 1882 Industrial Schools Act and soon percolated down to the charitable aid boards as acceptable social policy. Boarding out was promoted as a distinctly advanced practice with all sorts of advantages for the

---

48. New Zealand Statutes, 1889, Hospitals and Charitable Institutions Bill, cl.35, p.10.

49. John Ramsland, 'The Development of Boarding-Out Systems in Australia: A Series of Welfare Experiments in Child Care 1860-1910', Journal of the Royal Australian Historical Society, September 1974, pp.186-198; Leonora Ritter, 'Boarding-Out in New South Wales and South Australia: adoption, adaptation, or innovation?', ibid., September 1978, pp.120-26.

50. Annual Report, Department of Education, AJHR, 1881, E.6.

children and the families accepting them. As Habens wrote in his report to the Minister of Education in 1881:

Children who are boarded out associate naturally with other children in the homes and at school. They acquire habits of self-reliance that cannot be formed in the seclusion of an institution which is a kind of prison. They come to look on their foster-parents as their natural guardians, protectors, and counsellors, and the home becomes a starting point and a rallying point for them as they enter naturally into the ordinary relations of common every-day life. It is found that the homes in which they are placed are improved in their general tone by the influence of the lady-visitors, and that parents who were content to let the State maintain their children in schools become jealous of the influence of foster-parents, and strive to become worthy to claim the right to care for their own offspring. 51.

This was the ideal. As always, implementation left much to be desired. Even the Education Department's administration of foster care proved unsatisfactory, despite regulations issued in 1883 and the appointment of local visitors and correspondents.<sup>52</sup> The boards exercised even less supervision, and in their hands the practice became little more than an irregular supplement to outdoor relief. The Education Department made foster care respectable, and the boards capitalised on this respectability. Some boards even used the term to describe quite different practices. In 1882, for example, gentlemen intending to establish a local orphanage sought the Otago Trustees' advice on whether to procure a building or confine themselves to boarding out. The Trustees gave the ambiguous reply that it had been their practice to board children in the institution, a strange manipulation of terms.<sup>53</sup> Table 17 shows a sudden increase in the number of children boarded out by the Otago United Board in 1907. Since this is balanced by an almost equivalent drop in the number of children 'maintained in institutions',

---

51. *ibid.*, p.1.

52. J.M. Beagle, 'Children of the State. A Study of the New Zealand Industrial School System 1880-1925', M.A. Thesis, 1974, pp.148-52.

53. Otago Benevolent Institution, Rough Minutes, 20 December 1882.



TABLE 17: Children Boarded Out by Hospital and Charitable Aid Boards and Separate Institutions on 31 March 1895-1907.

| Board                             | 1895      | 1897      | 1899     | 1901     | 1903     | 1905     | 1907     |
|-----------------------------------|-----------|-----------|----------|----------|----------|----------|----------|
| North Auckland                    | -         | 2         | 1        | -        | -        | -        | -        |
| Auckland                          | 40        | 47        | 28       | 14       | 10       | 11       | 17       |
| Coromandel and Thames             | 2         | 3         | 9        | 1        | 1        | -        | -        |
| Waikato                           | 3         | 3         | 1        | 1        | -        | 3        | 6        |
| Bay of Plenty                     | -         | -         | -        | -        | 2        | 2        | -        |
| Cook                              | 3         | 3         | 3        | 3        | 3        | 4        | 6        |
| Hawke's Bay                       | 1         | 9         | 23       | 11       | 8        | 5        | 5        |
| Taranaki                          | 9         | 13        | 9        | 15       | 9        | 14       | 14       |
| Patea and Wanganui                | 3         | 13        | 5        | 3        | 6        | 6        | 7        |
| Palmerston North                  | -         | 1         | -        | 1        | 3        | 5        | 3        |
| Wellington and<br>Wairarapa       | -         | -         | -        | -        | -        | -        | -        |
| Wellington Trustees               | 47        | 62        | 60       | 20       | 28       | 18       | 5        |
| North Wairarapa<br>Benevolent     | -         | 6         | 5        | 7        | 4        | 4        | -        |
| Wairau                            | 1         | 1         | 1        | 1        | 1        | 1        | 1        |
| Picton                            | -         | -         | -        | -        | -        | -        | -        |
| Nelson                            | -         | 11        | 17       | 8        | 6        | 12       | 17       |
| Buller                            | -         | 3         | 3        | -        | -        | -        | -        |
| Inangahua                         | -         | -         | -        | -        | -        | -        | 1        |
| Grey                              | 6         | 5         | 10       | 10       | 25       | 15       | -        |
| Westland                          | 9         | 18        | 16       | 15       | 19       | 12       | 7        |
| Ashburton and North<br>Canterbury | 72        | 76        | 60       | 55       | 59       | 54       | 56       |
| South Canterbury                  | 43        | 60        | 44       | 38       | 38       | 42       | 42       |
| North Otago                       | -         | -         | -        | -        | -        | -        | -        |
| Otago United                      | -         | -         | -        | -        | -        | -        | 162*     |
| Otago Benevolent<br>Institution   | 20        | 15        | 5        | 3        | 1        | -        | -        |
| Southland                         | <u>11</u> | <u>10</u> | <u>7</u> | <u>8</u> | <u>1</u> | <u>1</u> | <u>1</u> |
| Total                             | 270       | 361       | 307      | 214      | 224      | 209      | 353      |

TABLE 17 Cont'd.:

|  | 1895 | 1897 | 1899 | 1901 | 1903 | 1905 | 1907 |
|--|------|------|------|------|------|------|------|
| Total children<br>supported by boards<br>in institutions<br>31 March | 566  | 659  | 570  | 579  | 515  | 549  | 479  |

\*The Otago United Board supported 180 children in institutions, 1906. In 1907 11 only are so designated.

Source: AJHR, H.22, 1896-1907.

the Board had apparently decided that the children it supported in state industrial schools and in private institutions could be regarded as 'boarded out'. This tendency to reclassify as convenient is confirmed by an unpublished return of February 1919. The United Board's successor, the Otago Hospital and Charitable Aid Board, listed 79 children as 'boarded out'. These included not only those maintained in industrial schools, but some supported by outdoor relief.<sup>54</sup> This indicates, once again, the caution with which hospital board returns must be viewed. Other boards also failed to distinguish between children supported in private and church institutions, and those fostered out with families.

Boards which were so casual in their definition of boarding out were not likely to follow the Education Department's drive toward a more systematic foster care. For them the whole process was a matter of convenience, enabling them to reduce overcrowding in their institutions, while retaining control over children for whom they were, in any case, financially responsible. The boards could claim that they were no less anxious than the Education Department to place children in a 'normal' family situation, and that they might as well exercise direct supervision as pay the Education Department to supervise children on their behalf. But boarding out also enabled economies to be made. It allowed families on outdoor relief an additional weekly income, though the practice of fostering children with charitable aid families was everywhere condemned. Beneath such 'advanced' measures the old objectives prevailed.

MacGregor and Neill had no doubt that economy was the boards' real reason for maintaining their own foster care schemes. MacGregor strongly approved of boarding out, seeing in it 'the most natural substitute for home-life and a mother's care'. But he insisted on respectable rural foster homes and strict supervision. 'An adequate supply of eternal

---

54. Secretary, Otago Hospital and Charitable Aid Board, to Secretary, Department of Health and Hospitals, 14 February 1919, H 54/10/1.

vigilance' was, he concluded, far more likely to come from the Education Department than the charitable aid boards.<sup>55</sup> MacGregor's inspections confirmed his belief in the boards' neglect. In 1896 he outlined the procedures followed in the four main centres. He gave only Auckland any sort of commendation for adequate supervision in satisfactory homes. In Wellington and Christchurch voluntary lady visitors exercised a perfunctory supervision over fostered children. In Dunedin, he reported, the Trustees had abdicated all responsibility for destitute children, whom they now placed directly in the industrial schools (returns from the Trustees show that they continued to board a few children until 1903).<sup>56</sup> Although Auckland escaped criticism in this report, it had earlier supplied a typical example of the abuse suffered by foster children. MacGregor's 1892 report included a letter to the Auckland Board outlining conditions in just one of the homes he had visited:

... At Mr. Stickley's house, Mount Eden, eight children are boarded. Four of these children are paid for by their mothers or friends. The other four are paid for by the Auckland Charitable Aid Board. The surroundings and interior of this house are squalid and dirty in the extreme. The wife, Mrs. Stickley, tried to excuse the confusion by saying that they were clearing-up and were caught at their worst; but it was evident that the normal condition of the place was filthy beyond measure. It was only by persisting in seeing everything for myself that I found my way into a side room, where two girls - Mabel and Alice Edgecumbe, aged respectfully ten and seven years - slept. The bed occupied by these children was unspeakably filthy. The bedding was very scanty, and so dirty as to be unfit for a dog-kennel. The mattresses were wet and rotting, and clearly had not been attended to in any way for a very long time. I called Mr [Strathearn's] attention to these facts, and asked why he had never reported these things. He said he had never seen this room, and did not know of its existence, and he agreed that never in his life had he seen anything so bad; and, indeed, I can understand how a man by himself would hesitate before making such an examination as I found it necessary to make. After completing

---

55. Annual Report on Hospitals and Charitable Institutions, AJHR, 1896, H.22, p.2.

56. See Table 17.

my investigation at Mr. Stickley's house, I resolved to see the two children, who were at school. I called out the two girls, whom I found fairly clean in their dress at first sight; but, on a closer examination, I found them very insufficiently clad for this cold weather, and the boots worn by the older one were completely useless. The soles were entirely gone, and the child would have been better bare-footed. The most distressing thing of all, however, was to hear these children, in reply to my questions about their bed, say, 'We have a nice, clean, warm bed.' When I told them that I had just seen their bed, and tried to find out why they told me what was not true, they looked at me and were evidently too terrified to say a word more. All I could discover was that sometimes they were beaten by a big boy named 'Cecil', with a stick. The girls have a pinched look, and are very thin. I believe they are not sufficiently fed. 57.

One can sympathise with Mabel and Alice Edgcombe, torn between their terror of 'Cecil' with the big stick, and MacGregor's imposing presence. But Inspector Strathearn emerges remarkably lightly from the report, and, as if to confirm the need for female officers, MacGregor merely attributed his laxness to manly reticence at making domestic inquiries. Certainly this home was a far cry from the wholesome rural influences which were supposed to dissociate children from the pauper taint. Inadequate supervision led to the exploitation of foster children who became, in Neill's words, 'unpaid little drudge[s]' (though a country home would possibly have provided even more opportunity for this).<sup>58</sup>

Religious compatibility seems to have been the sole concession to a judicious selection of homes, and the needs of the foster parents outweighed those of the child.

Whatever their intentions, both the Education Department and the charitable aid boards were in practice restricted by the number and quality of available foster homes. Many foster parents, like the Stickleys, thought it only worth their while to take in large numbers of children. In some cases, the boards were not responsible for the selection of

---

57. Annual Report on Hospitals and Charitable Institutions, AJHR, 1892, H.22, p.3.

58. *ibid.*, 1899, p.3.

homes. In 1905 a visit by the chairman of the Ashburton and North Canterbury Board to children boarded in and around Christchurch showed that many of the homes were 'scarcely conducive to satisfactory results'. Many foster parents were poor people who sought to add to their income by fostering children, but were barely competent to provide for their own offspring. Many of these homes had not been chosen by the Board. Parents, especially unmarried mothers, placed their children in foster homes promising to pay maintenance. Eventually they defaulted, and the person in charge of the home appealed to the Board as a more reliable paymaster. Without any intention on its part, the Board had become responsible for a number of children whom it could not even shift to a more suitable home without obtaining legal guardianship. Where children under four were involved such foster homes needed to be licensed under the Infant Life Protection Act. In the chairman's view this made little difference to the quality of care. As long as a cottage contained a certain number of cubic feet a licence could be obtained 'a la ship's cabin', with the difference that on a ship provision was made for cleanliness and fresh air, both lacking in many licensed homes. In addition many of the baby farmers (as he called them) took in not only the maximum of number children permitted by their licence, but other children as well, thereby defeating the purpose of the Act. He recommended that the Board seek absolute control over children for whom it was financially responsible, that regulations be drawn up for visiting all foster homes, that the Board's medical officer examine each child at least twice yearly, and that the Board seek reports on the children's progress and school attendance at the end of the year.<sup>59</sup>

The chairman's report was an indictment of the state as much as the Board. It caused the women on the Board to push even more vigorously for 'cottage homes' as an alternative to foster care. These cottage homes were to be run along the lines of today's small scale social welfare family homes. It

---

59. Report presented to Ashburton and North Canterbury United Charitable Aid Board, Minutes, 5 July 1905.

was essential that they be managed by 'refined and cultivated' women who showed an intelligence and awareness lacking in most foster parents.<sup>60</sup> But these homes were likely to be expensive (although run on the most parsimonious lines the Lyttelton Orphanage cost the Board £351 to maintain an average of seven children in 1894, while 30 children were boarded out at an annual cost of only £484).<sup>61</sup> After receiving its chairman's report on the inadequacies of foster homes, the Board considered and rejected a motion to establish two cottage homes. It resolved instead to readvertise for private homes and attempt a more careful selection.<sup>62</sup> Innovations in the area of child care were not to be the prerogative of charitable aid boards anxious to keep down the local rates.

The unsatisfactory nature of foster homes was one reason for an apparent decline in the number of children boarded out by the boards in the 1900s. Conclusions from statistics in the Annual Report of the Hospitals Department can only be very tentative given the short run of figures (1895 - 1907) and the confusion mentioned earlier. At face value they show a gradual fall in the numbers of children fostered. The boards and separate institutions in the four main centres supported the largest number of children and show the most marked reduction in the numbers boarded. Some of the small boards had never been involved in foster care, while others maintained only small numbers, perhaps from a single family, in private homes. Where fewer children were boarded out there is sometimes an obvious explanation - the opening of the children's wing at Lorne Farm caused a reduction in the number of children boarded out by the Southland Board, for example. Education Department figures show that the number of children maintained by the boards in state industrial schools almost doubled between 1908 and

---

60. See Canterbury Women's Institute's policy on neglected children, White Ribbon, March 1897, p.8.

61. Press, 6 February 1895 (Report of Commission of Inquiry).

62. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 6 September 1905.

1919 (with numbers in private industrial schools remaining almost constant - see Table 18). The impression is that boards were realising their limitations, withdrawing from foster care, and instead handing destitute children over to the Education Department.

The boards did not run their own boarding out systems because they felt any strong commitment to child care. The 1885 Act had made them financially responsible for children in industrial schools, and the 1886 amending Act made this responsibility retrospective. In 1890 the boards successfully resisted an attempt to extend their liability to 'imbecile and crippled' children of 15 years and upwards.<sup>63</sup> But as long as the boards had to pay for destitute children, there was an incentive to keep them under their own control, and to attempt to maintain them more cheaply than could the Education Department. The industrial schools received destitute, criminal and neglected children. The criminal children were readily identified, but the line between a destitute child and a neglected child (whom the boards did not have to maintain), was often very narrow. An abandoned child might be both destitute and neglected. If the parents would not or could not contribute, its support would ultimately be decided by a series of manoeuvres and compromises between the district board and Education Department officials.

Always the loyal servant of the Ashburton and North Canterbury Board, T.M. Norris regularly attended the magistrate's court to ensure that children were committed under those sections of the Industrial Schools Act which made the state liable. Nor was he beyond more direct intervention in the Board's interest. On one occasion he instructed Miss Frances Torlesse, an Anglican social worker 're girl —':

---

63. NZPD, 67, p.349 (8 July 1890, Hon. E. Stevens). See also Bills Thrown Out, 1890, Industrial Schools Act Amendment Bill, cl.9.



TABLE 18: Children Maintained in Industrial Schools by Charitable Aid Authorities and Amounts Received by the Education Department from Boards.

| Year                 | Amount paid<br>£  | Number of children | Number of children maintained by boards in private industrial schools <sup>3</sup> |
|----------------------|-------------------|--------------------|--|
| 1908                 | 8376              | 542                | 152  |
| 1909                 | 8613              | 596                | 132  |
| 1910                 | 9337 <sup>1</sup> | 678                | 98   |
| 1911                 | 10,681            | 713                | 106  |
| 1912-13 <sup>2</sup> | 10,677            | 766                | 117  |
| 1913-14              | 11,290            | 759                | 138  |
| 1914-15              | 11,383            | 769                | 164  |
| 1915-16              | 12,810            | 855                | 167  |
| 1916-17              | 13,383            | 836                | 169  |
| 1917-18              | 10,897            | 954                | 141  |
| 1918-19              | 11,972            | 1009               | 134  |

1. Adjusted from 1912 Annual Report.

2. Prior to this amount is based on the calendar year.

3. Amount paid direct to managers: not able to be ascertained.

Source: AJHR, E.4, 1909-1919.

It will be well to endeavour to arrange so that the girl may be left in the street in order that a constable may take her to the Resident Magistrate to apply for a committal to Burnham.... She has no home: it is not shown that the father is unable to support her: & therefore the Colony as a whole may as well bear the cost of her maintenance in preference to the local ratepayers having to do so. 64.

Other boards had an arrangement with the police to notify them when a child was likely to be committed as destitute, so that they might quickly dispute liability. The 1908 conference of boards and separate institutions further urged that magistrates should only commit children to the care of the state where the boards had first refused to make provision .<sup>65.</sup>

Once a child was placed in the industrial school, there was little the boards could do to dispute liability. Instead, they made vain attempts to reduce the amount of their contribution. In 1890 the Ashburton and North Canterbury Board sought to have the weekly charge reduced from 7s 6d per child, arguing that the Education Department paid foster parents far less than this.<sup>66.</sup> The Otago United Board sought direct supervision of the Caversham Industrial School,<sup>67.</sup> and all boards constantly criticised the Education Department's administration of the schools, the mixture of criminal and destitute children within and their boarding out policies, which the Wellington Board at one stage likened to 'white slavery' (though the boards' boarding out systems were no better).<sup>68.</sup>

---

64. T. Norris to Miss Torlesse, 9 March 1892, Ashburton and North Canterbury United Charitable Aid Board, Letter Book 1891-1892.

65. Conference of Delegates of Hospital Boards and Separate Institutions, held at Wellington 9th, 10th, 11th June, 1908, AJHR, 1908, H.22A, p.4.

66. NZPD, 68, p.285 (31 July 1890, A. Rhodes).

67. *ibid.*, 78, p.195 (16 September 1892, W. Hutchison).

68. Press cutting, [not identified], 22 March 1910?, Wellington Hospital and Charitable Aid Board Press Cuttings Book, 1909 - 1910.

The boards and the Education Department consequently wasted much energy in arguing liability at a time when public opinion increasingly favoured total state control over destitute children. Even the manager of the Catholic industrial school in Auckland wrote of 'the impossibility of a charitable aid board dealing satisfactorily with the welfare of the child, when ... the first consideration of the Board is the false economy of saving the Rates at all hazards': 'Far better and more satisfactory if the attention of [all] children at present occupying the attention, more or less, of the Board, were transferred to [the Education] Department'.<sup>69</sup> He did not, of course, dispute the involvement of religious bodies such as his own in child care.

Such statements struck a responsive chord in the Education Department, which was wholly concerned with the management of children, and which had an expanding range of specialised staff. By 1918 it employed juvenile probation officers, attendance officers, district agents under the Infants Acts, visiting nurses associated with the school medical service, and the personnel of the special and industrial schools branches. All of these officers were supposed to work in cooperation with the schools, and had some mandate to investigate private homes. The charitable aid boards had no such specialised agents other than the occasional 'committee of ladies', whose supervision of children had long since been discredited. There was a feeling among those interested in child welfare that all children, no matter what their background, were worthy of a more substantial investment than the boards were prepared to make. Even in the 1890s Reeves had opposed charitable aid board control of the industrial schools on the ground that such activity should have an educational rather than a charitable orientation.<sup>70</sup> The Education Department had made some encroachment on the boards' autonomy through the Infant Life Protection Acts - its agents having to approve homes for

---

69. Manager of Catholic Industrial School to Education Department, 16 June 1911, E 40/1/1.

70. NZPD, 78, p.195 (16 September 1892).

small children - and through its concern for illegitimate children born in licensed maternity homes. Valintine was aware that the boards were duplicating care provided more efficiently and more willingly by the Education Department. A professional man himself, he was bound to sanction professional intervention in this very important area of social work. His reports make frequent reference to the Education Department's 'skilled and experienced officers'. He also saw the problems in identifying a 'destitute' child, and maintained that the Education Department should have control of all such children. A first step in this direction would be to remove the boards' financial liability. In 1915 he urged that this be done immediately.<sup>71</sup> At the same time he was actively discouraging the boards from further involvement in the indoor relief of children.<sup>72</sup>

In principle, the Education Department was as willing to assume total responsibility for destitute children as Valintine was anxious for the boards to be rid of it. The delay continued to hinge on the question of cost. In 1911 George Hogben, the Director General of Education, had warned that removing the boards' liability would encourage them to throw an increasing burden on the state 'even if it involved the breaking up of homes, in order to relieve the rates'.<sup>73</sup> However, by the end of the First World War it was clear that the time and effort required to collect payment from the boards was out of all proportion to the amount received, especially since half had already come from state subsidies to the boards. As Table 18 shows, the number of children maintained by the boards in the industrial schools nearly doubled between 1908 and 1919, but the amount paid by the boards increased only slightly, then remained stable, and by 1917 had actually started to decline. Demands of efficiency outweighed the financial gains from locally rated revenues.

---

71. Memorandum from Valintine to Education Department, 19 May 1915, E40/1/1.

72. Chief Health Officer to Minister of Health, 20 October 1920, H 154/10.

73. G. Hogben to Minister [of Education?], 19 June 1911, E 40/1/1.

The 1920 Hospitals and Charitable Institutions Amendment Act (No. 2) repealed the boards' financial responsibility for indigent children in industrial schools, the sole charge in future to be on the Consolidated Fund.<sup>74.</sup>

As Hogben had predicted, some boards immediately sought the committal of children for whom they were directly responsible. Even children in Lorne Farm suddenly became 'uncontrollable' and 'without direct means of subsistence' although, as John Beck complained, it was difficult to see how they could be either in an institution supported by a local board.<sup>75.</sup> By 1926, however, only two boys remained at Lorne Farm, and they were placed in situations by the Education Department. Similarly, the Otago Board decided in 1921 to withdraw all maintenance from children they supported in private orphanages, with the aim of forcing their committal through the courts and so throwing liability onto the state.<sup>76.</sup>

This must also have happened in other districts. By the time of the 1925 Child Welfare Act the Education Department's pre-eminence in the field of child care was unquestioned. A 1927 Health Department survey of hospitals and charitable aid stated (incorrectly, in view of the existence of Waltham Orphanage) that no orphanages came under hospital board jurisdiction, the care of children being within the scope of the Education Department's Welfare Branch.<sup>77.</sup> This was a shift in responsibility with which the Health Department's officials fully concurred, Valintine having stated that 'the care and education of children is a matter that is better undertaken by an expert Department of the State than one that should be left to a local Hospital Board'.<sup>78.</sup>

---

74. New Zealand Statutes, 1920, Hospitals and Charitable Institutions Amendment Act, 1920 (No.2), cl.21, p.486.

75. J. Beck to T. McCarroll, Juvenile Probation Officer, 5 October 1922, E 40/6/1.

76. ODT, 13 August 1921, Otago Hospital and Charitable Aid Board Press Cuttings Book, Vol.19, p.59.

77. Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1927, p.12.

78. Valintine to Director of Education, 9 May 1921, E 40/6/1.

The outdoor relief of children with their families continued, as did boarding out, though probably on the more temporary basis that John Beck had advocated for hospital boards in 1920.<sup>79</sup> But with the removal of the last children from Lorne Farm, the indoor relief of children had practically ceased. Though successive hospitals acts gave boards the right to establish institutions for the 'reception or relief' of children, these were in practice for children with medical problems, convalescent hospitals, children's wards, and the like.

In the 1880s there were already indications that child welfare would become an educational, rather than a charitable function. The transfer of the state industrial schools from the Justice Department to Education in 1880 emphasised the value of their inmates to the state. In theory, the children's educability and potential citizenship was more important than their criminality or neglectful parentage. By the 1900s there was growing concern over child life, and a willingness to believe that 'the adult contribution of citizens ... was related directly to the degree of care given in childhood'.<sup>80</sup> The state proved increasingly willing to intervene in the private world of the family, and public opinion sanctioned this intervention. Child care came to be regarded as a specialised activity, within the family itself, where the mother was supposed to need training and guidance in the rearing of future citizens, and in those agencies which had assumed the role of surrogate parent.<sup>81</sup> Here also training and specialisation were emphasised and, since the state had the resources to support recruitment and training, this was most marked within the Education Department.

---

79. Annual Report, Department of Education: State Care of Children, Special Schools, and Infant-Life Protection, AJHR, E.4, p.15.

80. McDonald, p.47.

81. *ibid.* See also Erik Olssen, 'Truby King and the Plunket Society. An Analysis of a Prescriptive Ideology', New Zealand Journal of History, April 1981, pp.3-23.

The hospital and charitable aid boards had been geared to a diffuse and minimal response to social problems, and this sort of specialisation was quite beyond their means. Generous investment in child life was seldom compatible with the ratepayer interest. The boards' continuing involvement in child care reflected their financial liabilities rather than any real enthusiasm for the task. The 1885, 1886 and 1909 Acts said very little about the boards' responsibility for children, but the clauses which obliged them to support children in industrial schools had far-reaching implications. This legislative requirement prompted the boards to make their own, more economical provision for destitute children. At the same time, MacGregor and Valintine both regarded the Education Department as a more progressive, and certainly a more desirable custodian. The bureaucratic imperative asserted itself as one department endorsed the expertise of another. As a department of central government, Education was able to formulate regulations on child care and to appoint full-time officials and inspectors to supervise the 'children of the state'. MacGregor was willing to trade the total state support of destitute children for the removal of government subsidies on outdoor relief. Valintine pointed out that it was 'only right and fair to give children the best start in life possible'. They were, he said, recipients of charity through no fault of their own, and should not be handicapped by contact with pauperism which was 'known to be infectious'.<sup>82.</sup> In practice the Education Department's management of the industrial schools and administration of foster care was less than ideal, but under Beck some industrial schools were closed, improved boarding out schemes instituted, and a comprehensive child welfare code introduced in 1925.<sup>83.</sup>

The removal of the boards' liability for industrial school children was an important declaration of principle. It encouraged the boards to offload substantially more

---

82. Annual Report on Hospitals and Charitable Institutions, AJHR, 1908, H.22, p.6.

83. John Beck, 'Pioneering in Child Welfare. Selections from the Memoirs of John Beck', New Zealand Social Worker, October 1969, pp.7-13.

children on to the state, and undermined their commitment to maintain children apart from their families for any more than a short period. From 1920 it was plain that any struggle for control would involve not the state and local bodies, but the state and religious groups. Even here the advancement of state regulation and inspection proved overwhelming in the end, though the idea died hard that children's best interest was served by the personal influence of godly people.<sup>84.</sup>

The shift of responsibility occurred not only because of the Education Department's initiatives in child welfare. The changing role of the hospital boards and their new medical responsibilities made them inappropriate custodians for the young and healthy. The condition of the elderly could be translated into medical terms. So, on a more temporary basis, could the needs of unmarried mothers. The infirmity of the aged became more relevant than their poverty or past misdemeanours, and the immediate needs of maternity more important than the moral lapses of unmarried mothers. The boards would still concern themselves with the treatment of sick children, and from the 1900s were likely to build separate children's wards in which to do this. But children were too precious to be labelled charity cases. Their care and supervision were to be the responsibility of a Department whose special function was, in Valintine's optimistic words, 'the rearing and educating of children amidst the best environments'.<sup>85.</sup>

---

84. The 1921 Hospitals Commission endorsed the view that 'officials' were not able to achieve the results achieved by voluntary effort in certain fields. In the case of female refuge work and orphanages, it reported, 'the effect of the personal influence brought to bear is very great, and results are achieved which cannot always be obtained by more official organizations', AJHR, 1921 (S.2), H.31A, p.13.

85. Annual Report on Hospitals and Charitable Institutions, AJHR, 1908, H.22, p.6.



## Chapter Nine

### MEDICAL RELIEF

Even before 1885 hospital care showed signs of losing its charitable associations. There were, however, certain types of medical assistance generally thought to belong to the sphere of charitable aid, and administered either by the separate charitable aid boards or by the charitable aid committees of combined hospital and charitable aid boards. On the indoor relief side, this involved the care of individuals who were rejected by the public hospitals. These were most commonly destitute maternity patients and 'chronic' or 'incurable' cases whose condition involved long term incapacity. Outdoor medical relief varied from centre to centre, but it included the payment of doctors and the supply of special foods, medicines and, occasionally, medical attendants for the poor. Where these were provided by a combined hospital and charitable aid board, they fell somewhere between hospital outpatient services and outdoor relief. It was sometimes hard to tell where one ended and the other began, and MacGregor always insisted that outpatient services could not be separated from outdoor relief. For accounting purposes most boards distinguished between hospital outpatient services and medical relief, regarding the first as a 'hospital' activity. Under 'charitable aid' they placed medical care in a benevolent institution and casual medical help to families who could not afford to pay a doctor. The boundaries of medical relief were never clearly delineated, however. It is precisely because of its ambiguous position between charitable aid and hospital care that medical relief demands closer attention. These activities show the boards' growing preoccupation with medical matters, and their willingness to identify sickness and physical incapacity as preventable causes of poverty.

Maternity care was one of the more elusive strands of medical

relief. At first it was more accurately described as 'relief' than as 'medical relief', for the medical input was relatively slight. Maternity institutions of the nineteenth century were strongly associated with poverty and moral transgression. In the women's refuges maternity care came a poor second to moral reform. Access to the lying-in wards of the benevolent institutions depended less on unmarried status than on a basic need for shelter, and poverty was the main characteristic of women admitted there. Most 'respectable' women gave birth in private homes, and the routine nature of childbirth was emphasised by the exclusion of maternity cases from many public hospitals. (There was also good medical reason for this. The risk of sepsis was greater in a public hospital than in a private home.) For much of the nineteenth century gynaecology and obstetrics formed an unpopular branch of medical practice and doctors received considerably less training in these areas than is the case today.<sup>1</sup>.

By the 1890s this situation was beginning to change. Medical abnormality became a reason for admitting women to lying-in wards. Paying patients were received into the Otago Benevolent Institution on the basis not of their need for maintenance or shelter, but because of their medical condition.<sup>2</sup>. The Institution's medical officer reported on the cases 'of extreme difficulty and danger', and the grave operations that he had to perform in the Institution's maternity ward.<sup>3</sup>. From 1888 senior medical students were allowed into the Otago Benevolent Institution, as well as women who wanted to pick up a few practical midwifery skills.<sup>4</sup>. Under Dr Ferdinand

- 
1. C. Hercus and G. Bell, The Otago Medical School Under the First Three Deans, Edinburgh, 1964, pp.319-20.
  2. Paying patients were admitted from 1888, on payment of 2ls per week or any lesser sum to be arranged with the Chairman or Secretary. Otago Benevolent Institution, Rough Minutes, 27 June 1888.
  3. See Annual Report of the Otago Benevolent Institution, 1890, p.6; 1891, p.6.
  4. Otago Benevolent Institution, Rough Minutes, 25 April 1888; Minutes, 31 May 1893. On various occasions throughout the 1890s the Minute Books record decisions to allow women into the Institution to attend midwifery cases.

Batchelor, the training of medical students in obstetrics and gynaecology received a new emphasis at the Otago Medical School. Childbirth was eventually to become an 'illness' requiring the medical supervision of all mothers regardless of financial status. However, the transition of obstetrics from a relatively despised branch of the medical profession to today's prestigious speciality required that students have access to a specified number of cases during their training. In the first instance the charitable aid institutions and female refuges were to provide the necessary teaching material.<sup>5</sup>

At the same time it was realised that the proximity of old men and young women in the benevolent institutions was just as unsatisfactory as the combination of old men and children. Alternative arrangements were gradually made for women denied access to private maternity care. This was the point at which the old association of institutional maternity care with moral transgression began to break down, for the cost of building and equipping these institutions would not sustain separate facilities for 'good' and 'bad' women. It was also the point at which the state began to enter the field by providing for the registration and training of midwives, and by establishing the St Helen's Maternity Hospitals.

The St Helen's Hospitals were founded not only in response to concern over infant and maternal mortality, but also from fear that unmarried mothers were receiving better treatment in their 'time of trouble' than their respectably married counterparts. At the 1908 Conference of Hospital and Charitable Aid Boards it was claimed that 'many a poor

---

5. See John Hawkins Miller, '"Temple and Sewer": Childbirth, Prudery, and Victoria Regina', in Anthony S. Wohl, The Victorian Family, London, 1978, pp.23 -43 for a discussion of attitudes contributing to the low status of midwifery: 'not a fit occupation for educated gentlemen'. Hercus and Bell, pp.318-34, discuss the development of the Otago Medical School's training in obstetrics and gynaecology.

ratepayer's' wife did not fare nearly as well as single girls received into the Samaritan Home.<sup>6</sup> Grace Neill attributed her initiatives in the field to a chance meeting with a Christchurch woman. This woman indignantly described the rest, good food and nursing received in local charitable institutions, 'whereas the lawful wife of a small wage-earner was fleeced by doctors, her own health and that of the baby often ruined by the ignorance and uncleanliness of the sort of woman she could call in, and that the arrival of each child was a much dreaded occurrence'. 'No wonder we don't want babies and try to stop them', she told Neill. 'Why should women with lawfully begotten children be so penalised whilst the girls have every comfort?'<sup>7</sup>.

Such righteous indignation had its effect. The St Helen's Hospitals that Neill founded were most emphatically restricted to respectable married women. Determined to dissociate the state maternity hospitals from any taint of charity, Neill and her successors also excluded the indigent, unmarried or not, by imposing a fee for admission. They were so successful that rumours soon circulated about women unable to afford the full fees being turned away from St Helen's doors while in labour.<sup>8</sup> One of Seddon's main aims in supporting state maternity care was that women - specifically the wives of settlers and sturdy working men - would breed more prolifically if freed from some of the dangers of childbirth. There was less reason, in some people's eyes, why the state should encourage the weakly offspring of the truly

---

6. Conference of Delegates of Hospital and Charitable Aid Boards and Separate Institutions. Held at Wellington on the 9th, 10th, and 11th June, 1908, AJHR, 1908, H.22A, p.24.

7. EP, 10 August 1912.

8. NZPD, 144, p.143 (5 August 1908, G. Fowlds). See also Seddon Papers, 3/60, for complaints about the treatment of nurses and patients at St Helen's.

indigent. Destitute maternity patients, Seddon confirmed, were the responsibility of the charitable aid boards, not the state.<sup>9</sup>

The St Helen's Hospitals did not, therefore, accept the type of woman who usually applied to the charitable aid boards. But they did have important implications for hospital board maternity care. They advanced the idea that maternity care was for the respectably married as well as the unmarried, and that entrance to an institution was more in the interests of a safe birth than the need to retreat from the public gaze for a stipulated time. They furthered medical involvement in maternity care by training midwives who sought a professional career, and provided a model on which the less restrictive hospital board institutions would later be developed. The St Helen's Hospitals were, however, restricted to the larger centres and from the end of the First World War the main impetus in public maternity care would come from the hospital and charitable aid boards. By then two trends had combined to undermine the concept of maternity care as a charitable function and, in effect, to remove it from the realm of indoor relief. The first involved the expansion of medical facilities and use of trained staff in institutions which would formerly have functioned as refuges. The admission of married women to these institutions showed just how far some of them had divorced themselves from their earlier reformative function. The second development saw a number of hospital boards establish new maternity wards, initially in country districts. These wards placed maternity patients on the same footing as ordinary hospital patients.

The Otago and Tuapeka United Board took the lead in these new developments. Much to the Medical School's

---

9. Press Cutting, Evening Star, 21 May 1907, H89/15. See Seddon Papers 3/60 for reports of speeches given at the opening of the St Helen's Hospitals, and the frequent wish that the hospitals would encourage healthy mothers to breed healthy babies for the benefit of the nation.

disgust, the St Helen's Hospitals excluded student doctors on the ground that fee-paying patients should not be subject to the humiliation of their presence.<sup>10</sup> The female refuge had been closed in 1904, and medical students were desperate for the twelve obstetrical cases required to complete their training. Medical School personnel began to urge a separate maternity hospital for the class of women excluded from St Helen's. These women had provided useful teaching material in the Benevolent Institution and, no doubt, contained more than their fair share of 'interesting cases'. Whatever the sensibilities of the 'respectable wives of working men' admitted to St Helen's, their fallen and destitute counterparts could not expect such nice consideration. It was with these women in mind that the Medical School and Charitable Aid Board combined to open Dunedin's Forth Street Maternity Hospital in 1907.

Appropriately enough, the new maternity hospital was fitted out in the building formerly occupied by the Dunedin Female Refuge. The Refuge's laundry and other arenas of moral reform were transformed into a labour ward, operating room, nurses' quarters, isolation room, and students' sitting room - all in all, a 'very complete little Hospital'.<sup>11</sup> Because of the poverty of its clientele Forth Street would in no way compete with private medical practitioners or with St Helen's, all were anxious to point out. (On at least one occasion, however, Valintine complained about the admission of a woman who had been turned down by St Helen's on account of her husband's high income).<sup>12</sup> The strictly medical nature of the maternity hospital was reflected not only in the presence of medical students, but in the tendency to send patients with difficult labours to Forth Street - often too late, it was found.<sup>13</sup> Unlike the Female Refuge, the

---

10. See Tennant, 'Mrs Grace Neill....', pp.13 - 14.

11. Undated memorandum, probably from Hester Maclean, H89/15.

12. Valintine to Dr F.C. Batchelor, 1 November 1907, *ibid*.

13. Annual Report on Hospitals and Charitable Institutions, AJHR, 1908, H.22, p.11.

Maternity Home took in patients for the period of childbirth and recovery only. Fathers wishing to remove pregnant unmarried daughters from circulation were advised to send the girls to the Benevolent Institution at Caversham to await their confinements.<sup>14</sup> The Charitable Aid Board did suggest a ladies' committee to supply clothing and comforts to the inmates, but the institution was under the firm hands of a trained matron and a superintendent appointed by the Medical School, and offered considerably less potential than its predecessor for the ladies' well-meaning intervention.<sup>15</sup> Although under Charitable Aid Board control, the Hospital owed its existence to Dr Batchelor's initiatives more than anything else and, much to the delight of local wags, was renamed the Batchelor Maternity Hospital in 1915. (Noting that the name had been lampooned in Punch, Hester Maclean felt bound to uphold the dignity of the institution. It should, she suggested, be named the "DR. BATCHELOR MEMORIAL HOSPITAL" or something like that'.)<sup>16</sup>

The Otago, Central Otago and Tuapeka United Board therefore took the lead in establishing a medically oriented maternity hospital for destitute married and unmarried patients. This was, however, due more to Medical School initiatives than any great enlightenment on the Board's part. Whether the indigent status of patients was reflected in the hospital's daily management is difficult to gauge. Patients could not object to the presence of medical students at their confinements. Dr Doris Gordon, who attended her first delivery at Forth Street, hints at relatively unsympathetic treatment and the denial of pain relief which, she believed, was readily available to 'society' women at this time.<sup>17</sup> This need not have reflected especially

---

14. Letter from Secretary, Otago Hospital and Charitable Aid Board to the father of a pregnant girl, 24 May 1911, Otago Hospital and Charitable Aid Board, Letter Book No.5.

15. Press Cutting, Evening Star, 21 May 1907, H89/15.

16. Maclean to Valentine, 12 July 1916, *ibid*.

17. Gordon, pp.67 - 69, p.149, p.162.

punitive attitudes to destitute and unmarried women, however. The St Helen's Hospitals were also very rigid and authoritarian at this time.<sup>18</sup> Soon the Forth Street Hospital began to take in paying patients as well as the destitute women for whom it was intended. As married and unmarried women, paying patients and destitute patients began to share facilities, the old moralistic view of maternity care was undermined.

This development was illustrated even more forcefully by the transformation of two institutions which in the nineteenth century had functioned as female refuges. Unlike some refuges, the Alexandra Home in Wellington and the Linwood Refuge in Christchurch had always made provision for confinement on the premises. Like the Salvation Army Homes they became training schools under the 1904 Midwives Act. While other, church-dominated institutions continued to restrict admission to single women, but were forced to observe more rigorous medical and hygiene standards, these two institutions became local maternity homes, accepting both paying and non-paying patients.

The Alexandra Home for Friendless and Destitute Women was run by the Wellington Ladies' Christian Association, one of the few separate institutions to survive the 1909 Act. By 1915 it had become a midwives' training institution, its nurses attending district cases in private homes. Though preference was given to unmarried single girls, the Home also admitted married women of limited means,<sup>19</sup> and it was to protect the feelings of these women that the words 'friendless and destitute' were officially dropped from its title in 1915.<sup>20</sup> The fees paid by the married women became increas-

---

18. See Report of Commission on St Helen's Maternity Hospital, Auckland, AJHR, 1913, H31B.

19. Memorandum from Deputy Health Officer to Minister of Health, 15 March 1915, H100.

20. Notes on Deputation to Minister of Health, 18 March 1915, *ibid.*



ingly necessary to the Home, enabling it to continue work with the single girls and their babies.<sup>21</sup> In the 1913 - 1914 year there were 30 single and 20 married women admitted to the Home (and by 1930 - 1931 this had risen to 337 married women and 53 unmarried patients).<sup>22</sup> From the 1900s there were increasing numbers of private nursing homes catering for maternity patients, but many women were unable to afford the fees charged. In Wellington, a number of women chose the Alexandra Home in preference to St Helen's because they wanted to be attended by their own doctor.<sup>23</sup> Outside doctors were not, as a rule, allowed into St Helen's. In 1918 Valentine reported that the Alexandra Home was taking the place of a hospital board maternity home for the Wellington area, and there was some suggestion that it be wholly managed by the hospital board.<sup>24</sup> However, by stressing its voluntary origins and special character the Home managed to avoid amalgamation with the Wellington Hospital and Charitable Aid Board. Although the management of the Home distinguished between the married and unmarried patients, and continued to insist that single girls remain three months after the birth of their child,<sup>25</sup> it was clearly making the transition from female refuge to local maternity home.

The Linwood Refuge had long been a charitable aid board institution, and in its case this transition was un-

- 
21. Mrs Tripe, Secretary of Ladies' Christian Association, to Director General of Health, 1 July 1921, *ibid*.
  22. Annual Report, Alexandra Home for Women, 1914, p.15; Report of Inspector of Private Hospitals, 30 November 1933, *ibid*.
  23. Mrs Tripe to Director General of Health, 1 July 1921, *ibid*.
  24. Valentine to Minister of Health, 27 March 1918, *ibid*.
  25. Rules of the Alexandra Home in Annual Report, Alexandra Home for Women, 1914, p.18, *ibid*.

avoidable. In 1908 the matron was allowed to admit 'deserving' second cases in the first major extension of its field of operation.<sup>26</sup> The new North Canterbury Hospital and Charitable Aid Board ended the Refuge's association with the St Saviour's Guild and made it subject to a regular committee of the Board in 1911.<sup>27</sup> Finally, and with the full approval of the Hospitals Department, the Refuge was renamed the Essex Maternity Home and began to take in married women.<sup>28</sup> This was a far cry from the occasion in 1880 when a penniless young widow begged admission for her confinement. She was refused, because she was not a 'fallen woman' - she was too respectable to enter the institution.<sup>29</sup> Though single and married women were kept apart at the Essex Home, it became the North Canterbury Board's general maternity hospital for the Christchurch area and from 1925 began to offer antenatal care.<sup>30</sup> But a degree of ambiguity remained, and for many years the Essex Home remained a 'charitable institution' in the Department's annual returns.

Other boards had no such institution to expand or adapt. The earliest pressures on them to provide better maternity care came from the country districts. The original intention of the 1904 Midwives Act was that graduates from the state training courses would move into country areas, where women were often isolated even from neighbourly assistance during their confinements. By the time of the

---

26. North Canterbury and Ashburton United Charitable Aid Board, Minutes, 20 May 1908.

27. North Canterbury Hospital and Charitable Aid Board, Committee Minutes, 29 June 1910.

28. Annual Report on Public Health, Hospitals and Charitable Aid, AJHR, 1918 (S.2), H.31, p.10.

29. Ashburton and North Canterbury United Charitable Aid Board, Female Refuge (Essex Home) Minutes, 9 August 1880.

30. Annual Report of the Director General of Health, AJHR, 1925, H.31, p.34.

1909 Act it was apparent that the newly qualified midwives were unwilling to experience the hardships of remote country life.<sup>31.</sup> Rural pressure groups began to urge the establishment of small country maternity homes as an incentive for midwives to settle in their districts. The 1909 Act made specific provision for the building of maternity homes by the new boards, and Valintine admitted to the 1911 Conference that he had reconsidered his earlier opposition to maternity cases entering hospitals. In particular, he was willing to support maternity beds in small country hospitals.<sup>32.</sup> In 1912 he expressed the hope that all country hospitals would be provided with maternity beds (his own wife having died from puerperal eclampsia by this time). The larger centres were supposed to be sufficiently well provided for by St Helen's Hospitals, private maternity hospitals, and charitable institutions.<sup>33.</sup>

The War led to an even greater demand for maternity facilities over all hospital districts. This demand was fostered by sentiment for the helpless wives of fallen soldiers and, of course, an awareness of the need to replace the fallen. Even unmarried mothers seemed to benefit from this. In 1918 the 'Stratford Lodge of the Theosophical Society' forwarded a resolution to the Minister of Health, urging maternity wards in all district hospitals:

- 
31. A rural midwife was also required to take total responsibility for cases and to act on her own initiative. The medical profession in New Zealand discouraged midwives from acting independently and most of the graduates of the midwives' training courses therefore functioned only as maternity nurses. See Annual Report on Public Health, Hospitals, and Charitable Aid, AJHR, 1918 (S.2), H.31, p.9.
  32. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, pp.228-29.
  33. Annual Report on Hospitals and Charitable Institutions, AJHR, 1909 (S.2), H.22, p.6.

We feel that in this 'World Crisis' in which our Sons are being Slaughtered, Special provision should be made by Government or Municipality ... wherein not only the married but unmarried women are equally cared for in this serious event in women's lives.<sup>34</sup>

The Minister had already issued a circular to all boards in 1916 expressing his wish to see maternity assistance extended beyond the St Helen's centres, providing for the training of midwives and giving antenatal advice, medical and nursing treatment to women unable to pay privately.<sup>35</sup> Access to these facilities was to be much the same as applied to hospital treatment generally and, as some boards pointed out, it opened the way to their use by persons able to pay for private care, but preferring the better treatment available in public wards. In country areas in particular, maternity wards came to be seen as a possession of the district, and admission to them a right. By 1918 there were maternity wards at Mangonui, Rawene, Picton, and Cromwell, and separate maternity hospitals at Kawakawa, Te Puke, Naseby, and Blenheim. There was also a new city maternity hospital, the McHardy Hospital at Napier.<sup>36</sup> As one indication of changing attitudes to maternity care, Valintine refused to approve the by-laws of the McHardy Home which, he said, quite unnecessarily stressed that it was for married women only.<sup>37</sup> 'Patient' status gradually overrode the old financial and moral differentials between expectant mothers.

The great expansion of hospital board maternity care came in the 1920s and 1930s. By 1926 there were 41 hospital

---

34. J. Ford, Secretary Stratford Lodge of the Theosophical Society, to Minister of Public Health, 2 January 1918, H54/4.

35. Circular 274 to Hospital Boards, 3 October 1916, *ibid*.

36. Memorandum from Hester Maclean to Acting Chief Health Officer, 4 June 1918, *ibid*.

37. Correspondence over by-laws for management McHardy Maternity Hospital, 1923, H64/8 (Health Department).

board annexes or separate maternity homes (and by 1932, 75 of them), as well as the seven St Helen's Hospitals and seven voluntary charitable institutions functioning as maternity hospitals.<sup>38</sup> Fuelled by concern over a declining birth rate and an appreciation of the benefits to national fitness, this investment in maternal welfare was not without its price. In 1917, when there were still only ten hospital board maternity institutions in existence, Hester Maclean could write:

I would like to emphasize my belief that, provided there is reasonably comfortable accommodation in the homes of the expectant mothers, the large majority of confinement cases do not need to come into hospital, and that the provision of maternity wards and hospitals should be made only where there is a large working population without comfortable surroundings.<sup>39</sup>

By the end of the 1920s, Maclean's responsibilities in this area had been subordinated to the newly appointed Inspector of Maternity Hospitals, Dr T.L. Paget, and Consulting Obstetrician H. Jellett who, in the interests of more efficient training, issued plans to consolidate a number of small maternity hospitals, extended inspection procedures, and laid down new regulations for the conduct of maternity cases.<sup>40</sup> Childbirth had finally become an 'illness' requiring hospitalisation, and what some regard as today's interventionist obstetrics.

At the same time, institutional maternity care was largely removed from the sphere of charitable aid. The shift in attention from the moral to the physical condition of maternity cases, the building of specialised maternity facilities and modification of older charitable institutions

- 
38. Annual Report of the Director General of Health, AJHR, 1926, H.31, p.23; *ibid.*, 1932, p.36.
39. Annual Report on Public Health, Hospitals and Charitable Aid, AJHR, 1918 (S.2), H.31, p.9.
40. Annual Report of the Director General of Health, AJHR, 1925, H.31, pp.31 - 33; F.S. Maclean, pp.304-11.

in accordance with Health Department regulations, the admission of married and unmarried women into these institutions on the common basis of prospective motherhood, and the replacement of voluntary management by trained medical staff all helped to undermine maternity care as a charitable function. Maternity patients were, in effect, placed on the same footing as ordinary hospital patients. They would pay the necessary fees if they could, but would have all or part of them written off if they could prove hardship. They could no longer be seen as receiving medical 'relief', any more than patients in the public hospitals regarded themselves as charity cases.

Maternity care could be seen as an investment yielding substantial returns to the state, and it consequently lost its charitable associations with some ease. This was less true of the chronically and terminally ill, who in the 1890s became the subject of considerable debate between hospital boards, charitable aid authorities, and government. Nobody wanted responsibility for these patients, who were troublesome and costly to maintain. Cancer and tuberculosis sufferers headed the list of these unfortunates. Cancer was thought to be on the increase and, since cancer is a degenerative disease, this may well have been true, for there was a growing proportion of old people in the population. As with tuberculosis, better diagnosis played its part, however. The improved understanding of tuberculosis resulted in a growing anxiety about the need to isolate and institutionalise those beyond cure. The problem was that none of the existing institutions wanted this class of inmate. Branded by their lack of potential for heroic medical intervention, these patients were rejected by the hospitals, which increasingly saw themselves as places of cure. The state was urged to build 'homes for incurables', but successive governments proved unwilling to provide for such unproductive material. The experience of the lunatic asylums had shown that state institutions tended to become dumping

grounds for all sorts of problem cases for whom they were not intended. The benevolent institutions showed a similar reluctance to take them in, arguing that they had neither the staff nor facilities to care for incurables. This, they maintained, was the role of the hospitals.

Although the benevolent institutions resisted the admission of large numbers of incurables, they had long been admitting them on an individual basis. This was inevitable once elderly and decrepit persons constituted a majority of inmates. As early as 1883 the Otago Benevolent Institution refused to receive incurable cases from the public hospital. In the following year its medical officer drew the public's attention to these cases, maintaining that the Institution was designed for the old and infirm, but 'not for those diseased'.<sup>41</sup> In 1887 he continued to urge a separate hospital for incurables, who had formerly been considered inadmissible to the Institution, but now contributed overwhelmingly to its death rate. No longer was the list of adults in the Institution made up solely of those suffering from rheumatism, partial paralysis, blindness, loss of limbs and infirmity, he pointed out: 'it now includes practically 40 per cent of persons whose condition would be greatly ameliorated and whose sufferings would be mitigated by the advantages of a separate institution'. The special nursing required by incurables could only be given in the Institution by those who were themselves cripples and invalids, he added.<sup>42</sup> By 1893 his successor was commenting that the Institution was the only home in the district for poor cancer patients who required treatment for distressing symptoms.<sup>43</sup> New wards were finally constructed in 1896,

---

41. Otago Benevolent Institution, Rough Minutes, 12 July 1883; Annual Report of the Otago Benevolent Institution, 1884, p.19.

42. *ibid.*, 1887, pp.5 - 6.

43. *ibid.*, 1893, p.5.

but not until 1906 was the inevitable recognised and a trained nurse appointed.<sup>44</sup> Even in 1907 the Trustees were accused of filling their wards with maternity cases in an attempt to exclude incurables.<sup>45</sup>

The distinction between 'incurables' and other inmates was somewhat unreal given the advanced age and gradual deterioration of many inmates, even those who had been relatively fit on admission. Infectious tuberculosis patients constituted a separate group among the incurables, however, and resistance to their admission was far more pronounced. The Otago and Tuapeka United Board had an arrangement with a private sanatorium, the 'Rock and Pillar', to take in indigent consumptives, but this did not solve the problem of incurable sufferers, who were regarded as a particular menace. In theory, at least, the few sanatoria in existence in the 1900s accepted only cases with a prospect of cure. Conflicts between hospital and charitable aid authorities, common enough on the general question of incurables, became especially bitter on the issue of consumptive incurables whose placement was more than a matter of their own care and comfort. The charitable aid committee of the Auckland Hospital and Charitable Aid Board took issue with the hospital committee over the transfer of consumptives from the hospital to the Costley Home, the Otago Benevolent Trustees had an on-going argument with the Hospital Trustees, and the Christchurch Hospital Trustees with the Ashburton and North Canterbury United Board. The latter claimed that the Hospital was discharging infirm men in such a condition that they were in danger of collapsing on the way to its homes, and protested that the benevolent institutions were simply not adapted to the care of hopelessly incurable patients.<sup>46</sup>

---

44. Otago Benevolent Institution, Minutes, 18 July 1906.

45. Dr Batchelor to Dr Valintine, 22 September 1907, H89/15.

46. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 23 September 1908. The minutes of this and other boards show that the care of incurables was a major issue during the 1900s, with continual deputations urging government provision.



In the midst of their disputes, the hospital and charitable aid authorities were all agreed that the state should provide a centralised 'home for incurables' in each Island. MacGregor certainly considered the idea of a 'central receiving home' into which helpless and incurable persons could be drafted from all over New Zealand.<sup>47</sup> The potential wretchedness and isolation of this institution was not a major consideration. The boards enthusiastically endorsed such a measure at their 1904 Conference, seeing state institutions as a means of reducing their costs.<sup>48</sup>

Valentine was of a different mind, and in the long run his influence prevailed. He agreed with the hospital trustees that hospitals should be retained for acute cases only, and that the incurably ill should be placed in the benevolent institutions. When necessary a separate chronic or incurables' ward could be constructed, but always it should be attached to the old people's home. Valentine's argument went beyond the realisation that elderly inmates could be transferred to these nursing wards when their health broke down. He intended that the indigent status of incurables should be deliberately stressed by their placement in a benevolent institution. There were many chronic patients who would stay in hospital for a great length of time without paying or attempting to pay hospital fees, he told the 1908 Conference. But if they were sent to the chronic and incurable ward of an old people's home 'either the patients themselves or their relatives will make a great effort to pay such maintenance fees or to support them outside'.<sup>49</sup> Compassion, expediency, and a strong element of

---

47. Annual Report on Hospitals and Charitable Institutions, AJHR, 1901, H.22, p.2.

48. Conference of Charitable Aid Boards, 1904. Report, Ashburton and North Canterbury United Charitable Aid Board, Minutes, 10 August 1904.

49. Conference of Delegates of Hospital and Charitable Aid Boards and Separate Institutions, held at Wellington on 9th, 10th, 11th June, 1908, AJHR, 1908, H.22A, p.14.

disincentive were combined in the move to make charitable institutions responsible for incurable cases. The shame of residence in a benevolent institution would act as a deterrent to hospital abuse, and as an inducement to family responsibility. However, the presence of these unfortunates also did much to alter the nature of the benevolent institutions, and to advance the connection between old age and illness.

Even in 1908 Valintine was able to point to an apparent decline in the number of long term cases in hospitals. By this time the Costley Home had opened its infirmary ward, and was accepting consumptives. (This ward would later be enlarged into a two storied structure with over 70 beds, supplemented by consumptive annexes in the grounds of the Costley Home.)<sup>50</sup> On Valintine's intervention the Otago Benevolent Institution had agreed to take incurables, including consumptives, into its 'excellent' infirmary wards. In Wellington the situation was somewhat different, for here the Sisters of Compassion ran the St Joseph's Home for Incurables. St Joseph's catered for many who would otherwise have had to apply for charitable aid, and took some of the pressure off the Ohiro Home. A ward for incurables had been built on the hospital grounds, but there was still some dispute over who should be admitted there.<sup>51</sup> The union of hospital and charitable aid authorities into single boards helped to remove the basis of such arguments and the benevolent institution became the usual destination of long term patients who were beyond cure and unable to afford private nursing care. As was shown in Chapter Six, there was a gradual increase in the number of nursing staff in many institutions. Initially employed in small numbers to manage the incurably and chronically ill, nursing staff came to share in the care of other inmates as well. As Valintine

---

50. Sommerville, p.50; Annual Report on Hospitals and Charitable Institutions, AJHR, 1908, H.22, p.4.

51. Rafter, pp.83 - 84; Annual Report on Hospitals and Charitable Institutions, AJHR, 1907, H.22, p.2; *ibid.*, 1908, H.22, p.4.

had often pointed out, persons skilled in the management of the sick would have no problem in dealing with the relatively healthy.<sup>52.</sup>

With a shortage of hospital beds during the War, the Department tried to place even greater emphasis on the medical capabilities of benevolent institutions. Valintine had previously found it expedient to stress their charitable associations. Now he was more than ready to term the larger institutions 'secondary hospitals' and to stress the high standard of care bestowed there. Valintine hoped that by underplaying their role as charitable institutions the overflow from hospitals might be treated in the infirmary wards. People would just have to get over their sentiments, he said with reference to the Otago Benevolent Institution. Unfortunately, he added, there was a prejudice on the part of a certain section of the population to their friends being sent to Caversham, but it must not be forgotten that for some years past the Institution had been regarded as a secondary hospital.<sup>53.</sup> However much the authorities tried to dissociate the Institution's infirmary wards from their other quarters, they could not avoid the occasional outcry. A 'soldier's wife' who was sent to Caversham suffering from varicose veins experienced such great distress from having her mail redirected to the 'Benevolent Institution, Caversham', that the National Welfare Association intervened on her behalf. Eventually the Board considered sending such cases to country hospitals rather than the Benevolent Institution.<sup>54.</sup>

A similar reluctance to see soldiers accommodated in the benevolent institutions or, indeed, anywhere in their vicinity, showed that the institutions had lost only some of

---

52. *ibid.*, 1909, H.22, p.8.

53. Evening Star, 14 November 1917, Otago Hospital Board Press Cuttings Book, Vol. 12, p.28.

54. ODT, 16 November 1917, *ibid.*, p.30.

their charitable associations. A proposal to place huts for consumptive soldiers in the grounds of the Costley Home was rejected by the Auckland Board since, in the words of one Board member, 'there was a great objection to putting men who had "done their bit" into a charitable institution'.<sup>55.</sup>

The benevolent institutions, or old people's homes, as they were invariably termed by 1920, had adopted only some of the characteristics of the public hospitals. As had happened in the English workhouses, the able-bodied had been excluded and the role of the sick wards was more pronounced than before 1900.<sup>56.</sup> But whereas the workhouse infirmary wards had eventually filled the function of public hospitals, this did not happen in New Zealand's benevolent institutions. Many of New Zealand's public hospitals were in existence long before the local benevolent institutions were built. The benevolent institutions became one of a number of increasingly specialised institutions run by the hospital boards - the base hospital, the fever hospital, sanatorium, maternity hospital, cottage hospital and, in some places, children's hospital and convalescent hospital. The old people's home functioned as a repository for those who could not be placed elsewhere, those whose comfort and mangement were aided by nursing care, but who offered little scope for advanced medical skills. The inmates' condition denied them any prospect of self-help and accentuated the institutions' negative public image. They were places for the infirm elderly, the incurably diseased, the unwanted and unproductive, the most hopeless of those whose care had traditionally fallen to the hosptial and charitable aid boards. Many of the inmates received pensions and in theory paid for their own maintenance. They could not be regarded as paupers, and certainly did not regard themselves as

---

55. NZH, 10 July 1919, quoted in JPH, Vol. 2, August 1919, p.241.

56. See M.W. Flinn, 'Medical Services under the New Poor Law', in Derek Fraser (ed.), The New Poor Law in the Nineteenth Century, London, 1976, pp.45 - 66.

paupers. But they were helpless and unproductive, of little apparent use to the state and to society. And so the homes remained 'charitable institutions' in official returns until well into the mid-twentieth century. Except when there was a shortage of public hospital beds, there was little reason to try to raise the status of these cheerless institutions.

The medical assistance given in benevolent institutions aimed at relieving the symptoms of old age or irreversible illness. That dispersed on <sup>an</sup> outdoor basis was more likely to involve acute and short term disorders, though the care of the elderly also featured. The availability of outdoor medical relief varied according to the boards' size, their willingness to provide such treatment, and their relations with local doctors. Before 1909 it also depended on relations between hospital and charitable aid boards, or whether both functions were undertaken by a single board. Where medical men were willing to provide all or part of their services free of charge to needy individuals, the boards were not anxious to compensate them. As the medical profession became politically organised it too put constraints on outdoor medical relief. If the boards appeared to be assisting cases too readily, or encroaching upon the doctors' private practice, the doctors might respond with a threat to withdraw their honorary services from the public hospital.

The criteria for outdoor medical assistance were therefore very strict. Pre-existing need usually had to be established to obtain medical relief through a charitable aid board. The Ashburton and North Canterbury Board, for example, tried to restrict the supply of surgical appliances to those who were already in receipt of relief.<sup>57</sup> As long

---

57. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 23 March 1892.

as ideas of preventive health were in their infancy, outdoor medical relief seldom went beyond the payment of doctors' fees for those who were already charitable aid cases, in much the same way that shoes or boots would be provided, or rent assistance supplied. Only in the main centres did the larger numbers requiring assistance lead to a more organised response. The mobility and anonymity of the city populations may have made private medical assistance more difficult to obtain on credit, or for payment in kind. The local boards and benevolent trustees in these areas would contract with a local medical man to visit the benevolent institution and to call on outside medical cases as required.

The Ashburton and North Canterbury United Board organised medical relief in this way. Here a relatively structured system of outdoor medical assistance functioned independently of the Hospital and, indeed, caused unremitting conflict between hospital and charitable aid authorities. One medical officer was appointed for the whole of Christchurch at a salary of £200 per annum. His duties were defined in an 1896 schedule. He was to attend at the Board's three charitable institutions at least once a week and on other occasions as needed. He had to visit in their own homes sick persons unable to apply for treatment elsewhere. This was to include maternity and other cases in Christchurch, Sydenham, St Albans, Linwood, Woolston, and any other suburbs within<sup>a</sup>/three mile radius of the Central Post Office. On the first day of each month he had to report on the condition of patients, inspect and report on applications for treatment and decide whether treatment was justified. The Board's concern was not simply the sick and suffering poor, for here the doctor's duty was to detect charitable aid malingerers. An allowance of 2s per mile was paid for cases beyond the three mile radius but within six miles of the Post Office, and the doctor was to arrange a substitute when he could not attend cases in person. There was no restriction on his personal practice.<sup>58</sup>

---

58. *ibid.*, 2 September 1896.

A special return to the Board for the period 1 December 1892 to 30 November 1898 shows that three consecutive medical officers handled 822 charitable aid cases at a total cost to the Board of £1381, excluding the doctor's salary. (The reason for the return was that 122 of these cases had been supplied with a total of 492 bottles of stimulants, 314 bottles being supplied in the last two yearly interval.)<sup>59</sup> Though the total number of cases does not seem large, the combined demands of charitable aid and private patients made the doctor's task a heavy one. In 1896 the Board proposed to reduce the doctor's salary by £50. This brought a prompt reaction from the Christchurch branch of the British Medical Association. From this it would seem that the medical men obtaining experience as charitable aid doctors did so at no little risk to their health and strain on both patience and pocket. It was, the secretary of the Medical Association pointed out, necessary to keep a horse exclusively for the work since the houses to be visited were 'widely separated and, in most cases, troublesome to find'. The work imposed a great strain on the doctor's health, since he was supposed to be available at all times and had to work among the very poorest of the sick. Apart from this, the poor demanded extra sympathy and concern, the letter continued: 'Where bodily sickness has brought with it mental distress a little time spent in cheering the patient is often a most important part of the treatment. All this means a call on the doctor's time'.<sup>60</sup>

The Board was sufficiently impressed by this persuasive appeal to reinstate the doctor's salary which, under the circumstances, was little enough. Its more usual concerns were how best to restrict the numbers applying for medical relief, and how to direct as many as possible the way of the hospital authorities. The Board insisted that its medical officers attend only those physically unable to drag themselves

---

59. *ibid.*, 8 February 1899.

60. R.W. Anderson, Hon. Sec. Christchurch Branch of the Medical Association, to United Charitable Aid Board, 22 August 1896, *ibid.*, 2 September 1896.

to the Hospital,<sup>61.</sup> and regularly denied requests from the Hospital that it supply surgical appliances to poor persons who were not already charitable aid cases. In retaliation the Hospital Trustees refused to admit any but the most acute patients sent by the Charitable Aid Board's doctor.<sup>62.</sup> The Board also engaged in skirmishes with local bodies, and with private doctors in outlying districts who sought reimbursement for attending poor patients. One such claim involved a post mortem on a swagger and the committal of an indigent lunatic, the Board tartly replying that it was not responsible for the bad debts of medical practitioners.<sup>63.</sup> Ideally, poor persons were supposed to make some arrangement with private doctors rather than weakly resort to charitable aid. Secretary Norris wrote with reference to one applicant:

It may be that he is not in a position to pay at once; but if it is understood that every man who can't do so, is to expect the Board to provide a doctor, why then probably half the families in the Colony will become pauper patients.<sup>64.</sup>

The Ashburton and North Canterbury Board's medical relief was neither extensive nor readily accessible to prospective applicants, but it was more organised than that offered by most boards. The Auckland Hospital and Charitable Aid Board ran a dispensary which was quite separate from the hospital, and which was regarded as part of its charitable aid provision. A full-time dispenser and visiting medical officer were employed in connection with the dispensary, which cost the Board £285 to run in the 1891 - 1892 financial year, and £396 in 1896 - 1897.<sup>65.</sup> In the 1918 - 1919 finan-

---

61. See *ibid.*, 26 March 1890.

62. T. Norris to Chairman of Hospital Board, 30 March 1898, Ashburton and North Canterbury United Charitable Aid Board, Letter Book 1897 - 1898.

63. Ashburton and North Canterbury United Charitable Aid Board, Minutes, 28 October 1891.

64. T. Norris to Dr Guthrie, Lyttelton, 7 September 1892, Ashburton and North Canterbury United Charitable Aid Board, Letter Book, 1892.

65. Auckland Hospital and Charitable Aid Board, Minutes, 13 April 1898.



cial year, the dispensary experienced renewed importance as a result of the influenza epidemic, and also because of the movement to establish tuberculosis dispensaries. In that year it treated 420 persons, had a daily average of 13.5 attendances or visits made, and dispensed 5855 prescriptions.<sup>66.</sup> In 1909 the Auckland Board also opened a dental hospital for indigent persons, who were supposed to first make application to the relieving officer. As one board member pointed out when the Board debated the measure, decayed teeth were frequently the cause of illness, especially among the poor. It was cheaper for the Board to treat such persons as dental patients, than to treat them once they were ill in hospital.<sup>67.</sup>

Smaller boards continued to rely on private doctors, and kept their own outdoor medical services as marginal as possible. Deserving cases might receive some nursing assistance. From the 1900s they might be sent to such special institutions as the government sanatorium at Cambridge or to the Rotorua thermal resort. But many of the poor availed themselves of chemists and quack remedies rather than humiliate themselves in front of the charitable aid board.

The union of hospital and charitable aid boards in 1910 helped undermine the concept of medical relief as a charitable activity, by tying it to the hospitals. Reliance on hospital outpatient departments became more feasible with the development of cottage hospitals, and charitable aid patients attended as outpatients along with other members of the public. Sometimes they carried a special card to indicate their indigent status, as was required at the Dunedin Hospital.<sup>68.</sup> Alternatively, many of the new boards made provision in their by-laws for the hospital's medical superintendent or a substitute to visit poor patients in their own homes.

---

66. Sommerville, p.13.

67. NZH, 23 March 1909.

68. Otago Hospital and Charitable Aid Board, Ladies' Advisory Committee, Fair Minutes, 3 February 1911.

Ironically, it was the representations of the medical profession which prompted the Wellington Board to introduce a new outdoor medical scheme in 1911. In May of that year representatives of the Board and the British Medical Association met and discussed the question of a service for persons in 'poor and precarious circumstances'. The doctors stated that in the absence of any recognised system of public medical relief in Wellington these persons applied to the nearest doctor, who attended without hope or expectation of payment. The result, they claimed, was that the medical profession sustained a charge which in other countries would fall on the national or municipal fund. What the doctors sought was not the appointment of a charitable aid medical officer for the district, as would have been the practice under the English Poor Law. Instead, they wanted a guarantee of payment in return for treating indigent patients, without any other tie or commitment on their part. This, subject to the relieving officer confirming the deservedness of each case, was pretty much what they got. It was agreed that the Board would make payment for a first visit to an indigent patient provided the doctor reported the case to the relieving officer within twelve hours. Subsequent visits would be paid for when the officer had completed his inquiry. Payment was, however, to be at half the prevailing rate: 5s per visit between 8 a.m. and 8 p.m., and 10s per visit outside these hours. Maternity cases were excluded from the arrangement and the Board reserved the right to appoint a medical assessor in disputed cases. The Board hoped that the data obtained from a three month trial would be of inestimable service to the whole Dominion.<sup>69</sup>.

The scheme had mixed results. In the first three months only sixteen cases had originated from the doctors.

---

69. Report of Sub-Committee on Outdoor Medical Relief, Wellington Hospital and Charitable Aid Board, Minutes, 16 May 1911.

A further seven had been referred to private doctors by the charitable aid office, three of them for a report on the real extent of illness. The type of cases dealt with ranged from coma to ulcerated legs, though the latter was by far the more common complaint. Overall, it was clear that the limited number of cases reflected the restrictive conditions surrounding the outdoor medical service. The Board's relieving officer confirmed that there was a class between the strictly indigent and those reached by the friendly societies. Any suggestion of charitable aid was repugnant to this class which received private treatment with unfulfilled promises to pay. The outdoor medical service therefore catered only for the destitute sick, those who might otherwise have qualified for charitable aid. It did not reach those who might be termed the 'sick poor' : persons with low and irregular incomes who might normally manage without charitable aid, but who certainly could not afford the additional burden of medical bills. Since the scheme performed a useful service in identifying charitable aid malingerers, the relieving officer recommended that it be continued. As he pointed out, it was cheaper to treat charitable aid cases at home than in the hospitals. But it was plain that the need for a subsidised medical service went beyond those who actually qualified for assistance. The relieving officer was, however, unable to recommend any scheme which did not offend either the friendly societies or private medical practitioners.<sup>70</sup>

Other boards resisted pressure from the Health Department to adopt the Wellington Board's scheme, timid though it was. A survey by the Department in 1921 confirmed that most boards preferred to send indigent cases to the hospital and relied on the goodwill of local practitioners to treat less serious cases free of charge. The North Canterbury and Hawke's Bay Boards had an arrangement to reimburse certain nominated doctors in outlying districts, but were guarded about any wider scheme: 'It does not appear

---

70. Report of A.H. Truebridge to Board, *ibid.*, 13 November 1911.

to be altogether desirable to open up the question with the medical men of the district as those persons who are likely to run up doubtful accounts might very easily be shunted onto the Board's shoulders', stated the North Canterbury Board in its reply. The Waikato Board predicted even more drastic results, for 'once a scheme like this is started there is no knowing where it will end, unless probably in the nationalising of the medical services'.<sup>71.</sup>

The boards' reluctance to provide a distinctive and comprehensive medical service for indigent patients helped undermine differentials between this group and others seeking access to health services. Persons of varying financial status used the boards' facilities and were distinguished only by their ability to pay all, none, or part of the fees required. The poor were referred by the boards to private doctors and appeared little different from those among the doctors' private patients who defaulted on accounts. The boards were extending their range of activity inside and outside the institutions, and were doing so in a way which ensured that sickness rather than poverty was the main criterion for assistance. This was shown in the growing use of public hospitals, the expansion of outpatient departments, the development of specialised clinics for transmittable diseases, and the use of district nurses.

Hospitals began to be used by all who needed to take advantage of their facilities - facilities which, because of their increasing cost and complexity, were only available in the base hospitals. Even MacGregor had acknowledged that persons whose dwellings were totally unsuited to medical treatment might be admitted to the public hospitals for a fee.<sup>72.</sup> The sophistication of medical and surgical techniques and the introduction of X ray and other diagnostic aids made admission to a public hospital necessary for adequate

---

71. Circular 43/21 and replies from boards, H54/49/1.

72. Annual Report on Hospitals and Charitable Institutions, AJHR, 1897 (S.2), H.22, p.2.

treatment. Hospitals were no longer places of despair, and entry to them became socially desirable.<sup>73</sup> The many private hospitals in existence failed to take advantage of scientific developments, and were unable to equal the public hospitals' level of efficiency.<sup>74</sup>

In 1915 the Hawke's Bay Hospital Board formally resolved to admit patients of any financial status to the public hospital, subject to the availability of beds. The move was badly timed. The British Medical Association was especially vigilant in the interests of doctors overseas. Since there was a shortage of doctors in war time, the Association was in a strong position, and it threatened to withdraw all honorary services from the hospital. The Minister of Health nervously vetoed the offending by-law, though it merely confirmed current practice in hospitals all over the country.<sup>75</sup> The Department's Chief Clerk had pointed out only one year before the Hospitals Act denied no one admission 'provided he undertook to pay certain fees not exceeding the cost of maintenance'.<sup>76</sup>

The hospital outpatient departments were treated in a similar manner. Not only were charitable aid cases directed to 'outpatients' in lieu of a separate charitable aid medical scheme in many centres, but these departments were, like the hospital itself, used by persons of widely differing financial status. The number of persons attending public hospital outpatient departments rose from 13,745 in

- 
73. For further information on this 'illegitimate transformation', see *A Health Service for New Zealand*, AJHR, 1975, H.23, pp.38 - 42.
74. J.P.S. Jamieson, 'The New Zealand Hospital System. A Review of the History of its Development, and a Summary of Discussion of Hospital Policy, Part 1', New Zealand Medical Journal, October 1934, p.264.
75. *A Health Service for New Zealand*, AJHR, 1975, H.23, p.40.
76. Memorandum from E. Killick, Chief Clerk, to Dr Frengley, 11 June 1914, H50/3 (02160).

1910 to 32,708 in 1921, though these figures must be regarded with some caution.<sup>77</sup> The Wellington Hospital outpatient department provides a more limited and more reliable index. Here 2017 patients were treated in the 1907 - 1908 financial year, a total of 8807 attendances for which fees amounting to £330 were collected. By the end of the 1910 - 1911 year this had increased to 5192 persons (17,325 attendances), but fees collected amounted to only £372. The discrepancy between the increase in attendances and decline in amount collected per head was attributed to a greater laxness in collecting fees, an increase in Wellington's 'floating population', and the medical profession's growing unwillingness to provide free treatment.<sup>78</sup> Other outpatient departments also threw off the remaining vestiges of charity and, as with indoor treatment, this transformation was aided by improved diagnostic procedures. The association of chest and bacteriology departments with outpatient services was important. It was vital that members of the public should not be discouraged from using any facilities which aided the detection and containment of disease. Dunedin Hospital made a point of having the entrance to its tuberculosis dispensary separate from the entrance to the outpatient clinic, but the fine distinctions in such an arrangement were lost on many.<sup>79</sup> As

- 
77. Annual Report on Hospitals and Charitable Institutions, AJHR, 1910, H.22, Table IV, p.55; Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1921, Table III, p.34. Fluctuations in the number of outpatients treated by some of the largest boards between 1910 and 1920 suggest that they were altering the basis of computation in their returns.
78. Undated Press Cutting, Wellington Hospital and Charitable Aid Board, Press Cuttings Book, 1911.
79. See Prevention and Treatment of Pulmonary Tuberculosis in New Zealand, AJHR, 1928, H.31A, p.10, for an outline of the organisation of tuberculosis dispensaries; also section of 1911 Hospitals Conference relating to the administrative control of tuberculosis, AJHR, 1911, H31, pp.169-81. F.S. Maclean, Ch.XVI, contains further information on efforts to control tuberculosis and to encourage early notification.

early as 1911 the alleged abuse of Wellington Hospital's outpatient department met with one board member's response that 'whether they pay or do not pay, the fact that a large number of patients have received treatment in this way shows that the health of the community is being attended to'.<sup>80</sup>

Between 1900 and 1920 a broader concept of community health emerged. This involved services which could no longer be adequately provided on a private basis, nor restricted to the indigent if the health of the community were to be fully protected. The trend was reflected first in the 1909 Act and its amendments, which extended the boards' responsibilities beyond the base hospitals, giving them the right to establish a range of institutions and the duty of attending the poor and needy throughout their districts. Between 1910 and 1920 a hospital and charitable aid board could also be appointed the local authority for public health in its area. But the legislation was not specific and it empowered the boards to act in a certain way rather than directing them to do so. The real push for hospital boards to extend their activity came from the Department of Health and Hospitals, backed up by pressure from the local communities. Here, if anywhere, the bureaucratic and consensual imperatives reinforced each other. The Department and a broad sweep of public opinion supported the wide availability of public medical treatment; the Department acted more from an awareness of public health and the need to prevent disease. In 1910 Valintine reported to Fowlds that although the administration of institutions had been placed on a more or less uniform basis, 'the same cannot be said to apply to the methods that have been used to relieve the sick and needy outside the walls of our institutions'.<sup>81</sup> As he later

---

80. Undated Press Cutting, Wellington Hospital and Charitable Aid Board Press Cuttings Book, 1911.

81. Valintine to Minister of Health, 31 October 1910, H50/3.

pointed out, the boards now had medical as well as charitable duties beyond their institutions.<sup>82</sup> Valintine's Department had responsibility for hospitals, public health and charitable aid, and was conscious of the interaction between the three. It was also more aware than the boards of developments overseas, and of inequalities within and between hospital districts in New Zealand. For the sake of consistency the boards were urged to exercise a similar responsibility over the whole of their districts.

The boards were rather less keen to extend their commitments, but found themselves faced with mounting public demand for medical services. The impact of public opinion and public practice was most important. Even though the medical profession formed a powerful pressure group in favour of private medical services, all sections of the community were already making use of the public hospitals. From the late 1900s settlers in country districts also sought ready access to the medical services for which they were rated. Their demands made rapid headway in a society attuned to the virtues of country life, and Valintine was wise enough to capitalise on this feeling:

The policy of the country is to open it up and establish a good class of settler on the land. What father is likely to 'go back' if he is not confident that the services of a competent medical man will be available to his family in case of need?<sup>83</sup>

Some Health Department officials even floated the idea of a state medical service for country areas,<sup>84</sup> but in practice country districts first attracted medical personnel by forming their own medical associations. Settlers in a country district would make voluntary contributions towards the salary and housing of a doctor or, more commonly, a district nurse. The nurse would usually come under the

---

82. Valintine to Minister of Health, [1914?], H181/1.

83. *ibid.*

84. See Dr R. Makgill's paper on a 'State Medical Service', JPH, Vol. 4, January 1921, pp.1 - 6.



direction of the local hospital board, and the voluntary input to her salary would command a state subsidy. Such schemes were in many ways quite the opposite of medical relief, since they involved voluntary action and a measure of self help on the part of the settlers. But they did help promote the idea of medical care as a right, and the resident nurse, doctor, or midwife was seen as a community asset to be utilised by all.

The country medical schemes did much to advance the use of district nurses in a medical, charitable and public health role. In 1911 Valentine looked forward to a time when no district would be without a nurse whose services could be directed to the prevention as well as the nursing of disease.<sup>85</sup> He suggested that the duties of a district nurse should be to advise mothers on baby care and general sanitation, to attend emergency maternity cases, to supervise untrained midwives, to act in cooperation with local doctors and, significantly, to report on charitable aid cases. Later, the nurses' role in the eradication of tuberculosis was emphasised, as they were to follow up known cases and to warn persons living in conditions likely to induce the disease.<sup>86</sup> (Some boards also appointed public health inspectors and they too were used in the campaign against tuberculosis and as charitable aid inspectors.)

A smallpox epidemic in 1914, and the influenza epidemic of 1918 - 1919 increased pressure on hospital boards to expand their activities through such channels as the district nursing schemes. With the demand made on hospital beds by returning members of the armed forces, the Health Department encouraged the use of district nurses in towns as well as in country districts. In the larger centres some

---

85. Minutes, Reports of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.164.

86. *ibid.* See also Annual Report on Hospitals and Charitable Institutions, AJHR, 1909 (S.2), H.22, p.6.

boards subsidised nursing schemes run by the St John Ambulance Association and, in Christchurch, by the Nurse Maude District Nursing Association. Other boards were slow to make use of these nurses, and were miserly in their assistance to the voluntary associations.<sup>87</sup> During the influenza epidemic trained personnel with experience of home nursing and basic sanitation were desperately needed, and the district nurses established their worth. The number of district nurses under hospital board control rose from twelve in 1914 to 42 in 1921, though there were always problems in recruiting and retaining women with sufficient skill and initiative for the job.<sup>88</sup>

Even in the 1920s the district nurses were not numerous, but the appointment of district nurses and sanitary inspectors indicated a conscious effort to extend the boards' medical services. These services were likely to encompass both the indigent and those well able to pay for their treatment. (This was particularly true of the country nurses. Those in the cities were, it seems, more likely to be working among the poor, and particularly the elderly poor.)<sup>89</sup> The varied duties of the district nurses

- 
87. In 1917 Valintine suggested that the Otago Board should make much better use of the St John district nurses to aid the discharge of patients and reduce overcrowding. The Board's £25 subsidy to the Association he considered 'niggardly'. Evening Star, 14 November 1917, Otago Hospital Board Press Cuttings Book, Vol.12, p.28.
88. Annual Report on Public Health, Hospitals and Charitable Aid, AJHR, 1914, H.31, p.7; Appendix to the Annual Report (Hospitals and Charitable Institutions Statistics), 1921, p.8.
89. For a summary of the work of the St John Ambulance Association in Dunedin see ODT, 24 November 1917. Otago Hospital Board Press Cuttings Book, Vol. 12, p.37. E. Somers Cocks, A Friend in Need. Nurse Maude: Her Life and Work, Christchurch, 1950, describes the work of the Nurse Maude District Nursing Association in Christchurch. In each case, poor old people predominated among the nurses' patients.

show how the boards' relieving, curative, and preventive health functions were beginning to interact. There was a growing tendency to link poverty with sickness, and to view the elimination of both in a preventive health context.

Those writing on the problem of poverty had long used the language of contagion and disease to describe it. MacGregor's reports abound with such metaphors, and he referred to 'preventive charity' with the same fervour that his successors spoke of 'preventive health'. Others actualised the link between poverty and sickness and advocated closer attention to the laws of health as one sure way of eliminating poverty. The union of the Departments of Health, and Hospitals and Charitable Institutions gave administrative force to these ideas - in 1909 one Parliamentarian spoke of coordinating 'physical, social, and moral attention to the public health'.<sup>90</sup> Illness was seen to cause poverty, and poverty caused illness. On the one hand, the detection and prevention of disease would act as a hedge against future poverty. It was cheaper to treat patients in the early stages of their illness than to extend relief later on. On the other hand, if those already destitute were allowed access to medical services, they might no longer spread their unwholesome diseases to the rest of the community. As the press never tired of pointing out, tuberculosis destroyed both rich and poor.

In 1912, for example, Dunedin's Evening Star highlighted an earlier survey by the Wellington charitable aid authorities. This had disclosed an alarming state of overcrowding among charitable aid recipients, many of them sufferers from such 'intractable' diseases as tuberculosis. The risk to the healthy section of the community was, the Star hastened to point out, 'most undesirable'. Humanity

---

90. NZPD, 147, p.531 (22 October 1909, D. McLaren).

apart, these 'festering sores' should not be permitted for public health reasons. The poor needed something more than a weekly dole. Provision must be made for the work of social and physical purification. The Wellington disclosures 'clearly [show] that efficiency demands something better than spasmodic provision for victims of dangerous diseases', the Star concluded.<sup>91</sup>

A Dr Gordon Macdonald wrote to the Star in similar vein five years later. The pioneers had come to New Zealand expecting a 'New Arcadia', he claimed. There was to be no more poverty, no more crowded cities, no more begging for labour, or food, or for shelter. But in their innocence these pioneers forgot about atavism, disease, accidents, and all the other misfortunes which tended to cripple society. The poor, he continued, were usually the first victims of disease 'due to their impaired health, insanitary and overcrowded homes, poor quality of food, ignorance, and vicious living.... If we could abolish our poor we would in the same act abolish almost all epidemic and contagious diseases. What a blessing that would be, and what a saving to the public and private purse'. For those whom Macdonald termed the 'criminal poor' and the 'habitually poor' he, like others before him, advocated labour colonies. There was a new element to his argument, however. Labour colonies would not only force the lazy and irresponsible to work, but they would separate them and their diseases from the rest of the country. Society would be both morally and physically safeguarded. For the 'unfortunate poor' Macdonald advocated a rigid sanitary inspection, the breakup of the ghettos of the poor. In his view only this would rid the country of much hospital and charitable aid expenditure.<sup>92</sup> The health and housing needs of the poor became at last a matter of public concern when publicity given to the epidemiology of disease, tuberculosis in particular, made them a threat to the community at large.

---

91. Evening Star, 26 June 1912, Otago Hospital Board Press Cuttings Book, Vol. 4, p.77.

92. Evening Star, 10 April 1917, *ibid.*, Vol. 11, pp.147-48.

By 1920 there was still a wide gulf between public health aims and actual achievements. The link between sickness and poverty had been firmly established however, and, as Valintine had predicted, the early detection of disease would be the aim of the 'social reformer of the future'.<sup>93</sup> The interests of national efficiency demanded attention to the health of the nation. The state involved itself at the point of most potential, with a heavy stress on prevention through the school medical and dental services. The hospital boards still dealt mainly with health casualties. Their efforts were greatest where disease manifested itself, though the provision of district nurses, tuberculosis dispensaries, chest and dental clinics could be regarded as broadly preventive. The hospital boards saw their curative role in an increasingly positive light and, following the expansion of medical knowledge, they began to provide a range of specialised institutions for public use. Whether these institutions managed to dissociate themselves from the old charitable aspects of medical care depended largely on the potential value of their inmates to society. The old people's homes, with their unpromising assortment of elderly, infirm, and incurably diseased inmates remained subject to the most negative designation of all.

As the boards stressed their medical role, charitable aid became an increasingly minor part of their total responsibilities. Even the concept of medical relief was undermined. As indoor medical assistance became more sophisticated, costs were bound to go beyond the individual purse. Since New Zealand's population could not support parallel and equally efficient systems for rich and poor, access to the one public hospital system was allowed on the basis of varying ability to pay. Disincentives to hospital care could then be seen as contrary to public health. This did not mean that all areas of medical care were equally accessible to all sections of the community. Medical practitioner services in particular were beyond the reach of many, and necessitated Labour's drive for a free state medical service in the 1930s.

---

93. Minutes, Report of Proceedings, etc., of the Hospitals Conference, June 1911, AJHR, 1911, H.31, p.164.

## CONCLUSION

... the state is being asked to carry out ... tasks which were formerly performed by family, community, church, or other networks in society. These tasks, furthermore, are often the consequence of 'problems' which did not previously exist (e.g., family mobility, solo parenthood, isolation of the aged). 1.

This statement appears in the Planning Council's report on social welfare issued in 1979 - almost 100 years after the formation of a national system of hospital and charitable aid boards. Those involved in charitable aid lamented at the time the failure of the family, the community, and the church to adequately provide for social need. Since 1877 the Destitute Persons Act had required families to provide financial support for their destitute members, support which they would not (or could not) give voluntarily.<sup>2</sup>

Extensions to the Act suggest that evasion was common. The Planning Council was wrong if it thought there was anything new in either the problems it described or the solutions it suggested. The idea of 'community' support for the poor was in the nineteenth century, as now, very attractive. The 1885 Act was in itself an attempt to return responsibility for the poor to the local community and to encourage, through government subsidies, increased voluntary giving. Politicians in the 1880s also agreed that there was an unwholesome tendency to look toward the state. Charitable aid boards which were called upon to provide institutions for friendless and destitute old people, to give outdoor relief to widows and deserted wives, and to support destitute children, might equally have questioned the statement that certain conditions 'did not previously exist'. Despite differences in scale, the boards were only too familiar with the problems caused by solo parenthood, family mobility, and the isolation of the aged.

---

1. New Zealand Planning Council, p.27.

2. This Act succeeded the 1846 Destitute Persons Relief Ordinance.

An examination of the charitable aid system shows the complexity of social need in the later nineteenth and earlier twentieth centuries. It also shows the variety of responses to these needs, and the range of moral categories applied to those on relief. To look at statements made by the Inspector General of Hospitals and by charitable aid board chairmen, is to gain the impression of an oppressive system concerned with controlling, manipulating and, at the very least, humiliating the poor. At their most extreme, such views suggest the sterilization and castration of degenerate men and 'oversexed' women, forced work on labour farms, the removal of children from irresponsible parents, and the neglect of those too weak to survive on their own account. It is significant that such views were publicly articulated by persons in a position of authority. They frequently resulted in assistance which was minimal, condemnatory, and grudgingly given. Such perspectives provided one very important input into later social policy. But it is not enough to examine statements of intent. The mere fact that such views were so continually and so forcefully expressed by individuals such as MacGregor indicates a degree of wishful thinking. There was often a difference between what the law would allow, what administrators could achieve, and what the public would tolerate. And, just as punitive measures were frustrated, so were benevolent intentions undermined by practical constraints. Cottage homes for destitute orphans and a more generous relief to the 'deserving' were among the measures thwarted by financial limitations.

An examination of how charitable aid was administered, the experience of those distributing and those receiving assistance, illustrates the gap between policy aspirations and achievements. Admittedly, policy aims in charitable aid were never clearly defined, but most agreed on the need to reduce government expenditure, to reduce the numbers receiving relief, especially outdoor relief, and to exert closer control over those who did receive aid. Three factors are most important to a study of charitable aid administration. First, we are referring to two processes when we speak of 'charitable

aid'. It consisted of indoor and outdoor relief, and attitudes toward them differed. The central authority was able to exert a much closer supervision of indoor relief, and there was considerably more tolerance for those placed in institutions. Outdoor relief aroused more suspicion. By definition, it involved aid to individuals in their own homes: in the very environments which, some thought, had contributed to their destitution. Officers of the Department and officers of the boards had less success in altering the course of outdoor relief, in standardising relief practices, and in directing the lifestyles of individual cases. Many of the general criticisms levelled at charitable aid were, in fact, directed at outdoor relief which changed less over the period 1885-1920 than did indoor relief.

Second, charitable aid was associated with hospitals administration. There was no single authority responsible for charitable aid like the English Poor Law administration. Attitudes to hospitals and charitable aid began to diverge once hospitals became places of treatment and cure, endowed with all the prestige of science and a new professionalism. At every level, medical concerns diverted attention away from the problems associated with charitable aid. Although a few enthusiasts argued the importance of charitable aid and spoke of 'scientific inquiry', this side of the Department's and the boards' work lost out in the competition for scarce administrative resources. It became an increasingly minor part of their activity. These developments, coupled with a period of relative prosperity before 1921, undermined incentives for reform.

A third factor influencing charitable aid administration was its local body context. This resulted in a dispersal of power and further confusion of policy aims. There was disagreement within boards, between boards, and between the boards and the central Department. Before 1910 board members were appointed by the territorial local governments, and were not necessarily interested in 'social' matters. They brought other local body concerns into their deliberations and were constantly aware of the ratepayer interest. The desire to



save money and the desire to control the poor resulted in similarly unfavorable statements about those on relief, but they were not necessarily compatible. Effective repression did not come cheaply enough for the guardians of the local rates.

Since the 1885 Act interposed a local body framework between the Department and the recipients of relief, different levels of administration can be identified. At each of these levels three 'imperatives' interacted, occasionally reinforcing each other, sometimes conflicting. The legal imperative was relatively weak throughout. The 1885 Act established the broad contours, requiring the establishment of hospital and charitable aid boards all over the country. Where the 1885 and 1909 Acts provided any very specific guidelines they applied more to hospitals administration and matters of finance. The boards were bound to distribute charitable aid, to call on local bodies to strike a rate if other sources of finance were inadequate, and to maintain destitute children in industrial schools. The Acts also gave some guidance to the boards on the general conduct of business and empowered them to make certain by-laws. But the legislation allowed large discretionary powers in relief distribution and so was not a satisfactory reference point for those concerned with individual cases. Nor did it confer on the Department any more than the most general powers of inspection and advice, and the responsibility of reporting to Parliament annually. Where central powers were extended in 1909, they related mainly to hospitals and similar institutions.

The Department consequently had to formulate its own guidelines and, as time went on, it depended more and more on established precedent and the experience of its own members. The bureaucratic imperative always relied more on informal channels of influence than on powers given by statute. This was a period of transition for the public service. There was still some hostility to central government powers and to the 'armies of inspectors' associated with the Liberal period. The Departments of Health and Hospitals were relatively new, still very small in the 1900s, and anxious to prove their worth. Even before the amalgamation of 1909 members of these

Departments increasingly regarded themselves as 'professionals', but were subject to retrenchment and ministerial interference. MacGregor was inclined to promote his own personal views, but exercised his executive powers to the fullest. By the time Valentine became Inspector General the Department was making active efforts to collect information and encourage uniformity of practice. It was the Department's conviction that certain portions of the 1885 Act were unworkable which led to the new Act of 1909. But the Department's resources were limited and, as more time was taken up by the medical side of its duties, its influence and attention were diverted from charitable aid.

The boards did not share the Department's regard for uniformity and rationality, and were very jealous of their independence. The Department's officials were constantly irritated by the boards' apparent laxness. But even at the local level there were signs of behaviour which might be termed 'bureaucratic'. Secretaries of the larger boards, men like Thomas Norris of Christchurch, and superintendents of charitable aid like A.H. Truebridge, had a clear conception of their task, firm ideas on what could and could not be achieved and ideas on correct procedure. These views did not necessarily tally with those of board members, as the women on the Ashburton and North Canterbury Board discovered in the 1900s.

The consensual imperative operated most effectively at the local level of administration, though MacGregor and Valentine were both aware of the pressures from the medical profession and from politicians acting on behalf of their own constituencies. The boards had been established with the intention that they should be responsive to local concerns, but the pressures on them were varied and sometimes cancelled each other out. Boards appointed by the local bodies and boards elected by the ratepayers were equally conscious of the ratepayer interest. Women's groups and labour organisations took an intermittent interest in charitable aid administration. They put forward a different perspective, one which advocated a more generous and more humane relief coupled with closer inquiry. The medical profession kept a close watch on the availability of medical relief, though in the long run its

representations did not restrict the use of public hospitals and outpatients' departments. The outdoor relief side of charitable aid created the most dissatisfaction, but complaints in the press and in Parliament were couched in general terms and concealed the ambiguity of public attitudes. There might be agreement on the need to tighten administration and to eliminate the undeserving, but immediate outcry at an individual instance of hardship. The relieving officers were well aware of pressures for more generous treatment in the individual case. Applicants for relief could themselves create almost intolerable pressures on an overworked officer and in the 1880s and 1890s cases were often sponsored by some local worthy, or even a board member. But in making their inquiries the officers were also able to capitalise on a general groundswell of resentment against outdoor relief. This ambiguity resulted in outdoor relief practices which were confused and inconsistent, harsher on some individuals than on others.

Whatever the complexities of administration, charitable aid did not function in a vacuum. In time of need it was not the only source of assistance. It interacted with voluntary charity on the one hand, and with state welfare activities on the other. As perceptions of social need sharpened and changed, some charitable aid cases were regarded as a more appropriate concern of the state; others, of voluntary and religious charity. The Destitute Persons Act assumed that the family was in any case the first resort of the indigent.

Little is known about the extent of voluntary welfare activity in the nineteenth century. Today we are familiar with organisations which function on a national basis, supported by their own bureaucracies. Those of the nineteenth century were invariably small and scattered, often connected with a single church congregation. In New Zealand voluntary assistance had long been insufficient for the demands placed upon it.

Recognising this, the sponsors of the 1885 Act tried to encourage such effort by providing a place for it within the public relief system. Separate institutions might remain almost totally independent and voluntary contributions would receive a generous state subsidy. The effort did not succeed. Some benevolent societies used the Act as an excuse to disband; others became separate institutions under the Act, and their voluntary input faded into insignificance.

Despite, and perhaps because of, the Act's failure to promote voluntary charity, this form of assistance was regarded as especially praiseworthy. The personal element was vitally important - the personal act of sacrifice in giving to charity, and the personal guidance of the poor by those distributing relief. A group such as the Auckland Benevolent Society pointedly described its work as 'the kind ministry of sympathising ladies' to 'that class which shrinks from publicity, and would rather suffer in extremity than parade their distress'. By contrast, 'officialdom' lacked this personal commitment, and could not be trusted with tasks which involved individual example and moral reform. For this reason even the charitable aid boards acknowledged that the care of 'fallen women' and the rearing of destitute children were tasks more properly performed by voluntary groups, especially the churches, than by themselves.

From the boards' viewpoint, the weakness of voluntary charity was that these other groups could choose whom they wished to assist. The smaller the organisation, and the more precarious its income, the more selective it was likely to be. To encourage future giving to their cause, such organisations needed to justify past expenditure. The local benevolent societies soon discovered that assistance to the ungrateful and undeserving did not impress voluntary subscribers. Those were the very cases that the boards were criticised for helping, but as agents of last resort, they could not be so discriminating. A few church groups such as the Salvation Army and the Catholic Little Sisters of the Poor and Sisters of Compassion chose to

work among the alcoholic, the criminal and diseased. But the majority of churches, and especially the protestant churches, found the emotive appeal of child care more attractive. Facilities for the alcoholic and for the diseased did not multiply with the rapidity of orphanages.

There was a lack of consultation between the charitable aid boards and voluntary groups, giving rise to persistent fears that some unscrupulous individuals 'did the rounds' of welfare organisations, gaining assistance from several. Some voluntary groups regarded themselves as tainted by cooperation with the boards and stressed the need to maintain confidentiality. Even the Auckland Benevolent Society fastidiously stressed its separateness from the Hospital and Charitable Aid Board, though it received a state subsidy through the Board. From 1913 each local board was empowered to give a direct grant to voluntary welfare organisations in its district, replacing the state grants previously received by a number of them. The most positive relationships seem to have been between boards in the four main centres and branches of the Society for the Protection of Women and Children, whose counselling role complemented the boards' relief activities.

The period 1885-1920 saw new initiatives in state welfare activity, most obviously in the field of income maintenance. New Zealanders had long been accused of a tendency to look to the state. In the debate on the 1885 Bill it was claimed that immigrants assisted into the country by government continued to rely on government in time of personal and family crisis. The lunatic asylums and most industrial schools were already state institutions, catering for two early casualties of colonial life. Primary education was a state activity and, especially in the 1880s, the government began to provide small amounts of relief work for the unemployed. Governments were, however, most reluctant to enter the field of income maintenance. The 1885 Act was an attempt by the Stout-Vogel ministry to reduce direct demands on government, though state subsidies to charitable aid soon proved more than anticipated. There was a considerable

increase in state activism under the Liberals, but this was most marked in the areas of land settlement, industrial relations, agricultural production, and public works, not in social welfare. The Liberals (and the Reform governments) showed more interest in the productive elements in society, placing a strong emphasis on helping those best able to help themselves, and on child life.<sup>3</sup> Each child who reached healthy adulthood represented a capital asset of £300 to the colony, Seddon carefully pointed out,<sup>4</sup> and the Liberals' concern for child life found expression in the Infant Life Protection Acts, the St Helen's Hospitals, and, eventually, in the establishment of a school medical service. Despite calls for the reform of the charitable aid system and for commissions of inquiry into charitable aid and pauperism, the Liberals made no significant moves in this direction beyond Seddon's Local Government Bills. Early in the Liberal period the Manawatu Herald anticipated the Liberals' later priorities when it criticised the 'working man's friend' for being so ready to 'make a big blow about settling him on the land, shortening the hours of labour, and driving the obnoxious man of wealth away from these shores'. The government was, however, reluctant to help the boards and benevolent societies the Herald complained, and some of these bodies were very short of funds in the early 1890s.<sup>5</sup> The Liberals relied on their other policies to eliminate the need for public relief.

The most obvious exception to these generalisations is the 1898 Old Age Pensions Act. There is no denying Seddon's sincerity in introducing the measure. His speeches abound with concern for the plight of the elderly poor, and the need

- 
3. See Oliver, 'Social Policy in the Liberal Period', for a more detailed discussion of these ideas.
  4. R.J. Seddon, Memorandum by the Rt. Hon. R.J. Seddon, Prime Minister, On Child-Life Preservation, Wellington, 1904, p.2.
  5. Manawatu Herald, 7 November 1891.

to release them from the humiliation of public charity. But it is not difficult to find other, less altruistic justifications for the Old Age Pension. The Act as passed excluded former criminals, wife deserters and those who were not 'sober and reputable'. MacGregor regarded state assistance to the deserving elderly as one excuse for treating the undeserving more harshly. Another justification for pensions (reprinted in the New Zealand Parliamentary Papers from an Australian source) stressed the salutary effect that differential treatment would have on the class from which pensioners were recruited.<sup>6</sup> Not only were some of the moralistic assumptions of charitable aid written into this and later pensions legislation, but they may also have entered into administration. In the 1900s the Registrar of Pensions, J. Eman Smith, reported on pensions investigated and pensioners disqualified with a zest which recalls MacGregor purging the outdoor relief lists.<sup>7</sup> Pensions legislation did state eligibility and the amount due to applicants, but further investigation may find unexpected discretionary powers and illiberal interpretation of the law (especially regarding Maori eligibility). It is likely that opinion changed only slowly, and that pensions administration shared the ambivalence associated with charitable aid.

Ideologically, the break with charitable aid was not complete. In practical terms, too, those on pensions sometimes needed extra outdoor assistance or the shelter and care provided through indoor relief. Although certain groups were siphoned off from charitable aid by the receipt of state pensions,<sup>8</sup> the boards still dealt with a diversity of need. In particular the sick and the unemployed relied heavily on

---

6. Paper on Old-Age Pensions Read by Mr James Pullar F.F.A., at the Monthly Meeting of the Insurance Institute of Victoria, Held on the 9th September 1896, AJHR, 1897(S.2), H.18A.

7. See Annual Report on Old-Age Pensions, AJHR, especially 1903-1905.

8. By 1920 pensions had been granted to the deserving elderly, widows, miners with miners' phthisis, and servicemen's widows. They were followed by pensions for the blind in 1924 and family allowances in 1926.

charitable aid. In 1920 women still comprised a majority of those on outdoor relief. The boards' activities highlighted the continued vulnerability of women to economic distress, their dependence on male support, and the close attention paid to their moral behaviour. Children, on the other hand, were too precious to be entrusted to the boards, and the state's agencies competed with religious groups for their care. At least the poor were no longer an amorphous group, to be treated alike or placed in some undifferentiated benevolent institution.

Charitable aid illustrates a number of important trends in social welfare during the early twentieth century: the failure of a local body welfare tradition to emerge in New Zealand, the emergence of the professional social worker, and changing perceptions of social need. The role of sickness and disease in causing poverty was acknowledged. The hospital and charitable aid boards became involved in the detection and treatment of disease, and their indoor relief was characterised by an emphasis on physical infirmity. Outdoor relief continued, but as an increasingly minor part of the boards' activities. Here the old moralistic and disciplinary forces remained most apparent. Depression in the 1930s gave renewed importance to outdoor relief, but it also demonstrated its inadequacy. Boards struggled with long daily queues of the unemployed, overwhelming demand on their inquiry officers, and a lack of funds. In 1932 negotiations between the hospital boards and the Unemployment Board resulted in an important declaration of principle. The hospital boards had always had to relieve the unemployed in the past: now the Unemployment Board would accept responsibility for the able-bodied unemployed. The hospital boards would assist the unfit, those unable to work at all. There was a good deal of argument over responsibility for the intermediate category of 'B2' men who were fit for light work only, and the boards still assisted able-bodied women and



their families, but essentially this was a further contraction of their role.<sup>9</sup> The boards continued to provide outdoor relief during the transition to Social Security but by the late 1940s it was minimal and involved the supply of spectacles, artificial limbs, dentures and other physical correctives. Those hearing such assistance described as 'charitable aid' were likely to respond with indignation.<sup>10</sup>

It is tempting to concentrate on the departures in social welfare and to overlook the continuities. New Zealand's role as a 'social laboratory' has tended to obscure the 'poor law' input to welfare. Notions of discipline, less eligibility and deservedness, the fear of pauperisation and inborn degeneracy are part of the heritage of our welfare state. These ideas made the experience of charitable aid a humiliating one for many in the past, and still they surface. Despite a greater understanding of the causes of poverty much the same groups arouse public suspicion in times of economic stress. The unemployed and solo mothers in particular have borne the brunt of this suspicion and of administrative inquiry. As the welfare state comes under closer scrutiny, the returns from welfare expenditure are critically assessed. The idea of a 'bottom-up' approach to welfare has gained currency, and is seen to promise a more equitable return. 'Community care' (the more popular phrase to describe this shift in social policy) supposes that 'the community' does, in fact, 'care'.

- 
9. The role of charitable aid in the 1930s Depression is a topic in itself. Health Department files, including H68/12, H85/12, H74/9, H85 and H76/12 give a good deal of information on the boards' reaction, their attitudes toward the unemployed, and their constant pleas to be relieved of responsibility.
10. A letter from the Dominion Secretary of the A.W.F. Beneficiaries' Association to the Minister of Social Security in 1955 requests that the words 'charitable relief' be dropped from all hospital board forms and letters that had to be signed when seeking teeth and spectacles. The reply from J.R. Hanan, Minister of Health, 12 August 1955, states that many boards did avoid the term and that it was proposed to eliminate it in the new Hospitals Act. H53/16.

The experience of charitable aid administration would suggest that 'the community' is a much less cohesive unit than this assumption allows, and that the 'community' has previously been less than successful in providing for social casualties. Pat Thane has written that Britain's 'present highly imperfect welfare state had its origins in the imperfections of the past'.<sup>11</sup> The solutions proposed for our own 'imperfect' welfare system may be no more novel and no more effective than solutions attempted in the past.

---

11. Pat Thane (ed.), The Origins of British Social Security, London, 1978, p.19.

## APPENDIX 1

A. Appropriations for Consolidated Fund Services 1886-87.

## Charitable:

Total number of officers: 1

| Salaries:  | £           |
|--|-------------|
| 1. Inspector of Hospitals (also Inspector Lunatic Asylums £1000)       | 200         |
| Other charges:   |             |
| 2. Maintenance of children at Asylum for the Blind, Melbourne          | 400         |
| 3. Maintenance, etc., of destitute persons in Thermal Springs District | 100         |
| 4. Burial expenses of destitute persons                                | 200         |
| 5. Widow of Prison Warder Adams  | 52          |
| 6. R. J. Deighton  | 52          |
| 7. Richard Pope  | 26          |
| 8. Widow and family of Dennis Phelan                                   | 52          |
| 9. Grant-in-aid of passage to England of C. Wilson                     | 16          |
| 10. Miscellaneous liabilities  | 1078        |
| 11. Contingencies  | 800         |
| Total Vote   | <u>2976</u> |

Source: AJHR, 1886, BIA, pp. 16-17.

B. Appropriations for Consolidated Fund Services 1907-08.

## Hospitals and Charitable

Total number of officers: 28.

| 1. Salaries:   | £           |
|--|-------------|
| Head Office  |             |
| Inspector-General of Hospitals and Charitable Institutions | 800         |
| Assistant Inspector (also Mental Hospitals, £50)           | 250         |
| Chief Clerk  | 360         |
| Clerk  | 180         |
|  | <u>1590</u> |

|   |              |
|---|--------------|
| Other charges:  | £            |
| 2. Burial expenses of destitute persons   | 150          |
| 3. Compassionate allowance, widow and family of Dennis Phelan   | 52           |
| 4. Expenses in connection with 'The Nurses' Registration Act, 1901'   | 50           |
| 5. Expenses occurred by Police in connection with destitute persons   | 100          |
| 6. Extra probationers at general hospitals  | 650          |
| 7. Furnishing and equipping Maternity Home, Clyde Street, Dunedin   | 500          |
| 8. Grant for furnishing Salvation Army Children's Home, Wellington  | 200          |
| 9. Grant for furnishing Stratford Hospital  | 300          |
| 10. Grant for refuge work   | 4000         |
| 11. Grant to benevolent societies   | 100          |
| 12. Legal expenses, Waltham Orphanage Inquiry   | 54           |
| 13. Maintenance of destitute persons from Thermal Springs District  | 50           |
| 14. Maternity homes, refund of fees   | 100          |
| 15. Maternity homes, and subsidies thereto  | 2000         |
| 16. Midwives Act  | 250          |
| 17. Postage and telegrams   | 120          |
| 18. Purchase of St Helen's Hospital, Dunedin  | 3250         |
| 19. Relief of indigent persons in districts where 'The Hospitals and Charitable Institutions Act, 1885' is not in force | 500          |
| 20. Salvation Army Prison Brigade work  | 900          |
| 21. Subsidy, Door of Hope, Auckland   | 100          |
| 22. Subsidy, Hospital Saturday Association, Dunedin   | 200          |
| 23. Subsidy, Alexandra Convalescent Home, Auckland  | 500          |
| 24. Subsidy Riverton Hospital Board, in respect of a sum of £25 2s 6d raised for establishing a library                 | 30           |
| 25. Subsidy towards the amount collected by the St John's Ambulance Association, Christchurch, on Ambulance Saturday    | 250          |
| 26. Travelling allowances and expenses  | 350          |
| 27. Contingencies   | 150          |
|   | <hr/>        |
|   | £14,906      |
|   | <hr/>        |
| 28. - 37. Plus maintenance four St Helen's Hospitals and salaries of 24 staff therein                                   | 3,890        |
| Total Vote  | <hr/> 20,386 |

## APPENDIX 2

Duties of Male and Female Charitable Aid Inspectors of  
the Auckland Hospital and Charitable Aid Board.

Female Inspecting Officer's Duties:

To visit and report on in writing all cases submitted to her by the Secretary, it being her duty exclusively to enquire and report on all cases of women and children receiving relief, except in such cases as the Secretary may direct otherwise.

To receive and visit, if necessary, all applications for admission to the Maternity Ward, and to issue orders for females to the Dispensary.

To make written reports of all cases received or visited, which reports shall be forwarded to the Secretary as they arise.

To make quarterly visits to all children boarded out.

To issue the monthly ration orders to all recipients.

To attend the office from 9.30 to 11 a.m. daily (Sundays excepted) to receive applications, or instructions from the Secretary.

To prepare the weekly list of new cases, and cases for renewal of aid, required for the Charitable Aid Committee.

Duties of the Male Inspector:

To attend from 9 to 11 a.m. daily (Sundays excepted) at the office and receive applications from males only, and to issue orders for males to the Dispensary.

To fill in particulars of cases of male applicants on the form provided, and to visit such cases at their homes if necessary.

To prepare for the Charitable Aid Committee the weekly list of cases visited or reported on by him, and of such males as require renewal of relief.

To carry out all general charitable aid work placed in his hands by the Secretary.

To attend all court cases.

To collect hospital fees, so far as he is able, and account for same to Secretary, and to serve summonses for recovery of fees if required.

Source: Auckland Hospital and  
Charitable Aid Board, Minutes,  
6 June 1898.

## APPENDIX 3

Outdoor Relief Applicants' Sheet, Palmerston North Hospital  
and Charitable Aid Board (no date).

Date .....

1. Name and Address:
2. Birthplace:
3. How long in Colony:
4. How long in Palmerston North:
5. Age:
6. Occupation:
7. Married or single:
8. Number of persons dependent:
9. Cause of present distress:
10. Kind of relief sought:
11. Relatives:
12. Have any relatives been in receipt of Charitable Aid:
13. Are any of the relatives in a position to render any  
help:
14. The form of relief given:
15. Does applicant belong to a Benefit society:
16. Are you in receipt of Old Age or other Pension or  
Annuity:

Signature of Applicant .....

All reports to be attached to the back of this sheet.

Source: Rules of the Awapuni  
Old People's Home.  
H 75/7/4

## APPENDIX 4

Extracts from a letter written by an inmate of the Costley Home to a Board Official (probably written November 1895).

Sir,

On coming for admission to the Costley Home on the third or fifth of April 1892 I said to Mr Strathon [Strathearn] I am suffering for the last fifteen or sixteen years from a decongestion of blood to the head a morbid state of the blood, a bad circulation of the blood. Doctors say I am very susceptible to Atmospheric influences. In thick foggy, or heavy weather I feel a great heaviness in the head.

I said to him I came in January 1856 from Melbourne to Wellington where I lived two years and went to the South Island where I Lived (except fifteen months on the British Columbia Diggings) till I came to Rotorua in 1891.

I remained about nine or ten months in Rotorua before I left it for the Costley Home. I did not live in Auckland Province (or Hawkes Bay at any time) till I came to Rotorua in 1891. I named to Mr. Strathon the Boarding House where I stopped in order to come before the Hospital Charitable Aid Board I could work with a spade and was admitted. I was not asked my age which was 61. When the Manager asked my age I said carelessly 70

After being working in the Washhouse three months I was sent in charge at night of a crazy old man in the Refractory Ward, he was in the habit of throwing his bed clothes about the room twice each night and I would put things in order & lead him to bed. Two other men were sent there at night as their roaring prevented the men in the main Building from sleeping. I was not allowed a bit of a candle but I got matches while I put the crazy old mans bed in order

Few men young or old would under the circumstances be bothered with the crazy old man or stand the yelling of the women In the day I took the meals to the [?] ward & to the crazy old man

Three or four times in each week I took eight or nine wheel barrows of coal from a corner near the kitchen....

Another old man helped me with the coals When required I took buckets of warm water and with the help of another old man I gave warm baths to the bedridden men in the various wards

I was some times sent to assist in the scullery &c This refractory business lasted for nine or ten months during which time four men died in the Refractory ward I was then put in charge of a very restless old man at night .... He was neglected by the two old men who were looking after him I was not surprised the two old men were fagged he died after I was six weeks looking after him

I was then made night watchman I was the first night watchman in the Home It was the easiest work I had been at ....

It was shortly afterwards I told the Manager I wanted to leave the Home He surprised me when he said as you are seventy years of age, you must come before the Committee to get permission to leave. Ashopkeeper in Rotorua sent me a pound to help me to leave this climate before I applied to leave. I applied to the Committee to leave in the beginning of the Summer of 1893 The Committee said the General Government sent me here I cannot be allowed to leave without the permission of the General Government. I said I had two pounds or more when I left Rotcrua and no one public or private Knew I was coming to the Costley Home, I was the only old man who had to apply to you for permission to leave the Home....

About the latter part of September 1894 when called before you with other men, to know if any of us would leave the Home, you expressed no objection to my leaving on the 1st of the following November but on the 1st November your Manager Mr. Moss said I must come again before the Committee on the 4th of November when you again said the General Government sent me here I cant leave without the orders of the General Government My letter to the Chairman stated you seem determined I must die prematurely in the Costley



Home. I was never in jail, I do not indulge in beer or spiritous liquors, but I am not a total abstainer I said that Keeping me here a prisoner is bad on body & mind You said I am not a prisoner I can go out for a day in each fortnight.

.....

On the 27th February 1895 I was called before you, when you said I can leave that is if you saw I was fit to leave. I was not fit to leave. It was about a month before this date I fell a few times on my right side as well as my shoulder. I could not raise my hand as high as the top of my head though I could walk with a bucket of water in each hand.

The Costley Home pills were making me constipated, and the linament was useless, I stated before that a shopkeeper in Rotorua sent me a pound to assist me to leave this climate as I had only ten shillings to leave the Home. I bought two bottles of Sequah's oil at a chemists, and paid about twenty shillings for medicine at Doctor Neill's Dispensary. I must put up with the inevitable I must remain in the Home, as I have not thirty shillings to leave it. Only for the climate I could stop in the Home and be quite contented. For the last four months I am troubled with a heaviness in my eyes....

.....

On the said 27 February I said I wrote to the Honorable Richard John Seddon about your Keeping me in the Home by orders of the General Government & that I did write to him as you seemed determined to exterminate me here.

Sometimes I have a great heaviness in my limbs and can scarcely rise my feet over the form at meal times, from the climate

This 17th Nov is a very fine day but its very weather I feel a great heaviness in the head & a confusion

Most respectfully

.....

Source: Loose in the Auckland Hospital and Charitable Aid Board Minute Book, 1895-1901. (Spelling and punctuation as in the original).

## APPENDIX 5

## Bye-laws and Regulations to be Observed by Inmates of the Armagh Street Depot, Christchurch.

1. No person shall be admitted as an inmate of this Institution without the production of a written order first obtained from the office of the Charitable Aid Board. Every person on admission, before he is allowed to enter a bedroom, must bathe himself thoroughly and change every article of clothing until the same has been washed and dried.
2. All clothing in the possession of any person on admission will become the property of the Board, and, in case of the death of such person, will be used in the ordinary way as clothing for the use of the Institution. Any other personal property in the possession of inmates will be dealt with as the Board may direct.
3. Inmates must not leave the premises without permission from the Officer in charge, and must return within the time specified when such permission is granted. In no case shall the absence extend beyond 8 p.m., at which hour all inmates must retire to their rooms.
4. All fires and lights shall be extinguished by 8 p.m., except by special direction of the Medical Officer.
5. Inmates shall rise at 6 a.m., from October 1st to March 31st, and at 7 a.m. from April 1st to September 30th, unless otherwise ordered by the Medical Officer.
6. Inmates must wash themselves regularly before breakfast every morning, and bathe themselves thoroughly at least once in every week, and in all other respects pay the utmost attention to cleanliness, both in person and apparel. Any inmate failing to do so will, for the first offence, forfeit his tobacco for one week.
7. The bedrooms and passages must be swept clean every morning by 7.45 a.m.; the day room by 7.30 a.m., and after every meal. The tables, floors, and forms of the day-room must be scrubbed with hot water every Tuesday and Saturday. The bedroom floors and the closets thoroughly scrubbed with hot water by noon every Wednesday. All slops must be emptied, utensils and spittoons cleaned, and slops carried to the place appointed for that purpose, by 7.45 every morning. The water-tank must be kept filled constantly by inmates in turn, as directed by the Officer in charge. Any inmate refusing to perform these duties will be reported.
8. All bedding will be required to be aired in the sun daily.

9. The hours for meals will be - Breakfast, 8 a.m.; dinner, 1 p.m.; tea, 6 p.m. All inmates must retain their seats at the tables for half-an-hour after the bell has been rung for each meal, and no sweeping must be commenced until the expiration of that time.
10. No intoxicating liquor will be allowed on the premises except by order of the Medical Officer.
11. Inmates must not write upon or in any way damage or deface any portion of the buildings or furniture.
12. Smoking is strictly prohibited in every part of the building except the day-room. Inmates must use the spittoons provided. Any infraction of this rule will subject the offender to forfeit his tobacco for a week.
13. All inmates must carry out the directions of the Officer in charge and assist in performing any work required to be done. All inmates who are not specially exempted by a certificate in writing from the Medical Officer will be required to break such quantities of stone as the Board may order.
14. No books, newspapers, or magazines, placed in the Institution for the use of inmates are to be torn, or destroyed, or removed from the dayroom without permission, but each must be kept clean and returned to its proper place as soon as read.
15. All inmates in receipt of pensions or remittances, or who may obtain any money by legal process, must hand the amounts over to the Officer in charge forthwith, who will transmit the same to the Board, and await directions as to its disposal.
16. Any inmates removing any articles of clothing, food, or other property belonging to the Institution, from the premises, render themselves liable to prosecution for theft.
17. Inmates must conduct themselves in an orderly manner, and act in strict obedience to orders.
18. The Officer in charge shall report forthwith to the Chairman any inmate who shall use obscene language or become intoxicated, or be guilty of disorderly conduct, or violate any of these regulations; and the Chairman may order such inmate to be immediately expelled from the Institution.

19. Any inmate who shall be guilty of any breach of any of the fore-going Bye-Laws, shall forfeit and pay for every such breach such penalty as the Justices inflicting the same shall in their discretion think fit.

The above Rules shall come into force on the 25th day of August, 1898.

By order,

Thos. C. Norris,

Secretary to the Board.

Charitable Aid Board Office,  
Christchurch, 10th August, 1898.

Source: Ashburton and North Canterbury United Charitable Aid Board Minutes, 26 September, 1898.

## APPENDIX 6

RULES  
OF THE  
DUNEDIN FEMALE REFUGE.

- I. Any woman desirous of becoming an inmate of the Refuge must apply to the Matron on the premises, who may receive her at once (unless intoxicated), till she have opportunity to refer her to the Members of Committee on duty at the time.
- II. No person shall be admitted unless she undertakes to conform to the Rules of the Institution. While no inmate be compelled to remain any specified time, no clothing or character will be guaranteed to anyone who has remained for a less period than 12 months.
- III. No inmate of the Institution shall be permitted to go out under ordinary pretext, but should circumstances justify the desire of any inmate to have leave of absence for a few hours, such permission may be granted by the Matron, with the sanction of the Lady Visitor or some Member of Committee.
- IV. Every inmate who leaves the Institution without the permission of the Matron, will not be allowed to return till her case be investigated by the Committee.
- V. Inmates will be required to rise at six o'clock in summer and seven in winter, and retire to bed at half-past nine o'clock, at which hour lights shall be extinguished and doors locked.
- VI. All inmates are expected to work to the best of their ability, and to show cheerful obedience to the commands of the Matron.
- VII. All the money derived from the work of the inmates shall be expended in supporting the Institution, and should there be a surplus it will be applied for the benefit of special cases among the inmates. Any money derived from extra work done by an inmate in her spare hours shall be appropriated to her personal use.
- VIII. All immoral or bad language must be carefully avoided, as well as all reference to the past.
- IX. Inmates will be allowed to see their friends once in two months, in presence of the Matron. They may also write to their friends once in three months; the letters to be read, directed, and sealed by the Matron.
- X. Inmates are required to attend prayers, morning and evening, and each one will be required to repeat a verse of Scripture at evening prayers.

- XI. Any woman who conducts herself properly whilst at the Institution shall, upon leaving for a situation, or for any other satisfactory reason, be provided with sufficient clothing.
- XII. Any woman leaving the Institution, or who is found outside the premises without leave from the Matron, wearing or having in her possession clothes, the property of the Institution, may be arrested on a charge of larceny.
- XIII. On the reception of an inmate her clothes are to be removed, put carefully away, and returned to her on quitting the Institution.

Dunedin, May 1st, 1881.

Source: Rules of the Dunedin  
Female Refuge, Dunedin, 1881.

## APPENDIX 7

## Regulations for the Management of the Otago Benevolent Institutions's Maternity Department.

Regulations for Management of the  
Maternity Department

1. All applicants for admission must first sign a declaration before a Justice of the Peace that they are in indigent circumstances.
2. Applicants must apply to the Trustees for admission at the weekly meetings on Wednesdays at 2 p.m., except in urgent cases, when the Secretary is authorised to admit them with the concurrence of the Chairman.
3. Applicants will, if required, have to see the Medical Officer of the Institution before being admitted.
4. No female to remain in the institution longer than twenty-one days after her confinement, unless recommended otherwise by the Medical Officer.
5. Children of applicants cannot be received. Applicant must make arrangements for their board outside of the Institution before she is admitted.
6. Applicants will require to find the necessary clothing for the infant when born.
7. All occupants of the Lying-in Ward will require to do such work as the Matron directs them to do.
8. No visitors will be allowed to the Lying-in Ward unless permission be first given by the Chairman or Doctor.

Passed by Trustees, 25th April, 1888,

A. SOLOMON,  
Chairman.

Source: Annual Report,  
Otago Benevolent Institution,  
1889, Dunedin, 1889.

## 1. PRIMARY SOURCES

## a) Unpublished

- I. Private papers
- II. Manuscript records of boards and associations
- III. Government department archives

## b) Published

- I. Official papers
- II. Published records of boards and associations
- III. Newspapers and periodicals
- IV. Contemporary books, pamphlets, directories
- V. Contemporary articles
- VI. Published manuscript collections

## 2. SECONDARY WORKS

- a) Books and pamphlets
- b) Articles
- c) Unpublished theses and manuscripts

## 3. PERSONAL COMMUNICATIONS

- a) Interviews
- b) Correspondence



## 1. PRIMARY SOURCES

## a) Unpublished

I. Private papers

A.E.L. Bennett Collection, Alexander Turnbull Library.

1346/176 Personal Correspondence Outwards:  
'Duchess' [Mrs Grace Neill]

1346/208 Personal Correspondence Inwards:  
Hester Maclean

1346/211 Personal Correspondence Inwards:  
Mrs Grace Neill

G.W. Ell, Personal Records, Canterbury Public Library.

Cuttings, 1890-1900

G. Fowlds Papers, University of Auckland Library.

Series 1, Letters outwards

Series 2, Letters inwards

William Pember Reeves Collection, Alexander Turnbull Library.

129/27, Newspaper clippings concerning Old Age Pensions

Seddon Papers, National Archives.

2/34 Letters to Seddon discussing his Memorandum on Child Life Preservation and the Midwives Bill, 1904

3/60 Scrapbooks: St Helen's Maternity Hospitals 1905, 1912

II. Manuscript records of boards and associations

Auckland Hospital Board Records, Auckland Hospital Board.

North Auckland and Auckland United Charitable Aid Board Minutes 1885-1886.

Auckland Hospital and Charitable Aid Board Minutes,

1885-1890

1895-1901

1901-1905

1908-1912

1912-1918

II. Manuscript records of boards and associations (cont.)

Auckland Hospital and Charitable Aid Board  
Committee Minutes,

House Committee 1887-1891  
Charitable Aid Committee 1887-1888

Auckland Hospital and Charitable Aid Board Costley  
Home Committee Minutes,

1890-1896  
1897-1903  
1904-1909  
1909-1921

Otago Hospital Board Records, Hocken Library.

(Where confusion is likely to result from parallel sets of minutes and rough minute books, volume dates are given from month to month).

Otago Benevolent Institution, Rough Minutes  
(dates are given since not all volumes are numbered, and numbers where given are in some disorder).

February 1865 - August 1867  
August 1867 - January 1870  
January 1870 - April 1872  
April 1872 - July 1875  
July 1875 - July 1878  
July 1878 - September 1880  
October 1880 - September 1882  
September 1882 - August 1884  
August 1884 - April 1886  
April 1886 - July 1887  
July 1887 - June 1888  
June 1888 - September 1889  
October 1889 - February 1891  
February 1891 - April 1892  
April 1892 - June 1893  
June 1893 - September 1894  
September 1894 - December 1895  
January 1896 - March 1897  
March 1897 - September 1898  
July 1900 - May 1902  
May 1902 - February 1904  
February 1904 - December 1905  
October 1905 - October 1910

Otago Benevolent Institution Minutes (cited in  
Hocken inventory as Benevolent Committee Minute  
Books).

1891-1895  
1905-1910

II. Manuscript records of boards and associations (cont.)

Otago Benevolent Institution Applications for Relief [Case Books]

Vol. 1 April 1889 - February 1890  
 " 2 February 1890 - August 1891  
 " 3 August 1891 - October 1892  
 (Vol. 4 missing)  
 " 5 June 1894 - December 1895  
 " 6 December 1895 - May 1897  
 " 7 June 1897 - September 1899  
 " 8 September 1899 - December 1903  
 " 9 January 1904 - February 1909  
 " 10 February 1909 - February 1911

Otago Benevolent Institution Outdoor Relief Books [Register]

1893-1911

Otago Benevolent Institution and Otago Hospital and Charitable Aid Board Benevolent Inmate Books

1909-1940

[Otago, Central Otago, and Tuapeka] United Districts Charitable Aid Board

Rough Minutes November 1905 - November 1909  
 Minutes November 1885 - March 1904  
 December 1909 - April 1910  
 Letter Book September 1908 - July 1910

Otago Hospital and Charitable Aid Board Benevolent Committee Fair Minutes

1910-1913  
 1913  
 1913-1918

Otago Hospital and Charitable Aid Board Ladies' Benevolent Advisory Committee Fair Minutes

1910-1912  
 1913-1924

Otago Hospital and Charitable Aid Board Applications for Relief [Case Books]

1911-15  
 1915-22

Otago Hospital and Charitable Aid Board Press Cuttings Books

Vols. 1-20, 1910-1922

Otago Hospital and Charitable Aid Board Letter Books

Vols. 1-8, 21-25, 45, 49, 1910-1921

II. Manuscript records of boards and associations (cont.)

Otago Hospital and Charitable Aid Board Minutes

Vol. 6 1911-1915

Vol. 7 1916-1919

Tuapeka Hospital Committee Minutes, Hocken Library

1879-1885

1885-1941

Bruce Borough Council Records, Hocken Library

Bruce Charitable Aid Committee Minutes

1908-1910

North Canterbury Hospital Board Records, North Canterbury Hospital Board (since transferred to Canterbury Museum Library. Library series numbers are given where available).

1/3 Ashburton and North Canterbury United Charitable Aid Board Orphanage Committee Minutes,

1885-1888

1888-1890

1/4 Ashburton and North Canterbury United Charitable Aid Board Minutes,

1885-1891

1891-1900

1900-1905

1905-1908

1/5 Ashburton and North Canterbury Charitable Aid Board Committee Minutes,

1900-1906

1906-1909

1910-1911

1/6 North Canterbury Hospital and Charitable Aid Board Minutes,

1910-12

1912

1912-1913

1913-1914

1914-1915

1915

1918-1919

1/7 North Canterbury Hospital and Charitable Aid Board Institutions Committee Minutes,

1911-1915

1915-1920

2/1 Ashburton and North Canterbury United Charitable Aid Board Outward Correspondence

Letter Books Nos 1-33, 1886-1910

II. Manuscript records of boards and associations (cont.)

3/1 North Canterbury Hospital and Charitable Aid  
Board Outward Correspondence Nos. 1-30, 1910-1919

7/1 Ashburton and North Canterbury United Charitable  
Aid Board Female Refuge Report Books

1884  
1885

7/2 Ashburton and North Canterbury United Charitable  
Aid Board Female Refuge Register of Inmates,

1880-1884

Ashburton and North Canterbury United Charitable  
Aid Board Female Refuge (Essex Home), Minute Book,

1876-1910

Palmerston North Hospital Board Records, Palmerston  
North Hospital Board

Palmerston North Hospital [and Charitable Aid]  
Board Minutes,

1911-1918  
1918-1925  
1925-1928  
1928-1931  
1931-1939  
1939-1953

Palmerston North Hospital and Charitable Aid  
Board Executive Committee Minute Book,

1912-1919

Wellington Hospital Board Records, Wellington  
Hospital Board

Wellington Hospital and Charitable Aid Board  
Minutes,

1910-1913  
1913-1917

Wellington Benevolent Institution, Press  
Cuttings Book,

1901-1905  
1909-1910  
1911

Wellington Benevolent Institution (Ohiro Home),  
Sample sheets, letters, admissions, etc.

II. Manuscript records of boards and associations (cont.)

Auckland Branch of Society for the Protection of Women and Children Records, Society for the Protection of Home and Family, Auckland

Record Book No. 1 1894-1896  
Letter Book No. 1 1893-1895

Wellington Branch of Society for the Protection of Women and Children Records, Alexander Turnbull Library

Minutes 1897-1901  
1901-1904  
1904-1908  
1908-1912  
1912-1916  
1916-1919

Dunedin Branch of Society for the Protection of Women and Children, Society for the Protection of Home and Family, Dunedin

Rough Minutes 1907-1914  
1914-1920  
Minutes 1908-1914  
1914-1921  
1922-1931

III. Government department archives

Health Department Files, National Archives

Series H

3/13 Committee of Enquiry into Mental Defectives and Sexual Offenders  
50/3 Hospitals Act 1909 amendments  
1920 (02158)  
1922-23 (02159)  
1909-18 (02160)  
1919-20 (02161)  
1920-21 (02162)  
1921-22 (02163)  
50/3/3 Hospitals Act - amendments - designations of hospital boards 1915-20  
51 Representation - general 1911-22  
51/21 Representation - Palmerston North 1910-38  
51/22 Representation - Wellington 1910-35  
51/31 Representation - North Canterbury 1910-39  
51/35 Representation - Otago 1910-38  
52/43 Hospital subsidies - general 1909-10  
52/47 Hospital subsidies - subsidy on voluntary contributions 1910-44  
53/16 Hospital boards - charitable aid 1935-65  
54/4 Hospital boards - maternity facilities 1916-34

Health Department Files, National Archives

## Series H (cont.)

- 54/8 Hospitals - Destitute Patients Act  
1908-26
- 54/10/1 Maintenance of children in industrial  
schools 1919-21
- 54/16 Journal - general 1916-22
- 54/32 Assistance to applicants for charitable  
aid 1915-18
- 54/38 Maternity and child welfare 1918-22
- 54/46 Hospital boards - general - accommoda-  
tion of mentally defective children  
1919-28
- 54/49 Hospital boards - general - charitable  
aid 1918-32
- 54/49/1 Hospital boards - general - procedure  
for reimbursing medical allowance on  
indigents 1920-31
- 54/126 Hospitals - general - outdoor medical  
service 1934-35
- 58/12 Auckland Hospital Board - charitable  
aid 1916-27
- 58/12 Auckland Hospital Board - charitable  
aid 1927-33
- 58/21 Auckland Hospital Board - charitable  
aid 1915-17
- 58/45 Auckland Hospital Board - grant to  
benevolent societies 1924-28
- 62/9 Grey Hospital Board - charitable aid  
1928-56
- 63/9 Hawera Hospital Board - charitable aid  
1920-41
- 68/12 Hawke's Bay Hospital Board - charitable  
aid 1918-35
- 72/57 Waltham Orphanage - general 1914-30
- 74/9 Otago Hospital Board - charitable aid  
1918-44
- 75/7/4 Awapuni Old People's Home 1911-38
- 76 Wellington Hospital Board - general  
1910-25
- 76/9 Patea Hospital Board - charitable aid  
1929-31
- 76/12 Wellington Hospital Board - charitable  
aid 1911-31
- 76/12 Wellington Hospital Board - charitable  
aid 1931-35
- 80/9 Stratford Hospital Board - charitable  
aid 1928-65
- 85 North Canterbury Hospital Board -  
general 1910-22
- 85/12 North Canterbury Hospital Board -  
charitable aid 1919-35
- 89/5/3 Otago Benevolent Institution patients  
1919-30
- 89/15 Otago Hospital Board - Forth St  
Maternity Hospital 1905-38

Health Department Files, National Archives

## Series H (cont.)

- 92/12 Southland Hospital Board - charitable aid 1913-15
- 93/12 Wallace and Fiord Hospital District - charitable aid 1915-22
- 94/9 Westland Hospital Board - charitable aid 1918-44
- 100 Separate institutions - Alexandra Home Wellington 1912-49
- 103/32 Rest homes for destitute and old people 1916-36
- 111 St Helens - general 1905-38
- 111 St Helens - general 1911-22
- 154 Refuge grants - general 1907-22
- 154/1 Refuge grants - Mt Magdala Asylum Christchurch 1935-66
- 154/2 Refuge grants - Victoria Home Invercargill 1906-42
- 154/10 Children's creche Gisborne 1918-32
- 170/3 State medical service - general (12345)
- 170/3 State medical service - medical practitioners (05574)
- 172/8 Health Department - records system - head office 1913-21
- 181/1 Staff-general 1912-22
- 181/60 Title of Director General of Health 1920

Health Department Files, Health Department

- 30/54/10 Mental health - Porirua Hospital - visitors
- 69/708 By-laws

Department of Internal Affairs Files, National Archives

## Registers of Letters to the Colonial Secretary 1884-1900

- IA 1884/3003 J. Smith, Napier, to Colonial Secretary, 1 June 1884. Suggestions in regard to hospital and charitable aid management
- 1887/3251, 1888/1635 Correspondence relating to shipment of books on charitable administration in the United States



Department of Internal Affairs Files, National Archives

Registers of Letters to the Colonial Secretary  
1884-1900 (cont.)

- IA 1888/3495 H.A. Atkinson to Colonial Secretary, Sydney, Brisbane, Premier, Victoria, Chief Secretary, Tasmania, South Australia, introducing Dr Duncan MacGregor
- 1890/1177 Conference of County Councils, resolutions on hospital and charitable aid matters
- 1897/1645 W.P. Reeves to Premier, 2 April 1897, forwarding copies of proceedings of National Conference of Charities and Correction
- 1900/3311 S.M. Wellington to Colonial Secretary, 19 September 1900 on providing for destitute aged
- 1933/182/7 Records - Mental Hospitals Department - transfer of files to Mental Hospitals Department

Legislative Department Files, National Archives

- Le 1/1886/125 Correspondence relating to the appointment of Dr MacGregor as Inspector of Lunatic Asylums and Hospitals
- 1/1888/154 Incurable patients in hospitals
- 1/1889/138 Effects of clause 12 of proposed bill on hospitals and charitable aid
- 1/1890/114 Officers of Lunacy Department who have left the service since the appointment of the present inspector
- 1/1904/151 Persons under 21 in prisons, industrial schools and asylums, receiving charitable aid, or boarded out
- 1/1908/164 Particulars relating to female inspectors of maternity homes and orphanages
- 1/1909/5 Committees - Hospitals and Charitable Institutions Bill
- 1/1909/281 Report on reformatory work in England, Germany, and America

Pensions Department Files, National Archives  
(classification incomplete at time of use)

- A24 Old Age Pensions Act 1898 - general  
1900-1906
- I8 Imbeciles 1899-1921
- Old Age Pension 1907/C15 Charitable institutions -  
hospital board 1899-1936
- Old Age Pension 1907/C43 Charitable institutions,  
Hokitika district
- Old Age Pension 1906/H20 State benefits and out-  
door relief 1900-1938
- Old Age Pension 1907/M26 Payments to charitable  
aid boards

Education Department Files (Child Welfare),  
National Archives

- E 40/1/1 Special schools system - proposal  
that government should assume  
control of destitute children  
1903-1915
- 40/1/24 Supervision of illegitimate children  
1907-1925
- 40/6/1 Orphanages and allied institutions

b) Published

I. Official papers

Appendices to the Journals of the House of  
Representatives

As well as single reports noted in references, the  
following series were used:

- Annual Report on Hospitals, 1883-1887
- Annual Report on Hospitals and Charitable  
Institutions, 1888-1910
- Annual Report on Public Health, Hospitals and  
Charitable Aid, 1911-1920
- Annual Report of the Director General of Health,  
1921-1940
- Annual Report, Department of Public Health,  
1901-1910
- Annual Report, Department of Education, 1880-1930
- Annual Report, Department of Labour, 1893-1910
- Annual Report on Lunatic Asylums, 1881-1904
- Annual Report on Mental Hospitals, 1905-1910
- Annual Report on Old-Age Pensions, 1899-1909  
(1910-12 as division of Post and Telegraph  
Department)
- Annual Report of Pensions Department, 1913-1920

Bills Thrown Out, 1880-1920

Census of New Zealand, 1881-1926

I. Official papers (cont.)

Department of Health, Appendices to the Annual Report (Hospitals and Charitable Institutions Statistics) 1916-1938

Journals of the House of Representatives, 1885-1920

Journals and Appendices of the Legislative Council, 1885-1920

New Zealand Gazette, 1880-1920

New Zealand Official Year Book, 1893-1930

New Zealand Parliamentary Debates, 1880-1921

New Zealand Statutes, 1878-1940

Statistics of New Zealand, 1885-1920

II. Published records of boards and associations

Annual Report of the Auckland Benevolent Society (later Auckland Ladies' Benevolent Society), 1889-1939, Auckland Public Library

Annual Report of the Auckland Branch of Society for the Protection of Women and Children, 1893-1920, Society for the Protection of Home and Family, Auckland

Annual Report of Canterbury Female Refuge and Reformatory, 1883, 1884, General Assembly Library

Annual Report of the Otago Benevolent Institution, 1864-1896, Hocken Library

Christchurch City Mission and Destitute Men's Home, Annual Report, 1894, 1895, General Assembly Library

Dunedin Female Refuge, Annual Report, 1875, 1878, 1879, 1880, 1883, Hocken Library and General Assembly Library

Hawke's Bay United District Charitable Aid Board, Report, 1887, General Assembly Library

Rules of the Dunedin Female Refuge, 1875, 1881, Hocken Library

Wanganui Benevolent Society, Annual Report, 1883, 1885, General Assembly Library

II. Published records of boards and associations (cont.)

Wellington Benevolent Institution, Annual Report, 1879, 1882, General Assembly Library

III. Newspapers and periodicals

Auckland Weekly News, 1890, 1894, 1903

Bulletin of the Hospital Boards' Association of New Zealand, 1926-1931

Daybreak, 1895

Evening Post, 1885-1913, 1930

Feilding Star, 1885-1889

Journal of the Department of Public Health, Hospitals, and Charitable Aid (later New Zealand Journal of Health and Hospitals, Journal of Public Health on pages), 1917-1921

Journal of the New Zealand Department of Labour, 1894-1900

Lyttelton Times, 1885-1886

Manawatu Herald, 1885, 1891-1893, 1897

Manawatu Standard, 1885-1886

New Zealand Free Lance, 1906

New Zealand Graphic, 1900

New Zealand Herald, 1885-1919

New Zealand Times, 1897-1899, 1912-1914

New Zealand Medical Journal, 1901-1934

Otago Daily Times, 1885-1910

The Globe, 1891

The Press, 1885-1890, 1894-1895, 1898, 1902-1906, 1910

White Ribbon, 1896-1906

Zealandia, 1889

IV. Contemporary books, pamphlets, directories

- Ashrott, P.F. The English Poor Law System, Past and Present, (H. Preston-Thomas, transl.) London, 1888.
- [Beck, J.], Child Welfare in the United States of America and Canada, Special Reports on Educational Subjects No. 15, Wellington, 1927.
- Chisholm, Rev. Jas (ed.), Memorials of J.A. Torrance, Agent for Thirty Years of the Patients' and Prisoners' Aid Society, Dunedin, 1908.
- Cyclopaedia of New Zealand, 6 Volumes, Wellington and Christchurch, 1897-1908.
- Ffrost, J.W., Old Age Pensions, Christchurch, 1894.
- T.W. Fowle, The Poor Law, London, 1881
- Henderson, Charles Richmond, Modern Methods of Charity, New York, 1904.
- Leys, W., An Old Age Pension Scheme for the Colonists of New Zealand: a lecture delivered before members of the Auckland Liberal Association, November 15th, 1893, Auckland, 1893.
- Maclean, Hester, Nursing in New Zealand, Wellington, 1932.
- Morris, Edward E., Newer Methods of Charity, Melbourne, 1895.
- Pennefather, F.W., Notes on the Management of Pauper & Criminal Children in Great Britain and New Zealand, Dunedin, 1900.
- Poor Law Commissioners' Report of 1834. Copy of Report made in 1834 by the Commissioners for Inquiry into the Administration and Practical Operation of the Poor Laws, London, 1905.
- Proceedings of the First Australasian Conference on Charity held in Melbourne 11th-17th November 1890, Melbourne, 1891.
- Reeves, William Pember, State Experiments in Australia and New Zealand, [1902], Reprint, Edinburgh, 1923.
- Riddell, W.G., The Destitute Persons Act 1910. Notes of Cases and Forms of Procedure, Wellington, 1913.

IV. Contemporary books, pamphlets, directories (cont.)

- Scholefield, G.H., Who's Who in New Zealand and the Western Pacific, 1908, Wellington, 1908.
- Seddon, R.J., Memorandum by the Rt. Hon. R.J. Seddon, Prime Minister, On Child-Life Preservation, Wellington, 1904
- [H. Sommerville], The Auckland Hospital and Charitable Aid Board: A history of its buildings and endowments, Auckland, 1919.
- Stout, Robert, Politics and Poverty [a lecture delivered at the Lyceum Hall, Dunedin, on 13th April 1883], Dunedin, 1883.
- Stout, Robert, Political Address by the Hon. Sir Robert Stout, Premier, New Zealand. Delivered at Marton on 11th March 1887, Napier, n.d.
- Wise's New Zealand Directory, Dunedin, 1885-1920.

V. Contemporary articles

- [Grey, William], 'Charity and Poor Law in New Zealand', Charity Organisation Review, August 1887, pp.312-17.
- MacGregor, D., 'The Problem of Poverty in New Zealand', New Zealand Magazine, January 1876, pp.60-75; April 1876, pp.207-16; July 1876, pp.310-21.
- Montgomery, W.H., 'Old Age Pensions in New Zealand', The Review of Reviews, (Australasian edition), 5 November 1898, pp.582-86.
- Neill, Grace, 'Forms of State Relief in New Zealand', in Countess of Aberdeen (ed.), Women in Politics, Being the Political Section of the International Congress of Women, London, July 1899, London, 1900, pp.84-87.
- Stout, Robert, 'Our Waifs and Strays', The Melbourne Review, April 1885, pp.109-120.

VI. Published Manuscript Collections

- Hamer, D. (ed.), The Webbs in New Zealand 1898, Wellington (2nd edition), 1974.
- The Letters and Lectures of E.W. Cunnington, edited by Her Children, Christchurch, 1918.

## 2. SECONDARY WORKS

## a) Books and pamphlets

Barber, L.H., and Towers, R.J., Wellington Hospital 1847-1976, Wellington, 1976.

Begg, Rewa, Jean Begg C.B.E. Her Story, Wellington, 1979.

Bennett, F.O., Hospital on the Avon. The History of the Christchurch Hospital 1862-1962, Christchurch, 1962.

Brooking, T.W.H., A History of Dentistry in New Zealand, Dunedin, 1980.

Bruce, Maurice, The Coming of the Welfare State, Fourth edition, London, 1968.

Brunton, Warwick A., One Hundred Years 1872-1972. To Commemorate the Centennial Celebrations of the Seaview Hospital, [Hokitika], 1972.

Bunkle, Phillida, and Hughes, Beryl, Women in New Zealand Society, Auckland, 1980.

Burdon, R.M., King Dick. A Biography of Richard John Seddon, [Christchurch], 1955.

Burdon, R.M., The New Dominion. A Social and Political History of New Zealand 1918-39, Wellington, 1965.

Burnham, W.D., and Weinberg, M.W., American Politics and Public Policy, Massachusetts, 1978.

Bush, Graham, Local Government and Politics in New Zealand, Auckland, 1980.

Cocks, E.M. Somers, A Friend in Need. Nurse Maude: Her Life and Work, Christchurch, 1950.

Condliffe, J.B., The Welfare State in New Zealand, London, 1959.

Dickey, Brian, No Charity There. A Short History of Social Welfare in Australia, Melbourne, 1980.

Digby, Anne, Pauper Palaces, London, 1978.

Dodge, J.S., and J.M. (eds.), The Community Care of the Disabled. Proceedings of a Seminar Held in Dunedin on October 11th-13th 1978, Dunedin, 1979.

Dunn, W.H., and Richardson, I.L.M., Sir Robert Stout, Wellington, 1961.

Elder, J.R., The History of the Presbyterian Church of New Zealand 1840-1940, Christchurch, [1940].

## a) Books and pamphlets (cont.)

Fenwick, P. Clennell, Christchurch Hospital; Historical and Descriptive Sketch, Christchurch, 1926.

Findlay, Mary, Tooth and Nail. The Story of a Daughter of the Depression, Wellington, 1974.

Fischer, David Hackett, Growing Old in America, New York, 1977.

Fraser, Derek, The Evolution of the British Welfare State, London, 1973.

Fraser, Derek (ed.), The New Poor Law in the Nineteenth Century, London, 1976.

Goffman, Erving, Asylums. Essays on the Social Situation of Mental Patients and Other Inmates, (1961) Harmondsworth, Middlesex, Reprinted 1973.

Gordon, Doris, Backblocks Baby Doctor, London, 1955.

Gustafson, Barry, Labour's Path to Political Independence, Auckland, 1980.

Hall, Phoebe, Land, Hilary, Parker, Roy and Webb, Adrian, Change, Choice and Conflict in Social Policy, London, 1975.

Hanson, Elizabeth, The Politics of Social Security, Auckland, 1980.

Hay, J.R., The Origins of the Liberal Welfare Reforms, 1906-1914, London, 1975.

Hercus, C., and Bell, G., The Otago Medical School Under the First Three Deans, Edinburgh, 1964.

Higgins, Joan, The Poverty Business: Britain and America, Oxford, 1978.

Hill, Michael, Understanding Social Policy, Oxford, 1980.

Jones, D.W. Carmalt, Annals of the University of Otago Medical School 1885-1939, Wellington, 1945.

Koopman-Boyden, Peggy G., Families in New Zealand Society, Wellington, 1978.

Lambie, Mary, My Story. Memoirs of a New Zealand Nurse, Christchurch, 1956.

Lee, John A., Children of the Poor, [1934], Christchurch, 1973 reprint.

Lee, John A., Delinquent Days, Auckland, 1967.



## a) Books and pamphlets (cont.)

Maclean, F.S., Challenge for Health. A History of Public Health in New Zealand, Wellington, 1964.

Marshall, T.H., Social Policy, London, 1974.

Mathew, H.C., The Institutional Care of Dependent Children in New Zealand, Christchurch, 1942.

McKinnon, Emily (Siedeberg) (comp.), Fifty Years of Active Service in the Interests of Women and Children by the Dunedin Branch of the New Zealand Society for the Protection of Women and Children (Inc.), Dunedin, 1949.

Mendelsohn, R., Social Security in the British Commonwealth, London, 1954.

Morrell, W.P., The Anglican Church in New Zealand, a History, Dunedin, 1973.

Morrell, W.P., The University of Otago. A Centennial History, Dunedin, 1969.

Mowat, Charles Loch, The Charity Organisation Society 1869-1913: its Ideas and Work, London, 1961.

Neill, J.O.C., Grace Neill: The Story of a Noble Woman, Christchurch, 1961.

Neville, R.J. Warwick, and O'Neill, C. James, The Population of New Zealand. Interdisciplinary Perspectives, Auckland, 1979.

New Zealand Council of Social Service, Roles of Central Government, Local Authority, and Voluntary Agency in Social Welfare, Wellington, 1976.

New Zealand Department of Health, Special Report No. 46, Accommodation and Service Needs of the Elderly, Wellington, 1976.

New Zealand Department of Social Security, The Growth and Development of Social Security in New Zealand, Wellington, 1950.

New Zealand Planning Council, The Welfare State? Social Policy in the 1980's, Wellington, 1979.

Oliver, W.H., with Williams, B.R. (eds.), The Oxford History of New Zealand, Wellington, 1981.

Olssen, Erik, John A. Lee, Dunedin, 1977.

Oram, C.A. Social Policy and Administration in New Zealand, Wellington, 1969.

Pivar, David J., Purity Crusade. Sexual Morality and Social Control 1868-1900, Westport, Conn., 1973.

## a) Books and pamphlets (cont.)

Piven, Frances Fox, and Cloward, Richard A., Regulating the Poor. The Functions of Public Welfare, London, 1972.

Rafter, Pat, Never Let Go! The Remarkable Story of Mother Aubert, Wellington, 1972.

Rothman, David J., and Wheeler, Stanton, Social History and Social Policy, New York, 1981.

Rover, Constance, Love, Morals and the Feminists, London, 1970.

Rose, Michael E., The English Poor Law 1780-1930, Plymouth, 1971.

Rose, Michael E., The Relief of Poverty 1834-1914, London, 1972.

Roth, Herbert, George Hogben. A Biography, Wellington, 1952.

Saunders, J. Llewellyn, The School Dental Service, Its Initiation and Development 1920-60, Wellington, 1964.

Scull, Andrew T., Museums of Madness. The Social Organisation of Insanity in Nineteenth Century England, London, 1979.

Searle, G.R., The Quest for National Efficiency. A Study in British Politics and British Political Thought 1899-1914, Oxford, 1971.

Sharp, A., The New Zealand Colonial Secretary's Office and Department of Internal Affairs. A Short History, Wellington, 1966.

Sinclair, Keith, A History of New Zealand, Revised edition, Harmondsworth, Middlesex, 1980.

Southland Hospital Board, History of the Southland Hospitals and Board 1861-1968, Invercargill, 1968.

Stone, Russell, In the Time of Age. Selwyn Village: The First Twenty-Five Years, Auckland, 1979.

Summers, Anne, Damned Whores and God's Police. The Colonization of Women in Australia, Ringwood, Vic., 1975.

Sutch, W.B., Local Government in New Zealand. A History of Defeat, Wellington, Reprinted, 1964.

Sutch, W.B., Poverty and Progress in New Zealand, Revised edition, Wellington, 1969.

## a) Books and pamphlets (cont.)

Thane, Pat (ed.), The Origins of British Social Policy, London, 1978.

Thompson, G.E., A History of the University of Otago, 1869-1919, Dunedin, [1920].

Titmuss, Richard M., Essays on 'The Welfare State', Revised edition, London, 1963.

Trlin, A.D. (ed.), Social Welfare and New Zealand Society, Wellington, 1977.

Waite, John C., Dear Mr Booth. Some Early Chapters in the History of the Salvation Army in New Zealand, Wellington, [1964].

Walton, R.G., Women in Social Work, London, 1975.

Wohl, Anthony S., The Victorian Family, London, 1978.

Woodroffe, Kathleen, From Charity to Social Work in England and the United States, London, 1968.

Young, A.F., and Ashton, E.T., British Social Work in the Nineteenth Century, London, 1956.

## b) Articles

Achenbaum, W.A., 'The Obsolescence of Old Age in America 1865-1914', Journal of Social History, Vol.8, 1974, pp.48-62.

Beck, John, 'Pioneering in Child Welfare. Selections from the Memoirs of John Beck', New Zealand Social Worker, Vol.5, October 1969, pp.7-13.

Briggs, Asa, 'The Welfare State in Historical Perspective', Archives Européennes de Sociologie, Vol.2, 1961, pp.221-58.

Brunton, W.A., 'If Cows Could Fly', Australian and New Zealand Journal of Psychiatry, Vol.6, March 1972, pp.46-51.

Campbell, Janice, 'Social Security and the Welfare State', New Zealand's Heritage (Revised Edition 1978), Vol.17, pp.2372-2376.

Clark, W.A.V., 'The Slums of Dunedin 1900-1910', Proceedings of the Third New Zealand Geography Conference, Palmerston North, 1961, New Plymouth, 1962, pp.85-92.

## b) Articles (cont.)

Dickey, Brian, 'Care for Deprived, Neglected and Delinquent Children in New South Wales, 1901-1915', Journal of the Royal Australian Historical Society, Vol.63, December, 1977, pp.167-83.

Dickey, Brian, 'Charity in New South Wales, 1850-1914. Outdoor Relief to the Aged and Destitute', Journal of the Royal Australian Historical Society, Vol.52, March 1966, pp.9-32.

Dickey, Brian, 'Hospital Services in New South Wales 1875-1900. Questions of Provision, Entitlement and Responsibility', Journal of the Royal Australian Historical Society, Vol.62, June 1976, pp.35-56.

Dickey, Brian, 'The Establishment of Industrial Schools and Reformatories in New South Wales, 1850-1875', Journal of the Royal Australian Historical Society, Vol.54, June 1968, pp.135-51.

Garrard, John A., 'The History of Local Political Power - Some Suggestions for Analysis', Political Studies, Vol.XXV, 1977, pp.252-69.

Halligan, John, and Harris, Paul, 'Women in Local Politics', Political Science, Vol.29, December 1977, pp.95-114.

Hareven, Tamara K., 'The Last Stage: Historical Adulthood and Old Age', Daedalus, Vol.105, 1976, pp.13-28.

Johnstone, Patricia E., 'How Medical Social Work Developed in New Zealand', New Zealand Social Worker, Vol.5, July 1969, pp.35-36.

Oliver, W.H., 'Social Policy in the Liberal Period', New Zealand Journal of History, Vol.13, April 1979, pp.25-33.

Olssen, Erik, 'Truby King and the Plunket Society. An Analysis of a Prescriptive Ideology', New Zealand Journal of History, Vol.15, April 1981, pp.3-33.

Peek, C.E., 'A Superintendent Looks Back', New Zealand Social Worker, Vol.5, October 1969, pp.15-19.

Ramsland, John, 'The Development of Boarding-Out Systems in Australia: A Series of Welfare Experiments in Child Care 1860-1910', Journal of the Royal Australian Historical Society, Vol.60, September 1974, pp.186-98.

Rice, G., 'Christchurch in the 1918 Influenza Epidemic. A Preliminary Study', New Zealand Journal of History, Vol.14, October 1979, pp.109-37.

## b) Articles (cont.)

Ritter, Leonora, 'Boarding-Out in New South Wales and South Australia: Adoption, adaptation, or innovation?', Journal of the Royal Australian Historical Society, Vol.64, September 1978, pp. 120-26.

Roe, Michael, 'The Establishment of the Australian Department of Health: Its Background and Significance', Historical Studies, Vol.17, October 1976, pp.176-92.

Tennant, M.A., 'Duncan MacGregor and Charitable Aid Administration 1886-1896', New Zealand Journal of History, Vol.13, April 1979, pp.33-40.

Tennant, M.A., 'Mrs Grace Neill in the Department of Asylums, Hospitals and Charitable Institutions', New Zealand Journal of History, Vol.12, April 1978, pp.3-16.

Tocker, Annie C., 'Recollections from 1926', New Zealand Social Worker, Vol.5, October 1969, pp. 21-23.

Young, Elvie, 'My Years in the Salvation Army Social Services (1928-56)', New Zealand Social Worker, Vol.6, January 1970, pp.21-25.

## c) Unpublished theses and manuscripts

Beagle, Jan, 'Children of the State: A Study of the New Zealand Industrial School System 1880-1925', M.A. Thesis, 1974.

Bennett, F.O., 'Shadow of My Neighbour', Typescript, n.d., Alexander Turnbull Library.

Campbell, R.J., 'Unemployment in New Zealand, 1875-1914', M. Phil. Thesis, 1976.

Chilton, Michael, 'The Genesis of the Welfare State: A Study of Hospitals and Charitable Aid in New Zealand 1877-1892', M.A. Thesis, 1968.

Ewing, I.S., 'Public Service Reform in New Zealand 1866-1912', M.A. Thesis, 1979.

Farrell, Jill M., 'Outreach to the Oppressed. The Beginnings of the Presbyterian Social Service Association in Dunedin, 1900-1915', B.A. (Hons.) Research Essay, 1979.

Fitness, Eva, 'History of S.A. Social Work in N.Z. Notes Prepared for International Conference of Social Officers, Amsterdam, 1972', Typescript in my own possession.

## c) Unpublished theses and manuscripts (cont.)

Fraser, A.J.T., 'The Social Work of the Presbyterian Church in New Zealand up till 1930', M.A. Thesis, 1933.

Gash, Noel George, 'A History of the Benevolent Society of New South Wales', M.A. Thesis, 1967.

Gibbons, Peter, '"Turning Tramps into Taxpayers": the Department of Labour and the Casual Labourer in the 1890s', M.A. Thesis, 1970.

Gregory, P.A., 'Saving the Children in New Zealand: a Study of Social Attitudes Towards Larrikinism in the Later Nineteenth Century', B.A. (Hons.) Research Essay, 1975.

Hannah, M., 'The Plague Scare 1900. Factors Relating to the Establishment of the Department of Public Health', B.A. (Hons.) Research Essay, 1975.

Higgins, E.M., 'The Hospital and Charitable Aid System of New Zealand', M.A. Thesis, 1931.

Jermyn, R.L., 'The Treatment of the Mentally Ill in New Zealand, 1840-1880', M.A. Thesis, 1951.

Macdonald, Charlotte, 'Women and Crime in New Zealand 1888-1910', B.A. (Hons.) Research Essay, 1977.

Mieklejohn, John B., 'The Anglican Diocese of Dunedin', M.A. Thesis, 1964.

Milne, Lynne S., 'The Plunket Society: An Experiment in Infant Welfare', B.A. (Hons.) Research Essay, 1976.

Morris, S.C., 'The Old Age Pensions Act, 1898', M.A. Thesis, 1952.

Rauch, F.C., 'The History of the Auckland Hospital and Charitable Aid Board 1847-1914', M.A. Thesis, 1933.

Roper, M.L., 'The History of the Social Services of the Anglican Church in Canterbury', M.A. Thesis, 1943.

Shepherd, Heather, 'The Nature and Role of Friendly Societies in Later Nineteenth Century New Zealand', B.A. (Hons.) Research Essay, 1976.

Stenson, Marcia M., 'Social Legislation in New Zealand, 1900-1930', M.A. Thesis, 1962.

Tennant, M.A., 'Matrons With a Mission: Women's Organisations in New Zealand, 1893-1915', M.A. Thesis, 1976.

## c) Unpublished theses and manuscripts (cont.)

Whelan, P.J., 'The Care of Destitute, Neglected and Criminal Children in New Zealand, 1840-1900', M.A. Thesis, 1956.

Williams, Alan, 'Industrial Militancy in New Zealand: the Contributing Influence of the Industrial Conciliation and Arbitration Act, and its Administration, 1894-1908', Ph.D. Thesis, 1976.

## 3. PERSONAL COMMUNICATIONS

## a) Interviews

Mrs A. Fisher, Auckland Hospital Board, 10 August 1979.

Mrs S.J. Parkes, Palmerston North, 5 December 1979.

Mrs Joyce Rowell, Wellington, 24 January 1980.

Mr S. Stewart, Palmerston North Hospital Board, 20 May 1977.

Miss A. Tocker, Lower Hutt, 7 September 1979.

## b) Correspondence

John A. Lee, Auckland, 15, 30 November 1979.

Miss Margaret Sutch, Wellington, 2 January 1980.

In my possession are letters from eleven other correspondents who were involved in the receipt or distribution of charitable aid, mainly in the 1930s. These people were assured of confidentiality.