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**“THE ART OF GOOD MOTHERING”:
CHILDREARING ADVICE FOR PĀKEHĀ
MOTHERS IN THE INTERWAR PERIOD**

A THESIS PRESENTED IN FULFILMENT OF THE REQUIREMENTS

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Poster, "Eat More Fruit," By Joseph Bruno Moran, c. 1920s. Eph-D-MORAN-1920s_01 ATL.

Abstract

Historians have had a broad consensus since the 1970s that the state and childrearing experts had a particular focus on mothers and motherhood in the interwar period as the major solution for improving post-WWI “national efficiency” and “racial fitness”. Through pronatalist welfare and economic policies, and campaigns to educate and advise mothers on all aspects of childrearing, the state and experts intervened in women’s private lives, and in doing so promoted particular, white, middle-class British ideals of motherhood. That consensus has increasingly been challenged in the past two decades by historians who have argued for a more balanced interpretation that recognises the complex and contradictory relationships between the state, experts and Pākehā mothers.

Surprisingly few of these studies, however, have used childrearing advice as a primary source. This thesis will examine government, Plunket and popular childrearing advice from the interwar period to provide a fresh lens on the interwar relationships between state, experts and mothers. It concludes that official and popular culture indeed promoted particular ideals of family, home and motherhood. However it also demonstrates that the state, experts and mothers had a far more complex and contradictory web of relationships than a solely ideological interpretation allows.

A Psalm of Womanhood

As mother my dignity is supreme, for I am sculptress of the
race – the architect of humanity.

My body is the temple – the holy of holies – wherein are
fashioned into indelible shape, for weal or woe, the children
who are to come.

My part is difficult but I will not flinch – I must be as strong
as the oak on the bleakest hill and tender and sweet and
pure as the flower that blooms in the valley below.

For freedom's sake I must be free – for I am a sculptress,
architect of humanity, its citadel, its oak, its blossom –

I am woman – mother and moulder of the race.¹

¹ “Unspoilt Childhood,” *White Ribbon*, 18/09/1920, 3; “Untitled,” *Kai Tiaki: The Journal of the Nurses of New Zealand*, 01/10/1925, 201. This extract was unattributed in both New Zealand sources. However, it was adapted from the original poem “A Psalm of Womanhood,” by Belle Squire first published in 1912. “A Psalm for Womanhood,” *Daily Capital Journal* 22, no. 24 (27/01/1912), 3.

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Contents

Abstract	i
A Psalm of Womanhood	ii
Acknowledgements	iii
Contents	iv
List of Figures.....	v
List of Abbreviations.....	vi
1 Introduction.....	1
2 Historiography	20
3 Plunket Advice	40
4 State Advice	73
5 Other Advice	110
6 Discussion	144
7 Conclusion	165
Bibliography	168

List of Figures

- Figure 1 Sir Frederick Truby King. Taken by Andrew Stanley Polkinghorne, 1938.
ATL, 1/1-o818662-F.
- Figure 2 Plunket's Twelve Essentials.
Plunket Society, *The Care of Babies and Small Children: A Guide for Young People* (Dunedin: Coulls Somerville Wilkie, 1922), 4.
- Figure 3 Cover Page, *Old Fairy Tales Retold as Health Stories*.
Ann Kilpatrick, *Old Fairy Tales Retold as Health Stories* (Auckland: Whitcombe and Tombs, c. 1935).
- Figure 4 Extract from "The Three Bears," *Old Fairy Tales*.
Kilpatrick, *Old Fairy Tales*, 8.
- Figure 5 Rules of the Game of Health, Dr E. H. Wilkins.
AJHR, 1923, H-31, 38.

List of Abbreviations

<i>AJHR</i>	<i>Appendices to the Journal of the House of Representatives</i>
ANZW	Archives New Zealand Te Rua Mahara o te Kāwanatanga, Wellington
ATL	Alexander Turnbull Library
<i>LMMP</i>	<i>League of Mothers' Monthly Paper</i>
LOM	League of Mothers
MTG	Mothers' Thought Guild
NCW	National Council of Women
NZMU	New Zealand Mothers' Union
NZWCTU	Women's Christian Temperance Union
OB	"Our Babies" column (Plunket Society)
Plunket, Plunket Society	Royal New Zealand Society for the Promotion of the Health of Women and Children
SMS	School Medical Service
WDFU	Women's Division of the Farmers' Union
WEA	Workers' Educational Association

1 Introduction

...the normal child is the ideal child from the point of view of the parents, doctors, teachers, and the community as a whole. He is one whose nutrition is good, that is, he possesses a sound nervous system in a sound body. ... His height and weight are correct ... his muscles are firm and in good tone; there is a moderate amount of fat; ... Such babies are seldom ill ... They have a general appearance of happiness, vitality, and elasticity characteristic of healthy childhood.²

This shopping list of characteristics for the ideal, or “normal”, child, published in 1928, was reflected and reiterated in childrearing advice in one form or another throughout the interwar period in New Zealand. Childrearing advice primarily targeted parents, especially mothers, and provided instructions on how to care for and train children so they would grow up to be ‘normal’, ‘fit’, ‘well-adjusted’ adults and future citizens, ‘soldiers or workers.’³ These instructions were encoded with white, middle-class ideals and values that applied explicitly to Pākehā children.

By 1920, conceptions of “normal” were based on modern, scientific methods. Children were observed, studied and measured by experts in various settings across the country. From the data collected standard heights, weights and other indices were devised and turned into developmental milestones. Mothers were expected to make sure their children stayed within the bounds of “normality” specified by those external measures and timetables, and consult experts or specialists if their children deviated from the norm.⁴

² “Our Babies,” *Northern Advocate*, 24/03/1928, 5. “Our Babies” is abbreviated to “OB” in the rest of the footnotes to this thesis.

³ Erik Olssen, “Truby King and the Plunket Society: An Analysis of a Prescriptive Ideology,” *New Zealand Journal of History* 15, no. 1 (1981): 3-23.

⁴ Terry Strathman, “From the Quotidian to the Utopian: Child Rearing Literature in America, 1926-1946,” *Berkeley Journal of Sociology* 29 (1984): 3-4; Jodi Vandenberg-Daves, *Modern Motherhood: An American History* (London and New Brunswick, NJ: Rutgers University Press, 2014), 79-80, 82, 102.

Mothers were also deemed responsible for their children's physical, mental, emotional and moral health and welfare. Their maternal responsibilities were considered to extend well beyond their immediate families to encompass Pākehā society, the nation, and the British Empire. Women were variously described as 'culture bearers' and nation-builders because of their influence over the next generation, while motherhood was represented as a patriotic duty in times of war.⁵ However, mothers were simultaneously considered too ignorant, too damaged by civilisation and modern life, and too ill-equipped to properly care for their children without expert advice or specific motherhood training. Thus, one fundamental purpose of childrearing advice was to remedy perceived shortcomings in women's abilities by providing detailed instructions on modern childrearing techniques and practices.

This study argues that childrearing advice in New Zealand also served a second, less obvious, purpose of communicating and reinforcing particular social ideals and gender expectations to mothers. Whether the authors of advice encoded such ideals deliberately or unintentionally is less important than what particular ideologies and messages were conveyed, and what they can tell us about attitudes towards mothers and assumptions about motherhood in interwar New Zealand.

This thesis explores those broad questions by analysing the official, expert and popular childrearing advice for Pākehā mothers in the interwar period. Specifically, it examines the authorship of such advice, its distribution and intended readership, and practical elements such as tone and content.

A plethora of childrearing advice was available in New Zealand during the 1920s and 1930s. This ranged from the well-known and widely-researched prescriptions of Truby King and the Plunket Society to lesser-known tracts published by other experts such as Dr G. Bruton Sweet and state agencies; and from information provided at lectures and meetings of women's organisations and in various

⁵ Peter N. Stearns, *Anxious Parents: A History of Modern Childrearing in America* (New York and London: New York University Press, 2003), 19-20.

educational forums, to articles published in newspapers and association publications and newsletters.

This study is situated within the ‘contested historical space’ of motherhood; between the essentialist interpretation which viewed motherhood as women’s highest calling, something natural, universal and timeless and which was dominant in the interwar period; and the revised social-constructionist interpretation that argues for ‘complexity and contradiction in the lives of women.’⁶ As such, it fits well with feminist Adrienne Rich’s early delineation between the biological experience of mothering and the socially-constructed ‘institution’ of motherhood in western societies.⁷

In particular, this thesis examines childrearing advice available to Pākehā parents from 1920 to 1939, irrespective of whether the advice was produced before or during that period. It focuses on the advice relating to infants, pre-schoolers and primary school-aged children aged to approximately twelve. Although passing references are made to newborns and adolescents, these age-groups are generally excluded from the scope of this thesis. On the one hand, the limited number of New Zealand studies that have used childrearing advice to date have primarily focused on infant feeding, breastfeeding, and the use of artificial formulae; this thesis picks up where these studies leave off.⁸ The age of twelve, on the other hand, is often denoted as the end of “middle childhood” and the beginning of

⁶ Sarah Burke Odland, “Unassailable Motherhood, Ambivalent Domesticity: The Construction of Maternal Identity in *Ladies’ Home Journal* in 1946,” *Journal of Communication Inquiry* 34, no. 1 (2010): 63.

⁷ Adrienne Rich, *Of Woman Born, 10th Anniversary Edition* (New York: Norton, 1986), 13.

⁸ For example: New Zealand historians Linda Bryder and Philippa Mein Smith have written books and journal articles which provide histories of infant welfare movements, including Plunket, and which discuss in detail breastfeeding and artificial formulae feeding in the interwar period. Linda Bryder, “From Breast to Bottle: A History of Modern Infant Feeding,” *Endeavour* 33, no. 2 (June 2009): 54-9; Linda Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare, 1907-2000* (Auckland: Auckland University Press, 2003); Philippa Mein Smith, *Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950* (London: Macmillan Press, 1997).

adolescence. Child development experts have argued that, by age twelve, children show increasing independence and autonomy making them less likely to accept adult authority without question, and to show greater self-regulation.⁹ Thus, parents enter a different phase of childrearing which requires a different set of advice needs.

This thesis is constructed around three key ideas about Pākehā motherhood which provide the structure and framework for the analysis and discussion. Firstly, it is proposed that early twentieth-century political and public concerns about declining birth-rates and “racial” fitness, the prevailing ideologies of motherhood, and the Plunket system were all geared towards Pākehā society, and were constructed around Pākehā belief systems and Pākehā social, political, economic and cultural structures and institutions. Moreover, even though New Zealand still had a large rural population base, the family ideal was predicated on the urban nuclear family. To this end, this thesis focuses on Pākehā mothers and motherhood. In contrast, during the interwar period, Māori society was still predominantly rural not urban, and the Māori population was growing due to increasing birth-rates and decreasing death-rates.¹⁰ Māori mothers tended to have different social, cultural and practical experiences of childbirth and mothering in the interwar period which are outside the scope of this thesis.

Furthermore, Māori were covered by different policy settings. For example, whilst Plunket and Karitane nurses were responsible for Pākehā families, Department of

⁹ Thomas J. Berndt, “The Features and Effects of Friendship in Early Adolescence,” *Child Development* 53, no. 6 (December 1982): 1447; E.H. Erikson, *Childhood and Society*, 2nd ed. (New York: Norton, 1963); E.H. Erikson, *Identity: Youth and Crisis* (New York: Norton, 1968); Eleanor E. Maccoby, “Middle Childhood in the Context of the Family,” in *Development during Middle Childhood: The Years from Six to Twelve*, ed. W. Andrew Collins (Washington, DC: National Academy Press, 1984), 184, 191.

¹⁰ James Belich, *Paradise Reforged: A History of the New Zealanders from the 1880s to the Year 2000* (Auckland: Allen Lane/The Penguin Press, 2001), 466; G. V. Butterworth, “A Rural Māori Renaissance? Māori Society and Politics 1920 to 1951,” *The Journal of the Polynesian Society* 81, no. 2 (June 1972): 167, 169; Michael King, *The Penguin History of New Zealand* (Auckland: Penguin, 2003), 246, 324.

Health District (later Public Health) nurses were responsible for Māori families.¹¹ The Department of Health produced childrearing advice and feeding guidelines explicitly aimed at Māori families.

Secondly, Pākehā mothers had diverse experiences of motherhood, which varied depending on factors such as class, marital status, and material circumstances. It is therefore impossible to generalise one universal Pākehā experience of motherhood. There are methodological problems in using childrearing advice as a secondary source because it does not necessarily represent actual parenting values or behaviour.¹² As Mechling observed, ‘the fact that parents sometimes do behave in ways consistent with the official advice is made worthless to the historian by the fact that sometimes they do not’.¹³ To this end, this thesis is neither a study of women’s experiences as mothers nor of actual parenting practices during the interwar period. No attempt is made beyond what is available in secondary sources to establish how women reacted to childrearing advice, women’s remembered experiences of mothering, or their own perspectives on their interactions with the state, medical experts or other childrearing advisers. Instead, this thesis examines childrearing advice as a primary source. Childrearing advice provides valuable historical evidence and insights into how children became vital to the nation’s future and how, because women were no longer perceived as being capable of raising their children properly, they were bombarded with expert and scientific advice from multiple sources.

¹¹ Linda Bryder, “New Zealand’s Infant Welfare Services and Māori, 1907–60,” *Health and History* 3, no. 1 (2001): 69–70. In recent years Plunket has moved to place greater emphasis on the Māori roots of the Society, recording on its website in 2020 ‘a legacy which has caused harm to whānau Māori and apologise for their influence on some early Plunket policies and processes, and any harm these caused’. See: plunket.org.nz/plunket/about-plunket/who-we-are/our-history/

¹² Katherine Arnup, *Education for Motherhood: Advice for Mothers in Twentieth Century Canada* (Toronto: University of Toronto Press, 1994), 7; Jay Mechling, “Advice to Historians on Advice to Mothers,” *Journal of Social History* 9 (Fall 1975): 45.

¹³ Mechling, “Advice,” 53.

Thirdly, Pākehā society was patriarchal during the interwar period. Gerda Lerner defined *patriarchy* as:

the manifestation and institutionalisation of male dominance over women and children in the family, and the extension of male dominance over women in society in general. It implies that men hold power in all the important institutions of society and that women are deprived of access to such power.¹⁴

However, this patriarchy did ‘*not* [her emphasis] imply that women are either totally powerless or totally deprived of rights, influence, and resources’,¹⁵ a point picked up by Porter and Macdonald who argued that:

women were neither victims of history nor agents to create their own destiny. They lived in a particular historical context, in which the scope of women’s autonomy was constrained in many ways, and which must be understood on its own terms.¹⁶

It is clear that women had subordinate status in interwar Pākehā society. Much like earlier generations, women still had limited power over many aspects of their lives, especially once they married and had children.¹⁷ Men dominated New Zealand’s social, economic, and political structures as well as the professions such as medicine and law. Despite gaining the vote in 1893, New Zealand women could not stand for parliament until 1919. Therefore, although they had the franchise, women’s voices were still silenced in parliamentary debates, and they still relied on men’s political support.¹⁸

¹⁴ Gerda Lerner, *The Creation of Patriarchy* (New York: Oxford University Press, 1986), 239.

¹⁵ Lerner, *Patriarchy*, 239.

¹⁶ Frances Porter and Charlotte Macdonald, eds., *My Hand Will Write What My Heart Dictates: The Unsettled Lives of Women in Nineteenth-Century New Zealand as Revealed to Sisters, Family and Friends* (Auckland: Auckland University Press with Bridget Williams Books, 1996), 7.

¹⁷ Porter and Macdonald, *My Hand Will Write*, 7, 9. Porter and Macdonald describe how colonial women had limited power to ‘control their own destiny, including their bodies; their material circumstances and money; their degree of social autonomy and geographic mobility, especially with children; and significantly, their own sense of social obligation and duty which was a vital part of the social fabric’.

¹⁸ Women’s Parliamentary Rights Act 1919, s 2.

To this end, women's positions within interwar society were not clear-cut. It is likely many working-class women welcomed the chance to stay at home: much of women's work outside the home involved either doing someone else's domestic work or in factories, for low pay and hard physical work. Additionally, women often actively upheld the values and ideals of patriarchal society.¹⁹ For example, women in public and professional roles could be outspoken about women's proper place in society, as mothers and in the home,²⁰ and, when administering state pronatalist and other policies, determined if women were 'deserving' or 'undeserving' of public support. Thus, women could press their own, often middle-class, values and standards on to other women, and could be the most critical of those who fell short of their own standards, ignoring extenuating circumstances such as poverty.²¹ Within the framework of this thesis, although

¹⁹ For example: Raewyn Dalziel, "The Colonial Helpmeet: Women's Role and the Vote in Nineteenth-Century New Zealand," *New Zealand Journal of History* 11, no. 2 (1977): 113-23. Dalziel wrote that the 'intense emphasis in nineteenth-century New Zealand [was] on women's role within the home and family. New Zealand women were not inclined to challenge this emphasis. They accepted it and regarded it as proper. ... [this] emphasis ... took even firmer root and continued to dominate the thinking of both sexes on the position of women well into the twentieth-century.'

²⁰ Barbara Brookes, "Housewives' Depression: The Debate Over Abortion and Birth Control in the 1930s," *New Zealand Journal of History* 15, no. 2 (1981): 124, 128; Christopher Van Der Krogt, "Exercising the Utmost Vigilance: The Catholic Campaign against Contraception in New Zealand during the 1930s," *The Journal of Religious History* 22, no. 3 (October 1998): 325. For example, Dr Doris Gordon, GP and obstetrician, promoted motherhood and was publicly outspoken against birth control and abortion. Gordon published her views in the book *Gentlemen of the Jury* authored with Francis Bennett in 1937 and national newspapers. She voiced her opinions as a member of various committees and organisations, various public forums, and submissions to commissions of inquiry.

²¹ Barbara Brookes, "Reproductive Rights: The Debate over Abortion and Birth Control in the 1930s," in *Women in History: Essays on European Women in New Zealand*, eds. Barbara Brookes, Charlotte Macdonald and Margaret Tennant (Wellington: Allen & Unwin/Port Nicholson Press, 1986), 126-7, 30; Molly Ladd-Taylor and Lauri Umansky, "Bad Mothers": *The Politics of Blame in Twentieth-Century America* (New York and London: New York University Press, 1998), 12; Vandenberg-Daves, *Modern Motherhood*, 90.

the expert-directed model was generally patriarchal, it was mostly women who administered the policies and gave advice, and they could indeed be judgemental at times. Women within the community-led model were less likely to judge other women, although they still reinforced prevailing ideologies.

The rest of this chapter provides background to the key issues affecting motherhood and context for the dominant attitudes towards mothers and assumptions about motherhood in the interwar period. It will also introduce key concepts used in this thesis.

Background

During the interwar period, New Zealand viewed itself as an intensely modern nation, and one that was as progressive and rapidly progressing, and it was anxious to project that image to the rest of the world. Modernity, therefore, is an important theme in this thesis. Sociologists and historians broadly defined “modernity” and attributed it with a diverse array of characteristics and to multiple time-periods. Keefe expressed this diversity in her 2008 definition of modernity, which this thesis uses as its start point.²² Keefe argued that, at its core, modernity was based on a ‘set of values, beliefs, and practices that emerged over a period of several centuries’. However, modernity was impossible to separate from the ‘processes of industrialisation, capitalism, the spread of democracy, the rise of the nation-state, and globalisation’. Moreover, it had taken a ‘different shape in different historical times and places.’²³ Industrialisation and urbanisation, and their wide-ranging effects on women’s roles, have already been noted. Other changes such as the growth of modern science and medicine and their related professions, the rise of the nation-state with its administrative bureaucracy, and increasing forms of surveillance, also have a bearing on this

²² Susan E. Keefe, “Theorising Modernity in Appalachia,” *Journal of Appalachian Studies* 14, no. 1/2 (Spring/Fall 2008): 160-2.

²³ Keefe, “Theorising Modernity,” 162.

thesis.²⁴ An overarching theme in the overseas literature is the extent to which childrearing experts, society, and even mothers themselves, increasingly demarcated the “modern” as superior to the “traditional”, which is discussed further in Chapter Two.

The 1880s had signalled the end of the colony’s foundation era and, from then until the interwar period, New Zealand was affected by the same modernising trends as the other Western countries, albeit later and on a much smaller scale. Secondary industries expanded, especially the clothing and processing industries, although agriculture remained the country’s economic mainstay. The period was also marked by an increased Pākehā population, urban growth, and expanded road, rail and communications networks.²⁵ The consequent ‘shrinking of distance’ and ‘social homogenising’ in Pākehā society resulted in women and men being able to connect more easily with others beyond their family groups and local regions, which led to new forms of collective identity, for example, based on class, religion and gender.²⁶ Women’s voluntary associations had proliferated in these conditions. The real and “imagined” communities created through voluntary associations proved especially important for many Pākehā women, whose lives and experiences were limited to the home and domestic concerns.

²⁴ Anthony Giddens and Christopher Pierson, *Conversations with Anthony Giddens: Making Sense of Modernity* (Stanford, CA: Stanford University Press, 1998), 98.

²⁵ Jeanine Graham, “Settler Society,” in *The Oxford History of New Zealand*, ed. Geoffrey Rice (Auckland: Oxford University Press, 1992), 139; Margaret Tennant, *The Fabric of Welfare: Voluntary Organisations, Government and Welfare in New Zealand, 1840-2005* (Wellington: Bridget Williams Books, 2007), 66; Margaret Tennant, Mike O’Brien and Jackie Sanders, *The History of the Non-profit Sector in New Zealand*, (Wellington: Office for the Community and Voluntary Sector, 2008), 11.

²⁶ James Belich, *Making Peoples: A History of the New Zealanders from Polynesian Settlement to the End of the Nineteenth Century* (Auckland: Allen Lane/The Penguin Press, 1996), 443; Tennant, O’Brien and Sanders, *Non-profit Sector*, 11-13, 15; Margaret Tennant, “Matrons with a Mission: Women’s Organisations in New Zealand, 1893-1915,” (Master’s thesis, Massey University, 1976), 7.

New Zealand continued modernising during the interwar period, completing its shift from being a 'pre-industrial and pioneering culture' to a 'thriving modern nation'.²⁷ The long-term effects of modernisation - especially industrialisation and urbanisation, described as 'the engines of modernity'²⁸ - and other large-scale changes led to, and coincided with, profound shifts in ideas about the value of children and childhood and assumptions about mothers and motherhood. These shifts are core to this thesis and are therefore explained more fully below.

From the late nineteenth-century, the New Zealand government regulated child labour, introduced compulsory education, and enacted protective legislation that mirrored and laid the foundations for changing views of children and childhood.²⁹ Childhood became reconstructed as a time of 'innocence and vulnerability' and, as one historian put it, children became 'economically worthless' but 'emotionally priceless'.³⁰ All children, irrespective of social class, became viewed as potential 'social capital', which was predicated on the idea that the future contribution of adult citizens, 'soldiers and workers', was directly related to the degree of care given in childhood.³¹ If children were the building blocks, then it was mothers who laid the foundations. As already noted, by the interwar period mothers were simultaneously deemed responsible for all aspects of their children's health and welfare on the one hand, and potentially incapable

²⁷ Rachael Bell, ed., *New Zealand Between the Wars* (Auckland: Massey University Press, 2017), 20; Dorothy Page, Howard Lee, and Tom Brooking, "Schooling for a Gendered Future, Gender, Education and Opportunity," in *Sites of Gender: Women, Men and Modernity in Southern Dunedin 1890-1939*, ed. Barbara Brookes, Annabel Cooper and Robin Law (Auckland: Auckland University Press, 2003), 91-2; Danielle Sprecher, "The Right Appearance: Representations of Fashion, Gender, and Modernity in Interwar New Zealand, 1918-1939" (Master's thesis, University of Auckland, 1997), 9.

²⁸ Page, Lee and Brooking, "Schooling," 91-2.

²⁹ Bronwyn Dalley, *Family Matters: Child Welfare in Twentieth-Century New Zealand* (Auckland: Auckland University Press, 1998), 16; Dugald J. McDonald, "Children and Young Persons in New Zealand Society," in *Families in New Zealand Society*, ed. Peggy G. Koopman-Boyden (Wellington: Methuen, 1978), 46.

³⁰ Zelizer, cited in Dalley, *Family Matters*, 15.

³¹ Bryder, *Voice*, 12; Dalley, *Family Matters*, 16; McDonald, "Children," 47-9.

of adequately caring for them without expert advice or training in motherhood on the other. Internationally, scholars share a broad consensus that prevailing interwar attitudes towards mothers and assumptions about motherhood can be traced to the effects of industrialisation and urbanisation, which caused the ‘cataclysmic reorganisation of life’ for women.³² Under these conditions, once economic production shifted from the home to the factory, women were divested of their former economic responsibilities and left instead with the narrower day-to-day responsibilities for domestic tasks and childrearing; becoming potentially ‘isolated in the home’.³³ Over time, this physical separation of home and work expanded into an ideological separation of private and public spaces, which became known as female and male spheres respectively.³⁴ Likewise, two dominant ideologies of motherhood referred to here as ‘domestic motherhood’ or ‘domestic ideology’, and ‘scientific motherhood’ became particularly associated with the interwar period.

Numerous academics have contended that the ideology of domestic motherhood was based on white, middle-class, British or Anglo-Saxon, values.³⁵ These values

³² Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 Years of Experts’ Advice to Women* (New York: Doubleday, 1978), 196-201.

³³ Rima D. Apple, "Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries," *Social History of Medicine* 8, no. 2 (1995), 161; Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950* (Madison, WI: University of Wisconsin Press, 1987), 99; Rima D. Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick, NJ: Rutgers University Press, 2006), 5-6; Arnup, *Education*, 33-4; Ehrenreich and English, *For Her Own Good*; Maxine L. Margolis, *Mothers and Such: Views of American Women and Why They Changed* (Berkeley and Los Angeles: University of California Press, 1984), 6.

³⁴ Ehrenreich and English, *For Her Own Good*, 192.

³⁵ Apple, *Mothers and Medicine*, 99-100; Arnup, *Education*, 5, 117; Cynthia Comacchio, *Nations are Built of Babies: Saving Ontario’s Mothers and Children, 1900-1940* (Montreal: McGill-Queen’s University Press, 1993), 4; Lee-Ann Fielding, “Advice Literature for Mothers in English Canada in the Interwar Period,” (Master’s thesis, Laurentian University, 2004), 2; Evelyn Nakano Glenn, Grace Chang and Linda Rennie Forcey, eds. *Mothering: Ideology, Experience and Agency* (New York: Routledge, 1994), 3; Ladd-Taylor and Umansky, *Bad Mothers*, 3, 8; Margolis, *Mothers and Such*, 10; H. Marshall, “The Social Construction of Motherhood: An Analysis of Childcare and

were predicated on an idealised family which comprised man as breadwinner, woman as wife, mother and homemaker, and woman and children as economic dependents. During the interwar period, welfare and social security policies in New Zealand and elsewhere aimed to replicate, or to compensate for the lack of, this idealised one-income two-parent family.³⁶ For example, New Zealand's widows' pension intended to compensate for the lack of a male breadwinner.³⁷

Domestic motherhood was also inextricably linked with other ideals and expectations about home and family, which were reflected in gender roles, social norms, and underpinned government policy as well as childrearing advice. The literature suggests certain core beliefs (based on middle-class values) were held by politicians, childrearing experts, and society as a whole, by men and women, and across classes, for example, that families had access to money and could therefore afford the latest time-saving domestic technology along with the cost of doctors' visits.³⁸ These beliefs could often be far removed from the everyday reality and budgets of many families, especially those who were working-class, and held women to unrealistic expectations.³⁹ Even for middle-class women the ideals of domestic motherhood could be both a blessing and a curse. On the one hand, the ideology provided women with a platform from which to advance public agendas within an accepted social framework based on their roles as mothers. For example, Dalziel argues that women gained the vote earlier in New

Parenting Manuals," in *Motherhood: Meanings, Practices and Ideologies*, ed. Ann Phoenix, Anne Woollett, and Eva Lloyd (London: Sage Publications, 1991), 66; Ann Phoenix, Anne Woollett and Eva Lloyd, eds. *Motherhood: Meanings, Practices and Ideologies* (London: Sage Publications, 1991), 25; Veronica Strong-Boag, *The New Day Recalled: Lives of Girls and Women in English Canada, 1919-39* (Toronto: Copp Clark Pitman, 1988).

³⁶ Debra Powell, "The Ogress, the Innocent, and the Madman: Narrative and Gender in Child Homicide Trials in New Zealand, 1870-1925." (PhD diss., University of Waikato, 2013), 139.

³⁷ Bronwyn Labrum, "The Changing Meanings and Practices of Welfare, 1840s-1990s," in *The New Oxford History of New Zealand* ed. Giselle Byrnes (South Melbourne: Oxford University Press, 2009): 398, 403.

³⁸ Apple, *Mothers and Medicine*, 99-100; Vandenberg-Daves, *Modern Motherhood*, 90.

³⁹ Powell, "The Ogress," 139, 140.

Zealand than elsewhere because suffrage claims were conceived within this framework.⁴⁰ On the other hand, however, such ideals continued to subordinate women by reinforcing gender stereotypes and inequitable gender roles.⁴¹

In the mid-1990s, American historian Rima D. Apple defined scientific motherhood as the ‘belief that women required expert scientific and medical advice to raise their children “healthfully”’.⁴² North American advice consistently reinforced the scientific motherhood ideals that mothers must seek and rely on expert medical advice. While New Zealand advice upheld scientific motherhood ideals and stressed the need for expert advice, it did not insist the advice had to be given by medical experts.⁴³ The overseas literature on scientific motherhood is discussed further in Chapter Two.

In the early twentieth century, the shifting ideas about mothers and children, combined with population issues, were significant impetuses for the growth of childrearing advice. Population concerns across the English-speaking countries stemmed from lurking fears of British “racial deterioration”, and even “race suicide”, because of declining birth-rates, high infant mortality, and the prevalence of children’s physical defects and health problems. New Zealand and Australia shared the added fear of potential Asian attack.⁴⁴ Such concerns were highlighted when two-thirds of New Zealand’s army recruits were rejected as “unfit” for immediate service in World War One (WWI) and exacerbated by the death toll in WWI and the 1918/19 influenza pandemic.⁴⁵ New Zealand’s economic

⁴⁰ Dalziel, “Colonial Helpmeet,” 120-2.

⁴¹ Lindal Buchanan, *Rhetorics of Motherhood* (Carbondale and Edwardsville, IL: Southern Illinois UP, 2013), 5, 8-11.

⁴² Apple, “Constructing Mothers,” 161; Apple, *Mothers and Medicine*, 97; Apple, *Perfect Motherhood*, 2-6.

⁴³ Apple, “Constructing Mothers,” 162; Apple, *Mothers and Medicine*, 97, 122-3; Comacchio, *Nations*, 109-10.

⁴⁴ Dalley, *Family Matters*, 13-5.

⁴⁵ Ann Beaglehole, *Benefiting Women: Income Support for Women, 1893-1993* (Wellington: Social Policy Agency, 1993), 1; Philippa Mein Smith, *Maternity in Dispute: New Zealand 1920-1939* (Wellington: Government Printing Office, 1986), 4; *New Zealand Official Yearbook*, 1925; Geoffrey

progress and defence of its national and imperial interests were considered to depend on having a healthy and ‘fit’ British (i.e., Pākehā) racial stock.⁴⁶

In New Zealand, the government, and from 1907, the Plunket Society, were the lead reformers, providers and experts in solving the problems related to national efficiency and racial deterioration. Their solutions were both modern and scientific. For example, by the early twentieth century, there was a greater understanding of infectious diseases, especially in light of germ theory,⁴⁷ vaccinations were widely available, albeit limited to smallpox and with an uneven uptake,⁴⁸ and public sanitation and water quality had improved. Public health and other reformers in New Zealand and elsewhere subsequently shifted their attention from the external environment to “milk and mothers”.⁴⁹ By 1920, a child’s “environment” had become narrowly-defined in terms of the mother, including the mother-child relationship, how ‘clean and sanitary’ the mother kept her home, and whether she followed expert advice,⁵⁰ despite socio-economic factors having well-documented links to increased health risks by that time.⁵¹

W. Rice, “Influenza in New Zealand Before 1918: A Preliminary Report,” *American Journal of Epidemiology* 187, no. 12 (2018): 2524. From a total population of approx. 1.1 million, it is estimated that up to 18,500 New Zealanders died in or because of World War One and up to 9,000 died in the influenza pandemic. According to Rice, the estimated death-toll of New Zealanders from the 1918/19 pandemic was around 8,831 which comprises incomplete official figures from individual death records in New Zealand (8,573), and estimated influenza and related deaths in New Zealand military forces (258). However, he suggested the total was probably closer to 9,000 due to under-reporting and under-registration of Māori deaths in Northland and Waikato.

⁴⁶ Bryder, *Voice*, 1-2, 12; Dalley, *Family Matters*, 13-5; Mein Smith, *King Baby*, 1, 2, 247.

⁴⁷ Mein Smith, *King Baby*, 48. Mein Smith identifies that the impact of germ theory on Australasian thinking was first evident from the 1890s in the ‘form of explicit acknowledgement that summer diarrhoea was an infectious, germ caused disease’.

⁴⁸ Derek Dow, *Safeguarding the Public Health: A History of the New Zealand Department of Health* (Wellington: Victoria University Press in association with the Historical Branch, Department of Internal Affairs, 1995), 22-7.

⁴⁹ Bryder, *Voice*, 4; Mein Smith, *King Baby*, 3, 59-62.

⁵⁰ Arnup, *Education*, 39; Ladd-Taylor and Umansky, *Bad Mothers*, 10.

⁵¹ Comacchio, *Nations*, 24-5.

Between 1900 and 1940, at different times and to varying degrees, the state and other reformers tackled four main problem areas: (1) high infant mortality; (2) declining birth rates; (3) maternal mortality; and (4) child health and welfare.

Infant death rates were a prominent political and community concern in the early twentieth century. In response, in its first decade (1907-1917), Plunket's main emphasis was on newborns and infants, especially on promoting breastfeeding, or specially-prepared artificial formula if there were feeding problems, with particular attention to hygiene; and on educating mothers about all aspects of infant feeding and "mothercraft".⁵² Over the same period, Plunket's prime health focus was infantile diarrhoea. However, by 1917 the proportion of deaths from infantile diarrhoea, while they fluctuated, had decreased significantly from their 1907 levels. Truby King and Plunket publicly claimed responsibility for reducing infant mortality rates: a claim supported by many contemporaries and by many New Zealand historians since, although such claims have been challenged in recent decades.⁵³

By the 1920s, birth-rates had been in decline for nearly fifty years, and the average family size had decreased over a similar period.⁵⁴ However, anxieties about declining birth-rates continued right through the interwar period. New Zealand's birth-rates reached their lowest-ever point in 1935.⁵⁵ Successive governments

⁵² Bryder, *Voice*, 14-6; Mein Smith, *King Baby*, 87.

⁵³ Bryder, *Voice*, x, 76-7; Mein Smith, *King Baby*, 6, 14, 103, 135-9.

⁵⁴ Charlotte Macdonald, ed., *The Vote, the Pill and the Demon Drink: A History of Feminist Writing in New Zealand, 1869-1993* (Wellington: Bridget Williams Books, 1993), 92; Mein Smith, *King Baby*, 9; Miriam Gilson Vosburgh, "The New Zealand Family and Social Change: A Trend Analysis," *Occasional Papers in Sociology and Social Welfare No. 1* (Wellington: Victoria University of Wellington, 1978), 55a, Table 3.1. Vosburgh shows that average family size in New Zealand decreased from an average of 6 to 7 children for women married in 1880, to an average of 2 to 3 children for women married in the 1920s.

⁵⁵ *New Zealand Official Yearbook*, 1939; "Population and Defence", *The Press*, 1 March 1939, 12. The *Press* article reported a speech made by William Meldrum (a former army captain, Greymouth magistrate 1921-34 and mayor 1935-38) on 28 February 1939 about the social and

introduced pronatalist policies to encourage women to have more babies, including family allowances (1926) and the first Labour government's social security legislation (1938) which introduced maternity benefits.⁵⁶ The state also sought to curb women's access to legal and safe contraception and abortions.⁵⁷

Maternal mortality became a significant issue in the early 1920s: partly because international statistics published in 1921 showed that New Zealand had the second-highest maternal death rates among the developed nations,⁵⁸ and partly because 'deaths in childbirth undermined the core population imperative of more babies'⁵⁹. The Health Department implemented a safe maternity campaign targeting puerperal sepsis infection directed towards antenatal care, asepsis, hospital policy and midwifery training.⁶⁰ This campaign led to a paradigm shift for childbirth from home and midwife to hospital and doctor, termed the "medicalisation of motherhood".⁶¹

economic problems caused by declining birth-rates, and its implications for defending New Zealand.

⁵⁶ A.H. McLintock, ed., "Scope of Legislation of 1938," *An Encyclopaedia of New Zealand* (Wellington: Government Printer, 1966), 2; Almon F Rockwell, "The New Zealand Social Security Act", *Social Security Bulletin* 2, no. 5 (May 1939), p. 7.

⁵⁷ Barbara Brookes, "The Committee of Inquiry into Abortion in New Zealand 1936-37," (Undergraduate honours thesis, University of Otago, 1976), 79, 80-1; Brookes, "Housewives' Depression," 115, 134, 136.

⁵⁸ Mein Smith, *Maternity in Dispute*, 7.

⁵⁹ Philippa Mein Smith, *A Concise History of New Zealand*, 2nd ed. (Cambridge and New York: Cambridge University Press, 2012), 144.

⁶⁰ Mein Smith, *Maternity in Dispute*, 4, 7, 23, 54; Maureen Molloy, "Citizenship, Property and Bodies: Discourses on Gender and the Inter-war Labour Government in New Zealand," *Gender & History* 4, no. 3 (Autumn 1992): 296-7.

⁶¹ Susan Kedgley, *Mum's the Word: The Untold Story of Motherhood in New Zealand* (Auckland: Random House, 1996), 113; Mein Smith, *Maternity in Dispute*, 23-6, 71-72, 120; Charlotte Parkes, "The Impact of the Medicalisation of New Zealand's Maternity Services on Women's Experience of Childbirth 1904-1937," in *A Healthy Country: Essays on the Social History of Medicine in New Zealand*, ed. Linda Bryder (Wellington: Bridget Williams Books, 1991), 167-9. In

As infant survival improved, expert and community attention shifted from birth and infancy to early and middle childhood, and expanded beyond infant feeding to the “whole” child, encompassing physical, mental, emotional, and social development.⁶² By 1920 the state and Plunket had already expanded their activities to a broader focus on improving child health and welfare. Various child health initiatives were implemented such as the School Medical Service (established 1912); children’s health camps (established 1919) and the School Dental Service (established 1920).⁶³ However, the bulk of solutions to improve child health and welfare centred on educating and advising mothers. Viewed historically, overseas analysis suggests it was considered easier, cheaper and less controversial to target mothers than other potential solutions; for example, public health services which generally lacked the resources, control and proper enforcement mechanisms, and often the willingness, to address socio-economic conditions.⁶⁴

Women’s voluntary associations also provided mothers with childrearing advice during the interwar period. By nature, their advice tended to focus on children’s religious teaching and spiritual training, with limited attention to physical care and feeding. Women’s associations are discussed under two separate categories in this thesis: one covers those associations that were specifically mother-focused

1920 about 63% of babies were born outside hospital with midwife attending; whereas by 1935 78% were born in hospital, mostly with doctor attending.

⁶² Comacchio, *Nations*, 59; Mein Smith, *King Baby*, 218; Kerreen Reiger, “Mothering Deskilled? Australian Childrearing and the ‘Experts’,” *Australian and New Zealand Journal of Public Health* 10, no. 1 (1986): 40.

⁶³ Bryder, “Infant Welfare Services and Māori,” 66; Margaret Tennant, “Missionaries of Health’: The School Medical Service during the Inter-war Period,” in *A Healthy Country: Essays on the Social History of Medicine in New Zealand*, ed. Linda Bryder (Wellington: Bridget Williams Books, 1991), 128-48; J. Llewellyn Saunders, *The New Zealand School Dental Service: Its Initiation and Development, 1920-1960* (Wellington: Government Printer, c. 1963), 6-9; Margaret Tennant, *Children’s Health, the Nation’s Wealth: A History of Children’s Health Camps* (Wellington: Bridget Williams Books and Historical Branch, Department of Internal Affairs, 1994).

⁶⁴ Arnup, *Education*, 36; Comacchio, *Nations*, 24-5.

and oriented towards the home and children, and the other covers associations that were broader in their focus and oriented towards women themselves. For the latter, motherhood was treated as integral to, but as just one of women's life-roles and interests.

This thesis analyses interwar childrearing advice to Pākehā mothers within the framework of two distinct models: the "expert-directed" model and the "community-led" model. The two models were not mutually exclusive and their concerns and advice sometimes overlapped, with leaders in both fields sharing many common characteristics. Nevertheless, they were based on very different sets of assumptions about Pākehā women and their perceived competency and capability as mothers. As this thesis will show, there were marked differences in the ways mothers were perceived and therefore related to, in practical elements such as tone, style and content, and strikingly different ideological constructions of motherhood and citizenship under each model.

The expert-directed model assumed that mothers could not be trusted to raise their children properly by themselves, and therefore needed scientific and medical knowledge to raise their children healthfully. To this end, advocates of the expert-directed model believed that mothers required expert direction and supervision. In contrast, the community-led model trusted that Pākehā mothers had the capability to raise their children properly and to evaluate and apply modern scientific childrearing information for themselves. As this thesis will show, the community-led model stressed female agency rather than the need for expert intervention.

This thesis argues that interwar childrearing advice promoted and reshaped the prevailing values, ideals, and worldviews of its authors and distributors, and the society within which it was written – notably ideologies relating to mothers and children, home and family. It also argues that interwar childrearing advice communicated expected standards of behaviour and social norms to Pākehā women, men and children. Childrearing advice for Pākehā mothers in interwar New Zealand reflected the overarching public and political interests and

preoccupations of that society and that time. Thus, childrearing advice provides a fresh lens on the contemporary attitudes towards mothers and assumptions about motherhood, and the relationships and interactions between the state, experts and Pākehā mothers.

Chapter Two reviews the international and New Zealand literature around motherhood and its ideologies. Chapters Three to Five each look closely at a particular source of childrearing advice, how those sources constructed and represented motherhood, and their interactions with and attitudes towards mothers. Chapter Three focuses on Truby King and Plunket, Chapter Four on the state, notably the Health Department's School Hygiene Division, and Chapter Five on other sources of professional and popular advice, including medical professionals, women's associations and education providers. Chapter Six discusses and analyses this thesis's core findings through the lenses of the expert-directed and community-led models and women's agency. In combination, these chapters suggest that official, expert and popular childrearing advice all conveyed similar messages and expectations to Pākehā mothers concerning women's prescribed gender roles within domestic ideology. However, each model was based on a very different set of assumptions about Pākehā women and their perceived competency as mothers, and constructed motherhood and women's citizenship in very different ways. The expert-directed model perceived that women could not be trusted to raise their children properly by themselves, and therefore needed expert direction and supervision. Women were narrowly viewed as mothers and maternal citizens who could be utilised as vehicles through which experts could achieve their imperial, national and future citizenship goals. In contrast, the community-led model perceived women as capable of seeking, understanding and applying scientific knowledge for themselves, and viewed women more holistically, not just as mothers. This model stressed female agency rather than the need for expert intervention or mediation.

2 Historiography

Although motherhood is primarily viewed as a private experience, it has been subject to increasing public interest and regulation by reformers and the state since the late nineteenth-century. Histories of motherhood emerged from the “new” social history and the ‘second-wave’ feminist movement of the late 1960s, which aimed to shine a light on the ‘hidden history’ of women and others who had been glossed over or ignored in the traditional histories focused on the political and military exploits of “Great White Men”.⁶⁵ Since the 1970s, a vast historiography of motherhood has accumulated, notably in North America, where motherhood studies have moved from a ‘narrow investigation of the oppressive and empowering dimensions of motherhood’ to an ‘international field of feminist scholarship’.⁶⁶ In recent decades, scholars around the world have explored motherhood from multiple perspectives, including the ideologies of motherhood and domesticity as well as women’s ‘activism in the name of motherhood, including “maternal” reform and its impact on the state, and the regulation of motherhood by poor laws, welfare states, and physicians’.⁶⁷

Overseas scholars have used childrearing advice as a significant primary source in researching such areas of interest, and also to provide valuable historical evidence and insights into how approved childrearing practices change over time. These have included the growing influence of science and medicine in raising children, and how mothers were “spoken to” in the advice which some researchers used as a proxy for underlying shifts in attitudes towards mothers

⁶⁵ John Morton Blum, *Liberty, Justice, Order: Writings on Past Politics* (New York: Norton, 1993), 4; Gary J. Kornblith and Carol Lasser, “More than Great White Men: A Century of Scholarship on American Social History,” *OAH Magazine of History* 21, no. 2 (April 2007): 8; Porter and Macdonald, *My Hand Will Write*, 10.

⁶⁶ Fiona Joy Green, “Motherhood Studies,” in *Encyclopedia of Motherhood*, Volume 2, H-O, ed. Andrea O’Reilly (Thousand Oaks, CA: Sage Publications, 2010), 831.

⁶⁷ Jodi Vandenberg-Daves, “Teaching Motherhood in History,” *Women’s Studies Quarterly* 30, no. 3/4 (Fall – Winter 2002): 239.

and assumptions about motherhood.⁶⁸ In contrast, New Zealand historians have made surprisingly little use of childrearing advice as a primary source. Therefore, this thesis plays an important role both in the New Zealand historiography by introducing a focus on interwar childrearing advice, and within the international scholarship by bringing a new, New Zealand, perspective to what is an already well-established field.

Previous New Zealand studies of motherhood in the interwar period have mainly focused on a particular aspect or aspects of mothers' interactions with and regulation by the state, Plunket, and medical practitioners, or on how ideologies of domesticity and motherhood and eugenic principles were promoted by the state, Plunket or doctors, in popular magazines, or by women's associations.

Such studies provide a rich historiography of motherhood and identify the core set of themes picked up on in this thesis. However, there is also room in this space for a more comprehensive study of how the various interwar ideologies, assumptions about motherhood and attitudes towards mothers, and other themes fitted together in interwar Pākehā society.

This thesis provides that more comprehensive overview. It is a comparative study of the official, expert and popular childrearing advice available for Pākehā mothers in the interwar period. It also compares and analyses those sources under two categories: the "expert-directed" model and the "community-led" model as outlined in Chapter One. Consequently, this thesis offers a more complete and more finely-grained account of Pākehā motherhood in the 1920s and 1930s than earlier studies.

This chapter reviews New Zealand and overseas scholarship within the dual framework of expert-directed and community-led models. This thesis places greater emphasis on North American texts than the usual scholarly emphasis on New Zealand's relationship with Britain or its place within the British Empire.

⁶⁸ For example: Apple, *Mothers & Medicine*; Arnup, *Education*; Fielding, "Advice,"; Margolis, *Mothers and Such*.

North America was seen as a leader of modernity and served as a model for the other modernising nations. In the first half of the twentieth-century, New Zealand also developed closer ties with the United States, partly through the influence of the Carnegie Corporation of New York (CCNY), which fostered links and study opportunities as discussed later in this thesis and partly through the ‘Americanisation’ of New Zealand culture through the influence of Hollywood films, print, radio and travel.⁶⁹ American percentage infant feeding methods and behaviourist psychological theories also had a significant impact within New Zealand because they were adapted by Truby King and incorporated into Plunket’s methods.⁷⁰ Ironically, percentage feeding methods gained a longer lifecycle in New Zealand than they did in the United States, where they had already fallen out of favour by the 1920s.

Expert-directed Model

The bulk of the historiography of motherhood domestically and internationally has fitted within the expert-directed model. While New Zealand’s official experts were the state and Plunket, North American scholars mostly conflated experts with medical practitioners who wrote the bulk of childrearing advice and came to dominate child health services in Canada and the United States in the 1920s and 1930s. Although the state figured in these histories, its role tended to be secondary to the focus on medical practitioners as childrearing experts.

Collectively, these North American studies have looked at medical practitioners’ ideological constructions of domesticity and motherhood and how they gained and exercised power and cultural authority over mothers and society at large in the early twentieth-century. These texts have demonstrated that the growth of

⁶⁹ Miles Fairburn, “Is There a Good Case for New Zealand Exceptionalism?” *Thesis Eleven* 92 (February 2008): 31-2. Fairburn pointed in particular to the American influences on dominant architectural styles adopted in New Zealand, the ideology of first-wave New Zealand feminism, and the progressive educational ideas that gained significant sway in New Zealand during the 1930s.

⁷⁰ Bryder, *Voice*, 8-17; Mein Smith, *King Baby*, 93-5.

expert-directed advice was underpinned by a consistent set of principles, notably that child health, infant welfare and motherhood became highly medicalised in the United States and Canada in the interwar period. Although scholars used different terminology to refer to the same phenomenon, the concept of 'scientific motherhood' has been commonly used as the central organising framework in recent decades. Rima D. Apple defined scientific motherhood as the 'belief an ideology that women required expert scientific and medical advice to raise their children "healthfully"'.⁷¹

In the 1980s and 1990s, Apple made a detailed study of the American medical profession's expert influence over motherhood and infant feeding within the scientific motherhood ideological framework. She argued that while nineteenth-century advice assumed that childrearing decisions were 'mother-directed' and encouraged women to read and evaluate scientific information for themselves, twentieth-century advice assumed that the childrearing decisions were 'expert-directed' and that mothers were incapable of reading or evaluating scientific information and therefore required expert intervention.⁷² According to Apple, the idealised scientific mother thus shifted from 'queen of the nursery' to the 'servant of science'.⁷³ As the twentieth-century progressed, scientific motherhood advice increasingly emphasised the need for expert medical advice and promoted 'medically-directed bottle-feeding with greater frequency and in greater detail'.⁷⁴

Like Apple, Cynthia Comacchio argued that Canadian doctors advocated scientific motherhood by delivering 'medically-designed' information to Canadian mothers through state-sponsored advice literature as well as diagnostic clinics and visiting nurse services.⁷⁵ Comacchio examined how Canadian doctors

⁷¹ Apple, "Constructing Mothers," 161,

⁷² Apple, "Constructing Mothers," 161-2; Apple, *Mothers and Medicine*, 108; Apple, *Perfect Motherhood*, 2.

⁷³ Apple, "Constructing Mothers," 178.

⁷⁴ Rima D. Apple, "The Medicalisation of Infant Feeding in the United States and New Zealand: Two Countries, One Experience," *Journal of Human Lactation* 10, no. 1 (1994): 31-7.

⁷⁵ Comacchio, *Nations*, 66-7.

dominated and controlled Ontario's public health regime and maternal and child welfare campaigns from 1900 to 1940 in her 1993 book *Nations are Built of Babies*. Comacchio suggested that, in Canada, expert medical advice was part of conscious efforts to 'modernise' Canadian families through 'modern' childrearing techniques, a process she referred to as the 'medicalisation' of motherhood.⁷⁶ She and Apple both suggested that medical practitioners used their advice to communicate preferred ideals of the doctor-mother relationship and perceptions of what constituted a "good" mother, which were hierarchical and based on 'autocratic doctor - obsequious mother' and a mother who always sought and exactly followed expert medical advice.⁷⁷

Ladd-Taylor and Umansky proposed in their 1998 book *Bad Mothers: The Politics of Blame in Twentieth-century America* that, in the 1930s, the growing psychological paradigm of childrearing reconceptualised the ideal "good" mother as one who 'joined a child study club; kept a childrearing manual by her bed, charted her child's physical and cognitive development; and monitored her own behaviour.'⁷⁸

Bringing the North American "expert" model to New Zealand, Apple compared infant feeding in New Zealand to the United States in a 1994 text, suggesting that a similar ideology of scientific motherhood emerged in New Zealand along a similar timeframe and that Truby King personified the ideology. Apple argued that in New Zealand the ideology of scientific motherhood 'characterised women as passive learners rather than active participants in decision-making'.⁷⁹

Early New Zealand histories of Plunket agreed with Apple's assertion. In 1981 Erik Olssen analysed King's and Plunket's advice from a social control perspective in an article that became the 'orthodox and accepted view of Plunket – and by

⁷⁶ Comacchio, *Nations*, 4.

⁷⁷ Apple, "Constructing Mothers," 162; Apple, *Mothers and Medicine*, 97, 111, 114, 122-3; Apple, *Perfect Motherhood*, 2, 7-9; 56, 59-60; Comacchio, *Nations*, 92.

⁷⁸ Ladd-Taylor and Umansky, *Bad Mothers*, 9.

⁷⁹ Apple, "Medicalisation," 33.

extension – infant welfare’ for many years.⁸⁰ Olssen argued that King’s and Plunket’s advice was a form of prescriptive ideology which dictated that mothers had to be trained and supervised by scientific experts and narrowly defined motherhood and home-making as women’s only legitimate activities which thus ‘transformed those tasks into straitjackets’. He suggested that for some women:

the new precision of these roles constituted a form of imprisonment, a cage from which mental breakdown marked an increasingly common avenue of escape.⁸¹

Likewise, Olssen contended that the articulation of those roles and sexual differentiation in general became a primary instrument for achieving social order and progress.⁸²

Olssen further argued that King saw medical science as the key to social engineering and conveyed that the “good” mother followed the advice of medical experts and had to impart ‘character’ to her children.⁸³ King and Plunket defined and imposed an ideal character structure for children that stressed good health and habit-training and emphasised control, discipline and obedience, including ‘submission to the discipline of the clock.’ Olssen contended that King and Plunket promised that this character structure would produce future citizens who were ‘self-controlled and self-regulating subjects of the Crown’ and considered it essential to ‘social stability and public order’.⁸⁴ According to Olssen, Plunket and the government worked together to ‘impose’ King’s views on ‘most Pākehā’ and Plunket’s ‘fast-growing cadre of nurses helped impose the conception of ideal character’ during the interwar years.⁸⁵ Other New Zealand

⁸⁰ Linda Bryder, “Perceptions of Plunket: Time to Review Historians’ Interpretations?” in *New Countries and Old Medicine*, ed. Linda Bryder and Derek Dow (Auckland: Pyramid Press, 1995), 97; Olssen, “Truby King,” 3-23.

⁸¹ Olssen, “Truby King,” 21, 22.

⁸² Olssen, “Truby King,” 22.

⁸³ Olssen, “Truby King,” 7.

⁸⁴ Olssen, “Truby King,” 13, 17.

⁸⁵ Olssen, “Truby King,” 19.

scholars made similar social-control claims, including Belinda Hitchman, Helen May and Philippa Mein Smith.⁸⁶

More recently, however, Linda Bryder suggested that a more nuanced interpretation of King's and Plunket's advice was required. Bryder explicitly rejected Olssen's social control interpretation, arguing that such an approach overstated experts' influence and underestimated women's agency. She cited various situations where women had demonstrated agency and proposed that 'the enthusiasm with which women of the 1920s and 1930s embraced the new childrearing literature' suggested that they were 'not reluctant recipients of advice but rather actively sought and evaluated information for themselves.'⁸⁷ Moreover, Bryder disputed particular aspects of Olssen's and Mein Smith's analysis of King's detailed advice as being distorted or taken out of context; and argued that Plunket stressed parent-directed childcare.⁸⁸

This thesis supports that more recent scholarship and extends the New Zealand historiography. In many ways, Plunket was the success story of worldwide infant welfare movements during the interwar period. Plunket had thrived and expanded while many of its international counterparts were subsumed or sidelined by state agencies or the medical profession. This thesis argues that because King and Plunket lacked mechanisms to coerce or compel women, they instead relied on various strategies to persuade and encourage women to follow the Plunket system and use its services. From this perspective, it can be argued that King and Plunket had far less of a stronghold over infant welfare and motherhood than previously suggested.

⁸⁶ Belinda Hitchman, "Gender and Health: The Feminist Challenge to the Traditional Medical System," (Master's thesis, University of Auckland, 1987), 67-8; Helen May, *The Discovery of Early Childhood*, 2nd ed. (Wellington; NZCER Press, 2013), 142-3; Mein Smith, *King Baby*, 94-9.

⁸⁷ Bryder, *Voice*, 72-4, 80-1.

⁸⁸ Bryder, *Voice*, 76-8.

This thesis unpacks Bryder's arguments further and closely examines the idea that women exercised a far greater degree of agency in their dealings with the Plunket Society than the likes of Apple and Olssen have suggested. It will argue that women's agency was demonstrated in the range of strategies Plunket adopted during the interwar period to encourage women to adopt and then continue using the Plunket system. It also moves beyond Plunket in its examination of this model to include other community-led organisations as further indicators of women's agency.

In North America, however, scholars disagreed on the extent to which domestic ideology underpinned expert medical advice in the interwar period. Some scholars argued there was a consistent bias towards women's domesticity in experts' advice that prescribed against female independence.⁸⁹ While Comacchio, for example, considered that ideologies of domesticity and scientific motherhood coexisted simultaneously, Apple suggested that scientific motherhood superseded domestic ideology and represented a 'significant transformation in women's idealised maternal role' in the 1920s United States. However, Apple also acknowledged that scientific motherhood 'did not constitute a sharp break with the past,' as women's place in society was still defined in terms of home and family. Contrastingly, Canadian historian Nancy Christie proposed that domestic ideology was replaced by a narrow 'male breadwinner ideal' in Canada's welfare policies in the late 1930s. Drawing on works such as Apple, Christie, and Comacchio for comparison, there is evidence to suggest that all three ideologies coexisted to varying degrees in Pākehā society during the interwar period. It can also be argued within the New Zealand framework that all three represented different aspects of the same overarching ideology rather than separate and distinct ideologies in themselves.

Another closely-related strand of North American historiography has considered the historical development of expert influence and examined the underlying

⁸⁹ For example: Ehrenreich and English, *For Her Own Good*, Foreword.

structures of power and authority and the power relations between medical experts and mothers as they played out during the interwar period.

Ehrenreich and English looked into the growth of expert's influence in all aspects of women's lives, including motherhood and childrearing, in their 1978 book *For Her Own Good*, one of the earliest studies of expert-mother relations. Here they linked the growth of science and medicine and the 'new class of experts' - predominantly white male medical practitioners, psychologists and childrearing experts - to modernity, especially industrialisation, urbanisation and capitalism.⁹⁰ They argued that although these medical experts drew their prestige from science, the content of their advice was influenced more by the needs of the 'capitalist marketplace', originating much less 'from the laboratory than the factory [their emphasis]', bringing an industrial approach to childrearing.⁹¹ Such advice had gained scientific status once psychologist John B. Watson developed the theory of Behaviorism in the late 1910s. Behaviorism significantly influenced United States childrearing advice in the 1920s and bore some striking similarities to Truby King's advice in the same period, especially in its emphasis on habit-training and emotional detachment.⁹²

Ehrenreich and English observed that the 'industrial line on childrearing,' and its association with behavioural psychology, offered methods for 'instilling workers with obedience, punctuality and good citizenship while they were still in the cradle'. They argued that psychology thus became a 'potential tool for social control' and childrearing 'an obvious point of intervention'.⁹³ From the early twentieth-century, children came under increasing scientific scrutiny as their behaviour became a matter to be studied, measured, and 'if possible, controlled'.⁹⁴

⁹⁰ Ehrenreich and English, *For Her Own Good*, 4, 196-204.

⁹¹ Ehrenreich and English, *For Her Own Good*, 200-1, 203.

⁹² Ehrenreich and English, *For Her Own Good*, 203-5.

⁹³ Ehrenreich and English, *For Her Own Good*, 207.

⁹⁴ Ehrenreich and English, *For Her Own Good*, 197.

A number of North American scholars, including Ehrenreich and English, argued that the medical profession in the United States and Canada capitalised on their specialist scientific and medical knowledge to claim power and cultural authority in the early twentieth-century.⁹⁵ Paul Starr provided valuable insights into how this process occurred in his 1982 book *The Social Transformation of American Medicine*.⁹⁶ On the one hand, Starr suggested that doctors had a 'persuasive claim to authority' because of their professional, scientific knowledge and their special position as mediators between that knowledge and people's personal health issues.⁹⁷ On the other hand, he argued that doctors claimed social and cultural authority 'well beyond their clinical boundaries', which they turned to their own advantage as 'social privilege, economic power, and political influence.'⁹⁸ Starr made an essential distinction between social authority as 'control of actions through commands' which can be legislated and built into the formal structure of institutions, and cultural authority as a profession's ability to construct 'particular definitions of reality and judgements of meaning and value [that] will prevail as true'.⁹⁹ Wolpe observed that 'cultural authority cannot be as effectively decreed for ... it is extremely difficult to coerce belief' and, therefore, a profession 'must use more subtle means to insure that its definitions of reality and judgements of value will continue to prevail in the social realm.'¹⁰⁰

Several scholars agreed that North American medical practitioners gained their expert status and authority because of the strong public faith in science and interest in health matters and women's high demand for expert and scientific

⁹⁵ For example: Apple, *Perfect Motherhood*, 58; Comacchio, *Nations*, 22-3; Ehrenreich and English, *For Her Own Good*, 196.

⁹⁶ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982).

⁹⁷ Starr, *American Medicine*, 4-5.

⁹⁸ Starr, *American Medicine*, 5.

⁹⁹ Starr, *American Medicine*, 13; Paul Root Wolpe, "The Maintenance of Professional Authority: Acupuncture and the American Physician," *Social Problems* 32, no. 5 (June 1985): 409.

¹⁰⁰ Wolpe, "Professional Authority," 409.

childrearing advice.¹⁰¹ Linda Bryder has observed the same patterns in New Zealand concerning Plunket. She noted that a significant part of the Society's successful expansion in the interwar period was that, by the 1920s, because of 'raised expectations of survival and smaller families' mothers were able to invest more time and energy in childrearing, and as 'modern' women they wanted 'modern' advice.¹⁰² This thesis picks up on and expands on Bryder's argument as part of the broader analysis of women's agency outlined above.

In her comparative study, Apple argued that infant feeding became 'medicalised' in New Zealand just like in the United States, in the sense that medical practitioners advocated the need for expert medical advice and supported artificial bottle-feeding, noting that a significant degree of that shift in New Zealand occurred during the interwar period.¹⁰³ However, this thesis disagrees with Apple's assertion and argues instead that, despite medical professionals being responsible for much of the expert-directed advice in New Zealand, there were some key differences: King and Plunket operated primarily from a preventive rather than a medicalised paradigm, they advocated strongly for breastfeeding over bottle-feeding, and although they endorsed the need for expert advice and supervision, it did not have to come solely from medical practitioners. Additionally, New Zealand scholarship shows that neither King, state doctors nor doctors in private practice gained the same degree of power or cultural authority in interwar New Zealand as they did in America. However, these dynamics shifted slightly in the 1930s as medical practitioners gained greater authority over women's health and childbirth which became increasingly medicalised. Plunket and the state remained the chief providers of infant and child health services, respectively.

¹⁰¹ Apple, "Constructing Mothers," 176; Apple, *Mothers and Medicine*, 16-7, 100; Comacchio, *Nations*, 22-3; Ehrenreich and English, *For Her Own Good*, 209-10.

¹⁰² Bryder, *Voice*, 68-9, 80-1.

¹⁰³ Apple, "Medicalisation," 34.

The state's role within the expert-directed model has been explored in the New Zealand literature primarily through its interwar welfare, economic and pronatalist measures that reinforced women's domesticity, that targeted women as mothers, potential mothers and maternal citizens rather than as individual citizens in their own right, and that demonstrated the state's paternalistic attitude towards women.

The interwar period has provided a rich source of material on state-mother relations. Historians have examined economic and welfare policies such as the 1926 family allowance, which was the primary income support for mothers until 1938; the so-called breadwinner" or "family" wage introduced in the 1936 Industrial Conciliation and Arbitration Amendment Act; and the family-oriented and pronatalist ethos and policies of the first Labour government's welfare state. They have studied the 1924/25 Committee of Inquiry into Mental Defectives and Sexual Offenders, the 1936/37 Committee of Inquiry into the Various Aspects of the Problem of Abortion in New Zealand, and the 1938 Committee of Inquiry into Maternity Services. Moreover, they have studied other pronatalist measures such as the funding of Plunket's services and compulsory domestic education for secondary school girls.¹⁰⁴

In one of the earliest studies of state-mother relations, Barbara Brookes explored the first Labour government's overarching pronatalist and political interests in her 1976 honours thesis "The Committee of Inquiry into Abortion in 1936-37" and a related 1981 article.¹⁰⁵ Brookes argued from a social-control perspective that politicians constructed 'an edifice of maternity benefits and child allowances' to promote motherhood but were unwilling to act on birth control issues important

¹⁰⁴ For example: Bryder, *Voice*, 48-56; Ruth Fry, *It's Different for Daughters: A History of the Curriculum for Girls in New Zealand Schools, 1900-1975* (Wellington: New Zealand Council for Educational Research, 1985); Maureen Hickey, "Negotiating Infant Welfare: The Plunket Society in the Interwar Period," (Master's thesis, University of Otago, 1999), 31-8; Melanie Nolan, "Putting the State in its Place: The Domestic Education Debate in New Zealand," *History of Education* 30, no. 1 (2001): 13-33.

¹⁰⁵ Brookes, "Committee of Inquiry,"; Brookes, "Housewives' Depression,".

to women because they feared it would alienate Catholic and other religious MPs and constituents.¹⁰⁶ Brookes concluded that while such benefits and allowances were ‘much wanted and welcomed by women’, the state oppressed women by restricting their autonomy and choices and limiting their access to safe and legal contraception and abortions.¹⁰⁷ Brookes was the first New Zealand historian to suggest that state policies promoted motherhood ideals and reinforced traditional gender roles.¹⁰⁸

More recent studies have similarly argued that government allowances and benefits were granted to women chiefly as members of an actual or ideological family unit or as ‘mothers of future citizens’, which denied them independent political citizenship.¹⁰⁹ Belgrave further proposed that the first Labour government’s welfare state was ‘fundamentally about women’s [domestic] work’, and that the bulk of welfare services focused on the ‘gendered and domestic roles of mother and care’; even state housing policies acknowledged the ‘special status of women within the home’.¹¹⁰ Schrader agreed with this in his 2005 text *We Call it Home: A History of State Housing in New Zealand*, in which he argued that Labour’s state housing programme was conservative rather than an example of radical social engineering because it aimed to encourage stable, nuclear families and maintain the existing social order.¹¹¹

In contrast, Nolan argued that the state had a far more ambiguous position on women’s domesticity due to its multiple roles and responsibilities, competing priorities, and external pressures, leading it to promote women’s employment

¹⁰⁶ Brookes, “Committee of Inquiry,” 79; Brookes, “Housewives’ Depression,” 134.

¹⁰⁷ Brookes, “Committee of Inquiry,” 80-1; Brookes, “Housewives’ Depression,” 115, 136.

¹⁰⁸ Brookes, “Housewives’ Depression,” 115-6, 136.

¹⁰⁹ Michael Belgrave, “Needs and the State: Evolving Social Policy in New Zealand History,” in *Past Judgement: Social Policy in New Zealand History*, ed. Bronwyn Dalley and Margaret Tennant (Dunedin: Otago University Press, 2004), 30, 32; Molloy, “Citizenship,” 300, 301-2.

¹¹⁰ Belgrave, “Needs,” 30.

¹¹¹ Ben Schrader, *We Call it Home: A History of State Housing in New Zealand* (Auckland: Reed Publishing, 2005), 138-42.

ahead of domesticity during wartime labour shortages.¹¹² However, such policies were possibly less a denial of domesticity and more an indicator of the government's pragmatism when external conditions or crises demanded particular state actions. Indeed, as Montgomerie suggested, there was a general tendency to revert to traditional domestic arrangements once the particular conditions or crises had passed.¹¹³

Collectively, these studies demonstrated that the state's motherhood policies and pronatalist measures cast women into narrowly-defined gender roles centred in the home. They also showed that state policies were designed chiefly to meet political objectives rather than women's interests, even though women did sometimes benefit from those policies, and that the state conceived of and constructed men's and women's citizenship differently during the interwar period. These are all important themes within this thesis.

Margaret Tennant is one of the few New Zealand historians who has used childrearing advice as a significant primary source. She looked at the state's interwar childrearing advice and propaganda in her 1991 book chapter "‘Missionaries of Health’: The School Medical Service during the Interwar Period".¹¹⁴ Tennant thus situated the state's childrearing advice within the expert-directed model and used it to demonstrate that the School Medical Service (SMS) replicated and promoted prevailing gender norms and domestic ideology, to explore the SMS's role as the leading employer of women doctors during the interwar period, and to expose how the results of the SMS's education work and authority as experts was uneven and ambiguous.

¹¹² Melanie Nolan, *Breadwinning: New Zealand Women and the State* (Christchurch: Canterbury University Press, 2000), 37; Melanie Nolan, "Unstitching the New Zealand State: Its Role in Domesticity and its Decline," *International Review of Social History* 45 (2000): 276-7.

¹¹³ Deborah Montgomerie, "The Limitations of Wartime Change. Women War Workers in New Zealand," *New Zealand Journal of History* 23, no. 1 (1989): 69.

¹¹⁴ Tennant, "Missionaries," 128-48.

Tennant argued that the SMS's effectiveness and authority were repeatedly undermined by issues such as parental resistance, widely-held negative perceptions of women's status and capabilities as doctors and state employees, interdepartmental conflicts between key personnel, and budgetary and other financial constraints especially during the depression and other periods of retrenchment.¹¹⁵

This thesis supports and extends Tennant's arguments that the state's education and prevention work and authority as 'experts' were undermined by parental resistance, further demonstrating how women exercised agency during the interwar period. This thesis will argue that, as with King and Plunket, the state relied on strategies to persuade and encourage parents to comply with their advice with varying degrees of success. In doing so, it will also demonstrate that the extent of the ambivalence held by state experts towards mothers themselves.

Community-led Model

Running parallel to the comparatively well recognised expert-led model in New Zealand, this thesis posits that a community-led advice model existed, based on a completely different set of assumptions about women, their mothering capabilities and female citizenship. In particular, it stressed women's agency over and above the need for expert intervention or mediation. In doing so, the thesis situates itself historiographically at the intersection of the histories concerning women's voluntary associations and those concerning popular parenting and women's magazines in interwar New Zealand.

In recent decades there has been a significant focus on women's voluntary organisations by New Zealand historians, in four main categories: institutional or celebratory histories of organisations;¹¹⁶ the influence of maternalism, or the

¹¹⁵ Tennant, "Missionaries," 141-7.

¹¹⁶ For example: Elizabeth Bryson, *The History of the League of Mothers in New Zealand* (Wellington: Wright & Carman, 1960); Ian Dougherty, *Without Compromise: A Brief History of the New Zealand Women's Christian Temperance Union* (Auckland: NZWCTU, 2013).

extension of women's mothering roles, over child welfare provision;¹¹⁷ how women's organisations interpreted, shaped and communicated particular ideologies of domesticity and motherhood;¹¹⁸ and how their publications contributed to highly-gendered discourses of eugenics and women's citizenship.¹¹⁹ Various institutional and celebratory histories have been used to provide contextual information for this thesis.

In the early 1990s, Ladd-Taylor defined maternalism as one of several types of women's activism, including feminism, which each relied on motherhood rhetoric despite very different ideologies and forms of organising.¹²⁰ Ladd-Taylor proposed that maternalists:

assumed that women had a special capacity for nurture by virtue of being women, stressed women's political obligation to raise the nation's citizens ... and insisted on the virtues of a [...] family structure that defined men as breadwinners and kept women and children at home.¹²¹

She further distinguished between 'sentimental' and 'progressive' maternalists who shared the same core values but held different views on women's place, motherhood, and welfare. While the former believed that women's traditional place in the home, and combined their motherhood rhetoric with 'appeals for

¹¹⁷ For example: Tennant, "Matrons,".

¹¹⁸ For example: Shelley Griffiths, "Feminism and the Ideology of Motherhood in New Zealand, 1896-1930" (Master's thesis, University of Otago, 1984).

¹¹⁹ For example: Angela Wanhalla, "Gender, Race and Colonial Identity: Women and Eugenics in New Zealand, 1918-1939," (Master's thesis, University of Canterbury, 2001); Megan C. Woods, "Re/producing the Nation: Women Making Identity in New Zealand, 1906-1925," Master's thesis, University of Canterbury, 1997.

¹²⁰ Molly Ladd-Taylor, "Toward Defining Maternalism in US History," *Journal of Women's History* 5, no. 2 (Fall 1993): 110.

¹²¹ Ladd-Taylor, "Defining Maternalism," 110-1. Ladd-Taylor defined "maternalism" to denote a specific ideology whose adherents held that: (1) there was a uniquely feminine value system based on care and nurturance; (2) that mothers performed a service to the state by raising citizen-workers; (3) privileged women were responsible for all children's welfare; and (4) emphasised men as breadwinners who should ideally earn a family wage to support "dependent" wives and children at home. In contrast, she suggested that early twentieth-century feminists stressed 'female individuality, political participation, and economic independence'.

morality and social order', the latter included women administrators and doctors who 'staked their claim to authority in child welfare ... not on their feminine capacity for nurture but on their professional expertise'.¹²² This distinction has some bearing on this thesis because the women who led the voluntary associations studied in New Zealand fitted Ladd-Taylor's definition of 'sentimental' maternalists, while the women doctors of the School Medical Service were 'progressive' maternalists.

Since the mid-1970s, many women historians have mined the papers, minutes and other records of assorted women's voluntary associations in New Zealand to explore how they constructed and reinforced ideologies of domesticity and motherhood to their members and the wider public and how they contributed to broader societal discourses concerning eugenics and women's citizenship. Nearly all the scholarship considered the ideological gaze of the women's voluntary associations, although a few studies did centre specifically on motherhood and domestic ideology.¹²³

Several prominent studies have informed this thesis. In her 2001 Master's thesis, Angela Wanhalla charted the interwar participation of several women's organisations, including the Women's Christian Temperance Union and Women's Division of the Farmers' Union studied here, as well as women state officials and women professionals in eugenic discourse and practice.¹²⁴ Wanhalla suggested that a more complex reading of eugenics history was required in which women were viewed not only as subjects of eugenics but also as its agents and authors. She concluded that the 'white middle-class' members of women's organisations participated in constructing 'white middle-class' women as the protectors of racial purity and that although they held diverse opinions about the best tools and methods for population control, they generally articulated

¹²² Ladd-Taylor, "Defining Maternalism," 111.

¹²³ Griffiths, "Feminism,".

¹²⁴ Wanhalla, "Gender,".

conservative support for achieving racial purity through family and marriage.¹²⁵

Wanhalla argued that:

It was in their roles as professionals and as members of organisations that white women were able to participate more fully in public debates concerning the quality of the population and fears of racial decline.¹²⁶

Megan Woods made similar assertions to Wanhalla about women's agency in her 1997 text "Re/Producing the Nation", which looked at how members of women's organisations were 'active participants in the construction of the New Zealand nation' in the early twentieth-century.¹²⁷ She argued that these women redefined the 'political' and extended the "private" sphere of the home into the community, and ultimately the nation' by emphasising their traditional maternal functions, such as care and nurture, and stressing the role of women as 'maternal citizens and supposed saviours of the race'.¹²⁸

This thesis picks up on Wanhalla's and Woods' different emphases on women's agency exercised through women's organisations and refocuses it towards women's contributions to community-led models of advice during the interwar period.

Additionally, few histories such as those of Wanhalla and Woods have looked in any particular detail at the childrearing advice produced by women's voluntary associations. Although Jane Simpson briefly explored the child-centredness of the League of Mothers during the interwar period in her 1992 PhD dissertation "Liberal Christianity and the Changing Role of Women in New Zealand Society", she examined this merely to provide context for her study period of 1939-1959.¹²⁹

¹²⁵ Wanhalla, "Gender," 190-7.

¹²⁶ Wanhalla, "Gender," 194.

¹²⁷ Woods, "Re/producing the Nation," 147.

¹²⁸ Woods, "Re/producing the Nation," 1-39.

¹²⁹ Jane Simpson, "Liberal Christianity and the Changing Role of Women in New Zealand Society: A Study of the National Council of Churches and the League of Mothers, 1939 to 1959," (PhD diss., University of Otago, 1992).

Many New Zealand and international scholars have looked at the interwar childrearing advice published in parenting magazines such as the United States' *Parents' Magazine* and Britain's *Nursery World*, and women's magazines such as the *Ladies' Home Journal* and *Good Housekeeping*, primarily to determine how ideals communicated through popular advice, such as the expert-mother relationship and the roles fathers should play, changed over time,¹³⁰ examine changes in infant feeding discourses,¹³¹ and how perceptions of what counted as 'good' child-training practices changed over time, especially as the focus shifted from physical needs and rigid scheduling to psychological needs and more permissive parenting techniques.¹³² Such overseas studies are relevant to this thesis because many international parenting and women's magazines found their way to New Zealand where they were 'consumed alongside more local content like *The Mirror*'.¹³³

Annett-Wood studied the New Zealand women's magazine *The Ladies' Mirror* in her 2015 Master's thesis "The Modern Woman in *The Mirror*", in which she explored the relationship between New Zealand women and modernity during the interwar period.¹³⁴ Annett-Wood made a brief analysis of the parenting advice communicated through the magazine's "Mothercraft" column, which she noted advocated modern scientific approaches to parenting and offered women expert parenting advice, including articles contributed by child psychologists and

¹³⁰ For example: M. A. Milkie and K. E. Denny, "Changes in the Cultural Model of Father Involvement: Descriptions of Benefits to Fathers, children, and Mothers in *Parents' Magazine*, 1926-2006," *Journal of Family Issues* 35, no. 2 (2014): 223-53; Strathman, "From the Quotidian," 1-34.

¹³¹ For example: Katherine A. Foss, "Perpetuating 'Scientific Motherhood': Infant Feeding Discourse in *Parents Magazine*, 1930-2007," *Women and Health* 50, no. 3 (2010): 297-311.

¹³² For example: Celia B. Stendler, "Sixty Years of Child Training Practices: Revolution in the Nursery," *The Journal of Pediatrics* 36, no. 1 (January 1950): 122-34.

¹³³ Jessie Annett-Wood, "The Modern Woman in *The Mirror*: Modernity and the New Zealand Women's Magazine 1922-1932," (Master's thesis, Victoria University of Wellington, 2015), 7, 22. See also: May, *Discovery*, 341-2.

¹³⁴ Annett-Wood, "Modern Woman,".

doctors such as Truby King.¹³⁵ Annett-Wood concluded that *The Mirror* communicated different forms of modern femininity that gave equal weight to and equally celebrated women's domesticity and motherhood alongside women's careers, education and consumerism.¹³⁶

This thesis looks instead at the publications of women's voluntary associations, underutilised by New Zealand historians to date compared with popular parenting and women's magazines, despite having a wider potential circulation. *The Mirror* had a circulation of about 25,000 copies at its peak, while women's organisations potentially had much greater reach based on their membership.¹³⁷ This thesis will show that, collectively, the parenting advice given by the women's associations studied here promoted modern scientific parenting techniques, drawn mainly from psychology, framed within a Christian values framework.

The scholarship based on popular parenting and women's magazines has provided a valuable cultural lens on shifting constructions of femininity and the relationship between women and modernity, and more broadly as a source of information about women's lives during the interwar period and what was expected of the average mother in parenting.¹³⁸ However, such histories have tended to concentrate on the mode of delivery. Therefore, they have not necessarily provided a detailed analysis of the sources of advice for the women nor addressed the expert-directed or community-based knowledge that underpinned such advice. This thesis goes one step further and makes a comparative study of popular advice analysed within the different contexts of the expert-directed model and community-led model, respectively.

¹³⁵ Annett-Wood, "Modern Woman," 27, 75, 76

¹³⁶ Annett-Wood, "Modern Woman," 13, 19.

¹³⁷ Gavin Ellis, "Poor Cousin Who Came to Stay: The Well-established Mirror and the Depression-era Launch of the New Zealand Woman's Weekly," *Back Story Journal of New Zealand Art, Media & Design History* 2 (2017): 49.

¹³⁸ Annett-Wood, "Modern Woman," 6.

3 Plunket Advice

Introduction

Perfect parenthood demands continuous effort; self-sacrifice tempered with gladness, thankfulness, and a due sense of responsibility – the realisation by the parents that a tiny child has been entrusted to them, a Divine gift, with Divine rights; theirs to make or mar, a character to mould, a future citizen of a great Empire, with an immortal soul.¹³⁹

In the early 1920s, when New Zealand's Plunket Society¹⁴⁰ articulated its ideal of "perfect parenthood" above it explicitly meant parents, specifically mothers, who exactly followed the Plunket system of childrearing of the Society's founder Sir Frederic Truby King (1858-1938). Like many of his contemporaries, King believed that most infant health and welfare problems were down to "bad feeding" and maternal ignorance and that the best solution was to educate women in all aspects of what King termed "Mothercraft", the 'simple science and the art of correct mothering'.¹⁴¹

The Plunket system was a modern and scientific response to infant health and welfare problems. Like infant welfare schemes elsewhere, it focused on preventive care delivered through clinics, home visits and advice literature. New Zealand's Plunket system also had its unique features, including Karitane hospitals, mothers' cottages, and the high degree of authority and independence given to Plunket nurses.¹⁴² Plunket also offered antenatal services in the interwar period.

¹³⁹ "OB," *Northern Advocate*, 21/04/1923, 2 (Supplement).

¹⁴⁰ Bryder, *Voice*, 17, 26. The Plunket Society was originally incorporated on 27 February 1908 as the "Society for the Promotion of the Health of Women and Children"; "the Promotion of" was dropped in 1909; and "Royal" was added to the title in 1915 when the society was granted royal patronage. However, from early on, the society was informally known as the "Plunket Society" after its patron, Lady Victoria Plunket.

¹⁴¹ "OB," *Hawera Star*, 14/04/1928, 17.

¹⁴² Hickey, "Negotiating," 26.

Plunket's advice is covered in this thesis first for three reasons. One, it represented orthodox childrearing advice for Pākehā families in the interwar period. The Plunket Society disseminated its advice and preventative care messages through its nursing clinics and home visits, Karitane hospitals and mothers' cottages, and its published literature and regular "Our Babies" columns published from 1907. Two, its methods were endorsed by the state, notably the Health Department, and also formed the basis of state-issued advice literature. District nurses used an adapted version of Plunket's methods with Māori mothers.¹⁴³ Non-governmental organisations also drew on the Plunket system, including the Christchurch Refuge, which used the methods and taught them to unmarried mothers, and the Girl Guides movement which introduced badges and training based on Plunket methods. Three, King's and Plunket's hegemony over childrearing advice was evident in guidance issued by medical professionals and other individuals and organisations in the 1920s and 1930s which in most cases either built on or reacted against the Plunket system.

Much was written about King and Plunket from the early 1970s.¹⁴⁴ New Zealand historians shared a broad consensus that Plunket monopolised and controlled infant welfare and exercised a high degree of power and influence over mothers during the interwar period, effectively defining motherhood in New Zealand.

¹⁴³ Bryder, "Infant Welfare Services and Māori," 76, 79.

¹⁴⁴ For example, academic studies included: Christine Andrews, "Developing a Nursing Speciality – Plunket Nursing 1905-1920," (Master's thesis, Victoria University of Wellington, 2001); Bryder, *Voice*; Griffiths, "Feminism,"; Hickey, "Negotiating,"; Lynne Milne, "The Plunket Society: An Experiment in Infant Welfare," (PhD diss., University of Otago, 1976); Olssen, "Truby King," 3-23; C. Schumacher, "Why Did So Many Babies Die? Infant Mortality and Causes of Death in Dunedin, 1900-1920," (Undergraduate honours thesis, University of Otago, 1998). Aspects of Plunket methods were also discussed in Philippa Mein Smith, *King Baby*. Three popular histories of Truby King and Plunket included: Lloyd Chapman, *In a Strange Garden: The Life and Times of Truby King* (Auckland: Penguin, 2003); Mary King, *Truby King – The Man* (London: George Allen and Unwin Ltd, 1948); Gordon Parry, *A Fence at the Top: The First 75 Years of the Plunket Society* (Dunedin: Royal New Zealand Plunket Society, 1982).

However, historians have differed in their explanations for and interpretations of Plunket's success and dominance.



Figure 1: Sir Frederick Truby King. Taken by Andrew Stanley Polkinghorne, 1938. ATL, 1/1-0818662-F.

Early histories primarily credited King for the success of Plunket's infant welfare work, partly because they conflated the man and organisation together. This conflation was not surprising given King and Plunket were not easily separated until the early 1930s. King had not only founded the Society, but he had also authored all of its original childrearing advice and underlying scientific philosophy and was its leading propagandist and public face. Moreover, King's power within the Society was at its height in the 1920s: he was its General President, its 'supreme medical authority', and set its policy direction until the early 1930s.¹⁴⁵ Furthermore, early studies such as Olssen's 1981 article also argued from a social-control perspective that as childrearing experts King and Plunket

¹⁴⁵ Hickey, "Negotiating," 4, 26. The final reference to King as "General President" is in a photograph of members who had attended the 1934 annual conference. "Royal New Zealand Society for the Health of Women and Children," *Otago Daily Times*, 13/08/1934, 4.

had imposed their unwanted advice on women, who were in turn portrayed as victims. Olssen cited examples of King's prescriptive and authoritarian advice, rigid routines, and emphasis on control and discipline as evidence of this social control.¹⁴⁶

In contrast, more recent scholarship has challenged King's primacy and added women's contributions to the Plunket narrative. Historians such as Bryder and Hickey argued that women exercised far more agency than previously suggested. As committee members, volunteers, and Plunket nurses on the one hand, and as recipients of advice on the other, women exercised agency both concerning advice and in their interactions with experts. As a result, the Society was repositioned by historians as a maternalist organisation, and historians gave broader recognition to the other women and men who shaped and provided infant welfare services.¹⁴⁷

Overview

Despite the shift to a gendered analysis of Plunket, King's role must still be examined independently when it comes to Plunket's advice literature because of the profound influence his personality, beliefs and attitudes, and professional authority had on the tone and content of that advice during the interwar period. Furthermore, King was responsible for the distinctive albeit unoriginal scientific paradigm and ideology underpinning the Society's policies, services and advice. Even when King's involvement with the Society declined in the early 1930s and others took over its leadership, there were no substantial changes to the underlying paradigm, ideology or advice.

King's personality and his personal and professional life have been well-documented. He emerges as a complex and ambiguous character, summed up by one writer as:

¹⁴⁶ Olssen, "Truby King," 4, 6-7, 16, 18, 20.

¹⁴⁷ Hickey, "Negotiating," 120.

an egotistic eccentric, a firm believer that woman's place was in the home, a tilter at windmills, a man almost incapable of seeing any point of view which differed from his own, and with no more sense of time than an unwound watch.¹⁴⁸

Elsewhere he was described as charismatic and energetic, and 'fiery, with [a] compelling presence and a driving ambition'.¹⁴⁹ Although not a trained paediatrician, King was an 'intellectual and a fanatical enthusiast'. Once he had decided on infant welfare as his chosen area, he immersed himself in becoming an expert.¹⁵⁰ King read widely, and travelled abroad where he met and consulted with paediatricians, nutritionists and other experts; and saw first-hand some of the infant welfare and related programmes implemented overseas.¹⁵¹ King benefited from the fact that he entered the public debate on infant welfare at roughly the same time as medical and political attention shifted from environmental and sanitation reform to individual behaviour and responsibility.¹⁵² Moreover, he quickly took on the mantle of New Zealand's infant welfare expert, partly because he was the only medical professional speaking publicly about infant welfare and partly because New Zealand still had an underdeveloped health administration.¹⁵³

King trained in medicine and public health in the 1880s and later qualified in psychiatry in the 1890s.¹⁵⁴ As Medical Superintendent of Seacliff mental asylum (1889-1922) King introduced a modern approach to patient rehabilitation which

¹⁴⁸ Parry, *Fence*, 27.

¹⁴⁹ Hickey, "Negotiating," 19. 114; Mein Smith, *King Baby*, 88, 111, 116; Olssen, "Truby King,"

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¹⁵⁰ Bryder, *Voice*, 8; Chapman, *Strange Garden*, 235-6; Mein Smith, *King Baby*, 88.

¹⁵¹ "OB," *Mount Ida Chronicle*, 5 Jan 1923.

¹⁵² Mein Smith, *King Baby*, 37-62.

¹⁵³ Hickey, "Negotiating," 14, 26.

¹⁵⁴ Warwick Brunton, "The Scottish Influence on New Zealand Psychiatry before World War II," *Immigrants and Minorities* 29, no. 3 (2011): 320; Bryder, *Voice*, 8. "King, Frederick Truby" is listed under those who "have passed the Examination for the Certificate of Efficiency in Psychological Medicine" [i.e., Psychiatry], *Journal of Mental Science* (October 1897): xxii-xxiv.

involved outdoor recreation and agricultural labour.¹⁵⁵ Feeding experiments he conducted on calves and other livestock at the Seacliff farm later proved relevant to his infant welfare work. For instance, during a scouring (diarrhoea) outbreak in livestock in the 1890s, King found that calves fed naturally on their own mothers' milk made quicker recoveries and had better all-round health than artificially-fed calves. King subsequently produced an artificial formula that closely resembled cow's milk and found that those artificially-fed calves also showed improved health and better disease resistance.¹⁵⁶ He later applied similar principles in infant feeding. Other factors that influenced King's shift to infant welfare included concerns about his daughter Mary (adopted in 1905) who was in poor health and not gaining weight, and therefore had to be bottle-fed;¹⁵⁷ and King's broader political and societal concerns about national, racial and imperial decline.

New Zealand like other countries reported its highest infant death rates among babies aged from one- to twelve-months in the early twentieth century. The leading causes of these 'post-neonatal' deaths were considered to be environmental, and therefore preventable. Health officials and infant welfare reformers the world over singled out infantile diarrhoea for attention. It was one of the leading causes of infant deaths in New Zealand; and mirrored international patterns in that it was highest in urban areas, predominant in artificially-fed babies, and increased in the summer months.¹⁵⁸ Dr James Mason, Chief Health Officer, reported to Parliament that 48% of infant deaths in 1907 were from 'diarrhoea, enteritis, and marasmus', which he considered was often due to 'nothing more than bad feeding'.¹⁵⁹ In Mason's view, "bad feeding" was caused by

¹⁵⁵ Chapman, *Strange Garden*, 53-7; Paul V. Stock and Chris Brickell, "Nature's Good for You: Sir Truby King, Seacliff Asylum, and the Greening of Health Care in New Zealand, 1889-1922," *Health and Place* 22 (July 2013): 109-13.

¹⁵⁶ "OB," *Otago Witness*, 27/01/1920, 58; Chapman, *Strange Garden*, 81.

¹⁵⁷ Chapman, *Strange Garden*, 113-8; Hickey, "Negotiating," 13.

¹⁵⁸ Hickey, "Negotiating," 14-7.

¹⁵⁹ Marasmus referred to situations where babies failed to thrive and wasted away due to protein deficiency, most commonly associated with poverty and neglect. Alison Clarke, *Born to a*

‘ignorance, want of care and impure milk’ which could be solved with ‘knowledge, love and a clean milk supply.’¹⁶⁰

Indeed, Mason’s view reflected a widely-held early twentieth-century belief that most infant health and welfare problems were attributable to “bad feeding” and maternal ignorance. From 1905 King and, from 1907, the Plunket Society focused on infant care, implementing solutions comparable to those Mason suggested. For the reasons outlined above, King and Plunket initially focused on improving milk purity, promoting breastfeeding and using King’s humanised milk formula.

Although it seems Mason saw “love” in terms of a mother’s natural instincts towards her child, King and Plunket defined motherly love in relatively complex terms, for example:

Mother love is the greatest influence throughout life, not the over-indulgent or smothering solicitude which many mothers envelope [sic] their young with, but the understanding, encouraging love, which is something firm and fast in the child’s life, to which he may turn for help in his difficulties and support in time of need.¹⁶¹

Mothers were to provide their children with ‘wise, discerning love’ and ‘understanding, encouraging love’ which meant they were to show neither too much nor too little affection.¹⁶² Showing too much affection was the worse of the two, which included over-handling, over-indulgence and allowing bad habits to take root, which would result in a spoiled or “coddled” child, or worse, adult.¹⁶³ King’s emphasis on habit-training was likened to J.B. Watson’s Behaviorism psychological theory which dominated American childrearing in the interwar

Changing World: Childbirth in Nineteenth-Century New Zealand (Wellington: Bridget Williams Books, 2012), 224.

¹⁶⁰ “Annual Report of the Public Health Department,” *AJHR*, H-31, 1908, 10.

¹⁶¹ “OB,” *Otago Daily Times*, 02/06/1936, 14.

¹⁶² “OB,” *Northern Advocate*, 21/04/1923, 2 (Supplement).

¹⁶³ *Feeding and Care*, 1913 [1928 ed.], 221; *Story of the Teeth*, 1917, 32; “OB,” *Rodney and Otamatea Times, Waitemata and Kaipara Gazette*, 08/01/1930, 7.

period.¹⁶⁴ However, while both emphasised rigid routines and habit training, King's instructions were less extreme when it came to love and affection. Although Watson later regretted his stance, during the interwar period he had cautioned mothers to exercise self-restraint in showing affection to their children, and to:

never hug and kiss them, never let them sit on your lap. If you must, kiss them once on the forehead when they say good night. Shake hands with them in the morning.¹⁶⁵

In contrast, King and Plunket always maintained that children needed a certain amount of attention and affection.¹⁶⁶

Educating mothers was one of Plunket's primary objectives from the outset; its stated goal to:

stimulate interest and to raise the standard of knowledge and thought among women on all matters affecting the health of themselves and their children.¹⁶⁷

King's and Plunket's particular focus was on educating mothers about 'scientific' infant feeding methods, caring for babies, general household hygiene and from 1913, all aspects of 'mothercraft'.¹⁶⁸

By 1910 King's and Plunket's advice and services were collectively referred to as the "Plunket system". A prevention paradigm underpinned the Plunket system. Despite his psychiatry training, King showed little enthusiasm for 'either psychoanalytic or pharmacological interventions' and was equally uninterested in neurology or the workings of the human mind.¹⁶⁹ Instead, his methods prioritised bodily health and preventive physical care, which applied his public health

¹⁶⁴ For example: Katharina Rowold, "Johanna Haarer and Frederick Truby King: When is a Babycare Manual an Instrument of National Socialism?" *German History* 31, no. 2 (2013): 195.

¹⁶⁵ John B. Watson, *Psychological Care of Infant and Child* (New York: W. W. Norton, 1928), 81-2.

¹⁶⁶ "OB," *Opunake Times*, 02/02/1932, 3.

¹⁶⁷ "OB," *Otago Witness*, 12/06/1907, 65.

¹⁶⁸ Hickey, "Negotiating," 22-3.

¹⁶⁹ Gertrud Mander, "The Stifled Cry or Truby King, The Forgotten Prophet," *British Journal of Psychotherapy* 13, no. 1 (1996): 7; Stock and Brickell, "Nature's Good for You," 109.

training, and reflected his belief that prevention was better than cure.¹⁷⁰ King saw a direct connection between body and mind:

By building a perfect, active, vigorous body for the young being we do the best that can be done to provide a suitable temple for the mind, character, and soul of the future boy or girl, man or woman.¹⁷¹

The science behind the Plunket system was a distinctive blend of King's own ideas and ideas he borrowed from diverse theories and disciplines, including evolutionary theory, paediatrics, eugenics, environmentalism, and nutrition.¹⁷² King cherry-picked from theories (and sometimes just parts of theories) that fitted best with his belief system, New Zealand conditions, and key infant welfare messages.¹⁷³ A prime example was King's "humanised milk" formulae. While he based the formulae on the percentage methods developed by American paediatricians such as Thomas Rotch and L. Emmett Holt Senior, King then substituted ingredients, adjusted fat, protein and sugar ratios, and introduced his own products Kariol and Karilac, to supply the required fat and sugar elements, respectively.¹⁷⁴

King's amalgamating of scientific theories helps explain why he sometimes espoused seemingly contradictory ideas. For instance, he held some typical eugenic beliefs, such as sterilisation of the "unfit" marred by "hereditary taint";¹⁷⁵ accepted that heredity and the environment were both important factors in a child's development; and, yet, believed that the environment – that is, proper 'feeding, training ... care and attention' – could always overcome heredity:

¹⁷⁰ "OB," *Otago Daily Times*, 23/01/1934, 2; "OB," *Otago Daily Times*, 30/06/1936, 17.

¹⁷¹ "OB," *Mt Ida Chronicle*, 28/09/1923, 1.

¹⁷² Bryder, *Voice*, 12-6; Hickey, "Negotiating," 25-6; Mein Smith, *King Baby*, 66-7, 89-91.

¹⁷³ Hickey, "Negotiating," 25-6.

¹⁷⁴ "OB," *Northern Advocate*, 13/02/1928, 7; Bryder, *Voice*, 91-2; S. Levin, "Infant Feeding as a Faith," *American Journal of Diseases of Children* 102, no. 3 (September 1961): 363-4.

¹⁷⁵ F.T. King, cited in Mein Smith, *King Baby*, 90.

Once a child is born, we can't change its heredity; but it is our duty to leave no stone unturned when we take charge – there is no limit to what we can effect by means of the environment.¹⁷⁶

King subscribed to many principles from “scientific naturalism” championed by English biologist Thomas Huxley and others from the late nineteenth-century. Scientific naturalists believed that the world was governed by natural laws and forces that can be understood and that all phenomena were part of nature and therefore can be explained by natural causes.¹⁷⁷ Scientific naturalists placed ‘supreme value on science and reason, eschewed the supernatural entirely, and relied on nature and nature’s laws ... to understand the cosmos and everything in it...’.¹⁷⁸ By the early twentieth century, many concepts derived from scientific naturalism became core principles behind the scientific method, such as systematic observation, experimentation and measurement, and forming, testing and modifying hypotheses.

King’s assertion that his methods reflected the ‘laws of nature’ was a strong narrative running through Plunket’s advice literature. The laws of nature, he claimed, were universal and ‘immutable’, and applied to humans as much as the ‘lower animals’.¹⁷⁹ Likewise, motherhood was a woman’s ‘exclusive profession, the highest of all callings for which a woman may qualify’ with responsibility and duty owed not only to her own family but also to nation and race.¹⁸⁰ However, due to various ‘evils’ of modern life – which encompassed practices as broad as bottle-feeding, use of artificial binders, and the ‘silly modern craving to be trivially amused’ - modern mothers had lost both their natural maternal instinct

¹⁷⁶ “OB,” *Otago Witness*, 10/08/1920, 58.

¹⁷⁷ Michael Shermer, “Scientific Naturalism: A Manifesto for Enlightenment Humanism,” *Theology and Science* 15, no. 3 (2017): 221-2; Matthew Stanley, “The Uniformity of Natural Laws in Victorian Britain: Naturalism, Theism, and Scientific Practice,” *Zygon* 45, no. 3 (September 2011): 537.

¹⁷⁸ Shermer, “Scientific Naturalism,” 222.

¹⁷⁹ “OB,” *Otago Daily Times*, 06/08/1935, 17; “OB,” *Otago Daily Times*, 24/04/1939, 20.

¹⁸⁰ “OB,” *Otago Witness*, 27/01/1920, 58; “OB,” *Otago Daily Times*, 31/03/1936, 15; “OB,” *Otago Daily Times*, 24/04/1939, 20.

and their knowledge of the natural laws.¹⁸¹ Consequently, modern human mothering had become ‘an art, not an instinct’ and, because no modern woman was a ‘natural-born mother’, she had to learn her profession.¹⁸²

In this space, King confidently positioned the Plunket system as the scientific and modern answer to the problems wrought by modern life. First, it would educate mothers with the right knowledge to raise children who were fit and healthy in both body and mind and lay the foundations for future character.¹⁸³ Second, its methods represented the essential ‘laws of health and life’ laid down by nature, emphasising breastfeeding and ensuring ‘normal active growth and development’ along natural lines.¹⁸⁴ Third, it focused chiefly on the first 12 months of life of a baby’s life as the period which had been ‘specially marked out by nature’ as the ‘appointed time for growing the body and ... the brain of the human being’.¹⁸⁵ Fourth, King described the science behind the system as ‘simply crystallised common-sense’, which meant ‘systematising and simplifying – making things easier, not more difficult; knowing instead of guessing.’ King intended to reassure mothers how simple Plunket’s methods were to follow and how much easier breastfeeding and establishing routines would make their lives.¹⁸⁶

¹⁸¹ “OB,” *Otago Witness*, 13/01/1920, 54; “OB,” *Otago Witness*, 27/01/1920, 58; “OB,” *Nelson Evening Mail*, 20/06/1922, 6; “OB,” *Mt Ida Chronicle*, 13/10/1922, 4; “OB,” *Northern Advocate*, 14/10/1922, 10 (Supplement); “OB,” *Otago Daily Times*, 06/08/1935, 17.

¹⁸² “OB,” *Otago Witness*, 13/01/1920, 54; “OB,” *Otago Witness*, 27/01/1920, 58; “Mortality in Child Life,” *Northern Advocate*, 06/03/1922, 6; “OB,” *Hawera and Normanby Star*, 04/04/1922, 3; “OB,” *Northern Advocate*, 05/05/1923, 2 (Supplement); “OB,” *Otago Daily Times*, 06/08/1935, 17; “OB,” *Otago Daily Times*, 31/03/1936, 15; “OB,” *Otago Daily Times*, 13/10/1936, 15; “OB,” *Otago Daily Times*, 23/07/1935, 17.

¹⁸³ “OB,” *Otago Witness*, 01/06/1920, 58; “OB,” *Otago Witness*, 13/07/1920, 57; “OB,” *Northern Advocate*, 07/07/1923, 2 (Supplement); “OB,” *Otago Daily Times*, 31/03/1936, 15.

¹⁸⁴ “OB,” *Nelson Evening Mail*, 20/06/1922, 6; “OB,” *Northern Advocate*, 14/10/1922, 10 (Supplement); “OB,” *Otago Daily Times*, 02/05/1939, 17.

¹⁸⁵ “OB,” *Opunake Times*, 08/07/1932, 4; “OB,” *Opunake Times*, 28/05/1935, 3; “OB,” *Otago Daily Times*, 02/06/1936, 14; “OB,” *Otago Daily Times*, 06/04/1937, 15.

¹⁸⁶ “OB,” *Mt Ida Chronicle*, 05/01/1923, 1.

In addition to accentuating the Plunket system's links with natural laws, King also asserted its links with the scientific method. For example, the first "Our Babies" column published in 1907 promised mothers that any information provided would be 'authoritative, reliable, and abreast of the most advanced [scientific] knowledge of the day'.¹⁸⁷ The column was also intended to encourage inquiry and discussion because that was the only way that 'prevailing fallacies, prejudices and errors of thought and practice' could be eliminated and 'the truth established in their place'.¹⁸⁸ From 1907 to the early 1930s, King stressed that Plunket's advice was 'rational', validated through scientific enquiry and experimentation; and 'the one way of going right' which was 'tacitly admitted to be sound' until evidence was provided to the contrary.¹⁸⁹

By the 1920s Plunket's two main modes for delivering its advice and services were its Plunket nurses and written advice literature. Plunket nurses had to be registered nurses or midwives and during the interwar period, they 'prescribed' infant feeding using King's methods, weighed, measured and carried out health checks on babies, and gave practical and other advice during home visits or at Plunket rooms.¹⁹⁰

Plunket's written advice literature included the "Our Babies" columns mentioned above, instruction manuals such as *Feeding and Care of Baby* (1913), and incidental publications such as *The Story of the Teeth* (1917) and *Picture Shows: Their Evil Effects on Children and the Need for Reform, Regulation and Control* (1921).¹⁹¹ King's daughter Mary also published *Mothercraft* (1934) which was

¹⁸⁷ "OB," *Otago Witness*, 12/06/1907, 65.

¹⁸⁸ "OB," *Otago Witness*, 12/06/1907, 65.

¹⁸⁹ "OB," *Otago Witness*, 12/06/1907, 65; "OB," *Mt Ida Chronicle*, 05/01/1923, 1; "OB," *Opunake Times*, 29/04/1932, 3; "OB," *Opunake Times*, 20/05/1932, 3.

¹⁹⁰ Hickey, "Negotiating," 25, 43.

¹⁹¹ F. T. King, *Feeding and Care of Baby* (London: Macmillan and Co, 1913 [1928 edition]); F. T. King, *The Story of the Teeth and How to Save Them* (Dunedin: Whitcombe & Tombs, 1917); Plunket Society, *Picture Shows: Their Evil Effects on Children and the Need for Reform, Regulation and Control*. Dunedin: Crown Print Co, 1921.

intended as an ‘inexpensive, up-to-date Truby King handbook for mothers and nurses.’¹⁹²

The Society’s “Our Babies” column was first published in the *Otago Witness* on 12 June 1907. Its original stated purpose was to answer mothers’ questions and to supplement Plunket’s other advice booklets.¹⁹³ The column was usually published weekly except during the Depression, and circulated nationally until 1941.

“Our Babies” was written under the pseudonym “Hygeia”, the Greek goddess of health, and had multiple authors over its time. King and his wife Bella wrote the early columns, and King wrote at least some of them after Bella died in 1927 and during the Depression.¹⁹⁴ Even when he did not write the columns, King’s editorial oversight and core messages are still apparent throughout the 1920s.¹⁹⁵

In the 1930s the “Our Babies” column was carried on by ‘various doctors and nurses’, who were unidentified.¹⁹⁶ Few items were original. Instead, Hygeia reprinted earlier material written by King, recycled columns on popular topics such as diarrhoea, summer diarrhoea, and how to deal with colds, at least annually. Hygeia also included extracts from magazines written by infant welfare nurses overseas. Although some new topics were introduced in keeping with the times, such as a discussion of punishment,¹⁹⁷ this was apparently for information purposes only. Hygeia seldom commented on or evaluated the information as she had in the 1920s. “Our Babies” was discontinued in 1941 because of the wartime shortage of paper and proposed plans for ‘specially-arranged talks’ on the radio.¹⁹⁸

¹⁹² Mary Truby King, *Mothercraft*, 4th rev. ed. (Sydney & Melbourne: Whitcombe & Tombs, 1936).

¹⁹³ “OB,” *Otago Witness*, 12/06/1907, 65; Department of Health, *The Expectant Mother and Baby’s First Month*, 6th ed. (Wellington: Government Printer, 1939), 6;

¹⁹⁴ “OB,” *Opunake Times*, 29/04/1932, 3; Chapman, *Strange Garden*, 145.

¹⁹⁵ Chapman, *Strange Garden*, 145, 146.

¹⁹⁶ Parry, *Fence*, 114.

¹⁹⁷ “OB,” *Otago Daily Times*, 11/08/1936, 15; “OB,” *Otago Daily Times*, 19/10/1937, 17.

¹⁹⁸ “Plunket Society,” *Press*, 24/10/1941, 2.

Feeding and Care was the Society's primary instruction manual, published by King from 1908-13 and then issued by the Society from 1913. It was a comprehensive manual covering all manner of topics and was aimed at parents and as one of the primary textbooks for Plunket nurses. Over several decades the manual was published in other countries and other languages and reprinted over 25 times before it was revised substantially in 1937.¹⁹⁹ By 1938, *Feeding and Care* was 238 pages long.²⁰⁰ In contrast, Plunket generally produced incidental publications in response to growing public and political interest in a particular issue, concerns about a particular topic, or specific requests for King's views on a specific matter.

King also wrote another widely-distributed booklet *The Expectant Mother and Baby's First Month*, commissioned and issued by the Health Department rather than Plunket. *Expectant Mother* is considered here because its early editions and those used for most of the interwar period used the Plunket system. When first published in 1913 as *Baby's First Month: Hints for Fathers and Mothers* the Health Department sent a copy to all new mothers within a few days of childbirth.²⁰¹ The booklet was enlarged and renamed *Expectant Mother* in 1916, and a copy given to every applicant for a marriage licence.²⁰² In the early 1920s, the Minister of Health Hon C.J. Parr authorised a copy of each booklet to be posted to all married women under 35.²⁰³

In the mid-to-late-1930s, the written literature was substantially revised and edited by others within Plunket. By then, King's involvement with the Society had declined due to ill-health and old age.²⁰⁴ For example, *Feeding and Care* was

¹⁹⁹ F. T. King/Plunket Society, *Feeding and Care of Baby* (Dunedin: Whitcombe & Tombs, 1937).

²⁰⁰ Chapman, *Strange Garden*, 248; Levin, "Infant Feeding," 385.

²⁰¹ F. T. King, *Baby's First Month: Hints to Fathers and Mothers* (Wellington: Government Printer, 1913).

²⁰² F. T. King, *The Expectant Mother, and Baby's First Month: Hints to Fathers and Mothers* (Wellington: Government Printer, 1916); Chapman, *Strange Garden*, 248; Olssen, "Truby King," 11.

²⁰³ "OB," *Mount Ida Chronicle*, 23/06/1922, 1.

²⁰⁴ Hickey, "Negotiating," 122.

revised and updated in 1937 by Martin Tweed and Nora Fitzgibbon, then medical adviser and nursing adviser, respectively, to Plunket's Dominion Council. King was still credited with authorship. The editors stressed that they had worked under King's direction and had been 'careful to preserve the original spirit of the book and its value to parents and nurses'.²⁰⁵ Text and feeding tables were updated based on the 'many thousands of charts and records' of babies under Plunket's supervision.²⁰⁶ New sections and topics were introduced, and outdated topics removed. For instance, there was no longer a section on the dangers of corsets as they had gone out of fashion.²⁰⁷ The 1937 edition reflected the medicalisation of childbirth which had occurred by that time. For example, unlike earlier editions, it recommended that women saw their doctor as soon as they knew they were pregnant and, more generally, suggested seeking doctors' advice.²⁰⁸

Similarly, in 1939 the Health Department, in conjunction with Plunket, substantially revised *Expectant Mother*.²⁰⁹ These changes reflected the state's and the medical profession's increased influence over childbirth and maternal health care. The Health Department authored Part One of the new edition which covered antenatal care and incorporated significant elements from the Department's safe maternity campaign.²¹⁰ Part Two, which covered feeding and care of baby, remained under Plunket's influence. Remarkably, many of the basic features of *Feeding and Care* and *Expectant Mother* remained unchanged. Much of King's original text remained although the overall tone was less prescriptive

²⁰⁵ *Feeding and Care*, 1937, vi-vii.

²⁰⁶ *Feeding and Care*, 1937, vi.

²⁰⁷ Caroline Daley, *Leisure and Pleasure: Reshaping and Revealing the New Zealand Body, 1900-1960* (Auckland: Auckland University Press, 2003), 69.

²⁰⁸ *Feeding and Care*, 1937, 4.

²⁰⁹ Department of Health, *Expectant Mother*, 1939.

²¹⁰ *Expectant Mother*, 1939, 9-37. Concerns about the high number of maternal deaths from puerperal sepsis had led to the government's safe maternity campaign in the 1920s. Mein Smith, *Maternity in Dispute*, 23-40.

and authoritarian. There were notably few if any updates to King's original infant feeding formulae despite recent scientific advances in nutrition knowledge.²¹¹

For the purposes of this thesis, three distinct strands of instruction can be seen running through King's written literature: ideological, practical and cautionary.

The first strand outlined various ideal conditions and states for future citizens, mothers, and infants that King had absolute faith would be achieved by following the Plunket system. King had a robust vision of the desired characteristics required of future citizens of 'a great Empire', which he articulated as 'happy, healthy, self-controlled and useful citizenship, [with] mind and body equally well-balanced.'²¹² Olssen suggested that the Plunket Society had the same goals as King to produce 'self-reliant and self-regulating subjects of the Crown'.²¹³ However, their notions of what constituted a "citizen" or "citizenship" were never fully explained in the advice literature. Olssen convincingly argued that, in addition to imperial citizenship, King and Plunket envisaged a type of citizen who would fit into New Zealand's increasingly industrialised and modern society which was dominated by 'self-employed entrepreneurs', and therefore aimed to 'create a character structure designed for upward mobility, self-employment or executive action.'²¹⁴

Plunket's dominant ideal for mothers in the interwar period was the "Mothercraft Ideal", which was firmly grounded in domestic ideology. King defined Mothercraft as the 'simple science and art of good mothering'. Mothercraft's central premise was that every woman should be the 'competent executive officer' in her own home and in the 'rearing and nurture of her children'. Modern life had dulled maternal instincts, and therefore women were no longer 'natural-

²¹¹ Levin, "Infant Feeding," 385.

²¹² "OB," *Northern Advocate*, 21/04/1923, 2 (Supplement); "OB," *Otago Daily Times*, 07/05/1935, 3.

²¹³ Olssen, "Truby King," 13.

²¹⁴ Olssen, "Truby King," 20.

born mothers' and had to learn to mother like 'any other craft'.²¹⁵ The Mothercraft Ideal aimed at:

having every baby naturally fed and 100 percent healthy, happy and good; every toddler and school child sturdy and robust; every boy and girl aware of the simple essentials for good parenthood – and so back to the beginning of the cycle again with the mother healthy and happy before and after the birth of her baby, equipped to rear A1 citizens and to deal serenely and successfully with the dangers and difficulties which may come – in other words, to be “the competent executive in her own home”.²¹⁶

The dominant ideal for children was the “True Plunket Baby”, also referred to as the “normal child”, described in the introduction to Chapter 1 and this chapter. Plunket’s manuals contained detailed tables and sections that contained standard dimensions of and milestones for the normal child, constructed from heights, weights and other measures recorded and accumulated by Plunket based on the babies its nurses had seen, and whose mothers it can be supposed had more or less followed the prescribed feeding and care methods. Thus Plunket’s ideal, “normal” child was restricted to a particular subset of Pākehā children.

The word “normal” was used frequently in Plunket’s literature during the interwar period.²¹⁷ For King, this was inextricably linked with the scientific rigour of his methods and his absolute confidence they would result in the right degree of health and fitness, both physical and mental, and the right character traits. “Normal” also served as a useful benchmark against which deviations or departures could be recognised at an early stage, and then corrective measures

²¹⁵ “OB,” *Otago Daily Times*, 09/04/1935, 14; “OB,” *Otago Daily Times*, 06/08/1935, 17.

²¹⁶ “OB,” *Otago Daily Times*, 06/08/1935, 17.

²¹⁷ In addition to the “normal child” other references to “normal” included “normal development of the teeth”, “normal pregnancy”, “normal progress”, and “normal active growth and development”. Refer: “OB,” *Nelson Evening Mail*, 20/06/1922, 6; “OB,” *Northern Advocate*, 03/12/1927, 14; “OB,” *Opunake Times*, 07/06/1932, 4; “OB,” *Otago Daily Times*, 24/09/1935, 15; “OB,” *Otago Daily Times*, 19/05/1936, 21.

applied and faults rectified before they became too firmly established or caused permanent harm.²¹⁸

Indeed, Plunket targeted its advisory and nursing services at families where children were unhealthy or unfit because they had not been properly fed or cared for but could be reformed through adjustments to their environment, which depended on reforming the mother. The Society's Karitane Hospitals were established to treat sick and weakly babies, but from April 1908 took babies suffering from the effects of 'wrong feeding and poor hygienic conditions.' Mothers could also take their healthy babies there for up to a week to get hands-on instruction and support with breastfeeding and 'scientific motherhood'.²¹⁹

Children classified as 'backwards or defective' were outside Plunket's purview. Few advice manuals were available in the early twentieth-century about parenting 'backward and defective' children.²²⁰ In 1924, however, Scottish physician and paediatrician Dr John Thomson published one such manual, *Opening Doors*, which included sections on 'blind, deaf and crippled babies,' and 'babies who behaved differently from others'.²²¹ Using this, Hygeia ran a series of columns on dealing with 'backwards babies', and copies of *Opening Doors* were made available on request from Plunket nurses in the four main centres, for sixpence plus postage.²²²

²¹⁸ "OB," *Opunake Times*, 05/07/1935, 3; "OB," *Otago Daily Times*, 30/08/1938, 19.

²¹⁹ Hickey, "Negotiating," 26.

²²⁰ Janice Brockley, "Rearing the Child Who Never Grew: Ideologies of Parenting and Intellectual Disability in American History," in *Mental Retardation in America: A Historical Reader*, eds. Steven Noll and James W. Trent Jr (New York and London: New York University Press, 2004), 139.

²²¹ "OB," *Northern Advocate*, 25/08/1923, 2 (Supplement); "OB," *Mt Ida Chronicle* 07/09/1923, 4; "OB," *Mt Ida Chronicle*, 28/09/1923, 1; "OB," *Northern Advocate*, 29/09/1923, 2 (Supplement); "OB," *Northern Advocate*, 13/10/1923, 2 (Supplement).

²²² "OB," *Northern Advocate*, 13/10/1923, 2 (Supplement).

The second strand of instruction was comprised of the detailed practical instructions given to mothers. King had developed his Plunket system based on three fundamental tenets, which were all interlinked. The first tenet was that mothers were to provide ‘essentials of health and life’ from birth, representing the general requirements for raising healthy and fit children.²²³ Although proper feeding was and remained Plunket’s central plank, it was just one of ‘Twelve Essentials’ of health and life as shown in Figure 2. The ‘Twelve Essentials’ were framed in terms of King’s beliefs and eclectic scientific philosophy. Mothering and Management were added last, in 1913, when the concept of “Mothercraft” emerged.²²⁴

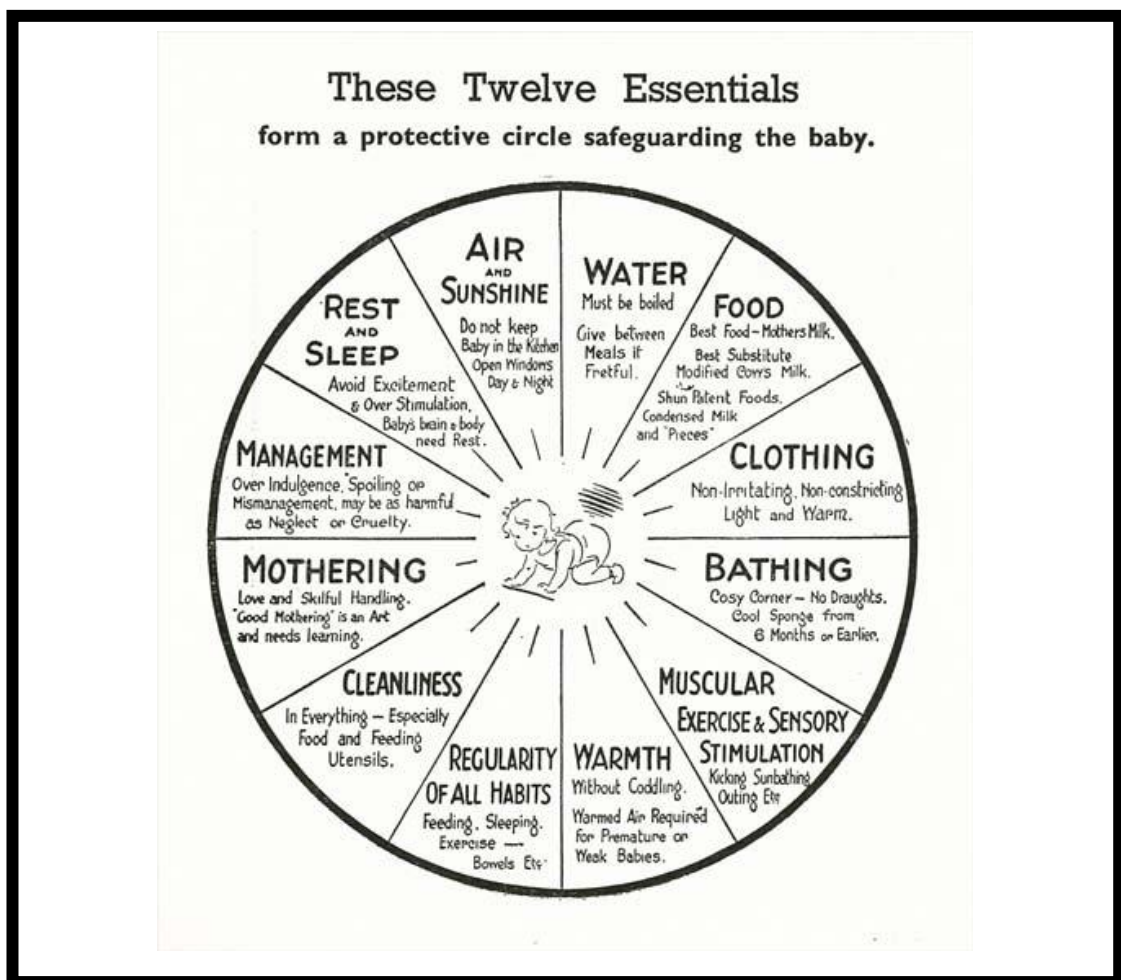


Figure 2: Twelve Essentials. Plunket Society, *The Care of Babies and Small Children: A Guide for Young People* (Dunedin: Coulls Somerville Wilkie, 1922), 4.

²²³ “OB,” *Nelson Evening Mail*, 29/11/1922, 8.

²²⁴ Mein Smith, *King Baby*, 95.

The second tenet was to establish regular habits right from birth, which involved organising a baby's feeding, sleeping, bathing and other activities strictly by the clock.²²⁵ King considered routines and timetables a critical way to reduce the chances of overfeeding or other disruptions to children's 'delicate digestive (and mental and nervous) systems'.²²⁶ However, for King, routines and timetables also served the equally important purpose of laying the foundations for sound physical and mental health, and future character; generally referred to as habit-training.²²⁷ Habit-training's central premise was that if particular circumstances or actions (that is, stimuli) were repeated often enough and instilled as habits from birth, children's responses would become 'automatic and involuntary' over time 'without [the] exercise of conscious thought or willpower'.²²⁸ Although Olssen and others suggested King's emphasis on the clock indicated his fixation on control and discipline, it seems likely he meant to ensure that good habits and healthy practices were instilled as part of everyday life and became second nature. More significantly, however, habit training fitted with King's belief that the foundations of character and physical and mental health were laid in infancy. He viewed 'absolute regularity [of habits]' as the 'ultimate foundation of all-round obedience and conformity to social law and order'.²²⁹ In turn, 'obedience' was the 'foundation of all later powers of self-control' – one of King's key characteristics of ideal citizenship.²³⁰

The third tenet was to maintain equilibrium and 'moderation in all things' which was another key aspect of building regularity and self-control, especially for children with a 'nervous temperament'.²³¹ Part of 'good mothering' and 'wise

²²⁵ *Feeding and Care*, 1913 [1928 ed.], 35-6.

²²⁶ Hickey, "Negotiating," 21-2.

²²⁷ Hickey, "Negotiating," 21-2.

²²⁸ "OB," *Otago Daily Times*, 28/03/1933, 13.

²²⁹ "OB," *Opunake Times*, 27/08/1935, 3.

²³⁰ "OB," *Opunake Times*, 08/07/1932, 4.

²³¹ "OB," *Northern Advocate*, 24/02/1923, 2 (Supplement); "OB," *Mt Ida Chronicle*, 03/10/1924, 1; "OB," *Stratford Evening Post*, 12/01/1928, 2; "OB," *Otago Daily Times*, 07/11/1933, 13.

loving', for example, was to maintain an 'even-tempered, stable ... and peaceful' environment and make sure children had adequate rest and sleep.

Accordingly, throughout the 1920s and 1930s, Plunket's advice literature instructed mothers on how to breastfeed correctly, prepare King's different humanised milk formulae to complex and precise specifications, and organise baby's daily life strictly by the clock. The guidance addressed a broad range of other topics related to the Twelve Essentials, such as the best types of cradles and prams to use;²³² and deciphering a baby's different cries (seven varieties were identified).²³³ King reinforced his detailed advice in *Feeding and Care* and Twelve Essentials with 15 "Golden Rules"²³⁴ and a list of 24 popular errors.²³⁵

The third strand of King's instructions provided mothers with stark and vivid warnings about the risks and negative consequences that would result if they did not adopt the Plunket system, or only followed it in part. King blamed civilisation for a range of physical deformities, ill-health, and other abnormalities in babies and young children, also traced to maternal ignorance. For example, King related the growing incidence of tooth decay and dental disease to modern processed foods and increased refined sugars;²³⁶ jaw deformities, abnormalities such as mouth-breathing and adenoids, and greater susceptibility to a range of diseases to the use of dummies and comforters and to "improper mastication" because of "pap-feeding" (giving babies soft or semi-liquid food).²³⁷ Across the decades, King also railed against diverse other problems including the negative impact that

²³² *Feeding and Care*, 1913 [1928 ed.] 70-71.

²³³ *Feeding and Care*, 1913 [1928 ed.], 96-8. King identified seven main types of crying, which included: painless reflex crying; cries of hunger or thirst; crying because uncomfortable; crying from overtiredness, feebleness or exhaustion; cries of acute pain; crying because ill; and crying because spoiled. King advised, for instance, that 'crying in moderation is natural, but baby should not cry too much, and he should not cry the wrong way'.

²³⁴ *Feeding and Care*, 1913 [1928 ed.], 91-2.

²³⁵ *Feeding and Care*, 1913 [1928 ed.] 99-102.

²³⁶ "OB," *Otago Daily Times*, 27/08/1935, 17.

²³⁷ *Feeding and Care*, 1913 [1928 ed.], 129-41.

attending night-time movies had on children's rest and sleep;²³⁸ the modern use of abdominal binders on babies and corsets by women;²³⁹ and poor design of modern footwear. Children's footwear was often 'wrongly-shaped' and increased the risk of deformities and women's footwear fashions such as high-heels were 'damaging', especially when pregnant or nursing.²⁴⁰

King gave considerable attention and space to the deleterious effects of not providing the proper essentials of life and health; and not instilling good habits from birth or, worse, allowing bad habits to become entrenched.²⁴¹ King's and Plunket's view was that bad habits were generally difficult to break once established and likely to recur in later life if left unchecked. In *Feeding and Care*, King warned that 'nervous, unstable, disobedient, spoiled weaklings' were primarily liable to become the victims of uncontrollable habits, including nail-biting, eating dirt, and masturbation.²⁴² Hygeia made a similar point in 1939 although there were notable differences from King's original advice. The tone was less authoritarian and critical, and the warnings less starkly worded. Besides, there had been a clear shift in approach. For instance, King had viewed masturbation as "a serious vice" with potentially grave consequences if left unchecked, and had observed that the natural parental instinct to chide or slap a child for "fingering the privates" was 'sounder and more wholesome' than other modern advice.²⁴³ In contrast, in 1939, Hygeia advised mothers to be 'unobtrusively' watchful and vigilant. In no circumstances should masturbation in young children be regarded as a 'crime or a moral offence...the best line was to treat it as a gross breach of good manners.'²⁴⁴

²³⁸ *Picture Shows*, 1921.

²³⁹ *Feeding and Care*, 1913 [1928 ed.], 3-5, 74, 101.

²⁴⁰ *Feeding and Care*, 1913 [1928 ed.], 77-9; "OB," *Manawatu Standard*, 27/10/1923, 7; "OB," *Manawatu Standard*, 03/11/1923, 11; "OB," *Manawatu Standard*, 10/11/1923, 11.

²⁴¹ *Feeding and Care*, 1913 [1928 ed.], 122.

²⁴² *Feeding and Care*, 1913 [1928 ed.], 122-3.

²⁴³ *Feeding and Care*, 1913 [1928 ed.], 122-3.

²⁴⁴ "OB," *Otago Daily Times*, 20/06/1939, 19.

King further warned mothers against ‘anxious solicitude’; ‘injudicious playing’; and overindulgence and coddling, respectively.²⁴⁵ He cited these as causes of children’s nervousness and instability;²⁴⁶ ill-health, including mental and nervous illnesses; and other undesirable effects.²⁴⁷

King employed various techniques to underscore the seriousness and urgency of heeding his warnings, including regularly criticising modern mothers in his rhetoric and writings. He cited cautions similar to his own from international experts, such as the ‘highest English, foreign and American authorities’.²⁴⁸ King also used presentation techniques to capture mothers’ attention. For example, he capitalised and underlined text and used bold typeface to stress individual sections. He included numerous photographs and pictures, diagrams and statistics to support and accentuate his text. King recognised the power of visuals which are more likely to elicit an emotional response and have a more immediate and persuasive impact than text alone.²⁴⁹

Main Arguments

Modern women vexed King. On the one hand, he saw women as ignorant, careless and self-indulgent, as Hygeia made clear in the first “Our Babies” column:

The baby’s worst enemy is not lack of affection on the part of the mother, but her indifferent health and vitality, her neglect of the laws of life, and her lamentable ignorance as to the proper course to pursue in the joint interests of herself and her offspring.²⁵⁰

²⁴⁵ “OB,” *Otago Daily Times*, 30/08/1932, 2; “OB,” *Otago Daily Times*, 11/07/1933, 13; “OB,” *Otago Daily Times*, 24/03/1936, 17; “OB,” *Otago Daily Times*, 02/06/1936, 14; “OB,” *Otago Daily Times*, 11/08/1936, 15.

²⁴⁶ “OB,” *Otago Witness*, 10/08/1920, 58.

²⁴⁷ “OB,” *Otago Daily Times*, 11/07/1933, 13.

²⁴⁸ *Feeding and Care*, 1913 [1928 ed.], 3-5.

²⁴⁹ Hélène Joffe, “The Power of Visual Material: Persuasion, Emotion and Identification,” *Diogenes* 55 (2008): 84-93.

²⁵⁰ “OB,” *Otago Witness*, 12/06/1907, 65.

King blamed women's ignorance in large part on the effects of modern civilisation which he believed had dulled women's maternal instincts and rendered them ignorant of their maternal duties and with 'no knowledge or respect of the laws of Nature'.²⁵¹ Consequently, he believed modern women had to be 'taught what nature told the untutored savage'.²⁵²

In the early 1900s King cited women's conservatism as a particular barrier to good motherhood because of their 'prejudice against any departure from old and frequently bad customs and practices, so far as the rearing of children is concerned', which prevented 'them doing what was rational until they got in a hole and then they could go no further'.²⁵³ King had related women's conservatism specifically to the prevalence of bottle-feeding and high rates of preventable infantile diarrhoea. He obviously equated 'doing what was rational' with following his methods strictly.

King also believed that the modern education system was failing girls and society. Girls' education was too academic and examination-focused and did not teach them basic mothercraft skills or prepare them adequately for maternity.²⁵⁴ He expressed similar concerns throughout the interwar period.

On the other hand, women were fundamental to all of King's and Plunket's infant welfare work. Women and girls as mothers and potential mothers were pivotal to any plans to reduce infant mortality rates, to improve children's health and fitness, and to achieve King's utopian vision for society, race and Empire. Therefore, King had to convince women it was their duty to procreate, breastfeed, and adequately care for their children. Simultaneously, he had to

²⁵¹ "The Feeding of Children," *Timaru Herald*, 08/01/1906, 6; "Women and Babies," *New Zealand Times*, 13/10/1908, 2.

²⁵² "Women and Babies," *New Zealand Times*, 13/10/1908, 2.

²⁵³ "Saving the Race," *Evening Post*, 22/10/1907, 2.

²⁵⁴ F.T. King, *The Evils of Cram* (Dunedin: Whitcombe & Tombs, 1906); Hickey, "Negotiating," 13; Melanie Nolan, "Domestic Education Debate," 15.

convince women that the Plunket system represented the best and most useful parenting methods.

Unfortunately, the Society had little or no leverage to compel or coerce modern women to adopt their services, a situation only compounded by certain Plunket-specific factors. For example, nursing services were free-of-charge, and women were invited to take them up, which left it to women's discretion to accept. The Society had hoped that women would feel compelled by a sense of moral responsibility to join their local branches and pay the annual 5-shilling subscription in return for receiving free advice and support.²⁵⁵ In the interwar period, many branches complained that membership levels remained very low,²⁵⁶ which suggests that mothers were not subscribing to the organisation or its methods in any significant numbers, and were instead selective about the degree to which they engaged with Plunket. Women's choices would have reflected different personal and practical reasons. For instance, women were possibly too busy, perhaps considered themselves too upper- or lower-class, or were uninterested. Whatever the reason, women obviously saw little obligation to subscribe fully to the Society.

Plunket might have gained some leverage by offering its services as part of a state-run programme which could potentially have supplied greater access to mothers and children. However, the Society purposely distanced itself from the state to maintain its independence and autonomy, even though it received substantial government funding. Plunket members believed that Plunket nurses could gain easier and broader access to people's homes because they were not agents of the state. Also, being associated with the state might jeopardise voluntary donations, which were a significant income source.²⁵⁷ Moreover, even

²⁵⁵ "Social Services: Who Should Pay?" *Auckland Star*, 08/10/1932, 8; Parry, *Fence*, 102.

²⁵⁶ For example: "Health of Women and Children," *Timaru Herald*, 12/04/1922, 6; "Plunket Society," *Nelson Evening Mail*, 31/07/1930, 3.

²⁵⁷ *Northern Advocate*, 07/07/1923, 2 (Supplement); Hickey, "Negotiating," 28, 32; Tennant, *Fabric of Welfare*, 31.

state-run programmes were not necessarily well-subscribed: for example, vaccinations were widely available, but public uptake was uneven.²⁵⁸

This thesis argues that although King and Plunket dominated New Zealand's childrearing advice for Pākehā in the interwar period, they had much less of a stronghold over infant welfare and in defining motherhood than previously suggested. Furthermore, it argues that because King and Plunket lacked compulsion mechanisms, they were instead forced to engage in an ongoing process of skilful marketing and promotion intended to persuade and encourage women to subscribe to the Plunket system. From this perspective, a closer reading of the primary evidence suggests that many features of King and Plunket's advice and approach can be reinterpreted as marketing and legitimisation strategies. Some of the main strategies are discussed below.

A major strategy was political lobbying. From 1907 to 1940 Plunket members frequently lobbied local MPs and other politicians for state intervention in matters they believed needed 'legislative enactment'. In 1907, for example, such matters included getting births registered earlier and removing the duty on sugar of milk which was a key component of 'humanised milk'.²⁵⁹ In the 1920s and 1930s Plunket members also sought or proposed asking the state to intervene in more intimate matters in their attempts to prohibit parents from certain disagreeable parenting practices. Examples included 'strong efforts to bring about the abolition' of dummies and comforters;²⁶⁰ and a motion passed at the 1920 General Conference asking the government to invoke stricter censorship and regulate the movie-going for school children.²⁶¹ This practice highlighted an expectation

²⁵⁸ Dow, *Safeguarding*, 22-7; F. S. Maclean, *Challenge for Health: A History of Public Health in New Zealand* (Wellington: Government Printer, 1964), 24-5.

²⁵⁹ "Health of Women and Children: An Association Formed," *Otago Witness*, 22/05/1907, 12; "OB," *Otago Witness*, 12/06/1907, 65.

²⁶⁰ *Feeding and Care*, 1921, 132.

²⁶¹ *Picture Shows*, 1921, 1, 3, 4-6. The motion was intended to 'safeguard and protect children from the pernicious influence of the prevailing type of moving pictures' and their 'injurious results' which included 'sexual precocity' and 'sensual irregularities and perversions'.

among reformers, such as the women of Plunket, that the state would regulate people's lives at such an intimate level.

The Society benefited from New Zealand's small and centralised political system, which meant less separation and more informal, direct contact with politicians and government officials. The Society achieved some success with their lobbying, although sometimes not for years, or even decades. For example, it was not until 1922 that Plunket nurses were routinely notified of registered births,²⁶² and, despite its proposals regarding censorship of movies, the first censor's recommendations did not appear in centres such as Palmerston North until April 1929.²⁶³

A second strategy was King and Plunket's extensive use of propaganda, which it declared as one of its primary functions, along with education.²⁶⁴ Indeed, they used propaganda tools and techniques similar to those employed in wartime, including appeals to the public's sense of patriotic duty, and the use of catchy slogans and emotive language, vivid images, statistics and diagrams that added force to core messages.²⁶⁵ Such techniques were designed as emotional appeals to people's known desires and fears, using a mix of favourable and unfavourable labels to bring about desired reactions and using easy-to-recall and memorable words and slogans to 'make ideas stick'.²⁶⁶ King's rhetoric and Plunket's advice material contained abundant examples of such propaganda techniques.

Although "propaganda" now has mostly negative connotations, over time, its definitions, uses, and public perceptions tended to fall along a continuum – from

²⁶² Bryder, *Voice*, 49; "OB," *Northern Advocate*, 14/07/1923, 2 (Supplement).

²⁶³ Pauline Knuckey, "A Global Province? The Development of a Movie Culture in a Small Provincial City 1919-1945," (Master's thesis, Massey University, 2015), 129.

²⁶⁴ "The Health of Women and Children," *Otago Daily Times*, 28/05/1910, 2; "Plunket Society. Annual Meeting," *Press*, 28/04/1917, 7; "Plunket Society. Taihape Branch," *Taihape Daily Times*, 05/05/1917, 4.

²⁶⁵ Ralph D. Casey, *G.I. Roundtable EM 02: What is Propaganda?* (Washington D.C.: War Department, 1944), non-paginated.

²⁶⁶ Casey, *What is Propaganda*, n. p.

the ‘value-neutral’ dissemination of information in favour of a given cause at one end, to a ‘value-laden’ instrument of manipulation and control at the other.²⁶⁷ It appears King and Plunket saw their propaganda efforts as ‘value-neutral’. For example, as one branch noted in 1917, a ‘timely word may lead to inquiry, [and] inquiry must lead to a fresh adherent to the teachings of the Society.’²⁶⁸ However, as demonstrated earlier in this chapter, much of the advice appears now to have been value-laden with moral imperatives.

Within this framework, King’s dogmatic rhetoric and forceful criticisms of modern women can also be reinterpreted as a potential strategy which played on women’s fears and emotions, notably guilt, to persuade them to adopt the Plunket system. There are numerous examples from Plunket’s advice literature, some cited earlier in this chapter, where the language, tone and content, especially from the 1920s, can be interpreted as attempts to induce guilt in women.

Several commentators, including contemporaries, described King as a propagandist. For example, a 1938 editorial in the *New Zealand Medical Journal* suggested King’s propaganda skills ‘would have obtained him high office in a totalitarian State’.²⁶⁹ Olssen echoed this view when he described King as an ‘ideologue’.²⁷⁰ Others described King’s zeal in evangelical terms. For instance, Levin wrote in 1961 that:

[w]ith the Prophet [King] alive, his Word in Print, the Temple at Karitane, and subsidiary shrines elsewhere, with worshipping priests and priestesses, the [Plunket] movement clearly had all the trappings of a militant faith.²⁷¹

²⁶⁷ Jay Black, “Semantics and Ethics of Propaganda,” *Journal of Mass Media Ethics* 16, no. 2-3 (2001): 121-37.

²⁶⁸ “Plunket Society. Taihape Branch,” *Taihape Daily Times*, 05/05/1917, 4.

²⁶⁹ “Editorial,” *NZMJ*, 1938, 185.

²⁷⁰ Olssen, “Truby King,” 4, 7, 10, 17, 18.

²⁷¹ Levin, “Infant Feeding,” 385.

Mein Smith and Olssen made similar observations.²⁷² Ironically, Hygeia also referred to Plunket's advice using quasi-religious terms such as 'gospel' and 'preaching'.²⁷³

A third strategy encompasses the various measures King and Plunket used to 'sell' Plunket's methods and services to Pākehā parents and Pākehā society more broadly, for example, in their extensive use of print media and advertising. Nurses and branches routinely advertised clinics, branch meetings and fundraising events in their local newspapers. The proceeding of branch meetings, national meetings, conferences and guest lectures, were then reported in some detail. In a similar vein, the Society took steps, such as offering private and confidential interviews with its nurses, in its attempts to remove barriers that might prevent women from taking up its nursing services.²⁷⁴

Although there is no way to determine the real impact of Plunket's advertising, it was apparently not as successful as the Society hoped. In the interwar period, Hygeia lamented that despite constant publicity in the press and reassuring women about their privacy and confidentiality, comparatively few women had consulted Plunket nurses.²⁷⁵ Plunket also 'sold' its services by differentiating its product from its competitors, especially the medical profession. For example, in a 1935 column about antenatal care, Hygeia stated that Plunket nurses treated mothers and children as 'individuals with individual problems' not just as "cases" for treatment'.²⁷⁶

King adopted a final strategy of reinforcing his own and Plunket's scientific credentials to legitimise their status and authority. King tapped into modern society's fascination and faith in science, and the 'modern mother's desire for

²⁷² Mein Smith, *King Baby*, 91; Olssen, "Truby King," 10, 17, 18.

²⁷³ "OB," *Northern Advocate*, 14/10/1922, 10 (Supplement); "OB," *Otago Daily Times*, 16/06/1936, 15; "OB," *Otago Daily Times*, 08/02/1938, 17.

²⁷⁴ "OB," *Patea Mail*, 23/06/1924, 4.

²⁷⁵ "OB," *Patea Mail*, 23/06/1924, 4; "OB," *Otago Daily Times*, 22/01/1935, 13.

²⁷⁶ "OB," *Otago Daily Times*, 09/04/1935, 14.

modern advice'.²⁷⁷ King frequently cited or quoted scientific authorities and other experts to give his messages and approach scientific endorsement.²⁷⁸ Hygeia also used Plunket's "Our Babies" column to defend the Society and its methods against misperceptions and actual or potential criticisms. For instance, numerous columns clarified that the Society chiefly aimed to promote breastfeeding rather than artificial feeding and 'humanised milk', a commonly-held misconception.

Hygeia also dedicated a fair number of columns to counteracting and pre-empting criticisms that the Society's nurses and methods had failed to make a difference. For example, while the Society publicly claimed responsibility for the mortality decline for one- to twelve-month-olds, Hygeia routinely deflected Plunket's nurses and methods against their apparent lack of success in reducing postnatal deaths as well as the poor health of pre-schoolers.²⁷⁹

These defensive columns followed a standard pattern with Hygeia shifting responsibility for actual and perceived failures to factors outside Plunket's control, most frequently singling out mothers themselves as the most significant cause. Hygeia complained that mothers did not take up Plunket nurses' early offers of advice and support and instead contacted Plunket once their babies had already 'drifted into a state of more or less malnutrition and ill-health owing to lack of proper care and attention during the previous nine months before birth and the first few weeks after birth'.²⁸⁰ Indeed, as far Hygeia was concerned, Plunket was absolved of any responsibility because it had done all in its power, and 'indeed had gone quite out of [its] way' to 'induce women to avail themselves of the advice and help' of its nurses.'²⁸¹

²⁷⁷ Bryder, *Voice*, 81.

²⁷⁸ *Story of the Teeth*, 1917; *Feeding and Care*, 1921; *Expectant Mother*, 1916; *Feeding and Care*, 1937. For example, King cited or quoted American paediatricians L. Emmett Holt Snr, Thomas Rotch and Henry Chapin; English physicians Dr Sim Wallace and Dr Harry Campbell, and prominent eugenicist Dr C. W. Saleeby.

²⁷⁹ For example: "OB," *Mt Ida Chronicle*, 23/06/1922, 1; "OB," *Patea Mail*, 23/06/1924, 4.

²⁸⁰ "OB," *Mt Ida Chronicle*, 23/06/1922, 1.

²⁸¹ "OB," *Patea Mail*, 23/06/1924, 4.

Plunket's literature reflected middle-class domestic ideology and gender norms, assuming, for instance, that women were married, did not work, and were primarily responsible for household duties and childrearing. Furthermore, Plunket's advice assumed that women were having their first child, and very few of its timetables and routines recognised that this may have been a second, third, fourth or fifth baby.

Plunket mentioned men only in three main roles. One was in their ideological position as 'the breadwinner[s], obliged to provide and maintain the home'.²⁸² A second was fulfilling their 'duty and privilege' when their wives were pregnant, ensuring their wives were 'well cared for' and had the best medical and nursing advice, helping as much as possible around the home, and practicing self-control around sexual relations.²⁸³ A third was as home handymen who could put their 'handiness and ingenuity' to good use by making a playpen or children's furniture.²⁸⁴ Given that Plunket aimed its advice at Pākehā parents across the social spectrum, the Society's ideals of "motherhood", "home" and "family life" potentially influenced working-class as well as middle- and upper-class families.

While, overseas, childrearing advice was criticised for presuming women could afford the latest domestic technology and doctors' fees, the same did not necessarily apply to Plunket's advice in the interwar period. For example, mothers were supplied with clothing patterns and other money-saving techniques and, unlike overseas, there were few references to the latest domestic technology.

This thesis supports other historians' views that King's and Plunket's advice reflected scientific motherhood ideals.²⁸⁵ However, Plunket's version of scientific

²⁸² RNZSHWC, *The Care of Babies and Small Children – A Guide for Young People* (Dunedin: Coulls Somerville Wilkie, 1920), 5.

²⁸³ Mary Truby King, *Mothercraft*, 27-31.

²⁸⁴ "OB," *Otago Daily Times*, 08/08/1933, 11.

²⁸⁵ Hickey, "Negotiating," 4, 5; Olssen, "Truby King," 9.

motherhood differed considerably from the overseas, chiefly North American, models described in the literature review.

Despite being endorsed as scientific and modern, the Plunket system came in for increasing criticism by the 1930s especially regarding King's humanised milk formulae which was seen as unnecessarily complicated and based on outdated methods.²⁸⁶ Plunket's advice neither implored women to routinely visit their doctors nor glossed over or excluded health advice so that women would have to visit their doctors, as in North American advice. Instead, Plunket provided mothers with self-help instructions for addressing minor ailments and common conditions affecting children, or otherwise recommended they visit their local Plunket nurse.²⁸⁷ Mothers were advised to contact their doctor if their own ministrations failed to work, to treat diseases, or if any defect was suspected.²⁸⁸ As maternal and child health became increasingly medicalised from the late 1920s, there was a greater emphasis on medical intervention. However, medicalisation generally affected pregnancy and antenatal care, which became highly contested areas between the Society, the state and medical practitioners in the 1930s.²⁸⁹

According to Hickey, King saw Plunket nurses as 'experts in their field' because of their training and constant work with infants.²⁹⁰ Plunket nurses were trained to give advice of a medical nature and to perform certain medical functions, and initially provided medical examinations as part of their antenatal services in the late 1920s. However, this was another source of contention with doctors, especially as paediatricians sought to establish themselves as a speciality in New

²⁸⁶ Levin, "Infant Feeding," 387; G. Bruton Sweet, *Lectures on the Management of Infants in Health and Sickness* (Auckland: Whitcombe & Tombs, 1920); G. B. Sweet, "Some Remarks on Infant Feeding. A Reply to Dr Truby King." *New Zealand Medical Journal* 20 (1921): 104-12.

²⁸⁷ *Feeding and Care*, 1913 [1928 ed.], 107-21.

²⁸⁸ *Feeding and Care*, 1913 [1928 ed.], 107; "OB," *Northern Advocate*, 07/07/1923, 2 (Supplement); "OB," *Otago Daily Times*, 03/09/1935, 19.

²⁸⁹ Bryder, *Voice*, 82-109; Hickey, "Negotiating," 38-44.

²⁹⁰ Hickey, "Negotiating," 43.

Zealand. Although the Society issued policy directives to curtail nurses' antenatal work and stop their medical interventions to appease doctors, it is evident that women still saw Plunket nurses for medical exams in the 1930s.²⁹¹

This chapter argues that although Plunket left a large political and evidentiary footprint, close examination also suggests its impact on parents may have been less than has previously been assumed. Indeed, Plunket has been studied to the exclusion of many other forms of advice for mothers, all of which competed for loyalty, authority and followers. The remainder of this thesis examines these other forms to provide a more well-rounded picture of advice and information channels open to women during the interwar period from which they could pick and choose and apply as they saw fit.

²⁹¹ Bryder, *Voice*, 108-9; Hickey, "Negotiating," 106.

4 State Advice

Introduction

[You] would be surprised at the large percentage of children – even in this favoured community – who are suffering from bad teeth, and all sorts of disorders, due largely to malnutrition and neglect in the earliest years. ... I am afraid that the pre-school period is treated as a period of ignorance. Many young mothers do not know how to bring up children. Many others are careless and indifferent, and the results are seen to-day in having so many young people who are only fit for a C3 camp.²⁹²

So said Hon C.J. Parr, the Minister of Public Health and Education, in his opening speech to Plunket's sixth general conference in Wellington on 20 July 1920. In that speech, he outlined the changes to child welfare proposed as part of the government's forthcoming public health restructuring. Although not all of his proposals eventuated, Parr's speech sums up views and concerns widely held at the time and highlights three main themes of this chapter.

First, Parr lamented the significant number of New Zealand schoolchildren who were not in a fit enough state of health to benefit fully from the education provided 'at so great an expense' by the state. Parr blamed this on maternal ignorance, carelessness and indifference, especially in children's preschool years. Parr's 'remedy for these evils' was to create a Child Welfare Bureau or Department, which would chiefly provide education, lectures and propaganda. He endorsed Truby King as the 'right man' to lead his proposed new agency.

Second, Parr made a strong case for more significant state intervention throughout his speech, which he linked with the need to improve racial fitness and national efficiency. By 1920, two closely-related ideas had coalesced and become generally accepted in New Zealand society. One was that the state had a role in providing for its people's welfare, which justified an intimate level of involvement in families' lives to make sure children were being cared for

²⁹² "OB," *Otago Witness*, 24/08/1920, 50. C3 was part of the WWI classification system medical examiners used to categorise each recruit's military fitness. C3 was a British rather than a New Zealand classification that referred to recruits only suitable for sedentary work at home.

properly.²⁹³ The other was that children's contribution as future citizens, or as society's *social capital*, was directly affected by the level of care given during childhood: children were a 'nation's best assets'.²⁹⁴ The state therefore felt it had a vested interest in the quality of children's physical, mental and moral health, and eugenic considerations also played a role. Correspondingly, politicians and officials believed the state had a right and a duty to intervene when there were problems with children's health, especially given that those problems were usually ascribed to either bad parenting or a poor home environment.

Third, Parr proclaimed that a new era had dawned for preventive medicine, by which he meant 'preventing disease by education as opposed to curing it with a bottle of medicine'. His assertion reflected the significant shifts in public health thinking that had occurred by 1920, including: the transfer of attention from environmental to personal, or individual, health as the Health Department 'vigorously promoted links between personal wellbeing and national efficiency';²⁹⁵ the move towards a broader view of the 'health of the people' – 'their values, relationships and points of contact' – as the key to understanding public

²⁹³ Josephine F. Milburn, "Socialism and Social Reform in Nineteenth-Century New Zealand," *Political Science* 12, no. 1 (March 1960): 62; Josephine F. Milburn, "Socialism and Social Reform in Twentieth-Century New Zealand," *Political Science* 12, no. 2 (September 1960): 168; Sir Robert Stout, "New Zealand", *Contemporary Review*, 76, (October 1899), 541; "OB," *Otago Witness*, 07/09/1920, 45. For example, in 1899 Sir Robert Stout wrote that the government was 'believed to be the benign father and mother whose every care is for the people, who are not considered capable of regulating their affairs without such assistance'. Two decades later, Dr E.H. Wilkins, then Chief Medical Officer for the School Medical Service, in a paper read out at Plunket's sixth general conference stated that even though the government lacked direct control over social, economic or other factors, it did have direct control over the 'health and care of the children who enter upon life in our Dominion...if we care to exercise it'.

²⁹⁴ Anna Davin, "Imperialism and Motherhood," *History Workshop* 5 (Spring 1978): 10; McDonald, "Children," 8; Tennant, *Children's Health*, 15.

²⁹⁵ Tennant, "Missionaries," 131.

health;²⁹⁶ and the expansion of public health into areas such as social hygiene, and maternal and child health.²⁹⁷

The growing significance of child welfare and Parr's 'new dawn for preventive medicine' were both realised in the 'radical restructuring' of NZ's public health administration under the 1920 Health Act, described by one historian as a 'major landmark in NZ's health history.'²⁹⁸ A significantly-reorganised Department of Health began operating on 1 January 1921. Three of its seven divisions were devoted to children's health and welfare: School Hygiene, Dental Hygiene, and the much-heralded but short-lived Child Welfare Division headed by Truby King.

The Health Department, especially its child-centred Divisions, produced the majority of the state's childrearing advice to Pākehā mothers in the 1920s and 1930s. This chapter focuses chiefly on the School Hygiene Division, although the Dental Hygiene and Child Welfare Divisions' respective contributions are also discussed briefly.

It is argued here that officials were generally ambivalent towards mothers. The Department's childrearing advice reaffirmed and reinforced domestic ideology which placed women in the home as wives, mothers and homemakers, and promoted scientific motherhood ideology that mothers required expert advice and supervision. These ideologies underpinned the wide range of policies and pronatalist measures introduced during the 1920s and 1930s which targeted women as mothers and potential mothers. It is also argued that school doctors became the state's appointed experts on child health and welfare when the School Medical Service (SMS) was established in 1912. The SMS expanded in 1916 as nurses were added to its workforce, at the same time as the state's reach into families' lives also increased significantly. The state had legislative and regulatory

²⁹⁶ Minutes, "Conference on Diet Propaganda," 8 and 9 September 1921, H1 1286/35/24/2, ANZW; Tennant, "Missionaries," 131.

²⁹⁷ Dow, *Safeguarding*, 11, 95.

²⁹⁸ Geoffrey W. Rice, "The Making of New Zealand's 1920 Health Act," *New Zealand Journal of History* 22, no. 1 (1988): 3.

powers that, at least in theory, gave its officials more leverage than Plunket in being able to make parents follow their advice or take particular actions. However, this thesis asserts that the state was limited in its ability to coerce or compel parents, and it supports and extends Tennant's arguments that the state's education and prevention work and authority as 'experts' were undermined by factors such as parental resistance and financial constraints in the interwar period.²⁹⁹ Thus, as with King and Plunket, the state relied on a range of strategies to persuade and encourage parents, with varying degrees of success. Finally, this chapter explores the state's advice within the broader framework of modernisation. It is argued that the advice was both a product of and a response to modernity.

Overview

New Zealand's interwar governments and politicians can be characterised as socially conservative and paternalistic, with a particular focus on national efficiency and racial fitness goals during the interwar period.³⁰⁰ The Health Department was but one of multiple government agencies tasked with addressing different aspects of those goals; its particular contributions were towards increasing Pākehā birth rates, improving infant and maternal mortality, and improving children's health and welfare. Within this context, its childrearing advice was specifically part of efforts to improve Pākehā children's poor health, physical defects and susceptibility to disease in the short-term and to strengthen children's future citizenship potential in the longer-term.

In 1920 school doctors reported they had found some kind of physical or mental defect in 79% of Pākehā schoolchildren routinely examined that year.³⁰¹ Such high levels of detected disease and defects in the nation's children greatly

²⁹⁹ Tennant, "Missionaries," 142-7.

³⁰⁰ For example: Walter Nash, *New Zealand: A Working Democracy* (Melbourne: George Jaboor, 1944), 40, 230.

³⁰¹ *AJHR*, 1921, H-31, 25.

contradicted New Zealand's perception of itself and the image it projected internationally as 'the healthy country'. As Paterson reported in 1926:

There is probably no [other] country in the world to-day where the fundamentals of healthy growth, fresh air, sunlight, food of the right type and amount, adequate sleep and rest, wholesome exercise, are more readily available than in New Zealand.³⁰²

Thus, well into the interwar period, politicians and health officials grappled with this paradox and the causes of children's 'bad teeth and all sorts of disorders', as Parr had put it to Plunket conference delegates in 1920. Virtually all children's health defects and problems were attributed to adverse effects of modern life, including overcrowded housing, 'unwholesome' conditions and children's employment, unsuitable or poorly cooked food, lack of sleep, and 'malnutrition and neglect in the earliest years.'³⁰³ School doctors repeated similar concerns throughout the 1920s and 1930s.³⁰⁴

In turn, most of those adverse effects could be – and were – traced back to parents. Fathers were barely mentioned; mothers were held chiefly responsible for their children's ill-health and defects. There was a prevailing view that management by the mother, the quality of her parenting and the standard of the home were more robust determinants of problems such as malnutrition than socio-economic factors such as poverty. This view was maintained even in the face of well-documented evidence of the links between poverty and poor health outcomes.³⁰⁵ Politicians, health officials and school doctors believed, therefore, that mothers required expert advice and supervision in raising their children.

The Health Department's childrearing advice sat at the intersection of public health and child welfare which together dominated social policy from the 1890s

³⁰² "Department of Health. Annual Report of Director-General of Health," *AJHR*, 1926, H-31, 36.

³⁰³ For example: "Appendix F, Medical Inspection of Schools and School Children," *AJHR*, 1914, E-2, i; Ada Paterson, *Medical Inspection of Schools* (Wellington: Blundell Bros., 1921), 3.

³⁰⁴ *AJHR*, 1921, H-31, 28; *AJHR*, 1926, H-31, 36; *AJHR*, 1931, H-31, 17.

³⁰⁵ "Appendix III," *AJHR*, 1911, H-31, 249; *AJHR*, 1914, E-2, i, ii; "Education: Medical Inspections of Schools and School-Children" *AJHR*, 1917, E-11, 3, 5; Paterson, *Inspection*, 3, 4.

to the 1930s.³⁰⁶ Those two areas had developed along separate lines until they were combined under the newly-restructured Department of Health by the 1920 Health Act.

While some reference is made to the Dental Hygiene and Child Welfare Divisions, this chapter focuses primarily on the childrearing advice produced through the School Hygiene Division. In the interwar period it was the Directors and staff of the School Hygiene Division that had the most interaction with mothers concerning child health and welfare advice, thus representing another arm of the expert-directed model identified in this thesis. For the purposes of this chapter, the interwar childrearing experts were the three interwar Directors of School Hygiene: Dr E.H. (Edgar) Wilkins (director from 1921-1923), Dr Ada Paterson (1923, until her death in 1937), and Dr Elizabeth Gunn (1937-1940). The Division employed an auxiliary layer of professional staff who acted as the main intermediaries between that expert-directed advice and mothers, which included school doctors, school nurses and, from 1937, district nurses when school nursing was absorbed into their roles.

The Dental Hygiene Division and its two interwar Directors, Thomas Anderson Hunter (1921-1930) and John Llewellyn Saunders (1930-1955), also engaged in a range of education and prevention work and published expert advice to mothers on dental health, however their guidance and ideological perspectives are considered very similar to and therefore represented by the School Hygiene Division. The Child Welfare Division did not produce fresh advice during its short life from 1921 to 1925; instead King either referred to Plunket literature or earlier guidance he had written for the Department.³⁰⁷

Four of the six interwar Directors were medically-trained; Hunter had trained as a dentist under the apprenticeship scheme that preceded formal dental qualifications in New Zealand; and Saunders studied dentistry at the University of Otago Dental School, graduating in 1913. However, their respective Divisions

³⁰⁶ Tennant, *Children's Health*, 18.

³⁰⁷ For example: *AJHR*, 1925, H-31, 25-8.

operated chiefly from a public health and prevention paradigm, which prioritised health education, advice and preventive interventions such as health camps, rather than medicalised and curative solutions. During the developing bureaucracy of the interwar period, individual officers were able to have a significant impact on state programmes. As a result, their personalities, beliefs and attitudes, as well as personal and professional interests shaped the tone and content of the state's advice and how it was delivered. Typically, their advice followed a far more conventional and less eclectic scientific approach than that of King.

The Health Department's childrearing advice was part of its broader health education approach. Although Paterson had suggested preventive care and health education had only gained widespread acceptance in the 1910s,³⁰⁸ this thesis agrees with Dow's contention that health education was part of the Health Department's agenda from when it was first established in 1900, and that any interwar developments in prevention and health education should be viewed as part of a continuum in the Department's evolution rather than as a fresh initiative.³⁰⁹

Evidence shows that the Health Department had given attention to infant care some years before King claimed he and Plunket had pioneered New Zealand's infant welfare services and advice in 1907. In 1900, for instance, Dr James Mason, Chief Medical Officer, had asked a 'female associate of the Sanitary Institute' to prepare a 'short readable pamphlet' about infant feeding and care, of which 40,000 were distributed over the next few years.³¹⁰ Mason later requested Dr Agnes Bennett, Medical Superintendent of the St Helen's Hospital in Wellington, to rewrite the pamphlet, which was published as *Baby's Welfare* in 1907. *Baby's Welfare* stressed the importance of breastfeeding and instructed mothers on how

³⁰⁸ Paterson, *Inspection*, 4.

³⁰⁹ Derek Dow, "The Long Locum: Health Propaganda in New Zealand," *NZMJ* 116, no. 1170 (14 March 2003): n.p.; Dow, *Safeguarding*, 111.

³¹⁰ Dow, *Safeguarding*, 65.

to manage artificial feeding if it was absolutely necessary, and gave other practical advice on infant feeding and care. Bennett later produced another pamphlet *Domestic Hygiene* also commissioned by the Health Department, which, according to Mein Smith contained dietary information similar to that found in Plunket literature.³¹¹ Shortly after becoming Child Welfare Director in 1921, King withdrew one of Bennett's pamphlets from circulation, alleging that it contained 'a series of very grave errors.'³¹²

It was also significant that state officials were keen that the Health Department's 'achievements' be given equal recognition with Plunket for the 'general improvement to infant welfare'. In 1921 Dr M.H. Watt, Director of Public Hygiene, argued that, from 1900 to 1906, all infant welfare improvements had been due to 'public administration alone' - mainly because of general health measures and advances in 'sanitary circumstances' - and from 1907 onwards to the joint efforts of the Health Department and Plunket. Although Watt did not mention the early advice issued by Mason and Bennett, he cited three other public health milestones as having a 'combined influence in promoting infant welfare: the 1904 Midwives Act; the opening of the first St Helens Hospital in Wellington in 1905; and the gazetted regulations that established standards for milk quality.'³¹³

In the interwar period, the Health Department's advice chiefly comprised either practical guidance or information on general health topics or dealt with specific diseases and conditions such as influenza and tuberculosis. That advice was

³¹¹ Mein Smith, *Maternity in Dispute*, 19.

³¹² Mein Smith, *Maternity in Dispute*, 19; Pamela J. Wood and Maralyn Foureur, "Exploring the Maternity Archive of the St Helens Hospital, Wellington, New Zealand, 1907-22, An Historian and Midwife Collaborate," in *New Directions in the History of Nursing: International Perspectives*, ed. Barbara Mortimer and Susan McGann (Abington: Routledge, 2004), 189-90. While Mein Smith noted that King withdrew the *Domestic Hygiene* pamphlet, Wood and Foureur suggested it was instead *Baby's Welfare*. It is unclear however, whether *Baby's Welfare* was still in use in the 1920s.

³¹³ M.H. Watt, "Infant Mortality in New Zealand," *New Zealand Journal of Health and Hospitals*, 4, no. 4 (April 1921): 89, 93.

distributed through various channels, including print media such as newspapers, posters and pamphlets, and non-print-based media such as radio broadcasts, from 1925; public addresses and lectures; and exhibits at agricultural shows, annual health weeks and special events like the South Seas International Exhibition in Dunedin from November 1925 to May 1926.³¹⁴

Of particular relevance to this thesis, the Department published a large volume of pamphlets in the 1920s, most frequently under its own name, but sometimes under an individual Division. Those pamphlets generally fitted into one of three broad categories: diet and nutrition, physical care, and dealing with specific diseases, conditions or defects.³¹⁵

An important early interwar text was *The Health of Children with Special Reference to Food and Feeding*.³¹⁶ In the early 1920s, the Health Department lacked an official position on children's diet and nutrition which was illustrated by school doctors giving conflicting advice on what counted as suitable foods.³¹⁷ To rectify the situation, a special departmental conference was held in late 1921, attended by senior health officials and school doctors, the resolutions and discussions from which were worked into an official statement by Wilkins, Hunter and King, and later published as *The Health of Children*.

³¹⁴ Dow, "Long Locum," n.p.

³¹⁵ Diet and Nutrition: Division of School Hygiene, *School Lunch. Suggestions for Parents* (Wellington: Government Printer, 1921); Department of Health, *Play Lunch* (Wellington: Government Printer, undated). Physical Care: Department of Health, *The Teeth* (Wellington: Government Printer, 1923); Department of Health, *Care of Children's Teeth* (Wellington, Government Printer, 1925). Specific Diseases, Conditions or Defects: Department of Health, *Nose and Throat. Some Common Defects in Children* (Wellington: Government Printer, 1928); Department of Health, *Influenza: Precautions and Warnings* (Wellington: Government Printer, 1929).

³¹⁶ Department of Health, *The Health of Children, with Special Reference to Food and Feeding* (Wellington: Government Printer, 1924).

³¹⁷ *AJHR*, 1922, H-31, 30.

Health of Children 'did not attempt to traverse the whole field of dietetics and nutrition', and instead aimed to:

set forth simple, practical guiding principles bearing on prevailing errors in regard to the food and feeding of children beyond infancy.³¹⁸

Most dietary errors identified in *Health of Children* were traced back to mothers, including wrong feeding and 'other hygiene errors' by expectant and nursing mothers; neglect of natural feeding in infancy; excessive consumption of artificial sugars; the 'unnatural frequency and irregular times at which foods are taken'; tea-drinking and too much 'white bread, sugar, meat, root vegetables, and preserved foods.'³¹⁹ It also cautioned that:

meat is regarded as liable to have an unduly stimulating effect upon the sexual and nervous systems of children, especially during puberty.³²⁰

Health of Children reiterated the core dietary advice already given by the School Hygiene Division which emphasised:

the superior nourishing value of wheatmeal bread in place of white bread; the importance of green vegetables and fresh fruit as regular constituents of the diet; the value of a certain amount of fresh milk, of butter, cheese, and eggs; and the harm done by the indiscriminate consumption of sugar, sweets, and confectionery.³²¹

Significantly, *Health of Children* was aimed chiefly at educators and other authorities rather than mothers themselves, which underscored the official view that intermediaries were required to convey expert advice and supervision:

In view of the very grave damage done to the rising generation by faulty food habits, all medical and dental officers, nurses and schoolteachers are expected to do their utmost, both by precept and personal example, to inculcate better and more rational habits in regard to food and feeding.³²²

In setting up its School Medical Service (SMS), New Zealand followed the lead of a number of other countries that had set up inspection schemes in the early 1900s

³¹⁸ *Health of Children*, 1924, 1-2.

³¹⁹ *AJHR*, 1921, H-31, 28; *Health of Children*, 1924, 14.

³²⁰ *Health of Children*, 1924, 9-10.

³²¹ *AJHR*, 1921, H-31, 28.

³²² *Health of Children*, 1924, 16.

to address concerns about racial fitness and national efficiency.³²³ It was expected that medical inspections would reduce the long-term demand, and therefore future costs, of hospital and outpatient services and address the concerns about racial degeneration and national 'inefficiency'.³²⁴

Originally set up as an educational initiative in which teachers were expected to play a significant role, the SMS quickly became dominated by its medical staff. The SMS started with two male and two female doctors based in the four main centres, but it was staffed primarily by women from WWI onward. The original male doctors lasted only ten months and one year, respectively. It became hard to recruit men because of the wartime demand for male doctors; and, later, because of factors such as the association between women and childcare, the lack of status of school medicine, and because more lucrative work was available in private practice for male doctors but not female. In the SMS's first three decades, 80% to 90% of the school doctors were women.³²⁵

The SMS had three main functions from its inception: routine medical inspections, research and special investigations, and its education and prevention work which is the primary focus of this chapter. The SMS was primarily diagnostic and educational, and the doctors steered clear of providing treatment. According to Tennant, this was because school doctors did not want to compete

³²³ For example: P. A. Gardner, "A Brief History of the Rise and Fall of the School Medical Service in England," *Public Health* 122, no. 3 (March 2008): 261-7; F. B. Smith, "Medical Inspection of State Schoolchildren in Australia, c. 1905-14," *Health and History* 10, no. 1 (2008): 5-20.

³²⁴ "Appendix III", *AJHR*, 1911, H-31, 220, 249, 253; *New Zealand Official Yearbook*, 1912; *New Zealand Official Yearbook* 1924. In the early 1910s the New Zealand government spent around £1.2 million a year on education which by the early 1920s had increased to around £3 million a year. These totals included all public spending on education, including primary and secondary schools, industrial schools (phased out by 1920), as well as schools for the deaf, blind and 'feeble-minded', and included teachers' salaries and allowances and building-related costs.

³²⁵ Tennant, "Missionaries," 130, 137; Margaret Tennant, "A Suitable Niche for Women': The Role of Women in the New Zealand School Medical Service," in *Fourth International Congress on Women's Health Issues: New Zealand Papers*, comp. Marion Pybus (Palmerston North: Massey University, 1991), 400.

with or offend private medical practitioners.³²⁶ Instead, they referred children to private GPs or dentists for professional treatment or recommended home treatments to manage uncleanliness, “verminous conditions”, and minor ailments.³²⁷ From 1916 some of these broader functions were taken up by the newly appointed nurses to the SMS, which also included education work and elements of social work. School nurses became seen as the primary liaison between the school and home.³²⁸

From the early 1920s school doctors expanded the scope of their inspection visits to include wider reporting on the health and hygiene of teachers, buildings, and other aspects of the school environment, including the school’s moral tone.³²⁹ Teachers were seen as an important and continuous influence in children’s lives and were often the leading authority figure children came in contact with outside the home.³³⁰ Teachers and the school itself were expected to be models of ‘cleanliness, neatness and order’.³³¹ To that end, from 1922 the doctors also helped determine the suitability of teachers’ college candidates. Tennant noted that many potential teaching recruits were excluded as ‘poor specimens with inadequate personalities’ while others were required to address ‘defects’ such as dandruff and bad teeth before being accepted.³³²

School doctors carried out a range of special investigations in the 1920s and 1930s, benefiting from:

the very large number of children passing through their hands [which meant] school medical officers [had] an exceptional opportunity to

³²⁶ Tennant, “Missionaries,” 131.

³²⁷ *AJHR*, 1939, H-31, 33, 34, 35-6.

³²⁸ “Department of Health. Annual Report of Director-General of Health,” *AJHR*, 1922, H-31, 28-9; *AJHR*, 1939, H-31, 35-6.

³²⁹ *AJHR*, 1922, H-31, 31-2; “Department of Health. Annual Report of Director-General of Health,” *AJHR*, 1923, H-31, 39; Tennant, “Missionaries,” 135.

³³⁰ *AJHR*, 1922, H-31, 30; *AJHR*, 1923, H-31, 37, 38.

³³¹ *AJHR*, 1923, H-31, 38.

³³² *AJHR*, 1923, H-31, 38; Tennant, “Missionaries,” 135.

collect information of value in elucidating problems connected with the health and education of children.³³³

These investigations were usually small-scale and localised inquiries and observations based on relatively small sample sizes rather than controlled scientific experiments. For example, school doctors conducted inquiries into the conditions of rural schoolchildren, the incidence of tuberculosis and goitre, the posture of New Zealand school children, and the nutritional value of milk.³³⁴

Each School Hygiene Director placed a different degree of value and emphasis on the advisory element of the Division's education and prevention work in the interwar period.

Little has been written about Dr E. H. Wilkins and his time as School Hygiene Director from 1921 to 1923, however, it is clear from Wilkins' annual reports that he was a strong proponent of the written word. Dow supported this view, noting that before Wilkins' 'rapid rise' to director, he had made a strong impression as Medical Inspector of Schools in Southland by 'reporting eloquently and at some length on the pre-eminence of educative propaganda in "raising the standard of health of the children"'.³³⁵

Wilkins recognised that printed leaflets were not necessarily the best channel for reaching large numbers of parents as they were not usually interested in health information unless their own children's health was under immediate threat, and there was limited assurance that parents either read or acted upon advice.³³⁶

However, because it would have impractical and costly to communicate health information to parents individually, schoolchildren and teachers became obvious targets.³³⁷

³³³ *AJHR*, 1922, H-31, 31.

³³⁴ *AJHR*, 1939, H-31, 36.

³³⁵ "News in Brief," *Otago Daily Times*, 28/10/1919, 8; Dow, *Safeguarding*, 104.

³³⁶ *AJHR*, 1920, E-1, 13.

³³⁷ *AJHR*, 1923, H-31, 37.

Children were the ‘rising generation’ and future citizens whose health habits needed improving, and they were considered more ‘accessible and more receptive’ to health messages than their parents; it helped that children were a captive audience while at school. In addition, as Tennant observed, the state always aimed to extend the school’s teachings into the home, therefore children were also seen as a ‘convenient medium’ for reaching and instructing parents.³³⁸

Wilkins put considerable thought into how best to engage children’s interest, for whom he believed ‘teaching must be lived’.³³⁹ To that end, Wilkins recommended that important health topics be presented to younger children using simple stories or fairy tales. The Health Department later adopted Wilkins’ approach for engaging younger children but left the actual publication to private authors.³⁴⁰ For example, Ann Kirkpatrick published *Old Fairy Tales Retold as Health Stories* in the mid-1930s, in which she rewrote well-known fairy tales such as “The Three Bears” and “Cinderella” to include essential health rules and messages (see Figures 3 and 4).³⁴¹ In reading these to their children, parents would also be educated.³⁴²

³³⁸ *AJHR*, 1923, H-31, 37, 38; Tennant, “Missionaries,” 133.

³³⁹ *AJHR*, 1923, H-31, 38.

³⁴⁰ Tennant, “Missionaries,” 134.

³⁴¹ Ann Kirkpatrick, *Old Fairy Tales Retold as Health Stories* (Auckland: Whitcombe & Tombs, c.1935).

³⁴² A. G. Paterson, “Foreword,” in *Old Fairy Tales Retold as Health Stories*, by Ann Kirkpatrick (Auckland: Whitcomb & Tombs, c. 1935).

WHITCOMBE'S STORY BOOKS

OLD FAIRY TALES

RETOLD
AS HEALTH STORIES



No. 250

Figure 3: Cover Page, *Old Fairy Tales Retold as Health Stories*.

"What a dear little bedroom!" said Jenny, idly watching the curtains flapping in the breeze. "I really must have forty winks, and the Health Fairy also says, 'Sleep with the window open.' " So laying her golden head on the tiny pillow, and curling her legs up in a comfortable position, Jenny very soon fell fast asleep.

Who were the owners of the little brown house? Where were they all this time, and why was their breakfast allowed to get cold? Well, as you have already guessed, they were The Three Bears, and very up-to-date bears they were, too. They knew all the latest rules for bringing up babies, and always took a teeny weeny walk every morning for the sake of Baby Bear. He was being brought up on right lines, and so had exercise every day in the fresh air. Neither Father nor Mother Bear liked walking very much, which anyone could tell, as they were so fat and awkward. Also, Father Bear may have had corns, for he wore shiny narrow-pointed boots, and limped slightly.

Baby Bear loved being out-of-doors, and this morning, spying a great, yellow butterfly, he let go his parents' paws and rushed helter-skelter in pursuit. Alas! Baby Bear had more excitement than he bargained for when he fell into a deep pool, where he was nearly drowned before Father Bear could rescue him. So it was one wet, and two angry bears—all very hungry—who returned to the little brown house in the wood.

Figure 4: Extract from "The Three Bears," *Old Fairy Tales Retold as Health Stories*.

For older children, Wilkins recommended using concrete examples such as the Rules of the Game of Health which reminded children of penalties that could be incurred ‘sooner or later in pain and ill health’ if the rules were not followed (see Figure 5).³⁴³ Wilkins also represented the body as analogous to a car or building that required proper care and maintenance.³⁴⁴

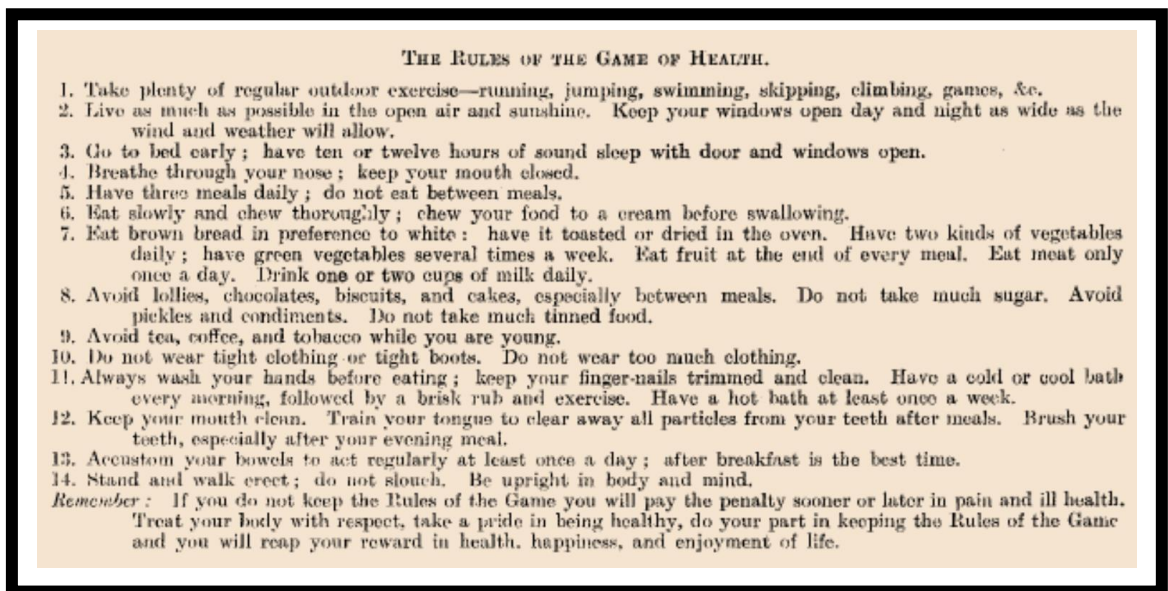


Figure 5: Rules of the Game of Health, Dr E. H. Wilkins. *AJHR*, 1923, H-31, 38.

There were clear similarities and a degree of continuity between Plunket’s “Twelve Essentials” for infants and Wilkins’ “Rules of the Game of Health” for older children. Like King, Wilkins advised children to eat properly, get plenty of exercise and sleep, and get as much open air and sunshine as possible, and he also articulated similar ideological views such as:

the leading of the healthy life, whether viewed as a civic duty or as a matter of self-interest, is indeed a moral matter, and exercises the powers of discrimination, self-control, and obedience to [the] law.³⁴⁵

Other initiatives Wilkins aimed at older children included “Talks with a Doctor” articles in the *School Journal* and a series of health letters. The *School Journal* articles contained confronting images of overcrowded mouths and rotting teeth

³⁴³ *AJHR*, 1923, H-31, 38.

³⁴⁴ *AJHR*, 1923, H-31, 38.

³⁴⁵ *AJHR*, 1922, H-31, 30.

and stumps. The five health letters, each covering a different rule or law of health, were intended for teachers to read out to older children during the first health week held in 1922.³⁴⁶ There was enduring demand for the health letters which were used by many teachers for lessons, to the extent that, within a few years, through constant use, the letters became 'very dilapidated and, in some cases, illegible' or pages went missing.³⁴⁷

Dr Ada Paterson succeeded Wilkins as Director in 1923 and, like her predecessor, advocated prevention and education. She had stated in 1921 that:

In dealing with children delay is dangerous, to-morrow is never as good as to-day. The body in childhood is plastic and the mind impressionable, and the records that are printed upon them last throughout life.³⁴⁸

In the interwar years, Paterson took a specific interest in children's nutrition and posture, children's psychological wellbeing and 'mentally backward' children. She believed strongly in eugenics, having served as the only woman on the seven-member 1924/25 Committee of Inquiry into Mental Defectives and Sexual Offenders.³⁴⁹ Many of the child welfare projects Paterson was involved with as Director demonstrated strands of eugenic thinking.

The pamphlet *Suggestions to Parents* produced during Paterson's directorship was more eugenically-inclined, prescriptive and directive than the Department's

³⁴⁶ *AJHR*, 1923, H-31, 38.

³⁴⁷ Letter, C. Burns, Headmaster, Petone West School to the Director-General of Health, 16/09/1926. H1 1287/35/24/4, ANZW; Memo, A. G. Featherstone, Head Teacher, Middle School Invercargill to Officer in Charge, Health Department, Wellington, 07/05/1925, H1 1287/35/24/4, ANZW.

³⁴⁸ Paterson, *Inspection*, 4.

³⁴⁹ "Report of the Committee of Inquiry into Mental Defectives and Sexual Offenders," *AJHR*, 1925, H-31, 1; Stephen Garton, "Eugenics in Australia and New Zealand: Laboratories of Racial Science," in *The Oxford Handbook of the History of Eugenics*, ed. Alison Bashford and Philippa Levine (New York and Oxford: Oxford University Press, 2010), 244; Angela Wanhalla, "To 'Better the Breed of Men': Women and Eugenics in New Zealand, 1900-1935," *Women's History Review* 16, no. 2 (2007): 166, 169.

usual guidance literature.³⁵⁰ This was illustrated in its opening paragraphs which stated:

The Health of Children is of the Greatest National Importance, and the Parent who brings up a Child Healthy and Virile performs the Greatest Service to the Empire.³⁵¹

In order that your child may receive the fullest benefit from his [sic] school training and grow up to be a healthy and vigorous citizen, you are asked to do your part by attending to the following matters:³⁵²

The pamphlet went on to include topics such sleep, fresh air, baths, bowels, food, teeth, clothing and footwear,³⁵³ and suggestions such as:

Every child's bowels should move at least once a day. Children should make a practice of going to the closet at the same time daily ... A habit of the bowels is thus set up. Neglect of this simple rule may be the cause of serious trouble and life-long constipation. ... Teach children that it is disgusting not to wash their hands on leaving the closet.³⁵⁴

Paterson demonstrated an ambiguous attitude towards mothers. On the one hand, in the early 1920s, following a year abroad 'inquir[ing] into matters connected with maternal and child welfare', mainly in Britain, Canada and the United States, Paterson had observed with some pride that New Zealand parents were more assertive, took their parenting responsibilities more seriously, and were less likely to 'instinctively look to the machinery of state for assistance in every domestic crisis' than British parents.³⁵⁵ Paterson also contrasted British and New Zealand parents' different attitudes towards governing authorities, noting that:

the average New Zealand parent so far, fortunately, seems to regard the welfare and destiny of his [sic] children as a matter for which he [sic] is directly responsible and, as we who deal with the children soon discover, will freely criticise our efforts for their benefit...³⁵⁶

³⁵⁰ Division of School Hygiene, Department of Health, *Suggestions to Parents* (Wellington: Government Printer, 1929).

³⁵¹ *Suggestions to Parents*, 1929, 1.

³⁵² *Suggestions to Parents*, 1929, 1.

³⁵³ *Suggestions to Parents*, 1929, 1-4.

³⁵⁴ *Suggestions to Parents*, 1929, 2.

³⁵⁵ "Appendix B," *AJHR*, 1923, H-31, 49-50.

³⁵⁶ "Appendix B," *AJHR*, 1923, H-31, 50.

Paterson believed it was important that the government continued to prioritise the 'educational aspects of health work' so that New Zealand parents continued to retain a proper sense of parental responsibility, rather than treating them as 'irresponsible units for whom care has to be provided'.³⁵⁷ Paterson seemed to apply the same logic as School Hygiene director during the 1925 diphtheria epidemic. In 1926, she reported that children were only immunised against diphtheria with the written consent of their parents:

Treatment was not compulsory, strong persuasion even not being adopted, as it appeared wiser to gradually educate the public by demonstrating the benefit of the treatment than to antagonise them by enforcing a measure which they did not fully comprehend.³⁵⁸

On the other hand, this thesis argues that Paterson's seemingly optimistic view of New Zealand parents belied her much more ambiguous attitude, especially towards mothers. Despite Paterson's suggestion that she had deliberately aimed to enlighten parent opinion so they would willingly immunise their children against diphtheria, the vaccination provisions introduced under the 1920 Health Act had made preventive vaccinations voluntary, which meant officials were in fact required to get parental consent to immunise children under the 1908 Infants Act which defined guardianship powers.³⁵⁹ This situation meant that, rather than fostering enlightened opinion as Paterson intimated, Health Department officials had no option but to find proactive ways to encourage parents to give their consent. According to Day, vaccinations remained unpopular with New Zealand parents throughout the late 1920s and early 1930s.³⁶⁰ Furthermore, even though she stressed the importance of educating parents to take enlightened action, Paterson oversaw the introduction and expansion of a range of direct health interventions for children in the mid-to-late-1920s such as children's health

³⁵⁷ "Appendix B," *AJHR*, 1923, H-31, 50.

³⁵⁸ *AJHR*, 1926, H-31, 40.

³⁵⁹ Health Act 1920, s 132; Alison Day, "Child Immunisation: Reactions and Responses to New Zealand Government Policy 1920-1990" (PhD diss., University of Auckland, 2008), 28; Alison Day, "'The Magical Formula': Reactions and Responses to Diphtheria Immunisation in New Zealand 1920-1960," *Health and History* 15, no. 2 (2013): 54.

³⁶⁰ Day, "Magical Formula," 57.

camps which gave officials the chance to remove children from their parents and home environment for a number of weeks and give them a 'simple regime of adequate rest, fresh air, sunshine, and proper feeding'.³⁶¹

It is also apparent that Paterson took a dim view of some mothers' domestic capabilities. Although Paterson was probably well-versed in the connection between poverty and malnutrition because of her research in the area, she still saw mothers' domestic capabilities, the quality of parenting and the standard of the home as more significant determinants of children's health and fitness; or what we now refer to as children's health outcomes. In 1933, for example, she disputed the extent to which malnutrition was linked to the economic depression. Instead, Paterson argued that even in times of prosperity, there was still a 'definite percentage' of children who showed signs of malnutrition. While many women used 'small means intelligently with remarkable success', others would 'muddle along incompetently whatever their resources'.³⁶² She identified a range of mothering problems that affected Pākehā children across the social spectrum. For example, Paterson suggested that families in the 'struggling backblocks' were affected by the amount of outside work done by rural mothers which detracted from their 'efficiency in the house'. Those mothers also suffered from the effects of 'fatigue, isolation, the struggle against poverty, and [their] own limited knowledge.' Meanwhile, in 'comfortable homes', talented children were often exploited and overstimulated, and 'spoiled' children allowed to stay up too late.³⁶³ When viewed collectively, the above examples suggest that Paterson had a somewhat ambiguous position about where best to draw the line between parental responsibility and state intervention.

Tennant suggested that Paterson was able to advance the cause of child welfare because of her widely-recognised mediation and arbitration skills, and her tact

³⁶¹ "Department of Health. Annual Report of Director-General of Health," *AJHR*, 1928, H-31, 27-8.

³⁶² *AJHR*, 1933, H-31, 21.

³⁶³ *AJHR*, 1933, H-31, 21.

and sensitivity; Paterson once described her role as that of a fire extinguisher.³⁶⁴ In contrast, Dr Elizabeth Gunn was more likely to fan the flames than to put them out.

Gunn became School Hygiene Director following Paterson's death from cancer in 1937, and served until 1940. Gunn was described as 'energetic', with a 'strong and forceful' character, and a 'loud and forthright' manner.³⁶⁵ Tennant cited numerous examples of Gunn's often fraught interactions, including with other women GPs, who found her competitive in private practice; teachers, who found her autocratic and demanding during her inspection visits; and parents, whom Tennant suggested, found her an 'abrasive and tactless critic' of their parenting skills.³⁶⁶ However, Gunn was innovative and pragmatic as well as forceful. As a school doctor, she either initiated or promoted direct interventions that became standard practice in the 1920s and 1930s, including children's health camps, 'tooth-brush drills', and milk supplements in schools.³⁶⁷ Gunn was the first to extend medical inspections to include pre-schoolers and invite parents to attend children's medical inspections.³⁶⁸

Gunn's prime focus was on improving bodily health and it is clear she prioritised practical actions over the written word. Those priorities were well-illustrated, for instance, by the scant space Gunn devoted to education and propaganda in her reports,³⁶⁹ and in her repeated assertion that the routine examination of schoolchildren was the foundation of school medical work.³⁷⁰ Her main concerns were also highlighted in a 1938 internal memorandum to Dr M. H. Watt,

³⁶⁴ Tennant, *Children's Health*, 64.

³⁶⁵ Tennant, *Children's Health*, 38.

³⁶⁶ Tennant, *Children's Health*, 38-40.

³⁶⁷ Tennant, *Children's Health*, 42, 62; Tennant, *Fabric of Welfare*, 72.

³⁶⁸ *AJHR*, 1923, H-31, 37; *AJHR*, 1927, H-31, 19.

³⁶⁹ *AJHR*, 1937, H-31, 22-8; *AJHR*, 1938, H-31, 21-9; *AJHR*, 1939, H-31, 33-46; *AJHR*, 1940, H-31, 20-4.

³⁷⁰ *AJHR*, 1938, H-31, 25; *AJHR*, 1939, H-31, 36.

Director-General of Health (1931-1947), concerning teaching hygiene to teachers' college students, in which she noted:

I feel that this branch of Hygiene cannot be taught satisfactorily from books but requires to be imparted in a more practical manner by a medical officer.³⁷¹

Gunn had a far less ambiguous view of mothers than Paterson. Although Gunn gave praise when children were assessed as fit and healthy during her inspections, and some parents appreciated her thoroughness and valued her feedback, she was mostly known as a harsh and insensitive critic of children she considered below par and of mothers' parenting abilities.³⁷² Indeed, Gunn was generally dismissive towards mothers, downplaying their comments and concerns and giving little credence to women's assessments of their own children's health.

This was demonstrated in 1929 when it came to light that dental nurses and school doctors had been giving parents conflicting advice about whether milk and cocoa were suitable in schoolchildren's diet, with the former saying no and the latter saying yes.³⁷³ Gunn wrote to the Director of School Hygiene that she had initially paid little attention when several mothers mentioned the contradictory advice as she had thought it 'just an exaggeration of the parent'. However, she had taken notice once the same issue was raised by the secretary of Hornby School Committee because 'when one gets a letter from a school committee, I certainly think it is time to take steps.'³⁷⁴ The Dental Hygiene

³⁷¹ Memo, Dr Elizabeth Gunn, Director, Division of School Hygiene to the Director-General of Health, Wellington, 16/03/1938, H1 1287/35/24/4, ANZW. Gunn asked that Dr Watt, the Director-General, to arrange for her to discuss the matter with the Minister of Health; which he did.

³⁷² *Hawera and Normanby Star*, 25/06/1920, 4; Tennant, *Children's Health*, 40.

³⁷³ *School Lunch*, 1921; *The Teeth*, 1923.

³⁷⁴ Letter, Elizabeth Gunn to the Director, Division of School Hygiene, 08/06/1929, H1 1287/35/24/3, ANZW.

Division subsequently revised and reissued its *Care of the Teeth* leaflet in line with the SMS advice.

In the same letter and one the following month, Gunn also raised concerns about dental nurses' conflicting advice:

these Dental Nurses must have been taught that Cocoa and Milk are NOT a necessary article of diet for a growing child, and such teaching, when handed on by them to children and School Teachers, not only does a lot of harm by wrongly educating these teachers, but it belittles our Department and our teaching. Are we to continue to attempt to teach parents, children and School Teachers, how we consider the growing child should be fed, or is the subject of diet to be left entirely to the unqualified women trained by the Dental Department?³⁷⁵

In general, the state's advice was less ideologically-loaded than King's and less explicit about what constituted an ideal future citizen, an ideal, or "normal", child and a "good" mother. Nevertheless, this thesis argues that all three concepts were underpinned by a very distinct set of assumptions and values. Mutch proposed that two main ideological views of citizenship dominated interwar Pākehā society: 'traditional-conservative' and 'liberal-progressive', both of which have a bearing on this thesis. While the former view 'looked back to Britain, to a more stratified society and was proud that New Zealand provided raw materials for [Britain's] manufacturing and young men to fight for the Crown', the latter sought to 'establish a view of citizenship that focused on a more egalitarian society, on upholding democracy [and] on providing social and educational opportunities for all.'³⁷⁶ This thesis suggests that, in terms of Health Department advice, the two views roughly correlated to the 1920s and the 1930s, respectively.

³⁷⁵ Letter, Elizabeth Gunn to The Director to the Director, Division of School Hygiene, 26/07/1929, H1 1287/35/24/3, ANZW.

³⁷⁶ Carol Mutch, "'Creative and Innovative Citizenry': Exploring the Past, Present and Future of Citizenship Education in New Zealand," in *Citizenship Curriculum in Asia and the Pacific. CERC Studies in Comparative Education*, vol. 22, ed. D.L. Grossman, W.O Lee, and K.J. Kennedy (Hong Kong: Springer and CERC, University of Hong Kong, 2008), 200.

The traditional-conservative view – which emphasised ‘obedience, loyalty, and duty’³⁷⁷ – underpinned the Health Department’s childrearing advice and other official material in the 1920s.³⁷⁸ This view was also evident in Mulgan and Mulgan’s 1920 book *The New Zealand Citizen*, which explained the basic rights and duties of citizenship to primary school children and was intended as a supplement to the school curriculum.³⁷⁹ The text gives some valuable insights into the broader contemporary attitudes and assumptions about citizenship, which fed into the state’s childrearing advice.

The authors wrote for an audience that was primarily Pākehā, and the text reflected white middle-class values and assumptions. For example, the authors wrote to their child audience as if they were middle-class, future employers and referred to the working-classes as ‘other’;³⁸⁰ placed significant emphasis on preserving the British race and empire; and demonstrated a paternalistic attitude towards Māori:

[We are] determined to keep New Zealand white, though we make an exception in the case of the Maoris, [*sic*] whom we treat as equals and admit to citizenship.³⁸¹

³⁷⁷ E. Archer and R. Openshaw, “Citizenship as ‘Official’ Goals in Social Studies in New Zealand,” in *New Zealand Social Studies: Past, Present and Future*, ed. R. Openshaw (Palmerston North: Dunmore Press, 1992), 22; Mutch, “Citizenship Education,” 200.

³⁷⁸ Archer and Openshaw, “Citizenship,” 22; Colin McGeorge, “Race, Empire and the Māori in the New Zealand Primary School Curriculum 1880-1940,” in *The Imperial Curriculum*, ed. J.A. Mangan (London: Routledge, 1993), 64, 73, 74; Mutch, “Citizenship Education,” 200. In the 1920s imperial ideology had featured in textbooks and the *School Journal* and acts of patriotism, such as flag-saluting were actively fostered, even compulsory.

³⁷⁹ E.K. Mulgan and Alan E. Mulgan, *The New Zealand Citizen* (Christchurch: Whitcombe & Tombs Limited, 1920).

³⁸⁰ Mulgan and Mulgan, *NZ Citizen*, 161. For example: ‘The working classes, educated by the state, are making their power, felt as it was never felt before...a few members of the class are prepared to use violent means to gain their ends. It is our duty to face this problem resolutely and prevent it from bringing disaster on the community.’

³⁸¹ Mulgan and Mulgan, *NZ Citizen*, 112.

Mulgan and Mulgan described in considerable detail the desired characteristics of an archetypal “good citizen”, who was ‘moral and law-abiding’, took an ‘active interest in the good government of the community’, and had a ‘mind free from prejudice and uninfluenced by mean motives.’ That archetypal citizen was also highly-gendered, as Mulgan and Mulgan reinforced to their child-readers that it was desirable that schools prepared boys so that they could ‘later on receive skilled instructions in [a] trade’ and that girls should be taught cooking, sewing, and house-keeping.³⁸²

The liberal-progressive view of citizenship, on the other hand, was evident from the mid-1930s, especially in the ethos and policies of first Labour Government’s social welfare state which was premised on the idea that every citizen had the right to a reasonable standard of living.³⁸³ However, this thesis agrees with other New Zealand historians that this did not represent a radical change. Despite its progressive legislation, the first Labour government remained, to use Walter Nash’s words, ‘socially conservative’ in the sense that they ‘look[ed] upon the family as the foundation of the nation’ and believed that ‘no nation or race can prosper whose people lack the conditions necessary for a “home” and “home life” in the best and fullest meaning of those words’.³⁸⁴ However, while the imperial ideology which had dominated publications such as *The New Zealand Citizen* and official material in the 1920s largely disappeared in the 1930s, it continued to underpin the Department’s childrearing advice.³⁸⁵

³⁸² Mulgan and Mulgan, *NZ Citizen*, 72.

³⁸³ Margaret McClure, *A Civilised Community: A History of Social Security in New Zealand 1898-1998* (Auckland: Auckland University Press in association with the Historical Branch, Department of Internal Affairs, 1998), 80-5; McLintock, “Scope of Legislation,” 2; Rockwell, “Social Security Act,” 7.

³⁸⁴ Nash, *New Zealand*, 40, 230.

³⁸⁵ McGeorge, “Race, Empire and the Māori,” 64, 73, 74. In the 1920s imperial ideology had featured in textbooks and the *School Journal* and acts of patriotism, such as flag-saluting were actively fostered, even compulsory.

The School Hygiene Division, like its overseas counterparts, had paid considerable attention to defining the ideal, or “normal” child, even though the ideal was not necessarily articulated in its interwar advice. The dimensions of the “normal” child were constructed from on average height, weight and other anthropometric measurements derived from large-scale, state-run surveys; legislation such as the 1911 Mental Defectives Act and the 1928 Mental Defectives Amendment Act; and desired physical and mental characteristics sometimes articulated in other sources such as departmental reports.³⁸⁶ It is now well-recognised that “normal” and deviations from “normal” are socially constructed, and therefore strongly influenced by their time, place and context.³⁸⁷ Thus it is no coincidence that the state’s interwar notions of the ideal child were overlaid by ideas relating to eugenics, racial fitness and national efficiency. Although the state did not explicitly outline its vision of the ideal, or “good”, mother it was clearly based on women’s domesticity and tightly-prescribed gender roles as mothers and homemakers.

Nutritional advice was a mainstay of the SMS and the School Hygiene Division. In the early twentieth-century, diet and nutrition were seen as the foundations of healthy physical and mental development. Although the state’s childrearing experts recognised that many health conditions, defects and diseases affecting children were due to nutrient deficiencies and acknowledged the presence of vitamins, as noted earlier, detailed consideration of dietetics and nutrition had been deliberately left out of the 1920s *Health of Children* pamphlet in favour of basic guiding principles.

In 1935, during Paterson’s directorship, *Hints on Diet* was prepared by School Hygiene staff in cooperation with the Home Science Department of Otago

³⁸⁶ Department of Health, *Physical Development of New Zealand School Children 1969. Special Report Series 38* (Wellington: Government Printer, 1971), 60-85.

³⁸⁷ See, for example: Coreen McGuire, *Measuring Difference, Numbering Normal: Setting the Standards for Disability in the Interwar Period* (Manchester: Manchester University Press, 2020), 5.

University.³⁸⁸ It represented a more scientific approach to nutrition than the Division's earlier publications and introduced a new type of expert at the periphery of the state's advice mix: the woman Home Scientist. *Hints on Diet* was aimed at:

The housekeeper who is set the task of feeding a family with a limited income [who] must have some knowledge of food-values if she is to provide the balanced diet which is essential for the enjoyment of health.³⁸⁹

The pamphlet provided information about key elements of nutrition such as vitamins and minerals, and dietary advice, practical hints and menus with some specific childrearing advice including, for example that:

Children should be taught to take care of their bodies and to try and keep in good health. Avoid undue punishment and correction particularly at meal-times; a resentful, tired or unhappy child does not digest his food properly.³⁹⁰

Hints on Diet was primarily directed at women, although it also included a menu and shopping-list for a single man preparing his own meals.³⁹¹ The pamphlet reinforced existing domestic ideology and gender assumptions that women were mothers and homemakers, and men breadwinners. It also reflected some middle-class ideologies such as the ideal family assumed to be father, mother and two to three children; the same assumption that underpinned other contemporary government policies such as the breadwinner wage.³⁹²

However, some of her subsequent advice contradicted that given in earlier departmental publications on school lunches and conflicted with contemporary nutritional science. For instance, Gunn suggested:

³⁸⁸ Department of Health, *Hints on Diet* (Wellington: Government Printer, 1935).

³⁸⁹ *Hints on Diet*, 1935, Foreword.

³⁹⁰ *Hints on Diet*, 1935, 10.

³⁹¹ *Hints on Diet*, 1935, 34-5.

³⁹² Industrial Conciliation and Arbitration Amendment Act 1936, s 3; W. R. Tuck, "Industrial Law in New Zealand: the 1936 Amendments," *Economic Record* 12, no. 1-2 (1937): 180.

As it is not possible always to obtain wholemeal bread, and the ordinary brown bread has no advantages over white bread, children should be taught to eat both and not to have fads.³⁹³

She also suggested that meat pies, fish and chips, cold fried sausage and ‘simple home-made cakes such as gingerbread, sponge or raisin or date cake’ could be included in school lunches, although not every day, and noted:

Lunches should be surprises. ... A few raisins or dates, some boiled sweets wrapped in a separate paper, with instructions to eat last, are always appreciated.

Gunn mentioned fruit as another option whenever possible, although she did not recommend oranges for small children as ‘the child who attempts to eat one at lunch time is grubby and messy for the rest of the day’.³⁹⁴

These elements of Gunn’s advice were strongly and publicly criticised by various individuals and groups, including mothers, dietitians and the New Zealand Women’s Food Value League, not least because her advice contradicted best practice, ignored the League of Nations Health Committee’s recent nutritional standards and was considered very irresponsible advice from a senior health official.³⁹⁵ Gunn subsequently forwarded her Division’s recommended menus to Professor H. V. Mottram, a Professor of Physiology in London for his criticism. His reply gave ‘enthusiastic approval’ for what he described as ‘the new and unexpected’ ideas in the notes which prefaced the menus.³⁹⁶ It is not clarified, however, whether those notes were the same as Gunn’s official statement.

The Health Department issued an internal memorandum which drew attention to the latest scientific dietary advice determined at the National Nutrition

³⁹³ “School Lunches. Official Statement,” *Evening Post*, 23/05/1939, 11.

³⁹⁴ “School Lunches. Official Statement,” *Evening Post*, 23/05/1939, 11.

³⁹⁵ For example: “Letter to the Editor: School Lunches,” *Evening Post*, 27/05/1939, 11; “School Lunches,” *Hutt News*, 14/06/1939, 1.

³⁹⁶ “Diet for Health. Official Menus. High Authority Approves.” *New Zealand Herald*, 31/10/1939, 9.

Conference held in London in April 1939.³⁹⁷ The Conference's advice to be 'given to the layman' was '(a) to model his diet upon the usual British middle-class diet, (b) to incorporate in this diet an explicit list of foods for inorganic elements and vitamins; and (c) to allow the appetite to dictate the quantities of the cereals, sugar and fat from which the calories are mainly obtained.'

The Health Department's memorandum noted that:

After consideration it has been decided that [the Conference's] advice, which is in such a form as to be readily understood by the average housewife should be the foundation of the teachings of this department, and must be adhered to by all officers.³⁹⁸

The following year, the Health Department published *Good Nutrition: Principles and Menus* which replaced *Hints on Diet*, and became the basis of the Department's teaching on diet. *Good Nutrition* was written by Elizabeth Gregory and Elizabeth C. G. Wilson, both Home Scientists, and supervised and edited by Dr Muriel Bell, who, in 1940, was appointed as Nutrition Officer to the Department.³⁹⁹ Significantly for this thesis, it signalled a shift away from the School Hygiene Division as the primary source of the state's dietary advice for Pākehā children.

Main Arguments

The state's marked interest in Pākehā motherhood during the interwar period stemmed from its immediate political concerns about low birth-rates, high infant and maternal mortality and children's ill health and defects which threatened its longer-term national efficiency and racial fitness goals.

³⁹⁷ "Diet for Health. Official Menus. High Authority Approves." *New Zealand Herald*, 31/10/1939, 9. The National Nutrition Conference was organised by the British Medical Association Council, and was attended by 'the highest British authorities in medicine, agriculture, industry and education, and delegates from the British and Dominion Governments'.

³⁹⁸ "Diet for Health. Official Menus. High Authority Approves." *New Zealand Herald*, 31/10/1939, 9.

³⁹⁹ Dow, *Safeguarding*, 144.

Within that context, the Health Department was principally responsible for maternity care and the health of schoolchildren. The state's childrearing experts, chiefly represented by the Health Department's School Hygiene Directors, were specifically charged with ensuring primary school-aged children were as healthy and fit as possibly, physically, mentally and morally. The Division administered the School Medical Service (SMS) whose stated mission was 'largely educational'.⁴⁰⁰ The SMS employed school doctors and nurses who carried out education and prevention work alongside routinely examining schoolchildren for physical and mental defects. Their roles were primarily diagnostic, and although they offered home-based treatments for easily-remediable conditions, children were referred to GPs or dentists for professional treatment.

On the one hand, individual children benefitted from being healthier, and were expected to gain better quality from their education. On the other hand, it is argued here that the Health Department, and by extension the state, were driven more by their own political, imperial, and professional interests. Like Plunket, the state was to a large extent reliant on women as mothers to improve children's health and realise their future citizenship potential.

In general, the state's childrearing experts had an ambivalent view of mothers. Paterson's and Gunn's respective attitudes towards mothers were discussed earlier in this chapter. Although not necessarily as overtly critical of women compared to King, it is nevertheless clear that the state's childrearing experts believed that the majority of children's health problems and defects were directly or indirectly caused by mothers, whether through wrong feeding or 'maternal inefficiency'.

During the interwar period, the School Hygiene Division had to convince mothers to read and act on its advice, whether that related to general health topics or specific guidance on particular health conditions and diseases.

⁴⁰⁰ *AJHR*, 1921, H-31, 25.

Simultaneously, they had to convince parents to follow up on their notifications for professional treatment.

Like Plunket, however, the Health Department was limited in its ability to coerce or compel mothers to follow their advice or take particular actions. Furthermore, as Tennant argued, the Department faced a number of challenges and constraints during the interwar period that undermined its education and prevention work and the authority of its childrearing experts.

The state ostensibly had legislative and regulatory powers and greater reach into families' lives which, at least in theory, gave it more leverage than Plunket. School doctors and nurses could take some assurance, for instance, from legislation that made education compulsory for children aged 7 to 15 years old and that allowed for the medical examinations of school-children, as these provisions ensured children would be at school and gave a statutory basis to their routine duties.⁴⁰¹ Furthermore, by 1920, the state had statutory oversight of multiple aspects of families' private and domestic lives, giving officials much greater and more direct access to mothers and children than agencies such as Plunket. In addition to school doctors and nurses, truancy (or attendance) officers, district nurses and child welfare officers had access to homes and families by virtue of their roles.

However, the state was frequently limited in its ability to enforce or even apply such legislation. Some Acts specifically restricted the state's powers, such as the 1920 Health Act's voluntary regime for preventive vaccinations discussed earlier which required parental consent. Although enforcement mechanisms such as fines and penalties were sometimes available, these were applied unevenly and often not enforced at all. For instance, even by the interwar period, compulsory

⁴⁰¹ Health Act 1920, s 139. 'Any medical practitioner or other officer authorised in that behalf by the Minister may at all reasonable times enter any public school and examine the children attending the school, and may notify the parents or guardians of any such child of any disease or bodily defect from which the child may be suffering.'

education was never truly compulsory as exemptions were readily available for children unable to attend school.⁴⁰²

As for school medical examinations, before 1920, officials had been able to take proceedings against parents who failed to obtain 'suitable medical or surgical treatment' after a second notification from school doctors that their child was suffering from a 'serious disease or a serious bodily defect'. Parents could be deemed guilty of cruelty or neglect, unless there was sufficient evidence that neglect was due to an unavoidable cause or accident.⁴⁰³ No such enforcement clause was included in the 1920 Health Act or subsequent Education Acts, and there is no evidence to suggest that any proceedings were ever taken against parents for non-compliance with the medical inspection clauses. Cost, availability and access were all ongoing barriers to treatment, especially for rural families.

This thesis agrees with and extends Tennant's arguments that the SMS's education and prevention work and authority as 'experts' was undermined by factors such as parental resistance, issues around professional status, financial constraints and interdepartmental conflicts between key personnel.⁴⁰⁴ These factors demonstrated that the state was not as powerful in terms of the SMS as might be thought.

This thesis argues that, taking into account the various challenges to the state's education work and expert authority, the state's childrearing experts engaged in a number of legitimisation and general strategies during the interwar period that aimed to persuade and encourage women to follow their advice.

Three key strategies have already been discussed: Wilkins targeted his advice at children and teachers; parents were invited to attend medical examinations; and

⁴⁰² Education Act 1914, s 60. For example, certificates of exemption were available for children prevented from attending school because of the distance from school; they were under regular and efficient instruction elsewhere; unable to attend because of sickness or "infirmity", severe stress of weather, or parent illness; or by impassable roads.

⁴⁰³ Education Act 1914, s 135.

⁴⁰⁴ Tennant, "Missionaries," 142-7.

intervention programmes such as health camps gave the state experts chance to intervene directly by removing children from their parents and home environment for a number of weeks.⁴⁰⁵ Some of the other main strategies are discussed below.

One major strategy was to take every possible opportunity to remind parents of their obligations to comply with their expert advice or obtain appropriate treatment for their children. Paterson, for instance, had sent a 'circular letter' to school committees in early 1927 hoping to engage their help in obtaining the 'fullest cooperation and sympathy from parents' concerning medical examinations. Paterson had noted:

Our wish for the cooperation of your Committee and of the parents of the children attending your school is what I especially wish to draw attention to in this circular, and I shall be glad of any suggestions and recommendations you care to make towards achieving its object.⁴⁰⁶

The 1929 pamphlet *Suggestion to Parents* can also be seen as part of this broader exercise. Its "Notices from School Medical Officers" section directed that:

When notified by the School Medical Officer that your child is suffering from defective eyesight, enlarged tonsils, adenoids, or other abnormal condition, you should at once consult your own doctor or get advice at the public hospital. Children cannot receive full benefit from mental or physical work until such defects are removed.⁴⁰⁷

Like King, the state's childrearing experts also made extensive use of propaganda, print media and public lectures to promote their health messages, although their tone and content tended to be less value-laden than King's. Following the 1920 public health restructure, the School Hygiene Division was described as having a mission that was 'largely educational' and the Child Welfare Division was intended chiefly to provide 'education, lectures and propaganda'.⁴⁰⁸

⁴⁰⁵ "Department of Health. Annual Report of Director-General of Health," *AJHR*, 1928, H-31, 27-8.

⁴⁰⁶ "Health in Schools," *Temuka Leader*, 14/04/1927, 1.

⁴⁰⁷ *Suggestions to Parents*, 1929, 1.

⁴⁰⁸ "OB," *Otago Witness*, 24/08/1920, 50; *AJHR*, 1921, H-31, 25.

Finally, the state's childrearing experts also engaged in various legitimization strategies that aimed to validate their claims to authority. On the one hand, their status and authority were mandated by the 1920 Health Act, and further legitimised by their professional qualifications and strong associations with modern science. On the other hand, state doctors had lower professional status and lower pay than their peers in private practice and were not well-respected by them. As Belgrave noted, 'doctor as civil servant' was not seen as practicing 'real medicine', and was often seen as 'physically and professionally deficient and not up to the competition or rigour of a private practice'.⁴⁰⁹ Belgrave observed that the relatively large number of women doctors in the Health Department – except Paterson, Gunn and a handful of others – stayed at its lower levels; and, in a profession where 'full-time private practice with an honorary hospital appointment was the confirmation of professional accomplishment', women were more likely to be salaried and part-time⁴¹⁰. Women doctors tended to be overrepresented in lower paid, 'feminised' areas of medicine such as children's health. However, as Belgrave also noted, the women doctors were by far the highest female civil servants, and suggested that they used their professional status to counter their weaker negotiating position as women.⁴¹¹

For these reasons, the women childrearing experts arguably had more incentive to engage in extra legitimization strategies, one of which was the tendency for officials to talk up their achievements in child welfare. Tennant noted that the annual reports of the School Hygiene Division were frequently self-congratulatory in tone.⁴¹² Gunn's 1939 annual report was a prime example of this tendency, both in the way she positioned the SMS's early women doctors as pioneers involved in 'the adventure of launching a new branch of State activity,'

⁴⁰⁹ Michael Belgrave, "'Medical Men' and 'Lady Doctors': The Making of New Zealand Profession, 1867-1941," (PhD diss., Victoria University of Wellington, 1985), 202, 204.

⁴¹⁰ Michael Belgrave, "A Subtle Containment: Women in New Zealand Medicine, 1893-1941," *New Zealand Journal of History* 22, no. 1 (1988): 44.

⁴¹¹ Belgrave, "Subtle Containment," 52-3.

⁴¹² Tennant, "Missionaries," 141-2.

and in the way she credited the SMS's work for the 'widely increased public knowledge of the essentials for right living, of which the health instruction received in the schools during the last twenty-five years is to a great extent responsible'.⁴¹³

Likewise, as with King, the childrearing experts rationalised and defended any perceived failings on their part. For example, as noted earlier, Paterson blamed maternal inefficiency rather than poverty for children's poor health outcomes even during the depression which, in turn, reinforced the state's favoured policy of educating mothers to address dietary issues.

A close reading of the state's childrearing advice literature, political and official rhetoric and departmental reports shows that politicians, health officials and school doctors promoted domestic ideology and reinforced narrowly-defined gender roles for women as mothers and homemakers. The state's childrearing experts seemingly took it for granted that women could be utilised as vehicles of the state to meet political, imperial and citizenship goals and that they had appropriate authority to direct women's actions and private decision-making regarding their children's health. This thesis supports other historians' views that the state narrowly constructed women as 'maternal citizens' rather than as individual citizens in their own right.

The state's advice also reflected scientific motherhood ideals, premised on the ideas that mothers required expert advice and supervision to raise their children 'healthfully', and that childrearing decisions had to be 'expert-directed' as mothers were not deemed capable of reading or evaluating scientific information and therefore required expert intervention.⁴¹⁴ Unlike their overseas counterparts described in Chapter Two, New Zealand's state childrearing experts did not specify that the expert advice and supervision had to be medical, and extended

⁴¹³ *AJHR*, 1939, H-31, 35.

⁴¹⁴ Apple, *Mothers and Medicine*, 108.

the practical application of expertise to include auxiliary positions such as school nurses.

5 Other Advice

Introduction

What the Plunket Society has done for the bodies of the children we [the League of Mothers] want to do for their souls and characters.⁴¹⁵

So declared Lady Alice Fergusson, wife of the Governor-General, at a public meeting held in Dunedin on 14 October 1926 to explore the feasibility of establishing a branch of the League of Mothers (LOM) in the city. Lady Fergusson had founded the LOM in Auckland six months earlier.⁴¹⁶ While, she acknowledged that Dunedin already had 'a multiplicity of societies' for women, Lady Fergusson was confident that the LOM would 'meet a need not otherwise being met'.⁴¹⁷ She explained to the October meeting that the LOM was organised on a religious basis and that it:

wanted all mothers to take their responsibilities seriously by making their children true servants of God and good citizens of the Empire.⁴¹⁸

The LOM aimed to help young mothers with their children's religious teaching and character training, as it:

was a difficult age in which they lived, and home influences rightly used were the strongest influences in determining the after life [sic].⁴¹⁹

Dunedin locals considered the LOM met such a need because a branch was formed there six months later.⁴²⁰

The LOM was but one of a diverse group of individuals and organisations other than Plunket and the state that provided childrearing advice to Pākehā mothers in the interwar period. Given the diversity, this chapter has limited its analysis to

⁴¹⁵ "For Soul and Character," *Evening Star*, 15/10/1926, 5.

⁴¹⁶ Bryson, *League of Mothers*, 8.

⁴¹⁷ Bryson, *League of Mothers*, 13.

⁴¹⁸ "For Soul and Character," *Evening Star*, 15/10/1926, 5.

⁴¹⁹ "For Soul and Character," *Evening Star*, 15/10/1926, 5.

⁴²⁰ Bryson, *League of Mothers*, 13.

selected medical professionals, specifically Dr Geoffrey Bruton Sweet, the LOM and other women's voluntary associations, and a sample of education providers. It is a selection considered both representative in their advice and ideological perspectives and as providing a valuable counterpoint to Plunket's and the state's "official" advice discussed in the previous two chapters.

Dr Geoffrey Bruton Sweet, described as New Zealand's first paediatrician, competed in the 1920s and 1930s with Truby King and Plunket in "selling" his own expertise and infant methods. As discussed in Chapter Three, King and Plunket had achieved considerable control over infant care during the interwar period. Sweet and King shared the same ideological perspective and the same core advice, except for the detailed composition and preparation of their artificial formulae. Sweet's advice was aimed at nurses, not mothers, as he assumed nurses were very largely responsible for both mother and infant in the months following childbirth. However, Sweet was against leaving supervision entirely to nurses, which he considered unacceptable, inadequate and even dangerous. Instead, he believed that mothers and infants required medical supervision.

By the interwar period, numerous women's voluntary associations had been formed to meet multiple purposes. This chapter focuses in particular on a sample of women's associations that provided mothers with childrearing advice. They are discussed in two separate categories here. One category covers those associations that were explicitly mother-focused and oriented towards the home, including the LOM mentioned above and the now little-known Mothers' Thought Guild (1916). The other category covers associations that were more broadly focused and oriented towards women's needs as a whole than specifically those of mother's, such as the NZWCTU, the Mothers' Union (1886), and the Women's Division of the Farmers' Union (1925/26). By the late 1930s, the latter two associations and the LOM comprised three of the five largest women's organisations in New Zealand in terms of membership.⁴²¹ For the women-focused

⁴²¹ Yvonne Robertson, "Association of Presbyterian Women, 1896-," in *Women Together*, ed. Anne Else (Wellington: Daphne Brassell Associates Press & Historical Branch, Department of

associations, motherhood was treated as integral to, but as just one of, women's life-roles and interests.

Although the Plunket Society was a prominent and influential voluntary association, it is differentiated from the rest of the groups discussed here for several reasons. Plunket was primarily a service-oriented organisation that received substantial government funding, client-mothers who used Plunket's services may have attended meetings but did not necessarily become members, and its membership mostly comprised committees of middle-class women who fundraised and organised primarily to support service delivery. The women of Plunket left its advice almost exclusively to Truby King during the interwar period. The National Council of Women is also excluded as this was an umbrella organisation that linked women's associations together.⁴²²

This chapter demonstrates that all the women's associations and their leaders selected for this discussion, whether mother- or women-focused, shared some common characteristics.

As with the LOM, the associations were primarily interested in children's 'souls and characters.' Mothers were viewed as moral guardians of the home and society in general, and, thus, maternal responsibility extended within and beyond the home. It was women's duty and privilege to raise children who would be the right kind of future citizens required by nation, race and empire, and in most cases, as

Internal Affairs, 1993), 168, 169; Simpson, "Liberal Christianity," 2-3. At the end of the 1930s, the five largest women's associations in order of membership were the CWI (approx. 30,000 members); the WDFU (approx. 20,000); Presbyterian Women's Missionary Union (approx. 9,700); NZMU (approx. 9,000) and the LOM approx. 6,600. The Presbyterian Women's Missionary Union was more of a "missionary sisterhood" than a mothers' organisation, which was involved in fundraising, mission education programmes and related activities, and did not produce childrearing advice. The WCTU reported 161 branches approx. 5,600 members; its membership had peaked around 7,700 in the late 1920s.

⁴²² Simpson, "Liberal Christianity," 2.

true 'servants of God'. In the 1920s and 1930s, they emphasised raising a coming generation who would build and protect peace and democracy.

Mothers were considered primarily responsible for their children's character development, moral training and religious teaching. To this end, the women's associations often aimed to educate, advise, and help mothers with their own and their children's spiritual and moral development so they could properly influence their children through personal example and training.

Although women of different personalities and temperaments, association leaders and organisers shared many common characteristics. For example, they were predominantly middle-class; either unmarried, with no children or no longer fully occupied with child-raising; and had the time and money to volunteer. Furthermore, a significant minority were from non-conformist backgrounds, highly educated and professionally qualified. Another shared feature was the existing connections and networks created between the middle-class women, who were frequently involved with multiple organisations locally, nationally and even transnationally.

It is argued here that many of the women who led or joined these voluntary associations actively embraced the extension of their role beyond the home. Indeed, women argued that their special capacities, nurturing qualities and experience as mothers equipped them to add value in the public sphere, especially in welfare and social reform. Association membership, therefore, served as both a training ground and a vehicle for expanding women's roles.

It is also argued that mothers and potential mothers actively sought out the advice produced by these associations. Women self-selected as members of voluntary associations, which generally involved going through some kind of membership process and committing to aims, objects and rules in advance. Each of the entities subscribed to domestic ideology and promoted traditional gender roles. Taken together with women's receptiveness, these factors imply that for many women being mothers and homemakers formed a core part of their identity during the interwar period.

Collectively, the writers of childrearing advice on behalf of women's associations were less authoritarian and dogmatic than Truby King and, significantly, did not necessarily present themselves as experts. However, such organisations did enable some women to carve out space as scientific and professional experts that they would not have achieved in ordinary academic or professional channels.

Finally, this chapter also contributes to the broader discussion of modernity in this thesis. Women's associations and women themselves grappled with and responded to various challenges of modern life, which were heightened in the 1920s and 1930s by war and economic recession. They searched for meaning, ways of restoring and maintaining peace and order, and ways of strengthening democracy against multiple perceived threats. Education and childrearing that combined scientific and spiritual elements were a crucial part of their response.

The Medical Profession

Dr Geoffrey Bruton Sweet

As noted above, Dr Geoffrey Bruton Sweet (1870-1939) was described as New Zealand's first paediatrician. He appears to have been the only medical professional other than King who produced any substantial childrearing literature in the interwar period.⁴²³ Although others wrote articles on infant feeding, they usually aimed to refute specific details of King's feeding regime rather than adding anything new to the infant advice canon.

Paediatrics was not well-established as a speciality in New Zealand until 1947.⁴²⁴ As discussed in Chapter Three, Plunket had control over infant welfare services in the 1920s and 1930s and, according to Bryder, had the monopoly on hospital care for babies with feeding problems, which was the foundation of paediatric practice

⁴²³ S.L. Ludbrook, "Paediatrics in New Zealand," *NZMJ* 74, no. 480 (1972): 259.

⁴²⁴ Hickey, "Negotiating," 43.

until the 1940s.⁴²⁵ Moreover, Plunket nurses carried out many similar health checks and functions as paediatricians did in other countries.⁴²⁶

Sweet worked in full-time private paediatric practice in Auckland from 1907 until he died in 1939, and held honorary positions at Auckland Hospital and St Mary's Home, Otahuhu, for many years.⁴²⁷ During his career, Sweet wrote numerous articles on infant and child health for scientific journals and newspapers.⁴²⁸ Of particular relevance here, however, is his 1920 text *Lectures on the Management of Infants in Health and Sickness* based on a series of short lectures he had given to the nurses at St Mary's Home between 1918 and 1920.⁴²⁹

Management of Infants was not explicitly aimed at mothers. Instead, it was published as a general course of lectures in infant management and feeding, aimed at maternity and medical nurses. Sweet believed that nurses required better knowledge of infant management across the board, as he considered the current infant management training for nurses was 'far from being satisfactory.'⁴³⁰

The manual was broad in its scope; it targeted nurses whether employed in private middle-class homes, hospital maternity wards, or infant hospitals and

⁴²⁵ Bryder, "Two Models," 554.

⁴²⁶ Hickey, "Negotiating," 43.

⁴²⁷ "Page 4 Advertisements," *Auckland Star*, 25/11/1907, 4; "Loss to Medicine. Dr Bruton Sweet." *New Zealand Herald*, 18/05/1939, 13; G.B. Sweet, "Some Remarks," 104-12; William J. Sugrue and Patricia M. Clarkson, "A Pioneer Paediatrician in New Zealand: Geoffrey Bruton SWEET (1.9.1870–17.5.1939) MB ChM (Sydney 1893)," *NZMJ* 129, no. 1445 (18 Nov 2016): 111, 113. Dr S. L. Ludbrook, who had several years' experience in paediatrics in England and was appointed to a paediatric position at Auckland Hospital in 1926, only limited his practice to paediatrics in 1940. Sugrue and Clarkson, "Pioneer Paediatrician," 113.

⁴²⁸ Sugrue and Clarkson, "Pioneer Paediatrician," 112.

⁴²⁹ Bryder, *Voice for Mothers*, 84; G.B. Sweet, *Lectures on the Management of Infants in Health and Sickness* (Auckland: Whitcombe & Tombs, 1920); See also: "The Kindergarten. Its Value Discussed," *Otago Daily Times*, 28/11/1926, 10; "Degeneration," *Auckland Star*, 17/07/1935, 8; "Milk in Schools," *Auckland Star*, 05/12/1935, 24; "Reassuring View," *New Zealand Herald*, 21/12/1936, 14.

⁴³⁰ Sweet, *Management of Infants*, 5.

homes such as St Marys, Otahuhu, except for Plunket nurses; and covered the care of infants across the social spectrum. As Sweet noted:

If we are to reduce infant mortality, and thus assist in increasing the fighting population of the British Empire, we must devote attention to saving the babies of the poor and thriftless, as well as the more-favoured classes of the community.⁴³¹

Thus, *Management for Infants* included advice on the hygiene of the nursery for ‘nurses in attendance’ in middle-class homes as well as advocating a simple and inexpensive milk formula for working-class and low-income families.⁴³²

More than half the lectures covered infant feeding. Like King, Sweet promoted breastfeeding and considered artificial feeding ‘should be looked upon as evil’ unless it was a ‘matter of necessity.’⁴³³ He believed that all trained nurses needed sound, practical knowledge of artificial feeding, whether engaged in maternity work or not, for mothers frequently consulted them on the subject, noting that:

it is chiefly to help [nurses] avoid the various pitfalls and dangers which beset the paths of substitute feeding, that this little work has been written.⁴³⁴

In *Management of Infants*, Sweet spent five pages criticising nearly all aspect of King’s humanised milk formulae, which he described as ‘theoretically unsound’, too elaborate, ‘difficult to prepare’, and ‘costly’.⁴³⁵

Hickey has outlined the critical differences between Sweet’s and King’s methods in some detail.⁴³⁶ It is sufficient to note here that by the 1920s, various aspects of King’s methods were out of step with contemporary thinking.⁴³⁷ Sweet appealed

⁴³¹ Sweet, *Management of Infants*, 6.

⁴³² Sweet, *Management of Infants*, 6, 15.

⁴³³ Sweet, *Management of Infants*, 33.

⁴³⁴ Sweet, *Management of Infants*, 33.

⁴³⁵ Sweet, *Management of Infants*, 6, 45.

⁴³⁶ Hickey, “Negotiating,” 39-42.

⁴³⁷ For example: King’s humanised milk formulae followed Rotch’s percentage method developed in the late nineteenth-century which was widely considered as outdated by the 1920s. Also, King emphasised that excessive proteids caused indigestion; whereas ‘more recent

to the latest scientific research to criticise humanised milk and support his own approach, which he claimed was 'more rational', simpler, more economical than humanised milk with 'few of the disadvantages.'⁴³⁸

Unsurprisingly, Sweet's comments drew a long-winded and explosive response from King, which was published in the *New Zealand Medical Journal*. King described *Management of Infants* as 'shallow' and 'full of mistakes' and dismissed his attacks on humanised milk as a 'mischievous' attempt at eroding public confidence in Plunket's methods.⁴³⁹ Moving beyond their very public spat over infant feeding methods, however, there were some striking similarities between Sweet and King. For example, both men gave virtually the same essential advice and both reinforced domestic ideology.

Apparently, Sweet did not have high expectations of mothers. For instance, he noted that 'standing between the infant and the environment was the mother', intimating that the mother's influence could be for the better or the worse.⁴⁴⁰ He also observed that:

where methods are complex, and require both time and thought, errors are more liable to be made than in the case of simple mixtures. Even with the latter ... ludicrous mistakes are sometimes made by mothers whom Nature has gifted with little intelligence.⁴⁴¹

Sweet was concerned that inexperienced mothers usually consulted 'neighbours on the subject' and 'after obtaining [their] various and often contradictory opinions' would become perplexed and overwhelmed. He hoped that

investigation[s]' had determined that excessive fats or sugar in cow's milk beyond a certain limit was dangerous. Sweet, *Management of Infants*, 43-4.

⁴³⁸ Sweet, *Management of Infants*, 45, 47.

⁴³⁹ Frederic Truby King, "The Application of Science, Simplicity and Economy to the Everyday Practice of Artificial Feeding during Infancy," *NZMJ* 20, Linda Bryder, "Challenging New Zealand's Icon, Sir Frederic Truby King," *Social History of Medicine* 33, no. 1 (2020): 209.

⁴⁴⁰ Sweet, *Management of Infants*, 6.

⁴⁴¹ Sweet, *Management of Infants*, 45, 46.

if she is wise, before experimenting on her infant, she now consults her nurse or takes her baby to the office of the Infant Welfare Association.⁴⁴²

Sweet, therefore, seems to have assumed that mothers and infants were under some kind of nursing supervision in the first weeks or months following childbirth. However, Sweet did not necessarily have much confidence in nurses either. He considered that leaving the supervision of infants, especially feeding, solely to nurses was unacceptable and inadequate, even dangerous, noting that:

the ignorant or over-confident nurse who diagnoses teething or some other absurd complaint when a baby is acutely ill, is a danger to the community.⁴⁴³

Sweet strongly believed that mothers and nurses ultimately needed expert medical supervision by ‘medical men’. In *Management of Infants*, he cautioned that:

the medical man who allow[ed] the entire supervision of the feeding of his infant patients to pass into the hands of nurses [was] not doing his duty, or giving the babies a square deal and a fighting chance of survival.⁴⁴⁴

Women’s Voluntary Associations: Mother-focused League of Mothers (LOM)

As noted earlier, the League of Mothers (LOM) was founded in 1926 by Lady Alice Fergusson, wife of Sir Charles Fergusson, Governor-General from 1924-1930.⁴⁴⁵ She was also the vice-regal patron and Dominion President of the New Zealand Mothers’ Union (NZMU).⁴⁴⁶

Lady Fergusson had initially aimed to set up an ‘un-denominational [*sic*] sister union’ along the same lines as the Anglican NZMU that extended its ‘splendid

⁴⁴² Sweet, *Management of Infants*, 33.

⁴⁴³ Sweet, *Management of Infants*, 5.

⁴⁴⁴ Sweet, *Management of Infants*, 6.

⁴⁴⁵ Bryson, *League of Mothers*, 7.

⁴⁴⁶ Nancy Robertshawe, “The Mothers’ Union in New Zealand, 1886-1952,” in *A History of the Mothers’ Union and the Association of Anglican Women in New Zealand*, (Auckland: Association of Anglican Women, 1983), 5.

Aims and Objects' more widely.⁴⁴⁷ To that end, it was first named the "Auxiliary Mothers' Union" and adopted the NZMU's aims and objects centred on the sacredness of marriage, parental responsibility and Christian fellowship.⁴⁴⁸ Within a few months, however, it was renamed the League of Mothers, had slightly reworded its aims and objects and sought to differentiate itself from the NZMU; partly due to a request from the Executive Council of the Mothers' Union in London, and partly due to concerns about public confusion, competition, and that members might desert the parent union.⁴⁴⁹

The NZMU was non-denominational when it was established in the late nineteenth-century, and in 1926, it was still being defended as 'open to all who wish[ed] to join'.⁴⁵⁰ However, by 1920, the NZMU was firmly embedded as an Anglican diocesan organisation and upheld Anglican beliefs and doctrines, notably the Church's strong position against divorce.⁴⁵¹ Divorcees were excluded from membership and required all office-holders to be Anglican.⁴⁵² In contrast, because it represented a broad religious base, the LOM took less of a hard-line on issues such as divorce to reflect the diversity of its members' churches; and only required that office-holders were Christian.⁴⁵³

⁴⁴⁷ "New Mothers' Union," *Evening Post*, 05/05/1926, 14; Bryson, *League of Mothers*, 7. It is assumed here that 'un-denominational' was used in the same way as we use 'non-denominational' today to denote a church or other organisation not restricted to any specific Christian denomination.

⁴⁴⁸ Mothers' Union Membership Card, signed 1931, Eph-B-RELIGION-A-1924-01, ATL.

⁴⁴⁹ "Social News," *New Zealand Herald*, 06/07/1926, 7; "Home Influence," *Auckland Star*, 15/07/1926, 9.

⁴⁵⁰ "Home Influence," *Auckland Star*, 15/07/1926, 9.

⁴⁵¹ Cordelia Moyse, *A History of the Mothers' Union: Women, Anglicanism and Globalisation, 1876-2008* (Woodbridge, UK: The Boydell Press, 2009), 5. According to Moyse, the Mothers' Union represented the largest groups of lay women in the modern history of the Anglican Church.

⁴⁵² "New Mothers' Union," *Evening Post*, 05/05/1926, 14.

⁴⁵³ Bryson, *League of Mothers*, 11.

The NZMU was also a mother-centred religious organisation. However, despite its focus on mothers, the NZMU was less overtly child-orientated than the LOM. For instance, in their work on the English Mothers' Union, both Cordelia Moyse and Susan Anderson-Faithful both demonstrated that the Union emphasised women's fellowship and personal spiritual needs as highly as their parenting needs.⁴⁵⁴ Also, Woods noted that in the 1920s and 1930s, most of the NZMU's leaders and members were in what Gullette termed the 'post-maternal phase', which meant they were neither as actively nor immediately involved in the work of child-raising as a younger membership would have been.⁴⁵⁵ Despite being ostensibly 'open to all who wish[ed] to join', the NZMU's strict membership criteria expressly excluded certain women, including divorcees and unmarried mothers, thereby omitting some who may have benefited from support and guidance in the field.⁴⁵⁶

It is suggested here that differentiation and identity clarification were the main reasons that the LOM chose to be non-denominational and to focus on mothering and childrearing, rather than any deliberate attempt to counteract religious tensions or growing secularisation. This focus, and Lady Fergusson's vision for the LOM, were clearly articulated in various newspaper reports and in the LOM's own material from the interwar period. The LOM's emphasis on child-training was to be combined with religious teaching to 'stem the tide of [modern] indifference and encourage mothers to bring up their children to be sturdy Christians'.⁴⁵⁷

⁴⁵⁴ Susan Anderson-Faithful, "A 'Mission to Civilise': The Popular Educational Vision of the Anglican Mothers' Union and Girls Friendly Society 1886-1926," *Revista Brasileira de História da Educação* 12, no. 1 (2012): 15-43. [English translation obtained directly from author, non-paginated]; Moyse, *Mothers' Union*, 44.

⁴⁵⁵ Margaret Morganroth Gullette, "Inventing the 'Postmaternal' Woman, 1898-1927: Idle, Unwanted, and Out of a Job," *Feminist Studies* 21, no. 2 (Summer 1995): 221.

⁴⁵⁶ For example: "Home Influence," *Auckland Star*, 15/07/1926, 9.

⁴⁵⁷ Bryson, *League of Mothers*, 64.

The LOM deliberately sought neutrality, positioning itself as ‘neither a sewing, a benevolent nor a money-raising institution’, while specifically avoiding ‘local politics, sectarian differences [and] contentious problems’.⁴⁵⁸ Instead, its objects and ideals reinforced a uniquely child-centred approach.⁴⁵⁹ Although members committed to objects relating to fellowship and the sanctity of marriage, only its parenting object was underpinned by an additional set of four “rules” which suggest a particular interest in childrearing.⁴⁶⁰ These were more guiding principles than rules, however; encouraging parents to train their children in ‘obedience, self-control, and respect to parents’, to ensure their children’s ‘amusements, companions and reading’ were wholesome, to teach them to pray and ensure they were given religious teaching, and to teach them that the tie of marriage was sacred.⁴⁶¹

Additionally, branch presidents were encouraged to seek suitably qualified and willing speakers such as ‘doctors, schoolmasters and mistresses, magistrates and social workers’ to speak at their monthly meetings on subjects connected with the upbringing of children. The list of approved topics included the development of characters of children; their moral, physical and religious training; child psychology and education.⁴⁶²

To this end, the LOM recommended or published childrearing advice literature from a wide range of sources, including religious instruction material by liberal theologians such as H. D. A. Major.⁴⁶³ Childrearing advice by various authors was

⁴⁵⁸ “The League of Mothers’ Paper, 1937-1938,” *LMMP* XI, no. 1 (Mar. 1939), 6; “A Mother is a Mother,” *LMMP* XI, no. 2 (Apr. 1939), 6-7.

⁴⁵⁹ Simpson, “Liberal Christianity,” 7.

⁴⁶⁰ “Objects,” *LMMP* X, no. 1 (March 1938), Inside Cover. Its second (parenting-focused) object was: ‘to help parents to realise the greatness of their responsibility and the power of their influence in forming the character of the child.’ In the 1920s this had referred specifically to mothers.

⁴⁶¹ “Rules,” *LMMP* X, no. 1 (March 1938), Inside Cover.

⁴⁶² League of Mothers, *How to Form and Work a Branch* (Wellington: F&O Ltd, n.d.), 5.

⁴⁶³ Simpson, “Liberal Christianity,” 7. Simpson specifically mentioned H. D. A. Major’s instruction book *Teaching Religion to Children*, which was referred to in the LOM’s third

also published or cited in the *League of Mothers' Monthly Paper (LMMP)* introduced in 1927.⁴⁶⁴ Each issue usually contained a few parenting or child-related articles.⁴⁶⁵

A sample of parenting articles from 1938 and 1939 reveals a striking level of continuity between Lady Fergusson's original vision and the advice published more than a decade later. While a few articles covered feeding and other aspects of physical care,⁴⁶⁶ more typical were those such as "The Third Rule of the L.O.M.", which focused on aspects of religious teaching and child-training to help mothers provide the best possible influence over their children's 'souls and characters'.⁴⁶⁷

These articles comprised three main strands of advice, sometimes woven together. One strand described the ideal qualities required of a mother, in particular a Christian mother. Mothers were encouraged, for instance, to practice 'wise love' based on spiritual rather than 'worldly' wisdom.⁴⁶⁸ The LOM elevated the status of motherhood to a divine duty and as 'high and holy work' that went

Dominion Council minutes, 1929. Major, who was raised in New Zealand, became the leader and organiser of Anglican Modernism. He and others in the movement sought to 'reformulate Christian thought so that it was more consistent with the modern age', and in a way that embraced modern science and philosophy. See also: Lloyd Geering, *The World to Come: From Christian Past to Global Future* (Wellington: Bridget Williams Books, 1999), 40.

⁴⁶⁴ Bryson, *League of Mothers*, 56.

⁴⁶⁵ For example, the May 1938 edition of *LMMP* contained articles titled "The Third Rule of the L.O.M.", "Changing Values in Education", and "The Luck Child". *LMMP* X, no. 3 (May 1938), 4-6.

⁴⁶⁶ For example: "What a Child Needs," *LMMP* XI, no. 5 (July 1939), 6; "Danger," *LMMP* XI, no. 9 (November 1939), 9-10. The first article, written by Dr Elizabeth Bryson, discussed the need for Good Food and Good Management in feeding toddlers; while the second discussed the dangers of too much exposure to the sun especially sunburn and weak eyes.

⁴⁶⁷ "The Third Rule of the L.O.M.," *LMMP* X, no. 3 (May 1938), 4-5. The LOM's third rule was "To teach them (my children) to pray and to see that they are given religious teaching."

⁴⁶⁸ "What Quality in a Mother is Most to be Desired," *LMMP* X, no. 1 (March 1938), 1-2.

beyond the home and entailed the ‘privilege and tremendous responsibility’ of teaching and training children to become ‘One with the Father of All’.⁴⁶⁹

A second strand comprised practical suggestions, which often expanded on a particular aspect of the LOM’s objects or rules, including teaching children how to pray, the value of good literature, and recommended booklists for younger children.⁴⁷⁰ Typically, mothers were encouraged to train their children from as young as possible and instil an early sense of discipline and self-control. This involved, for instance, teaching a child from birth to do ‘what he ought’ and not ‘what he likes’, and helping a child to learn ‘to do what is hard and difficult cheerfully and willingly’.⁴⁷¹

A third strand focused on the ideal child and, to a lesser degree, the future adult who would be produced through the LOM’s childrearing process. For instance, one article noted that:

[a] child so trained is bound to succeed, and will be a centre of love and goodwill, and be popular as well as useful wherever he goes. And such a considerate character is just as valuable in business as in private life. Everybody needs him, everybody wants him ...⁴⁷²

The LOM’s childrearing advice and its key messages blended modernity, liberal theology and the conservative application of ideas. For example, LOM advisers incorporated new ideas from psychology and simultaneously encouraged a ‘common-sense approach to parenting’. In the LOM’s case, ‘common-sense parenting’ incorporated Christian spiritual values and ‘all that is best out of the past’, including tried-and-tested ‘good old virtues’ such as ‘honest endeavour,

⁴⁶⁹ “The Third Rule of the L.O.M.,” *LMMP* X, no. 3 (May 1938), 4-5.

⁴⁷⁰ For example: “The Third Rule of the L.O.M.,” *LMMP* X, no. 3 (May 1938), 4-5; “The Value of Good Literature in the House,” *LMMP* X, no. 6 (August 1938), 4; “Children’s Reading,” *LMMP* XI, no. 4 (June 1939), 4.

⁴⁷¹ “The Third Rule of the L.O.M.,” *LMMP* X, no. 1 (March 1938), 1-2.

⁴⁷² “The Luck Child,” *LMMP* X, no. 3 (May 1938), 6.

obedience to parents, and reverence for sacred things.⁴⁷³ One adviser warned that science should never be prioritised over ‘good common sense’ because:

[c]hildren raised on purely scientific methods by parents endowed with a smattering of psychology often turn out **social misfits**.⁴⁷⁴

Additionally, the LOM reinforced a clear split in gender roles and domestic ideology. Women stayed at home in the private sphere, raised their children and ran the household while men went out to work. However, the LOM was one of the few organisations to mention a parenting role for fathers. By the late 1930s, its second object aimed to help parents, not just mothers, realise their childrearing responsibilities. *LMMP* articles suggested a home could only be ‘built on right lines’ if husbands and wives took joint responsibility for bringing up their children.⁴⁷⁵ Nonetheless, the LOM still prioritised mothers: it self-identified as a ‘society of home-makers’ who aimed to ‘help mothers to be proficient in all the duties and privileges of motherhood.’⁴⁷⁶

Mothers’ Thought Guild

The Mothers’ Thought Guild (MTG) straddled the line between mainstream and fringe, or alternative, religion. It was founded in Auckland in March 1916 with a ‘committee of seven ladies’ and by 1922 had 2,000 members in New Zealand and had established active branches in Canada, the United States, and South Africa from its New Zealand base.⁴⁷⁷ The MTG was ‘formed with the idea of creating a

⁴⁷³ “Changing Values in Education,” *LMMP* X, no. 3 (May 1938), 5.

⁴⁷⁴ “Duties of Parents,” *LMMP* X, no. 6 (August 1938), 4. [Emphasis in original] This was an extract from a talk given by Mr B. L. Dallard, Under-Secretary of Justice and Inspector-General of Prisons, to the Wellington Rotary Club on 21 June 1938.

⁴⁷⁵ “‘The Sanctity of Marriage,’ *LMMP* X, no.1 (Mar. 1938), 2; “Duties of Parents,” *LMMP* X, no. 6 (Aug. 1938), 4.

⁴⁷⁶ “A Mother is a Mother,” *LMMP* XI, no. 2 (Apr. 1939), 6-7.

⁴⁷⁷ “Every Lady’s Journal,” *Gisborne Times*, 31/05/1916, 3; “Women’s World. Social Jottings,” *Auckland Star*, 29/03/1922, 11.

beautiful mental atmosphere in the home, and by so doing helping the evolution of children.’⁴⁷⁸

While it was represented on the National Council of Women from 1920, the MTG was also affiliated with the Theosophical Society and the Order of the Star in the East (formed in 1911) which blended Western and Eastern spiritual traditions.⁴⁷⁹

The Theosophical Society and, to a lesser degree, the Order of the Star in the East were emblematic of the various alternative religious and associated educational movements that gained small but enduring followings, especially amongst the middle-classes from the late nineteenth-century. Other examples included the Anthroposophical Society founded by Rudolf Steiner and the Montessori education movement founded by Maria Montessori, both of whom had been theosophists. Even though numbers usually remained low, they were relatively significant as a proportion of the population compared with other countries.⁴⁸⁰

⁴⁷⁸ “Every Lady’s Journal,” *Gisborne Times*, 31/05/1916, 3.

⁴⁷⁹ “Star in the East,” *Evening Star*, 03/01/1921, 1; “Obituary – Mrs Gertrude Hemus,” *New Zealand Herald*, 21/09/1936, 8; Robert S. Ellwood, *Islands of the Dawn: The Story of Alternative Spirituality in New Zealand* (Honolulu: University of Hawaii Press, 1993), 104-5; Wayne A. P. Facer, “William Jellie: Unitarian, Scholar and Educator,” (PhD diss., Massey University, 2012), 109. It is likely these links were fostered through Mrs Hemus who joined the Theosophical Society in 1894, and Mrs Hemus’ sister Lilian Edger, who was general secretary of its New Zealand branch for many years.

⁴⁸⁰ Joy Dixon, *Divine Feminine: Theosophy and Feminism in England* (Baltimore, ML: The Johns Hopkins University Press, 2001), 90; Sue Middleton, “New Zealand Theosophists in ‘New Education’ Networks, 1880s-1938,” *History of Education Review* 46, no. 1 (2017): 47. For example, according to TSNZ records, by 1918, New Zealand had approx. 125 TS per 100,000 people. With an estimated population of 1.15 million in 1918, this equates to about 1,440 members. In contrast, Australia had approximately 1,850 TS members (37 per 100,000) with an estimated population of 5 million; and there were approximately 4,155 members in Great Britain and Ireland. In 1918 the OSE in England had over 4,000 members, of whom almost 1,500 were not members of the TS. In 1921, the OSE reported more than 2,700 members in New Zealand.⁴⁸⁰

The MTG ‘encircled everyone who wished to become members’ and aimed to ‘awaken [a] more intellectual interest in home life.’⁴⁸¹ Its meetings were targeted at ‘all women – especially young mothers’.⁴⁸² The MTG published a series of at least eight advice pamphlets in the late 1920s or early 1930s, which considered together, show that the MTG formulated an overarching belief structure that centred on the three elements of its name.⁴⁸³ The main tenets of that belief structure – ‘Motherhood, Thought-power, and Co-operation’ – were considered to symbolise three fundamental principles of life or nature, also described as ‘three of the greatest known forces of the world ... spiritualised’. In turn, that belief structure underpinned its childrearing advice, which was an eclectic mix of scientific, spiritual and metaphysical ideas which, as with the LOM, focused principally on matters relating to the development of ‘soul and character’.

Motherhood was portrayed as a divine and sacred task and ‘a supreme act of God’.⁴⁸⁴ Mothers were encouraged to ‘cultivate’ their own virtues, especially love, patience and gentleness; foster the right mental attitude, and be truthful in everything. The main thrust of the Guild’s advice to women focused on cultivating ‘thought-power’. A mother’s thoughts were considered to have profound effects on their children for either good or bad, and the MTG believed that, as a ‘living force’, any thoughts could be strengthened and gradually

⁴⁸¹ “Page 12 Advertisements,” *Auckland Star*, 27/03/1922, 12.

⁴⁸² “Home Life,” *Auckland Star*, 18/10/1916, 8; “Page 12 Advertisements,” *Auckland Star*, 27/03/1922, 12.

⁴⁸³ The Mothers’ Thought Guild published the following known pamphlets, all undated: *What’s in a Name?* [G.E.H.]; *Mothers’ Thought Guild: Its Object* [unattributed]; *The Child’s Birthright Part I: TRUTH* [L.E.]; *The Child’s Birthright Part II: FREEDOM* [L.E.]; *To the Young Mother* [G.E.H.]; *The Power of Thought* [G.E.H.]; ...*IDEALS...A Word to Mothers by a Medical Woman* [M.E.S.]; and *Education During Early Childhood* [K.M.W.]. G.E.H. was Gertrude Evangeline Hemus; L.E. was probably Lilian Edger, Hemus’ sister; and K.M.W. was probably Kate Maria Waghorn, the Guild’s first president. Waghorn died in 1925, but delivered a talk on the topic of education in early childhood in 1922. “Woman’s World,” *Auckland Star*, 15/11/1922, 12.

⁴⁸⁴ See for example: “Women’s World,” *Waikato Times*, 20/07/1921, 6; Mothers’ Thought Guild, *What’s in a Name?*

controlled. To this end, the MTG promised that if its daily affirmation was ‘patiently [repeated] and put into practice’, it would become ‘part of our nature, part of our very life’, thus helping build that thought-power. The daily affirmation was:

I am a mother, therefore I must be loving, patient and gentle, so that I may make my home happy and train my children wisely.⁴⁸⁵

Although the MTG brought in some Eastern spiritualism – for instance, one pamphlet referred to the Buddhist concept of the “middle path”, the way of wisdom⁴⁸⁶ – the bulk of its advice was from the more familiar Christian perspective. Thus, the true purpose of life was to ensure ‘progress of the soul’; parents, especially mothers, were responsible for creating the right environment and training their children to facilitate their souls’ progress.

The advice itself was written in lofty and idealistic terms, sometimes interspersed with practical guidance. For example, in *The Child’s Birthright Part II: Freedom*, “L.E.” suggested that young mothers train ‘the very youngest baby to be regular in its habits, by bathing, feeding, and putting it to sleep regularly and punctually’,⁴⁸⁷ this reflected less Truby King’s instructions on building regular habits, and more the MTG view that it was critical that body, mind and soul were maintained in harmony. Thus, it aimed to impress habits on the child’s ‘subconsciousness that there [was] something superior to the body to which the body must yield’ because ‘[n]o bondage [was] so galling as the enslavement of the soul to the body.’⁴⁸⁸ Few, if any, specific references were made to physical care. The MTG appears instead to have deferred to Plunket as the leading authority in that area. As “G.E.H.” noted:

Fortunately for the young mothers of the present day, the institution of the Plunket Nurses assists them in the training of the physical body into regular and healthy habits.⁴⁸⁹

⁴⁸⁵ Mothers’ Thought Guild, *What’s in a Name?*

⁴⁸⁶ Mothers’ Thought Guild, *The Child’s Birthright Part II*.

⁴⁸⁷ Mothers’ Thought Guild, *The Child’s Birthright Part II*.

⁴⁸⁸ Mothers’ Thought Guild, *The Child’s Birthright Part II*.

⁴⁸⁹ Mothers’ Thought Guild, *To the Young Mother*.

The MTG, despite its fringe status, promoted domestic ideology and traditional gender norms and roles. Its advice implicitly assumed women were married before having children and that the mother was responsible for preparing and maintaining the home environment and primarily responsible for meeting her child's physical, moral and spiritual needs, including the 'unfolding of her child's character'.⁴⁹⁰

It also hinted at a parenting role for fathers in its material, proposing that 'the man is to protect and maintain the happy, pure home in which valuable citizens may be nurtured and trained'.⁴⁹¹ In particular, its advisers envisaged that fathers had a role in child-training:

[t]here must be a continuous process of enlightenment, going on together with character-building and training in good habits of self-control and cleanliness, moral as well as physical. This training is thus only possible from *parents in the home*.⁴⁹²

Nevertheless, mothers were still seen as the primary influence:

much definite teaching, however, remains to be done by the mother for the moral, mental and spiritual development of her child.⁴⁹³

Women's Voluntary Associations: Women-Focused

The women-focused voluntary associations included the NZMU mentioned above, the Women's Christian Temperance Union (NZWCTU), and the Women's Division of the Farmers' Union (WDFU). All produced some form of childrearing advice during the period. However, these associations generally saw childrearing as merely one aspect, albeit a thoroughly integral one, of a woman's and homemaker's role. Thus, childrearing advice was part of their more general informative and educational approach towards women across the political, domestic, and social spheres.

⁴⁹⁰ Mothers' Thought Guild: *Its Object*.

⁴⁹¹ Mothers' Thought Guild, *Education During Early Childhood*.

⁴⁹² Mothers' Thought Guild, *Ideals...A Word to Mothers, By a Medical Woman*.

⁴⁹³ Mothers' Thought Guild, *To the Young Mother*.

Women's Christian Temperance Union (NZWCTU)

The New Zealand Women's Christian Temperance Union (NZWCTU) was established in the late nineteenth-century along similar lines as its United States parent union. NZWCTU members led the women's suffrage movement in the 1890s and were prominent in political and social activism, especially temperance reform and issues affecting women and children across the early twentieth-century. An appeal to motherhood was fundamental to the NZWCTU's work on several levels. For instance, motherhood served as a unifying factor by bringing women together based on a common identity, whether or not they had children. Frances Willard, the WCTU's American founder, had emphasised this aspect by describing the movement as 'organised mother-love'. The *White Ribbon* clarified this in 1928 noting that:

organised mother love is a force ... the W.C.T.U. has directed that mother love in an organised attack against that trinity of evils – strong drink, war and impurity.⁴⁹⁴

Motherhood was powerfully invoked in membership drives and reform campaigns and, as such, the glorification of motherhood was the platform from which the NZWCTU's reform efforts were launched. This glorification connected with its broader objectives of elevating women's status and extending their autonomy and "mothering" beyond the home. Mothers' child-training in the home and preventive work with children and young people were central to ensuring that the next generation was committed to temperance, peace and social purity goals.

The NZWCTU disseminated its childrearing advice through various pamphlets and its monthly *White Ribbon* magazine, launched in 1895. The advice, with its Christian, moral and temperance messages, underpinned the breadth of the Union's concerns; with the 'Māori Department' producing leaflets in 1925 including *Advice to Mothers*, *Care of the Baby* and *Evils of Alcohol* in te reo Māori

⁴⁹⁴ "A White Ribboner! Why?" *White Ribbon*, 18/11/1928, 1.

which were also available in English, and the 'Medical Temperance Department' leaflets *Alcohol Injures Children* and *Alcohol and Nursing Mothers*.⁴⁹⁵

In 1922, the NZWCTU publicised *The Good Citizen: A Code of Morals for Young People*, which outlined "ten laws of right living" for children and aimed to help parents and teachers with moral instruction.⁴⁹⁶ *The Good Citizen* was adapted from an award-winning American pamphlet, *The Children's Code of Morals*, published in 1916 as an adjunct to character education in public schools. As with similar publications from the time, *The Children's Code of Morals* equated character with good citizenship.⁴⁹⁷

It is clear that these ideas resonated with the New Zealand branch of the Union, which believed there was a great need for moral, or character, education for two main reasons: because the existing education system dealt with children's physical and mental training but neglected the 'moral aspect' and because the 'present chaotic and disturbed conditions of the civilised life' needed urgent addressing, which could only be achieved through children.⁴⁹⁸ However, it is unclear how widely the New Zealand edition was circulated and whether it made it into schools and homes here as the NZWCTU hoped.

Of particular interest in this regard was Nurse Ada Chappell, who in 1920 wrote a series of articles on "pre-natal culture" published across three consecutive editions of the *White Ribbon*. The three articles had first appeared as a full-length article in *Kai Tiaki* on 1 January 1920.⁴⁹⁹ Collectively, these articles provide an especially insightful example of how some women were able to construct roles as

⁴⁹⁵ "Medical Temperance," *White Ribbon*, 18/12/1917, 4; "Māori Department," *White Ribbon*, 18/05/1925, 5.

⁴⁹⁶ "The Children's Code of Morals," *White Ribbon*, 18/02/1922, 2.

⁴⁹⁷ "The Children's Code of Morals," *White Ribbon*, 18/02/1922, 2.

⁴⁹⁸ "The Children's Code of Morals," *White Ribbon*, 18/02/1922, 2.

⁴⁹⁹ "Pre-natal Influence," *Kai Tiaki*, 01/01/1920, 19; "Pre-Natal Culture," *White Ribbon*, 18/06/1920, 11; "Pre-Natal Culture. Part Second," *White Ribbon*, 19/07/1920, 4; "Pre-Natal Culture. Third Part," *White Ribbon*, 18/08/1920, 5. The articles were "Christianised" and targeted more to parents for publication in *White Ribbon*.

childrearing experts outside the mainstream. Chappell worked as a Plunket Nurse from 1908 onwards, gave lectures on social hygiene around the country in 1918 and 1919 for the Social Hygiene Society, and was a member of the NZWCTU.⁵⁰⁰

Chappell's articles on pre-natal culture were innovative and based on her own studies and experiments and her Plunket nursing experience. Like the MTG, Chappell maintained that a woman's thoughts and actions during pregnancy could profoundly influence the 'traits and tendencies' of her unborn offspring.⁵⁰¹ In 1920, she considered this was of urgent importance given concerns that:

the heritage of the future children of some of our prospective fathers, because of the infernos of different kinds through which they have passed in this war, will be of a lower type both in health and characteristics than previous generations. Therefore, everything which can counter-balance this should be inculcated in the pre-natal period through the mother.⁵⁰²

Chappell constructed her own hypothesis about "pre-natal culture", in which she conflated ideas from modern scientific and spiritualist theory, biblical tenets and ideological assumptions of the time into what she described as 'laws' of the pre-natal period. She drew heavily on Brittan's and Newton's theories on embryonic moulding in which they likened the mother's pre-natal influence to the process of electrotyping and Darwin's 1868 hypothesis of pangenesis and the role of "gemmules".⁵⁰³

⁵⁰⁰ "Social Hygiene Society. Engagement of Nurse Chappell," *Sun* [Christchurch], 20/04/1918, 4 (Supplement); "Problem of Social Purity. Educational Campaign Opens," *Hasting Standard*, 18/05/1918, 3.

⁵⁰¹ "Pre-Natal Culture," *White Ribbon*, 18/06/1920, 11.

⁵⁰² "Pre-Natal Culture," *White Ribbon*, 18/06/1920, 11.

⁵⁰³ Darwin had proposed his theory of pangenesis in 1868, but it was largely discredited by the 1890s. Darwin's pangenesis theory assumed the existence of gemmules (or "germ-cells"), produced by cells at each stage of development, which carried minute particles or molecules of inheritance. See: Yongsheng Liu, "Darwin's Pangenesis: A Theory of Everything?" *Advances in Genetics* 101 (2018): 12-4.

Chappell reminded mothers that motherhood was a 'creative power' she shared with God and of 'supreme purpose'⁵⁰⁴ and linked her theory to the biblical law of creation:

if we accept the fact that characteristics which have been acquired during life can be transmitted to the future children of those parents, we admit the whole law which the Bible gives us, that like begets like, and it is the like of the period when begot, and not of some remote period.⁵⁰⁵

Chappell identified particular expectations for men in parenting, which included 'nobly help[ing] his overburdened wife' and 'train[ing] his children that they may good citizens of the future'.⁵⁰⁶ She did not, however, expand on specific roles for men in child-training.

In all this, Chappell demonstrated that, despite her innovative ideas, her advice and beliefs were still a product of their time: she subscribed to domestic ideology and the traditional gendered ordering of society. However, her innovativeness does highlight that, within certain contexts, women were able to create space for themselves as expert and scientific advisers in their own right, with a receptive female audience. Chappell's articles on "pre-natal culture" had a potential audience of up to 10,000 readers in the interwar period. *Kai Tiaki* was circulated to New Zealand nurses, and although probably not all subscribed, the 1926 Census reported 5,137 women nurses.⁵⁰⁷ The *White Ribbon's* circulation fluctuated between 4,000 and 5,000 across the whole period.⁵⁰⁸

Although few other *White Ribbon* articles gave such explicit childrearing advice, the majority of articles still centred on children in some way.⁵⁰⁹ These were collectively intended to educate and inform readers about and thereby reinforce

⁵⁰⁴ "Pre-Natal Culture," *White Ribbon*, 18/06/1920; "Pre-Natal Culture, Third Part," *White Ribbon*, 18/08/1920.

⁵⁰⁵ "Pre-Natal Culture," *White Ribbon*, 18/06/1920, 11.

⁵⁰⁶ "Pre-Natal Culture," *White Ribbon*, 18/06/1920, 11.

⁵⁰⁷ *New Zealand Census of Population*, 1926.

⁵⁰⁸ "White Ribbon Drive", *White Ribbon* 18/09/1924; "White Ribbon Day", *The White Ribbon*, 18/05/1939. Circulation peaked at 4,965 in the early 1930s, but was down to approximately 3,300 by 1939.

⁵⁰⁹ See, for example: "Playwork for the Times," *White Ribbon*, 18/03/1920.

the significance of the Union's temperance, peace and social purity goals and keep readers updated on current political and social issues. *White Ribbon* readers were constantly reminded that the 'future of the nation is with the children.'⁵¹⁰ As Harris put it, child welfare served as an important link 'between the home and the world'.⁵¹¹ Thus, readers were given scientific facts to bear in mind about the composition and effects of alcohol and drugs;⁵¹² reminded about the importance of teaching children thrift;⁵¹³ and advised to answer their children truthfully and foster Christian moral values and obedience to God.⁵¹⁴

The Women's Division of the Farmers' Union (WDFU)

The WDFU was established with the broad goals of improving conditions for rural women and children, in particular, aiming to address women's isolation and 'primitive' conditions, enhance rural access to education, health and other services, and make rural life more attractive, thereby stemming the perceived urban drift then considered a significant problem.⁵¹⁵

The WDFU operated on a 'community development' model of providing mutual support, practical help, education and cultural activities for women as homemakers. It delivered essential community services, fundraised, and provided adult education which was mainly domestic-focused. Members reported that the

⁵¹⁰ "The School of the Future," *White Ribbon*, 18/03/1920.

⁵¹¹ Katherine Harris, "Feminism and Temperance Reform in the Boulder WCTU," *Frontiers* 4, no. 2 (Summer 1979): 21.

⁵¹² "Narcotics," *White Ribbon*, 18/12/1935.

⁵¹³ "Thrift," *White Ribbon*, 18/02/1921.

⁵¹⁴ "The Home for Christ," *White Ribbon*, 18/03/1920; "Motherhood," *White Ribbon*, 18/01/1930; "Mother! The Child's Best Friend," *White Ribbon*, 18/08/1939.

⁵¹⁵ See, for example: "Census Returns," *ODT*, 14/03/1922, 4; "Urban v Rural," *Manawatu Evening Standard*, 08/01/1926, 6; "The Population. Census Results. Official Analysis. Drift to Towns," *Evening Post*, 15/09/1937, 12.

most important aspect for them was the ‘public space [the associations] created for women’s recreation’.⁵¹⁶

The WDFU did not specifically target rural mothers, instead it targeted membership at the ‘wives, mothers, sisters or daughters’ of ‘owners or holders of rural lands’ or ‘retired farmers’ or ‘women engaged in agricultural, pastoral dairying, fruit-growing, fowl-raising, ‘or other pursuits.’⁵¹⁷

The WDFU offered diverse activities which aimed to bring women together, including monthly meetings and social events, drama and gardening ‘circles’, community work and education, and provided women with political knowledge and skills, such as proper meeting procedures.⁵¹⁸ The WDFU was practical and political in its efforts to improve rural conditions. In the 1920s, for instance, the WDFU set up an emergency housekeeping service and a bush nursing scheme to address service coverage gaps.⁵¹⁹ Its extensive list of interwar aims included goals to secure more frequent medical inspections in rural schools and strive for the “Bible in Schools”.⁵²⁰ The WDFU also ran well-orchestrated nationwide participation in several government inquiries, such as the 1938 Committee of Inquiry into Maternity Services, where it was represented at almost every district

⁵¹⁶ Rosalie Smith, “Rural Organisations,” in *Women Together*, ed. Anne Else (Wellington: Daphne Brassell Associates Press and Historical Branch, Department of Internal Affairs, 1993), 377.

⁵¹⁷ WDFU, *Objects, Rules and Regulations of the Women’s Division New Zealand Farmers’ Union* (Wellington: Lankshear’s Ltd, 1930), 1-2.

⁵¹⁸ Delyn M. Day, “The Politics of Knitting: A Study of the New Zealand Women’s Institutes and the Women’s Division of the New Zealand Farmers’ Union, 1920-1940,” (Postgraduate long essay, University of Otago, 1991), 52-66.

⁵¹⁹ WDFU, *Objects, Rules and Regulations*, 8-12.

⁵²⁰ Pamphlet, WDFU, *Seventeen Reasons Why You Are Asked to Join*, c. 1929.

hearing.⁵²¹ The WDFU took an interest in child welfare, but it was not prioritised over their other social and political concerns.⁵²²

The WDFU launched its magazine *The N.Z. Countrywoman* in 1933. Here, very occasional childrearing advice was interspersed amongst its more regular features such as “Things that are Happening in the World”, branch reports and competitions, recipes and clothing patterns.

“Hints on Home Nursing”, for example, written by Sister Margaret, N.Z.R.N., closely mirrored the contemporary advice given by Plunket, the state and other women’s associations:

Health – that perfect of physical, mental and moral equilibrium, the normal functioning of body, mind and soul, a function that makes life good, and the battle worthwhile; perfect health, the very antithesis of disease, degeneracy and crime, a general condition of contentment, that could be the spiritual and physical possession of any one of us, always providing that the few comparatively simple laws are strictly observed.⁵²³

Those ‘simple laws’ found their expression in a ‘common sense procedure of everyday life’, including plenty of fresh, clean air, properly balanced food and pure water, and plenty of work, rest and sleep. Her advice was practical and reflected the latest science, such as the growing knowledge-base on vitamins.⁵²⁴

⁵²¹ For example: “Committee of Inquiry into Maternity Services,” *AJHR*, 1938, H-31A, 13, 45, 59; Gaynor Smith, “‘Essentially a Woman’s Question’: A Study of Maternity Services in Palmerston North 1915-1945,” (Undergraduate honours thesis, Massey University, 1987), 40, 46, 54.

⁵²² Day, “Politics of Knitting,” 11.

⁵²³ “Hints on Home Nursing,” *The N.Z. Countrywoman* 1, no. 1 (May 1933), 34.

⁵²⁴ “Hints on Home Nursing,” *The N.Z. Countrywoman*. For example, Sister Margaret noted that Vitamin D was ‘so closely related to sunlight that it can be artificially produced through the irradiation of olive oil, egg yolk, milk, cereals and a score of other every-day food, which contain the chemical substance “Ergosterol” to the rays of ultra-violet lamps.’ She acknowledged that the actual changes were still a ‘scientific mystery’ and chose not to ‘dwell upon that aspect’. Ergosterol’s relationship to vitamin D had only been established six years earlier, in 1927. Kumaravel Rajakumar et al, “Solar Ultraviolet Radiation and Vitamin D, A Historical Perspective,” *American Journal of Public Health* 97, no. 10 (October 2007): 1750-1.

Another article, “Children and Good Reading” focused on character-training, and linked the love of good literature to a ‘certain set of values for after life’.⁵²⁵ The article was clearly intended for farm mothers. It recognised the particular challenges and busyness of rural life for women:

country conditions lend themselves very grudgingly to undisturbed hours of intellectual intercourse between mother and child. There is the want of domestic help in our homes and long and uncertain hours of farm work, the irregular meal hours, the manifold and varied duties of a farmer’s wife.⁵²⁶

Nonetheless, the writer still considered it was the mothers’ role and responsibility to teach their children to read and ensure they were ‘taught to love good reading’.⁵²⁷

Education Providers

New, or progressive, educational ideas and practices profoundly influenced New Zealand educators and education policy in the interwar period.⁵²⁸ The associated “New Education” movement aimed to create active democratic citizens through core principles such as child-centred learning, learning-by-doing, life-long learning and social skills, and a strong emphasis on problem-solving and critical thinking.

These ideas gained real currency in adult education and parenting education from the mid-1930s, roughly coinciding with the shift from traditional-conservative to liberal-progressive notions of citizenship discussed in Chapter Four which required critical, rather than obedient and dutiful, citizens.

New education principles and democratic values were woven into the childrearing advice disseminated through adult education providers, such as the

⁵²⁵ “Children and Good Reading,” *The N.Z. Countrywoman* 1, no. 9 (January 1934), 4-5.

⁵²⁶ “Children and Good Reading,” *The N.Z. Countrywoman*.

⁵²⁷ “Children and Good Reading,” *The N.Z. Countrywoman*.

⁵²⁸ Jane Abbiss, “The New Education Fellowship in New Zealand: Its Activity and Influence in the 1930s and 1940s,” *New Zealand Journal of Educational Studies* 33, no. 1 (1998): 81.

Workers' Educational Association (WEA), university extension schemes, and parent education providers such as kindergartens and nursery schools.

Workers' Educational Association (WEA)

Although a number of 'lady students' attended the WEA's general classes and short courses during the interwar period,⁵²⁹ it is evident that the WEA was an essential education source for urban and rural women in childrearing and homemaking, partly because the organisation responded pragmatically to the reality of women's circumstances and partly because women deliberately sought out the WEA's homemaking and child-centred courses. Women-only classes and study groups were popular, and courses were offered in subjects such as child psychology, hygiene, nutrition, family budgeting, and child study, which were all oriented towards women's contemporary gender roles.⁵³⁰

Thompson suggested that young mothers' 'keenness' for parenting and homemaking classes had demonstrated a need in the community, citing that women had crowded into anywhere that could fit their groups, including less-than-desirable settings such as church basements and school shelter sheds. Moreover, young women attended with their children as creches were not widely available until after WW2.⁵³¹

The WEA's courses oriented towards women reinforced domestic ideology and women's traditional gender roles and framed their educational needs from this domestic perspective. However, it is unclear which group provided the most impetus in that direction: the WEA or the women themselves.

⁵²⁹ "District Notes," *The N.Z. Highway*, 1, no. 1 (September 1925), 6-10.

⁵³⁰ A. B. Thompson, *Adult Education in New Zealand: A Critical and Historical Survey* (Wellington: New Zealand Council for Educational Research, 1945), 197-8, 217-8.

⁵³¹ Thompson, *Adult Education*, 218.

Home Science Extension Service (HSES)

The Home Science Extension Service (HSES) was one of several experimental educational initiatives launched in the 1920s and 1930s that targeted rural women. The HSES and its parent organisation, the School of Home Science at Otago University College, were both emblematic of a broader structural shift in childrearing advice in the 1930s.

In the interwar years, Home Scientists could study towards university diplomas and degrees, which included courses in theoretical and applied science such as physiology, chemistry and nutrition, and practical 'household arts' such as dressmaking and cookery. Instruction in childrearing included lectures in child training and mental hygiene.⁵³²

Professor Ann Gilchrist Strong, who set up the HSES and was Dean of the Home Science School (1924-1940) clearly envisaged that women Home Scientists would fulfil an expert role, asserting that while 'the bearing, training, clothing, and feeding of the citizens [was] the life-work of women', Home Scientists would 'furnish the science and skill necessary for these activities.'⁵³³

From the 1930s, Home Scientists dramatically increased their expert input to childrearing advice across the board, especially concerning scientific dietary and nutritional advice. While the HSES was ancillary to women's other education networks, and it was not always clear the extent to which their expert advice was intended to interact with the existing services of advisers such as Plunket and school nurses, it had strong formal and informal links with many of the women's associations studied here, especially in Dunedin and rural Otago. In addition, as discussed in Chapter Four, Home Scientists contributed to or wrote the state's dietary advice in the late 1930s.

⁵³² A. M. Gilchrist Strong, *History of the Development of University Education in Home Science in New Zealand, 1911-1936* (Dunedin, University of Otago, 1937), 31.

⁵³³ Strong, *Home Science*, 40.

Early Childhood Education Providers

Early childhood educators, such as kindergartens and nursery schools, increasingly offered parenting education and child study from the 1930s.

For instance, the 1938 edition of Christchurch FKA's annual *Kindergarten Chronicle*, aimed at mothers and kindergartners, included an article called "Feeding the Kindergarten Child", written by Home Scientist Miss M. B. Steel, outlined the proper types and quantities of food children should eat, based on the League of Nation's Health Committee classification of certain foods as "protective" and "energising".⁵³⁴

Another article called "Imagination" written by Rene Wilkie, a kindergarten Carnegie Fellowship recipient, advised readers on dealing with problems related to the 'vivid, wayward imagination' of young children and purported to reflect 'what the Psychologists have to say about it'.⁵³⁵ Readers were advised:

There are times when an element of bravado creeps into [children's] amazing statements. The child really does know better. He is trying to "show off" and gain attention. ... Here we often do have the beginnings of untruthfulness ... Children who habitually indulge in this kind of "exhibitionism" are either starved of love or have been indulged until they have an undue craving for attention.

A 'wise, sympathetic' mother or teacher would discourage such behaviour as soon as possible and take care to see that such a story 'falls rather flat'.⁵³⁶

Another text, *Let Us Live with Our Children*, was issued by the Wellington FKA in 1939 partly for fundraising purposes. *Let Us Live* specifically aimed to develop parents' and teachers' interest in mental hygiene and the 'emotional and behaviour difficulties' of the young child, and reflected many of the New

⁵³⁴ M. B. Steel, "Feeding the Kindergarten Child," *Christchurch Kindergarten Chronicle* (Christchurch: Christchurch FKA, 1938), n. p.

⁵³⁵ Rene Wilkie, "Imagination," *Christchurch Kindergarten Chronicle* (Christchurch: Christchurch FKA, 1938), n. p.

⁵³⁶ Wilkie, "Imagination," n. p.

Education ideas that were starting to gain influence in the Kindergarten movement.⁵³⁷ In the Foreword, Professor T. A. Hunter noted that:

If this book encourages [parents] in times of difficulty to maintain their emotional balance and to seek expert advice it will be a means of happiness to both parents and children.⁵³⁸

Let Us Live included chapters by English child psychologist Dr Susan Isaacs and New Zealand educators A. E. Campbell, Beatrice Beeby and Enid T. Wilson. Hunter summed up their collective advice succinctly as:

The young child needs the love and security of good home relations, companionship with those of his own age, freedom from the dominance, interference and ridicule of adults, protection from unnecessary fears and the physical and social material on which he is dependent for the exercise and development of his own capacities.⁵³⁹

Parents were advised to exercise balance in the level of parental affection, daily routine, and control that a child needed; reminded of their responsibility for their children's changing developmental needs, especially around play and instructed on ways they could improve their children's play life and provide 'the stimulation his growing intelligence requires'.⁵⁴⁰

⁵³⁷ Professor T. A. Hunter, "Foreword," *Let Us Live with Our Children* (Wellington: Wellington FKA, 1939) 3.

⁵³⁸ Hunter, "Foreword," 3. Professor Thomas Alexander Hunter (1876-1953) was a New Zealand psychologist, university professor and administrator. At different times he ran a psychological clinic for problem children; professor in mental and moral philosophy (which evolved into psychology and philosophy); was actively involved with the WEA and Chair of the Council of Adult Education (1938-1947); and active in a number of professional organisations in psychology and philosophy, as well as a member of the State Schools' Protection Society which opposed the Bible in Schools movement. In 1939 Hunter was Principal of Victoria University College, and Vice Chancellor of the University of New Zealand. Tim Beaglehole. 'Hunter, Thomas Alexander', *Dictionary of New Zealand Biography*, first published in 1996. Te Ara - the Encyclopedia of New Zealand, <https://teara.govt.nz/en/biographies/3h47/hunter-thomas-alexander>.

⁵³⁹ Hunter, "Foreword," 3.

⁵⁴⁰ A. E. Campbell, "The Parent-Child Relationship," *Let Us Live with Our Children* (Wellington: Wellington FKA, 1939), 14-8; Enid T. Wilson, "The Play Life of the Child," *Let Us Live with Our Children* (Wellington: Wellington FKA, 1939), 22-9.

Wilson, in particular, emphasised the need for expert advice. While she encouraged, even expected, parents to study their own children's play and personalities and gain a broad knowledge of child development, she observed that 'the child who does not play is a sick child' and that diagnosing the cause of sickness was the 'business of the expert', which, in this case, was 'someone who had studied all aspects of child development.' She added:

There may be a physical cause: perhaps wrong feeding, or over-feeding, has interfered with the natural functioning of the organs and clogged the machine. But, as well as physical sickness, there is such a thing as *mental sickness*. A child may be unable to play because of an over-strong emotional attachment to his mother; or he may be suffering from some fear which paralyses his actions ... [even] some deep-rooted emotional disturbance that even the expert finds difficulty in discovering.⁵⁴¹

Parents were thus deemed in some way responsible for their children's physical and mental sicknesses, reminded they should seek expert diagnosis and advice.

In contrast, the nursery school movement that emerged in New Zealand in the late 1930s incorporated new education ideas and made child study an essential part of core practice. Two nursery schools were established in 1938: one in Christchurch by Doreen Dolton;⁵⁴² and the other in Feilding by Gwen Somerset, which is discussed below.

Somerset set up her nursery school as part of the Feilding Community Centre (FCC), which she and her husband, H. C. D. Somerset, ran from when it was first established in 1938 until 1947.⁵⁴³ The FCC was an experimental community hub that aimed to address various challenges of providing adult education and meet expressed needs in rural communities. In 1988, Somerset recollected that she had realised there was a need for some kind of nursery classes 'asking to be met'

⁵⁴¹ Wilson, "Play Life of the Child," 22.

⁵⁴² See May for a detailed discussion of Doreen Dolton's nursery schools. May, *Discovery*, 351-3.

⁵⁴³ A. E. Campbell, *The Feilding Community Centre* (Wellington: NZCER, 1945), 1, 23-8.

shortly after arriving in Feilding when several mothers approached her for advice.⁵⁴⁴

Mothers could not use the nursery classes ‘merely [as] a convenience’ but had to undertake some form of child study.⁵⁴⁵ School students assisted with supervision, observed children’s play, and did some theoretical study, while mothers attended a weekly child study class and, in small groups, observed the nursery children’s activities. Mothers could also undertake a more intensive study of child development.⁵⁴⁶ It is evident that Somerset’s approach appealed to mothers with child study and its associated nursery classes becoming one of the Centre’s main activities.⁵⁴⁷

Of significance for this study is how Somerset’s nursery classes involved mothers as full participants in the scientific processes of child study and child development, which recognised women’s agency and gave them access to and tools of childrearing expertise. Somerset’s nursery classes also led to other developments, including closer cooperation with Plunket, and pre-school clinics held in conjunction with the School Medical Service.⁵⁴⁸ Somerset’s nursery school thus signifies how the expert-directed and community-led models of childrearing advice intersected in new ways and became more integrated from the late 1930s.

According to Campbell, Somerset insisted that she was not telling women how to bring up their children but instead offered information and suggestions that may or may not prove valuable.⁵⁴⁹

Nonetheless, despite empowering mothers, kindergartens and nursery schools promoted domestic ideology. Both had an educational focus geared towards

⁵⁴⁴ Gwen L. Somerset, *Sunshine and Shadow: The Life of Gwendolen Lucy Somerset*, ed. Naomi Morton (Auckland: New Zealand Playcentre Federation, 1988), 187.

⁵⁴⁵ Campbell, *Feilding Community Centre*, 25-6.

⁵⁴⁶ Campbell, *Feilding Community Centre*, 23-4.

⁵⁴⁷ Campbell, *Feilding Community Centre*, 24; Somerset, *Sunshine and Shadow*, 191.

⁵⁴⁸ Campbell, *Feilding Community Centre*, 23-4.

⁵⁴⁹ Campbell, *Feilding Community Centre*, 25-6.

women in the home rather than a care and welfare focus that would have helped working mothers.⁵⁵⁰ Moreover, kindergartens excluded under three-year-olds and had a ‘vocal position’ about mothers’ responsibilities and roles in the home.⁵⁵¹

⁵⁵⁰ May, *Discovery*, 236; Larry Prochner, *A History of Early Childhood Education in Canada, Australia and New Zealand* (Vancouver: UBC Press, 2009), 230.

⁵⁵¹ May, *Discovery*, 229.

6 Discussion

...there is no such thing as a “Truby King baby.” A baby belongs to its parents and is managed and fed by its mother. The health and welfare of an infant depend upon its inheritance and upon how it is brought up. So often a baby is referred to as being this, that or the other sort of baby. In reality it belongs to its mother alone, and she has been advised by this, that or the other person. Often the mother hastily borrows a title for her offspring as an escape from her own shortcomings.⁵⁵²

The above words, from a 1942 letter to the editor of the *British Medical Journal*, highlight several key themes of this thesis. For one, although the letter writer, an English doctor, went on to praise King’s ‘great pioneering’ work with infants, his denial that a “Truby King baby” existed contradicted an essential element of King’s expert-directed approach.⁵⁵³ Plunket’s literature heavily promoted an archetypal “True Plunket Baby” who embodied the tangible and ideological outcomes Pākehā mothers could anticipate if they exactly followed King’s Plunket system in its entirety, with its tightly-prescribed feeding methods, habit-training and routines. For example, the “True Plunket Baby” was naturally and regularly fed; not treated as a play-thing; and ‘[slept] all the morning after he [had] gone through his regular performance of bath, being “held out” and having a normal [bowel] movement, and his breakfast.’⁵⁵⁴ He or she also reflected the ideal, or normal, child described in the opening to Chapter One.

The extract also illuminates some fundamental assumptions about mothers and motherhood that dominated New Zealand’s overarching societal and imperial narrative in the interwar period, especially when it came to concerns about British racial deterioration and declining national efficiency. These assumptions included that mothers were chiefly responsible, both ideologically and practically, for their children’s physical, mental and moral health and care; that children’s health and welfare had come to be seen as the result of both heredity

⁵⁵² John Thwaites, “What is a ‘Truby King’ Baby?” *British Medical Journal*. 1, no. 4244 (May 1942): 595.

⁵⁵³ Thwaites, “Truby King Baby,” 595-6.

⁵⁵⁴ “OB,” *Northern Advocate*, 18/11/1922, 12 (Supplement).

and environmental factors; and, significantly here, that maternal shortcomings were a major cause of children's health and welfare problems.

The state and Plunket were in the vanguard of official efforts to address these contemporary concerns. Political and public rhetoric from the time also suggest that societal problems were also considered to extend much further. For example, there were broad concerns about moral decay, threats to the social order and other evils of modern life. Pronatalist government measures, economic and welfare policies and childrearing advice from the time all contributed to addressing those concerns by attempting to increase birth rates, improve child health and welfare, and raise model future citizens.

Interwar childrearing advice for Pākehā parents fitted into this space. And, as demonstrated in this thesis, a plethora of advice was indeed available in the period, including from the state, the Plunket Society, women's voluntary associations, and education providers.

Amongst that plethora, two distinct models emerged which influenced how the target audience (primarily mothers, but sometimes nurses) were perceived and therefore related to. They also affected practical elements such as tone, style and content, and led to different constructions of motherhood and women's citizenship. These two models are distinguished here as the "expert-directed" model and the "community-led" model.

These two models were based on very different sets of assumptions about Pākehā women and their perceived competency and capability as mothers. This chapter unpacks the practical and ideological implications of each model by highlighting the key differences in the advice they offered to mothers. It will also show that the advice given was seldom merely educational or informative; and was instead designed to meet a range of purposes, often more in the best interests of the authors than the mother.

It is important to note that the two models were not mutually exclusive and their concerns and advice sometimes overlapped. Their proponents, for instance,

shared many of the same societal and imperial concerns as the official experts, as well as common ideological beliefs and worldviews. This is unsurprising given they shared similar middle- or upper-class social positions and networks, moved in the same social circles and often belonged to or worked across the same organisations and reform interests.

Expert-directed Model

The expert-directed model was primarily advocated by New Zealand's 'official' childrearing experts, who authored advice for the state and Plunket who represented the interwar "establishment". This included the three interwar directors of the Health Department's school hygiene division Drs E. H. Wilkins, Ada Paterson and Elizabeth Gunn; and Plunket founder Dr Frederic Truby King. While the Health Department and Plunket generally focused on child welfare and infant welfare, respectively, there were some overlaps, notably regarding pre-schoolers and in the short-lived Child Welfare division headed by King which was partly intended to integrate state and Plunket supervision. Those in the broader community could also subscribe to the expert-led model, including Dr Geoffrey Bruton Sweet.

The official childrearing experts had a largely negative, and at best ambivalent view, of modern women. King's particularly harsh critiques and evaluations were described in Chapter Three. They commonly cited maternal ignorance, carelessness or indifference along with bad feeding (also blamed on mothers) as the chief causes of children's ill-health and physical defects. This view ignored contemporary evidence and understandings of the influence on health outcomes of socio-economic factors such as poverty and overcrowded housing.

To this end, the expert-directed model assumed that mothers could not be trusted to raise their children properly by themselves. This exemplified the ideology of scientific motherhood which had gained huge currency in New Zealand and overseas, especially North America, in the early twentieth-century. The main premise of scientific motherhood was that women needed scientific

and medical knowledge to raise their children properly and healthfully. However, advocates of the expert-directed model believed that mothers also required expert direction and supervision.

It was an inescapable fact, however, that women were fundamental to any plans to increase birth rates, improve children's health and raise model future citizens. Thus, a particular feature of the interwar period was that almost all the proposed expert solutions focused narrowly on women as mothers and potential mothers. This was demonstrated in the pronatalist measures and benefits and allowances from the time that encouraged women to have children and increase family size. The official policies and childrearing advice were constructed within a particular gendered view of society, which was centred on a domestic ideology that defined women as wives, mothers and homemakers. This view dominated all aspects of women's lives in relation to Plunket and the state: economic, education, welfare and citizenship.

The Health Department and Plunket shared the same basic goals when it came to child welfare. Their immediate goals were pragmatic - to ensure children survived infancy and then that they stayed as fit and healthy as possible throughout childhood. The government had an additional goal of ensuring education spending was not wasted on children who would not benefit. Longer term goals were more ideological. The Health Department and Plunket aimed to lay the foundations for producing future adults who would be 'good' and 'worthy' 'citizens of the great Empire'.⁵⁵⁵ These citizens needed to have 'all-round obedience and conformity to social law and order'; the 'power to obey the Ten Commandments'; and be 'fitted for the great task of maintaining the principles of democracy'.⁵⁵⁶

The official childrearing experts expounded traditional, conservative notions of citizenship which continued to give precedence to New Zealand's relationship

⁵⁵⁵ "OB," *Northern Advocate*, 21/04/1923, 2 (Supplement); *Suggestions to Parents*, 1929.

⁵⁵⁶ *AJHR*, 1922, H-31, 30; "OB," *Manawatu Standard*, 03/12/1928, 11; "OB," *Opuake Times*, 27/08/1935, 3.

with the British empire and, accordingly, emphasised character traits such as obedience, duty and self-discipline. Imperial ideology continued to underpin official childrearing advice into the 1930s, well after it had largely disappeared from other official material.

Consistent with the time, the future citizenship needs were conceived in highly-gendered terms. The masculine ideal focused on preparing boys to be future citizen-soldiers and citizen-workers who would help protect and grow nation and empire, and thereby meet its military, economic and efficiency needs. In contrast, the feminine ideal focused on preparing girls to be future citizen-mothers and homemakers, who would nurture and maintain home and family, and thereby support the nation's and Empire's masculinised priorities.

The expert-directed model thus had major implications for women's identity and notions of female citizenship. Within this model, women were primarily viewed as the means to an end; vehicles of the state and Plunket to achieve their ultimate goals, without obvious consideration given to the best interests, needs or circumstances of the women themselves. One consequence was that women were narrowly defined in roles as mothers and potential mothers (which went hand-in-hand with homemaker in the interwar period). This reduced women to a one-dimensional identity, and resulted in highly circumscribed notions of women's citizenship. This view supports Belgrave's, Molloy's and others' assertions that interwar benefits and allowances were generally granted to women either as members of a real or ideological family unit or as 'mothers of future citizens' rather than as independent citizens in their own right.

It is apparent that the official experts presumed they had valid claims to status and authority in child and infant welfare. Health officials' expert status was mandated by the 1920 Health Act which brought together public health and child welfare under a restructured Health Department. It also reflected the modern trend towards greater state intervention in people's personal lives along with the broader shifts from environmental to personal (or individual) health, and from concentrating on diseases and conditions that impeded children's education to a

broader public health focus. The school medical service, which had been set up in 1912, moved from the Education to the Health Department and was absorbed into the School Hygiene Division.

In contrast, Truby King had cemented his position as New Zealand's infant welfare expert in the 1900s when there were service gaps and health, and indeed state, bureaucracy was still developing. Particular individuals were therefore able to exert substantial influence over national policy issues. By the 1920s King had set the agenda and been the public face for infant welfare for over a decade, and the Plunket Society effectively controlled infant care services across home, clinic and hospital settings.

Significantly, King supplied the dominant narrative on infant welfare in New Zealand. He had a strong public presence, public and political support, a cadre of middle-class women organisers, and through Plunket had access to more than 65% of Pākehā infants in the early 1930s.⁵⁵⁷

It is evident that official childrearing experts presumed that they represented the views of the dominant (hegemonic) authorities within Pākehā society and that ideologies surrounding gender roles, and commitment to Empire would endure into perpetuity. Theirs was a powerfully structural view of interwar society. Correspondingly, the official childrearing experts, most notably King, steadfastly believed that their ideological conceptions and constructions of children, future citizens and of course mothers were not only scientifically and empirically validated, but would be the real-world products and outcomes if women assiduously followed their expert advice.

Their status and authority also stemmed from their associations with science. All four official childrearing experts were medically trained but operated from a prevention paradigm, a very modern concept at the time. Correspondingly, the

⁵⁵⁷ Olssen, "Truby King," 69. By 1947, Plunket saw 85% of Pākehā infants. Lynne Giddings, "Royal New Zealand Plunket Society, 1907-," in *Women Together*, ed. Anne Else (Wellington: Daphne Brassell Associates and Historical Branch, Department of Internal Affairs, 1993), 257.

official childrearing advice was modern, scientific and prevention-focused. Both the state and Plunket gave considerable emphasis to the physical aspects of children's care and physical health, for example, feeding, sleep, fresh air and exercise. Their primary emphases, however, was on diet and nutrition and, in Plunket's case, infant feeding. Diet and nutrition were seen as the foundation of good physical and mental development, and as part of the solution for addressing nearly all children's health problems and defects in the interwar period, from ensuring correct posture to improving dental health to addressing diseases such as tuberculosis.

King's science was an eclectic blend of mainstream, cross-disciplinary scientific theories; his own experience and experiments on plants and animals; and what he described as 'natural laws' and 'crystallised common-sense'. King gave as much attention to habit-training as he did physical health, which added a moral dimension to his advice. Habit-training centred on organising and managing children's daily activities by the clock right from birth. King was thus urging mothers to apply scientific management principles in their childrearing. To King, body and mind were interconnected. Thus, if mothers built an active, vigorous body and regulated their children's habits, they laid the proper foundations for healthy, fit and well-regulated future citizens.

The state's focus on older children involved a different range of developmental needs which therefore necessitated different maternal skills, and factored in the influence of peers and schoolteachers. Their expert advice was mainly general health information and practical guidance on dealing with specific conditions and diseases. The state's advice was based on a more conventional public health paradigm with considerably less ideological loading than King's, while still expert driven and underpinned by the same middle-class values and gender norms. Furthermore, because children were effectively a captive audience in the school setting, they were enlisted to ensure advice reached mothers.

The official experts especially fixated on defining and producing the 'normal' child. In the interwar period, the normal child was a composite of physical and

mental standards based on their particular age and stage. The childrearing experts were able to draw on the newly-emerging science of child development. Heights, weights and other anthropometric data was collected through the routine measuring and weighing carried out by Plunket nurses and the School Medical Service, from which developmental benchmarks were devised. While these standards enabled deviations from the norm to be identified and corrected in a timely manner, the benchmarks and classifications remained based on the researchers' judgements and opinions, and therefore somewhat arbitrary. Furthermore, the benchmarks were based on a particular cohort of Pākehā children, for example, infants who had been seen by Plunket nurses.⁵⁵⁸

The official experts also considered it acceptable to study and experiment on children. For example school doctors studied whether there was any connection between physical development and mental attainment. This seems to have been carried out irrespective of whether parental consent was obtained or whether infants and older children were willing participants in surveys and experiments.⁵⁵⁹

One of the key characteristics of the expert-driven model was the extent to which administrative layers and auxiliary roles mediated between the advice-giving experts and mothers. During the interwar period these mediators were predominantly women; including nurses in the case of Plunket; school doctors, school nurses and from 1937 district nurses in the case of the Health Department; and increasingly by child welfare officers employed by the Education Department.⁵⁶⁰

Despite dealing with children regularly in general practice, however, beyond the hegemony of Plunket and the state, practicing doctors have left little documentary evidence of written advice to mothers. With the exception of Dr Geoffrey Bruton Sweet discussed below, doctors who wrote on infant and child

⁵⁵⁸ *Feeding and Care*, 1937, vii.

⁵⁵⁹ *Feeding and Care*, 1937, vii.

⁵⁶⁰ Dalley, *Family Matters*, 142-51.

welfare topics tended to write more for their professional colleagues in medical and scientific journals than for mothers in general; not infrequently refuting particular aspects of King's artificial feeding methods rather than adding anything substantive to the advice canon, sometimes going as far as publicly bickering with King, as happened with Sweet.

Sweet was the nearest New Zealand had to a full-time paediatrician until 1930, and his 1920 manual *Management and Care of Infants in Health and Sickness* was written for nurses not mothers. However, he assumed that maternity and general nurses in attendance after childbirth, either in home or hospital, would be largely responsible for both mother and infant during that time. Sweet operated from a medical rather than a prevention paradigm. In that regard, therefore, he was somewhat unusual in the New Zealand context, and shared more in common with his North American counterparts. Sweet's version of scientific motherhood also aligned more with his American colleagues too. He believed nurses, and by extension mothers, required expert medical supervision, ideally by 'medical men'. In contrast, however, King and the state were more preventative approach and believed in the expertise of the mediating services to adequately provide advice and supervision to mothers.

Community-led Model

Women's voluntary associations and education providers were the main proponents of the community-led model. Its approach flowed from the way voluntary associations and education providers tended to be structured and operated and, because of this fluidity, its defining characteristics are less explicit and its outcomes more ambiguous and contradictory.

The community-led model was based on a considerably different set of assumptions about women, their mothering capabilities and female citizenship than those of the expert-driven model. Its proponents trusted that Pākehā mothers had the capacity and capability to raise their children properly. Accordingly, advice promoted scientific motherhood framed from the alternative

perspective that women had the inherent capability to seek, understand and apply modern and scientific information within their mothering and homemaking roles. Thus, the community-led model stressed female agency rather than the need for expert intervention or mediation.

Numerous women's voluntary associations existed, each with slightly different *raison d'être*. This thesis has differentiated between mother-centred and women-centred associations. The former prioritised mothering help and advice as their main focus and activity area, although they also provided women with some other social and educational opportunities. In contrast, the latter took a somewhat broader view, and provided women with a range of social, educational, administrative, political, charitable and community-building opportunities. Association memberships served both as a training-ground and as a medium for expanding women's roles. Such organisations also served as an important outlet and space for married women for whom social expectations and formal policies such as marriage bars, meant they had either left or were precluded from paid employment after they were married. This was commensurate with the policies of the paternalistic welfare state which assumed women were either supported by a breadwinner-husband and did not need to earn wages.

Significantly, community-led associations stressed a holistic view of womanhood, in which mothering formed only a part. This stood in stark contrast with the expert-driven model, which prioritised women's mothering role as the fundamental unit in realising the future citizenship needs of the state. Such associations emphasised different educational opportunities depending on their particular organisational focus. Thus, for instance, the LOM and the MTG aimed to educate women spiritually; and the WDFU aimed to educate women socially and politically. The following extract from the January 1934 edition of WDFU's *The N.Z. Countrywoman* sums up the holistic perspective of most of the women's associations studied here:

One of the greatest possibilities of women's movements such as the Women's Division [is to] provide a suitable soil for the germination of interests altogether outside the material necessities of life and home-

making; they help us all to put back the clock to the things which interested us before our babies occupied the foreground of the picture.⁵⁶¹

Hence, these women-centred associations particularly recognised that while mothering was integral to and occupied the foreground of women's lives for a number of years, it should not necessarily be placed above or ahead of women's other interests and needs. Also, as Ireland put it, motherhood could be viewed as 'only one important facet of female identity [and] not necessarily central to development of women's sense of her adult self.'⁵⁶² This argument also holds for the mother-centred associations, such as the LOM and MTG which, although they placed greater emphasis on mothering, still explicitly aimed to support women's personal spiritual growth, and in the LOM's case, to provide Christian fellowship.

As noted previously, the middle-class leaders of such associations had much in common with the official childrearing experts and in the interwar period they voiced many of the same concerns regarding racial deterioration and national efficiency. However, in the same way that these associations took the broader view of womanhood, their leaders also often identified specific problems relating to the moral and spiritual decay of modern society in general, which they believed needed to be urgently addressed. For example, Nurse Chappell of the WCTU had warned *White Ribbon* readers in 1920 of the 'unbuilding' or breakdown of society, and certain 'destructive forces' undermining civilisation influenced by the 'interlocking factors' of 'ignorance, selfish individualism, indifference, social maladjustment and economic insecurity.'⁵⁶³ Likewise, Nina Barrer, editor of the WDFU's *Countrywoman* magazine from 1933-1935 was especially concerned about problems of mental deficiency, and, using her platform as editor, actively campaigned for two clauses to be reinstated in the 1928 Mental Defectives Amendment Act which would have restricted marriage

⁵⁶¹ "Children and Good Reading," *The N.Z. Countrywoman* 1, no. 9 (January 1934), 4.

⁵⁶² Mardy S. Ireland, *Reconceiving Women: Separating Motherhood from Female Identity* (New York: Guilford Press, 1993), 6.

⁵⁶³ "Pre-Natal Culture. Part Second," *White Ribbon*, 19/07/1920, 4; "Pre-Natal Culture. Third Part," *White Ribbon*, 18/08/1920, 5.

and allowed sterilisation.⁵⁶⁴ These associations also identified other more quotidian problems such as limited access to education and the inadequate quality of education, health and other services more generally, especially in rural areas, and the lack of religious education in state schools.

All the women's associations studied here produced some kind of childrearing advice in the interwar period. However, the LOM and, to a lesser degree, the MTG were the only ones that explicitly emphasised parenting help and advice as their core interests.

Despite their wider focus, association leaders and advisers of women-focused associations certainly respected, and even glorified, mothers and motherhood. For example, they described mothers analogously as builders - the 'architects of humanity' - and as 'moral guardians' of both their own children and of society at large. Motherhood was portrayed as a sacred duty and divine calling. In the 1920s and 1930s such analogies reiterated the widely-held belief that mothers were, indeed, those best suited to reconstruct society and mould 'the future race in the right directions.'⁵⁶⁵

In doing so, however, there was the willingness to both acknowledge, indeed kowtow, to the knowledge and expertise provided by expert led organisations and the State. The associations almost universally embraced the aims Lady Alice Fergusson had declared for the League of Mothers in 1926: to do for children's souls and characters what Plunket had done for their bodies. Taken as a whole, the women's associations' childrearing literature focused chiefly on moral and character training and religious education. However, it was markedly different from the expert-driven model, in that the advice embraced women's own spiritual and educational needs along with their children's.

⁵⁶⁴ "The Problem of the Mentally Defective," *The New Zealand Countrywoman* 1, no. 1 (May 1933), 6-7; Nina A.R. Barrer, M.A., *The Problem of Mental Deficiency in New Zealand* (Wellington: WDFU, 1933), Preface; Pamphlet advertisement, Vol, no. X (Dec. 1933), 11.

⁵⁶⁵ Pre-Natal Culture," *White Ribbon*, 18/06/1920, 11. See also: "Unspoilt Childhood," *White Ribbon*, 18/09/1920, 3.

Notably their advice combined scientific motherhood principles with Christian values. Religion was balanced with science drawn mainly from psychology, especially child psychology and child development. This reflected, on the one hand, that their advice focused on values, attitudes and behavioural attributes with the view to developing children's moral character and spiritual strength, and, on the other, the growth of popular psychology by the late 1920s, and especially the 1930s. By the 1930s, popular psychology became a way of reframing familiar problems previously explained and diagnosed in eugenic or medical terms.⁵⁶⁶ The degree to which advice authors understood the terminology and proper usage, however, is open to question.

It is evident the women-focused associations were pragmatic and took account of the realities of women's everyday lives and circumstances. As one WDFU writer noted:

We are a country community here, and country conditions lend themselves very grudgingly to undisturbed hours of intellectual intercourse between mother and children. There is the want of domestic help in our homes, [...] long and uncertain hours of farm work, the irregular meal hours, [and] the manifold and varied duties of a farmer's wife.⁵⁶⁷

For such associations, therefore, the quality and utility of information was more important than its originality. Thus, their advice material was not necessarily original and was generally placed amongst regular content and advertising which probably reflected both the breadth of information mothers may have required and that mothering was not regarded as having primacy over other aspects of women's identity and interests.

⁵⁶⁶ For example, in the mid-1930s Nina Barrer of the WDFU, who had been described as a 'zealous and influential' advocate of eugenics in the 1920s, restated New Zealand's social problems and their cures in psychological rather than eugenic terms. *May Discovery*, 351.

⁵⁶⁷ "Children and Good Reading," *The N.Z. Countrywoman* 1, no. 9 (January 1934), 4.

Allred made the useful distinction between the site of authority or holder of power as ‘*expertise*, as opposed to *the expert*’ which is relevant here.⁵⁶⁸ All the women’s associations studied here elevated the importance of women’s own expertise. Some of the women who authored or lectured on childrearing had professional credentials in science, medicine or education; others however, had “informal” expertise and wrote or spoke from experience, religious conviction or strong self-belief such as Bryder’s women of Plunket whom, she argued, believed they had ‘as much capability as, or even more than, their health professional employees’ even though they did not necessarily have professional training.

In certain contexts, women were able to use their scientific and professional expertise in their own right, something which could not be achieved through ordinary academic and professional channels at the time. Further, it gave them scope for innovation. Nurse Chappell, as we saw earlier, drew on her professional work and experience as a Plunket nurse both for legitimacy and to provide real-world examples from her work experience, and as a WCTU member she gave advice based on her own personal research and hypotheses.

Parenting and adult education providers also viewed women holistically, while demonstrating a characteristically pragmatic approach towards women’s education needs. For example, women made up a large percentage of the WEA’s general course students and library users, and also attended women-only classes, meetings and study groups. Students had some role in determining the subjects to be studied and were encouraged to actively participate in the class situation so that they gained most benefit from the education and discussion being offered. It is telling that most of the women-only syllabus covered homemaking and childrearing subjects. This was partly because WEA tutors and organisers recognised women’s real-life needs, and was partly a response to women’s

⁵⁶⁸ Pam Allred, “Whose Expertize? Conceptualizing Resistance to Advice about Childrearing,” in *Psychology Discourse Practice: From Regulation to Resistance*, by Erica Burman et al (London and Bristol, PA: Taylor & Francis, 1996), 138.

demand for such courses.⁵⁶⁹ The WEA also responded pragmatically to women's circumstances, for example, some classes were scheduled to fit around mothers with young children.

However, it is important to note that the expert-directed and community-led models were not mutually exclusive, and allowed room for much commonality and middle-ground. For example, most of the women's associations and education providers endorsed King and Plunket as infant welfare experts, and accorded the Society preferred supplier status with respect to its infant care services and advice. The rare physical care articles that women's associations published in the interwar period either reflected Plunket's basic precepts or were reprints of the Society's "Our Babies" column. Furthermore, association leaders were often themselves involved with Plunket locally or nationally, suggesting they subscribed to the same values. The work of such associations, therefore, was often perceived as an adjunct, or as running parallel to, the expert-led scientific paradigm, tempering it, perhaps, with real life knowledge of women's actual circumstances and fleshing out the unrelenting official focus on motherhood with a more sympathetic recognition of a woman's total needs.

In the broader view of the community-led model's perception of women's identity and citizenship, motherhood was often invoked in redefining and expanding women's roles beyond the home and to justify their increased social and political participation. By arguing for women's maternity as the defining feature of their sex, such associations credited women with special capacities and nurturing abilities that justified an increased participation in public life. Thus, while the expert-directed model looked upon maternity as a vehicle of state and Empire, within the community-led model it became a tool for emancipation.

This said, however, as with official childrearing experts, women's associations and education providers still felt the need to make certain claims to legitimacy. For example, while women's religious group the NZMU might claim validity by

⁵⁶⁹ Thompson, *Adult Education*, 217-8.

aligning itself with Anglican church doctrine, a number of associations claimed legitimacy and status through vice-regal patronage often in their attempts to attract funds and members.⁵⁷⁰

Education providers, such as the WEA, in contrast seem to have sought legitimacy by toning down some of their more radical education ideas to make them more palatable to the “establishment” and to funding agencies.

Women’s Agency

Despite the distinction made in this thesis between the expert-directed and community-led models, a third lens of analysis is also available. If the two models are looked at again from the perspective of women’s agency valuable insights arise into how women responded to childrearing advice in the interwar period.

As discussed in Chapter Two, early social control analyses of King and Plunket and the state had contended that women were passive victims of pronatalist measures, economic benefits and prescriptive advice that was imposed on them by experts.

This view was modified somewhat in the 1990s when Bryder argued that Plunket had retained its control over infant care in part because women were hungry for modern and scientific parenting advice and in part because of its middle-class women organisers and their social position, self-confidence, and high estimation of their own health knowledge even though they did not necessarily have professional training.

⁵⁷⁰ Amanda Andrews, “The Great Ornamentals: New Vice-Regal Women and their Imperial Work, 1884-1914,” (PhD diss., University of Western Sydney, 2004), 1-2. Lady Glasgow extended NZMU branches across New Zealand in the 1890s; Lady Plunket helped to publicise, and formed several branches of the Society for the Promotion of the Health of Women and Children which took on her name; Lady Fergusson founded and was patron of the LOM; The NZWI first gained vice-regal patronage in 1926 under Lady Fergusson, but the relationship mainly developed during the 1930s with Lady Bledisloe. Bryder, *Voice*, 18.

Bryder's analysis can be seen as illustrating women's influence in infant and child welfare. However, this thesis goes further and argues that, viewed anew, from the perspective of women's agency, many of King's and Plunket's interwar strategies can be reinterpreted as engagement in an ongoing process of skilful marketing and promotion in response to the ever-present need to convince women to use Plunket's services and follow its methods and advice.

Despite King's widely-accepted status and authority as New Zealand's infant welfare expert, Plunket as an institution lacked compulsion mechanisms. The way the Society was set up meant mothers had a choice whether or not they subscribed to Plunket's methods, advice and ideals. For instance, women were invited to take up Plunket nursing services and it was left to their discretion to accept. Also, Plunket was service-based meaning women could use the free advice and services but were not obliged to become members. From this perspective rather than blanket authoritarianism, King's dogmatism, his prescriptive advice, his stark and vivid warnings of the risks and negative consequences if women did not adopt the Plunket system, or only followed it in part, and Plunket's political lobbying, propaganda and extensive advertising can all be viewed as strategies to convince women and achieve compliance. Indeed the constant references made in Plunket literature and communications to the number of women who declined to use their services suggests that Plunket organisers and committees were only too aware of their limitations in this regard.

Similar arguments can be made in relation to state officials. The state ostensibly had more leverage available than Plunket with which to encourage mothers into taking particular actions and follow health advice, mainly through its statutory and regulatory powers. For example, the state had an element of compulsion available in terms of ensuring children's engagement. Compulsory education and medical inspections were both legislated for.⁵⁷¹ Children were effectively a captive

⁵⁷¹ Education Act 1877, s 83, 89; Education Act 1914, s 59; Education Amendment Act 1920, s 10. Although the 1877 Education Act defined school age as 'any age between the years of five and

audience while they were at school; and therefore could be targeted as another medium for enabling health advice to reach parents.

In the early 1920s, Paterson had compared New Zealand parents favourably to British parents, describing them as more articulate, more likely to 'freely criticise our efforts for their children's benefit'. Paterson recognised and wanted to preserve parents' agency and considered it essential that the government continued to prioritise its health education work so that parents retained a proper sense of parental responsibility, rather than treating them as 'irresponsible units for whom care has to be provided.'⁵⁷²

Nonetheless, this thesis supports Tennant's contention that the school medical service's education work and status as childrearing experts was challenged and constrained by various factors during the interwar period. State officials frequently complained about parental resistance and non-compliance with various aspects of their advice. There were enforcement mechanisms available to penalise parents for non-compliance with compulsory education and medical inspections provisions, including, at one stage the capacity for officials to take proceedings against parents who failed to obtain suitable medical or surgical treatment for their child after a second notification from school doctors. However, this clause was removed from the 1920 Health Act, and no evidence has come to light to suggest any proceedings were taken against parents anyway. In general, the enforcement clauses lacked any real teeth with regard to school attendance. For example, it is evident that regulations were enforced unevenly across different parts of the country, and sometimes not at all, and that education exemptions were very easy to obtain.

In contrast, women's voluntary associations and education providers, by their very nature, had no (and no need for) for any levers of compulsion. Women self-selected as members of voluntary associations. In the interwar period this meant

fifteen', school was only compulsory for children aged 7-13 years. The compulsory age was raised to 14 in 1914, and 15 in 1920.

⁵⁷² *AJHR*, 1923, H-31, 50.

not only that they actively chose to join an association, but often that they became members through elaborate initiation ceremonies, and participated in rituals of belonging such as songs and prayers. Women would have been fully aware of the association's values, aims and goals before they joined and thus becoming a member signified and reinforced their commitment. This in turn made it far more likely that women would engage constructively with the organisations' aims and advice material.

Similarly, women self-selected as students of education providers and chose the subjects they wanted to study. Women's keenness for mothering and homemaking education was evident in their willingness to crowd into 'less than desirable' settings for classes and to take their children to classes with them. At the end of the interwar period, Gwen Somerset's nursery classes at the Feilding Community Centre had expanded to meet multiple needs in the local community. The nursery classes led to the formation of child study groups where mothers regularly met to hear class reports and talks on child psychology, and senior girls at the local high school gained first-hand experience supervising children alongside theoretical study. Campbell noted in his 1945 book about the Feilding Community Centre that there was close cooperation with the local Plunket Society branch, and the nursery classes that had been one result of this connection became an early precursor to the Playcentre movement.⁵⁷³ Another outcome was the establishment of a pre-school clinic held monthly by an officer of the Health Department.⁵⁷⁴

New groups of experts, many of them women, came to prominence in New Zealand in the 1930s too, including home scientists, social workers and paediatricians. While their status as professions was still evolving and not formally confirmed until after the 1930s,⁵⁷⁵ women were able to claim niche areas

⁵⁷³ May, *Discovery*, 354.

⁵⁷⁴ Campbell, *Feilding Community Centre*, 23-4.

⁵⁷⁵ "Food Research," *Evening Post*, 20/05/1943, 11; Hickey, "Negotiating," 43; Elizabeth Nash, "People, Policies and Practice: Social Work Education in Aotearoa/New Zealand from 1949-1995," (PhD diss., Massey University, 1998), 76. The New Zealand Dietetic Association was formed in 1943

of specialised knowledge and expertise which, in turn, opened up a wide range of employment and academic opportunities for them. For instance, women home scientists entered three broad areas of employment during the interwar years: as university administrators and ‘institution builders’, as researchers in areas such as nutrition and dietetics, and entered careers in education, business and healthcare.⁵⁷⁶

Of particular significance to this study is the role that home scientists played in the 1930s in reshaping and disseminating childrearing advice as it related to diet and nutrition. As this thesis has demonstrated, individual home scientists, the HSES and the Home Science School nurtured a wide range of formal and informal networks throughout the interwar period, which were interwoven with the Health Department, the Plunket Society, women’s voluntary associations and education providers in numerous ways. Home scientists’ expert knowledge had become the foundation for the Health Department’s childrearing advice on nutrition by the end of the 1930s. Moreover, home scientists disseminated nutritional advice to women as mothers and as association members, both directly and indirectly, through talks and lectures and articles published in newspapers, women’s magazines and organisational publications such as the Christchurch FKA’s *Kindergarten Chronicle*.

This thesis contends that those two examples, of Somerset’s nursery school and of the growth in home scientists’ expert input to childrearing advice, signalled a marked shift in how the expert-directed and community-led models evolved, operated and came to interact over the interwar period. In the 1920s, scientific research and knowledge such as nutrition and psychology and their influence on

and the New Zealand Paediatrics Association in 1947. Despite requests in 1930 for university-level social work training, the first professional course was not run until 1950, and the New Zealand Association of Social Workers was not established until the early 1960s.

⁵⁷⁶ Jenny Collins, “Glorified Housekeepers or Pioneering Professionals? The Professional Lives of Home Science Graduates from the University of New Zealand,” *History of Education Review* 37, no. 2 (2008): 44.

child health and welfare was still developing. It was also a period of scientific and educational experimentation, organisational identity-building and increasing professional differentiation. Individuals and groups tended to take up different aspects of child welfare independently and, thus, most child welfare efforts were carried out in parallel and usually remained separate.

Government's administration of health and child welfare were also in a state of flux during this time. The public health infrastructure, which was reorganised under the 1920 Health Act, went through several further changes in the decade following. Notably, child welfare shifted from the Education Department to the Health Department and back again within less than five years.

In contrast, in the 1930s, much of the scientific knowledge that was new in the 1920s had become embedded and more mainstream, and there was more certainty in expert application of that knowledge. Government bureaucracy and health infrastructure had matured and consolidated, and professional and organisational identities were far more established.

For those reasons, and as the nursery school and home science examples show, there was a greater tendency for previously disparate groups to come together in new and interesting ways in their child welfare efforts. As a result, the expert-directed and community-led models became more integrated as expertise and knowledge were shared more widely and cooperatively.

More significantly, the two models now interacted in ways that increasingly recognised women's agency in raising their children and their ability to evaluate scientific information for themselves. Thus women gained broader and more immediate access to modern scientific childrearing advice without the need for expert supervision or mediation. At the same time, while domestic ideology still prevailed,⁵⁷⁷ women's citizenship became more widely defined, and, with the onset of war, greater opportunities opened up for women beyond the home.

⁵⁷⁷ Deborah Montgomerie, "Reassessing Rosie: World War II, New Zealand Women and the Iconography of Femininity," *Gender & History* 8, no. 1 (April 1996): 108-12.

7 Conclusion

This thesis has closely analysed the childrearing advice available to Pākehā mothers during the interwar period. A key premise of this study is that childrearing advice was seldom merely educational or informative. Its principal findings support the assertions made in the international literature, especially by North American scholars, that childrearing advice also aimed to remedy perceived shortcomings in women's mothering abilities and to communicate and reinforce particular social ideals and gender expectations to mothers. This thesis extends that international analysis into the New Zealand context, and is a valuable addition to the existing New Zealand historiography of motherhood, both in its use of childrearing advice as a significant primary source underutilised in New Zealand to date, and in its breadth of focus on the official, expert and popular advice that was available.

The available literature has been analysed in three categories: Plunket, the state, and community-based individuals and organisations.

Plunket's advice communicated and reinforced domestic ideology and a scientific view of motherhood that narrowly constructed women as mothers and homemakers situated in the home who needed expert mothering advice and supervision. This reading of Plunket's advice material suggests that King and Plunket did not have the absolute hegemony over infant welfare as contended in earlier historical analyses. While Plunket controlled many aspects of infant care, including some infant hospitals, it lacked the ability to coerce or compel women to follow its advice which was accessed on a voluntary basis. Viewed from this perspective, many aspects of Plunket's interwar advice and activities can thus be reinterpreted as strategies designed to convince women to adopt the Plunket system.

A similarly close analysis of the Health Department's advice literature indicates that the state also communicated and reinforced domestic and scientific motherhood ideologies. Although the state ostensibly had more leverage than

Plunket, it also faced challenges in mothers' uptake of their advice, and therefore engaged in various strategies to encourage women to ascribe to departmental aims and recommended actions.

Community-based individuals and organisations were less homogenous in their advice. While many women's voluntary associations sought to guide mothers on children's religious teaching and moral character training, education providers concentrated on child development and psychology.

An important contribution of this thesis is its identification of two distinct models of advice: the "expert-directed" model, which included Plunket, the state and some community-based individuals, and the "community-led" model which included women's voluntary organisations and some education providers.

Each model was based on very different assumptions about Pākehā women's perceived capabilities as mothers, and distinctive ideological constructions of motherhood and citizenship. Within the expert-directed model, women were narrowly constructed as mothers, potential mothers, and maternal citizens, and viewed as vehicles through which experts could meet their political, imperial and citizenship goals. Moreover, the expert-directed model implicitly assumed that experts had appropriate authority to direct women's actions and private decision-making regarding their children's health.

In contrast, the community-led model viewed women more holistically, and their mothering roles as just one facet of their lives and interests. This model gave greater credence to women's autonomy and independent citizenship, and promoted scientific motherhood ideology without specifying that experts were needed.

The thesis further concludes that, when viewed again through the lens of women's agency, both models highlight women's responses to and engagement with childrearing advice as active participants rather than as passive recipients. Women chose the modes of advice they used, and were selective about which aspects of advice they took on. The lens of women's agency reflects directly the

need of Plunket and the state to engage strategies to convince women to follow their advice. This need was not so evident in community-led organisations, given that women self-selected as association members and students. In all instances, however, advice was seen to reflect concerns over the place and practice of childrearing within the new scientific paradigms and citizenship aspirations of New Zealand as a modern nation.

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