Mrs Grace Neill in the Department of Asylums, Hospitals and Charitable Institutions

The appointment of Mrs Grace Neill to the Department of Hospitals, Asylums and Charitable Institutions in 1895 came at a time when the proportion of women to men in the work force had shown a significant increase, when a select group of women were taking advantage of new openings in advanced education and when the overall balance of the sexes was changing at such a rate that in some urban areas, women were the more numerous.¹ Such developments created anomalies which, coupled with women's longstanding legal and social disabilities, increasingly pressed for resolution. While these anomalies were ably publicized by a small but articulate group of women's societies, depression conditions had heightened the visibility of those forms of social distress to which women and children were particularly vulnerable. Wife desertion was already a sufficiently familiar feature of the New Zealand scene to provoke continual comment in newspapers, parliamentary debates and official reports, and as unemployment forced men to travel in search of work the deserted wife became a major burden on the colony's meagre charitable resources. Many women by choice or of necessity became breadwinners in a society geared to female dependency on a male breadwinner and the competition depressed wages in some industries to near starvation level.²

The result was a growing awareness of problems immediately affecting women, and both the women's organizations and certain government departments came to press for women appointees with an understanding of these concerns. But whereas the women's groups saw such developments in terms of their own commitment to 'increase the truly feminine' in society and thought that nothing but good could come from the application of a woman's perspective to public affairs, senior public officials were influenced by rather more pragmatic considerations. Certainly their acceptance of female subordinates did not imply an endorsement of the feminist viewpoint.³

¹In 1891 there were 88.26 women for every 100 males in New Zealand; for boroughs alone the ratio was 104.33. Figures based on Census of New Zealand 1891, p.2.
²J.D. Salmond, New Zealand Labour's Pioneering Days, Auckland, 1950, p.50.
³See for example, the speech of Mrs Margaret Siewwright, 5 May 1902, National Council of Women, Seventh Session, Napier 1902, Gisborne Times, 1902.
Probably not unmindful of the relative cheapness of women officials, they also believed that such appointees would be more shrewd and discriminating than men in their dealings with other women. Women officials would stand firm against imposition and deception, dispensing practical advice and sympathy, tempered of course by the need to keep a housewifely eye on the public purse. The expectations of the Inspector-General of Hospitals in this regard amounted to nothing less than the hope of a more effective social control, and it was in such terms that he couched his initial request for a female assistant.

Such appointments could not have been made were there not women with the confidence and expertise to undertake these duties. Grace Neill’s appointment to the Department of Hospitals and Asylums in her forty-ninth year reflected not only the need for a woman official in this area, but also the extent of her own ability and a wealth of experience which clearly impressed her superiors. Born into a wealthy Scottish family, she had undergone a thorough hospital training to become the Matron of the Pendlebury Hospital for Sick Children from 1877 to 1879. Marriage followed, with the birth of a son in 1882, a period of residence in Germany where she edited an English journal and came into contact with many leading European socialists, and midwifery training among the poor of Battersea. Here she began to develop strong views on the role of public charity.

Joining her doctor husband in Queensland in 1886, Grace Neill was widowed two years later. Reluctant to accept her mother’s offer of a comfortable home in England she turned to journalism to support her child and herself, and as well as conducting a small typewriting business wrote at various times for the leftist paper the Boomerang and for the Brisbane Daily Telegraph. In 1890 she helped the Boomerang’s editor William Lane form a union for women workers and in 1891 was appointed to a Royal Commission to inquire into conditions in Queensland workshops. She and the four other women members appended their names to a majority report which supported greater government intervention in labour conditions. About this time Grace Neill also became the first woman to serve on the committee of the Brisbane School of Arts and Technical College. The intention of the Queensland government to appoint her lady inspector of factories was stalemated by the labour disturbances of the early 1890s but on hearing of the New Zealand government’s intention to create a similar position she travelled to Wellington, where she was introduced to William Pember Reeves. Reeves was favourably impressed, and after a brief period spent as typist and translator of the Labour Department’s foreign correspondence, Grace Neill was appointed New Zealand’s first female factory inspector in March 1894.4

By this time she had made many friends in Wellington, including Mrs Pember Reeves into whose suffrage group she had been absorbed.5 This group

5Neill, p.31.
put much of its effort into influencing individual members of parliament on the franchise question and Grace Neill herself was later to place great emphasis on her position as an enfranchised woman — to make an assessment of the benefits of the franchise for New Zealand women which was perhaps over-generous.\(^6\) Her friendship with Mrs Reeves and their mutual interest in women’s affairs continued until the latter left New Zealand, and Grace Neill later described how she and Mrs Reeves would discuss the unpopular Contagious Diseases Act from all points of view in the hope that W.P. Reeves would introduce to parliament a workable replacement.\(^7\) While Grace Neill seems to have stood apart from public discussion of such contentious issues she certainly brought to her career a commitment to women’s rights and a sympathy for the woman’s perspective on public matters.

Grace Neill remained only one year as inspector in the Department of Labour, during which she travelled to the industrial centres of both islands and to some country districts. She claimed to have met with almost universal courtesy and co-operation during her travels and felt that women workers were less reticent in discussing their conditions with an inspector of their own sex.\(^8\) The success of her short appointment justified both the extension of the female inspectorate and, in mid-1895, the establishment of a women’s labour bureau — since, Edward Tregear wrote, ‘It was thought neither wise nor just that the necessities of one half of our population should be neglected, or that women-citizens of our colony should not be provided with equal means of escaping destitution as their male relatives’.\(^9\) This statement is interesting, for it must not be thought that the appointment of female officials such as Grace Neill in any way signified encouragement of women’s entrance into the work force or of their independence from traditional avenues of male support. The impoverished women or girl would, if she had any decency and self-respect, prefer paid employment to reliance on public benevolence and once employed should be protected from those conditions which might impair her future maternal functions; but the comparative freedom associated with independent labour was viewed with considerable suspicion by Tregear and his contemporaries. Tregear himself warned that ‘If the abnormal (and, I hope, transient) conditions of life in the nineteenth century make it imperative that many women must earn their own bread, either in the professional or manufacturing classes, the fact should only be regarded as a necessary evil.’ He grudgingly conceded that admiration was due to many such women but, he stressed, ‘the woman who is house-wife and house-mother occupies, or ought to occupy, the position of honour in the heart of a nation.’\(^10\)

During her period as factory inspector Grace Neill had already been

\(^6\) See, for example, her speech to the International Council of Women in 1899, quoted in Neill, p.45.
\(^7\) Grace Neill to Dr Agnes Bennett, 20 March [1912?], A.E.L. Bennett Collection, 1346/211, Alexander Turnbull Library, Wellington (ATL).
\(^8\) Annual Report, Department of Labour, AJHR, 1895, H6, 11.
\(^9\) ibid., p.2.
\(^10\) ibid., AJHR, 1897 (S.2), H-6, ix.
involved in inquiries which suggested her future transfer to the Department of Hospitals and Charitable Institutions. In September 1894 she was appointed official visitor to the Porirua and Mount View Lunatic Asylums and in December of the same year she served on a commission of inquiry into charitable relief in Canterbury. As already mentioned, she had developed strong views on public relief when training as a midwife in England; views which were intensified when in 1892 the Queensland government retained her to inquire into the distribution of Labour Bureau relief and the condition of the unemployed. This experience, she told an Evening Post reporter, had more than ever convinced her that ‘if men or women are to retain their self-respect, they must earn the bread they eat’.12

Thus equipped, she joined Mr J.C. Martin, S.M. in an investigation into charges of cruelty and parsimony levelled at the North Canterbury Charitable Aid Board. It is worth noting, in view of Dr Duncan MacGregor’s later justification of a female assistant, that additional charges of immorality were laid against the Board’s inspector — charges which the two commissioners found unproven, but involving situations sufficiently ambiguous to warrant a woman inquiry officer. This woman, the report added, should be ‘one who has received a thorough hospital training’ — surely the touch of Grace Neill, herself a trained nurse. Although most of the other charges were also dismissed the Board’s weekly dole of 1/9d per person was considered ‘too little to sustain life’, no small indictment since the commissioners finally recommended that total outdoor relief should be restricted as much as possible ‘with a view to its ultimate abolition.’13

These were views with which MacGregor, Inspector-General of Hospitals and Charitable Aid, was strongly in accord. Since his appointment in 1886 MacGregor had conducted a tireless campaign against the ‘pauperisation’ of the working community. In his often lengthy and increasingly verbose annual reports MacGregor denounced the misuse of hospitals, the decline of private philanthropy and the pernicious effects of indiscriminate charity. Above all else, it was the widespread distribution of outdoor relief which stirred MacGregor to the heights of eloquent condemnation. ‘Outdoor relief’, he wrote, ‘is as catching as small-pox, and just as deadly .... All over New Zealand the State subsidy for indiscriminate outdoor relief is the most effective scheme that could be devised for the systematic cultivation of social parasites. We carefully hatch them out, and lay them down in the alimentary tracts of society, and we call the insane proceeding philanthropy.’14 As long as this system was allowed to exist, he continually warned, idlers and drunkards would absorb a large part of what was meant for the victims of weakness and calamity, respectable men and women would be thrust aside by ‘impudent beggars’ and deserted wives and families would abound.

11 Cyclopaedia, I, 170.
12 Evening Post, 31 March 1894.
13 Press (Christchurch), 6 February 1895.
It was this last group, the deserted wives and families, that constituted an 'enormous proportion' of those in need of charitable aid — a group which, it seemed to MacGregor, was inordinately skilled at wheedling its way around credulous charitable aid boards. At the same time the enormous task of supervising the colony's hospitals and asylums while maintaining a vigilant watch for undue munificence and leniency in relief policies was undoubtedly becoming too much for one person. In April 1895 MacGregor wrote to Reeves requesting the transfer of Mrs Grace Neill to his own department:

Experience has shown that a lady-assistant's help is indispensable to me for the purpose of getting full information regarding the circumstances and desserts of the recipients of Out-door relief which if it is allowed to go on as at present must break down the finances of the Colony. It is also necessary that I should have the help of an able and experienced woman in enquiring into the charge of blackmailing women applicants by the relieving officers of the boards. Such charges have frequently been made against officers in all the large centres. Again the female nurses of our hospitals and asylums cannot be completely managed now-a-days without female assistance.\(^{15}\)

Clearly, the successful manipulation of the charitable aid system by the less scrupulous of its female beneficiaries was thought to be getting out of hand. A female inspector, it was hoped, would not only elicit the confidence of needy but retiring members of her own sex, but would be more adept than her male counterparts at ferreting out cases of brazen exploitation. In May 1895 Grace Neill joined MacGregor in the Department at an annual salary of £230 and MacGregor wrote in his annual report, 'Owing to recent political and social developments it was felt that the time had come when the numerous and delicate questions affecting women which have to be dealt with in connection with our system of charitable aid, and our hospitals and asylums, ought to be handled in the first instance by a woman. Mrs. Neill, who has been appointed Assistant Inspector combines in a very high degree the ability, knowledge, and sympathy required for this position.'\(^{16}\)

As anticipated, Mrs. Neill's 'ability, knowledge, and sympathy' were soon directed to hospital inquiries and detailed inquiries into the local administration of charitable aid. Within two years her duties brought her into direct conflict with one of the colony's largest single distributors of charitable relief. Directed to investigate individual recipients of outdoor relief, she forwarded a report highly critical of charitable aid over the entire colony, and in Wellington in particular. The situation in Wellington had for a long time distressed MacGregor, for here outdoor relief was administered not by the Charitable Aid Board but by the Wellington Benevolent Trust, a 'separate institution' independent of the Board's control but overwhelmingly financed by its grants. The Wellington Trustees must have bitterly regretted their

\(^{15}\) Dr MacGregor to W.P. Reeves, 4 April 1895, 30/54/10, Health Department. I am indebted to Mr W.A. Brunton for bringing this file to my attention.

\(^{16}\) Annual Report on Hospitals and Charitable Institutions of the Colony, AJHR, 1895, H-22, 2. Compare Neill's salary of £230 with that of MacGregor (£1200) or, perhaps more fairly, that of the Secretary of the North Canterbury Charitable Aid Board which she had recently investigated — £350 per annum.
proximity to the seat of government, for the Trust was continually held up as the exemplar of the worst abuses in the charitable aid system, and Grace Neill had earlier criticized their haphazard methods, most encouraging she noted, 'to brazen faced beggars of the female sex'.

Her investigations in 1897 confirmed her existing opinions. She censured the inadequacy of the Trustees’ files and records, deficiencies in the boarding out of children (supervised by the Ladies’ Christian Association) and inconsistencies in the distribution of relief. The daring and persistent woman, she noted, soon overcame any resistance on the part of the Trustees, while the ‘saddest cases’ were too proud to approach them. She declared herself more than ever convinced that ‘the existing mode of out-relief encourages a cancerous growth of pauperism and many another social evil’ and finally pointed to the lack of any fixed principle in the administration of charitable aid. It was necessary, she thought, to distinguish between the relief of destitution, which the Boards might justifiably attempt, though with consideration for ‘the highest welfare of the community’, and the alleviation of poverty which she felt to be a hopeless task, only to be attempted by voluntary charity.

The Wellington Trustees, acquiring a rare unity in their indignation at official interference, leapt to the defence with a point by point refutation of the examples of inconsistency attached to Grace Neill’s report. Her report, they countered, was based on hearsay evidence and represented a deplorable slur on the ladies of the Christian Association, some of whom, one member pointed out, had over twenty years’ experience in this field ‘which was more than could be said of Mrs. Neill’. The Trustees further denied that any able-bodied women were receiving steady relief or that landlords were receiving rents to which they were not entitled, and rather caustically concluded that they ‘did not consider Mrs. Neill’s essay on charitable aid as of any high value’.

While given the Trustees’ statutory independence from departmental control Mrs Neill could not expect any immediate alteration in their operations, the incident illustrates the antagonism arising from the two parties’ differing conceptions of charitable aid. At a time when voluntary charity was proving unequal to the demands placed upon it, neither the machinery nor the public enthusiasm for a more comprehensive system of state aid were available. Local charitable boards were subjected to continuous pressure from public bodies and individuals. Being more exposed to the realities of hardship (or, as MacGregor unkindly suggested, desirous of popularity with a view to subsequent public careers), they proved unable to make the required distinction between the ‘deserving’ and the ‘undeserving’ poor. The Wellington Trustees, treading an uneasy path between profligacy and parsimony, obviously resented the intrusion of an official whom they considered unsympathetic and ill-informed and implied that Mrs Neill would

17 Ibid., AJHR, 1896, H-22, 32.
18 Ibid, AJHR, 1897 (S.2), H22, 32-33.
19 Evening Post, 26 May 1897.
be better employed in adopting the ministering role of the Ladies' Christian Association than in telling them their job.

Grace Neill, while protesting that her aim was ‘cooperation with your Board of Trustees, not antagonism’ had nonetheless alienated the Trustees through her failure to discuss her criticisms with them before submitting her report. By making use of hearsay evidence some of which was later proven incorrect in details (though she herself claimed to have personally visited 158 cases), she laid herself open to having conducted a cursory inquiry, mischievous and unfair in its results. The New Zealand Times accused her of lacking in womanly sympathy, adding that Mrs Neill, like others in the Department, ‘had ever been found on the side of “Bumbledom”.’ ‘The public purse,’ it maintained, ‘is dipped into very deeply — not to succour the distressed, but to reduce to the lowest ebb of pauperism those who are driven to seek so-called charitable aid.’

Grace Neill’s task was a difficult one, unlikely to enhance her own popularity or that of the Department. Perhaps also her own strength of character, her own successful struggle against want during early widowhood tempered her sympathies toward those less well-equipped to succeed. But if, despite her interest in women’s issues at one level Grace Neill was at one with MacGregor in her stern condemnation of ‘importuning’ women indigents, this was a stance from which relatively few dissented. Even those criticizing her reports agreed that the existing system of charitable aid was in drastic need of reform. Their essential disagreement was with her analysis of the causes of poverty, which she blamed on infirmity, intemperance and indolence. ‘If Mrs. Neill had said that while hopeless poverty exists it will inevitably lead to intemperance and indolence, and finally to infirmity and penniless old age, she would have been nearer the mark’ maintained the New Zealand Times: ‘it is the awful misery of the poor which leads to intemperance and immorality.’

Whatever the justice of Grace Neill’s criticisms, the strength of her report confirmed in the minds of many the wisdom of women’s participation in charitable aid and hospital administration. ‘The cause of true charitable relief would be infinitely benefited if we had more Grace Neills among us’ wrote a correspondent to the Evening Post. That newspaper (edited, however, by Grace Neill’s old friend Gresley Lukin) professed itself quite satisfied that the appointment of women to the Trustees and Charitable Aid Board would be a powerful influence in the direction of economy. Within the year the Wellington Trustees had prudently appointed a permanent woman visitor to their own staff, and in 1898 Mrs Black of Christchurch became the first woman to serve on a charitable aid board. In the long term the advocates of

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20 ibid.
21 New Zealand Times (Wellington), 26 May 1897.
22 ibid.
23 Evening Post, 28 May 1897.
24 ibid.
25 Press, 24 November 1898.
economy seem to have won out in Wellington for in 1902 Mrs Neill reported, no doubt with great satisfaction, a sharp decline in the Trustees' expenditure on outdoor relief.26

The frustration felt by Grace Neill and Dr MacGregor in this side of their work comes through clearly in their reports, but the appointment of Dr Frank Hay to the Department in 1897 relieved Grace Neill of some of her inspectorial work and enabled her to concentrate on another, more rewarding part of her duties — reforms in the nursing profession.

Some New Zealand hospitals had begun in the 1880s to institute training courses for nurses, one aim of which was to attract a 'better type' of woman into nursing and replace the male nursing attendants who had formerly predominated. During the transition period some hospitals were disrupted by conflicts between the older, untrained nursing staff and the younger probationers and one such outburst at the Christchurch Hospital in 1894 had reinforced in MacGregor's mind the need for a female assistant.27 Both Grace Neill and MacGregor consistently supported the new system and by the turn of the century the superiority of the trained nurse was firmly established. In 1901 MacGregor noted the great changes which had occurred in nursing in New Zealand. Girls were now taking up nursing in much the same way that some became typists and teachers; rates of pay, hours of work and future prospects being as important to them as any love of nursing. While most hospitals had instituted well-conducted training courses, others produced nurses who called themselves 'hospital trained' but were actually deficient in knowledge and experience. The state registration of nurses, MacGregor wrote, was the only means by which conditions could be bettered, the public protected, and the nursing profession gain the recognition it deserved.28

These were almost exactly the sentiments Grace Neill had expressed three years earlier at the 1899 congress of the International Council of Women in London. Granted six months' leave of absence, three of them on full pay to observe new asylums and training institutions in Britain, she was invited to address the International Council of Women as principal speaker in the nursing section.29 In her speech she expressed her firm conviction of the need for a comprehensive system of hospital training followed by a final examination conducted by an independent board of examiners and state registration. As befitted one of the first generation of nurses trained to Florence Nightingale's ideals of dedication and service, she warned of the dangers threatening her profession from an influx of girls without the dedication of their predecessors. 'It cannot be too strongly impressed upon a probationer', she insisted, 'that the main function of a nurse is to serve — to

29 Grace Neill to Dr MacGregor, 5 September 1898, 30/54/10, Health Department; Neill p.38.
serve others’. On the other hand she linked the status of nurses to that of women as a group and concluded by urging upon every woman, and especially every woman with a profession, the need to strive for political enfranchisement. This, she claimed, would make considerable difference to women’s interest and status.30

Prompted by her concern for the status of nurses Grace Neill played a major part in drafting and implementing the 1901 Nurses Registration Act. Her major worry was to avoid possible injustice to those nurses with varying amounts of training and experience who were already in practice. Opposition to registration was also likely to come from hospitals which had not the facilities to train nurses or who feared loss of identity in association with a national scheme. In parliament, however, the few reservations to the bill centred upon the position of the practising nurse. Some members who had given insufficient consideration to the transitional provisions of the bill thought it would be unfair to them while others thought registration pointless. The more extreme doubts came from those who thought that a national system of examinations could become too technical and undermine the ‘womanly instinct’ for nursing.31 Most members made allowance for the temporary difficulties likely to be experienced, however, and looked forward to the day ‘when all nurses shall be thoroughly trained women, who shall hold diplomas, and be paid in proportion’.32 The entire responsibility for the administration of this, the world’s first national registration Act for nurses, was entrusted to Mrs Neill, who drafted regulations for the conduct of examinations, defined the curriculum, appointed examiners and designed the medal of the registered nurse. Within two years 320 names were on the register, among the first being that of Grace Neill herself.33

Grace Neill recognized that the registration of general nurses left her task only partly completed, for the standard of midwifery in New Zealand at this time was not at all high. While many women called upon a relative or a neighbour to assist in their confinements, others relied on local midwives, only a minority of whom had an adequate training. Professional training was not in any case available in New Zealand. Some of these women were kind and efficient and had gained skill through attendance at many births or observation of doctors under whom they had worked. Others were incompetent and dirty, accepting infection or death as an unavoidable result of childbirth. During her own obstetric training and in her travels as Assistant Inspector of Hospitals Grace Neill had seen the damage which could be perpetrated by these midwives, especially on poor women who could not afford a doctor.34

Grace Neill was not alone in her concern. Attention had for some time been drawn to an apparent decline in New Zealand’s natural population

30 Neill, p.41.
31 Mr T. Kelly, NZPD, 116 (9 July 1901), 116, 180.
32 Mr Laurenson, NZPD, 117 (15 August 1901), 390.
34 Neill, p.50.
increase and, associated with this, its high infant and maternal mortality rates. For every 1,000 births in 1903, for example, eighty-one infants died. Such figures were sufficiently alarming to prompt Seddon's 'Memorandum on Child-Life Preservation' issued in May 1904. In this memorandum Seddon recommended the provision of day homes for children, stricter controls on the maintenance of illegitimate children, stronger legislation against cruelty and neglect of children, the registration of midwives, state subsidized midwives for the poor and state controlled maternity homes. To bewail the want of a proper natural increase, he concluded, was sheer hypocrisy unless more was done in the way of saving infant life. It is probable that Grace Neill's influence was behind part at least of this document; almost certainly those sections referring to the registration of midwives and state maternity hospitals are hers. In his biography of his mother J.O.C. Neill refers to a meeting, the first of any length between Grace Neill and the Premier, in which she convinced Seddon of the desirability and, most saliently, the limited cost of state maternity hospitals. She also proposed that the hospitals be named 'St Helens' after Seddon's Lancashire birthplace.

Whether indeed this appeal to Seddon's vanity was a critical factor, his support over the next few months was crucial to Grace Neill for opposition to both measures proved far more substantial than that provoked by the Nurses Registration Act. In the first place, more women were affected by the training requirements of the Midwives Bill, since so few midwives had received any formal training; in the second, some influential doctors had an interest in private maternity hospitals and feared that the provisions for state hospitals would lead to state control of their own concerns.

Seddon countered most objections within the House, pointing out that between 1894 and 1903, 20,487 children under the age of five had died, 15,767 of them before they completed their first year. 732 women were recorded as having died as a result of childbirth but other deaths traceable to treatment at childbirth may have been enumerated under different headings. He urged that general nurses, unmarried as well as married, should be instructed in midwifery since this would stand them in good stead after marriage. (Seddon firmly believed that nurses made excellent wives; 'from what he had known personally', they 'stood the best average there was in the country.') But his essential justification of the bill came through clearly: 'if we lose our children we are losing our population, and I say that the loss of child-life or the want of child-life shows decadence in any nation.' If, as Grace Neill later claimed, one of her greatest achievements was to make the pains and risks of childbearing less for hundreds of women, the impression remains that for others supporting the bill such concerns took second place to exaggerated racial fears and national pride.
The bill passed with few alterations and all practising midwives were required to be registered before 1 January 1906. The establishment of state maternity hospitals was made a matter of some urgency by the long terms needed to train midwives but the government was slow to act, probably because of the initial expenditure involved. Not until May 1905 was Grace Neill given instructions to purchase and equip the first St Helens and then she was given only three weeks to do so. Once the decision had been made it was apparently thought desirable to have the hospital open and in successful operation well before the coming election. Within three weeks Grace Neill had leased and equipped a twenty-one room private home in Wellington and turned it into a maternity hospital. The second and third St Helens were opened within the year in Dunedin and Auckland respectively. By August 1906 232 births had occurred in the St Helens hospital and 68 confinements had been attended outside the hospitals by St Helens' nurses.

While opposition to the new hospitals had been anticipated, the problems attending their establishment were even more persistent than Grace Neill had expected and much of the following months was spent inquiring into complaints and justifying her own actions with regard to the hospitals. The necessary speed and rigid economy with which the hospitals were equipped (partly in the hope that they would be self-supporting, but also with the justification that midwives destined to work in unsophisticated conditions would rely on elaborate equipment and be unable to adapt) led to criticisms of their adequacy. By 1912 it was clear that the old buildings were both unsuitable and expensive to maintain. Further headaches arose from the attitude of the medical profession whose members, Mrs Neill later claimed, were ‘both individually and collectively... bitter opponents of the scheme’, one doctor even admitting to her that ‘these St Helens Hospitals would mean pounds out of the pockets of doctors.’ Seddon continued to give her his unwavering support, however, and refused to allow the hospitals’ administration to be taken from the Department.

Perhaps even more of a worry to Grace Neill was the initial confusion over the class of patient for whom the hospitals were intended. The existing maternity homes were voluntary concerns intended for unmarried women, mostly for ‘first offenders’ who, it was hoped, were capable of reform. The association of institutionalized maternity care with moral transgression was one which Grace Neill was anxious to avoid. The initial publicity firmly stressed that the hospitals were for ‘married women who are not in a position to pay the charges incidental to the efficient management of confinement in

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**Footnotes:**

40 Hester Maclean wrote in her tribute to Grace Neill, *Kai Tiaki*, April 1927, that Mrs Neill was summoned to Seddon’s office and asked what could be done in three weeks before Parliament met to prove the good faith of the Cabinet in regard to the Midwives Act and maternal welfare. Quoted in Neill, p.67.


43 *Evening Post*, 10 August 1912.
their own homes or who have not sufficient accommodation in their own homes for the safe conduct of the lying-in-period'.\textsuperscript{44} Initial attempts by the Wellington Benevolent Trustees to have destitute single women admitted were firmly quashed, the argument being that such demoralized cases would drive out the virtuous and respectable wives of working men and make quite impossible the training of respectable midwifery students.\textsuperscript{45}

Further conflicts arose from the exclusion of medical students from the Dunedin St Helens, the alleged exploitation of midwifery students and the exclusion by individual matrons of women who had received the attention of a doctor or nurse in their previous confinements.\textsuperscript{46} For many years the medical profession claimed that the hospitals gave 'the better class of workers’ preference over more needy cases, while the ministers responsible steadfastly maintained that they had fulfilled all the intentions behind their establishment and had ‘encouraged providence and self-reliance among the class for whom they were intended’.\textsuperscript{47}

Despite these early difficulties and criticisms Grace Neill must be credited with initiating a pattern of maternity care whereby the majority of New Zealand women have their babies in hospitals, the midwife playing an important part in the antenatal, as well as the labour and puerperium periods. Her aim, she later stated, was ‘a State hospital for mothers, managed by women and doctored by women’ where the wives of working men could get rest, good food and nursing care at a moderate price.\textsuperscript{48} That these initial developments were not extended until the maternal death rates of the 1920s reactivated concern was not the fault of Grace Neill who retired from the Department before the opening of the fourth St Helens in Christchurch.

As Grace Neill noted when first seeking to retire in December 1905, her work had increased over the past four years out of all proportion to its remuneration.\textsuperscript{49} She was now approaching sixty years of age and as well as her inspectorial work she was responsible for the working of the Nurses and Midwives Acts and for the St Helens Hospitals. In addition, she was occasionally called upon to make extraordinary inquiries such as that of March 1902 when she was ‘loaned’ to the New South Wales Justice Department to report on institutions for the custody of women and children.\textsuperscript{50} Since, however, there was nobody with her experience and qualifications to succeed her Mrs.Neill agreed at Seddon’s request to remain in the Department until a successor was trained. In March 1906 a Miss Webb was appointed to assist with her clerical work. In June 1906 the death of

\textsuperscript{44}Otago Daily Times (Dunedin), 27 September 1905.
\textsuperscript{45}Evening Post, 22 January 1906.
\textsuperscript{46}See press cuttings on St Helens Hospitals 1905-1912 in Seddon Papers 3/60, National Archives.
\textsuperscript{47}New Zealand Medical Journal, XI, 43 (1912), 207-208.
\textsuperscript{48}Evening Post, 10 August 1912.
\textsuperscript{49}Grace Neill to Dr MacGregor, 1 December 1905, 30/54/10, Health Department.
\textsuperscript{50}Grace Neill to Hon. W.C. Walker, 30 January 1902, Grace Neill to George Millar, Under Secretary to Department of Justice, Sydney, 3 February 1902, 30/54/10, Health Department.
Seddon removed one of Grace Neill’s strongest supporters, at a time when she faced criticism over the building purchased for the Christchurch St Helens, and in September of that year she felt ready to tender her final resignation. ‘I feel it is a choice between resignation or breakdown in health,’ she informed MacGregor. ‘The local opposition met with at the establishment of each St Helens Hospital you know well, and what a strain it has been on me for the last year and a half. When the fourth St Helens is started, and working on the same lines of success as the other three, I shall feel that my work in New Zealand is completed after thirteen years service.’

In late December, after introducing her successor Hester Maclean to her new responsibilities, she began a well-earned retirement.

Even then Grace Neill’s interest in hospital and nursing affairs did not end. She maintained her contacts with Hester Maclean and others in the Department and despite her advanced age worked as sister in charge of the children’s ward at Wellington Hospital during the war, served one term on the Wellington Hospital Board, and from 1916 to 1920 was official visitor to the Porirua Mental Asylum. Only in June 1920 was she forced to admit to her old colleague Dr Hay that ‘Anno Domini has got the better of me’ and severed this last link with her old Department.

The work of Grace Neill was, as the Minister in charge of Hospitals and Charitable Institutions noted in his tribute, ‘quiet, unobtrusive and unpublished’. Her appointment came at a time when attention was at last being given to the condition of New Zealand women, and it acknowledged the need for capable women to deal with problems affecting women and children. It would be wrong however to think that her appointment indicated an acceptance of women at the higher levels of decision making, whatever her personal influence. The growing complexity of government in itself worked against this. When first appointed MacGregor’s assistant, Grace Neill was fully involved in the work of the Department and deputised for MacGregor on inspections and special inquiries. But as the department grew in size more clearly defined areas of responsibility emerged and the devolution of the omnipotent woman inspector into director of nursing services is seen in Grace Neill’s own growing preoccupation with nursing matters. Rather than heralding the entrance of women into public service positions on an equal basis with men, Grace Neill’s career may even be seen as reinforcing existing sexual stereotypes. As the role of the state expanded, areas of responsibility and control emerged which, it was felt, could safely be delegated to women. Women, as the guardians of the home and of public morality, could perform with equal proficiency the task of supervising and even limiting the activities

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51 Grace Neill to Dr MacGregor, 3 September 1906, 30/54/10, Health Department.
52 Neill, p.65.
53 Grace Neill to Dr Frank Hay, 29 June 1920, 30/54/10, Health Department.
54 Quoted in Neill, p.52.
55 Hester Maclean notes in her autobiography that while in her early career she had a great deal to do with charitable institutions, her chief field of interest was the hospitals, and especially the training schools for nurses. Maclean, p.47.
of their fellow women — especially where the behaviour of these women fell outside the bounds of what was acceptable to patriarchal male officials.

That Mrs Neill was able to play such an influential role was due as much to the harmony and respect existing between MacGregor and herself as to any power inherent in her own appointment. Her success in initiating nursing and midwifery reforms owed much to the successful marriage of her solutions to Seddon’s current social concerns and she herself acknowledged the need for astuteness and subtlety in dealing with her superiors: ‘I love to bully the male if he be placed in the position of superior officer’, she wrote. ‘It was [a] real [pleasure?] to twist and twiddle Ministers and Premiers and make them think that they were having their own way all the time.’ On the other hand, she thought her successor Hester Maclean had ‘too lofty an opinion of the male’ and added, ‘Catch me allowing any public official to treat me as “putty” however soft my outer coat might be. They knew I could take it off on occasions.’56 These were brave words but she found in Ward a politician less supportive and sympathetic to her aspirations than Seddon, and her contacts with him probably confirmed her in her decision to retire.57

Calling herself a ‘nondescript combatant against drink, poverty, factory owners and the medical profession in New Zealand’, Grace Neill nonetheless placed her success in bringing ‘a healthy wholesome man child to maturity’ before her achievements in the field of nursing and midwifery reforms.58 Described by those who knew her as the possessor of broad and original views, a consistent supporter of women’s rights, she, like many middle-class feminists of the time, was reluctant to extend to those less socially acceptable the independence of thought and action which she claimed for herself. In her career she showed that women could indeed be capable and innovative administrators — but within those spheres allowed them.

MARGARET TENNANT

Massey University

56 Grace Neill to Dr Agnes Bennett, 20 March [1912?], A.E.L. Bennett Collection, 1346/211, ATL.
58 Grace Neill to Dr Agnes Bennett, 16 February 1909, A.E.L. Bennett Collection, 1346/211, ATL.