Truby King and the Plunket Society

AN ANALYSIS OF A PRESCRIPTIVE IDEOLOGY

GENERAL histories of New Zealand almost completely ignore Dr Frederick Truby King and the Society for Promoting the Health of Women and Children, better known as the Plunket Society. King's concern with the health of infants, motherhood, and child-rearing did not fit easily into the political narratives which most historians, here as elsewhere, considered central in explaining the history of nations. Fashions change. Over the last fifteen years historians have become much more concerned with the history of societies, the lives and experiences of ordinary people, and value systems. Not that political history has been or ought to be ignored. The objects of the so-called 'new' social history require no justification, but as we learn more about the history of society so too we understand more fully the more elusive and symbolic character of politics. Although it is not possible to speak with confidence about the past of New Zealand society it is clear by now that urbanization and industrialization proceeded to transform an informal network of relatively autonomous and small communities into one social system. Bureaucracy and organization supplanted face-to-face and spontaneous decision-making; the occupational structure changed, the number of unskilled shrinking as 'white collar' groups expanded; colony-wide organizations emerged; state bureaucracy expanded; women began entering the work force in unprecedented numbers, demanded and won greater legal equality, and successfully limited their own fertility. Such sudden and traumatic changes posed new problems and generated new anxieties. Social order itself appeared, to some at least, in jeopardy. In the midst of this bewildering chaos Truby King offered his own diagnosis and prescription.1

Keith Sinclair described King as 'the founder of the Plunket system of caring for babies. . . .' Yet King had a larger vision than this suggests.

1 I have offered a more thorough examination of these trends in 'Toward a New Society', in W.H. Oliver, ed., The Oxford History of New Zealand, Wellington, 1981.
In 1909, for instance, he linked the care of babies to the health of the family, the nation, and the Empire. Women now neglected motherhood. He warned that ‘Ancient Greece and Rome, and modern France, had become second-class powers because of increasing selfishness, which expressed itself in a disinclination for the ties of marriage and parenthood. Normal home life was shirked, and decadence and sterility led to the fall.’ The ‘preposterous farce’ of giving boys and girls an identical education had caused the evil. During the first world war, when the question of ‘National Deterioration’ assumed alarming importance, King trumpeted that ‘unpreparedness for motherhood, and lack of essential knowledge on the part of parents, are the real causes’. He had no hesitation in naming the major problem. ‘Power to obey the Ten Commandments or to conform to the temporal laws and usages of society is not to be expected of “SPOILED” babies when they reach adult life. . . . Unselfishness and altruism are not the natural outcome of habitual self-indulgence. Damaged health and absence of discipline and control in early life are the natural foundations of failure later on—failure through lack of control, which underlies all weakness of character, vice, and criminality.’ Rooting out self-indulgence and imposing self-control obsessed King. Better health for babies, valuable in itself, was also a means towards that end.

This essay is a study in prescriptive ideology. Little is known of previous child-rearing practices in New Zealand or, indeed, the extent to which the ideology propounded by King and the Plunket Society won acceptance. These are separate but important questions. Clearly, as I have argued elsewhere, King and the Society ‘built upon certain traditions, capitalised upon the popular faith in science, and integrated both into a clear formulation of the traditional ideal of true womanhood, separate spheres, and the cult of domesticity’. Equally clearly many women modified Plunket prescriptions or borrowed selectively. But it is also beyond doubt that the new prescriptions became the orthodoxy and that contemporaries considered them novel. More striking, however, is the fact that King and the Plunket Society achieved importance not merely because of their specialized concern with infant mortality. They also addressed some of the major anxieties within New Zealand society in

3 Society for Promoting the Health of Women and Children, Addresses delivered by Doctors F.C. Batchelor and Truby King at the Annual Meeting of the above society . . . May 19, 1909, Dunedin, 1909.
4 The Story of the Teeth, Dunedin, 1917, p.32.
the period 1905-40 and helped profoundly in defining solutions. Indeed if the history of New Zealand is perceived in terms of modernization then King and Plunket, instead of being peripheral to the mainstream of New Zealand's history, are both important actors in the process.

Truby Frederick King was born into a well-to-do and prominent Taranaki family. His parents lived out the idealized conception of nineteenth-century marriage. From his mother he undoubtedly learnt the cult of true womanhood, that cluster of values defining the perfect woman as pious, pure, submissive, supportive, and nurturant, a most excellent wife and mother. She created a haven of peace within a turbulent frontier community, a fortress of love amid the hurly-burly of business, war, and politics. As Truby King moved away from the home of his birth, first into banking and then medicine, he remained within a universe of similar upper-middle class families committed to the cult of true womanhood and the child-centred home. At the Edinburgh Medical School he learnt the medical justification for his idealized conception of womanhood and discovered the works of Herbert Spencer. The conjunction of the cult of true womanhood and Spencer’s social darwinism imbued lapses from the ideal conception of womanly behaviour not only with moral significance but with calamitous consequences for the race. Not that King accepted the fatalism of social darwinism. Rather, he believed in the capacity of man to control and modify his environment. King even believed that the insane, long seen as incurable, constituted but another challenge to man’s reason.

King’s background and attitudes may have been typical of medical students graduating in the 1880s, but his energy and charisma were uniquely personal. In 1905 he won considerable attention by articulating and imposing coherence upon a cluster of anxieties. In an address to the annual conference of the Farmers’ Union he expressed the national faith in New Zealand’s ‘infinite potentialities’. ‘There is almost no limit to the degree to which our resources could be extended and developed if we had a rising generation trained in the exercise of attention, observation, and accuracy.’ He then called for ‘practical’ education ‘along the lines of

9 Phillipe Aries, Centuries of Childhood: A Social History of Family Life, London, 1962 (the first volume of L’Enfant et la Vie Familiale). Aries detects the emergence of this ideology, and specifically a new concern with and interest in children, among the European upper-middle class in the sixteenth and seventeenth centuries. Shorter argues that the ideology became pervasive in Europe between 1750 and 1900: Modern Family, ch.v. I suspect, however, that in New Zealand ‘traditional’ attitudes, as exemplified by baby farming, still survived among the least literate and the unskilled.
11 Later published as The Feeding of Plants and Animals, Wellington, 1905.
modern progress' before giving his audience some sound advice on the feeding of plants and animals. His message was simple. 'In plants, just as in the case of animals, the inroads of disease are best prevented by keeping the organism well nourished, vigorous, and healthy.' He concluded his speech by discussing 'The Feeding of Children' and linked his homily not only to the theme of national growth and greatness but to the wide-spread concern about social disorder in the cities and the signs of degeneracy in the "white race". If women in general were rendered more fit for maternity, if instrumental deliveries were obviated as far as possible, if infants were nourished by their mothers, and boys and girls were given a rational education, the main supplies of population for our asylums, hospitals, benevolent institutions, gaols and slums would be cut off at the sources: further, a great improvement would take place in the physical, mental, and moral condition of the whole community...

He had touched the fears and phobias of the urban and rural well-to-do. In the same year King also addressed the Dunedin Froebel Society and again won nation-wide attention. He pointed out the danger of racial degeneracy as civilization weakened woman's instincts and removed men from the hardy virtues of a natural life. Salvation could come only by training girls for motherhood and domesticity, and boys for mental and martial pursuits. Nature herself ordained these roles, he claimed, and medical science simply revealed the truth. Men and women could modify heredity and reverse the trend towards degeneracy by controlling the environment and especially by raising standards of health. He believed that the introduction of practical education constituted the crucial step. Boys needed 'a cold bath in the morning . . . plenty of open-air exercise . . . and very little evening work'; girls, endangered by 'over-exertion', often ended up in mental asylums. Worse, over-exertion at academic work impaired 'the potentialities of reproduction and healthy maternity'. These remarks made sense in terms of the conventional wisdom of mid-nineteenth century medical science. Physicians saw the body as a closed system with only a limited amount of vital force; energy spent in one area could not be spent in another. If girls worked too hard at school they would become, as King liked to say, citing Herbert Spencer as his authority, flat-chested and unfitted for maternity. Educating women in domesticity, he believed, would give 'an enormous benefit to the women, and prospectively to the race'.

Central to King's philosophy was the notion of control and discipline.

12 For further discussion of social disorder and the response see Olszen and Lévesque, 'Towards a History of the European Family in New Zealand', in Boyden, ed., Families in New Zealand.
13 King liked this passage well enough to re-publish it often: see The Feeding and Care of Baby, Wellington, 1925, pp.151-2.
14 Reprinted, along with favourable press comment, supporting statements from other experts in medicine and education, and other articles by King in The Evils of Cram, Dunedin, 1906.
Without good health neither could be achieved. He thus projected medical science as the key to social engineering. In 1905 he declared control the ‘highest function of the brain, and want of control . . . the leading feature of insanity’.

Within ten years he asserted that ‘lack of control . . . underlies all weakness of character, vice, and criminality’.

Academic work weakened self-control among women by deflecting their energies from their proper natural function, motherhood. But civilization had destroyed women’s natural instincts and it had become necessary to educate them. ‘We must remember that in the rearing of children ignorance tempered by kindness is not sufficient.’ Only by following the advice of medical experts could contemporary women become good mothers. The good mother had to impart ‘character’ to her children. King entertained a primitive Freudian notion of id and super-ego, his terms being self-indulgence and character; and character underpinned civilized society. Character required discipline. King thought, and the notion may have been more widely entertained, the organization of time central to discipline and control. The clock became a source of social and psychic control. Submission to the discipline of the clock guaranteed sound health and sound character.

King’s success as an ideologue encouraged him to widen his campaign. Between 1905 and 1907 he and his devoted wife, a true woman by the best standards, embarked on a crusade to improve the conditions of infant care and, thus, of infant health. They addressed themselves to mothers and confined most of their early advice to the physical dimensions of child care. They stressed the value of breast feeding, the danger of substituting cow’s milk or patent foods, and tried to popularize King’s recipe for making cow’s milk a safe substitute for mother’s milk.

Although the Kings enjoyed some success they met widespread indifference among doctors. In 1907 they decided to enlist women in their crusade. Following a widely-attended public meeting the Society for Promoting the Health of Women and Children was formed. The executive of the new society consisted exclusively of upper-middle class ladies, drawn from some of the wealthiest and most notable Dunedin families. In the next few years wealthy ladies in the other cities formed further branches of the society, the major metropolitan newspapers supported the cam-

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15 ibid., p.62.
16 Feeding and Care of Baby, p.149 (King’s italics).
17 The Evils of Cram and the various editions of The Feeding and Care of Baby. The first edition was published in Great Britain in 1913 and a further twenty-two editions were published between 1916 and 1932. It was revised and printed in New Zealand in 1937, 1939, 1940, 1942 and 1944.
18 Plunket Society MSS, 2/6, Hocken Library, contains press clippings for these years that reveal the Kings’ vigorous work and the great public interest in the subject.
paign, and the Governor-General and his wife, Lord and Lady Plunket, joined the crusade. Lady Plunket, the Society’s first patron, became so closely identified with the Society’s work that it became known as the Plunket Society.

If we are to locate the Plunket Society accurately in its social and cultural context we must understand the appeal of King’s ideology to the colonial upper-middle class. Unfortunately, apart from a few biographies, little is known of the social stratum in urban New Zealand. Hence the following remarks are speculative. In essence, however, he succeeded by presenting the imperial claims of medical science as a defence of traditional upper-middle class values.

The cult of true womanhood had most vitality among ladies of wealth and leisure but their ideals became more and more irrelevant in a world characterized by rapid urbanization and increased female participation in the work-force. As the daughters of skilled workingmen and the new ‘white-collar’ stratum deserted domestic service for the factories and offices it became more difficult for the upper-middle class to obtain reliable servants (even before this trend became clear the shortage of labour in the colony had given domestic servants a freedom and independence that their employers resented). Between 1880 and 1910 the situation worsened. Equally disturbing, new ideas about the rights and privileges of women became popular. Thousands of girls proceeded to secondary schools and technical schools to obtain job qualifications, in unprecedented numbers women attended University and entered professions, and many of them busied themselves in politics and social welfare. The upper-middle class viewed these developments with unease. They established palatial homes and private schools for their daughters and called for the introduction into the public schools of compulsory courses in domestic education for girls.

For the early years and a narrow focus on the medical achievements of the Kings and the early Plunket Society see Mary King, Truby King; Milne, ‘The Plunket Society’; and R.M. Burdon, ‘Sir Truby King’, New Zealand Notables: Series Two, Christchurch, 1945.


23 This demand won support from many groups, including trade unions and various women’s organizations. Olssen, ‘Women, Work, and Family’.

24 By feminists I mean women committed to achieving social and political equality for women and, most distressing to their opponents, economic independence. As I have shown in ‘Women, Work, and Family’, many feminists also favoured compulsory domestic train-
Equally important, the very wealthy colonial families were intensely loyal to the Royal Family, Britain, and the Empire. Their imperial patriotism justified concern about the physical well-being of the colonists, not only on social-darwinian grounds but because of the prospect of war between the Empire and some combination of powerful enemies. Racial fitness had become imperative. School cadets flourished in these years, concerned citizens established organizations such as the Boy Scouts, and in the schools physical education and organized sport became important dimensions to education. Such people also considered the health of girls important, but only to equip them for maternity. The military capacity of the Empire demanded healthy boys; healthy and expert mothers were essential. The ladies (and their husbands) who founded the Plunket Society hoped ‘to inculcate a lofty view of maternity and the duty of every mother to fit herself for the perfect fulfilment of the natural calls of motherhood ...’ This eminently traditional ideal had, however, been re-defined by medical science.

In its first years the Society concentrated on limited goals and the creation of a national organization. But the ideology of domesticity, with a cult of scientific motherhood at its core, shaped and informed these specific objectives. As King later told the Director-General of Health, the Society’s ‘greatest work was in the teaching of hygiene . . . with regard to proper clothing, proper bedding, proper amount of exercise, exposure to sunlight, having the windows open at night.’ The Society taught these lessons to all who would listen. According to King ‘people of the self-reliant and self-supporting class’ proved most anxious to learn during the Society’s first years. Such people, unable to afford the great mansions of the wealthy, had long provided support for social policies designed to bring order to the cities. The more evangelical churches, dominated by families of the ‘self-reliant and self-supporting class’, had taken the initiative since the 1880s in seeking to impose new social functions on mothers and families. In the 1890s and 1900s many feminists joined the crusade. Between 1895 and 1909 many women’s organizations, such as the Canterbury Women’s Institute, came out in favour of teaching young girls domestic science so that they would be better prepared for girls in order to prepare them for marriage and to give them economic independence. Under Plunket’s assault a commitment to higher education for girls became an important distinguishing characteristic of feminists.

26 The rules appear on the front inside cover of every copy of Feeding and Care. They are also given in full by Mary King, Truby King, p.154.
27 ‘Conference between Dr Valentine, Chief Health Officer, and a Sub-Committee of the Society . . . [n.d. 1910?], Plunket MSS, 4.
28 ibid., p.9. It would be invaluable to know how accurate King’s statement was but the extant records pose very complex problems.
equipped to create sound and attractive homes. But these women conceived of domesticity in purely moral terms whereas Plunket baited the hook with the promise of healthier children. Middling families undoubtedly found the promise of better health for their children very attractive and they already held science in high esteem. The new cult of scientific motherhood offered dignity and high purpose to wives who undertook most of their own housework and cooking. Thanks to Plunket it also enabled mothers to achieve a scientific certainty about child rearing.²⁹

Many of the ladies and gentlemen who organized the early committees also hoped to reverse the falling birth-rate and save the New World from the ills of the Old World. They believed that the sharp decline in the birth-rate illustrated the tendency of young women to turn from motherhood in search of other work. This also threatened the future of the race. King thought this especially unfortunate in a young country with an invigorating climate ‘where even the workers lived under conditions conducive to health and happiness’.³⁰ The upper-middle class apparently shared the widespread belief that New Zealand constituted an embryonic Utopia. Seventeen years of Liberal rule, however, had made increasing numbers of the well-to-do sadly conscious that the serpents still flourished in the antipodean garden. Where some advocated prohibition, Bible in Schools, or even a polite form of socialism, most of the wealthy preferred to believe that Utopia could be restored if they could ‘raise the standard of health . . . and thus assure a race of capable, efficient children—strong, healthy, and resistive to disease. We feel that is the only way to prevent the increase and accumulation of the unfit, submerged, and diseased who have become such a very serious problem at Home.’³¹

King’s attempt to establish a similar society in Britain only intensified his conviction that the New World enjoyed the best hope of achieving Utopia.³² Proper methods of child care thus promised to contain women who aspired to independence, eradicate urban social problems, and produce a race of men and women fit to exploit the resources of this fertile country and, if necessary, to hold it against the Asian hordes. And, as the Wellington branch noted, taxes would fall!³³

The gospel according to King and the Plunket Society portrayed child-rearing as a professional enterprise requiring managerial know-how and

³⁰ Quoted by Tennant, ‘Matrons’, p.86.
³² Mary King, Truby King, p.254.
³³ Hygeia, ‘Our Babies’, Otago Witness, 31 October 1917, Plunket Society MSS, 1/1 (clipping books). All references to the Witness are to this column.
scientific method. The Society, having allayed the fears of the British Medical Association and won the doctors' cooperation, propagated its message with vigour. Using the pseudonym 'Hygeia', in 1907 the Kings began publishing a newspaper column entitled 'Our Babies'. By 1913 King estimated that some fifty newspapers distributed about 200,000 copies of the column every week, 'reaching practically every home in the Dominion'.\(^4\) The Society also commissioned King to write *The Feeding and Care of Baby* and sold 20,000 copies in five years. In 1913 the first British edition was published and editions of 10,000 were sold or given away annually for twenty years. In thousands of homes it complemented the Bible. As one woman wrote, 'My husband and I know *Feeding and Care* by heart'.\(^5\) The Government also commissioned King to write *Baby's First Month* and printed 30,000 copies which the Department of Health issues to all mothers within a few days of childbirth. In 1916 Macmillans published an enlarged and revised edition, *The Expectant Mother and Baby's First Months*. The New Zealand Government reprinted this work and gave a copy to every applicant for a marriage licence.\(^6\) By 1914 branches of the Society had been formed in the four cities and some fifty other towns, many of them organized by King during a dominion-wide tour in 1912-13. Besides, a small cadre of trained Plunket nurses visited many homes, gave public lectures and demonstrations, and provided a wide range of services in the Plunket Rooms. The Society could not expand during the War, but in the 1920s nurses, branches, Plunket Rooms, Karitane Hospitals, Mothercraft Training Centres, and antenatal clinics multiplied. By 1930 some 65 per cent of all non-Maori infants were under the control and care of the Society; by 1947 the figure had risen to 85 per cent.\(^7\)

The Society's growth reflected not only superb propaganda and organization but its own success. The decline in infant mortality provided the most convincing evidence of the Society's achievement (see Table 1). By 1912 the results in Dunedin were so impressive that the Government released King from his position as Superintendent of the

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\(^5\) King, *The New Zealand Scheme*, p.6 and *Otago Witness* [OW], 27 February 1923.


\(^7\) See Royal New Zealand Society for the Health of Women and Children [hereafter RNZSHWC], *Annual Reports of the Council*, 1930, p.48; 1947-48, p.29. I had been puzzled by King's total neglect of the Maori but Raeburn Lange has drawn to my attention that the Chief Native Health Officer, Dr Maui Pomare (1901-1911), greatly admired King, translated many of his essays and books into Maori, and tried to teach Maoris to raise their children according to Plunket prescriptions. See J.F. Cody, *Man of Two Worlds: Sir Maui Pomare*, Wellington, 1953, p.49 and chs. iii-vi for a brief account of his work. Pomare, like King, came from Taranaki but studied in the United States. In 1912 he became a Minister in the Reform Government and continued to promote the modernization of the Maori and to attack superstition, backwardness, and popular squalor. Pomare, like King, championed the new religion of health. In 1923 he became Minister of Public Health. ibid., ch.xi.
Mental Asylum at Seacliff to embark on a nation-wide tour. Within a few years the infant mortality rate fell throughout the country. The War also helped considerably, not only because the casualty rate lent emphasis to the Society’s claim that ‘Our best Immigrants are the Babies’, but because some 66 per cent of those offering or conscripted were less than perfectly fit and 56 per cent had to be rejected. The Society’s propagandists made the most of these statistics and the clear evidence of national inefficiency persuaded most public figures of the urgent need to encourage higher standards of motherhood and the vocation itself. In *The Story of the Teeth* King blamed national inefficiency on ‘unpreparedness for motherhood’ and pointed out that ‘No race or family can remain great, or even perpetuate itself, if it fails to develop properly and give due exercise to jaws and teeth.’ King also warned, and many agreed, that the white race was exterminating itself. It had become imperative that every baby, whatever its background, grow into a strong and healthy adult. The casualty rate, he remarked, required ‘us ... to redouble our attention to Motherhood and Mothercraft’.

39 See the speech of C.J. Parr, Minister of Health, on opening the Dominion Health Campaign in 1921; OW, 7 April 1921, and ‘Hygeia’, OW, 15 August 1922, PS MSS, 1/4.
40 Dunedin, 1917, pp.4-5.
41 ‘Is the Great Race Passing ...?’, OW, 30 May 1917, PS MSS, 1/1.
Because of this crisis the Government accepted Plunket ideology and in 1921 appointed King the first Director of Child Welfare. Thereafter the Government and the Plunket Society worked together and by 1924 had gone ‘a long way towards ensuring uniform, authoritative advice in regard to matters bearing on family life, and the rearing and treatment of children in health and disease’.

The ‘uniform, authoritative’ advice given by the Society focussed initially on certain simple aspects of the physical care of children. The Society devoted most of its energies to instructing women about breast feeding, the use of humanized milk, and certain simple principles of domestic hygiene (especially during the summer, when diarrhoea was prevalent). By 1920 the Society had largely achieved its main objects. In the following twenty years the Society undertook further campaigns with the same single-minded determination. However, not ‘the feeding alone [or any other practice] makes a Plunket Baby; it is the adoption of the routine, regular, all-round treatment advocated by the Society that wins the desired result.’ King considered this ‘all-round’ method a formula for producing a definite character structure, and it says much for the Society’s success that nobody has attempted to analyse this conception of character. Instead it has been seen as natural, part of a divinely ordained order, an archetype of human nature. In reality specific groups, responding to specific anxieties and needs, propagated this new definition of ideal character.

The Plunket Society, like King, wanted to produce self-reliant and self-regulating subjects of the Crown. The clock provided the key. In the Expectant Mother and Feeding and Care of Baby King stressed the importance of inculcating ‘Regularity of all Habits’. The process had to begin with conception. Although only in its second decade did the Society concern itself with ante-natal care, in Expectant Mother King made it clear that ‘During the first nine eventful months of life in the womb the health of the mother is the health of the child.’ The expectant mother had to take nutritious food, breathe fresh air (‘windows wide open all the time’), and exercise with vigour, including a two-hour daily walk whatever the weather. He warned that the ‘idle, self-indulgent woman, who regards herself as half an invalid . . . is the worst kind of mother. . . .’ The expectant mother must never be depressed but ‘uplifted’ and any sign of pain, fatigue, morning-sickness, or unhappiness proved that she had not followed the Society’s instructions. King even claimed that a ‘tendency to mis-carriage is an evidence of weakness. . . .’ Constipation was the most damning symptom of ignorance and because it made the blood ‘impure and poisoned’ it seriously

44 Expectant Mother, p.5.
45 ibid., p.6.
weakened the unborn child." God worked through his scientific laws to punish idleness, self-indulgence, and carelessness. A healthy baby required the mother’s constant vigilance and King’s puritanical regimen. Expectant mothers, if they took King seriously, must have had ample cause for guilt.

The onerous duties of motherhood increased with the baby’s birth. King and Plunket demanded ‘Regularity of all Habits’, ‘clock-work regularity of feeding’, ‘regularity of bathing and sleeping’, and mothers must not allow ‘10 o’clock in the morning [to] pass without getting baby’s bowels to move. . . .’ The rhythms of the clock defined scientific regularity. If the child cried at any unspecified time it had to be ignored. The baby had to eat, excrete, sleep, and be washing according to the clock. The weight and length of the baby, which the mother had to measure weekly (often under the alert eye of the Plunket nurse), indicated how faithfully the Society’s disciplines had been observed. It goes without saying, of course, that babies had to be breast fed or else the ‘child suffers a more or less serious wrong’. ‘The normal woman is designed for the complete nursing of twins’, King maintained.

Toilet training had to be commenced within the first six weeks. Babies had to be fed once every four hours during the day, and ignored at night. ‘A baby cannot be expected to thrive if its mother is not regular and punctual in the matter of bathing, feeding, and putting her infant to rest. . . .’ And the baby thrived only because it had learned to be obedient to the mother, the Society, the dictates of science and the imperatives of time as defined in a capitalist society.

There was much more at stake in the first year. ‘Any baby can easily be spoiled and made cross, fretful, and an exacting little tyrant.’ King worried less about the welfare of the mother than about the character of the children. Spoiled children became self-indulgent, unproductive, and devoid of moral self-control in adolescence and adulthood. Such people filled the slums, prisons, and charitable institutions. The dangerous prac-

46 ibid., p.5 and ‘The Nervous Child’, OW, 12 February 1924, PS MSS, 1/2.
47 Catherine Storr, ‘Freud and the Concept of Parental Guilt’, in Arlene and Jerome Skolnick, eds., Intimacy, Family, and Society, Boston, 1974, pp.377-89, is quite mistaken in claiming that King was pre-Freudian because his precepts did not arouse guilt. He was in many respects pre-Freudian, but in a Protestant-capitalist culture guilt had no need of Freud! It might be argued that King, in mobilizing guilt, took for granted a patriarchal tradition already in a disarray which the new medical imperium obliterated: see Lasch, Haven in a Heartless World: The Family Besieged, New York, 1977, pp.90-91. Whether King knew of Freud’s work is not known, but he certainly shared Freud’s basic belief in the conflict between human nature and culture.
48 Expectant Mother, p.45.
49 King, Natural Feeding of Infants, Dunedin, 1917.
tice of spoiling could begin in many ways. For instance, waking babies at night to take food, or giving them food if they cried, 'is unnatural. . . . Night feeding is a serious tax on the mother, but may be a much more serious matter for the child. Don't form in the baby at the dawn of life any habit which would be injurious afterwards.'\textsuperscript{51} Equally important, mothers should not rock, tickle, or play with their babies. 'A baby who is habituated to being in a basinette from the start, and never spoiled . . . will be contented and healthy, will need no dandling, nursing, or rocking to put him off to sleep.'\textsuperscript{52} If parents took the baby into their own bed, or kept the baby in their room at night, or gave a dummy to suck, they endangered the baby's physical health and its character.\textsuperscript{53} 'When the mother has yielded during the first few weeks to the demands of her child's cries', he warned, 'the chains of slavery are curiously hard to break.'\textsuperscript{54}

Constipation obsessed King. The baby's control over its own bowels gave it considerable autonomy yet the imposition of discipline and the formation of character demanded parental victory. 'Mothers often say, "My Baby's bowels will not move at a certain hour." Make them move. Babies are creatures of habit, and regular habits acquired in infancy are essential for health later in life.'\textsuperscript{55} Constipation equalled successful resistance but so superbly had God done his work that this physical condition had dire moral consequences. Let King speak for himself:

See how far-reaching may be the effects of CHRONIC CONSTIPATION during the period of development, say, in a boy of six to ten years. Owing it may be to a slight error in diet he suffers from constipation. Catarrh of the rectum ensues: thread worms soon infest the lower bowel, and cause an intolerable itching. The sexual system is sympathetically excited; there is a kindling of sexual desire. Now, the feelings control the thoughts. Unhealthy sexual thoughts will rage in the brain of this young child; soon the vice of masturbation is contracted, and practised, it may be, for years. This interferes with proper cerebral evolution, and the entire individual is thereby altered.\textsuperscript{56}

And all because of 'a slight error in diet'. Could anybody risk ignorance? King thought masturbation just as common among girls as among boys, but the practice disturbed him. Masturbation often developed 'as a simple, unmeaning habit' and consisted of 'rubbing the genital organs with the hands, with the clothing, against the bed, or rubbing the thighs together'. Children who acquired the habit and persisted with it until the age of eight could 'become centres of moral infection, which may involve a group of play-mates or even a whole school'. 'Vigilant, intelligent

\textsuperscript{51} Expectant Mother, pp.26-27.
\textsuperscript{52} ibid., p.40.
\textsuperscript{53} ibid., p.59; OW, 24 November 1920; 2, 9 August 1921; 11 October 1921; 21, 28 March 1922.
\textsuperscript{54} Feeding and Care, p.150.
\textsuperscript{55} ibid., p.110.
\textsuperscript{56} ibid., p.150.
surveillance, with tireless self-denial, may be necessary. . . .' Uncircumcised boys worried him. 'Before the dawn of consciousness the daily retraction of the foreskin . . . is the proper procedure; but, after the first month of life, the less the organ is meddled with by the child or its elders the better.' King applauded the 'natural parental instinct to chide or slap a child for “fingering the privates”' and warned that the custom of 'toilet of the genitals' might corrupt both the baby and the nurse! Masturbation constituted another form of self-indulgence, pleasure without purpose.

King made no secret of his views on character but until 1920 the Society confined its activities to the pursuit of specific goals such as encouraging breast feeding. Once these objectives had been achieved, however, the Society became 'concerned more in establishing the all-round fitness of the 40,000 annual new arrivals. . . .' During the 1920s, when the Society enjoyed its second rapid period of growth, it also claimed jurisdiction over the general process of character training for infants, children, and adolescents. The Society dispensed advice about bed-wetting, thumb-sucking, stammering, and other areas that contemporaries in North America had begun to consider psychological. For King and the Society a few basic rules sufficed, elaborations of principles that already shaped the advice about more narrowly physical matters such as toilet training. For instance, the Society favoured 'hardening' as a means of fostering development, not in the brutal forms that had sometimes been fashionable, but in a spartan manner that some at the time considered sadistic. Equally important all signs of 'mental precocity, called smartness, should be regarded as danger signals, and call for repression rather than encouragement'. Obedience was the foundation of self-control, and 'self-control the basis of morality'.

With the passage of time King and the Society became less tolerant of deviations from their rules, more convinced of their omniscience. King's advice became more puritanical and authoritarian. His term as Director of Child Welfare and the widespread acclamation of his genius encouraged this intolerance even as it eased Plunket's claim to jurisdiction over

57 ibid., p.122.
58 ibid., p.123.
60 The clippings for 1930, in PS MSS 1/4, reveal the new willingness to advise on such matters. On 'hardening' and delinquency see OW, 12, 19, 26 February and 4, 18 March 1924.
61 For instance, they recommended cold baths for babies, children, and adolescents, but drew the line at the total immersion of babies. OW, 15 April 1924.
62 Feeding and Care, p.103.
63 Leila Berg, 'Moving Towards Self Government', in Berg et al., Children's Rights, London, 1972, points to an interesting tension in King's thought but is mistaken in considering his views libertarian and blaming the English establishment for transforming King's ideas into 'a puritanical-authoritarian cult' (p.20).
all children. The Society aped the prophet and its fast-growing cadre of nurses helped impose the conception of ideal character. As King had said, 'the Child's character (whatever the inherited tendencies) may be transformed for good or bad by TRAINING'. This became the Society's task. With the cooperation of Government, municipal councils, and the Protestant churches the Plunket Societies launched 'Health Weeks', 'Baby Weeks', conducted demonstrations, encouraged mothers to enrol for classes, undertook the training of midwives, established badges and training programmes for organizations such as Girl Guides, and accepted responsibility for training medical students and home science students in child welfare. The empire grew but the message remained the same. In the words of the Central Council's annual report for 1930, 'the fundamental principles upon which the work of the Society is based are unalterable....'

Central to the Plunket Society's conception of the ideal character was a moral code in which 'vice' means the indulgence of the whim, caprice, or inclination of the moment, regardless of future pains or penalties....' Fond and foolish over-indulgence, mismanagement, and 'spoil may be as harmful to an infant', King claimed, 'as callous neglect or intentional cruelty.' The reasoning was simple. Indulgence prevented the child from acquiring self-discipline and the lack of self-discipline meant in turn a life of vice. If the mother fulfilled her obligations to herself, her child, her society, and her race then the child would be controlled by a calculating and manipulative prudence, would easily postpone or forgo immediate pleasures for future gains. Such a character structure, essential to social stability and public order, would help this New World society escape the tragic destiny of the Old. The capacity to postpone gratification has often been described as middle-class, and undoubtedly helped fit children for productive roles in an achievement-oriented society characterized by large cities, bureaucratic forms, and large-scale organization. The Plunket baby became self-regulating and predictable, immune from the contagion of 'the gutter', and capable of postponing immediate pleasures for future rewards.

The largest threat to Plunket's hegemony came from the American film industry, or so the prophet and his disciples thought during the 1920s. Many of these films celebrated spontaneity and self-indulgence and mocked traditional taboos and controls. Neither King nor the

64 Feeding and Care, p.150.
67 Feeding and Care, p.2.
Society worried about films until 1920 when the middle classes and especially their children began to patronize what had been largely a working-class form of entertainment. Although concerned by the ‘stuffy, glaring, restless halls’ and the fact that an evening at the movies disrupted regularity, the key to moral and physical well-being, the Society expressed most alarm at the influence of the films themselves. As King told the 1920 Conference:

It should always be borne in mind that sexual precocity and sexual irregularity present the greatest difficulties in any civilisation which regards self-control as essential in early life. Every conscientious master or mistress of a school —especially of a boarding school—recognises this as the greatest of their cares and responsibilities. Every physician burdened with the charge of a mental hospital has before him every day the disastrous results of sexual precocity and sexual irregularities.

Because the films fostered sexual precocity and irregularity King wanted rigorous censorship. He recognized in the sexual impulse the major source of instability in his utopian universe. Sex was anarchic, and he feared it, both in itself and as a symbol of wider possibilities.70

The need to reproduce people who could control their sexuality was an important if implicit objective of the Society. The social and psychic disorder threatened by sexuality, however, had an analogy in death. It is easy to overlook the Society’s obsession with infant mortality, already lower in New Zealand than in comparable societies when King launched his crusade, and the centrality of the Society’s resolve to reduce and control the disruption caused by infant mortality.71 It is not only that infant mortality—like ‘larrikinism’, drunkenness, or uncontrolled sexuality—disturbed the tidiness of a maturing social order and the widespread faith in science, reason, and order. It is also plausible that affectively bonded conjugal families, much smaller in 1907 than ever before known, at least among the middle classes, now found death psychologically disruptive.72 The novel intensity of the bonding between parents and children required a reduction in the rate of infant mortality. The Society achieved success by cutting the rate of mortality for infants between one and twelve months of age. Its activities helped make death a function of age, removed it from life to retirement (itself a novel concept), and can be seen in retrospect as part of that general process in Western societies whereby death departed from consciousness. Plunket’s ideal character structure could control sexuality and repress all thought of death. At the same time the family, guided by the experts, escaped a major threat of

The character structure promoted by the Plunket Society found favour with the lower-middle and middle classes in the first decades of the twentieth century. In the years between the wars, aided by the changing age structure and the abrupt shrinkage in the size of the unskilled work force, Plunket and Government imposed King’s views on most Pakehas (and, possibly, many Maoris). In essence the new ideology asserted that the biological differences between males and females legitimized specialized gender roles; boys ought to be trained for employment, girls for domesticity and motherhood. During infancy, however, males and females did not receive different treatment, both sexes learning to be self-controlled and self-regulating; with entry into the school system, however, sexual differentiation became normative. Here, too, King and the Society promised to create stability and order.

Under the Plunket Society’s guidance males supposedly grew up to be efficient, productive, and self-contained; they could work easily in time-dominated organizations; and be capable of postponing present gratification for future rewards. They would make excellent soldiers or workers. It was a character structure programmed for capital accumulation, for an economy dominated by the need for thrift and production. This is not to say or suggest that King consciously elaborated his ideology of child rearing with these considerations in mind but they help account for its prompt acceptance by the urban middle class. Of course, much of the medical advice was sound and sensible and the Society played a valuable educational role in de-mystifying medicine. It is not surprising that the urban middle class—wealthy and often educated merchants and bankers, professionals, lesser businessmen and manufacturers, and the fast growing ‘white collar’ stratum—first saw the advantages of adopting the most authoritative advice on child-rearing. They had already limited their fertility and achieved small families, their children had become much more important to them, and they understood the importance of health to future prosperity.

Different strata within what are loosely called the middle classes probably had their own reasons for accepting the ideology. But just as their level of education made the latest expert advice accessible to them so their social position, if not their education, possibly allowed them to sense the appropriateness of King’s ideology to the new social forms emerging between 1890 and 1930. In other words the ideology was neither fashioned by the upper-middle stratum nor accepted by businessmen, small-proprietors, teachers, and clerks merely as a means of

74 In ‘Toward a New Society’ I document the growth of ‘white collar’ occupations and briefly analyse their social context and their response.
75 Gilson-Vosburgh, New Zealand Family, pp.76-79.
defence in a threatening world. The threats certainly threatened, both in Newtown and Asia, but the self-contained and self-regulating character also seemed most likely to be immune to the ‘gutter’ and to survive and do well in an increasingly urban and bureaucratic world. The frontier had passed and with it a society dominated by self-employed entrepreneurs. To put the matter in other words pre-industrial New Zealand was giving way, at different speeds in different areas and at different social levels, to a radically more industrial or modern society. The Plunket baby guaranteed racial fitness, social control, generational control, and maximized opportunities. Plunket also tried to create a character structure designed for upward mobility, self-employment, or executive action while controlling unacceptable feelings, spontaneity, or sexuality.

The rapid acceptance of Plunket ideology in rural New Zealand during the 1920s constitutes something of an enigma. If urban families in the middle strata accepted the new ideology because it seemed to be appropriate to a rapidly urbanizing and modernizing social structure, why did rural families follow suit? Rural society, dominated by the family farm, still localistic in focus, and informal in structure, had no obvious interest in subjecting children to Plunket’s regimen. It is possible, however, to sketch the outline of a plausible explanation. First, rural families clearly welcomed the promise of reduced infant mortality. Second, the stress on self-control and self-discipline almost certainly reinforced the religious attitudes of the rural population (where church membership and attendance appear to have been much higher proportionately than they were in the cities). Third, rural women, previously victims of considerable isolation, may have found in the voluntaristic structure of the Plunket Society an important source of social activity. Fourth, the disorganizing impulses of the modernizing cities, such as new dance forms, new music, and new attitudes disseminated by American films, probably made even isolated rural families conscious of the need to inculcate firm habits of self-control. Besides which the persistence of a high rural fertility rate, a decrease in opportunities to go farming, and the rapid growth in the urban-tertiary sector made the larger towns and cities magnets to the young, and especially young girls, in the small towns and on the farms. A Plunket upbringing may well have promised what a godly upbringing no longer did so readily, especially if exposed to urban temptation: a moral prophylactic.

At the heart of the ideology, however, was the older cult of

76 H.C.D. Somerset, Littledene: Patterns of Change, Wellington, 1974, reports that every family in a North Canterbury town and its hinterland belonged to a church. This may not have been true in frontier areas such as North Auckland but North Auckland had become the exception.

motherhood, now subtly altered, the mother being subject to the control of outside experts. According to King and the Society girls had been genetically programmed for the role of motherhood but had forgotten how to fulfil their duty. ‘Motherhood is woman’s exclusive profession, the highest of all callings for which a woman may qualify. . . .’ The health of the child, the society, and the race depended upon her fulfilment of her duties. The Society glorified scientific motherhood and women also formed other organizations, such as Mothers’ Unions and the predominantly Presbyterian League of Mothers, to promote and extol motherhood as the ‘exclusive profession’. If girls worked in offices or factories they usually made bad mothers; if mothers worked the results were ‘disastrous’.78 King had learned as a student that women ought not to be given an academic education after the onset of puberty. Even while promoting better standards of child care in 1905-9 he made it very clear that women ought to be trained for marriage and child-rearing. The excess of women of marriageable age did not worry him unduly; preparation for motherhood best equipped girls for adult life. He and the Society had their way. Domestic training became part of the school curriculum and the proportion of women entering the professions declined.79 The Plunket girl, of course, was brought up properly. She may have been somewhat neurotic and was encouraged to manipulate her children—although this is commonly the technique of the powerless—but she accepted motherhood as her primary duty. On her success and regular habits depended the health and happiness of the child, the stability and decency of the society, the future of the Empire and the white race. She had indeed to be a competent household executive, or else live alone with her guilt. Above all, however, the Plunket Society gave mothers a sense of purpose and cosmic importance. It did equip them with skills if not self-confidence and it provided thousands with a satisfying and creative form of social action by defining motherhood and home management as a profession of vital social importance.80

To say this is not enough, however, for the Society’s success in defining motherhood and home-making as women’s only legitimate activity transformed these tasks into straitjackets. Many women undoubtedly

80 For the debate over introducing domestic training into the secondary school curriculum see Margaret Tennant, ‘Natural Directions: The New Zealand Movement for Sexual Differentiation in Education During the Early Twentieth Century’, New Zealand Journal of Educational Studies, XII (November 1977), 145-53.
delighted in these roles and others found them congenial. But for some
the new precision of these roles constituted a form of imprisonment, a
cage from which mental breakdown marked an increasingly common
avenue of escape. The articulation of these roles had wider significations.
In an urban, bureaucratic, and organized society sexual differentiation
had become a principal instrument for achieving social order and pro-
gress. It may also be true that before 1900 informal patterns of training
and support had existed for mothers; with their disintegration in an
urban world new forms of instruction had to be fashioned. The evidence
on this point is inconclusive. Yet the very strong impression remains
that King’s ideology, adopted by the Plunket Society, was a flexible
response to the tensions and problems confronting colonial society. It
also served as a powerful means of imparting more modern attitudes
towards time, discipline, and organization and thus in modernizing New
Zealand society. King’s early experience in the largest bureaucratic
organization in the colony, the Bank of New Zealand, made him pecu-
liarily sensitive to the structural form of the emergent social structure
while his long involvement with medicine during a period of rapid
advancement trained him in the new scientific procedures.

Equally important King helped to elaborate a ‘new religion of health’,
to use Lasch’s phrase, and played an influential role in presenting the
medical profession’s claim to novel forms of social authority. In the
guise of reasserting traditional moral standards and the cults of true
womanhood and domesticity, King propounded a new vision of the
family. But his subordination of medical science to traditional morality,
while enlisting the enthusiastic support of many Protestant activists,
must not obscure the fact that he believed the family incapable of fulfilling
its functions unless the wife-mother had been trained and supervised
by scientific experts. Although not the first King became the most influ-
ential advocate in New Zealand of an ideology of medical therapy which
‘from the beginning directed itself not merely against disease but against
superstition, backwardness, and popular “immorality”’. In the 1890s
indeed King played a lively role in attacking ‘popular “immorality”’. The
new medical imperialists, such as Dr James Mason and Dr Maui
Pomare, wanted to model the family more closely on the institutions
created to control and rehabilitate deviants. ‘They saw the family as an
asylum, analogous in its functions to the hospital, the insane asylum, and

82 Like Christopher Lasch I suspect that the intrusion of experts hastened the erosion of
reliance on relatives and neighbours (except for women seeking abortions); Haven in a
Heartless World, p.216, n.29.
83 For further discussion see Marion J. Levy Jr, Modernization and the Structure of
and Tamara Hareven, ‘Modernization and Family History: Perspectives on Social
84 Lasch, Haven in a Heartless World, pp.169-70.
the prison’, but requiring the supervision of trained professionals.’ It was probably no coincidence that King had spent almost twenty years as the Medical Superintendent of Seacliff Hospital before turning his considerable energies to invading and subjecting the family to the control of the medical priesthood. Yet he expounded a Protestant conception of priesthood and, after failing to enlist the cooperation of his medical peers, democratized medicine, although ultimate authority clearly rested with the profession. King’s brilliant synthesis of old and new provided the basis for Plunket’s hegemony.

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85 ibid.