Housewives' Depression
THE DEBATE OVER ABORTION AND BIRTH CONTROL
IN THE 1930s*

NEW ZEALAND has received acclaim for its ready recognition of women's rights. Women had, in the public sphere, less difficulty in breaking down the barriers to their participation than their sisters in England or America. But, in the central areas of private morality, birth control and abortion, New Zealand women have not been granted such ready recognition of their autonomy. The first birth control clinic was established in New Zealand in 1953, 37 years after Margaret Sanger's first attempt to open a clinic in New York City, and 32 years after the opening of Marie Stopes's Marlborough Road clinic. While in England and America the government eventually took some responsibility for ensuring access to legal abortion, in New Zealand abortion remains limited to certain health grounds.

Control of fertility raises questions of social, religious, and psychological importance. Women's demands for birth control challenge the 'basic moral assumptions of a male dominated society' and threaten to overturn accepted social roles. This was particularly true in New Zealand. The nineteenth-century ideal of woman as the 'colonial help-

* I am indebted to Erik Olssen who directed the original research for this paper. Thanks also to Lynne Milne for her comments, and Andree Lévesque for her encouragement.

1 Raewyn Dalziel has persuasively argued that the vote was granted precisely because it did not threaten a change in women's prescribed sphere. R. Dalziel, 'The Colonial Helpmeet: Women's Role and the Vote in Nineteenth-Century New Zealand', New Zealand Journal of History, II (1977), 112-23. See also, C. Lansbury, 'The Feminine Frontier: Women's Suffrage and Economic Reality', Meanjin Quarterly, XXXI (September 1972), 286-96.


3 Making contraception, sterilization and abortion available to women, however, may not necessarily be 'an indication of the freedoms they possess', but a product of wider government population programmes. See A. Summers, Damned Whores and God's Police, Melbourne, 1975, p.231, and Gordon, pp.329-40.

meet’ was continued in the twentieth century by the creation of the welfare state, predicated on the woman at home, servicing the needs of her husband and children. In fact, when laying the foundations of the welfare state, the Labour government was legislating for a family with three children which was no longer in existence. Labour rhetoric denied the reality. Women had been successfully limiting their fertility for decades, but it was not until the 1930s that the government became sufficiently concerned with this deviation from the maternal role to investigate its cause. The Inquiry into Abortion in 1936-37 provided the catalyst for debate over birth prevention. The sides were not clearly drawn, but many doctors opposed the spreading of birth control knowledge, while eight out of eighteen women’s groups supported the creation of birth control clinics. Women attacked the double standard and raised the issue of the endowment of motherhood; doctors decried the selfishness of women, and the churches led the attack on immorality. Underpinning all aspects of the debate was apprehension regarding the declining birth rate. The ideology of motherhood and the family prevailed and no action was taken by the government to assist women to control their fertility.

The importance of children and the family unit to New Zealand society was evident in the election manifesto of the Labour Party which came to power in 1935, promising a decent standard of living and guaranteeing every man an income sufficient to provide him and his dependents with everything necessary to make a ‘home’ and a ‘home life’ in the best sense of the meaning of those terms. The pivotal figure in ‘home life’ was, of course, the mother. Women’s centrality to the family made them peripheral in every other sphere. Women and children were classed together as dependents, to be provided for by the male wage earner. Motherhood and the home were an anchor and a refuge, providing a sense of stability in a changing world.

It was to protect the institution of motherhood that the Obstetrical and Gynaecological Society was formed in 1927. With ‘the genuine welfare of every mother’ its prime aim, the Society was pleased to note the reduction in eclampsia and toxaemias of pregnancy, and advances in the prevention of puerperal sepsis. As these dangers waned, it became increasingly evident that septic abortion was causing a significant amount of maternal mortality.

The apparent rise in the deaths from septic abortion took place in the lean years of the thirties, when many of the unemployed found they had

insufficient resources to feed themselves and their existing children. In 1934, a survey of five Canterbury primary schools revealed that 885 fathers were out of work, 225 children suffered from malnutrition, and 618 had insufficient clothing. With their husbands unemployed or in danger of losing their jobs, married women were afraid of incurring any extra expense, and some thought ‘that we could get through it [the depression] all right, if we didn’t have another child’. Doctors’ fees and the cost of confinement were the immediate fears of pregnancy, and the feeding and clothing of another child were the unthinkable long term prospects.

One of the Labour government’s responses to this situation was the 1936 Industrial Conciliation and Arbitration Amendment Act which provided for a basic wage ‘sufficient to enable a man . . . to maintain a wife and three children, in a fair and reasonable standard of comfort’.

In keeping with this pronounced platform of supporting the ‘average’ family, Labour was happy to accede to requests from women’s groups and the Obstetrical and Gynaecological Society to appoint a Committee of Inquiry into Abortion. The creation of the Committee provided an excellent opportunity for the new government to demonstrate its concern for the potential mothers of New Zealand.

The decline in family size, from over six children in the 1880s to 2.5 per family in 1936, made it clear that many mothers were already successfully denying their potential. The family with three children was a thing of the past. For those who wanted to avoid parturition, there were three alternatives: abstinence, some form of contraception, or abortion. The first of these demanded greater self-control than, despite the churches’ pleas, most New Zealanders’ possessed. Continence was widely praised but probably little practised. A New Zealand woman writing to Marie Stopes in 1929, commented, ‘all the books I had read dealing with sex matters held up continance [sic] except for procreative purposes, as an ideal to be striven for, impossible though this was admitted to be for many people’. Evidence that it was at least attempted came from another of Stopes’s correspondents who wrote, ‘I have three living well grown loving daughters and have always had a reasonable rest between,

10 ibid., p.66.
12 These figures refer to the non-Maori population. M. Gilson, ‘The Changing New Zealand Family: A Demographic Analysis’, in S. Houston, ed., Marriage and the Family in New Zealand, Wellington, 1970, p.57. I have not examined the question of differential decline between lower and higher income groups. The 1911 census in England revealed that among married men under the age of 55, unskilled labourers had a birth rate four times that of doctors or the Anglican clergy. More detailed investigation of the New Zealand class structure may reveal a similar trend.
13 V. May Cottrell to Marie C. Stopes, 10 October 1929, MSS. 58575, Stopes Collection, British Library.
thanks due entirely to my husband who never dreams of worrying me more than once or perhaps twice a month'. This description of intercourse as a bothersome male demand is revealing of an attitude widespread amongst women when the fear of pregnancy was uppermost in their minds. Mrs W.J.B. realized that her case was exceptional and stressed that she agreed with Stopes that ‘the labouring class of man has less consideration for his wife’. An illustration at the other end of the spectrum was given by a Mrs M.N. who wrote that she knew of a forty-six year old woman who had seventeen children, ‘most of them weakly and weedy’.

It seems that many men, while not prepared to abstain completely, did practise restraint in some measure by withdrawal. Contemporary European studies show that coitus interruptus was the most widely used form of birth control. Since it was free and required little forethought, it is likely that a similar situation existed in New Zealand. Another non-appliance method was the so-called ‘safe period’, endorsed by the Roman Catholic Church in 1930. The correct relationship between ovulation and menstruation, however, was not clearly defined until 1924. Prior to this time the recommended ‘safe period’ was the middle of the menstrual month, hence its reputation for unreliability. It was some time before the new understanding of the fertile period was widely known and, given the wide variation between individual women, it was still not reliable.

Yet another method, for those who found mechanical means of con-

15 Hall, *Dear Dr. Stopes*, p.131. Women’s inability to enjoy sexual relationships through fear of pregnancy is amply illustrated in the letters written to Marie Stopes in 1926, and published as *Mother England: A Contemporary History*, London, 1929. Leonora Eyles in *The Woman in the Little House*, London, 1922, gives an example of Australian attitudes: ‘It isn’t him getting drunk and springing bills on me that I mind . . . I can even put up with him thumping me when he’s had a glass. But its going to bed that beats me. Do you know, I’m downright glad if he’s rolling drunk when he comes home, because some of his pals put him on the kitchen sofa, and then I have the bed to myself. It does seem rotten somehow, never to be able to call your body and soul your own. I don’t mind being a man’s beast of burden all day, but I do think a woman might get her nights to herself.’ (pp.130-1.)
16 Mrs M.N. to M.C. Stopes, 6 September 1922, in Hall, *Dear Dr. Stopes*, p.121.
18 The Papal encyclical of 1930 permitting the ‘safe period’ read: ‘Nor are those considered as acting against nature who in the married state use their right in the proper manner although on account of natural reasons either of time or certain defects, new life cannot be brought forth.’ M.C. Stopes, *Contraception*, London, 1946, 6th ed., p.98.
20 The ‘safe period’ is correctly described in G.M. Smith’s *Medical Advice from a Backblock Hospital*, Wellington, 1943, 2nd ed., pp.57-8. Dr Smith felt that the ‘even tenor of the country woman’s life in New Zealand’ provided ideal conditions for the use of this method but he warned that ‘An unofficial honeymoon for many women has no safe moments, for in the excitement of such moments a woman may shed an egg at any old time and pregnancy may result.’ (p.58.)
traception abhorrent or too expensive, was devised by a New Zealand woman. V. May Cottrell, it appeared, had found the ideal answer of mind over matter. Fortunately, her formula did not become widely known. May Cottrell and her husband wrote copious letters to Stopes on sexual matters and believed that May had ‘clairaudient’ contact with the British advocate of birth control. In a piece entitled ‘Love’s Expression’, May claimed that ‘if conception is neither desired or feared at the time of contact nothing will happen—as far as procreation is concerned,—because through the action of the subconscious mind the semen will be rendered sterile before entering the womb’. Mrs Cottrell’s psychic powers appear to have exceeded those of most New Zealanders.

Contraceptive appliances were available to those who could afford them. Unlike North America, there was no law against giving information on contraception. Yet, in detailing what was obscene, the 1910 Indecent Publications Act singled out ‘any document or matter which relates or refers, or may reasonably be supposed to relate or refer, to any disease affecting the generative organs of either sex, or any complaint or infirmity arising from or relating to sexual intercourse, or to the prevention or removal of irregularities in menstruation, or to drugs, medicines, appliances, treatment, or methods for procuring abortion or miscarriage or preventing conception’. Magistrates, however, were advised to exercise discretion, taking into account the purpose of the literature and its ‘literary, scientific, or artistic merit’. The weight of censure fell more on the purveyor’s ‘immoral or mischievous tendency’ than on the actual contents of the literature. Censorship appears to have been more effectively practised by the Customs Department, which under Section 46 of the Customs Act of 1913, could refuse entry to books considered indecent or obscene. In 1924 that department wrote to the British Society for Constructive Birth Control, advising that in future Stopes’s book, Married Love, would no longer be allowed into the country. It had been deemed an ‘indecent document’ within the terms of the 1910 Indecent Publications Act. That less exception was taken to further volumes on

21 V. May Cottrell to M.C. Stopes, 10 October 1929. Mrs Cottrell was an avid supporter of sex education, publishing articles in the Mirror on this topic. Her comments reveal some of the problems facing New Zealand women: ‘Many married women of all ages have confided in me telling me of the severe and prolonged agonies of mind they suffered in premarital days, because of their lack of knowledge concerning the new life they were entering upon. . . . Many women have been married for years without having acquired even a superficial knowledge of their own anatomy, let alone a real understanding of the functional processes that concern, and largely control, procreation.’ ‘That Vital Knowledge’, p.16, V.M. Cottrell to M.C. Stopes, 10 October 1929.

22 1 Geo.V. 1910, No.19, An Act to Prohibit the Publication or Sale of Indecent Literature, para.6. I am indebted to Allison Buchan of the National Library, Wellington, for drawing my attention to this Act.

23 Customs Department to Hon. Secretary, Society for Constructive Birth Control, 24 March 1924, in Hall, Dear Dr. Stopes, p.124. Prosecutions were rarely made under the 1910 Indecent Publications Act. ‘In practice, traders approached the Customs and Justice Departments in advance and obtained informal opinions about doubtful books and
the same theme is apparent in a letter from a Napier resident to Stopes in 1929 stating that she was ‘pleased to note that the various firms handling wholesale stocks of books are carrying your *Enduring Passion* and that copies are procurable at the local bookshops’.

Written advice, however, was of little comfort when the contraceptive methods advocated were not available.

Fairly reliable devices, such as the Marie Stopes cap were little known in New Zealand and difficult to obtain. Imported condoms and pessaries were plentiful but relatively expensive. Condoms were sold at various places: chemist shops, garages, Chinese fruiterers, and barber shops. They were frequently unreliable and used incorrectly. Some determined women made their own pessaries on their kitchen stoves, mixing coco-butter with a small quantity of quinine.

The seemingly most obvious source of advice on health matters, the medical profession, was singularly unhelpful when it came to contraception. Medical men had received no training in this field and they were unaware of the latest developments. Some, like the editor of the *New Zealand Medical Journal*, found the whole subject reprehensible, decrying the fact that the ‘physician apparently must follow the demand and devote part of his practice to the application of rubber caps to the cervix, and become skilled in fitting other appliances more or less repulsive’.

In difficult cases the Minister of Justice or the Minister of Customs decided what opinion should be given.’ J.L. Robson, *New Zealand: The Development of its Laws and Constitution*, London, 1967, 2nd ed., p.157. The case concerning Stopes’s books was even brought to the attention of the Prime Minister, J.G. Coates, who found them indecent under the terms of the 1910 Act and quoted the opinion of Viscount Finlay that the books were ‘calculated to have a most deplorable effect upon the young of both sexes’. J.G. Coates to E.W.F. (Dunedin), June 1926, MCS/A309, Contemporary Medical Archives Centre, Wellcome Institute for the History of Medicine, London.


25 New Zealanders wrote to Stopes asking for supplies of the Prorace occlusive cap which was not available in New Zealand. A woman writing from Auckland in 1937 complained that the devices that were obtainable were defective: ‘all the rubber caps sold by them [chemists] at 8/6 perish very quickly at the seam. I have had three in 6 months.’ Mrs R.A.S. to M.C. Stopes, 28 March 1937. See also other letters in MCS/A310 Contemporary Medical Archives Centre, Wellcome Institute for the History of Medicine.

26 Some pessaries sold for 25/- when they could have been produced for 5d. Evidence of Dr Dawson. Rubber appliances (presumably condoms) sold for 1/-, Evidence of Mr Smith representing the Pharmaceutical Society. Diseases-Septic Abortion-Committee of Inquiry, National Archives, (hereafter N.A.) Series 131/139/12. Interview with Elsie Locke, founding member of the Sex Hygiene and Birth Regulation Society, 1976.

27 *New Zealand Medical Journal*, XXXI (1932), cited in A. Lévésque, ‘Historical Perspective on Abortion in New Zealand’, draft article for *Broadsheet*, p.10. Mrs R.A.S., who suffered from osteomyelitis, found that New Zealand doctors were ‘very chary with help’ with advice on contraception. One doctor said ‘why should he give me advice, it was for me to find out for myself’. MCS/A310 Contemporary Medical Archives Centre, Wellcome Institute for the History of Medicine.
Others, like Dr W.H. Symes, noted the 'disastrous' effect of birth control upon the younger generation, blaming it for the 'immorality and general deterioration of conduct'.

Conscious of suspicion and rebuff from individual members of the medical profession, women turned to institutional means of rectifying the situation. Dr Mildred Staley of the Auckland branch of the National Council of Women urged that 'birth-control information must be made available to married women through the public health authorities'. Three years later, in 1934, the Women's Institute forwarded a remit to the National Council of Women suggesting that 'the Health Department be urged to provide free of charge on application, information on birth control'. The idea that action was necessary by politicians was mooted in various circles. The Timaru branch of the Labour Party petitioned the National Conference 'to inquire into the advisability of establishing Birth Control Clinics at maternity wards of public hospitals and similar institutions'. Even more forthright was the formation, in Wellington, of the Sex Hygiene and Birth Regulation Society, which aimed to circulate information on reliable forms of birth control and to act as a referral service to sympathetic doctors.

When abstinence was unlikely and birth control methods and devices were unreliable and expensive, the third alternative, abortion, remained. The initial reaction to a missed period was to try to produce a miscarriage by an accident. Favourite methods were jumping from tables, falling downstairs, or doing a heavy load of washing. If this failed, as it usually did, women resorted to taking various concoctions: alcohol, laxatives, and stronger drugs. Half a bottle of gin while taking a hot bath, twenty Beecham's pills, quinine tablets, and ergot, were among the potions taken orally. Few of these had the desired effect, but some had disastrous, unexpected consequences.

Recipes for abortifacients were spread by word of mouth and frequently became distorted in the telling. A case has been recorded in which a young man gave his pregnant wife half an ounce of quinine with some brandy, following a recipe for an abortifacient he had obtained from a friend. Within a short time his wife became delirious and died. The post mortem revealed quinine poisoning. The woman had taken over 218 grains of quinine, eleven times the maximal therapeutic dose.

Many women were forced to go further than taking drugs. Mary Findlay, in one of the few books recording women's experiences during the

29 *Birth Control News*, XX (October 1931), 85.
30 H.K. Lovell-Smith Papers, Alexander Turnbull Library.
32 Sex Hygiene and Birth Regulation Society Records, MSS. 1388, Alexander Turnbull Library.
depression, described Mae’s attempt to abort an unwanted pregnancy: ‘I didn’t think it would go so far. I tried all the usual things, epsom salts, hot baths, jumping off chairs, quinine and ergot. Nothing worked. Then I got desperate and used a knitting needle.’ Women knew that if they could operate on themselves or get friends to help, they were unlikely to be prosecuted. Common household articles were used such as knitting needles, crochet hooks, and meat skewers with the ends rounded off. The alternative to a self-induced abortion of an unwanted pregnancy lay in a visit to a criminal abortionist.

Of prime concern to the Obstetrical and Gynaecological Society was this illegal instrumental interference in pregnancy. Such interference often resulted in septicaemia. The law clearly stated that abortion, by any means, was only justifiable when the life of the mother was in danger. Doctors, therefore, were loath to perform the operation for reasons of poor health or poverty. But if they would not do so, others would, and found it very profitable. Skilful operators who had a knowledge of anatomy and asepsis were able to charge up to £100 for a single operation. Prices varied according to the circumstances of the client and her partner. Mrs Annie Aves earned an aggregate sum of £2,232.10s over a period of eighteen months in which she dealt with 183 persons. It was the less skilful abortionists who contributed to the high maternal mortality rate.

The government’s commitment to examining the septic abortion problem was welcomed by those who were involved in treating the resulting illness. The formation of a Committee of Inquiry appeared to offer an attempt at a solution while not directly antagonizing any sections of the community which might have moral or religious objections to abortion. The Obstetrical and Gynaecological Society considered that abortion was more a social than a purely medical problem and it was particularly concerned that abortion deaths were blurring the real advances that New Zealand had made in maternal welfare. It seemed appropriate, in spite of the Society’s acknowledgement that the problem was a social one, that four of the five members appointed to the Committee should be physicians. Dr T.L. Paget, Dr Sylvia Chapman, Dr D.G. McMillan, and the President of the Obstetrical and Gynaecological Society, Dr T.F. Corkill, all accepted the invitation to serve on the Committee. The only lay person approached was Mrs Janet Fraser, wife of the Minister of Health.

35 It was technically illegal to abort oneself but this section of the law was generally regarded as a dead letter.
38 New Zealand Medical Journal, XXXIII (1934), Obstetrical and Gynaecological Society Section, p.38.
39 Diseases-Septic Abortion-Committee of Inquiry, N.A. Series 131/139/11.
It was suggested that her experience in social welfare work and as a member of the Wellington Hospital Board would give the Inquiry special insight into the social and economic factors that led women to procure abortions. In August 1936 the Committee met and decided to look beyond septic abortion to 'The Various Aspects of the Problem of Abortion in New Zealand'.

The Committee heard evidence from a variety of sources. Doctors were well represented and women's organizations made the most of the opportunity to present their opinions. Inevitably, the Committee came to recognize 'the procuring of abortion as a belated attempt at birth control' and, consequently, included questions regarding contraception in its hearings.

One of the first tasks of the Committee appeared to be to determine the incidence of induced abortion. Dr J.B. Dawson from Dunedin Hospital suggested a ratio of 1 abortion to every 3.2 live births. While no completely satisfactory method of estimating abortion could be arrived at, it was evident to the Committee that the number was sufficiently large to be detrimental to a small country that was apparently threatened with a declining population. The number was also large enough to indicate that criminal abortionists and disreputable chemists were profiting greatly from trade in abortion and abortifacients. The Committee looked to women's groups for an explanation of why women were risking their lives in resorting to these desperate measures.

The Working Women's Council emphasized that economic factors were paramount in women's decision to limit their families. Mrs Grant, speaking on behalf of the working women of Christchurch, pointed out that even though the Arbitration Court had stipulated a basic wage of £3.16s as necessary for a man supporting a wife and three children, men on sustenance only received £1.9s per week. A family received only four shillings a week for each extra child, which was inadequate for their needs. Women were reluctant to have another child when this would expose their poverty and they would have to rely on charity for baby clothes, maternity expenses or, if the baby died, for 'the most degrading claim of all', burial expenses. Mrs Grant suggested that the wage standard for all people should be raised, that medical services should be

40 ibid.
41 N.A. Series 131/139/12.
42 Dr Dawson's figures included both spontaneous and induced abortions. Dr Levy, from Wellington Hospital, suggested that 75 per cent of the total number of abortions were induced. N.A. Series 131/139/12.
43 In spite of popular fears, New Zealand's population continued to rise during this period. The total population of 1,408,139 recorded in the census of April 1926 rose to 1,573,810 in March 1936. Concern was aroused by seeing the birth rate alone as determining the population and not taking into account factors such as age at marriage. Marriages were delayed during the 1930s and hence the years of potential childbearing were reduced. Since the thirties, age at marriage has steadily declined. See A.H. McLintock, ed., An Encyclopaedia of New Zealand, II, Wellington, 1966, 823-28.
nationalized, and that free medical and surgical attention should be available to children until they became wage earners. The Working Women's Council wanted the establishment of birth control clinics to prevent the need to resort to abortion. Finally, they suggested that men should be instructed in hygiene classes on how to live in a 'cleanly manner'.

A further attack on the double standard came from that bastion of motherhood, the Mothers' Union. Taking the common line that selfishness was a major cause in the decline in family size, the Union stressed that both parents should be held responsible for this. Women alone were not responsible, and, in fact, were sometimes coerced by their husbands to have abortions.

Selfishness, however, was usually attributed solely to women. Dr Doris Gordon, a vociferous campaigner against abortion, and a founding member of the Obstetrical and Gynaecological Society, called for a return to the fundamental idea that for women 'motherhood is their mission and barrenness their disgrace'. Unless women could be persuaded that children were more important than furnishings, or an active social life, Dr Gordon predicted 'we can be prepared to write R.I.P. over the short lived race at present known as New Zealanders.'

The Women's Service Guild felt that the mission of motherhood was not very attractive when there was no assurance of pain relief during labour and no financial rewards for being a housewife. The Guild's representative, Mrs Henderson, urged that state maternity hospitals should provide the obstetrical attendant of the woman's choice, anaesthesia, and waiting and convalescent homes. The dignity of motherhood should be upheld by a payment of wages directly to the mother, to free wives from complete financial dependence on unreliable husbands. The Guild saw the high incidence of abortion as a general challenge to the moral standards of the community. The introduction of women police, stricter censorship of films, and discouraging the young from drinking, were suggested as steps towards moral regeneration.

Compulsory lectures on mothercraft for girls were suggested by Mrs Milburn on behalf of the Maternity Protection Society. Young men came under attack for their disinclination to accept responsibility in cases of illegitimacy. Illegitimacy was also discussed by Mrs Leniston of the Hotel Workers' Union. She sympathized with the single girls who resorted to abortion as they could not possibly support themselves on the meager 15/- to which they were entitled if the man responsible refused to marry

44 Evidence of Mrs Grant, N.A. Series 131/139/12. The Working Women's Council was an affiliate of the Christchurch National Council of Women.
45 The Mother's Union aimed to uphold the sanctity of marriage, the responsibility of parents in training their children, and to organize bands of women to set a Christian example in the community.
46 Evidence of Dr Gordon, N.A. Series 131/139/12.
47 Evidence of Mrs Henderson, N.A. Series 131/139/12.
them. The social stigma of illegitimacy and the invasion of privacy by the Plunket Society were given as additional reasons why single women resorted to abortion.48

Dr Sylvia Chapman recalled that the Committee felt ‘very special sympathy’ for the women of the farming community.49 Another of Stopes’s correspondents graphically described their plight: ‘In this country if a farmer’s mare has a foal she is turned out to rear it in idleness, if his cow or sheep has a baby [sic], it is given every chance to be a good one, but if his wife has a child in ten days or even less . . . she does her own housework, milks perhaps ten cows night and morning, feeds calves, pigs, hens etc. and suckles her baby. I would so much rather be a cow than an ordinary farmer’s wife in New Zealand.’50 The Federation of Women’s Institutes pointed out that birth control information was least available in country districts where it was badly needed. They wanted the government to cover all the costs of the maternity service and to organize a domestic help scheme to relieve the burden on country women.51

Women’s groups spoke favourably of contraception as an alternative to abortion. Three members of the Sex Hygiene and Birth Regulation Society spoke most forcefully on the need for sound advice on birth control, to prevent abortion, and because they felt ‘the bearing and nurture of children are not the sole aim and end of women’s existence’.52 Ready access to birth control would allow women to plan their families, not necessarily leading to smaller families, but to child spacing, so that each child could be adequately cared for. Elsie Freeman, better known as Elsie Locke, told the Committee that, in her experience, at least fifty per cent of working and middle-class women had attempted to interrupt pregnancy at some time during their married lives. During her work amongst the unemployed, Mrs Freeman found that women talked of procuring abortion as a matter of course, and she cited instances of women resorting to dangerous, desperate measures.

The members of the Committee remained unmoved by the evidence of the Sex Hygiene and Birth Regulation Society. Dr Corkill suggested that complete reliance on contraceptives was ‘tending to do away with all thought of self control’. His remedy for frequent births was abstinence. Mrs Martin Smith replied for the Society, stating that it was usually husbands that lacked self control and they did not have to bear the consequences. The Committee questioned the Society on how they thought birth control clinics should be organized and whether the government could be expected to use the taxes paid by Roman Catholics to run such

48 Evidence of Dr McKinnon, Dunedin Branch, Society for the Protection of Women and Children, N.A. Series 131/139/12.
49 Correspondence of Dr Sylvia Chapman with the writer, 22 May 1976.
50 Mrs W.J.B. to Marie C. Stopes, March 1926, in Hall, Dear Dr. Stopes, p.131.
51 Evidence of Mrs Kelso, N.A. Series 131/139/12.
52 M. Sanger, Woman of the Future, p.29. Sex Hygiene and Birth Regulation Society Papers, MSS. 1388, F6, Alexander Turnbull Library.
clinics. Mrs Freeman, a communist, replied, ‘taxes are made for quite a lot of things that a lot of us don’t believe in.’ When Dr M. Brown of the Christchurch Hospital also advocated birth control clinics, Dr McMillan dismissed the suggestion brusquely, saying ‘in our present state of knowledge and the present mentality of the people they are not worth establishing.’

If the Committee doubted the community’s readiness for birth control clinics, it was convinced that it could not condone legalized abortion. Dr S.R. de la Mare, representing the National Council of Women, put forward the view that, given the unreliability of contraceptives, a woman who had borne a number of children should be able to have an abortion under the best surgical conditions as this was no more detrimental to health than bearing an unwanted child.” The South Auckland Branch of the Women’s Division of the Farmer’s Institute concurred, stating: ‘so long as women demand limitation or spacing of families, contraception and abortion should be legally available under good and safe conditions.’

The argument for legalized abortion was most clearly stated by Mrs R.D. Baker who presented the views of ‘several women (married and with children) of a reasonable degree of intelligence’. These women believed that ‘no woman should be compelled to carry a child to term as a punishment for selfishness or immorality’. State legislation on birth control and abortion should not be concerned with building up military forces, with creating an ample supply of labour, or with filling up New Zealand’s empty spaces to protect it from infiltration by other nations. Every child should be wanted and loved for its own sake. This could only be achieved when women had complete control over their own fertility. Pending the development of a completely reliable contraceptive, Mrs Baker urged that ‘abortion at the hands of a doctor should be made legal and readily available’. When asked if she did not consider abortion to be ‘morally reprehensible’, Mrs Baker replied prophetically, ‘I think that the question of being morally reprehensible will bar progress for years to come in regard to either birth control or abortion’.

The Committee’s ideas on the safety of termination of pregnancy, however, were moulded chiefly by the USSR’s experiment with legalized abortion. Early in 1920, the Communist Party, recognizing the dangers associated with clandestine abortion, decided to minimize the resultant maternal mortality by legalizing the operation so it could be carried out under safe surgical conditions. The result was a decrease in maternal mortality. But in 1935, the Russian government introduced regulations

53 Dr De la Mare was requested to give evidence for the National Council of Women at very short notice. After the publication of the Abortion Inquiry report, in which her views were mentioned, the Dunedin Branch of the National Council of Women took great exception to having the idea of legalized abortion linked with their organization. Minute Book of the Otago Branch of the National Council of Women, March 1936-May 1938, Hocken Library, University of Otago.
restricting the availability of abortion and in 1936 the law legalizing abortion was repealed. The repeal of the abortion law was coupled with increased state aid to large families and extension of child welfare institutions. Commentators on the Russian experiment with legal abortion were impressed with the decrease in maternal mortality, but the reversal of the law seemed to indicate that the trial had not been successful. No consideration was made by the Committee of the pro-natalist policies which encouraged Russia to reverse the law.

To counter the views of the feminists and political radicals such as Mrs Baker and the members of the Sex Hygiene and Birth Regulation Society, the Committee turned to the church. Canon Percival James, on behalf of the Anglican Church, coupled birth control with abortion as symptoms of moral decadence and the result of 'an abandoned faith in God'. The crude sex appeal evident in novels, films and plays was leading young people astray from the paths of Christian morality. The Roman Catholic representative spoke of decadence leading to national disaster. Archbishop O'Shea raised the spectre of race suicide, warning: 'if the English speaking peoples will not populate the land it will be the retribution of Divine Justice when the English speaking peoples are in subjugation to the prolific nations.' The Catholic Church was firmly set against both birth control and abortion. The Papal encyclical Casti Connubii of 1930 went further than the civil law by regarding the lives of the mother and child as equally sacred. Therapeutic abortion, to save the life of the mother, could not therefore be condoned. The Archbishop berated any frustration of the procreative purpose of sex, and unequivocally opposed 'any suggestion that public funds should be diverted to a purpose so anti-social, so anti-national and so immoral'.

Pontifical pronouncements, however, bore little relation to the decision of the individual when faced with an unwanted pregnancy. Dr Scott, of Christchurch, presented the Committee with a survey of the religious affiliations of 110 women admitted to hospital for complications of abortion. Of these women, 63 per cent were Anglican, 15 per cent were Presbyterians, 11 per cent were Catholics, 4 per cent were Baptists, 3 per cent were Methodist and 2 per cent belonged to the Salvation Army. Had the Committee bothered to check the census figures, they would have found a rough correlation with the percentages of these denominations in the population. Dr Scott's study, then, suggested that religious beliefs were not the great deterrent to abortion that they were held to be.

The unpatriotic attitude of those who resorted to birth control was stressed not so much by the Eugenics Society, as might have been

54 Dr Paget, in particular, referred to the pathological conditions resulting from the Russian experiment when the suggestion of legalized abortion was raised. N.A. Series 131/139/12. For a contemporary medical discussion of the position in the USSR, see F.J. Taussig, Abortion: Spontaneous and Induced, London, 1936. See also the Moscow News, 3 June 1936, p.2.
expected, but by that guardian of New Zealand’s infants, the Plunket Society. Doctor Tweed, the Society’s medical advisor, declared ‘we consider that birth control is far more dangerous to the state than abortion’. The government should give real encouragement, in the form of financial benefits, ‘for the production of healthy children by the most physically and mentally desirable citizens’. Others shared this view. Dr Shirer, of Wellington, blamed the selfishness of women for the decline in the birth rate and scorned the men who ‘weak-kneedly’ agreed with them. In his opinion, ‘Race suicide is being practised on a terrific scale far and above the needs of economic necessity’. Dr Shirer favoured limiting the sale of contraceptives to ensure that the army did not lack recruits. When Dr McMillan suggested that it was rather anomalous to breed people to have them killed in war, Dr Shirer replied, ‘if my little son had to fight five Japs I would rather he had two brothers alongside him’.

Dr Shirer’s dire predictions received substantiation from the government statistician. Mr Butcher warned that if the low birth rate was maintained, New Zealand would have a declining and an aging population. To counteract race suicide and increased taxation, women would have to be prepared to bear more than one child.

The Committee’s concern with the declining population was so absorbing that at one point they had to be reminded that the topic under investigation was abortion and not the national birth rate. Their interest reflected the wider discussion taking place in the popular press. Explanations for reduced fertility ranged from the familiar complaints of economic insecurity and women’s preoccupation with ‘preservation of the female figure and youthful charm [and] social life without juvenile ties’, to more sinister causes such as a new disease of womankind: ‘a deadly psychological disorder called anthropophobia—hatred of mankind.

55 The evidence of Dr Hogg of the Eugenics Society was concerned mainly with the improvement of conditions to make parenthood more desirable. (N.A. Series 131/139/12.) The train of eugenic thought in New Zealand, however, is shown by the letters of J. Macmillan Brown to Marie Stopes. Macmillan Brown wished that the birth control movement was more distinctly eugenic and wrote: ‘Even in any small circle in this edge of the world I can point to countless examples of misproduction; a taint that could not be discovered except by knowledge of the past generations of both parents is getting handed on to future generations. . . . How can selection in marriage be made wise?. . . I have been watching the result of selection by young men of fine intellect & noble character; they choose by the goods in the shop window, a pretty face, an attractive manner; and now they are seeing some of their children occasionally in lunatic asylums; it is the saddest of all sights & makes one lose faith in the future of mankind.’ J. Macmillan Brown to Marie C. Stopes, 24 December 1934, MSS. 58575, Stopes Collection, British Library.

—hatred of life’. Articles and pamphlets explored the possible consequences of underpopulation. The Otago Daily Times envisaged Asian ‘hordes sweeping down from the North to populate New Zealand’, while the Tablet declared that a ‘Catholic philosophy [was] needed’ in a country where the ‘Garage Replaces the Nursery’. A pamphlet, whose title and aim was To Alarm New Zealand, saw the decline as ‘a long, slow, hidden process undermining the foundations of the structure of our national life’. The Minister of Health, Peter Fraser, was sufficiently alarmed to note the seriousness of the decline and that ‘something would have to be done about it’.

Since the Abortion Inquiry was, in part, a response to this concern, it was understandable that the members should spend time discussing it. Their consideration of the problem, however, never went beyond the level of the popular press. In actual fact, New Zealand’s population had grown at a higher rate, from 1881 to 1921, than had any other country for which statistics were available. The gloomy forecasts of the statisticians were based on the net reproduction rate, which made no allowance for changes in marital patterns or in age specific mortality. The fears of population decline, with their racist overtones, had little foundation. With unemployment still a major concern, it seemed, at best, insensitive, to be concerned with encouraging larger families.

Discussion of the laws relating to abortion, contraception and sterilization occupied a significant amount of the Committee’s time. The grounds for therapeutic abortion were defined in Section 220 of the Crimes Act of 1908 which read: ‘No-one is guilty of any crime who before or during the birth of a child causes its death by means employed in good faith for the preservation of the life of the mother’. Many doctors felt that ‘life’ should be extended to include health. The law was liberally interpreted this way in spite of the fact that doctors had no legal protection for performing abortion on these grounds. Therapeutic abortion was frequently indicated for tuberculosis, nephritis, and heart disease at this time. The Obstetrical and Gynaecological Society supported an extension of the law but wanted elaborate safeguards, such as consultation and notification, to ensure that the operation was not performed for frivolous reasons. Against any extension was Professor D’Ath, the expert on Medical Jurisprudence at Otago. Professor D’Ath felt that the law as it stood made for a clear differentiation ‘between the strictly medical reasons for abortion and the various other reasons that

58 Otago Daily Times, 18 March 1936, p.8; Tablet, 28 April 1937, p.9.
59 A.E. Mander, To Alarm New Zealand, Wellington, 1936.
60 Christchurch Press, 29 August 1936.
are advanced by patients, such as social or economic'. Evidently, doctors felt their independence threatened by women who would ‘walk in perfectly boldly . . . and order an abortion as calmly as they would a tube of toothpaste’.

Their traditional function was to diagnose and prescribe for illness and requests for abortion pre-empted this role. To carry out women’s demands reduced doctors to technicians and undermined their dearly held status. No physicians advocated abortion for purely social reasons.

With the Obstetrical and Gynaecological Society’s support for a slight liberalization of the abortion law, to protect the honest practitioner, went a demand for new laws relating to the advertisement, sale, and manufacture of contraceptives. The Society was prepared to give instruction on birth control when reasons of health demanded it, but such instruction should only be given by the medical profession and through existing hospital departments. They were particularly concerned that there was no restriction on the sale of contraceptives, even to minors, and felt it was ‘contrary to the public interest’ for contraceptive knowledge to reach single men and women.

The final report of the Committee of Inquiry exhorted ‘the womanhood of New Zealand, so far as selfish and unworthy motives have entered into our family life, to consider the grave physical and moral dangers, not to speak of the dangers of race suicide’ involved in abortion and birth control. To abet motherhood, the Committee recommended direct financial relief to the wives of the unemployed or those precariously employed, and for the wives of those involved in small farming. Family allowances should be raised and available to all children up to the age of sixteen. A further suggestion was the creation of a domestic service corporation to relieve overworked mothers.

The issues of women’s health and fertility raised by the Inquiry were seen firmly in the context of the needs of the family and the nation, and not those of the individual woman. General state provision of birth control clinics, therefore, was regarded as unnecessary as the country needed more, not less, births. The recommendations of the report sought to place control over contraceptive information more firmly in the hands of doctors, although it was clear that most New Zealanders relied on other channels for contraceptive advice and materials. Indeed, the Committee hoped to preserve the presumed blissful ignorance of the unmarried (ignoring the high illegitimacy rate) by advocating prohibition of the sale of contraceptives to young people and banning birth control advertisements. The Committee held that complete reliance on birth control

65 Potts, et al., Abortion, p.533.
was detrimental, not because of the unreliability of most methods, but because it excluded ‘any measure of self-discipline whatever’.67

The medical profession, the new moral leaders in an increasingly secular society, upheld the notion of virtue in self-restraint. The late development of birth control clinics in New Zealand was, in part, due to the unique hold of the profession. New Zealand was well served with doctors, supplied from an increased output from Otago Medical School after the first World War, and by an influx of well qualified doctors from overseas.68 New Zealand families were more likely to have access to a general practitioner than their counterparts in England or America. By definition, a ‘family doctor’, the general practitioner was reluctant to teach contraceptive methods. This orientation towards the family, reinforced for women through the Plunket Society, made the development of an independent clinic movement unlikely. By tightening doctors’ control over contraception, the Committee hoped to lessen the individual initiative in controlling fertility that women’s groups had requested.

In recognizing the demand from women ‘to decide how many children they will have’, the Committee stressed that the decision was increasingly based on selfish reasons and advocated ‘the cultivation of a more normal psychological outlook among pregnant women’.69 Individual women were held responsible for the decline in family size, rather than the wider social changes, such as compulsory education and restrictions on child labour, which made large families a liability rather than an asset.70 No thought was given to the idea that women might seek fulfilment in ways other than that offered in the home, for the Committee regarded motherhood as an essential service to the state and as the ultimate satisfaction of a woman’s maternal instincts.

The national press publicized the findings of the Committee that, at a conservative estimate, 13 per cent of all pregnancies ended in criminal abortion. The gravity of the situation was underlined in reports, such as the Dominion’s article on ‘New Zealand’s unborn citizens’.71 Most commentators agreed with the opinion that what was needed was a ‘re-enthronement of the child in the national esteem ... or, more properly, re-enthronement of the larger family’.72 The church periodicals came out strongly against the ‘Murder of the Unborn’. Zealandia graphically

67 ibid., p.17.
68 A.H. McLintock, ed., An Encyclopaedia of New Zealand, II, Wellington, 1966, 529. The good provision of medical services at this time, in comparison with other countries, is also mentioned in J.B. Lovell-Smith, The New Zealand Doctor and the Welfare State, Auckland, 1966, pp.34, 48. In contrast, R. Mitchison comments that in Britain ‘most of the working class did not have a family doctor until the National Health Service was set up after the Second World War’. Mitchison, British Population Change, p.46.
69 AJHR, 1937, H-31a, pp.9-10.
70 For further elaboration on this point see E. Olssen and A. Lévésque, ‘Towards a History of the European Family’, p.16.
71 Dominion, 12 April 1937, p.8.
72 ibid.
described the foetus as a helpless ‘victim struck in the dark’.\(^\text{73}\) The Presbyterian *Outlook* warned that ‘lust . . . is destroying the fountain of life, and is openly threatening this country with early destruction at the hands either of the yellow races or by the action of slow attrition’.\(^\text{74}\)

The most critical appraisal of the report was an article in *Tomorrow* which pointedly stated that it revealed ‘the futility of forming such a committee to report on the matter’. The writer suggested that it was more realistic to investigate the safety of legalized abortion since 6,000 women underwent the operation annually, than to simply condemn the whole procedure. It appeared obvious that if neither the danger nor the illegality of the operation were sufficient deterrents to women, then legalized abortion was the necessary alternative.\(^\text{75}\)

The article in *Tomorrow* correctly divined that the Committee had failed to recognize the true nature of the situation. Women were regulating their own fertility not for ‘selfish’ reasons, but because of the burdens in everyday life that another child would bring. The traditional view of life beginning at quickening was retained by most women, and a miscarriage in the first twelve weeks of pregnancy was regarded merely as a late, and welcome, period.\(^\text{76}\) Abortion provided a convenient back up measure when inefficient methods of contraception, such as *coitus interruptus*, failed. By recommending restrictions on the sale of contraceptives and abortifacients, the Committee was forcing women to resort to even more clandestine and uncertain methods of fertility control.

Puritanism, noted by many critics of New Zealand society, played an important part in this desire to limit access to birth control. James K. Baxter wrote of New Zealand as a country where ‘the prevalent philosophy is an amalgam of liberalism and broken-down Protestantism. Ethics remain with us though faith has departed. Condemnation is laid on the more obvious sensual vices, while spiritual pride and complacency have an open field’.\(^\text{77}\) In such a climate, those who demanded contraceptive advice were regarded as potentially promiscuous. Women’s maternal role left no place for the sensual. Sexuality was relegated, to use Anne Summer’s phrase, to the ‘damned whores’, often associated with contraception.\(^\text{78}\) The popular adage ‘bad girls don’t get pregnant’ embodied this belief that equated ignorance with innocence. The young, in particular, had to be protected from temptation and taught self-control. Promiscuity was unacceptable, if not sinful, for it threatened to under-

\(^{73}\) *Zealandia*, 22 April 1937, p.4.

\(^{74}\) *Outlook*, 3 May 1937, p.5.

\(^{75}\) *Tomorrow*, 26 May 1937, p.479.

\(^{76}\) Interview with Mrs Alice Baker, founding member of the Sex Hygiene and Birth Regulation Society, May 1976.


\(^{78}\) Condoms, in particular, were associated with prostitution and often thought of as prophylactics against venereal disease rather than as means of preventing conception.
mine the stability at the centre of New Zealand society, the nuclear family.

The Inquiry served the government’s purpose by airing a controversial issue without recommending any procedures offensive to certain religious sections of the population. Dr Doris Gordon was quick to criticize this shadow boxing and, together with Dr Francis Bennett, she set out to recommend stringent measures in a book entitled *Gentlemen of the Jury*. The figures presented by Gordon and Bennett on the incidence of abortion aroused parliamentary debate on the problems of under-population confronting the country. Mr Perry told the House that seventeen abortions were occurring in New Zealand every day. He emphasized the importance of this loss of human potential by hitting a sore spot in the nation’s pride: ‘Tomorrow the Springboks play the All Blacks in Auckland. I wonder how many of the fifty-five thousand people who will be present watching that match will realise that during the actual period of play, eighty minutes, being forty minutes for each spell, and an additional five minutes interval, one child, perhaps a potential All Black, will have been wilfully destroyed in the womb of its mother.’ Rumination on manpower potential, however, was as far as the parliamentary debate ventured. More important matters were occupying its time.

New Zealand was in the process of creating today’s welfare state; a state which embodies ‘not just a set of services, it is also a set of ideas about society, about the family, and—not least important—about women’. Demands for a living family wage were formulated against a background of women in the home and fears of depopulation reinforced efforts to provide ‘breeders’ for the state, as Doris Gordon so frankly put it. Birth control and abortion challenged this role of motherhood, described by the government and echoed by the medical profession, and so were not considered desirable. The Inquiry into Abortion was promptly followed by an investigation into the maternity services, to

79 In response to my inquiry about the abortion issue, John A. Lee wrote: ‘I do know that Fraser and Savage would have squelched anything that would annoy the Catholic Church’. Correspondence with the writer, May 1976. Labour needed to retain the support of the Catholic section of the vote.

80 Gordon and Bennett blamed the increasing emancipation of modern women for the high incidence of criminal abortion, claiming: ‘every passing decade sees her vision more warped, and finds her more willing to deceive herself with specious reasons why she cannot have more than one or two children.’ D. Gordon and F. Bennett, *Gentlemen of the Jury*, New Plymouth, 1937, p.26. They suggested that more stringent enforcement of the law against abortion was necessary.

81 *New Zealand Parliamentary Debates*, 248 (1937).

82 E. Wilson, *Women and the Welfare State*, London, 1977, p.9. The assumption that women are economically dependent upon men is perhaps most obvious today in the case of the Domestic Purposes Benefit where a woman is likely to lose her benefit if she cohabits with a man.

ensure that women had sufficient encouragement to undertake motherhood. Those who threatened to pre-empt this role, by separating sex from reproduction, were left to work outside the structures of government. Women continued to limit their fertility by whatever means available, while the government constructed an edifice of maternity benefits and child allowances to support their reproductive function. It is sadly ironic that the ideology behind these humanitarian benefits, which were much needed and welcomed by women, has served to prevent a recognition of their individual autonomy and to limit their right to freely elect, or deny, motherhood.

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84 The Sex Hygiene and Birth Regulation Society was soon dissolved and reformed into the Family Planning Association. The Association, disappointed by the lack of action following the report, worked for public education on contraception and provided a referral service to doctors willing to teach birth control methods. They also lobbied unsuccessfully to have birth control clinics attached to hospitals, as recommended in the report. The report suggested that such clinics could give advice to over-burdened and debilitated women. No clinics were opened, however, until 1953 when the Family Planning Association opened a clinic in Auckland. Correspondence of the writer with Penny Fenwick, July 1976.

AUCKLAND UNIVERSITY CENTENARY

The University of Auckland will celebrate its centenary in May 1983. The year as a whole will be marked as a centennial year, but many events will take place during the ‘focus’ weekend 6-9 May 1983. Some will be formal, like the Honorary Degrees ceremony, others less so. Highlights for past students will be the reunions planned by departments and faculties and also by halls of residence. Those seeking further information should write to the Registrar.