‘Lessons’ of the 1918 Influenza Epidemic
In Auckland

IN LESS than three months—October to December 1918—more than 1,200 people of Auckland city and suburbs died of influenza or its complications. The 1918 influenza epidemic was by far the worst epidemic of disease to have struck the Europeans since their arrival in New Zealand, and, according to the Medical Officer for the Maoris in 1920, ‘the severest set-back the [Maori] race [had] received since the fighting days of Hongi Hika’!

Coming close on the heels of the First World War, the 1918 epidemic led to a desire for a ‘fresh start’, an enthusiasm for reform in all matters relating to health. This reforming spirit seemed to be inspired not so much by humanitarianism as by economic considerations—it was argued that the Dominion could not prosper and win future wars unless it had a healthy population. One of the main ‘lessons’ of the epidemic was said to be the need for reform of the Health Department and medical services. Even though the officers of the Health Department and the medical profession could do little to influence the course of this particular disease, there was in 1918 a great faith in what administrative reform and scientific research could achieve. Another ‘lesson’ of the epidemic was the need for housing reform—despite the fact that the influenza virus struck poorer and better housing areas of Auckland alike. The epidemic itself paid little attention to sanitary differences, yet ironically it led to urgent

1 Appendices to the Journals of the House of Representatives (AJHR), 1920. H31, p.13.
2 Penicillin to help relieve pneumonic complications was not discovered until 1928 (though it was not widely available until much later), while the influenza viruses still defy medical science. One biologist wrote in 1976, ‘We are ludicrously ignorant of the factors by which these [the morbidity and mortality of influenza] are determined . . . . Since 1919 we have been lucky, but there seems to be no particular reason why an even more devastating pandemic strain should not arise’. C.A. Mims, ‘The Pathogenesis of Influenza’, Philip Selby, ed., Influenza: Virus, Vaccines, Strategy. Proceedings of a Working Group on Pandemic Influenza, Rougemont, 26-28 January 1976, Sandoz Institute for Health and Socio-Economic Studies, Switzerland 1976, pp.95-96.
demands for sanitary reforms—for example, demands to promote the teaching of 'sanitary science', demands to improve the sanitation of Maori pas, and even demands to make burial practices more sanitary.

These ‘lessons’ of the epidemic put forward in 1918 tell us a great deal about prevailing social attitudes, such as the importance attached to a healthy home life, the role of women in society, and the changing attitudes to death. While the following paper will discuss these attitudes, it will also consider what actual reforms were introduced; whether this sudden outburst of enthusiasm persisted and was translated into material terms, or whether it was buried and forgotten once the epidemic was over. The emphasis will be on Auckland, but much is equally applicable to the rest of New Zealand in 1918.

The Health Department was set up in 1900, an act which was highly praised as ‘a great step forward'; ‘for the first time in the history of the British Empire, the physical welfare of the people was elevated to the first consideration of the Government.' However, according to the New Zealand Herald in 1918, ‘the enthusiasm with which this new responsibility was undertaken and the energy with which the medical officers of the Department initiated sanitary reform was not maintained for long.’ The two leading positions in the Department, those of the Inspector-General of Hospitals and the Chief Health Officer, were amalgamated in 1909 for purposes of economy. This was ‘false economy’, according to the Minister of Public Health in 1918, G.W. Russell: ‘I know, and regret it, that the people of New Zealand are not willing to pay for brains and scientific training.’

In 1914 the field medical staff for all of New Zealand consisted of three officers. The war brought additional burdens to the Health Department, particularly with the outbreaks of infectious diseases in the military camps of Featherston, Trentham, and Narrow Neck. From 1916 onwards, a steady stream of wounded and convalescent soldiers returned bringing such diseases as smallpox with them. Towards the end of the war, the Chief Health Officer, Dr T. H. A. Valintine, and the Auckland District Health Officer, Dr R. H. Makgill, undertook full-time military service, leaving the deputy Chief Health Officer, Dr J. P. F. Frengley, in charge of the Department. Frengley came to Auckland when the epidemic broke out.

4 In this case sanitation was probably important; the sanitary state of Maori pas was so inferior to that in European areas that it is likely to have been a contributory factor to their high death-rate (22 per thousand in Auckland compared to 8 per thousand for non-Maoris).
6 New Zealand Herald (Herald), 11 December 1918.
7 Witness before Royal Commission 1919, p.634.
The situation was not made easier during the epidemic by the fact that departmental officers were not themselves immune to the disease. The District Health Officer in Wellington, Dr M.H. Watt, contracted the influenza and a recently recruited district health officer for Auckland, Dr A.W.T. O’Sullivan, died in the epidemic. Russell described the state of the Health Department in Wellington: 'There was nobody but Miss Maclean, a cadet officer and myself, with the whole country in flames. I never want to go through such a time again. From every corner, and village came cries for help; people dying; the doctors and nurses down . . .'. Russell himself was overburdened with portfolios at that time.

Thus the Health Department was inadequately staffed to deal with an epidemic of such dimensions. While it is true that they could have done little to check the spread of the disease, more staff could have helped to organize relief work such as soup kitchens and temporary hospitals. As it was, voluntary labour had to be relied on almost exclusively. Bad was made worse as contradictory orders were issued from the Health Department during the epidemic causing some confusion and disputes.

Russell led the demand for reform of the Health Department; he argued: ‘Ill-advised retrenchment has been followed by neglect and indifference and for many years the Health Department has been starved and cramped.’ He compared the costs of the Stock Department with the Public Health Department and ‘left his hearers to deduce that more money and attention were given to the health of sheep, pigs and other animals than to the health of human beings.’ Another Member of Parliament supported him in this: ‘The Public Health Department of New Zealand has always been undermanned, underfinanced, and has been looked upon as a minor and insignificant portfolio in the Govern-

9 New Zealand Medical Journal (NZMJ), December 1918, Obituary.
10 Witness before Royal Commission, 1919, p.662.
11 ibid., pp.632-40. Apart from holding the position of Minister of Public Health he was also the Minister of Internal Affairs, the Minister in charge of Hospitals and Charitable Aids, the Minister in charge of Mental Hospitals, the Minister in charge of Printing and Stationery, High Commissioner, the Minister in charge of the Audit Department, the Minister of the Dominion Museum, Registrar General, the Minister in charge of Sick and Wounded Returned Soldiers. For one year he had also been the Minister of Marine, the Minister of Stamp Duties, and the Minister in charge of the Public Service Commissioner’s Department. He was also the Chairman of the Public Services Superannuation Board, the Chairman of the Government Officers Accommodation Board, the Chairman of the Board of Sciences and Art, the Chairman of the National War Funds Council, and in the absence of the Minister of Finance, he had been the Minister in charge of the Public Trust Office and of the Government Life Insurance Department. He was moreover in charge of granting every passport and permit for persons leaving New Zealand during the war, as well as controlling the entire patriotic funds of the country.
12 The disputes were mainly between the Minister of Public Health in Wellington and local authorities in Auckland, over such matters as the closing of banks, the closing of hotels, Maoris travelling and the quarantining of ships. See my thesis, pp.74-77.
ment. I believe in time to come we will find the Public Health Department is one of the most important Departments attached to the Government of the Dominion." Public health was being seen as an important area of governmental responsibility. One writer to the editor of the Herald argued, 'Public health is too vital a trust to be treated in the haphazard fashion which now obtains... The prevention of disease in the country is surely a function of the state.'

It must be reiterated that the heightened concern for public health evident at this time seemed to be inspired not so much by any humanitarian concern or feeling of compassion for the less fortunate members of society, but rather by a desire for racial improvement and for an increase in national efficiency. The British Prime Minister, Lloyd George, was quoted in the Auckland press as having said that if there had been a higher standard of health, there would have been thousands more men to fight in the war. Health was looked upon as a resource in which the whole community had a stake; the 1919 Royal Commission of Inquiry into the Influenza Epidemic maintained, 'The general health of our people is undoubtedly the Dominion’s greatest asset.' One Member of Parliament held that 'money spent in the preservation of the health of the community is money well spent, and is the truest economy.' Public health was thought of in economic terms to such an extent that Dr Thacker, another Member of Parliament, translated the losses of the epidemic into financial terms: 'We have lost, I believe, 4,000 inhabitants... and after the war each one of these inhabitants has been estimated to be worth £5,000—that is to say, within the last three weeks New Zealand has lost £20,000,000 worth of humanity—a huge amount which cannot be replaced.' A third Member of Parliament showed a desire to improve public health for economic reasons—though he mistakenly believed that some action could have saved the lives of the epidemic victims; he said, 'If we try to calculate the value of those useful lives which have been lost, endeavour to estimate their prospective service to the community, and realize that those lives might have been saved by a certain amount of foresight, we shall see that from selfish motives alone, it is in our interests to deal with this matter...'
How did they plan to ‘deal with this matter’? Much faith was placed in administrative reform and scientific research as the means of improving public health. The Royal Commission of 1919 recommended a better organization of the Health Department and a clearer definition of powers and responsibilities of those involved in public health administration. They also recommended that the Health Department be strengthened by additional staff; if more officers were employed, senior officers would have more time ‘for study and keeping abreast of scientific knowledge that was absolutely necessary in connection with the Health Department’. What was required, above all, were ‘scientific watchfulness’ and ‘well-paid experts’. The Royal Commission also strongly recommended that the Government ‘take part with other governments in establishing an International Bureau for the collection and dissemination of information bearing on the prevention and limitation of disease’, anticipating the World Health Organization which was to be set up in 1948.

The first step taken to improve the state of the Health Department was the Public Health Amendment Act, passed in December 1918. The first Section of this Act provided for a Board of Public Health of ten members, with advisory powers only, to report to the Minister on methods of development in national health matters. These ‘health matters’ included medical services and instruction, the relationship with local governing authorities, and the training of medical practitioners, dentists, nurses, and masseurs. The Board was to include the Minister of Public Health, the President of the British Medical Association of New Zealand, the Professor of Hygiene of Otago University, and the Officer in charge of local government in the Department of Internal Affairs.

Moreover, the above-mentioned Royal Commission of Inquiry into the Influenza Epidemic, which sat under the Judge of the Supreme Court, Sir John Denniston, in 1919 was also appointed as part of this endeavour to improve public health administration. It was to report on the state of the Health Department and make recommendations for improvements.

The most important law concerned with public health administration following the epidemic was the 1920 Health Act, described as a milestone in the history of the Public Health Department. It was to provide the basis of public health administration until the 1940s. Under the Act, the Health Department was organized into divisions—the division of Public

21 Witness before Royal Commission, Russell, p.634. Also AJHR, H31A, p.42.
22 NZPD, 2 December 1918, Mr Poole, p.608; 10 December 1918, Mr Triggs, p.1,056.
23 AJHR, H31A, p.42. The ‘Progressive Fabians’ of Australia, according to Roe, placed a similar emphasis on administrative and scientific expertise as the solution for all social ills. Roe, 184.
25 AJHR, H31A, p.1 for aims and objectives of Commission.
Hygiene, the division of Hospitals, the division of Nursing, the division of School Hygiene, the division of Dental Hygiene, and the division of Maori Welfare. The Board of Health was also continued and given extensive powers to compel local authorities to provide necessary sanitary works.\(^{27}\)

Other suggestions to improve public health were also put forward during the epidemic. In particular it was suggested that medical services should be nationalized. A writer to the editor of the \textit{Herald} advised: ‘Let the present awful visitation be a lesson to us to see to it that the immediate and efficient treatment of the sick shall no longer be contingent upon the ability of the patient to pay the doctor’s fees . . .’\(^{28}\)

While the medical profession were widely praised for their efforts during the epidemic—‘there are no people in the community who have been more gloriously unselfish than the doctors of Auckland’, wrote the \textit{Observer}\(^{29}\)—there were no safeguards against possible exploitation. Several complaints were reported in the press regarding the conduct of certain doctors who had demanded payment before they left the house at which they had been attending patients or before they would even see the patient.\(^{30}\) Some nurses were also said to be exploiting the situation; one nurse who had been engaged in a private house had charged ten pounds for one week’s attendance (hospital fees averaged one pound a week at the time).\(^{31}\) The Chairman of the Auckland Hospital Board, William Wallace, considered that ‘the manner in which the public is being exploited in the face of the present distress prevailing as a result of the epidemic is outrageous.’\(^{32}\) He mentioned that several reports of exorbitant charges being made by some of the chemists in the city and suburbs for medicine and medical requisites had been received by the Board. For example, ten shillings and sixpence had been charged for a clinical thermometer which, prior to the war, had been bought in quantities for the hospital at eleven pence each. Dr Frengley also believed that ‘it was to be feared that the chemists were making tremendous profits out of the epidemic, selling for 3s 6d medicine the cost of which at a time like the present should not be more than 9d or 1s.’\(^{33}\)

Two Labour Party members, T. Bloodworth and W. Manson, suggested at a meeting of the Auckland Citizens’ Committee, which had been set up during the epidemic to organize relief work, that ‘the government nationalize the medical and nursing services so that all in need of such can be given attention, and whilst discouraging as much as possible

\(^{27}\) NZS, 1920, no.45, ‘Health’, p.175. 
\(^{28}\) \textit{Herald}, 4 December 1918, letter to the editor. 
\(^{29}\) \textit{New Zealand Observer (Observer)}, 30 November 1918. 
\(^{31}\) \textit{Herald}, 23 November 1918. The estimate of £1 average hospital fees comes from Auckland Hospital Admission records, 1918. 
\(^{32}\) \textit{Herald}, 25 November 1918. 
\(^{33}\) NZPD, 13 November 1918. Statement by Dr Frengley quoted, p.350.
the use of drugs, establish dispensaries for the preparation and distribution of medicines at cost price.'

But it was not only Labour who suggested this in 1918. The Minister of Public Health, G. W. Russell, also said, 'With regard to the future health of the people, I am satisfied that one of the first necessities will be in the future a State Medical Service.' A Member of the Legislative Council, Mr Earnslaw, moreover, proposed that: 'All cases of disaster, sickness and want ought to be met by the State.'

The doctors of 1918, however, had reservations on this point. The New Zealand Division of the British Medical Association wrote in their journal:

There seems to be a prevalent opinion that it is in some way the business of the Government to see that everybody can get the services of a doctor at any hour of the day or night simply by telephoning or ringing a door-bell. If this is to be the fulfilment of the aims of a State Medical Service we believe it to be beyond the power and financial resources of the Government to satiate the appetite of the people of New Zealand for medical attention unless, indeed, taxation is enormously increased.

By the Public Health Amendment Act of December 1918, the Minister of Public Health was empowered to appoint, on the application of any local authority, resident medical practitioners who were to charge prescribed fees or give free medical attention in necessitous cases. All the fees were to be paid into the district fund from which practitioner’s salary was to be paid, any deficit being provided out of rates.

The medical profession gave their opinion of this legislation 'The Bill passed the House of Representatives on the 10th of December when members of parliament were not in a fit state physically to give it any reasonable attention. This method of making laws is nothing short of a public scandal and a travesty of parliamentary government.'

The Royal Commission of Inquiry into the Epidemic in 1919 did not recommend free medical services, but it did recognize the responsibility of the government in such a crisis as the influenza epidemic. It recommended that 'epidemic clauses' be added to the Public Health Act in order to avoid a recurrence of such excessive charging. In addition a Board of Trade should be empowered to fix prices of food, fruit, drugs, medicines, hospital supplies, and other necessities required. 'Advantage

34 Star, 29 November 1918. Also in the Month, 14 December 1918.
35 Witness before Royal Commission, 1919, p.671.
36 NZPD, 10 December 1918, p.1,058.
37 NZMJ, December 1918, 221.
38 NZS, 1918, 'Public Health Amendment', p.163.
should not be allowed to be taken of any stricken community during an
epidemic or at any other time of special distress.'

The 1920 Health Act mentioned nothing of the ‘medical services’ of
the 1918 Amendment Act. However, it did take up the Royal Commis-
sion’s recommendations and included a section on ‘infectious and
notifiable diseases’, enabling the Medical Officer to make use of lands,
buildings, vehicles, foods, drinks, and any drugs or medicines as were
considered necessary for the treatment of patients. Those suffering losses
or damages as a result of this requisitioning were to be entitled to
compensation. New Zealand had to wait until 1941 before a state
medical service was introduced.

Apart from this review of the state of the Health Department and
medical services, the epidemic also led to a general review of living condi-
tions. The Royal Commission of 1919 considered that ‘next to a settled
plan of procedure the best guard against an epidemic is

cleanliness—keeping town and country as clean as possible . . . there is
no doubt that in all centres groups of houses, and in some places whole
streets, stand as a constant menace to public health, in that the houses
are quite unsuitable for habitation with proper regard to the health,
particularly of women and children.’

In the early twentieth century New Zealand had the reputation of
leading the world in social conditions; its low infant mortality rate and
high life expectancy (at least for Europeans) compared to other countries
at the time were generally attributed to these first-class social
conditions. The Chief Sanitary Inspector for Auckland, C.T. Haynes,
described Auckland in 1918 as ‘the second healthiest city in the healthiest
country in the world’. Auckland was described by a visiting Australian
as ‘a city of gardens’.

However, social workers during the epidemic, going into the homes of
the poor, discovered that things were not quite so rosy in ‘fair
Auckland’. While there had been some awareness of the existence of
slums of Auckland prior to the epidemic, the extent of the problem had
been underestimated, if contemporary commentators are to be believed.
One ‘prominent’ worker said: ‘Hitherto we have flattered ourselves that
slum conditions are unknown in fair Auckland . . . . We have come
across whole families herded together in two rooms, devoid of any of the

40 AJHR, H31A, p.31.
42 AJHR, H-31A, p.31.
43 Balfour and Scott, p.182. Also see R.M. Woodbury, Infant Mortality and Preven-
tive Work in New Zealand, Washington D.C., U.S. Department of Labor, Children’s
Bureau, Publication No. 105, 1922, pp.20-22; and C. Gibson, ‘Demographic History of
44 Witness before Royal Commission, p.221. Wellington was supposedly the healthiest,
but see footnote 46.
45 Star, 29 November 1918.
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ordinary decencies of life, let alone its comforts and luxuries.' A worker for the Auckland Gas Company, giving evidence to the Royal Commission of 1919, described one place in Auckland, in Herne Bay, where for at least four years, seven families, and comprising between thirty and forty people, had been living in a ten-roomed house. Another small, four-roomed house he described was occupied by a man, his wife, and seven children. The largest room in that house was ten feet by twelve, and the whole house was apparently so dark that it was only possible to read in one room in the middle of the day. According to this witness, there were hundreds of houses in the suburbs of Ponsonby, Herne Bay, and Freeman's Bay, erected within the previous eight years, which were not actually damp but wet underneath for eight months of the year as the ground was so sodden; one house was wet even in a dry summer. These conditions were, in his opinion, 'not fit for an animal to live in'.

Another witness before the Commission, who had been working for the St John Ambulance Association during the epidemic, claimed, 'In one or two places... I could not dream that such conditions could attach to them as I saw'.

According to the Herald, social workers 'state openly that in five cases out of seven in some districts the sick are found without night-clothes or bedding. A bathroom in these districts is absolutely unknown; hardly any of the homes even have a sink, or any pretence of a wash-house; most of them have only the most primitive and repulsive sanitary arrangements, and in many two-storeyed hovels the family living upstairs has to carry water up a flight of wretched stairs in a kerosine can from a common standpipe outside...'.

Some 'sordid sights' in a 'well-known street in the inner city' were also described in the Herald: 'a row of tumbledown, dilapidated houses full of vermin, stale with the dirt of years, with 'to let' signs flaunting from broken windows. Just opposite are fish, bakery, and fruit shops, and directly behind them an unsightly collection of rotten wooden buildings, tumbledown sheds, stables, thick with flies and yards full of rank growth

46 Herald, 8 November 1918. Auckland was not alone in this. The New Zealand Free Lance stated, 'It must come as a shock to the great majority of citizens to learn that Wellington which has been wont to pride itself in the possession of a high standard of living and the latest and most efficient means of sanitation, there exists actually in certain quarters of the city conditions that would disgrace a Kaffir kraal'. NZPD, 2 December 1918, p.607.

47 Witness before Royal Commission, George T. Jones, p.274.

48 ibid., Maurice O'Callaghan, p.274.

49 Herald, 20 November 1918. Such examples can be multiplied. Mr Payne (Member of Parliament for Grey Lynn, Auckland) described a two-storeyed house in Auckland in which every room was occupied by a family and which only had an outside tap, 'and that is not an isolated case, by dozens and dozens'. Another house he described had 18 people living in 4 rooms with one girl sleeping in the passage and another on top of a bath. NZPD, 2 December 1918, p.617.
and all kinds of indiscriminate rubbish.\textsuperscript{50}

It was maintained that many of these 'hovels' were occupied by immigrants or Maoris. One witness before the Commission commented that 'in the Indian houses and in one of the white peoples' houses, I saw conditions that were on a par with the Arab quarters in Egypt as regards sanitary conditions. The places were reeking with filth . . . .\textsuperscript{51} No sympathy for Indians was shown by the Observer: 'The present epidemic has proved that . . . the Hindoo hawkers . . . live in pestilence, filth, and under conditions shocking in the extreme. These people are licensed by the City Council to sell fruit, and therefore to disseminate disease, for they take their stock of fruit to their awful dens everyday, where they fester in darkness and vileness, and sell them to the citizens of Auckland the next day.'\textsuperscript{52} Another 'filthy' place was said to be occupied by 'dagoes'.\textsuperscript{53} One worker found four 'foreign' adults in one bed.\textsuperscript{54} Another worker, giving evidence to the Royal Commission, said, 'The only really slummy places were those occupied by natives', and that in one such place he had had all the bedding burnt.\textsuperscript{55}

The Minister of Public Health, rebuking the Auckland City Council, held that 'the housing conditions in certain parts of Auckland are a crying disgrace to the city and a menace to the moral and physical health of the whole community.'\textsuperscript{56} Not only was physical health thought to be endangered by the conditions, but moral well-being as well. One social worker said that workers had found 'numberless homes where privacy and decency were absolutely impossible, homes where dirt and squalor made them breeding grounds for immorality and disease.'\textsuperscript{57}

Part of the responsibility for the housing conditions of Auckland in 1918, particularly the overcrowding in such areas as Ponsonby and Freeman's Bay, lay with the First World War during which the house-building trade had virtually come to a standstill. This was in fact recognized in 1918, but the problem was considered to be more serious than this four-year backlog. There was only one conclusion, according to a writer to the editor of the \textit{Herald}, 'when one thinks of the early settlers of New Zealand and what a splendid opportunity they had for establishing healthy cities, and then considers the slums of Auckland, Wellington, etc.', and that was 'lamentable failure'.\textsuperscript{58}

\textsuperscript{50} \textit{Herald}, 23 November 1918.
\textsuperscript{51} Witness before Royal Commission, M.F. Boyle, p.146.
\textsuperscript{52} \textit{Observer}, 27 November 1918.
\textsuperscript{53} \textit{Herald}, 20 November 1918.
\textsuperscript{54} ibid., 18 November 1918.
\textsuperscript{55} Witness before Royal Commission, F.A. Hansard, p.338.
\textsuperscript{56} \textit{Herald}, 23 November 1918. \textit{Auckland Weekly News}, 28 November 1918.
\textsuperscript{58} \textit{Herald}, 6 December 1918, letter to the editor.
Thus, even though the epidemic itself was not concentrated in any particular housing area, it had still led to an ‘awakening’ to the housing conditions of Auckland. A reference was made in the parliamentary debates to the remodelling of London according to hygienic principles following the great fire of 1666, and one Member of Parliament, Peter Fraser, suggested that such a fire would not be a bad thing for all the major cities of New Zealand.

This ‘awakening’ inspired a resolution by the Mayor of Auckland, J.H. Gunson, that ‘one of the first things that would be insisted on following the epidemic would be the complete abandonment of the pan system and the linking up of these areas with the drainage system.’

The ‘pan’ or ‘nightsoil’ system was an arrangement whereby the local authorities had sewage collected and removed from houses by the ‘night-cart-man’. Auckland was behind the other cities of New Zealand in 1918 as far as sewerage systems went. The Auckland and Suburban Drainage Board, set up in 1908, had built a number of intercepting sewers and an outfall at Orakei which were in operation by 1914 and with which some of the suburban areas were connected by 1915. But in 1918 there were still about 250 houses on the ‘pan system’ in the inner city area: ‘It may seem incredible, but is nonetheless true, that the main streets of Auckland still have premises fronting them which are still not connected with the water service for sanitary purposes . . . but are still allowed to keep on the old-fashioned system which was condemned as insanitary years ago.’

Little was done in fact to change this immediately following the epidemic. As late as the 1950s the collection of nightsoil by the pan system still existed in Auckland; it finally ended in 1969 when the last few houses using this primitive system were converted.

Other ways of improving living conditions were also discussed in 1918. It was pointed out that most of the ‘condemned’ houses were not the property of their occupiers but were rented from landlords, ‘so devoid of conscience as to make a profit from their letting’. A visiting Australian suggested that the Auckland City Council should raise its revenue on the unimproved capital value of property as they did in New South Wales, rather than the existing system of the annual capital value. ‘It is easy to see that the present method of rating in Auckland is the best for the vacant lot industry, and also the retention of insanitary and tumbledown buildings, as the owners of these pay only a nominal tax, whereas the live

59 ibid., 28 November 1918, also NZPD, 2 December 1918, p.606.
60 NZPD, 2 December 1918, p.612.
61 Star, 22 November 1918.
62 Maclean, p.64.
63 Star, 22 November 1918.
64 G.W.A. Bush, Decently and in Order, the Centennial History of the Auckland City Council, Auckland, 1971, pp.331-2.
65 Herald, 26 November 1918.
and enterprising citizens who erect buildings and improve the city generally are heavily penalised for doing so.'\(^66\) Rating on unimproved value was widely advocated in the early twentieth century by the Single Tax League. In 1918 the Labour Party members, Bloodworth and Manson, included it among their suggestions to improve living conditions 'in order to prevent the recurrence of such an epidemic'.\(^67\) But only in the 1950s did ten local bodies in Auckland finally convert to this system.\(^68\)

The demolition of whole slum areas was advocated during the epidemic. It was also realized, however, that something would be needed to replace them. In 1912 a slum area of Auckland had been demolished containing seventy houses which 'left people homeless and compelled them to rent rooms from Chinamen or at the back of shops'.\(^69\) Even the supposedly conservative Reform Government accepted governmental responsibility in this area. William Massey, the Prime Minister, maintained that it was the duty of both the government and the local authorities to provide clean, healthy surroundings for people who were 'not possessed of sufficient capital to provide their own residences without assistance'.\(^70\)

The proposed erection of tenement houses for workers was rejected in favour of detached houses with individual plots of land, 'workmen's cottages and garden cities'. The City Council felt that tenement houses as existed in Glasgow were 'neither healthy nor decent'. 'The common kitchen, the common lavatory, the common landing and passage and stairway would be intolerable to the colonial workers, especially in our climate.' They favoured financial aid for workers to purchase their own homes in municipally-owned areas.\(^71\) The Auckland branch of the Engineers, Firemen and Cleaners' Association also considered residential flats to be undesirable 'in a city like Auckland'. 'We urge that an attempt be made to house each family in a separate cottage, each cottage to have a small plot of land and proper sanitary arrangements in the suburbs, with an up-to-date tram service.'\(^72\)

Living in the suburbs was considered second best only to living in the country. A rural life was the ideal: 'New Zealand must give as many of our people as we can a healthy country life', said one Member of Parliament.\(^73\) But for those who worked in the city, suburbs were to provide some semblance of a country life. This matter was believed to be extremely important: 'Unless the citizen—the worker of the

\(^{66}\) ibid., 22 November 1918, letter to the editor.
\(^{67}\) *Star*, 29 November 1918.
\(^{68}\) Bush, p.369.
\(^{69}\) *Herald*, 4 December 1918.
\(^{70}\) NZPD, 2 December 1918, p.622.
\(^{71}\) *Herald*, 29 November 1918.
\(^{72}\) *Star*, 4 December 1918.
\(^{73}\) NZPD, 2 December 1918, Mr Payne, p.618.
community—has a home . . . that he is proud of—he cannot be a useful and contented man. Instead of a brick or a wooden shanty to house his wife and family in, a man should have a real home . . . ' The proponents of this ‘familial suburban arcadia’ conjured up the fear of Bolshevism to support their argument: ‘take people out into the suburbs to live . . . if you want in this country a democracy contented with its lot you have got to see to it that the homes of the people are made comfortable . . .’ The proponents of this ‘familial suburban arcadia’ conjured up the fear of Bolshevism to support their argument: ‘take people out into the suburbs to live . . . if you want in this country a democracy contented with its lot you have got to see to it that the homes of the people are made comfortable . . .’

Some steps had already been taken to improve the housing situation by 1918. As a result of the plague scare in 1900, power had been given to local bodies by the Municipal Corporations Act to build workers’ dwellings so that slum areas could be cleared away. But not a single workers’ dwelling was built as a result of this Act. Then, in 1905 the Government passed a Workers’ Dwelling Act; by 1910 thirty-one houses had been built in the Auckland area, but all were too expensive to be of any use to the people living in the worst slum conditions. Under the Workers’ Dwelling Act of 1910, houses were no longer built for rental purposes but for sale by instalment to the occupiers, which had the effect of putting the dwellings even further out of the range of the poorest slum dwellers. By 1918, 118 workers’ dwellings had been erected in the Auckland district, in the suburbs of Ellerslie and Otahuhu. More progress had been made under the Advances to Workers Act of 1906 which provided money for private house construction; 9,675 houses had been built by 1918 in all of New Zealand—but again the poorer workers did not benefit.

The Public Health Amendment Act, passed during the epidemic, empowered local authorities, upon the certificate of the district health officer, to compel the owner of any building ‘in a condition unfit for occupation or dangerous to public health’ to pull it down within a certain time or make improvements to the sanitary conditions, subject to appeal before a magistrate. Local authorities were also given the power to establish lodging-houses ‘contiguous to the working population for whom the same are required, or to any tramway’. The land for these was to be taken under the Public Works Act of 1908, and the money was to be raised under the Local Bodies’ Loans Act of 1913. The local authorities were either to let the lodging-houses or maintain and administer them themselves.

74 ibid., 2 December 1918, Mr Parr (Eden), p.614.
75 ibid., p.615. Gauldie writes also that in the 1918 influenza epidemic in Britain, the public feared the germ of sedition as much as the germ of disease and that the two were confused in the public mind. Gauldie, p.136.
77 ibid., p.16.
At an Auckland City Council meeting during the epidemic the Mayor recommended that at its next meeting the Council should consider a proposal to undertake a 'progressive housing policy', for which purpose a loan of £250,000 would be placed before the ratepayers. But, as W.B. Bland points out, 'by the beginning of the next year, the influenza epidemic and the horrors it had exposed were things of the past and when the City Council met on 6 March, 1919, they discovered that the slums of Auckland were not really so unhealthy or insanitary after all; that in view of the “existing financial obligations of the Council” and the fresh reports received, the whole scheme of house-building and slum clearance could “temporarily” be deferred.'

With the passing of the Housing Act of 1919, the City Council was unable to postpone the start of its housing scheme any longer on grounds of 'financial difficulty' for this Act made provision for the lending of money at a low rate of interest by the government to local authorities undertaking such schemes. By 1920 the Council had built ten workers' dwellings in Grey Lynn, and fifty more in Western Springs by 1923. However, they were all too expensive to be of benefit to those living in slum areas. No more were built until 1942.

Therefore, while the epidemic led to an increased awareness of slums in Auckland, little was done to alleviate the problem. An important obstacle to reaching a solution, it seems, was this middle-class ideal that all workers should own their own cottage on a quarter acre section in the suburbs. All attempts to create such a situation were too expensive for the real 'slum dwellers' to benefit.

Enid Gauldie points out that one of the arguments much used by those who have an interest in delaying housing reform is the 'pigsty theory'—give a pig a clean sty and he will soon transform it into a muddy, smelly den. In Auckland in 1918, many of the social workers and the Auckland City Council in particular maintained that the housing conditions, as revealed in the epidemic, were primarily a result of the uncleanliness of the occupants themselves. The Chief Sanitary Inspector of the Auckland City Council, C.T. Haynes, stated this quite explicitly: 'One of the phases of the housing question which has been mainly responsible for the scathing remarks regarding insanitary conditions... is that of the dirty, destructive, careless, workshy, and

80 ‘Influenza Epidemic; Mayor’s Memorandum’, 28 November 1918, J.H. Gunson, p.2.
81 Bland, p.18.
82 NZS, 1919, ‘Housing’, no.32, p.98.
83 Bland, p.20.
84 According to Fairburn, it was the Labour Government (1935-49) which finally democratized this middle-class ideal of ‘familial suburban arcadia’ by placing such houses within the reach of the poorer workers. Miles Fairburn, ‘The Rural Myth and the New Urban Frontier; an Approach to New Zealand Social History 1870-1940’, NZJH, IX, 1, (April 1975), 6.
85 Gauldie, pp.26, 27.
artless tenant. A bad tenant can soon transform a good house into a slum . . . .

The Mayor of Auckland, J.H. Gunson, considered ‘the principal factor in the many deplorable conditions met with by the epidemic workers is found in the regrettable ignorance of many individuals, and the total lack of an ordinary conception of personal responsibility in the home and the proper care of children.’

It was pointed out that not all the slum dwellings of Auckland were contained in what was generally thought of as the ‘slum areas’, but that there were even some in Devonport and in Remuera, ‘one of New Zealand’s finest suburbs’. ‘It has come as a great surprise to many a worker to find in well-known streets seemingly well-kept homes occupied under conditions of dirt and almost unbelievable neglect . . . .’ ‘It does not matter where you put some of these people; they are unclean in themselves, and would soon bring any decent home speedily to a state of filth and neglect’, said one worker ‘whose ministrations had taken him into many homes in many districts’.

However, such remarks were directed more often than not at the working classes. According to the Herald, ‘the fact that has struck the helpers . . . most forcibly is the extreme ignorance of ordinary hygienic truths and the actual inability to make home life comfortable and decent that seem to be widespread among the poor of this city.’ In particular it was the working-class women who were considered responsible for these conditions that were breeding disease; they were hopeless housekeepers. The Headmistress of Auckland Girls Grammar School, Blanche Butler, admitted that some of the houses were intensely bad for anyone to live in, that many were without conveniences, and some with only one sink and little bedding, ‘but I think that nine-tenths is due to the people . . . there are a good many women who do not know how to manage.’

They were accused not only of being bad housekeepers but also of being unable to look after their families properly—a criticism which was hardly justifiable in the case of influenza, considering that even the medical profession were at a total loss to cope with the disease. Dr E. Platt-Mills, of the Plunket Society of Wellington, commented on the ‘extraordinary amount of suffering and death, that was due greatly to ignorance, not only of the nature of the disease . . . but as to what to do and how to do it.’ One case was cited in the Auckland Star where there

87 ‘Influenza Epidemic, the Mayor’s Memorandum, 28 November 1918’, p.1.
88 Star, 20 November 1918.
89 Herald, 21 November 1918.
90 ibid., 21 November 1918.
91 ibid., 29 November 1918.
92 Witness before Royal Commission, p.348.
94 Witness before Royal Commission, p.876.
were bottles of medicine on the shelf untouched. 'When asked why, she said she didn't know how to use them, and didn't know what to do. So she simply waited until she got assistance, while the family was all slowly dying.'

Windows were often kept tightly closed: 'a section of the people might well have lived in the Middle Ages, so ignorant are they, for they think that if air is kept out germs of disease will also be banned.'

The airiness and cleanliness of the temporary hospitals, set up in Auckland for the duration of the epidemic, was stressed in the daily papers as a contrast to the state that these women kept their homes in. An account of a place where four unmarried men lived was probably also given in the *Herald* for this purpose: 'The men were all in bed, but not very ill. Every window in the house was open, not one speck of dust marred the bright cleanliness of floor and furniture . . . '

The ignorance of the 'simplest elements of child-rearing' was also commented on. 'Children have been attended, and they have been ill, with high temperatures; they have not had influenza, but have been suffering simply from the evils brought on by injudicious feeding.'

Their treatment at the Young Women's Christian Association hostel, which was temporarily turned into a children's hospital and a home for children whose parents were in hospital during the epidemic, was contrasted to this; there, 'there are quite a number of children who are happier than they have ever been in their lives before. They are clean and cared for; they are given nourishing, well-chosen food, and they are encouraged to be happy.'

The 1919 Royal Commission of Inquiry into the Epidemic commented in its report on the existence of 'very widespread ignorance of the simplest rules of personal hygiene and ordinary housekeeping . . . and care of members of family suffering the slightest illness'.

Also noted by social workers, according to the *Herald*, were the extraordinary thriftlessness of many of the working class' and their 'insatiable craving for amusement.' An example was cited of a family of six living on two pounds and fifteen shillings a week. The mother 'admitted' that they spent five shillings a week on amusements; 'this seems a pathetically small sum, but under such conditions, was really an important factor in expenditure', commented the *Herald*. Some social workers were getting carried away in their moral indictment of the working classes; one complained that 'the trouble is, there is no longer any desire for home life.' It was also pointed out as an 'absolute
fact' that, in a number of homes, 'women have been found lying in bed covered with sacks and rags, while on the walls have been hanging the most expensive finery and stylish outer garments. The love of tawdry finery has overcome all sense of the fitness of things; working girls have been carried away to hospitals, and it has been found that their wardrobe consisted of showy outerwear, without one single nightdress in the whole outfit.'

A final area of criticism concerned the drinking habits of the workers; it was not believed that they drank because they were poor (as seems likely) but rather that they were poor because they drank. The Mayor of Auckland considered that much of the extreme poverty of the homes was due in part to the expenditure of workmen’s wages upon drink.

At an Auckland City Council meeting, one Councillor, Mr Holdsworth, expressed his belief that over-indulgence in alcoholic liquor was the cause of seventy-five per cent of the slum areas.

Many of the middle-class social workers and commentators therefore placed the blame for the conditions of the slum areas of Auckland first and foremost upon the people who lived there themselves.

As a solution, Blanche Butler suggested colonies for such people, but more modestly and more realistically that home science should be made compulsory for girls at school.

The Royal Commission also proposed this:

It would appear that a large proportion of girls are not receiving in their homes that teaching which would enable them to maintain a well-directed healthy home life in the later period which must follow . . . . Whilst nothing can fully take the place of good home teaching, we counsel that both in the primary and secondary schools much more attention should be given to domestic science, hygiene, first aid, and home nursing as subjects for girls . . . . In the secondary schools these subjects should be made compulsory for girls.

This desire to train women in domestic duties has been noted as characteristic of early twentieth-century New Zealand. Under the guidance of the Minister of Education, George Hogben, many schools had already introduced instruction in cooking, sewing, and household management for girls by 1918. In 1909 home science had been made a subject at Otago University and in 1912 the New Zealand University was given the power to grant diplomas in public health.

In 1907 the Plunket Society had been founded to promote the health of mothers and children, and to train women for motherhood. The influenza epidemic
and the revelations that followed must have given a further boost to the cause of domesticity and motherhood. The Minister of Public Health said, 'I feel quite sure the lessons of the epidemic will not be lost on the people of New Zealand.' Apart from introducing domestic science into schools, he also hoped to set up a national organization 'which will be instructed by meetings, lantern lectures, and scientific talks by trained men and women doctors'. He pointed out how, previously, such classes had been restricted to the women of the more leisured class who could afford outside assistance, so the value of the training had been lost. 'To my mind, the ideal conditions would be that the training should be provided for all classes of the community, and that we should compel all the women of our country to go into the halls, lecture-rooms, and gatherings where information which will be of benefit to their families could be obtained.'

The 1919 Royal Commission recommended that the 'educational section of the Health Department should directly concern itself with the education of the public—girls and women particularly—in the principles of hygiene, first aid, and home nursing, through such agencies as the schools, the Order of St John, the Red Cross Societies, the Nursing Associations, and the Women's National Reserve'. They strongly recommended that the government subsidized these organizations.

To ensure that this training did reach those who were thought to need it most, instruction was also to be provided in private homes. 'Women sanitary inspectors' were to be appointed 'once all this distress is over . . . to actually go into the homes of the poorer classes, to talk to the wives in a kindly, simple way, and to impress upon them the need for personal cleanliness for their own sakes, and that of their children.' A man, it seems, could not point out the lack of sanitation as well as a woman. 'A woman inspector would be able to make suggestions, and even give instructions to the wives and mothers who are chiefly responsible for domestic conditions without arousing the resentment that a male official would certainly incur by such "interference".' Women were recommended as sanitary inspectors for other reasons too. A letter to the editor of the Herald asked for example, 'What have the sanitary inspectors been doing for years? Walking around these places with their eyes closed and tongues tied, bowed down with the fear of landlords . . . I believe we could get plenty of honest and fearless women to do the

111 Herald, 23 November 1918. (My emphasis).
112 AJHR, H31A, p.33. The Women's National Reserve was an organization of women set up at the start of the First World War to train women for military service. Their offer of services in the War was rejected by the Government, but they performed very useful work during the epidemic.
113 Herald, 21 November 1918. This was also recommended by the Mayor in his Memorandum, p.2.
114 Herald, 20 November 1918, 29 November 1918 (quoted Mr Entrican, Deputy Mayor of Auckland).
Women were thought to be less corruptible, or less easily influenced by landlords. Sanitary inspection was also regarded as a proper sphere for educated women: ‘Inspection should cease to be perfunctory... And in such work there should be a large place for educated women, especially trained for the task: the famous success of Miss Octavia Hill’s work in London points clearly one road to success.’ Whether women should be allowed to sit in parliament was also being discussed at this time, and one of the arguments put forward in favour was that a woman would make an excellent minister of public health. A writer for the Herald wondered whether the vote of the Minister of Public Health was cast against the reform because he feared that ‘some competent and pleasant-mannered lady doctor knowing something about municipal hygiene might find her way through the next election to his seat at the table of Cabinet’.

Thus public health was considered an important national asset in 1918, and the importance of improving living conditions for the sake of public health was recognized. Governmental responsibility in this area was also widely accepted. But the government was not to give financial assistance to improve the lot of the working classes, instead they were to force them to improve it for themselves. The stress was on self-help and self-discipline. The Observer advocated ‘hygienic dictatorship’; ‘if people will be filthy they must be made clean by force.’ The reference to Octavia Hill is significant. Hill was a social worker in nineteenth-century England who stressed the value of instruction and guidance in the daily lives of the poor, rather than charity; that bad tenants create bad living conditions and not vice versa. It was the training of women in particular that was to lead to the elevation of the race, and it was women who were to undertake the task of training less enlightened women.

The 1918 Public Health Amendment Act made provision for the Minister to establish and maintain, on recommendation from the Board of Health, ‘lecturers, instructors, training classes, gymnasia, and any other methods in the interests of public health’, the cost of which was to be paid out of moneys appropriated for that purpose by Parliament.

A system of instruction in home nursing was started by the Health Department, and several nurses were appointed to travel through the country and to lecture and demonstrate the methods of dealing with sickness. According to one nurse, Hester Maclean, people gathered eagerly to hear them; ‘the epidemic had brought home to them the need

115 Herald, 26 November 1918.
116 ibid., 28 November 1918.
117 ibid., 7 December 1918 (They were granted the right in 1919).
118 Observer, 30 November 1918.
120 NZS, 1918, ‘Public Health Amendment’, p.164.
of some preparation and knowledge to deal with sickness." First-aid courses at the St John Ambulance Association also showed a marked increase in attendance in the first few years following the epidemic. The Red Cross took the matter up as well and sent several nurses to England to take a special course in health work. They also undertook to have a body of women, under trained nurses, to be ready to assist on such occasions as the 1918 epidemic.

Until 1918 inspection had been permitted only of the exteriors of private dwellings, but the 1918 Public Health Amendment Act permitted the inspection of interiors as well. The 1920 Health Act provided for the inspection of any dwelling 'at all reasonable times'.

The position of a 'woman sanitary inspector' was advertised in Auckland in December 1918, though at a rate of pay far lower than her male counterpart. An appointment was made in the same month; Mrs C.R. Rodgers, 'a qualified nurse with a wide experience in sanitation'.

The desire to have the housewife professionalized was not however to be realized, as Margaret Tennant points out. In 1944 it was regretted by one writer that 'as for the education of girls, this can be regarded as one of the tragedies of our generation . . . Many women do not appreciate what motherhood means . . . '

Maori health also came under discussion in Auckland during the epidemic, though it concerned rural Auckland far more directly than Auckland city as most Maoris still lived in their own communities in rural areas.

In the early twentieth century Maori health was regarded as a separate problem from European health. It had been the responsibility of the Native Department until 1906 when the Health Department took over. In 1909 provision was made for the appointment of departmental inspectors and district nurses; by 1913 there were seven nurses working and five more were appointed in 1914. The most determined efforts to improve

122 ibid., p.230.
123 'Annual Reports of the St John Ambulance Association', 1919-25.
124 Hester Maclean, p.230. Yet she goes on to point out that 'when recently a need arose for a well-organized body of women . . . the proposed organization of the Red Cross was not quite ready', referring to the 1931 Napier earthquake. p.231.
125 NZS 1918, 'Public Health Amendment', p.162.
126 ibid., 1920, 'Health', p.213.
127 Herald, 13 December 1918. On 4 December 1918, a letter to the editor of the Herald had complained that 'the miserable sum of £156 a year was offered. 'Do the municipal authorities expect to get a woman to do the work for less than a man? Nothing less than £250 should be offered'.
130 The total Maori population for the environs of Auckland metropolis—Waitamata, Eden, and Manukau counties—was 1,067 in 1921. New Zealand Census, 1921, 'Maori Population', Appendix X, p.61.
131 F.S. Maclean, p.199.
Maori health in the early twentieth century were those made by the Te Aute College graduates Apirana Ngata, Maui Pomare, and Peter Buck or Te Rangihiroa. Pomare was Health Officer from 1905 to 1909, and Buck was Assistant Native Officer from 1905 to 1908. During the 1918 influenza epidemic, Pomare toured Maori villages giving instructions on how to cope with the disease.

With the high casualties in the epidemic and the exposure of the insanitary state of Maori pas to the public eye, the Health Department was urged to do something further to improve Maori health. A resolution was sent to the Minister of Public Health from the Town Council for Huntly complaining that ‘Maori Pahs are very often very dirty, and entirely without sanitary conveniences, drainage or any safeguard to health whatever. This, of course, is bad for the Maori population and is probably a great factor in preventing the increase of the Native race’, but it is also a great danger to the population of the Townships contiguous to the Pahs. Without any sanitation, these Pahs must form hotbeds in which all sorts of disease may develop and perhaps assume epidemic form.’ Immediate inspection was urged ‘in the interests of the whole Dominion’. As with European health, the desire to improve Maori health was motivated not so much by any humanitarian concern for them on the part of the authorities as by a concern for the physical welfare of the country at large.

The real extent of Governmental concern for Maori welfare is perhaps reflected in the fact that of the 111 witnesses who gave evidence to the Royal Commission of Inquiry into the Epidemic, not one was Maori.

The first step taken by the Health Department to improve Maori health following the epidemic was the sending of a circular to Maori villages, ‘urging upon them the desirability of living under the most cleanly and hygienic conditions in case there might be a recrudescence.’ Maoris also seemed to be more prepared to listen to advice on how to improve health standards as a result of their experiences in the epidemic. At least one social worker noted their willingness to follow instructions, and in 1920 Peter Buck reported that ‘as a result of the heavy mortality of 1918 the Maoris were much more ready to take precautions.'

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133 Star, 20 December 1918.
134 In fact the Maori population was increasing and Maori health was improving in the early twentieth century. N.Z. Census, 1921, stated that ‘a new era in the history of the Maori race was ushered in with the twentieth century’, p.61.
136 ibid. Lange also notes this: ‘Part of Pakeha interest in Maori health may be attributed to anxiety about their own—the low standard of Maori health constituted a “menace” both to themselves and to the wider community’. Lange, p.311.
137 General Health Series 36, 13303.
138 Herald, 4 December 1918.
139 AJHR, H31, 1920, p.21.
Also as a result of the epidemic, Peter Buck was appointed Medical Officer for the Maoris; he was to devote his energies 'to bringing about an improvement in the sanitary conditions of Maori villages'\(^\text{140}\). When the Health Department was reorganized in 1920 he became the first Director of the Division of Maori Welfare. Under the Native Land Amendment Act of 1919, the Maori Councils, which had been set up in 1900 'for the promotion of education, health and welfare' of the Maoris, were brought directly under the Health Department.\(^\text{141}\) Model by-laws were drafted for adoption by the Councils. The status of the Maori Councils was further defined by Section 66 of the 1920 Health Act. Also in 1920 renewed attempts were made to have Maori births and deaths registered; it was clear that many Maori deaths had remained unregistered in the epidemic of 1918.\(^\text{142}\)

As a result of the experience of the epidemic some reform was made, but little of substance was done to improve the sanitation of Maori pas.

Another area of suggested reform during and following the epidemic was in burial practice. The Auckland Cremation Society had been formed in 1909 to press for the erection of a crematorium in Auckland. It did not have any success in its early years, but it stepped up its campaign during the influenza epidemic. Its main argument concerned hygiene; cremation was urged as a clean and hygienic system of disposing of the dead. The Secretary of the Society maintained that the leading sanitary experts in all parts of the world were in favour of cremation, which was 'in every respect superior to the customary practice'.\(^\text{143}\) But cremation was still far from generally accepted by the public in 1918; the Secretary felt the need to argue: 'Surely during the wonderful evolution of thought during the last twenty-five years people must realize that bodies which have been buried for thousands of years are beyond recall. The active use of a crematorium cannot do spiritual, mental, or physical injury to the dead. I understand the entire working of crematoriums, and I unhesitatingly say that there is nothing in the process of cremation to offend the delicate minds of people.'\(^\text{144}\) The Roman Catholic Bishop, Dr Cleary, was asked to comment on the matter. He said he had nothing to say for or against the erection of a crematorium in Auckland, that the proposal had 'little or no practical interest for practical members of my faith, for according to the present discipline of our Church, Catholics may not be members of cremation societies or demand cremation of their bodies'. However, he did suggest burial reform. 'One of the needs of the

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140 General Health Series, 36, 13303.
141 NZS, 1919, 'Native Land Amendment and Native Land Claims Adjustment', no. 43, pp.151-2.
142 NZS, 1920, 'Health', p.193. G.W. Russell, giving evidence to the 1919 Royal Commission of Inquiry, admitted that there may have been many 'natives' who died in the epidemic and were buried without registration.
143 Herald, 26 November 1918.
144 ibid., 26 November 1918.
hour is funeral reform, and there might well be a smaller demand for cremation if greater simplicity and true ‘earth-to-earth’ hygiene replaced the present and costly abuse that makes funerals a grief to more than the mourners.’ He was strongly in favour of a ‘simple earth burial, with thin and perishable coffins, and the avoidance of such abuses as leaden caskets, family vaults, bricked graves and all such hindrances to the cleansing and purifying action of mother earth’.145

Others also expressed preference for simplicity in burial practice. There were said to be many ‘who would gladly break away from the convention which imposes a foolish and costly ostentation, particularly in the burial casket . . . . We have abandoned the funeral feast, but still cling to the custom of burying our dead in needlessly expensive coffins.”146

This was part of a wider trend characteristic of the early twentieth century Western world, according to Philippe Ariès—the movement away from the ostentatious display of mourning characteristic of the nineteenth century to the banishing of death from consciousness in the twentieth century.147 Ariès describes some of the symptoms of this change: dying is now left to medical technology and takes place no longer in the home but in hospital; funerals are abbreviated and simplified; cremation becomes the norm; and mourning is thought of as a form of mental sickness.148

Auckland in 1918 sees this transformation in progress. Hospitals were being more widely used than ever before.149 Funerals were being abbreviated and simplified; this was an emergency measure resulting from fears of the danger involved in allowing unburied bodies to accumulate, yet it was also advocated as a more permanent practice and hygiene was given first consideration.150 Cremation was being seriously considered for the first time. As a result of the campaigning of the Cremation Society during the epidemic, the Auckland City Council agreed to include in a public poll to be held in June 1919 a loan of £4,000 to build a crematorium in Auckland. It was accepted by the ratepayers, and the crematorium at Waikumete Cemetery was officially opened in 1923.151

145 ibid., 27 November 1918.
146 ibid., 30 November 1918, letter to the editor.
147 Philippe Ariès, Western Attitudes toward Death from the Middle Ages to the present, transl. P.M. Ranum, John Hopkins, U.S.A., 1974, p.85.
148 ibid., pp.85, 86, 106.
149 Auckland Public Hospital was soon overflowing with patients in the epidemic, and six temporary hospitals and several convalescent homes were set up in Auckland during the epidemic.
150 Another unhygienic practice was reported: ‘The Civic League has been informed that in normal times any ordinary cart off the stand is used, which then returns to its usual work of carrying fruit, meat, etc. If this is the case, such an insanitary practice should be stopped once and forever’. Herald, 9 November 1918.
151 However, cremation was not widely accepted for many years to come. When the
There was also a determined effort in 1918 to impose this simplified and abbreviated burial practice on the Maoris, also for hygienic reasons. Maoris were prevented from travelling to burial feasts or tangis during the epidemic. The Herald reported a case of a Maori who had died of influenza in Ponsonby and had been taken after six days to Rotorua by train and to Taupo by trap. The body had then been kept overnight in the wharepuni with persons of both sexes and all ages sleeping around it before it had been finally buried. The Herald complained that this should never have been allowed to happen, that those concerned must have been 'extremely lax in their ideas of what is due to the public, if not criminally careless in the execution of their duty'. Section 17 of the Native Land Amendment and Native Claims Adjustment Act of 1919 stated that a corpse from infectious diseases was to be buried within twenty-four hours of death, that it was not allowed to lie in state at any intermediate house or village, and that no tangi was to be held.

However, there seemed to be some reluctance on the part of Maoris to abandon their own traditions with regard to dying and burials. Dying in hospital was feared because family and friends were excluded. Dying was considered to be a family, or even a public affair. Tangis continued to be held during the epidemic, despite the Europeans' attempts to stop them.

The changing European attitude toward death in the early twentieth century did not, however, imply an indifference to death or that people felt less grief at a death in the family than they had in the past. On the contrary, it is possible that these deaths, given the close bonds of the nuclear family and the growing association of death with old age, were so deeply felt that they had a numbing effect. Death was possibly being 'pushed into the closet' so as not to disrupt the happy domestic scene that was now considered so important.

Thus there was much discussion on the prevention of disease as a result of the 1918 influenza epidemic, showing a heightened awareness of the importance of public health; although the actual reform which resulted...
from all this discussion was not so impressive. By the 1918 Public Health Amendment Act and the 1920 Health Act, the Health Department was reorganized and an advisory Board of Health was set up. A state medical service was also provided for by the 1918 Act, though this was not acted upon and nor was it followed up in the 1920 Act. However, the 1920 Act did make some provision for state interference in such crises as the epidemic. In the area of living conditions, some attempt was made to 'clean up' Auckland following the epidemic. A 'cleanse the city' campaign was started; rubbish was removed and rubbish tips closed; and in 1922 it was claimed that 'civic hygiene had never been so well maintained.' Not much progress was made, however, in the connecting up of sewage to the drainage system as was promised by the Mayor of Auckland during the epidemic; nor did the City Council do much in the way of building the proposed 'workers' dwellings'. Instead the emphasis was placed on educating the workers to improve their living conditions themselves and on raising the standard of health by improving personal hygiene. Likewise, in the area of Maori health reform, the emphasis was placed on self-help and self-discipline; little financial aid was given to improve the sanitation of Maori pas, but circulars were sent 'urging' Maoris to live under more sanitary conditions. Finally, in the area of burial reform, the Auckland City Council did do something positive—they began construction of Auckland's first crematorium at Waikumete cemetery.

For substantial reform in health services and housing, New Zealand had to wait until the longer crisis of the Great Depression of the 1930s had driven home the need for large-scale state interference. But many of the social reforms of the Labour Government of the 1930s and 1940s were already being seriously considered during and following the 1918 influenza epidemic.

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158 Bush, p.262.