UNTIL RECENTLY, the theme of progress, concentrating on legislative measures enacted by humanitarian governments, has dominated New Zealand welfare writing with few exceptions.¹ Starting with the 1898 Old Age Pensions Act and culminating with the Social Security Act of 1938 each piece of legislation has been detailed as evidence of a linear progressive evolution towards the ‘first comprehensive and integrated system of social security in the western world’.² As David Thomson has observed, ‘the story was of progress from darkness to enlightenment, with the welfare state of the third quarter of the twentieth century — ourselves in other words — at the pinnacle. In short, the welfare state captured our historical memories and imaginations, and the past was made to fit it.’³

This interpretation of New Zealand welfare history led to the dismissal of all previous or alternative welfare arrangements such as friendly societies, benevolent institutions, private and state charity as inadequate in providing for the needy.⁴ The result was that, until the last decade and a half, very few studies were published on other forms of welfare, state or private, in nineteenth- or early twentieth-century New Zealand. However, as the welfare state has come under closer scrutiny and its inadequacies made more apparent, historians have begun to focus less on government policies and more on the actual implementation of welfare — private and state funded — and its impact on recipients.⁵ Margaret

⁴ Elizabeth Hanson, in The Politics of Social Security. The 1938 Act and some later developments, Auckland, 1980, is one of the more recent welfare historians to have made this assumption when she claimed that none of the organizations for the relief of poverty were particularly effective, p.12.

Tennant’s *Paupers and Providers: Charitable Aid in New Zealand*, is one such investigation. Although a study of statutory welfare arrangements, it looks beyond the intent of the legislation to assess the implementation of charitable aid and its impact on beneficiaries. A more general investigation into the ways in which the New Zealand people sought to protect themselves against need in old age in the nineteenth and early twentieth centuries has been undertaken by David Thomson in *A World Without Welfare, New Zealand’s Colonial Experiment*. Before this last decade, friendly societies had been generally either ignored by historians or, with one exception, dismissed as insignificant because of the limitations placed on membership — specifically that only those in good health who could maintain the regular contributions could afford to be members. Typical of the latter approach is Heather Shepherd who, in her 1976 research exercise on friendly societies in late nineteenth-century New Zealand, describes them as having little impact on New Zealand society. She argues that by the end of the first decade of the twentieth century the movement had begun to falter. Yet it was in fact during the first three decades of the twentieth century that friendly societies experienced their greatest expansion and that financial stability was finally achieved. New benefit funds were set up to enable their members to have access to the increasingly sophisticated medical technology being used in hospitals, and United Friendly Society (UFS) pharmacies were set up throughout the country. Membership had risen from 41,236 members in 1901 to 113,709 by 1938. Although this figure represented only 11% of the adult population, friendly society benefits were extended to spouses and children, which meant that by this date approximately 20% of the total population benefited from these mutual aid societies.

More recently this negative assessment of friendly societies has been restated by David Thomson. In an article investigating thrift in nineteenth-century New Zealand he concludes that friendly societies were ‘weak and irrelevant’ and unable to deliver what they promised due to financial insolvency. He argues that they were financially unsound, that ‘they never had the resources to match their promises’; this was, in his view, ‘the “dark secret” of friendly societies everywhere’. He goes on to contend that the friendly societies themselves persisted in ignoring the evidence and continued to ‘promise high and charge low’.

While this assertion is true for the nineteenth century it was manifestly

---

6 Wellington, 1989.
8 An exception is J.K. Hoar, ‘A Descriptive History of the Major Aspects of the Friendly Society Movement in New Zealand 1840–1900’, MA thesis, The University of Idaho Graduate School, 1963, which shows that they were an important part of the ‘common man’s’ life, providing a source of insurance against unexpected adversities as well as a focal point for social and recreational activities.
incorrect by 1915. The friendly societies themselves were only too aware of the dangers of insolvency, and the large societies such as Manchester Unity Independent Order of Oddfellows (MUIOOF), Independent Order of Oddfellows (IOOF), Ancient Order of Foresters (AOF), and United Ancient Order of Druids (UAOD), pushed along by the registrars, worked hard to remedy the problem and to bring contributions and benefits into line. By 1915 the registrar was able to comment that ‘the great majority of societies are either quite sound actuarially or are approaching that condition’.

Thomson also underlines the inadequacy of what he calls ‘the ludicrously small risk-sharing pool’, and argues that each small branch kept and managed its own funds, bearing most of the risks and expenditures in return. In fact, the large societies recognized the danger of ‘small risk pools’ and worked towards consolidating their funds. By the turn of the century all the large societies had consolidated their funeral funds at district level and were beginning to discuss ways and means of consolidating sick funds. By 1915, as evidenced by the actuary’s comments, the move towards sick fund consolidation was under way. By 1938 at least 70% of all friendly society sick funds had also been consolidated, thereby ensuring that if a lodge with only a small membership had a disproportionately large claim it would not suffer financially.

Thomson further claims that because the societies offered few benefits, not covering unemployment or providing pensions for old age, their value was limited. While it is true that there was no formal old age pension or unemployment fund, as my article will show, the societies abandoned neither the unemployed nor the aged, but found different means of helping them. Furthermore, friendly societies offered a wide range of benefits, adding and adapting benefits as conditions changed and different needs became apparent. Medical schemes, hospital funds, dispensaries, benevolent funds, funds to support widows and orphans and, during the depression, funds to help the unemployed members were all added to the basic sickness and funeral funds and provision of medical treatment. By means of these many benefits friendly society assistance was extended to the whole family and was an effective form of relief in times of need for a certain section of the population. Moreover, becoming a member of a friendly society meant joining a fellowship committed mutually to assisting and supporting one another whatever the circumstances, whatever the need. As both Hoar and Olssen have emphasized, this aspect of social support was a significant factor in making friendly societies an important focus in many working people’s lives.
In contrast to Thomson, David Green has presented an overly positive picture of friendly societies both in New Zealand and elsewhere. He has held them up as exemplars of the Victorian virtues of thrift, mutual support and independent self-help. Green maintains that these associations offered superior quality services and provided opportunities for developing the personal skills ‘necessary for liberty and independence’. He argues that the welfare state has eroded any sense of personal responsibility and mutual obligation. Without any real historical research or in-depth investigation into New Zealand friendly societies, he recommends that a solution to the present welfare dependency would be to move welfare away from the state and once again make it the responsibility of individuals to organize their own independent welfare provision through voluntary mutual aid associations such as the friendly societies.

While I believe that, in his determination to highlight the inadequacies of the welfare state, Green has painted a too uncritical picture of friendly societies and has overstated their role and impact, Thomson conversely has focused only on their limitations, which has led him to dismiss almost completely their relevance and usefulness in the lives of many working people before 1938. I hope this article will go some way towards redressing the balance.

In an era when there were no state income maintenance schemes and any state provision of welfare was limited and restrictive, for the skilled workers who could afford regular contributions, friendly societies were one of the most comprehensive forms of insurance against the calamitous effects of illness or accident to the wage earner. The rules of the United Ancient Order of Druids, which are representative of all friendly societies, illustrate the wide range of assistance offered to members. They aimed:

1. To provide a certain weekly allowance in case of sickness or accident to contributing members.
2. To provide as may be agreed upon with the Lodge Medical Officer surgical aid and medicine to members, their wives and children; and to the widowed mothers of unmarried members; and to the widows and children of deceased members.
3. To provide a certain sum on the death of a member or his wife, and also in certain cases, the widow of a late member, for the purposes of paying the burial expenses.


(4) To provide temporary relief or maintenance for widows and children of deceased members.
(5) To provide for the relief or maintenance of members in distressed circumstances.¹⁷

By banding together, setting up benefit funds and pledging mutually to assist one another in time of need, the friendly society members represented the ideals of thrift, self-help and independence so lauded by the policy makers of the nineteenth and early twentieth centuries. By making regular contributions into a common fund from which, in the event of inability to work, a small weekly allowance could be drawn, members were assured of avoiding destitution and having to turn to the state for relief. Further funds were created to meet the cost of medical care for the member and the family. In the event of death of either the member, his wife or a child, a payment of a fixed sum was made to cover the costs of the funeral and provide a certain amount of financial relief to the bereaved.¹⁸

Additional miscellaneous aid was dispensed on an ad hoc basis as need arose, extra funds being raised by various means such as subscription lists, benefit concerts, charity balls, theatricals and levies. Membership of a friendly society meant kinship where every person was pledged to help all other members and their families. It was this fraternal bond, expressed in the following words spoken to new members of the Ancient Order of Foresters during the initiation ceremony, that characterized the friendly societies and set them apart from other insurance schemes: ‘You are about to become by your own free will members of a society that is united for the purpose of promoting the well-being of each other. We feel and know that we are not born for ourselves alone and recognising the duties and responsibilities of the social condition we are desirous by association to relieve distress, aid the weak and comfort the mourner . . . . The word of the Forester expresses the active interest we take in the welfare of our brethren and our readiness to share their burdens and relieve their distresses.’¹⁹

In England friendly societies established by working-class members for their own mutual self-help continued to draw the large percentage of their membership from the more skilled sections of this class.²⁰ It has been assumed that New Zealand friendly societies had the same membership composition. David Thomson and Caroline Daley have both made impressionistic analyses of membership

¹⁷  Rules of the United Ancient Order of Druids, (Friendly Society), Grand Lodge of the North Island of New Zealand and its Branches, Wellington, 1921 p.4.
¹⁸ Men were able to insure the lives of their wives; however, when women started becoming members at the turn of the century they were unable, right up until the 1950s, to insure the lives of their husbands.
characteristics which confirm this assumption. In a more detailed quantitative analysis of membership occupations of four Dunedin lodges, Olssen suggests that the occupational composition of these lodges was drawn from a wider social range. More broad-based investigation is required before any definite conclusions can be drawn on the social composition of the lodges.

With the exception of the two temperance societies, the Rechabites and Templars, membership was initially restricted to men. By the 1890s, in response to requests to allow women membership, separate but parallel lodges for women were established. The Wellington District AOF led the way with the institution of two courts for women in 1894. The IOOF followed in October 1895 with the establishment of its first Rebekah Lodge, the name given to its women’s lodges, and MUIOOF, Wellington, opened a lodge for women in November of that year. The move towards mixed lodges started at the end of the first decade of the twentieth century, but gained no real momentum until the mid 1920s because it was often strongly resisted by male members, particularly by older men as they thought the inclusion of women would curtail their social activities. By the late 1930s nearly all the MUIOOF and AOF city lodges were mixed, while rural lodges were slower to follow. However, the number of women joining friendly societies before the late 1930s was never very significant. They were mainly young working women who tended to drop their membership when they married.

Every New Zealand friendly society offered the same basic benefits and while there was some variation in contributions, benefits paid, procedures of payment and selection of members, the New Zealand friendly societies all operated along similar lines. With few exceptions, the societies established in New Zealand were branches of the large English organizations such as Manchester Unity, Ancient Order of Foresters, Druids and others. The first lodges were generally set up by men who had been members in England, the very earliest being the Nelson Lodge, formed on 6 November 1841, by members of the Manchester Unity who arrived on the Martha Ridgeway from Liverpool. Accordingly, the English rule books were used and the system of contributions and benefits varied little, if at all, from those already set in place in the ‘Mother Country’.

The first step to receiving these benefits was to become a friendly society


22 Olssen, pp.195–9. The different friendly societies had different names for their local branches. Many, such as Manchester Unity, The Independent Order of Oddfellows and Druids, called them lodges. The Ancient Order of Foresters had Courts; the Rechabites, Tents.

23 In spite of small adjustments and changes to the rules, benefits and contributions over the years to accommodate changing costs, conditions of living and conformity with New Zealand government regulations, the rules of the late 1930s were remarkably similar to those of the 1860s, and consequently remained almost identical to their English counterparts.
member, this process being considerably more involved than simply filling in the application form and paying the fee. Given the importance placed on fellowship and mutual caring, no friendly society wanted members who would be unwilling or unable to embrace these principles. Respectability was an important part of the friendly society ethos. A strong moral code was adopted by all the societies and every member was expected to abide by it. The preface to the 1890 rules of the AOF Taranaki District illustrates very precisely what sort of a man the friendly societies expected their members to be: 'A good Forester is a man who, jealous of his rights as a citizen, maintains them in a temperate manly and decorous manner; at the same time he knows his duties too, performs them well, and pays a ready and willing obedience to his country's laws neither cringing nor servile on the one hand, nor wild nor factious on the other. In his private character, as father, son, or husband he fulfils their relative claims with scrupulous fidelity. Benevolence and friendship are our objects, and justice and morality are our characteristics.'

To minimise the risk of a morally 'undesirable' applicant becoming a member and to protect their reputation of having only respectable, honest, moral, hardworking wage earners, every friendly society insisted that a potential member had to be proposed by one member, seconded by another and then voted on by the whole lodge. Even then, further checks were carried out. Once voted on by the lodge, a small committee of members would investigate the candidate to 'ascertain that the person proposed is of good moral character and sober habits'. In principle any person 'who bears a bad character, leads a dissolute life, frequents bad company, is guilty of habitual intoxication, or is of a quarrelsome behaviour...' would not be admitted to membership. In reality of course, as reports and lodge minute books show, lodges were not always successful in limiting membership to only the respectable members of the community. On occasion treasurers or secretaries absconded with the funds and, particularly in the early years, there were often references to members being drunk. Once the good moral character of the candidate had been attested to, the next stage was a medical examination to ascertain that the potential member was in good health and, if a married man, a declaration as to his wife's health. This was essential because no lodge wanted to admit a member who would be a potential financial liability.

When all investigations were completed, and medical certificates and declarations filled in, the candidate was eligible to undergo the ceremony of initiation into the chosen lodge. No person could become a member and benefit from the funds without undergoing this vitally important ceremony, for there was more

24 General Laws for the Government of the Taranaki Ancient Order of Foresters, New Plymouth, 1890, p.5.
25 Rules of the Taranaki, New Zealand, District of the Ancient Order of Foresters, Taranaki, 1933, rule 2, p.22.
26 ibid., rule 5, p.23.
to becoming a friendly society member than just paying the money and receiving the benefits. It meant becoming part of a mutually supportive group where the axioms of mutual help and responsibility for the well-being of others were obligations to be taken seriously. Every friendly society, without exception, was underpinned by this fundamental belief in the mutual assurance of the well-being of fellow-members and their families. The initiation ritual served as a kind of baptism which formally marked the entrance of the member into the new group and introduced this new 'brother' or 'sister' to the rules and ethics of the society.

Once initiated into one lodge, all the large affiliated societies such as MUIOOF, AOF, Druids and IOOF, allowed transference of membership to another lodge of the same friendly society anywhere in New Zealand or overseas. Provided the member was up to date with contributions and had not transgressed any ethical code of the society, transference of membership without losing any of the accrued benefits was a simple and easy procedure. Given the particularly mobile colonial workforce and high level of immigration and emigration throughout the nineteenth century this transferability of benefits was essential to friendly society members.

Contributions, benefits and conditions of payment varied from one friendly society to another, the most common practice being for a member to pay a combined contribution for the sickness and funeral benefit either fortnightly or monthly and, if they wished, a further sum for medical care. From the 1840s to the 1880s contributions were generally low and uniform, supplemented by a large initiation fee. The Fountain of Friendship Lodge, MUIOOF, Auckland, was a typical example. In 1844 contributions were fixed at sixpence weekly for all members regardless of age. The initiation fee was graduated according to age, with members under 21 paying 10s.6d., those under 30 years of age 15s., and those aged between 30 and 40 years paying 21s. By the late 1890s most friendly societies, under pressure from the registrar, had introduced a graduated scale of contributions to the sick and funeral funds. While the amounts paid in contributions varied slightly from one society to another the average contribution in 1890 was sixpence a week for male members under 21, rising to Is. per week for members between 30 and 40 years old. By 1938 these contributions had risen very slightly to eightpence per week and 1s.3d. respectively. Female members paid less in the way of contributions and received correspondingly smaller benefits.

27 Throughout the nineteenth, and well into the twentieth century, the Registrar of Friendly Societies continually exhorted the societies to compile and use realistic tables of contributions and benefits, with the objective of becoming actuarially sound. By the end of the first decade of the twentieth century most of the larger societies had become solvent.

The basic sickness benefit covered all illnesses and temporary or permanent disabilities resulting from accidents. In the nineteenth and early twentieth centuries membership of a friendly society was the only way a family could be assured of some form of continued income should the main breadwinner be unable to work for any length of time. By the 1880s all the friendly society male members were paid 20s. per week for the first 12 months of illness, and thereafter some, such as MUIOOF, paid 10s. for the remainder of the illness. Other societies such as the Druids paid 10s. per week for the next six months after which the benefit reduced to 7s. for as long as the illness continued. Female members received 10s. a week for the first six months' sickness and 5s. per week thereafter.

Sickness benefits were frequently paid over extended periods of time to older members who could not continue to work as a result of chronic illnesses associated with old age. This served as a de facto pension, and compared favourably with the state old age pension, the maximum entitlement of which was 7s. per week in 1898, rising to 10s. per week in 1905. Because these long-term payments were a drain on lodge funds the creation of friendly society superannuation schemes was often investigated and discussed by the societies though never implemented. There was never sufficient support from the members to adopt such schemes, probably because the contributions required would have been too burdensome. Apart from this prolonged sick pay, the ways and means societies supported their aged members varied according to the means of each lodge. For many lodges using part of any surplus funds showing at their quinquennium valuation to pay the sickness and funeral contributions of members over the age of 65 became standard procedure. For others, grants were given from the lodge benevolent fund to aged members who had become financially distressed. Although this support for their aged members was ad hoc, and in some cases only granted when the need was dire, it was never considered to be charity, but a right the old members had earned over the years.

After the 1890s there were no more adjustments to the sick benefit to keep pace with the changing cost of living and these same rates of pay were still in force in 1951. As David Thomson has pointed out, the relative value of sick pay fell markedly over time. In the early twentieth century the friendly society sick pay did not increase at all, whereas both wages and prices started a sustained rise and continued to rise throughout the first decades of the century, until, by 1920, consumer prices and wages had almost doubled from their levels in the mid-1890s. In 1885 in the Auckland district skilled labourers such as masons,

29 ibid., pp.15–16.
30 Rules of the United Ancient Order of Druids, (Friendly Society), Grand Lodge of the North Island of New Zealand and its Branches, Wellington, 1921, pp. 70–71.
31 See Whyte, who explores in detail the implementation of old age pensions policy in New Zealand.
plumbers and carpenters were receiving a weekly wage of up to 66s., general labourers 45s., bakers 45s., and farm labourers 20s. By 1925 the minimum weekly award rates of pay were for bakers 99s., masons, carpenters and plumbers between 96s. and 99s., for general labourers 75s. and for farm labourers 55s. The sick rate, which in the 1880s had compared favourably with the minimum weekly wage rates, was by the 1920s, worth considerably less. Nevertheless, it must be remembered that even with the considerable drop in real worth of the friendly society sickness benefits by the 1920s, it was the only affordable way in which many working people could be assured of some income, albeit reduced, in time of need. The effects of accident or ill health could be calamitous for workers and their families, pushing them into abject poverty and forcing them to apply for public relief. As Tennant has described, having to prove genuine need to relieving officers was often a humiliating and degrading experience, and if relief was granted it was frequently given in kind, with the stigma of charity attached. The friendly society cash benefit, small though it was, was not charity, but a right, earned by paying regular contributions into a fund.

Because a sound sickness fund was critical to the financial health of the lodge every precaution was taken to prevent any imposition on the funds. Strict rules regulating the sick benefit were put in place and usually rigidly enforced. For a member to be able to claim the benefit, first an examination by the lodge doctor was necessary, after which the doctor was required to sign a standard certificate of ill health and immediately forward it to the secretary of the lodge. The doctor was then expected to keep a close eye on the patient for the duration of the illness, sign a sick attendance sheet to enable the member to continue to receive the benefit every week and to report, either in person or in writing, to the fortnightly lodge meeting on the sick member’s state of health. If the patient was able, a twice weekly visit to the doctor was mandatory. ‘Any member failing to visit the Medical Officer of the Lodge as aforesaid shall be liable to a fine of five shillings unless satisfactory reasons be given for not complying with this clause.’ Should the member be unable to visit the doctor then ‘It shall be the duty of the medical officer to attend the sick member at his residence at least once in every week.’ All claims were closely vetted at the fortnightly lodge meeting, and passed for payment providing the claimant had not breached any of the lodge rules. Not

33 *Statistics of New Zealand*, Wellington, 1885, p.203.
34 *ibid.*, 1926, p.57.
35 Tennant, particularly chapters 5 and 9.
36 As the rules regulating the sickness benefit were standard amongst all the Orders, and remained virtually unchanged from the 1850s to 1940s, except where specified, the above description is based on the *General Laws of the Ancient Order of Foresters, Hawkes Bay District*, 1883.
38 *Rules of the Ancient Order of Foresters, Court Takapuna*, Auckland, 1929, p.41.
even the most regular contributor could expect to draw a benefit from the lodge funds if the illness or accident was caused ‘by fighting... or any intemperate, improper, or immoral conduct or by running, leaping, wrestling or act of bravado... [or by] venereal disease’. Should there be the slightest suspicion that the illness or accident had been caused by intemperate behaviour, a thorough investigation into the conduct of the claimant was carried out before any payment was made. Brother Robinson of the Protestant Alliance Friendly Society (PAFS) was turned down after a lengthy inquiry over successive lodge nights because he was deemed to have ‘brought the accident upon himself’. However, Brother Mason Junior, of the Loyal Antipodean Lodge, MUIOOF, had better luck when his case was investigated. After it had been reported that his illness was the result of a ‘little youthful indiscretion’ the whole lodge was summoned to consider the case. After lengthy discussions and testimony from witnesses it was determined that ‘his illness was not caused through any immoral practice’ and he was allowed to receive his sick pay.

Outings for the invalid were restricted, for lodges believed that anyone sick enough to stay home from work was too sick to go out, especially at night. The 1883 rules of the Ancient Order of Foresters were typical in that the beneficiary was required to ‘leave word where he is going and the route by which he intends returning, so that the Woodwards [a term for sick-visitors, see below] may follow if they think proper. He must not go further than three miles from home or sleep therefrom, unless with the written consent of the medical attendant; he must not be from home between the hours of eight p.m. and six a.m. from the 1st October to the 30th April; nor between the hours of five p.m. and eight a.m. from the 1st May to the 30th September. Every violation of this law shall be accompanied with a fine of 5s.’ Any member found drinking, fighting or gambling while in receipt of the sickness benefit was fined and the benefit withdrawn. Likewise if a member continued to carry on his trade or business during the illness his sick pay was forfeited.

Every lodge had one or more ‘sick-visitors’ whose job was to visit the sick members at least once a week, pay the sick allowance, and report back to the lodge on the condition of the invalid. Despite the impression given that ‘sick-visitors’ were a means of imposing social control over friendly society members, they were never resented and were indeed welcomed by the invalids for, while one of their purposes was obviously to check that the invalid was legitimately claiming the sick benefit and to pay the benefit, they provided some form of

40 Protestant Alliance, Alexandra Lodge Minutes, 1879–1883, 25 January 1881, MS 93/93, Auckland Institute and Museum (AIM).
42 General Laws AOF, p.38.
company and comfort to the afflicted member. Being unwell and without family or friends in colonial New Zealand could be a lonely and isolating experience. It was the friendly society sick-visitor who often provided the only link with the world and thereby reinforced the belief that by joining a friendly society a member had not only insured against any unexpected adversity but had joined an association where each member was concerned with the spiritual and physical well-being of the others. Visiting the ‘sick and distressed’, who may otherwise never have received a visitor, was an important component in the fundamental principle of mutual care underpinning all friendly societies. The visits were not limited to the home or to the temporarily ill but were extended both to hospitalized and chronically ill older members. In Auckland for instance, an elderly member of the IOOF who ‘although bed-ridden for over twelve years ... is never forgotten for a week by some of the brethren or sisters — in fact visiting the sick and distressed is a duty which is well exemplified in Auckland’. A special ‘hospital visitor’ was often appointed to pay a weekly visit to members in hospital who may not otherwise have received visitors.

Receiving a friendly society sick benefit meant more than just a small cash payment. With the financial benefit came mutual support and the company of fellow members, as well as the assurance that if further financial support was needed to sustain the family other lodge special ‘distress’ funds could be called upon.

In Victorian England the idea of a ‘pauper’s funeral’ was too dreadful to contemplate. A large percentage of the working class paid into some sort of insurance company, burial society or friendly society to safeguard against having to suffer such an indignity. The money paid by the insurance companies and burial societies provided for a decent funeral but, as with the sickness benefit, the friendly societies provided much more. By joining a friendly society and paying the monthly dues a member was assured not only of a respectable burial with a coffin, attended by friends, workmates and neighbours, but also a plot in hallowed ground, a headstone and the services of the clergy to assure that the appropriate rites of the passing were observed. (In the early years attendance at a member’s funeral was compulsory, a fine being imposed for absence without a good reason.) In addition a small gratuity was paid to the surviving spouse and children. Likewise in colonial New Zealand to be decently buried was important. Moreover, as in England, the lodge’s concern did not end with the funeral. Members stayed in touch with the bereaved family and were there to help in difficult times. Financial hardship was alleviated by funds being raised either

43 IOOF Thirtieth (Ninth Biennial) Session of the Grand Lodge of New Zealand, IOOF Invercargill, 19 March 1901, p 51.  
through subscription lists, special collections, charity concerts or dances. Where necessary, older children were helped into apprenticeships, the education of the younger ones was assured and suitable guardians were found for orphans. A male member could further ensure that his family would not be left destitute by paying a small monthly contribution into a Widows and Orphans Fund, which, in the event of his death, would pay out a small annuity to the widow.

The monetary value of the funeral benefit slowly increased over the years. Until the 1870s, £15 was standard payment on the death of a male member, £10 on the death of his first wife and £7 on the death of his second. In the 1880s the amount increased to £20 and £12 respectively for the male member and his wife and by 1915 £30 was paid out on the death of a male member, while the amount for his wife remained at £12. As with the sickness benefit, female members received only half this amount, nor could they insure the lives of their husbands or children. There was no real increase again in the funeral benefit until the 1950s when the basic benefit was increased to £50 for both male and female members.45

While the funeral and sickness funds were the mainstay of friendly society finance and constituted the capital base upon which the failure or success of a lodge depended, the inexpensive medical care offered by the friendly societies became one of the major attractions to members. By the end of the nineteenth century major technological advances were occurring in medicine. Treatment and drugs were fast becoming more sophisticated and complex and the hospitals were undergoing a metamorphosis from 'the dumping ground for the aged, the infirm and the handicapped' to sophisticated institutions dealing with the medical care of the wider population.46 Friendly society members expecting to have access to this more complex medical care looked to their societies to provide the means. This meant adapting and expanding benefit schemes to meet these needs. From initially supplying only affordable general practitioner care they branched into the creation of UFS Dispensaries (the first one established in 1884) and UFS Medical Institutes. By the end of the first decade of the twentieth century friendly societies were creating substantial 'Hospital Funds' to give their members affordable access to hospitals. In 1916, in recognition of the growing number of women using hospitals to give birth, the societies started offering a maternity benefit of £4 (this rose to £6 in 1919) in conjunction with the government's National Provident Fund. As one witness told a parliamentary select committee in 1908, 'A very large majority of the people who join a friendly society do so to get the benefits of a doctor and medicine and regard them as

45 These figures are taken from the Manchester Unity Independent Order of Oddfellows, (New Zealand) Special Rules of the Auckland District, 1976. These rates, however, were fairly standard amounts for all the large affiliated societies.

worth the whole of their contributions." As a further incentive to members, and in recognition of the increasing importance of medical benefits to members, many friendly societies were by the 1890s allowing their honorary members to enrol for the medical benefits. The popularity of this move was reflected by growing complaints from doctors that they had to treat members who could well afford to pay for themselves (see below).

The growing importance of and expansion in the provision of friendly society medical services can be measured by the increasing amounts paid out for medical benefits, which, by 1924, at a total expenditure of £109,488 had exceeded sick pay expenditure of £103,407. By 1931 expenditure on medical attendance and medicine had increased to £176,087, whilst sick pay was £140,247. By 1938 the amount paid for medical care had exceeded £200,000.

Until the late 1880s the only medical benefit to be offered by the friendly societies was the inexpensive general practitioner care. By joining a friendly society and paying a sum of about threepence a week in the 1880s, rising to sixpence or sevenpence by the 1930s, a member could obtain the services of a doctor and any prescribed medicines free of charge for the whole family. This was the only way, before general practitioner benefits were introduced in 1941, that many working people could afford the services of a doctor. Doctors’ fees averaged 5s. per visit in 1911, meaning that anything more than the very occasional visit was impossible for a worker earning on average between 40s. and 50s. a week. By 1920, when the average working wage had risen to approximately 80s. a week, doctors’ fees had correspondingly risen to 10s.6d. per visit.

As early as 1846 Loyal Fountain of Friendship Lodge, MUIOOF Auckland recognized that offering inexpensive general practitioner care was a significant attraction to members when, in spite of a report advising that the expense of a doctor was unwarranted owing to the excellent health of the members, they appointed one. As the membership of friendly societies increased it became obvious that without a medical officer a lodge was doomed to failure for it was 'quite impossible for a lodge to make new members, or even retain its old ones, if it is without the services of a medical man, and without prospect of getting a

48 Men and women over the age of 40 or with certain disabilities were not permitted to subscribe to the sickness and funeral funds but could join a lodge as honorary members. They could attend all meetings and express opinions on questions brought before the lodge but they could not vote. Some societies, such as the IOOF, allowed them to subscribe to the medical fund. See, for example, Rules of the Independent Order of Oddfellows of New Zealand, Dunedin, 1908, p.15.
51 Fountain of Friendship Lodge, Minutes 1844–1847, 24 August 1846, MS 104, AIM.
doctor. It is true there are other benefits, but these are not sufficient to induce members to hang together.  

In rural areas particularly, the survival of a lodge depended entirely not only on having a doctor, but on having one at the right price. Throughout the nineteenth and early twentieth centuries when doctors were often reluctant to go to small backblocks communities without a guarantee of a certain level of income, many small country lodges were forced to close, unable to obtain the services of a doctor. A typical case was the Rotorua Lodge, MUIOOF, formed in 1898 with a resident doctor. In April 1899 the doctor left and the lodge was unable to replace him. Members drifted away and after a year the lodge became defunct. In 1903 it was restarted and again had enormous difficulty in finding a doctor, despite appeals for help to the Auckland District Executive Committee, MUIOOF, and requests to the government for permission to use the local government doctor. It was not until 1905, when the lodge entered into an agreement with the nearby Maramua Lodge whereby each guaranteed a doctor £50 a year, that they were able to convince a doctor to settle in the area.

To give their members access to this cheap medical care, lodges would contract with a local doctor to become the 'lodge medical officer' and would pay him a fixed annual capitation fee for which the provision of unlimited medical care and medicines for each lodge member and his family was expected. The doctor was able to charge normal going rates for all operations, anaesthetics and the delivery of babies, and a set sum for mileage beyond a certain limit from his rooms (usually 3 miles) was paid. The capitation fee varied from place to place, depending on the availability of a doctor or his willingness to undertake lodge work. In 1873 the Fountain of Friendship Lodge, MUIOOF, Auckland, was paying 15s. per member per annum, whereas that same year in Taranaki the fee varied from 10s. in Waireka to 12s.6d. in Inglewood. By the turn of the century however, in all the main towns £1 seems to have become the standard contract fee for the provision of medical attention and drugs. In 1919 the fee for medical services was still £1 with the doctors no longer supplying drugs and in the late 1920s this fee had increased to 25s. In the country districts the fees were more varied and depended very much on the availability of a doctor, his willingness to accept lodge contracts and the rate at which he was prepared to take them on.

Initially each lodge employed only one medical officer, but as lodge membership increased, so did the demands on the doctor. By the 1890s the larger city

52 IOOF, 33rd session, Wellington, 1905, p.44. IOOF Manuscripts, Glasgow Street, Dunedin.
53 Belgrave, pp.225–60, discusses the movement of doctors within New Zealand. He shows that in the 1880s doctors were settled not in the backblocks communities, but in the coastline settlements, and that while doctors had spread out into the country by the early 1900s the majority of doctors practised in the larger towns or cities. He argues, 'The high levels of urbanisation of the medical work force were very much at the expense of small towns and rural areas', p.259.
54 Loyal Rotorua Lodge, MUIOOF. Minutes 1898–1905. In author’s possession.
lodges were beginning to appoint more than one medical officer or were even allowing their members to contract with any local practitioner of their choice. Any local doctor accepting lodge members was paid the same capitation fee as the official lodge doctor, was expected to sign the same agreement and to comply with the same rules and regulations.

The friendly societies retained a tight control on the provision of their medical care and the contract given to all their medical officers clearly defined the expected level of care. The doctor was ‘bound to attend each member of the Lodge according to the list furnished him by the Secretary, and likewise their wives, and unmarried sons and daughters, whose age does not exceed 18 years, and the widowed mothers of unmarried members, residing within three miles of the lodge room’. Reporting, either in person or writing, at the fortnightly lodge meeting on the state of health of all the sick members under medical care who were ‘on the funds’ was obligatory, as was attendance at the surgery at certain stated times. Should it be necessary to be absent from the practice for any time, it was the doctor’s responsibility to arrange, with prior approval from the lodge, a properly qualified substitute. Any member who was dissatisfied with the attention received could lay a charge of neglect against the doctor which was heard before the whole lodge. ‘In the event of a complaint being made against him he shall attend, on being duly summoned, at a Lodge or committee meeting as may be required. On a charge of neglect being proved against him, he shall be fined in any sum not exceeding £3.00, and not less than 10/-.’ It was not uncommon for members to complain of the treatment received from the lodge doctor, and perusal of the minute books shows that each complaint was thoroughly and seemingly impartially investigated. A typical example was the case of Bro. Taylor’s (PAFS) complaint of neglect on the part of Dr Tennant, the lodge medical officer. On 4 May 1880 the complaint was laid in writing, a copy of which was sent to the doctor for an explanation. On the 18th of that same month Dr Tennant attended the lodge meeting to reply to the complaints. After lengthy explanations and questions from lodge members it was resolved “That the thanks of this meeting be given to Dr. Tennant for the satisfactory replys [sic] he has given to the complaints contained in Bro. Taylor’s letter and express their entire confidence in him as a medical officer.”

A doctor was essential to a lodge, not only so that members and their families could have access to affordable medical care, but because no friendly society would admit a member without a medical examination. As with all insurance companies, the friendly societies could not afford to accept members who were going to be a drain on their funds. A chronically ill member could cause the lodge

56 ibid.
57 PAFS, Alexandra Lodge, Minutes, 4 and 18 May 1880.
serious financial difficulties, and even lead to closure. Such was the fate in the 1880s of the Blue Spur Lodge, MUJOOF, Otago District, after one member had taken over £1000 in sickness benefits, causing the lodge to become totally insolvent and consequently having to close.\(^{58}\) This examination, however, was an ongoing source of conflict between the lodges and their doctors. The lodges complained that the doctors were careless in their examination of potential members, allowing too many medically unsuitable people to be initiated into the lodges. 'A bigger factor in regard to the success of a small lodge than most would perhaps be prepared to admit — this is, the careless doctor. If through carelessness of his examination of candidates for admission an undue proportion of bad lives fall into a lodge, they must, to a large extent, discount its chance of success financially and deplete its funds by an abnormal rate of sickness not brought into calculation.'\(^{59}\) The problem for the doctors was that the cost of this examination was included in their annual capitation fee. In the early years this had not caused them concern. But with the growing sophistication of medicine and a large increase in membership this examination had become more and more time consuming. As Dr T.H.A. Valintine, Inspector General of Hospitals, so succinctly summed up in a memorandum to the Minister of Public Health '... the methods of diagnosis and treatment ... were practically, and in many cases, utterly unknown in those Mid-Victorian days when the scale was first fixed ... “Investigate all the functions” would, in these days involve the use of many delicate instruments of diagnosis taking up a greater amount of time than in all probability was ever conceived ... no examination would be regarded as complete without an estimation of the opsonic index, the bacteriological examination of secretions and a blood count ...'.\(^{60}\) From the late 1880s the medical profession repeatedly demanded that normal consultation fees be paid for the initial examinations. Finally in 1907 the friendly societies, recognizing that the only way to assure a thorough initial examination was to accede to this demand, agreed to pay 5s. for all initial examinations.

The conflict between friendly societies and doctors was not restricted to the examination fee.\(^{61}\) By the late nineteenth century the doctors were feeling increasingly exploited by the friendly societies, complaining that they were

---

59 IOOF, 26th session, Wellington, 1893, p. 40.
61 The disagreements between doctors and friendly societies started in the late 1880s and lasted until the 1930s, becoming particularly acrimonious from the turn of the century to World War I. This subject has been discussed in detail in J. Carlyon, 'The Doctors and the Friendly Societies in New Zealand, 1880–1940', MA Research Essay, University of Auckland, 1991. See also Belgrave, pp.173–86 and R.E. Wright-St Clair, *A History of the New Zealand Medical Association. The First 100 Years*, Wellington, 1987, chapter 8, pp.81–85.
underpaid and overworked. They considered the members’ expectation to have access to all the modern methods of diagnosis and treatment whilst still paying the old scale of fees entirely unreasonable for ‘... an efficient conduct thereof not only takes up a great deal of a practitioner’s time, but material used costs a great deal more than the bottle of medicine of his Victorian brother’. There was also the issue, already referred to, of having to treat honorary members who could well afford to pay. In attempts to achieve what they perceived to be a fair deal, on several occasions the doctors went on strike and boycotted the friendly societies. They did this first unsuccessfully in Auckland in 1902 and then more successfully in Southland in 1913 and in Wellington in 1917. By 1921 the friendly societies and the British Medical Association had negotiated a ‘model agreement’ and relations on the whole became more cordial.

It was because of the difficulties experienced with the medical profession and their desire to retain control of their own medical schemes that the different lodges in the larger towns such as Auckland and Wellington banded together to form UFS Medical Institutes. In January 1894, at their annual conference in Napier, the New Zealand Medical Association had unilaterally drawn up conditions of employment to be presented to the individual lodges. Seeing this as a move to wrest control of their medical care from them, the friendly societies decided to form their own medical institutes based on the British and Australian models.

In Auckland the first UFS Medical Institute was established in 1902. By 1908 22 lodges with a membership of 2791 had become affiliated. With dependants included, the institute was estimated to be providing medical care to approximately 9000 persons. The second medical institute was established in Wellington in 1917, again in response to a boycott from the medical profession. By 1929 it included 3260 members, plus their dependants.

These institutes were managed by a committee of delegates from the affiliated lodges. They rented the premises, oversaw its upkeep, employed the doctors, determined their contracts and pay and dealt with members’ complaints.

63 For discussion of the Auckland and Wellington disputes see Carlyon, pp.30–53. For the Southland boycott, see Belgrave, p.183.
64 See Belgrave, pp.180–84, in which he discusses the attempts of the New Zealand Medical Association (NZMA) to organize doctors against unjust terms. He believes that it was because of their initially ineffective attempts to improve the conditions of society medical officers, that the NZMA decided to affiliate with the British Medical Association (BMA), p.183.
65 For a discussion on English medical institutes see Green, Working-class Patients, pp.21–27. For Australian medical institutes, see Green and Cromwell, pp.96–100.
66 Carlyon, pp.30–41.
67 Carlyon, pp.45–53.
Prior to the establishment of medical institutes the combined friendly societies had created their own UFS Dispensaries. In the early years lodge doctors had dispensed their own drugs, but by the 1870s individual lodges had started to contract with local chemists to supply all drugs prescribed. This proved unsatisfactory as the drugs were often very expensive and it was suspected that many chemists adulterated their drugs to make them go further. In order to resolve these problems the friendly societies united and established their own non-profit-making dispensaries run by a board of delegates from the participating lodges. Apart from the dispensing of prescriptions the dispensaries also supplied a wide variety of items at heavily discounted prices to their members, while non-members were charged full prices. The first UFS Dispensary in New Zealand was established in Invercargill in 1884 ‘after complaints from members that the medicines prescribed for them by the lodge doctor did not contain all the correct ingredients’.

Others soon followed, spread throughout New Zealand, until by 1931 there were 34 UFS pharmacies supported by 50,000 members.

As already discussed, rapid developments in medicine and medical technology meant that hospitals were no longer small institutions dealing only with the indigent and poor. Increasingly they were used by the wider population who perceived them as ‘acceptable and even desirable places in which to gain medical treatment’. Acknowledgement of this growing use of hospitals by their own members encouraged the friendly societies to make agreements with the local hospital boards to enable their members and families to be treated at half price. The first such agreement was made in Auckland in the early 1890s, but was discontinued by the hospital board in 1904 on the grounds that they had no legal authority to make such arrangements. The Auckland United Friendly Societies then successfully lobbied the government to include in the Hospitals and Charitable Institutions Amendment Act of 1909 a clause empowering hospitals to contract with friendly society groups to provide care to their members at reduced rates. By 1918 at least half of the hospital boards throughout the country had come to an arrangement with the societies. The terms varied from board to board, the most usual arrangements being to pay either a set sum per annum for occupied beds or for the hospital to charge half fees for members and their families. The Health Department itself was extremely keen to promote and standardize agreements. It acknowledged that ‘the friendly societies contributed a sum equal to about 2s. a day for members and their wives and Is. a day for children, while the average collections from general patients was ls.4d. per day’. It was explained that ‘the boards would benefit by such an arrangement,

70 New Zealand Herald, 15 October 1904, p.6.
it being remembered that members of friendly societies though doubtless a provident type of person, yet generally speaking, are members of the less affluent classes, and it is doubtful if hospital boards would recoup under ordinary conditions two-thirds of their ordinary maintenance charges if such friendly societies’ members had to pay their own fees, bearing in mind that fact that only about one-third of their fees receivable are recovered annually by Hospital Boards’.

Despite various attempts by the Health Department to institute a comprehensive and cohesive scheme applicable to all hospital boards and friendly societies throughout the country, nothing was ever put in place and diverse agreements between the two parties continued to be drawn up and implemented. In 1935 in a final attempt to introduce some uniformity into the agreements, the Department of Health drew up a standard form of contract to be used by the hospital boards. However, by the time this agreement would have been put into effect it had lost its relevance because of the introduction of the 1938 Social Security Act. This Act meant that by 1941 hospital treatment became free for everybody, thus making any friendly society hospital scheme redundant.

Friendly society benefits were not limited, however, to the formalized funeral and sick benefits, and the supply of low-cost medical care. Every appeal for help, whether from an individual member or another lodge, was considered, judged on its merits and acted upon. The required money came from the benevolent fund or was raised by levy, donations granted from the incidental expenses fund, circulation of a subscription list or benefit concerts, theatricals or charity balls and various other fund-raising activities. By the 1890s district or lodge benevolent funds ‘devoted solely towards relieving extreme cases of distress’ had been established by all the major friendly societies. This fund was financed by regular levies and kept topped up by ‘all fines, donations, commission on magazines, surplus or other extraneous receipts’. The applications for help were varied. For example on 10 July 1883 Bro. N. Marshall received the sum of £2 to enable him to go to Wellington from Auckland to look for work. In March 1886 a ‘distress gift’ of £2 was voted to Bro. W. Page who had been severely burnt at a fire and had lost all his clothing and effects. On 25 February 1903 Mrs Scully, widow of a member who had died while visiting Belfast, was granted £5 and on 8 August of that same year £5 was granted to the orphaned children of the late Bro. Sheppard. On 11 May 1926 Bro. Skinner of the AOF, Wellington, was granted £5.10s. from the benevolent fund to help pay for a new set of teeth.

71 Memo from the Secretary, Department of Public Health, Hospitals and Charitable Aid, to the Minister of Public Health, 23 May 1918, H1. B.107 149, NA.
73 ibid.
Larger sums were raised by either organizing concerts or subscription lists to help members who had fallen on hard times. In January 1885, a concert organized by the Auckland District of the MUIOOF raised £33.10s., for the widow and orphans of the late Bro. Compton and in 1930 the directors of the MUIOOF reported that the general appeal on behalf of Bro. D. Foster, an incapacitated member of the Loyal Eketahuna Lodge of the Wellington District, had been a great success with £330 having been raised, with more to come.74

Helping members in distress was not necessarily limited to local members but was extended to lodges in other parts of the country, or even the world. After the Wairau Massacre in 1843 the Sydney branch of the MUIOOF came to the aid of the Nelson members by sending money to help them get back on their feet, and it was this gift which formed the basis of the Nelson Orphans and Widows fund. In 1906 funds were raised throughout New Zealand to help the victims of the catastrophic San Francisco earthquake and fire and in 1931 every friendly society in New Zealand set up special funds and raised substantial amounts of money to help their members rebuild their lives after the devastating Napier earthquake. MUIOOF, for example, established a society-wide fund, levied all members 1s. each and raised £1,182.14s.6d., to which was added donations totalling approximately £600 from the English affiliated districts.

The calls on the district and lodge benevolent funds increased significantly during hard times as was seen during the depression of the 1930s. For example, between October 1929 and November 1933, 35 of the 228 members made calls on the Court Sir George Grey, AOF, Benevolent Funds, whereas in normal times no more than two members a year applied for assistance. Nevertheless, it was imperative for the friendly societies to meet the challenge of these times and not let members down for 'the hard times means plenty of unemployment among our members, making it difficult for some to pay their contributions. The duty is ours to do our best for those who are worthy of our help .... Our promise of Fellowship and Brotherly help must hold good, particularly when members deserve our kindness and consideration.'75 To deal with the extra requests for help, many societies set up special funds. By means of such a fund the IOOF helped 300 members in 1931 and 769 in 1932, and the MUIOOF, Auckland District, by 1932 had paid £714.4s.6d. to members to help them keep their contributions up to date and alleviate distress caused by unemployment. Over all, the societies' membership only dropped by 6.5% between 1930 and 1933 which suggests these measures were relatively successful.


Considering this multiplicity of benefits and their proficiency in meeting the ever evolving and increasing medical needs of their members it is apparent that the friendly societies managed successfully to supply significant relief to those members for 100 years. They protected their members from the devastating effects of illness or accidents, allowed them to make provision for a decent and dignified burial, and gave them some relief in old age or times of unemployment. Of necessity though, their membership was confined to the better-paid worker who could afford the monthly fixed contributions. But just because they could not meet the needs of the working class as a whole does not mean they should be dismissed as irrelevant. Neither should they be held up as a complete alternative form of welfare provision. They were an extremely effective bulwark against the effects of adversity for a significant group of working people.

JENNIFER CARLYON

The University of Auckland