

Thomas Hunter and the Campaign Against Eugenics*



THOMAS (TOMMY) ALEXANDER HUNTER (later Sir Thomas), the professor of Philosophy Mental and Moral at Victoria University College (VUC) for much of the first half of the twentieth century, pinned his hopes for humanity on science and its practical application, but he regretted that progress in the social sciences, the field of his lifelong concern, lagged behind those in the natural sciences.¹ Described by W.L. Renwick as ‘an unabashed rationalist . . . [who] believed that the reverse of Rousseau’s famous dictum held good: everyone of us . . . is born in chains and must attain his freedom as best he can’, in the late 1920s Hunter joined a number of intellectuals in publicly opposing government measures to introduce eugenic policies.² As a result of their efforts, New Zealand was alone in the economically developing world in rejecting a formal proposition for the sterilization if not castration of people designated socially as ‘unfit’.

Although the New Zealand eugenics movement has received attention from a number of researchers, it has yet to feature prominently in mainstream history books. Philip Fleming, for example, detailed the social and political background of the legislative attempts to get legislation on eugenics through Parliament.³ Stephen Robertson described the changing philosophies towards mental deficiency behind such moves,⁴ while Robert Metcalfe traced eugenics through the early legislation regarding mental deficiency and family allowances and the public interest through the news media.⁵ This article builds on their work, using new material to further our understanding of the eugenic debates of the 1920s. With a focus on those debates, it pays particular tribute to the role of Tommy Hunter and other academics like him who, despite strong counter-pressures, took the initiative and used academic freedom to present the fruits of their independent inquiries. But first something of the history of eugenics, and the international situation that local officials and lawmakers looked to as they proposed new legislation for New Zealand, needs to be canvassed.

In the early nineteenth century, the belief in biological determinism was gaining ground. Franz Gall and Johann Spurzheim promoted the theory of phrenology to associate cranial configurations with personality attributes, and Cesare Lombroso used evolutionary biology to explain the primitive atavism of the ‘born criminal with degenerative physical anomalies’ who characterized ‘about one third of the mass of offenders’.⁶ Although subsequently Lombroso modified his conclusions, his early pronouncements appealed to those who sought simple explanations for complex problems, and they became another strand in the argument for society to control the fertility of criminals who were alleged to carry the ‘hereditary taint’.

As Lombroso’s ideas gained support, many other observers continued to muse on Thomas Malthus’s ideas about population control, among whom

Herbert Spencer gained immortality for describing the inevitable progress of mankind as being the 'survival of the fittest'.⁷ Almost simultaneously, Charles Darwin expanded his study of evolution to include all living species as they changed form and function in relation to their natural environments. Then Darwin's cousin Francis Galton advanced a policy for improving humanity by encouraging the most able and healthy to have more children, a process for which he coined the term eugenics from the Greek (literally, 'well-born'). Whereas Malthus, Spencer and Darwin were all resigned to nature continuing to take its course, Galton wanted government intervention with tax benefits for the aristocrats and the elite to encourage them to proliferate, while confining lesser mortals with little earning power to institutions operating under a regime designed to restrict their breeding.

In Britain, under the aegis of the newly formed Eugenic Education Society (EES), the eugenics movement gained the support of intellectuals, scientists and writers such as Cyril Burt, G.K. Chesterton, J.B.S. Haldane, John Maynard Keynes, William McDougall, Karl Pearson, Caleb Saleeby, George Bernard Shaw, Beatrice and Sidney Webb and H.G. Wells.⁸ Under their influence, in 1904 the British Parliament established a Royal Commission on the Control and Care of the Feeble-minded. The Commission's recommendations for the classification, education and segregation of mental defectives were given legislative form in the Mental Defectives Act 1913.

The movement spread to other parts of Europe where there was less hesitation about endorsing the use of more drastic measures for improving the human stock. To take the most extreme example, psychiatrists in Germany adopted the concept of purification to justify the extermination of about 100,000 of their patients before the State recruited them to extend their practice in concentration camps.⁹

On the other side of the Atlantic, under the sponsorship of President Theodore Roosevelt, biologist Charles Davenport established a laboratory to promote the eradication of human degeneracy.¹⁰ Supporters believed it would prevent lawlessness, poverty and overcrowding in their burgeoning industrial cities, and stem the massive tide of immigrants from Eastern and Southern Europe who were seeking better opportunities in the New World.¹¹ They were impressed by Richard Dugdale's accumulation of facts and recollections about the criminal propensities and marginal performance of the 2832 members by birth or marriage of several generations of a notorious family to which he had given the name Jukes.¹² They also accepted Henry Goddard's initial assertion that feeble-mindedness was due entirely to a recessive gene inherited from females.¹³ In so arguing, Goddard relied heavily on an associate tracing the behaviour of two wings of an extended family for which he coined the name Kallikak, from a combination of the Greek 'kallos' for beauty and 'kakos' for bad.¹⁴ Each side of the family was said to have had the same seventeenth-century militiaman forebear but mothers of differing degrees of respectability, one being a Quaker, the other a feeble-minded tavern girl.¹⁵ In a short time 33 of the 48 states had laws in favour of sterilization on their statute books, under which more than 60,000 of their population were so treated.¹⁶

This was the international climate in which eugenics became an issue in

New Zealand. Due to the country's close colonial ties with Britain many of New Zealand's administrators, health professionals and politicians came from the Mother-country,¹⁷ and the intelligentsia was aware of the eugenics debate that was underway there and elsewhere. Farmers also knew the benefits to be had from the selective breeding of crops and animals, and they too were attracted by the prospect of reducing the number of the mentally handicapped, the indigent, the idle and the fractious who were draining on the public purse and causing social concern. But debates on such matters in the local daily press were primarily between the academic and bureaucratic establishments rather than between sectors of the population at large.¹⁸ It was only when the general populace was outraged about the behaviour of particular sexual offenders or when legislation on the matter was before Parliament that there was widespread public debate.¹⁹

From the early days of colonial expansion, the aim of politicians in New Zealand was to create an ideal society, avoiding the excesses of the agricultural and industrial revolutions that had generated the Chartist Movement for political, economic and social reform in Britain. In 1873 the country passed its first Imbecile Passengers Act. Under the Act, a ship's owner or charterer or master who brought anyone 'being either lunatic, idiotic, deaf, dumb, blind, or infirm' into the country, who might become a charge on public or charitable institutions within five years of arrival, had to pay a substantial bond. The only exceptions were migrants who came either wholly or partly at the expense of the government, or were genuine shipwrecked mariners.²⁰ In 1908 Parliament classified the disabled as prohibited immigrants, together with 'any person suffering from a contagious and loathsome disease . . . and a person arriving within two years of committing a serious crime'.²¹

The classification of prohibited immigrants would have pleased Duncan MacGregor, the inaugural Professor of Mental and Moral Philosophy at Otago University and a 'radical evolutionist'. Before his death in 1906, MacGregor had fulminated about the 'contamination' of New Zealand by the 'low quality of immigrants and their offspring'.²² He declared that 'the hopelessly lazy, the diseased and the vicious who would once have been weeded out by natural selection, were eating like a cancer into the vitals of society', and he sought to broaden the definition of insanity to include 'hopeless drunkards, hopeless criminals, and hopeless paupers . . . [and to have them] made to work for their support, and deprived of their liberty until they die, in order to prevent their injuring society either by their crimes or by having children to inherit their curse'.²³ A towering figure physically, and a formidable debater, he influenced many people, including Frederick Truby King and Robert Stout. It was Stout who, in 1886, persuaded MacGregor to leave academia to pursue his campaign more effectively as the Inspector of Lunatic Asylums, Hospitals, and Charitable Institutions.²⁴

Another of Duncan MacGregor's disciples was Dr W.A. Chapple, a 'Wellington medical gentleman', who in 1903 advanced an argument for the compulsory sterilization of all defective women and the wives of defective men.²⁵ Citing the Jukes family history of degeneracy, Chapple wanted Parliament to expand the term 'defective' to include alcoholics, illegitimate

children, epileptics, idiots, paupers, the physically deformed, homosexuals, mental defectives, the insane and criminals, that is: 'our worst citizens [without] prudence and restraint necessary to the limitation of families . . . [like] the better classes of people'. According to Chapple, they 'live from hour to hour as the lower animals do'.²⁶

Chapple's ideas were challenged two years later by the Rev. J.L.A. Kayll, the prison chaplain in Invercargill. Kayll cited recent developments in criminology in America, pointed out that the evidence of biological degeneracy in the Jukes family was unreliable, and gave examples of religious redemption and character reformation of offenders from his own pastoral work in prisons.²⁷ But his rational rebuttal was not enough to stem the tide of support for solutions to perceived social problems, intellectual pretence, 'scientific' assertions and the social snobbery of the eugenicists. Under the flag of biological determinism, leading citizens in Christchurch, Dunedin, Timaru and Wellington formed local branches of the Eugenics Education Society and made international connections to keep up with developments elsewhere.²⁸ In 1911, H.W. Bishop, a magistrate and the national president of the EES, put the case for the use of surgery to solve social problems. He intimated that the practice had already been put in train in New Zealand: 'The necessity for and advantage of [providing proper legal facilities] for the treatment of a certain class of degenerates has been admitted for some years now, and where action has been taken with the full and complete approval of the subjects and their parents, the results have been most beneficial. I cannot, of course, give details, but such is a fact.'²⁹

The same year, under the influence of the 1908 British Royal Commission Report, New Zealand introduced the Mental Defectives Act to control and care for mental defectives. In Section 2 of the Act, a mentally defective person was defined as 'one who owing to his [sic] mental condition, requires oversight, care, or control for his own good or in the public interest, and who according to the nature of his mental defect and to the degree of oversight, care, or control deemed to be necessary is . . . of unsound mind'. Although at the time a number of references were made to the EES, there was no question of surgery being introduced to prevent those deemed mentally defective from procreating.³⁰ Rather, Parliament's concern was to segregate those with antisocial proclivities, especially sexually promiscuous girls, and restrict their opportunities for breeding.

In taking that stance Parliament followed the advice of its departments of education, health and prisons, each of which had statutory obligations for people who were either slow-learners on the grounds of mental deficiency, classified as mentally ill, or deemed mentally incapable of keeping the law. But evidently the measures were not enough for the eugenicists, because in 1920, 1921 and 1922, the Prisons Board (chaired by Chief Justice Sir Robert Stout) expressed itself firmly in favour of sanctioning an indeterminate sentence for sexual offenders, 'with medical or surgical treatment which may be deemed necessary or expedient for their own good or that in the public interest'.³¹ Yet the 1922 Report of the Committee of Inquiry into Venereal Diseases was content to advocate a less severe policy for the classification, registration and segregation of feeble-minded women as 'the source of corruption and debauchery'.³²

From his time as a student at Otago University, Tommy Hunter must have known about the persistent attempts of the intelligentsia to legitimate the application of eugenics to social problems. But at the beginning of his term at VUC he seems to have taken no part in the public debate. Nor is there any mention of the issue brewing in Hunter's private correspondence with Edward Bradford Tichener, his mentor in experimental psychology at Cornell University.³³ The first oblique reference came in 1924 in an article in which Hunter criticized William McDougall, a British psychologist then at Harvard, for propounding a theory of innate personality predispositions leading to unknown goals, creating group minds and separating the species along social class lines into the superior and the inferior.³⁴ He went on to lament the lack of moral and social responsibility of scientists, saying that the advances made in the physical and biological sciences had outrun moral development and had failed to direct knowledge and power along paths that led to social welfare. He condemned the proposal being floated in Parliament to entrust a Eugenics Board with the power of sterilizing people who were economically unproductive, asking whether anyone could be sure that the board's members would allow 'no unworthy motive, no personal end, no consideration of wealth, family or nationality to influence them'. He concluded by saying that the community had lost interest in the purpose of life, and was more concerned about how much a person was worth instead of whether a person was worthy.³⁵

Yet the same year Tommy Hunter did not make a submission to the Committee of Inquiry into Mental Defectives and Sexual Offenders initiated by the Prisons Department and established by the Minister of Health. The committee had been instructed to inquire into the 'special care and treatment of the feeble-minded and subnormal' and the treatment of 'mental degenerates and persons charged with sexual offences'. Like the comparable 1904 commission in Britain, the six-person membership of the committee was hardly impartial. Its chairman, W.H. Triggs, had chaired the 1922 Committee of Inquiry into Venereal Disease that judged mentally defective girls a burden on society. The fervent eugenicist, Sir Frederick Truby King was a member, as was Sir Donald McGavin, the Director-General of Medical Service of the Defence Department. McGavin was on record for wanting the feeble-minded to be able to 'produce but not reproduce'.³⁶

The committee began by canvassing the opinion of every member of the medical profession in the country, and sought advice from health authorities overseas. It then held proceedings in the main centres of the country and visited a number of institutions involved with the care of mental defectives and the detention of sexual offenders. As a result it obtained 809 pages of evidence from 99 witnesses, hearing 92 of them in person.³⁷ It also received multiple responses from 172 of the 900 medical practitioners in the country to whom it had sent letters seeking their opinions about the care and management of the cases with which they were familiar. However, few of the respondents echoed the concerns of the committee members. Only 24 of the total pool were in favour of surgery for the treatment of mental defectives, 13 were in favour of surgery for sexual offenders, and some of them even had reservations about the use of such measures under compulsion.³⁸

A few of the medical respondents added comments to their letters. At one extreme, Dr E.B. Jardine declared that 'sexual offenders from habit — perversity or feeble-mindedness should be castrated'.³⁹ Dr F.T.H. Ulrich advocated 'a kind lethal chamber for congenital idiots'.⁴⁰ Dr J.B. MacDonald wanted sexual offenders to be given the choice of either life imprisonment or castration.⁴¹ Others recommended sterilization by deep X-ray rather than surgery,⁴² while Dr C.A.B Lewis thought New Zealand should become a leader 'in experimental desexualisation [through thyroid extraction] at puberty on a large scale, [noting that] there is no question that this should be done in criminal cases — even if the protection this gives is not absolute'.⁴³

The committee opened its public sessions in Wellington on 30 May 1924 with a discussion of a letter from the Chief Justice Sir Robert Stout. In the letter Sir Robert expressed his aversion to 'those mentally defective to such an extent as to be unable to learn a living, and sexual perverts [for whom] in some States of America there is provision for ordering surgical operations'.⁴⁴ Almost a year later he wrote again to the secretary of the committee: 'It must be assumed that sterilization or de-sexualization will alike prevent breeding. If sterilization will of itself prevent breeding and also destroy the sexual desire that leads to sexual crime then de-sexualization is not necessary. If not, de-sexualization will alone prevent breeding and also destroy the criminal desire then in all serious cases it should be left to the medical experts to decide what in each case should be done.'⁴⁵ Evidently Sir Robert and a few other witnesses drew little distinction between the treatment proposed for mental defectives and for sexual offenders, and from the line of their questioning at times the same could be said of the committee members, despite their opening assertion that the questions were entirely separate and distinct.⁴⁶

The Hon. George Russell, a former Minister of Health, also wrote to the committee in an authoritarian vein. His 'strong personal opinion [was] that most degenerates and habitual sex offenders should be reclaimed surgically', and he said that 'a medical practitioner had made one or more practical tests on boys [with] surprisingly good results in the way of all round reformation'.⁴⁷

Four medical practitioners who responded to the survey appeared in person to make submissions and be subjected to cross-examination. One was Dr Theodore Grant Gray, Medical Superintendent of Nelson Mental Hospital and the Director of Mental Hospitals-elect. Without giving specific estimates, he declared that with regard to the feeble-minded 'segregation would be too costly [and that] sterilisation would not have the desired effect unless it were done in a very radical way'.⁴⁸ Dr R.M. Beattie, Superintendent of Auckland Mental Hospital, advocated the castration of homosexuals.⁴⁹ Dr A. Crosbie, the Medical Superintendent of Christchurch Mental Hospital, considered that female moral imbeciles should not be spared the equivalent operation as men, because from his 'experience gained in the sterilization of the simpler organisms [sic] they become more stable, tractable, docile — and more easily dealt with'.⁵⁰ The fourth witness, Dr Stuart Moore, was a moderate who thought psychoanalysis for emotional problems might help, although under cross-examination he agreed that in certain cases he would consider voluntary sterilization.⁵¹

Twenty-seven other medical practitioners made their initial contact with the

Committee of Inquiry at the hearings. Most of them belonged to the brigade of Mental Hospital Superintendents, Prison Medical Officers and School Medical Officers rather than to general practice. To a man the mental hospital staff supported extreme measures, as did Dr Elizabeth Gunn, the School Medical Officer from Wanganui. Confining her remarks to mental defectives and admitting that a few had been misclassified as ‘malnutrits [who] medically improved in camp’, she said that she ‘would very much like to see some medical way of getting rid of children who can give no mental test, and imbecile children’. Under cross-examination she, too, agreed that there should be ‘a lethal chamber’ for them.⁵² However, her colleague Dr Richard Phillips from Christchurch did not support sterilization as a routine measure for any class of mental defectives, and he did not hesitate to say that with regard to sexual offenders his opinion was ‘absolutely valueless’ because he knew nothing about the subject whatsoever.⁵³

A few other general practitioners had reservations to express. Dr Mildred Staley from Auckland told the committee that from her practice with eunuchs in India ‘amongst the absolutely immoral, and depraved side of humanity, castration or sterilisation of men or women really will not prevent them from spreading disease’.⁵⁴ Part-time prison medical officer Dr C.L. Nedwill thought ‘it would be better to segregate these people than to operate on them’,⁵⁵ and his colleague Dr N.P. Brewster considered that appropriate sex education was needed rather than that from ‘polluted sources’.⁵⁶ Other witnesses also mentioned the need for sex education, but they differed as to whether this should be provided by the family, the church, the medical profession or the school.

However, Mrs Fanny McHugh, a Health Patrol Officer in Auckland, could ‘see no reason why this awful menace could not be eliminated, the betterment of the race secured, and the state relieved of a heavy burden’. To her mind there were ‘no more repulsive things allowed to breathe the free air of heaven than the monsters referred to in the question’. She ‘stood shoulder to shoulder with Dr. Fenwick of Christchurch, [saying] what he advocated is the only sure and safe solution of the whole deplorable question’.⁵⁷ Charles Carter, representing the Young Citizens League, supported surgical intervention, declaring that ‘we are surely getting to that stage of science and knowledge when scruples should be put to one side when society is threatened, and if medical science can render . . . the class that proves still unimprovable when they reached adolescence, and if medical science can render them unconscious, it ought to do so’.⁵⁸

Others also spoke of surgical measures with approval. Miss Julia Cardale of Christchurch, representing the National Council of Women, described some cases and drew attention to the North Canterbury Hospital Board’s resolution that ‘any person convicted of an assault on a child should be sent to hospital for an operation . . . not only to prevent a second conviction but [to] act as a deterrent to others’.⁵⁹ A former manager of the Burnham Industrial School for Boys, Mr T. Archey, responded to the committee’s invitation to comment on five cases from 1898 where sterilization had been used as a cure for masturbation. He said the mother of one of the boys was so pleased with the outcome that she wrote to ask the doctor to perform the same operation on her younger sons.⁶⁰ Miss Jean Begg, an experienced social worker, commented on her time in New York

where the operation was performed to control the fertility of girls with venereal disease, admitting that of 'several cases in our institutions that were sterilised, some required even more supervision than the rest'.⁶¹ Miss Blanche Baughan, an official visitor to Addington Prison in Christchurch and the founder of the New Zealand Branch of the Howard League for Penal Reform, hoped that non-surgical measures would be tried first. But under cross-examination from Truby King she agreed with him that 'our impression is that [strong tendencies for sexual abuse are] hereditary . . . should be stopped, and that the future propagation of these people should not continue'.⁶²

Representatives of the different Christian churches also appeared. From his practical experience in Australia, Lt. Col. J.H. Bray of the Salvation Army identified five groups of sexual offenders, claiming that only the most serious merited drastic intervention.⁶³ Instead, he and Mrs Brigadier Glover wanted to see more use of moral instruction in the home and the school to curb the problem.⁶⁴ When pushed further, Colonel Bray conceded 'that in such cases, effective measures should be taken so that people of that kind — also people incurable as far as sexual perversion is concerned should be unable to propagate their species [and] the same would apply to mentally weak girls unable to control themselves and who bring illegitimate children one after another into the world'. But he said that the Salvation Army would prefer to leave the question of sterilization to medical experts and others.⁶⁵

The Catholic Church alone presented the moral argument against sterilization. On behalf of Archbishop Redwood, who was indisposed, Fr Kevin McGrath presented the case.⁶⁶ He argued that human life was sacred, and while accepting that the State had the right to take life in the case of unjust aggression, he asked whether mental cases were in that category, saying 'let us leave the slaughter of the innocents as a lamentable historical fact, and not seek to out-Herod Herod'. He declared that 'the methods of the horse doctor should not be invoked here'. He went on to say that vasectomy provided no protection against venereal disease, and above all, 'what is morally wrong cannot be hygienically right'.⁶⁷ The committee did not cross-examine him, except to seek confirmation that the Catholic Church supported home, community and institutional care for the feeble-minded.

Among the academics giving evidence were all four professors of biology from the university colleges who spoke firmly in support of surgical solutions. But a Professor of Education, Arthur Fitt, and Professor of Moral Philosophy, William Anderson, both of whom were active members of the 'Auckland Committee to Watch the Progress of the Mental Defectives Bill', challenged the narrow focus on innate aspects of human development to the exclusion of environmental factors.⁶⁸ Another educationalist, Professor Tennant, drew attention to the apparent medical bias of the committee, noting that it was unlikely to be sympathetic towards psychology as a subject.⁶⁹ Professor James Shelley went further, chiding the medical profession for presuming to speak with authority on psychological matters for which it had no training, being ignorant about mental testing, having little knowledge of the subtle psychological effects of such surgery on the recipient, and being ignorant of the positive power of psychotherapy in helping people to overcome developmental problems.⁷⁰

Furthermore, he thought that ‘this Commission [sic] . . . is so inundated with the loosest possible statements by all sorts of people, who in some cases have little knowledge, either of the theory or of any direct observation of the threat, that there is not a sufficient body of expert opinion really to base any definite recommendations’.⁷¹ He seems to have been the only witness to comment on epileptics still being required to be on a register of mental defectives, their having so been regarded since the passing of the Mental Defectives Act 1911; in the process he reminded the committee that Julius Caesar and Napoleon suffered from epilepsy.⁷²

While John Beck, one of the committee members, agreed with Shelley that the average medical man was not competent to diagnose mental defectives,⁷³ in its final report the committee dismissed Shelley’s arguments about intelligence testing by saying that ‘as a rule, it is not the “intelligence quotient” which is at fault’.⁷⁴ Perhaps with Shelley’s point about epileptics in mind, it mentioned that it had chosen not to broaden its inquiry to include ‘mental disabilities resulting from diseases such as syphilis, or toxic influences such as alcohol, drugs, &c’.⁷⁵

In its final report the committee also acknowledged the finding of the 1913 Central Association for Mental Welfare in Great Britain that ‘sterilization at the present time is not a practical proposition’, and it noted the resolution of the British Medical Association Conference in Auckland in 1924 not to make a recommendation for surgical desexualization for the adult ‘sex pervert’.⁷⁶ But it emphasized the importance of ‘sterilization of the chronic mentally or morally unfit . . . [and] the permanent segregation of the offender either in prisons or in farm colonies’.⁷⁷

Somewhat disingenuously, the committee thought it ‘desirable . . . to point out the fallacy of a popular idea that the world could easily stamp out defectives and degenerates by merely adopting a vigorous policy of segregation and sterilization’.⁷⁸ No doubt in deference to Truby King’s work on early infant care, nutrition and routines, it emphasized the improvements that had come about through early infant care.⁷⁹ But it repeated a summary of the dubious case histories of the degenerate American Jukes and Kallikaks families, included a selection of six shorter New Zealand family histories on the mentally deficient and socially degenerate given in evidence, and documented biographical details of sexual offenders currently in prison.⁸⁰ It also acknowledged the authority of the US biologist Dr Charles Davenport on the basic facts of eugenics, and that of his compatriot, the law draftsman Dr Harry Laughlin.⁸¹ While recognizing that the Supreme Court of the United States had declared the laws permitting sterilization to be unconstitutional, it reminded the Minister of Health that the decision did not apply here.⁸² Finally, despite the reservations it expressed about the efficacy of sterilization or desexualization to reduce both hereditary taint and sexual offending, it welcomed the ‘excellent suggestions’ of Dr Theodore Grant Gray about the role and functions of a proposed Eugenics Board with discretionary powers in the matter of sterilization that could be ‘exercised cautiously and tentatively’.⁸³

In resounding racist, imperialist and somewhat biological terms, the committee declared:

It has rightly been decided that this should be not only a 'white man's country,' but as completely British as possible. We ought to make every effort to keep the stock sturdy and strong, as well as racially pure. The pioneers were for the most part an ideal stock for a new offshoot of the Mother-country. The Great War revealed that from their loins have sprung some of the finest men the world has ever seen, not only in physical strength, but in character and spirit. It also revealed that an inferior strain had crept in and that New Zealand was already getting its share of weaklings. Surely our aim should be to prevent, as far as possible, the multiplication of the latter type.⁸⁴

The committee advised Parliament to take speedy action, and it created a sense of urgency by attaching excerpts from the 'the forcible and far-sighted report' written 37 years earlier by the late Duncan MacGregor, in which he referred to the 'evil' quality of the immigrants in the 1870s and 1880s, and to 'the great influx of a low class of navvies . . . vicious and degenerate people . . . like a swarm of parasitical organisms [having] a most pernicious effect of pauperising the people'.⁸⁵

The government responded to the report by drafting a Bill in which most of the committee's recommendations featured. The new Minister of Health, James Alexander Young, sent Dr Gray, as the newly promoted Inspector-General of Mental Hospitals, to Britain, Europe and the United States of America for first-hand observations of eugenics programmes.

In February 1927 Tommy Hunter began to practise what he preached by establishing a free psychological clinic at Victoria University College for troublesome children.⁸⁶ He ran it on the lines Lightner Witmer pioneered at the University of Pennsylvania, which Hunter had visited in 1907.⁸⁷ Hunter's aim was to appraise the psychological difficulties presented, and either to carry out or to recommend methods of treatment. According to Hunter, the appraisals were made in the light of 'two or three decades [showing] a remarkable advance in our scientific knowledge of the human mind and of human behaviour and a remarkable change of status of Psychology among the sciences'.⁸⁸

Hunter saw the need to convince medical practitioners and biologists that social science demanded the same dispassionate intellectual consideration as natural science. So in a wide-ranging presidential address on the topic to the Australasian Association of Psychology and Philosophy in Sydney, he demanded that the social sciences be accorded the same spirit of free inquiry as other disciplines, because the 'fundamental institutions of society are hedged with a mysterious sanctity that forbids the scrutiny of reason'.⁸⁹ Although once again applauding the 'triumphant success' of the physical sciences, he warned that its methods 'established a jail in which the human mind became imprisoned and from which it is only now beginning to escape'.⁹⁰ He went on to consider the development of the biological and psychological sciences in relation to the theory of evolution, and refused to be drawn to either side of the controversy, insisting that they were but two aspects of one and the same process. He argued that no one ought to deny the importance of heredity, and that every effort should be made to ensure, as far as possible, that children had not only the best environment, but also the best heredity. Instead of 'hurling defiance at each other', he thought the two sides should meet to study the nature of man and social relations, and work out a successful campaign for

effecting improvements to encourage human development.⁹¹ In the same paper he proclaimed his faith in the systematic development of democracy and suggested that the evolution of a moral system was just as much a fact as the evolution of backbones in animals. He looked upon wars, ideological conflicts and the vicissitudes of life as faltering stages in the road ahead, rather than as deplorable signs of decadence, and put his trust in further education to effect improvements, declaring that ‘the blood on the altar of the ignorant is the blood of the ignorant’.⁹²

However, following the return of Dr Theodore Gray from his visits to select medical administrators in 13 countries, the local eugenic controversy resumed. Although now conceding that ‘mental deficiency should not be regarded as a disease entity so much as a social problem’, Gray continued to make much of intelligence tests as a means of grading people into categories of imbecility, idiocy and feeble-mindedness.⁹³ Yet he expressed his disenchantment with psychologists who, in his opinion, were beguiled with mental testing without ‘the clinical training necessary to enable them to assign to symptoms their proper value’.⁹⁴ Once again he advanced the opinion that New Zealand should follow the example he had seen elsewhere and have Eugenics Boards for the care and control of the mentally deficient, the sexually abnormal and the socially inadequate. And he repeated his preference for the dysgenic surgical solution of the Americans rather than the more moderate eugenic proposals of the British, if only because it would facilitate the return of post-operative cases to the community and so avoid the expense of long-term segregation. He thought that ‘humanity would be best served by cutting off the plastic taint at its source, and thus helping to prevent at least some of the misery incidental to mental defect’. But he did say that he was not so sure about the use of surgery for sexual offenders, having heard of its somewhat disappointing results from the director of a medical centre in Cologne.⁹⁵ The one thing Gray was sure about, perhaps with his academic opponents in mind, was the need ‘steadfastly [to] avoid false intellectualism’. Not surprisingly, his plan was to involve no psychologist in the proceedings of the proposed Eugenics Board. He advocated a board of six people, with himself in charge, three departmental officers, ‘an experienced woman social worker, and a member nominated by the voluntary after-care associations’, to take responsibility for implementing eugenics.⁹⁶

From Tommy Hunter’s heavily pencilled asterisks in the margins of his copy of Dr Gray’s report it is clear that he was incensed by some of Gray’s opinions. A few months later he took the opportunity to share his reactions with an audience in Dunedin. Hunter confined his remarks to the development and application of intelligence tests and to the positive interventions that could be offered through psychological clinics for children, drawing on his recently acquired direct experience.⁹⁷ After reviewing the major theories, principles and practices of child welfare, he declared that ‘If we wish to do justice to the child, we must try to get a clinical picture . . . medically, psychologically, educationally, socially’, concluding that ‘we must realise the complexity of personality . . . think in terms of causation . . . be conscious of our ignorance, [accept] the need for training . . . in all sciences . . . theoretical and practical . . . and have reverence for the child’.⁹⁸

A short time later the government showed its determination to legislate by introducing the Mental Defectives Amendment Bill 1928, the clauses of which were along the lines recommended by the report of the 1925 Committee of Inquiry into Mental Defectives and Sexual Offenders and reinforced by Gray. In response to the government's move, Professors Fitt and Anderson held a public protest meeting in Auckland and, together with four other academics from Otago and Canterbury University Colleges, wrote to local newspapers expressing their continuing opposition to the proposals. They also made a direct plea to the Minister of Health to postpone the Bill.⁹⁹

The Public Health Select Committee of Parliament duly met in Wellington, where it heard a total of 20 witnesses.¹⁰⁰ Professors Fitt and Anderson were not among them as the government refused to pay their travel expenses from Auckland. Three of those who did appear — John Beck, Sir Donald McGavin and Dr Ada Paterson — had been members of the Committee of Inquiry that had advocated the proposed legislation. Others, such as Miss Jean Begg, the new General-Secretary of the YWCA, and Dr Gray for one side, and Professor Shelley for the other, reiterated the opinions they had given at the 1925 inquiry. Miss Begg spoke of the home she was running for nine ex-Borstal girls in which 'at least' four should be either sterilized or segregated in a farm colony.¹⁰¹ Dr Gray presented himself as a reasonable man with national and now international experience who could be trusted to make the best decisions on behalf of anyone who came before him on the Eugenics Board were he to be appointed as chairman.¹⁰² Professor Shelley reiterated his challenge about the professional competence and independence of the members of the proposed Eugenics Board.¹⁰³ He attacked Dr Gray for trying to keep the matter out of the hands of psychologists, laid into the Department of Education for underestimating the number of children at risk of coming under the proposed Act, and no doubt having heard the unmarried witnesses give evidence in favour of sterilization, he insisted that marriage be a criterion for its membership: 'An unmarried woman has no experience whatever of the normal sex life of the community or if she has any sex experience it will be of a perverted nature, and therefore, in neither case will be of any value in deciding which the special provisions of the Bill require'.¹⁰⁴

This time Tommy Hunter entered the parliamentary fray in person, having previously been content to advise the Deputy Leader of the Opposition — and his former student — Peter Fraser.¹⁰⁵ His testimony was vintage Hunter: conciliatory, challenging, reflective, reasoned, drawn from clinical experience of work with problem children and evaluating the opinions and research findings of the authorities. He took the risk of offending the Select Committee by beginning with a tribute to Freud for throwing light on psychological problems that inhibited human development. Then, after expressing the courtesies, he challenged the dismissive stance that Gray had taken on intelligence tests, referring to some of the actual clinical cases he had dealt with in which mental retardation had been confused with other kinds of biological handicap or educational retardation. But he refrained from commenting on sexual offenders, apart from attacking the assertions that had been made about their hereditary taint.

While supporting the argument for meeting the needs of children known legally as 'feeble-minded', Hunter took issue with the legislative proposal to expand the definition to those with 'antisocial tendencies', saying that on this basis the founder of Christianity, Socrates, Mr Lloyd George at the time of the Boer War, and Mr Ramsay McDonald at the time of the Great War, could legally be so categorized.¹⁰⁶ He declared himself in favour of creating a central register for mental defectives, but argued that because of their ignorance of academic psychology the entries should not depend on the judgement of medical people, pointing out that before 1924 the academic courses in Otago Medical School included no psychology and afterwards they included only 12 lectures in the whole programme.¹⁰⁷ Under cross-examination he admitted to being not entirely opposed to the sterilization of mental defectives, but thought the option was better omitted from the Bill unless it were entirely a voluntary matter and unless adolescents were included among those given the right to refuse the operation. He declared his opposition to the proposed membership of the Eugenics Board being confined to a collection of departmental functionaries, and instead suggested it should comprise only a medical person, a psychologist and an educationalist.

The criticisms were not heeded. When reporting back to Parliament, the Select Committee retained the category of mental deficiency in association with 'anti-social conduct', included psychological clinics under the direction of a psychiatrist to investigate all cases notified to the Eugenics Board, retained the critical level of mental retardation for referral at two years or more, confirmed the decision for sterilization requiring the consent of two doctors and provided for a judge of the Supreme Court to hear objections.

The government took swift and decisive action by scheduling the second reading of the Bill within seven days. During that time it made only one copy of the 353 pages of evidence available for the attention of all 80 Members of Parliament. It opened the debate with a lengthy speech by James Young, the Minister in Charge of Mental Hospitals, who outlined the purpose of the Bill: it was to discriminate between 'the sane, the insane, and the mentally deficient'; to limit the opportunities for the latter to breed; to introduce a category of 'social defectives'; and although expressly excluding the castration of males, to allow for the 'contemplation of vasectomy or tubectomy as appropriate for the particular sex of a person on a proposed register'.¹⁰⁸

The next day Peter Fraser opened the debate with a detailed criticism of a number of the clauses in the Bill, its underlying philosophy and the reliance the government placed on the dubious American Jukes and Kallikak families. In full flight he criticized Lombroso, declaring that 'the fathers and mothers of some of the world's geniuses were people who would be on the list of mental defectives under the legislation if they lived in New Zealand'.¹⁰⁹ He drew attention to the conflict of opinion between the scientific authorities on the relative importance of environmental and inherited factors in human development, and made it clear that he wanted the debate deferred until the controversy was settled. In his view the 'whole question of mental deficiency is mixed up so much with economics, and the cost to the State is so emphasized, that there is difficulty in disentangling the motives behind the legislation'. He concluded that 'before

we go in for any of this experimentation we should endeavour to see that every child has a chance to grow up to be a strong, healthy, intellectual man or woman: and when the economic and social disadvantageous factors have been eliminated we can start to legislate for the germ plasm. Then will be time enough.¹¹⁰

When the debate resumed nine days later, Harry Holland highlighted the doubts about the use of surgery that the 1924–1925 committee had expressed in its final report, and drew attention to the absence of detailed information about the outcome in the states of America in which sterilization had been practised for 18 years.¹¹¹ Rex Mason objected to the Prisons Department having a representative on the Eugenics Board, because ‘it is its function to imprison, to flog, or to hang, not to care for a man in any other way’. He also noted the limited extent to which the ‘mutilation’ might be inflicted upon males but ‘absolutely no limitation on females’.¹¹² William Lysnar, the government member for Gisborne, stood up to oppose the Bill because of the long-term implications it would have, especially for people wrongly put on any register.¹¹³ Edwin Howard of Christchurch South was another government member to speak against the Bill. He had been on an official visit to South Africa where he had seen some of the ‘20,000 feeble-minded unemployed poor whites [who in three generations had] slipped back simply because there was no work or nourishment’, and did not see the relevance of imposing segregation or sterilization for economic reasons.¹¹⁴

The Minister of Health attempted to mollify the objectors, noting that Charles Darwin’s son, Major Leonard Darwin, was in favour of sterilizing degenerates on a voluntary basis as an alternative to lifelong segregation.¹¹⁵ Then, despite constant interjections from Peter Fraser and Harry Holland, he reasserted the right of the government to prevent the slide into primitive atavism that Lombroso had identified. But he could not explain to the House how normal parents might have mentally defective children, nor could he say that every child of feeble-minded parents would necessarily be defective.¹¹⁶ However, he intended to allow a Eugenics Board to retain the use of castration as a voluntary procedure for males and was prepared to accept an amendment defining the nature of the equivalent operation that it might consider for females.¹¹⁷

The debate was adjourned for nearly two months, and then to the complete surprise of the opposition, the government amended the contentious clauses by extending the critical period for registering mental retardation from two years to three, and by dropping the clauses on compulsory sterilization and restrictions on marriage, albeit with the stated intention of dealing with them at a future date.¹¹⁸ With these obstacles cleared away, the government found enough support to expand the term ‘mentally defective’ to include persons ‘socially defective — that is, those who suffer from mental deficiency associated with anti-social conduct, and who by reason of such mental deficiency and conduct, require supervision for their own protection or in the public interest’.¹¹⁹ The Minister of Health acknowledged the assistance he had received from Professor Hunter in reaching this definition of mental deficiency.¹²⁰

As was expected, the Legislative Council approved the first reading of the

Bill.¹²¹ Four days later it resumed its debate with the amendments presented to the House of Representatives.¹²² There was little discussion. The Hon. Mr Carrington touched briefly on the conflict between morality and religion. The Hon. Mr Thomson saw no conflict between the two disciplines, and expressed his regret that the word ‘eugenics’ appeared nowhere in the Bill. Then he asserted that ‘we have in this country one of the most perfectly selected races of people on the face of the earth . . . [hand] picked specimens of the human race . . . who brought into the country their vigour and their strength’. He reminded the council that ‘unfortunately we have had some extraordinary importations of undesirable people.

. . . I remember . . . when the Cork Workhouse was raked out to find immigrants for a certain vessel, and they were turned loose on us — two or three hundred of the most undesirable women who could be found throughout the Empire. There is another class which we might forget . . . people perhaps of good family and position who have not made good at Home and have been sent here . . . not criminals but I take it they were to a slight extent mental defectives in that they had lost control of themselves . . . this Bill, will to a very large extent meet the needs and wants of the community so far as the unfortunates who are descended from these people are concerned.¹²³

With very little ado the Bill passed its third reading and became law. The government promptly established the Eugenics Board it wanted, albeit without the draconian powers it desired and without a psychologist as a member. It authorised the departments of Education, Justice, and the Courts to refer cases to a psychological clinic under the immediate direction of a psychiatrist in the Department of Health. Clinic staff would determine whether those referred should be registered for supervision and training in special homes. The next year the Department of Health opened an institution at Templeton in Christchurch for people with lower grades of mental handicap, followed by another after World War II at a former Air Force camp at Levin. In due course it provided daytime occupational centres in Auckland, Wellington, Christchurch and Dunedin for people with higher grades of mental defect.

Following the change of government in 1935, and under later governments with Peter Fraser as the Prime Minister, the political climate led to improvements in environmental conditions through better education, employment, health and housing. As a departmental official, Dr Gray was obliged to curb his formal commitment to eugenics as a means of improving and restructuring the population. Meanwhile, other diehard eugenicists tried to muster more support from such organisations as the Women’s Division of the New Zealand Farmers’ Union, the Townswomen’s Guild, the National Council of Women and the Justices of the Peace Association. They also tried to use the plight of large poverty-stricken families during the economic depression of the 1930s to bolster their arguments.¹²⁴

It seems Tommy Hunter took no further part in the proceedings after the 1928 debate, and he left no papers to suggest that he followed developments in the nascent science of genetics. But thankfully he and a handful of intellectuals had the prescience to anticipate most of the later criticisms levelled at eugenic

policies, and they had the courage to express them publicly. For that reason, if not to illustrate the value of academic freedom in a democratic society, and the need for scientists and others to consider human rights and social responsibilities, the stand of Tommy Hunter deserves formal recognition in the history books of New Zealand.

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NOTES

*With thanks to Caroline Daley for editorial comments and to the *Journal's* two anonymous reviewers for suggesting improvements to this article.

1 Tim Beaglehole, 'Hunter, Thomas Alexander 1876–1953', in *The Dictionary of New Zealand Biography* (DNZB), updated 16 December 2003, URL: <http://www.dnzb.govt.nz>.

2 W.L. Renwick, 'Sir Thomas Hunter (1876–1953)', in V. O'Sullivan, ed., *Eminent Victorians: Great Teachers and Scholars from Victoria's first 100 years*, Wellington, 1999, pp.9–48.

3 Philip J. Fleming, 'Eugenics in New Zealand 1900–1940', MA thesis, Massey University, 1981.

4 Stephen Robertson, 'Production not Reproduction: The Problem of Mental Defect in New Zealand 1900–1939', BA Hons thesis, University of Otago, 1989.

5 Robert W. Metcalfe, 'The Debate about Eugenics: Eugenics and Social Legislation in New Zealand, 1900–1930', MA thesis, Massey University, 2000.

6 David Horn, *The Criminal Body: Lombroso and the Anatomy of Deviance*, New York, 2003, pp.12, 34–43.

7 According to Michael White and John Gribben, *Darwin: A Life in Science*, London, 1995, p.28, Empedocles was the first to refer to the 'fittest forms of life'.

8 Pauline Mazumdar, *Eugenics, Human Genetics and Human Failings: The Eugenics Society, its Sources and its Critics*, London, 1992.

9 Johannes Meyer-Lindenberg, 'The Holocaust and German Psychiatry', *British Journal of Psychiatry*, 159 (1991), pp.7–12.

10 Michael G. Kenny, 'Towards a Racial Abyss: Eugenics, Wickliffe, Draper and the Origins of the Pioneer Fund', *Journal of the History of the Behavioural Sciences*, 38, 3 (2002), pp.259–83.

11 Barry Mehler, 'Brief History of European and American Eugenics Movements', at <http://www.ferris.edu/isar/arcade/eugenics/movement.htm> (accessed 27 February 2003).

12 Arthur H. Estabrook, 'The Jukes in 1915', Washington Carnegie Institute, 1916, <http://www.disabilitymuseum.org/lib/docs/759> (accessed 6 May 2004).

13 In the mid-1920s Goddard retracted his findings, but the damage was done: Henry H. Goddard, 'Who is a Moron?' *Scientific Monthly*, 27 (1927), pp.41–46.

14 Leila Zenderland, *Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing*, Cambridge, 1998, ch.5.

15 *ibid.*, ch.1.

16 Paul Lombardo, 'Eugenic Sterilization Laws', <http://www.eugenicsarchive.org/html/eugenics/essay8text.htm> (accessed 11 December 2002).

17 Indeed the 1925 *Report of the Committee of Inquiry into Mental Defectives and Sexual Offenders* (Report of CIMDSO), p.22, specifically mentioned that the New Zealand government had sent 'Home' an officer from the Immigration Department to provide for a more thorough examination of assisted immigrants.

18 Metcalfe, p.122.

19 Robertson, pp.49–57, 102–33.

20 Imbecile Passengers Act 1873. See especially sections 3 and 6.

21 Immigration Restriction Act 1908.

22 Margaret Tennant, 'MacGregor, Duncan', in *The Dictionary of New Zealand Biography, Vol. Two, 1870–1900*, Wellington, 1993, pp.285–6.

23 Martin Sullivan, 'Regulating the Anomalous Body in Aotearoa/New Zealand', *New Zealand Journal of Disability Studies*, 1, 1 (1995), p.11.

24 Sir Robert Stout's fostering of MacGregor, his move as Chief Justice in support of the Prisons Board that in 1920, 1921 and 1922 pressed for the inquiry into the treatment of sexual offenders, and his own evidence to the Select Committee on eugenics make it difficult to accept John Pratt's opinion that Stout was 'disconnecting eugenics from the parameters of the new penology'. (John Pratt, *Punishment in a Perfect Society: The New Zealand Penal System 1840–1939*, Wellington, 1992, p.183.) In fact, Stout's admiration for MacGregor was such that he named one of his sons Thomas Duncan MacGregor after him. Personal communication with Sir Ivor Richardson, 15 July 2003.

25 G.H. Scholefield, ed., *New Zealand Biography*, Wellington, 1940, p.152. Chapple was a surgeon turned politician who served as an MP for Tuapeka in 1908 before moving to Britain, where he became Liberal MP first for Stirlingshire 1910–1918 and then for Dumfriesshire

1922–1924. He shared Robert Stout’s view of eugenics, both of them having been inspired as students of MacGregor, and Stout having written part of the preface of his book.

26 W.A. Chapple, *The Fertility of the Unfit*, Melbourne, 1903, pp.68–69.

27 J.L.A. Kayll, *A Plea for the Criminal*, Invercargill, 1905.

28 New Zealand sent a representative to the First International Congress of Eugenics in London in 1912 and to the second in New York in 1921 (postponed because of the Great War).

29 H.W. Bishop, *Degeneracy*, Christchurch, 1911, p.12.

30 Metcalfe, pp.67–75.

31 Robertson, p.50.

32 *ibid.*, pp.54–55.

33 L.B. Brown and A.H. Fuchs, *The Letters between Sir Thomas Hunter and E.B. Tichener*, Wellington, 1969. Unfortunately there were gaps in copies of the correspondence, and my inquiries to both the authors and the archivist at Cornell University were unsuccessful in either filling them or locating the originals to see if there had been any mention of eugenics that Brown and Fuchs might have overlooked with their focus on developments in experimental psychology.

34 T.A. Hunter, ‘What is wrong with the world’, *Australasian Journal of Psychology & Philosophy* (AJPP), 2 (1924), pp.51–57.

35 *ibid.*, p.55.

36 Sir Donald McGavin used the phrase to summarize the liberal opinion of Dr E. Robertson of Auckland and to confirm that Dr Gray intended such a policy to apply in colonies for the feeble-minded. Health Department (HD) Health (H) 3/13, pp.170, 800, Archives New Zealand, Wellington (ANZ). The Committee of Inquiry adopted the phrase to describe the aims of the proposed Eugenics Boards in the care of the feeble-minded, Report of CIMDSO, p.19.

37 HD H 3/13, p.5.

38 *Hospital Board: Proposed treatment of mental degenerates — Committee of Inquiry into Mental Defectives and Sexual Offenders — replies from the medical profession*, 1924. HD, H 54/79, 11305, ANZ.

39 *ibid.*, letter 51.

40 *ibid.*, letter 69.

41 *ibid.*, letter 157.

42 *ibid.*, Dr S.A. Gibbs, letter 31; Dr B. McKenzie, letter 48; Dr F.G. Gibson, letter 163.

43 *ibid.*, letter 44. Emphasis in original.

44 Report of CIMDSO, p.3.

45 Appendix to HD H 3/13, letter 1.

46 Report of CIMDSO, p.5.

47 HD H 3/13, pp.642–7.

48 *ibid.*, p.796.

49 *ibid.*, p.29.

50 *ibid.*, pp.581–2.

51 *ibid.*, pp.494–502.

52 *ibid.*, p.81.

53 *ibid.*, pp.670–1.

54 *ibid.*, pp.134–42.

55 *ibid.*, pp.529–30.

56 *ibid.*, p.340.

57 *ibid.*, p.83.

58 *ibid.*, p.265.

59 *ibid.*, pp.121–3.

60 *ibid.*, p.648.

61 *ibid.*, pp.767–8.

62 *ibid.*, pp.573–4.

63 *ibid.*, p.706.

64 *ibid.*, pp.702–18, 759–66.

65 *ibid.*, p.708.

66 *ibid.*, pp.90–103.

67 *ibid.*, pp.96–98.

68 Robertson, pp.120–2.

69 HD H 3/13, pp.36–37.

- 70 *ibid.*, pp.647–93.
 71 *ibid.*, p.683.
 72 *ibid.*, p.681.
 73 *ibid.*, p.693.
 74 Report of CIMDSO, p.5.
 75 *ibid.*, p.7.
 76 *ibid.*, p.26.
 77 *ibid.*
 78 *ibid.*, p.21.
 79 *ibid.*, pp.6–7.
 80 *ibid.*, pp.8, 30–33.
 81 *ibid.*, pp.6, 19.
 82 *ibid.*, p.20.
 83 *ibid.*
 84 *ibid.*, p.28.
 85 *ibid.*, p.29.
 86 T.A. Hunter, ‘Psychological Clinic for Children, Victoria University College, Wellington’, *AJPP*, 6 (1928), pp.300–303.
 87 Paul McReynolds, *Lightner Witmer: His Life and Time*, Washington, 1997.
 88 T.A. Hunter, ‘Victoria University College: Psychological Clinic: The Mental Welfare of the Child’, Wellington, n.d. [c.1927], p.1.
 89 T.A. Hunter, ‘Some Concepts in Relation to Social Science’, *AJPP*, 5, 3 (1927), pp.161–85, quote on p.162.
 90 *ibid.*, p.163.
 91 *ibid.*, p.182.
 92 *ibid.*, p.184.
 93 T.G. Gray, ‘Mental Deficiency and Its Treatment: Report on Visits of Inspection to Various Institutions in Great Britain, America, and the Continent’, Wellington, 1927, pp.2–3.
 94 *ibid.*, p.3.
 95 *ibid.*, p.18.
 96 *ibid.*, p.19.
 97 T.A. Hunter, ‘Psychological Clinics for Children and their Uses’, *Public Lectures on Social Adjustment*, Dunedin, 1928, pp.27–36.
 98 *ibid.*, pp.33, 35–36.
 99 Fleming, p.55.
 100 Although 24 witnesses are listed in the front of the Public Health Select Committee (PHSC) file 1928/12, two of the witnesses, Thomas Strong and Winifred Valentine, were recalled to clarify their evidence, and two letters were read aloud for the record. All four were listed as witnesses heard.
 101 PHSC 1928/12, p.29.
 102 *ibid.*, pp.327–52.
 103 *ibid.*, pp.31–71.
 104 *ibid.*, p.33.
 105 *ibid.*, pp.72–102.
 106 *ibid.*, p.76.
 107 *ibid.*
 108 New Zealand Parliamentary Debates (NZPD), 1928, 217, pp.605–19.
 109 *ibid.*, p.633.
 110 *ibid.*, p.634.
 111 *ibid.*, pp.678–84.
 112 *ibid.*, pp.689–90.
 113 *ibid.*, pp.684–8.
 114 *ibid.*, pp.692–3.
 115 *ibid.*, pp.694–705.
 116 *ibid.*, p.701.
 117 *ibid.*, p.702.
 118 NZPD, 1928, 219, p.507.
 119 *ibid.*, p.511. The opposition was spurred by the *carte blanche* power the previous definition

would have given against political and social dissidents, but it acquiesced after the Minister of Health accepted Tommy Hunter's help to frame an acceptable definition of moral deficiency.

120 *ibid.*, pp.510–11.

121 *ibid.*, p.632.

122 *ibid.*, pp.721–3.

123 *ibid.*, pp.724–5.

124 Robertson, pp.150–6.