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Preventing ‘Unsound Minds’ From
Populating the British World

Australasian Immigration Control &
Mental Illness 1830s —1920s

Jennifer S. Kain

PhD

May 2015

Preventing ‘Unsound Minds’ From
Populating the British World

Australasian Immigration Control & Mental
Illness 1830s —1920s

Jennifer S. Kain

A thesis submitted in partial fulfilment
of the requirements of the
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Abstract

This thesis examines the bureaucratic controls designed to restrict the entry of migrants perceived to be ‘mentally ill’ into New Zealand and Australia in the period between the 1830s and 1920s. It is the first study to analyse the evolution of these practices in this region and timeframe. It addresses a gap in the current literature because it explores the tensions that emerged when officials tried to implement government policy. This study sheds new light on the actions, motivations and ideologies of the British and Australasian officials who were responsible for managing and policing immigration. While there were attempts to coordinate the work of border officials, this proved very difficult to achieve in practice: some immigration controllers were, for instance, receptive to the theories that were coming out of international debates about border control, others retained a parochial perspective. The thesis argues that every attempt to systematise border management failed. The regulation of the broad spectrum of ‘mental illness’ was a messy affair: officials struggled with ill-defined terminology and a lack of practical instructions so tensions and misunderstandings existed across local, national and metropolitan levels. Based on extensive research in British, New Zealand and Australian archives, this study reveals the barriers that were created to prevent those deemed ‘mentally ill’ from migrating to regions imagined as ‘Greater Britain’. It shows how judgements about an individual’s state of mind were made in a number of locales: in Britain; on the voyage itself; and at the Australasian borders. This thesis, by exploring the disordered nature of immigration control, will add a new perspective to the existing scholarship on transnational immigration legislation and Australasian asylum studies. The in-depth examination of border control systems also contributes to our understanding of the links between migration and illness in the British world during this period.

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Author's Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions of others.

Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the Research Ethics Committee on 17/01/2012.

I declare the word count of this thesis is 84,797 words

Name:

Signature:

Date:

Abbreviations

ADB	Australian Dictionary of Biography
CAPD	Commonwealth of Australia Parliamentary Debates
CC	Colonisation Circulars
CLEC	Colonial Land and Emigration Commission
CMB	Commonwealth Medical Bureau
CMO	Commonwealth Medical Officer
DRC	Dominions Royal Commission
ENZ	Te Ara The Encyclopaedia of New Zealand
ESA	Empire Settlement Act
IPA	Imbeciles Passengers Act
IRA	Immigration Restriction Act
JSCL	Journal of the Society of Comparative Legislation
JCLIL	Journal of Comparative Legislation and International Law
NAA	National Archives of Australia
NANZ	National Archives of New Zealand
NLA	National Library of Australia
NZETC	New Zealand Electronic Text Collection
NZPD	New Zealand Parliamentary Debates
OSC	Oversea Settlement Committee
OSD	Oversea Settlement Department
TNA	The National Archives, Kew

Introduction: Migration, Mental Illness and the British World 1830s—1920s

This thesis examines the mechanisms used in the British world which were designed to prevent the migration of those perceived to be mentally diseased or disabled. During the period surveyed - the 1830s through to the 1920s - Australasian administrators persistently complained that they were burdened with so-called imported lunatics from Britain. Medical historians have, in part, agreed with this claim. Some migrants admitted to asylums in the Australian colonies had indeed been institutionalised in Britain.¹ Scholars however have not yet considered how these people were able to migrate. This thesis addresses this discrepancy by examining the Australasian border controls in terms of its legislation, practices and outcomes. This study displays how, despite the evolution in terminology and procedures, administrators would ultimately fail in preventing the ‘mentally ill’, particularly the borderline cases, from entering New Zealand and Australia. By using case studies, and official returns, this thesis exposes how, despite the strongly worded legislation, the number prevented from leaving Britain, or identified at Australasian borders, was minimal. This complicates the view expressed by some politicians and asylum officials that their regions were being inundated with ‘imported incurable lunatics’.² Furthermore, some were allowed in through bonding and exemption provisions. This thesis examines these contradictions.

Through scrutinising the role and motivations of the policy makers, migrant recruiters and border controllers, this study will examine the policy and practice involved. While in theory the ‘lunatic’, ‘idiotic’ or ‘insane’ were excluded from the

¹ Angela McCarthy, ‘Migration and Madness in New Zealand’s Asylums, 1863-1910’ in Angela McCarthy & Catharine Coleborne eds. *Migration, Ethnicity, and Mental Health: International Perspectives* (London: Routledge, 2012), pp. 58-60.

² A phrase used by, for example, Dunedin hospital and asylum superintendent Edward Hulme in 1861. NZNA: AAAC D500 707 Box 135a/524 E Hulme to Superintendent, reporting admission of two incurable patients from the ‘Storm Cloud’.

Australasian outposts of the British world, in practice these conditions were too complex to police effectively. Throughout each period considered, migration administrators faced the same challenge. At the root of the problem was the transience of some forms of mental disease which led one key New Zealand official to argue that most ‘appeared perfectly sane before they left England’.³

This study is the first one of its kind to examine the mechanics of Australasian migration control to this level of operational detail. It both provides the overarching picture and finer detail required to understand British world border control. Thus far historians have concentrated on specific parts of this story in isolation such as immigration restriction ideologies, border controls and asylum practices. This thesis brings these approaches together. In doing so, it contributes to our understanding of how officials in the broader British world interacted within the framework of national and local border controls. Restricting the movement of those perceived to be mentally ill relied on British administrators or colonial representatives based in the metropole. As such, regulating migration involved a network of officials, operating out of distinct locales, and from different motivations. A rural British doctor’s assertion that an emigrant was ‘sane’ enough to travel, by providing their medical reference, could be challenged by any number of colonial officials, whether a port health official, asylum superintendent, or an administrator from the Ministry of Immigration.

This thesis highlights the extent of these tensions. It exposes how beneath an international framework of immigration legislation, the actual operations were ill-defined, subjective and very messy. This new analysis adds to the scholarship of British world networks by considering the practices and locations of immigration control. It responds to a recent critique of how scholars have not properly considered how local

³ Dr Isaac Featherston, New Zealand Agent General between 1871 and 1876. *AJHR*, 1875, Session I, Section D-02, ‘Immigration to New Zealand, Letters from the Agent General’, Enclosure No.123, p. 83.

conditions, or in this case, local operations, complicated British world networks.⁴ By using this broad approach this thesis examines the real and imagined limitations of those deemed too mentally ill to enter New Zealand and Australia. It engages with the current trend of considering the onset of mental illness in relation to the act of migration itself, to show how this link was recognised contemporarily, not just by asylum officials but by border controllers.⁵ This thesis crucially challenges existing understanding in other historical themes. It shows that official repatriation of the ‘mentally ill’ occurred alongside the informal provisions for return migration. Furthermore, it exposes how the understanding of the so-called early twentieth- century eugenic phase of immigration control needs to be countered with the extent of exemptions involved. As such, this thesis segues between geographical areas, theories and operations. In order to define the scale of this study, this introduction is divided into four sections: ‘Scope and Terminology,’ ‘Key Historiography,’ ‘Sources and Methodology’ and ‘Aims and Structure’.

Scope and Terminology

Timeframe

It is necessary here to explain the focus, in terms of the timeframe - 1830s to 1920s - and geographical regions - New Zealand and the Commonwealth of Australia - of this study. While immigration restrictions based on health clauses began in the colony of Victoria in the 1850s, levels of migration control across the whole region came into operation twenty years earlier. Systematic emigration - the recruiting and sending of migrants from Britain to Australia - began in the 1830s. This decade represented the start of British reforms which resulted from colonial complaints that emigration was

⁴ Tamson Pietsch, ‘Rethinking the British World’, *Journal of British Studies*, 52:2 (April 2013) pp. 441-463.

⁵ Most notably in Catherine Cox & Hilary Marland eds. *Migration, Health and Ethnicity in the Modern World* (Basingstoke: Palgrave Macmillan, 2013).

used as a way of relieving British pauperism.⁶ Thus began the attempts to scrutinise the health and character of intending emigrants.⁷ It was within these selection criteria that the requirement of being of 'sound mind' emerged.⁸ Over the remainder of the nineteenth century the Australasian colonies took greater control over migrant recruitment and restriction. By the turn of the twentieth century, in addition to race-based exclusions, all of the Australasian colonies sought to protect their borders from those perceived to be undesirable including the 'idiots' and 'insane'. However, considering these nineteenth century operations in isolation would exclude some important research findings. It was not until the 1910s that attempts were made to streamline terminology and processes, the full implementation of which was delayed into the 1920s, made possible by the empire settlement ideologies. As such, in order to provide an effective assessment of the evolution of border control from the start of systematic emigration to the so-called eugenic phase of the early twentieth century, the timeframe 1830s to 1920s is necessary.

Regions

To provide an effective appraisal of this period, specific Australasian regions have been selected. This study focusses on New Zealand between 1860 and the 1920s, and the Commonwealth of Australia between 1901 and the 1920s. Because these operations continued from the earlier colonial practices, some mention is given to these areas outside this time frame. The Australian colonies prior to federation in 1901 do receive some attention because of the alignment between the operations of immigration control in these areas. Within the wider attempts at populating the geopolitical region of Australasia, ideals about mental and physical suitability were uniform. As such, when

⁶ Marjory Harper, 'British Migration and the Peopling of Empire' in Porter ed. *The Nineteenth Century*, p. 78.

⁷ Robin Haines, 'Indigent Misfits or Shrewd Operators? Government-assisted Emigrants from the United Kingdom to Australia, 1831-1860', *Population Studies*, 48:2 (1994), p. 246.

⁸ Alison Bashford, 'Insanity and Immigration Restriction', in Cox & Marland eds. *Migration, Health and Ethnicity in the Modern World*, p. 16.

British-based or managed operations are discussed, especially in Chapters One and Two, they should be seen as relevant to all of the Australasian regions which developed as settlement colonies. In order to avoid too broad a generalisation, the colonial practices of New Zealand receive specific attention. This case study enables us to track the evolution of immigration control against New Zealand's development as a nation state. This approach shows how, from the nineteenth century into the twentieth, the translation of migration policy into practice was badly managed. This inconsistency was also true of Australia's 1901 so-called 'White Australia Policy.' Unlike New Zealand's evolving and reactive legislation, Australia sought to incorporate immigration control into their formation as a nation. Yet, although federation was meant to unify state immigration control, again we find disjuncture between political ideals and operational realities. Comparing the early twentieth-century operations of the then-dominions of New Zealand and Australia provides an interesting dichotomy. Australian administrators incorporated medical methods and theories into border operations. As such, they moved ahead of their New Zealand counterparts. This transformation involved refocusing on their British-based operations, and advocating them as 'best-practice' for their fellow dominions.

'British World'

Despite some differences in their practices, the extent of alignment between these regions justifies the use of the term British world in the thesis' title. This label is given to the so-called 'Third British Empire' of Canada, Australia and New Zealand; the white settlement colonies created through mass voluntary migration.⁹ Historians have been considering the geographical limits of the British world since the 1970s, although the inclusion of the Australasian regions within it has not been disputed.¹⁰ And yet, not all

⁹ Carl Bridge & Kent Fedorowich, 'Mapping the British World', *The Journal of Imperial and Commonwealth History*, 31:2 (2003), pp. 3-5.

¹⁰ Most famously triggered by J.G.A. Pococks' 1974 plea for a 'new British history' to include the consideration of the dominion settler colonies. See Phillip Buckner & R. Douglas Francis, 'Introduction'

of the British world's boundaries have been so neatly delineated. This thesis has been informed by Adele Perry's assertion that the British world was 'imagined in spatial and temporal terms' and Hilary Carey's definition of it as 'a set of ideas, as much as a set of territories'.¹¹ This malleability of borders may have worked for the politicians, intellectuals and professionals who, like Joe Hardwick's Anglican clerics, moved around the British world seeking to replicate and modify British laws and customs.¹² Yet, while Australasian policy makers were informed by wider British world practices, British migrants were not guaranteed entry to these regions. They first had to prove themselves physically, mentally and morally healthy.

We also find that, despite the best attempts by administrators to create common practices, the prevailing local border operations stymied British world uniformity. While moneyed professionals and intellectuals were able to move between the English-speaking regions with ease, others - the labouring classes - had to show that they would be self-supporting. As such, there are two levels of networks to consider here; the intellectual theories, and the practical operations.

The influence of immigration legislation and operations from other parts of the British-dominated intellectual world is also apparent. The inclusion of the United States in the concept of the British world has been made by nineteenth century contemporaries and modern-day historians. James Belich terms this region the 'Anglo-sphere,' reflecting Sir Charles Dilke's 1868 definition of it as a 'Greater Britain'.¹³ While this thesis focusses on the networks between Britain and Australasia, it is impossible to

in Buckner, Phillip & R. Douglas Francis eds. *Rediscovering the British World* (Calgary: Calgary University Press, 2005), p. 12.

¹¹ Adele Perry, 'Whose World was British? Rethinking the 'British World' from an Edge of Empire', in Darian-Smith, Kate Patricia Grimshaw & Stuart Macintyre eds., *Britishness Abroad: Transnational Movements and Imperial Cultures* (Melbourne: Melbourne University Press, 2007), pp. 133-152; Hilary M. Carey, *God's Empire: Religion and Colonialism in the British World* (Cambridge, Cambridge University Press 2011), p. 3.

¹² Joseph Hardwick, *An Anglican British World: The Church of England and the Expansion of the Settler Empire, c.1790-1860* (Manchester: Manchester University Press, 2014), p. 3.

¹³ James Belich, *Replenishing the Earth: The Settler Revolution and the Rise of the Anglo-World, 1783 – 1939* (Oxford: Oxford University Press, 2009), p. 50.

ignore the United States' influence across policy and practice. This is because at each stage of immigration restriction legislation discussed the North American practices, that of the United States and Canada, were held up as the ideal. By the early twentieth century this influence was made explicit in the Australian practices of medical selection. They were designed by a medical administrator who had researched the North American operations, many of which he replicated in his instructions.

‘Mental Illness’

The use of the terms unsound mind and mental illness in the title of this thesis also need clarification. This study includes contemporary terminology relating to mental illness and disability which is offensive compared to modern day sensibilities. It is necessary here to explain that the use of this umbrella term is intentional. As will be made apparent, the language employed by migration administrators did not match that of the legislation. As such, it is necessary to group the wide array of labels under one phrase, a simplification which is acknowledged as problematic.

A number of points need to be made when considering archaic ideas of mental illness and disability. From the vast scholarship on the evolution of its terminology and treatment of mental illness and disease, David Wright offers the best summary.¹⁴ The Victorians, he explains, made the following distinctions; ‘lunatics’ had a mind and lost it, ‘idiots’ never had a mind at all. Such ideas were legitimised through the 1845 Lunacy Act which applied to England and Wales and proscribed ‘idiots, lunatics and persons of unsound mind’ as *non-compos mentis*. This latter phrase, the literal translation of which is not of sound, or sane mind, was a medical and legal term covering those who were

¹⁴ From Roy Porter's considerable work see *A Social History of Madness: Stories of the Insane* (London: Phoenix, 1996), particularly Chapter 1, and *Madness: A Brief History* (Oxford: Oxford University Press, 2002); Chapters 1 and 2 of Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997) provide a good historical framework, as does Andrew Scull's 'The Social History of Psychiatry in the Victorian Era' in Andrew Scull ed. *Madhouses, Mad-Doctors, and Madness: The Social History of Psychiatry in the Victorian Era* (Philadelphia: University of Pennsylvania Press, 1981), pp. 5-32.

not capable of conducting their own affairs.¹⁵ In the legal sense this Act defined each type as follows. ‘Idiots’ had an infirmity from birth and so were unable to direct themselves; ‘lunatics’ veered between having a sound memory and being *non compos mentis*; and those of unsound mind, being neither ‘idiot or lunatic or merely of weak mind,’ were incapable of managing their own affairs because of their ‘morbid condition of intellect’.¹⁶

These British descriptions were transferred to the Australasian colonies. There the term lunacy was employed in legal provisions, although like in Britain, was interchangeable with insanity in both professional and non-professional settings.¹⁷ Over the course of the nineteenth century mental illness and disabilities were increasingly categorised into levels of severity and transmissibility. The so-called developmentally delayed, including ‘imbeciles,’ were distinguished from those who lost their mental reasoning temporarily - the ‘lunatics’ or ‘insane’.¹⁸ The condition epilepsy - now known to be a neurological disorder - was also perceived to be a degenerate mental disorder.¹⁹ As such, this thesis includes epilepsy under the broad umbrella term mental illness. This corresponds to how it was considered within the immigration policies examined. By the early twentieth century epilepsy was listed alongside ‘feeble-minded’ and ‘imbecility’ within what will be referred to as the ‘mental health clause’.

This thesis argues that within this increasingly broad sphere, it was immigrants deemed to ‘inhabit the borderline of imbecility’ who were perceived to be the greatest threat.²⁰ The evolution of this broad category was, Mark Jackson asserts, complex, but overlapped with the idea of ‘feeble-minded.’ Appearing ‘normal’ but neither ‘sane’ nor

¹⁵ David Wright, *Mental Disability in Victorian England: The Earlswood Asylum 1847-1901* (Oxford: Oxford University Press, 2001), pp. 9-10.

¹⁶ *Ibid.*

¹⁷ Angela Hawk, ‘Going ‘Mad’ in Gold Country: Migrant Populations and the Problem of Containment in Pacific Mining Boom Regions’, *Pacific Historical Review*, 80:1 (2011), pp. 64-96.

¹⁸ Ian Dowbiggin, *The Quest for Mental Health: A Tale of Science, Medicine, Scandal, Sorrow and Mass Society* (New York: Cambridge University Press, 2011), p. 105.

¹⁹ Shorter, *A History of Psychiatry*, pp. 86-87.

²⁰ Mark Jackson, *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England* (Manchester: Manchester University Press, 1999), pp. 28-29.

‘insane,’ this term was used to denote a form of ‘mental deficiency’ covering an array of ‘congenital ineptitudes’.²¹ Most of the outmoded classifications just described; idiocy, lunacy, insanity, imbecility and feeble-mindedness, were incorporated into immigration restrictions. This study examines the purpose behind the inclusion of these terms in the legislation. It also shows that these labels were used inconsistently by border administrators. Accordingly the use of the phrase unsound mind in this study encapsulates a wide scope of mental illness and mental disability; those displaying ‘unhinged’ or ‘dysfunctional’ behaviour, ‘defective’ minds, and those who fell in between.

In order to treat this type of labelling sensitively, migrants’ full names are used sparingly where possible. These details have already been cleared for public usage by the archive repositories themselves. There are a number of other terms which need clarifying. First the distinction between migrant, emigrant and immigrant may appear inconsistent. Unless directly quoted from the primary source, emigrant is used when discussing British procedure, and immigrant in the colonial or dominion setting. If not so clearly framed, migrant is used. Second, the descriptor dominion replaces colony in the latter part of this thesis, unless when quoted from a primary source.²² The term British is most commonly used to denote nationality following the example of the border controllers. While asylum historians have considered regional distinctions at length, the main actors discussed in this thesis, the port officials and politicians, rarely differentiated between British migrants’ local origins.²³

²¹ *Ibid*, pp.1-2.

²² The Commonwealth of Australia was granted dominion status in 1901 to coincide with federation, New Zealand in 1907.

²³ There is a vast and assured historiography dealing with diaspora, identity and asylum. In McCarthy & Coleborne eds. *Migration, Ethnicity and Mental Health* see: Elizabeth Malcolm, ‘Mental Health and Migration: The Case of the Irish, 1850s-1990s’, pp. 15-38; McCarthy ‘Migration and Madness in New Zealand’s Asylums’, especially pp. 56-58; and Catharine Coleborne, ‘Locating Ethnicity in the Hospitals for the Insane: Revisiting Case Books as Sites of Knowledge Production about Colonial Identities in Victoria, Australia 1873-1910’, pp. 73-90.

The use of the term deportation requires particular explanation. This study employs it to describe ‘an act of a state and underpinned by its resources, to send someone from its territory’.²⁴ This action was legalised by both New Zealand and the Commonwealth of Australia at the turn of the twentieth century, although other forms of more informal repatriation occurred prior to this. For the majority of this thesis, deportation is considered as taking place either from Australasian borders, or from the institutions in which immigrants were placed on arrival. However, some attention is given to the results, but not the operations of the 1920 Australian Act which legalised the deportation of those institutionalised within three years of arrival.²⁵ Those dealt with in this study were deported within a smaller time frame under a separate prohibited immigrant clause. As such, apart from two ‘epileptic cases’ who were returned after a period of living and working in New Zealand, this study considers the actions taken against those who were deemed undesirable upon their arrival.

Key Historiography

The prohibited immigrant health clauses which sought to exclude the biologically, mentally or morally unhygienic Britons have not been ignored by historians. Alison Bashford has consistently framed these restrictions as ‘medico-legal’ controls used by governments to manage the character and health of colonial populations.²⁶ She has associated these legal mechanisms with the first half of the twentieth century in particular. After the 1901 ‘White Australia Policy’ formalised national exclusions on health and racial grounds, the ‘exclusion, deportation, or restriction of entry based on a

²⁴ Glenn Nichols, *Deported: A History of Forced Departures from Australia* (Sydney: University of New South Wales Press, 2007), p. 11.

²⁵ This provision has been examined by Philippa Martyr in ‘Having a Clean Up? Deporting Lunatic Migrants from Western Australia, 1924-1939’, *History Compass*, 9:3 (2011), pp. 177-199.

²⁶ See Alison Bashford, ‘At the Border: Contagion, Immigration, Nation’, *Australian Historical Studies*, 33:120 (2002), p. 346; *Imperial Hygiene: A Critical History of Colonialism, Globalization and Security, 1850 to the Present* (London and New York: Palgrave Macmillan, [2003] 2014), p. 139; and ‘Internationalism, Cosmopolitanism, and Eugenics’ in Alison Bashford & Philippa Levine eds. *The Oxford Handbook of the History of Eugenics* (Oxford: Oxford University Press, 2010), pp. 158-159.

eugenic rationale' became widespread. These eugenic clauses were not only employed by white settlement colonies, post-colonial nation states also attempted similar exclusionary restrictions.²⁷

This thesis engages with Bashford's research on a number of levels. Most importantly it addresses her recent assertion that the mental health and disability clauses in immigration statutes have been under-recognised.²⁸ Furthermore, by analysing the workings of these mechanisms it is possible to challenge some of her previous findings. First, while accepting that the intention of the early twentieth century legislation was to create 'medico-legal' barriers, the reality of their application suggests otherwise. This thesis highlights how these controls were open to loopholes, challenges and confusion. It demonstrates that decisions made by officials were more nuanced than simply based on fears about degeneration and public funds.²⁹ As such, Bashford's assertion that the insanity clauses linked eugenics and immigration needs to be treated with caution.³⁰ As will be shown, many administrators sought to minimise the eugenic aspect of the legislation.

Although Bashford has acknowledged that research on the operations of health-related immigration control is lacking, this thesis takes an even broader approach.³¹ By considering migrant recruitment schemes as well as immigration restrictions, it provides a fuller picture of migration control, over a larger time frame. The limited evaluation of operations to date has concentrated on those of Australia in the twentieth century.

Bashford and Sarah Howard have found that operational procedures were not articulated

²⁷ Bashford: *Imperial Hygiene*, p. 138; 'At the Border', pp. 346 and 356; 'Internationalism, Cosmopolitanism, and Eugenics', p. 159. Bashford has also traced this ubiquitous use to a post-colonial setting such as in Malaysia, Singapore, Burma, Ceylon, Nauru, Fiji, Brunei and Papua New Guinea. See 'Immigration Restriction: Rethinking period and place from settler colonies to postcolonial nations', *Journal of Global History*, 9:1 (March 2014), pp. 26-48. This thesis has also uncovered the existence of similar legislation in other regions, which have been listed in Appendix A.

²⁸ Bashford, 'Insanity and Immigration Restriction', p. 15. Unlike the attention already given to infectious disease control, see Alison Bashford ed., *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present* (Basingstoke: Palgrave Macmillan, 2006)

²⁹ Bashford, 'Insanity and Immigration Restriction', p. 19.

³⁰ *Ibid*, p. 23.

³¹ *Ibid*, p. 21; *Imperial Hygiene*, p.152; and 'At the Border', p. 347.

in the legislation prior to 1912, and Barry York has collated immigration exclusion statistics for the first half of the twentieth century. Both works were framed as providing findings to assist future researchers.³² More recently, Philippa Martyr's examination of Western Australia's deportation function between the 1920s and 1930s, considered the level of operational detail, in terms of practicalities, that this study employs.³³ Like Martyr, Ellen Boucher's study of mental testing on British child migrants focusses on operations which occurred after the duration of this thesis.³⁴ This study considers a wider range in terms of regions and timeframes.

Compared to the limited, yet useful attention given to the Australian operations, New Zealand's have been ignored. To date, the methods and outcomes of excluding mentally ill migrants at its borders have not been scrutinised. The 'Migration, Ethnicity and Insanity in New Zealand and Australia' project at the University of Otago, New Zealand has however consolidated the strong scholarship in asylum studies for that region. Historians have noted how medical officials engaged with transnational ideas about degeneration and immigration control.³⁵ One key scholar is Angela McCarthy, who after recognising that 'unfit' people still entered New Zealand, suggested that the legislation should be investigated as part of the country's migrant and ethnic history.³⁶ This study is the first to answer this call. McCarthy has more recently recognised that

³² Alison Bashford & Sarah Howard, 'Immigration and Health: Law and Regulation in Australia, 1901–1958', *Health and History*, 6:1 (2004), p.106; Barry York, *Immigration Restriction, 1901-1950 (annual returns as required under the Australian Immigration Act between 1901 and 1957 on persons refused admission, persons who passed the dictation test and departures of coloured persons from Australia)*. (Studies in Australian Ethnic History, Centre for Immigration and Multicultural Studies at the Australian National University, Canberra. 1992), p. 1.

³³ Martyr, 'Having a Clean Up?'.
³⁴ Ellen Boucher, *Empire's Children: Child Emigration, Welfare and the Decline of the British World, 1869-1967* (New York: Cambridge University Press, 2014), pp. 128-140.

³⁵ Maree Dawson, 'Halting the 'Sad Degenerationist Parade': Medical Concerns about Heredity and Racial Degeneracy in New Zealand Psychiatry, 1853-1899', *Health and History* 14:1 (2012), pp. 38-55.

³⁶ Angela McCarthy: 'Ethnicity, Migration and the Lunatic Asylum in Early Twentieth Century Auckland', *Social History of Medicine*, 21:2 (2008), p.50; and 'Future Directions for the Study of Migration and Ethnicity in New Zealand: Comparative, Transnational and Multidisciplinary Approaches to Records of Insanity', *Journal of New Zealand Studies* (2010), p. 92.

the migration process did not always result in asylum admission.³⁷ This thesis highlights those who were not institutionalised and offers explanations as to why. Research on New Zealand immigration legislation is lacking compared to the focus given to the White Australia Policy. While the political debate leading to New Zealand's racial exclusions has been examined, the health clauses have not.³⁸ Likewise, there is more to learn about the transfer of immigration practices within the British world. Although the circular relationship between restrictive legislation has been traced by Jeremy Martens, Alison Bashford and Catie Gilchrist, New Zealand's has not yet been fully understood, nor contrasted with Australia's.³⁹ This new research addresses this lack of comparison in order to highlight the differences between nation-state building in this region.

The attention given by medical historians to asylum sources has led to the current consideration of mental illness as a consequence of the act of migration itself, which has been described as a 'malady of migration'. This is a term given to a theatre production based on the research undertaken by Hilary Marland and Catherine Cox as to how mental disorders in Irish migrants resulted from the act of emigration.⁴⁰ Marland and Cox's 2013 collection *Migration, Health and Ethnicity in the Modern World* includes a number of international case studies on this theme.⁴¹ Across a number of locales it has been found that doctors attributed the breakdown in migrants' mental states to two main factors; their inherent susceptibility and the effects of the dislocation

³⁷ Angela McCarthy & Catharine Coleborne, 'Introduction: Mental Health, Migration and Ethnicity' in McCarthy & Coleborne eds. *Migration, Ethnicity and Mental Health*, p. 3.

³⁸ See Philip Ferguson's unpublished PhD Thesis, *The Making of the White New Zealand Policy: Nationalism, Citizenship and the Exclusion of the Chinese, 1880-1920* (The University of Canterbury, 2003).

³⁹ See Jeremy Martens, 'A Transnational History of Immigration Restriction: Natal and New South Wales, 1896-1897', *Journal of Imperial and Commonwealth History*, 34:3 (2006), pp. 323-344 and Alison Bashford & Catie Gilchrist, 'The Colonial History of the 1905 Aliens Act', *Journal of Imperial and Commonwealth History*, 40:3, (2012), pp. 409-437.

⁴⁰ Through a Wellcome Trust funded project 'Madness, Migration and the Irish in Lancashire, c.1850-1921'. See <http://www2.warwick.ac.uk/fac/arts/history/chm/outreach/migration/> [accessed 23 July 2015]. This project has led most recently to an article by Catherine Cox & Hilary Marland: "'A Burden on the County": Madness, Institutions of Confinement and the Irish Patient in Victorian Lancashire', *Social History of Medicine*, 28:2 (2015), pp. 263-287.

⁴¹ Cox & Marland eds. *Migration, Health and Ethnicity in the Modern World*.

itself.⁴² This association has also been made within the strong scholarship of Australasian asylum studies. McCarthy in particular has raised the need to consider the effect of the voyage in migration studies. From asylum records she has identified how patients and their families blamed the voyage for increasing their mental suffering.⁴³ She has also acknowledged how asylum officials considered many of their patients to have been of unsound mind before they left England.⁴⁴

This thesis shows just how far this concern transcended into immigration control. From the 1860s some migrant recruiters sought to prevent those with pre-existing conditions or susceptibility to ‘insanity’ from emigrating. Paradoxically, while many politicians accepted the onset of mental disease in immigrants as inevitable, some border administrators sought to prevent those they deemed susceptible to such a decline from emigrating. These attempts are found throughout each period examined in this study. All reformers would, however, ultimately admit failure in trying to exclude those who displayed such ‘peculiarities when exposed to the voyage and the new start’.⁴⁵ As such, this thesis raises the consideration of the malady of migration beyond asylums to international medical border control. Furthermore, this level of research makes it possible to challenge McCarthy’s belief that the return of migrants to Britain was only made possible through consultation with familial networks. Although these informal systems were important, this new research shows that there were in fact ‘official acts of repatriation’.⁴⁶

⁴² *Ibid*, Chapters Two and Three: Catherine Cox, Hilary Marland & Sarah York ‘Itineraries and Experiences of Insanity: Irish Migration and the Management of Mental Illness in Nineteenth-Century Lancashire’, pp. 36-60 and Letizia Gramaglia ‘Migration and Mental Illness in the British West Indies 1838-1900: The Cases of Trinidad and British Guiana’, pp. 61-82. See also Jacqueline Leckie, ‘Lost Souls: Madness, Suicide and Migration in Colonial Fiji until 1920’, in McCarthy & Coleborne eds. *Migration, Ethnicity, and Mental Health*, pp.107-140.

⁴³ McCarthy, ‘Migration and Madness in New Zealand’s Asylums’, pp. 62-65 and 68-69.

⁴⁴ *Ibid*, pp. 58-59.

⁴⁵ Sir Neville Howse, *Migrants: Medical Examination in England* (Victoria: H.J. Green, Government Printer for the State of Victoria, 1924), pp. 15-16.

⁴⁶ McCarthy, ‘Migration and Madness in New Zealand’s Asylums’, p. 65.

This thesis seeks to match the level of policy versus practice already undertaken for North American immigration control. This is important on two levels. First, it adds to the current scholarship on worldwide health immigration controls. Second, it enables a transnational comparison between these regions. It is possible to make links between international operations and historiographies. It is now a decade since historians called for the analysis of United States immigration restrictions in context to the fear of ‘defective or broken down’ newcomers.⁴⁷ This rhetoric was also found in Australia and New Zealand, whose policy makers, on the whole, replicated the North American health clauses. And yet, there was one clear difference between these regions. Despite the widespread admiration for the United States operations, Australian administrators did not create an equivalent to New York’s inspection station at Ellis Island. That site became a focal point for reformers and scientists, whose outputs have provided extensive research material.⁴⁸ In terms of Canada, some work on the control of mentally ill migrants has been undertaken. The British Columbian deportation process has been charted by Robert Menzies, and Marjory Harper is currently focussing on the experience of dysfunctional migrants.⁴⁹ While the concentration on the North American eastern seaboard practices has been countered with studies of other port locations, this

⁴⁷ See the special edition of the *Journal of American Ethnic History*, 24:3 (Spring 2005) especially Douglas C. Baynton, ‘Defectives in the Land: Disability and American Immigration Policy, 1882-1924’, pp. 31-44; and Amy Fairchild, ‘Comment: Historicizing the Notion of Disability’, pp. 45-48. Prior to this, Ian Dowbiggin importantly traced the links between eugenics and immigration control in the North America in *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada 1880-1940* (Ithaca and London: Cornell University Press, [1997] 2003).

⁴⁸ See Jennifer Sarah Kain, ‘From Idiocy to Constitutional Psychopathic Inferiority: How the United States Reacted to the Immigrant ‘Befuddled Masses’’ (unpublished master’s dissertation, University of Newcastle, 2010). For the best published work on these operations see: Alan M. Kraut, *Silent Travellers: Germs, Genes and the Immigrant Menace*, (Baltimore: The John Hopkins University Press, 1995); Roxana Galusca, ‘From Fictive Ability to National Identity: Disability, Medical Inspection, and Public Health Regulations on Ellis Island’, *Cultural Critique*, 72 (Spring 2009), pp. 137-163; and Jay Dolmage, ‘Disabled upon Arrival: The Rhetorical Construction of Disability and Race at Ellis Island’, *Cultural Critique*, 77 (Winter 2011), pp. 24-69.

⁴⁹ Robert Menzies, ‘Governing Mentalities: The Deportation of the Insane and Feeble-minded Immigrants out of British Columbia from Confederation to World War II’, *Canadian Journal of Law and Society*, 13 (1998), pp. 135-173. For Marjory Harper’s pertinent research see <http://welcomehistory.wordpress.com/2014/11/30/dysfunctional-diasporas/> [accessed 10 December 2014]. She also has a number of forthcoming titles: ‘Minds on the edge: immigration and insanity among Scots and Irish in Canada, 1867-1914’, *Journal of Irish and Scottish Studies*, and an edited collection *The Past and Present of Migration and Mental Health*, (Basingstoke: Palgrave Macmillan, Mental Health in Historical Context series, 2016).

region's influence on the Australasian operations cannot be understated.⁵⁰ Throughout each phase of migration control considered, there is a sense of Australasian administrators looking towards North America.

Sources and Methodology

This thesis contributes to the existing scholarship by comparing migration policy with its practice in New Zealand and Australia. This has been achieved by considering each phase of the operations from the experiences of those involved - the policy makers, the administrators, and those affected. This last group covers a wide range of individuals: those directly concerned - migrants, their families and institutions responsible for their care; and interested parties, such as local politicians, journalists and travel writers. In order to cover these different perceptions, information has been sourced from a number of online and physical archive repositories across Britain, New Zealand and Australia.⁵¹

The primary sources were selected to enable a top-down analysis of the practicalities of colonial border control. This evidence covers a wide range of

⁵⁰ This east-coast centric approach was critiqued by Alexandra Minna Stern, *Eugenic Nation: Faults of Frontiers of Better Breeding in Modern America* (Ithaca: Cornell University Press, 2005), p. 5. Scholars have considered a wider geographical approach. See, for example, H. Markel & A.M. Stern, 'Which Face? Whose Nation? Immigration, Public Health and the Construction of Disease at America's Ports and Borders, 1891-1928', *American Behavioral Scientist*, 42:9 (1999), pp. 1314-1331; Julia Rodriguez 'Inoculating against Barbarism? State Medicine and Immigration Policy in Turn of the Century Argentina', *Science in Context*, 19:3 (2006), pp. 357-380; and Alan Mayne, 'Guardians at the Gate: Quarantine and Racialism in Two Pacific Rim Port Cities, 1870-1914', *Urban History*, 35:2 (2008), pp. 255-274.

⁵¹ The National Archives for each country have been visited, of which New Zealand's have been the most thoroughly interrogated. Digitised parliamentary debates have been analysed: The Appendices to the Journals of the House of Representatives (AtoJs), New Zealand; and the Hansard systems of the Commonwealth of Australia, (ParlInfo) and Britain (House of Commons Parliamentary Papers). Archived Australasian newspapers have been accessed through the National Library of Australia's *Trove* system, and the National Library of New Zealand's *Papers Past* system. A wide range of printed primary materials have been used, located either online or in libraries. In Britain - the British Library, Wellcome Library, National Library of Scotland, National Maritime Museum, Merseyside Maritime Museum, Newcastle's Lit and Phil, and at Oxford University, the Bodleian and Rhodes House. In New Zealand the Alexander Turnbull Library, Wellington holds much of the sources pertaining to the New Zealand political debates. Two Australian libraries, the Immigration Museum Library, Melbourne and the Western Australian Maritime Museum, Fremantle provided secondary sources which helped initiate ideas for this thesis.

officialdom, from political debate to procedural guidelines. The individual responses of the border controllers are included too in order to reflect on the operations, and impact, of immigration restrictions. This approach seeks to uncover the viewpoints of the officials charged with operating the controls, and those who sought to challenge them. These sources were selected with the intention of building up a picture of the intended methods, and actual outcomes of, immigration control. To decipher the intent of the legislation, parliamentary records for New Zealand and the Commonwealth of Australia have been examined. This approach has made it possible to analyse the purpose behind the legislation. It highlights how far political reticence existed as to how the laws were designed to operate. Likewise, the views of external commentators expressed in newspapers or medical journals have been used to gauge the wider reaction to such legislation.

To ascertain how these measures worked in practice, actual immigration experiences have been examined in order to unpick how border controllers assessed the health of the incomers. These stories have been drawn from case notes which exist as individual records or part of collated immigration accounts, in regional archival repositories in New Zealand and Australia. The ways in which these cases were documented was not uniform. Some examples provide rich documentary sources which offer insight into the experiences of both migrant and border official; others provide only basic details- name, date, ship and medical condition - on the landing certification. Accordingly, in order to better decipher how newcomers were dealt with on arrival, this study has sought to examine the working practices of border control through other avenues. At these same physical archives and, via their digital equivalents, procedural information has been uncovered in order to consider the approaches and attitudes of the officials towards the immigrants they were tasked with rejecting.

While this approach seeks to move the research into the experience of ‘insane’ immigrants away from the prevailing asylum setting, it is acknowledged that the use of immigration department paperwork is problematic. Border control practices were inconsistent, hence, the way in which statistical information was recorded has also been found to be unreliable. The quantitative data in this these should therefore be considered as indicative rather than conclusive. This is because, aside from the likelihood of data being missing, the method of recording immigration returns was erratic. This was the case even for Australia, where providing yearly immigration returns was made a statutory requirement. Despite the availability of such formal data, some gaps or anomalies have been identified. These challenges should not however detract from the main purpose of this thesis, nor should the lack of the migrants’ voices in what was an incredibly stressful experience. This study is primarily an examination of the bureaucratic controls and the actors struggling to operate them. It therefore uses the perspective of the administrators to tell the stories of the migrants.

Despite these challenges, the amount of primary information collated has made it possible to apply a consistent approach to researching each phase of migration control; the comparison between purpose, policy and practice. This method highlights how the legislation and practices, ill-defined from the start, became increasingly muddled. Colonial doctors, journalists and intellectuals also became caught up in the debate about the systems’ inadequacies. These failures were due in part to the long list of actors involved in regulating the movement of the insane, across and between, national and maritime borders. Within the long list of officials we find immigration agents, provincial doctors, British port controllers, ship’s doctors, and at the receiving end, quarantine, port health and immigration officers. Although roles and procedures may have been defined at a local level, a proper ‘end-to-end’ process did not exist. This study seeks to understand not only the regulations administrators were operating under,

but the language and ideals they employed. Because of this focus on procedure, individual practices have been represented, where possible, in the form of a process diagram. This pictorial format is helpful in tracking the evolution of these operations. It also helps demonstrate the main research finding running through this thesis; it did not matter where, how or who was made culpable for identifying the ‘mentally ill’ migrant, the task was simply too subjective.

As well as this level of detail indicating a micro-history approach, this study involves a number of transnational comparisons. It assesses the parallels between Australian and New Zealand policies and practices. It also considers the influence of theories and operations in Britain and the United States. The consideration of all these themes makes it possible to pinpoint the tensions between ideologies and administrations. While officials may have been working towards the same aim, tensions existed at many levels, whether local, national or international. It is these pressure points which highlight how British world networks did not always run smoothly.

Accordingly this focus on policy and administration necessitates a top-down approach. This is because it was the official mind - politicians, intellectuals and professionals - that instigated the methods of border control. Their terminology is likely to differ widely from that used by migrants and their families. Historians have sought to examine how personal writings reflected lay descriptions of illness or health. Catharine Coleborne and Ondine Godtschalk in particular have found that people were more likely to refer to a declining state of mind in terms of loneliness and despair.⁵² This thesis instead considers the language employed in migration control by considering a number of mechanisms: New Zealand’s Imbeciles Passengers Act and Immigration Restriction Act (1873—1920), and for the Commonwealth of Australia: the Immigration

⁵² Catharine Coleborne & Ondine Godtschalk, ‘Colonial Families and Cultures of Health: Glimpses of Illness and Domestic Medicine in Private Records in New Zealand and Australia, 1850-1910.’ *Journal of Family History*, 38:4 (2013), pp. 403-421.

Restriction Act and its successor Immigration Act (1901—1924). These have been chosen because they represent the attempts of both nations to implement national border controls over a period in which ‘mentally-ill’ immigrants were increasingly derided. For each of these phases of control the methodology follows the same format; analysis of political debate, implementation and outcomes.

Aims and Structure

This thesis is organised chronologically to cover the distinct operational phases of migration control. This is a subject that has been recognised as providing a challenge to researchers. One historian has astutely admitted that these regulations have created analytical complexities for those trying to disentangle them.⁵³ As such, it is useful to delineate stages in the evolution of Australasian border control. Between the 1830s and 1920s migrant recruitment fluctuated according to colonial or dominion demand. It is important to note that systematic emigration existed alongside and separate from colonial immigration restrictions. From the mid nineteenth century, colonies introduced what can be considered as a bonding system. This legal provision made the shipping companies responsible for providing financial guarantees for passengers deemed to be lunatic, idiotic, deaf, dumb, blind or infirm on arrival. From the late 1890s, these ‘undesirables’, now labelled as idiots and insane, were made deportable under a new legal framework. The Commonwealth of Australia then extended the scope of this function to incorporate what some contemporaries called a eugenic phase. This thesis uses the term eugenics to mean the ideologies and policies of improving the mental and physical qualities of future generations.⁵⁴ As such, the 1912 inclusion of the so-called feeble-minded, and those carrying transmissible defects in the list of prohibited immigrants fits this description, in theory, if not in practice.

⁵³ Haines, ‘Indigent Misfits or Shrewd Operators?’, p. 227.

⁵⁴ Jackson, *The Borderland of Imbecility*, p. 37.

By analysing how this legislation was made operational, this thesis uncovers the extent of disconnect between policy and practice, particularly regarding terminology. This is because colonial concerns about newcomers confused ideas about unwanted ‘mental’ and ‘moral’ traits. Nowhere was this more obvious than in New Zealand’s first immigration restrictions, promoted by its instigator as designed to prevent the entry of ‘half scamps and half lunatics’.⁵⁵ While a forthcoming article by this author frames the so-called ‘ne’er-do-well’ as a dysfunctional immigrant, this thesis considers how borderline types were confused with the ‘idiots’ and ‘insane’.⁵⁶ It examines the roles and the motivations of those border officials tasked with making these decisions. Most were local doctors who struggled to operate under an-ill-defined system. Only in the case of Australia’s Dr William Perrin Norris is it possible to create a proper biography which details his career progression, influences and motivations. As will be shown, Norris moved between the British world, and beyond, with ease, unlike many port health officials who worked in isolation.

This thesis also seeks to demonstrate how the idea of excluding the British ‘mentally ill’ was met with a broad consensus by colonial administrators. These were the same officials who would struggle to reconcile the rejection of those unable to work due to physical or educational shortcomings. This study therefore highlights a number of paradoxes within the concept of the British world. In theory, the British ‘mentally ill’ were prevented from moving freely between its regions or enjoy the protection provided by colonial structures.⁵⁷ And yet, although historians have considered how discrimination against the ethnic ‘other’ challenged the idea of an inclusive British

⁵⁵ NZPD, *Third Session 1873*, p. 1538.

⁵⁶ Jennifer S Kain, ‘The Ne’er-do-well: Representing the dysfunctional migrant mind, New Zealand 1850-1910’ in Leigh Wetherall Dickson and Anita O’Connell ed. *Representing and Expressing States of Mind, Studies in the Literary Imagination*, 48:1 (forthcoming, expected end 2015).

⁵⁷ Marjory Harper & Stephen Constantine, *Migration and Empire* (Oxford: Oxford University Press, 2010), p. 347.

world, the experience of the white ‘mentally ill’ is not so clear-cut.⁵⁸ Despite their theoretical exclusion, evidence points to many gaining entry. Whether through the use of financial bonds, exemptions or influential relatives, this study highlights how the system was beset with loopholes and subjectivity. Likewise these Australasian regions, New Zealand in particular, were promoted by politicians and travelogue writers as ‘invalids’ paradises’.⁵⁹ This ideal complicated the concept of border control, as did the incidences of people colluding with officials to prevent their relatives from landing. Furthermore, shipping companies persistently challenged the tenuous legal framework.⁶⁰

The new research uses archival information to demonstrate how British world border operations were messy, malleable and discretionary. It shows how each attempt to systematise border management between the 1830s and 1920s was flawed. To investigate these themes a number of key research questions underpin this study: who, how, where decided whether a migrant was mentally suitable to enter Australasia?; what were the influences which drove the evolution of these practices?; how far was the act of migration itself seen as triggering ‘mental illness’?; and ultimately, what does the system tell us about British world operations?

Thesis Structure

Because this research relates to the restriction of people moving within the British world, the chapters are structured as follows. Chapter One explores this British world concept in more detail, in particular the political and administrative systems relevant to

⁵⁸ Catherine Hall, ‘What Did the British World Mean to the British? Reflections on the Nineteenth Century’, in Buckner & Francis, eds. *Rediscovering the British World*, p. 21.

⁵⁹ James Belich, *Paradise Reforged: A History of New Zealanders from the 1880s to the year 2000* (Honolulu: University of Hawaii Press, 2001), p. 173.

⁶⁰ Historians have considered these challenges in relation to racial exclusions. See for example Laura Tabili, *We Ask for British Justice: Workers and Racial Differences in Late Imperial Britain* (Ithaca: Cornell University Press, 1994); Lucy E. Salyer, *Laws as Harsh as Tigers: Chinese Immigrants and the Shaping of Modern Immigration Law* (Chapel Hill: The University of North Carolina Press, 1995).

this study. It considers the real and imagined frameworks within which ideas about migration control would emerge. This level of contextual information is organised into three broad themes. First, the political administration of the emerging colonies is examined to show that the granting of responsible government meant the colonies took greater control over their borders. Second, it considers how British world institutions and customs were transferred from metropole to periphery. Of special significance were the realms of welfare provisions, medicine and law. Finally, a broader examination is given to the emerging categorisations of character, mental illness and intellectual ability. This wider context is necessary because these degeneration theories emanating from Europe would inform colonial attempts to categorise their newcomers.

Chapter Two moves on from this contextualisation of systems and theories to consider the practicalities of migration control between 1830 and 1860. This was an era of systematic emigration, when land sales were used to fund the emigration of labourers to rural Australasian regions. Analysis of these schemes shows how operational structures existed in which migrants were selected, controlled and increasingly scrutinised. It was within these operations that a number of mechanisms for migration control were introduced. Third party referees had to guarantee that intending emigrants were of ‘sound mind’ while ship’s surgeons monitored migrants’ health and conduct en-route. Using the case study of Otago, New Zealand, the chapter demonstrates how arbitrary these early controls operated in practice. And yet, the primary sources involving New Zealand and Scottish officials illuminate how closely some British world administrators worked together to try to improve selection methods. Some British controls were tightened after colonists complained about immigrants displaying insane tendencies on arrival. As such, British world operational networks in this era were tightly fused.

Chapter Three traces this evolution through to the national migration controls of the 1870s. Regional initiatives took second place to the New Zealand government's desire to expand the population with the morally, mentally and physically fit. This national scheme involved a new level of officialdom based in Britain which was increasingly derided as too autonomous by politicians and doctors in New Zealand. The London-based Agent General relied on British selecting officers, referees and port officials. New Zealand politicians therefore had to make a number of concessions in their desire to expand the domestic population. Not only were they reliant on controls enforced thousands of miles away, they had to admit to the inevitability of some newcomers being unsuitable. Instead it was the regional politicians and institutional officials within New Zealand who would petition for tighter controls. It is within this era that New Zealand introduced its first health based immigration restrictions – the title of which clearly defined its purpose – the Imbecile Passengers Act. This chapter introduces the bureaucratic complexities that would continually disrupt the attempts to both attract and exclude people based on ideas about mental disease. This was an era when medical theories started to focus more on the dangers of imported illnesses and the drain on public funds.

These financial concerns are drawn out further in Chapter Four. This chapter concentrates on the workings of the Imbecile Passengers Act between 1876 and 1899. This mechanism became more prominent after assisted migration was phased out. Its purpose did not translate properly to its practices. As such, its legality became increasingly challenged by shipping companies, medical superintendents and immigrants themselves. This was a period in which economic and trans-colonial links became more prominent. Australians and New Zealanders became more aware of their national identities and engaged with inter-colonial concerns about security and trade. These modernising tendencies were not however reflected in migration control. The

primary sources employed show that the parochialism of the border administrators endured, as did the use of incoherent rhetoric and procedures. It was in this era that attempts to exclude paupers and the illiterate were derided as offensive to British world ideals. Those on the so-called borderline of imbecility were not, however, given the same levels of leniency by politicians.

Globalisation and wider influences become more apparent in the final part of this thesis. The last three chapters use a transnational approach to compare the policy and practices between New Zealand and the Commonwealth of Australia. Chapter Five takes a broader view of British world migration control. At the turn of the twentieth century, the immigration restriction legislation of Britain's white settlement colonies was brought into line with that of the United States. Imperial sanctioning of the prohibited immigrant clause created a new kind of common bureaucratic structure in which undesirables could be rejected. Those attempting illegal entry faced fines, imprisonment and, ultimately, deportation. Shipping companies, who had long been seen as accomplices of undesirable immigration, were now made liable for the removal of unwanted migrants. This chapter demonstrates how this new provision was derived from previous Anglo-sphere legislation. It also compares the political debates in Australia and New Zealand to highlight how border controllers were not given guidance as to how to operate the new systems. As such, the maritime administrators persisted with their existing parochial methods, left over from the nineteenth century.

Chapter Six examines how Australia finally took the lead in attempting to define better processes and standardise their operations. It was in the 1910s that the medical administrators finally attempted to define medico-legal border controls. Unlike New Zealand, Australia employed heredity clauses to target those with the vagaries of transmissible disability, diseases or defect. In practice, however, New Zealand officials employed similar rhetoric when labelling undesirable immigrants. It was the Australians

who engaged with eugenic theory on a more political level. Their first Commonwealth Medical Officer, Dr W. Perrin Norris, sought to tighten the Australian British-based controls. He also advocated using the Australasian systems to manage migration to New Zealand and Canada. Despite his ambition, Norris' efforts would be curtailed by tensions between state and commonwealth, and would be ultimately derailed by the First World War.

Chapter Seven shows that Norris' ideas re-emerged in the post-war period as part of the empire settlement schemes. Migrants were assessed for their suitability through standardised medical inspections in Britain. Still administrators could not align their processes at the dispatching and receiving ports. It took another Australian medical reformer, Sir Neville Howse, to suggest that some people were simply not mentally strong enough to cope with the act of migration itself. This was official recognition of what border administrators had been struggling with for nearly one hundred years. Despite a series of transformations designed to bring standardisation and closer regulation, the same problem persisted. Regardless of the transformation of methods and terminology, 'mental illness' in migrants was simply too difficult to police.

This thesis sheds light on the overall system of British world migration control by piecing together the different themes hitherto considered in isolation. By exploring the disordered nature of immigration control, it adds a new perspective to the existing scholarship on transnational immigration legislation and Australasian asylum studies. The in-depth examination of border control systems also contributes to our understanding of the links between migration and illness in the British world during this period.

Chapter One: Administering the British World

This chapter provides the contextual background for this thesis. It introduces the political and administrative structures underpinning migration between Britain and Australasia. It highlights the professional networks within, and between these regions, particularly in the crucial realms of medicine and law. This broad framework is necessary to position migration control as one of the British world systems which operated unevenly.¹ This irregularity was due in part to the British political indifference to the development of the Australasian colonies. It took the colonists themselves to replicate British administrative systems in order to create what were, in effect, ‘neo-European peripheries’.² These neo-Britons sought a level of independence from their homeland. Essential to this transfer was the establishment of representative government, which made it possible for the colonial administrations to implement their own migration control.

As such, the transfer of British administrative and professional networks needs to be understood as part of colonial expansion. This is because the replication of familiar structures induced many migrants to move to the developing Australasian settlements.³ Aside from the practicalities of creating infrastructures, the settlers brought an informal ‘Britannic civic culture’ with them. This meant that British world intellectual networks resulted from the creation of societies and organisations.⁴ The replication of professional practices in the fields of medicine, politics and law is particularly important. It was in these fields that the ideas about the control of ‘mentally

¹ So should be considered in addition to the uneven networks of trade, communication and transportation highlighted by Pietsch in ‘Rethinking the British World’, p. 448.

² B. R. Tomlinson, ‘Economics and Empire: The Periphery and the Imperial Economy’ in Porter ed. *The Oxford History of the British Empire Volume 3*, p. 56.

³ Harper & Constantine, *Migration and Empire*, p. 346.

⁴ Gary B. Magee & Andrew S. Thompson, *Empire and Globalisation: Networks of People, Goods, and Capital in the British World, c. 1850-1914* (Cambridge: Cambridge University Press, 2010), p. 29.

ill' migrants would emerge. Intellectuals and professionals who moved between metropole and periphery communicated such ideas, some of which reached the political spheres. By considering the role and motivations of these campaigners, it is obvious that the most amount of 'noise' came from those based in the colonies, or mobile enough to traverse the British world with ease.

In order to demonstrate how official imperial interest in migration control remained limited, this chapter focusses on the real and imagined British world structures. It provides the context to the subsequent examination of the theories, methods and results of migration control. This background information is arranged into three broad sections: 'Political Administration', 'British World Structures', and 'Categorising Worthiness'. The first section provides an overview of the evolution of the Australasian political systems. It displays how British governmental policy towards the colonies fluctuated until the end of the nineteenth century, when their economic importance was realised. Instead, it took the actions of colonial and metropolitan reformers to facilitate mass emigration from Britain.

The second section considers how these Australasian regions functioned in terms of formal and informal administration. This involved the replication of British norms and structures, which in turn induced British people to migrate. And yet, not all colonial systems were the exact copy of home. Focussing on the medical sphere, it is shown that, unlike the usual replication of British models, there was no official welfare provision in the colonies. This formed the basis of the enduring fear that incapable immigrants would become public charges. Over the course of the nineteenth century these financial concerns would merge with wider theories of race degeneration. The final section introduces the broader degeneration discourses emanating from Europe. These were employed by the professional networks in the colonies and inform the political and administrative attempts to categorise the newcomers. Through considering

how these professional responses evolved, it will be ultimately shown that, despite some levels of medical reform, managing the entry of those considered mentally ill remained imprecise.

Political Administration 1820s to 1920s

When we consider the early development of the Australasian regions as settlement colonies, it is clear that British political interest towards them fluctuated, or as Harper and Constantine aptly put it, ‘imperial policy blew hot and cold’.⁵ The British government driven by *laissez-faire* attitudes to free trade and movement of labour were reluctant to intervene in emigration.⁶ Any ad-hoc migration initiatives were driven by commercial or ideological organisations. The demand for immigration depended on the political and economic conditions in the colonies. Because these circumstances would determine the amount of focus given to the standards of immigrants, the following topics are considered. First, attention is given to the imperial reluctance to formally populate the Australasian colonies, an ideology which endured until the inter-war period. Instead it took private individuals and idealistic organisations to take the lead in stimulating migration. Second, the importance of the granting of responsible government to the colonies is highlighted as changing the administration of migration control. Finally, the evolving imperial-colonial dynamic is examined. While imperialistic intellectuals sought to strengthen the economic and cultural bonds in their concept of a Greater Britain, it was not until the end of the nineteenth century that the British government realised this importance.

⁵ Harper & Constantine, *Migration and Empire*, p. 290.

⁶ Stephen Constantine, ‘Introduction: Empire Migration and Imperial Harmony’ in Constantine ed., *Emigrants and Empire*, p. 3.

British Governmental Non-Intervention

In essence, the Australasian outposts of the British world developed without any real political master plan for them. The founding of settler Australia began with the First Fleet's arrival at Botany Bay in 1788.⁷ This transportation system, which from 1803 triggered a new penal colony, Van Diemen's Land, has been well documented.⁸ The corresponding colonial expansion involving free settlers has been considered by contemporary and modern scholars as somewhat 'accidental'.⁹ In New Zealand informal British settlement occurred from 1820, triggered by the trans-Tasman trade routes.¹⁰ By the 1840s the maritime enclaves across Australasia which began as extensions of the 'mother colony' New South Wales were formerly established as British territories.¹¹ These colonies were overseen by governors acting on instructions from the British government, whose Board of Trade provided limited advice on how to manage the burgeoning trade routes.¹² Under this system of colonial autocracy, the free population increased slowly in response to mining or trading opportunities.¹³

The concept of systematic emigration - the recruitment of labouring families for assisted passages - emerged in the 1820s when British reformers started to question the viability of the transportation system. In 1826, Secretary of State for the War and the Colonies, Robert William Horton, established an emigration committee to consider the

⁷ Belich, *Replenishing the Earth*, p. 82.

⁸ For the most comprehensive account of the convict transportation system see Robert Hughes, *The Fatal Shore* (London: Vintage, 2003).

⁹ Cambridge University historian John Robert Seeley noted in 1883 that 'We seem, as it were, to have conquered and peopled half the world in a fit of absence of mind.' See *The Expansion of England: Two Courses of Lectures* (London: Macmillan and Co. Limited, 1914), pp. 9-10. Belich recognises how this expansion was 'attributed to virtues and destiny rather than by accident'. See *Replenishing the Earth*, p. 5.

¹⁰ Harper & Constantine, *Migration and Empire*, p. 77.

¹¹ Queensland became a colony in 1824, Van Diemen's Land, 1825, Western Australia, 1829, Victoria, 1835 and New Zealand, 1840.

¹² See Anne Thurston, *Records of the Colonial Office, Dominions Office, Commonwealth Relations Office and Commonwealth Office* (London: HMSO, 1995), pp.1- 8.

¹³ Belich, *Replenishing the Earth*, p. 261. Convict transportations schemes were only used in New South Wales, Van Diemen's Land and Western Australia.

advantages of 'disposing the excess of the labouring population' to the colonies.¹⁴

While Horton favoured using Canada, political reformer Robert Torrens suggested the Australasian colonies as an alternative.¹⁵ It was there, he told the committee, that 'the sources of wealth are abundant, but poverty and misery prevail'.¹⁶ Torren's ideas combined altruism with what he saw as the financial benefits for the British government. Their initial outlay for subsidised passages, he explained, would be recouped by selling the 'redundant' crown land to capitalists, and profiting from the opening of east-Indian commercial routes.¹⁷ The British government reacted, in part, by using land sales to provide the first assisted passages, in 1832, to New South Wales and Van Diemen's Land.¹⁸

The demographic transformation of the Australasian colonies, particularly those not established through convict labour, was largely instigated by commercial associations. Edward Gibbon Wakefield, like Torrens, was instrumental in creating joint stock companies to facilitate land-sale systems. Initially, both men favoured South Australia, but after an ideological disagreement, Wakefield created the New Zealand Association - later renamed the New Zealand Company - in 1837.¹⁹ Not all expansion was driven by business entrepreneurship. Church-affiliated land companies employed similar land sale methods to develop regions and provide subsidised passages.²⁰ British governmental involvement in contrast, was reactive, a point not lost on Wakefield.

¹⁴ As summarised by Agent-General T.F. Elliot. HCPP 1837-38 (388) Emigration. Report from Mr. Elliot, agent-general for emigration from the United Kingdom, to the Secretary of State for the Colonies, p. 3.

¹⁵ ADB online version: 'Torrens, Robert (1780–1864)', and 'Wakefield, Edward Gibbon (1796–1862)', [accessed 21 December 2014].

¹⁶ Colonial Robert Torrens, *Substance of a speech in the House of Commons on the motion of Sir Robert Wilmot Horton for the reappointment of a select committee on emigration from the United Kingdom* (London: T. Brettell, 1827), p. 44.

¹⁷ See *ibid*, pp. 51-54.

¹⁸ Earl Henry George Grey, *The Colonial Policy of Lord John Russell's Administration Vol. 1* (London: Richard Bentley, 1853), pp. 307-310.

¹⁹ ADB online version: 'Wakefield, Edward Gibbon (1796–1862)'. [accessed 21 December 2014] For a review of the development of New Zealand see Raewyn Dalziel 'Southern Islands: New Zealand and Polynesia' in Porter ed., *The Oxford History of the British Empire Volume 3: The Nineteenth Century*, pp. 573-596.

²⁰ For a full description of the different initiatives see Harper & Constantine, *Migration and Empire*, pp. 277-284.

‘Individuals initiated colonial settlements’, he informed parliament in 1840, and ‘politicians acted afterwards’.²¹ Indeed, the same year, and a decade after Horton’s call for systemised emigration, T. F. Elliot was appointed as British Agent-General for Emigration. The Colonial Land and Emigration Commission (CLEC) was also created to accelerate the despatch of emigrants. Again this resulted from British concern over colonists seeking greater control over their development. Some colonial administrators had initiated bounty schemes, through which people were nominated for assistance to emigrate.²²

Whether driven by British idealists or the established colonists, systematic emigration was designed to recruit a better standard of immigrants. While British politicians remained on the whole disinterested to the idea of the colonies moving away from their ‘convict stain’, it was the emerging colonial capitalist classes who demanded metropolitan assistance in terms of money and manpower.²³ Tensions between metropole and colony emerged first in New South Wales, where commercially minded colonists objected to the convict transportation system.²⁴ Any debates about the economic and demographic development of these regions were hampered by the fact that imperial instructions could take months to arrive. A number of examples point to colonial governors acting independently of their imperial superiors. Lieutenant-Governor, Sir George Arthur, ran Van Diemen’s Land between 1823 and 1837 like a ‘police state’.²⁵ Some governors used this level of autonomy to instigate further expansion. In charge of New South Wales between 1831 and 1837, Sir Richard Bourke

²¹ HCPP 1840 [582] Report from the Select Committee on New Zealand; together with the minutes of evidence taken before them, and an appendix and index, section 179, p. 125.

²² See Harper, ‘British Migration and the Peopling of Empire’, pp. 78-79.

²³ Belich, *Replenishing the Earth*, pp. 179-180.

²⁴ Harper & Constantine, *Migration and Empire*, pp. 47, 49. The penal system in New South Wales ended in 1840.

²⁵ Hughes, *Fatal Shore*, pp. 381-383.

launched his own migration recruitment to bolster the early tentative British schemes.²⁶ Imperial control clashed with expansionist ideas in New Zealand when in 1840 Lieutenant-Governor William Hobson refused to recognise the land procured by Wakefield's New Zealand Company.²⁷ It was these kinds of diverging interests, coupled with communication difficulties, which created the environment in which colonial self-government became necessary. This in turn led to the attempts by the colonists to populate their own regions.

Colonial Self-Government

The granting of colonial self-government was a complex and lengthy process. The most important outcome, in terms of this study, was that it formalised the connection between colonial state-making and immigration policy.²⁸ This is because it enabled colonial governments to begin, albeit erratic, systems of migration control. And yet, while most British politicians conceded that colonists should be given control over certain areas of their administration, not all wanted to relinquish population control. Reformer Charles Buller, for example, thought migration should remain 'entirely subject to the will of the mother country'.²⁹ Henry George Grey, Colonial Secretary, responsible for the enactment of the Australian Colonies Government Act in 1850, thought otherwise. To Grey, constitutional government included the power to manage some aspects of immigration.³⁰ In the end, the British government did not completely rescind their control and acted as trustees for the colonial funds provided to encourage emigration.³¹

²⁶ Harper & Constantine, *Migration and Empire*, pp. 51-52. ADB online version: Hazel King, 'Bourke, Sir Richard (1777-1855)', [accessed 23 December 2014].

²⁷ Harper & Constantine, *Migration and Empire*, pp. 78-80.

²⁸ *Ibid*, pp. 52-53.

²⁹ Charles Buller, *Responsible Government for Colonies* (London: James Ridgeway, 1840), pp. 25-28.

³⁰ Grey, *The Colonial Policy of Lord John Russell's Administration*, p. 303.

³¹ *Ibid*, p. 335.

This imperial paternalism also determined the timescales for the establishment of responsible government, and the ending of transportation. Self-government was granted only when a colony was deemed to have achieved self-sufficiency. New South Wales and Victoria became self-governing in 1855, New Zealand and Van Diemen's Land, renamed Tasmania, in 1856 and South Australia in 1857. The remoter and less developed Western Australia, which continued to use convict transportation until 1868, only achieved political autonomy in 1890. When self-government was achieved the colonists began to develop their own systems of political administration.³² As with the professional and cultural networks, these practices were replications of British systems. The establishment of responsible government reproduced the 'Anglophone institutions' of representative assemblies, common law, and male franchise.³³ The creation of a system of parliamentary democracy occurred in stages. The executive power of the governors was replaced first with appointed, then elected legislative councils.³⁴ It was through these bicameral parliamentary systems that the self-governing colonies implemented their first immigration restrictions. The colony of Victoria acted first with provisions designed to stem immigration from a source closer to home. Their 1852 Convicts Prevention Act decreed that ex-convicts from Van Diemen's Land had to prove their freedom.³⁵ The same year Victorians enforced bond payments for immigrants if 'lunatic, idiotic, deaf, dumb, blind or infirm'.³⁶ By the end of the nineteenth century all of the Australasian colonies had enacted similar statutes, including in 1873, New Zealand.³⁷

³² Constantine, 'Introduction: Empire Migration and Imperial Harmony', pp. 3-4.

³³ Belich, *Replenishing the Earth*, p. 165.

³⁴ Donald Denoon with Marivic Wyndham, 'Australia and the Western Pacific', in Porter ed., *The Oxford History of the British Empire*, p. 546.

³⁵ Hughes, *The Fatal Shore*, pp. 565-567.

³⁶ An Act to Regulate the Conveyance of Passengers to the Colony of Victoria (1852).

³⁷ Tasmania: Passengers Act (1885); South Australia: Immigration Limitation Act (1891); Western Australia: Customs Consolidation Act (1892); New South Wales: Lunacy Act (1893). See Emigrants Information Office, *Emigration Statutes and General Handbook 1889* (London: HMSO, 1889), pp. 34-41.

Despite these controls, the newly independent colonies remained reliant on British emigration. The colonial governments were, however, able to assert greater control over migrant selection. These attempts varied. Some colonies sent dedicated recruitment agents to London, or relied on collaborations with shipping companies.³⁸ In the case of New Zealand, a central London agency was created in 1858. Yet, because promotional activity fluctuated according to economic and commercial conditions, any colonial schemes were not ‘one cohesive, well-shaped movement’.³⁹ However, this official ceding of imperial control is crucial to the context of this thesis. It was a vacuum into which the colonies would step, thus beginning their attempts at populating their own territories. The case study of New Zealand’s migration control, which begins in Chapter 2, shows how much of this relied on British systems and practices.

Imperial versus Colonial Identities

The political re-structuring did not sever colonial-imperial diplomatic administrative networks, or the allegiance to the British monarchy. While the British monarch, or in reality the Colonial Office, kept the right to veto the colonies’ legislation, the only real effect on immigration restriction was to delay its enactment. Colonial crown agents in London continued to represent Australasian business interests, in a role which would merge into a form of chief emigration officer, the agent-general. From the 1860s the colonial agent-generals acted as official representatives in London, the forerunners to the dominion high commissioners.⁴⁰ While British politicians remained detached from colonial expansionist ideals, those more commercially minded did not. In 1870 New

³⁸ For the best synopsis of these different approaches see Haines, ‘Indigent Misfits or Shrewd Operators’.

³⁹ *Ibid*, p. 225.

⁴⁰ Raewyn Dalziel, *The Origins of New Zealand Diplomacy* (Wellington: Victoria University Press, 1975), pp. 14, 18-20.

Zealand Treasurer, Julius Vogel borrowed vast sums from the London markets to finance his expansion initiatives.⁴¹

By the 1870s the limited British political interest in populating the Australasian colonies was reduced further. The CLEC was absorbed into the Board of Trade, before closing in 1878. Importantly many of the CLEC's practices were replicated by the colonial agent-generals who took responsibility for the selection and dispatch of emigrants.⁴² Again, therefore, we see a replication of British designed practices. However in terms of actually promoting emigration, British officials remained detached. The Emigrants' Information Office (EIO) established in 1886, offered practical information only.⁴³ Between 1889 and 1891 a Commons Select Committee on Colonisation rejected the idea of further organised land settlement.⁴⁴ And yet, in some respects, British officials were becoming more receptive to using colonial resources to their mutual benefit. The last two decades of the nineteenth century signified, what Belich has termed, a British 're-colonisation' of the Australasian regions.⁴⁵ This interest was commercial rather than demographic. The import of colonial goods and raw materials was reorganised through the improving transport and communication systems.⁴⁶

The so called economic re-integration of the colonies does have some bearing on this thesis, in the sense that it fed in to the idea of Greater Britain.⁴⁷ This idea of a shared identity would both inform and complicate the immigration legislation employed throughout the British world at the turn of the twentieth century. Many of the colonial immigration debates rested on whether legislation would restrict the good types of

⁴¹ *Ibid*, p. 23.

⁴² Robin Haines, *Life and Death in the Age of Sail: The Passage to Australia* (London: National Maritime Museum, 2006), pp. 31, 47.

⁴³ Constantine, 'Introduction: Empire Migration and Imperial Harmony', pp. 3-4.

⁴⁴ Keith Williams, 'A Way out of our Troubles: the Politics of Empire Settlement, 1900-1922 in Constantine ed. *Emigrants and Empire*, pp. 22-23.

⁴⁵ Belich, *Replenishing the Earth*, pp. 179-180.

⁴⁶ *Ibid*, pp. 206-208.

⁴⁷ *Ibid*, pp. 179-180.

British immigrants. No longer were colonial governments obligated to simply replicate British legislation. Instead, in many ways, a more equal intellectual relationship between Britain and the colonies emerged. In 1866 Charles Dilke had included Australia and New Zealand in his survey of Greater Britain, a concept he defined as ‘the development of England in half the habitable globe’.⁴⁸ By the last decade of the nineteenth century, the Australasian colonies, now seen as ‘social laboratories’, had forged ahead with liberal ideas and legislation.⁴⁹

Imperial intellectuals took note of how the Australasian colonies were emerging as independent entities. The British legal profession formed the Society of Comparative Legislation in 1894 to consider how countries were adapting established laws for their own requirements. Their resulting journal was written to reflect on how while ‘our colonies borrow the form of many Statutes from England’, Britain was now ‘borrowing from them’.⁵⁰ British elitist organisations such as the Royal Colonial Society and the Imperial Federation League promoted closer colonial unions. And yet, despite these emerging metropole-periphery links, most of this imperialistic activity occurred outside parliament.⁵¹ Political interest remained more commercially driven, such as when the introduction of colonial protective tariff barriers threatened British concerns.⁵²

Australasian politicians and intellectuals sought to form closer trans-Tasman ties in their own regions. The idea of an Australasian federation had been mooted in the 1880s. The first Inter-colonial Convention to discuss the safety and welfare of the British Dominions in Australasia, including mutual defence and quarantine, was held in

⁴⁸ Charles Dilke, *Greater Britain: A record of travel in English-speaking countries during 1866-7, Volume 1* (London: Macmillan & Co, 1869), p. vi.

⁴⁹ Belich, *Replenishing the Earth*, pp. 363-364. New Zealand is more usually associated with the concept, see Belich, *Paradise Reforged*, p. 45.

⁵⁰ *JSCL*, 1896-7, p. viii.

⁵¹ Driven by academics, businessmen, lawyers, and journalists. See Duncan Bell, *The Idea of Greater Britain: Empire and the Future of World Order, 1860-1900* (Princeton, New Jersey: Princeton University Press, 2007), pp. 6, 16.

⁵² E.H.H. Green, ‘The Political Economy of Empire, 1880-1914’, in Porter ed., *The Oxford History of the British Empire*, p. 353.

1883.⁵³ The first constitution for federation was drafted by the Federal Australasian Council in 1891.⁵⁴ Colonial politicians also remained aware of their position in the wider British world. They engaged with their imperial counterparts through the Colonial Conferences which began in 1887. It was not until Joseph Chamberlain's tenure as Secretary of State for the Colonies between 1895 and 1903 that maintaining proper links with the colonies received proper imperial attention.⁵⁵

Australia and New Zealand only achieved a more equal status with the 'mother country' in the early twentieth century. Australia became a British dominion in 1901, and New Zealand, which declined to join the Commonwealth of Australia, followed suit in 1907. Although this change was mainly symbolic, the forming of a Dominions Royal Commission (DRC) in 1911 signified a key ideological shift in joint migration control. The DRC represented proper British political attention towards establishing a 'system of migration of equal benefit to the Old Country and to the New'.⁵⁶ Any hope of jointly managing emigration to the dominions was, however, curtailed by the First World War. It took the 1922 Empire Settlement Act to fully engage the British government with emigration. The mutual governance of the British world became tied to more equal economic and power relationships.⁵⁷ In 1926 the Balfour Declaration awarded Australia and New Zealand full parity with Britain. Thus, approximately one hundred years since crown colony status, full autonomy was achieved. While still allied to the British crown, and members of the British Commonwealth, Australia and New Zealand no longer required royal or *de facto* assent for their legislation.

⁵³ Frank Welsh, *Great Southern Land: A New History of Australia* (Penguin: London, 2005) p. 281, and *AJHR*, 1884, Session I, Section A-03, 'Inter-colonial Convention, 1883', pp. 3-4.

⁵⁴ Welsh, *Great Southern Land*, p. 282.

⁵⁵ Andrew Porter 'Introduction: Britain and the Empire in the Nineteenth Century' in Porter ed., *The Oxford History of the British Empire Volume 3: The Nineteenth Century*, pp.16-17.

⁵⁶ HCPP 1914 [Cd. 7210] Dominions Royal Commission: Second interim report of the royal commission on the natural resources, trade, and legislation of certain portions of His Majesty's dominions, p. 9.

⁵⁷ Constantine, 'Introduction: Empire Migration and Imperial Harmony', p. 7.

The granting of equal status to Australia and New Zealand followed a century of constant flux in British involvement with their colonies. If we consider the control of migration in the period up to the First World War, a number of themes are clear. The British government's detached approach to their colonies resulted in them taking a back seat in the populating of the regions. The organisation of official emigration schemes was left to British capitalists or altruistic associations. The granting of responsible government then enabled colonial politicians to start asserting control over migration control. Towards the end of the nineteenth century the recognition of mutual economic benefits led to an intellectual, and then political desire to create a more unified imperial relationship.

Within the period 1820 to 1920 attempts by both periphery and metropole to regulate migration fluctuated. There was no one clear process, or central body acting for either party. Any ideological desire to populate the Australasian regions were countered by the practicalities of communication, economic requirements, recourse to convict labour and the ability to transport people across this vast distance. And yet, despite these conflicting factors, this part of the British world expanded exponentially. In 1810 the European population of the region as a whole was 12,000. By 1860 the figure had risen to 1.25 million.⁵⁸ The migrating British, whether forced or voluntary, individually or in organised groups; went on to recreate their home environment and administrative structures. This is the context in which attempts to exclude certain types of their own countrymen and women would develop.

⁵⁸ Belich, *Replenishing the Earth*, p. 83. This included 163,000 transported convicts, see Harper & Constantine, *Migration and Empire*, p. 44.

British World Structures

This section considers the factors which facilitated British migration to the Australasian colonies. It is important to frame this in terms of the overall study because, despite British political disinterest in populating the Australasian colonies, many factors induced British people to emigrate. It would be those who did so successfully who vocalised ideas about which types were worthy of following in their footsteps. The colonial agency which drove the need for self-governance therefore informed ideas about progressing immigration. This section considers the formal and informal systems of administration which developed in response to the increasing population. British professionals brought with them ideas about ‘codes of civilising conduct and the proper ordering of society’.⁵⁹ These standards would underpin the structures through which migration control would be made operational. As such, they need to be understood as part of the framework for this study.

To do this, the pertinent existing historiography in relation to the development of British world structures is highlighted. This thesis has been informed by Gary Magee’s and Andrew Thompson’s explanation of the replication of Britannic civic culture and James Belich’s discussion of the importance of formal settlerism.⁶⁰ More crucially it engages with the work of historians who have identified the extent of the medical networks within the British world. As will become apparent, it was the educated professional colonists who formulated ideas about acceptable standards of migrants in advance of political restrictions. Much of this stemmed from the lack of official welfare support in the colonies. Accordingly this sphere is highlighted as one which deviated from the usual replication of British provisions for medicine, law and quarantine. Without an exact equivalent of the British Poor Law, immigrants were expected to be

⁵⁹ Magee & Thompson, *Empire and Globalisation*, p. 29.

⁶⁰ *Ibid*, and Belich, *Replenishing the Earth*, p. 152.

capable, industrious and self-supporting. It was the prevalence of those who did not meet these requirements so became public charges which drove the need for immigration control.

Development of a Britannic Civic Culture

Australasian colonists employed the term British world to describe their real and imagined common origins, culture and identity.⁶¹ Their isolation was reduced in part by shipping improvements from the 1820s which created what Belich has called virtual bridges between metropole and periphery.⁶² This meant that through the more efficient carriage of people, letters and goods, links with the homeland were strengthened.⁶³ Boom triggers, that is, stimuli for more people to migrate were bolstered by the creation of institutions like banks, newspapers, and mail services.⁶⁴ These British conventions made the act of emigrating more attractive and, in turn lessened the elitist disdain about it. By the mid-nineteenth century the Australasian colonies were integrated into the British world networks through the systems of global communications transmitting news, ideas and values.⁶⁵ From the 1860s a new cable system reduced the time lag in news from home.⁶⁶ Improved systems of communication and transport gave the colonies the agency and ability to facilitate trade, investment and migration.⁶⁷

On a local level, colonists replicated British working practices. Professional networks of middle-class settlers fostered a Britannic civic culture in fields such as

⁶¹ Bridge & Fedorowich, 'Mapping the British World', p. 11.

⁶² Belich, *Replenishing the Earth*, pp. 179-180.

⁶³ Hughes, *Fatal Shore*, p. 114.

⁶⁴ See Belich, *Replenishing the Earth*, pp. 261-264.

⁶⁵ Magee & Thompson, *Empire and Globalisation*, p. 32.

⁶⁶ Simon J. Potter, *News and the British World: The Emergence of an Imperial Press System* (Oxford: Oxford University Press, 2003), pp. 27-28.

⁶⁷ Magee & Thompson, *Empire and Globalisation*, pp. 6-8.

academia, law, medicine, science and journalism.⁶⁸ From the 1850s the CLEC's *Colonisation Circulars*, which advised prospective emigrants on colonial conditions, began catering for this professional migration. It provided information for barristers, attorneys, physicians, surgeons and apothecaries as to how to set up their practices in the colonies.⁶⁹ British world networks were not only the domain of the middle-classes. For those lacking professional standing, the commonalities of language and culture provided, to a certain extent, a 'comfort zone of familiarity'.⁷⁰ Associational culture, in terms of clubs and societies, kept British regional identities alive.⁷¹ Those literate enough to communicate with and fund relatives back home facilitated chain migration.⁷²

These British world shared identities already examined by historians are also evident, to some level, in the political debate examined in this thesis. When colonial politicians began to consider the immigrant types they wanted to exclude, many were reticent to restrict the entry of those who had previously helped build their nations, such as the illiterate. Nominated immigrants, those recommended by friends or relatives resident in the colonies were preferred over the single people who arrived without existing familial networks. And while colonial politicians agreed that the 'insane' should not be part of the expansionist visions, an exemption system developed, which in some cases, enabled the 'mentally ill' to enter if their support was guaranteed.

There is another aspect to this thesis which draws on the ideas about Britannic civic culture, that of booster literature. While this print revolution has been acknowledged as essential to inducing migration, the resulting so-called idealisation

⁶⁸ *Ibid*, p. 29. For the role of journalism see Potter, *News and the British World* and 'Communication and Integration: The British and Dominions Press and the British World c.1876-1914' in Bridge & Fedorowich ed. *The British World*, pp. 187-203.

⁶⁹ CC, No.19, 1859, pp. 32-33.

⁷⁰ Harper & Constantine, *Migration and Empire*, p. 347.

⁷¹ See for example Tanja Bueltmann & Donald M. MacRaild, 'Globalizing St. George: English Associations in the Anglo-World to the 1930s', *Journal of Global History*, 7 (2012), pp. 79-105, and Brad Patterson, Tom Brooking & Jim McAloon eds. *Unpacking the Kists: the Scots in New Zealand* (Montreal: McGill-Queen's University Press, 2013), Chapter 7.

⁷² Gary B. Magee & Andrew S. Thompson 'Migrapounds: Remittance Flows Within the British World, c. 1875-1913' in Darian-Smith, Grimshaw & MacIntyre eds. *Britishness Abroad*, pp. 45-62.

literature needs to be understood as part of migration control.⁷³ The scale and effect of this output has been noted by historians.⁷⁴ Written primarily by wealthy travellers, health tourists, doctors and clerics, it was within these tracts that the ideas of those with pre-existing health conditions, or those not prepared to work, emerged as undesirable immigrants. It was these incapable types who did not fit the utopian visions of the expanding Australasian colonies.

Medical Administration in a ‘World without Welfare’

While some idealisation literature peddled by travel writers promoted the Australasian regions as beneficial to body and mind, in reality immigrants became ill or destitute. British legal and medical models were established early in the colonisation process, which, in practical terms, meant the creation of, albeit rudimentary, hospitals, gaols and courthouses.⁷⁵ Amongst the replication of British systems were medical and scientific practices, some adapted according to local conditions.⁷⁶ This metropolitan medical influence would endure. Most Australian and New Zealand doctors practising before the First World War were either trained, or undertook post-graduate studies, in Britain. The mobility of some doctors has led Catharine Coleborne to describe them as medical migrants, who facilitated the flow of medical ideas.⁷⁷ Medical historians recognise that Australasian practitioners engaged with European ideas through conferences, societies

⁷³ Belich, *Replenishing the Earth*, p. 153.

⁷⁴ In terms of New Zealand, Miles Fairburn deduced that between 1840 and 1909 some 2,000 titles were published, see *The Ideal Society and Its Enemies: The Foundations of Modern New Zealand Society, 1850-1900* (Auckland: Auckland University Press, 1989), p. 20.

⁷⁵ Coleborne, *Madness in the Family*, pp. 22-23.

⁷⁶ Linda Bryder, ‘The History of Medicine in Australia and New Zealand’, in Mark Jackson ed. *The History of Medicine* (Oxford: Oxford University Press, 2011), p. 303. See also Catharine Coleborne, ‘Making ‘Mad’ Populations in Settler Colonies: the work of law and medicine in the creation of the colonial system in Diane Kirkby & Catharine Coleborne eds. *Law, History, Colonialism: The Reach of Empire* (Manchester: Manchester University Press, 2001), pp. 106-122.

⁷⁷ See Coleborne, *Madness in the Family*, pp. 32-36.

and journals.⁷⁸ This was true also of the psychiatrists and asylum officials who treated the ‘mentally ill’.⁷⁹

Doctors adapted metropolitan theories and practices to their particular environments. Warwick Anderson has examined these adjustments across the Australian temperate and tropical regions.⁸⁰ In terms of treating ‘mental illness’, asylum historians have found both continuation, and some adaptation, of British practices. Ideas about so-called congenital idiocy were transferred to Auckland, for example, through the physical migration of British-trained doctors to New Zealand.⁸¹ Studies of Dunedin institutions have found that these influences were more nuanced than being simply a direct translation of British medicine to a colonial setting.⁸² Importantly, the medical profession has been found to have developed influences on both domestic and international policy.⁸³ The case studies employed in this thesis confirm that asylum officials operated within the immigration legislation more shrewdly than the other parties involved.

At a legislative level, British medical statutes were replicated in the Australasian colonies. The creation of British institutions included enacting Lunacy Laws, deemed necessary to manage the single male ‘mad’ or ‘vagrant’.⁸⁴ The terms lunatic and idiot were defined through colonial legal discourse about insanity which was built around the idea of ‘dangerous lunatics’.⁸⁵ As in England, the 1843 New South Wales Dangerous

⁷⁸ Bryder, ‘The History of Medicine in Australia and New Zealand’, p. 313; Coleborne, *Madness in the Family*, p. 32.

⁷⁹ Mathew Thomson, ‘Disability, Psychiatry and Eugenics’, in Bashford & Levine eds. *The Oxford Handbook of the History of Eugenics*, p. 121.

⁸⁰ Warwick Anderson, *The Cultivation of Whiteness* (Melbourne, Melbourne University Press, 2002).

⁸¹ Maree Dawson, ‘A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital, c.1870-1900’, in McCarthy & Coleborne eds. *Migration, Ethnicity, and Mental Health*, p. 102.

⁸² Elspeth Knewstubb, ‘Medical Migration and the Treatment of Insanity in New Zealand: The Doctors of Ashburn Hall, Dunedin, 1882-1910’, in McCarthy & Coleborne eds. *Migration, Ethnicity, and Mental Health*, p. 118.

⁸³ Coleborne, *Madness in the Family*, pp. 16, 32.

⁸⁴ See Hawk, ‘Going ‘Mad’ in Gold Country’.

⁸⁵ Catharine Coleborne, ‘Health and Illness, 1840s-1990s’ in Giselle Byrnes ed. *The New Oxford History of New Zealand* (Melbourne: Oxford University Press, 2009), p. 495.

Lunatics Act provided for the removal of such types, as did New Zealand's Lunatics Ordinance, enacted three years later.⁸⁶ These provisions enabled the police or public to refer those they suspected to be lunatics to the legal system. Once two independent medical practitioners had diagnosed the condition, a magistrate could order the person be confined.⁸⁷ Similar legal provisions were enacted, and updated, across all Australian colonies throughout the nineteenth century.⁸⁸ This enduring British legislative influence also led to attempts to segregate the 'feble-minded'. After the British Royal Commission on the Care and Control of the Feeble-Minded completed their report in 1908, New Zealand passed their Mental Defectives Act in 1911, which predated Britain's 1913 Act and those of the Australian states.⁸⁹

And yet, in contrast to the usual replication of British systems, there was no official Poor Law. The Australasian colonies have been described as a world without welfare.⁹⁰ This lack of an official welfare state did not mean there was no support for those in need. Instead, a 'mixed economy of welfare' developed, like that in Britain prior to the 1834 amendments to the Poor Law, consisting of aid provided by local and central governments, families, churches, charities and philanthropists.⁹¹ From the establishment of colonial settlements, governors had to consider how best to provide for the inevitability of immigrant destitution. Case studies have shown how the local institutions providing poor relief would become increasingly derided as pauperising

⁸⁶ Coleborne, *Madness in the Family*, p. 22. New Zealand's An Ordinance to Make Provision for the Safe Custody of and Prevention of Offences by Persons Dangerously Insane, and for the Care and Maintenance of Persons of Unsound Mind (1846).

⁸⁷ Coleborne, *Madness in the Family*, p. 72.

⁸⁸ *Ibid*, p. 23.

⁸⁹ Stephen Garton, 'Eugenics in Australia and New Zealand: Laboratories of Racial Science' in Bashford & Levine eds. *The Oxford Handbook of the History of Eugenics*, pp. 246-247. For an explanation of the reluctance towards the Act in WA see Moira Fitzpatrick, 'Preventing the Unfit from Breeding: The Mental Deficiency Bill in Western Australia, 1929', in Penelope Hetherington ed. *Childhood and Society in Western Australia* (Perth: University of Western Australia Press, 1988), pp. 144-160.

⁹⁰ Description is David Thomson's. See *A World Without Welfare: New Zealand's Colonial Experiment* (Auckland: Auckland University Press, 1998). See also Coleborne, *Madness in the Family*, p. 46.

⁹¹ Bronwyn Labrum, 'The Changing Meaning and Practices of Welfare, 1840s-1990s' in Giselle Byrnes ed. *The New Oxford History of New Zealand* (Melbourne: Oxford University Press, 2009), p. 391.

agents.⁹² It was due to this lack of official ‘safety net’ that unproductive immigrants would especially be demonised.

Any new arrivals that became incapable or destitute fell on the stretched local provisions.⁹³ Ideally then, immigrants were expected to be healthy, industrious and self-supporting. For all inhabitants, new or old, family members were expected to provide for any sick or destitute kin. In 1846, the same year as New Zealand’s first Lunacy Law, the Destitute Persons Ordinance legislated that the near relatives of the needy were practically and financially responsible for them.⁹⁴ Those found to be lunatics and segregated were initially housed in jails, but by the mid-1850s both Auckland and Wellington had public asylums.⁹⁵ Across the Australasian colonies, the institutional authorities sought maintenance payments from families of the insane.⁹⁶

Many single immigrants lacked familial support systems so were more likely to become public charges. In the maturing colonies many un-bonded labourers or ex-convicts ended up in asylums.⁹⁷ ‘Old age’ was the key factor underpinning diagnoses of dementia and illness.⁹⁸ Sea-locked Tasmania suffered from the perception of its institutions full of the ‘broken, the unhinged, the helpless, the mad and the abandoned’.⁹⁹ In New Zealand, a colony which had been formed without recourse to convict labour, itinerant and bondless men were equally prolific. It was there, according to David Thomson, that welfare provision was based on minimal collective state activity

⁹² Penelope Hetherington, *Paupers, Poor Relief and Poor Houses in Western Australia, 1829-1910* (Perth: University of Western Australia Press, 2009); Thomson’s, *A World Without Welfare*. These studies show that in the settlements of Swan River, Western Australia and Otago, New Zealand, local systems of indoor and outdoor relief developed through the actions of Governors, local governments and philanthropists.

⁹³ Hetherington, *Paupers, Poor Relief and Poor Houses in Western Australia*, pp. 41-42.

⁹⁴ Thomson, *A World Without Welfare* pp. 22-24.

⁹⁵ Elspeth Knewstubb, ‘The Models of Home?: Influences on Medical Practice at Ashburn Hall, Dunedin’, *The New Zealand Journal of History*, 46:1 (2012), p. 3.

⁹⁶ Coleborne, *Madness in the Family*, p. 108.

⁹⁷ *Ibid*, pp. 46-47.

⁹⁸ Catharine Coleborne, ‘White Men and Weak Masculinity: Men in the public asylums in Victoria, Australia, and New Zealand, 1860s-1900s’, *History of Psychiatry* 25: 4 (2014), p. 471.

⁹⁹ By 1870 Tasmania had more paupers, lunatics, orphans and invalids than South Australia and Queensland combined, from a population half the size. Hughes, *The Fatal Shore* pp. 591, 593.

more than any other Australasian colony.¹⁰⁰ Instead, benevolent societies managed the provincial charitable aid which existed alongside the minimal local government provisions.¹⁰¹

By the 1870s all the main centres in New Zealand had a network of welfare institutions such as a hospital, lunatic asylum, and relieving officers dispensing outdoor relief.¹⁰² Public asylums were administered by the provincial authorities and, after the provinces were abolished in 1876, the central government.¹⁰³ This centralisation focussed national attention on those who had arrived as part of the recruitment drives of the 1870s but had ended up as public charges. In 1885 the Hospitals and Charitable Institutions Act made it necessary for the inspector general to collate statistics of those provided with medical treatment or given outdoor assistance.¹⁰⁴ By the 1910s the numbers of unhealthy immigrants, whether treated, allowed to arrive under bonds, or deported, were included in this reportage. This meant that idea of undesirable immigrants was firmly bound up with how they drained the already limited economy of welfare.

Non-infectious and self-supporting health tourists were, in contrast, welcomed. The rising concern about the numbers of 'indigents' requiring public or charitable assistance co-existed with the promotion of New Zealand, in particular, as an 'invalid's paradise'. Many wealthy types, who made the voyage for their health, would remain in the colonies and become involved in politics and migration control.¹⁰⁵ Ideas of restricting immigration on health grounds would rankle some, although not when it came to mental disease. Some altruists imagined the climatic benefits of New Zealand as open to all classes. Clergyman Thomas Henry Braim wrote that the working poor,

¹⁰⁰ Thomson, *A World Without Welfare*, pp. 18-19.

¹⁰¹ *Ibid*, pp. 85-86.

¹⁰² Labrum, 'The Changing Meaning and Practices of Welfare', p. 397.

¹⁰³ McCarthy, 'Migration and Madness in New Zealand's Asylums', p. 59.

¹⁰⁴ Labrum, 'The Changing Meaning and Practices of Welfare', pp. 398-399.

¹⁰⁵ For example, Issac Featherston, Agent General, 1871-1876.

‘constitutionally quite unfitted for living in England,’ would live longer in New Zealand.¹⁰⁶ When, in 1874, four times New Zealand Premier, William Fox mooted the idea of developing hydropathic resorts he envisioned dual benefits.¹⁰⁷ Using them alongside hospitals and asylums, he suggested, could ‘alleviate much human misery’, and make New Zealand the sanatorium of the world.¹⁰⁸

In reality, these benefits were only open to visitors who would not become public charges. One such health tourist, Dr John Murray Moore was so impressed with how the Rotorua hot springs region improved his ‘much broken down health’, that he wrote a guide to the region.¹⁰⁹ Although much of it detailed the physical benefits of spa treatment, he also advocated how ‘mental faculties’ would improve. Those ‘slow, unintelligent, and depressed in England’ he wrote, would be transformed to feeling ‘quick, lively, hopeful and energetic’.¹¹⁰ Moore’s target readership was clearly expected to have money. He advised them to plan their trip around the seasons and make time to enjoy ‘town society and varied amusements’.¹¹¹ Those of a nervous disposition, he countered, should plan to avoid the humidity in Auckland, because it could trigger restlessness and insomnia.¹¹² Presumably, if wealthy enough, these nervous types could seek treatments in one of the rare private asylums, where the clientele were admitted based on whether they could pay.¹¹³ Regardless of social standing, inhabitants were expected to be self-sufficient, either through paying for their own treatments, or relying on mutual support. In these so-called white men’s paradises, newcomers were expected

¹⁰⁶ Thomas Henry Braim, *New Homes: the Rise, Progress, Present Position and Future Prospects of each of the Australian Colonies and New Zealand, Regarded as Homes for all classes of Immigrants*. (London: Bull, Simmons and Co., 1870), p. 19.

¹⁰⁷ ENZ online version: Keith Sinclair & Raewyn Dalziel. ‘Fox, William’, [accessed 2 March 2015].

¹⁰⁸ *AJHR*, 1874, Session I, H-26, ‘Hot Springs District of the North Island’ (Letter from the Hon. W. Fox to the Hon. The Premier), p. 5.

¹⁰⁹ John Murray Moore, *New Zealand for the Emigrant, Invalid and Tourist* (London: Sampson Low, Marston, Searle & Rivington, 1890), pp. 2, 75.

¹¹⁰ *Ibid*, pp. 7-8.

¹¹¹ *Ibid*, p. 96.

¹¹² *Ibid*, p. 24.

¹¹³ See for example Knewstubb ‘The Models of Home?’ Although there was never a strong presence of private institutions within the Australasian colonies. Coleborne, *Madness in the Family*, p. 21.

to be responsible for their own health, in terms of preventing it, or paying for its treatment.¹¹⁴

Whether they were passenger or steerage class, all emigrants were subject to quarantine controls. This is another essential medical sphere which needs to be understood as part of British world administration. Quarantine practices were introduced, like other legislative systems, as part of the development of administrative government. Although concerned with infectious disease, this is relevant to this study because, as Bashford states, the regulation of vessels evolved into the control of individuals.¹¹⁵ Furthermore, these practices necessitated the creation of port health officers, who, crucially, would be one of the main actors involved in identifying the arriving ‘mentally ill’. Much of the existing historical research has considered the mechanics of infectious disease control at Australian ports.¹¹⁶ There is a gap here as regards to New Zealand operations. As Linda Bryder has pointed out, public health and national identity have not been explored in the New Zealand context.¹¹⁷ We can see however that the quarantine framework that was rolled out in the Australian colonies was also employed in New Zealand.

The first Australasian replication of British quarantine legislation occurred in New South Wales in 1832. Although the British government’s priority was the free movement of trade, the fear of cholera necessitated quarantine controls at Port Jackson.¹¹⁸ This early system relied on the ship’s master informing the customs officer who then had to locate a doctor to confirm the existence of disease. The first *in-situ* port

¹¹⁴ Bryder, ‘The History of Medicine in Australia and New Zealand’, p. 303.

¹¹⁵ Bashford, *Imperial Hygiene*, Chapter 5.

¹¹⁶ Jean Duncan Foley, ‘Maritime Quarantine Versus Commerce: the Role of the Health Officer of Port Jackson in the Nineteenth Century,’ *Journal of the Royal Australian Historical Society*, 90:2 (2004), pp. 152-174; Bashford, *Imperial Hygiene*, Chapter 5; Foxhall, *Health, Medicine and the Sea*, Chapter 6; Krista Maglen: ‘A World Apart: Geography, Australian Quarantine and the Mother Country’, *Journal of the History of Medicine and Allied Sciences*, 60:2 (2005), pp. 196-217; and “‘In this Miserable Spot Called Quarantine’: The Healthy and Unhealthy in Nineteenth Century Australian and Pacific Quarantine Stations’, *Science in Context*, 19:3 (2006), pp. 317-336.

¹¹⁷ Bryder, ‘The History of Medicine in Australia and New Zealand’, p. 311.

¹¹⁸ See Foley, ‘Maritime Quarantine versus Commerce’, p. 158.

health officer was appointed in 1838 to reduce this delay. This official boarded the vessel with the customs officer in order to decide whether to quarantine the ship or grant *pratique*, the permission to proceed to wharf and unload. Increasingly the quarantine process-which meant fumigating the ship its contents and passengers-was performed at separate quarantine stations, often on isolated locations such as islands, or headlands.¹¹⁹ Over the nineteenth century eleven quarantine stations were created around the coast of Australia.¹²⁰

Although they were designed in response to infectious disease, these procedures set the precedence for the identification of ‘mental illnesses’ in individuals. The quarantine controls relied on using medical questionnaires and the honesty of the ships masters and surgeons to report any ill-health in their passengers. Crucially, this placed the port health officer at the forefront of border control. While attempts to control the entry of prohibited immigrants would evolve into a more complex process, it remained reliant on the port health officer. Surviving health reports from the mid-nineteenth century indicate that the officer was tasked with only monitoring ‘epidemical, contagious or infectious disease’.¹²¹ However, by the early twentieth century, this Australian paperwork also referred to considering ‘mental disease’, and the same border officials administered both the Quarantine and Immigration Acts.¹²²

By the end of the nineteenth century Australian and British maritime disease control differed. From the 1870s British provisions instructed that only the infected individuals were removed to hospitals.¹²³ Although New Zealand quarantine controls have not received the same historiographical attention it is likely they followed Australian conventions. In 1842 the New Zealand Ordinance to provide for the

¹¹⁹ See Maglen, ‘A World Apart’, pp. 196-200 and Foley, ‘Maritime Quarantine Versus Commerce’, pp. 153-155, 158.

¹²⁰ Foxhall, *Health, Medicine and the Sea*, p. 192.

¹²¹ Foley, ‘Maritime Quarantine Versus Commerce’, pp. 158-159

¹²² Bashford & Howard, ‘Immigration and Health’, pp. 99, 103-104.

¹²³ See Maglen, ‘A World Apart’, pp. 196-200.

Regulation of Harbours enabled the Governor to appoint regulations, officers and quarantine stations.¹²⁴ While the role of customs officer was to collect import duties, the responsibility to order quarantine lay instead with the harbourmaster.¹²⁵ In 1862 a Chief Marine Board was established to oversee port operations and became responsible for issuing quarantine regulations.¹²⁶

By the 1870s the role of port health officer in New Zealand had been aligned to that of their Australian counterparts. Like in the Australian colonies, the New Zealand port health officers were made responsible for eliciting a written account of health from the ships' masters. After performing a medical inspection if necessary, the port health officer would either award the ship a clean 'bill of health' or detain it for quarantine. Again this decision rested on whether the presence of infectious or contagious disease was a danger to public health.¹²⁷ As in Australia, each of the main port cities in New Zealand had island quarantine stations.¹²⁸ By 1901 the district health officers could also act as port health officers.¹²⁹ Public health and quarantine provisions in New Zealand were, as in Australia, geared towards infectious disease.

The role of these Australasian port health officials should not be underestimated. They became part of the systems of the immigration control pertaining to the mentally and morally undesirable. Jean Foley's examination of the individuals based at Port Jackson highlights a number of key points. Many individuals had extensive naval or military medical experience. Some also held key administrative positions on medical advisory boards pertaining to public health or immigration, so would lobby for operational improvements.¹³⁰ Through a combination of 'professional capabilities,

¹²⁴ New Zealand Harbours Act 1842, 5 VIC 1842, No. 15.

¹²⁵ New Zealand Customs Act 1841, 4 VIC 1841, No. 3; NZ Harbours Act 1842, 5 VIC 1842, No. 15.

¹²⁶ New Zealand Marine Boards Act 1862, 26 VIC 1862, No. 20, Section 29.

¹²⁷ New Zealand Public Health Act 1876, 40 VIC 1876, No. 60, Sections 62-66.

¹²⁸ ENZ online version: Helen Keyes & Carl Walrond. 'Biosecurity - Definitions and history', [accessed 2 March 2015].

¹²⁹ New Zealand Public Health Act Amendment Act (No.2) 1901, 1 EDW VII No, 61, Section 9.

¹³⁰ See Foley, 'Maritime Quarantine Versus Commerce', p.155.

public appointments and social standing' they achieved a level of colonial authority.¹³¹

Auckland port health officer Dr Thomas Philson likewise held a number of key medical roles, including provincial surgeon and hospital superintendent.¹³² Because Australasian cities were built in maritime locations, the influence of these port officials is not surprising. In terms of British world administration these health officers were crucial to border control although, as this study will show, they were far from infallible.

This section has highlighted the key professional roles and structures through which migration control would emerge. It has shown that despite the usual replication of British legislation, some areas evolved in response to colonial conditions. The expansion of Greater Britain meant keeping these 'peripheries free of the irrational, effeminate, infantile, criminal or idiotic'.¹³³ While the authors of the booster literature espoused these ideals, colonial administrative systems upheld them. The colonial medical and welfare structures were not designed to provide for the ill and needy, although the reality was that they had to. Categorising the undesirable in order to manage them would increasingly trouble administrators in the colonies. This labelling would become progressively complex and focus on the newcomers who did not conform to the colonial ideal. The doctors and intellectuals involved with British world professional networks would engage further with wider scientific theories.

Categorising Worthiness

Ideas about who would best populate the burgeoning Australasian settlements emerged properly when reformers started to advocate assisted emigration. In the first decades of the nineteenth century metropolitans viewed those who emigrated, forced or otherwise, with contempt. While convicts were described as 'an excrementitious mass,' early free

¹³¹ *Ibid*, p.158.

¹³² ENZ online version H. D. Erlam. 'Philson, Thomas Moore', [accessed 2 March 2015].

¹³³ Theodore Koditschek, *Liberalism, Imperialism and the Historical Imagination: Nineteenth-Century Visions of a Greater Britain* (Cambridge: Cambridge University Press, 2011), p. 5.

migrants fared little better.¹³⁴ In 1816 *The Times* divided emigrants into two types: pauper fools and ‘malignant outcasts with base natures’.¹³⁵ When Wakefield began to formulate his ideas for systematic emigration he also noticed that this ‘passion for distinctions’ existed in colonial society.¹³⁶ This observation is important. Throughout this thesis we find evolving attempts by colonists to categorise the worthiness of the immigrants. Concerns over pauperism merged with ideas about hereditary traits, including so called ‘mental defects’. Thus began an on-going attempt to delineate immigrants according to their physical and mental capacities. As such, this section considers two overarching themes. First, it examines how the need for labour in the colonies was increasingly tempered with ideas about character suitability. Second, attention is given to the wider concepts of human taxonomy and degeneration doctrines emanating from Europe. This approach is necessary because both sets of influences would create the environment in which the ‘morally’ or ‘mentally’ unfit were unwelcome.

Dividing the Newcomers: Colonists and Migrants

Wakefield’s observation displays how colonial societies were built on social hierarchies prior to the rise of degeneration theories. He noted how free emigrants claimed they were superior to convicts who, once freed, distanced themselves from those still serving time.¹³⁷ This penchant for ‘distancing’ was also evident amongst colonists who would later call for the exclusion of immigrants, regardless of their own roots. Many who had achieved success had arrived in straitened circumstances, an irony which would be raised time and again in parliamentary debates about immigration restriction.

¹³⁴ Hughes, *The Fatal Shore*, p. 551.

¹³⁵ *The Times*, 27 August 1816, sourced from Belich, *Replenishing the Earth*, p. 145.

¹³⁶ Edward Gibbon Wakefield, (and Robert Gouger ed.) *A Letter from Sydney, the Principal Town of Australasia, together with the outline of a system of colonization* (London: Joseph Cross, 1829), pp. 51-52.

¹³⁷ *Ibid.*

While some early free migrants sought to define themselves as colonists as opposed to emigrants, the social convention was to define anyone travelling in steerage as emigrants, and those in the cabins as passengers.¹³⁸ Some tried to hide their social status. Church of England Minister, John Davies Mereweather, scorned how a recent arrival attempted to distinguish herself from her fellow immigrants by describing herself as feeling ‘quite colonial’. Mereweather found this pretentious because generally most newcomers had ‘been driven from their homeland by hunger or crime’.¹³⁹ Thomas Cholmondeley likewise saw the act of migration as a levelling experience. Writing about how his moneyed friends had considered themselves better than the emigrants below deck, Cholmondeley countered that all newcomers had to go through the same transition, and were only to be considered colonists once they decided to stay.¹⁴⁰

The earliest concerns about the standards of immigrants related to the fear of Britain shovelling out her paupers from the workhouse system. Some organisations however actively condoned this type of immigration. The Australian Patriotic Association, for example, promoted the immigration of convicts and paupers as mutually beneficial.¹⁴¹ Presbyterian minister John Dunmore Lang agreed that the ‘enormous and alarming evil’ of paupers accumulating in workhouses should be assisted to migrate, but only if able-bodied.¹⁴² He also expressed concerns about how land-squatters in part of Australia had so-far recruited labourers ‘destitute of every moral and religious principle’.¹⁴³

¹³⁸ Haines, *Life and Death in the Age of Sail*, p. 26.

¹³⁹ John Davies Mereweather, ‘Diary of a Working Clergyman in Australia and Tasmania 1850-1853’, quoted in John Hale, *Settlers, Being Extracts from the Journals and letters of Early Colonists in Canada, Australia, South Africa and New Zealand* (London: Faber and Faber, 1950), p. 181.

¹⁴⁰ Thomas Cholmondeley, *Ultima Rule, or Thoughts Suggested by a Residence in New Zealand* (London: J. Chapman, 1854), pp. 44-48.

¹⁴¹ ‘Regarding the Petition to C. Buller’ in William Bland, *Letters to Charles Buller* (Sydney: D. L. Welch, 1849), pp. 66-67.

¹⁴² John Dunmore Lang, *Juvenile-Pauper Emigration, a letter to the members of the vestry of the parish of Marylebone* (London: Tyler and Reed, 1848), pp. 3, 9.

¹⁴³ John Dunmore Lang, *Narrative of Proceedings in England, Scotland and Ireland, with a view to Originate an extensive and continuous immigration of a superior character from the United Kingdom into this Territory* (Sydney: D L Welch, 1850), p. 21 and back cover.

Lang's concern about physical and moral attributes reflects how, from the mid-nineteenth century, ideas about desirable migrants became more complex. This change coincided with the increasing focus on areas being opened up for free settlement. Not only were migrants meant to be physically fit, but mentally and morally too. When systematic emigration began properly in the 1840s these requirements were described invariably as being honest, industrious, of sound body, and, in the first attempts to define good mental health, of 'sound mind'. Amongst the idealisation literature, which by the 1870s had become popular, many reflected on how those who had succeeded as colonists had done so based on their industrious habits, regardless of whether they arrived without financial means.¹⁴⁴

The idea of having moral backbone should not be overlooked when considering how views about 'mental illnesses' in immigrants developed. Although pro-migration intellectuals did not directly reference the contemporary labels of insanity or idiocy, those who did not conform to the cornerstones of Victorian society - strong will, character and industry - were regarded as morally dysfunctional.¹⁴⁵ The 'ne'er-do-well', the wayward younger sons, ejected from wealthy British families, were the first class of immigrants derided for their 'mental deficiencies'.¹⁴⁶ The rise of theories about hidden defects would emerge in debates about migrant suitability, especially because some who had been selected for having sound minds would arrive in the colonies in states of insanity or develop mental illnesses on arrival.

By the 1880s the idea of pauperism in immigrants clearly drew on concerns about hereditary traits and economic suitability. This link is evident in how the Emigrants Information Office described the colonial immigration restrictions then in

¹⁴⁴ See for example Arthur Clayden, *The England of the Pacific or New Zealand as a Middle-Class Emigration Field* (London: Wyman & Sons, 1879), p. 26; James Anthony Froude, *Oceana or England and her Colonies* (London: Longmans, Green and Co., 1886), p. 154; and Moore, *New Zealand for the Emigrant*, p. 8.

¹⁴⁵ Vielda Skultans, *Madness and Morals: Ideas on Insanity in the Nineteenth Century* (London: Routledge and Kegan Paul, 1975), pp. 2-3, 18.

¹⁴⁶ As argued in Kain, 'The Ne'er-do-well'.

place. In 1889 they began to report on this legislation as ‘Statutes Passed by the Colonies to Restrict Pauper Immigration’.¹⁴⁷ This legislation was aimed at preventing the entry of those thought likely to become public charges for a variety of physical and psychological reasons, the so-called lunatic, idiotic, deaf, dumb, blind or infirm. Likewise Charles Dilke revisited his idea of Greater Britain and bemoaned how, in contrast with the older streams of men with ‘pluck and energy’ the less desirable types were trying to emigrate.¹⁴⁸ While colonial success had been originally promoted as open to those with the required verve, ability and attitude, this ideal was no longer viable. This belief had declined in line with the ideas of degeneration emanating from Europe which had informed those who sought to protect the ideal white, healthy Australasian populations.

‘Efficiency and Empire’: From Degeneration to Eugenics

The increasing attempts of the Australasian colonies to improve their population coincided with European concern about the so-called cult of infirmity. In 1901 polemical British journalist Arnold White equated this deficiency with the urban lower classes of ‘undersized, street-bred people’.¹⁴⁹ He warned how the ubiquity of this group could lead to the loss of the British Empire, because areas ‘won by a hardy people’ could ‘scarcely be held by invalids’.¹⁵⁰ To counter this degeneration, White wanted to revive the ‘production of sound minds in healthy, athletic and beautiful bodies’.¹⁵¹ While his book has been described as the British eugenic movement’s central text, it was available in Australasia in various formats.¹⁵² White contributed an article of the same title, alongside Charles Dilke’s ‘The Century in Our Colonies’ in *The Imperial*

¹⁴⁷ Emigrants Information Office, *Emigration Statutes and General Handbook 1889* (London: HMSO, 1889), pp. 34-41.

¹⁴⁸ Charles Dilke, *Problems of Greater Britain* (London: Macmillan and Co., 1890), p. 321.

¹⁴⁹ Arnold White, *Efficiency and Empire* (London: Methuen and Co., 1901), p. 100.

¹⁵⁰ *Ibid*, p. 105.

¹⁵¹ *Ibid*, p. 121.

¹⁵² Dan Stone, *Breeding Superman: Nietzsche, Race and Eugenics in Edwardian and Interwar Britain* (Liverpool: Liverpool University Press, 2002), p. 107.

and *Colonial Magazine and Review*.¹⁵³ Indeed, although White's perception was based on the British *lumpenproletariat*, similar sentiments existed in relation to the Australasian urban areas. The expansive rural regions were, in contrast, favoured as the locations in which to 'reshape a new breed of rugged imperial subjects'.¹⁵⁴

Scholars have identified the extent and locations of the eugenic practices in Australasia.¹⁵⁵ As Stephen Garton has highlighted, Australians and New Zealanders actively sought to protect their population from internal and external threats.¹⁵⁶ In the white settler colonies, degeneration became a broad cultural movement because it fed into the concern about public funds supporting the unworthy and incapable.¹⁵⁷ These themes should therefore be considered as another virtual bridge of information reaching the Australasian peripheries. One transnational link in particular has not been properly considered, the use of the term stigmata of degeneration. Coined by Italian criminologist Cesare Lombroso, it was used in United States immigration control and subsequently in Australian attempts to align their practices with those in North America.¹⁵⁸ As such, in order to understand this type of language, it is necessary to frame the development of degeneration doctrines in relation to the mentally and behaviourally undesirable.

Wakefield's acknowledgement of how people sought to distinguish between types of people had a more sinister, pseudo-scientific connotation in other spheres. The attempts to categorise racial standards began at the end of the eighteenth century. The anthropological, 'race-science' distinctions have been well documented. By 1774

¹⁵³ See for example 'Efficiency and Empire', *Daily Telegraph* (Launceston, Tasmania), 26 September 1900, p. 7; 'Books and Publications', *The New Zealand Herald*, 5 January 1901, p. 6; 'New Books and Publications', *The (Melbourne) Argus*, 27 April 1901, p. 4.

¹⁵⁴ Bell, *The Idea of Greater Britain*, p. 138.

¹⁵⁵ Alison Bashford & Philippa Levine, 'Introduction: Eugenics and the Modern World', in Bashford & Levine eds. *The Oxford Handbook of the History of Eugenics*, p. 16.

¹⁵⁶ Stephen Garton, 'Eugenics in Australia and New Zealand: Laboratories of Racial Science', in Bashford & Levine eds. *The Oxford Handbook of the History of Eugenics*, p. 243.

¹⁵⁷ Thomson, 'Disability, Psychiatry and Eugenics', p. 117.

¹⁵⁸ Thomas W. Salmon 'The Diagnosis of Insanity in Immigrants', cited in Dowbiggin, *Keeping America Sane*, p. 204 and Kraut, *Silent Travellers*, p. 71.

Swedish botanist Carolus Linnaeus developed his taxonomy - a classification scheme - of animal and plant species.¹⁵⁹ Subsequent attempts to categorise humans led to theories that linked physical appearance with behavioural characteristics. To this end Peter Camper developed 'facial angle' theories, and more famously Johann Blumenbach measured skulls, to conclude that the Caucasian race represented the highest level of development.¹⁶⁰ This superiority was in turn, distinguished according to heredity. The rise of anthropological charting led to studies of white peoples' heritage.¹⁶¹ The study of 'differences' became a major preoccupation of physical and social scientists in the nineteenth century, of whom Charles Darwin and Herbert Spencer are perhaps the most well-known.¹⁶²

Within this intellectual fixation with categorisation, a research area emerged which linked intellectual capability with heredity. European psychiatrists began to consider 'mental illnesses' as having genetic components, thus passed between generations and causing degeneration within family trees.¹⁶³ Benedict Morel, having studied 'outward incurable monstrous anomalies' in 'cretins' developed his *dégénérescence* concept. This idea of degeneration became increasingly equated with physiognomy, the attempts to identify inbuilt inefficiencies according to facial characteristics.¹⁶⁴ Robert Knox's 1850 *Races of Men* and Daniel Mackintosh's 1861 *Comparative Anthropology of England and Wales* used such 'techniques' to chart the mental and moral characteristics of mankind.¹⁶⁵ The British Anthropological Society was founded in 1863 and some members debated the ways in which 'idiocy' could be

¹⁵⁹ Nell Irvin Painter, *The History of White People*, (New York: W.W. Norton 2010), p. 25.

¹⁶⁰ *Ibid*, pp. 67-68, 79.

¹⁶¹ *Ibid*, pp. 64-67.

¹⁶² Salyer, *Laws as Harsh as Tigers*, p. 10.

¹⁶³ Shorter, *History of Psychiatry*, p. 93.

¹⁶⁴ Daniel Pick, *Faces of Degeneration: A European Disorder, circa 1848-1918* (Cambridge: Cambridge University Press, 1989), pp. 47-8, 51.

¹⁶⁵ Robert J.C. Young, *The Idea of English Ethnicity* (Oxford: Blackwell, 2008), pp. 74-78, 126-130.

identified.¹⁶⁶ French psychiatrists concentrated on facial features in their on-going attempts to identify degeneration.¹⁶⁷ In 1876, more famously, Italian Cesare Lombroso documented faces of criminality in his *L'uomo delinquente*. It was in this work that Lombroso defined stigmata of degeneration as features which distinguished the 'criminal' from the 'insane'.¹⁶⁸ Francis Galton derived the term eugenics in 1883 from a combination of the Greek *eu* (good or well) with *genesis* (to be born), to represent selective breeding.¹⁶⁹

Australia and New Zealand absorbed these ideologies into their attempts to develop healthy and efficient populations.¹⁷⁰ These influences are relevant to this thesis for two main reasons. First, degeneration became associated with those seen as reflecting the 'disorder of society' particularly the undesirable immigrants.¹⁷¹ As such, individual cases of immigrants found to be 'insane' merged with panic over the collective undesirability of newcomers; be it due to their ill-health, or bad behaviour. Second, eugenics determined that some human types were more valuable to the nation-state and future generations.¹⁷² This meant that as massive labour movements prompted ever tighter restrictions, migration control included eugenic aims and methods.¹⁷³ These influences will be unpicked in the latter chapters of this thesis. Furthermore, by the end of the nineteenth century the Australasian 'social laboratories' were imagined as regions untainted by European degeneration.¹⁷⁴ Degeneration was associated in particular with immigrants who had appeared 'normal' enough on departure but whose health had

¹⁶⁶ For the British anthropological attempts involving brain circumference and thumb size see 'Hunt on Physio-Anthropology', *Journal of the Anthropological Society of London*, Volume V. (London: 1867), p. cclxviii; 'The Psychonomy (sic) of Hand', *The Anthropological Review*, no. XI. October 1865, p. 352.

¹⁶⁷ Pick, *Faces of Degeneration*, pp. 7-9.

¹⁶⁸ *Ibid*, p. 113.

¹⁶⁹ Stern, *Eugenic Nation*, pp. 10-11.

¹⁷⁰ John Powles, 'Professional Hygienists and the Health of the Nation' in Roy MacLeod ed. *The Commonwealth of Science: ANZAAS and Scientific Enterprise in Australasia* (Melbourne: Oxford University Press, 1988), p. 301.

¹⁷¹ Pick, *Faces of Degeneration*, p. 4.

¹⁷² Levine & Bashford, 'Introduction: Eugenics and the Modern World', p. 3.

¹⁷³ *Ibid*, p. 16.

¹⁷⁴ Garton, 'Eugenics in Australia and New Zealand', p. 248.

deteriorated by the time they landed. As such, the mainly British-trained psychiatrists in the colonies followed the anxieties of the British and the North Americans about the rise of the so-called ‘feeble-minded’ that were difficult to identify.¹⁷⁵

We need to be careful of over-generalising this influence in relation to migration control. Although Australasian psychiatrists forged close links with international eugenicists, this was more obvious in Australian immigration legislation than in New Zealand’s. Both countries did, however, engage with eugenic theories in terms of their existing populations. Francis Galton advised eugenics enthusiasts at the first joint Australasian Association for the Advancement of Science (AAAS) conference held in 1888.¹⁷⁶ At this gathering a special committee was created to establish psychological measurement programmes in order to ‘preserve the standards of the parent race’.¹⁷⁷ This type of intelligence testing persisted, mirroring United States methods. New Zealanders were active in employing eugenic theories and methods on a domestic level, as were their Tasman neighbours.¹⁷⁸ By the 1920s Australian eugenicists such as R. J. A. Berry used these methods at children’s hospitals to identify levels of ‘mental deficiency’.¹⁷⁹ Other Australians sought to make the link between intelligence testing and migration control more explicit. In 1925 A. H. Martin presented his ideas on how to use psychological techniques in examining immigrants to the Australian Association of Psychology and Philosophy.¹⁸⁰ In terms of migration control however, New Zealand did not reach the same level of overtly eugenic policy.

¹⁷⁵ Thomson, ‘Disability, Psychiatry and Eugenics’, p. 123.

¹⁷⁶ Ross L. Jones, ‘“The Mother’s an Anatomist and Cupid’s With an Occultist”: Mental deficiency and the medical profession in Victoria between the wars’, in Suzanne Parry ed. *Migration to Mining: Medicine and Health in Australian History* (Darwin: Historical Society of the Northern Territory, 1998), p. 64.

¹⁷⁷ See Alison M. Turtle, ‘Education, Social Science and the ‘Common Weal’ in MacLeod ed. *The Commonwealth of Science*, pp. 222-246.

¹⁷⁸ Garton, ‘Eugenics in Australia and New Zealand’.

¹⁷⁹ Jones, ‘“The Mother’s an Anatomist and Cupid’s With an Occultist”’, p. 71.

¹⁸⁰ A.H. Martin. ‘The Psychological Examination of Immigrants.’ *Australasian Journal of Psychology and Philosophy*, 1925, Vol. 3, No. 3.

Australian immigration officials attempted to employ United States methods and terminology. In 1914 efforts were made to include ‘stigmata of degeneration’ as an indicator of immigrants’ poor mentality. American usage of this phrase had developed alongside European degeneration theories. In 1875 American phrenologist Samuel R. Wells wrote how mental deterioration, including ‘idiocy’, ‘insanity’ and a ‘nervous temperament’, were indicated by the ‘degradation of physical structure’.¹⁸¹ By the end of the century Eugene S. Talbot, in reviewing the existing work on the topic, surmised that stigmata of degeneration were most obvious in the face, jaws and teeth, ear, eye, cranium, body and bodily functions.¹⁸² By 1905 the phrase had transferred to United States immigration control. Thomas Salmon of the Public Health Service advised his Ellis Island staff to check for the ‘well-marked stigmata of degeneration’ including ‘unduly animated, vacant or abstracted expressions’.¹⁸³ In 1914 Howard Knox also highlighted facial peculiarities, such as states of sullenness and facial tics as indicating ‘mental deficiencies’.¹⁸⁴ It is not surprising then that in 1914, Australia’s Chief Medical Officer, after returning from his worldwide survey of immigration restriction operations, including the United States’, made reference to the ‘marked stigmata of degeneracy’.¹⁸⁵ The use of such a phrase speaks volumes about how transitional theories and operations were in existence across the British world.

¹⁸¹ Samuel R. Wells, *New Physiognomy, or Signs of Character, as manifested through temperament and external forms* (New York: Samuel R. Wells, 1875), p. 188. Idiocy could, Wells suggested, be determined by the size of foreheads, p. 260, insanity by an ill-shapen skull, pp. 340-345, and a nervous temperament from ‘fine thin hair, delicate health, general emaciation and smallness of the muscles’, p.99.

¹⁸² Eugene S. Talbot, *Degeneracy, Its Causes, Signs and Results* (London: Walter Scott Ltd., 1898), pp. vii-viii, 37.

¹⁸³ Salmon ‘The Diagnosis of Insanity in Immigrants’, cited in Dowbiggin, *Keeping America Sane*, p. 204, and Kraut, *Silent Travellers*, p. 71.

¹⁸⁴ Howard A. Knox, ‘Tests for Mental Defects’, *Journal of Heredity*, 5: 3(March 1914), p. 123.

¹⁸⁵ W. Perrin Norris, ‘Notes and Instructions for the Guidance of Medical Referees’ (circa 1913-1914) published as Appendix 5: The Medical Examination of Intending Immigrants to Australia, in The Parliament of the Commonwealth of Australia 1923-1924, *Migrants-Medical Examination in England*, report by Sir Neville Howse, presented 3 April, 1924 (Victoria: H.J. Green, Government Printer for the State of Victoria, 1924), p. 30. Hereafter referred to as Norris, ‘Notes and Instructions’, in Howse.

Conclusion

This chapter has identified the structures and ideologies which frame this thesis. It has introduced the influence of British, European, and to a certain extent United States, policies and practices. It is clear that the fluctuating relationship between Britain and her Australasian colonies was a complex one. The transformation of the initial informal settlements to self-governing democracies was driven by the increasing numbers of colonists wanting greater control. And yet, whilst many wanted a less British autocratic style of rule, they did not reject their home culture; if anything they recreated a concentrated version of it. As it has been shown, it was those living within the Australasian regions who replicated British administrative systems. Their independence was also built using British institutions of responsible government, education and law. Crucially, self-government provided the ability to begin migration control as part of colonial state-building.

By the end of the nineteenth century, this growing nationalism had put the colonies on a more equal footing with Britain. As such the perception of colonial settlements had changed from being outlying peripheries to essential collaborators in the vision of a Greater Britain.¹⁸⁶ However this region was hardly an exact facsimile of the mother country. It was a 'world without welfare' where people were categorised according to their background and ability to support themselves. From the initial differentiation between convict and free migrants, ideas developed around which types of new arrivals would succeed. For all classes the ability to work became the main criterion. Ideas about industriousness became central to key ideas about populating these areas, whether the process was managed by colony or metropole. European and American notions of degeneration and eugenics in turn informed Australian attempts to create modernising countries. All of these themes about suitability, including character,

¹⁸⁶ Bell, *The Idea of Greater Britain*, p. 3.

morality and mental health, would consistently influence the operations of migration control. The next chapter considers the first phase of assisted emigration in which administrators sought to prevent those of 'unsound mind' from emigrating. In contrast colonists would start to complain about the incidences of 'imported lunatics.' Thus began a set of tensions between metropole and periphery which would remain unresolved.

Chapter Two: Populating the British World 1830s—1860s

This chapter examines the evolving systems of migration control which developed in response to the opening up of new regions in Australasia for European settlement. It expands on the discussion of the replication of British systems to consider the working practices which underpinned the management of migration from Britain to Australasia. We begin to understand these operations as a network involving actors in the metropole, periphery and on the voyage itself. As will become apparent, the practicalities of the system relied on British professionals to recruit and transport emigrants. These operations were built on the British maritime regulations which evolved as opportunities for emigration increased.

When reformers started to consider some Australasian regions as destinations to systematically colonise, the perceptions of which types should populate them changed dramatically. Included in this was the idea that migrants should be of ‘sound mind’. Assisted emigrants - those who were awarded free or subsidised passages - were deemed eligible in accordance with their health, age, character and skills. Although a personal selection of migrants was seen as the optimal method of recruitment, this was not practicable. Instead migrant selectors were forced to rely on paper certification of applicants’ suitability. It was this reliance on third party subjectivity which would consistently trouble colonial administrators. Although this period saw improvements in pre-departure inspections and on-board medical care, some migrants would arrive in the colonies unfit for work due to their mental condition. Consequently the first complaints about ‘imported incurable lunatics’ requiring costly medical and welfare aid emerged.¹

¹ NZNA: AAAC D500 707 Box 135a/524, E Hulme to Superintendent, reporting admission of two incurable patients from the ‘Storm Cloud’.

While Robin Haines has acknowledged that assisted emigrants in this era were subjected to an ‘intricate and methodical scrutiny’ the existing research has not considered how this extended to the requirement of having a sound mind.² In order to unpick the operational structures through which migrants were selected, controlled and increasingly scrutinised in terms of their mental state, this chapter is organised into three sections. First we consider how the proponents of systematic emigration attempted to recruit people with proven ‘industry, sobriety and good moral conduct’.³ It was the idea of good character alongside physical ability which, in the first part of the nineteenth century, formed part of a wider concept of self-sufficiency. These ideals would evolve into, and exist alongside, the requirement of being of ‘sound mind’. This was the precursor to the subsequent attempts to exclude those perceived to be mentally ill. Second, these principles are contrasted with the practicalities of transporting emigrants to the Australasian colonies. While the replication of British legislation meant that colonial port health officials assessed the state of immigrants on their arrival, a further medical role was created. The ship’s surgeon was made responsible for both the medical and moral state of their passengers. While historians have traced the evolution of this role, in one aspect their responsibilities need to be revisited.⁴ The ship’s surgeon played a key part in the messy system of British world migration control. This is because their ‘end of voyage’ reports were designed to inform the colonial authorities as to the state of the immigrants. However, despite clear direction from British emigration authorities on how to do this, this en-route medical assessment was inconsistent. Individuals who had displayed so-called insane behaviour on the journey were

² Haines, ‘Indigent Misfits or Shrewd Operators?’, p. 246.

³ A phrase which first appeared in the late 1830s. See HCPP 1837-38 [388] Emigration. Report from Mr. Elliot, agent-general for emigration from the United Kingdom, to the Secretary of State for the Colonies, p. 17.

⁴ For the best account of the role of ships’ doctors see Robin Haines, *Doctors at Sea: Emigrant Voyages to Colonial Australia* (New York: Palgrave Macmillan, 2005), Chapters 4 and 5. Also useful are Andrew Hassam’s introduction in *Sailing to Australia: Shipboard Diaries by Nineteenth Century British Emigrants* (Manchester: Manchester University Press, 1994), Foxhall, *Health, Medicine and the Sea*, Chapter 5; and Haines’ Introduction in *Life and Death in the Age of Sail*.

frequently overlooked in relation to infectious disease or groups engaging in immoral behaviour.

The third section uses actual immigration cases involving immigrants reported to be ‘insane’, ‘hysterical’ or ‘lunatic’ on arrival in New Zealand. These are used to show how far the colonists were bound by British practices. The discussions between officials in Britain and New Zealand show that, in this era, a tightly managed network of operations existed. British administrators reacted to colonial criticism by tightening their selection techniques. By unpicking the dialogue between metropolitan and colonial bureaucrats it is possible to start building up a picture of British world migration control. It was within this British world network that the debate about how to manage migrants perceived to be insane on arrival began.

Recruiting Good Characters

The regulations within the early systematic emigration schemes of the mid nineteenth century did not explicitly exclude the ‘idiots’ or ‘insane’. Instead, the all-important suitability of migrants was gauged by their ability and desire to work. In these colonial worlds without welfare newcomers were expected to be industrious and play their part in expanding better-Britains. When Wakefield wrote how best to populate the ‘new’ Australasian regions, he envisaged efficient and self-supporting rural societies. Essential to this vision was the recruitment of young and healthy married couples.⁵ These ideals formed the basis of the burgeoning systematic emigration schemes which became operational by the late 1830s.

⁵ Wakefield, *A Letter From Sydney*, pp. x-xi; R. Garnett, *Edward Gibbon Wakefield, the Colonisation of South Australia and New Zealand* (London: T Fisher Unwin, 1898), pp. 63-66.

The creation of the Colonial Land and Emigration Commission (CLEC) in 1837 signified a level of British governmental interest in emigration. Although a limited number of assisted passages had been provided since 1832, the creation of this body marked the start of migrant recruitment. Maritime operations also evolved in response to concerns about conditions on the voyage itself. From 1815 the British government responded to colonial criticism of the state of arriving convicts, by stipulating that every convict ship had to have a naval surgeon. This set the precedence for medical care on emigrant ships. Furthermore, these surgeons became involved in migrant recruitment.⁶ In 1837, T. F. Elliot, the British agent-general appointed to oversee the operations of the CLEC, appointed naval surgeons to the chartered emigrant ships.⁷ His initial plan to have these surgeons select the migrants, and then accompany them on the voyage, was found to be impractical. Instead separate ship's doctors, the surgeon-superintendents, voyaged to the Australian colonies.⁸

Elliot defined the suitability of migrants in terms of being free from disease and from immoral tendencies. Intending emigrants were meant to have sufficient character for 'industry, sobriety and good moral conduct'.⁹ British port officials, like their Australian counterparts, focussed on infectious disease. The surgeon-superintendent and selecting surgeon were made responsible for the pre-departure mustering of emigrants, designed to ensure that 'no person with an infectious disorder be allowed to proceed'.¹⁰ Those who proved themselves non-infectious benefitted from the other improvements implemented by Elliot. He improved on-board provisions for diet and medical care.¹¹ Although practical and altruistic in nature, some of the CLEC's regulations signified a greater consideration of the character, if not the mental health, of the emigrants. Elliot

⁶ Foxhall, *Health, Medicine and the Sea*, pp. 13-15.

⁷ *Ibid*, p. 27.

⁸ Haines, 'Indigent Misfits or Shrewd Operators?', pp. 226-227.

⁹ HCPP 1837-38 [388] Emigration. Report from Mr. Elliot, agent-general for emigration from the United Kingdom, to the Secretary of State for the Colonies, p. 17.

¹⁰ *Ibid*, p. 15.

¹¹ *Ibid*, p. 6.

was concerned about how they would influence what he called the moral condition of the colonies.¹² To balance out the gender imbalance in the colonial settlements, he advocated the selection of ‘honest families who would raise their children to the same correct standard’.¹³ These traits were also crucial to the success of the voyage. Elliot designed instructions for the surgeon-superintendents to ensure the ‘good order of the emigrants’ en-route.¹⁴

The selecting officers found these criteria difficult to fulfil. In 1840 one complained that most of those who applied to him for assisted passages did not fit the ideal. Many were ‘broken-down-artisans’ or unemployed labourers, ‘distressed by misconduct or incapacity’, he protested, and were ‘unwilling to engage with continuous labour’.¹⁵ Despite problems in matching applicants to these requirements, such ideals endured through subsequent emigration provisions. Migration schemes directed by either British or colonial authorities continued to define suitability by age, health, occupation and character. While different techniques evolved, similar criteria existed across all types of migration schemes. The colonial bounty schemes, for example, penalised their selecting agents and shipping companies if, on arrival, emigrants were found unfit by character, age, health or occupation.¹⁶

The focus on so-called sound minds became more pronounced in the 1840s. As new Australasian destinations opened up, the use of third party certification became necessary. It is on the *pro-forma* documents that we get a sense of the evolving descriptions about good mental health. Around the mid-nineteenth century this requirement was couched in phrases such as ‘mental energy’ or ‘sound mind’. Unlike the travelling selecting surgeon who was able to form a personal opinion of the applicants, migrant recruiters started to rely on information from third party referees,

¹² *Ibid*, p. 4.

¹³ *Ibid*.

¹⁴ *Ibid*, p .6.

¹⁵ *Ibid*, p. 13.

¹⁶ *Ibid*, pp. 227-228.

such as the applicants' own local doctors. Thus began the enduring concern about these local medical practitioners not properly considering a person's mental state or whether they would prove to be a successful emigrant.

The CLEC, seeking to facilitate increased emigration to areas like Port Phillip (later Victoria) and parts of New Zealand, defined their health requirements in 1842. Their phraseology set the benchmark for the colonially-run schemes. The CLEC relied on written verifications regarding character and health, both physical and mental. The applicants' doctors had to confirm them not 'mutilated or deformed', nor 'afflicted with disease that would shorten life or impair physical or mental energy'.¹⁷ The character reference became equally important, as did the suitability of the person providing it. Not only was the intending emigrant meant to be 'honest, sober, industrious, and of general good character', their referee had to declare them as 'not likely to become a burden on the colony'. The need to confirm a lack of pauper tendencies made the integrity of the character referees more paramount. The regulations proscribed that these referees could not be someone who dealt in alcohol. Furthermore all references had to be verified by a magistrate, clergyman or priest.¹⁸

The commercial colonisation schemes similarly sought to recruit labourers of so-called sound mind and body for their rural utopian visions. In 1840 the chairman of the South Australian Company for example, grandly proclaimed his intention to recruit a farming tenantry to replicate 'the flower of the yeoman of the father-land'.¹⁹ The British recruitment agents working on behalf of these colonisation companies used strict

¹⁷ HCPP 1842 [301] Emigration. Return to an address of the Honourable the House of Commons, dated 9 March 1842; for, copies or extracts of any correspondence relative to emigration, which has taken place between the Colonial Office and the authorities in the colonies, or the Commissioners of Land and Emigration, since the date of the last despatches which were laid before Parliament, for each of the colonies respectively, p. 543.

¹⁸ *Ibid.*

¹⁹ Chairman George Fife Angus used this phrase in the 1838 Second Report of the Directors. Quoted in the Plymouth Company of New Zealand, *Prospectus: Terms for the Purchase of Lands; Regulations as to Cabin Passages; Regulations for Labourers Wishing to Emigrate; Scales of Outfit; etc.* (Devonport: New Zealand, Henry Granville, 1840), p. 13.

selection criteria to try to fulfil these ideals.²⁰ The regulations for the Plymouth Company of New Zealand and the New Zealand Company were based on successful land cultivation.²¹ While the land-purchasers only had to provide basic details about their ‘age, profession or trade’ their labourers were expected to be physically and mentally fit.²² Although all applicants were required to be of good character, the labouring classes had to be ‘of sound mind and body’.²³

The method of assessing someone to be of sound mind was not specified in these regulations, just that recruiting agents should enquire personally into the health and character of the applicants if at all possible.²⁴ Yet, despite this preference for personal verification, the New Zealand Company’s Superintendent of Emigration, like the CLEC, relied on third party references. Each referee was asked whether the applicant was ‘sober, honest, industrious, healthy, and, would ‘prove a valuable settler’. Religious ministers were also asked to comment on the applicants’ moral character, which led to some ambiguous responses. Reverend Haigh spoke of Jacob Batey, ‘I know nothing in any way detrimental to his moral character’. Another minister was adamant that Thomas Baker’s character was irreproachable, yet added he had been of ‘low spirits’ but was now recovered.²⁵ Of those noted as rejected for a passage in the register of applications, the phrase unsound mind or body was not used as a reason. Instead, amongst these rare instances as in the case of 35 year-old William Ewart, rejection was noted as being due to his ‘bad character’.²⁶ This scarcity suggests that either the character criterion was flexible, or that referees like Reverend Haigh felt compelled to provide vague responses.

²⁰ Haines, ‘Indigent Misfits or Shrewd Operators?’, p. 227.

²¹ The same regulations appear in Plymouth Company of New Zealand, *Prospectus* and New Zealand Company, *Regulations for Labourers Wishing to Emigrate to New Zealand* (London, 1840).

²² Plymouth Company of New Zealand, *Prospectus*, pp. 4-9.

²³ *Ibid*, pp. 16-17; New Zealand Company, *Regulations for Labourers Wishing to Emigrate to New Zealand*, front page.

²⁴ TNA: CO 208/171 1839-40 Emigration. Correspondence between Joseph Phipson and H.F. Alston, Superintendent of Emigration.

²⁵ TNA: CO 208/274, New Zealand Company, Original Applications for Free Passages.

²⁶ TNA: CO 208/272, New Zealand Company, Register of Applications for Free Passages.

A validated good character did not always make a good colonist. Although some companies promised to provide work for their emigrants at all times, some labourers became incapable of work through illness or circumstance.²⁷ The CLEC noticed the lack of an organised poor law in the colonies. In 1843 they took steps to caution against those likely to become public charges from emigrating. Their *Colonization Circulars*, which included practical advice about land availability and wage rates, also warned that local welfare assistance was only given in extreme emergencies.²⁸ By 1845 the emigration commissioners had tightened their regulations for assisting the labouring classes accordingly. In addition to the usual criteria, applicants could not have been ‘resident in a workhouse or in the habitual receipt of parish relief’.²⁹ Other factors enhanced the ideas of suitability, such as literacy levels. Applicants were to specify their ability to read and write as ‘very well’, ‘well’, ‘a little’ or ‘not at all’. The CLECs health conditions continued to specify that the applicant could not be ‘deformed’, ‘infectious’ or ‘afflicted with disease impairing physical or mental energy’. Furthermore, in signing the form, the applicant was promising to adhere to ‘general good conduct and industrious habits’ in the colonies.³⁰

These tightening criteria reflect the increasing desire to control the standards of migrants. After New South Wales’ Governor George Gipps called for migrant recruitment to be left to their own bounty agents, the British emigration commissioners began to reduce their role in the operations of the more developed colonies.³¹ While remaining active in publicising emigration opportunities, in 1843 the CLEC further clarified their position. The ‘fitness of migrants’, they announced, was to be determined

²⁷ See for example Plymouth Company of New Zealand, *Prospectus*, p. 18.

²⁸ CC No.1, 1843, pp. 14-15, 44.

²⁹ Government Emigration Office, *Regulations to be Observed in the Selection of Labourers for a Passage (Including Provisions and Medical Attendance During the Voyage) to the Sydney or Port Phillip District of New South Wales, to Van Diemen’s Land, Western Australia, South Australia, and New Zealand; and also the Conditions on which the Passage, when Granted, must be Understood and Accepted* (London, 1845), front page.

³⁰ *Ibid*, p. 2.

³¹ CC No.2, 1843, p. 30.

by the port officials who despatched and received them.³² However, by 1847, they were still actively facilitating assisted passages to South Australia, through an increasingly patriarchal set of regulations. These included what one historian has called ‘checks of pauperism’.³³ As well as their personal state, the emigrants’ clothing and belongings were checked for suitability.³⁴ The language relating to sound mind or mental energy was couched more negatively. If emigrants were found to have ‘mental or bodily defects’ at the time of embarkation they would forfeit their passage.³⁵ Although these regulations in part were created to protect the welfare of all on board, they exhibited a general mistrust of the emigrants. Those allowed to travel were warned that if they ‘perversely thwarted’ the on-board rules, they would suffer in the colonies.³⁶

Thus, by the mid-nineteenth century, the benchmarks of migrant suitability had been set. The combination of sobriety, industriousness and good character were prerequisites across all schemes, whether managed by the British government, emigration companies or individual colonies. For all involved it was crucial that migrants were fit for work, physically, mentally and morally. The introduction of the term ‘mental defects’ into migration control, reflects how the mental condition of emigrants had increased as a concern. The term reflects a move away from the emphasis on character towards ideas of inherent mental disease which could be triggered by the act of migrating. By end of the 1840s, a decade after the start of systematic emigration, we find a clear shift towards officials considering the mental suitability of migrants.

This is not to say that some ships’ doctors had not already noted the effects of the voyage on the mental health of individual convicts, sailors and emigrants. Analysis of surgeons’ journals has shown how some equated sunstroke with insanity and noted instances of ‘emotional breakdowns’, ‘depression’, and passengers becoming

³² *Ibid*, pp. 30, 47.

³³ Foxhall, *Health, Medicine and the Sea*, pp. 44-45.

³⁴ CC No.7, 1847, pp. 17-18.

³⁵ CC No.8, 1848, p. 15.

³⁶ CC No.7, 1847, p. 19.

‘deranged’.³⁷ In terms of migration control, mental suitability began by being couched in terms of ‘being of sound mind’. This likely reflected the legal definition of *non-compos mentis*, used to describe those whose mind was not ‘sound’ enough for them to be deemed capable of conducting their own affairs.³⁸ Regarding migration control this phrase was not, as yet, distinguished by levels of unsound mind, whether ‘lunacy’, ‘idiocy’ or ‘weak mind’. While British maritime controls remained focussed on infectious disease, they also started to reflect increasing concerns about mental and moral inadequacies in emigrants. This task of monitoring and reporting such traits was mandated to the ships’ surgeons.

Enforcing Good Conduct

The 1849 New Passengers Act enhanced the role of the ships’ surgeons and reinforced the pre-departure medical inspection of emigrants.³⁹ In response, the CLEC created the *Instructions to Surgeons of Emigrant Ships* which defined their role as ‘enforcing the regulations for securing cleanliness, regularity, and good conduct’.⁴⁰ These instructions help us understand the maritime framework within which port officials assessed the suitability and health of the departing migrants. There are two key actors on the British side to be considered here, the government emigration officer and the ship’s surgeon. The British government emigration officers, under the jurisdiction of the CLEC, managed the commercial agreements with the shipping companies and ensured that ships were seaworthy, properly equipped and sailed punctually.⁴¹ The ship’s surgeon checked the emigrants for ‘disease dangerous to others, or from one likely be

³⁷ See these accounts in Foxhall, *Health, Medicine and the Sea*, pp. 96-97, 118, 163.

³⁸ Wright, *Mental Disability in Victorian England*, pp. 9-10.

³⁹ CC No.9, 1849, p. 14; CC No.10, 1850, p. 23; Haines, *Doctors at Sea*, p. 54.

⁴⁰ *Instructions to Surgeons of Emigrant Ships Sailing under the Superintendence of Her Majesty’s Colonial Land and Emigration Commissioners* (London: W. Clowes and Sons, 1850), p. 5.

⁴¹ CC No.15, 1855, p. 2.

aggravated by the voyage', before allowing them to board.⁴² After the emigrants had spent two nights on board, the emigration officer and surgeon performed the final mustering and completed the paperwork which sanctioned the ship's clearance. The surgeon's administrative role in this procedure was to confirm the number of passengers delivered to his charge and that no 'sickness of consequence' existed amongst them.⁴³

After embarkation, the ship's surgeon was charged with overseeing the health and conduct of the passengers and crew. He was, as one historian has pointed out, the 'moral, sanitary, disciplinary, and medical policeman on board', a role based on the assumption that disorder on the voyage was inevitable.⁴⁴ It is worthwhile reflecting on the connection between this policing role and that of moral conduct. This is because there appeared to be a fine line between immoral conduct and so called insane behaviour. In addition to the main concern about preventing or containing infectious disease, the surgeon was given instructions on how to acquire a moral influence over the emigrants.⁴⁵ To exercise his functions 'in a firm, yet kind way', the surgeon was expected to define the boundaries between crew and passengers.⁴⁶ This required segregating berths according to gender and marital status, and creating a hierarchy of responsible people to oversee their fellows. The surgeon appointed berth supervisors in the form of constables and, if not already provided by the CLEC, a matron for the single women and teachers to promote educational activities.⁴⁷ Activities such as gambling were banned; weapons were stored with the captain and any 'fighting, riotous, or quarrelsome behaviour, swearing, and violent language' was to be stopped at once.⁴⁸

⁴² *Instructions to Surgeons of Emigrant Ships*, p. 8.

⁴³ *Ibid*, pp. 9-10, 39.

⁴⁴ Haines, *Doctors at Sea*, p. 73. See also Hassam's Introduction in *Sailing to Australia*; Foxhall, *Health, Medicine and the Sea*, Chapter 5 and Haines' Introduction in *Life and Death in the Age of Sail*.

⁴⁵ *Instructions to Surgeons of Emigrant Ships*, pp. 5-6.

⁴⁶ *Ibid*.

⁴⁷ *Ibid*, pp. 12-1, 33, 40.

⁴⁸ *Ibid*, Appendix 11, p. 32.

Although these regulations were no doubt created to ensure on-board comfort and safety, the requirement for good conduct had other far-reaching consequences. The role of surgeon needs to be more properly understood as part of the network of British world border operations. While well behaved emigrants were rewarded with books and bedding, more significantly, their good conduct could be noted by prospective employers in the colonies.⁴⁹ Likewise, the surgeon and crew received payment only after the colonial government was satisfied with their role in maintaining the health and conduct of those in their care.⁵⁰ Although the first concern for colonial port officials was the presence of infectious disease on board, immigration agents also investigated the standards of surgeon, crew and emigrants. These agents scrutinised the surgeon's reports and interviewed the immigrants and ship's officers. The opinion of the immigration agent, as well as their statistical reports, reached the colonial secretary and, eventually, the British emigration commissioners.⁵¹ In this way the interactions between surgeon, emigrants and the colonial authorities bound together British operations with those of the colonies.⁵²

While the importance of the surgeons' reports to the colonists has already been noted in terms of their statistical benefits, their content requires greater consideration in relation to migration control.⁵³ This is because the surgeons' reports informed the colonists' opinions of the state of the new arrivals on a number of levels. Newspaper reporters, if able to board the ship, were sometimes the first to read the surgeon's journals. As such, stories of the success, or not, of the voyage often appeared in newspapers the next day.⁵⁴ The arrival of a seemingly healthy ship meant that those who

⁴⁹ *Ibid*, pp. 13, 29.

⁵⁰ *Ibid*, p. 7.

⁵¹ Haines, *Life of Death in the Age of Sail*, pp. 32, 72.

⁵² Foxhall, *Health, Medicine and the Sea*, pp. 2-3.

⁵³ See Haines, *Life of Death in the Age of Sail*, p. 28, and *Doctors at Sea*, pp. 66-76.

⁵⁴ Haines, *Doctors at Sea*, p. 68.

had travelled on it were deemed suitable to contribute to colonial society.⁵⁵ It is telling how colonial advertisements for labourers used the same language as the emigration scheme regulations, such as applicants having to be ‘of good health and character’.⁵⁶ This type of language linked British and colonial maritime administration. This is because the surgeon’s report used by the immigration officers to reflect on the suitability of the immigrants was, in a sense, a type of character reference. Upon arrival, the surgeon’s medical journal and daily log, used to note ‘any remarkable instances of the good or bad conduct’, were handed to the colonial authorities.⁵⁷ A separate arrival report, primarily detailing births, deaths and health conditions, enabled the surgeon to provide commentary about emigrants’ employment prospects. He also had to raise any instances of ‘serious misconduct’ for punishment.⁵⁸

Not only were the badly behaved unlikely to find employment they also faced possible prosecution. Colonial magistrates were entitled to fine and imprison immigrants based on the extent of their misdemeanours.⁵⁹ As such, the CLEC’s warning to migrants that if they ignored regulations, their ‘health, comforts and future prospects’ would be harmed was no veiled threat. The surgeon’s report on their health and conduct would affect their success in finding employment in the colony.⁶⁰ The CLEC were clear to state the importance of adhering to the rule. Those who ‘perversely thwarted’ them, they warned would suffer because, once in the colony, ‘their conduct during the voyage is sure to become known’. Furthermore, while persons shown to have arrived in a ‘happy and orderly’ ship ‘may expect the best offers of employment’ those who have been ‘quarrelsome and refractory will naturally be avoided’.⁶¹

⁵⁵ Foxhall, *Health, Medicine and the Sea*, p. 63.

⁵⁶ *Ibid*, p. 205.

⁵⁷ *Instructions to Surgeons of Emigrant Ships*, p. 17.

⁵⁸ *Ibid*, pp. 46-47.

⁵⁹ *Ibid*, Appendix 10, p. 31.

⁶⁰ *Ibid*, p. 36.

⁶¹ CC No.7, 1847, p. 19.

Despite these warnings, the regulations, and those charged with implementing them were not failsafe. The surgeons' effectiveness was sometimes challenged by their peers, superiors and by the emigrants themselves. Historians concerned with infectious disease have noted attempts made by the surgeons to conceal or underplay outbreaks.⁶² The management of 'mental illnesses' within this framework adds a further level of complexity. It is likely that some emigrants also sought to conceal or play down such incidences, thus avoiding the surgeon's attention. Occasionally emigrants would make reference to incidences of 'mental illness' in their fellows, using descriptions such as hysterics.⁶³ However, because such states were often temporary it is likely that, even if this was noted by the surgeon, migrants would land without difficulty if their behaviour had returned to normal.

Some of those literate enough to write voyage accounts reflected on the ineffectiveness of the maritime controls. George Hepburn's account of his family's emigration to Otago, New Zealand in 1850 provided some such insights.⁶⁴ He detailed extensively what he considered disrespectful behaviour within both passengers and crew, and how the surgeon's instructions were ignored. And yet, despite the continuous fracas, by the time they neared their destination, 'all hands', he wrote, were employed in scrubbing the decks.⁶⁵ Such a description was indicative of how first good impressions, regardless of what had happened on the journey, were part of getting past the port officials.⁶⁶

Such contradictions remind us that maritime controls relied on the motivations of the individuals involved. In terms of the overall maritime framework a number of

⁶² For example, Foley, 'Maritime Quarantine Versus Commerce', pp.164-165.

⁶³ See, for example, the account of Eliza Whicker in Andrew Hassam, *No Privacy for Writing: Shipboard Diaries, 1852-1879* (Melbourne: Melbourne University Press, 1995) p. 45.

⁶⁴ William Downie Stewart ed., *The Journal of George Hepburn: On His Voyage from Scotland to Otago in 1850, with extracts from his letters written from Otago* (Dunedin: Coulls Somerville Wilkie & A. H. Reed, 1934), p. 8.

⁶⁵ *Ibid*, pp. 83-84.

⁶⁶ Foxhall, *Health, Medicine and the Sea*, p. 205.

conclusions can be made regarding the development of migration control. By 1850 most assisted emigrants were subjected to a sequence of checks before being considered suitable for travel, and were scrutinised throughout the voyage. From a British administrative perspective there were a number of actors involved: selecting agents, referees, port officials and the surgeon superintendent. All had some responsibility in ensuring that only people with healthy physiques, minds and morals could emigrate.

The ideas of suitability at this stage relied more on good character and lack of infectious disease than any other criteria. While regulations made reference to ‘sound mind’ or ‘mental defect’ it would be the colonial administrators who would raise the concern about imported colonial lunatics. Such instances called into question the reliability of British medical checks and the role of the surgeon-superintendents. At the heart of colonial concern was how to pay for the medical care of those who ought to have arrived fit and ready for work, yet whose physical or mental state rendered them incapable.

Seeking Recompense for Public Charges

So far this thesis has described the different actors involved in British world migration control in the nineteenth century. In terms of the medical assessment of migrants there were a number of professionals involved. For those who applied for assisted passages, local referees provided some sort of character or health certification. The first actual inspection of their physical or mental state occurred at port of departure by the surgeon-superintendent. This same doctor performed some level of health monitoring *en route* and provided health information to the colonial port authorities. At the receiving ports a level of quarantine procedures, which focussed on infectious disease existed.

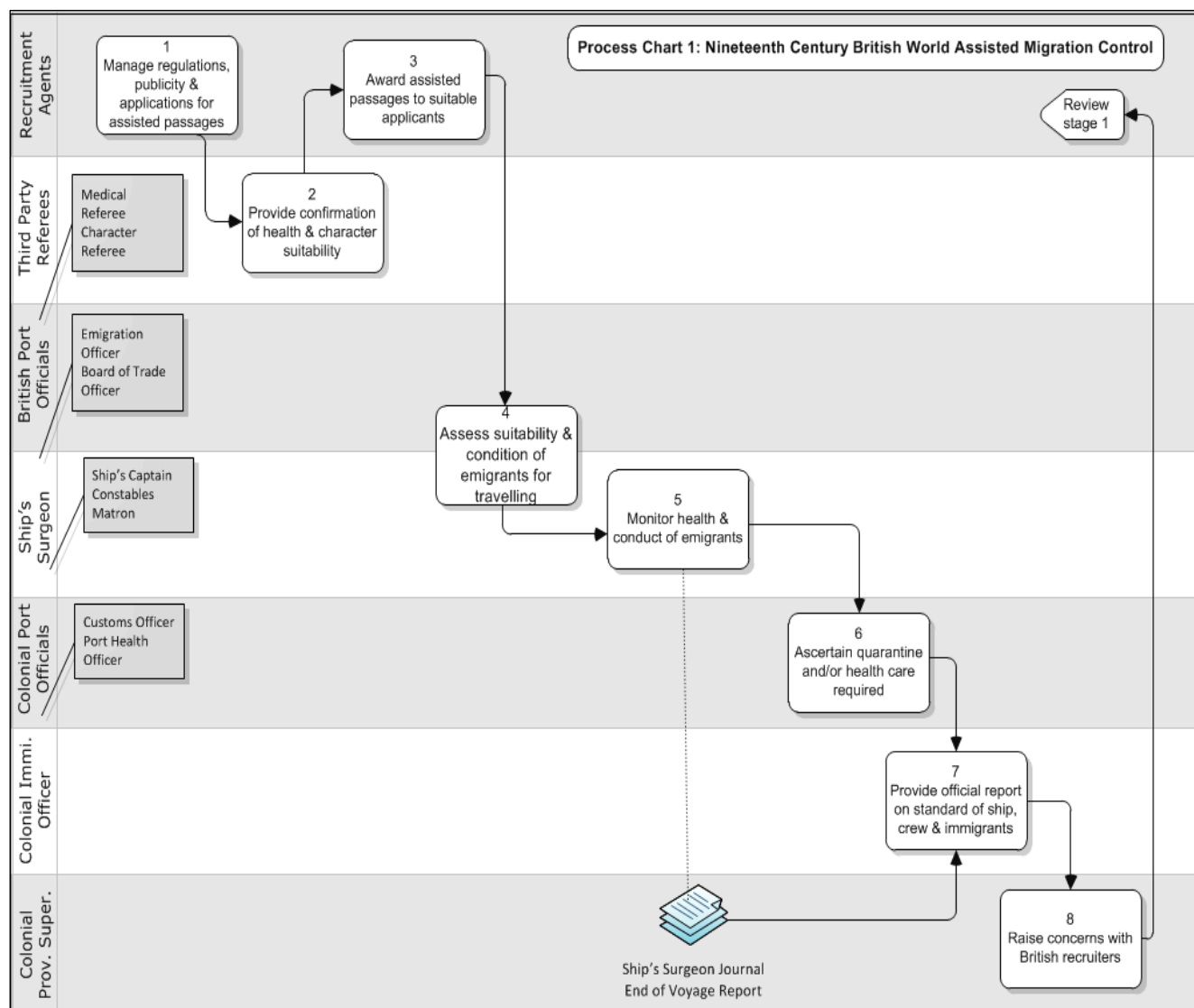
Immigration officers collated the responses of both the ship’s surgeon and port officials

as to the state of the ship and passengers. This system, in its generic version, has been represented as Process Chart 1. This diagram shows that in theory, the assessment of intending emigrants occurred at a number of locations. Their selection, as per Steps 1, 2 and 3 took place in British rural or urban settings. The recruitment agents operated across Britain and Ireland and used their own judgement, and third party references to decide on the suitability of migrants. The subsequent judgements were made by bureaucrats operating out of port or maritime locations. Steps 4 and 5 relied on the ship's surgeon to monitor the health of the migrants before and during the voyage. Once the ships arrived in colonial ports, it fell to the port officials there to monitor the state of the arriving immigrants, as per Steps 6 and 7. Although these assessments occurred thousands of miles apart, their outcomes were part of a wider network. As per Step 8, the colonial provincial superintendents fed back any concerns to those responsible for recruiting the migrants in Britain.

This framework relied on, or was a replication of, British operations. However, as colonial regions achieved self-government, they became more active in migrant control, whether in terms of recruitment, restriction, or a combination of both. In New Zealand the provincial councils, established in 1853, used agents based in Britain to recruit migrants.⁶⁷ During the 1850s a combination of schemes existed throughout the Australasian region as a whole. The CLEC's *Colonisation Circulars* reported on the different schemes in use at any one time, including the colonial bounty and nomination systems.⁶⁸

⁶⁷ Dalziel, *The Origins of New Zealand Diplomacy*, pp. 14-16.

⁶⁸ Which were detailed under a specific reoccurring section entitled 'Free and assisted passages: to what colonies granted', see, for example, CC No.19, 1859, pp. 5-6.



From 1856 the *Colonisation Circulars* reported on the prevalence of regions using ‘bonding’ systems. This mechanism changed the landscape of border control by instigating fines on shipping companies for any of their passengers who were deemed likely to become public charges. The system of extracting financial deposits from ships captains began in New York State at the end of the eighteenth century.⁶⁹ By the mid-nineteenth century the white settlement colonies started to follow suit. In 1851 the Canadian province of New Brunswick made provisions for the arriving lunatic, idiotic,

⁶⁹ Hidetaka Hirota “‘The Great Entrepot for Mendicants’: Foreign Poverty and Immigration Control in New York State to 1882”, *Journal of American Ethnic History* 33:2 (Winter 2014), pp. 5-32.

maimed, blind, deaf, dumb or infirm.⁷⁰ The *Colonisation Circulars* reported on these legalities under a section entitled Bonds for Immigrants Likely to be Chargeable to the Colony, which they described as being intended for passengers with ‘bodily or mental infirmities’.⁷¹ The first Australasian colony to enact similar legislation was Victoria in 1852; the influence of North American legislation on that of Australasia has been acknowledged by historians.⁷²

At the same time as the CLEC closely followed such enactments, they reduced their role in assisted migration. In 1859 they removed themselves entirely from migrant recruitment for New Zealand. Due to the existence of provincial agents based in Britain, the commissioners reported that they would no longer interfere in emigration to New Zealand, except to ensure that the provisions of the Passenger Act were carried out.⁷³ Crucially the CLEC’s techniques set the benchmark for colonial operations. As the colonies took responsibility for their own immigration, they adopted the same standards.⁷⁴ Unassisted emigrants travelling in steerage on private ships were likewise governed by similar regulations concerning standards of hygiene and behaviour.⁷⁵

New Zealand’s operations matched those of the CLEC. After the 1863 New Zealand Settlements Act enabled the confiscation of more Maori land, the New Zealand government sought increased numbers of immigrants to aid expansion. Colonial Treasurer Reader Wood, fundraising in London in 1864, was told by Premier Frederick Whitaker to focus on the immigrants’ ‘fitness of character’.⁷⁶ Wood met with the CLEC and reported how he was impressed with their system of local agents and ‘responsible

⁷⁰ The 1850 and 1852 New Brunswick Acts specified that a bond was required for ‘any lunatic, idiotic, maimed, blind or infirm person not belonging to an emigrant family’. The 1851 New York Act used the same exclusions and added ‘deaf, dumb, anyone over the age of 60, any widow, or women without her husband and with children, or any person likely from any cause to become a public charge’. See CC No.15, 1855, p. 32.

⁷¹ CC No.16, 1856, p. 41.

⁷² See for example Bashford & Gilchrist ‘The Colonial History of the 1905 Aliens Act’, p. 410.

⁷³ CC No.19, 1859, p. 6.

⁷⁴ Haines, *Doctors at Sea*, pp. 76-77.

⁷⁵ Haines, *Life and Death*, p. 24.

⁷⁶ *AJHR*, 1864, Session I, Section D-03, ‘Correspondence Relative to the Introduction of Emigrants into New Zealand’, pp. 1-2.

medical officers' on the voyage. After the British Secretary of State for the Colonies vetoed the CLEC taking up operations on behalf of New Zealand, Wood re-organised the existing British agents into the New Zealand Emigration Board. These agents were warned not to select the 'mere refuse' of Britain. In order to recruit and supervise British migrants, the Board replicated the CLEC's regulations to the extent that they employed the same ships' surgeons.⁷⁷

Despite these British controls, evidence for the New Zealand province of Otago's recruitment shows how colonial administrators began to react to immigrants perceived to be undesirable. The Otago Association, an affiliation of the Zealand Company, recruited migrants from Scotland, the first of whom arrived in 1848.⁷⁸ By the mid-1850s the provincial government had appointed Edinburgh-based agents James Crawford and John Auld to recruit and dispatch migrants.⁷⁹ Examining the relationship between officials in Scotland and Otago provides a number of key findings. Within the concerns about immigrants adding pressure to the already stretched public funds, we find instances of so called imported lunatics. The British agents sought to rectify this, thus indicating how closely the network of medical administrators and migration controllers worked together. This level of negotiation within the British world networks would not be seen again until the twentieth century.

In Otago, provincial surgeon and superintendent of the Dunedin hospital and asylum Edward Hulme, was vocal in his critique of the newcomers.⁸⁰ In 1861 he complained to the provincial superintendent John L.R. Richardson regarding the incidences of immigrant ships bringing 'lunatics and others affected with incurable diseases'. He noted how the current cases of 'incurable lunatics – imported' had recently been added to by diseased arrivals on the *Storm Cloud*. They included a

⁷⁷ *Ibid*, pp. 6-8.

⁷⁷ *Ibid*, p. 8.

⁷⁸ Patterson, Brooking & McAloon, *Unpacking the Kists*, p. 23.

⁷⁹ Dalziel, *Origins of New Zealand Diplomacy*, p. 17.

⁸⁰ ENZ online version Michael Belgrave. 'Hulme, Edward', [accessed 23 January 2015].

married woman with gastro-enteritis, dysentery and ‘incurable disease of the bones of the nose and face,’ which caused Hulme to comment that her effluvia must have been ‘an intolerable nuisance to her fellow passengers’.⁸¹ A tuberculosis sufferer had also arrived ‘greatly reduced in flesh and strength’. As such, Hulme stressed to Richardson that the selecting agents should be ‘more particular in future’ and suggested that the ships’ captains be penalised for bringing in such types.⁸² This recommendation is likely one of the first calls in New Zealand to enact a bonding system like the already-established Victorian Act.

It was not until 1873 that the New Zealand government would enact their first immigration restriction. Prior to that, recruitment agents in Edinburgh could only act on a case by case basis to the criticisms from Otago. While the annotation ‘forward a copy to the agent’ is visible on Hulme’s letter of complaint, later complaints were more explicitly dealt with.⁸³ A number of instances show how Crawford and Auld responded to criticism about unsuitable immigrants raised by the superintendents of Otago.⁸⁴ These included complaints about diseased immigrants, married women masquerading as single women and, what would become a familiar refrain, people who appeared sane before they left Britain, but whose mental condition had deteriorated.⁸⁵ In February 1863 the agents responded to one such case by seeking advice from the medical referee. This doctor, a surgeon based at the Edinburgh Royal Infirmary, reported to them that he had never observed ‘even the slightest tendency of insanity’ in the woman in question.⁸⁶

⁸¹ Mrs Ann Watson died in hospital on 8 August. ‘Death’, *The Otago Witness*, 10 August 1861, p. 4.

⁸² NZNA: AAAC D500 707 Box 135a/524, E Hulme to Superintendent, reporting admission of two incurable patients from the ‘Storm Cloud’.

⁸³ *Ibid.* The note ‘Appraised letter with Capn’ [illegible] also suggests that the request was taken further.

⁸⁴ Superintendents John Hyde Harris (1861-1863) and James MacAndrew (1867-1876) his second term.

⁸⁵ For example Margaret Harrie had been granted a passage due to her single status, yet two days prior to the sailing date presented her new husband. This resulted in the regulations being tightened to refuse passages to those who had failed to report any change of circumstances. See Letter from Dunlop to Crawford and Auld 22 January 1863 in NZ NA AAAC D500 709 Box 340, J Crawford and J Auld, Edinburgh Agents to Superintendent, 1863.

⁸⁶ NZNA: AAAC D500 709 Box 340a/75, J Crawford and J Auld, Edinburgh Agents to Superintendent, 1863. Letter from Crawford and Auld to His Honor, The Superintendent of the Province of Otago. This

Crawford and Auld's response to this case of suspected insanity resulted in an overhaul of their medical certification process. They went as far to apologise to the Otago officials and promised to do all they could to prevent further incidents.⁸⁷ Their updated guidelines made the medical referees responsible for considering whether near relations of the applicant had ever been 'affected with insanity'.⁸⁸ As such, these recruitment agents employed the medical theories about hereditary conditions then becoming prominent in Europe. It should be speculated that they had links with the Edinburgh Royal College of Surgeons, because in terms of migration control, these ideas appear progressive for the time. In addition to the prevailing requirement for applicants to be sober, industrious, of good moral character, and free from any bodily or mental defect, an extra clause was added to the medical certification.⁸⁹ The doctor had to confirm that they had 'no reason to suspect that any relations of the applicant have ever been afflicted with insanity' nor suspected a 'tendency to insanity from hereditary causes'.⁹⁰

Crawford and Auld's amendments are arguably the first steps taken by nineteenth-century migrant recruiters in relation to people pre-disposed to insanity. Similarly progressive attempts would not occur until the early twentieth century. And yet, despite these steps, the migration of the so-called insane continued. In 1869, Superintendent of Otago, James MacAndrew complained more fervently about what he called the 'evil effects of lunatics' sent there from Britain. Like Edward Hulme, over a decade before, MacAndrew informed Auld that he was seeking a 'legislative measure on this subject'. Auld's response suggests a measure of frankness in their professional

case referred to Helen Laurie who arrived on the *Grasmere* from Glasgow on 1 May 1862. See 'Port Chalmers', *Otago Daily Times*, 26 August 1862, p. 4.

⁸⁷ NZNA: AAAC D500 709 Box 340, J Crawford and J Auld, Edinburgh Agents to Superintendent, 1863. Letter from Crawford and Auld to His Honor, The Superintendent of the Province of Otago.

⁸⁸ *Ibid*, Second page.

⁸⁹ *Ibid*, Application Form for 'Otago-New Zealand, Assisted Emigration to Otago' (front page).

⁹⁰ *Ibid*, Letter from Crawford and Auld to His Honor, The Superintendent of the Province of Otago. Second page.

relationship. While he thought that legislation was a good idea, Auld informed MacAndrew that it would be difficult to put into practice. Despite the changes implemented by Crawford and himself six years earlier, he explained that they had found that, in every case the colonists had complained about, the certification had shown that no ‘insane tendencies’ existed. The recruiting agents had, he stressed, been careful not to select such types.⁹¹

It appears that, within this closely managed network, some financial recompense existed to cover these eventualities. Auld reported how Michael Franklin’s ‘mind became unsound’ because of adverse weather conditions and rough sea soon after the ship had sailed. This had occurred, he explained, despite his medical certificate not indicating any ‘tendency to insanity’. Subsequently disembarked at the island of Arran, from where he was returned to Glasgow, Auld’s take on the instance suggests that a system of financial accountability did exist. As a nominated emigrant, Franklin’s sister had provided part of the passage money upfront. Furthermore, the costs of his asylum stay were later recovered from the shipping company. Auld wrote to MacAndrew expressing relief that Franklin’s insanity was soon detected.⁹² The context of this is debatable. It could refer to Franklin being swiftly removed for treatment, or more likely that the shipping company was responsible for providing the costs of his maintenance.

The question of whether a system of financial recompense existed is further complicated by Auld’s response to the case of Miss Cullinan. She, like Franklin, had passed the medical checks and had been guaranteed by her brother in Otago. Unlike Franklin however, Cullinan reached Otago requiring medical care. Because Auld could not elicit a response from the British doctor who had provided her reference, he expressed some concern about its validity. He proposed to MacAndrew that Cullinan’s

⁹¹ NZNA: AAAC D500 709 Box 341b/257/265, J Auld, Edinburgh Agent to Superintendent Letter from Auld to the Superintendent of Otago, 14 May 1869.

⁹² *Ibid*, Letter from Auld to the Superintendent of Otago, 7 October 1869.

brother be made 'responsible to the government for the expense and loss occasioned to them'.⁹³ Whether this referred to a provision within the migration regulations or to the usual attempts to extract maintenance from relatives is unclear. It is obvious that Auld was becoming less confident about the medical regulations pertaining to 'mental illnesses'. He expressed a sense of not being able to completely stop these occurrences but suggested that better questioning of those in the colony who had nominated their friends and relatives should help. Auld also suggested that despite all available attempts to identify these types, an 'unhinging of minds' in some immigrants may be inevitable. This may result from the 'feeling of dread on leaving the country for an unknown land'.⁹⁴

Auld suggested this inevitability after a series of such problematic cases. In addition to the ones just detailed, by far the most complex case involved Elizabeth Wilson. Arriving at Dunedin in May 1869 Wilson's 'mental health' was deemed to be so poor that she was admitted to an asylum, and as it transpired, never released. The circumstances of her case piqued the interest of journalists who used it to highlight the lack of legal border controls. The lengthy correspondence between MacAndrew and Auld highlights their confusion about how to manage the financial implications of immigrants requiring asylum care. Wilson's case also displays the different terminology employed by border and medical administrators in relation to 'mental illness', many of whom expressed a level of sympathy towards her plight. It also shows how migration administrators were becoming fully aware as to insanity being triggered by the stresses of the voyage itself.

⁹³ *Ibid*, Letter from Auld to the Superintendent of Otago, 14 May 1869. Letter from Auld to the Superintendent of Otago 9 September 1869. All this information apparently 'pointed in the opposite direction (from insanity). The surgeon and 'respectable parties' 'spoke to their knowledge of her for a number of years' and the presumption was 'that she was in such a state as to be able to work for herself for years back'.

⁹⁴ *Ibid*, Letter from Auld to the Superintendent of Otago, 7 October 1869. As well as the case of Wilson, another passenger on board the *Peter Denny* also became 'unhinged'. John Hardy, usually 'borne of a most exemplary character' was charged with indecent exposure to children three weeks after arriving back in the province. 'Residents Magistrates Court', *Otago Daily Times*, 9 June 1869, p. 5.

Wilson's state on arrival was initially overlooked in the first reports of the arrival of the clipper *Peter Denny* from Glasgow into Port Chalmers in May 1869. The *Otago Daily Times* reported the success of this voyage as 'more of a pleasure trip than anything else'. The ship made a speedy and 'splendid passage', and all 46 passengers were in 'good health'. Furthermore, the surgeon-superintendent had performed well, and both he and the captain were given testimonials to reflect their 'kindness and courtesy' shown to the passengers.⁹⁵ And yet, a second account contradicted this glowing report somewhat. A so-called 'unfortunate lunatic' was found amongst the female passengers. She had apparently been 'surreptitiously placed on board by a medical gentleman' who thought fit to take advantage of the 'absence of any penal enactment in this colony'. Accordingly the newspaper, although expressing some sympathy towards her plight used the case as another example of this 'type of fraud', against which legislature was required.⁹⁶

Whether this opinion had originated from James MacAndrew is unknown, but the superintendent acted quickly to berate James Auld in Edinburgh. Thus began a debate between them which rested on the question of who was culpable of assessing Wilson as sane enough to travel, and who should pay the maintenance for her treatment. Throughout this correspondence the language employed to describe her mental state varied, a further indication of how colonial response to the so called 'imported lunatics' was inconsistent. While the response of journalists had been to describe Wilson as a lunatic, the legal paperwork provides the medical responses to her condition. The two medical opinions as to her mental state were provided on 14 May 1869. The legal 'facts indicating insanity' rested on how long she thought she had taken to travel to New Zealand. Wilson told one doctor, Robert Burns, it had taken eight years, and the one who provided the second opinion, Edward Hulme, twelve. Subsequently they reported

⁹⁵ 'Shipping', *Otago Daily Times*, 9 June 1869, p. 3.

⁹⁶ 'Social', *Otago Daily Times*, 9 June 1869, p. 2.

that because she did not know which month it was, her memory was therefore, defective'.⁹⁷

Wilson's condition had not escaped the notice of the ship's surgeon who testified to her 'obscene language' and 'dirty and disgusting personal habits'. The same day the Justice of the Peace signed the order for admission to the asylum. This paperwork stated that Wilson was 'suffering from dementia' and that her bodily health was poor.⁹⁸ Her symptoms were listed in the asylum entry log as loss of memory, a tottering gait, and 'dirty habits'. The asylum sources detailed how her condition worsened at night when she would howl, shake and make what were described as 'hideous' noises. These records also stated that she had been in the same state upon departure from Scotland and she had been sent to Otago to 'avoid being a trouble to her friends'.⁹⁹ In addition while her bodily state had improved by 26 July, her mental state had not.¹⁰⁰ Accordingly, unlike the other cases of those who appeared insane on arrival but recovered, Wilson's state rendered her as requiring institutional care.

Auld's initial response was to deny any knowledge about Wilson's state and blame the British port officials for sanctioning her emigration. His concern was how she had passed the pre-embarkation checks and, prior to that, had gained medical certification. Auld found that the shipping company were, like himself, attempting to trace the doctor who had signed the medical certification, a Dr Weir.¹⁰¹ The fact that the ship's medical officer had allowed Wilson to embark suggests a number of possibilities. She either appeared well at that time, or because already certified as fit, she would have gone undetected in the hasty on-board medical inspections. When Auld reviewed Weir's certification he expressed concern about the doctor's reference because, despite him

⁹⁷ NZNA: DAHI/D266/1985/2388, Elizabeth Wilson: Dunedin Lunatic Asylum, 1869, Asylum stay (admission and outcome)

⁹⁸ *Ibid.*

⁹⁹ NZNA: DAHI/D264/100, Dunedin Lunatic Asylum, Register of Discharges, Removal and Deaths.

¹⁰⁰ NZNA: DAHI/D264/37, Dunedin Lunatic Asylum, Register, p. 75.

¹⁰¹ NZNA: AAAC D500 709 Box 341b/257/265, J Auld, Edinburgh Agent to Superintendent Letter from Auld to the Superintendent of Otago, 13 July 1869.

‘occupying a respectable position in Glasgow’, he had not explained how he came to know Wilson nor had described her previous history.¹⁰²

Determining culpability was made more complex because it transpired that Weir had asked a fellow doctor, Dr Paterson, to provide another set of certification. This unusual step promoted Auld to speculate that Weir must have suspected Wilson to have an ‘unsound state of mind’. Indeed, Weir had described Wilson as ‘eccentric’ and because was ‘liable to be taken advantage of’ was better off living with friends in Otago.¹⁰³ Auld thought this idea absurd, commenting that if Weir had any interest in her welfare, he would not have sent her unaccompanied to a distant land, with insufficient means.¹⁰⁴ As it was later made clear, Paterson had not sanctioned Weir’s idea, instead suggesting Wilson have a change of scene, not abroad, but to a family in the countryside where she would benefit from a ‘good and cheerful society’.¹⁰⁵ Paterson went as far as making a personal offer to take Wilson in himself, and when informed that she was actually abroad, expressed great surprise.¹⁰⁶

What would turn out to be a three month investigation hinged on who should cover Wilson’s asylum fees? Although Auld disparaged Weir’s intention to send her to Otago, he informed MacAndrew that there was no evidence of ‘any criminal act’. Neither could he find any legal grounds for holding the shipping company responsible for returning Wilson to Glasgow. Auld did concur with MacAndrew that the provincial authorities should not be responsible for her maintenance so she should be sent back to the Scottish parochial authorities. Regardless of her background, Wilson clearly was too ill to take up her proper place in colonial society. Weir continued to deny knowledge of any predisposition, although did confess to having known her for ‘some years’. During this time he had helped her financially when she succumbed to ‘indigent

¹⁰² *Ibid*, Letter from Auld to the Superintendent of Otago, 9 September 1869.

¹⁰³ *Ibid*.

¹⁰⁴ *Ibid*.

¹⁰⁵ *Ibid*.

¹⁰⁶ *Ibid*, Letter dated 7 October 1869.

circumstances'. It was because of her periodic destitution, Weir tried to explain, that when Wilson and her friends started to plan to emigrate to Otago he had condoned the idea. Responding to Auld's questioning about her mental state he stressed that he believed her to be in a 'fair state of health, mental and bodily'. He had not known her to be intemperate and, to his knowledge she never had 'delirium tremors'. If Wilson had ever been 'insane' Weir conceded, she must have been 'quite recovered for a long period of time'.¹⁰⁷ Although disappointed at the outcome of Wilson's migration, Weir maintained that he 'could not pretend to account for it'.¹⁰⁸ Despite admitting that he had not involved Paterson with the plans for Wilson's emigration, Weir thought that his fellow doctor would have approved, because he likewise believed her 'perfectly sane'.¹⁰⁹

Without any provincial regulations to deal legally with this case, it fell to Auld to decide the outcome. After taking private steps to 'ascertain Weir's character' he informed MacAndrew that it was difficult to prove that he had acted from improper motives. Although concluding that Weir had not been candid with Paterson, Auld found that his only action was to reprimand the first doctor. In terms of Wilson's situation the only option available was to send her back to Glasgow where she would be assessed by the Inspector of the Poor.¹¹⁰ He did not, however, provide any instructions as to how to facilitate such a return.¹¹¹ Nor did it happen. Elizabeth Wilson died in Dunedin Lunatic Asylum on 20 November 1871 due to 'general paralysis from softening of the brains'. She had been there since May 14 1869.¹¹² How her treatment was paid for is not known, nor is the detail of her sad demise, although her symptoms are commonly held to have been consistent with syphilis.

¹⁰⁷ *Ibid*, Letter from Dr Weir to John Auld, 18 September 1869

¹⁰⁸ *Ibid*.

¹⁰⁹ *Ibid*.

¹¹⁰ *Ibid*, Letter from Auld to the Superintendent of Otago, 7 October 1869.

¹¹¹ *Ibid*.

¹¹² NZNA: DAHI/D264/37, Dunedin Lunatic Asylum, Register.

From the details of Wilson's case a number of observations can be made about the system of migration administration in New Zealand. Without any national immigration restrictions, provincial authorities dealt with the 'imported lunatics' on a case by case basis. Those who arrived needing medical attention were provided for. While some would recover and take their places as capable workers, others, like Wilson, would not. The provincial superintendents, like James MacAndrew, had close links with their recruitment agents in Britain. James Auld went to great lengths to determine who had found Wilson fit enough to travel. This indicates just how tightly bound these British world migration operations actually were. While Wilson's background appears particularly complex, attempts to determine culpability did not change her fate. She arrived in a state of 'dementia' and required costly asylum treatment, seemingly for a period of nearly two and a half years. The extent of people involved in her case, and the different terms used to describe her state, show how managing the entry and costs of those deemed to be mentally ill was a messy affair. And yet, despite MacAndrew using these cases to complain about the 'evil effects of lunatics'; he had no legal protection to prevent them entering the country.

Conclusion

This chapter has shown how, in the space of forty years, controls around systematic emigration had tightened. The early utopian ideals of the ideal emigrants displaying good character, morals and physique had evolved into more practical concerns. Depending on the stage of development of their region, Australasian colonies began to focus on newcomers becoming public charges. As such, these concerns were framed financially in regions where the indigent fell on the 'mixed economies of welfare' for support. There is a sense too of evolving terminology regarding 'pauperism' and 'mental illness'. Whereas the migration schemes referenced 'unsound minds' and

‘mental defect’, the established legal framework in the colonies meant administrators employed legal terms such as ‘lunacy’ and ‘insanity’ to describe what were, in effect, the same conditions.

Within this period we find the first instance of those who, despite the pre-departure check, succumbed to the malady of migration. This led, as shown in the case of Otago, recruitment agents attempting to consider whether applicants were predisposed to ‘insanity’ or ‘lunacy’. However, despite the introduction of new methods of medical certification, some were succumbing to what may have been latent conditions. The assistance they required in the colonies further stretched the already limited local resources.

What is apparent is that, despite the hands-off approach to emigration by the British government, British officials and administrators played a huge part in Australasian migration control. In effect, by 1850 the ability of British people to migrate to the Australasian colonies was subject to multi-layered selection procedures and the monitoring of their suitability on the voyage itself. The surgeon-superintendent became what should be viewed as a conduit between metropole and periphery. Recruitment agents were also key actors in this British world network through which ideas about desirability were transferred. And while these discussions may have occurred between particular individuals, their concerns were starting to be raised more publicly, through newspapers for example. Although the colony of Victoria was first to enact legal border controls in the 1850s, by the next decade some colonial administrators, like Otago’s James MacAndrew were starting to petition for greater protection.

It was in the 1870s that these concerns would become magnified into a national problem. That decade signified a centralising of New Zealand migration control. Not only would systematic emigration be organised on a national level, in 1873 New

Zealand launched their first immigration restrictions which sought financial recompense for any 'lunatic' or 'idiot' seeking entry. The next chapter will show how, despite these two specific provisions representing national attempts to improve the standards of immigrants, British and colonial practices came into conflict. As such the level of cooperation between the Otago administrators and their British recruiters would not be replicated.

Chapter Three: Funding ‘Unsound Minds’, New Zealand 1870—1876

Throughout the 1870s, the challenges faced by provincial administrators in New Zealand began to be played out on a political level. The incidences of immigrants arriving in the country perceived to be insane achieved greater prominence in political and medical spheres. As such, the concerns previously raised by provincial politicians like Otago’s James MacAndrew became magnified on many levels. Anxieties about immigrants becoming public charges increased exponentially as a result of the national assisted immigration schemes which, between 1871 and 1876, brought in 71,000 British and European migrants.¹ The previously private discussions regarding imported incurable lunatics emerged into the public domain. The migrant recruiters operating in Britain on behalf of the New Zealand government were openly criticised by local and national administrators. This period also saw New Zealand’s first immigration restriction legislation. The 1873 Imbeciles Passengers Act, as in other parts of the British world, sought to appropriate financial bonds for any non-assisted immigrants if deemed lunatic, idiotic, deaf, dumb, blind or infirm.

This chapter focuses on how the provincial migration controls were incorporated into the national initiatives of the 1870s, the so-called Vogel Era named after Colonial Treasurer Julius Vogel.² It was in this decade, only thirty years since the official ‘creation’ of New Zealand, that politicians started to centralise their administrative structures, including border control. This chapter answers the call to investigate the immigration legislation in relation to the ‘mentally ill’.³ It also revisits Raewyn

¹ Dalziel, *The Origins of New Zealand Diplomacy*, p. 48.

² New Zealand History online version 'The Vogel era', [accessed 2 March 2015].

³ McCarthy: ‘Ethnicity, Migration and the Lunatic Asylum in Early Twentieth Century Auckland’, p. 50; and ‘Future Directions for the Study of Migration and Ethnicity in New Zealand’, p. 92.

Dalziel's analysis of the evolution of the Agent-General role to highlight how the assisted emigrants who arrived in 'insane' states became a national problem. The provincial port controls and officials employed to assess them on arrival, as presented in Process Chart 1, generally remained the same. Furthermore, this new research counters McCarthy's suggestion that no official acts of repatriation occurred.⁴ It shows how the petitioning for the deportation of immigrants did succeed, albeit on an ad-hoc basis.

Whereas the Otago migration schemes had been tightly managed between provincial leaders and their British recruitment agents, the national initiatives were more unwieldy. The attempts to induce migration on a far larger scale continued to rely on third party certification. This practice became even more derided by New Zealand administrators. The New Zealand Agent-General became the focus for the increasing tensions between periphery and metropole. It was in this decade that anxieties about the newcomers took on a more ominous meaning for the medical profession. As already acknowledged, European ideas of degenerative 'mental states' were employed in the Australasian colonies. In 1875 New Zealand Inspector of Asylums, Duncan MacGregor, warned that the nature of 'mental illness' had changed from 'curable insanity' to what he termed the more 'backward idiots and imbeciles'.⁵

To help us untangle these increasingly messy themes and relationships, this chapter is organised into three sections. First, it considers the tenure of Isaac Featherston as New Zealand's Agent-General between 1871 and 1876. Featherston, as the London-based chief emigration officer, would be held responsible by his peers and superiors for the selection of those perceived as insane on arrival. However, although Featherston would be forced to defend his system on a case by case basis, when the government reviewed the overall process, one key minister conceded that such instances were inevitable. This did not sit well with the local regions that had to provide the

⁴ McCarthy, 'Migration and Madness in New Zealand's Asylums', p. 65.

⁵ *AJHR*, 1875, Session I, H-02a, 'Further Reports on Lunatic Asylums in New Zealand', No. 4, p. 4.

assistance for anyone requiring medical care. As such, the question of funding the treatment of the incapable took political centre stage, which was particularly apparent in the introduction of the Imbeciles Passengers Act (IPA) in 1873. The implementation of this is examined in the second part of this chapter. And yet, this legislation was designed to control the entry of self-paying passengers from surrounding colonies. It was, therefore, mainly redundant in a period when the majority of newcomers were British assisted immigrants.

The third section exposes the flaws in both sets of migration control - the assisted scheme and the IPA - which operated separately from each other. Despite being national provisions, their practicalities were ill-defined and evolved only when their inadequacies were exposed. The analysis of immigration cases displays how the border controls were inconsistent. The officials who we have already met-the customs officers, immigration officers and ships' surgeons-continued to work according to the frameworks created decades earlier. They were not given clear advice as to how to manage the arrival of those perceived to be insane. The British selection processes were found increasingly lacking and colonial administrators, including James MacAndrew, continued to lobby for a system of repatriation. As in the 1860s, agreement could not be reached on how to fund this, although some migrants, as will be shown, successfully petitioned for their own repatriation on the basis that they were they were not fit to work. As such, this era was characterised by the lack of clear process for dealing with those deemed insane, whether assisted or self-funding.

The Agent-General as Migrant Selector

Before revisiting the role of New Zealand's Agent-General it is important to acknowledge that its function as chief emigration officer for individual colonies has

been recognised.⁶ Historians have highlighted how Dr Issac Featherston was held culpable for the selection of those found unsuitable upon arrival.⁷ This new study is unique in how it spotlights the instances of the ‘insane’ in this critique who, Featherston argued, appeared perfectly sane before they left. As such, this research should be used to bolster the current focus on insanity in migrants being triggered by the act of migrating itself. Featherston ironically should also be seen as a medical migrant on a number of counts. Medically trained at Edinburgh University, he emigrated to Wellington in 1841 seeking to cure his tuberculosis. After practising medicine, through journalism Featherstone entered local politics. In 1853 he became the first superintendent of the Wellington Province, a post he held intermittently alongside being a member of parliament until 1870. That year he was appointed a New Zealand Commissioner and sent to London to negotiate with the British government over military provisions.⁸

This key appointment coincided with political plans to nationalise immigration and public works operations, and to diminish the role of provincial leaders.⁹ Driven by Colonial Treasurer Julius Vogel, the 1870 Public Works and Immigration Act changed the landscape of migration control. Like Featherston, Vogel had moved from journalism into provincial politics.¹⁰ Otherwise, these two men had different political outlooks, and for the next six years would frequently clash over the practicalities of migration recruitment. Historians have noted how while Vogel was a moderniser, and sought to abolish the provinces, Featherston represented the ‘old guard’ parochial politicians.¹¹ Despite holding opposing ideologies, Vogel appointed Featherston New Zealand Agent-

⁶ See for example Wayne O’ Donohue, ‘First Agent-Generals: Development of an Office in London 1860-1876’, *Journal of the Royal Historical Society of Queensland*, 11: 3 (1981), pp. 59-74. Bashford, *Insanity and Immigration Restriction*, p. 16.

⁷ Dalziel, *The Origins of New Zealand Diplomacy*, pp. 37-38.

⁸ ENZ online version David Hamer, ‘Featherston, Isaac Earl’, [accessed 14 February 2015].

⁹ Dalziel, *The Origins of New Zealand Diplomacy*, pp. 21-22.

¹⁰ ENZ online version Keith Sinclair, ‘Fox, William’, [accessed 14 February 2015].

¹¹ See Dalziel, *The Origins of New Zealand Diplomacy*, p. 29.

General in 1871. Financed by central funds, Featherston was authorised to establish a central office and appoint a system of British agents to put Vogel's plans into practice.¹² These practicalities worked similarly to the provincial schemes by relying on British maritime regulations and references provided by the intending migrants' local doctors. Featherston oversaw these operations as the scheme's national figurehead. As such, he was the intermediary between national policy and the local British administrative practices. Like with the Otago system, some migrants prone to insane behaviour went undetected so were granted assisted passages. Compared to the Otago agents, Featherston faced increased levels of hostility towards his working practices, about which he remained resolute. He clashed with Julius Vogel who increasingly urged his Agent-General to assert control over the third-parties in Britain.

The clash between these individuals has been noted, as has the amount of criticism aimed at Featherston by New Zealand officials. Now forty years since Dalziel's important investigation of this New Zealand-British diplomatic relationship, it is possible to evaluate these tensions in relation to those immigrants perceived to be mentally ill. The following section analyses these problematic immigration cases sourced from the New Zealand's Appendices to the Journals of the House of Representatives and the Votes and Proceedings of the House of Representatives (*AJHRs*). This online repository includes communications and reports documenting the work of governmental departments. From these documents it is possible to get a sense of the evolving tensions between the officials operating in the periphery and in the metropole. Nationally the scheme was designed to recruit those of good moral character, of sound mind, free from bodily deformity. But here again we find that the language used to describe anyone 'unsound of mind' was inconsistent and blurred with rhetoric around immoral behaviour. Some New Zealand politicians increasingly bemoaned what

¹² See *ibid*, pp. 23-33.

they saw as Featherston's autonomy in Britain. Featherston and his sub-agents would, however, consistently justify their practices and, in the case of the 'mentally ill', argue that migrants had been certified as sane before they left Britain.

Like the provincial schemes, Vogel's national immigration initiative was designed to recruit the best of British to assist with the economic development of the country. In 1870 Premier William Fox sanctioned the scheme but stressed that he wanted an 'exceedingly careful selection of suitable persons', not one which would rid 'Great Britain or any other country of its unemployed population'.¹³ Provincial superintendents yielded to Featherston's overall control, with the caveat that he rejected those who did not reach the required standard of sound mind, good health and good character.¹⁴ With this national initiative came greater attention to the state of the arrivals. Migrants continued to be evaluated and supervised - in theory - at embarkation, during the voyage and at disembarkation. In a key departure from the provincial schemes, a panel of immigration commissioners reported on the outcome of each incoming immigrant ship. Their opinion as to the state of each ship and those on it, reached the Minister of Immigration, and, ultimately, the Agent-General in London.

This increased national focus also drew more attention from the local parties who had previously criticised the provincial initiatives. Those in the ports and expanding cities continued to experience the arrival of the 'insane' first hand. The concerns expressed by maritime, asylum and local government officials were magnified by journalists, who published synopses of the yearly immigration and asylum reviews. Even before the assisted immigrants started to arrive, the concerns of asylum officials were reflected on a national level. In 1871 Dr M. S. Grace reported to the Joint Committee of Lunatic Asylums about the causes of lunacy in the colony. He described

¹³ *AJHR*, 1870, Session I, Section D-04, 'Correspondence with the New Zealand Commissioners Relative to Immigration', p. 5.

¹⁴ *AJHR*, 1871, Session I, Section D-03b, 'Papers Relating to Immigration', pp. 3-10.

the commonness of insanity as due to the ‘oppressive loneliness’ experienced by immigrants ‘depressed’ by the actualities of what had been ‘extravagant anticipations of their new home’. These types he found were not ‘organically mad’ so were curable.¹⁵ Whether curable or not, those immigrants who arrived in this state of mind, became included in those deemed undesirable. The broad spectrum of ‘mental’ or ‘moral’ conditions found in the political reportage indicates the number of different officials who reacted to the arrival of the ‘mentally ill’ using inconsistent terminology. At the heart of these concerns was colonial anxiety about having to finance any newcomers who were incapable of work.

Those immigrants who quickly recovered from their ‘insane symptoms’, or were met by friends or relatives were more easily assimilated. In 1872 a number of women were labelled as displaying various forms of ‘hysteria’ upon arrival. The reaction from the port officials suggest that as long as this condition subsided, or the women were taken care of, they did not prove a threat. Equally it is clear how the language employed by colleagues differed, as did their initial perception of immigrants. When the immigration officials first boarded the *Charlotte Gladstone* which arrived at Christchurch in 1872, they reported that the migrants had been well-selected. However after reading the surgeon’s report, immigration officer J. Edwin March discovered that three women had been hospitalised en route. Two had suffered from ‘frequent hysteric fits,’ which in one woman had manifested in convulsions, partial consciousness and paralysis. Despite this condition and her being ‘prone to sentimental dreaming,’ March concluded that her character was excellent.¹⁶ Similarly, in Dunedin, the initial report about the *William Davie* suggested that everyone had arrived in excellent health. Again once the official reports had been reviewed a different picture emerged. One female

¹⁵ *AJHR*, 1871, Session I, Section H-10, ‘Report of the Joint Committee on Lunatic Asylums’, pp. 10-11.

¹⁶ *AJHR*, 1872, Session I, Section D-16a, ‘Further Papers Relating to Immigration: Reports of Immigration Officers’, No .1, 2 and Enclosures, pp. 3-4.

cabin passenger had arrived 'insane'. Despite this specific labelling, an immigration officer later reported her as 'quite well' after being met by her friends. Her insanity, he explained, consisted of a 'nervous excitement'.¹⁷

These cases suggest that 'insane' or 'hysterical' symptoms could be downplayed by officials, as long as they displayed the requirement of good character. It is also apparent that if the migrants had support networks in place, such as friends or family to meet them, they were more likely to be landed. The immigration commissioners also displayed a level of subjectivity. Although they reported that a single female suffering from 'hysteric dementia' had arrived on the *Lady Jocelyn*, the commissioners' main focus was the incorrect social divisions on board. Due to the lack of available accommodation she had been treated in the married women's hospital, which they described as a concern.¹⁸ Conversely, the commissioners decided to overlook a complaint from the *Friedeberg's* ship's surgeon about the immigrants' behaviour on the journey. Although single men had been found in the single women's compartment at night, the commissioners concluded it to be 'more of a case of frolicsome mischief' than anything else.¹⁹

The commissioners were not so accepting of immigrants they deemed unable to work. Their perception of physical incapacities brought them into direct conflict with Featherston. The Agent-General challenged their complaint about the passage he granted to a man who had lost all fingers on one hand.²⁰ Featherston argued that according to his references the man was able to maintain himself. The medical certification stated he could still use that arm, and furthermore, the man's employer

¹⁷ *Ibid*, No. 3, 4 and 5, p. 4.

¹⁸ *AJHR*, 1873, Session I, Section D-01d, 'Immigration to New Zealand: Further Memoranda to the Agent-General', Enclosure 3 in No. 12, p. 8.

¹⁹ *AJHR* 1873, Session I, Section D-01, 'Immigration to New Zealand: Memoranda to the Agent-General', Enclosure 5 in No. 8, p. 8, Enclosure.1 in No. 4, p. 2, and Enclosure 4 in No. 8, p. 7.

²⁰ *Ibid*, No. 9, p. 11.

described him as a good agricultural labourer and an honest, sober man.²¹ These were not simply disagreements between immigration officials. These types of correspondence were passed between government ministers, in some cases the New Zealand Premier. In this role between 1872 and 1873, George Marsden Waterhouse complained to Featherston directly about those he considered invalids requiring government hand-outs, and the physique of married couples not being of the required standard.²² After further complaints about so-called ‘cripples’ and pregnant single women, the immigration commissioners mooted ideas about better pre-embarkation medical inspections.²³ The commissioners polite request for ‘closer medical inspections’ to occur was subsequently made more explicit.²⁴ By April 1873 Minister of Immigration, George Maurice O’Rorke, berated Featherston for the ‘faulty’ system of shipping emigrants.²⁵

Featherston persistently argued that he had neither the authority nor the resources to change the British operations. Instead, he designed an approval process which, like the provincial schemes, relied on third party certification. By March 1873 he had appointed 120 local agents across Britain and Ireland to recruit migrants, under the proviso that assistance was granted only to those ‘sober, industrious, of good moral character, of sound mind, free from bodily deformity, in good health’, and, only going to New Zealand with the ‘intention to work for wages’. As with the CLEC’s system, migrants found to be infectious or to have any bodily or mental defect were meant to be disallowed from embarking.²⁶ Featherston’s deputy, Walcott, described this medical inspection to his political superiors after viewing it first-hand. Emigrants were

²¹ *AJHR*, 1873, Session I, Section D-02, ‘Immigration to New Zealand: Letters from the Agent-General’, No. 17, and Enclosure in No. 17, p. 13.

²² *AJHR*, 1873, Session I, Section D-01, ‘Immigration to New Zealand: Memoranda to the Agent-General’, No. 28, p. 24, and No. 40, p. 35.

²³ One immigrant was found to be suffering from a disease in the ankle which rendered him a ‘complete cripple’. *AJHR*, 1873, Session I, Section D-01b, ‘Immigration to New Zealand: Further Memoranda to the Agent-General’, Sub-enclosure 2 in No. 3, p. 4. For the complaints about pregnancies see No. 9, p. 9.

²⁴ *Ibid*, No. 2, pp. 1-2.

²⁵ *AJHR*, 1873, Session I, Section D-02c, ‘Immigration to New Zealand: Further Papers from the Agent-General’, No. 3, p. 2.

²⁶ *AJHR*, 1873, Session I, Section D-02, ‘Immigration to New Zealand: Letters from the Agent-General’, No. 20 and 21, pp. 15-23.

assembled on the deck, he explained, before walking past the port health officer, ship's surgeon, emigration officer and ship's broker.²⁷ Despite appearing to be a 'merely illusory' check, Walcott stressed that any suspicious cases were fully investigated and ailing passengers were not allowed to proceed. He went on to assure his superiors that the medical inspections were also a 'matter of anxious consideration' to his team in Britain. Yet without establishing their own depots in which to observe migrants prior to departure, Walcott admitted that they could not suggest a better way than the one created under the Passengers Act.²⁸

Without the time or finances to have a medical officer inspect each emigrant, Featherston had no choice but to rely on the certification and the discretion of his sub-agents.²⁹ Some admitted to their level of subjectivity. C. Carter, the agent who processed the Brogden Navvies railway constructors, was asked to explain his selection after complaints were made about their conduct on the journey. Admitting that this group was 'rough in their manners and at time unruly', Carter explained that he believed them to be hard-working and honest. Furthermore, he sought to disparage the reputation of the ship's surgeon who had described the navvies as a very bad class. Not only had this doctor been present at the mustering, Carter explained, the ship's matron had in turn described him as the 'greatest scoundrel' she had ever met, and had found him responsible for causing the bad behaviour. The matron had reported the doctor falling on the deck drunk, and openly kissing the women whilst 'filling their husbands with drink'.³⁰

While such accounts point to the inability of administrators to control the standards of migrants, and those they employed to oversee them, provincial politicians

²⁷ *AJHR*, 1873, Session I, Section D-02a, 'Immigration to New Zealand: Further Papers from the Agent-General', Sub Enclosure 1 to Enclosure 2 in No. 2, pp. 9-10.

²⁸ *Ibid*, Enclosure 2 in No. 2, pp. 7-8.

²⁹ *AJHR*, 1873, Session I, Section D-02c, 'Immigration to New Zealand: Further Papers from the Agent-General', No. 3, p. 2.

³⁰ *Ibid*, Sub-enclosure 2 to Enclosure 2, p. 15.

had more pressing concerns. Although individuals arriving as so called ‘cripples’ or ‘hysterics’, were absorbed into local welfare provisions, undesirables arriving *en masse* were more visible. In 1873 the Superintendent of Auckland, Thomas Gillies, reacted to the amount of new arrivals requiring local poor relief. Foreseeing how these numbers would likely increase, he asked the national government for instructions as to how to provide for the reception and treatment of the sick.³¹ In this set of correspondence we get a sense of how colonial moral concerns were increasing as to the state of the newcomers. For instance a baby had become a charge upon the province, after being abandoned, first by its mother, who had eloped with one of the ship’s crew, then by its father.³²

What followed was a clear conflict between national and local perspectives as to how to deal with the newcomers. Gillies explained to Premier Waterhouse that, although the province did not begrudge doing all they could to relieve the sick and destitute, they required financial recompense for this from the national government.³³ This request received a terse response from Waterhouse, who argued that the government could not be ‘accountable for the maintenance of immigrants who become destitute or disabled after their arrival’.³⁴ Gillies re-asserted that he was objecting to those who landed in unfit conditions, so the government should not ‘saddle the province’ with their upkeep.³⁵ After scolding Gillies for his intemperate language, Waterhouse conceded that he could not guarantee that after the long voyage there would not be some invalids on board. The Auckland Province should not, the Premier ordered,

³¹ NZNA: AP24 C 95 473 Record Number 1065/73, Providing for maintenance of sick and destitute immigrants 10 February-9 April 1873, Letter from Receiving Officer to the Superintendent, forwarding list of migrants who have received medical treatment at the Provincial Hospital, 1 February 1873.

³² *Ibid*, Letter from Receiving Officer to the Superintendent regarding payment of maintenance for child of William Nichols, 1 February 1873.

³³ *Ibid*, Letter from Superintendent to the Colonial Secretary, 21 February 1873.

³⁴ *Ibid*, Letter from Colonial Secretary to Superintendent, 26 February 1873.

³⁵ *Ibid*, Letter from Superintendent to Colonial Secretary, 6 March 1873.

stop the charitable aid which the other regions were providing.³⁶ Undeterred, Gillies persisted and raised the same question which had been discussed in Otago in the previous decade. Who, he asked, was to be held responsible for the selection of the immigrants unable to maintain themselves on arrival?³⁷ It took Julius Vogel, in his role as Premier, to deal directly with this question. In 1874 he authorised central funds to cover the immigrant welfare costs for one month after their arrival, after which they were to be dealt with in the ‘usual manner as colonists’.³⁸ In effect this gave one month’s health care to immigrants after which they were expected to be self-supporting, or rely as they did before, on local welfare provisions. Because of these extra demands on Vogel’s pot of funds, he would increasingly deride Featherston’s British operations.

‘Half Scamps, Half-Lunatics’: Imbecile Passengers Act 1873

Alongside the increasing discontent expressed by the provinces about the standards and cost of the assisted immigrants, the New Zealand government introduced their first immigration restriction legislation. Reflecting the debate about which administrative body should financially cover the treatment for incapable immigrants, the new law introduced the bonding system. The 1873 Imbeciles Passengers Act (IPA) was copied from the colony of Victoria’s 1852 legislation which sought to extract bonds from ship’s masters for any non-assisted passengers they carried. Unlike the more subtly named Victorian Passengers Act, New Zealand legislators clearly defined the purpose of their Act in its title. Analysis of the political debate which led to its implementation shows how it was designed to prevent ‘lunatics’ landing from surrounding colonies. As such, it should be considered separately from the assisted migration debates. The

³⁶ *Ibid*, Letter from Colonial Secretary to Superintendent, 5 April 1873.

³⁷ *Ibid*, Letter from Colonial Secretary to Superintendent, 11 April 1873.

³⁸ *AJHR*, 1874, Session I, Section D-05, ‘Immigration: Correspondence within the Colony’, Enclosure 45, p. 16.

implementation of the IPA went largely unreported in this early phase. And yet its importance should not be underestimated. Not only did politicians concede that it was aimed at those who appeared on the borderline between ‘mental’ and ‘moral’ illness, it was not really designed to restrict the British. From the political debate a number of enduring themes emerged. These rested on how these Act’s provisions would work in practice, and whether it would adversely impact relationships with the shipping companies who carried the self-paying passengers.

When the Imbecile Passengers Bill was first introduced, it was aimed at both assisted and non-assisted immigrants.³⁹ It took Featherston’s successor as Wellington Superintendent, William Fitzherbert, to propose that government migrants should be exempt.⁴⁰ Fitzherbert recognised the contrariness of assisting migrants ‘either wholly or partly at the expense of the Colony’, only to seek recompense for any subsequent maintenance of them. Any migrants who became a charge upon any public or charitable institution, he suggested, should have their costs ‘defrayed out of the consolidated fund’.⁴¹ Colonial Secretary, Daniel Pollen, explained the purpose of the legislation was to deal with the ‘half-scamps, half-lunatics’, transported to the colony by their friends. These, whom he called *mauvais sujets* or ‘bad fellows’, ended up requiring medical treatment so were distorting the levels of reported ‘lunatics’. This rhetoric, as argued in article by this author, matches the wider concern about British ne’er-do-wells being sent to the colonies to reform their ways.⁴² Pollen explained the inspiration for the legislation. It was copied, he explained, from the Victorian law which had prevented the ‘introduction of immigrants of that character’.⁴³

³⁹ Introduced on 29 September 1873, NZPD, *Third Session of the Fifth Parliament, 15th Volume, 28th August to 3rd October, 1873*, p. 1478.

⁴⁰ *Ibid*, p.1513, ENZ online version David Hamer, 'Fitzherbert, William'. [accessed 13 February 2015].

⁴¹ NZPD, *Third Session 1873*, p. 1513.

⁴² See Kain, ‘The Ne’er-do-well’.

⁴³ NZPD, *Third Session 1873*, p. 1538.

Pollen's description of 'that character' incorporated mental, moral and physical shortcomings. He blurred ideas about the 'lunatics' or 'insane' he sought to exclude. He explained that the bonding system was aimed at 'imbecile' persons because of their 'physical defects'. However the case which had prompted the Bill clearly involved 'mental illness'. A Fijian 'lunatic' had, Pollen explained, been sent by their consul to Auckland for treatment. On arrival the man had been 'taken up in the usual way by the police' and sent to the lunatic asylum. Although Fiji was not made a British colony until 1874, and the man's nationality was not described, his maintenance was provided for. The Fijian Finance Minister, who had travelled on the same ship as the 'lunatic', agreed to cover the cost of his maintenance. Pollen recognised this as a lucky coincidence so wanted to protect New Zealand from any further occurrences where 'lunatics' were shipped to the nearest port.⁴⁴

Pollen's reasoning was therefore very much framed in relation to excluding the 'mentally ill'. Pollen's colleagues agreed with his premise, but not with what some saw as the 'over-stringency' of the measure. Some acknowledged the problems dealing with the transience of 'mental' conditions. Former New Zealand Premier, Henry Sewell, complained that it was not fair to make the captain responsible for a person who had not appeared to have been in an 'imbecile condition or insane' when taken on board. Wellington's Charles Pharazyn agreed that this 'innocent party' should not be punished for those who became insane or imbecile during the voyage. He also commented that Otago had attempted to enact similar provisions two years earlier but had failed.⁴⁵ This suggests that James MacAndrew's lobbying for repatriation of the so called imported colonial lunatics had been considered at a provincial political level.

Despite these practical concerns as to how the Act would work, Pollen remained steadfast. He argued that the provisions would be successful if properly administered.

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*

He explained that before the provincial superintendents enforced bonds, they would need to hold the right evidence. Furthermore, Pollen asserted, the only party the authorities could make responsible for carrying the undesirable were the masters of the vessels.⁴⁶ Pollen's colleagues were quickly convinced. The Bill went through the required stages in a little over three days.⁴⁷ On 2 October 1873, An Act to prevent the introduction of Imbecile Persons into the Colony of New Zealand, otherwise known in its shortened title, The Imbecile Passengers Act 1873 (37 Vic 1873, No. 70) was passed. It decreed that within seven days of landing, provincial superintendents were responsible for enforcing bonds for passengers deemed lunatic, idiotic, deaf, dumb, blind or infirm, and likely to become public charges.

The politicians did not discuss the finer details of how the superintendents were to be informed about, or prove these instances. Neither did the Act provide further definitions about the types it sought to restrict. It did however define those who would not be assessed under it; assisted immigrants, shipwrecked sailors, ship's crew and Her Majesty's forces. Although Pollen had advocated its use against those arriving from 'other colonies' the wording of the Act widened its intent further. Section 2 detailed how it could be used for any 'British or foreign navigable vessel of any kind' unless carrying passengers between internal ports. This meant that self-paying passengers arriving from British or Australian ports could be bonded.

This bonding system signified a greater responsibility being placed on the shipping companies. The ship's master and two local sureties had to provide a £100 bond, and guarantee that they would pay 'all moneys or expenses for the maintenance or support of each passenger' to the Colonial Treasurer. If the captain did not comply, he faced a £100 fine and the threat of not being able to clear the port. Furthermore the

⁴⁶ *Ibid.*

⁴⁷ It was subsequently read a second time, considered in Committee, reported to the Council, and then read for a third and final time.

sureties had to prove they were resident in New Zealand and worth treble the amount of the bond value. Whether the bond had to be provided as a cash deposit, or was simply a written guarantee to cover any costs is unclear from the wording of the legislation. Section 3 of the Act described the bond as conditioned to pay the Colonial Treasurer for any maintenance up to five years after the passenger had arrived. Section 4 clarified that this maintenance should be provided for out of the money collected. By using archival sources relating to the first use of these provisions the following year, it is possible to make some sense of their practicalities.

Although the IPA was New Zealand's first immigration restriction legislation it did not receive nationwide newspaper attention. *The Timaru Herald* and *Otago Daily Times* reported the debate in the Legislative Council dispassionately, focussing on how it made the shipping companies responsible for bringing imbecile persons to the colony.⁴⁸ Editorial from *The Wellington Independent*, who transcribed the IPA in full, alongside the other statutes of 1873, followed Pollen's line. The Act, it gushed, was of great importance in 'preventing other colonies throwing their useless population' upon them.⁴⁹ It should be speculated that both politicians and press did not fully appreciate how the legislation would also affect British passengers.

In fact, the first attempt to enact a bond occurred in February 1874 involved a British passenger arriving on the *Wave Queen* from London. From the individual immigration cases it is possible to build up the picture of which officials were party to this process. They show how, under the existing British world legal systems pertaining to lunacy and quarantine controls, the role of doctors, and in some cases police, continued to manage any instances of immigrants perceived as being insane. In this case Provincial Surgeon Dr Philson was 'signalled for' by the ship's captain in relation to

⁴⁸ 'Latest Telegrams: General Assembly', *Timaru Herald*, 1 October 1873, p. 3. General Assembly', *Otago Daily Times*, 1 October 1873, p. 2.

⁴⁹ 'The Statutes of 1873', *Wellington Independent*, 21 November 1873, p. 3.

one of his passengers. Miss Chapman, had, the doctor was informed, attempted ‘self-destruction’ after a period of ‘deep melancholy’. However, when Philson examined Chapman he found her ‘calm and rational’, so was unable to certify her as insane.⁵⁰ Travelling by herself, Chapman had expected to be met on arrival.⁵¹ Because this did not occur Philson recommended she be kept on board and monitored, pending a further medical examination.⁵² In turn the Auckland police inspector advised the provincial superintendent’s office that Chapman had not been allowed to land.⁵³

If this was the first attempt to enact the provisions of the IPA the resulting events showed how local administrators struggled to operate it. As per the legislation the provincial superintendent was responsible for deciding whether the passenger was likely to become a public charge. While Chapman remained on board, the provincial solicitor tried to contact the superintendent, then at the furthest eastern reaches of the province.⁵⁴ Provincial secretary John Sheehan had to explain by telegram that the superintendent was out of reach. Could they not, he suggested to his colleagues, ‘go on as if done’ and ‘initiate proceedings?’⁵⁵ Whether the provincial administrators took these steps is unknown. We can only speculate that because the seven day time limit was reached Chapman was not bonded so was landed without any guarantee for her future maintenance. Her ‘calm and rational’ state may of course have continued considering the voyage had ended. Aside from Chapman’s case, the only other instance of an apparently ‘lunatic passenger’ in 1874 occurred when a man on the *Jubilee* appeared in police court charged with being of ‘unsound mind’ and was remanded.⁵⁶

⁵⁰ NZNA: AP2 14 C 95 483 Record Number 532/74, Correspondence re Miss Chapman passenger on Wave Queen declared to be insane 1874, (memo on back of) Letter from Constabulary Office to Superintendent of Auckland, 9 February 1874 .

⁵¹ *Ibid*, Report by Sergeant Barker, 7 February 1874.

⁵² *Ibid*, Letter from Constabulary Office to Superintendent of Auckland, 9 February 1874.

⁵³ *Ibid*.

⁵⁴ *Ibid*, New Zealand Telegram to John Sheehan, 12 February 1874.

⁵⁵ *Ibid*, New Zealand Telegram John Sheehan to V. Rice, 12 February 1874.

⁵⁶ ‘Police Court-This Day’, *The Auckland Star*, 22 May 1874, p. 3.

Whether this was in connection to a misdemeanour, or part of having him certified insane, is unclear, because no bond or correspondence about one, exists.

Despite Pollen's anxiety over other colonies sending their 'half-scamp, half-lunatics' to New Zealand, the relevance of the IPA was at this stage, minimal. The years between 1873 and 1875 represent the peak era of assisted immigration into New Zealand. Amongst these British migrants were those whom Featherston argued were 'perfectly sane' before they left. The provisions of the IPA did not extend to these types. Many assisted immigrants, however, arrived in less-than- healthy states which rendered them likely to be public charges. The increasing concerns about unhealthy arrivals set the stage for a showdown between Featherston and the man who had employed him, Julius Vogel. The Agent-General's assertion that the infectious or undesirable were not awarded passages did not ring true to New Zealand administrators. Daniel Pollen now complained about the 'defective system of management and inspection' in Britain.⁵⁷ Ships' surgeons also reported how the health of the emigrants was lacking, an aspect not always obvious to them at time of embarkation. One complained about how families of 'highly weak constitution' were emigrating and that age restrictions were being flouted. In one case a doctor complained about how he had to provide care for a 'tottering and feeble' woman who was allegedly 48. After having a seizure en-route, she was 'with difficulty landed alive', hence the doctor thought her more likely to be aged nearer 65.⁵⁸

Julius Vogel sought to take greater operational control over his scheme in 1873 by combining the Minister of Immigration portfolio into that of his role as Premier. After prioritising the nomination system Vogel turned his attention to Featherston's British practices.⁵⁹ In October 1873 Vogel wrote to his Agent-General expressing the hope that their relationship would be cordial. Although not wanting to find 'fault with

⁵⁷ *AJHR*, 1874, Session I, Section D-02, 'Immigration to New Zealand: Letters to the Agent-General: Transmitting Reports on Immigrant Ships, Enclosure 19, p. 17.

⁵⁸ *Ibid*, Enclosure 3 in 34, pp. 32-34.

⁵⁹ *AJHR*, 1874, Session I, Section D-01, 'Immigration to New Zealand: Letters to the Agent-General', No. 15, pp. 8-9.

the emigrants already sent', Vogel asked Featherston whether the character certificates were personally verified by him.⁶⁰ His Agent-General responded equally carefully. That level of examination, considering the numbers involved, Featherston explained, was not practicable. Instead his agents took great care to 'ascertain the genuineness of certifications' about which they were guided by his instructions, regulations and forms.⁶¹ Vogel was not convinced by this explanation. He was now under increased pressure from the provincial authorities to cover the funding of indigent cases, above that of the one month he had already sanctioned. Vogel agreed to this but only 'if the disease was of a character that should have been rejected by the medical inspector at home'.⁶² By home, Vogel meant Britain, hence Featherstone, the man in charge of these operations, became increasingly under fire.

Discussions around this culpability mirrored the dialogue between the Otago superintendent and his agents in Edinburgh. The stakes, and therefore tensions, were higher between Vogel and Featherston because they both operated at a national political level. By March 1874, Vogel's language became more direct, imploring Featherston to 'use every exertion to guard against the sacrifice of life'.⁶³ Aside from allegedly awarding passages to diseased emigrants, Featherston's reputation was being tarnished in other ways. In a high profile case for which he was widely lampooned, Featherston awarded passages to a group of French migrants who presented themselves as mechanics. Their subsequent emergence as a group of professional ballet dancers in Auckland coincided with the increase of other groups perceived as dubious by colonists.⁶⁴ Vogel complained about the amount of 'drunken, dissipated and immoral'

⁶⁰ *Ibid*, No. 17, pp. 10-11.

⁶¹ See *AJHR*, 1874, Session I, Section D-03, 'Emigration to New Zealand: Letters from the Agent-General', No.40 and Enclosures, pp. 29-36.

⁶² *AJHR*, 1874, Session I, Section D-05, 'Immigration: Correspondence within the Colony', Enclosures 96 and 97, p. 35 and Enclosures 124 and 125, p. 44.

⁶³ *AJHR*, 1874, Session I, Section D-01, 'Immigration to New Zealand: Letters to the Agent-General', Enclosure 46, p. 25.

⁶⁴ *Ibid*, Enclosure 53, pp. 28-29.

immigrants on the *Woodlark* and, in a rare reference to the regional origin of immigrants, the Irish girls on the *Asia*, some of whom he described as ‘notoriously loose’.⁶⁵ He therefore continued to question the validity of using paper certifications as proof of character suggesting that, even if the signatories were of ‘high moral rectitude’, they might provide references based on a ‘belief that people deserved a chance’.⁶⁶ Despite this concern Vogel did concede that ‘evil principles may lie latent for a considerable period’ so the character of immigrants may not be immediately apparent.⁶⁷ Featherston argued that no amount of his intervention could prevent over-favourable references being given. Despite them taking every precaution the Agent-General admitted that ‘persons of an undesirable class will sometimes be passed’.⁶⁸

Despite this impasse, these men continued to clash. Vogel attempted to change the New Zealand’s British-based emigration operations. Acting upon advice from the New Zealand immigration commissioners, Vogel sought to change the wording of the medical criteria. The medical questionnaire, he proclaimed, should be as thorough as in life insurance applications. Their own medical officers should then examine the habits and health of the intending migrant in order to reject ‘untidy’ persons.⁶⁹ Featherston continued to reject such attempts. After a series of further complaints about the recruitment of ‘bad characters’ he held steadfast.⁷⁰ He reiterated how it was not possible

⁶⁵ *AJHR*, 1874, Session I, Section D-01a, ‘Immigration to New Zealand: Further Letters to the Agent-General’, Enclosure 1, pp.1-2. This case has been examined by Ciara Breathnach, see ‘Even ‘Wilder Workhouse Girls’: The Problem of Institutionalisation among Irish Immigrants to New Zealand 1874’, *The Journal of Imperial and Commonwealth History* (2011) 39:5, pp. 771- 794.

⁶⁶ *AJHR*, 1874, Session I, Section D-01, ‘Immigration to New Zealand: Letters to the Agent-General’, Enclosure 56, p. 31.

⁶⁷ *Ibid.*

⁶⁸ *AJHR*, 1875, Session I, Section D-02, ‘Emigration to New Zealand, Letters from the Agent-General’, Enclosure 22, p. 9.

⁶⁹ *AJHR*, 1874, Session I, Section D-01a, ‘Immigration to New Zealand: Further Letters to the Agent-General’, Enclosure 6, pp. 7-8. The commissioners reported that three of the Irish girls were deficient in clothing and one was so filthy in her habits that her bed and bed-clothes had to be thrown overboard. See p. 10.

⁷⁰ For further instances of complaints about immorality and bad behaviour see for example, *AJHR*, 1875, Session I, Section D-03, ‘Immigration to New Zealand, Letters to the Agent-General Transmitting Reports upon Immigrant Ships’, Enclosure in No. 18, p. 10 and Enclosure in No. 24, p. 15.

to prevent sending a 'certain proportion of unfit or unworthy subjects', and that no measure would 'obviate this ancient yet ever new complaint'.⁷¹

Bolstered by a further series of pejorative reports from both immigration officials and ships' surgeons Vogel persisted. Despite not wanting to revive 'old controversies' with his Agent-General in April 1875 he sent him a list of lengthy improvements. These included changing the certification system and implementing better medical inspections. If the personal selection of emigrants was not possible, Vogel advised, he wanted hand-written references, to which the referee would have to give greater consideration. Although conceding that individual medical examinations were not practical, Vogel instructed Featherston to prepare a code of instructions for the medical referees. His optimal plan was for the New Zealand government to run the British depot, thus managing their own practices on British soil. Vogel envisioned their surgeon-superintendent examining each migrant personally and where necessary challenging the medical certification. The Agent-General could then overturn their original approval. Anyone rejected at this stage would be compensated, a cost which Vogel regarded as preferable to sending out those who were 'evidently undesirable emigrants'.⁷² This level of colonial control over British practices would not however be implemented until fifty years later.

The first half of the 1870s signified the beginnings of national border control in New Zealand, despite its inconsistencies. In policy terms the national government enacted two key pieces of legislation. The 1870 Immigration and Public Works Act centralised migrant recruitment in Britain and the 1873 Imbeciles Passengers Act sought to elicit financial bonds for self-paying immigrants. Both were designed to deter the incapable from seeking to enter New Zealand. In relation to mental disease and

⁷¹ *AJHR*, 1875, Session I, Section D-02, 'Immigration to New Zealand, Letters from the Agent-General' Enclosure 53, pp. 27-29.

⁷² *AJHR*, 1875, Session I, Section D-01a, 'Immigration to New Zealand, Further Letters to the Agent-General' No. 1 and Enclosures, pp. 1-3.

disability, the concerns evident in the provincial schemes were magnified to a national level. Key to these debates were trying to decide who was responsible for sanctioned the emigration of the 'insane' and whether this condition was pre-existing. Proving this culpability would divide Vogel and Featherston further, and lead to Vogel taking over the British based role of Agent-General. Furthermore, the idea of repatriating assisted immigrants who did not meet colonial requirements re-emerged, and in some cases was arranged.

Repatriating the 'Knowingly Insane'

While the IPA legislated that unhealthy self-paying immigrants required financial bonds to gain entry to New Zealand, assisted immigrants did not have such guarantees. Government immigrants, if not cared for by their friends and relatives had to be absorbed into the limited welfare system. Although Vogel sanctioned the cost of treatment for one month or longer to appease the provinces, this meant that the maintenance of incapable immigrants still came from the overall public purse. The very fact that these migrants were selected according to their capability for work was galling to colonists. The provincial discussions about repatriation emerged onto a national stage. This idea of what was, effectively, deportation was thought by some politicians as a cheaper alternative to long term asylum maintenance. The debate rested on whether the migrants' propensity for 'insanity' had been known by the officials in Britain, whether the recruiting agents, medical referees, or those who had observed them embark, the port officials and ship's surgeon.

Featherston persistently argued that these types appeared 'perfectly sane' before they left Britain. He continued to justify his systems of third party recruitment and certification, and stressed how he was unable to prevent certain behaviours. Coinciding with the on-going friction between Featherston and his national peers was the dilemma

faced by colonial politicians and medical officials. Was it practical or ethical to reject those who were, in effect, their own countrymen and women? In some cases this quandary was answered for the New Zealanders. Immigration files show that a number of migrants, with the assistance of concerned colonists, successfully petitioned for their own return, facilitated through official channels. This complicates the existing understanding that return migration was normally undertaken within familial networks.⁷³ These instances serve to show that the experience of the 'mentally ill' did not simply involve themselves and health providers. Colonists concerned with the immigrant's welfare acted on their behalf. It is also likely that some of the migrants, who appeared 'insane' on arrival, may have, like Chapman, displayed fluctuating symptoms. We should assume that some migrants were met and cared for by concerned friends or relatives. As such they merged into colonial society and their stories are lost.

Those who did not assimilate remained visible and, like Elizabeth Wilson, became public charges. Superintendent of Otago, James MacAndrew continued to raise examples like hers, to petition that repatriation be legalised as a formal method of return. Whereas his previous complaints had been directed at Crawford and Auld, MacAndrew's ire was now directed at the administrators of the national scheme. In 1874, after two 'lunatics' had arrived in his province, he complained directly to the national government. One of these cases involved 'M.A.T', a single woman who arrived in October 1874 on the *Christian McAusland*. MacAndrew reported that she had shown symptoms before departure and, after becoming violent on the voyage, was sent to the lunatic asylum immediately upon arrival. Accordingly he described her as a 'continual burden on the province', and another instance of a case that 'should be sent back to England'.⁷⁴ On behalf of the New Zealand Immigration Office, Harry Atkinson

⁷³ McCarthy, 'Migration and Madness in New Zealand Asylums, 1863-1910', p. 65.

⁷⁴ *AJHR*, 1875, Session I, Section D-01, 'Immigration to New Zealand, Letters to the Agent-General' Enclosure in No.18, p. 9.

informed MacAndrew that they were considering this idea, but put the onus on the provinces to manage its practicalities. He asked MacAndrew whether the provincial authorities could do this, and how much it was cost. Furthermore, seemingly wary of how this action would appear, Atkinson asked, 'have the lunatics any friends in the colony who would object to proposed action?'⁷⁵ Alongside placating the provincial leaders Atkinson scolded Featherston. If any of these had been 'knowingly insane in Britain', he wrote, 'this gross carelessness on part of the inspecting and shipping officers would be extremely painful to the government'.⁷⁶

For this case and others, Featherston was able to argue that the British checks were reliable. Because he argued that migrants had not been 'knowingly insane' New Zealand officials were forced to conclude that they 'could not be shipped back with any show of reason'. In the case of 'M.A.T' Featherston provided her original certification. Her references, he argued, showed that no proper precaution had been omitted therefore had acquitted his selecting officers from any charges of misconduct. Indeed, all of her referees denied any prior knowledge of her condition. The local agent who managed 'M.A.T.'s' application expressed surprise at her fate because he had 'never saw with her anything touching insanity'. Her previous employer likewise recalled her as being 'perfectly sound in her mind'. The medical referee was more reticent, admitting that he could not recall her, but added that if she had shown any symptoms of insanity he would have not signed her certificate. Furthermore, the magistrate who had verified the authenticity of these referees also confirmed that he did not suspect anything was amiss with her. In addition to these local affirmations, the staff at the Plymouth emigration depot also vouched for her sanity. After questioning his staff and finding that no one there remembered her, the manager reported to Featherston that it was 'hardly possible

⁷⁵ *Ibid.*

⁷⁶ *Ibid.*

that symptoms of insanity, imbecility or even peculiarity of manner could escape the notice of all the staff, or your own ship's surgeon'.⁷⁷

These responses placated the New Zealand officials to a certain extent. By the time this information had been acquired and circulated to the interested parties, the woman's circumstances had improved. Immigration officer Colin Allan admitted that her eccentricities had only assumed the 'form of insanity' after a few weeks at sea, and actually it had been her sister who had suggested that she had shown similar symptoms in England. After five months in the asylum 'M.A.T' had now 'quite recovered her reason' and was working as a domestic servant. While she and another woman had an 'insane' state, Allan was forced to concede there was nothing to be done now. Because there was no real proof that they were insane before they left Britain, he admitted, they 'could not be shipped back with any show of reason'.⁷⁸

In a case where a married woman's stay in an English asylum had been known to his selecting officer, Featherston argued that she had recovered. His local agent confirmed that 'Mrs S.' had been discharged from Colney Hatch Asylum seven months earlier. Because the asylum authorities had deemed her recovered he had accepted the application. Furthermore, the doctor who signed the medical certification found her free from 'mental or bodily defect', and fit enough to make the journey.⁷⁹ Featherston relied on this type of medical validation more than any other certification, and made sure to quote the medical qualifications of those who signed them. These credentials and his belief that the signatures were genuine led him to assert that there was little doubt that these migrants were 'perfectly sane' when they left England.⁸⁰ Such references led

⁷⁷ *AJHR*, 1875, Session I, Section D-02, 'Immigration to New Zealand, Letters from the Agent-General' No. 112 and Enclosures, pp. 78-79.

⁷⁸ *AJHR*, 1875, Session I, Section D-01, 'Immigration to New Zealand, Letters to the Agent-General' Enclosure in No. 56, p. 28.

⁷⁹ *AJHR*, 1875, Session I, Section D-02, 'Immigration to New Zealand, Letters from the Agent-General' No. 72 and Enclosures, pp. 40-41.

⁸⁰ *Ibid*, No. 123, p. 83.

Featherston to claim that the 'emigration of any person known to be insane would not under any conceivable circumstances be sanctioned' by his department.⁸¹

New Zealand officials were persuaded in part, although discussions continued on how to deal with such cases. A year after MacAndrew's call for repatriation, the immigration commissioners addressed the idea of pre-existing insanity in immigrants, and likened it to fraud. This view emerged from a case in Auckland involving the same health officer who had assessed Miss Chapman, Dr Philson.⁸² A single woman, travelling with her brother on the *British Empire* was reported as displaying 'symptoms of unsound mind' on the voyage. On landing, 'B. O'K.', was examined by Philson and subsequently admitted to the asylum. The ship's surgeon stated that her 'mental derangement' had not been apparent until after nearly three weeks at sea. Her brother, travelling with her, had however apparently admitted to her 'partial insanity', a claim he later denied. Accordingly the commissioners concluded that he was probably not completely ignorant of her condition, so it was likely that 'B. O'K.', was liable to 'occasional mental derangement prior to embarkation'. This they saw as a worrying trend because it was unlikely that her brother could provide much assistance towards maintenance. As such, they regretted that there were no 'available means provided by law,' to punish those requiring 'maintenance for life', or covering the cost of 'returning them to the mother country'.⁸³

At this stage then, political anxieties were fixated more on the financial cost of the incoming 'insane' rather than any wider concerns of race degeneration. Assisted immigrants who displayed symptoms upon arrival could not be automatically excluded from landing. It is worthwhile speculating that if this woman's brother had had the financial means to cover her care costs the term 'fraud' may not have been used. In

⁸¹ *Ibid*, No. 125, p. 84.

⁸² ENZ online version, H. D. Erlam, 'Philson, Thomas Moore', [accessed 14 February 2015].

⁸³ *AJHR*, 1876, Session I, Section D-03, 'Immigration to New Zealand, Letters to the Agent-General Transmitting Reports upon Immigrant Ships', Enclosure in No. 28, pp. 19-20. See also McCarthy, 'Migration and Madness in New Zealand's Asylums', p. 64.

another case which ended in suicide, the commissioners made no reference to pre-disposition or culpability. A man arriving in Napier had shown ‘exemplary conduct’ throughout the voyage but, in a ‘state of temporary insanity’, jumped overboard. The commissioners exonerated the captain and ships surgeon, concluding that the man ‘for a time had become insane’.⁸⁴ For those whose ‘temporary insanity’ did not have a tragic end, the challenge for the colonists was how, and for how long, to provide treatment until they recovered.

Coinciding with the unresolved debate about deporting the ‘insane’, two women suffering from epilepsy successfully petitioned for their own repatriation. Using the support of community networks to explain that they were incapable of work, the Immigration Department covered the cost of their passage back to England. Such cases highlight that empathy towards British invalids did exist in the community at large. Furthermore, they show how officials were involved in sanctioning return migration. Emma Naylor, described as ‘an epileptic subject’, had been initially capable of work. However, after succumbing to between one and three fits per week which disrupted her employability, she was admitted to Auckland hospital at the end of 1874. The hospital medical attendant informed the Auckland immigration officer that Naylor was now ‘unfit for service’.⁸⁵ As with concerns about the pre-existence of ‘insanity’ the immigration officers took steps to investigate her background. This time Featherston was found at fault. Naylor had apparently made a ‘personal application’ to him and, despite her medical past, was awarded an assisted passage. Immigration depot master Edward Brophy noted how she had spent seven months in the London Hospital for Incurables, and two years as a patient at the University College Hospital. He also

⁸⁴ *AJHR*, 1876, Session I, Section D-03, ‘Immigration to New Zealand, Letters to the Agent-General Transmitting Reports upon Immigrant Ships’, Enclosure in No. 23, p. 17.

⁸⁵ NZNA: AP2 26 C 95 495 Record Number 62/75, H Ellis, E Brophy and C Goldsboro, Auckland – submit reports on health of Emma Naylor an immigrant epileptic and arrangements for sending her back to England. Letter from Acting Medical Attendant, 12 November 1874.

explained that she herself now wanted to go home and live with her parents in London.⁸⁶

Naylor's own desire to return perhaps assuaged Harry Atkinson's previous concerns about any objections from colonists to such a return. Unlike MacAndrew's previous pleas, Atkinson agreed that Naylor be returned at the government's expense.⁸⁷ On 20 January 1875 Naylor sailed back to England on the *City of Auckland*, a passage which cost the national government £20.⁸⁸ This repatriation appears to have been sanctioned on both humanitarian and fiscal grounds. Covering a £20 passage on a ship already sailing for England was no doubt an astute choice compared to the possibility of providing long term financial assistance. When Featherston reviewed the case he may a rare concession. 'If she had been examined properly by her medical referee' he admitted that her 'impaired state of health' would have been discovered.⁸⁹

This managed repatriation was not unique. A year later another female 'epileptic' appealed directly to the Auckland superintendent for assistance. Her handwritten letter in the archive folder gives a rare glimpse of a migrant's view of their own situation. In it, Martha Joel explained how her worsening fits were making her 'very unhappy and unsettled'. Now feeling 'not very long for this world' she pleaded, 'hoping Sir, you will please assist me in whatever way you can in thus getting me back'.⁹⁰ Joel had support for her repatriation from the wider community. Her employer wrote that he could no longer keep her, and as she was not capable of earning her own living, 'in charity it seems to me she should be sent home to her friends'.⁹¹ Joel was already known to the local Ladies Benevolent Society whose secretary agreed that

⁸⁶ *Ibid*, Letter from Immigration Depot Master, 12 November 1874.

⁸⁷ *Ibid*, Telegram from H. Atkinson, 7 December 1874.

⁸⁸ *Ibid*, Letter from H. Ellis to Superintendent, 6 January 1875.

⁸⁹ *AJHR*, 1875, Session I, Section D-02, 'Immigration to New Zealand, Letters from the Agent-general', Enclosure 128, p. 85.

⁹⁰ NZNA: AP2 43 C 95 512 Record Number 178/76, Epileptic Immigrant – Correspondence re Martha Joel, a young women sent out as Government immigrant, found to be subject to epilepsy. Government send her back to England, Letter from Martha Joel, 22 January 1876.

⁹¹ *Ibid*, Letter to Mr Graham, 24 January 1876.

sending her home was the 'best thing that could be done with her now'.⁹² Both the provincial and national government concurred with this idea.⁹³ The Minister of Immigration approved her return passage and directed that 'strict enquiry be made as to whether this person was subject to epileptic fits before embarkation'.⁹⁴ Like Emma Naylor, Martha Joel left on the *City of Auckland* for London. Both had proven that, despite their best intentions to work and be self-sufficient, they were not employable in the long term.

Compared to the unresolved discussions as to whether the 'insane' should be returned, Naylor and Joel's cases suggest a level of collusion between national and local authorities. Negotiations occurred at a bureaucratic level, using tempered, sympathetic language. Naylor's repatriation was reported dispassionately in the press as 'a young woman, subject to epileptic fits, was sent back to England'.⁹⁵ In contrast, the individual 'insane' or groups of badly behaved garnered greater interest. This rested on whether they were more visible in the wider community. This was the case in the on-going press coverage about a woman who arrived in Auckland at the end of 1874, described as 'the insane immigrant'.⁹⁶ Her mental state was overlooked in the initial arrival reports, in which the condition of all 400 government immigrants on the *Waitangi* was described as 'well'.⁹⁷ The ship's surgeon's report indicated otherwise. He wrote that a nominated single woman, 'M.C.', was reportedly of 'unsound mind' after developing symptoms of insanity twenty four days after leaving England.⁹⁸ Because her condition upon arrival was not certifiable, 'M.C.' was not admitted to an asylum but was housed in the immigration depot. Unlike the other single women who found employment, the *Herald*

⁹² *Ibid*, Letter to Mr Graham from Secretary of Ladies Benevolent Society, 23 December 1875.

⁹³ *Ibid*, (hand-written on top of letter.)

⁹⁴ *Ibid*, Letter to Superintendent of Auckland, 20 January 1876.

⁹⁵ 'Untitled', *The Evening Post*, 20 January 1875, p. 2

⁹⁶ 'The Insane Immigrant', *New Zealand Herald*, 3 December 1874, p. 3.

⁹⁷ 'Australian News', *Timaru Herald*, 23 November 1874, p. 3.

⁹⁸ *AJHR*, 1875, Session I, Section D-03, 'Immigration to New Zealand, Letters to the Agent-General Transmitting Reports upon Immigrant Ships', Enclosure in No. 55, p. 34.

reported her as causing trouble for the depot matron and highlighted her case. ‘There is no doubt that the girl is insane’, it reported, but it was hoped she would be collected by her friends who nominated her. Despite this possibility, the paper queried why ‘anyone of unsound mind’ would have been put on the ship in London?⁹⁹

The woman’s friends did not appear and because her condition worsened she was admitted to the asylum. This led the *Herald* to continue their critique of her passage being approved. After running away from the depot, they reported, she was found ‘apparently imbecile’, so was returned. After absconding again, the police became involved, which led to her asylum admission. The *Herald* turned on Featherston. Why did the Agent-General approve her passage if she was insane, it asked, ‘when we do not want to supplement the numbers of existing lunatics by importation?’ The paper also queried why, if the ‘poor girl’s mind was unhinged during the voyage’, it was not reported?¹⁰⁰ This criticism led the ship’s surgeon to write to the paper to explain his actions. He had reported her condition to the health officer Dr Philson, and while he had suspected her to be of ‘unsound mind’ at embarkation, she had not at that point shown any ‘symptoms of insanity’.¹⁰¹

This case highlights how a number of external factors influenced how ‘mental illness’ in immigrants was managed. Although the ship’s surgeon described ‘M.C.’ as unsound of mind it is likely that the Auckland health officer gave her some leeway. Not only were her symptoms on arrival not severe enough to justify immediate asylum admission, it was hoped that those who nominated her would collect, and therefore, care for her. Responses to whether immigrants should and would be public charges were inconsistent. Only a month later Philson arranged treatment for a male immigrant on the *Assaye* had also shown ‘symptoms of insanity’. In this instance Dr Philson sent the man

⁹⁹ ‘Untitled’, *New Zealand Herald*, 24 November 1874, p. 2.

¹⁰⁰ ‘Untitled’, *New Zealand Herald*, 2 December 1874, p. 2.

¹⁰¹ ‘The Insane Immigrant’, *New Zealand Herald*, 3 December 1874, p. 3.

to hospital. Perhaps wary of further public criticism, he justified this action as based on the man's condition. Because his symptoms were not violent, Philson considered him likely to recover.¹⁰² When Featherston was subsequently asked to explain why this man was approved in the first place, he was dismissive. Based on the medical certification the Agent-General asserted that 'there can be little doubt that this man was perfectly sane when he left England'.¹⁰³

Although Featherston was ultimately responsible for all migrants who left Britain, they arrived in different ports in New Zealand. Port health officers were clearly left to use their medical discretion as to how to assess the arriving 'insane'. When a man arrived into Dunedin after having shown violent symptoms, the health officer sent him to the depot. This man was later described as 'rapidly recovering'.¹⁰⁴ Whether these inconsistent responses were driven by the need to save money or, a belief that these symptoms would subside, is debateable.

What is clear is that, at the heart of migration control in this period, was the need for immigrants to be self-supporting. While the IPA bonding system legislated for non-assisted immigrants, one piece of evidence does point to 'insane' assisted immigrants being 'returned', like the 'epileptics' had been. Unsurprisingly, considering James MacAndrew's persistent petitioning for this, it occurred in Otago. The *Aldergrove* arrived in Dunedin in the spring of 1875 carrying 'two imbeciles'. Because one was a self-paying passenger the captain was served with a writ to enter into the bond, and the other, a government immigrant was 'to be sent back to England soon'.¹⁰⁵

¹⁰² *AJHR*, 1875, Session I, Section D-03, 'Immigration to New Zealand, Letters to the Agent-General Transmitting Reports upon Immigrant Ships', Enclosure in 64, p. 39.

¹⁰³ *AJHR*, 1875, Session I, Section D-02, 'Immigration to New Zealand, Letters from the Agent-General' Enclosure No. 123, p. 83.

¹⁰⁴ *AJHR*, 1876, Session I, Section D-03, 'Immigration to New Zealand, Letters to the Agent-General Transmitting Reports upon Immigrant Ships', Enclosure in No. 1, p. 1.

¹⁰⁵ 'News of the Week', *The Otago Witness*, 4 September 1875, p. 15. Report repeated as 'Untitled', *The Evening Post*, 7 September 1875, p. 2, and *Otago Daily Times*, 2 September 1875, p. 2.

This implied case of an ‘imbecile’ and the ‘epileptics’ known to have been returned to England shows how, on a provincial level, official repatriation did occur. While such cases must have required approval by the Minister of Immigration, this does not appear to have been a rigid provision. It was more likely, as shown in the case of Naylor and Joel, an *ad-hoc* response. The only other national change to migration control occurred in 1875 when the IPA was amended. Two years after its original enactment, the period in which to enforce the bond was increased from seven to fourteen days.¹⁰⁶ The purpose of this change was not noted in the parliamentary records.¹⁰⁷ It should be speculated that the delays in Chapman’s case prompted this extension. And yet, because the IPA was mainly redundant in this era of assisted immigration, it is difficult to understand the full extent of its provisions. A case from 1876 at least details the interactions between the administrative roles, if not how ‘idiots’ and ‘lunatics’ were distinguished. After being informed that a ‘lunatic’ arrived in Auckland, the provincial superintendent informed the ship’s captain that he, and two other sureties were responsible for executing a bond to Her Majesty the Queen, in the sum of £100. This money, the superintendent explained, was conditioned to pay to the Colonial Treasurer ‘all moneys or expenses’ for maintenance or support, incurred within five years. While a copy of this requisition was forwarded to the principal customs officer it remains unclear whether the captain provided such assurances and whether it was in the form of cash, or a promissory note.¹⁰⁸

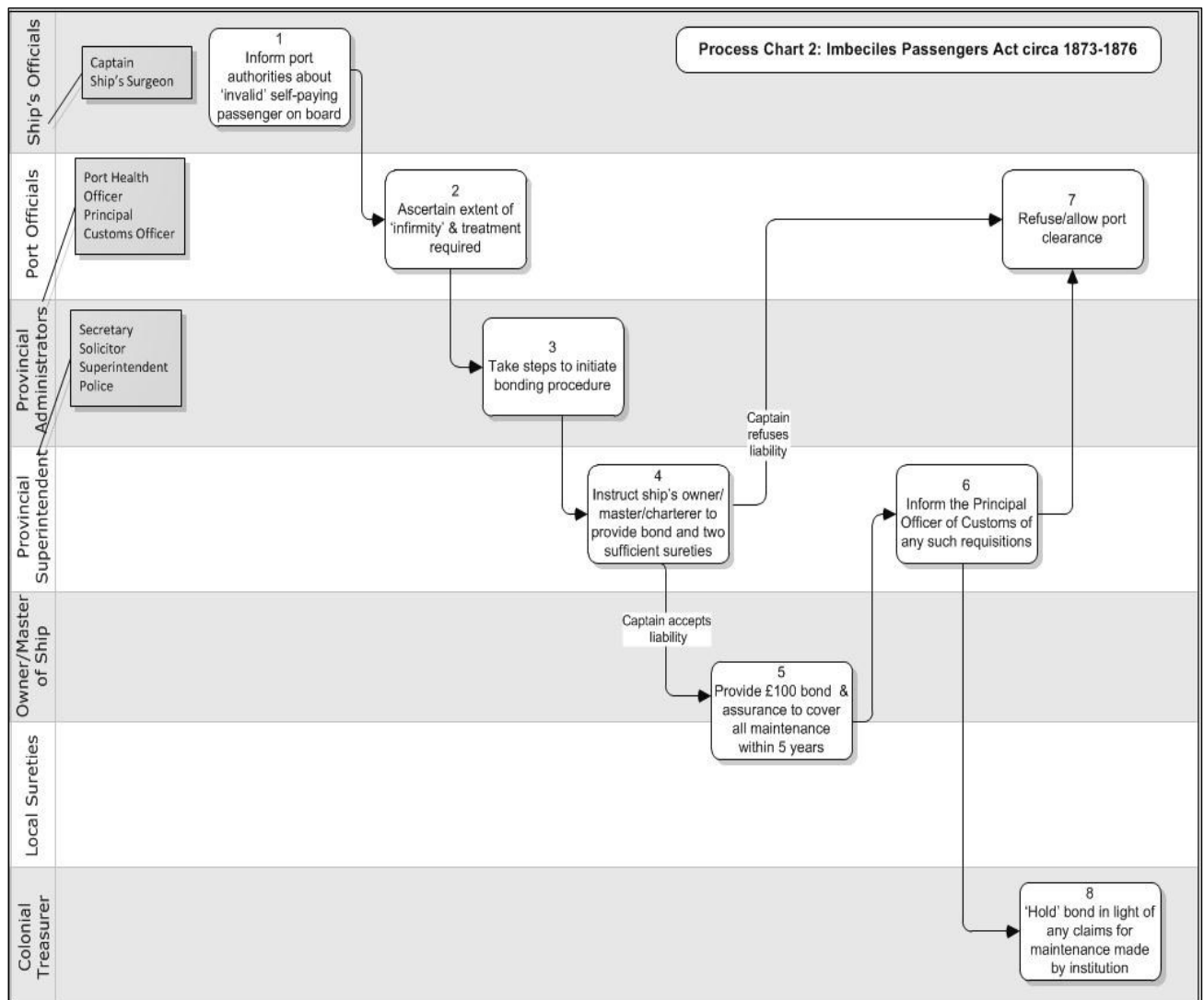
From this case, and that of Miss Chapman, it is possible to try to piece together a picture of how the IPA was meant to operate. This is reflected in Process Chart 2. As indicated by Step 1, this system relied on the authorities on board the ship - the captain

¹⁰⁶ Imbecile Passengers Act, Amendment Act, 1875 (39 Vic 1875, No. 93).

¹⁰⁷ See NZPD, *Fifth Session of the Fifth Parliament, 19th Volume, 28th September to 21st October, 1873*, On October 6 the amendment was read for a second time in the Legislative Council, p. 250. The following day it was first time in the House of Representatives, p. 302, and a third time on October 13, p. 431.

¹⁰⁸ NZNA: BBAO A78 5544 Box 17 Record Number 1876/219, Reader Wood, Provincial Secretary, Auckland -Harriet Billies-passenger ‘Merwanjee Franjee’ requisition re; Imbecile Passenger Act 1876.

and doctor - to inform the colonial authorities that their passenger(s) were ill. While it fell to the health officer and customs official based at the port to confirm whether a bond was necessary for the passenger to land (Step 2), enacting this provision was the responsibility of the provincial administrators (Steps 3 and 4). Only if the ship's captain refused to comply with the regulations, did the customs officer take action (Step 7). Otherwise the customs department were informed of a bond being taken (Step 6), which was subsequently managed by the Colonial Treasurer (Step 8). Accordingly, what was an ill-defined process to start with relied on the action of officials based in separate locations; the port, the provincial government offices, and the national government in Wellington.



Because of this dysfunctional administration, in the first half of the 1870s we get a sense that the provincial authorities acted as well as they could under the national frameworks. Neither the IPA or the Public Works and Immigration Act appear to have resulted in any specific operational instructions for those managing New Zealand border operations. As such, official views varied not only in relation to the ‘mentally’ or ‘morally’ ill but also in relation to physical disabilities. For example, after the chairman of the Auckland Harbour Board complained about the ‘enormous influx of deformed people’ arriving there, the immigration officer disparaged this as a misconception. Only two so-called ‘cripples’ had arrived, he explained and while one was ‘provided for on arrival’, the other found employment.¹⁰⁹ This was an era in which assimilation mattered more than the state of the person. New arrivals should either be employable or, if not, ‘provided for’. Both outcomes meant they did not become public charges.

This ideal was reflected by the New Zealand government. Although Featherston and his team in Britain came under frequent criticism, the official party line was that the assisted migration scheme had been a success. In October 1875 Harry Atkinson, now Colonial Treasurer, reported that despite the initial unproductive two years, the total arrived up to that time was ‘very considerable’.¹¹⁰ He presented the new arrivals to parliament, as per Table 1.

¹⁰⁹ *AJHR*, 1874, Session I, Section D-05, ‘Immigration, Correspondence with the Colony’ Enclosure in No. 8, pp. 5-6, No. 9 and No. 10, p. 6.

¹¹⁰ NZPD ‘Immigration’, *Fifth Session of the Fifth Parliament, 19th Volume*, pp. 464-465.

Table 1: Immigrants landed under the Immigration and Public Works Scheme 1872-1875

	Souls	Adults
Landed to June 30 1872	693	613
Landed to June 30 1873	6810	5827
Landed to June 30 1874	17513	14310
Landed to June 30 1875	30043	24758 ½
Landed to Sept 30 1875	6253	5238 ½
TOTALS	61322	50747

Source: NZPD, *Fifth Session, 19th Volume, 1875*, p. 464

Although Atkinson had previously advocated the repatriation of the ‘insane’, and sanctioned the return of two ‘epileptics’ he sought to play down the need for such action. He criticised what he called the ‘wonderful stories’ about the introduction of ‘very bad characters’, unfit to do anything ‘except live on the charity of others’. Instead, he had ‘taken some pains in ascertaining’ that they should be ‘thoroughly satisfied with the immigrants both physically and morally’. Atkinson came to this conclusion through ‘personal observation’ and statistical evidence. From the nearly 51,000 adults landed (Table 1) he had found that 489 had been jailed. This number included some for drunkenness which he described as an offence which they should ‘reasonably expect immigrants to fall into, upon their first landing from a voyage’. Such numbers, Atkinson argued, suggested a ‘very satisfactory moral state of the immigrants brought to the colony’.¹¹¹ This level of toleration is indicative of how, despite the strict on-board regulations and threat of the wider consequences, certain conditions or behaviour went overlooked. These types, once sobered up, presumably could work for a living.

Those who arrived ‘insane’ enough to be certified as needing asylum care were more problematic. Despite Atkinson’s correspondence with James MacAndrew on the matter of deportation, he also played down these instances. He criticised the amount of

¹¹¹ Including 156 for drunkenness, 41 for petty offences and 91 for ‘unspecified reasons’, *ibid.* p. 465.

newspaper articles which had blamed the government, and the Agent-General for introducing a 'large number of lunatics'. Atkinson singled out a recent article which he found particularly misleading. It had apparently reported that fifty per cent of patients in one asylum were government immigrants. While this was statistically correct, Atkinson admitted, it was however based on only two inmates. As such, although the writer was 'correct in his statement' the impression to the public had, Atkinson argued, been misconstrued.

To counteract this misconception Atkinson quoted what he saw as the real picture. From the total of assisted immigrants forty-seven immigrants had been admitted to lunatic asylums, of which, twenty-seven had been subsequently discharged. He described this near negligible proportion as justifying the existing regulations. Sounding remarkably like Featherston, Atkinson suggested that it should be assumed inevitable that some immigrants would 'become lunatics during the voyage or from circumstances arising in the colony'.¹¹² This means that those at the highest political level, as well as their border controllers, viewed 'lunacy' as a by-product of the act of migration.

These official numbers were derived from asylum admissions. As such, they do not reflect those who recovered on arrival, or worse case, committed suicide. There were those too who were met by relatives so assimilated more easily. Indeed Atkinson noted the preference for nominated immigrants because they 'had friends who can advise and look after them'.¹¹³ His figures therefore underrepresented the amount of immigrants arriving in states described invariably as 'insanity', 'lunacy', or 'hysteria'. In contrast with the picture presented by the New Zealand government, the regional politicians had better links with their local asylum and border officials. A number of members of parliament countered against Atkinson's overly positive view of the results. Lauchlan McGillivray, on behalf of Southland, spoke out against the free passages

¹¹² *Ibid*, pp. 465-466.

¹¹³ *Ibid*, p. 466.

because he thought it likely that ‘an inferior class of persons would avail themselves of that arrangement’.¹¹⁴ Wellington’s George Hunter disagreed. His residents, able to observe the arriving immigrants before they were distributed to other provinces, had found them a credit both to the selection process and to the old country.¹¹⁵ Dunedin’s Nathaniel Wales urged caution against too much optimism. He had found some new arrivals to have ‘become burdens on benevolent institutions’. Furthermore, he thought that because of the cost of the inspection of immigrants, the numbers of prison committals, albeit small, ‘should not exist at all’.¹¹⁶ Wales’ fellow South Islander, Superintendent of Canterbury, William Rolleston, took a more nationalistic view and proclaimed ‘do not let us curtail the supply so as to really retard the progress of the country’.¹¹⁷

Asylum officials presented a more uniform view about the adverse effects of the newcomers. In 1875, Inspector of Asylums, Duncan MacGregor, vocalised these increasing concerns. His colleagues, he explained, were seeing a ‘disproportionate increase in the numbers of lunatics, due to the inferior character of our recent immigrants’. The public works policy had, he feared, altered the previous streams of immigration, which ‘left the weak and lunatic behind’. They should now expect rates of lunacy and criminality to multiply, and ‘mental disease’ to alter. The numbers of ‘idiots and imbeciles’ would increase as a result of ‘low degrees of development’ in contrast to the usual ‘acquired and therefore largely-curable insanity’.¹¹⁸ While Vogel’s vision of expansion had worked in terms of increasing the population, its results were starting to be realised in other areas. By 1875 the demand for immigrants started to wane.¹¹⁹ Furthermore, imported lunatics were no longer simply feared for being financial

¹¹⁴ *Ibid*, p. 469.

¹¹⁵ *Ibid*, p. 474.

¹¹⁶ *Ibid*, p. 476.

¹¹⁷ *Ibid*, p. 477.

¹¹⁸ *AJHR*, 1875, Session I, H-02a, ‘Further Reports on Lunatic Asylums in New Zealand’, No. 4, p. 4.

¹¹⁹ Dalziel, *Origins of New Zealand Diplomacy*, p. 38.

burdens. Concerns about hereditary traits became incorporated in the continuing debate about how to manage the incoming ‘insane’, whether low in numbers or not.

Conclusion

This chapter has shown how New Zealand’s dual attempts at migration control in the first half of the 1870s were beset with operational problems. In theory, the Immigration and Public Works Act and Imbeciles Passengers Act represented the first national attempts at curtailing the entry of those deemed to be ‘mentally ill’ amongst other health provisions. This involved actively seeking to recruit those of ‘sound mind and free from mental defect’ and seeking bonds for the self-paying ‘idiots and insane’. Not only did this terminology cover a varying amount of mental states, the national policy did not extend to providing instructions to New Zealand border operators. Even if it had, port health officials reacted inconsistently to anyone arriving with ‘symptoms of insanity’ or had shown them on the journey.

This was a period in which New Zealand attempted to recruit a new mentally, and physically fit, national work-force. The so-called ‘half-scamps, half-lunatics’ were not part of the vision for an expanding nation, nor were those of ‘unsound mind’. Yet, as shown in the attempts of Featherston and his agents, like with the provincial schemes, recruiting migrants was especially problematic in relation to ‘mental illnesses’. Arguably recruiters in Britain never sanctioned the passage for anyone ‘knowingly insane’, yet aside from determining culpability, it fell to the colonial administrators to deal with such cases. The response to those perceived ‘insane on arrival’ depended on the extent to which they recovered and assimilated into colonial society. From the cases identified it is clear that some recovered in time, or were met by relatives, therefore avoided the need for long term financial assistance.

For provincial authorities in New Zealand, the idea of repatriating individuals was increasingly mooted as a way of reducing the stress on local welfare systems. Deportation, framed in both financial and altruistic terms, became an option for both migrants and authorities. This does not appear to have been a national or legal mechanism, although because of the high level politicians involved, should be considered as official acts of repatriation. The responses to ‘insane’ immigrants varied between national and regional locations. The next chapter considers how, despite a centralising of administration, these border inconsistencies endured throughout the remainder of the nineteenth century. In this period Julius Vogel took on the role of Agent-General, and assisted emigration became increasingly curtailed. The IPA became the main method of restricting the entry of the ‘mentally ill’. Accordingly, attributing the blame for importing the ‘insane’, switched to the commercial shipping operations. And yet, port administrators remained unguided as to how to manage the ‘mentally ill’.

Chapter Four: Parochial Border Controls in a Globalising World: New Zealand 1876—1899

In 1898 New Zealand Premier Richard Seddon bemoaned that, with ‘regard to lunacy’, the colony was suffering from the effects of a ‘vigorous public works policy’.¹ This opinion contradicted Harry Atkinson’s positive view of the 1870s migrant recruitment schemes. By the end of the nineteenth century Vogel’s vision had helped the population of New Zealand increase to nearly 800,000.² This chapter examines how and why political viewpoints had polarised. It covers a quarter-century of social, political and economic change in New Zealand. The provincial system of local government ended in 1876 and the national government attempted to better monitor, and control, migration operations. However, while immigration legislation, in some aspects was streamlined, the disconnect between policy and practice continued. Port health officials remained bound to specific locations and reliant on their own experience and knowledge. Instead, it took asylum officials and psychiatrists to engage on a more international scale with their Australian colleagues. Crucially, some politicians like Seddon engaged with the increasing fear of race degeneration.

This chapter covers a period in which assisted migration was phased out and the Imbeciles Passengers Act (IPA) became the prominent mechanism for controlling immigrants. This evolution occurred against a backdrop of political change. By the 1880s the era of progressive colonisation was curtailed by economic downturns.³ In this decade, John Hall’s so called ‘prudent’ ministry attempted to curtail the spending-spree of the 1870s.⁴ This political reform continued into the 1890s when the first Liberal

¹ NZETC: Dr Collins on Lunacy Reform: Deputation to the Premier, March 1898.

² ‘The Population of New Zealand,’ *New Zealand Herald*, 3 November 1899, p. 5.

³ Philippa Mein Smith, *A Concise History of New Zealand* (Cambridge: Cambridge University Press, 2005), pp. 94-95.

⁴ ENZ online version, W. J. Gardner. ‘Hall, John’, [accessed 6 March 2015].

government attempted to rescue the failing economy and create a ‘democratic social laboratory’.⁵ Despite such forward thinking it was in this period that attempts to redesign national immigration restrictions for those deemed undesirable by health or conduct were rejected by politicians and the public alike.

In order to ascertain how these broader themes affected the attitudes and policies towards ‘mentally ill’ immigrants, this chapter is organised into three main sections. First, Julius Vogel’s tenure as Agent-General is examined to show how the role’s function as chief immigration agent peaked in the mid-1870s and thereafter declined.⁶ This research shows how, despite his critique of Featherston, Vogel would also admit near-defeat in attempting to identify ‘mental defects’ in migrants. Second, the increasing prominence of the Imbeciles Passengers Act (IPA) is shown to have resulted from the phasing out of assisted immigration. As per its legal provisions, the shipping companies were forced to provide bonds for any ‘insane’ self-paying passengers they carried. This system relied on the immigrants’ health being assessed at New Zealand ports. As such, although the recruitment schemes declined, many aspects of border control endured. The port health officers remained responsible for identifying the arriving ‘insane’.

It was not until 1882 that attempts were made to streamline operations. This resulted in the creation of a key archival source, the bond certificate. This type of administrative document and the surrounding commentary is used to show how, despite attempts at improvement, immigration practices remained inconsistent. The legalities of the border controls were increasingly challenged by shipping companies, asylum superintendents and immigrants themselves. The border administrators continued to operate without clear national guidance as to how to diagnose and manage the ‘mentally

⁵ Smith, *A Concise History of New Zealand*, p. 86; pp. 94-99, and ‘The Tasman World’ in Byrnes ed. *The New Oxford History of New Zealand*, pp. 297-319. See also Belich, *Paradise Reforged*, pp. 32-46.

⁶ Dalziel, *The Origins of New Zealand Diplomacy*, p. 52.

ill' who arrived at New Zealand ports. It was no longer applicable to blame their colleagues in Britain, because migrants were travelling without needing any prior approval, apart from the shipping companies' cursory pre-embarkation health checks.

The third section contrasts this sense of *status quo* and parochialism with how, in other realms such as medicine, officials and intellectuals engaged with modern ideas. Key to this was the increasing concern about race degeneration. Although medical historians have considered the extent of how asylum officials engaged with their international colleagues, the relationships between doctors and politicians needs to be made more explicit.⁷ This section does just that. It shows how New Zealand politicians started to acknowledge this medical influence when reflecting on the standard of their population in a globalising world. Such anxieties manifested in the political debate surrounding William Pember Reeves' Undesirable Immigrants Bill which aimed to tighten border controls and exclude a wider range of the 'mentally and morally undesirable'. This particular debate has not yet been examined by historians. The themes and tensions evident within it would endure beyond the focus of this chapter which covers the period in which New Zealand politicians started to close their national borders.

Assisted Immigration 1876–1883

At the beginning of the period covered in this chapter, the borders were still, in effect, 'open'. The assisted immigration schemes, albeit on a lesser scale, continued into the early 1880s. Between 1876 and 1880 Julius Vogel took on the Agent-General position, a period in which the role's responsibilities for migrant recruitment was phased out. Because the demand for immigrants decreased it has been suggested that the British-based agents were able to be more selective. As such Vogel's tenure was seen as more

⁷ In particular Angela McCarthy, Catharine Coleborne and Maree Dawson.

successful than Featherston's.⁸ In order to test this hypothesis the next section examines how Vogel dealt with cases of 'insane' immigrants. In 1875 Vogel travelled to London to re-organise the Agent-General's office. A year later a disgruntled Featherston resigned due to ill-health and died in June 1876.⁹

Despite the antagonism between Featherston and Vogel a number of similarities existed throughout their terms in office. Although Vogel had persistently attempted to force Featherston to transform the British operations, Vogel would likewise concede that 'mental defects' were difficult to discover.¹⁰ He also argued that cases of immigrants arriving 'insane' were not in that state when they left England. The reaction of the New Zealand officials as to the 'undesirable' remained inconsistent. Like Harry Atkinson had done in 1875, some provincial immigration officers downplayed the instances of 'immoral' behaviour, depending on its severity. One officer reported that no new immigrant had been committed for any serious offence, and another confirmed any instances brought to court for 'nothing more but the occasional drunkenness'.¹¹ Invercargill's Walter Pearson went as far as reporting a 'marked improvement in physique and moral culture'.¹² These positive reports were not consistent country-wide. Pearson's near-neighbour complained that many had arrived 'almost destitute of everything'.¹³

Vogel did have, to a certain extent, a better record dealing with 'insane' immigrants. The immigration commissioners found him blameless in two cases which occurred in 1877. A man who arrived in Auckland on the *Oxford* in March was, according to the ship's surgeon, 'quite idiotic'. However, after the port health officer

⁸ Dalziel, *The Origins of New Zealand Diplomacy*, p. 49.

⁹ *Ibid*, p. 48.

¹⁰ *AJHR*, 1879 Session I, Section D-01 Section D-02, 'Emigration to New Zealand (Letters from the Agent General), No. 37, pp. 24-25.

¹¹ *AJHR*, 1876, Session I, Section D-06, 'Immigration: General Reports of Immigration Officers', No. 3, p. 3 and Enclosure 1 in No. 6, p. 5.

¹² *Ibid*, No. 13, p. 10.

¹³ *Ibid*, Enclosure 14, p. 11.

disputed this opinion, the commissioners reported that they found no ‘evidence of insanity’ or anything that would warrant them recommending his return.¹⁴ A month later a man, for whom Vogel had refused assistance, arrived in Wellington under a confused set of circumstances, which were reported nationally. The man’s brothers complained to journalists how he had been restrained on the voyage. According to them, he had travelled with a friend as a private passenger and, although he had ‘developed symptoms of insanity en-route’ was ‘quite sane’ on arrival.¹⁵ Despite the suggestion that the man was a self-paying passenger, the commissioners complained if that had been the case, the provisions of the Imbeciles Passengers Act would have applied to the owners of the vessel.¹⁶

These conflicting accounts about the man’s circumstances display how the realities of migration control remained confused. Regardless of the legal provisions, migrants, whether self-paying or assisted, were able to enter New Zealand. Diagnoses of ‘mental illnesses’, itself a fluctuating state, varied widely and were either played down, or inflated, depending on personal motivations. Despite the best attempts at border control in Britain and New Zealand, some episodes of ‘insane’ or ‘immoral’ behaviour on the voyage clearly went either unidentified or unreported. Sarah Stephens’ account of her family’s voyage to Christchurch on the *Cardigan Castle* in 1876 provides a number of such insights. It suggests how the passengers and crew were on occasion party to manipulating the official reports of the success of a voyage. Stephen’s writings also show how the layman’s description of ‘insane’ behaviour differed from the medical perception of it.

¹⁴ *AJHR*, 1877 Session I, Section D-04, ‘Immigration: Letters to the Agent General for New Zealand, Covering Reports upon Immigrant Ships’, Enclosures 1 and 2 in No. 22, p. 18.

¹⁵ See ‘Local and General News’, *The Colonist*, 10 April 1877, p. 3; ‘Perils of Immigration’, *The Evening Post*, 14 April 1877, p. 2; ‘Local and General’, *The (Christchurch) Star*, 20 April 1877, p. 2; ‘Untitled’, *The Grey River Argus*, 24 April 1877, p. 2; ‘Perils of Immigration’, *North Otago Times*, 26 April 1877, p. 2; ‘Perils of Immigration’, *The Marlborough Express*, 28 April 1877, p. 5; ‘Perils of Immigration’, *The Tuapeka Times*, 2 May 1877, p. 6.

¹⁶ *AJHR*, 1877 Session I, Section D-04, ‘Immigration: Letters to the Agent General for New Zealand, Covering Reports upon Immigrant Ships’, No. 24 and Enclosure, pp. 19-21.

Stephens' voyage account importantly reminds us to treat official immigration reports with caution. By monitoring the interactions between passengers and crew she exposed how the success of the all-important on board hierarchy depended on the subjectivities of those charged with creating it. Stephens held a unique vantage point. Although travelling with her middle-class family, as an unmarried woman she was berthed with the other single females.¹⁷ As a literate, self-paying passenger she provided evidence of how the assisted immigrants responded to their supervisors. One of whom, a single girl, Stephens described as being separated for displaying 'insane' behaviour. Like the equally respectable George Hepburn had noted, Stephens considered some of her fellows as 'very rough', and noted how they challenged the voyage regulations. Her account therefore exposes the fragility of the journey. It provides a first-hand account of how migration policy did not always translate well into practice.

Much of this disconnect between policy and practice resulted from inappropriate interactions. The single girls, in particular, persistently challenged the matron's authority by trying to liaise with the ship's crew, and disrupt the Sunday hymns. Although migrants had been warned that these incidents, if reported, would likely affect their reputations, the ship's surgeon did not, according to Stephens, become involved. Neither did he intervene with the fighting which occurred between the married couples. Only the captain seemed to take such breaches seriously and 'stormed' at a girl for talking to a crew member. Stephens only referred to the surgeon's role as 'moral policeman' once, in an instance when he disciplined the married men for not maintaining their mess properly. Furthermore, both the surgeon and captain provided the matron with enough alcohol to the extent that she acted inappropriately. The matron apparently dressed the girls' as 'negroes', and made them dance for her amusement in

¹⁷ Merseyside Maritime Museum: 1989.200, DX/1071/R, *Diary of Emigrant Sarah Stephens* (1876).

order to avenge their previous behaviour. Stephens likewise reported the fighting between officers and crew members as ‘mutiny’.

This perception may have been due to Stephens’ sensibilities. Her writing style and language indicates her gentility. Thus, her description of the voyage as being ‘perfect bedlam, for there is always some quarrelling going on’ may not have been, for the more worldly-wise, perceived as so dramatic. She also wrote of being ‘scared’ by a single girl, known by the passengers to have previously been in an asylum, whose behaviour was affected by the heat in the tropics. And yet, while Stephens noted that this had led to the girl’s on-board hospitalisation, this did not appear in the official end of voyage accounts. Neither did Stephens’ description of another girl going ‘off into hysterics’ and ‘yelling like a mad creature from a bad temper alone’.¹⁸

The fact that the official accounts did not focus on these instances is further proof that some conditions were overlooked. For this voyage, it is uniquely possible to contrast Stephens’ diary entries with the official perception of the journey, which concentrated on the quarantine of the ship.¹⁹ Not only was the presence of infectious disease perceived as more dangerous, those reported as ‘mentally ill’ died. These cases were, however, not the single girls described by Stephens. Amongst the dead was a male who had suffered from ‘softening of the brain’ and an alleged suicide of a man thought to have ‘fallen overboard’ when the ship had arrived in Christchurch.²⁰ Furthermore, despite Stephens’ recollection of the amount of discord on board, the immigration officer described them to be a ‘first-class number of people, and thoroughly well conducted’.²¹ Neither were the inadequacies of the ship’s hierarchy publicised in the official end-of-voyage accounts. The all-important surgeon’s report concluded diplomatically that ‘there were no disturbances or occurrences requiring

¹⁸ *Ibid.*

¹⁹ See for example, ‘Ship Cardigan Bay from London in Quarantine’, *The (Christchurch) Star*, 8 January 1877, p. 2, and ‘Telegrams’, *The Otago Witness*, 13 January 1877, p. 14.

²⁰ *Ibid.*, and ‘The Supposed Case of Suicide’, *The Grey River Argus*, 8 January 1877, p. 2.

²¹ ‘Ship Cardigan Bay from London in Quarantine’, *The (Christchurch) Star*, 8 January 1877, p. 2.

special comment'.²² Newspapers reported that the doctor found that the matron had given the 'greatest satisfaction'.²³ However, when the single girls were released from the quarantine station, they chose not to acknowledge her. Instead, they wanted to offer their grateful thanks to the captain 'for the kind attention and care he gave to their comfort and happiness during their passage'.²⁴ In turn the captain described the voyage as on the whole a 'very pleasant passage' and that the passengers had been well-behaved and contented.²⁵

This viewpoint of the ship's personnel, and one which was repeated by colonial journalists was that the emigrants were mentally and morally suitable. Accordingly, once the commissioners collated these opinions to form their official report, accounts of such orderliness prevailed. They described the immigrants as 'well adapted for the requirements of the colony' and decreed that full gratuities were to be paid to their supervisors.²⁶ The girl hospitalised for being 'hysterical' was never mentioned. Such inconsistencies display how the categorisation of the 'mad' and the 'bad' were based on personal interpretations. In the case of the *Cardigan Castle*, we can also speculate that collusion existed between the emigrants' supervisors and the emigrants themselves whom, it was reported, 'made no complaints' against them.²⁷ As such, in this case, Vogel was not required to justify his selection of either staff or emigrants. However the official response to the events of the voyage did not match Sarah Stephens' version.

It is not possible to compare how perceptions differed for each emigrant voyage. Vogel's methods were only called into account in an instance where the circumstances surrounding a ship's arrival made it impossible for any collusion to occur. In fact, the

²² 'The Report of the Ship's Surgeon Jeremiah Welsh' on The Bint Family from Berkshire & New Zealand, The Voyage of the Cardigan Castle 1876-1877, online version [accessed 4 March 2015].

²³ 'Arrival of the Cardigan Castle from London', *The (Canterbury) Press*, 8 January 1877, p. 2.

²⁴ 'Shipping, *The (Canterbury) Press*, 24 January 1877, p. 2.

²⁵ 'The Cardigan Castle', *The (Canterbury) Press*, 12 January 1877, p. 2.

²⁶ *AJHR*, 1877, Session I, D-04, 'Immigration Letters to the Agent General of New Zealand, Covering Reports upon Immigrant Ships', p. 16.

²⁷ *Ibid.*

first two years of Vogel's position as New Zealand's Agent-General appeared to run smoothly. This was due in part to his responsibilities being less onerous in the reduced schemes.²⁸ By 1878, however, Vogel came up against James MacAndrew, now Minister of Immigration. MacAndrew had, as already detailed, first started to complain about imported incurable lunatics in 1861 as a provincial politician. By the time he came to national political prominence his stance had not softened. Interestingly, the resulting argument between MacAndrew and Vogel was reminiscent of how Vogel had previously admonished Featherston. Although the demand for immigrants had slowed after the influx of the mid 1870s, MacAndrew still encouraged Vogel to send those of 'good character, able-bodied and willing to work'.²⁹ Regional immigration officers continued to express on the whole, positive responses, but in October 1878 a high-profile case finally tarnished Vogel's reputation.³⁰

The ship in question, the *City of Auckland*, was wrecked off the Kapiti coast northwest of Wellington.³¹ If this had not occurred, the state of passengers and crew, like the 1876 arrival of the *Cardigan Castle*, may have been overlooked. Rather than the usual system of relying on voyage reports to ascertain the standards of immigrants and crew, the circumstances warranted a personal visit from Ministry staff. Under-Secretary of Immigration Elliot visited the scene of the wreck to ensure that the passengers were transferred safely to shore. As a result he was able to provide a first-hand official account. Although 'giving allowances to these unfortunate circumstances', Elliot was alarmed by the unsuitability of the immigrants. He reported that the married couples were 'old and physically weak' and amongst the single men were a 'large number of

²⁸ Dalziel, *The Origins of New Zealand Diplomacy*, p. 49.

²⁹ *AJHR*, 1878, Session I, Section D-01, 'Emigration to New Zealand: Letters to the Agent General', Enclosure No. 7, p. 3.

³⁰ *AJHR*, 1878 Session I, Section D-09, 'Immigration: General Reports of Immigration Officers'. See for example the positive views of officers on behalf of Christchurch (Enclosure No. 7, p. 5.); Auckland (Enclosure No.1, p. 1); and New Plymouth (Enclosure No.3, p. 2.). Invercargill's Vernon Lillicrop however continued to be unconvinced and complained that many immigrants were unsuitable due to their 'want of physical strength, or calling' (Enclosure No. 10, p. 7.).

³¹ See for example 'Wreck of the City of Auckland off Otaki: 256 Immigrants on Board', *The (Wellington) Evening Post*, 23 October 1878, p. 2.

undesirable characters' with a 'strong desire for intoxicating liquor'. Furthermore, he found that a man, M—, after displaying symptoms of 'insanity', had become a 'raging lunatic' so was straight-jacketed.

Elliot also found the on-board hierarchy vastly inadequate. He concluded that the surgeon had not only had abandoned his journals on the wreck, but had gained popularity by selling the 'medical comforts' (medicinal alcohol). Accordingly neither the doctor nor the matron, whom Elliot thought had been 'probably selected for her appearance' were awarded their gratuity.³² As a result of this high-profile criticism MacAndrew sternly reminded Vogel that 'due regard should be given' to the characters of immigrants, as well as to their physical qualifications'.³³

This ministerial scolding of the Agent-General was reminiscent of the previous relationship between Vogel and Featherston. Vogel's explanation of how his migrant recruitment process worked showed how he had not made a great deal of changes to it. Like his predecessor he relied on medical and character referees to provide the proof of what continued to be described as 'sound mind' and 'freedom from bodily defect or deformity'.³⁴ Conversely MacAndrew's language reflected how modern medical terminology was being used alongside the more established descriptions of lunacy, idiocy and imbecility. In the same correspondence in which he complained about the 'raging lunatic' on the *City of Auckland*, MacAndrew raised a case of another immigrant he described as 'deficient in ordinary mental capacity'.³⁵

Vogel's responses do suggest that he had forged closer links with British port officials than Featherston, so had more confidence in the pre-embarkation checks. This is apparent in a case in which MacAndrew complained how a female emigrant had been

³² *AJHR*, 1879 Session I, Section D-01, 'Emigration to New Zealand: Letter to the Agent General', Enclosure 1 in No. 10, pp. 5-6.

³³ *Ibid*, No. 10, p. 4.

³⁴ *AJHR*, 1880, Session I, Section D-02, 'Emigration to New Zealand: Letters from the Agent General', No. 23, pp. 11-14.

³⁵ *AJHR*, 1879 Session I, Section D-01, 'Emigration to New Zealand: Letter to the Agent General', Enclosure 2 in No. 10, p. 7.

prevented from embarking solely due to ‘medical intervention’.³⁶ Vogel argued that this intervention proved that, although cases of ‘mental defects’ were difficult to identify, the existing safeguards were effective. His investigation of the case also displays the differences within the language used to describe mental illnesses by immigration staff. The depot matron had apparently suspected a ‘level of imbecility’ in the woman, so referred her to the ship’s surgeon. He accordingly found her ‘mentally incapable’ so disallowed her from embarking. Vogel therefore concluded that her ‘latent insanity’ developed because of the ‘novelty of her position and the excitement’.³⁷

This recognition that some people would succumb to insanity was not the only similarity between Featherston’s and Vogel’s responses to the ‘mentally ill’. Vogel increasingly conceded that some types would get through his system undetected. He was unable, he informed MacAndrew, to send out several thousand emigrants without some being ‘unsuitable either in character or health’.³⁸ By 1880 Vogel admitted that because influences existed on-board which brought about an ‘undesirable state of things’, some factors were uncontrollable.³⁹ As the colonial demand for immigrants diminished, it was more common for ships to carry a mixture of self-paying and assisted migrants. This mixing of different types of emigrants complicated the already fragile attempts at maritime regulations. The surgeon on the *Stad Haarlem* for example, complained how the young male saloon passengers ‘looked upon the domestic servant women as fair game’ and sought to gain their attention through giving ‘obscene pantomimic demonstrations’.⁴⁰ Because the women reciprocated Vogel was forced to concede that even if people were certified to be ‘steady and of good character’ they

³⁶ *Ibid.*

³⁷ *AJHR*, 1879 Session I, Section D-02, ‘Emigration to New Zealand (Letters from the Agent General), No. 37, pp. 24-25.

³⁸ *Ibid.*

³⁹ *AJHR*, 1880 Session I, Section D-02, ‘Emigration to New Zealand: Letters from the Agent General’, Enclosure 22, p. 11.

⁴⁰ *AJHR*, 1879 Session I, Section D-05, ‘Immigration: General Reports of Immigration Officers, Enclosure 2 in 41, p. 28.

were liable to behave to the contrary.⁴¹ This was proven by the passengers and crew of the *Boyne*. The surgeon, who had an opium habit, failed to assert control and the captain provided the single girls with alcohol. The immigration commissioners reported with dismay that although the women found employment on arrival, they soon gave up their jobs and were instead out in the town with the sailors.⁴²

By analysing the responses to these complaints it is clear that both Featherston and Vogel struggled to police migrants' mental health. This is because migrants' mental states were inconsistent and transient, and, relied on different administrators to judge their severity. Even the presence of mental illness in some cases was overlooked by the officials responsible for reporting it. Accordingly, both the first and second Agent-General argued that they could not be totally confident in the validity of references or control all of the adverse influences on the journey. Although admittedly Featherston experienced the most ire from his New Zealand superiors, Vogel was also reprimanded in similar terms. And yet, crucially, in order to justify their selection processes, they both argued that in most cases, the approved migrants appeared sane before they left Britain.

Moving into the 1880s, this response was needed less because migrant recruitment was phased out. Vogel's successor as Agent-General, Francis Dillon Bell, had a more diplomatic remit.⁴³ Although Bell's role in migrant recruitment was minimal compared with his predecessors', on occasion he too faced accusations of poor selection. He was in the post when William Delisle Hay's *Brighter Britain* was published in 1882. In it, Hay recalled how on his voyage there was amongst the assisted single women, one who looked sixty, and was 'purbblind' and 'decrepit'. How he asked,

⁴¹ *AJHR*, 1880 Session I, Section D-02, 'Emigration to New Zealand: Letters from the Agent General. Enclosure 22, p. 11.

⁴² *AJHR*, 1879 Session I, Section D-05, 'Immigration: General Reports of Immigration Officers, No. 7, p. 6 and Enclosures 1 and 2 in 35, pp. 22-23.

⁴³ Agent-General 1880-1891. See ENZ online version, Raewyn Dalziel, 'Bell, Francis Dillon', [accessed 6 March 2015], and Dalziel, *The Origins of New Zealand Diplomacy*, p. 98.

was this ‘ancient cripple’ passed by the Agent-General and dispatching officer? Despite her condition Hay reported that on arrival she was employed to work in a farmer’s kitchen, and noted how ‘old granny toddles away amid the friendly laughter of the crowd’.⁴⁴ Bell was criticised directly in 1883 over a typhoid outbreak on the *Oxford*.⁴⁵ His response was similar to his predecessors. No ship, he reported, could ever be entirely free from the danger of some form of disease ‘lurking among her people’.⁴⁶ No archival sources have been found to suggest that he had to justify his selection of those deemed ‘insane’ upon arriving in New Zealand. This is because those arriving in that state were increasingly doing so as self-paying passengers. As such, for the remainder of the nineteenth century, the Imbeciles Passengers Act finally came to prominence.

Imbeciles Passengers Act 1879-1899: Operations and Results

Once self-paying passengers outnumbered assisted immigrants the focus of migration control changed. The shipping companies were culpable for any ‘idiotic’ or ‘lunatic’ they carried under the provisions of the IPA. In 1879 the Act was amended to render bonds a requirement for ships’ crew in addition to passengers.⁴⁷ In theory this extended scope should have increased the prevalence of the use of this function. And yet, this amendment attracted little press attention, and was mentioned only as part of the overall business of the Legislative Council.⁴⁸ Its importance was not, however, overlooked by those directly involved in migration control, as will be made clear in this section.

Vogel’s final year as Agent-General coincided with this shift towards self-funded immigration. In April 1880, Minister of Lands Immigration and Education, William Rolleston, highlighted the importance of the IPA to Vogel. Rolleston was part

⁴⁴ William Delisle Hay, *Brighter Britain*, p. 53.

⁴⁵ *AJHR*, 1884 Session I, Section D-02, ‘Emigration to New Zealand (Letters to the Agent General)’, No.1 p. 1, and Sub-enclosure in Enclosure 2 in No. 3, pp. 4-5.

⁴⁶ *AJHR*, 1884 Session I Section D-03, ‘Emigration to New Zealand (Letters from the Agent General Respecting)’, No. 2, p. 2; No. 6-9 in Enclosure 6, p. 10.

⁴⁷ Imbecile Passenger Act, Extension Act 1879, (43 Vic 1879 No. 39.)

⁴⁸ ‘General Assembly’, *New Zealand Herald*, 6 December 1879, p. 5.

of Premier John Hall's so-called 'prudent ministry', a government dedicated to administrative reform and curbing the spending policy of the 1870s.⁴⁹ Vogel was told he had to start reducing his department and to advise any intending migrants to make their own arrangements with shipping firms.⁵⁰ Although Rolleston was initially impressed with the class of people who had come out of their own accord, his department was clearly well versed in the purpose of the IPA.⁵¹ At the end of 1879 Christchurch's immigration officer J. E. March informed the Under-Secretary for Immigration that he had enacted its provisions for two immigrants. One girl aged 13, 'idiotic from infancy' had arrived with her parents, and a man 'at present, lunatic' was now in an asylum.⁵² Under-Secretary Elliot's response to both these cases was specific. He informed March to 'see that the law is strictly enforced with regard to the two lunatics [and] report when bond entered into'.⁵³

Among the about-to-be-suspended system of assisted emigration, some were still arriving 'insane', or according to Rolleston, 'lunatic'. After being informed by the Inspector of Asylums about the recent arrival of two such types, Rolleston asked Vogel to enquire into the reputation of their medical referees. This type of culpability was not going to be important for much longer. Rolleston noted regretfully that more cases amongst private passengers were requiring action under the IPA. Rolleston asked Vogel to make it clear to the British shipping companies that they were responsible for any 'insane' they carried. This meant providing the companies with copies of the existing IPA regulations.⁵⁴ As such, the role of Agent-General in migration control was reduced to that of publicising the legal border controls rather than recruiting migrants. In April

⁴⁹ ENZ online version, W. J. Gardner, 'Rolleston, William', and W. J. Gardner, 'Hall, John', [accessed 6 March 2015].

⁵⁰ *AJHR*, 1880 Session I, Section D-01, 'Emigration to New Zealand: Letters to the Agent General. No. 34, pp. 13-14 and Enclosure 2 in No. 35, p. 14.

⁵¹ *Ibid*, No. 12, p. 5. Rolleston also complained about two assisted 'lunatics' J— G— on the *Invercargill* and J— C—, alias J— McQ— on the *Nelson*. See No. 13, p. 7.

⁵² *Ibid*, Enclosure 1 in No. 12, p. 5 and Enclosure 2 in No. 12, p. 6.

⁵³ *Ibid*, Enclosure 3 in No. 12, p. 6.

⁵⁴ *Ibid*, No. 13, p. 7.

1880 the New Zealand government informed Vogel to discourage further nominations.⁵⁵ By the end of the year Vogel had retired from the role, proclaiming how he was proud of the legislation he had implemented.⁵⁶

In New Zealand the political and administrative reforms continued. In 1882 the outdated provisions of the IPA were overhauled to reflect the ending of the provincial political system. This administrative revamp was again reported dispassionately in the press.⁵⁷ Customs collectors at the ports were made responsible for enacting bonds, instead of the by-then extinct provincial superintendents.⁵⁸ The Commissioner of Trade and Customs was made responsible for handling the resulting £100 bond.⁵⁹ Attempts were also made to define the other operational roles involved. A new section emphasised that the medical institutions should seek recompense for those who ended up under their charge.⁶⁰ Process Chart 3 shows how despite these changes, the port health officer remained responsible for assessing the health of the new arrivals (Step 2) upon the referral - on theory- from the ship's officials (Step 1). Their task therefore relied on the increasing reluctance of the shipping companies to highlight any cases which may require bonds. Compared to the previous process, detailed in Process Chart 2, enacting a bond was now done *in situ*. Based on the opinion of the port health officer, the customs collector became responsible for demanding and collecting the bond payment (Steps 3 and 5). This new system also recognised the role of institutional officials in taking the initiative to claim financial recompense for any immigrants who ended up under their care (Step 7).

⁵⁵ *Ibid*, No.35, and Enclosures, p. 14.

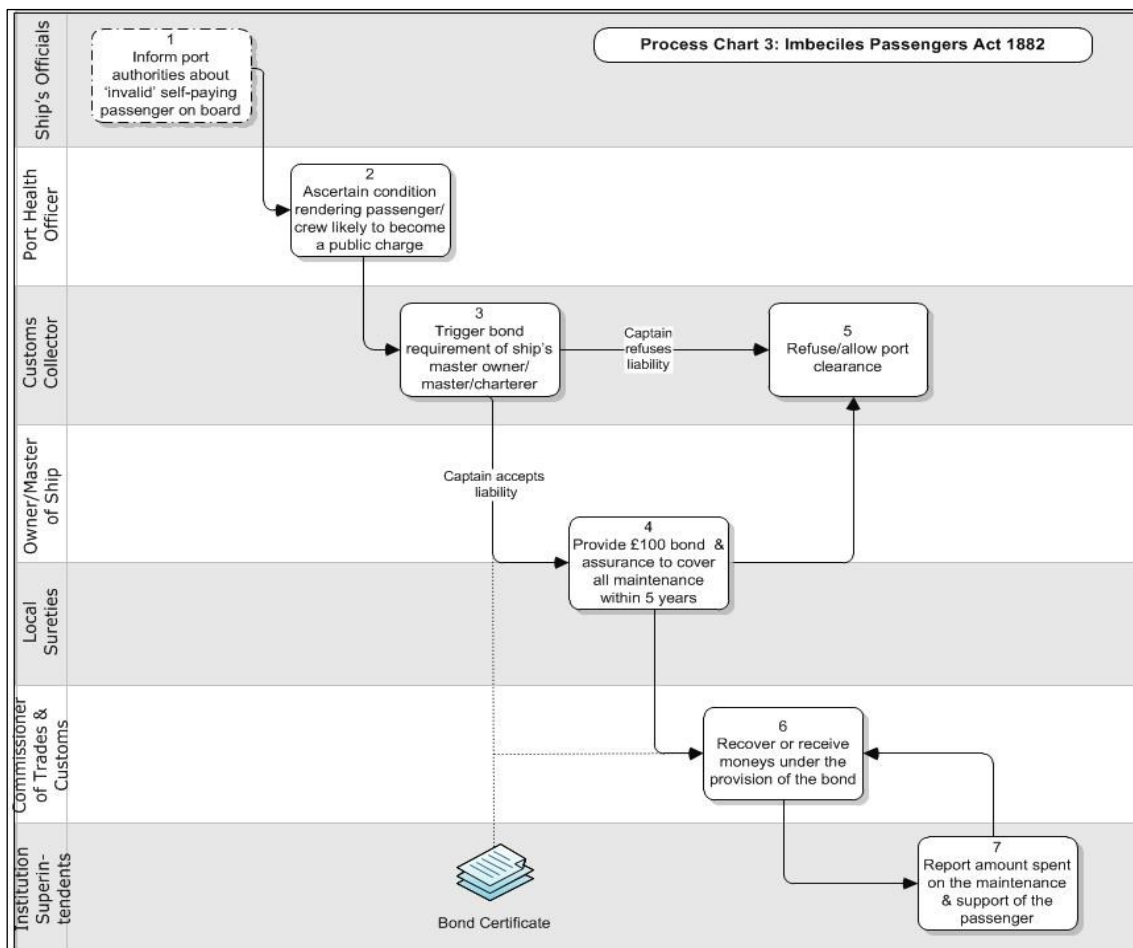
⁵⁶ *AJHR*, 1881 Session I, Section A-05, 'Sir Julius Vogel: Papers Relating to his Resignation of the Agent-General-ship', No. 12, p. 5.

⁵⁷ Again, only referred to as bills in the various committee stages. See 'House of Representatives', *New Zealand Herald*, 5 August 1882, p. 5, and 'Parliamentary', *The Auckland Star*, 5 August 1882, p. 2.

⁵⁸ Imbeciles Passenger Act, 1882, (46 Vic 1882 No. 58) Section 3.

⁵⁹ *Ibid*, Section 4.

⁶⁰ *Ibid*, Section 7.



In theory these changes refocused the administration of the Act on those most closely involved in the control of mentally ill immigrants, that is, the border and asylum officials. And yet, it would be the latter that developed a better working knowledge of its mechanisms. The immigration and customs officials would struggle with the lack of guidelines as to how to define or identify those who remained defined legally as 'lunatic' or 'idiotic'.

Although these amendments clarified the roles of the local officials responsible for enacting the bonds, they also reflected attempts at better national administration. The new pro-forma bond certificates were used nationwide and required the customs collectors to write the 'condition' of the passenger or crew member which deemed them likely to become a public charge, on the section which read as:

And whereas the Collector of Customs of the said port has certified that the said *{name of passenger or crew}* hath arrived in the said colony on board the ship being *{condition}* and likely to become a charge upon the public, or upon a charitable institution.

Because these bond certificates, and in some cases corresponding paperwork, for all the New Zealand ports are held in one archival repository, it is possible to highlight some overall themes.⁶¹ The conditions written on the bonds examined have been collated statistically in Table 2 below. While this collection may not provide the overall picture of this type of administration, some certificates may be missing, it is possible to draw some speculative conclusions about the frequency of the use of the IPA. They show the inconsistencies in how the ‘mentally ill’ were labelled by border officials. Because this version of the IPA remained in use until 1899 it is possible to highlight some key trends over a sixteen year period across all ‘conditions’ entered on the bonds.

Table 2: Conditions named on New Zealand’s Imbecile Passengers Act bond certificates 1883-1899

Condition	1883	1884	1885	1887	1888	1889	1890	1891	1892	1896	1897	1898	1899	TOTAL
Consumption		1												1
Epileptic			1											1
Imbecile				1			3	2	1		1			8
Infirm	2				1	2	1							6
Insane									1					1
‘Ships Name’							1							
Lunatic		1			1		2			1	1	1	2	9
Weak Mind		1												1
Phthisis													1	1
Sick			1											1
	2	3	2	1	2	2	7	2	2	1	2	1	3	30

Source: NZ NA: C 304 991 C24 4 7, and C 304 991 C24 4 8.

As Table 2 indicates, thirty bonds were enacted in thirteen years of the overall sixteen year period. This represents an average of approximately two per year. Across the range

⁶¹ NZNA: C 304 991 C24 4 7, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908 A – H; and C 304 991 C24 4 8 Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908 I – Y.

of results the conditions entered by the customs officials deviated from those defined in the act as ‘lunatic, idiotic, deaf, dumb, blind or infirm’. In addition to this terminology, the following terms were used, ‘consumption’, ‘epilepsy’, ‘imbecile’, ‘insane’, ‘weak mind’, ‘phthisis’ and ‘sick’. In one case the condition was incorrectly written as the name of the ship, ‘Knight of St Michael’. Such inconsistencies suggest how these forms were open to administrative error. Furthermore they show that the fear of newcomers becoming public charges mattered more than their specific diagnosis. The indeterminate ‘infirm’ or ‘sick’ could equally suggest malaise of either mind or body.

Despite these administrative inconsistencies, one key theme emerges. The proportion of ‘mental’ conditions outweighed that of physical or infectious disease. Twenty from the overall total were for the varying forms of ‘mental illness’, of which only nine corresponded to one of the Act’s provisions for ‘lunatics’. The term ‘imbecility’ as per the Act’s title was used nearly as often. In order to focus on this finding, these cases have been detailed separately in Table 3 below.

Table 3: ‘Mental illness’ conditions named on New Zealand’s IPA bond certificates 1883-1899

Condition	1884	1885	1887	1888	1890	1891	1892	1896	1897	1898	1899	TOTAL
Epileptic		1										1
Imbecile			1		3	2	1		1			8
Insane							1					1
Lunatic	1			1	2			1	1	1	2	9
Weak Mind	1											1
	3	2	1	2	7	2	2	1	2	1	3	20

Source: NZ NA: C 304 991 C24 4 7, and C 304 991 C24 4 8.

Although the proportion of bonds for mental illness and disability is clearly higher, still these figures provide a one-dimensional viewpoint only. In order to explain the greater prevalence of bonds for ‘mental’ as opposed to ‘physical’ disease, it is necessary to consider the ‘bigger picture’. It is possible to provide the context to some of these cases

due to the existence of extra correspondence relating to them. Official paperwork and newspaper reports also highlight the attitudes towards the migrants and the shipping companies who brought them. The following section examines the use of the IPA in the last two decades of the nineteenth century. This analytical approach displays how, despite administrative improvements, the local operations remained arbitrary. This inconsistency was particularly evident in the terminology used in relation to ‘mental’ illness.

Prior to the amendment to the IPA in 1882, instances of the arriving ‘insane’ did occur and remained newsworthy. In January 1880 *The Wanganui Herald* complained that a man deemed ‘sane’ on arrival was later pronounced to be a ‘dangerous lunatic’ after assaulting someone, but too late for the ship’s captain to be charged with liability.⁶² Other accounts revealed sympathy for the shipping companies. At the start of 1881 the captain of the *Northumberland* provided the bond for Henry Rottinger Wells committed to the lunatic asylum in Wellington.⁶³ This case was reported with the following by-line, ‘this is quite alarming. If ships captains are to be held responsible for all the imbeciles they bring out, it will be rather tough on them’.⁶⁴

The first cases under the new administrative system occurred in 1884. The ‘lunatic’ bonded this year (see Table 3) was Edward Gleeson who arrived into Dunedin in January.⁶⁵ Although the archival sources provide no further details about this case, his subsequent death received national coverage. This ‘unknown and friendless’ man, newspapers reported, died after being admitted to the asylum.⁶⁶ Gleeson’s bond had been signed by James Mills, listed as the Managing Director of the Union Steam Ship Company. Because Gleeson had been admitted to the asylum within five years of his

⁶² ‘Untitled’, *The Wanganui Herald*, 29 January 1880, p. 2.

⁶³ ‘Wellington’, *North Otago Times*, 14 January 1881, p. 2.

⁶⁴ ‘Local and General’, *The Akaroa Mail and Banks Peninsula Advertiser*, 18 January 1881, p. 2.

⁶⁵ NZNA: C 304 991 C24 4 7, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908 A-H.

⁶⁶ *The (Christchurch) Star*, 15 March 1884, p. 3; *The Auckland Star*, 15 March 1884, p. 2; *The Southland Times*, 15 March 1884, p. 2; *Otago Daily Times*, 15 March 1884, p. 2.

arrival, Mills would have been obligated to pay his maintenance to the Commissioner of Trade and Customs.⁶⁷ In Gleeson's case the administrative process was adhered to thus he was not a public charge. His speedy death also reduced the cost to his guarantors.

Other cases were not so straightforward. While medical administrators were quick to enforce the mechanics of the Act when immigrants entered their institutions, they were dependent on the actions of the port officials. The customs officers did not always request bonds at the time of the immigrant's arrival. One reason for this was the instances of those, who despite exhibiting symptoms en-route appeared to port officials, sane on arrival. This rendered the port health officer unable to class them as insane. In addition, the fourteen day time limit to enact a bond still proved too short a window. This was the case with Charles Robertson who landed unrestricted from San Francisco in 1884 and was, after police intervention, admitted to an asylum. Accordingly Inspector of Asylums Dr Grabham, asked the Auckland customs collector to enact a bond. Unable to elicit any information from the health officer about the 'supposed lunatic', no bond document exists for Robertson.⁶⁸ This suggests that, either the time limit to do so had ended, or the port health officer had not found him insane.

Even if bonds were enacted on time, their legality, on occasion, was dubious. In 1885 the Wellington port health officer found William George Wilkes to be of 'weak mind'. Accordingly customs collector James Hart instructed the ship's captain to provide the bond. Because Hart had been advised by the shipping agents that Wilkes' relatives in Auckland were willing to act as sureties, he sent the half-completed certificate to his counterpart there, advising that that 'if such persons present themselves to you they may execute the same'. This action suggests that the Auckland customs officer was made responsible for completing the rest of the information. Hart asked for

⁶⁷ NZNA: C 304 991 C24 4 7, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908 A-H.

⁶⁸ NZNA: BBAO A78 5544 Box 31a Record Number 1884/215, G. W. Grabham, Inspector of Asylums, Wellington - Charles Robertson, passenger from Frisco. Take Action under the Imbeciles Passengers Act 1882.

confirmation of when this had been done, advising his colleague that, if delayed, he would require the ship's captain to give the 'required security'.⁶⁹ The certificate does not exist in the archives suggesting that it was not properly enacted. If not 'weak-minded' enough to be able to reach his relatives, Wilkes likely assimilated more easily than the cases 'lunatics' who were admitted to asylums. It seemed that he did remain in the community. Nearly twenty years later, a man of the same name, and then aged 53 was cautioned by Auckland police for using obscene language. He was according to the chief detective, 'eccentric'.⁷⁰

The description 'weak mind' had, however, been used on a bond enacted the previous year, also in Wellington, for Edward Pickard.⁷¹ This suggests that localised port health officials used terminology according to their experience or training. By separating the conditions named on the bonds by port, it is possible to examine these inconsistencies. As evident in Table 4, only the officials in Dunedin adhered to the terms quoted in the IPA, in these cases, lunatic. Their Wellington equivalents used the greatest number of deviations across the terms relating to 'mental illness'. No official used the term 'idiot', instead preferring the interchangeable 'imbecile'. Because the port health officers provided these labels to the customs officials it must be concluded that the port doctors operated without any guidance as how to ensure uniformity.

⁶⁹ NZNA: BBAO A78 5544 Box 34a Record Number 1885/233, James T Hart, Acting Collector of Customs, Wellington, William George Wilkes, passenger to Wellington ex Akaroa bond under the Imbeciles Passengers Act 1882.

⁷⁰ 'Police Court', *The Auckland Star*, 26 December 1913, p. 5.

⁷¹ NZNA: C 304 991 C24 4 7, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908 I-Y.

Table 4: 'Mental illness' conditions named on New Zealand's IPA bonds per port of entry 1883-1899

	Epileptic	Imbecile	Insane	Lunatic	Weak Mind	TOTAL
'At Sea'	1					1
Auckland		1		1		2
Christchurch		3		2		5
Dunedin				3		3
Wellington		4	1	3	1	9
	1	8	1	9	1	20

Source: NZ NA: C 304 991 C24 4 7, and C 304 991 C24 4 8.

Unlike the customs collectors, whose correspondence shows how they engaged with colleagues at other ports, the port health officers did not appear to do likewise. No evidence exists to suggest that they interacted with each other on how best carry out their responsibilities. Their opinion on the state of immigrants held more sway than that of any other official. In 1886 the Dunedin customs collector warned his Auckland colleague to look out for a 'lunatic or imbecile passenger' called Adamson, arriving from Sydney on the *Te Anau*. However, because the Auckland health officer found Adamson 'at present perfectly sane', no action was taken.⁷²

The inconsistencies in the actions of border controllers were exploited by shipping companies. This was particularly evident in their attempts to avoid paying maintenance for their crew. Although not always pertaining to 'mental' illness, a number of such cases are worthy of note. In October 1885 the manager of the Union Steam Ship Company refused to provide a bond for seaman Alexander Moss. They did that based on two grounds. First on a technicality - they had not received notice within fourteen days - and second, they argued that because Moss had just been paid he was not destitute, or likely to become a public charge.⁷³ In 1889 the same company declined

⁷² NZNA: BBAO A78 5544 Box 37a Record Number 1886/237 1886, J Hackworth, Collector of Customs, Dunedin – Adamson – lunatic or imbecile passenger – informed on board 'Te Anau'.

⁷³ NZNA: BBAO A78 5544 Box 188 Record Number 1885/848, Union Steam Ship Company of New Zealand Limited, Auckland – Alexander Moss – declining to execute bond under Imbeciles Passengers Act.

to 'acknowledge any liability' for German seaman Herman Kruger who had approached the Auckland Relief Office for aid.⁷⁴ This time they argued that the German consul should assist him.⁷⁵ The same year, seaman Carl Kjoge was admitted to the lunatic asylum in Auckland after acting strangely in the city's Sailors Home. Because Kjoge was reported as 'alright' when discharged from the ship, the customs collector was unable to enact a bond.⁷⁶ This proved extremely costly. When Kjoge's death was reported twenty seven years later, aged sixty, he was reported as having been a quiet patient at the Avondale Mental Hospital since 1889.⁷⁷

It is likely that the single bondless sailors were treated differently from the few cases of 'insane' immigrants. Although the bond certificate did not distinguish between migrant and seaman, initial analysis suggests that the latter were more likely bonded under the vagaries of appearing strange, eccentric, or more frequently, syphilitic. This hypothesis opens up a separate avenue of research, as does the treatment of stowaways. One such case occurred with Holger Hansen, who in 1889 was described as a 'stowaway' of 'unsound mind'. Despite their previous attempts to avoid paying maintenance, the Union Shipping Company entered into the bond after Hansen was found to be a lunatic at medical examination.⁷⁸ The case received a satirical response from the *New Zealand Observer* who described Hansen's eccentricities while locked up, and how he had arrived 'on the nod'.⁷⁹

Although these ill and destitute sailors were generally unwanted, the response to immigrants was not so clear cut. Migrants of British origin, with family members already in New Zealand, were more likely to be treated with journalistic sympathy.

⁷⁴ 'Hospital and Charitable Aid Board', *New Zealand Herald*, 19 November 1889, p. 5.

⁷⁵ NZNA: BBAO A78 5544 Box 197 Record Number 1889/1161, Union Steam Ship Company of New Zealand Limited, Auckland, Herman Kruger, passenger 'Wainui' re notice under Imbeciles Passengers Act declining liability.

⁷⁶ NZNA: BBAO A78 5544 Box 197 Record Number 1889/1268, Dr T R King, Superintendent Lunatic Asylum, Auckland, Carl Christian Kohler Kjoge, seaman Barque 'Brunette' asking what action has been taken under the Imbeciles Passengers Act 1882.

⁷⁷ 'Local and General News', *New Zealand Herald*, 19 January 1916, p. 6.

⁷⁸ 'Law and Police' *New Zealand Herald*, 5 September 1899, p. 6.

⁷⁹ 'They Say: What the Papers Say', *The New Zealand Observer*, 16 September 1899, p. 3.

Such publicity fed into the increasing criticism of the practicalities of the border operations. Shipping companies also began to challenge the provisions of the IPA in relation to passengers, as well as their crew. The port health officers, on the other hand, continued to operate without any clear guidance. In the 1890s it took the action of all parties involved- migrants, shipping companies, asylum officials and journalists- to challenge both the administration and the provisions of the IPA.

1890s: Critiques and Challenges Escalate

In May 1889 Wellington's *Evening Post* described the purpose of the IPA as preventing 'persons of weak or impaired intellect being introduced to the colony from abroad'.

Although it supported the premise of the legislation, the paper complained that 'the manner in which it is administered is the reverse of satisfactory'. This critique stemmed from a case in which a British man was seen as likely to become a public charge despite having relatives in Wellington. Whether the paper was fed the story by the family or by politicians in the capital is unclear, but the way in which the proceedings were detailed was done in a way to highlight administrative discrepancies. It involved the youngest son of an English family, Harry, who was reportedly 'subject to fits which impaired his intellect' so was 'incapable of work'.⁸⁰

It was Harry's need for financial support which alarmed his brothers and the authorities in Australasia. He had been dispatched to his brother in Adelaide by his step-father in Britain. His Adelaide-based sibling, fearing he could not look after him, sent him to another brother in Wellington. This New Zealand based brother, holding the same concerns, forewarned the customs department about Harry's impending arrival. However, when the ship *Waihora* docked firstly at Bluff, where the bond should have been triggered, it was not. Thus when the brother met Harry off the ship in Wellington,

⁸⁰ 'Imbecility', *The (Wellington) Evening Post*, 21 May 1889, p. 2.

officials could not instruct the captain to enter into a bond. Instead they advised the brother to ask the Benevolent Society for financial assistance while investigations were made. The resulting delay caused the fourteen day period to lapse, about which the newspaper was highly critical. Why, it asked, should a bond be taken at the first port, and why was Harry allowed to land without evidence of the bond being provided? As such, they concluded, that if his brother could not support him, the public of Wellington would have to, which if due to 'official blundering' would be a 'great shame'.⁸¹

The following year, 1890, saw the highest number of bonds enacted between 1883 and 1899 (see Table 3). It is likely that due to the furore over Harry's case, the practices were tightened. And yet, still there were problems. This total of seven included three 'imbeciles', two 'lunatics', one 'infirm', and the one completed incorrectly with the ship's name. Furthermore despite this 'peak' the subsequent numbers dropped back to the usual rate of one or two per year. Still, no official guidelines existed to prevent further 'official blundering' or sought to make terminology uniform.

Like for Harry and his brother, colonists remained somewhat sympathetic to these cases. The bonding of a respected one-time ship's master John Sutherland, for being an 'imbecile' was described as a 'sad occurrence,' causing much sorrow to his shipmates.⁸² After developing symptoms of 'insanity', this elderly man from London was admitted to the lunatic asylum.⁸³ Another of the 'imbeciles' from Table 3 was George Marshall Webster, a second class passenger.⁸⁴ Regardless of profession or ability to pay for a better cabin, people were only allowed to land if their maintenance was guaranteed. In June 1891 the New Zealand government attempted to broaden this

⁸¹ *Ibid.*

⁸² 'News of the Day', *The (Canterbury) Press*, 22 December 1890, p. 5. NZNA: C 304 991 C24 4 8, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908, I – Y.

⁸³ 'Passing Notes', *The Otago Witness*, 23 December 1890, p. 25.

⁸⁴ NZNA: C 304 991 C24 4 8, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908, I – Y. 'The RMS Ionic's Passengers', *The (Wellington) Evening Post*, 18 August 1891, p. 2.

financial responsibility. An amendment to make shipping agents as well as the shipping companies 'responsible for the 'importation of an imbecile person', was discussed, but was struck out.⁸⁵

The *status quo* was only challenged again in 1894 in an instance which was described as a 'test case'. The details of this case were reported nationally and again highlighted how the provisions of the Act, now twenty years old, were still not properly established. The case involved a British immigrant Timothy Sullivan who, since arriving in March 1891, had been in the Whau Lunatics Asylum, in Auckland. By January 1894 Sullivan was still an inmate there, and Crown Solicitor Joseph Tole was forced to seek further maintenance payments from the bond sureties. Finding that the bond had not been properly completed, because the surety details were missing, Tole feared that the entire bond was not legally binding.⁸⁶ Customs Collector Alex Rose concurred that the bond was faulty, explaining how bonds were normally entered in the record book for legal approval.⁸⁷ Not only had this not occurred but, when Tole calculated the asylum costs at the maximum legal weekly rate, they currently amounted to the value of the original bond of £100.⁸⁸ Both officials feared that a legal challenge for any extra maintenance would highlight the illegality of the bond.

Such cautions were disregarded by their superiors because, in 1895, the case went to trial and received national press coverage. The 'missing' bond sureties were named in court in a case which rested, not on the completion of the bond certificate, but on whether the shipping company was liable for further maintenance. Although the plaintiff for the New Zealand government argued that the £100 bond value was only a

⁸⁵ 'NZ Parliament', *The Otago Witness*, 18 June 1891, p. 24.

⁸⁶ NZNA: BBAO A78 5544 Box 51a Record Number 1894/18, Joseph A Tole Crown Solicitor Auckland –T Sullivan and Union Company, re bond under the Imbeciles Passengers Act, Memo from Crown Solicitor, 8 January 1894.

⁸⁷ *Ibid*, Memo from Customs Collector, 8 January 1894.

⁸⁸ *Ibid*, Memo from Crown Solicitor, 8 January 1894.

security, so costs could not be recovered from it, the judge disagreed.⁸⁹ He found that the shipping company had covered their liability with this amount, and that it 'would be unfair to put them in a worse position through having made the payments than if they had made none'.⁹⁰ This decision was symptomatic of how any challenges thus far had been were financially driven, and rested on the adverse effect on the public purse, shipping companies and family members. No party had yet confronted the terminology used by port officials, or queried how shipping companies appeared to be able to defy the legal provisions.

In 1896 one British man quite literally took the law into his own hands to highlight how the shipping companies were using the IPA to their own advantage. Robert Livingston was bonded on arrival in New Zealand and admitted to the Sunnyside Asylum in Christchurch.⁹¹ Upon his release he purposely committed theft so he could publicise his case. In court he admitted that he had first been 'confined as a lunatic' in England and then had travelled to Australia. After his most recent discharge from Melbourne Lunatic Asylum, Livingston explained that he was sent to Sydney on a Huddart-Parker boat. However, because he started to show 'signs of insanity' on this journey, the shipping company, rather than paying the New South Wales' £500 bond rate, persuaded him to continue to New Zealand where the requirement was £100.

The Huddart-Parker's General Manager admitted to this but explained that they had also attempted to get Livingston back to Melbourne. As such, they were now 'quite unable to get rid of him' and would be liable for his maintenance at either Hobart or Sydney. He suggested that governments should have the power to send any lunatic back

⁸⁹ See for example 'A Test Case', *The (Canterbury) Press*, 9 February 1895, p. 7; 'The Imbeciles Passengers Act', *New Zealand Herald*, 8 February 1895 p. 3; 'The Imbeciles Passengers Act', *Otago Daily Times*, 11 February 1895, p. 2.

⁹⁰ See for example, 'Law and Police: Supreme Court', *New Zealand Herald*, 14 February 1895, p. 3. This decision was also repeated country-wide.

⁹¹ NZNA: C 304 991 C24 4 8, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908 I – Y.

to the place they came from.⁹² This idea would, by the end of the century, be in place across the British world. The magistrate responsible for the case at hand, convicted and then discharged Livingston. He scolded Livingston for taking the wrong course', although conceded that no doubt due to the publicity, his maintenance would be paid for.⁹³ Livingston's audacity had the desired effect and his case was reported extensively across the Australian colonies.⁹⁴

Despite the cases of Sullivan and Livingston achieving much publicity, the IPA was not subsequently amended. Some evidence however, does point to a more careful consideration of due process amongst the officials operating within its framework. When Mr A. Compton was bonded for being an 'imbecile' in 1897, the customs collector in Wellington made sure to telegram his counterpart in Auckland confirming that he had processed the bond for the 'brain affected' man.⁹⁵ Indicative of wider transformations was the ship Compton had arrived on. He travelled on the *Delphic*, which was celebrated in the press as being the 'largest cargo-carrying vessel that has yet visited New Zealand'.⁹⁶

The final four cases of the century were all bonded for being 'lunatic'. While this suggests a level of uniformity still no official guidelines relating to 'mental illness' existed. By 1897 the Inspector of Customs did begin to provide his customs collectors with limited information on how to deal with some health conditions. This did not extend to the 'lunatic or idiotic', but to blind people. Those not in 'indigent circumstances', Inspector Glasgow explained, were now able to apply for pre-entry

⁹² 'A Curious Case: The Liability of Shipowners', *The Thames Star*, 28 April 1896, p. 2.

⁹³ 'Some Cabled Topics', *The (Wellington) Evening Post*, 29 April 1896, p. 2.

⁹⁴ See for example 'Intercolonial' *The (Sydney) Evening News*, 5 May 1896, p. 3; 'New Zealand', *The (Hobart) Mercury*, 2 May 1896, p. 1a; 'New Zealand', *The Brisbane Courier*, 29 April 1896, p. 5; 'New Zealand', *The (Melbourne) Argus*, 29 April 1896, p. 5; 'New Zealand', *The Sydney Morning Herald*, 29 April 1896, p. 5; 'A Peculiar Case', *South Australian Register*, 29 April 1896, p. 5.

⁹⁵ NZNA: C 304 991 C24 4 7, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908 A-H; and BBAO A78 5544 Box 203 Record Number 1897/959 1897, D McKellar Collector of Customs, Wellington – Alfred Compton –passenger for Auckland per 'Anglian' ex 'Delphic' Bond taken under Imbecile Passenger Act.

⁹⁶ 'Shipping News', *The Otago Witness*, 11 November 1897, p. 46.

certificates to prove that they were bona fide travellers and not impecunious.⁹⁷ Shipping companies continued to attempt to evade their financial responsibilities. In July 1898 Glasgow communicated with the customs collector in Auckland about whether a ship's master had fully comprehended his obligation under the IPA. Officer Alex Rose confirmed that he had indeed read the captain and the shipping company's agent the Act. Accordingly Rose explained to Glasgow that the agent had subsequently visited him and (now) 'says I suggested payment of deposit assessed by hospital authorities in lieu of bond'.⁹⁸

By the end of the nineteenth century the bonding mechanism, although implemented twenty five years, earlier remained confused. Shipping companies, savvy to its inconsistencies, sought to bend the terms to best suit their requirements. The leeway given to one of types feared likely to become a public charge, the blind, did not extend to the 'idiotic' or 'lunatic', or their variations. Over the course of the period 1883–1899, and despite attempts to better administer the IPA, the provisions remained inconsistent and undefined. This was particularly true of the terminology employed by port health officials. And whilst these semantic discrepancies were seemingly overlooked, the legal challenges exposed how there were greater problems with the IPA. Officials were not fully cognisant with how the provisions to cover maintenance were meant to work in practice. If a modern day audit had taken place, it would likely have shown how many bonds had not been legally enforced in terms of language, timeliness and proper completion. While the port health officials held the responsibility for triggering the bonding process, it took asylum officials to petition for a more consistent

⁹⁷ NZNA: BBAO A78 5544 Box 202a 1897/701, W T Glasgow Inspector and Collector, Customs Department Wellington Imbeciles Passengers Act 1882 instructions re bonds not required for certain blind persons.

⁹⁸ NZNA BBAO A78 5544 Box 204 1898/606, W T Glasgow Inspector and Collector, Customs Department Wellington 'Enterprise', asking if master knew of his obligation under the Imbeciles Passengers Act.

terminology, and medical practitioners engaging on a trans-colonial level to call for a better control of the medical state of immigrants.

Degeneration and Border Control

Medical historians have raised the need to consider degeneration theories in relation to the increasing colonial concern over inadequate border control. The scholars involved in the University of Otago's Migration, Ethnicity and Insanity project have examined the extent to which some colonial institutional doctors engaged with transnational ideas about degeneration.⁹⁹ Maree Dawson, in particular, has examined the construction of ideas about heredity in an asylum environment to highlight the link between heredity, mental illness and immigration.¹⁰⁰ Both Dawson and McCarthy have identified that the restriction of 'mentally ill' immigrants requires greater academic attention.¹⁰¹ This section builds on their valuable analysis of asylum records and officials to help answer this call. It does this by examining the level of medical petitioning outside of the asylum environment, through trans-colonial networks, and how far it extended into the political sphere. This enables us to contrast the motivations of the asylum officials with that of and port officials. This analysis shows that, unlike the parochialism displayed by the port health officers, it took the asylum officials to petition for the use of uniform terminology and better procedures to deal with the arriving 'insane'.

The drive to improve political administration in the 1880s resulted in a greater visibility of asylum admissions. Unlike the informal numbers for IPA bonds discussed previously, the actual asylum statistics were reported in the Journals of the House of Representatives (*AJHRs*) from the 1880s. These political journals began to include the views of asylum officials, in addition to that of the immigration officers, as to the

⁹⁹ University of Otago: Migration, Ethnicity and Insanity. See in particular the work of Angela McCarthy, Catharine Coleborne and Maree Dawson.

¹⁰⁰ Dawson, 'Halting the "Sad Degenerationist Parade"', pp. 38, 46.

¹⁰¹ *Ibid.*

standards of immigrants. As such, the connection between degeneration concerns and attempts at better border control can be made. No longer were these simply localised concerns. Whereas in the 1860s migrant recruiters had attempted to assess whether near relatives had ever been affected with insanity, this had been in response to provincial complaints. By 1897 asylum officials were advising the New Zealand government on how to avoid these so-called acquired traits on a national basis.

Unlike the port officials, who used terminology relating to ‘mental illness’ arbitrarily, asylum officials sought better labelling of their patients. An often-expressed view was that many of their inmates were not actually insane enough to be institutionalised. From the 1880s the commonly held belief was that some had been admitted to asylums only because there was no proper system of poor relief as in Britain. As such, they bemoaned how some inmates were labelled as ‘insane’, whereas their minds had been merely ‘weakened’ through old age. Legal terminology continued to reference ‘insanity’ and ‘lunacy’ interchangeably however. In 1882 the Lunacy Act was overhauled to, amongst other improvements, ensure the better recording of patients’ state on arrival, and of their on-going ‘mental state and bodily condition’.¹⁰² The definition of ‘lunacy’ remained all-encompassing; ‘insane, idiot, lunatic or person of unsound mind’.¹⁰³

In 1881 the Inspector General of Lunatic Asylums, Dr Frederick Skae, criticised this outmoded approach. Skae had been recruited to this post in 1875 by Julius Vogel after a parliamentary select committee recommended that an experienced British medical practitioner be appointed to oversee asylum provisions.¹⁰⁴ It was Skae and one of his successors, Duncan MacGregor, who are seen as crucial in exerting British

¹⁰² New Zealand Lunacy Act 1882 (46 Vic 1882, No.3) Part III, Sections 52-57.

¹⁰³ *Ibid*, Part III, Section 2.

¹⁰⁴ ENZ online version, Rex Wright-St Clair, 'Skae, Frederick William Adolphus' [accessed 11 March 2015].

psychiatric thought on New Zealand practices.¹⁰⁵ After five years in this key role, Skae bemoaned that the term ‘insanity’ was being used with the ‘utmost latitude’, and in some cases to describe those who only had ‘weak or impaired minds’. These types in Britain, he argued, would have been cared for in the community through the local parish system. In New Zealand however, he thought it was financial considerations, rather than a ‘state of a man’s mind’ which led to their admission. As a result, Skae saw families content to leave their ‘feeble-minded dependents’ in a public institutions in order to save money.¹⁰⁶

The 1880s also saw increasing criticism of how the recruitment drives of the 1870s had resulted in the deterioration of mental and physical health in the general population. In 1881 Dunedin Medical Superintendent, Dr A. H. Neill, suggested that his admissions had increased due to ‘recent importations from beyond the sea’. He also agreed with Skae that some of them should not be in asylums but cared for in hospitals or benevolent institutions.¹⁰⁷ The focus on propensity for ‘mental illness’ in immigrants was reflected in the statistical tables published in the *AJHRs* which denoted heredity as a cause for asylum admission.¹⁰⁸ Neill made this connection more explicit by providing his yearly admission statistics under categories such as ‘emigration and congenital weakness’, and ‘senile decay and emigration’.¹⁰⁹

Other asylum officials, like Edward Hulme had done twenty years earlier, demanded new immigration controls. Dr W.E. Hacon, medical superintendent for the Sunnyside Asylum, Christchurch, advocated better techniques. Much of his rhetoric was reminiscent of earlier complaints made by immigration and asylum officials. He

¹⁰⁵ Dawson, ‘Halting the “Sad Degenerationist Parade”’, pp. 40-41.

¹⁰⁶ *AJHR*, 1881 Session I, Section H-13, ‘Annual Report on Lunatic Asylums of New Zealand’, pp.1-2, 5.

¹⁰⁷ *AJHR*, 1882 Session I, Section H-09, ‘Reports on, for 1881, Lunatic Asylums of New Zealand’, p. 17.

¹⁰⁸ Dawson, ‘“Halting the Sad Degenerationist Parade”’, pp. 44-45.

¹⁰⁹ *AJHR*, 1880 Session I, Section H-06, ‘Annual Report on Lunatic Asylums of New Zealand’, Appendix, p. 8; *AJHR*, 1881 Session I, Section H-13, ‘Annual Report on Lunatic Asylums of New Zealand’, p. 15; *AJHR*, 1882 Session I, Section H-09, ‘Reports on Lunatic Asylums of New Zealand’, p. 25.

stressed that enquiry should be made into ‘heredity insanity’ in order to prevent those discharged from home asylums from migrating. Furthermore he wanted any ‘imbeciles’ or ‘lunatics’ who managed to enter the country to be returned.¹¹⁰ On behalf of the Inspector-General’s department, L.W. Loveday pointed out that many such provisions already existed. Asylum superintendents were, he explained, taking the correct action for the ‘admission of lunatics from shipboard’ under the IPA. He admitted that, with regard to the idea of deportation, any ship’s captain landing an ‘imbecile’ or ‘lunatic’ passenger could not be compelled to take them back.¹¹¹

Skæe’s successor, George Grabham, was suspicious of the shipping companies’ willingness to adhere to this legislation, and suggested that the ‘English insane’ were being shipped to New Zealand to escape maintenance costs at home.¹¹² In 1883 Grabham expressed his fear that shipping companies were becoming savvy towards the regulations of the IPA. One of the leading companies, he reported, had returned such a case in order to avoid being financially penalised.¹¹³ This opinion, when considered with the cases previously highlighted, shows how some shipping companies were actively avoiding their legal responsibilities.

Over the 1880s and 1890s some shipping companies reacted to the legislation on a more official level. A number of guides and manuals for their voyages began to make reference to colonial immigration restrictions. These warnings were combined with the promotion of journeying to benefit ill health, including for ‘mental conditions’. In 1884 for example, the Orient Line of Steamers encouraged those with a ‘tendency to melancholy’ and those suffering from anxiety through over-work, to travel.¹¹⁴ This sentiment was repeated by the P & O Company who cited research from the *British*

¹¹⁰ *AJHR*, 1882 Session I, Section H-09, ‘Reports on Lunatic Asylums of New Zealand’, p. 11.

¹¹¹ *Ibid*, p. 2.

¹¹² *AJHR*, 1883 Session I, Section H-03, ‘Lunatic Asylums of the Colony (Report on) for 1882, p. 1.

¹¹³ *AJHR*, 1884 Session I, Section H-07, ‘Lunatic Asylums of the Colony (Report on) for 1883, p. 1.

¹¹⁴ *Illustrated Guide of the Orient Line of Steamers Between England and Australia* (London, Maclure and MacDonald, 1884), p. 5

Medical Journal that a voyage could negate ‘nervous exhaustion brought about by over brain work’.¹¹⁵ By the start of the 1890s the P & O Company more specially warned passengers that if the ship’s surgeon found them unfit ‘by reason of disease, bodily or mental’ they would be ‘re-landed’.¹¹⁶ In 1890 the Orient Line’s advice reflected how medical ideas about ‘mental disease’ were becoming more nuanced. Although their medical officer promoted a voyage as restful to the over-taxed professional, those he described as on the ‘borderline between sanity and insanity’ should be wary of the melancholia caused by the lack of on-board activities. As such, he warned that the suicidal were constantly reminded of how easily they could ‘throw themselves on the sea’.¹¹⁷

The advice provided by shipping companies was couched as being relevant to all colonial destinations. The latter decades of the nineteenth century signalled an era of globalisation facilitated through better shipping and communication.¹¹⁸ Some mobile types, such as doctors, were able to transfer their ideas between the Australasian colonies. Concerns about heredity and over-crowded asylums were not only expressed in New Zealand. British-trained doctors in Australia held similar views, and formed what Coleborne has termed a ‘professional collective’.¹¹⁹ These trans-colonial similarities led to the creation of the first Inter-colonial Medical Congress of Australasia, held in Adelaide in 1887. Designed to discuss ‘facts peculiar’ to Australian medical practice, the event led to the creation of a medical journal from which ‘facts, theories and proposals might all be made common property’.¹²⁰

¹¹⁵ *P & O Pocket Book* (London: Nissen and Arnold, 1888), pp. 71-73.

¹¹⁶ *P & O Book for Passengers* (London: Thos. Cook and Son, 1893), pp. 13-14.

¹¹⁷ *Orient Line Guide: Chapters for Travellers by Sea and by Land* (London: Sampson, Low, Marston, Searle and Rivington, 1890), pp. 21, 23.

¹¹⁸ Smith, *A Concise History of New Zealand*, p. 95.

¹¹⁹ Coleborne, *Madness in the Family*, pp. 33-34.

¹²⁰ *Transactions of the Inter-colonial Medical Congress of Australasia: First Session 1887* (Adelaide: Vardon and Pritchard, 1888), pp. iii, 12.

These types of gatherings attracted likeminded doctors who were concerned with better migration control. Christchurch's Dr Hacon, for example, acted as Vice-President for the Psychological Medicine division at the 1889 congress in Melbourne.¹²¹ Two years later, he spoke about the importance of better public health operations at the Australasian Association for the Advancement of Science.¹²² Duncan MacGregor's lengthy tenure in the role of New Zealand Inspector General (1886-1905) coincided with the strengthening of these trans-national links. He frequently made comparisons between the colonies of New Zealand and Victoria. He thought that the asylums in both regions had to receive the 'flotsam and jetsam of society', unlike in more prosperous times, when people were less anxious to 'get rid of their imbecile and helpless relatives'. He also noted how the 'professional conception of mental disease' was changing, in particular towards 'nervous disease' and 'hereditary neuroses'.¹²³ The use of these more modern terms was not however evident amongst all the medical fraternity. In 1890 for example, Dr John Murray Moore, when promoting New Zealand's hot springs continued to use the same archaic language as the port officials. Moore agreed that 'lunatics' were being shipped there, only to become more 'insane' due to the stimulating air.¹²⁴

By the 1890s it is clear that medical factions were reacting differently towards those newcomers they perceived to be insane. The port health officials continued to act in isolation and employed terms such as 'lunatic', 'insane' and 'imbecile'. The asylum officials were more active in embracing modern terminology. They were better positioned to comment on the causes, and types of degeneration in those they monitored. Although some politicians engaged with these themes, the same method of

¹²¹ *Inter-colonial Medical Congress of Australasia: Transactions of the Second Session 1889* (Melbourne: Stillwell and Company, 1889), p. ix.

¹²² *Report of the Third Meeting of the Australasian Association of the Advancement of Science* (Christchurch: Published by the Association, 1891), p. 408.

¹²³ *AJHR*, 1887 Session I, Section H-09, 'Lunatic Asylums of the Colony (Report on) for 1886', pp. 1-2.

¹²⁴ Moore, *New Zealand for the Emigrant*, p. 241.

immigration control endured until the turn of the century. In 1894 attempts to restrict the entry of the congenitally ‘undesirable’ by overhauling immigration controls were rejected by the New Zealand government and the wider population.

Undesirable Immigrants Bill

In 1894 Minister of Labour, William Pember Reeves’, Undesirable Immigrants Bill was widely condemned. This topic has, thus far, received little historiographical attention, with only Reeves’ biographer noting how the resulting ridicule of the Minister of Labour led to his sobriquet ‘Undesirable Bill Reeves’.¹²⁵ This Bill, drafted by, admittedly, a great reformer and later author of *State Experiments in Australia and New Zealand*, deserves re-examination for a number of reasons. First, Reeves’ use of the prohibited immigrant clause was based on the United States legislation. In 1897 this provision would be employed in the so-called Natal Act, and was sanctioned by British Colonial Secretary, Joseph Chamberlain. Second, Reeves’ Bill targeted the ‘mad, bad and poor’ which had become so derided in New Zealand in relation to fears about widespread degeneration. Third, it attempted to tighten the administration of immigration control, for which the IPA was seen as inadequate. This section examines the content of the Bill, and the surrounding debate to show how New Zealanders were faced with the dilemma of keeping the ‘undesirable’ out, while continuing to promote their ‘Britain of the South’ as a tourist destination.

Unlike the amendments to the IPA which attracted infrequent reportage, Reeves’ *Bill* elicited by far the most extensive reaction to all of the New Zealand legislation examined in this thesis. The *New Zealand Herald* hailed it as a ‘drastic measure’ containing some ‘startling provisions’.¹²⁶ Their main objection was to the extent of the

¹²⁵ Keith Sinclair, *William Pember Reeves: New Zealand Fabian* (Oxford: Oxford University Press, 1965), p. 204.

¹²⁶ ‘Undesirable Immigrants Bill, a Drastic Measure’, *The New Zealand Herald*, 3 October 1894, p. 5.

‘prohibited persons’ section, about which Premier Richard Seddon later attributed to Reeves copying the ‘objectionable clauses’ from an American Act.¹²⁷ Indeed by placing these provisions side by side with the United States legislation, this comparison is clear.

As evident from the labels highlighted in Table 5 below, Reeves copied some of the terminology from the United States 1891 legislation, namely ‘pauper’ and the clauses for contract workers and those convicted for criminality. The inclusion of ‘imbecile’ to cover ‘mental illnesses’ suggests it was transferred from the title of the IPA. Furthermore, Reeves attempted to introduce new prohibited clauses which had not appeared elsewhere. The inclusion of ‘habitual drunkards’ clearly shows how he was influenced by the degeneration theories. Taken together, the combination of ‘imbecile, cripple, pauper, and habitual drunkard’, suggests an increased idea of ‘undesirability’, as does the addition as the catch-all phrase ‘every person likely from any cause to become a charge on the public funds’.

Table 5: Comparison of immigration restriction terminology New Zealand and United States, 1873-1894

	New Zealand	United States
1873	Imbeciles Passengers Act: lunatic, idiotic, deaf, dumb, blind, or infirm and likely to become a public charge.	
1882		An Act to Regulate Immigration, prohibited classes: convict, lunatic, idiot, or any person unable to take care of him or herself without becoming a public charge. ¹²⁸
1891		An Act in Amendment to the Various Acts Relative to Immigration: prohibited classes = idiots, insane persons, paupers or persons likely to become a public charge, persons suffering from a loathsome or dangerous contagious disease, persons who have been convicted of a felony or other infamous crime or misdemeanour involving moral turpitude, polygamists, and also any person whose ticket or passage is paid for with the money of another or is assisted by others to come, or to the class of contract labourers . ¹²⁹
1894	Undesirable Immigrants Bill: contract worker , imbecile, cripple, pauper , habitual drunkard , every person likely from any cause to become a charge on the public funds, or suffering from tuberculosis or leprosy, or who has been adjudged guilty in any country of any offence involving (if such offence were committed in New Zealand) imprisonment < 12 months. ¹³⁰	

¹²⁷ ‘American Notions’ *Wairarapa Daily Times*, 11 January 1895, p. 2.

¹²⁸ An Act to Regulate Immigration, Forty-Seventh Congress, Session I, Chapter 376, 3 August, 1882, Section 2.

¹²⁹ An Act in Amendment to the Various Acts Relative to Immigration and the Importation of Aliens Under Contract or Agreement to Perform Labour, Fifty-First Congress, Session II, Chapter 551, 3 March 1891.

¹³⁰ ‘Undesirable Immigrants Bill: A Drastic Measure’, *The New Zealand Herald*, 3 October 1894, p. 4.

Although some commentators challenged the vagaries of defining ‘pauper’ and ‘cripple’ this was outweighed by the widespread condemnation of how tourists were to be distinguished from immigrants. Reeves planned for the ships’ masters to be responsible for certifying any passengers visiting for temporary purposes. These ‘tourists’ would then be allowed to stay for six months, after which they would default to being prohibited, unless granted an extension by an immigration officer. Dispensation was given to returning residents, but only if returning after three years or less. The ship’s master was made more responsible for identifying the ‘undesirable’. As well as ascertaining some ‘twenty particulars’, including who paid their passage and whether they had been in prison, or alms-house, the ship’s master also had to describe the immigrant’s mental and physical health. Such an evaluation included commenting on whether they were ‘deformed or crippled, and if so, from what form. The ship’s surgeon re-merged as part of border control. He was to validate the ship’s master’s opinion as to the health of the passengers.¹³¹

New Zealand port officials remained ultimately responsible for providing immigrants and tourists with landing certificates. And yet, this task rested on the information provided by the shipping company. Ship’s masters were to be fined £50 for incorrect reports and, if they did not comply, would not be given clearance to leave the port. Furthermore, if any immigrants subsequently applied for public funds within twelve months, because of a condition present at the time of landing, the master was culpable. As with the IPA the shipping company had to cover their passenger’s maintenance costs and, in addition, bear the costs of returning them to their place of origin. While the IPA already legislated for such financial liability through the bonding system, Reeves’ plan for returning migrants was a clear departure from previous practices. This was the deportation so often petitioned for by local politicians and

¹³¹ *Ibid.*

asylum officials. These new provisions did not extend to providing a definition of the term ‘imbecile’. They did for ‘pauper’ which was judged literally in terms of how much cash visitors arrived with. In addition to ‘goods and chattels’, a man had to have at least £20, a married couple £30, plus an extra £10 for each accompanying child. A separate section of the Bill recommended similar responsibilities in monitoring ‘Asiatic’ immigrants, with greater fines planned for non-compliance.¹³²

The anti-Asian sentiments went unchallenged by politicians and press, as did the clauses for ‘imbeciles’ or ‘drunks’. Most of the criticism focussed on how the Bill would impact wealthy tourists, people willing and able to work hard, or those whose disabilities did not make them incapable of work. The *New Zealand Graphic* parodied how the Bill would work in a series of cartoons, one of which depicted a wealthy gentlemen type being asked by the ship’s master whether he was a ‘imbecile, cripple, pauper or habitual drunkard?’ The (Wellington) *Evening Post* likewise ridiculed how the wealthy ‘crippled’ would be excluded purely on their incapacity for work, of which they were in no need. The *Post* also parodied the Bill, imagining how the current Agent-General, Westby Brook Perceval, would not be allowed back to New Zealand without a permit, because he had been in London for three years.¹³³ There is a further irony here. Perceval’s tenure in the role of Agent-General saw him trying to build relationships with the shipping companies.¹³⁴ In this era of globalisation Perceval persuaded the New Zealand Shipping Company to grant reduced passages to moneyed farmers which he foresaw as helping the country compete with other colonies for the best type of settlers.¹³⁵

¹³² *Ibid.* Chinese immigrants had faced specific exclusions since 1881 but this Bill sought to apply fines where Asiatic passengers were carried in proportion to the ships tonnage.

¹³³ ‘Parliamentary Notes’, *The (Wellington) Evening Post*, 4 October 1894, p. 2.

¹³⁴ Dalziel, *The Origins of New Zealand Diplomacy*, p. 52.

¹³⁵ *AJHR*, 1896 Session I, Section D-05, ‘Immigration: Concessions Made to Suitable Persons coming to New Zealand, p. 1.

These cutting newspaper criticisms prompted members of the public to express their objections to the Bill. A self-monikered ‘working-man’ responded to the *Evening Post*’s skit. This anonymous reader suggested that Perceval be replaced as Agent-General by Reeves for more than three years, after which ‘his own Bill will bar him from further mischief’. He also complained about how the planned legislation would affect Australian labourers and asked ‘does Mr Reeves also think that the Australian colonies would not retaliate upon such un-statesmanlike measures?’¹³⁶ The wider international ramifications were also raised by another reader the following day who thought that those abroad should be informed about this ‘harassing measure’ forced on the country by a so-called Liberal government’.¹³⁷ People in England, the *New Zealand Herald* likewise asserted, will avoid the country and believe ‘we are governed by a knot of Socialistic cranks of the very worst description’.¹³⁸

The adverse effect on the tourist trade was a recurrent theme across the country. Although Canterbury’s *The Press* described the exclusion of imbeciles and paupers as justifiable, it cautioned that if the provisions were not watched carefully they could kill off tourist traffic. In addition to its other objections the *Evening Post* concurred that the Bill could ‘cut of the stream of visitors’.¹³⁹ Christchurch’s *Star* was even more scathing, objecting to how ‘wealthy gentlemen from England’ would have to prove themselves as tourists, whilst invalids seeking treatment would need special permission to enter the country. And yet, while agreeing that, like the United States, it was proper to guard against the ‘influx of pauper and criminal classes’ and the ‘wholesale ingress of Asiatics’, the *Star* contradicted itself somewhat. The Bill, it summarised, was ‘one of the most foolish and pernicious measures ever submitted to colonial legislature’.¹⁴⁰

¹³⁶ ‘The Undesirable Immigrants Bill’, *The (Wellington) Evening Post*, 4 October 1894, p. 3.

¹³⁷ ‘The Undesirable Immigrants Bill’, *The (Wellington) Evening Post*, 5 October 1894, p. 3.

¹³⁸ ‘Editorial’, *The New Zealand Herald*, 9 October 1894, p. 4.

¹³⁹ As summarised in ‘Sessional Notes’, *The New Zealand Herald*, 4 October 1894, p. 5.

¹⁴⁰ ‘Editorial’, *The Star (Christchurch)*, 5 October 1894, p. 2.

Parties concerned with the domestic labour market were more receptive to the Bill. The Wellington Trades and Labour Council passed a resolution to express its appreciation to Reeves for introducing the Bill which they thought proposed ‘reasonable checks on the arrival of undesirable immigrants’.¹⁴¹ The Editor of the *Auckland Star* hoped that the Auckland Trades and Labour Council would ‘show more common sense’. How would the industrial classes of this colony have fared in recent years, he asked, if such a law had been in force in the neighbouring colonies?’¹⁴²

As with the debate over the IPA, the inclusion of a clause designed to prevent the entry of the ‘mentally ill’, or in this case, ‘imbeciles’, was accepted in theory. Like with the existing Act, the culpability of the shipping companies in identifying such types caused concern. The *Christchurch Star* mused that the captains would ‘have a lively time before them’ in examining the immigrants. The extent of this, they described as like a ‘Holy Inquisition’ and will probably end with the question ‘does your mother know you are out?’ As such, they thought the Bill was degrading to the country.¹⁴³ The *Auckland Star* subsequently described the Bill as well named because is undesirable in every sense of that term’.¹⁴⁴

Alongside the widespread negative response from journalists and public alike, newspapers also closely followed the political fallout from the debates. According to the *Waikato Times*, many government supporters were about to lobby Ministers to disclaim it because ‘they could not possibly defend such a ridiculous and mischievous bill’.¹⁴⁵ Other politicians wanted it debated properly in order for them to express their

¹⁴¹ ‘Political Notes’, *The Star (Christchurch)*, 6 October 1894, p. 6; ‘Local and General News’, *The Marlborough Express*, 5 October 1894, p. 2.

¹⁴² It was not seemingly discussed at the Auckland Council who instead concentrated on urging the Eight Hours Bill forward and declaring that the proposed visit from the English Royal Family was not justifiable due to the expense. See ‘Untitled’, *The Auckland Star*, 15 October 1894, p. 2.

¹⁴³ ‘Editorial’, *The Star (Christchurch)*, 5 October 1894, p. 2.

¹⁴⁴ ‘Random Shot’, *The Auckland Star*, 6 October 1894, p. 2.

¹⁴⁵ ‘Political Notes’, *The Waikato Times*, 6 October 1894, p. 9.

indignation officially.¹⁴⁶ The amount of antagonism towards Reeves' Bill led Seddon to backtrack on his initial support. On 11 October he told the House that the Bill was not likely to be heard that session, an admission which was apparently met with laughter, in which he participated.¹⁴⁷ The *Observer* described the Premier's about-face as 'truly deplorable', because he had not thought about how this would discredit his Ministry.¹⁴⁸ The *Herald* asked how Seddon, now clearly opposed to the Bill, had allowed this 'parcel of rubbish' to be submitted? 'It is impolite on the part of Reeves to seek to exclude idiots from the colony' it mused, because when these measures are passed 'no one but idiots will want to come to New Zealand'.¹⁴⁹

It must have come as no surprise to these ubiquitous critics, when, on 18 October Seddon dismissed the Undesirable Immigrants Bill.¹⁵⁰ The antagonism towards Reeves continued. The same week a 'mock parliament' was held in which a pretend debate over the Bill ended in Reeves, who was present, being declared as an undesirable immigrant himself.¹⁵¹ This political tomfoolery was perhaps unwise considering that it was not only New Zealanders who had objected to the Bill. Its surrounding furore had been keenly reported by the Australian media who, unlike New Zealand challenged the definition of the 'imbecile' provision.

Many Australian papers recycled the stories from their New Zealand equivalents. The *Herald's* description of the Bill's 'drastic measures' was repeated across the Australian colonies.¹⁵² The *Sydney Morning Herald* went on to describe the legislation as 'eccentric', and would restrict anyone without £20 from migrating

¹⁴⁶ 'Political Notes', *The Waikato Times*, 9 October 1894, p. 7.

¹⁴⁷ 'Parliamentary News', *The New Zealand Herald*, 11 October 1894, p. 5.

¹⁴⁸ 'They Say', *The New Zealand Observer*, 13 October 1894, p. 6.

¹⁴⁹ 'Local Gossip', *The New Zealand Herald*, 13 October 1894, p. 1.

¹⁵⁰ 'Bills Discharged', NZPD, *First Session of the Twelfth Parliament, 86th Volume, 17th September to 24th October, 1894* (Wellington: S Costall, 1894), 18 October 1894, p. 892.

¹⁵¹ 'Political Notes', *The Waikato Times*, 20 October 1894, p. 8.

¹⁵² See for example, 'Untitled', *The Brisbane Courier*, 3 October 1894, p. 4 and 'Southern Parliaments', same edition, p. 5; 'The New Zealand Parliament', *The (Melbourne) Argus*, 3 October 1894, p. 5, and in *The Sydney Morning Herald*, 3 October 1894, p. 7; 'Undesirable Immigrants: New Zealand is Particular', *The Adelaide Advertiser*, 3 October 1894, p. 5; 'New Zealand Politics', *The South Australian Register*, 3 October 1894, p. 5; 'New Zealand', *The (Hobart) Mercury*, 3 October 1894, p. 3.

there.¹⁵³ The *Melbourne Argus* was more disparaging of how it rendered anyone who is ‘knock-kneed, or has a wooden leg or a defective lung’ forbidden to ‘step on the sacred soil of New Zealand’. Unlike any of the New Zealand papers, the *Argus* shrewdly pointed out that no attempt was made to define the exact degree of ‘imbecility’. Overall it saw the Bill as ‘a proclamation of non-intercourse with the rest of the human race’, and ‘will be seen as an exquisite joke by everybody outside New Zealand’.¹⁵⁴ This critique in turn was repeated in New Zealand papers which, despite their own widespread condemnation of it, reported their Australian counterparts as being very severe on Mr Reeves’ Bill.¹⁵⁵

It was not long until the premise behind, if not the application of Reeves’ ideas re-emerged more favourably. Prior to the removal of the Bill from New Zealand’s statute book, the *Herald* had suggested that it would ‘no doubt be reintroduced at some point’.¹⁵⁶ By the end of October 1894 some newspaper editors were becoming more forgiving. The *Christchurch Star* reminisced about how New Zealand had been built on the ‘sturdiness of character’ and ‘robustness of physique’. They equated this with some of Reeves’ ideas about excluding ‘Chinamen, Assyrians and criminals’. Accordingly they urged politicians to be ‘true to the best interests of the colony’ and after some modifications, pass the measure into law.¹⁵⁷

The much-maligned William Pember Reeves continued to promote his ideals. At the start of 1895, he informed the Wellington Federated Trades and Labour Council that he still wanted to convert New Zealanders to his way of thinking.¹⁵⁸ Later that year he modified his plans to form the Asiatic and Other Restriction Bill. Reeves’ focus on the white ‘undesirables’ continued. During the ensuing debates he asserted that ‘criminal’,

¹⁵³ Untitled’, *The Sydney Morning Herald*, 13 October 1894, p. 5.

¹⁵⁴ Untitled’, *The (Melbourne) Argus*, 18 October 1894, p. 4.

¹⁵⁵ ‘The Undesirable Immigrants Bill: Caustic Criticism’, *The (Canterbury) Press*, 27 October 1894, p. 8; *The Marlborough Express*, 31 October 1894, p. 3, and *North Otago Times*, 31 October 1894, p. 1.

¹⁵⁶ ‘Editorial’, *The New Zealand Herald*, 9 October 1894, p. 4.

¹⁵⁷ The Undesirable Immigrants Bill’, *The Star (Christchurch)*, 29 October 1894, p. 2.

¹⁵⁸ See for example, ‘New Zealand Labour Laws’, *The South Australian Register*, 28 January 1895, p. 5.

‘pauper’ and ‘imbecile immigrants’ would breed their kind.¹⁵⁹ This recycled Bill passed the early political stages with a narrow majority, but attempts to recommit it failed, as did his attempts to introduce a Bill designed solely to further restrict Chinese immigration.¹⁶⁰ The following year, after being removed from his position as Minister of Labour by Seddon, Reeves went to London to take over as Agent-General from Westby Brook Perceval.¹⁶¹ While this role was no longer focussed on immigration, Reeves’ flair for public speaking ensured he kept a high profile and he was later appointed Director of the London School of Economics.¹⁶²

Although Reeves was, in effect, sacked from Seddon’s Liberal Ministry, his ideas endured. It fell to the medical fraternity to petition for better immigration control in relation to their fears about degeneration. In March 1897 the New Zealand branch of the British Medical Association (BMA) resolved to appoint a special committee to advise Seddon on the proposed amendment to the Public Health Act, otherwise known as the Undesirable Immigrants Bill.¹⁶³ The subsequent discussions involved a number of men who had track records in engaging with trans-colonial concerns. President of the BMA, Dr William Collins, for example, had been active in the Inter-colonial Medical Congresses since 1889.¹⁶⁴ At the BMA’s medical congress in March 1898 Collins presented a paper on ‘lunacy reform’ in which he argued that in the ‘age of scientific precision’, patients were suffering from ‘mental diseases’, rather than ‘lunacy’.¹⁶⁵ Collins’ ideas impressed relative newcomer Dr Edward Levinge, who, after arriving as a

¹⁵⁹ Sinclair, *William Pember Reeves*, p. 227.

¹⁶⁰ *Ibid*, pp. 227-228; Ferguson, *The Making of the White New Zealand Policy*, pp.139-140.

¹⁶¹ Sinclair, *William Pember Reeves*, p. 248.

¹⁶² See *ibid* pp. 309-310.

¹⁶³ ‘New Zealand Branch of the British Medical Association’, *The Colonist (Nelson)*, 11 March 1897, p. 2.

¹⁶⁴ *Intercolonial Medical Congress of Australasia: Transactions of the Second Session 1889*, (Melbourne, 1889)

¹⁶⁵ NZETC: Dr W.E. Collins, ‘On Suggestions for the Reform of the Lunacy Laws, with Special Reference to the Nomenclature used and the Present Methods of Procedure Under the Act’ A paper read before the New Zealand branch of the BMA at Wellington, 18 March 1898, p. 5.

ship's surgeon in 1884 was by, 1897, superintendent of the Christchurch asylum.¹⁶⁶ In his annual report written a month after the congress Levinge praised Collins' ideas about updating the classification of lunacy.¹⁶⁷ Levinge held specific views about immigration control. Like Dunedin's Dr Neill, he blamed the public-works policy for the amount of his 'epileptics, imbeciles and senile demented' patients. The extent of immigration had, he argued led to the 'physical and mental deterioration' of a population by bringing in 'waifs and strays, the vicious, intemperate, and others of low and feeble mental organisation'. Furthermore, he added the crucial warning that, unless port health officers were aware of family history, such types were likely to be regarded, incorrectly, as sane.¹⁶⁸ A year later he suggested that the term 'lunatic' was a relic from the dark ages' so should no longer be used.¹⁶⁹

There is evidence that Seddon was listening to such views. After the 1898 Medical Congress he met the BMA's deputation to discuss the suggested 'lunacy reforms'. At this meeting he agreed with the doctors that with regards to lunacy the colony was suffering from what he called the 'effects of a vigorous public works policy'.¹⁷⁰ A year later he was able to reintroduce some of Reeves suggestions for reform, this time with greater confidence. This is because similar controls became politically acceptable under a wider British world legal framework.

Conclusion

This chapter has covered a period of change in the development of New Zealand. In a wider context the political administration of the country changed from the 'spending sprees' of the Vogel era, to the more 'prudent ministries' necessary in the economic

¹⁶⁶ NZTEC: The Cyclopedia of New Zealand (Canterbury Provincial District), Dr Edward George Levinge, [accessed 11 March 2015].

¹⁶⁷ *AJHR*, 1898, Session I, Section H-07, 'Lunatic Asylums of the Colony (Report on) for 1897', p. 7.

¹⁶⁸ *Ibid.*

¹⁶⁹ *AJHR*, 1900, Session I, Section H-07, 'Lunatic Asylums of the Colony (Report on) for 1899', p. 6.

¹⁷⁰ 'The Medical Congress', *The (Wellington) Evening Post*, 18 March 1898, p. 5.

downturns which followed. Under both political approaches border controllers struggled to manage the entry of the so-called ‘insane’ about whom the labelling was becoming more complex. From Vogel’s admission that ‘mental defects’ were difficult to discover, to Reeves’ failed attempts to make shipping companies responsible for reporting cases of ‘imbecile’ passengers, no political administration had implemented a clear strategy towards them. Although the Imbeciles Passengers Act was updated in 1882, its practicalities remained ill-defined, particularly for the port health officials and for provincial administrators. It took the reactions of asylum officials and shipping companies to highlight how the legalities of the IPA were not watertight.

And yet, William Pember Reeves’ attempts to create tighter controls and exclude more of the widely derided undesirable types failed. New Zealanders, the public and politicians alike, objected to the Undesirable Immigrants Bill in terms of how it would hamper the tourist trade and labourers. This shows how immigration control was beset with conflicting concerns. This period was one of parochial and international contrasts. Asylum officials engaged with transnational concerns and petitioned for the use of more nuanced terminology. This was the era in which they talked in terms of ‘mental weaknesses’ and ‘mental deterioration’, as opposed to the archaic ‘lunatic’ and ‘idiot’.

The descriptions used by port health officials remained inconsistent, which points to a lack of clear instructions. However, even if they had been able to work within the same framework, the disconnect between voyage accounts and the official reports show how professional opinions as to someone’s ‘mental state’ varied widely. The case studies show that even if the ship’s surgeon flagged someone as ‘lunatic, idiotic or infirm’ to customs officials, such a diagnosis had to be confirmed at the port. Behaviour suggesting ‘mental illness’ fluctuated, while so called ‘immoral conduct’ was frequently ignored. As such, not only were the border controls lax, but the amount of

differing opinions as to an immigrant's worthiness, added further confusion. Still the issue of deportation remained unresolved. It is worthwhile speculating that without the desire of Britain to pull its colonies together, and the continuing influence of United States legislation, New Zealand might have persisted in their parochialism towards immigration control. As the next chapter explains, this was not an option under the wider British world framework, which New Zealand leaders embraced.

Chapter Five: Prohibiting ‘Idiots’ & ‘Insane’, Immigration Acts 1899—1912

{*prohibit* [verb] formally forbid by law, rule, or other authority.¹}

In 1900 the *Auckland Star* contradicted its critique from six years earlier in which it had described Reeves’ Undesirable Immigrants Bill as well named because it was undesirable in every sense.² The *Star* now thought that ‘hard things’ had been said about Reeves’ ideas and, other countries, ‘after abusing’ New Zealand were ‘beginning to follow the lead she gave them’.³ This shift in opinion was due to the new British world legislative framework which was adopted at the turn of the twentieth century. Britain and her white settlement colonies aligned their immigration restriction legislation to that of the United States. Key to this was the inclusion of the ‘prohibited immigrant’ clause which, forty years after the start of petitioning in New Zealand, finally legalised the rejection, or deportation of, undesirable immigrants, including the so-called ‘idiots’ and ‘insane’.

In reflecting on this new legal mechanism, a British journalist noted that colonial immigration was entering a new phase, and could not continue to operate as a ‘relieving measure’.⁴ The *Star* accordingly gloried in how New Zealand’s policies had influenced Australia which was about to implement a uniform set of immigration restrictions under a federal constitution. The paper mused that this new commonwealth would be able to ‘inscribe on her portals “No foreigners wanted”, without fear of interference from the Mother Country’.⁵ This transnational recognition permits this focus of this thesis to shift

¹ *Oxford Dictionary of English, Second Edition (Revised)* (Oxford: Oxford University Press, 2005), p. 1407.

² ‘Random Shot’, *The Auckland Star*, 6 October 1894, p. 2.

³ ‘Destitutes not Dumped Here’, *The Auckland Star*, 24 September 1900, p. 3.

⁴ Quoted in *ibid.*

⁵ *Ibid.*

from an isolated analysis of one nation state, New Zealand, to its Australasian counterparts which, in 1901, federalised into the Commonwealth of Australia. These parts of the British world were no longer simply backwaters. People moved between these areas with greater ease than sixty years previously when colonists had started to seek the best of British to populate their regions. Shipping companies now warned intending passengers of the colonial laws against ‘undesirable passengers’. In 1901 the Orient-Pacific Line’s Guide for example, referenced their right to reject any person found to be ‘lunatic, idiotic, deaf, dumb, blind, maimed, or having symptoms of disease or infirmity’ because they could be found liable for their maintenance.⁶

This chapter looks more closely at these transnational exchanges and influences. It provides a direct comparison between these regions in terms of political debate, operations and results. What we shall see is how, at the turn of the century, the settlement colonies sought to create a new kind of common bureaucratic structure to make the movement of peoples between nations much more difficult. This move towards a kind of trans-national and imperial regulatory system was one of the key changes seen in this period. These themes are relevant for both countries and yet, the amount of political source material for Australia vastly outweighs that for New Zealand. There are reasons for this. The new federal Australian government covered an area geographically and demographically distinct from New Zealand. Unlike New Zealand, where politicians had been debating national immigration control since the 1870s, Australian politicians continued to assert their regionalism. As such, in simplistic terms, the Australian debate took longer, and was famously designed to create a White Australia by using the principle of non-European exclusion.⁷ New Zealanders did

⁶ *Orient Pacific Line Guide: Chapters for Travellers by Sea and by Land* (London: Sampson, Low, Marston and Company, 1901), p.xliii.

⁷ A.C. Palfreman, *The Administration of the White Australia Policy* (Melbourne: Melbourne University Press, 1967), p. 2.

likewise, but, familiar with debating which types of British immigrants should be allowed to enter unrestricted, elected not to subject them to the so-called 'literary-test'.

Despite these major changes to the legal framework of immigration control, in both countries we get a sense of *status quo*. First, implementing the prohibited clause against the 'mentally ill', went on the whole, unchallenged by politicians on both sides of the Tasman. Second, neither government provided proper guidance for their border officials, on how to operate under the new legal framework. This led to a continuation of the nineteenth century operations. Australian state officials relied on their existing localised practices, as did New Zealand, where curiously the IPA remained used in tandem with the new legislation.

This chapter continues the policy versus practice approach. It focuses on the 'mental illness' clauses within the new Immigration Restriction Acts. Both the New Zealand Act (1899) and the Commonwealth of Australia Act (1901) were designed around the 'prohibited immigrants' clause. This provision criminalised undesirable immigrants, including the now-termed idiots and insane. Those attempting illegal entry faced fines, imprisonment and, ultimately, deportation. And yet, despite these transformations designed to ensure standardisation and closer regulation, old problems remained. The lack of clarity over how 'mental illness' was defined continued, as did the dilemma of how to manage those who 'appeared sane before they left'. These early twentieth century mechanisms were, therefore, a continuation of the disconnect between policy and practice.

In order to untangle and compare these complexities between these two countries, this chapter is structured into three main parts. First, building on Jeremy Marten's trans-national analysis of Natal's 1897 Immigration Restriction Act, the prohibited clause is shown to be a composite of previous Anglo-sphere legislation. Second, the parliamentary debates in New Zealand and Australia are compared to show

that colonial reticence about the exclusions was to some extent, shielded by wider imperial acceptance. Finally, the practicalities and results of this new framework are examined to demonstrate that, behind the strongly worded legislation, the realities of the system were constantly being redefined. This level of analysis enhances the current understanding of this topic. It shows that a legal framework that was supposed to bring order and clarity, actually carried with it loopholes, financial flexibility and disordered operations.

The Transnational Dimension: The Insane Become Prohibited

By the end of the nineteenth century British politicians had finally started to consider the benefits of closer union with the white settlement colonies. From 1887 this drive for imperial ‘closeness’ was promoted through Colonial Conferences, where leaders of Britain and her self-governing colonies discussed the strengthening of British world ties. It was at the 1897 event where the standardisation of immigration restrictions was mooted as one of the ‘subjects of the greatest interest to the Empire’.⁸ The conference convenor, British Colonial Secretary Joseph Chamberlain, promoted the widespread adoption of the Colony of Natal’s legislation ratified two months previously. At the core of the so called ‘Natal Act’ was the ‘prohibited immigrant’ clause designed to restrict ‘coloured’ immigration through a writing test in a ‘European language’. This provision was sanctioned by Chamberlain despite him warning against discrimination based on a distinction of race or colour. Such exclusion, he had claimed, conflicted with the principle of equality of the British Empire.⁹ Indeed when Arthur Reginald Butterworth reviewed the debate for the Society of Comparative Legislation, he described the outcome as ‘rendering still more stringent the regulations against the importation of

⁸ *AJHR*, 1897, Session I, A-01, ‘Despatch from the Right Honourable Secretary of State for the Colonies’, p. 2.

⁹ Michael Cathcart, *Manning Clark’s History of Australia* (abridged) (Melbourne: Melbourne University Press, 1997), p. 418.

coloured labour'.¹⁰ Although not wanting to offend any of Her Majesty's subjects, Chamberlain advocated the use of the prohibited clause to protect colonies 'against any invasion of the class to which they would justly object'.¹¹ Within this group he included those 'undesirable not on the basis of colour, but for being dirty, immoral or a pauper'.¹² This gave *carte blanche* to the exclusion of those deemed 'degenerate' by colonial governments. As such it was used to continue the attempts to control the migrations of the 'mentally ill'.

The provenance of the clauses can be traced not just to the United States, but to the Australasian colonies. Marten's research of this influence is particularly enlightening. He found that the architect of the Natal Act, Prime Minister Harry Escombe, had examined anti-'coloured' immigration measures introduced in New South Wales, New Zealand and South Australia.¹³ Furthermore, Escombe 'borrowed liberally' the categories of 'undesirable aliens' from the United States' Immigration Act of 1891.¹⁴ William Pember Reeves had attempted this replication in 1894, although not to the same extent as Escombe's 'word for word' incorporation.¹⁵ This explains why both Australia and New Zealand used the phrase 'idiot and insane' in their resulting legislation, thus dropping the term lunatic. This terminology was derived from the United States, via Natal. As such, although asylum officials had criticised the outdated term 'lunacy' in legislation, its removal from some immigration restrictions was based on linguistic replication.¹⁶

This imperial approval provided the colonial representatives with the confidence to petition their governments to enact similar legislation. In attendance, alongside all six

¹⁰ Arthur Reginald Butterworth, 'The Immigration of Coloured Races into British Colonies', *JSCL*, 1897, p. 347.

¹¹ *Ibid*, p. 348.

¹² *Ibid*, and Martens, 'A Transnational History of Immigration Restriction', p. 337.

¹³ Martens, 'A Transnational History of Immigration Restriction', pp. 331-332. In particular New South Wales' 1896 Coloured Races Restriction and Regulation Bill.

¹⁴ *Ibid*, p. 333.

¹⁵ *Ibid*.

¹⁶ The United States used the term 'lunatic' in their Act to Regulate Immigration up until 1882.

Australian State Premiers, was Richard Seddon. In 1899 New Zealand implemented their Immigration Restriction Act, as did the Commonwealth of Australia in 1901. Appendix B details each prohibited clause of the Immigration Restriction Acts of Natal (1897), New Zealand (1899) and Australia (1901). This 1901 federal Australian Act replaced those implemented by the individual Australian states, of which Western Australia had done so first in 1897. Although the language and extent of the clauses pertaining to literacy, disease, criminality, prostitution and pauperism under this imperial framework varied, one remained consistent; ‘idiots and insane’. According to the Society of Comparative Legislation’s Everard Digby, it was justifiable to exclude these types, even if British, on ‘ethnological, social, moral, and economic’ grounds.¹⁷ While Natal’s Harry Escombe had thought it unlikely that the provisions would ever be applied to white settlers in Natal, this would be the case in Australia and New Zealand.¹⁸

Like Escombe, most Australasian politicians considered that the new legislation was designed to deal mainly with Asian immigrants. The comparison of how politicians in Australia and New Zealand debated the replication of the Natal Act displays how, as nation-states, the border administration for these countries developed under different time frames. The creation of the Commonwealth of Australia was envisioned along the lines of administering a White Australia.¹⁹ New Zealand, on the other hand, had twenty-five years’ experience of national immigration control. What follows now is an analysis of each set of parliamentary debates. This shows that within the prohibited clauses eventually ratified, as detailed in Table Six, the exclusion of ‘any idiot or insane person’ went unopposed.

¹⁷ Everard Digby, ‘Immigration Restriction in Australia’, *JSCL*, 1903, p. 144.

¹⁸ Martens, ‘A Transnational History of Immigration Restriction’, p. 340.

¹⁹ Cathcart, *Manning Clark’s History of Australia*, p. 418.

Table 6: Prohibited immigrant clauses (abridged) in the Immigration Restriction Acts of New Zealand and Australia 1899 & 1901

	New Zealand (1899)	Australia (1901)
‘Literacy/ Education Test’	Any person other than of British (including Irish) birth and parentage who, when asked so to do by an officer appointed under this Act by the Governor, fails to himself write out and sign, in the presence of such officer, in any European language, an application in the form numbered two in the Schedule hereto, or in such other form as the Colonial Secretary from time to time directs.	Any person who when asked to do so by an officer fails to write out at dictation and sign in the presence of the officer a passage of fifty words in length in an European language directed by the officer.
‘Public Charge’		Any person likely in the opinion of the Minister or of an officer to become a charge upon the public or upon any public or charitable institution
‘Mentally Ill’	Any idiot or insane person	Any idiot or insane person
‘Diseased’	Any person suffering from a contagious disease which is loathsome or dangerous	Any person suffering from an infectious or contagious disease of a loathsome or dangerous character
‘Criminality’	Any person who, not having received a free pardon, has within two years next preceding the date on which he lands has been convicted in any country of any offence involving moral turpitude.	Any person who has within three years been convicted of an offence, not being a mere political offence, and has been sentenced to imprisonment for one year or longer therefor, and has not received a pardon
‘Prostitution’		Any prostitute or person living on the prostitution of others
‘Contract Labourer’		Any persons under a contract or agreement to perform manual labour within the Commonwealth, (unless) exempted by the Minister for special skill required in Australia

Debating Which Types to Prohibit

New Zealand

New Zealand’s Immigration Restriction Bill was debated by the same Liberal government who, only five years previously, had rejected the Undesirables Immigrants Bill. Its architect, William Pember Reeves, was now well established in London as Agent-General. Many of the themes previously debated re-emerged. The new Bill was introduced in September 1898 by Minister of Immigration William Campbell Walker.²⁰ The following year Richard Seddon, by then nearly half-way through his time as Premier, drew on Chamberlain’s call for the colonies to use the Natal Act. Seddon marketed the Bill as a way of removing the difficulties of the Asiatic Restriction Act

²⁰ ‘Parliament’, *Wairapa Daily Times*, 3 September 1898, p. 3.

which, at that time, was still awaiting royal assent.²¹ The Premier described the Immigration Restriction Bill as ‘along the lines’ of those agreed at the Colonial Conference, and ‘already working satisfactorily’ in Natal. As such, he was eager to have it read a second time without having to ‘worry the House with many remarks’ about it.²²

Seddon’s haste and reliance on its provenance was not well received by the Independent member for Patea, George Hutchison, who wanted to debate what he saw as the ‘condemnable education test’.²³ Attempts to have this provision struck from the Bill had previously failed.²⁴ Hutchison voiced his objection in relation to how it would affect many of ‘those who have been the pioneers of our colonies all over the world’. He mused that ‘Chamberlain must have had the colonial premiers in an amiable mood’ when he advised them to follow Natal’s example. This was a test, he complained, that could be passed by ‘any clever, wily Asiatic who had set his wits to work on the voyage’.²⁵

Much of the criticism of the new Bill reflected the same concerns raised in relation to the Undesirable Immigrants Bill. The MP for Clutha, James William Thomson, argued that British illiterates already in the colony were ‘very worthy’. Opposition Leader, Sir William Russell, likewise asserted that ‘the man who knows how to handle the pick and shovel is of more use to us than the man who can only write’.²⁶ Liberal MP for Buller, Patrick O’Regan, criticised his party leader, scorning ‘we are afraid of a few poor illiterates, and we propose to place them on a par with

²¹ The long title of which clearly set out its emphasis, ‘An Act to prevent the Influx into New Zealand of Persons of Alien Race who are likely to be hurtful to the Public Welfare’. Based on the existing Chinese Immigrants Act, 1881’, it proposed to increase the poll tax on Asiatics, unless of European or Jewish extraction, or British Subjects native of the Indian Empire, from £10 to £100.

²² NZPD ‘Immigration Restriction Bill’, *Fourth Session of the Thirteenth Parliament: Legislative Council and House of Representatives, 110th Volume, 27th September to 23rd October, 1899* (Wellington: John MacKay, 1899), p. 373

²³ *Ibid.*

²⁴ By Henry Scotland, but it was retained by 25 votes to 4, see ‘Legislative Council’, *The Auckland Star*, 21 September 1898, p. 5.

²⁵ NZPD ‘Immigration Restriction Bill’, *Fourth Session of the Thirteenth Parliament*, p. 373.

²⁶ *Ibid.*, p. 374.

idiots and criminals'.²⁷ Those with infectious disease should, he agreed, be prevented from entering, but should not be placed in the same category as 'decent people who cannot read or write'.²⁸ Dunedin's Independent MP, Alexander Sligo, likewise conceded that the 'insane, diseased and criminal' should be excluded, but found the education test 'monstrous'.²⁹ Across party lines, politicians clearly saw the education test as a threat to those they wanted to attract, the healthy and productive British.

Although the practicalities of the IPA had been openly criticised, the clauses of the new Bill which sought to improve the border operations were not well received either. Sections 2 and 19 gave the Governor in Council the power to award exemptions and to change the provisions of the Act.³⁰ William Herries thought that this placed too much autonomy outside of the government, and queried how this would affect someone who arrived after the list of infectious diseases had been changed half way through the journey?³¹ Independent Thomas Taylor likewise wanted to remind the government how the nation prided themselves on being a curative destination. He feared that the ability to change the list of diseases easily would put people off from seeking therapeutic treatment at the thermal hot spring's district.³² Again we see more empathy for the infectious, as long as wealthy enough not to become public charges, than those perceived to be 'mentally ill'.

The only reference to the 'idiots and insane' clause occurred in relation to the overall mechanics of the Bill. Scobie Mackenzie took offence to the inclusion of clause 5, which allowed the entry of 'prohibited' dependents of a male head of family, as long as he himself was not 'prohibited'.³³ It was not this loophole which troubled Mackenzie,

²⁷ *Ibid.*

²⁸ *Ibid.*, pp. 373-374.

²⁹ *Ibid.*, p. 375.

³⁰ *Ibid.*, Section 2(3) constituted the exemption clause, while Section 19 enabled provisions to be amended by the Governor in Council.

³¹ *Ibid.*

³² *Ibid.*, p. 377.

³³ ENZ online version, Tom Brooking. 'Mackenzie, Mackay John Scobie', [accessed 17 March 2015].

but the mere suggestion that a man needed to prove his family members were not ‘idiot, or insane, afflicted by disease or guilty of no misconduct’.³⁴ Both this objection and the clause itself suggest that the medical fears about degeneration had not yet properly translated into political thought. In the minds of the politicians, as long as the able and solvent head of household was able to provide for his dependents, families should still be allowed to enter, even if some fell under the prohibited clauses.

The strongest objections focussed on the extent of the planned education test. Richard Meredith, MP for Ashley, feared it would exclude Europeans and ‘our own kith and kin’. As such, he wanted the clause amended to specify that ‘no Englishman, Irishman, or Scotchman should be excluded whether he could write or not’.³⁵ Michael Gilfedder concurred, arguing that as it stood, the clause would ‘contravene our Constitution and the Imperial authorities would not allow us to pass it’.³⁶ These types of objections clearly frustrated Seddon who reminded the House that, not only had Her Majesty assented to these measures, but exemptions were provided for.³⁷ By the time the session ended, he appeared worn down by the objections made to the education test. Seddon conceded that the provision should be tightened, so not to ‘exclude our illiterate countrymen’.³⁸

Prime Minister Seddon was by now, a veteran of major immigration debates. He responded to the oft-quoted concern about how hard-working British immigrants would be prevented from entering New Zealand. He subsequently spared those of ‘British and Irish birth’ from the education test, while other nationalities were given the right to appeal if they failed it. No legal recourse was built into the subsections for the ‘insane’, ‘diseased’, or ‘criminal’, although anyone unlucky enough to be shipwrecked was

³⁴ NZPD: ‘Immigration Restriction Bill’ *Fourth Session of the Thirteenth Parliament*, p. 376.

³⁵ *Ibid*, p. 378.

³⁶ *Ibid*, p. 379.

³⁷ *Ibid*, pp. 383-384.

³⁸ *Ibid*, p. 384.

automatically not subjected to any of the prohibited clauses.³⁹ By the end of October 1899 the Bill had been passed by the New Zealand parliament to await the Queen's assent, which materialised in May 1900.⁴⁰ On 8 August 1900 a supplement to the *Government Gazette* proclaimed that 'An Act to Place Certain Restrictions on Immigration into New Zealand' was in operation.⁴¹ These 'certain restrictions' were far more explicit than the political debate suggested. A major change resulted from the passing of the Act. Like Natal's provision for returning immigrants, section 13 of New Zealand's Act legislated for the deportation of those found to be prohibited. This was a function for which New Zealand administrators had persistently petitioned. This new provision in border control was not so obvious in the White Australia policy. The Australians first had to reconcile their regional differences before organising a national migration control framework.

The Commonwealth of Australia

It is important to recognise how prior to federation in 1901, the individual Australian states had expanded within different timeframes. Each had been granted responsible government beginning from the 1850s. This autonomy included enacting legislation as and when deemed necessary. The Commonwealth was, as Michael Roe has described, a complex federation, and signified both national unity and regional conflict.⁴² These differences translated to state immigration control. At the end of the nineteenth century not all Australian states acted as quickly as Western Australia did in following Natal's lead. In some cases this was due to the personal experiences of state leaders. Premier of South Australia, Charles Kingston, experienced migration control

³⁹ *Ibid*, pp. 532-533.

⁴⁰ 'Business of the Session', *The Timaru Herald*, 25 October 1899, p. 3; *AJHR*, 1901, Session I, A-02, 'Despatches from the Secretary of State of the Colonies to the Governor of New Zealand, p. 12.

⁴¹ New Zealand Immigration Restriction Act, 1899, (63 VICT 1899, No. 33); 'Undesirable Immigrants', *The Colonist*, 9 August 1900, p. 4

⁴² Michael Roe, 'We can just as easily die out here: Australia and British migration, 1916-1939', in Constantine ed. *Emigrants and Empire*, p. 97.

first hand when he visited the United States in 1898. The *Adelaide Register* reported how he had been ‘alarmed’ by the ‘various devices’ of inspection at Ellis Island where due to the ‘danger of invasion by undesirables’ the measures were more necessary than in Australia. The paper also reflected on New Zealand’s attempts to erect ‘ring fences’ in contrast with their usual promotion of the ‘marvellous grandeur of their scenery’. The undesirable immigrant term, the *Register* explained, could be ‘stretched to suit special circumstances’ but generally used to describe people who were ‘paupers or persons who are insane’. Accordingly, it wanted Australia’s plan to put up a ‘no room’ sign to be carefully considered. Any restrictions, the paper warned, needed to be countered against the need for a population increase required for Australia to become a great nation.⁴³ However, despite his misgivings, Kingston later reported to the Commonwealth government that South Australia had tried to introduce measures along the lines of the Natal Act.⁴⁴

The Commonwealth of Australia actually went further than Natal in their attempts to control immigration, as recognised by The Society of Comparative Legislation’s Arthur Reginald Butterworth.⁴⁵ William Pember Reeves likewise noted how New Zealand’s legislation was milder than Australia’s because it did not include the ‘pauper’ clause.⁴⁶ Reflecting on the previous furore over his Undesirable Immigrants Bill, he admitted that the exclusion of ‘paupers’ was a ‘hard matter’. This was because, Reeves explained, it was not long since white labourers, who, as long as were ‘not notoriously criminal or incurably vicious’, were welcomed in the Australasian colonies.⁴⁷ Despite his unsuccessful attempts to redefine New Zealand’s border control, Reeves now sought solace in how the country was protected by its ‘remoteness and the

⁴³ ‘Shutting out the Undesirable’, *The South Australian Register*, 5 January 1899, p. 4.

⁴⁴ *CAPD*, ‘Immigration Restriction Bill’, 27 September 1901.

⁴⁵ By for example, classing contract labourers as prohibited immigrants, see *JSCL*, 1902, pp. 259-260.

⁴⁶ William Pember Reeves, *State Experiments in Australia and New Zealand*, Vol. 2 (London: Grant Richards, 1902), p. 357.

⁴⁷ *Ibid*, p. 363.

cost of the voyage to its shores'.⁴⁸ This geographical consideration is interesting.

Australia was of course, nearer to Asia and often the first port of call for ships en-route to New Zealand. Yet, despite these physical differences, the parliamentary debates in New Zealand and Australia shared many commonalities. Australian Prime Minister, Edmund Barton, like Richard Seddon, relied on the provenance of the Natal Act. Both leaders faced considerable opposition to the education test, and furthermore, the exclusion of the 'idiots and insane' went generally unchallenged.

The Australian debate took far longer than New Zealand's. This is not surprising considering that Australia's first national government consisted of members from a wider geographical area attempting to formulate federal policies. The Hansard records of the debates cover 272 speeches and 571 pages.⁴⁹ Although the State parliaments had already ratified their individual immigration acts, Prime Minister Edmund Barton recognised how the 'education test' was the clause which would cause a battle 'amongst us'.⁵⁰ As an architect of the Australian Constitution, Barton led his Protectionist Party to form the first Commonwealth government with the Australian Labor Party.⁵¹ Barton, like Seddon, tried to steer the debate about the Immigration Restriction Bill to the education test, although he did not 'wish to sacrifice' the other provisions.⁵²

Australia's 'education test' was introduced as having to be performed in the English language.⁵³ Barton's reasoning for this revealed his protectionist ideals. Using 'our language' of English, he explained, was necessary because it was the language that

⁴⁸ Reeves, *State Experiments in Australia and New Zealand*, p.357. Reeves admitted that several colonial Parliaments had already denied entry to 'grossly unfit persons' but were now having to follow America's example, p. 356.

⁴⁹ Alanna Kamp, 'Formative Geographies of Belonging in White Australia: Constructing the National Self and Other in Parliamentary Debate, 1901', *Geographical Research*, 48:4 (2010), p. 413.

⁵⁰ *CAPD*, 'Immigration Restriction Bill', 7 August 1901.

⁵¹ ADB online version, Martha Rutledge, 'Barton, Sir Edmund (Toby) (1849–1920)', [accessed 18 March 2015].

⁵² *CAPD*, 'Immigration Restriction Bill' 7 August 1901. The Bill had been introduced on 5 June 1901.

⁵³ 'Any person who when asked to do so by an officer fails to write out and sign in the presence of the officer, a passage of 50 words in length in the English language.'

would enable a man to do business here.⁵⁴ He countered accusations of this being anti-European by clarifying that ideally immigrants should be bilingual, including being literate in English.⁵⁵ Relying heavily on the provenance of the Australian state legislation and that of Natal, Barton argued that the government should be trusted to enact legislation to discriminate between ‘desirable civilised immigrants’ and those whose presence is ‘baneful’. Like Seddon he explained that officials would have discretion in administering the regulations. The measures, Barton explained, were not meant to be ‘distinctions between rich and poor’ but employed ‘in the spirit of broad international humanity’.⁵⁶

Much of the debating focussed on the ‘education test’, with some politicians arguing that it was prejudiced against the poor. Like their New Zealand counterparts, some argued that white illiterates had been amongst the best of the settlers.⁵⁷ One exclaimed that it was the first time he had heard that a man had to be a good scholar ‘in order to be a good workman, a good gardener, or a good agriculturalist’.⁵⁸ Others saw the clause as not stringent enough, such as Melbourne’s James Ronald, who feared that it allowed British ‘coloured aliens’ to be admitted.⁵⁹

Although New Zealand had decided not to subject the British or Irish to the ‘education test’, the Australian politicians who objected to the clause did not raise their neighbour’s dispensation. Only John Quick drew on trans-Tasman comparisons. He was forced to do so after being criticised for promoting the Australian Bill as ‘more advanced’ and more ‘stringent’ than the United States’ Act. After it was pointed out that the statistics he quoted related to an ‘utterly different’ region, Quick turned instead to

⁵⁴ *CAPD*, ‘Immigration Restriction Bill’, 7 August 1901.

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*

⁵⁷ *CAPD*, ‘Immigration Restriction Bill’, 12 September 1901. For example Richard Edwards, member for Oxley, Queensland.

⁵⁸ *Ibid.* James Page, MP for Maranoa, Queensland.

⁵⁹ *Ibid.*

the New Zealand operations. Seddon, he argued, as ‘one of the greatest democrats Australia has ever produced,’ had ‘exercised the educational, pauper and health test with wonderful success’. Quick’s evidence for this was dubious. He thought that if the New Zealand Act had been found lacking, Seddon ‘would have been the first to cry out in favour of stronger and more drastic legislation’. Quick did not explain the New Zealand practices. Instead he described the necessity of an Australian ‘common federal law’ to replace the previous efforts which, in his opinion, had allowed undesirable aliens to ‘creep through the gaps in state frontiers’.⁶⁰

The switch from state to federal operations meant that the planned health clauses generated more debate than in the New Zealand Parliament. Barton acknowledged that some would argue that persons who are idiots or lunatics, diseased or prostitutes would be hard to detect. However, because he thought it ‘not difficult to detect such types on shore’, it should be possible to detect that at sea. Melbourne MP Sir Malcolm McEacharn disagreed wholeheartedly with his party leader, arguing that this detection would be ‘almost impossible’.⁶¹ McEacharn’s background as a shipping magnate led him to focus on the responsibilities required of the shipping companies.⁶² The Prime Minister had authorised customs officials to detain vessels from which prohibited immigrants had been landed if the shipping companies did not comply with their responsibilities.⁶³ Deeming this too restrictive, McEacharn introduced an amendment to the Bill to protect the ship master or owner from being penalised. This provision enabled shipping companies to argue that they should not be held responsible for prohibited passengers if they had taken the ‘correct precautions’. This leeway McEacharn considered necessary, because it was ‘utterly impossible’ for the shipping

⁶⁰ *CAPD*, ‘Immigration Restriction Bill’, 26 September 1901.

⁶¹ *CAPD*, ‘Immigration Restriction Bill’, 7 August 1901.

⁶² ADB online version, David Dunstan, ‘McEacharn, Sir Malcolm Donald (1852–1910)’, [accessed 18 March 2015].

⁶³ *CAPD*, ‘Immigration Restriction Bill’, 7 August 1901.

companies to know the reason for their passengers' prohibited status, or whether they were likely to become public charges.⁶⁴

Any mention of the 'idiots and insane' clause was mainly made in reference to the other categories denoting undesirable health or behaviour. Queensland's Richard Edwards agreed with the restriction of 'criminals, the diseased and insane persons'.⁶⁵ Isaac Alfred Issacs wanted the provisions to be more far-reaching.⁶⁶ While he condoned the exclusion of those he described as having 'defects physical, mental or moral' he wanted the government to be given emergency powers to prohibit 'any person, class or description of persons' when required. This idea was, however, ultimately voted down by his colleagues who thought this power would be too despotic.⁶⁷

McEacharn was not the only politician to challenge the administration of the 'prohibited immigrant' clause. Free Trader Paddy Glynn, who would go on to serve for two decades in the Commonwealth parliament, was equally concerned with its application.⁶⁸ In querying how the 'pauper clause' would work, he argued that British subjects should have the opportunity to prove that they were unlikely to become a public charge. William Spence added to this debate by asking 'who is to decide whether an immigrant is an idiot or insane person?'⁶⁹ Although this was the most direct political question raised thus far as to how to classify 'mentally ill' immigrants, it did not result in an overhaul of operations. Instead the government ministers admitted that the identification of both 'paupers' and 'insane' would have to be left to the discretion of customs officials and ship's doctors. Glynn continued to object to the power given to these officials, but only in relation to the label of 'pauper'. He thought that a British

⁶⁴ *CAPD*, 'Immigration Restriction Bill', 1 October 1901.

⁶⁵ *CAPD*, 'Immigration Restriction Bill', 12 September 1901.

⁶⁶ ADB online version, Zelman Cowen, 'Isaacs, Sir Isaac Alfred (1855–1948)', [accessed 18 March 2015].

⁶⁷ *CAPD*, 'Immigration Restriction Bill', 12 September 1901

⁶⁸ ADB online version, Gerald O' Collins, 'Glynn, Patrick McMahon (Paddy) (1855–1931)', [accessed 18 March 2015].

⁶⁹ *CAPD*, 'Immigration Restriction Bill', 1 October 1901.

man, even if he arrived with little money, should be able to argue that he was not a pauper, but had 'expectations, strength and energy', and above was a 'British subject'.

Barton fudged the issue on whether someone was a 'pauper', 'insane' or 'diseased' by conceding that such decisions had to be 'matters of fact'. After Glynn pointed out that the wording of the Bill made the 'Minister or an officer' responsible for deciding whether someone was a public charge, Spence argued that similarly somebody must also have to decide whether someone was idiot, insane or diseased. After another colleague pointed out that the practice in America was for the customs officers to determine the matter, it took John Watson, who would briefly become the first Labor Prime Minister in 1904, to suggest that the ship's doctor's opinion should stand as sufficient.⁷⁰

Others had the foresight to be concerned about the long term reliance on this practice. Leader of the Opposition, George Reid informed the House that a manager of one of the big shipping companies had requested that migrants be medically inspected at the departure ports. Reid advocated this idea, which would re-emerge in part the following decade, for a number of reasons. He thought that not only would it alleviate the burdens on the government, shipping companies and intending emigrants, but would also provide great protection to Australia. This was because, Reid explained, medical inspectors would identify 'persons likely to become a charge upon the public, idiots and persons suffering from infectious diseases and so on'. Equally, this system would be easy to establish, he suggested, because the shipping companies would provide examination facilities. Furthermore, inspectors would only be needed at the few ports in the mother country and Europe, where the bulk of migration came from. If it were too late to alter the Bill now, Reid asked, might the government consider implementing a

⁷⁰ *Ibid.* ADB online version, Bede Nairn, 'Watson, John Christian (Chris) (1867–1941)', [accessed 18 March 2015].

system later?⁷¹ Attorney-General Alfred Deakin concurred that the idea was practical because would prevent ‘persons certain to be rejected’ from travelling. It would also, he suggested, help absolve the ship-owners from accusations of ‘wantonly bringing undesirable immigrants to our shores’. Any such future appointments could be managed through the clause which enabled the Governor-General to ‘appoint officers under the Act’. Not wanting to concede on all points, Deakin stressed that government would not renounce its right to still reject those passengers when needed.⁷²

Such a provision was not formulated until the following decade. In 1901 the government left the identification of the ‘insane’ and other prohibited types to the border controllers. As such, despite the new legal framework, the operations were very much left to continue under the *status quo*. The exclusion of the ‘mentally ill’ as a basic tenet went unchallenged. Deakin’s introduction of the clause which sought to punish those ‘wilfully instrumental’ in bringing any ‘idiots or insane’ into the country, was also accepted easily. The debate about this clause focussed on which governmental department should collect the penalty payments, rather than the clause’s intent.⁷³ An administrative clause which provoked no dissent was the plan to collate national statistics. Section 17 legislated that yearly returns were required detailing the numbers of persons refused admission, under which prohibited clause, and where they came from.⁷⁴

Although the Bill did not define what constituted an idiot or insane immigrant, it created a theoretical national border control system. This protection included a number of levels of, as Paddy Glynn feared, discretion and exemption. The Governor-General could appoint the officers to carry out the Act who were responsible for deciding who

⁷¹ CAPD, ‘Immigration Restriction Bill’, 3 October 1901.

⁷² *Ibid.*

⁷³ CAPD, ‘Immigration Restriction Bill’, 1 October 1901.

⁷⁴ *Ibid.*

was likely to become a public charge.⁷⁵ Some persons, if exempted by the Minister of External Affairs, could not be excused from the provisions entirely.⁷⁶ By the time the Bill had reached the Senate on 6 December 1901 there had been no further discussion about how this new framework would be administered. On 11 December the Senate sanctioned the Bill.⁷⁷ By 23 December the Governor-General confirmed that ‘An Act to place certain restrictions on Immigration and to provide for the removal from the Commonwealth of prohibited immigrants’ had passed both the Senate and House of Representatives.⁷⁸ By the start of 1902, one year after the Federalisation of Australia, the Act had been granted royal assent.⁷⁹ The Commonwealth of Australia, like New Zealand, had created a new legal system to regulate the entry of the ‘undesirable’. As will be made apparent, this framework was more theoretical than practical. The officials responsible for its operations were not given any clear instructions on how to do so, so continued with the existing, state, approaches.

Transnational Comparisons: Policy Translated into Practice

Policy

Within eighteen months of each other, New Zealand and Australia implemented a new legal framework under which they could, in theory, reject the ‘mentally ill’ at their borders. This was made operational by making ‘idiots and ‘insane’ prohibited, hence deportable. In the case of Australia, the practicalities of this were yet to be developed. This function followed the precedent of the Natal Act which, in turn, had been influenced by United States legislation. Both Australia and New Zealand also adopted a specific penalty clause directed at ‘any person’ assisting idiots or insane persons to land.

⁷⁵ Australia Immigration Restriction Act, 1901 (1 EDW VII, 1901, No. 17), Section 3 (b), and 14.

⁷⁶ *Ibid*, Section 3 (h).

⁷⁷ *CAPD*, ‘Immigration Restriction Bill’ 11 December 1901.

⁷⁸ *CAPD*, ‘Immigration Restriction Bill’ 14 January 1902.

⁷⁹ ‘Immigration Restriction Act’, *The (Perth) Daily News*, 3 January 1902, p. 2.

This new era of immigration control remained heavily reliant on the shipping companies. As with the bonding system, the ship's master, owner or charterer' was made responsible for 'removing' their prohibited passengers. If the shipping companies did not comply with this they were liable for financial penalties, detainment or both. However, only New Zealand clearly defined the system of deportation. This section was entitled 'Provisions with respect of removal of prohibited immigrants from New Zealand'. As detailed in full in Appendix C, this made the shipping company who had carried the passenger, financially and practically responsible for their return. The liability of these commercial operators was clearly defined. The ship's command was required to keep the prohibited person on board, or cover their onshore maintenance, then return them to their port of departure, or country of birth. Furthermore, if their passenger appeared to be destitute at point of returning them, the shipping company had to provide them with one month's maintenance. This provision had troubled William Herries in the parliamentary debates. He feared that it would induce people who knew they would be rejected to travel and subsequently claim this maintenance.⁸⁰

While Herries' concern was far-fetched, a level of benevolence was also evident in other loopholes. Both Acts permitted the entrance of wives or children, even if 'idiot or insane', to enter, as long as their husband or parent was not a prohibited immigrant.⁸¹ Furthermore, New Zealand did not annul the Imbecile Passengers Act. Curiously, it remained used in parallel with the new Immigration Restriction Act. In 1908 both Acts were combined their Immigration Restriction Act to 'consolidate certain enactments of the General Assembly related to Restrictions of Immigration into New Zealand'.⁸² The IPA's provisions, including the bonding system, remained active. The 1908 Act was divided into four parts: I- Imbecile Passengers, II-Prohibited Immigrants, III-Chinese

⁸⁰ NZPD: 'Immigration Restriction Bill', *Fourth Session of the Thirteenth Parliament*, p. 375.

⁸¹ New Zealand, Immigration Restriction Act (63 VICT 1899, No. 33), Section 5. Australia, Immigration Restriction Act 1901 (1 EDW VII, 1901, No. 17), Section 3 (m).

⁸² New Zealand, Immigration Restriction Act 1908, No. 78.

and IV General Provisions. This combined legislative approach meant that New Zealand continued to either deport or request bonds for immigrants.⁸³ Within the 1908 consolidated Act, the ‘mentally ill’ remained labelled as ‘lunatic’ or ‘idiotic’ under Part I, concurrent with the ‘idiots or insane’ under Part II.

The Australian Act, as a federal law, represented a much clearer departure from previous state legislation. Although its deportation provision was not so clearly defined as New Zealand’s, steps were soon taken to rectify this. The 1905 Amendment Act tightened much of the Australian provisions. The ‘contract labourer’ prohibited clause was removed and replaced with a separate Contract Immigrants Act. In addition to customs officers, the police were empowered to enforce the provisions of the IRA.⁸⁴ The loophole excusing wives or children from the prohibited clause was removed entirely.⁸⁵ This meant that the families of non-prohibited men were no longer automatically protected, thus widening the legal net. Furthermore a new Section 13A was created to define the deportation process. As detailed in Appendix D, in line with New Zealand, this provision made the shipping company liable for the maintenance and deportation of their prohibited passengers. The wording of this clause shows how, unlike in the already unified New Zealand, the federal controls relied on the Australian State operations. While shipping companies were to pay their financial liabilities to the Commonwealth, the purposed was described as reimbursing the States for the cost of keeping, and maintaining, the prohibited immigrant pending their deportation.⁸⁶ Accordingly both countries relied on local border operators to manage national legislation, without providing any clear instructions on how to identify the mentally ill.

⁸³ *AJHR*, 1908 Session I, A-04, ‘Historical Table of the Legislation of New Zealand’, p. 57. Prior to 1908 other small amendments had been enacted. In 1906 the term ‘moral turpitude’ was removed from the ‘criminal clause’ see New Zealand Immigration Restriction Act 1906 (6 EDW VII 1906, No. 65).

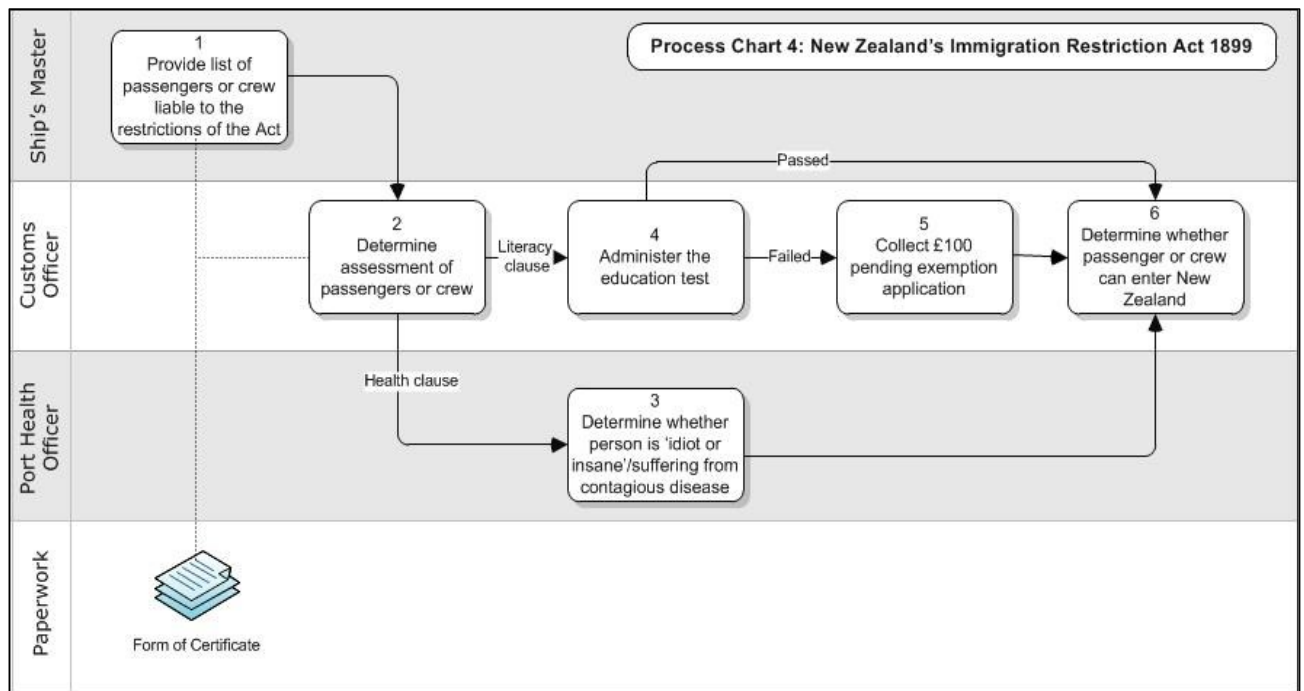
⁸⁴ Australia, Immigration Restriction Act 1905, Section 14A. The Contact Immigrants Act of 1905, allowed entry for those who had Minister’s approval to do so, but kept them ‘subject to the said expectations and limitations’ as prohibited immigrants.

⁸⁵ As detailed under Section 4c of the Australia Immigration Restriction Act 1905.

⁸⁶ Australia, Immigration Restriction Act 1905, Section 13A.

Practice

Compared to the ill-defined practices of the IPA, the New Zealand government attempted to create an administrative framework for their new Act, as represented in Process Chart 4. In 1900 they published ‘Regulations under the Immigration Restriction Act, 1899’. These guidelines confirmed that the port health officer was responsible for assessing the health of the immigrants (Step 3), although in theory this relied on a system of referral.



This task remained reliant on the administrative skills of the ship's master (Step 1) who was required to complete the 'Form of Certificate' (see Appendix E). This made him culpable for highlighting any passengers or crew, whom he considered fell under the Act. This form was collected by the customs officer who was responsible for boarding every vessel arriving 'from places beyond New Zealand' (Step 2). The port health officer had to inform the customs officer as to 'any person on the vessel who comes within the restrictions of subsection (2) or (3) of section 3 of the Act'. This meant that the port health officer was responsible for deciding whether someone was 'idiot or

insane', or 'suffering from a contagious disease which is loathsome or dangerous'.⁸⁷

The customs officer was responsible for administering the 'education test' and collecting the £100 allowing those who failed it to land, pending their exemption application (Steps 4 and 5).⁸⁸ This system relied on the referrals made by the ship's master who on the 'Form of Certificate' certified to the 'best of their belief' none of their passengers or crew was liable to the restrictions of the Act.

The New Zealand Customs Inspector, W. Glasgow, circulated these regulations and the new 'Application for Admission into New Zealand' forms which constituted the 'education test' (Appendix F). Glasgow advised his officers that immigrants were required to write out the whole of the form in their native language.⁸⁹ Unlike the ambiguous Australian version of the test, based on any passage of fifty words in a European language chosen by the officer, the New Zealand one involved a uniform statement.⁹⁰ Glasgow provided his officers with this form which had been translated into four European languages.⁹¹ By 1905, although it had been redesigned to 'avoid it becoming too familiar', it was created in a further eleven languages.⁹²

The new health clauses were not so explicitly explained to those charged with operating them. The 1900 Public Health Act, however, included a specific part relating to quarantine which formalised the 'Proceedings on Arrival of Ships'.⁹³ These provisions continued to focus on infectious disease. They detailed how, once the district

⁸⁷ 'Regulations Under The Immigration Restriction Act, 1899', (Wellington: John Mackay, 1900), p. 1.

⁸⁸ *Ibid* p. 2. As per New Zealand Immigration Restriction Act (63 VICT 1899, No. 33), Section 4.

⁸⁹ NZNA: BBAO A78 5544 Box 207a Record Number 1900/734, W T Glasgow, Secretary and Inspector, Customs Department, Wellington, Immigration Restriction Act, 1899 –circular-copy of regulations attached.

⁹⁰ Immigrants had to write out at dictation 'a passage of fifty words in length in a European language directed by the officer', Australian Immigration Restriction Act 1901 (1 EDW VII, No. 17), Section 3a.

⁹¹ French, German, Italian and Slav. NZNA: BBAO A78 5544 Box 207a Record Number 1900/734, W T Glasgow, Secretary and Inspector, Customs Department, Wellington, Immigration Restriction Act, 1899 - circular- copy of regulations attached.

⁹² Flemish, Czech, Dutch, Swedish, Servian (Serbian) Turkish, Danish, Russian, Spanish, Norwegian and Modern Greek. NZNA: BBAO A78 5544 Box 87a Record Number 1905/960, W T Glasgow, Secretary and Inspector, Customs Department, Wellington, Immigration Restriction Act, 1899 -circular 473 - re translation into various languages.

⁹³ New Zealand Public Health Act, 1900, No. 25, Part III, Sections 111-119.

health officer had ordered a ship quarantined, the ship's master had to provide an inventory of the ship's voyage and answer all such questions 'touching the health of the passengers during the voyage'. The New Zealand border officials responsible for asking these questions were widely defined as either the (harbour) pilot, a person boarding or conducting the ship, or any person appointed by the Minister or District Health Officer to board the ship.⁹⁴ This same official was also able to ask the same questions of the 'surgeon, dispenser, or other medical officer of every ship'.⁹⁵ None of these provisions were referenced in relation to either Immigration Act. There were however a deal of similarities. Whether in relation to quarantine or immigration controls, the border officials relied on the ship's master to provide accurate referrals as to the health of their passengers and crew.

Only in 1907 did Glasgow provide some information regarding the non-infectious undesirables. He advised his staff that 'chronic alcoholics' should be bonded as 'infirm' under the IPA, although warned that the health officers should be cautious with this diagnosis, because the condition was not conclusively proven by delirium tremens.⁹⁶ No diagnostic instructions were given in relation to the 'lunatic', 'idiotic' or 'insane'. In 1910 the Secretary of Customs again confirmed the role of the port health officer. The Secretary was clear on the demarcation between the health and customs officials. The former was, he explained, responsible only for advising the customs officer whether an immigrant was 'infirm or otherwise'. It was the customs collector who decided whether a bond should be taken.⁹⁷ These instructions again display how confirming 'mental illness' in immigrants remained the responsibility of the port health officers.

⁹⁴ *Ibid*, Section 111 (1).

⁹⁵ *Ibid*, Section 113 (1).

⁹⁶ NZNA: BBAO A78 5544 Box 96 Record Number 1907/1081, W T Glasgow, Secretary and Inspector, Customs Department, Wellington, Imbecile Passengers Act, 1882– Circular 633 re chronic alcoholics.

⁹⁷ NZNA: BBAO A133 5544 Box 122a Record Number 1910/1069, WB Montgomery, Secretary of Customs, Wellington- Prohibited Immigrants – re duty of the Port Health Officer.

The new Australian operations appeared to place more responsibility on the customs officer to make this decision. Because they initially relied on the legacy of the state procedures, the port health or quarantine officers must have played a part in the process. Similar to New Zealand, the Commonwealth government provided guidelines outlining the responsibilities of the port officials. The Federal department responsible for outlining constitutional practice, the Executive Council, provided the officers 'charged with the enforcement of the Act', some instructions. Compared to their New Zealand counterparts, the Australian customs officers seemed to have greater responsibility in deciding whether an immigrant was prohibited under a health clause. If the custom officer had a 'reason to believe' that an 'an idiot, or a person suffering from a contagious disease' was on board, they could detain a vessel for twenty-four hours. The instructions described this detention as allowing for a medical examination to take place, although they did not state by whom.⁹⁸ One newspaper reported how the 'authority to detain' had been granted in relation to any immigrants suspected of what it termed 'poverty, insanity or crime'.⁹⁹ This referral system again relied on the ship's master. Like in New Zealand, the customs officer used the captain's inventory to question them further, and search the vessel, a task which was not to be 'hindered or obstructed'.¹⁰⁰ As such, it is likely the Australian system operated similar to New Zealand', represented in Process Chart 4.

In 1903, so eighteen months after the passing of the Act, steps were taken to define better border procedures relating to 'mentally ill' immigrants in Australia. This intervention by the ministerial department responsible for the Act's administration, the Department of External Affairs, signified the start of a divergence between New Zealand and Australian practices. This focus would lead, over the next two decades, to

⁹⁸ 'Immigration Restriction Bill', *The Adelaide Advertiser*, 4 January 1902, p. 7.

⁹⁹ 'Untitled', *The (Hobart) Mercury*, 19 January 1902, p. 2.

¹⁰⁰ See 'Immigration Restriction Act', *The Kalgoorlie Miner (Western Australia)*, 6 January 1902, p. 5, and 'Immigration Restriction Act', *The Sydney Morning Herald*, 7 January 1902, p. 5.

Australian attempts to define their border operations. These initial steps would however bring one aspect of the control of ‘mentally ill’ immigrants back in line with New Zealand, that of allowing entry under a bonding provision.

From 1902 the office of the Australian government responsible for administering the Act began to modernise their approach to the health of immigrants. Atlee Hunt, Secretary of the Department of External Affairs, wrote to the State Customs Collectors.¹⁰¹ He advised these local officials that his department was considering the ‘action to be taken in connection with the admission of lunatics who arrive in Australia from parts beyond The Commonwealth’.¹⁰² This admission is telling. First it suggests that the government had not properly considered the practicalities of exclusion and second, it indicates how, despite the legal clause referring to ‘idiots and insane’ the term ‘lunatic’ remained in use outside the asylum setting. Initially Hunt relied on the current legal provisions and stressed the importance of Section 9, the clause which specified that shipping companies could be fined up to one hundred pounds for transporting prohibited immigrants. He informed the customs officers that the State solicitors should be instructed to ‘press magistrates to impose substantial fines’.¹⁰³

The reliance on the threat of penalties as a deterrent proved inadequate. The resulting response by the Australian government signified how, despite the introduction of the prohibited clause, some ‘mentally ill’ immigrants were not automatically rejected or arrival. In response to Hunt’s request, the immigration agent at Brisbane explained the previous operations there. The ‘insane’ immigrants had been allowed to land for treatment and, when suitably recovered, ‘were shipped back to their friends in the

¹⁰¹ ADB online version Helen M. Davies, 'Hunt, Atlee Arthur (1864–1935)', [accessed 20 March 2015].

¹⁰² NAA: J3117/47, Brisbane, Correspondence relating to procedures adopted in connection with the landing of insane persons prior to the passing of the Immigration Act 1901.

¹⁰³ NAA: J3117/50, Brisbane, Correspondence relating to fines in connection with charges against masters of vessels for breaches of the Immigration Restriction Act 1901- counsel to press for substantial fines when ships deserters are of the undesirable class.

United Kingdom'.¹⁰⁴ The Port Adelaide officer alluded to a similar system. Under the South Australia Immigration Limitation Act, he explained to Hunt, immigrants were allowed in under bonds. Those confirmed as 'lunatics' by the magistrate were admitted to the asylum.¹⁰⁵

By March 1902, the Department of External Affairs reintroduced the bonding provision which had been so apparent in the nineteenth-century state operations. Hunt informed the customs departments that insane immigrants could be landed for medical treatment, if a five hundred pound bond was provided. To formalise this concession a specific exemption certificate for the 'insane' was created (Appendix G). Form 29 constituted the application to the Minister of External Affairs for a Certificate of Exemption. It was designed specifically for anyone supposed to be insane and likely to become a public charge. Exemption was based on financial assurances and granted only on the condition that the applicant 'executes this obligation with one approved surety'.¹⁰⁶ It was, in every way bar the name, the equivalent of a bond certificate.

The importance of this, in modern parlance, 'U-turn' should not be overlooked. Despite Australia and New Zealand declaring 'idiots and insane' as prohibited, both allowed them to enter under the older bonding system. As such, although the fear of degeneration was widespread across the Australasian region, the 'mentally ill' were still allowed entry if the money was provided for them to do so, in addition to the exemption provisions.¹⁰⁷ Both of these concessions suggest that in these 'worlds without welfare' the fear of immigrants becoming public charges mattered more than the type of condition that could render them destitute. Examining the statistics and the details of actual immigration exclusion cases validates this hypothesis.

¹⁰⁴ *Ibid.*

¹⁰⁵ NAA: D596, 1903/3522/03, Immigration Restriction Act 1901 Regarding Lunatics and 1903/4155 Procedure regarding the arrival of lunatics.

¹⁰⁶ NAA: D596, 1903/4155, Procedure regarding the arrival of lunatics.

¹⁰⁷ Australia Immigration Restriction Act 1901 (1 EDW VII, No. 17), Section 3 (h); New Zealand Immigration Restriction Act, 1899 (63 VICT 1899, No. 33), Section 2 (1).

Outcomes

By 1902 Australia and New Zealand had enacted similar border controls in relation to the ‘mentally ill’. Both sought to deport the ‘idiot or insane’ or, if a bond was provided, allow them entry. The numbers involved can be ascertained from official reportage. Although New Zealand’s IRA did not specify, like Australia’s, that these statistics were a legal requirement, from 1904 the New Zealand Minister of Public Health’s annual report began to reference levels of infectious disease in immigrants.¹⁰⁸ It is therefore likely that the Wellington’s *Evening Post* 1906 synopsis of immigrants returned or bonded came from a similar official source. This collated information is represented in Table 7. The paper declared that ‘guardians of the health and general well-being of the colony’ were making New Zealand a ‘difficult country for the physically or mentally unfit to enter’.¹⁰⁹ They provided yearly statistics of immigrant cases in order to justify this opinion.

Table 7: Bonded and deported immigrant cases, New Zealand, 1901-1906

	1901	1902	1903	1904	1905	1906	TOTAL	%
Insane Returned	1	1	1	1	0	3	7	19
Consumptives Returned	0	1	2	1	4	2	10	27
Infirm Bonded	1	5	7	4	3	0	20	54
TOTAL	2	7	10	6	7	5	37	

Source: ‘Keeping out Undesirables: Imbecile Passengers’, *The Evening Post*, 16 November 1906, p. 5.

These figures enable us to make a key observation. They show how the provisions of the IPA and IRA operated in tandem prior to their amalgamation in 1908. The ‘insane returned’ were done so presumably under the prohibited clause of the IRA, as were the ‘consumptives returned’. This latter group must have fallen under the

¹⁰⁸ *AJHR*, 1904, Session I, H-31, ‘Public Health Statement’, p. 22.

¹⁰⁹ ‘Keeping out Undesirables: Imbecile Passengers’, *The (Wellington) Evening Post*, 16 November 1906, p. 5.

‘contagious disease which is loathsome or dangerous’ clause. From the overall total of thirty-seven, seven were deported for being ‘insane’, which accounts for nineteen per cent. This is a lower proportion than the figures in Table 2 which suggested that two-thirds of the bonds enacted under the IPA between 1883 and 1899 related to the wide scope of ‘mental illness’. However, it is likely that the ‘infirm bonded’ in Table 7 included some such cases under the catch-all phrase ‘lunatic, idiotic, deaf, dumb, blind, or infirm’. The ‘insane returned’ in Table 7 were done so under the provisions of the IRA. To try to untangle these complexities it is again possible to use actual immigration case studies. From them it is possible to show how the label ‘infirm’ could equally include the ‘mentally infirm’ or as, one health officer tried to suggest, a man who was ‘not very bright’. Some of the immigration cases which exist as archival sources show how officials at the time struggled to work within the combined provisions, which the shipping companies used to their advantage.

Although the figures provided by *The Post* grouped the health conditions simplistically, the port officials continued to use an array of labels across both Acts. In 1900 a so-called ‘imbecile passenger’ was returned from Auckland to Newcastle, New South Wales.¹¹⁰ Whether defined as ‘idiots’, ‘imbeciles’, ‘lunatics’ or ‘insane’, some immigrants were still not being caught under either legislation. In 1902 for example, Customs Inspector William Glasgow was forced to concede, after consulting with the police, that a bond could not be requested for a ‘lunatic’ Joseph Goss.¹¹¹ Whether this was an issue of timeliness is not clear, unlike with the case of a so-called ‘congenital idiot’ Alexander Manton, who was admitted to Auckland Mental Hospital. The superintendent there, Dr Hay, asked why the IPA had not been used to prevent Manton,

¹¹⁰ NZNA: BBAO A78 5544 Box 67a Record Number 1900/574, Edward Patten, Collector of Customs, Christchurch – Alexander Bartles – imbecile passenger – asking to be informed when SS Thornhill leaves Auckland if he leaves in her.

¹¹¹ NZNA: BBAO A78 5544 Box 211 Record Number 1902/925, W T Glasgow, Secretary and Inspector, Customs Department, Wellington – Huddart Parker and Company – forwarding copy of letter re Bond under the Imbecile Passengers Act 1882.

who had been a patient in the Kew Hospital Melbourne, from entering New Zealand. The time elapsed between Manton's admission and Hay's complaint suggests that any claim would have been outside the fourteen day period.¹¹² In 1906 an official at the Avondale Lunatic Asylum acted more efficiently to execute a bond claim. Because George Grierson, admitted for being a 'lunatic' had arrived on the *Zealandia*, ten days previously, the asylum official made it clear to the customs collector that Grierson 'must come under the Imbeciles Passenger Act'.¹¹³

While these cases suggest that the port officials favoured the IPA bonding provision, other evidence suggests that the shipping companies elected to use the deportation facility rather than paying the bond. This strategy was particularly apparent in the case of William Innes. Described by border officials as an 'old man' and an ex-miner from Queensland, Innes attempted to land in Wellington with only three shillings and six pence. His physical and financial state singled him out to the border officials, as did Innes' own admission that he felt 'queer in the head'. Initially, port health officer Dr Pollen detained him on board but, after questioning Innes further described him as 'quite rational, and better in every way'. Pollen reported that could not therefore certify Innes as 'insane', or 'imbecile'. Still believing that Innes would become a public charge, Pollen attempted to define him as 'not very bright'. The Union Shipping Company refused to accept this 'diagnosis' so instead elected to return Innes to Sydney at their own expense.¹¹⁴ This type of collusion between border officials and shipping companies ended in tragedy for Daniel Lynch. After arriving in Auckland on the *Ventura* he jumped overboard, and subsequently told the police that he would return to Sydney by

¹¹² NZNA: BBAO A78 5544 Box 87 Record Number 1905/1062, W T Glasgow, Secretary and Inspector, Customs Department, Wellington – Alexander Manton, sent to hospital as James Alexander Clisp – re admittance under Imbecile Passengers Act. The Health Officer confirmed only the date Manton was sent to hospital and provided details for his mother living in Auckland.

¹¹³ NZNA: BBAO A78 5544 Box 91a Record Number 1906/1022, F C Hall, Receiver, Avondale Lunatic Asylum – George Grierson –steerage passenger ex 'Zealandia' comes under the Imbecile Passengers Act.

¹¹⁴ 'Undesirable Immigrants', *The Otago Witness*, 22 March 1905, p. 19. The same shipping company later refused to provide a bond for a 'deaf and dumb' man in 'robust health'. See for example 'Elimination of the Unfit', *The New Zealand Herald*, 4 January 1908, p. 5. For Australia see 'Refused Admittance: A New Zealand Case', *The (Melbourne) Argus*, 4 January 1908, p. 15.

train. Such behaviour led to Lynch being certified as a 'lunatic'. To avoid paying the bond, the Oceanic Company elected to return him to Sydney. Upon arrival there Lynch again jumped overboard. This time he drowned and his tragic end received press attention on both sides of the Tasman.¹¹⁵

Although deportation had been legalised through the IRA, its actual use appeared dependent on the motivations of the port officials and the shipping companies. Securing entry into New Zealand still rested, therefore, on financial considerations. It would seem that the shipping companies became even more complicit in managing the migration of the 'mentally ill'. The extent of this is difficult to ascertain. Innes and Lynch were both deported in 1905, yet the statistics for the 'insane returned' that year was nil (Table 7). It is possible to speculate that the shipping companies used their own 'informal' system of return. These instances may not have therefore been noted as statistics under the 'prohibited immigrant' clause of the IRA. The seven 'insane returned' between 1901 and 1906 may have been rejected outright by the port health officers. The names of the immigrants for whom immigration officials attempted to enact bonds, where known, suggest that they were either of British or Australian origin.

Despite the new legal framework, the reaction to, and management of 'mentally-ill' immigrants remained messy and subjective. The 1908 case of Belgian Joseph Pinto enables us to speculate that nationality may have determined whether deportation was more likely. The facts of Pinto's court case were reported on enthusiastically by New Zealand journalists, mainly because of his assertion that he had invented a valuable 'cypher code'. This had apparently led him to travel to the United States in order to sell his invention accompanied by his wife and brother-in-law. He had travelled to San Francisco, seeking passage to Peru but was reportedly drugged and robbed by his

¹¹⁵ Brevities', *The (Sydney) Evening News*, 20 March 1905, p. 2.

family. Pinto recalled waking up on a steamer which, it turned out, was heading to Auckland.

In this case port health officials did not struggle to diagnose Pinto's state of mind. After being kept under observation en-route because he had shown 'symptoms of insanity', Dr Sharman declared Pinto to be in a 'state of lunacy' on arrival. He was handed over to the authorities, and after escaping, was found wandering in a 'weak and pitiable condition'. In the ensuing court case he was represented by the Belgian Consul who pointed out that Pinto currently appeared quite rational and in possession of his senses. The judge thought otherwise and ordered Pinto remanded for observation, during which time the jail surgeon found him too debilitated to be imprisoned. After a further stint in hospital, Pinto's case was heard in full. His 'cypher system', was presented in court as a piece of metal with a system of round holes punched into it. It does not appear that his ability to stay through the bonding system was ever an option. The judge ordered Pinto to be returned on the same ship in which he had arrived, the *Tofua* and strictly enforced the provisions of the IRA. He found the Union Shipping Company culpable for Pinto's removal and all of his costs, including for arrest, stays in prison and hospital, and even for his cab trip to the wharf.¹¹⁶

The nationality of those bonded or rejected under the New Zealand provisions is not always obvious, unlike under the Australian Act. Providing the statistics of those prohibited was a legal requirement. Table 8 provides the figures of prohibited immigrant between 1902 and 1912. This date range has been selected because in 1912 the Australian prohibited clauses were overhauled.

¹¹⁶ See NZNA: BBAO A133 5544 Box 111 Record Number 1909/305, Richard Carte, for Secretary and Inspector, Wellington – Joseph Pinter, restricted immigrant – re liability by the Union Steam Ship Company; 'Police Court News, *New Zealand Herald*, 5 January 1909, p. 7; 'A Strange Story, *The Dominion(Wellington)* 21 September 1908, p. 7 'Police Court'; *The Auckland Star*, 26 September, 1908, p. 5; 'Police Court', *The Auckland Star*, 30 September, 1908, p. 5; 'Police Court', *The Auckland Star*, 2 January 1909, p. 4.

Table 8: Prohibited immigrants under the Australian Immigration Restriction Act, 1902-1912

Section 3	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	TOTAL	% (app.)
Education Test	618	136	115	104	NA	61	107	107	26	40	71	1385	86
Public Charge	32	0	0	2	NA	0	0	0	2	4	11	51	3
Idiot/Insane	2	16	2	0	NA	1	1	1	1	3	4	31	2
Diseased	0	0	0	0	NA	0	0	0	2	20	36	58	4
Criminal	1	0	0	0	NA	0	0	0	0	0	0	1	0
Prostitute	0	0	0	0	NA	0	0	0	0	0	0	0	0
Contract Lab.	0	0	0	0	NA	NA	NA	NA	NA	NA	NA	0	0
Stowaway	NA	NA	NA	NA	NA	NA	NA	NA	11	16	65	92	6
	653	152	117	106	NA	62	108	108	42	83	187	1618	

Source: York, *Immigration Restriction, 1901-1950*.

These official figures should still be treated with some scepticism. The original source states that no returns were available for 1906. Furthermore, the published values for 1908 and 1909 are identical, which seems unlikely. Despite these caveats, a number of trends are apparent. As designed, the Australian IRA was used mainly in relation to the ‘education test’. From 1908 it was also geared towards against stowaways, a provision enacted in response to, what one newspaper described as, the ‘regular traffic’ of stowaways between Hong Kong and Australian ports.¹¹⁷ These two classes combined made up over ninety per cent of those excluded.

The remaining approximate ten per cent represented those deemed undesirable for their health or likely to become public charges. Out of the total of 1618 exclusions, only thirty-one were prohibited under clause 3(c) ‘idiots and insane’. This works out at around two per cent rate. It is possible to further define this thirty-one by nationality. Twelve were British, and of the remainder, seven were French, five German, two ‘Hindoos’, two South Sea Islanders, two Italian, and one Malay. It could be speculated

¹¹⁷ Australia Immigration Restriction Act 1908 Sections 9A-D. See for example ‘Immigration Restriction Act: Evasion by Chinese’, *The Western Australian*, 8 January 1908, p. 7. This clause was not introduced in New Zealand although stowaways were a concern. Customs Inspector Glasgow, for example, considered them ‘singularly low and vicious type of men’ whose attempts to enter New Zealand he thought was a police matter. NZNA: BBAO A78 5544 Box 76, WT Glasgow, Secretary and Inspector, Customs Department, Wellington, Stowaways.

that the British ‘insane’ were more likely allowed entry under certificates of exemption, although no evidence has been uncovered to justify this claim.

Table 9: Prohibited immigrants under the Australian IRA under the ‘idiot/insane’ clause 1902-1912

Section 3	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	TOTAL
TOTAL	653	152	117	106	NA	62	108	108	42	83	187	1618
3c British	2	2	0	0	NA	0	1	1	1	2	3	12
3c Non- British	0	14	2	0	NA	1	0	0	0	1	1	19
Total Idiot/Insane	2	16	2	0	NA	1	1	1	1	3	4	31

Source: York, *Immigration Restriction, 1901-1950*.

If we consider the proportion of ‘idiots or insane’ excluded it appears low. However by comparing them to New Zealand’s reaction to the insane, diseased and infirm we get similar percentages. Of the 140 prohibited for either being a public charge, insane or diseased, those under 3(c) ‘idiots and insane’ represent twenty two per cent which is comparable to New Zealand’s nineteen per cent ‘insane returned’ in Table 7. Those classed as prohibited in Australia were likewise ‘returned’. This is made evident in the case of one of the ‘idiot or insane’ cases noted within the figures for 1902. The Western Australia customs ledger includes the entry for a British male ‘lunatic’ who, after arriving on 23 October, was deported four days later to Colombo.¹¹⁸

Other assumptions can be made about the Australian operations with caution. The increase in the prohibited total for the insane in 1903 should be attributed to the attention given to the clause by Atlee Hunt the previous year. In some cases it is possible to match these anonymous statistics to names, thus adding detail to the practices of the legislation. One of the non-British ‘insane’ deported in 1904 was French. This is likely to be the case of John Francis Vettner who was described by newspapers as a ‘returning colonist’, latterly of Western Australia. He had attempted gold prospecting in the Indo-Malay Peninsula, where he had caught a fever which

¹¹⁸ NAA: PP4/4, Customs Ledger 23/12/1902 to 12/12/1907 Book 2, pp. 26-27.

triggered his so-called ‘mental aberration’. He arrived in Melbourne under the charge of a French *gendarme*. Vettner was found ‘insane’ by the chief immigration agent who served the captain with the necessary form, intimating that he would be held responsible under the Act if the passenger landed.¹¹⁹

Some evidence points to Australian reticence in using the deportation function, or at least it being used humanely. In 1905 Hunt advised his officers not to return immigrants on the vessel they had arrived on, as this might undermine their recovery.¹²⁰ This was more benevolent than New Zealand’s process which favoured using the same ship. The following year the Australian Prime Minister himself, Alfred Deakin, sought to improve these operations. Like in New Zealand, this intervention was required due to shipping companies trying to avoid their financial liabilities. This was the case when the captain of the *London Hill* docked at Port Melbourne, refused to apply for a bond for one of his ‘insane’ crew. The sailor escaped but was returned to the ship where, according to newspaper reports, Deakin stepped in to try to induce the captain to ‘do his duty’ under the Act. Reports suggested that this case coincided with a similar complaint made to the Prime Minister about another ‘insane man’ who had been landed without any checks.¹²¹

This high level intervention suggests how the federal authorities were still, five years after the implementation of the 1901 Act, developing their operations. Furthermore, these cases led journalists to reflect on how border controls were meant to operate. While the burden of maintenance fell on the state, they explained, the Commonwealth acted for them in providing border protection. This combination meant that ‘no insane people can land in Australia unless there is some guarantee given for their maintenance’. These newspapers reported that Deakin’s involvement was due to

¹¹⁹ ‘An Insane Immigrant’, *The Adelaide Advertiser*, 26 March 1904, p. 8.

¹²⁰ ‘Insane Immigrants’, *The South Australian Advertiser*, 6 April 1905, p. 4.

¹²¹ ‘Insane Immigrants: The Minister Intervenes’, *The Adelaide Advertiser*, 16 March 1906, p. 5.

his wish that the cases were resolved in such a way as to ‘administer as little suffering as possible to those concerned’.¹²²

The numbers of those prohibited under the health clauses remained minimal over the years up to 1912. In 1911 the Comptroller General of the Department of Trade and Customs created *Confidential Notes for the Guidance of Officers*. The main purpose of these instructions was to remind the officers of the deportation provision and those aimed at excluding ‘coloured immigrants.’ This document did include some information relating to the health provisions. All it did, however, was to highlight the role of the medical quarantine officers. As previously suggested, these officers do therefore appear to have been the equivalent of the New Zealand port health officers. It was the quarantine officers, the Comptroller General confirmed, who were responsible for informing the customs officers of anyone suspected of falling under the clauses 3 (b), (c), or (d).¹²³ Accordingly, local border operations remained subjective because were managed by individuals acting according to their own experience and motivation. Like in New Zealand, the language employed by customs and immigration officials did not match the legislation. In the Western Australia customs ledger for example, by the end of 1912 a man was listed as deported for his ‘mental derangement’ rather than the specified ‘idiot or insane’.¹²⁴ As such, neither Australian nor New Zealand border operators used uniform language, despite operating under a new framework which had, at least, defined their roles and responsibilities.

¹²² ‘Insane Immigrants’, *The Adelaide Advertiser*, 13 March 1906, p. 5; ‘Insane Immigrants: The Minister Intervenes’, *The Adelaide Advertiser*, 16 March 1906, p. 5; ‘An Alleged Lunatic Immigrant’, *The Adelaide Register*, 13 March 1906, p. 5; and ‘General Notes’, *The Adelaide Register*, 16 March 1906, p. 5.

¹²³ NAA: A1 1911/10657 Examination of Persons under Immigration Act. Reports by Collectors of Customs re practices in vogue ‘Immigration Restriction Act 1901-1910: Confidential Notes for the Guidance of Officers’, p. 8.

¹²⁴ NAA: PP4/4, Customs Ledger 23/12/1902 to 12/12/1907 Book 2, pp. 26-27.

Conclusion

This chapter has exposed the problems involved in the attempts of New Zealand and Australia to establish the 'new phase' of border controls. Both nations used the new framework within which the 'insane' were deemed prohibited. However the practice of deportation developed haphazardly. The legacy of nineteenth century border controls meant that the concept of excluding 'idiots' and 'insane' went unchallenged by politicians and other members of the establishment. These 'mentally ill' were not singled out as prohibited, but were designated as a separate category following the design of the Natal Act. In reality Australasian politicians and administrators rarely spoke of the 'mentally ill' as a separate category, but continued to include them, alongside the diseased, criminal and immoral, as undesirable.

And yet, whereas the Natal Act was promoted as the legal benchmark, both New Zealand and Australia deviated from it. Their continued use of a bonding system needs to be highlighted as a key departure from the Natal blueprint. New Zealand employed their Imbeciles Passenger Act concurrent to the new Act. Likewise Australia soon incorporated a change to their 1901 Act, which enabled the 'insane' to enter under bonds. These concessions suggest some sort of empathy for these types, as long as assurance was provided for their maintenance. It should be assumed that this function was aimed more at their British 'brethren'. New Zealanders expressed this compassion more explicitly. They chose not to apply the education test to British or Irish migrants, and avoided the direct 'pauper' clause. Unlike the unilaterally accepted 'idiots and insane' clause, the more controversial sections had of course been debated at length earlier. There were clearly many parallels between the furore about New Zealand's 1894 Undesirable Immigrants Bill and Australian concerns about their 1901 Act. These concerns were framed in how the healthy, hardworking British and European immigrants would be affected.

Australasian politicians accepted that the so-called insane should not be allowed entry but, in terms of border management, neither Australia nor New Zealand implemented a secure border system. Although the roles of customs and health, or quarantine, officers were defined, these remained reliant on the involvement of the shipping companies. These commercial operators became savvier to the legislation, which they manipulated. The rhetoric about the undesirable remained inconsistent. Nowhere was this more apparent than when New Zealand's Dr Pollen attempted to enact a bond for William Innes, purely on the basis that he was old, poor, confused, and 'not very bright.' In Australia port officials continued to use archaic terms such as 'lunatic'. As the next chapter shows, the terminology used at local levels remained muddled well into the next decade. The Australians however would attempt to tighten, standardise and, most importantly, 'medicalise' the operations of their legislation. Such attempts in the new 'eugenic century' would finally incorporate modern terminology about the 'mentally' and 'morally' unfit into immigration control.

Chapter Six: Standardising Defence Lines, Eugenics & Border Control 1912—1920

In 1912 The Commonwealth of Australia overhauled its Immigration Restriction Act in terms of its title, scope, and practicalities. The new Immigration Act created the position of Commonwealth Medical Officer (CMO), to which Dr William Perrin Norris was appointed. Norris described the Act as the ‘first one which may be said to have a definite eugenic phase’.¹ The Act sought to enforce pre-embarkation medical certification for *all* prospective migrants leaving Britain; and, through Norris, finally provided standardised guidelines for those managing these ‘dual governmental barriers of defence: the screening in London, and national Australian quarantine borders’.²

Norris would also argue that the terminology of immigration legislation should be made uniform ‘if not throughout the world, then at least the British Empire’.³ Yet, despite the assertion from legislators that these changes would reduce hardships on intending migrants, the removal of the term ‘Restriction’ from the Act’s title belied its contents. The health clauses were widened substantially: paragraph 3(c) to ‘idiots, imbeciles, feeble-minded persons, or epileptics’; and additional sections were created to target those with transmissible disability, diseases or defects. These heredity clauses led contemporaries and current scholars to frame Australia’s 1912 Immigration Act in the context of eugenics. As acknowledged in the ‘Categorising Worthiness’ section in Chapter One, both Australia and New Zealand utilised eugenic principles in their nation-building projects of the nineteenth and early twentieth centuries. These attempts included immigration control. Two scholarly viewpoints in particular have informed

¹ HCPP 1914-16 [Cd. 7710] Dominions Royal Commission. Royal Commission on the Natural Resources, Trade, and Legislation of Certain Portions of His Majesty’s Dominions. Minutes of evidence taken in London in June and July 1914, and papers laid before the commission, p. 3.

² Bashford, *Imperial Hygiene*, p. 156.

³ HCPP 1914-16 [Cd. 7710] Dominions Royal Commission. Royal Commission on the Natural Resources, Trade, and Legislation of Certain Portions of His Majesty’s Dominions, p. 1.

this research. Stephen Garton has suggested that immigration restriction may have been the success story of eugenic public policy in Australasia.⁴ More recently Alison Bashford has stated that the ‘insanity clauses’ within the legislation linked ‘eugenics and immigration most squarely.’⁵

And yet, there is so much more to be learnt about this so-called eugenic phase, a period in which Australia attempted to standardise its controls in the metropole. As will be shown in this chapter, the applications of these eugenic clauses were by no means uniform either across, or within, Australia, and created friction between state and commonwealth ideologies and individuals. Additionally, whilst New Zealand’s border controllers used the same eugenic terminology as their Australian counterparts in their practices, the New Zealand 1908 Immigration Restriction Act endured unchanged. As such, it is the Australian experience which takes centre stage in this chapter, in a decade which saw the end of the alignment between New Zealand and Australian legislation.

This chapter will be structured around three overarching sections. The first considers the career of the individual who would play a formative role in the creation of a new era of standardisation and centralisation, but who until now has been overlooked by scholars of public health and migration regulation. Dr William Perrin Norris, who began as a parochial doctor, would achieve federal positions in charge of first quarantine, and then, immigration control. Of less national standing, but likewise a purveyor of modernisation was Dr A. Wallace Weißen. Both men symbolised the new era of internationalisation, standardisation and eugenic thinking. They sought to influence the thinking of the political administrators charged with defending Australia’s borders from the various ‘problematic’ types. The second section considers how far these eugenic themes extended into the political arena and led to the overhaul of the Immigration Act in 1912. This approach helps explain why Australia became

⁴ Garton, ‘Eugenics in Australia and New Zealand’, p. 249.

⁵ Bashford, ‘Insanity and Immigration Restriction’, p. 23.

particularly receptive to eugenicist thinking, and why it moved ahead of New Zealand by incorporating such thinking into their legislation. This involved a major change in the British-based operations. The Commonwealth Medical Officer sought to establish national control over the Australian State officials operating in London.

Finally this chapter's third section employs the usual policy-versus- practice method to consider how well the updated 1912 Act worked. It shows how Norris confronted the same kind of problems that had faced all those who had gone before him, including how to deal with those who 'appeared sane' before they left Britain. He uniquely tried to bring order to the messy job of patrolling Australia's borders. While his aim was to roll out a new kind of coordinated and standardised system of policing across both a newly-federated Australia and the wider British world, what he found was that his vision was frustrated by wider forces; ministers were uncomfortable with such a far-reaching project; state agent-generals who were charged with peopling the empire were resistant; and finally World War One curtailed the full implementation of the scheme. Consideration of the New Zealand's practices shows how, despite the legislation not being overtly eugenic, ideas similar to those in Australia, were still apparent. This shows that although in many ways the designs of Norris and other eugenicists were frustrated in the period before 1914, their ideals endured and would re-emerge in the post-war era, a topic to which we will return in the final chapter. Up until now it is clear that Australia followed in New Zealand's footsteps. This chapter shows that Australia became much more sophisticated in their methods of border control.

William Perrin Norris: Transnational Medical Reformer

The simple description of Dr W.P. Norris as a ‘medical practitioner’ in his son’s-decorated war-hero Sir Frank Kingsley Norris (1893–1984) - entry in the *Australian Dictionary of Biography* does Norris Senior a great disservice.⁶ Indeed the life of William Perrin Norris (circa. 1867-1940) has been overlooked by historians, despite his own war efforts, and pivotal federal roles. As the first Director of Federal Quarantine, then first Commonwealth Medical Officer, Norris shaped the medical administration of immigration regulations due to his dedication to preventative medicine and public health.⁷ It is worthwhile reiterating here that border officials in both Britain and Australasia worked within ill-defined operational structures in all of the eras considered in this study. Yet even in more specialised, relevant research Norris is only given a passing mention. Warwick Anderson, for example, despite recognising many figures who counselled politicians and the public on how to cultivate a working white race, mentions Norris’ quarantine role only briefly.⁸ Bashford likewise references his 1912 Quarantine Report in relation to her research on how a pure, white, island-nation was imagined yet does not delve further.⁹ Conversely, much historiographical space has been given to those who moved within Norris’ circle and similarly sought to improve Australian health and heredity. Such figures include his successor as Quarantine Director, Dr J.H.L. Cumpston, and other notable Melbournian eugenicists, Prime Minister Alfred Deakin, and Dr R.J.A. Berry.¹⁰ To address this omission, previously un-interrogated sources are used to position Norris at the heart of Australian attempts to create national uniform border controls.

⁶ ADB online version, Andrew J. Ray, 'Norris, Sir Frank Kingsley (1893–1984)', [accessed 19 May 2014].

⁷ F. Kingsley Norris, *No Memory for Pain: An Autobiography* (Melbourne: Heinemann, 1970), p. 9.

⁸ Anderson, *The Cultivation of Whiteness*, pp. 4, 91.

⁹ Bashford, *Imperial Hygiene*, pp. 126-127.

¹⁰ Garton, ‘Eugenics in Australia and New Zealand’, p. 244. See also Bryder, *History of Medicine in Australia and New Zealand*, p. 313.

In order to explain Norris' incredible career trajectory it is worthwhile briefly considering his early life. If a merited biography were ever written about William Perrin Norris it would no doubt describe him as an assured scholar. We do not know his exact date of birth but do know that his parents arrived from England in the 1860s.¹¹ It appears that they settled in Victoria because Norris was born in Fitzroy, Melbourne.¹² By the mid-1880s he was excelling in his medical studies at the University of Melbourne where, in his fourth year, he was awarded the gold medal for proficiency in a field which would shape his career, 'Hygiene'.¹³ In 1889 he was awarded various scholarships and married.¹⁴ After receiving his Bachelor of Medicine, Norris entered general medical practice in mainly rural locales.¹⁵ Clearly seeking to combine his early professional and married life with the continuation of academic pursuits, in 1892, he received his Doctorate of Medicine from The University of Melbourne.¹⁶ The same year, in a precursor to his later overseas research trips, Norris sailed to England to study for his Diploma in Public Health in London. On this journey he acted as ship's surgeon, which again must have influenced his professional life. However, on returning to Australia he returned to general practice in Victoria.¹⁷ Norris' scholasticism was

¹¹ Norris, *No Memory for Pain*, pp. 21-22.

¹² 'Director of Federal Quarantine', *The Barrier Miner (Broken Hill)*, 25 May 1909, p. 2.

¹³ Second year: top of class and awarded Second Year Medical Exhibition. 'The University of Melbourne: Honour Examination', *The (Melbourne) Argus*, 31 December 1885, p. 7; Third Year: top of class and awarded Third Year Medical Exhibition, 'The University of Melbourne: Honour Examination', and 'Exhibitions', *The (Melbourne) Argus*, 31 December 1886, p. 6; Fourth year: first-class and gold medal for proficiency in therapeutics, dietetics and hygiene, 'The University of Melbourne: Honour Examination' *The (Melbourne) Argus*, 29 December 1887, p. 6.

¹⁴ Fifth year: achieved first class and awarded scholarships for forensic medicine and physiological medicine, and in surgery and obstetric medicine and diseases of women and children. 'The University of Melbourne: Honour Examination' *The (Melbourne) Argus*, 29 March 1889, p. 3. Norris married Mary Foulkes, 'Marriages,' *The (Melbourne) Argus*, 15 June 1889, p. 1.

¹⁵ Frank Kingsley describes his father as starting his practice at Coalville, in Gippsville, South-East Victoria, see *No Memory for Pain*, p. 9. In 1890 W. P. Norris acted as public vaccinator in the agricultural town of Beac, south-west Australia. See 'The Government Gazette', *The Colac Herald* (Victoria), 30 September 1890, p. 3. In 1891 Norris and Dr W.J. Craig announced that they had taken over the practice on Main-street, Lilydale, see 'Advertising', *Evelyn Observer, and South and East Bourke Record* (Victoria), 17 July 1891, p. 2. In November 1893 he was elected to the board of advice for the school district of the south-western and north-western ridings of the Shire of Lilydale. See 'Untitled', *The (Melbourne) Argus*, 21 November 1893, p. 6. His first son Jack was probably born in 1890.

¹⁶ 'The University of Melbourne: Conferring of Degrees', *The (Melbourne) Argus*, 15 November 1892, p. 3.

¹⁷ Norris, *No Memory for Pain*, p. 9.

recognised by his son Frank who described his father as an ‘inveterate reader’, recalling how he was knocked off his horse by an overhanging branch whilst riding and reading simultaneously.¹⁸ Yet, despite W.P. Norris’ clear predilection for intellectual pursuits, local newspaper accounts also suggest that he was a popular, community-focussed general practitioner. In May 1896 he was elected medical officer for the Bendigo United Friendly Societies’ Dispensary and Medical Institute, and a number of letters were written to the *Bendigo Advertiser* thanking him for his ‘skilful and attentive treatment’.¹⁹ From singing baritone at the local glee club’s concert; giving public talks at the Philosophical Society; overseeing the exams for the nursing class of the St John’s Ambulance Association; to regularly donating to the Bendigo Hospital, Norris was clearly a popular man of some local standing.²⁰ These dual foundations of professional capability and academic excellence would lead first to state, and then federal prominence in the sphere of public health, which, as will become apparent, was only one step removed from border control.

The first stage of this transition began in 1900 when Norris was appointed to Victoria’s Board of Health, so relocated his family to Melbourne, site of the state, and later, the federal government.²¹ By 1904 he had been promoted to the head of this Board, where during his time there he sought to improve the health of the domestic population. This involved projects as varied as finding suitable sites for consumptive sanatoria; promoting the use of individual cups when taking communion; and advising

¹⁸ *Ibid*, p. 1.

¹⁹ ‘Appointment of a Medical Officer’, *Bendigo Advertiser (Victoria)*, 16 May 1896, p. 5. See for example letter from Mr and Mrs Leech, ‘Notices’, *Bendigo Advertiser (Victoria)*, 11 June 1897, p. 3; E. Buckland, ‘Notices’, *Bendigo Advertiser (Victoria)*, 5 November 1897, p. 3; Timothy O’Halloran ‘Notices’, *Bendigo Advertiser (Victoria)*, 6 November 1899, p. 4; and H. Loveland, ‘Notices’, *Bendigo Advertiser (Victoria)*, 6 November 1899, p. 4.

²⁰ ‘Bendigo Glee Club Popular Shilling Concert’, *Bendigo Advertiser (Victoria)*, 20 June 1898, p. 2; ‘Amusements’, *Bendigo Advertiser (Victoria)*, 19 August 1898, p. 1; ‘St John’s Ambulance Association’, *Bendigo Advertiser (Victoria)*, 19 August 1898, p. 1. ‘Donations’, *Bendigo Advertiser (Victoria)*, 8 November 1898, p. 4.

²¹ ‘Director of Federal Quarantine’, *The Barrier Miner (Broken Hill)*, 25 May 1909, p. 2.

sheep shearers on how to avoid contracting diseases.²² This role also allowed him to fashion State legislation and promote it as a blueprint for national standards.²³ It is important to note the types of professional and personal circles in which he moved. Son Frank recalled sharing family picnics with Alfred Deakin and his family who lived at the 'top end of their street', in affluent South Yarra.²⁴ Deakin was Australian Prime Minister on three occasions throughout the 1910s, so it is likely that Norris advised him about the control of immigration and public health. Norris was also active at the trans-colonial events at which medical ideas were discussed and disseminated. He held key positions at the 1908 Australasian Medical Congresses in Melbourne. Norris sat on both the executive and public health and state medicine committees.²⁵ Amongst Norris' contributions to the Congress was his recommendation for using uniform medical terminology in recording the statistics for births and deaths.²⁶

By promoting the standardisation of state and commonwealth policy and practice Norris was active in the era in which the national government took control over quarantine and immigration. In 1904 the state leaders convened at the Quarantine Conference to discuss uniform national quarantine regulations.²⁷ The first Commonwealth Quarantine Act came into existence in 1908.²⁸ Overseen by the Minister for Trade and Customs, and administered by the Governor-General, this Act signified the start of federal control over state quarantine stations and officers.²⁹ In 1909, in order to oversee this centralisation, the post Director of Quarantine was

²² 'Bendigo', *The (Melbourne) Argus*, 16 January 1903, p. 6; 'Risk in the Communion Cup', *The (Melbourne) Argus*, 11 April 1908, p. 21; 'Shearing Wet Sheep: Report of Committee of Enquiry', *Border Watch (Mount Gambier, Southern Australia)*, 19 June 1909, p. 4.

²³ For example Norris collaborated with Professor Osborne to create the 1905 Pure Food Act, the first Australian State to do so, see Norris, *No Memory for Pain*, p. 41.

²⁴ *Ibid.*, p. 9.

²⁵ *Transactions of the Eight Session of the Australasian Medical Congress*, held in Melbourne, Victoria, October 1908, Volume I (J.Kemp, Government Printer, Victoria, 1909), pp. iv,vii.

²⁶ Alongside Commonwealth statistician Mr G. H. Knibbs, *Transactions of the Eight Session of the Australasian Medical Congress*. pp. 15-17.

²⁷ 'Quarantine Conference Report', *The Sydney Morning Herald*, 13 July 1904, p. 10.

²⁸ To prevent the spread of diseases effecting 'man, animals and plants', Australia Quarantine Act 1908, Section 4.

²⁹ *Ibid.*, Part 2.

created.³⁰ Out of Norris and fourteen other applicants, the final choice was between him, and his Queensland state counterpart, Dr Ham.³¹ In May 1909, aged 42, Norris was appointed to this federal position.³² In a little under ten years he had progressed from parochial medical practice to formulating and implementing national health policies.

As Director of Quarantine, Norris managed the transition between state and commonwealth control. This involved creating instructions for the border officials and shipping companies as to their duties under the Act. In addition to his day job, Norris continued to participate in the intellectual spheres in which hygiene and heredity were debated. At the start of 1911 he acted as president of the Sanitary Science and Hygiene committee for the *Australasian Association for the Advancement of Science Conference* in Sydney. In his presidential address, entitled 'Public Health Ideals', Norris ruminated on the ideas of heredity and morality. Of particular interest to him was the spread of tuberculosis which he classed as a physical and mental disorder.³³ In this address Norris displayed his knowledge of how the Australian Immigration Restriction Act operated. He explained how the medical officer inspected the passenger lists of arriving ships. If they found anyone 'infectious', 'consumptive' or 'mentally or physically infirm' they were reported to the customs officer. This officer then took, in Norris' words, the 'next step' by investigating the case. The medical officer's duty was, he explained, 'one of detection' only. Norris's explanation reflects the one provided in the 1911 *Confidential Notes for the Guidance of Officers*. Importantly, Norris went on to quote the practices of

³⁰ 'Director of Quarantine', *The Sydney Stock and Station Journal*, 23 March 1909, p. 4. For a full account of the development of Australian quarantine control see Bashford, *Imperial Hygiene*, Chapter 5.

³¹ 'Director of Quarantine', *The (Melbourne) Argus*, 5 May 1909, p. 7; 'Untitled', *The Mercury (Hobart)*, 12 May 1909, p. 4. All applicants were medically trained, a third of whom were from Victoria.

³² 'Director of Federal Quarantine', *The Barrier Miner (Broken Hill)* 25 May 1909, p. 2.

³³ 'The Human Race', *The Northern Advocate*, 25 January 1911, p. 6; *The Report of the Thirteenth Australasian Association for the Advancement of Science, Sydney 1911* (W.E.Smith: Sydney. 1912), p. 650.

Canada and the United States, whose legislation he described as so restrictive that it enabled the deportation of unfit people years after they had arrived.³⁴

Norris' knowledge of North American immigration controls increased exponentially after he was sent on a worldwide reconnaissance mission to report on international quarantine developments. In 1911 Minister of Trade and Customs Frank Tudor sanctioned this trip, considering it financially viable because would it result in the better protection of public health.³⁵ The importance of this trip should not be underestimated, nor should Norris' destinations. On 28 August 1911 Norris left Sydney on the *Makura* journeying via New Zealand to America, Canada, Great Britain, Europe and Asia.³⁶ Other reports place him at Honolulu, San Francisco, New York, Quebec, and Brisbane.³⁷ It was on this research trip that he must have examined the North American immigration practices which came to influence his attempts to improve Australian procedures three years later.

Norris' position enabled him to influence governmental practices directly. He was not the only Australian or, as we have seen, New Zealander, to express admiration for North American legislation. Other influential medical figures were espousing similar calls to align with North American practices. The 1911 *Australasian Medical Congress*, which Norris missed due him being overseas, included the presentation of the first paper dedicated solely to the problems of immigrant medical inspection. Dr A. Wallace Weißen, like Norris, borrowed international themes for his paper 'The Medical Inspection of Immigrants to Australia'.³⁸ Whether Weißen and Norris ever crossed paths is unknown, but they shared a number of traits. Both engaged with eugenic theories, had

³⁴ 'Peopling the Land: Consumptive Immigrants', *The (Melbourne) Argus*, 4 February, 1911, p. 19.

³⁵ 'Quarantine Methods: Federal Officer to Investigate', *The West Australian*, 26 June 1911, p. 8; 'Trip for Dr Norris: Quarantine Enquiries', *The (Adelaide) Register*, 26 June 1911, p. 8.

³⁶ 'Mainly About People', *The (Perth) Daily News*, 28 August, 1911, p. 3; 'Personal Items', *The New Zealand Herald*, 2 September 1911, p. 8.

³⁷ 'Dr Norris Returns', *Daily Herald (Adelaide)*, 26 February 1912, p. 5.

³⁸ A. Wallace Weißen, 'The Medical Inspection of Immigrants to Australia', *Australasian Medical Congress: Transactions of the Ninth Session, Sydney, Volume II, September 1911* (Sydney: Government Printer, 1913), pp. 635-645.

trained and/or practised in London and advocated using North American style operations. As a trained optometrist, Weiher was particularly concerned that Australia did not check immigrants for trachoma like the United States did.³⁹ He much admired the writing of the United States' Immigration Restriction League's Prescott F. Hall, who had persistently petitioned for better immigration control in America.⁴⁰

Weiher, like Norris, promoted the North American practices as the ideal. He advocated a similar system of medical inspection to remove the current onus on shipping companies and emigration agencies. The individual Australian states, like New Zealand, still recruited immigrants on an ad-hoc basis. Weiher described the medical certification used by the state schemes as 'perfunctory and valueless'. He also thought that the pre-departure medical inspection of passengers in Britain was arbitrarily performed. Instead he advocated the use of procedures similar to those of North America, whose practices were so thorough that 'little more could be done to prevent the ingress of improper persons'.⁴¹ Weiher's definition of 'impropriety' clearly had eugenic undertones. He wanted medical officers 'experienced in inherited and transmissible disease' to disallow the entry of those with 'defects' and 'the progenitors of those likely to populate asylums and gaols'.⁴² Weiher also compared the immigrant deportation rates of Australia and Canada. Compared to Canada's level of 0.4% Weiher was perplexed by Australia's mere 0.04% , a value which reflects the low numbers presented in Table 8 (Chapter 5). Weiher saw this low proportion as meaning that 'either we are getting the healthiest people in the world, or we are not weeding out the undesirables'.⁴³ It was these latter borderline cases, he warned, which were actually the most problematic. Recycling one of Prescott Hall's phrases, those of 'poor physique', he argued, were most likely to become a burden on the community and

³⁹ *Ibid*, p. 643.

⁴⁰ See Kain, *From Idiocy to Constitutional Psychopathic Inferiority*, pp.13-17.

⁴¹ Weiher, 'The Medical Inspection of Immigrants to Australia', p. 642.

⁴² *Ibid*, pp. 638-639.

⁴³ *Ibid*, p. 643.

reproduce their physical degeneracy.⁴⁴ Weiher argued that Australia should also refuse entry to those seeking to make the country 'the scene, either of their ineffectiveness, their follies, or their crimes'.⁴⁵ To do this they should look at 'the perfection of the arrangements for inspection at Ellis Island,' which he described as based on the same rigorous lines of Canada.⁴⁶

This fear-mongering guaranteed newspaper headlines, such as the *Sydney Evening News*' paraphrasing that Australia could become a 'dumping ground' if the practices were not improved.⁴⁷ Politicians also began to notice the extent of this medical petitioning. The Minister responsible for administering the Immigration Restriction Act, Egerton Batchelor, responded to these reports. He explained that Australian health administration was being made stricter. Unfortunately his sudden death a week later meant he would not see these improvements.⁴⁸ Others involved in the practicalities of immigration control tried to temper Weiher's concerns. Sydney's immigration officer reported that, out of eight thousand people, only six had arrived in an unsatisfactory state of health.⁴⁹ Like the Agent-Generals of New Zealand had done, New South Wales' Agent-General, Timothy Coghlan defended his state's processes. Their assisted emigrants were, he explained, examined by their home doctor, then on-board by the Board of Trade officers and the ship's doctor.⁵⁰ As with the previous eras considered therefore, intellectual concerns about degeneration did not correspond with the views of many migration administrators, who had practical experience.

⁴⁴ *Ibid*, p. 643-644. Hall had petitioned the IRLs members on whether they wanted the exclusion of such types in 1905. 53 out of 57 voted yes. See Kain, *From Idiocy to Constitutional Psychopathic Inferiority*, p. 14.

⁴⁵ Weiher, 'The Medical Inspection of Immigrants to Australia', p. 645.

⁴⁶ *Ibid*, p. 643.

⁴⁷ 'Medical Inspection of Immigrants.', *The Evening News (Sydney)*, 22 September 1911, p. 7 See also 'Untitled', *Goulburn Evening Penny Post (New South Wales)* 23 September 1911, p. 4; 'Summary', *The Worker (Brisbane)*, 30 September 1911, p. 17; 'Here and There', *The Byron Bay Record (New South Wales)* 30 September, 1911 p. 9; 'The Medical Congress' *The Molong Argus (New South Wales)* 29 September, 1911, p. 1; 'Our Immigrants, Laxity of Inspection', *The Sydney Morning Herald*, 23 September 1911, p. 14.

⁴⁸ 'The Late Mr E. L. Batchelor', *The Advertiser (Adelaide)*, 9 October 1911, p. 8.

⁴⁹ Officer H. O. Allen. 'Unhealthy Immigrants', *The Sunday Times (Sydney)*, 24 September 1911, p. 7.

⁵⁰ 'British Emigrants', *The Queensland Times*, 9 November 1911, p. 5.

It took Norris to act as a conduit between these two professions. By the time he returned from his fact-finding mission in 1912, he too was convinced that 'Australia was the worst protected civilised country in the world'.⁵¹ At the Australian parliamentary winter session politicians geared up to rectify this situation. They reacted to the concerns expressed by the eugenically minded physicians. Many of the aspects of the much admired North American legislation which attempted to exclude the borderline defectives were replicated. Some Australian provisions would be even more eugenically driven. This would cause a rift between the idealists like Norris, and the State officials who were used to operating under their own, more practical regulations.

Reinforcing Border Controls

Whereas New Zealand had been managed as a political nation-state since 1876, Australians politicians were, twenty-five years later, attempting to do the same. In the decade following federation, their immigration and quarantine operations were still being transitioned to a national level of control. It is important to recognise how the boundaries within the Commonwealth of Australia were still also being delineated. The Northern Territory separated from South Australia on 1 January 1911. Norris' return from his all-important research trip coincided with the debates on how to best populate this 'new' area. As with the attempts to fill 'empty' Antipodean land dating back a hundred years, discussions about *The Crowns Lands Ordinance* - which facilitated the administrative creation of the Northern Territory - debated which types should be chosen to populate this area. The established States were also still actively recruiting the best of British as and when the labour markets required.⁵²

⁵¹ 'Quarantine in Australia', *The Press (Canterbury)*, 27 April 1912, p. 11.

⁵² Michael Roe, *Australia, Britain and Migration, 1915-1940: A Study of Desperate Hopes* (Cambridge: Cambridge University Press, 1995) p. 7.

The Australasian migrant recruitment practices were receiving more imperial attention. Resulting from the 1911 Imperial Conference, a Dominions Royal Commission was created, one of its purposes being to bolster British emigration to the dominions.⁵³ The 1910s are a decade in which, if it had not been for the outbreak of war in Europe, imperial and dominion migration could have been more jointly managed. Australian politicians also sought better control and administration of their border regulations. Throughout many political debates in 1912, a number of common themes emerged: namely better border protection, population control and distinguishing between state and commonwealth accountabilities. Norris would be directly drawn into these issues. Although Weißen's views were not quoted directly in the parliamentary debates, it should be speculated that they were discussed in private political circles. What follows now is an examination the 1912 parliamentary debates to highlight how the eugenic thinking of medical reformers like Norris and Weißen was apparent in the subsequently updated system of border control.

At the core of these ideas was a problem which had been raised persistently by Australasians- the lack of proper pre-departure medical inspection in Britain. Executive Council Vice-President, Gregor McGregor, hinted on a number of occasions that the government were planning to have all intending migrants health-checked before they departed from Britain.⁵⁴ This suggests that Deakin's condoning of such an idea in 1901 had not been in vain.⁵⁵ Between July and September 1912 much political attention was given to border control. On 18 July, Perth MP James Fowler requested leave be granted to introduce an amendment bill for the Immigration Restriction Act.⁵⁶ Fowler couched this Bill as designed to give 'extended power to the Minister for External Affairs to

⁵³ *Ibid.*

⁵⁴ ADB online version, G. Grainger, 'McGregor, Gregor (1848–1914)', [accessed 18 March 2015].

⁵⁵ CAPD, 'Immigration Restriction Bill', 3 October 1901.

⁵⁶ ADB online version G. C. Bolton and B. K. De Garis, 'Fowler, James Mackinnon (1863–1940)', [accessed 18 March 2015].

deport criminals'.⁵⁷ The fear over undesirables entering Australia was reflected in other debates about population standards. One member stressed that the Northern Territory should not be allowed to be a 'dumping ground for derelicts'.⁵⁸ Another raised concern over the 'amount of weeds' arriving in Queensland with pre-existing diseases, based on the example of a woman who had arrived with syphilis for which she was treated, and then allowed to remain.⁵⁹

These types of complaints led McGregor to explain the current operations and highlighted plans for improvement. In August he admitted that the government was preparing to subject every intending immigrant to a medical examination.⁶⁰ In a later debate he explained how it was the Australian states that employed the examining officers in Britain. The Commonwealth government was responsible for investigating the condition of the immigrants on arrival, and preventing their landing under the Quarantine or Immigration Restriction Acts.⁶¹ This split of responsibilities was described by MP Sydney Sampson as a 'flagrant neglect of duty'. He accused the government of not providing the states with enough assistance to facilitate migration, and failing to properly administering the Acts. It was the government's duty, Sampson reiterated, to 'see that those who are not fit to mix with our Australian people on the grounds of health' are not admitted'.⁶²

The blueprint for this more effective border protection, Norris' *Report on Quarantine*, had been circulated in August and was discussed by parliament on 23 October.⁶³ Although it dealt mainly with infectious disease, Norris' desire for uniformity was evident in the control of all types of illness. He advised that 'the machinery of the quarantine must be effective' for the measures to be successful. Norris

⁵⁷ CAPD, 'Immigration Restriction Bill', 18 July 1912.

⁵⁸ CAPD, 'Northern Territory: Crowns Land Ordinance', 8 August 1912.

⁵⁹ Queensland Senator Thomas Chataway: CAPD, 'Question: Diseased Immigrants', 26 September 1912.

⁶⁰ CAPD, 'Northern Territory: Crowns Land Ordinance', 8 August 1912.

⁶¹ CAPD, 'Question: Diseased Immigrants', 26 September 1912.

⁶² CAPD, 'Supply Bill', 8 October 1912.

⁶³ CAPD, 'Question: Quarantine', 9 August 1911.

also detailed the need to standardise procedures and establish properly staffed quarantine stations. His ideas were warmly received. Protectionist Littleton Groom described Norris' recommendations as 'masterly and striking' and justified the cost of his research trip. Politicians went on to discuss whether Norris' role as Quarantine Director should be granted 'statutory officer' status. This meant that he would be empowered to make decisions while the Minister remained responsible for the Act itself.⁶⁴ Such a discussion shows how highly Norris was regarded in the highest of political circles. The new Immigration Bill, about to be speedily enacted as part of the political desire to tighten their border controls, would result in Norris becoming the Commonwealth government's key immigration official in London.

Immigration Bill 1912

Although McGregor had implied that the new Bill would provide for the medical examination of migrants before they left Britain, this key change had not been well publicised. After the Bill was officially presented at the end of November *The Melbourne Argus*, for example, expressed surprise that no suggestion of it had been given in the Governor-General's speech.⁶⁵ The generally positive journalistic reception to the Bill helped perpetuate a misunderstanding that would endure; the idea that Australian officials would medically examine emigrants at their port of departure. *The Argus* reported that the states had long thought that the commonwealth should exercise stricter supervision at the place of embarkation. It also linked the plans to Norris' department, stating how it had resulted from a study of recent arrivals undertaken by the quarantine authority.⁶⁶ Other papers continued with the assumption that the medical

⁶⁴ CAPD, 'Quarantine Bill: Second Reading', 23 October 1912.

⁶⁵ CAPD, 'Immigration Bill', 29 November 1912. 'Immigration Act', *The (Melbourne) Argus*, 30 November 1912, p. 22.

⁶⁶ 'Immigration Act', *The (Melbourne) Argus*, 30 November 1912, p. 22; 'New Immigration Bill', *The Kalgoorlie Miner (Western Australia)*, 2 December 1912, p. 2.

examination would occur at the departure points.⁶⁷ Alongside the positive reaction from newspapers, Prime Minister Andrew Fisher was also confident that the Bill was one that the government would want to pass before the end of the session.⁶⁸ *The Colac Herald* fully supported this ‘we are all saying ditto to Mr. Fisher and his colleagues in connection with the majority of details in the Immigration Restriction Bill’.⁶⁹

Politically however, not all of the Bill’s details would be so positively received. Some politicians were reticent to so-hastily accept the new mechanism and its clearly eugenic framework. It was not until the Bill’s second reading on 10 December that the full details of the plans for medical inspections were made clear by Minister for External Affairs, Josiah Thomas.⁷⁰ Thomas confirmed that a medical bureau in London was to be created. This office would arrange the examination of all intending migrants, providing them with *prima facie* evidence before they made plans to travel. This type of pre-approval in advance of the journey, was necessary, he explained, not only because of the inadequacies of the existing system, but also to safeguard the health of the public and the immigrants. The medical officer in charge of the central bureau would nominate local doctors from whom persons would have to obtain their medical approval certificates. Not only would this lessen the risk of migrants having to spend many weeks in close contact with diseased persons, Thomas explained, but it would also help protect the existing population. As such, this new system was aimed at preventing the introduction of those with communicable disease, those likely to become financial burdens, and, those ‘possessed of defects which they are liable to transmit to their offspring’.⁷¹

⁶⁷ See, for example, ‘New Immigration Bill’, *The Kalgoorlie Miner (Western Australia)*, 2 December 1912, p. 2, and ‘Immigration Restriction’, *Newcastle Morning Herald and Miners’ Advocate (New South Wales)*, 3 Dec 1912, p. 4.

⁶⁸ ‘House of Representatives’, *The Maitland Daily Mercury (New South Wales)*, 6 December, 1912, p. 6.

⁶⁹ ‘Federal Politics’, *The Colac Herald (Victoria)*, 9 December 1912, p. 6.

⁷⁰ ADB online version, Bruce Pennay, ‘Thomas, Josiah (1863–1933)’, [accessed 18 March 2015].

⁷¹ CAPD, ‘Immigration Restriction Bill - Second Reading’, 10 December 1912.

This reference to ‘transmissible defects’ clearly drew on the fears of degeneration, as espoused by reformers such as Weißen. These eugenic themes did not sit comfortably with some. As he had done in the 1901 debates, Paddy Glynn queried the practical implementation of such ideals, especially, as he put it, ‘when the threshold of scientific discussion in regards to eugenics had barely been reached’. He recognised that the measures intended to exclude not just the diseased, but also, those ‘affected by unsoundness’. And, although he agreed that attempts should be made to protect the population from the lowering of ‘physical vitality’, Glynn described the provisions as too drastic. He thought that the ‘draftsman has gone too far by including all sorts of defects which are common to the average person in the street’. He further complained that no-one would want their ‘mental capacity’ decided by the discretion of a customs or medical officer. As for the new clause prohibiting the ‘feeble-minded’, he scorned that it was not possible to walk down the street without meeting ‘in the opinion of some, a feeble-minded or defective within the meaning of the Bill’. How, he asked, could a defect be defined, when the grades of human intelligence range from 1 to 100 in every thousand people?

Thomas’ response to these valid points was to quote the provenance of the new clauses. They were, he explained, derived from the Canadian and United States regulations which were working along the same lines. This correlation is made clear in Table 10. The ‘mentally ill’ clause, 3 (c), had clearly been aligned with the North American provisions, because now referred to the so-called imbeciles, epileptics and feeble-minded. The label insane was not disregarded entirely. It was incorporated into clause 3(g). The terms mental and physical defect were also copied from existing North American clauses, and yet, the Australian government took this eugenic approach further. They added clauses 3 (d) and 3 (g) to deal with ‘serious transmissible disease or defects’ and any other ‘prescribed disease, disability or disqualification’.

Table 10: Immigration Restriction: health and public charge terminology (abridged) 1901-1912

	Australia(1901)	United States (1907)	Canada (1910)	Australia (1912)	1912 Clause
'Public Charge'	Any person likely to become a charge upon the public or upon any public or charitable institution.	Paupers; persons likely to become a public charge; professional beggars.	Pauper, destitute, a professional beggar or vagrant.	Any person suffering from any other disease or mental or physical defect , which from its nature is, in the opinion of an officer, liable to render the person concerned a charge upon the public or upon any public or charitable institution;	3(f)
'Mentally Ill'	Any idiot or insane person.	All idiots, imbeciles, feeble-minded persons, epileptics, insane persons, and persons who have been insane within five years previous; persons who have had two or more attacks of insanity at any time previously	Idiots, imbeciles, feeble-minded persons, epileptics, insane persons, and persons who have been insane within five years previous.	Any idiot, imbecile, feeble-minded person, or epileptic;	3(c)
'Diseased'	Any person suffering from an infectious or contagious disease of a loathsome or dangerous character.	Persons afflicted with tuberculosis or with a loathsome or dangerous contagious disease.	Persons afflicted with any loathsome disease, or with a disease which is contagious or infectious, or which may become dangerous to the public health	Any person suffering from pulmonary tuberculosis, trachoma, or with any loathsome or dangerous communicable disease, either general or local.	3(e)
'Defective'		Persons not comprehended within any of the foregoing excluded classes who are found to be and are certified by the examining surgeon as being mentally or physically defective, such mental or physical defect being of a nature which may affect the ability of such alien to earn a living	Immigrants who are dumb, blind, or otherwise physically defective (unless can prove have sufficient money, trade, or family to satisfy the Minister will not become a public charge)	Any person suffering from a serious transmissible disease or defect. Any person suffering from any other disease or mental or physical defect (see 'public charge' above)	3(d) & 3(f)
Other				Any person not possessed of the prescribed certificate of health; Any person suffering from any other disease, disability, or disqualification which is prescribed (including insanity, mental derangement and dementia)	3(b) 3(g)

Glynn was not the only one alarmed by the extent of the language referring to defects. Dr William Maloney advised caution because, he explained, if these provisions were taken literally, only five per cent of the current population would be eligible as emigrants.⁷² He also wanted to know whether those suffering from temporary illnesses could be admitted for treatment in order to recover. Others thought these provisions were inhumane. Admirer of Norris' report Lyttleton Groom, although agreeing that those permanently diseased should be excluded, queried the definitions of 'mental or physical defect'. Could they not, he asked, 'tone down such absolute prohibitions as may cause inhumane treatment'?⁷³ Both Groom and Maloney drew on the so called 'humane provision' within the Canadian Act. As detailed in Table 10, this clause allowed the 'physically defective' to enter if they could prove that they would not become public charges, a privilege the Canadians had also given to the 'feeble-minded, 'idiot', 'insane' and 'epileptic' in 1906 but removed four years later.⁷⁴

It was the language rather than the intent of these new provisions which seemed to cause the most political reticence to the Bill. When Josiah Thomas was questioned about whether the blind, or dumb, or consumptive health tourists seeking recovery, would be excluded, Thomas had to remind the House that these measures already existed. The 1901 Act already prohibited the 'paupers', the 'diseased' and the 'idiots and insane'. As Minister for External Affairs he was, however, able to concede that the operations of the Bill may need reconsidering. After being pressed further as to whether a 'humane provision' could be incorporated, Thomas agreed that this could provide discretion to immigrants who were 'imbecile' or 'diseased', if part of a family. He was more circumspect about a similar plea for any possible leeway given to those who,

⁷² ADB online version, Geoffrey Serle, 'Maloney, William Robert (Nuttall) (1854–1940), [accessed 18 March 2015].

⁷³ *CAPD*, 'Immigration Restriction Bill – Second Reading', 10 December 1912.

⁷⁴ Canadian Immigration Act 1906 (6 EDW VII, Chapter. 19), Section 26. From 1910 this right was given to the 'diseased' only: Canadian Immigration Act 1910 (9-10 EDW VII), Chapter 27, Sections 3a and 3b.

despite being of good character, had committed crimes under duress.⁷⁵ When questioned about the specific reference to tuberculosis he agreed to pass this information to their medical advisor, and ‘if necessary, amend the clause’.⁷⁶ Just before the lengthy session adjourned, Paddy Glynn again tried to query the amount of discretion given to the officers charged with excluding the immigrants. To this Thomas was less receptive and retorted that ‘the government would have to be consulted in any case’.⁷⁷

At the next reading of the Bill, three days later, Thomas attempted to waylay the political fears about the extent of the new clauses. He explained that they were to ‘stand as they were’, but ‘no injustice need be feared’. This was because, Thomas explained, the existing functionality of the exemption certificates acted as the equivalent of the Canadian ‘humane provision’. This Ministerial discretion allowed for the entry of families where individual children were unwell, or for those deemed curable if they became ill on the journey. Such an explanation smoothed the way for the final reading of the Bill.⁷⁸ The following week it was considered in the Upper House.⁷⁹ By 21 December the amended Immigration Act had been passed as part of the final week of pre-Christmas legislative activity. This haste was described by one newspaper as a ‘great rush of bills towards the finish’.⁸⁰

Unlike the extensive 1901 debate, which led to the first Immigration Restriction Act, the passing of the 1912 Immigration Act was relatively swift. However, this comparatively speedy enactment does not reflect the magnitude of the changes it

⁷⁵ As per clauses (ga) and (gb) regarding conviction. Richmond (NSW) MP Mr Massy-Green called for provisions be made for those who had ‘embezzled under great temptation’.

⁷⁶ Dr Charles Carty Salmon queried why it was specifically pulmonary tuberculosis, when in his opinion there were other portions of the respiratory tract, not just the lungs, which may be affected with tuberculosis, causing just a great a risk of infection and communicability *ADB* online version, I. R. Hancock, ‘Salmon, Charles Carty (1860–1917)’, [accessed 18 March 2015].

⁷⁷ *CAPD*, ‘Immigration Restriction Bill – Second Reading’, 10 December 1912.

⁷⁸ *CAPD*, ‘Immigration Restriction Bill – Third Reading’, 13 December 1912.

⁷⁹ *CAPD*, Historical Votes and Proceedings No. 105, 20 December 1912.

⁸⁰ ‘The Australian Parliament’, *The Worker (Brisbane)* 26 December 1912. Other Bills passed included those relating to Bounties, Manufacture Experiments, Wood, Pulp, Rock and Phosphates. See ‘Federal Parliament’ *The Tamworth Daily Observer (New South Wales)*, 14 December 1912, p. 2; ‘The Federal Session’, *The Kalgoorlie Miner (Western Australia)*, 23 December 1912, p. 5.

represented. By the end of 1912 Australia had redefined its border controls by significantly extending the prohibited immigrant clause. Furthermore it sought to make Britain a location at which this legal decision could be made. This new provision, which represented a clear departure from the previous reliance on Australian border control systems, was not however debated. Not only did new Sections 3A to 3J enable medical bureaux to be created outside Australia, the new Act again placed more onus on the ship's doctor. The ship's medical officer now had to provide certification that he had individually examined each migrant at least once during the voyage. Because of the importance of these new provisions they are included in full in Appendix H. Taken as a whole, they were designed to make entry into Australia dependent on having an official 'certificate of health', both before and during the voyage. This dual approach, as Bashford has pointed out, merged the health and personal identity of migrants.⁸¹ In theory it should have allowed for the instances of those who had appeared sane before they left, by finding them unfit on the journey itself. However, in relation to the periodic forms of mental illness this was never going to prove effective.

In broadening the scope of illnesses, and the location at which they could be identified, this Act represents the most important changes in Australasian immigration control encountered thus far in this study. It attempted to align the prohibited immigrant clauses with pre-departure and en-route assessment of immigrants' health. And yet, most of the new provisions were overlooked at the time. Paddy Glynn's criticism of the extended prohibited clauses formed the main focus in the journalistic review of the debates.⁸² The Act's passing went largely ignored in the press, due, no doubt to the festive season. At the start of the New Year, one Senator did complain that, as one of

⁸¹ Bashford, *Imperial Hygiene*, pp. 152-153.

⁸² See 'Immigration Bill', *The (Hobart) Mercury*, 11 December, 1912, p. 3; 'Federal Parliament House of Representatives: Immigration Bill', *The Sydney Morning Herald*, 11 December 1912, p. 17; 'House of Representatives', *The (Melbourne) Argus*, 11 December 1912, p. 18; 'House of Representatives' *Bendigo Advertiser (Victoria)*, 11 December 1912, p. 3.

the ‘important measures’, the Act should have received proper consideration, rather than being hurried through in the last week of the session.⁸³

In this Australian equivalent of a political ‘silly season’, the Act was parodied in some circles. A journalistic skit portrayed a fictional well-to-do couple in a wealthy Melbourne suburb as reacting in dismay to the plans of the ‘dreadful Socialist government’. They are imagined as saying, ‘Fancy nice people like us’ having to be examined by a ‘gruff Commonwealth doctor in a hurry’ with the other crowds of immigrants. This was contrasted with two workers being outraged about having to share a ship with ‘a hundred toffs in the saloon and a big bunch of them was (sic) just rotten with sickness’.⁸⁴ This is a useful parody of how these immigration controls were seen as adversely affecting both the wealthy, and the deserving labouring types. Other parties expressed practical concerns. The Australian Chamber of Commerce, for example, forwarded protests to the Colonial Office in London regarding various clauses of the Act.⁸⁵ The practical implementation of these provisions was yet to be fully understood. The resulting tensions between the state agent-generals and the Commonwealth officials would prove a much more newsworthy story across Britain, New Zealand and Australia. It fell to William Perrin Norris to try to implement this new ‘eugenic phase’ of Australian border control.

Establishing Control in the Metropole

At the beginning of 1913 the Commonwealth government forged ahead with implementing their rapidly amended Act. Once the new political session opened steps were taken to appoint the Commonwealth Medical Officer (CMO) responsible for overseeing the new Commonwealth Medical Bureau (CMB) in London. The role was

⁸³ ‘The Federal Parliament’, *The Queensland Times*, 4 January 1913, p. 11.

⁸⁴ ‘Two Points of View’, *The Worker (Brisbane)*, 9 January 1913, p. 5. This article attributed the piece to *The (Melbourne) Age*.

⁸⁵ ‘Immigration Restriction and the Navigation Bill’, *The North Western Advocate and the Emu Bay Times (Tasmania)*, 17 January 1913, p. 2.

advertised personally by Minister of External Affairs Josiah Thomas.⁸⁶ The job specification detailed the main responsibilities as follows. The CMO was to arrange for the examination of intending immigrants for Australia, select the medical examiners to perform this, and to liaise with British Board of Trade officers.⁸⁷ How many applied for the position is not known but, when Norris was appointed in March, newspapers were keen to note how this ‘transfer entirely of his own making’ meant a loss of £200 in salary for him.⁸⁸

From what we have learnt about Norris this move is not surprising. It would place him at the core of European debates regarding public health and eugenics. This was an era in which similarly minded Australians were active on an international stage. Before Norris and his wife left for England he attended the *Fourteenth Australasian Association for the Advancement of Science* (AAAS) conference in Melbourne. He sat on the Anthropometric Research Committee alongside R.J.A. Berry and Dr Mary Booth which sought to assess schoolchildren’s intelligence levels.⁸⁹ Booth and Norris subsequently represented Australia at a London conference about infant welfare.⁹⁰

This London-based role gave Norris an international platform in what was clearly meant to be a long term move. The family home in South Yarra was sold and sons Frank and Jack, by then both studying medicine at Melbourne University, moved into its residential Trinity College.⁹¹ In May 1913 Norris and his wife attended the naming of Canberra as the new capital of Australia, before travelling to London.⁹² Norris was soon promoting the use of uniform legislation ‘throughout the English speaking world’, a phrase he used regarding medicine at a select committee held in

⁸⁶ ‘Immigration Act’, *The (Melbourne) Argus*, 27 January 1913, p. 10.

⁸⁷ ‘Immigration’, *The (Adelaide) Advertiser*, 7 March 1913, p. 17; ‘Chief Medical Officer Under High Commissioner’, *The Daily News (Perth)*, 5 March 1913, p. 8.

⁸⁸ ‘Federal Medical Bureau’, *The (Hobart) Mercury*, 6 March 1913, p. 5.

⁸⁹ *The Report of the Fourteenth Australasian Association for the Advancement of Science, Melbourne 1913* (Albert Mullett: Melbourne, 1914), p. xxxvi.

⁹⁰ ADB online version Jill Roe, ‘Booth, Mary (1869–1956),’ [accessed 28 March 2015]; ‘Reducing Infant Mortality’, *The Australasian (Melbourne)*, 3 January 1914, p. 33.

⁹¹ Norris, *No Memory for Pain*, p. 44.

⁹² *Ibid* and ‘Dr W.P. Norris’, *The (Sydney) Evening News*, 29 May 1913, p. 4.

June.⁹³ Norris' passion for uniformity would translate into his extensive regulations for migration control which he would complete over the following year.

Unlike New Zealand, Australia placed a medical administrator in London. This should be seen as a key divergence from the usual parallels between these two countries' migration control. In some areas there was a continuation of nineteenth-century controls. Each country or, in terms of Australia, state, had London-based officials overseeing assisted migration schemes. These Agent-Generals, or for New Zealand, the High Commissioner, continued to represent Australasian concerns in London. The New Zealand High Commissioner had replaced that of Agent-General in 1905, and despite their history, Richard Seddon had appointed William Pember Reeves to this role.⁹⁴ Reeves was succeeded by William-Hall-Jones (1908-1912) and Sir Thomas Mackenzie (1912-1920).⁹⁵ No evidence suggests that New Zealand politicians sought to establish their own medical bureau in London at this stage. The New Zealand press did, however, express admiration for the Australian plans and called for similar controls. *The New Zealander Observer*, for example, called for a 'system as close-meshed and thorough as America conducts on Ellis Island'. This report was eugenic in nature. It complained that there were enough 'locally-bred diseased' to make it necessary to bar those who 'propagate their kind' so 'transmit their deficiencies'. The *Observer* went on to describe how the 'cursory chest-thumping and tongue inspection' of immigrants arriving into New Zealand was inadequate.⁹⁶

New Zealand and British commentators reported Norris' arrival in London with some misunderstanding of his role. The *New Zealand Herald*, for example described the

⁹³ 'Patent Medicines', *The (Adelaide) Register*, 14 June 1913, p. 15.

⁹⁴ *AJHR*, 1905, Session I A-08 'High Commissioner for New Zealand'.

⁹⁵ ENZ online version John Hall-Jones. 'Hall-Jones, William' and Tom Brooking. 'Mackenzie, Thomas Noble' [accessed 28 March 2015].

⁹⁶ 'The Arrival of the Unfit: Wanted a Barrier That Will Bar', *The New Zealand Observer*, 5 October 1912, p. 2.

1912 Act as providing for the examination of emigrants just prior to departure.⁹⁷

Although many reports understood that this involved a medical bureau the *London Times* had not appreciated how this would be created in London and not at the British ports.⁹⁸ Even the usually vocal *Journal of Comparative Legislation* reported the practicalities of the Act dispassionately. It quoted directly from the wording of the Act's provision regarding the establishment of 'medical bureaux at places outside of the Commonwealth'.⁹⁹ The Dominions Department of the British Colonial Office did however recognise how the 1912 Act amended the original one 'in important respects'. It accordingly included the full legislation as an appendix to their yearly report.¹⁰⁰

In Australia there was still confusion as to how the Act would operate. In an address, ironically presented at Norris' sons' college, Dr Fowler spoke on the 'Australian Immigration Problem'. He explained how multiple medical bureaux were being organised in Europe which, in his opinion would still not be enough to exclude the 'feeble-minded' immigrant.¹⁰¹ By November 1913 the realities had been made clearer across Australasian. The *Canterbury Press*, in reporting on the high numbers of consumptives landing in Australia, expressed hope that the establishment of the bureau in London would prevent further instances of this.¹⁰² By the start of 1914 the Australian plans were coming to fruition.

Commonwealth Versus States

It can be speculated that, between his arrival in the British summer of 1913 and the end of the year, Norris had formulated the new operations. This is because by the start of 1914 the Australian Agent-Generals were reportedly alarmed by some of the

⁹⁷ *New Zealand Herald*, 3 June 1913, p. 6.

⁹⁸ 'Australian Immigration Bill', *The Times (London)*, 14 December 1912, p. 7.

⁹⁹ *JSCL*, 1914, pp. 103-104.

¹⁰⁰ HCPP 1913 [Cd. 6863] Dominions no. 14. Report for 1912-13 relating to the self-governing dominions: prepared in the Dominions Department of the Colonial Office, pp. 128-129.

¹⁰¹ 'Problems of Immigration: Address by Dr Fowler', *The (Melbourne) Argus*, 2 August 1913, p. 9.

¹⁰² 'News of the Day'. *The Press (Canterbury)*, 29 November 1913, p. 11.

‘inquisitorial character of the questions’ in the new system.¹⁰³ It is likely that they were responding to a version of Norris’ *Notes and Instructions for the Guidance of Medical Referees*, a source which now exists as an appendix to an operational review a decade later.¹⁰⁴ These tensions place Norris as intermediary between commonwealth and state ideals. In addition they involved a figure who had persistently questioned the translation of policy into practice, Paddy Glynn, who as Minister for External Affairs between June 1913 and September 1914, who vouched for Norris’ intentions to override the states’ operations.

Glynn’s previous concerns about the ‘extent of defects’ included in the Act led him to make some changes to the regulations.¹⁰⁵ The Agent-Generals for South Australia, Queensland, Tasmania and Western Australia highlighted a number of concerns, mainly about how these ‘excessively stringent regulations’ would prove costly and deter prospective emigrants.¹⁰⁶ In response, Glynn explained that he had amended the new clause 3(g) which allowed for a ‘list of prescribed diseases, disabilities and disqualifications’. He had done this, Glynn explained, in order to make the restrictions less ‘a matter of eugenics’ and direct the medical referees as to ‘what diseases they shall particularly direct their attention’. He had removed the following conditions:

senile decay, tuberculosis of digestive track or of genito-urinary system, or of the bones or joints, heart disease with signs of heart failure, chronic bronchitis with complications, and other serious nervous affections,

Table 11 reflects the ‘before and after’ extent of these changes. By tabling them in this format it is clear that the focus of this clause remained on the wide definition of mental and moral illnesses. Furthermore the other clauses relating to ‘mental disease’

¹⁰³ Inspecting Immigrants’ *The (Melbourne) Argus*, 14 February 1914, p. 19.

¹⁰⁴ Norris, ‘Notes and Instructions’, in Howse, pp. 27-33.

¹⁰⁵ *CAPD*, ‘Immigration Restriction Bill - Second Reading’, 10 December 1912.

¹⁰⁶ For Southern Australia, Mr Kirkpatrick; Queensland, Sir Thomas Robinson; Tasmania, Sir John McCall; and (acting) for Western Australia Mr Ware. ‘Inspecting Immigrants’, *The (Melbourne) Argus*, 14 February 1914, p. 19.

3(c), and defects 3 (a) and (d), remained. As such, despite Glynn's protestations, the overall provisions were still very much eugenic in intent. They were designed to exclude the illnesses feared for their likelihood of being passed down through future generations, such as mental derangement, insanity and alcoholism.

Table 11: Comparison of changes within clause 3g of Australia's 1912 Immigration Act

Prescribed diseases, disabilities and disqualifications	
As Enacted	Serious deformities or physical defects, insanity, an attack of insanity within five years of proposed emigration, or a history of two or more attacks of insanity or mental derangement at any time, or dementia, chronic alcoholism, senile decay, tuberculosis of digestive track or of genito-urinary system, or of the bones or joints, heart disease with signs of heart failure, chronic bronchitis with complications, paralysis or other serious nervous affections, cancer or other malignant growths, chronic rheumatism, rheumatoid arthritis, or rheumatic gout, severe hernia (rupture).
As Amended	Insanity, an attack of insanity within five years of proposed emigration, or a history of two or more attacks of insanity or mental derangement at any time, or dementia, chronic alcoholism, paralysis, cancer or other malignant growths,

Source: 'The Questions Asked', *The Examiner (Tasmania)*, 21 February 1914, p. 7.

Glynn's concern about the practicalities of identifying such defects had however led him to the redesign of the 'specimen question list' used in the medical, of which he wanted to be similar to those required for life insurance. As detailed in Appendix I, these questions were generic, and covered the basics such as age, work absences, family history and sanatorium admissions.¹⁰⁷ Glynn saw both of his concessions as adequate so informed the Agent-Generals that the Act now had to be administered as it now stood. He advised these state representatives to act in accordance with Norris. Glynn asserted that as Minister, he had devoted much time to reducing the inquisitorial nature of the questions. He had done this to ensure that the system would attract migrants 'sound in

¹⁰⁷ 'The Questions Asked', *The Examiner (Tasmania)*, 21 February 1914, p. 7.

mind and body', while ensuring that immigration had no direct relation to the question of eugenics.¹⁰⁸

Conversely, Norris would design the medical regulations according to his own eugenic leanings. This involved negotiating with the agent-generals, with whom he shared diplomatic circles.¹⁰⁹ These Australian representatives were not averse to the idea of eugenics entirely. At the 1912 First International Eugenics Conference in London, the Agent-General for New South Wales attended the conference dinner alongside such luminaries as Arnold White and H.G. Wells.¹¹⁰ The reticence displayed by the state officials serves to remind us that, despite federalisation, local concerns remained. The widespread animosity towards the changes focused on how they would hamper emigration, and not suit the requirements of all states. On behalf of Victoria, Premier William Watt and Agent-General McBride requested that the regulations were not made operational until fully understood by all parties.¹¹¹ Their New South Wales counterparts, despite previously sanctioning the system because it would protect their regions from consumptives, now backpedalled. Perhaps not realising how many types of immigrants would be affected by the changes, they suggested it should be tested for a year on third class passengers.¹¹² Western Australia's Agent-General, Sir Newton Moore, asserted his regions requirements and ignored the Victorian concerns, While he

¹⁰⁸ Inspecting Immigrants' *The (Melbourne) Argus*, 14 February 1914, p. 19.

¹⁰⁹ Norris, the New Zealand High Commissioner and the Western Australia Agent General, Lord Moore attended the same health conference in 1914. See 'The Peoples Health', *The Adelaide Register*, 21 May, 1914, p. 8. Other reports place Norris and his wife, alongside the New South Wales Agent General at a reception held by the Moores, see 'Lady Moore's Reception', *The West Australian*, 9 July, 1914, p. 10.

¹¹⁰ Wellcome Library: Archives and Manuscripts, SA/EUG/B.4 'First International Eugenics Conference, Inaugural Banquet'.

¹¹¹ *Ibid.*

¹¹² New South Wales Premier, William Holman and his Agent-General, Sir Timothy Coghlan. 'Medical Examination of Emigrants', *Hawera & Normanby Star (Taranaki)*, 13 February 1914, p. 7; 'Emigrant Inspection', *The New Zealand Herald*, 14 February 1914, p. 7; 'Medical Inspection: Unpopular Proposals', *Otago Daily Times*, 14 February 1914, p. 9; 'Health Regulations', *Taranaki Daily News*, 14 February 1914, p. 5.

thought that an amalgamated system may suit New South Wales and Victoria, the current safeguards for his State, he boasted, were sufficient.¹¹³

Between March and April 1914 Norris sought to waylay the fears of the Agent-Generals most of whom wanted the existing operations to continue. Tasmania's Agent-General, Thomas Robinson, and Moore's deputy, Ware, argued that the current system of medical certification was sufficient.¹¹⁴ Other emigration officials feared that unless the forms were seriously modified they would hamper departmental operations. Sounding remarkably like the New Zealand proponents of emigration from the 1870s and 1880, an official admitted that while 'unsatisfactory cases had been occasionally admitted under the current system' the traffic should not be stemmed.¹¹⁵ By the end of March Glynn was forced to intervene again and vouched for Norris. Glynn explaining that because Norris had not initially known the nature of the States' concerns, his CMO had been at a disadvantage.¹¹⁶

These Australian tensions proved more newsworthy than the passing of the 1912 Act. Newspapers in London and New Zealand followed the developments closely in stories which, in turn, raised the profile of the plans for an Australian medical bureau in London.¹¹⁷ Some reports however continued to misinterpret the extent and ease of the implemented the planned changes. One account reported how Norris had already appointed two thousand general practitioners experienced in industrial insurance, so

¹¹³ In addition to the usual levels of inspection, domestic servants were examined at the depot before embarking. 'Immigration', *The Sydney Morning Herald*, 4 March 1914, p. 12.

¹¹⁴ 'The Immigration Act', *The (Hobart) Mercury*, 18 March 1914, p. 5.

¹¹⁵ 'Peopling the Land: Medical Inspection', *The (Melbourne) Argus*, 24 March 1914, p. 5.

¹¹⁶ 'Federal Affairs', *The Adelaide Advertiser*, 25 March 1914, p. 15.

¹¹⁷ 'Commonwealth Restrictions', *Wairarapa Daily Times*, 13 February 1914, p. 5; 'Health of Immigrants, by Commonwealth's Restrictions', *The Ashburton Guardian (Canterbury)*, 13 February 1914, p. 5; 'Inspection of Immigrants', *The Northern Advocate (Northland)*, 13 February 1914, p. 5; 'British and Foreign', *The Feilding Star (Manawatu)*, 13 February 1914, p. 3; 'Agent Generals Report', *The Nelson Evening Mail*, 13 February 1914, p. 5; 'Medical Examination of Immigrants', *The Marlborough Express (Blenheim)*, 14 February 1914, p. 7; 'Commonwealth Restrictions', *Colonist*, 14 February 1914, p. 5.

‘did not expect any difficulty in enforcing the Act’.¹¹⁸ In some instances Norris himself was forced to clarify his position. In an interview with *The Times* he explained that the medical inspections were not to occur at the port of embarkation as many thought. Instead they were to be performed locally and overseen by the medical bureau on Victoria Street, Westminster.¹¹⁹ He also sought to promote the levels of dispensation allowed for under the Act. As well as the exemption facility he explained that those on return tickets, and those not disembarking at Australian ports, were immune to the regulations. Furthermore, he highlighted that if intending emigrants failed the medical examination in Britain they would not be charged for it.¹²⁰

By mid-April 1914 Norris’ negotiations had paid off. The state representatives were reportedly satisfied with his amendments and his new regulations had been submitted to Paddy Glynn for confirmation. It was expected that they would become operative in June.¹²¹ As such, eighteen months after the 1912 Immigration Act had been ratified, and, a year after Norris had arrived in England, the new clauses were ready to be put into operation. This translation of policy into practice had not been straightforward. The Minister for External Affairs, Paddy Glynn, had used his political authority to reduce the list of prescribed diseases at a policy level. Norris, as the officer in charge of implementing the operations, had made further concessions to the state Agent-Generals. In theory Australia had, for the first time, a centralised system of migrant medical assessment in Britain, seemingly sanctioned by imperial authorities. However, the expectation that this scheme would become operative in the northern hemisphere summer of 1914 would prove premature.

¹¹⁸ ‘Health Laws: Passengers to be Medically Inspected’, *The Nelson Evening Mail*, 7 February 1914, p. 5.

¹¹⁹ ‘Emigrants to Australia’, *The Times (London)*, 13 February 1914, p. 6.

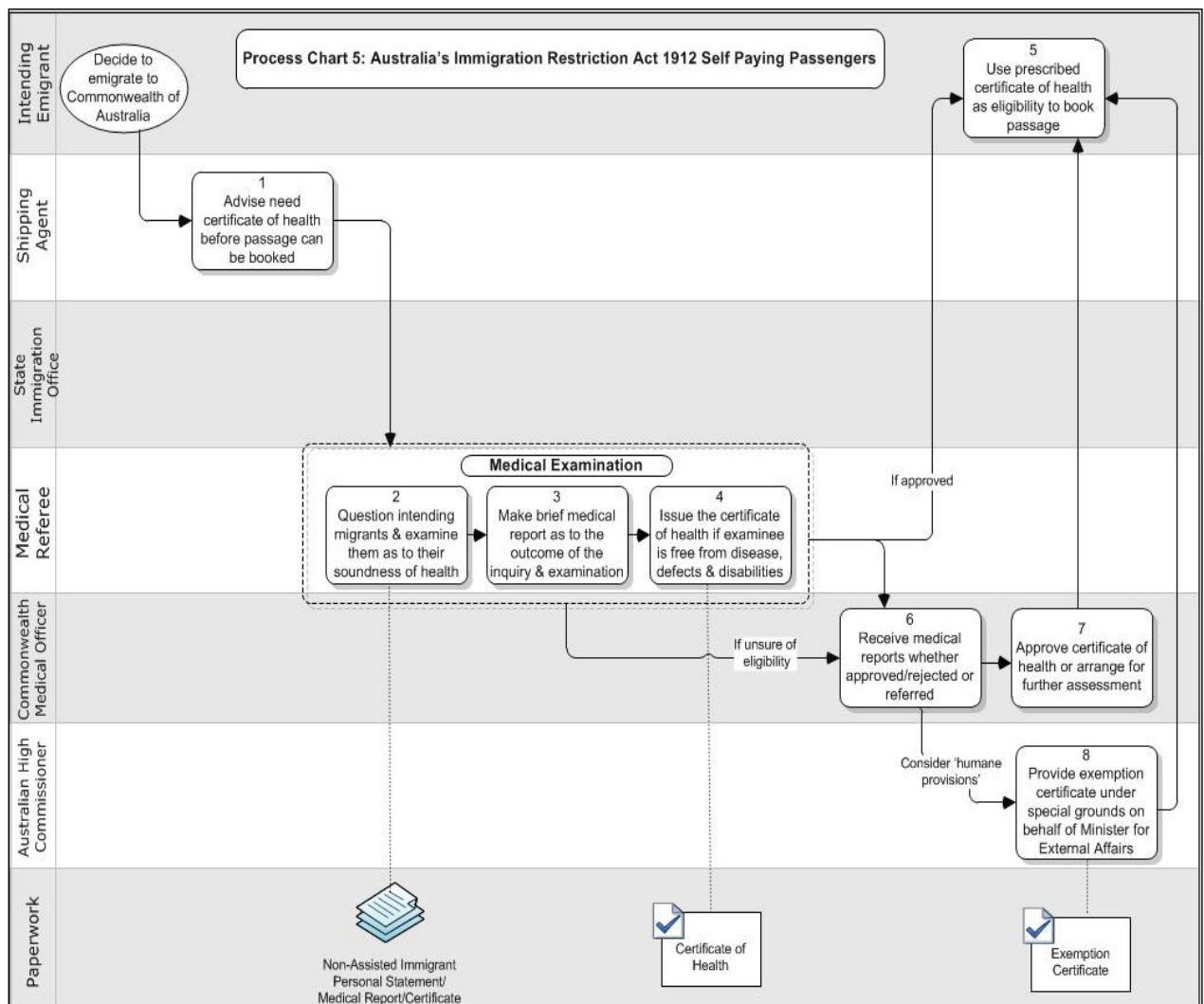
¹²⁰ *Ibid.* and ‘Emigrants to Australia’, *The Times (London)*, 17 February 1914, p. 5.

¹²¹ ‘Tests for Immigrants’, *Geelong Advertiser (Victoria)*, 13 April 1914, p. 3.

Identifying the ‘Mentally inept, the feckless, and those with mental inertia’

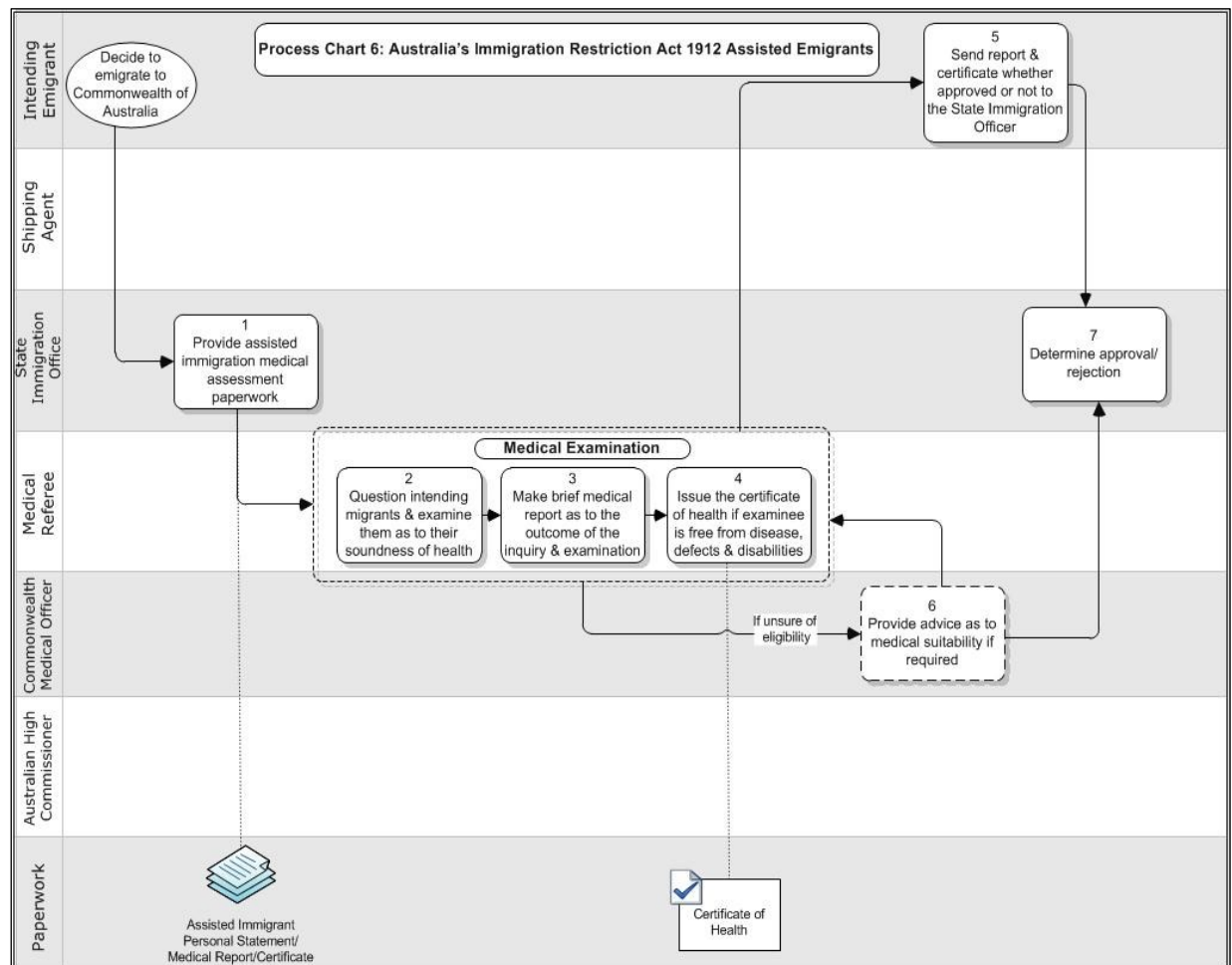
Through facilitating Australia’s new system of migration control, Norris created the first and most comprehensive instructions identified over the course of this study. In his *Notes and Instructions for the Guidance of Medical Referees*, circa 1913-1914, he dealt with the problems which had so far been raised by immigration officials, doctor and politicians in relation to the control of ‘mentally ill’ immigrants. Norris crucially sought to make provisions for those who appeared ‘normal’ but for whom the very act of migration triggered episodic ‘insanity’. He was therefore the first border administrator to attempt to create operational practices to match the legislation. It is within his extensive regulations that, despite Glynn’s aim to reduce the eugenic aspect of the Act, Norris sought to prioritise identifying ‘mental or physical defect’. To do this he drew heavily on the North American procedural guidelines which similarly focussed on assessing whether immigrants displayed ‘marked stigmata of degeneration’.

Norris’ instructions indicate how he had responded to the concerns of the Agent-Generals. He created two sets of procedures, one for self-paying passengers and one for assisted immigrants, each involving a different set of paperwork and application process. The process diagrams show how each set of practices were designed to operate. As detailed in Process Chart 5, those seeking to make their own way to Australia would now also have to obtain the same medical approval as assisted emigrants before purchasing their tickets (Steps 2, 3 and 4). The resulting certificate of health would be a pre-requisite of booking travel (Step 5). As such, its design and any corresponding instructions, or borderline cases were the responsibility of the Commonwealth Medical Officer.



In terms of assisted passengers, although the system of medical examination matched that for self-paying passengers, Norris had acquiesced to the State officials' petitioning. As represented in Process Chart 6, the State Offices kept their right to approve assisted passages (Step 7) based on the medical report which the intending migrant had to provide as part of their application (Step 5). The medical referees followed the same set of regulations designed by Norris (Steps 2, 3, 4 and 6), albeit using different paperwork. In effect then these systems worked in parallel, resulting from the 1912 legislative requirement for all emigrants to have pre-departure medical approval. Furthermore, the Commonwealth Medical Bureau (CMB) was meant to oversee the method of the medical assessment for all types of emigrants. However, like the prevailing system of

migrant recruitment, these medical checks relied on the action of local doctors, and did not occur, as many commentators thought, just prior to embarkation.



However, whether dealing with assisted or self-funding emigrants, these British doctors were meant to operate according to Australian requirements. Norris designed this new system to, in his words, prevent the ‘danger of migrants being found ‘fit’ by one examiner, only to be found ‘unfit’ by another’.¹²² This statement is indicative of his desire for uniformity, for which he designed his clear and extensive instructions. He informed his medical referees that they were responsible for identifying any ‘disease’ or ‘mental or physical defect’ in all both types of intending emigrants.¹²³ The format of the examination was the same for both classes of intended migrants, and for the healthy,

¹²² Norris, ‘Notes and Instructions’, in Howse, p. 27.

¹²³ *Ibid*, p. 28.

resulted in a certificate of health. Those applying for assisted passages were responsible for providing this certificate, or the paperwork detailing their rejection, to the relevant state immigration office.¹²⁴ The self-paying then used the certificate to purchase their ticket.

The CMB officers had greater say in the eligibility of these self-funding emigrants (see Process Chart 5: Steps 6, 7 and 8). This is because the CMO monitored the incoming paperwork and was authorised to either approve it, or request further medical assessment in any doubtful cases.¹²⁵ Furthermore the CMO could raise a case for exemption as per the so-called ‘humane provision’ so often quoted by politicians who sought to play down the severity of the regulations. With the Australian High Commissioner located in the same London office, this referral was easily done. This exemption was not so easily granted. It was awarded only if the health of other family members was satisfactory. Furthermore it was very much dependent on the family’s finances. They had to prove that they had a ‘home to go to in Australia’ and were not likely to become public charges.¹²⁶

Whereas Glynn had wanted the medical examination to be similar to those performed for life insurance, Norris’ instructions went way further. He wanted a clear paper trail from which he could check that the physical and mental condition of the migrants was uniformly assessed. Furthermore, he encouraged his medical referees to provide any other ‘special facts’.¹²⁷ In providing advice as to how to consider each subsection of clause 3 of the 1912 Act relating to prohibited health clauses, Norris clearly framed these ‘special facts’ in relation to the so-called ‘transmissible defects’ about which Glynn had been so scathing.

¹²⁴ *Ibid*, pp. 28-29.

¹²⁵ *Ibid*, p. 27.

¹²⁶ *Ibid*, p. 28.

¹²⁷ *Ibid*.

Norris was entirely open as to how he had been influenced by international degeneration theories and methods of migration control. He issued his thanks to the medical services involved with immigration restriction in the United States and the Dominion of Canada who, he explained, had ‘published similar notes for the guidance of medical officer at ports of landing’.¹²⁸ It can be assumed that he had obtained copies of such guidance in his 1911 research trip.¹²⁹ This influence is further apparent in Norris’ use of the phrase ‘marked stigmata of degeneration,’ which was used in United States Public Health Service’s guidelines. In 1905, Ellis Island physician Thomas Salmon had described the signs, such as abnormal conduct and expression, as highlighting that a person’s mental state required further investigation.¹³⁰ Norris likewise wanted the referees to look out for such ‘stigmata’ in their ‘general survey’ of an intending migrant. While he listed ‘physical abnormalities’ such as lameness and curved spines, he also thought that ‘defective speech’, blindness, or other ‘marked sensory defects’ and, the more ‘marked stigmata of degeneracy’ should be obvious.¹³¹

Such instructions were part of Norris’ aim to prevent those with transmissible defects from emigrating. He went as far as prioritising the identification of those with so-called ‘mental or physical defects’. The reference to ‘defect’ existed in two of the new health sub-clauses: 3(d) ‘any person suffering from a serious transmissible disease or defect’ and 3(f) ‘any person suffering from any other disease or mental or physical defect, which from its nature is, in the opinion of an officer, liable to render the person concerned a charge upon the public or upon any public or charitable institution’.

¹²⁸ *Ibid*, p. 27.

¹²⁹ Like Weißen, Norris was also concerned about the levels of trachoma in immigrants. He acknowledged the manual created by one time ship’s surgeon Vavasour Elder. See Vavasour Elder MRCS, LRCP Surgeon White Star Line, Late Surgeon Orient Steam Navigation Company, *The Ships Surgeon’s Handbook* (London: Bailliere, Tindall and Cox, 1911).

¹³⁰ Thomas W. Salmon ‘The Diagnosis of Insanity in Immigrants’, cited in Dowbiggin, *Keeping America Sane*, p. 204 and Kraut, *Silent Travellers*, p. 71.

¹³¹ Norris, ‘Notes and Instructions’, in Howse, p. 29.

Norris' interpretation of these 'defects' indicates how he considered them related to degeneration. He explained that the terms 'mental or physical defect' were applicable to:

the condition of persons of weak or feeble constitution, those whose physique, mentality or both are such that the individual can be definitely recognised as one who would be very liable to go to the wall, to become one of the unemployable owing to his or her natural weakness or defect.¹³²

As such, he instructed that the 'mentally inept, the feckless, and those with mental inertia, whose inherent defects bring them to the low level of the dregs of society' were not to be awarded the certificate of health. Norris did allow a level of dispensation. He explained that he could approve such types, if proven to have succumbed to this state due to lack of food, overwork, or other 'adverse condition'. This caveat was based on whether the intending immigrant presented a 'courageous spirit and goodwill', sounding remarkable like the Victorian concept of 'good character'.¹³³

Unlike the outmoded concept of character, Norris wanted to modernise the terminology relating to 'diseases and defects of the nervous system'. In this regard he thought it 'convenient to depart somewhat' from the wording in the Act.¹³⁴ Although, he explained, the Act had taken into account the varieties of 'mental weaknesses', it had not made the extent of 'defects' completely obvious. The Commonwealth, Norris stressed, was very much aware that, although 'a defect or feeble-mindedness' may not exclude someone from some 'amenities of life', they may prove objectionable in succeeding generations. He therefore warned that it should not be presumed that the 'less marked the defect, the less objectionable is the affected person as an immigrant'.¹³⁵ Accordingly, if an applicant presented a 'definite mental disorder' they were likely to be part of a family wanting to emigrate who had 'some inherent weaknesses'. The medical

¹³² *Ibid.*

¹³³ *Ibid.*

¹³⁴ *Ibid.*

¹³⁵ *Ibid.*

report, Norris advised, should therefore include a statement as to whether the case of ‘idiocy, imbecility, feeble-mindedness or insanity’ was an isolated phenomenon. Furthermore the medical referees should consider whether the presented ‘disorder’ was explainable by family history, or indicated another ‘downward step in a family showing other signs of degeneration’.¹³⁶

Norris was the first also the first Australasian migration administrator to properly define ‘mental disease’ and ‘mental disability’. Section 3(c) had, in 1912, been expanded from ‘idiot and ‘insane’ to ‘idiot, imbecile, feeble-minded, or epileptic’. Norris’ regulations for his medical referees provided definitions for these conditions taken from the British 1913 Mental Deficiency Act. He also provided advice on how they could be identified.

Table 12: W.P. Norris’ instructions on how to identify the ‘mentally defective’ 1914

	Definition from Mental Deficiency Act 1913	Norris’ advice as to identifying these conditions
Idiots	Persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers.	Idiots and imbeciles will be readily detected by vices of bodily confirmation, stigmata of degeneration, sensory defects, perversion of the instincts and intellectual and moral defects.
Imbeciles	Persons in whose case there exists from birth or an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so.	
Moral Imbeciles	Persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities, on which punishment as little or no deterrent effect.	In certain cases of moral imbecility, the mental defect, though present, may not in the course of an ordinary medical examination, be very noticeable, and unless this is borne in mind, such cases may be overlooked.
Feeble-minded	Those in whom there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection, or for the protection of others, or, in the case of children, that they, by reason of such defectiveness, appear to be permanently incapable of receiving proper benefit from the instruction in an ordinary school.	Feeble-mindedness or congenital mental defect, in degrees short of idiocy or imbecility may be manifested in the form of insufficiency of mental capacity, or as perverted mentality, though the latter may not be very evident in the course of a single examination. Any special feature in the case should be mentioned, so that the Minister may be informed if the question of an exemption is under consideration.

Source: Norris, ‘Notes and Instructions’, in Howse, pp. 29-30.

As apparent from Table 12, Norris considered ‘idiots and imbeciles’ interchangeably and identifiable by their so-called ‘vices of bodily confirmation, stigmata of

¹³⁶ *Ibid.*

degeneration, sensory defects, perversion of the instincts and intellectual and moral defects'.¹³⁷ He did not specify how these 'vices', 'stigmata' 'defects' or 'perversions' would manifest themselves. Norris also referred to 'moral imbecility', as a condition which was a less obvious 'mental defect', despite it not being included in any of the immigration regulations.¹³⁸

It was about the 'feeble-minded', a 'condition calling for special caution' that Norris expressed special concern. He informed his referees they should be wary of so-called 'insufficient mental capacity' or 'perverted mentality', and refer any uncertain cases for a second opinion. This caution was necessary, Norris explained, because those with a 'less marked degree of feeble-mindedness' may 'beget offspring' and be 'responsible for further mental defectives and degenerates in the next generation'. Accordingly, because he thought it was difficult to distinguish between the 'normal' and the 'defective or pervert' the 'administration, either the CMO or state offices, should make the final decision. Norris did offer some caveats to this vagueness. Mental inertia could, he explained, follow a prolonged illness or be due to other temporary and remediable disturbances of general nutrition.¹³⁹

The condition of 'insanity' was also considered at length by Norris. No longer a specified condition under section 3(c), it now came within the list of 'prescribed diseases, disabilities or disqualifications', 3(g). As such, the label 'insanity' did not directly appear in the wording of the 1912 Immigration Act but was included in Paddy Glynn's updated prescribed diseases list of:

insanity, an attack of insanity within five years of proposed emigration, a history of two or more attacks of insanity or mental derangement at any time, or dementia; chronic alcoholism; paralysis; cancer, or other malignant growths; chronic rheumatism.¹⁴⁰

¹³⁷ *Ibid.* p. 30.

¹³⁸ *Ibid.*

¹³⁹ *Ibid.*

¹⁴⁰ *Ibid.*, p. 28.

As such, the attempts to legislate for a periodic insanity matched the North American provisions. This list ensured that the history of a migrant's 'mental health' was considered more extensively. Intending emigrants could not have had 'insane attacks' within five years of application, or more than one 'attack' ever. Norris conceded that this would be difficult to prove and that determining the occurrence of 'previous attacks' would only be ascertained by careful enquiry. He also considered that these cases would be rare and only likely if families wanted to take a 'mentally deranged' relative with them, which in itself would require special arrangements. However, insanity in its pronounced form would be 'readily recognisable'.¹⁴¹

Norris astutely made reference to the possibility that the act of migration itself could, in his words, temporarily upset an immigrant's 'mental balance'. This had been noted in wider Australian medical circles. In 1913 Australian Inspector of the Insane, Dr W. E. Jones, commented that even if immigrants started out as desirable, the change of environment and new conditions of life must affect their minds.¹⁴² Such a view is reminiscent of the complaints in New Zealand that migrants appeared sane before departure. Norris directly sought to avoid such instances occurring. He thought that this condition of unbalance' was more likely to occur in those 'less informed' and normally engaged in 'monotonous drudgery'. The medical referees therefore had to decide whether a 'return to normal' could be foreseen, but in all cases should enquire into their previous history. This was, Norris explained, because 'the excitement may be but the determinant, revealing inherent mental instability'.¹⁴³ How his referees were meant to assess this is not clear, unless he thought that the medical examination itself caused the so-called imbalance. This 'disordered' state was, as this study has shown, more likely to occur on the journey, or upon arrival. As yet no primary evidence has proved that

¹⁴¹ *Ibid*, p. 29.

¹⁴² 'Increase of Insanity: Influence of Immigration', *The Adelaide Register*, 24 January 1913, p. 9.

¹⁴³ Norris, 'Notes and Instructions', in Howse, p. 30.

Norris' instructions were designed for, or reached, the health officers at Australian ports.

Norris provided his British medical referees with other, albeit similarly vague information on how to deal with other mental and physical conditions, including some such as tuberculosis and senile decay, which Glynn had removed from the prescribed list.¹⁴⁴ Of the valid and current conditions, Norris admitted that the identification of 'chronic alcoholism' was difficult because the 'confirmed alcoholic' did not bear the 'marks of his or her habits'. Instead, he suggested, a history of delirium tremens may suggest this conditions, or the truth may be elicited by asking which and when alcoholic beverages are preferred.¹⁴⁵ Dementia 'in its more ordinary more marked form' should be 'obvious', Norris explained, although less so when apparent in adolescents as dementia praecox. This may be indicated by 'stigmata of degeneration', or 'indifference to their surroundings, discomfort or personal desires'.¹⁴⁶ Epilepsy, now included within clause 3(c), he admitted, was equally hard to recognise, usually only by cautious questioning, although 'the scarred or bitten tongue may in some cases furnish a lead'.¹⁴⁷

Although much of Norris' advice was vague, it should be taken in its context. His regulations were ground breaking in the way in which he attempted to create uniformity in the assessment of migrants' health. In theory, the creation of the CMB provided a centralised system of quality assurance and in, unclear cases, second opinions as to a migrant's suitability. While the states remained ultimately responsible for sanctioning assisted passages they were meant to do so, in effect, using Norris' medical guidelines. In line with the new Australian Act, this system refocused the medical approval of migrants in the metropole. It meant that intending migrants had to gain approval prior to booking their journey. And, although this seems reminiscent of

¹⁴⁴ *Ibid*, pp. 30-31.

¹⁴⁵ *Ibid*, p. 32.

¹⁴⁶ *Ibid*, p.30. Dementia praecox is now classed as schizophrenia.

¹⁴⁷ *Ibid*.

Featherston's and Vogel's medical certification system, Australia's 1912 Act made this pre-departure approval necessary for non-assisted and assisted passengers.

Norris' experience and motivations are apparent in the way he designed these regulations. Although he made sure to publicise how exemptions were in place in order to avoid hardship, he also sought to expand the scope of the 'prohibited clauses'. Despite how Paddy Glynn had tempered the eugenic aspects of some of the provisions, Norris designed his regulations to deal with the 'inherently weak'. This approach was not meant to be clandestine. By June 1914 Norris was advocating that the Australian regulations and his instructions be used by the other dominions, including New Zealand.

Promoting British World Uniformity

The increasing imperial attempts to reintegrate with their dominions had, in 1913, led to a visit by representatives of the Dominions Royal Commission (DRC) to Australia and New Zealand. This research trip had been arranged in order, amongst other types of fact-finding, to consider the establishment of a joint migration scheme.¹⁴⁸ The resulting 1914 report did not, however, reference Australia's 1912 Immigration Act, and instead focussed on the operations and perceived success of the assisted migration schemes.¹⁴⁹ Norris wrote to the DRC in June 1914 to point out, what he thought were key omissions in the report. He explained Australia's plan to medically examine all types of intending immigrants in a letter which set out how far his system had progressed. Not only had he already appointed nearly 1,500 referees, Norris explained, but they were about to be 'instructed as to what is required of them'. He took this opportunity to suggest that the same type of medical examination should be used 'on the grounds of common humanity' for all overseas dominions. Because their legislation been improved in order

¹⁴⁸ HCPP 1913 [Cd. 7171] Dominions Royal Commission, Minutes of Evidence Taken in Australia in 1913, and HCPP 1913 [Cd. 7170] Dominions Royal Commission, Minutes of Evidence Taken in New Zealand in 1913.

¹⁴⁹ HCPP 1914 [Cd. 7210] Dominions Royal Commission, Second interim report of the royal commission on the natural resources, trade, and legislation of certain portions of His Majesty's dominions.

to prevent the introduction of the ‘diseased and defective persons’, Norris thought that the terminology for the ‘diseases, defects and physical and mental disabilities’ be made uniform, at least within the British Empire.¹⁵⁰

Norris reiterated these bold claims when invited to speak at a DRC hearing on 1 July. He was questioned about the practicalities of the system by representatives from the United Kingdom, Australia, New Zealand, the Union of South Africa and Newfoundland.¹⁵¹ Unlike Australian Minister of External Affairs, Paddy Glynn, Norris expressed pride in what he called the ‘definite eugenic phase’ of the 1912 Act.¹⁵² As he had done in his letter to the DRC, Norris confirmed that the system would soon be fully operational. Furthermore, he explained that many of the medical men he had recruited had already done similar work for the Australian states. Like the Australian agent-generals, the DRC panel was intrigued as to how the commonwealth’s responsibilities differed from those of the states.

Norris’ responses suggest that he had become a little grandiose. The Acts were, he mused, ‘instruments, or weapons’ and the ‘man behind the gun’ was the minister who dealt with special cases. The state agent-generals could not sanction these exemptions, or enable the entry for those deemed prohibited. They could only ‘smooth the way’ by granting assisted passages. The Commonwealth government held the power of exclusion or admission, Norris explained, but, while his own proposals needed ministerial approval, they did not have to go before parliament. This autonomy shocked the United Kingdom’s William Lorimer. He queried its extent, asking whether Norris’ plans would be sanctioned by his administration, without any further legislation, just to

¹⁵⁰ HCPP 1914-16 [Cd. 7710] Dominions Royal Commission, Royal Commission on the Natural Resources, Trade, and Legislation of Certain Portions of His Majesty's Dominions. Minutes of evidence taken in London in June and July 1914, and papers laid before the commission, pp. 1-2.

¹⁵¹ *Ibid*, p.iii. For the United Kingdom, Chairman Sir Edgar Vincent, Sir Alfred Bateman. Sir Henry Rider Haggard, Tom Garnett, William Lorimer and Joseph Tatlow. For Australia Donald Campbell; for New Zealand John Robert Sinclair; for the Union of South Africa Sir Jan Willem Stuckeris Langerman; and for Newfoundland Edgar Rennie Bowring.

¹⁵² *Ibid*, p. 3.

‘give you a better class of immigrant?’ Yes, Norris responded, ‘to prevent hardship, to get a fuller medical history and assist us in getting immigrants in sound health’. When asked whether he represented the interests of ‘all of Australia’ Norris answered that he did. This was because, he explained, he was also in charge of the medical officers at Australian ports, who examined immigrants on arrival there.¹⁵³ This bold claim has not been substantiated by any sources viewed to date. As Director of Quarantine this would have been the case, but Norris’ previous role does not appear to be combined with that of Commonwealth Medical Officer.

In accordance with his eugenicist leanings, Norris expressed pride in how the 1912 Act was the first to reference serious transmissible diseases or defects. This led Australia’s representative, Donald Campbell, to query how this differed from other legislation.¹⁵⁴ Norris explained that while United States, Canada and New Zealand took account of diseases, they did not take account of the transmissibility of these conditions.¹⁵⁵ He promoted implementing a uniform system for the dominions and Britain, which would not only help safeguard their borders, but would improve efficiency. About this claim Sir Rider Haggard was circumspect. He suggested that a joint system would mean that the dominions would take the healthy population and leave the sick in England. Norris had an answer for this, explaining that under the existing British law, diseased emigrants were prevented from boarding emigrant ships.¹⁵⁶ After final questioning from Donald Campbell about whether the legislation would restrict emigration, Norris returned to promoting the system as a way of avoiding hardship. He explained that the provisions would benefit the intending emigrants, by

¹⁵³ *Ibid*, p. 3.

¹⁵⁴ ADB online version, R. M. Gibbs, ‘Campbell, Donald (1866–1945)’, [accessed 31 March 2015].

¹⁵⁵ HCPP 1914-16 [Cd. 7710] Dominions Royal Commission, p. 3.

¹⁵⁶ *Ibid*, p. 4.

saving them time and money and provide them with the assurance that they were less likely to be rejected on arrival in Australia.¹⁵⁷

New Zealand's John Robert Sinclair remained quiet throughout this interrogation, only asking whether Norris had thought the previous Australian system defective. Norris reacted defensively. The current system, he retorted, was not 'fundamentally defective' but was seen as inhumane.¹⁵⁸ Other evidence does point to how the New Zealand government was planning to update its immigration legislation along eugenic lines. On 4 July 1914, an editorial piece in the *New Zealand Herald* congratulated Mr Fisher for introducing the Immigration Restriction Amendment Bill.¹⁵⁹ This amendment, the paper explained, was designed to add to the existing prohibited class with the clause 'any person or class of persons deemed by the Minister on economic standard or on account of standard or habits of life to be unsuited to the requirements of New Zealand'. This provision, was according to the *Herald*, designed to give the national administrators the power to protect against undesirable immigrants of any 'kind and degree', but, in particular, would exclude the 'degenerate hordes from Central and Southern Europe' and the 'Asiatic contingents who are tapping at the door of every English-speaking state in the Pacific'.¹⁶⁰

The *Herald's* proclamation that there did not appear to be 'the slightest possibility that the Bill will not become law' was premature.¹⁶¹ The Australasian attempts to exclude transmissible defects or 'degenerate hordes' were stymied by events in Europe. While Norris promoted the standardisation of medical inspection across the dominions, and Fisher introduced his 'unsuitability' clause to the New Zealand government, the 'July Crisis' in Europe augured the start of the First World War. On 4 August Britain declared war on Germany, and the very nations whom Norris had

¹⁵⁷ *Ibid*, p. 5.

¹⁵⁸ *Ibid*.

¹⁵⁹ Francis Marion Bates Fisher, member of the Reform Government.

¹⁶⁰ 'An Immigration Standard', *The New Zealand Herald*, 4 July 1914, p. 6.

¹⁶¹ *Ibid*.

wanted to agree on standardised practices - Australia, New Zealand, Canada and South Africa - rallied to the imperial cause.

Norris and his sons joined the Australian war effort. Son Frank postponed his medical studies to enlist on 18 August.¹⁶² W.P. Norris joined the Australian Army Medical Corps Reserve.¹⁶³ Although he remained Commonwealth Medical Officer his attention switched to the welfare of Australian soldiers, as did that of the state agent-generals. Reports place Norris in London and France throughout the war.¹⁶⁴ By February 1916, due to the 'heavy strain of his war work', he was granted three months sick leave, during which time he travelled to America.¹⁶⁵ Despite reports suggesting that he might not return to the position of CMO, Norris did, and remained in the post until 1921.¹⁶⁶ After the war he focussed more on international public health. In 1919 he became an Associate Director of the Rockefeller Foundation, and sat on a committee concerned with hookworm, yellow fever and malaria.¹⁶⁷ 1920 saw him travelling to both Melbourne and Paris before deciding to 'take up residence' in England.¹⁶⁸ It fell to his successor to enact uniform health procedures under the emerging post-war empire settlement ideology. Norris' pre-war efforts remained, on the whole, unacknowledged.

¹⁶² ADB online version, Andrew J. Ray, 'Norris, Sir Frank Kingsley (1893–1984)', [accessed 18 March 2015].

¹⁶³ NAA: MT1487/1, Norris W. P. (Lieutenant Colonel) - Australian Army Medical Corps Reserve.

¹⁶⁴ Frank Norris recalled his father organising the hospital accommodation in London for injured Australian soldiers, see *No Memory for Pain*, p. 69. In July 1915 Norris and the Agent-Generals visited wounded Australian soldiers who had returned from the Dardanelles: 'Back from the Dardanelles', *The (Adelaide) Advertiser*, 14 July 1915, p. 12. In October 1915 Norris travelled to the South of France to investigate whether a hospital could be established to treat the wounded in a warmer climate:

'Australian Wounded: Grappling with Problems', *The Evening Post, (Wellington)*, 22 October 1915, p. 7.

¹⁶⁵ 'Untitled' *The Daily News (Perth)*, 29 February 1916, p. 3.

¹⁶⁶ 'Dr W.P. Norris Leaves for America', *The Barrier Miner (Broken Hill, New South Wales)*, 25 February, 1916, p. 4.

¹⁶⁷ Associate Director for the East: 'Rockefeller Foundation Hopeful of Ridding the World of Hookworm and Yellow Fever,' *The New York Times*, 28 November 1919, p. 28.

¹⁶⁸ In 1920 Norris advised the Australian Government to reject a plan to create 'recovery farms' there to treat consumptive ex-servicemen, see NAA: A1: 1920/17096, Norris Dr W P Admission of Consumptives. His trip to Paris due to him representing Australia at the International Committee of Public Health: 'World Health Congress: Business List Important', *The Daily Herald (Adelaide)*, 15 September 1920, p. 5.

However as this research has shown, his career needs to be understood as much more than simply being a ‘medical practitioner’.¹⁶⁹

Eugenic Border Controls, New Zealand and Australia 1913—1920

The ability to judge whether the so-called ‘new eugenic phase’ of immigration restriction worked in practice, is distorted by the effects of the First World War. Prior to migration being disrupted by the hostilities, the respective immigration legislation of Australia and New Zealand had diverged. Australia had enacted eugenic clauses in their Immigration Act, and W. P. Norris had created the practical provisions enabling intending emigrants to be pre-assessed in Britain. New Zealand did not have this ability but had introduced a Bill to amend their Act to enable them to exclude those ‘unsuitable by standards or habits of life’. While the language employed in Australia’s legislation was overtly eugenic, this does not mean that New Zealanders did not share, or openly express similar concerns about degeneration.

It should be speculated that New Zealand did not have a figure like Norris. This claim requires caution, because, as Linda Bryder has pointed out, the link between public health and national identity in New Zealand has not been explored to the same extent as it has been for Australia.¹⁷⁰ It took a man like Norris to create the practical links between Australian policy and practice. There does not appear to have been an equivalent New Zealand position or personality, able to connect the realms of public health, immigration and quarantine control like Norris did.

As already ascertained, New Zealand medical professionals did seek to petition the New Zealand government to improve migration control. Although the Immigration Restriction Act was not aligned to Australia’s, the New Zealand border operators also

¹⁶⁹ As described in the ADB online description of his father. See Andrew J. Ray, ‘Norris, Sir Frank Kingsley (1893–1984)’, [accessed 19 May 2014].

¹⁷⁰ Bryder, ‘History of Medicine in Australian and New Zealand’, p. 311.

sought to exclude the ‘borderline’ types. By examining the immigration exclusion statistics and immigration cases for both countries, it is possible to suggest the port officials were similarly motivated. While Norris had wanted Australian officials to exclude the ‘mentally inept’, ‘defective’ and ‘feckless’, New Zealanders similarly sought to restrict the entry of the ‘infirm’. This section examines how these border controls operated in practice between 1913 and 1920, when Australia’s Act was again amended.

The official Australian statistics show a clear increase in the number of prohibitions under ‘mental health’ clauses after 1912. This suggests that the Australian border controllers embraced the new labels under which they could exclude an immigrant upon arrival. Under the 1902 to 1912 provisions, only two per cent of the total prohibited had been for being ‘idiot or insane’ (Table 18). From 1912 the expanded prohibited immigrant clauses had widened the net. The ‘mentally ill’ were no longer just labelled as ‘idiots and insane’ but instead were ‘idiot, imbecile, feeble-minded, or epileptic’, under clause 3(c). The ‘chronic alcoholic’, the ‘insane’ or ‘demented’ now fell within the list of prescribed diseases or defects in 3(g). The physically or mentally defective, if considered to be public charges, could be caught under 3(f), and, if Norris’ instructions worked, also under 3(d) ‘serious transmissible disease or defect’. Table 13 represents York’s collation of the immigration statistics for the period in question, 1913–1920, from which it is possible to compare, to a certain extent, how the 1912 changes affected the numbers and types of immigrant rejected at the Australian borders.

Table 13: Prohibited immigrants under Australia's Immigration Act, 1913-1920

Section 3	Clause	1913	1914	1915	1916	1917	1918	1919	1920	TOTAL	%
Education Test	a	38	8	25	217	10	4	3	2	307	57
No certificate of health	b	0	0	0	0	0	0	0	0	0	0
Idiot/Imbecile/Feeble-minded/Epileptic	c	9	10	2	2	0	0	0	0	23	4.3
Transmissible disease or defect	d	0	0	0	0	1	0	0	0	1	<1
Communicable disease	e	23	15	3	8	1	0	0	2	52	9.7
Other disease or defect	f	9	8	2	1	0	0	0	1	21	3.9
Other prescribed disease/disability	g	0	0	1	1	0	0	0	1	3	<1
Conviction (1) ¹⁷¹	ga	0	0	0	1	0	0	0	1	2	<1
Conviction (2) ¹⁷²	gb	0	0	0	0	0	0	0	0	0	0
Prostitute ¹⁷³	gc	0	0	0	0	0	0	0	0	0	0
Stowaway	NA	30	13	23	3	1	12	24	19	125	23.4
TOTAL		109	54	56	223	13	16	27	26	534	

Source: York, *Immigration Restriction, 1901-1950*.

If considering clause 3(c) in isolation, the percentage rate for this period doubled to around four per cent compared to this same proportion of two per cent between 1902 to 1912 (Table 8). Furthermore, in 1914, this group represented nearly one-fifth of the overall exclusions. It is also possible that the figures for 3(f) and 3(g) included those found to be 'mentally defective', 'insane' or suffering from 'dementia'. Taking the health clauses separately, a total of one hundred exclusions occurred for the clauses 3 (c), (d), (e), (f), and (g) between 1913 and 1920. Within this, the twenty-three cases under 3 (c) represents twenty-three per cent, so roughly the same proportion as the period 1902 –1912. This suggests that despite the extended clauses the Australian port officials were identifying a similar proportion of those they considered to be 'mentally ill'.

¹⁷¹ Any person who has been convicted of a crime, and sentenced to imprisonment for one year or more, unless five years have elapsed since the termination of the imprisonment.

¹⁷² Any person who has been convicted of any crime involving moral turpitude, but whose sentence has been suspended or shortened conditionally on his emigration, unless five years have elapsed since the expiration of the term for which he was sentenced.

¹⁷³ Any prostitute, procurer, or person living on the prostitution of others.

This sense of *status quo* is also reflected in the results under the clause pertaining to ‘transmissible defects’, 3(d). Only one person across this seven year sample was prohibited for under this, indicative of the clause’s vagueness. The results under 3(g) for prescribed disease or defect were equally low. In reality some of those excluded were perceived as ‘defective’ anyway. A Victorian newspaper reported how in 1914 three persons of ‘unsound mind’ had been returned to England. Although this is a term reminiscent of migration control in the previous century, the rest of the report uses language which related to degeneration. Their ‘unsoundness’ may have something to do with homesickness, the paper conceded, but they were also likely to have been ‘weaklings and wasters’, like the specimens seen hanging about the streets of Melbourne.¹⁷⁴ Whether they were returned under 3(c) or 3 (f) is unknown. Regardless, it would appear that the new eugenic clauses went on the whole underused at the Australian borders.

Rhetoric around ‘mental weaknesses’ were also evident in New Zealand practices. Although the statutory reporting of the exclusion numbers was not a requirement under the Immigration Acts, the figures were made available in a different official source. From 1912 the yearly report provided by the Inspector-General of Hospitals and Charitable Institutions included a section entitled ‘Immigration Restriction Acts’. The broader legal immigration framework remained predominately unchanged. In 1913, the loophole which had allowed family members of the unprohibited husband or father to enter was closed.¹⁷⁵ Consequently these families had to rely on applying to the Minister of Internal Affairs for exemption.¹⁷⁶ As per the 1908

¹⁷⁴ ‘Insane Immigrants’, *The Chiltern and Howlong Times and Ovens Register (Victoria)*, 9 January 1914, p. 2.

¹⁷⁵ NZNA: BBAO A133 5544 Box 148a Record no. 1913/1477, George Craig for Secretary of Customs, Wellington – Immigration Restriction Act – Circular 1223– re lunatics, idiots, and persons suffering from contagious diseases.

¹⁷⁶ New Zealand Immigration Restriction Act, 1908, Part II, 13 (a).

Consolidated Act, those classed as ‘lunatic, idiotic, deaf, dumb, blind or infirm’, *and* ‘idiot, insane or suffering from contagious disease’ remained prohibited.

This confused system was reflected in the way in which the results of the Immigration Restrictions Acts were reported. The port health officers’ statements were reproduced in the Inspector-General’s reports. These localised accounts show how officials continued to operate using inconsistent terminology. Not only was this evident in the way in which health conditions were described, but also as to the action taken by the port officials. The data from the reports for the years 1911 through to 1914 have been collated into Table 14. For the subsequent years, 1915 through to 1920, no data exists because the Inspector-General’s reports did not include the corresponding ‘Immigration Restriction Acts’ section.¹⁷⁷ Again we are faced with incomplete sets of data. Within the published reports, whole data samples are missing, for Auckland 1914; Christchurch 1912; Dunedin, 1912 and 1913; and Wellington, 1912.

Despite these irregularities a number of conclusions can be made. Across the whole set of data there is a clear deviation from the description ‘lunatic, idiotic, deaf, dumb, blind or infirm’, or ‘idiot, insane or suffering from contagious disease’ referred to in the combined Acts. Furthermore, the description of the action taken against the immigrants varied widely. Examples include ‘allowed to land’, ‘dealt with’, ‘forbidden to land’, ‘admitted under bond’, ‘landed under guarantee’, or, simply not detailed at all. Where the condition or outcome has not been defined in the source, they have been

¹⁷⁷ See section H-31, ‘Public Health Reports and Charitable Aid: Report Thereon by the Inspector General of Hospitals and Charitable Institutions and Chief Health Officer’ in the following *AJHRs*: 1916 Session I; 1917 Session I; 1918 Session I-II; 1919 Session I; 1920 Session I; and in 1921, Session I-II, H-31, ‘Department of Health, Annual Report of the Director General’.

transcribed in the table as *unspecified*. In this master table, any condition suggesting ‘mental illness or disability’ has been **emboldened**.

Table 14: Cases reported under the New Zealand Immigration Restriction Acts 1911 to 1914

Port/District	1911	1912	1913	1914	TOTAL
Auckland	Total 5: Dr Makgill: 3 phthisical: 1 detained in hospital until returned home by shipping company. 1 reported as such by southern ports, (<i>outcome unspecified</i>), 1 removed to hospital where died. 1 venereal: allowed to land, reports for 6 months as out-patient at hospital 1 epileptic ‘dealt with as an undesirable immigrant’	Total 20: ‘District Health Officer’ 1 tuberculosis: arrived under assumed name 1 <i>unspecified</i> : admitted to hospital under bond 1 <i>unspecified</i> : admitted under bond 1 proven consumptive, not examined by PHO, allowed to remain 1 detained at Auckland, freed at Wellington 1 blind: forbidden to land 1 infirm: forbidden to land 2 ships hands: forbidden to land 1 mentally afflicted action not specified 1 stowaway action <i>unspecified</i> : 1 syphilitic, not allowed to land 2 ships hands syphilitic, not allowed to land 1 consumptive/asthmatic: returned to Vancouver 1 ships hand: allowed to remain 1 fibroid lung, belonged to Dominion, allowed to land 1 ship’s cook, <i>unspecified</i> , transferred to ship, going to Sydney	Total 25: ‘District Health Officer’ 1 phthisis: landed under conditional permit 1 <i>unspecified</i> landed under conditional permit 1 heart disease: landed under proof that was New Zealander 1 ‘mental case’: landed under skipper’s guarantee 1 phthisis: prohibited from landing 10 measles of which one allowed to land for hospital treatment, one en route to Sydney – other 8 <i>outcome unspecified</i> 2 more phthisis: landed under conditional permit 2 ‘contagious diseases’ prohibited from landing 1 phthisis: landed under guarantee 1 epileptic: landed under guarantee 1 phthisis: allowed to land for hospital treatment but subsequently deported 3 <i>unspecified</i> , prohibited with ‘usual proviso’.	None reported	50
Canterbury/Christchurch	Total 10 Dr Finch 5 <i>unspecified</i> : allowed to land under bond 5 seamen <i>unspecified</i> : prevented from landing.	None reported	Total 5 ‘District Health Officer’ 4 syphilitic: refused admission 1 tuberculosis: refused admission	Total 9 ‘District Health Officer’ All action <i>unspecified</i> : 6 syphilitic: 3 tuberculosis	24

Port/District	1911	1912	1913	1914	TOTAL
Dunedin/	Total 2	<u>None reported</u>	<u>None reported</u>	Total 2	4
Otago	Dr Champtaloup 2 <i>unspecified</i> : neither allowed to land under bond.			‘District Health Officer’ 1 syphilis: removed to hospital under skippers guarantee 1 dementia: New Zealander so allowed to land.	
Wellington	Total: 8 Dr Chesson 4 mentally afflicted : 3 prevented from landing, 1 sent to hospital 1 phthisical: prevented from landing 1 spinal trouble: prevented from landing 1 infirm: prevented from landing 1 heart disease: prevented from landing	<u>None reported</u>	Total 15 ‘District Health Officer’ 1 consumptive: deported to Sydney 1 embolism: sent back to London 1 mentally deficient: sent back to London 1 chest-disease: returned to Sydney 1 consumptive: returned to London 1 consumptive: New Zealander, allowed to land. 1 infirm: New Zealander, allowed to land. 1 syphilitic: New Zealander, allowed to land. 1 infirm: sent back to Sydney 1 syphilitic: sent back to London 1 infirm: sent back to London 1 consumptive: died 1 consumptive: deported to London 1 deaf-mute: deported to Sydney 1 syphilitic: deported to Newcastle (NSW)	Total 11 ‘District Health Officer’ 1 epileptic: bond executed 1 consumptive: action <i>unspecified</i> 1 melancholia : returned to London 1 infirm: bond executed 1 chest trouble: returned to London 1 consumptive dying child: allowed to land 3 insane: returned to London 1 infirm: bond executed 1 heart disease and infirm: bond executed	34
TOTAL	25	20	45	22	112

Source: *AJHR*, H-31, ‘Public Health Reports and Charitable Aid’: 1912 (p. 97); 1913 (p. 70); 1914, (p. 69); 1915 (p. 36).

The cases from Table 14 which alluded to the various forms of ‘mental illness’ have been condensed in Table 15 below. They are identified in brackets next to the overall total per year, per port. From this it is possible to suggest an approximate proportion of those who were dealt with for ‘mental illness’. From an overall total of 112, fifteen were labelled as follows: epilepsy (three), mental case (one), mentally afflicted (five), mentally deficient (one), melancholic (one), insane (three), and dementia (one).

Table 15: Mental illness cases reported under the New Zealand Immigration Acts 1911 to 1914

	1911	1912	1913	1914	TOTAL
Auckland	5(1) epileptic	20(1) mentally afflicted	25(2) 1 mental case, 1 epileptic	0	50 (4)
Wellington	8(4) 4 mentally afflicted	0	15(1) 1 mentally deficient	11(5) 3 insane, 1 epileptic, 1 melancholic	34(10)
Christchurch	10	0	5	9	24
Dunedin	2	0	0	2(1) dementia	4(1)
TOTAL	25(5)	20(1)	45(3)	22(6)	112(15)

Source: *AJHR*, H-31, ‘Public Health Reports and Charitable Aid’: 1912 (p. 97); 1913 (p. 70); 1914, (p. 69); 1915 (p. 36).

The rate of fifteen out of a total of 112 represents a lower proportion - thirteen per cent - than the nineteen per cent suggested for the figures available for the period 1901 to 1906 (Table 7). However it is possible that from the twenty-six labelled as infirm or not specified at all, within Table 14, included further borderline undesirable types.

This inconsistency was also evident in how the action taken against immigrants was reported. As such it is not clear whether the IRA or IPA was used. Of the Auckland cases, one ‘epileptic’ was ‘dealt with as an undesirable immigrant’; the outcome for the ‘mentally afflicted’ was not noted, and the ‘mental case’ was ‘landed under the skipper’s guarantee’. Of the Wellington cases, Dr Cheeson was, at least, consistent in

his labelling. All four cases were described as ‘mentally afflicted’, of which three were ‘prevented from landing’ and one was ‘sent to hospital. The anonymous Wellington District Health Officer who provided the information for 1913 and 1914 also seem to favour the deportation system. In 1913 one ‘mentally deficient was ‘sent back to London’, and the following year one ‘melancholic’ and three ‘insane’ suffered the same fate. In 1914 he executed a bond for an ‘epileptic’, while his counterpart in Dunedin allowed someone with dementia to land on the basis they were a New Zealander.

Such differing outcomes reflect the messiness of the joint approach which used the bonding and deportation provisions concurrently. Of the descriptions used, only ‘insane’ appeared within the legislation. Of the others, dementia, epilepsy and mentally deficient were apparent within Australian law or regulations. This suggests that the New Zealand border controllers were influenced by Australian practices, or if not, used wider medical terminology. Again by considering the details of actual immigration cases it is possible to identify a number of key themes. First, we see a continuation of muddled practices, the very antithesis of Norris’ calls for uniformity. Second, within this fragile framework, we find patterns of local, national and international collusion. Third, it is clear that all parties were engaging with rhetoric about transmissible degeneration. This confirms that, despite the absence of overtly eugenic language in New Zealand legislation, fears of degeneration informed those operating their borders.

One case in particular shows how the labelling relating to physical, mental and moral ‘defects’ were tied to fears of degeneration. The 1912 entry for Auckland in Table 14 referred to as ‘tuberculosis: landed under an assumed name’ is likely James Robinson. One time resident of Waihi, Coromandel, Robinson had left his family dependent on the local aid board, and had gone to Australia. On hearing about his imminent return, the local officials forewarned the customs collector in Auckland. They did this in order, they hoped, to prevent Robinson leaving Australia, and to avoid the

costs of his ‘certain repatriation’. Robinson’s conditions were many. As well as being a ‘chronic consumptive,’ his diseased leg was ‘stiff and stinking’ and because a ‘sexual maniac’ he had spent time in two Victorian asylums.¹⁷⁸

His physical conditions meant that Robinson’s first attempt to leave Australia had been stymied by the health checks of the shipping company. He subsequently however managed to make the journey under an assumed name. Furthermore, he passed the port checks at Auckland and was able to return to his family in Waihi, where his leg was amputated. The local authorities sought compensation for the cost of this procedure through the Immigration Restriction Act. In investigating how Robinson had been able to return, the customs department uncovered a number of processes which had failed. Because he had used a pseudonym the ship’s stewards had failed to notice him on his second attempt to travel. Although the condition of his leg had been noticed, Robinson apparently had persuaded the ship’s doctor that he was ‘simply a little lame’. Instead the customs department tried to use Robinson’s tuberculosis as a reason to petition the shipping company to deport him.¹⁷⁹

Other parties argued that this removal would be unfair on him and his family. The Waihi district health officer described this action as ‘extreme’. Not only was Robinson with his family but, allowing his post-operation recovery time, the three months’ time limit for deportation would have lapsed. The Huddart Parker Shipping Company likewise attempted to argue that he should remain with his family in order to avoid them having to cover his deportation costs. The customs collector ultimately conceded that Robinson should remain, due to his residency and his likely rejection at

¹⁷⁸ NZNA: BBAO A133 5544 Box 145a Record Number 1913/742, George Craig, Secretary of Customs, Wellington – James Robinson prohibited immigrant.

¹⁷⁹ As per Part II, section 19 of the Immigration Restriction Act, 1908.

Australian ports. Robinson was duly granted approval to remain, which according to the minister was the only ‘reasonable course’.¹⁸⁰

Robinson’s story indicates how officials in Australia and New Zealand, and the shipping companies who managed the routes between them, were complicit in attempting to control the movement of the ‘unwanted’. Other cases indicate how these networks went beyond these Australasian neighbours. In 1911 the United States’ police authorities warned their counterparts in Sydney that the ‘mentally deranged’ Alexander Keay had left Washington State and was likely en-route. The Australian police in turn forewarned the New Zealand police and Department of Trade and Customs.¹⁸¹

While local authorities and shipping companies sought to avoid the financial costs of health care or repatriation, some people became informants for their own unwanted relatives. In September 1912, Belgian artist Marechal de Vidts, an Auckland resident, wrote to the customs department asking them to look out for his brother and nephew.¹⁸² De Vidts insisted that he could not afford to maintain his relatives and described their undesirability at length. He described both as having drink problems. This had rendered his nephew unemployable and his brother to be admitted to a Belgian asylum because of his ‘lunacy’. His brother, de Vidts explained, had been removed from the asylum in order to send him to New Zealand, so he feared that both were likely to become ‘mentally deranged’ if permitted to land. Despite these warnings they arrived in Auckland without problem, leading de Vidts to complain to the customs department more explicitly. Although he conceded that they were currently behaving well, they had no means of support. As such, he feared that they would ‘break out at the first opportunity’, and his brother would probably ‘become insane’. Unlike for those deemed

¹⁸⁰ NZNA: BBAO A133 5544 Box 145a Record Number 1913/742, George Craig, Secretary of Customs, Wellington – James Robinson prohibited immigrant.

¹⁸¹ NZNA: BBAO A133 5544 Box 133a Record Number 1912/8, E R Brabazon, for Secretary of Customs, Wellington – Alexander Keay – suspected imbecile passenger from United States, America – circular 393/98.

¹⁸² NZTEC: Nineteenth Century New Zealand Artists: A Guide & Handbook, De Vidts Marechal Theodore Rene Stanislas c.1855–1937.

‘insane’ on arrival, without means of support, the customs department was unable to act. The Customs Secretary conceded that nothing could be done at this stage, but the case would be noted, in the event of the conditions affecting undesirable immigrants being considered for revision in the future.¹⁸³

The port health officials clearly continued to struggle with the labelling of such types. Despite this, neither the terminology nor any other provisions were revised. Whereas, under the Australian system, the de Vidts may have fallen under the clauses for ‘mentally defective’, ‘feeble-minded’ or ‘chronically alcoholic’, the New Zealand officials did not have the same legal footing. This did not mean that attempts were not made to exclude borderline types. While the cases detailed in Table 14 referred to ‘mentally afflicted’ and a ‘mental case’, other evidence shows how some officials attempted to use even vaguer terms.

On a number of occasions Auckland health officer Dr Sharman was frustrated by this confines of this terminology. After British relatives of a ‘drunkard of the confirmed type’ warned that he was en-route, Sharman took action. The man in question, T. Day, a ship’s steward, was reportedly running away from his debts and, as well as being a drunk, suffered from fits and consumption. Despite these traits, neither the ship’s surgeon nor Sharman could diagnose any adverse health condition in Day, so he was allowed to land without restriction.¹⁸⁴ On the same ship, the condition of a steerage passenger Duncan Arthur Davidson was equally borderline. However after confessing that he could not go so far as to say Davidson was ‘lunatic or insane upon

¹⁸³ NZNA: BBAO A133 5544 Box 232a Record Number 1912/2266, WB Montgomery, Secretary of Customs, Wellington – Adheniar de Vidts, aged 50 and Raoul aged 25 – arrived per ‘Maheno’ 22 September – destitute Belgium immigrants – no action can be taken.

¹⁸⁴ A resident of Salford, Greater Manchester informed the Emigration Board about Day’s imminent arrival in New Zealand, see NZNA: BBAO A133 5544 Box 153a Record Number 1914/200, WDG Grant, Boarding Inspector, Auckland; Norman Bromiley, aged 10 ex ‘Ayrshire’ accompanied by his father – has tuberculosis; Duncan Arthur Davidson passenger ex ‘Ayrshire’ re: entry into New Zealand; William Blackwood, Trimmer ‘Ayrshire’ – is syphilitic; Thomas Day Steward ‘Ayrshire’ has fibrosis of both apices.

arrival' Sharman bonded him as 'mentally infirm'.¹⁸⁵ This vagueness was noted by the Secretary of Customs who, when confirming receipt of the bond wrote, 'I presume that Davidson is not insane'.¹⁸⁶

Sharman is likely to be the health officer behind the 1913 instance described in the source as 'mental case: landed under skipper's guarantee'. This involved a Scottish farmer, John Stark, who was reported by the ship's captain as 'acting strangely' on the journey. His behaviour had highlighted him to the other passengers, and as a result of their attention, Stark had become violent and 'mentally afflicted'. Upon his arrival in Auckland Sharman reported that he was unable to find evidence of this condition. The customs official informed Sharman that unless certified as a 'lunatic', Stark could not be detained. Accordingly, the ship's captain signed the bond to enable him to land for being 'infirm'.¹⁸⁷ Stark's case provides proof of how those borderline cases were bonded for being 'infirm' under the 'Imbeciles Passengers' section of the 1908 consolidated Act.

Seamen in particular were bonded under vague and, unlegislated for conditions, such as sexually transmitted diseases. As already acknowledged, the use of immigration restrictions towards ships' crew, provides another research opportunity for historians. For example, the three noted as 'prohibited, with the usual proviso' within the 1913 Auckland cases (Table 14) were most probably sailors from the *Makura*. The immigration case notes describe that one had gonorrhoea, one 'burns' and one, Walter Gould, was 'insane'. Sharman was only able to certify this after Gould landed and was arrested for being a 'lunatic at large'. Prior to this Sharman suspected him merely

¹⁸⁵ *Ibid.*

¹⁸⁶ NZNA: BBAO A133 5544 Box 154 Record Number 1914/278, George Craig, Secretary of Customs, Wellington – DA Davidson – infirm immigrant ex Ayrshire acknowledging receipt of bond.

¹⁸⁷ NZNA: BBAO A133 5544 Box 144a Record Number 1913/375, WB Montgomery, Secretary of Customs, Wellington – John Stark, aged 30, Farmer, immigrant –forwarding bond.

‘mentally defective’.¹⁸⁸ This label would have made Gould deportable under the Australian provisions.

Despite emigration from Britain being disrupted during wartime, sailors and some migrants traversed between Australia and New Zealand. Of the 1908 Act, Part II, Section 17 enabled those who could prove that they were ‘formerly domiciled in New Zealand’ to argue that they should not be prohibited. In 1915 the Union Shipping Company sought to invoke this provision to avoid the costs for Violet Jane Alexander who, after threatening to jump overboard at Auckland, was certified as ‘mentally afflicted’. Alexander had been working in Sydney as a governess for two years, but was sent home to New Zealand after apparently ‘labouring under certain delusions’. The customs collector agreed with the shipping company’s assertion, that as in similar cases of New Zealanders returning from Australia, bonds had not been requested.¹⁸⁹ Overall it appears that New Zealand officials continued to act on a case by case basis, and were influenced by the shipping companies as to their desired outcome.

Conclusion

This chapter has exposed the extent of loopholes, exemptions and inconsistencies in the early twentieth century immigration restrictions of Australia and New Zealand. As such, despite the strongly worded legal frameworks, their migration control should be understood as less vigorous than it was designed to be. However while the fears of transmissible defects were explicit in the Australian Act, they were also evident in the New Zealand practices. If Dr Sharman and his colleagues had been working within the Australian framework, they would have been able to label the borderline ‘mentally

¹⁸⁸ NZNA: BBAO A133 5544 Box 153a Record Number 1914/142 , George Craig, Secretary of Customs, Wellington – Walter H Gould - returning cancelled bond.

¹⁸⁹ NZNA: BBAO A133 5544 Box 165a Record Number 1915/638 , George Craig, for Comptroller of Customs – Miss Violet J Alexander – passenger ex ‘Maheno’ from Sydney – prohibited immigrant exempted from the Immigration Restriction Act 1908.

inept' cases with confidence. It is clear that New Zealand's catch-all 'infirm' classification was used very much in the same way as Australia's new clauses. The aims of the two countries were the same; those undesirable for their physical, mental or moral weakness were not welcome. This commonality enabled the creation of networks acting as early warning systems across the Anglo-sphere.

Whereas, in previous eras, New Zealand had actively influenced or engaged with immigration control techniques, the Commonwealth of Australia now forged ahead. This divergence is likely a result of personalities and timing. In this era of Australian nation-building, Dr William Perrin Norris' skills were perfectly placed. By the 1910s New Zealand had been a united political entity for over thirty years, compared to Australia's ten. It appears that New Zealand sat back and let the enduring techniques continue, including the ineffective terminology around mental illness used by border controllers. The Commonwealth of Australia engaged more urgently with the clauses apparent in North American legislation. Eugenic thinking however was also apparent in the practices of New Zealand's immigration legislation, if not in its wording. As indicated by Fisher's amendment Bill shows, steps to tighten its clauses were planned. It should be speculated too that New Zealand may have felt somewhat protected by her larger neighbour over the Tasman, not just as the first port of call from Asia, but also from Europe. There was clearly an early warning system in place between Australia, New Zealand and beyond.

Unsurprisingly the impact of the First World War distorts our understanding of this period. Thinking counter-factually, New Zealand might have gone on to incorporate a eugenic phase in their legislation. Norris might have implemented his overarching uniform system through which all the dominions had their immigrants medically assessed. A new type of unwanted immigrant emerged due to the aftermath of the war, those deemed dangerous because of their political or national affiliations. Both

Australia and New Zealand enacted legislation to limit or exclude those of German or Austro-German descent, or seen as 'dangerous to the peace'.¹⁹⁰

As in the other time periods examined, it is important to reflect on the differences between policy and practice. Both New Zealand and Australia enabled the entry of immigrants, even if they had been deemed 'insane'. Caveats and clauses existed to ensure that financial exemptions were made. The eugenic nature of the regulations was tempered, in part, by the amount of so-called humane provisions. However, people were still slipping past border controls, due to the transient nature of 'mental disease'. The recognition that the act of migration triggered 'mental disturbances' was reflected in Norris' regulations.

The certificates of health, or exemption applications signified a way of seeking pre-approval for entry. This was in effect to provide proof that immigrants were not likely to become public charges. And yet, the bonding system continued which meant that people could still buy their way in. Whereas immigrants previously had to provide financial securities on entry, the certificate of health requirement signified a more active approach, for Australian border control, at least. Implementing this type of system in the metropole would require the backing of the Imperial government. It was in the post-war period, when imperial and dominion ties were stronger than ever before, that the joint approach to migration was realised.

¹⁹⁰ New Zealand Undesirable Immigrants Exclusion Act, 1919, No.44 of 1919, Sections 4(1) and 5(1). Australia Immigration Act 1920 Sections 3(gd) and (ge).

Chapter 7: Insufficient Mental Equipment

In 1926 a key Australian immigration official assured New Zealanders that they were getting a ‘magnificent class’ of immigrants.¹ This claim came from the man who had been Australia’s Director of Migration in London since March 1921, Percy Hunter.² Despite Norris’ attempt to petition for a dominion-wide medical examination over ten years earlier, this had not occurred under his tenure as CMO. Hunter credited this apparent success to the common system of migrant selection used by Australia, Canada and New Zealand which, he explained, had been formulated by himself and Commonwealth Medical Officer (CMO), Dr E.W. Morris. Under the presidency of New Zealand High Commissioner Sir James Allen, and in conjunction with the British Medical Association, a roster of between 1,500 and 2,000 district medical referees had been appointed. These men, Hunter explained, performed all the work of examining migrants for the dominions.³

Unlike Norris’ unrealised vision from over a decade earlier, Hunter boasted how this system was operational and working as ‘effective as it could be’. Furthermore he explained how this system had been investigated two years earlier by Sir Neville Howse, whom Hunter described as ‘one of the greatest organising brains in the medical service’. Not only had the process been improved according to Howse’s recommendations, but it now it had the backing of New Zealand’s immigration officer in London, Mr F.T. Sandford, and the British government.⁴ This final chapter examines the validity of Hunter’s claims. Taking his assertions at face value could provide a neat conclusion to this thesis. And yet, as has been established through each period covered,

¹ ‘Migrants to Dominion: Best People Available’, *The New Zealand Herald*, 23 April 1926, p. 14.

² Roe, “‘We can just as easily die out here’”, p. 102.

³ ‘Migrants to Dominion: Best People Available’, *The New Zealand Herald*, 23 April 1926, p. 14.

⁴ *Ibid.*

the attempts to manage the entry of those perceived to be ‘mentally ill’ was beset was problems.

Hunter spoke as if Australia and New Zealand used the same system of migration control based on medical pre-selection in Britain. Furthermore, although he conceded like some migration administrators before him that ‘perfection could not be expected’, his overall opinion was a positive one.⁵ This chapter, by continuing the policy versus practice approach, exposes how this so-called perfection was not, despite the best attempts of figures like Howse, fully achievable. This final analysis considers Norris’ legacy and highlights how Sir Neville Howse similarly wanted the Australian medical inspection in Britain to ‘eliminate’ all persons suffering from ‘mental deficiency’.⁶

This chapter is organised into three sections. First it considers Percy Hunter’s role in establishing the medical selection system for the Empire settlement schemes. Although the intervention of the British government in dominion migration following the end of the First World War has been widely studied, only Michael Roe has given attention to the provisions for medical inspection.⁷ He did not, however, fully interrogate Howse’s involvement in this. Accordingly, the second part of this chapter does just that. Crucially this shows how Howse was committed to Norris’ vision. However, the final section of this chapter exposes how, yet again, attempts to modernise medical practices failed to achieve the total exclusion of ‘mentally ill’ immigrants.

⁵ *Ibid.*

⁶ Howse, ‘Migrants-Medical Examination in England’, p. 9.

⁷ Roe, *Australia, Britain and Migration, 1915-1940*. See also Stephen Constantine, *Migrants and Settlers*, in Judith M Brown and William Roger Louis ed. *The Oxford History of the British Empire: The Twentieth Century* (Oxford: Oxford University Press, 2001), pp. 172-175; Kosmos Tsokhas, ‘People or Monday? Empire Settlement and British Emigration to Australia 1919-1934’, *Immigrants and Minorities* 9 (1990), pp. 1-20, and ‘Hard Times: British Emigration to Western Australia, 1919-1934’, *Australian Journal of Politics and History* 38 (1992), pp. 69-91; David Pope, ‘Some Factors Inhibiting Australian Immigration in the 1920s’, *Australian Economic History Review* (1984), pp. 34-52; Keith Williams, ‘A Way Out of Our Troubles: the politics of Empire settlement, 1900-1922’ in Constantine ed., *Emigrants and Empire*, pp. 22-44.

By the end of the 1920s those described as having ‘mental disabilities’, ‘unsuitable temperaments’, or simply ‘undesirable’ constituted the majority of returned migrants. Accordingly, this final chapter shows how the problem experienced by border administrations, over the previous one hundred years, were still not fully resolved, and were unlikely to ever be.

Systematic Emigration to Empire Settlement: *Plus ça Change*

Not only were many problems not resolved, but many ideas about migration control were simply recycled. All that had really changed was the language used to describe the borderline undesirable types, and the amount of administrators involved in their assessment. The imperial attempts to induce emigration in the 1920s were reminiscent of the emigration schemes of the first part of the nineteenth century. The ideal labouring migrants were required to be healthy, hearty and hard-working. The establishment of the Oversea Settlement Committee (OSC) in 1919 has been widely acknowledged as the forerunner to the 1922 Empire Settlement Act.⁸ These provisions signified imperial attempts to help populate Australia, Canada and, to a lesser extent, New Zealand. Some familiar names were involved within the lengthy negotiations that this joint approach necessitated. The Dominions Royal Commission’s Sir Rider Haggard, for example, who had heard Norris’ calls for a uniform system of medical inspection in 1914, helped negotiations between the Australian state premiers and the British government.⁹

Norris’ calls for uniformity were not acknowledged by those who established the subsequent joint medical inspection system. In 1921 Dr E.W. Morris replaced him as CMO, reportedly because Norris wanted to be ‘relieved of his duties’.¹⁰ This change coincided with the creation of the London based role of Australian Director of

⁸ Constantine, ‘Migrants and Settlers’, p. 173.

⁹ See Roe, *Australia, Britain and Migration*, pp. 10-12.

¹⁰ See ‘Kaleidoscope’, *The Brisbane Courier*, 30 September, 1926, p. 12, and ‘Migrants Children’, *The Adelaide Advertiser*, 12 December 1929.

Migration and Settlement. In 1920, after deciding that he wanted greater federal control over assisted migration, Australian Prime Minister Hughes consolidated the state offices into the Commonwealth Department at Australia House.¹¹ Percy Hunter, who had overseen the immigration offices of Victoria and New South Wales, was appointed to manage the newly combined department.¹²

It was Hunter, as Director of Migration, who represented the interests of the Commonwealth of Australia at OSC meetings. At one such meeting in 1921, British Secretary of State for the Colonies, Alfred Milner, was careful to stress that overseas settlement meant distributing the white population of the Empire in the way ‘most conducive to the development, stability and strength of the whole’. Reminiscent of nineteenth century colonial complaints about Britain ‘shovelling out paupers’, Milner was careful to couch the plans as designed not to relieve unemployment, but to prevent it by stimulating the production of raw materials.¹³ He also expressed concern about the practicalities of emigration. Milner was keen for emigrants not to be left to fend for themselves. His explanation of this reflected nineteenth-century schemes where the unemployed were ‘absorbed into the town population or fell into distress’.¹⁴

Also reminiscent of previous attempts at migration control was the idea of migrant suitability. The committee discussed the current dominion practice of granting passages to people only if in ‘good health and physically fitted for life overseas’. Like Julius Vogel’s concerns from fifty years previously, the OSC noted how medical certification was provided by local doctors who were often ‘keen to facilitate matters’. This led to a discussion which suggests that Norris’ plans were only then about to come to fruition. The committee noted how the Australian department had appointed 1,500 referees, who would receive ‘full instructions as to the nature of the information which

¹¹ See Roe, *Australia, Britain and Migration*, pp. 20-22.

¹² ‘To Attract Immigrants’, *The Dominion (Wellington)*, 22 January 1914, p. 3.

¹³ TNA T161/111, Emigration: Empire Settlement Act: 1922, Report of the Overseas Settlement Committee for the year ended 31st December 1921 (HMSO, 1922), p. 3

¹⁴ *Ibid*, p. 15

they are required to furnish'. Furthermore, it was understood that similar systems were to be 'adopted by all the dominions at an early date'.¹⁵ Accordingly, one of the committee's recommendations was that 'improved methods of selection' were essential for enabling a 'strong policy of state-aided empire settlement'.¹⁶

By June 1922, ten years after it had first been legislated for, the Australian medical assessment system had only been established, at least in part. Hunter suggested to the OSC that, because it was 'working well', the Australian practices could easily be extended to incorporate the empire settlement schemes. All that would need to happen, he explained, was for the existing forms to be updated to include information as required by the Oversea Settlement Office. Hunter's explanation of the Australian system displays how it involved a combination of paper and personal approval. While external passenger agents collated the references, medical certificates and passage money, the intending emigrants were interviewed personally by officers at Australia House, employment exchanges or voluntary organisations. The OSC agreed that, on face value, this system 'appeared to meet the situation'. After Hunter submitted his proposals in writing, he was given the authority to decide whether applicants were suitable 'morally, financially, medically and in all other respects' for settlement in Australia.¹⁷

While Australian administrators took the lead in the practicalities of the Empire settlement schemes, New Zealand remained more circumspect.¹⁸ New Zealand politicians responded to the schemes later, and with less enthusiasm, than the

¹⁵ *Ibid*, p. 18.

¹⁶ *Ibid*, pp. 22-23.

¹⁷ TNA T161/178, Minutes of Conference held in Mr. Amery's room in the House of Commons on 16 June 1922 to discuss the procedure for the selection of settlers for Australia under the Empire Settlement Act Schemes.

¹⁸ For a full explanation of the reasons behind this, see Stephen Constantine, 'Immigration and the Making of New Zealand', in Constantine ed., *Emigrant and Empire*, pp. 121-149.

Australians.¹⁹ In 1923, New Zealand's Minister of Immigration, W. Nosworthy responded to the Bill with some reticence. He expressed hope that the scheme would stimulate the flow of immigrants, but was concerned about the idea that the country was able to assimilate 'thousands and thousands' of immigrants. Perhaps wary of the problems caused by earlier immigration systems, Nosworthy wanted provisions made for the 'proper reception' and employment of the new arrivals. Despite these caveats he was, however, 'fully alive to the economic advantage' of migration and settlement to the Empire as a whole.²⁰ In July the New Zealand Governor-General informed the British Secretary of State that the New Zealand government had agreed to the loan provisions of the Empire Settlement Act therefore had instructed its High Commissioner to 'act accordingly'.²¹

This High Commissioner was Sir James Allen, who in 1926 Percy Hunter would describe as being instrumental to the success of the joint inspection scheme.²² In October, Allen and New Zealand Prime Minister William Massey attended the Imperial Economic Conference in London.²³ Allen responded to the Parliamentary-Secretary of the Department of Overseas Trade, Albert Buckley's, critique that the scheme at that point was not 'really fruitful'.²⁴ Allen listed a number of New Zealand's limitations, namely the lack of available land and the prevalence of seasonal labour requirements.²⁵ Like Nosworthy, Allen did however, repeat New Zealand's willingness to absorb new settlers and acknowledged the 'defects' in the current systems.²⁶ Although no specifics of migrant selection or approval were discussed at this meeting, Buckley acknowledged

¹⁹ *AJHR*, 1923 Session I-II, A-02, 'Despatches from the Secretary of State to the Colonies to the Governor-General of New Zealand,' No.11 and enclosure, pp. 6-7.

²⁰ The Hon. W. Nosworthy, *AJHR*, 1923 Session I-II, D-09, 'Annual Report of the Department of Immigration,' p. 2

²¹ *AJHR*, 1924 Session I, A-01, 'Despatches to the Secretary of State to the Colonies from the Governor-General', No. 21, pp. 7-8.

²² 'Migrants to Dominion: Best People Available', *The New Zealand Herald*, 23 April 1926, p. 14.

²³ *AJHR* 1924, Session I, A-06a, 'Imperial Economic Conference of Representatives of Great Britain, the Dominions, India, and the Colonies and Protectorates, held in October and November, 1923'.

²⁴ *Ibid*, pp. 43- 46.

²⁵ *Ibid*, p. 47.

²⁶ *Ibid*, p. 50.

that operational practices were being investigated. At that time the British Oversea Delegation were in New Zealand, under the direction of Sir William Windham. Buckley described Windham as an experienced migration official, with ‘special knowledge of migration problems’.²⁷

Unlike the reports which had overlooked immigration restriction legislation and incurred the wrath of Norris, Windham’s review included this information in appendices. New Zealand’s convoluted immigration acts were neatly summarised within a section entitled ‘Immigration Regulations: Prohibited Immigrants’. This included the list of those prohibited, including ‘idiots and insane persons’. Furthermore, after listing the types of people for whom a bond was required to cover maintenance for five years, the following statement was made, ‘the bond may be given by the friends of the person concerned if satisfactory to the Collector of Customs’.²⁸ This shows that although the original legislation had made the shipping companies culpable for their passengers, in reality New Zealanders could pay for the friends and family to enter the country, a fact borne out by archival sources.²⁹

This report also highlighted how these familial links were more important in terms of the New Zealand involvement with the Empire Settlement Act. New Zealand residents could nominate people for assisted passages as long as they did not fall under the prohibited classes, and were likewise warned that assistance would not be granted to ‘unhealthy persons’. Like in the nineteenth-century schemes, if cases of lung, chest or ‘other like complaints’ were discovered by the medical officer at British ports the whole

²⁷ *Ibid*, p. 43.

²⁸ *AJHR*, 1924 Session I, A-07, ‘Report of the British Oversea Settlement Delegation to New Zealand 1923,’ Appendix C, p. 17.

²⁹ In August 1919, for example, Susan Patterson was admitted under a bond entered into by the following liabilities: James John Patterson, listed as her brother, Katherine Patterson and Dorothy Mary Patterson. See NZNA: C 304 991 C24 4 8, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908 I – Y.

family would be prevented from embarking.³⁰ Applications were initially managed by the Immigration Department in Wellington, which forwarded approved cases to the High Commissioner in London. The High Commissioner then facilitated the remainder of the process. Medical examinations were arranged at the expense of the applicant, and character reports were obtained from their referees. If everything was satisfactory passages were arranged.³¹ This description makes Allen responsible for deciding, based on their health and character, whether migrants were suitable for assistance. As such, he acted very much in the same vein as the agent-generals did. However, unlike the previous split between provisions for assisted and non-assisted immigrants, the ‘prohibited immigrant’ clause now applied to both.

While Allen, on leaving the position in 1926, would bemoan that New Zealand had not fully taken up the opportunities provided by the ESA, this was not the case for Australia.³² In engaging fully with the opportunity to increase their population, Australian administrators again sought to improve the methods of medical selection. In 1923 Australian Prime Minister, Stanley Bruce instructed Sir Neville Howse to investigate and suggest improvements to the Commonwealth’s British based practices. The resulting document provides the largest amount of operational information pertaining to any era or region considered in this thesis. Although Howse’s report has been acknowledged to be an ‘outstanding consolidated source’ its contents have not been analysed.³³ Not only did it contain Norris’ 1914 regulations but it also detailed the methods and results of the system as it stood in 1923. Amongst this was Howse’s recognition that the label ‘mentally deficient’ was both arbitrary and unhelpful. Instead he recommended that other less offensive descriptions he used. He was however committed to keeping out these borderline types.

³⁰ *Ibid*, p. 2.

³¹ *Ibid*, Appendix D, p. 17.

³² ‘Sir James Allen as Critic,’ *The Auckland Star*, 8 November 1926, p. 6.

³³ Roe, *Australia, Britain and Migration*, 1915-1940, p. 285, n. 26.

Sir Neville Howse: ‘One of the greatest organising brains in the medical service’

Like Frank Kinsley Norris, son of W.P Norris, Sir Neville Howse is revered as an Australian war hero. In 1901 he was awarded a Victoria Cross for his bravery in the Boer War.³⁴ His military and medical career has been documented by a number of biographers.³⁵ In 1921 Howse was appointed Director-General of the Australian Army Medical Service, a role which made him responsible for making recommendations to public health provision.³⁶ In 1923 Howse represented Australia at the League of Nations in Geneva, and, while in Europe, was asked by Prime Minister Stanley Bruce to report on the Commonwealth’s practices at Australia House.³⁷ His subsequent recommendations, as to how to improve the medical inspection of migrants, were approved by Bruce and put into effect the same year.³⁸ In comparison to his other achievements, in a lengthy and assured career, Howse’s time at Australia House has been overlooked. One of his biographers has, however, described him as eugenically minded and a fierce proponent of the White Australia policy.³⁹ These traits are apparent in his 1923 report which represents the most thorough consideration of migration operations by a contemporary examined thus far.

Prior to Howse’s review, Australia’s Immigration Act had been amended once more. From 1920 some of the ‘prescribed diseases and disabilities’ previously listed under clause 3(g), namely ‘insanity’ and ‘dementia’, were included more visibly within clause 3(c). This ‘mental illness’ clause which had begun in 1901 as ‘idiots and insane’, now read as

³⁴ ADB online version, A. J. Hill, 'Howse, Sir Neville Reginald (1863–1930)' [accessed 2 April 2015].

³⁵ See for example Murdoch Wales and John Pearn, *Neville Howse VC, Soldier, Surgeon and Citizen* (Brisbane: Amphion Press, 1997); Stuart Braga, *ANZAC Doctor: The life of Sir Neville Howse, Australia’s first VC* (Sydney: Hale and Iremonger, 2000); Alison Starr, *Neville Howse VC, Biography of an Authentic Australian Hero* (Sydney: Les Braddock and sons Ltd., 2000); Michael B. Tyquin, *Neville Howse Australia’s First Victoria Cross Winner* (Melbourne: Oxford University Press, 1999).

³⁶ See Braga, *ANZAC Doctor*, Chapter 17, pp. 272-300.

³⁷ *Ibid*, pp. 282, 285.

³⁸ Starr, *Neville Howse VC*, p. 92.

³⁹ Tyquin, *Neville Howse*, p. 143.

any idiot, imbecile, feeble-minded person, epileptic, person suffering from dementia, insane person, person who has been insane within five years previously, or person who has had two or more attacks of insanity.⁴⁰

The same year also saw the inclusion of Section 8A which enabled the minister to request the deportation of those ‘who had become an inmate of an insane asylum or public charitable institution within three years of their arrival’.⁴¹ It would appear on paper that even if the ‘mentally ill’ were able to reach Australia, they had to remain well, or face being returned.

Despite these changes, the practices of Australian immigration control in Britain were still being fine-tuned. In December 1922 the Assistant Director of the Melbourne Immigration Office wrote to the Secretary of the Commonwealth Home and Territories Department to complain about the limitations of the London-based officers. Neither the Director of the Migration and Settlement Office (DMS), the CMO, nor any of their officers, the Melbourne official complained, had the authority to prevent unsuitable migrants from sailing for Australia. The Assistant Director suggested that the DMS and the CMO be given greater powers in order to try to prevent such types from embarking at British ports.⁴²

The resulting memorandum from the Minister for Home and Territories, George Pearce, endorsing these recommendations, shows how the original complaint had been made in relation to a ‘mentally deficient’ girl. The details of the case display how, despite the best efforts of the CMB, the ‘mentally ill’ were still migrating, in this instance through collusion with the shipping company. The CMO had reportedly warned the Superintendent of the P & O Line that a girl ‘suffering from mental

⁴⁰ Australia Immigration Act 1920, No. 51 of 1920, Section 3 (c).

⁴¹ *Ibid*, Section 8A, this deportation provision also applied to those convicted of a criminal offence, living on the prostitution of others, or advocated the overthrow of the Commonwealth or State Governments. The use of the provision in Western Australia has been examined by Philippa Martyr, in ‘Having a Clean Up’.

⁴² NAA: A1, 1923/3669, Immigration: Unsuitable Immigrants, 22/20778. ‘Letter from the Assistant Director of the Commonwealth Immigration Office’, 4 December 1922.

deficiency' and her father, were embarking at London, but that they would not be allowed to land in Australia. Despite this warning, the father and the shipping company's superintendent had decided to 'take the risk'. Although the CMO cabled the Australian authorities in advance, the customs collector at Adelaide admitted the girl under an exemption certificate. This involved her father providing the 'maintenance undertaking' and the shipping company promising to return her to England if called upon to do so.

Pearce agreed with this recommendation because he wanted to 'support the authorities in London as much as possible'. He did however concede that they could not legislate to prevent people from setting out for Australia. Instead, Pearce thought that granting the British based officials greater authority would deter the shipping companies from flouting the rules. By showing them that the Australian authorities would back up their counterparts in London, Pearce hoped they would 'not be so ready to take the risk of carrying an afflicted passenger whose admission to Australia had not been definitely authorised'. In terms of practicalities he envisaged an early warning system. If the CMO or DMS uncovered any further instances of migrants seeking to travel without approval, they were to inform the shipping companies, and the Home and Territories Department. As such, these powers only translated so far. Furthermore, Pearce stressed that persons could still be allowed to enter Australia if they were not likely to be a 'menace to the community' and adequate maintenance guarantees were provided. Despite these limitations, the suggestion was duly approved by the Governor-General of the Executive Council who noted that the change should be 'helpful in restricting people from bringing weaklings to the Commonwealth'.⁴³

The timing of this meant that, when Howse investigated the systems in place at Australia House in 1923, Percy Hunter as DMS and E.W. Morris as CMO were officers

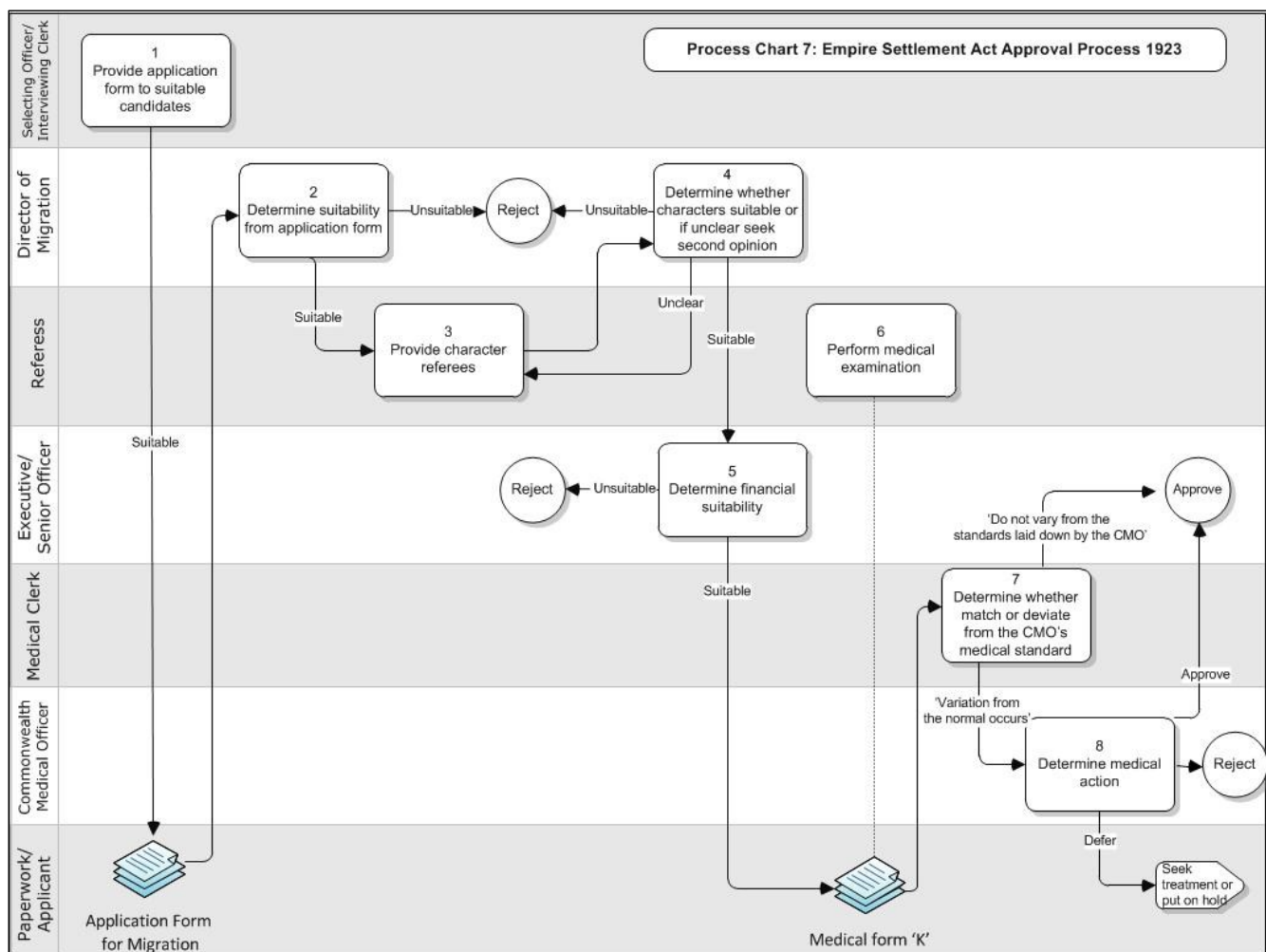
⁴³ *Ibid*, Home and Territories Memorandum: Question of preventing unsuitable or undesirable migrants from sailing from England for Australia.

under the current Immigration Act. Howse would however conclude that the CMOs presence at the embarkation of emigrants was not necessary. Through observing and working with Hunter and his deputy J. T. Barnes, Morris and the Australian High Commissioner Sir Joseph Cook, Howse performed a thorough review of policy and practice. In addition he interviewed the pertinent third parties, the selecting officers, shipping agents and the medical referees. Furthermore, he observed the embarkation process and questioned the migrants themselves as to their experiences.⁴⁴ By formatting Howse's findings into a process chart it is clear that, by 1923, Australia's migration control relied on a number of levels of administrative approval.

As can be seen in Process Diagram 7, this system was designed towards the provision of assisted passages under the Empire Settlement Act. As such, it did not reference the 'prescribed certificates of health' legislated for in the 1912 Immigration Act. It also suggests that the CMO's role was more limited than Norris' vision for it. Specific officers were responsible for granting different types of necessary approval prior to the involvement of medical referees. The eligibility of those seeking assistance to migrate was checked first by the official from whom they first sought advice (Step 1). This first gatekeeper was not necessarily situated at Australia House. Applications could also be submitted through British social organisations and employment offices. All these clerks were expected to evaluate the intending applicants in person. Before handing over the forms to them, these officials had to consider a number of factors indicating suitability. Applicants should be 'free from any physical disability likely to impair his usefulness as a settler, of good moral character, of abstemious habits and in every respect ... [be] a desirable person'.⁴⁵

⁴⁴ Howse, 'Migrants: Medical Examination in England,' p. 4.

⁴⁵ *Ibid*, Appendix 1: Memorandum to Agents. p.18,



The application form itself was designed on more practical grounds. It asked for the applicant's vital statistics, marital status, farming capabilities, finances and whether they had links to Australia. In terms of health suitability the applicant was asked whether they or their family had any physical disabilities. At this stage applicants were advised that medical and character references would be required.⁴⁶ However, before this medical approval stage was triggered, the applicant's character and financial suitability were checked. As per Steps 2, 3 and 4, the Director of Migration requested character referees. If these proved inconclusive he could ask the Ministry of Labour or YMCA to make further enquires. This was because of the perception that these local representatives

⁴⁶ *Ibid*, Appendix 2: Government of Australia Application Form for Migration, pp. 21-23.

were ‘often of the greatest value in estimating the true character of the prospective migrant’. If good character was proven, their case would be passed to another senior officer to assess their financial suitability, the criteria of which Howse did not detail.⁴⁷

What Howse did uncover was how these approval steps led to a large proportion of rejects prior to the medical assessment stage. He found that out of a sample of nearly two hundred cases submitted by the regional selection officers, 126 were rejected by the staff at Australia House.⁴⁸ This represents over sixty per cent and yet, when the Deputy Director reviewed another set of approved cases he found that a further seven per cent should not have passed.⁴⁹ This means that a large proportion of applicants were rejected. Of the ones referred to the next step in the process only those deemed financially suitable were forwarded to the medical stage. Applicants were only then provided with the official medical examination form and advised which medical referee to contact. These select few were informed that ‘under no circumstances will any other medical certificate be accepted, unless duly certified by the above-named medical referee’.⁵⁰

Because he thought the proper completion of the medical certificate as essential, Howse described this process at length. These medical referees alone, he acknowledged, had the opportunity of making a detailed examination of the prospective migrant. Howse confirmed that as CMO, Morris had arranged for all dominions to use the same referees, and that those with war service were preferred because they were more likely to spot those ‘unlikely to make good under hard conditions’. In addition Morris had designed a specific instruction card which advised the medical referees to properly consider the ‘nervous system and mental condition’.⁵¹

⁴⁷ *Ibid*, p. 26.

⁴⁸ *Ibid*, Appendix D: Selection of Migrants, p. 14.

⁴⁹ *Ibid*. From a sample of 222 which had been medically approved the Deputy Director considered that 17 were not suitable.

⁵⁰ *Ibid*, p. 26.

⁵¹ *Ibid*, p. 6.

Morris' advice read as follows:

Particular attention is asked as to mental condition and capacity in all cases, but especially in the case of children and the feeble-minded. Inquiries should be made as to previous treatment for, or any family history of, mental disease or epilepsy in any form.⁵²

The CMO had, prior to Howse's review, reminded the medical referees to complete the certification fully, and to regard in particular the section regarding mental diseases and epilepsy. This was because, he asserted, the 'Directors of Migration of the Empire' considered them particularly important.⁵³ This echoed Norris' sentiments from a decade earlier.

And yet, these two pieces of evidence appear to be the only written procedural contributions Morris made. Curiously, Howse included Norris' *Notes and Instructions for the Guidance of Medical Referees* in full, as an appendix, yet did not mention them in his analysis. Instead Howse noted how the CMO's second opinion had been sought in an average of 43 per cent of the medical forms returned to the department.⁵⁴ As represented in Step 7 of Process Map 7, these were assessed initially by medical clerks. These officers had been trained to follow the medical standards and to refer any cases in whom 'some variation from the normal occurs' to the CMO (Step 8). Morris, or his equivalent, could then make the decision whether to reject the application or defer it, although if for longer than six months, a new medical would be required.⁵⁵ Otherwise the cases passed by the medical clerks were forwarded to a senior officer to grant final approval, as were those sanctioned by the CMO. Subsequently the paperwork was forwarded to officials in Australia before the person emigrated, which usually occurred within four months of them being given the final consent to do so.⁵⁶

⁵² *Ibid*, Appendix 5: Instructions to Medical Referees, p. 34.

⁵³ *Ibid*, Appendix 6, p. 33.

⁵⁴ *Ibid*, p. 6.

⁵⁵ *Ibid*, p. 7.

⁵⁶ *Ibid*.

Despite the amount of pre-approval checks and supporting paperwork, a person's entry to Australia was not automatically guaranteed. The emigrants were checked prior to departure by the CMO, a medical officer from the Board of Trade, and the ship's doctor. Howse described this check as cursory and only likely to detect a migrant 'afflicted with some gross complaint'. As per the 1912 Act, the ship's doctor was legally obliged to report on the state of each immigrant's health to the Australian quarantine officers who assessed them on arrival. Taken together, Howse concluded that 'extensive and elaborate machinery' existed to safeguard against the entry of prohibited migrants into Australia'.⁵⁷

Aside from responding positively to the legal and administrative provisions, Howse was troubled by the amount of cases being returned by Australia. He had discovered that between 1 March 1921 and 31 August 1923 sixty-five approved people had been rejected at the Australian border. This represented a mere 0.125 per cent of the overall 51,863 persons who had emigrated successfully. As such, Howse conceded that this meant that the present method of examination must be 'fairly satisfactory'. He suggested that some of the unsuitable cases may not have been detected due to their own deceit. Intrigued as to the reasons for their return, Howse had made enquiries as to the conditions which had led to people being returned. As detailed in Table 16, nearly half had been so according to the labels 'brain and nervous diseases', 'mental deficiency' and epilepsy.

⁵⁷ *Ibid.* p. 26.

Table 16: Emigrants returned from Australia under medical grounds: 1921 to 1923.

Label	TOTAL
Mental Deficiency	21
Epilepsy	8
Venereal Disease	6
General Debility	5
Tuberculosis	5
Heart Disease	5
Physical Deformities	5
Not Definitely Specified	5
Locomotor Ataxia	1
Arthritis	1
Night Blindness	1
Otitis Media	1
Hernia	1
TOTAL	65

Source: 'Howse, 'Migrants: Medical Examination in England,' p. 9

Although the term 'mental deficiency' had not been included as a prohibited clause within the Act, it was clearly the favoured term for the borderline cases of 'mental illness'. While these conditions quoted in the table may have been listed as 'prescribed disease or disability' the inclusion of 'not definitely specified' shows how inexact terminology endured. Rather than querying the mismatch between immigration policy and practice, Howse expressed concern about the amount of migrants returned for being 'mentally deficient'. In one such case he had examined a man, and although had found him to have a 'poor memory' and a 'neurotic, excitable temperament', did not think he should have been described as 'mentally deficient'. Furthermore, the man's deformities in his hands and feet, Howse discovered, which may have warranted the man's return, had not been used as justification for it.⁵⁸ Despite viewing these physical conditions pejoratively, Howse also queried the use of the label 'physical deformity'. He had found

⁵⁸ *Ibid*, p. 8.

that in one such case a man suffered from ‘bunions, hammer toes and corns’ but in reality his return had been arranged because of complaints by his employer that he was an ‘absolute failure, lazy, untrustworthy and cruel to animals’.

These types of labelling led Howse to make a radical suggestion which was reminiscent of Norris’ concern about those whose natural weaknesses meant they were likely to ‘go to the wall’. Howse described these same types in more conciliatory language. These were people who had ‘sufficient mental equipment to carry them successfully in the quiet life of an English village’ but whose abilities deteriorated because of the conditions of the voyage and the ‘new start’. Howse thought that, despite their inadequacies, these types should not be labelled as ‘mentally deficient’. This he had found only caused more trouble to them and their families. Instead Howse suggested what he thought a fairer description, ‘not likely to become a successful migrant under the arduous conditions of life in Australia’. Recognising that this was wordy he suggested that it could be represented by a ‘code word’ in cable correspondence.⁵⁹

As Norris had done, Howse created a set of instructions to assist the medical referees to identify those he thought ‘unlikely to be successful’. Howse wanted the doctors to ascertain whether the migrant would be able to ‘stand a totally new environment, and to react normally to his new conditions’. His advice on how they could do this reflected the use of intelligence testing to determine mental standards. Howse recommended that the referees use ordinary ‘clinical standards’ and simple tests regarding mental arithmetic, current affairs and local geographical knowledge. While this advice represented a departure from Norris’, Howse remained concerned about the migrants’ hereditary traits.

⁵⁹ *Ibid*, Appendix J: Cases returned from Australia on Medical Grounds, pp. 15-16.

He reiterated the importance of questioning the applicant on the presence of neurasthenia - commonly held to be a psychopathological condition akin to nervous exhaustion - or insanity in their family. Howse's reasoning for this reflected ideas about nervous disease. Because, he explained, it was common for people to emigrate to improve their health, including for 'mental instability, epilepsy and nervous breakdown, Howse wanted more questions be asked about their own history. If they admitted to theirs or family members having been in a lunatic asylum, the CMO should then write to their previous doctors.⁶⁰

Howse made another key observation: that the Australian officials, both in Australia and in Britain, were not working to a common standard.⁶¹ He was greatly surprised that the CMO in Britain and the Commonwealth Director of Quarantine based in Australia had not conferred as to the exact physical and mental requirements in migrants.⁶² Furthermore, he concluded that the medical referees, although operating for all of the dominions, were doing so using different standards.⁶³ This information refutes not only Norris' assertion to the DRC in 1914, that, as CMO, he was responsible for the quarantine controls in Australia, but also Morris' belief that he implemented a uniform, Dominion-wide, medical selection system in Britain.

Howse sought to rectify both of these inconsistencies in Australian and wider dominion border control. He made a number of practical recommendations to assist in debarring those with 'any disability or variation from the normal'.⁶⁴ He redesigned the medical certificate by separating the statements made by the applicant and the doctor, so that the latter's could remain confidential.⁶⁵ Howse recommended that the ship's doctor should see each migrant properly at least once on the journey. This was necessary, he

⁶⁰ *Ibid*, p.10.

⁶¹ *Ibid*, Appendix B, p. 12.

⁶² *Ibid*.

⁶³ *Ibid*, Appendix C: Instructions to Medical Referees, p. 13.

⁶⁴ *Ibid*.

⁶⁵ *Ibid*, Appendix E: The Handling of the K Form by the Migrant, p. 14.

explained, for the doctor to confidently complete the statement as to the migrant's mental and physical condition.⁶⁶ He also queried the Commonwealth Minister of Home and Territories' reliance on the exemption system. Although in some cases Howse accepted it was necessary, such as in the case of a seven year old 'cretin' who entered Australia with his father, he thought that better consideration should be given the financial status of those who guaranteed immigrants' future maintenance.⁶⁷

Perhaps suspicious of Morris' over-confidence in his own abilities, Howse sought to redesign the role of CMO somewhat. Because he had found Morris' presence at the pre-departure examination not to be cost effective, Howse wanted the CMO to act more in an advisory role.⁶⁸ This idea aligns Howse's vision of the role to that of Norris'. Howse thought that the CMO should do more to instruct the medical referees personally in order to make their working practices uniform. Ideally, Howse wanted to centralise the whole system by having the medical inspections performed at Australia House or regional examination centres. He did, however, concede that these ideas were too expensive.⁶⁹ Instead he advocated that a senior officer perform a final personal check of each applicant before confirming and booking their passage.⁷⁰ If his recommendations had not resulted in improvements within a year, Howse suggested a long term plan. Either more staff should be employed at Australia House, or as a last resort, special observation hospitals in Australia could monitor any 'doubtful cases'.⁷¹

This latter extreme step was not necessary according to Percy Hunter's glowing report of how Howse's recommendations had been implemented.⁷² Other more impartial evidence exists to show that Howse's review did lead to improvements. Roe has

⁶⁶ *Ibid*, Appendix G: Medical Examination on Voyage Out, p. 15.

⁶⁷ Howse described a case of an elderly man with kidney disease whose sons acted as his guarantors. Because they were miners with low incomes, Howse thought that their economic status must have 'greatly diminished the value of their guarantee'. *Ibid*, Appendix H: Cases granted special permission to land in Australia, p. 15.

⁶⁸ *Ibid*.

⁶⁹ *Ibid*. p. 10.

⁷⁰ *Ibid*. Appendix D: Selection of Migrants, p. 14.

⁷¹ *Ibid*. Appendix J: Cases returned from Australia on Medical Grounds, pp. 15-16.

⁷² 'Migrants to Dominion: Best People Available', *The New Zealand Herald*, 23 April 1926, p. 14.

identified that two extra medical officers were employed to travel around Britain to see applicants in person.⁷³ It is likely also that Howse's report led to a further amendment in the Australian Immigration Act. In 1926 the term 'mental or physical defect' was removed from clause 3(f). As already discussed, Howse did not like the term 'mental deficiency' and wanted to make the clause sound less severe, while also ensuring that those without 'sufficient mental equipment' were excluded. This idea was reflected in the new wording of clause 3(f) which now read as:

any person, who in the opinion of an officer, is likely if he enters the Commonwealth to become a charge upon the public by reason of infirmity of mind or body, insufficiency of means to support himself, or by any other means.⁷⁴

The purpose behind this wording is clear. It focussed on those who were thought not likely to be self-supporting, whether institutionalised or not. Furthermore, the phrase 'infirmity of mind' sought to expand the scope of those deemed mentally unsuitable or dysfunctional. These changes were another indication of how, in the long history of mental illness and migration control, political administrations continued to incorporate more and more terminology, officers and administration. In relation to the borderline and transient conditions, ideas about 'temperament' and other vague 'peculiarities' became used as reasons for rejection, or deportation. This was a return to the 'bad character' idea from a hundred years previously.

From 'Half-Scamps, Half-Lunatics' to the 'Temperamentally Unsuitable'

No British world or Anglo-sphere legislature was able to completely exclude the borderline types who were deemed 'mentally' or 'morally' unsuitable. Daniel Pollen's 1873 description of the 'half-scamps, half-lunatic', which denoted sub-standard mental

⁷³ Roe, *Australia, Britain and Migration*, pp. 186-187.

⁷⁴ Australia, Immigration Act 1924, Section 3 (f).

or moral capacity, evolved into other terms which appeared in immigration debates. In 1904 British legislators attempted to have immigrants of ‘notoriously bad character’ excluded through their Aliens Bill.⁷⁵ The United States got the closest to legislating against such borderline types with their inclusion, from 1917, of ‘constitutional psychopathic inferiority’ as a prohibited immigrant clause. While this term was meant to denote ‘unstable individuals on the border line between sanity and insanity’, some American eugenicists wanted the even vaguer ‘general shiftlessness’ incorporated into their restrictions.⁷⁶

Although Norris and Howse had attempted to advise the medical referees on how to identify levels of mental ‘defect’ or ‘deficiency’ in intending migrants, no Australasian administration matched the United States Public Health Service’s 1918 *Manual of the Mental Examination of Aliens*. This set of guidelines included photographic examples of ‘mental defectives’ to assist immigration officers in recognising them by their visual ‘signs of degeneracy’.⁷⁷ By 1924, however, the United States replaced their prohibited clauses entirely with the new Johnson-Reed Immigration Act which used a quota system based on assumptions about national traits.⁷⁸

While Howse did not openly acknowledge the influence of North American practices in his revamped guidelines, he did condone the use of intelligence testing for immigrants. By the early twentieth century IQ testing was accepted as an apparently scientific and efficient way to identify and grade ‘mental defectives’.⁷⁹ Australian medical reformers engaged with this system enthusiastically. R.J.A. Berry, who had sat

⁷⁵ This phrase was included in the 1904 Bill but not enacted in the ensuing 1905 Aliens Act because of ‘the impossibility of concrete definition’, see Bashford & Gilchrist, ‘The Colonial History of the 1905 Aliens Act’, p. 422.

⁷⁶ See Baynton, ‘Defectives in the Land’, pp. 33-34, and Desmond King, *Making Americans: Immigration, Race and the Origins of the Diverse Democracy*. (Cambridge, Massachusetts : Harvard University Press, 2000), pp. 176-177.

⁷⁷ Image Archive on the American Eugenics Movement: Manual of the Mental Examination of Aliens 1918 produced by the United States Public Health Service, [accessed 5 April 2014].

⁷⁸ Stern, *Eugenic Nation*, p. 16.

⁷⁹ Thomson, ‘Disability, Psychiatry and Eugenics,’ p. 119.

on the Anthropometric Research Committee at the 1914 AAAS Conference with Norris, was particularly active in this field.⁸⁰ In 1920 he had co-authored 'Intelligence and Social Valuation' with S. D. Porteus, Director of the Vineland Training School for Idiots, New Jersey.⁸¹

One Australian psychologist, in particular, advocated using the same techniques as undertaken in United States immigration control. At the 1925 Australian Association of Psychology and Philosophy General Meeting, Dr Alfred Horatio Martin presented a paper entitled 'The Psychological Examination of Immigrants'.⁸² He did this in order to highlight how, despite the many attempts to segregate the unfit within Australia, not enough was being done to reject them coming in.⁸³ While Howse had recommended the use of 'simple education' tests', Martin advocated a full replication of the entire United States version of immigration control. In noting how the United States had 'dammed the tide of migration to her shores', Martin wanted Australia to use quota systems and intelligence testing.⁸⁴ This he found necessary on two grounds. First the new United States quota system meant that their 'outflow would end up in Australia'.⁸⁵ Second, without a better selection of migrants, Martin feared how Australia would be 'inundated by social evils', evident in those who lacked a certain degree of intelligence. These

⁸⁰ ADB online version, K. F. Russell, 'Berry, Richard James Arthur (1867–1962) [accessed 9 April 2015]. Berry's career in the Australian mental hygiene movement has received much historiographical attention. See Ross Jones, 'Removing Some of the Dust from the Wheels of Civilization: William Ernest Jones and the 1928 Commonwealth Survey of Mental Deficiency', *Australian Historical Studies*, 40:1 (2009), pp. 63-78, and The Master Potter and the Rejected Pots: Eugenic Legislation in Victoria, 1918-1939', *Australian Historical Studies*, 29: 113 (1999), pp. 319-342; Mary Cawte, 'Cranimetry and Eugenics in Australia, R.J.A. Berry and the Quest for Social Efficiency', *Historical Studies*, 22: 86 (1986), pp. 35-53; Rob Watts, 'Beyond Nature and Nurture: Eugenics in Twentieth Century Australian History', *Australian Journal of Politics and History*, 40:3 (1994), pp. 318-344.

⁸¹ Richard A. Berry and S.D. Porteus, *Intelligence and Social Valuation: A Practical Method for the Diagnosis of Mental Deficiency and Other Forms of Social Inefficiency* (Vineland, New Jersey: Self Published, 1920)

⁸² ADB online version, Peter Brandon, 'Martin, Alfred Horatio (1883–1953)', [accessed 9 April 2015].

⁸³ A.H. Martin. 'The Psychological Examination of Immigrants.' *Australasian Journal of Psychology and Philosophy*, (3:3) 1925, p. 196.

⁸⁴ *Ibid*, p. 201.

⁸⁵ *Ibid*, p. 204.

types, Martin asserted, had a high degree of suggestibility so could not maintain themselves and were susceptible to criminal temptations.⁸⁶

This description sounds remarkably like the ‘moral imbeciles’ Norris had tried to warn his medical referees about over a decade earlier. Martin provided some practical recommendations about how to select migrants he described as ‘efficient individuals’ who displayed ‘emotional stability’. This again involved using new checks and more layers of officialdom. Martin wanted the current medical assessment to be bolstered by extra staff that was ‘skilled in psychological analysis’. These officials, Martin suggested could administer ‘simple intelligence tests’ to immigrants in order to exclude those who did not reach an ‘adequate mental standard’. Furthermore, he thought some migrants should be tested for so-called ‘emotional stability’. Martin also wanted the current time frame within which existing immigrants could be deported extended from three to five years.⁸⁷ There is some evidence that Australia did incorporate levels of intelligence testing into their practices, although the exact date of which remains unclear. Roe has suggested that the Binet-Simon scale used in United States immigration control, began to be used in Australian controls around 1927.⁸⁸ Boucher dates it to starting ‘after 1925’ in relation to the physical and intelligence testing of child emigrants.⁸⁹ Both of these suggested dates point to the influence of Howse and, or Martin.

Morris’ penchant for self-publicity does not shed any light on whether IQ testing was implemented under his tenure. In 1926 he decided to return to Australia for good, retiring from the position of CMO. In contrast to Martin’s warnings, Morris continued to proclaim the British-based practices a success. He proudly informed *The Adelaide Mail* that out of nearly 80,000 applications he had processed, only 0.24% had been returned on medical grounds. Because fewer migrants were failing in their host

⁸⁶ *Ibid*, p. 196.

⁸⁷ *Ibid*, p. 206. As per Section 8A of the 1920 Act.

⁸⁸ Between 1927 and 1928. Roe, *Australia, Britain and Migration*, pp. 186-187.

⁸⁹ Boucher, *Empire’s Children*, p. 130.

countries Morris concluded that he was now satisfied with how the dominion medical departments in London had adopted the medical referee system.⁹⁰ There is a lack of archival evidence to help validate Morris' claim, although it has been noted that the Australian officials operating in London were perceived to be hypercritical.⁹¹ It is possible that the paperwork for those rejected now exists in Australian state archives. Roe for example has identified two such cases in the Queensland repository. He found that one man was rejected for being an 'irregular worker, unimpressive and of an unlikely temperament', and another because he was apparently on the 'small side' and had no money'.⁹²

It is also debateable as to whether a uniform dominion-wide system was in place. At the 1926 Imperial Conference the efficiency of the system was discussed again. Like state officials had done with Norris over a decade earlier, Australian state administrators continued to complain that their particular requirements were not being taken into account. In addition to making provisions for fluctuating labour requirements, the standards of assisted immigrants was discussed. Conference delegates agreed that because the physiques of some migrants had been 'subject to some comment', clarification was required as to the reasons of rejection. These reasons did not appear to have been either understood or uniform. The border controllers were not, according to the topics discussed at the conference, able to disclose why individuals had been rejected.⁹³

Sources do however exist to enable historians to consider these reasons for rejection. First we can turn again to York's collation of the yearly returns for prohibited immigrants. This represents those rejected at Australian borders. Second, CMO between 1929 and 1932 Frank McCallum, provided a valuable overview of those returned for

⁹⁰ 'After Many Years Dr E W Morris Returning', *The Mail (Adelaide)*, 10 July 1926, p. 3.

⁹¹ Roe, *Australia, Britain and Migration*, pp. 186.

⁹² *Ibid.*

⁹³ *AJHR*, 1927 Session I, A-06 'Imperial Conference,' p. 177

their unsuitability. While these two sources help us consider the outcomes of Australian border control in the 1920s, data relating to New Zealand is lacking. From 1922 to 1925 the Annual Report of the Director-General of Health included information regarding the inspection of overseas vessels for the previous year. This report referenced the number of cases of infectious disease, contagious disease, infirm immigrants and prohibited immigrants reported per port. This data did not, however, detail the health clauses involved, but just gave the figures, as collated into Table 17. It appears that the infirm or prohibited immigrants were reported in addition to the diseased cases.

Table 17: New Zealand Port Health Inspections of Overseas Vessels, 1921-1924

Type	1921	1922	1923	1924
Infectious Disease	42	17	45	51
Contagious Disease	14	3	8	12
Infirm Immigrants	79	31	40	0
Prohibited Immigrants	55	80	159	158
TOTAL	190	131	252	221

Source: AJHRs, Section H-31: 1922 (p. 14), 1923 (p. 16), 1924 (p. 17) 1925 (p. 21).

From 1926 this report made the results more specific and differentiated between prohibited immigrants, infectious diseases, venereal disease and ‘mental defective cases’ as detailed in Table 18.

Table 18: New Zealand Port Health Inspections of Overseas Vessels, 1925-1930

Type	1925	1926	1927	1928	1929	1930	TOTAL
Prohibited Immigrants	114	169	108	127	142	140	800
Infectious Disease	41	50	22	8	8	7	136
VD cases	14	4	9	17	19	27	90
Mental Defective Cases	4	1	1	20	1	0	27
TOTAL	173	224	140	172	170	174	1053

Source: AJHRs, Section H-31: 1926 (p. 18), 1927 (p. 15), 1928 (p. 20), 1929 (p. 19), 1930 (p. 19), 1931 (p. 13).

Again this data does not specify the reasons why immigrants were prohibited, or the outcome for those deemed ‘mentally defective’, which spiked in 1928. If these cases existed in addition to the other groups, meaning that they did not fall within the prohibited immigrant figures, then the ‘mentally defective’ represented 2.5% of the total of 1053. This suggests a drop from the proportion suggested in Table 15 for the years between 1911 and 1914. If this represents all immigrants defined by their ‘mental health’ then it does show, like for Australia, that fewer ‘mentally ill’ migrants were being assisted under the empire settlement schemes. If not, then the labelling itself provides an interesting finding. It shows how the New Zealand description of ‘mentally ill’ immigrants, in operational terms, if not legislatively, had aligned to that of Australia.⁹⁴

Table 19 represents the results of Australia’s Immigration Act between 1921 and 1930, when empire settlement assistance for migration to Australia ended.⁹⁵ As apparent here, Australian control included a wide ranging set of prohibited clauses, within which the majority of cases again fell under the literacy and stowaway causes.

⁹⁴ The term ‘mentally defective’ was included as a prohibited clause in its own right in 1964. New Zealand Immigration Act, 1964, Section 4a.

⁹⁵ Results for 1925 were not available.

Table 19: Prohibited immigrants under the Australian Immigration Act, 1921-1930

Section 3	Clause	1921	1922	1923	1924	1926	1927	1928	1929	1930	TOTAL	%
Education Test	a	16	9	10	9	14	7	0	23	134	222	42
No certificate of health	b	0	0	2	0	0	0	0	0	0	2	<1
Idiot/Imbecile/Feeble-minded/Epileptic	c	1	4	7	3	7	5	1	1	2	31	6
Transmissible disease or defect	d	0	0	0	0	0	0	0	0	1	1	<1
Communicable disease	e	0	3	5	1	1	5	5	1	0	21	4
Other disease or defect	f	1	0	0	2	4	7	15	13	4	46	9
Other prescribed disease/disability	g	1	0	0	0	0	0	0	0	0	1	<1
Conviction (1) ⁹⁶	ga	1	1	0	0	0	0	0	0	0	2	<1
Conviction (2) ⁹⁷	gb	0	0	0	0	0	0	0	0	0	0	0
Prostitute ⁹⁸	gc	0	0	0	0	0	0	0	0	0	0	0
Advocated overthrow of Govt	gd	0	0	0	0	0	0	0	0	0	0	0
German parentage	ge	0	0	0	7	0	0	0	0	0	7	1.3
Fails to prove passport	gf	1	0	0	3	1	1	0	0	0	6	1.1
Deported under any act	gg	0	0	0	0	0	0	0	0	0	0	0
Any person declared undesirable	gh	NA	NA	NA	NA	3	0	0	0	0	3	<1
Stowaway	NA	7	1	25	23	28	63	11	15	4	177	34
Deserters	NA	0	0	0	2	0	0	0	0	0	2	<1
War precautions repeal act	NA	1	0	0	0	0	0	0	0	0	1	<1
TOTAL		29	18	49	50	58	88	32	53	145	522	

Source: York, *Immigration Restriction, 1901-1950*.

In terms of the medical clauses it is necessary to use these values to check whether the assertions of Morris and Hunter were correct. Table 20 shows the percentage proportions derived from Table 19, in comparison to the equivalent data for 1913-1920 (Table 13).

⁹⁶ Any person who has been convicted of a crime and sentenced to imprisonment for one year or more, unless five years have elapsed since the termination of the imprisonment.

⁹⁷ Any person who has been convicted of any crime involving moral turpitude, but whose sentence has been suspended or shortened conditionally on his emigration, unless five years have elapsed since the expiration of the term for which he was sentenced.

⁹⁸ Any prostitute, procurer, or person living on the prostitution of others.

Table 20: Comparison of Australian results under the prohibited health clause pre and post 1921

Section 3	Clause	1913- 1920 %	1921- 1930 %
No certificate of health	b	0	<1
Idiot/Imbecile/Feeble-minded/Epileptic	c	4.3	6
Transmissible disease or defect	d	<1	<1
Communicable disease	e	9.7	4
Other disease or defect/infirmity	f	3.9	9
Other prescribed disease/disability	g	<1	<1

Source: York, *Immigration Restriction, 1901-1950*.

Although Hunter and Morris were convinced that their so-called uniform system represented a vast improvement in medical assessment, only the rate of communicable disease reduced. The rate of the ‘mentally ill’ clause 3 (c) increased, although this could suggest that the processes at the Australian borders had been made more stringent. From the overall total of 31 cases (Table 19) only one was British, which too could suggest that migrants processed by the Australian officials in London were of a better standard. It can be more confidently asserted that the increase in 3(f) resulted from the 1926 amendment which widened the remit of the clause to ‘infirmity of mind or body’. As such this widening of scope was more likely to be used to restrict the entry of the borderline undesirable. This claim is validated by the opinion of the CMO who was party to the statistics of cases returned between 1929 and 1931.

Frank McCallum was CMO at the end of the 1920s, a decade which had seen a number of changes to Australia’s Immigration Act, and the establishment of the migrant selection process in Britain.⁹⁹ Despite these major changes, McCallum’s review of his time in office shows how Australian immigration control remained reliant on having to

⁹⁹ ADB online version, Margot Kerley, ‘McCallum, Frank (1890–1946)’, [accessed 12 April 2015].

make *ad-hoc* judgements. Furthermore, it highlights how many of the prohibited immigrant clauses in Table 19 were redundant. McCallum's evidence is dated 1935, the year in which Australian politicians sought to repeal key provisions of the 1912 Act for which Norris had so meticulously planned. The discussions about whether a legal clause regarding creating medical bureaux was still required led McCallum to observe that prohibited clause 3 (b) had never been implemented.¹⁰⁰ This was the 'no certificate of health' clause, and yet, as indicated in Table 19 two immigrants had been prohibited in 1923 for not having this paperwork. This not only suggests that much of Norris' work was done in vain, but that these two 1923 rejections were either incorrectly labelled or not in fact legally excluded.

McCallum also provided his opinion as to the other health clauses. He had found clauses 3(c) to (g) to have worked 'generally satisfactory' and had followed the 'traditional practice and phraseology' of the United States, Canada, South Africa and New Zealand. It was his opinion as to clause 3(f) which in particular made the transnational link between Australian and North American practices. McCallum explained how he and his officers had interpreted it as being the same as Section 2 of the United States' 1906 legislation which provided for those 'mentally and physically defective, being of a nature that may affect their ability to earn a living'.¹⁰¹

McCallum also confirmed that the equivalent clause within the Australian Act was used to deal with those he described as the difficult 'shiftless, inadaptable' types. They were the people, he explained, for whom it was difficult to label as having mental or physical defects, but who were 'obviously temperamentally unsuited under the conditions of migration'. This description echoed Howse's concern about those

¹⁰⁰ NAA: A1928, 520/20/1 SECTION 1, Immigration & Immigrants measures taken under IR Act to prevent physically or mentally defective overseas passengers or members of crews from landing in Australia, memo dated 2 July 1935.

¹⁰¹ *Ibid*, memo dated 21 June 1935.

‘not likely to become a successful migrant under the arduous conditions of life in Australia’. Although Howse had wanted these types to be prevented from migrating outright, McCallum suggested that they were more often a case for deportation than for ‘restriction of admission’. Because ‘infirmity of mind’ was only likely to be detected by an experienced medical officer he admitted that it was used in practice especially if the ‘insufficiency of means’ provision did not apply.¹⁰² This suggests that it was used arbitrarily for those who appeared undesirable, even if they had financial means. This wide scope was confirmed by McCallum’s use of two examples. He explained that the infirmity clause was often used in the cases of ‘deaf mutism’ or in those who appeared to have a ‘frankly unsatisfactory family history in regard to mental conditions’.¹⁰³ As such, he recognised how it was used in relation to the transmissible defects of which Norris was so keen to identify. Determining whether such defects were of a ‘pre-embarkation origin’ was, McCallum explained, covered by the ‘existing sub-section and Departmental arrangements’ which enabled someone to be found prohibited after entry if found to have obtained entrance to the Commonwealth by ‘false representations’.¹⁰⁴

Like Howse, McCallum had analysed some cases of returned migrants to determine the reasons for their deportation. His labelling deviated from the official wording within the Immigration Act, and shows the wide variety of terms used to describe people rejected for their so-called undesirability. As Table 21 indicates, only the term epilepsy correlates with any of the ‘mental health’ prohibited immigrant clauses while the labels used for physical conditions were equally vague.¹⁰⁵

¹⁰² *Ibid*, Amendment of the Immigration Act, p. 1.

¹⁰³ *Ibid*, p. 2.

¹⁰⁴ *Ibid*, p. 3, As per the Australian Immigration Act 1901-1925, Section 5, 3 (c).

¹⁰⁵ *Ibid*.

Table 21: Cases of deportees 1928-1931 reviewed by the CMO at Australia House

Label	TOTAL
Mental Disabilities	104
Epilepsy	14
Temperamentally Unsuitable	35
Undesirable (police cases etc.)	71
Pulmonary Tuberculosis	51
Heart Lesions	8
Venereal Diseases	13
Surgical Conditions	53
Miscellaneous medical cases	72
TOTAL	421

Source: NAA: A1928, 520/20/1 Amendment of the Immigration Act, p. 2

Despite these irregularities, if we take ‘mental disabilities’, ‘epilepsy’, ‘temperamentally unsuitable’ and ‘undesirable-police cases etc.’ to cover the wide scope of mental and moral infirmities, they represent over half of the people deported. McCallum found that the average time spent in Australia before being deported was two years and seven months. Because this was just under the current three year time limit he recommended, like Martin had done, that the relevant section of the Act be extended to five years. This increase was required, he explained, because in his experience he had found migrants likely to ‘suffer from recrudescence of mental, pulmonary and other infirmities’.¹⁰⁶ Taken together McCallum’s explanations suggest that by the end of the 1920s steps were in place to deal with the type of immigrants which had troubled administrators for the previous one hundred years. Those temperamentally unsuitable were akin to those previously described as bad characters, and those who suffered from ‘recrudescence’ - recurrence -of mental infirmities, were those previously described as perfectly sane before they left England.

¹⁰⁶ *Ibid.*

Conclusion

This chapter has shown that, despite the creation of a Commonwealth Medical Bureau, and increased attempts to improve medical practices, many challenges of border control remained unresolved. Both Sir Neville Howse and Dr Frank McCallum concluded that the borderline ‘mentally ill’ types were the most problematic. We get a sense that the disconnect between policy and practice for these types would continue *ad infinitum*, regardless of the legal deportation framework established by Australia. By the time of McCallum’s tenure as CMO, border administrators were open as to how they interpreted the legislation. The use of the term ‘mental infirmities’ provided a ‘catch-all’ term for those who appeared mentally or temperamentally unsuitable. For those who managed to gain entry, their residency was by no means assured.

The situation in New Zealand is less clear, despite Percy Hunter’s assurances that they were receiving a ‘magnificent class’. The proportion of those rejected for being mentally deficient does appear to have reduced, although the problems with the available data have been raised as a caveat. Perhaps then, the entry of those perceived to be mentally ill was not deemed problematic enough. Unlike Australia, New Zealand did not alter their Immigration Act in terms of the health clauses over the same period.

This does not mean that New Zealand ended its attempts to exclude the ‘mentally ill’. Both countries continued to do so under different guises. Australia’s Immigration Act remained in force until replaced in 1958 by the Migration Act in which ‘serious mental deficiency, dementia, insanity, epilepsy, addiction, and alcoholism’ remained listed as ‘prescribed diseases’.¹⁰⁷ In 1964 New Zealand consolidated its immigration legislation but kept any ‘mentally defective person’ as prohibited.¹⁰⁸ The

¹⁰⁷ Bashford, ‘At the Border’, p. 352 and ‘Insanity and Immigration Restriction,’ p. 28.

¹⁰⁸ New Zealand Immigration Act, 1964, Sections 4a and 2.

terminology was changed again in 1976 to ‘any mentally disordered person’.¹⁰⁹ This clause remained until 1987 when all previous acts were repealed.¹¹⁰ This continuity has been recognised by Bashford. While race and ethnicity were dropped as exclusion criteria from the mid twentieth century, the mental health provisions endured, often as part of visa requirements.¹¹¹

The 1920s version of British world migration control was tied to visions of Empire settlement. Much time and effort was spent on the facilities for migrant assessment in Britain. The evidence provided by Howse, Morris and McCallum suggests that most of the undesirable were being screened out. Of those who were not, the deportation function facilitated their return. The real story of the 1920s is the consideration of who, and for what reasons, were rejected in Britain for their so-called mental infirmities? Either way border controllers in Britain, Australia and New Zealand now viewed the variances within ‘mentally defective’, ‘mentally infirm’ or ‘temperamentally unsuitable’ similarly. Because they were unlikely to succeed as immigrants, they were not given the assistance to migrate, rejected at the borders, or if their symptoms re-emerged, deported. This part of the British world had sought to cover all eventualities and yet the same problem remained - how to identify those with borderline mental states. It was these types, who were difficult to distinguish from the ‘normal’ and who, regardless of the attempts to ascertain their likelihood of ‘relapse’ or productivity, endured as undesirables.

¹⁰⁹ New Zealand Immigration Act, 1964, Sections 4, 2 a.

¹¹⁰ New Zealand Immigration Amendment Act 1987, Section 4 (2) (a).

¹¹¹ Bashford, ‘Insanity and Immigration Restriction,’ p. 28.

Conclusion

This thesis has explored the discrepancies between the policy and practice of British world immigration control. It has shown that at every stage, and in each region considered, no method was completely successful in excluding the so-called ‘mentally ill’. By focussing on those charged with managing the borders, this research has revealed that, whether the practices were located in Britain, New Zealand, the Commonwealth of Australia, or, on the voyage itself, there were too many aspects which were unpredictable. Whether it be due to the motivations of those involved - the migrant recruiters, border controllers, ship’s doctors - or the lack of proper legal framework for them to operate under, the fact remained; those who appeared ‘insane’ at some point in the migration process could not always be detected.

By examining the evolution of British world border controls between the 1830s and 1920s, this study has shown that regardless of the attempts to transform methods and terminology, the same problems remained. Despite the enduring attempts to improve medical inspections in Britain or at the Australasian borders, some forms of ‘mental illnesses’ remained uncontrollable. This was particularly true of the transient and periodic states of ‘insanity’ or ‘lunacy’, and of the less visually obvious conditions. It was the so-called mental ‘peculiarities’ or ‘infirmities’ which most troubled the policy-makers. As such, we have seen how the terms evolved in order to widen the net of these borderline types, whether labelled as half-scamp, half-lunatic, weak-minded, mentally infirm or temperamentally unsuitable.

This study is the first one of its kind to examine the mechanics of Australasian migration control in this level of operational detail. It has responded to the calls to do this which began over twenty years ago when Barry York compiled Australia’s prohibited immigrants’ statistical data. It has made some sense of the vast array of

immigration regulations described by Robin Haines as ‘analytical complexities’. In doing so, this study has answered the need, highlighted as necessary by Alison Bashford and Angela McCarthy, to understand the practicalities of the immigration control of the ‘mentally ill’.

In providing the finer detail of the practices involved this research provides a wider reaching and more in-depth level of analysis to the current scholarship. So far historians have concentrated on specific parts of this story such as immigration restriction ideologies, border controls and asylum practices. This thesis has combined these approaches. In doing so it contributes to our understanding of how officials in the broader British world interacted within the framework of national and local border controls. This study has shown how local conditions and motivations complicated our idea that a British world was tied together by open and participative networks.

By examining these tensions, this thesis has revealed a number of aspects which enhances current historiographical understanding. It has shown how the ship’s surgeon also needs to be considered as another actor in the muddled system of British world migration control. Furthermore it is clear that the contemporary engagement with mental illness as a so-called malady of migration needs to go far beyond that of asylum studies. As such, this study contributes to the research by established medical historians like Catherine Cox, Angela McCarthy and Hilary Marland. It has shown how non-institutional doctors, migrant recruiters and politicians also recognised how the act of migration could trigger inherent or periodic ‘mental instability’. While some officials sought to seek confirmation that hereditary insanity was not present in intending migrants, many admitted a lack of control over this.

This thesis has also crucially challenged the existing understanding in relation to return migration. In terms of Australia, the current scholarship has focussed on the deportation provisions in place from the 1920s. Regarding New Zealand, Angela

McCarthy has speculated that official repatriation of the ‘mentally ill’ did not occur.

This study has shown that across both regions, politicians and administrators petitioned for, and facilitated deportation in an earlier period than currently believed. And yet, it has also been shown that this function was used arbitrarily.

This inconsistency existed at each stage of migration control. In particular, the policy versus practice approach employed has challenged the current view of the early twentieth- century immigration control as a eugenicist success story. As such, this study challenges the perception of this so-called eugenic phase. While Bashford is correct in her opinion that the insanity clauses linked eugenics and immigration, this research has shown how this relationship was not so straightforward. Although the policy itself was driven by fears of degeneration, its eugenic application needs to be countered by the levels of discretion involved. This is most apparent in the continuation of the bonding facility which enabled the entry of immigrants even if ‘insane’ to enter though financial guarantee.

The comparison of immigration policies between New Zealand and the Commonwealth of Australia has revealed important points of comparison. The study’s importance also lies in how it has revealed differences and commonalities. There was a certain level of uniformity between these countries in how both implemented the prohibited immigrant clause. However in considering the layers of border administration which sat under this legislative framework, it has been shown how the border officials, whether based in Britain or Australasia, often operated according to their own motivations. By exposing these complexities, this study has shown that the legislation was based more on rhetoric than practical methods of exclusion, despite the best attempts of Australian medical reformers like W.P. Norris.

Overall, these British world border controls have been shown to have been disordered, inconsistent and open to legal challenges. As such, this study has exposed

how local conditions complicated the idea of uniformity in British world networks. Despite the attempts to implement standardised practices in the twentieth century, ironically, the most tightly run network existed in provincial New Zealand in the 1860s. The recruitment agents for Otago reacted quickly to colonial complaints about the so-called imported lunatics by seeking to improve their medical regulations. They updated their medical certification requirements to attempt to identify predisposition to insanity. Sixty years later, emboldened with ideas about eugenics, stigmata of degeneration and intelligence testing, administrators had still not developed a sure-fire way of doing this.

These enduring attempts involved persistently changing the setting and extent of the medical assessment. The terminology used to describe the increasingly wide spectrum of mental disease and disability was incorporated, if not into immigration policy, the practices of port health officers. The nineteenth-century concept of 'sound mind' in systematic emigration schemes was framed as the antithesis to insanity. As such, the interchangeable lunacy, alongside idiot and imbecile, were the first labels to be incorporated into immigration restrictions. However it has been shown that the main purpose of the restrictions was to exclude what we have been calling the 'borderline' types. Nowhere is this more obvious than the use of descriptions like half-scamp, half-lunatics and temperamentally unsuitable. These terms were recycled from the idea of bad character so decried in the nineteenth century.

Within the evolving and increasingly messy system a number of themes remained consistent. The Australasian port health officers were responsible for identifying the incoming 'mentally ill'. This was problematic for many reasons. Not only did they have a short time frame in which to make this decision, but also they were not experts in this field. Their roles had been created under the early nineteenth-century British world quarantine systems primarily to deal with infectious disease. At no point were they given specific instructions to help them identify those who according to the

nineteenth-century legislation should have been labelled as of unsound mind, lunatic, idiot or insane. Even when Neville Howse came to review what was meant to be a more efficient Australian system in 1923, he found that the Australian port officials operated differently from their British-based counterparts.

In contrast, the role of local medical referees and ships' doctors achieved much greater attention from the policy makers. From the start of systematic emigration, through to the Empire settlement schemes, the culpability and honesty of the British doctors who sanctioned the medical state of intending emigrants was called into question. More than any other actor involved in the process, the responsibilities of medical referees went through a series of administrative changes, mainly in relation to their methods of certification. The ships' doctors were also expected to play key roles in highlighting those they thought were undesirable, whether in terms of health or behaviour. By the twentieth century, colonial governments had fully integrated the ships' medical officers in their own border control. The Australian Immigration Act in particular made the ship's doctor responsible for providing a full inventory of their passengers' health.

By fully examining the system of British world border control this study has highlighted how the shipping companies had more influence than previously recognised. In many cases they openly flouted the regulations. Not only did politicians petition for the protection of these commercial concerns, but the shipping companies were able to exploit the inconsistency of the operations. Throughout each political debate examined, the idea of excluding the 'mentally ill' was never challenged. Political concern instead rested on the methods of doing so, and whether the shipping and tourist trades would be disrupted.

By uncovering the extent of these financial concerns and the extent of loopholes within the legislation, this thesis has shown that, in regard to British immigrants, border

control remained financially driven. While historians have rightly pointed out the extent of how psychiatrists and asylum officials petitioned for greater controls based on their fear of race degeneration, this study has shown that political concern remained focussed on those likely to become public charges. From the start of systematic emigration in the 1830s, immigrants were meant to be self-supporting. This led to the bonding systems, albeit erratically used, of the mid-to-late nineteenth century. While some politicians and asylum administrators advocated the rejection and return of the 'insane' amongst others deemed incapable, the implementation of the legal deportation system around the turn of the twentieth century, was not used to reject the 'insane' outright in all cases. Instead, both New Zealand and Australia continued to operate an exemption system based on financial bonds to secure entry.

This thesis has considered how, by whom, and where, the decision was made as to whether an intending migrant was mentally unsuitable. It has identified how a number of 'gatekeepers' existed at various stages of the process. In Britain, or more specifically London, the Agent-General or Commonwealth Medical Officer oversaw the medical and character references for assisted migrants provided by local professionals. At the British ports the ship's doctor and British port officials performed a cursory medical assessment. On the voyage itself the ship's doctor was responsible for monitoring the health and conduct of the passengers and reporting on such to the colonial authorities. Based on this information the colonial health or quarantine officers decided whether an immigrant was fit to land. Depending on whether operating under the bonding or deportation system, the customs official or immigration officer, determined the action required for those presenting as 'insane'.

Futhermore, this study has shown that the United States' influence on migration control went beyond that of on the immigration legislation itself. In addition to the prohibited immigrants clause, other North American terminology and practices were

replicated. Australian medical reformers like Norris and Weiher recommended the practical consideration of mental defects and stigmata and degeneration in border operations. Australasian border control was, on all levels, a conglomerate of British and North American legislation and maritime controls. The New Zealand border controllers, although operating under a less obvious eugenic framework, used similar language. It does not appear that an equivalent to Norris existed or was required. This is possibly due to geography. Because they were sheltered by their larger neighbour, eugenically-minded New Zealanders focussed on the state of their existing population, and favourite the use of a nomination system.

It is impossible to avoid noting how many of the themes raised in this study are evident today. Concerns about immigration levels stem, in part, from the alleged pressure on public services. This is a recycling of the old fears about newcomers becoming public charges. Politicians continue to talk of the need for ‘bonds’ or financial securities to protect health services, and prevent those who are undesirable from entering. While archaic language relating to mental disease, disability and dysfunction is no longer used, the same ideas pertaining to the ideal immigrant remain. They should be healthy, well-behaved and overall, self-supporting. The immigration points system in place in Australia and New Zealand, the latter of which this author has been through, are frequently held up as the ideal way of both attracting the suitable migrants, and excluding the undesirable. This thesis has shown that the nineteenth-century ideals of the white Australasian settlement colonies being populated by those of sound mind and body in many ways remain today.

Appendices

Appendix A: Immigration legislation excluding the ‘mentally and morally undesirable’

JSCL: Journal of Comparative Legislation

JCLIL: Journal of Comparative Legislation and International Law

Year	Region	Terminology	Source
1895	Trinidad and Tobago	‘criminal and vicious’	<i>JSCL</i> 1896-7, p. 130.
1896	British Guiana & Grenada	‘pauper and criminal’	<i>JSCL</i> 1897, p. x.
1905	British Central Africa	‘lunatics’	<i>JSCL</i> 1906, p. 502.
1906	Straits Settlements	‘idiots and lunatics’	<i>JSCL</i> 1907, p. 294.
1907	Mauritius	‘mental infirmity’	<i>JSCL</i> 1908, p.397.
1913	Uganda	‘lunatics’	<i>JSCL</i> 1915, p. 98
1923	Zanzibar Protectorate	‘insane’	<i>JCLIL</i> 1925, p.174.
1925	Palestine	‘lunatics’	<i>JCLIL</i> 1926, p. 206.
1947	Zanzibar	‘mental defectives’	<i>JCLIL</i> 1949, p. 170

Appendix B: Comparison of prohibited clauses in the Immigration Restriction Acts of Natal, New Zealand and the Commonwealth of Australia

	Natal (1897)	New Zealand (1899)	Australia (1901)
‘Education Test’	Any person who when asked to do so by an officer appointed under this Act, shall fail to himself write out and sign in the characters of the any language of Europe, an application to the Colonial Secretary in the form set out in Schedule B of this Act.	Any person other than of British (including Irish) birth and parentage who, when asked so to do by an officer appointed under this Act by the Governor, fails to himself write out and sign, in the presence of such officer, in any European language, an application in the form numbered two in the Schedule hereto, or in such other form as the Colonial Secretary from time to time directs. Provided that any person dissatisfied with the decision of such officer shall have the right to appeal to the nearest Stipendiary Magistrate, who shall make such inquiries as he shall think fit, and his decision thereon shall be final	Any person who when asked to do so by an officer fails to write out at dictation and sign in the presence of the officer a passage of fifty words in length in an European language directed by the officer.
‘Public Charge’	Any person being a pauper, or likely to be a public charge		any person likely in the opinion of the Minister or of an officer to become a charge upon the public or upon any public or charitable institution
‘Mentally III’	Any idiot or insane person	Any idiot or insane person	Any idiot or insane person
‘Diseased’	Any person suffering from a loathsome or dangerous contagious disease	Any person suffering from a contagious disease which is loathsome or dangerous	Any person suffering from an infectious or contagious disease of a loathsome or dangerous character
‘Criminal’	Any person who, not having received a free pardon, has within two years been convicted of a felony or other infamous crime or misdemeanour involving moral turpitude, and not being a mere political offence	Any person who, not having received a free pardon, has within two years next preceding the date on which he lands has been convicted in any country of any offence involving moral turpitude, which if committed in New Zealand, would be punishable by imprisonment for two years or upwards, not being a mere political offence.	Any person who has within three years been convicted of an offence, not being a mere political offence, and has been sentenced to imprisonment for one year or longer therefor, and has not received a pardon
‘Prostitution’	any prostitute or person living on the prostitution of others		any prostitute or person living on the prostitution of others
‘Other’			any persons under a contract or agreement to perform manual labour within the Commonwealth: Provided that this paragraph shall not apply to workmen exempted by the Minister for special skill required in Australia or to persons under contract or agreement to serve as part of the crew of a vessel engaged in the coasting trade in Australian waters if the rates of wages specified therein are not lower than the rates ruling in the Commonwealth.

Appendix C: New Zealand Immigration Restriction Act 1899, Section 13

For the purposes of removal from New Zealand of prohibited immigrants, the following provisions shall apply:

1. The Colonial Secretary, or any person authorised by him, may make contact with the master, owner, or agent of any vessel for the passage of any such immigrant to the port or place in or near to his country of birth.
2. Upon the contract being made, any immigrant may, with his personal effects, be placed on board such vessel by any officer under this Act, or by any officer of police, and the master shall keep such immigrant on board, and (if necessary) under custody, until the vessel has sailed.
3. If the immigrant appears to be destitute, the officer placing him on board may supply him with such sum of money as the Colonial Secretary or any person authorised by him certifies to be reasonably required, in order to enable him to maintain himself for one month after disembarking from the vessel at the end of the voyage.
4. All moneys expended under this section shall be included in computing the expenses incurred in respect of the immigrant's removal from New Zealand.

Appendix D: An Act to amend the Immigration Restriction Act 1901, No. 17 of 1905, Section 13A

The master, owners, agents, or charterers of a vessel in which a prohibited immigrant, or person who under section three or five of this Act becomes a prohibited immigrant, comes to the Commonwealth, shall, on being required in writing to any Collector of Customs shall do so, without charge to the Commonwealth, provide a passage for the prohibited immigrant to the place whence he came, and also be liable to pay the Commonwealth for the State a fair sum to recoup the State for the cost of keeping and maintaining the prohibited immigrant while awaiting his deportation from Australia.

Appendix E: Form of Certificate: New Zealand's Immigration Restriction Act 1899¹⁰⁷³

FORM OF CERTIFICATE		
<p>I, _____ master of the “ _____,” from _____, do hereby certify that, to the best of my knowledge and belief, there is no passenger or member of the crew on board my ship liable to the restrictions of “The Immigration Restriction Act, 1899,” of New Zealand, with the exemption of the following:-</p>		
Name	Nationality	Nature of Liability
Dated _____, 19____, _____, Master		

Appendix F: Form 2 Application for Admission into New Zealand Immigration Restriction Act 1899

SCHEDULE	
Form 2 – APPLICATION FOR ADMISSION INTO NEW ZEALAND	
<p>Under the provisions of the “ The Immigration Restriction Act, 1899”, I [<i>Full name, occupation, and address</i>] hereby make application for admission into New Zealand, and declare that I am not a prohibited immigrant within the meaning of that Act.</p>	
<p>And I further declare as follows-</p> <p>I was born at {space}, in the year _____</p> <p>My place of abode during the last twelve months has been _____</p> <p>Dated at {space}, this {space} day of _____</p>	
Applicant]	[Signature of _____

Appendix G: Form 29 Australia Immigration Restriction Act 1901

<p>Whereas {name} has applied to the Minister of External Affairs for Certificate of Exemption for a period of {number} months under the <i>Immigration Restriction Act</i> 1901 in favour of {name} who supposed to be insane and who may in the opinion of the Minister became a charge upon the public and WHEREAS the Minister has agreed to grant the Certificate of Exemption applied for on condition that the said {name} executes this obligation with one approved surety.</p>
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¹⁰⁷³ ‘Regulations Under The Immigration Restriction Act, 1899’, (Wellington: John Mackay, 1900).

Appendix H: Commonwealth of Australia Immigration Act 1912 Section 4

After section 3 of the Principal Act the following sections are inserted:

- 3A (1) The Governor-General may establish Commonwealth Medical Bureaux at such places outside the Commonwealth as he thinks fit.
- (2) The Minister may appoint a Chief Medical Officer to be in charge of a Commonwealth Medical Bureau and such other officers in connexion with the Bureau as he thinks necessary.
- (3) The salaries of such officers shall be paid out of moneys to be provided by the Parliament.
- (4) Officers so appointed shall not be subject to the *Commonwealth Public Service Act* 1902-1911 or any Act amending or substituted for the same.
- 3B (1) The Minister may appoint duly qualified medical practitioners to be medical referees for the purposes of this Act as such places outside or within the Commonwealth as he thinks fit.
- (2) Medical referees shall be paid such fees as are prescribed.
- 3C The Minister may authorize a list of questions to be put to and answered by an intending immigrant on his examination by a medical referee.
- 3D (1) An intending immigrant shall be examined as to his physical and mental fitness by a medical referee, and shall answer the authorized list of questions put to him by the medical referee, who shall, if he is satisfied that the intending immigrant is of sound health, issue to him, on payment of the prescribed fee, a certificate of health in the prescribed form.
- (2) Where an intending immigrant embarks at a port where there is no medical referee, he shall prior to his departure be examined as to his physical and mental fitness by the ship's medical officer, and shall answer the authorized list of questions put to him by the ship's medical officer, who shall, if he is satisfied that the intending immigrant is of sound health, issue to him, on payment of the prescribed fee, a certificate of health in the prescribed form.
- (3) If the ship's medical officer is not satisfied that the intending immigrant is of sound health, he shall send a report on the health of the intending immigrant, together with the answers of the intending immigrant to the authorized list of questions to the Chief Medical Officer, who may, if he thinks fit, on payment of the prescribed fee, a certificate of health in the prescribed form to the intending immigrant:
- Provided that the Chief Medical Officer shall not issue a certificate of health to any person believed by him to be suffering from or affected with any disease or disability either specifically mentioned or of a class mentioned in this Act or the regulations.
- (4) The Chief Medical Officer may require an intending immigrant to be examined as to his physical and mental fitness by him or by a duly qualified medical practitioner appointed by him.

Appendix H: Commonwealth of Australia Immigration Act 1912 Section 4, cont.

3E (1) A Collector or Sub-collector of Customs may, if he thinks fit, permit an intending immigrant who on arrival in the Commonwealth does not possess a certificate of health in the prescribed form to be examined as to his physical and mental fitness by a medical referee upon payment of the prescribed fee

(2) The medical referee shall, if he is satisfied that the intending immigrant is of sound health, issue to him a certificate of health in the prescribed form.

3F The master of a ship carrying passengers to Australia shall on the ship's arrival at her first port of entry to the Commonwealth report to an officer all cases in which a certificate of health has been issued to the intending immigrant by the ship's medical officer.

Penalty: Fifty pounds

3G (1) The master of a ship carrying passengers to Australia shall furnish to the officer in charge at the port of entry a certificate by the ship's medical officer that he has individually examined each intending immigrant at least once during the voyage to Australia.

(2) The medical officer of a vessel carrying passengers to Australia shall report to the officer in charge at the port of entry all cases of intending immigrants who on the voyage have shown indications of suffering from or being affected with any disease or disability, either specifically mentioned or of a class mentioned in the Act or the regulations.

Penalty: Fifty pounds

3F All certificates of health issued to intending immigrants shall be attached to the passenger list and handed to an officer at the port of entry.

3I An officer may, if he thinks fit, detain an intending immigrant at his arrival at port of entry in Australia for a further examination as to his physical and mental fitness by a medical referee.

Provided that the detention of the immigrant shall not affect the liability of the master, owners, agents, or charterers of the vessel, in which the immigrant came into the Commonwealth, under section thirteen A of this Act.

3J The Minister may, if he thinks fit, prevent an intending immigrant from entering the Commonwealth, notwithstanding that a certificate of health has been issued to the intending immigrant.

Appendix I: Personal Statement Australia Immigration Act 1912¹⁰⁷⁴

1. Please state:
 - a. Your age
 - b. Your occupation for the past five years
 - c. Whether or not you are married
 - d. How many children have you?
2. Is the general state of your health good?
3. When were you last off work or laid up through sickness or injury?
 - i. What was the cause?
 - ii. How long were you laid up?
 - iii. Have you ever been in a sanatorium?
4. Have you ever been rejected for life assurance at any time?
 - i. If so when and for what reason.
5. Are there any other circumstances relating to your health which are not referred to in the previous questions?
6. Family History
 - a. Age of
 - i. Father
 - ii. Mother
 - b. Age of at death, and cause of
 - i. Father
 - ii. Mother

¹⁰⁷⁴ 'Federal Affairs', *The Adelaide Advertiser*, 25 March 1914, p. 15.

Bibliography

Primary Sources

Books

Bland, William, *Letters to Charles Buller* (Sydney: D. L. Welch, 1849)

Braim, Thomas Henry, *New Homes: the Rise, Progress, Present Position and Future Prospects of each of the Australian Colonies and New Zealand, Regarded as Homes for all classes of Immigrants*. (London: Bull, Simmons and Co., 1870)

Buller, Charles, *Responsible Government for Colonies* (London: James Ridgeway, 1840)

Cholmondeley, Thomas, *Ultima Rule, or Thoughts Suggested by a Residence in New Zealand* (London: J. Chapman, 1854)

Clayden, Arthur, *The England of the Pacific or New Zealand as a Middle-Class Emigration Field*. (London: Wyman & Sons, 1879)

Dilke, Charles, *Greater Britain: A record of travel in English-speaking countries during 1866-7, Volume I* (London: Macmillan & Co, 1869)

——— *Problems of Greater Britain* (London, Macmillan and Co, 1890)

Elder, A. Vavasour, *The Ship-Surgeon's Handbook* (London: Bailliere, Tindall and Cox, 1911)

Froude, James Anthony, *Oceana or England and her Colonies* (London: Longmans, Green and Co., 1886)

Garnett, R., *Edward Gibbon Wakefield, the Colonisation of South Australia and New Zealand* (London: T Fisher Unwin, 1898)

Grey, Henry George, *The Colonial Policy of Lord John Russell's Administration, Vol. 1* (London: Richard Bentley, 1853)

Hay, William Delisle, *Brighter Britain! Or Settler and Maori in Northern New Zealand: Volume I* (London: Richard Bentley & Son. 1882)

Hursthouse, Charles, *New Zealand or Zealandia, the 'Britain of the South: Volume 2* (London: Edward Stanford, 1857)

Lang, John Dunmore, *Juvenile-Pauper Emigration, a Letter to the Members of the Vestry of the Parish of Marylebone* (London: Tyler and Reed, 1848)

——— *Narrative of Proceedings in England, Scotland and Ireland, with a view to Originate an extensive and continuous immigration of a superior character from the United Kingdom into this Territory* (Sydney: D L Welch, 1850)

Moore, John Murray, *New Zealand for the Emigrant, Invalid and Tourist* (London: Sampson Low, Marston, Searle & Rivington, 1890)

Reeves, William Pember, *State Experiments in Australia and New Zealand Vol. 2* (London: Grant Richards, 1902)

Seeley, J. R., *The Expansion of England: Two Courses of Lectures* (London: Macmillan and Co. Limited, 1914)

Stewart, William Downie ed., *The Journal of George Hepburn: On His Voyage from Scotland to Otago in 1850, with extracts from his letters written from Otago* (Dunedin, Coulls Somerville Wilkie & A. H. Reed, 1934)

Talbot, Eugene S., *Degeneracy, Its Causes, Signs and Results* (London: Walter Scott Ltd., 1898)

Torrens, Robert, *Substance of a speech in the House of Commons on the motion of Sir Robert Wilmot Horton for the reappointment of a select committee on emigration from the United Kingdom* (London: T. Brettell, 1827)

Wakefield, Edward Gibbon (Robert Gouger ed.) *A Letter from Sydney, the Principal Town of Australasia, together with the outline of a system of colonization* (London: Joseph Cross, 1829)

Wells, Samuel R., *New Physiognomy, or Signs of Character, as manifested through temperament and external forms* (New York: Samuel R. Wells, 1875)

White, Arnold, *Efficiency and Empire* (London: Methuen and Co., 1901)

Chapters in Books and Articles in Journals

Butterworth, Arthur Reginald, 'The Immigration of Coloured Races into British Colonies', *Journal of the Society of Comparative Legislation*, 1897, 336-353.

Digby, Everard, 'Immigration Restriction in Australia', *Journal of the Society of Comparative Legislation*, (5) 1903, 143-153.

'Hunt on Physio-Anthropology', *Journal of the Anthropological Society of London*, Volume V (London: 1867)

Knox, Howard A. 'Tests for Mental Defects', *Journal of Heredity*, 5: 3 (March 1914), 122-130.

Martin. A. H., 'The Psychological Examination of Immigrants.' *Australasian Journal of Psychology and Philosophy*, 1925, Vol. 3, No. 3.

'The Psychonomy (sic) of Hand', *The Anthropological Review*, no. XI. October 1865.

Weihen, A. Wallace, 'The Medical Inspection of Immigrants to Australia' *The Report of the Thirteenth Australasian Association for the Advancement of Science, Sydney 1911* (W. E. Smith: Sydney, 1912)

Conference Proceedings

Australasian Medical Congress: Transactions of the Eighth Session, Melbourne, 1908
Volume I (Victoria: J. Kemp, 1909)

Australasian Medical Congress: Transactions of the Ninth Session, Sydney, 1911
(Sydney: Gullick, 1913)

Report of the Third Meeting of the Australasian Association of the Advancement of Science (Christchurch: Published by the Association, 1891)

Report of the Thirteenth Australasian Association for the Advancement of Science, Sydney 1911 (Sydney: W.E. Smith, 1912)

Report of the Fourteenth Australasian Association for the Advancement of Science, Melbourne 1913 (Melbourne: Albert Mullett, 1914)

Transactions of the Inter-colonial Medical Congress of Australasia: First Session 1887
(Adelaide: Vardon and Pritchard, 1888)

Transactions of the Inter-colonial Medical Congress of Australasia: Second Session 1889, (Melbourne: Stillwell and Company, 1889)

Legislation

Canada

Immigration Act 1906 (6 EDW VII, Chapter 19)

Immigration Act 1910 (9-10 EDW VII, Chapter 27)

Commonwealth of Australia

Contract Immigrants Act, 1905, No. 19 of 1905

Immigration Act, 1912, No. 38 of 1912

Immigration Act, 1920, No. 51 of 1920

Immigration Act, 1924, No. 47 of 1924

Immigration Amendment Act 1987, No. 158

Immigration Restriction Act, 1901 (1 EDW VII, No. 17)

Immigration Restriction Act, 1908, No. 25 of 1908

Immigration Restriction Act, 1910, No. 10 of 1910

Immigration Restriction Amendment Act, 1905, No. 17 of 1905

Quarantine Act, 1908, No.3 of 1908

New Zealand

Customs Act, 1841 (4 VIC 1841, No. 3)

Harbours Act, 1842 (5 VIC 1842, No. 15)

Imbecile Passengers Act, 1873 (37 VIC 1873, No.70)

Imbeciles Passenger Act, 1882 (46 Vic 1882, No.58)

Imbecile Passengers Act Amendment Act, 1875 (39 Vic 1875, No. 93)

Imbecile Passengers Act Extension Act, 1879 (43 Vic 1879, No. 39)

Immigration Act, 1964, No. 43

Immigration Restriction Act, 1899 (63 VICT 1899, No. 33)

Immigration Restriction Act, 1906(6 EDW VII 1906, No. 65)

Immigration Restriction Act, 1908, No. 78

Lunatics Act, 1868 (32 Vic 1868, No.16)

Lunatics Act, 1882 (46 Vic 1882, No. 3)

Lunatics Act Amendment Act (54 and 55 Vic 1891, No. 22)

Marine Boards Act, 1862 (26 VIC 1862, No. 20)

Public Health Act, 1876 (40 VIC 1876, No. 60)

Public Health Act, 1900, No. 25

Public Health Act Amendment Act (No.2) (1 EDW VII 1901, No. 61)

Undesirable Immigrants Exclusion Act (10 Geo V 1919, No. 44)

United States

An Act to Regulate Immigration, Forty-Seventh Congress, Session I, Chapter 376, 1882

An Act in Amendment to the Various Acts Relative to Immigration and the Importation of Aliens under Contract or Agreement to Perform Labour, Fifty-First Congress, Session II, Chapter 551, 1891

Victoria

An Act to Regulate the Conveyance of Passengers to the Colony of Victoria (16 VIC 1852, No. 17)

Miscellaneous

Image Archive on the American Eugenics Movement: Manual of the Mental Examination of Aliens, United States Public Health Service

<http://www.eugenicsarchive.org/html/eugenics/index2.html?tag=1516>

Journals of the Society of Comparative Legislation

<http://heinonline.org/HOL/Index?index=journals/jclil&collection=journals>

Maritime Museum Merseyside 1989.200, DX/1071/R, *Diary of Emigrant Sarah Stephens* (1876)

Wellcome Library: Archives and Manuscripts, SA/EUG/B.4 'First International Eugenics Conference, Inaugural Banquet'.

National Archives Files

Australia (NAA)

A1, 1911/10657, Examination of Persons under Immigration Act Reports by Collectors of Customs re practices in vogue

A1, 1920/17096, Norris Dr W P Admission of Consumptives

A1, 1923/3669, Immigration: Unsuitable Immigrants

A1928, 520/20/1 SECTION 1, Immigration & Immigrants: measures taken under I.R. Act to prevent physically or mentally defective overseas passengers or members of crews from landing in Australia

D596, 1903/3522/03, Immigration Restriction Act 1901 Regarding Lunatics

D596, 1903/4155, Procedure regarding the arrival of lunatics

J3117/47, Brisbane, Correspondence relating to procedures adopted in connection with the landing of insane persons prior to the passing of the Immigration Act 1901

J3117/50, Brisbane, Correspondence relating to fines in connection with charges against masters of vessels for breaches of the Immigration Restriction Act 1901- counsel to press for substantial fines when ships deserters are of the undesirable class

MT1487/1, NORRIS W P (Lieutenant Colonel) - Australian Army Medical Corps Reserve

PP4/4, Customs Ledger 23/12/1902 to 12/12/1907 Book 1

PP4/4, Customs Ledger 23/12/1902 to 12/12/1907 Book 2

New Zealand (NZNA)

AAAC D500 707 Box 135a/524, E. Hulme to Superintendent, 1861

AAAC D500 709 Box 340, J. Crawford and J. Auld, Edinburgh Agents to Superintendent, 1863

AAAC D500 709 Box 340a/75, J. Crawford and J. Auld, Edinburgh Agents to Superintendent, 1863

AAAC D500 709 Box 341b/257/265, J. Auld, Edinburgh Agent to Superintendent, 1869

AP2 4 C 95 473 Record Number 1065/73, Providing for maintenance of sick and destitute immigrants, 1873

AP2 14 C 95 483 Record Number 532/74, Correspondence re Miss Chapman passenger on Wave Queen (ship) declared to be insane, 1874

AP2 26 C 95 495 Record Number 62/75, H Ellis, E Brophy and C Goldsboro, Auckland – submit reports on health of Emma Naylor an immigrant epileptic and arrangements for sending her back to England

AP2 43 C 95 512 Record Number 178/76, Epileptic Immigrant – Correspondence re Martha Joel, a young women sent out as government immigrant, found to be subject to epilepsy. Government send her back to England

BBAO A78 5544 Box 17 Record Number 1876/219, Reader Wood, Provincial Secretary, Auckland – Harriet Billies- passenger ‘Merwanjee Franjee’ requisition re Imbecile Passenger Act 1876

BBAO A78 5544 Box 31a Record Number 1884/215, G. W. Grabham, Inspector of Asylums, Wellington – Charles Robertson, passenger from Frisco. Take Action under the Imbeciles Passengers Act 1882

BBAO A78 5544 Box 34a Record Number 1885/233, James T Hart, Acting Collector of Customs, Wellington, William George Wilkes, passenger to Wellington ex Akaroa bond under the Imbeciles Passengers Act 1882

BBAO A78 5544 Box 37a Record Number 1886/237 1886, J Hackworth, Collector of Customs, Dunedin – Adamson – lunatic or imbecile passenger – informed on board ‘Te Anau’

BBAO A78 5544 Box 51a Record Number 1894/18, Joseph A Tole Crown Solicitor Auckland – T Sullivan and Union Company, re bond under the Imbeciles Passengers Act, Memo from Crown Solicitor, 8 January 1894

BBAO A78 5544 Box 76, WT Glasgow, Secretary and Inspector, Customs Department, Wellington, Stowaways

New Zealand (NZNA) cont.

BBAO A78 5544 Box 67a Record Number 1900/574, Edward Patten, Collector of Customs, Christchurch – Alexander Bartles – imbecile passenger – asking to be informed when SS Thornhill leaves Auckland if he leaves in her

BBAO A78 5544 Box 87 Record Number 1905/1062, W T Glasgow, Secretary and Inspector, Customs Department, Wellington – Alexander Manton, sent to hospital as James Alexander Clisp – re admittance under Imbecile Passengers Act

BBAO A78 5544 Box 87a Record Number 1905/960, W T Glasgow, Secretary and Inspector, Customs Department, Wellington, Immigration Restriction Act, 1899 – circular 473 – re translation into various languages

BBAO A78 5544 Box 91a Record Number 1906/1022, F C Hall, Receiver, Avondale Lunatic Asylum – George Grierson –steerage passenger ex ‘Zealandia’ comes under the Imbecile Passengers Act

BBAO A78 5544 Box 96 Record Number 1907/1081, W T Glasgow, Secretary and Inspector, Customs Department, Wellington, Imbecile Passengers Act , 1882– Circular 633 re chronic alcoholics

BBAO A78 5544 Box 188 Record Number 1885/848, Union Steam Ship Company of New Zealand Limited, Auckland – Alexander Moss – declining to execute bond under Imbeciles Passengers Act

BBAO A78 5544 Box 197 Record Number 1889/1161, Union Steam Ship Company of New Zealand Limited, Auckland, Herman Kruger, passenger ‘Wainui’ – re notice under Imbeciles Passengers Act declining liability

BBAO A78 5544 Box 197 Record Number 1889/1268, Dr T R King, Superintendent Lunatic Asylum, Auckland, Carl Christian Kohler Kjoge, seaman Barque ‘Brunette’ asking what action has been taken under the Imbeciles Passengers Act 1882

BBAO A78 5544 Box 202a Record Number 1897/701, W T Glasgow Inspector and Collector, Customs Department Wellington Imbeciles Passengers Act 1882 instructions re bonds not required for certain blind persons

BBAO A78 5544 Box 203 Record Number 1897/959, D McKellar Collector of Customs, Wellington – Alfred Compton –passenger for Auckland per ‘Anglian’ ex ‘Delphic’ Bond taken under Imbecile Passenger Act

BBAO A78 5544 Box 204 Record Number 1898/606, W T Glasgow Inspector and Collector, Customs Department Wellington ‘Enterprise’ –asking if master knew of his obligation under the Imbeciles Passengers Act

BBAO A78 5544 Box 207a Record Number 1900/734, WT Glasgow, Secretary and Inspector, Customs Department, Wellington, Immigration Restriction Act, 1899 circular copy of regulations attached

New Zealand (NZNA) cont.

BBAO A78 5544 Box 211 Record Number 1902/925, W T Glasgow, Secretary and Inspector, Customs Department, Wellington – Huddart Parker and Company – forwarding copy of letter re Bond under the Imbecile Passengers Act 1882

BBAO A133 5544 Box 111 Record Number 1909/305, Richard Carte, for Secretary and Inspector, Wellington – Joseph Pinter, restricted immigrant – re liability by the Union Steam Ship Company

BBAO A133 5544 Box 122a Record Number 1910/1069, WB Montgomery, Secretary of Customs, Wellington- Prohibited Immigrants – re duty of the Port Health Officer

BBAO A133 5544 Box 133a Record Number 1912/8, E R Brabazon, for Secretary of Customs, Wellington – Alexander Keay – suspected imbecile passenger from United States, America – circular 393/98

BBAO A133 5544 Box 144a Record Number 1913/375, WB Montgomery, Secretary of Customs, Wellington – John Stark, aged 30, Farmer, immigrant –forwarding bond

BBAO A133 5544 Box 145a Record Number 1913/742, George Craig, Secretary of Customs, Wellington – James Robinson prohibited immigrant (formerly resident of Waihi- suffering from tuberculosis- Minister's decision re: entry. Report by District Heath Officer, Auckland

BBAO A133 5544 Box 148a Record Number 1913/1477, George Craig for Secretary of Customs, Wellington – Immigration Restriction Act – Circular 1223– re lunatics, idiots, and persons suffering from contagious diseases

BBAO A133 5544 Box 153a Record Number 1914/142, George Craig, Secretary of Customs, Wellington – Walter H Gould - returning cancelled bond

BBAO A133 5544 Box 153a Record Number 1914/200, WDG Grant, Boarding Inspector, Auckland; Norman Bromiley, aged 10 ex 'Ayrshire' accompanied by his father – has tuberculosis; Duncan Arthur Davidson passenger ex 'Ayrshire' re: entry into New Zealand; William Blackwood, Trimmer 'Ayrshire' - is syphilitic; Thomas Day Steward 'Ayrshire' has fibrosis of both apices

BBAO A133 5544 Box 154 Record Number 1914/278, George Craig, Secretary of Customs, Wellington – DA Davidson – infirm immigrant ex Ayrshire acknowledging receipt of bond

BBAO A133 5544 Box 154a Record Number 1914/467, E T W MacLaurin, Acting Collector of Customs, Wellington – Arthur Walker - prohibited immigrant ex 'Kaipara' advising deported per 'Otaki'

BBAO A133 5544 Box 165a Record Number 1915/638, George Craig, for Comptroller of Customs – Miss Violet J Alexander – passenger ex 'Maheno' from Sydney – prohibited immigrant exempted from the Immigration Restriction Act 1908

New Zealand (NZNA) cont.

BBAO A133 5544 Box 232a Record Number 1912/2266, WB Montgomery, Secretary of Customs, Wellington – Adheniar de Vidts, aged 50 and Raoul aged 25 – arrived per ‘Maheno’ 22 September – destitute Belgium immigrants – no action can be taken

C 304 991 C24 4 7, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908 A – H

C 304 991 C24 4 8, Bonds entered into under the Imbeciles Passengers Act 1882 and the Immigration Restriction Act 1908 I – Y

DADF D430 19039 Box 7a Record No 22/3/5, Edward Mulcahey – restricted immigrant

DAHI/D264/37, Dunedin Lunatic Asylum, Register

DAHI/D264/100, Dunedin Lunatic Asylum, Register of Discharges, Removal and Deaths

DAHI/D266/1985/2388, Elizabeth Wilson: Dunedin Lunatic Asylum, 1869, Asylum stay

United Kingdom (TNA)

CO 208/171 1839-40, Emigration: Correspondence between Joseph Phipson and H.F. Alston, Superintendent of Emigration

CO 208/272, New Zealand Company, Register of Applications for Free Passages

CO 208/274, New Zealand Company, Original Applications for Free Passages

T161/111, Emigration: Empire Settlement Act: 1922 Cmd. 1580: Report of the Overseas Settlement Committee for the year ended 31 December 1921

T161/111, Report of the Overseas Settlement Committee for the year ended 31 December 1921

T161/178, Minutes of Conference held in Mr. Amery's room in the House of Commons on 16 June 1922 to discuss the procedure for the selection of settlers for Australia under the Empire Settlement Act Schemes

T161/178, The Settlement procedure in the case of immigrants proceeding to Australia under agreed schemes under the Empire Settlement Act

T161/ 232, Memorandum of the discussions on overseas settlement between the Representatives of the Commonwealth Government and the Overseas Settlement Committee. Nov-Dec 1926

Newspapers

Bendigo Advertiser (Victoria)

Border Watch (Mount Gambier, Southern Australia),

Daily Herald (Adelaide)

Daily Telegraph (Launceston, Tasmania)

Examiner (Launceston, Tasmania)

Geelong Advertiser (Victoria)

Goulburn Evening Penny Post (New South Wales)

Hawera & Normanby Star (Taranaki)

Newcastle Morning Herald and Miners' Advocate (New South Wales)

North Otago Times (Oamaru)

Otago Daily Times (Dunedin)

Taranaki Daily News

The (Adelaide) Advertiser

The (Adelaide) Register

The Akaroa Mail and Banks Peninsula Advertiser (Canterbury)

The Argus (Melbourne)

The Ashburton Guardian (Canterbury)

The Auckland Star

The Australasian (Melbourne)

The Barrier Miner (Broken Hill, New South Wales)

The Brisbane Courier

The Byron Bay Record (New South Wales)

The Chiltern and Howlong Times and Ovens Register (Victoria)

The Colac Herald (Victoria)

The Colonist (Nelson)

The Daily Herald (Adelaide)

The Daily News (Perth)

The Dominion (Wellington)

The Evening News (Sydney)

The Evening Post (Wellington)

The Feilding Star (Manawatu)

The Grey River Argus (Greymouth)

The Healesville Guardian and Yarra Glen Advocate (Victoria),

The Kalgoorlie Miner (Western Australia)

The Mail (Adelaide)

The Maitland Daily Mercury ((New South Wales)

The Marlborough Express (Blenheim)

The Mercury (Hobart)

The Molong Argus (New South Wales)

The Nelson Evening Mail

The New York Times

The New Zealand Herald

The New Zealand Graphic

The New Zealand Observer

The Northern Advocate (Northland)

The North Western Advocate and the Emu Bay Times (Tasmania)

The Otago Witness (Dunedin)

The Poverty Bay Herald (Gisborne)

The Press (Canterbury)

The Queensland Times

The Star (Christchurch)

The South Australian Register (Adelaide)

The Southland Times

The Sunday Times (Sydney)

The Sydney Gazette and New South Wales Advertiser

The Sydney Morning Herald

The Sydney Stock and Station Journal

The Tamworth Daily Observer (New South Wales)

The Thames Star (Waikato)

The Timaru Herald (Canterbury)

The Times (London)

The Tuapeka Times (Otago)

The Waikato Times

The Wanganui Herald

The Wellington Independent

The West Coast Times

The West Australian (Perth)

The Worker (Brisbane)

Wairarapa Daily Times

Wanganui Chronicle

Parliamentary Papers

Commonwealth of Australia (CAPD)

House of Commons Parliamentary Papers (Australia) Parlinfo online version
<http://parlinfo.aph.gov.au>

Historical Votes and Proceedings No. 105, 20 December 1912

‘Immigration Act’, 1901-1920

‘Immigration Bill’, 1901-1920

‘Immigration Restriction Bill’, 1901-1920

‘Northern Territory: Crowns Land Ordinance’, 1912

Norris, William P., Notes and Instructions for the Guidance of Medical Referees (circa 1913-1914) Appendix 5 of ‘Migrants-Medical Examination in England’ Report by Sir Neville Howse, presented 3 April, 1924, 27-33.

‘Supply Bill’, 1912

The Parliament of the Commonwealth of Australia 1923-1924, ‘Migrants-Medical Examination in England’ Report by Sir Neville Howse, presented 3 April, 1924 (Victoria: H.J. Green, Government Printer for the State of Victoria, 1924)

‘Quarantine Bill’, 1912

‘Question: Diseased Immigrants’, 1912

‘Question: Quarantine’, 1912

New Zealand (AJHR)

Appendix to the Journals of the House of Representatives and Votes and Proceedings of the House of Representatives <http://atojs.natlib.govt.nz/cgi-bin/atojs>

1864 Session I, Section D-03, ‘Correspondence Relative to the Introduction of Emigrants into New Zealand.’

1865 Session I, Section D-03, ‘Correspondence of the New Zealand Emigration Board relative to the Dispatch of Emigrants to New Zealand.’

1870 Session I, Section D-04, ‘Correspondence with the New Zealand Commissioners Relative to Immigration.’

New Zealand (AJHR) cont.

1871 Session I, Section D-03b, 'Papers Relating to Immigration.'

1871 Session I, Section H-10, 'Report of the Joint Committee on Lunatic Asylums.'

1872 Session I, Section D-16a, 'Further Papers Relating to Immigration: Reports of Immigration Officers.'

1873 Session I, Section D-01, 'Immigration to New Zealand: Memoranda to the Agent General.'

1873 Session I, Section D-01b, 'Immigration to New Zealand: Further Memoranda to the Agent General.'

1873 Session I, Section D-01d, 'Immigration to New Zealand: Further Memoranda to the Agent General.'

1873 Session I, Section D-02, 'Immigration to New Zealand: Letters from the Agent General.'

1873 Session I, Section D-02a, 'Immigration to New Zealand: Further Papers from the Agent General.'

1873 Session I, Section D-02c, 'Immigration to New Zealand: Further Papers from the Agent General.'

1873 Session I, Section D-02d, 'Immigration to New Zealand: Further Papers from the Agent General.'

1874 Session I, Section D-01, 'Immigration to New Zealand: Letters to the Agent General.'

1874 Session I, Section D-01a, 'Immigration to New Zealand: Further Letters to the Agent General.'

1874 Session I, Section D-02, 'Immigration to New Zealand: Letters to the Agent General: Transmitting Reports of Immigrant Ships.'

1874 Session I, Section D-03, 'Emigration to New Zealand: Letters from the Agent General.'

1874 Session I, Section D-05, 'Immigration, Correspondence with the Colony.'

1874 Session I, Section H-26, 'Hot Springs District of the North Island.'

1875 Session I, Section D-01, 'Immigration to New Zealand, Letters to the Agent General.'

New Zealand (AJHR) cont.

1875 Session I, Section D-01a, 'Immigration to New Zealand, Further Letters to the Agent General.'

1875 Session I, Section D-02, 'Immigration to New Zealand, Letters from the Agent General.'

1875 Session I, Section D-03, 'Immigration to New Zealand, Letters to the Agent General Transmitting Reports upon Immigrant Ships.'

1875 Session I, H-02a, 'Further Reports on Lunatic Asylums in New Zealand.'

1876 Session I, Section D-03, 'Immigration to New Zealand, Letters to the Agent General Transmitting Reports upon Immigrant Ships.'

1876 Session I, Section D-06, 'Immigration: General Reports of Immigration Officers.'

1877 Session I, Section D-04, 'Immigration: Letters to the Agent General for New Zealand, Covering Reports upon Immigrant Ships Immigration Commissioners.'

1878 Session I, Section D-01, 'Emigration to New Zealand: Letters to the Agent General.'

1878 Session I, Section D-09, 'Immigration: General Reports of Immigration Officers.'

1879 Session I, Section D-02, 'Emigration to New Zealand (Letters from the Agent General).'

1879 Session I, Section D-05, 'Immigration: General Reports of Immigration Officers.'

1880 Session I, Section D-01, 'Emigration to New Zealand: Letters to the Agent General.'

1880 Session I, Section D-02, 'Emigration to New Zealand: Letters from the Agent General.'

1880 Session I, Section H-06, 'Annual Report on Lunatic Asylums of New Zealand.'

1881 Session I, Section A-05, 'Sir Julius Vogel: Papers Relating to his Resignation of the Agent-General-ship.'

1881 Session I, Section H-13, 'Annual Report on Lunatic Asylums of New Zealand.'

1882 Session I, Section H-09, 'Reports on, for 1881, Lunatic Asylums of New Zealand.'

1883 Session I, Section H-03, 'Lunatic Asylums of the Colony (Report on) for 1882.'

1884 Session I, Section A-03, 'Inter-colonial Convention, 1883.'

New Zealand (AJHR) cont.

1884 Session I, Section D-02, 'Emigration to New Zealand (Letters to the Agent General).'

1884 Session I, Section D-03, 'Emigration to New Zealand (Letters from the Agent General Respecting).'

1884 Session I, Section H-07, 'Lunatic Asylums of the Colony (Report on) for 1883.'

1885 Session I, Section H-10, 'Lunatic Asylums of New Zealand (Report on) for 1884.'

1887 Session I, Section H-09, 'Lunatic Asylums of the Colony (Report on) for 1886.'

1896 Session I, Section D-05, 'Immigration: Concessions Made to Suitable Persons coming to New Zealand.'

1897 Session I, A-01, 'Despatch from the Right Honourable Secretary of State for the Colonies.'

1898 Session I, Section H-07, 'Lunatic Asylums of the Colony (Report on) for 1897.'

1900, Session I, Section H-07, 'Lunatic Asylums of the Colony (Report on) for 1899.'

1901 Session I, A-02, 'Despatches from the Secretary of State of the Colonies to the Governor of New Zealand.'

1904 Session I, H-31, 'Public Health Statement.'

1905 Session I, A-08, 'High Commissioner for New Zealand.'

1908, Session I, A-04, 'Historical Table of the Legislation of New Zealand.'

1909 Session II, H-31, 'Annual Report of the Public Health Department.'

1912 Session II, H-31, 'Public Health Reports and Charitable Aid.'

1913 Session I, H-31, 'Public Health Reports and Charitable Aid.'

1914 Session I, H-31, 'Public Health Reports and Charitable Aid.'

1915 Session I, H-31, 'Public Health Reports and Charitable Aid.'

1916 Session I, H-31, 'Public Health Reports and Charitable Aid: Report Thereon by the Inspector General of Hospitals and Charitable Institutions and Chief Health Officer.'

1917 Session I, H-31, 'Public Health Reports and Charitable Aid: Report Thereon by the Inspector General of Hospitals and Charitable Institutions and Chief Health Officer.'

1919 Session I, H-31, 'Public Health Reports and Charitable Aid: Report Thereon by the Inspector General of Hospitals and Charitable Institutions and Chief Health Officer.'

New Zealand (AJHR) cont.

1920 Session I, H-31, 'Public Health Reports and Charitable Aid: Report Thereon by the Inspector General of Hospitals and Charitable Institutions and Chief Health Officer.'

1921 Session I-II, H-31, 'Department of Health, Annual Report of the Director General.'

1923 Session I-II, A-02, 'Despatches from the Secretary of State to the Colonies to the Governor-General of New Zealand.'

1923 Session I-II, D-09, 'Annual Report of the Department of Immigration.'

1924 Session I, A-01, 'Despatches to the Secretary of State to the Colonies from the Governor-General.'

1924 Session I, A-06a, 'Imperial Economic Conference of Representatives of Great Britain, the Dominions, India, and the Colonies and Protectorates, held in October and November, 1923.'

1924 Session I, A-07, 'Report of the British Oversea Settlement Delegation to New Zealand 1923.'

1927 Session I, A-06, 'Imperial Conference.'

New Zealand Parliamentary Debates (NZPD)

'Imbeciles Passengers Bill', *Third Session of the Fifth Parliament, 15th Volume, 28th August to 3rd October, 1873* (Wellington: G. Didsbury, 1873)

'Immigration', *Fifth Session of the Fifth Parliament, 19th Volume, 28th September to 21st October, 1875* (Wellington: G. Didsbury, 1875)

'Bills Discharged', *First Session of the Twelfth Parliament, 86th Volume, 17th September to 24th October, 1894* (Wellington: S Costall, 1894)

'Immigration Restriction Bill', *Fourth Session of the Thirteenth Parliament: Legislative Council and House of Representatives, 110th Volume, 27th September to 23rd October, 1899* (Wellington: John MacKay, 1899)

United Kingdom (HCPP)

House of Commons Parliamentary Papers (UK)

HCPP 1837-38 [388] Emigration. Report from Mr. Elliot, Agent-general for emigration from the United Kingdom, to the Secretary of State for the Colonies.

HCPP 1839 [536-I] [536-II] Emigration. Copies of any general since the last laid before this house from the Agent-General for Emigration.

HCPP 1840 [133] Emigration. Report from the Agent-General for Emigration and corresponding relative thereto.

HCPP 1840 [582] Report from the Select Committee on New Zealand; together with the minutes of evidence taken before them, and an appendix and index.

HCPP 1842 [301] Emigration. Return to an address of the Honourable the House of Commons, dated 9 March 1842.

HCPP 1913 [Cd. 6863] Dominions no. 14. Report for 1912-13 relating to the self-governing dominions: prepared in the Dominions Department of the Colonial Office.

HCPP 1913 [Cd. 7170] Dominions Royal Commission. Minutes of Evidence Taken in New Zealand in 1913.

HCPP 1913 [Cd. 7171] Dominions Royal Commission. Minutes of Evidence Taken in Australia in 1913

HCPP 1914 [Cd. 7210] Dominions Royal Commission. Second interim report of the royal commission on the natural resources, trade, and legislation of certain portions of His Majesty's dominions

HCPP 1914-16 [Cd. 7710] Dominions Royal Commission. Royal Commission on the Natural Resources, Trade, and Legislation of Certain Portions of His Majesty's Dominions. Minutes of evidence taken in London in June and July 1914, and papers laid before the commission.

Printed Company Records

Illustrated Guide of the Orient Line of Steamers Between England and Australia (London: MacLure and MacDonald, 1884)

New Zealand Company, Regulations for Labourers Wishing to Emigrate to New Zealand (London, 1840)

Orient Line Guide: Chapters for Travellers by Sea and by Land (London: Sampson, Low, Marston, Searle and Rivington, 1890)

Orient Pacific Line Guide: Chapters for Travellers by Sea and by Land (London: Sampson, Low, Marston and Company, 1901)

Plymouth Company of New Zealand, Prospectus: Terms for the Purchase of Lands; Regulations as to Cabin Passages; Regulations for Labourers Wishing to Emigrate; Scales of Outfit; etc. (Devonport: New Zealand, Henry Granville, 1840)

P & O Pocket Book (London, Nissen and Arnold, 1888)

P & O Book for Passengers (London, Thos Cook and Son, 1893)

P & O Pocket Book (London: Adam and Charles Black, 1908)

Printed Government Records

Colonization Circular No.1 Issued by Her Majesty's Colonial Land and Emigration Commissioners, 1843 (London: Charles Knight and Co., 1843)

Colonization Circular No.7 Issued by Her Majesty's Colonial Land and Emigration Commissioners, 1847 (London: Charles Knight and Co., 1847)

Colonization Circular No.8 Issued by Her Majesty's Colonial Land and Emigration Commissioners, 1848 (London: Charles Knight and Co., 1848)

Colonization Circular No.9 Issued by Her Majesty's Colonial Land and Emigration Commissioners, 1849 (London: Charles Knight and Co., 1849)

Colonization Circular No.10 Issued by Her Majesty's Colonial Land and Emigration Commissioners, 1850 (London: Charles Knight and Co., 1850)

Colonization Circular No.15 Issued by Her Majesty's Colonial Land and Emigration Commissioners, 1855 (London: Charles Knight and Co., 1855)

Colonization Circular No.19 Issued by Her Majesty's Colonial Land and Emigration Commissioners, 1859 (London: George E. Eyre and William Spottiswoode, 1855)

Emigrants Information Office, Emigration Statutes and General Handbook, 1889 (London: HMSO, 1889)

Government Emigration Office, Regulations to be Observed in the Selection of Labourers for a Passage (Including Provisions and Medical Attendance During the Voyage) to the Sydney or Port Phillip District of New South Wales, to Van Diemen's Land, Western Australia, South Australia, and New Zealand; and also the Conditions on which the Passage, when Granted, must be Understood and Accepted (London, 1845)

Instructions to Surgeons of Emigrant Ships Sailing under the Superintendence of Her Majesty's Colonial Land and Emigration Commissioners (London: W. Clowes and Sons, for HMSO, 1850),

The Australasian Colonies: Emigration and Colonisation, Report of Inquiries made by Walter Hazell and Howard Hodgkin (Members of the Committee of Management of the Emigrants Information Office) During a visit to Australia, Tasmania and New Zealand, December 1886-April 1887 (London: Edward Stanford, 1887)

Secondary Sources

Books

- Anderson, Warwick, *The Cultivation of Whiteness* (Melbourne, Melbourne University Press, 2002)
- Bashford, Alison ed. *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present* (Basingstoke: Palgrave Macmillan, 2006)
- Bashford, Alison, *Imperial Hygiene: A Critical History of Colonialism, Globalization and Security, 1850 to the Present* (London and New York: Palgrave Macmillan, [2003] 2014)
- Bashford, Alison & Philippa Levine eds. *The Oxford Handbook of the History of Eugenics* (Oxford: Oxford University Press, 2010)
- Belich, James, *Paradise Reforged: A History of New Zealanders from the 1880s to the year 2000* (Honolulu: University of Hawaii Press, 2001)
- *Replenishing the Earth: The Settler Revolution and the Rise of the Anglo-World 1783 – 1939* (Oxford: Oxford University Press, 2009)
- Bell, Duncan, *The Idea of Greater Britain: Empire and the Future of World Order, 1860–1900* (Princeton, New Jersey: Princeton University Press, 2007)
- Boucher, Ellen, *Empire's Children: Child Emigration, Welfare and the Decline of the British World, 1869-1967* (New York: Cambridge University Press, 2014)
- Braga, Stuart, *ANZAC Doctor: The life of Sir Neville Howse, Australia's first VC* (Sydney: Hale and Iremonger, 2000)
- Brown, Judith M. & William Roger Louis eds. *The Oxford History of the British Empire: The Twentieth Century* (Oxford: Oxford University Press, 2001)
- Buckner, Phillip & R. Douglas Francis eds. *Rediscovering the British World* (Calgary: Calgary University Press, 2005)
- Byrnes, Giselle ed. *The New Oxford History of New Zealand* (Melbourne: Oxford University Press, 2009)
- Carey, Hilary M., *God's Empire: Religion and Colonialism in the British World* (Cambridge, Cambridge University Press, 2011)
- Cathcart, Michael, *Manning Clark's History of Australia* (abridged) (Melbourne: Melbourne University Press, 1997)
- Coleborne, Catharine, *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860-1914* (Basingstoke: Palgrave Macmillan, 2009)

- Constantine, Stephen ed. *Emigrants and Empire: British Settlement in the Dominions between the Wars* (Manchester: Manchester University Press, 1990)
- Cox, Catherine & Hilary Marland eds. *Migration, Health and Ethnicity in the Modern World* (Basingstoke: Palgrave Macmillan, 2013)
- Dalziel, Raewyn, *The Origins of New Zealand Diplomacy* (Wellington: Victoria University Press, 1975)
- Darian-Smith, Kate, Patricia Grimshaw & Stuart Macintyre eds. *Britishness Abroad: Transnational Movements and Imperial Cultures* (Melbourne: Melbourne University Press, 2007)
- Dowbiggin, Ian, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada 1880-1940* (Ithaca and London: Cornell University Press, 2003)
- *The Quest for Mental Health: A Tale of Science, Medicine, Scandal, Sorrow and Mass Society* (New York: Cambridge University Press, 2011)
- Fairburn, Miles, *The Ideal Society and Its Enemies: The Foundations of Modern New Zealand Society, 1850-1900* (Auckland: Auckland University Press, 1989)
- Foxhall, Katherine, *Health, Medicine and the Sea: Australian Voyages c.1815-1860* (Manchester: Manchester University Press, 2012)
- Haines, Robin, *Doctors at Sea: Emigrant Voyages to Colonial Australia* (New York: Palgrave Macmillan, 2005)
- *Life and Death in the Age of Sail: The Passage to Australia* (London: National Maritime Museum, 2006)
- Hale, John, *Settlers, Being Extracts from the Journals and letters of Early Colonists in Canada, Australia, South Africa and New Zealand* (London: Faber and Faber, 1950)
- Hardwick, Joseph, *An Anglican British World: The Church of England and the Expansion of the Settler Empire, c.1790-1860* (Manchester: Manchester University Press, 2014)
- Harper, Marjory & Stephen Constantine, *Migration and Empire* (Oxford: Oxford University Press, 2010)
- Hassam, Andrew, *Sailing to Australia: Shipboard Diaries by Nineteenth Century British Emigrants* (Manchester: Manchester University Press, 1994)
- *No Privacy for Writing: Shipboard Diaries, 1852-1879* (Melbourne: Melbourne University Press, 1995)
- Hetherington, Penelope, *Paupers, Poor Relief and Poor Houses in Western Australia, 1829-1910* (Perth: University of Western Australia Press, 2009)
- Hughes, Robert, *The Fatal Shore* (London: Vintage, 2003)

Jackson, Mark, *The Borderland of Imbecility: Medicine, society and the fabrication of the feeble mind in late Victorian and Edwardian England* (Manchester: Manchester University Press, 1999)

Jackson, Mark ed. *The History of Medicine* (Oxford: Oxford University Press, 2011)

King, Desmond, *Making Americans: Immigration, Race and the Origins of the Diverse Democracy*. (Cambridge, Massachusetts and London: Harvard University Press, 2000)

Koditschek, Theodore, *Liberalism, Imperialism and the Historical Imagination: Nineteenth-Century Visions of a Greater Britain* (Cambridge: Cambridge University Press, 2011)

Kraut, Alan M., *Silent Travellers: Germs, Genes and the Immigrant Menace* (Baltimore: The John Hopkins University Press, 1995)

MacLeod, Roy ed. *The Commonwealth of Science: ANZAAS and Scientific Enterprise in Australasia* (Melbourne: Oxford University Press, 1988)

Magee, Gary B. & Andrew S. Thompson, *Empire and Globalisation: Networks of People, Goods, and Capital in the British World, c. 1850-1914* (Cambridge: Cambridge University Press, 2010)

McCarthy, Angela & Catharine Coleborne eds. *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010* (London: Routledge, 2012)

Nichols, Glenn, *Deported: A History of Forced Departures from Australia* (Sydney: University of New South Wales Press, 2007)

Norris, F. Kingsley, *No Memory for Pain: An Autobiography* (Melbourne: Heinemann, 1970)

Palfreman, A.C., *The Administration of the White Australia Policy* (Melbourne: Melbourne University Press, 1967)

Painter, Nell Irvin, *The History of White People* (New York: W.W. Norton, 2010)

Patterson, Brad, Tom Brooking & Jim McAloon eds. *Unpacking the Kists: the Scots in New Zealand* (Montreal: McGill-Queen's University Press, 2013)

Pick, Daniel, *Faces of Degeneration: A European Disorder, circa 1848-1918* (Cambridge: Cambridge University Press, 1989)

Porter, Andrew ed. *The Oxford History of the British Empire Volume 3: The Nineteenth Century* (Oxford: Oxford University Press, 1999)

Porter, Roy, *A Social History of Madness: Stories of the Insane* (London: Phoenix, 1996)

———, *Madness: A Brief History* (Oxford: Oxford University Press, 2002)

Potter, Simon J., *News and the British World: The Emergence of an Imperial Press System* (Oxford: Oxford University Press, 2003)

Roe, Michael, *Australia, Britain and Migration, 1915-1940: A Study of Desperate Hopes* (Cambridge: Cambridge University Press, 1995)

Salter, Lucy E., *Laws as Harsh as Tigers: Chinese Immigrants and the Shaping of Modern Immigration Law* (Chapel Hill: The University of North Carolina Press, 1995)

Shorter, Edward, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997)

Sinclair, Keith, *William Pember Reeves: New Zealand Fabian* (Oxford: Oxford University Press, 1965)

Skultans, Vielda, *Madness and Morals: Ideas on Insanity in the Nineteenth Century* (London: Routledge and Kegan Paul, 1975)

Smith, Philippa Mein, *A Concise History of New Zealand* (Cambridge: Cambridge University Press, 2005)

Starr, Alison, *Neville Howse VC, Biography of an Authentic Australian Hero* (Sydney: Les Braddock and Sons Ltd., 2000)

Stern, Alexandra Minna, *Eugenic Nation: Faults of Frontiers of Better Breeding in Modern America* (Ithaca: Cornell University Press, 2005)

Stone, Dan, *Breeding Superman: Nietzsche, Race and Eugenics in Edwardian and Interwar Britain* (Liverpool: Liverpool University Press, 2002)

Tabili, Laura, *We Ask for British Justice: Workers and Racial Differences in Late Imperial Britain* (Ithaca: Cornell University Press, 1994)

Thomson, David, *A World Without Welfare: New Zealand's Colonial Experiment* (Auckland: Auckland University Press, 1998)

Thurston, Anne, *Records of the Colonial Office, Dominions Office, Commonwealth Relations Office and Commonwealth Office* (London: HMSO, 1995)

Tyquin, Michael B., *Neville Howse Australia's First Victoria Cross Winner* (Melbourne: Oxford University Press, 1999)

Wales, Murdoch & John Pearn, *Neville Howse VC, Soldier, Surgeon and Citizen* (Brisbane: Amphion Press, 1997)

Welsh, Frank, *Great Southern Land: A New History of Australia* (Penguin: London, 2005)

Wright, David, *Mental Disability in Victorian England: The Earlswood Asylum 1847-1901* (Oxford: Oxford University Press, 2001)

Young, Robert J.C., *The Idea of English Ethnicity* (Oxford: Blackwell, 2008)

Chapters in Books and Articles in Journals

Bashford, Alison, 'At the Border: Contagion, Immigration, Nation', *Australian Historical Studies*, 33:120 (2002), 344-358.

——— 'Internationalism, Cosmopolitanism and Eugenics' in Bashford and Levine eds. *The Oxford Handbook of the History of Eugenics*, 154-172.

——— 'Insanity and Immigration Restriction' in Cox & Marland eds. *Migration, Health and Ethnicity in the Modern World*, 14-35.

——— 'Immigration Restriction: Rethinking period and place from settler colonies to postcolonial nations', *Journal of Global History*, 9:1 (March 2014) 26-48.

Bashford, A. & Sarah Howard, 'Immigration and Health: Law and Regulation in Australia, 1901 – 1958', *Health and History*, 6:1 (2004), 97-112.

Bashford, Alison & Philippa Levine, 'Introduction: Eugenics and the Modern World' in Bashford and Levine eds. *The Oxford Handbook of the History of Eugenics*, 3-24.

Bashford, Alison & Catie Gilchrist, 'The Colonial History of the 1905 Aliens Act', *The Journal of Imperial and Commonwealth History*, 40:3 (2012), 409- 437.

Baynton, Douglas C., 'Defectives in the Land: Disability and American Immigration Policy, 1882-1924', *Journal of American Ethnic History*, 24: 3 (Spring 2005), 31-44.

Bridge, Carl & Kent Fedorowich, 'Mapping the British World', *The Journal of Imperial and Commonwealth History*, 31:2 (2003), 1-15.

Bryder, Linda, 'The History of Medicine in Australia and New Zealand', in Jackson ed. *The History of Medicine*, 302-318

Breathnach, Ciara, 'Even 'Wilder Workhouse Girls': The Problem of Institutionalisation among Irish Immigrants to New Zealand 1874', *The Journal of Imperial and Commonwealth History* (2011) 39:5, 771-794.

Buckner, Phillip & R. Douglas Francis, 'Introduction' in Buckner and Francis eds. *Rediscovering the British World*, 9-20.

Buelmann, Tanja & Donald M. MacRaild, 'Globalizing St. George: English Associations in the Anglo-World to the 1930s', *Journal of Global History*, 7 (2012), 79-105.

Cawte, Mary, 'Cranio-metry and Eugenics in Australia, R.J.A. Berry and the Quest for Social Efficiency', *Historical Studies*, 22: 86 (1986), 35-53.

Coleborne, Catharine, 'Making 'Mad' Populations in Settler Colonies: the work of law and medicine in the creation of the colonial system', in Diane Kirkby & Catharine Coleborne eds. *Law, History, Colonialism: the reach of empire* (Manchester: Manchester University Press, 2001), 106-122.

——— 'Health and Illness, 1840s-1990s', in Byrnes ed. *The New Oxford History of New Zealand*, 487-509.

——— 'Locating Ethnicity in the Hospitals for the Insane: Revisiting Case Books as Sites of Knowledge Production about Colonial Identities in Victoria, Australia 1873-1910' in McCarthy & Coleborne eds. *Migration, Ethnicity, and Mental Health*, 73-90.

——— 'White Men and Weak Masculinity: Men in the public asylums in Victoria, Australia, and New Zealand, 1860s-1900s', *History of Psychiatry* 25: 4 (2014), 468-476.

Coleborne, Catharine & Ondine Godtschalk, 'Colonial Families and Cultures of Health: Glimpses of Illness and Domestic Medicine in Private Records in New Zealand and Australia, 1850-1910.' *Journal of Family History*, 38:4 (2013), 403-421.

Constantine, Stephen, 'Introduction: Empire Migration and Imperial Harmony' in Constantine ed., *Emigrants and Empire*, 1-21.

——— 'Immigration and the Making of New Zealand, 1918-1939' in Constantine ed. *Emigrants and Empire*, 121-149.

——— 'British Emigration to the Empire-Commonwealth Since 1881: From Overseas Settlement to Diaspora', *Journal of Imperial and Commonwealth History*, 31:2 (2003), 16-35.

Convery, Ian, John Welshman and Alison Bashford, 'Where is the Border?: Screening for Tuberculosis in the United Kingdom and Australia, 1950-2000', in Bashford ed. *Medicine at the Border*, 97-115.

Cox, Catherine, Hilary Marland & Sarah York, 'Itineraries and Experiences of Insanity: Irish Migration and the Management of Mental Illness in Nineteenth-Century Lancashire' in Cox & Marland eds. *Migration, Health and Ethnicity in the Modern World*, 36-60.

Cox, Catherine & Hilary Marland "'A Burden on the County": Madness, Institutions of Confinement and the Irish Patient in Victorian Lancashire', *Social History of Medicine*, 28:2 (2015), 263-287.

Dalziel, Raewyn, 'Southern Islands: New Zealand and Polynesia' in Porter, ed. *The Oxford History of the British Empire Volume 3: The Nineteenth Century*, 573-596.

Dawson, Maree, 'A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital, c. 1870-1900' in McCarthy & Coleborne eds. *Migration, Ethnicity, and Mental Health*, 91-106.

——— 'Halting the 'Sad Degenerationist Parade': Medical Concerns about Heredity and Racial Degeneracy in New Zealand Psychiatry, 1853-1899', *Health and History* 14:1 (2012), 38-55.

Denoon, Donald with Marivic Wyndham, 'Australia and the Western Pacific in Porter ed. *The Oxford History of the British Empire Volume 3: The Nineteenth Century* 546-572.

Dolmage, Jay, 'Disabled upon Arrival: The Rhetorical Construction of Disability and Race at Ellis Island', *Cultural Critique*, 77 (Winter 2011), 24-69.

Fairchild, 'Amy, Comment: Historicizing the Notion of Disability', *Journal of American Ethnic History*, 24:3 (Spring 2005), 45-48.

Foley, Jean Duncan, 'Maritime Quarantine Versus Commerce: the Role of the Health Officer of Port Jackson in the Nineteenth Century,' *Journal of the Royal Australian Historical Society*, 90:2 (2004), 152-174.

Fitzpatrick, Moira, 'Preventing the Unfit from Breeding: The Mental Deficiency Bill in Western Australia, 1929', in Penelope Hetherington ed. *Childhood and Society in Western Australia* (Perth: University of Western Australia Press, 1988), 144-160.

Galusca, Roxana, 'From Fictive Ability to National Identity: Disability, Medical Inspection, and Public Health Regulations on Ellis Island', *Cultural Critique*, 72 (Spring 2009), 137-163.

Garton, Steven, 'Sound Minds and Healthy Bodies: Reconsidering Eugenics in Australia 1914-1940', *Australian Historical Studies*, 26:103 (October 1994), 163-181.

——— 'Eugenics in Australia and New Zealand: Laboratories of Racial Science', in Bashford & Levine eds. *The Oxford Handbook of the History of Eugenics*, 243-257.

Gramaglia, Letizia, 'Migration and Mental Illness in the British West Indies 1838-1900: The Cases of Trinidad and British Guiana,' in Cox & Marland eds. *Migration, Health and Ethnicity in the Modern World*, 61-82.

Green, E. H. H., 'The Political Economy of Empire, 1880-1914' in Porter ed. *The Oxford History of the British Empire Volume 3: The Nineteenth Century*, 346-368.

Haines, Robin, 'Indigent Misfits or Shrewd Operators? Government-assisted Emigrants from the United Kingdom to Australia, 1831-1860', *Population Studies*, 48:2 (1994), 223-247.

Hall, Catherine, 'What Did the British World Mean to the British? Reflections on the Nineteenth Century', in Buckner & Francis, eds. *Rediscovering the British World*, 21-37.

Harper, Marjory, 'British Migration and the Peopling of Empire', in Porter ed. *The Oxford History of the British Empire Volume 3: The Nineteenth Century*, 75-87.

Hawk, Angela, 'Going 'Mad' in Gold Country: Migrant Populations and the Problem of Containment in Pacific Mining Boom Regions', *Pacific Historical Review*, 80:1 (2011), 64-96.

Hirota, Hidetaka, "'The Great Entrepot for Mendicants': Foreign Poverty and Immigration Control in New York State to 1882', *Journal of American Ethnic History* 33:2 (Winter 2014) 5-32.

Jones, Ross L. "'The Mother's an Anatomist and Cupid's with an Occultist': Mental deficiency and the medical profession in Victoria between the wars', in Suzanne Parry ed. *Migration to Mining: Medicine and Health in Australian History* (Darwin: Historical Society of the Northern Territory, 1998), 64-74.

——— 'The Master Potter and the Rejected Pots: Eugenic Legislation in Victoria, 1918-1939', *Australian Historical Studies*, 29: 113 (1999), 319-342.

——— 'Removing Some of the Dust from the Wheels of Civilization: William Ernest Jones and the 1928 Commonwealth Survey of Mental Deficiency', *Australian Historical Studies*, 40:1, (2009), 63-78

Kamp, Alanna, 'Formative Geographies of Belonging in White Australia: Constructing the National Self and Other in Parliamentary Debate, 1901', *Geographical Research*, 48:4 (2010), 411-426.

Knewstubb, E., 'The Models of Home?: Influences on Medical Practice at Ashburn Hall, Dunedin', *The New Zealand Journal of History*, 46:1 (2012), 3-20.

——— 'Medical Migration and the Treatment of Insanity in New Zealand: The Doctors of Ashburn Hall, Dunedin, 1882-1910' in McCarthy & Coleborne ed. *Migration, Ethnicity and Mental Health*, 107-122.

Labrum, Bronwyn, 'The Changing Meaning and Practices of Welfare, 1840s-1990s' in Byrnes ed. *The New Oxford History of New Zealand*, 389-422.

Leckie, Jacqueline 'Lost Souls': Madness, Suicide and Migration in Colonial Fiji until 1920, in McCarthy & Coleborne ed. *Migration, Ethnicity, and Mental Health*, 107-140.

Magee, Gary B. & Andrew S. Thompson, 'Migrapounds: Remittance Flows Within the British World, c. 1875-1913' in Darian-Smith, Grimshaw & Macintyre eds. *Britishness Abroad*, 45-62.

Maglen, Krista, 'A World Apart: Geography, Australian Quarantine and the Mother Country', *Journal of the History of Medicine and Allied Sciences*, 60:2 (2005), 196-217.

——— “‘ In this Miserable Spot Called Quarantine’: The Healthy and Unhealthy in Nineteenth Century Australian and Pacific Quarantine Stations’, *Science in Context*, 19:3 (2006), 317-336.

Malcolm, Elizabeth, ‘Mental Health and Migration: The Case of the Irish, 1850s-1990s’, in McCarthy & Coleborne ed. *Migration, Ethnicity and Mental Health*, 15-38.

Markel, H. & A.M. Stern, ‘Which Face? Whose Nation? Immigration, Public Health and the Construction of Disease at America’s Ports and Borders, 1891-1928’, *American Behavioral Scientist*, 42:9 (1999), 1314-1331.

Martens, Jeremy, ‘A Transnational History of Immigration Restriction: Natal and New South Wales, 1896-1897’, *Journal of Imperial and Commonwealth History*, 34:3 (2006), 323-344.

Martyr, Philippa, ‘Having a Clean Up? Deporting Lunatic Migrants from Western Australia, 1924-1939’, *History Compass*, 9:3 (2011), 177-199.

Mayne, Alan ‘Guardians at the Gate: Quarantine and Racialism in Two Pacific Rim Port Cities, 1870-1914’, *Urban History*, 35:2 (2008), 255-274.

McCarthy, Angela, ‘Ethnicity, Migration and the Lunatic Asylum in Early Twentieth Century Auckland’, *Social History of Medicine*, 21:2 (2008), 47-65.

——— ‘Future Directions for the Study of Migration and Ethnicity in New Zealand: Comparative, Transnational and Multidisciplinary Approaches to Records of Insanity’, *Journal of New Zealand Studies* (2010), 79-98.

——— ‘Exploring Ethnicity and Ethnic Identities in New Zealand Lunatic Asylums Before 1910’ in Rosalind McLean, Brad Patterson & David Swain eds. *Counting Stories, Moving Ethnicities: Studies from Aotearoa New Zealand* (Hamilton: University of Waikato Faculty of Arts and Social Sciences, 2012), 185-206.

——— ‘Migration and Madness in New Zealand’s Asylums, 1863-1910’ in McCarthy, & Coleborne eds. *Migration, Ethnicity, and Mental Health*, 55-72.

McCarthy, Angela & Catharine Coleborne, ‘Introduction: Mental Health, Migration and Ethnicity’ in McCarthy & Coleborne eds. *Migration, Ethnicity, and Mental Health*, 1-14.

Menzies, Robert, ‘Governing Mentalities: The Deportation of the Insane and Feeble-minded Immigrants out of British Columbia from Confederation to World War II’, *Canadian Journal of Law and Society*, 13 (1998), 135-173.

O’Donohue, Wayne, ‘First Agent-Generals: Development of an Office in London 1860-1876’, *Journal of the Royal Historical Society of Queensland*, 11: 3 (1981), 59-74.

Perry, Adele, ‘Whose World was British? Rethinking the ‘British World’ from an Edge of Empire’ in Darian-Smith, Grimshaw & Macintyre eds. *Britishness Abroad*, 133-152.

Pietsch, Tamson, ‘Rethinking the British World’, *Journal of British Studies*. 52:2 (April 2013), 441-463.

Pope, David, 'Some Factors Inhibiting Australian Immigration in the 1920s', *Australian Economic History Review* (1984), 34-52.

Porter, Andrew, 'Introduction: Britain and the Empire in the Nineteenth Century' in Porter ed. *The Oxford History of the British Empire Volume 3: The Nineteenth Century* 1-28.

Potter, Simon, 'Communication and Integration: The British and Dominions Press and the British World c.1876-1914' in Carl Bridge & Kent Fedorowich eds., *The British World: Diaspora, Culture and Identity* (London: Frank Cass, 2003), 187-203.

Powles, John, 'Professional Hygienists and the Health of the Nation' in MacLeod ed. *The Commonwealth of Science*, 292-307.

Rodriguez, Julia, 'Inoculating against Barbarism? State Medicine and Immigration Policy in Turn of the Century Argentina', *Science in Context*, 19:3 (2006), 357-380.

Roe, Michael, 'We can just as easily die out here: Australia and British migration, 1916-1939', in Constantine ed., *Emigrants and Empire*, 96-120.

Scully, Andrew, 'The Social History of Psychiatry in the Victorian Era', in Andrew Scully ed. *Madhouses, Mad-Doctors, and Madness: The Social History of Psychiatry in the Victorian Era* (Philadelphia: University of Pennsylvania Press, 1981) 5-32.

Smith, Phillippa Mein 'The Tasman World' in Byrnes ed. *The New Oxford History of New Zealand*, 297-319.

Tsokhas, Kosmos, 'People or Monday? Empire Settlement and British Emigration to Australia 1919-1934', *Immigrants and Minorities* 9 (1990), 1-20.

——— 'Hard Times: British Emigration to Western Australia, 1919-1934', *Australian Journal of Politics and History* 38 (1992), 69-91.

Thomson, Matthew, 'Disability, Psychiatry and Eugenics' in Bashford & Levine eds. *The Oxford Handbook of the History of Eugenics*, 116-133.

Tomlinson, B.R., 'Economics and Empire: The Periphery and the Imperial Economy' in Porter, ed. *The Oxford History of the British Empire Volume 3: The Nineteenth Century*, 53-74.

Turtle, Alison M., 'Education, Social Science and the 'Common Weal' in MacLeod ed. *The Commonwealth of Science*, 222-246.

Watts, Rob, 'Beyond Nature and Nurture: Eugenics in Twentieth Century Australian History', *Australian Journal of Politics and History*, 40:3 (1994), 318- 344.

Williams, Keith, 'A Way Out of Our Troubles: the Politics of Empire Settlement, 1900-1922', in Constantine ed., *Emigrants and Empire*, 22-44.

Miscellaneous

Oxford Dictionary of English, Second Edition (Oxford: Oxford University Press, 2005)

York, Barry, *Immigration Restriction, 1901-1957 (annual returns as required under the Australian Immigration Act between 1901 and 1957 on persons refused admission, persons who passed the dictation test and departures of coloured persons from Australia)*. (Studies in Australian Ethnic History, Centre for Immigration and Multicultural Studies at the Australian National University, Canberra. 1992)

Unpublished papers and theses

Ferguson, Philip, 'The Making of the White New Zealand Policy: Nationalism, Citizenship and the Exclusion of the Chinese, 1880-1920' (unpublished PhD Thesis, The University of Canterbury, 2003)

Kain, Jennifer Sarah, 'From Idiocy to Constitutional Psychopathic Inferiority: How the United States Reacted to the Immigrant 'Befuddled Masses'' (unpublished Master's dissertation, University of Newcastle, 2010)

——— 'The Ne'er-do-well: Representing the dysfunctional migrant mind, New Zealand 1850-1910' in Leigh Wetherall Dickson & Anita O'Connell ed. *Representing and Expressing States of Mind, Studies in the Literary Imagination* 48:1 (2015)

Websites

A Malady of Migration - University of Warwick

<http://www2.warwick.ac.uk/fac/arts/history/chm/outreach/migration/>

Australian Dictionary of Biography <http://adb.anu.edu.au/>

Harper, Marjory, 'Migration and Mental Illness', Wellcome History: Dysfunctional Diasporas? November 30, 2014.

<http://wellcomehistory.wordpress.com/2014/11/30/dysfunctional-diasporas/>

New Zealand Electronic Text Collection <http://nzetc.victoria.ac.nz/tm/scholarly/tei-Stout75-t26.html>

New Zealand History <http://www.nzhistory.net.nz/politics/the-vogel-era>

Te Ara Encyclopaedia of New Zealand <http://www.teara.govt.nz/en/biographies>

The Bint Family from Berkshire & New Zealand: The Voyage of the Cardigan Castle 1876-1877 <http://www.bint-family.com/voyage.htm>

University of Otago, Migration, Ethnicity, and Insanity

http://www.otago.ac.nz/scottish_studies/marsden/intro.html