
'Assisting their orphaned children when in need'

IN BYGONE DAYS

TRYGVE HOLMØY

trygve.holmoy@medisin.uio.no

Trygve Holmøy, senior consultant and head of section at Akershus University Hospital and professor at the University of Oslo.

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On the ninth of March 1872, district medical officer Jonas Collin Boye died at Frosta from scarlet fever and typhoid. He had contracted these diseases in the line of duty. On his deathbed he was nursed by his wife, who had given birth to their sixth child four days before her husband passed away. Within a month, she was also dead. Providing support for their six orphaned children became a matter for the Ministry, the King and the Norwegian parliament.

In the spring of 1872, retired vicar Iver Nilsson von Hadeln Bull (1799–1885) notified the county governor of Søndre Trondhjem of the heartbreaking tragedy that had befallen his daughter Christiane Emilie (1834–72) and her husband, the district medical officer of Frosta Dr. Jonas Collin Boye (1828–72) and their six children [\(1\)](#). Earlier that year, Jonas had contracted scarlet fever and typhoid. According to district medical officer Dr. Fleischer in the neighbouring district of Stjørdal, this had undoubtedly happened 'at the farm of Faanæs which had been ravaged by the disease for some time' [\(1\)](#).

In the 19th century, both scarlet fever and typhoid fever (then referred to as typhus) were much-feared contagious diseases. In the years between 1869 and 1878, Norwegian doctors reported 9,186 deaths from scarlet fever [\(2, pp. 26–27\)](#), which amounted to every ten deaths in the country. The mortality figures were higher only for 'consumption', which was the name given to tuberculosis in official statistics, and for pneumonia and 'meningitis, encephalitis, and

childhood spasm'. In the same period, typhoid fever took the lives of 4,019 people, a little fewer than for cancer, but more than for cerebral stroke and organic heart disease. Typhoid fever was also referred to as 'pestilence' and 'slow fever', or as 'nervous fever' if symptoms included hallucination and a lack of mental clarity.

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On reading proposition no. 22 to the Storting (Norwegian parliament) of 1872 'Regarding Treasury support for the six orphaned children of Frosten's district medical officer Dr. Jonas Collin Boye' we find that Dr. Boye continued working after he was taken ill, and that his malignant typhoid developed into nervous fever (1). On the fifth of March his wife gave birth to their sixth child. At that point, Jonas had been bedridden for four days and had lost consciousness. He died five days later. Christiane Emilie nursed her husband on his deathbed and shared a room with him the night after his passing. It is not clear whether she caught the disease from Jonas, but her health quickly deteriorated. She was out of bed on the day of her husband's funeral, but on that very afternoon her condition quickly worsened: 'In these circumstances, the effort of nursing her husband combined with her worry about her children's future, had such an impact on Mrs. Boye that she died on the 27th of that month'.

In the space of three weeks, Astrid (1860–1911), Ragnvald (1864–1935), Dagny (1865–1945, Einar (1867–1904), Ivar (1869–1929) and Jonas Emil (1872–1946) had lost both their parents.

The district medical officer

Jonas Collin Boye was born in 1828 in Kristiansand (3, pp. 50–51, Figure 1). His father Mathias Andreas Boye (1796–1872) was the town mayor and worked as an editor and as the headmaster of the town's cathedral school. For a short spell he was also a member of the Norwegian parliament before he became the chief customs officer of Kristiansund and Larvik. Jonas took his medical degree in Kristiania in 1853. Over the next couple of years, he worked as a Navy doctor in the White Sea and a medical officer for the Corps of Musketeers in Sunnfjord before he started practising medicine at Jevnaker, Hønefoss, Sparbu and Beitstad.



Figure 1 Jonas Collin Boye. Photo: Johan Rostad, via NTNU University Library / CC BY-SA 4.0

In the summer of 1860, Jonas married Christiane Emilie Bull, the daughter of a vicar. Three months later, he fathered his first child (4). However, the mother of the child was not Christiane Emilie, but Serianna Andersdatter Raadeplads

(1830–unknown) from Steinkjer, and the child was given up for adoption.

Jonas was appointed district medical officer for Søndre Indherred in 1862 on the condition that he settled in Frosta (5, p. 120). The position had been established in 1851, and from 1866 it would also include Frosta. The municipal council granted him a fixed annual salary of 80 Norwegian spesidaler. By way of comparison, the average annual pay in rural areas was 28 spesidaler for a farmhand and 12 spesidaler for a housemaid (6). Doctors could also charge 27 shillings for consultations and 1 spesidaler for making home visits – if the patient was able to pay. Doctors 'enjoyed no payment' from patients who were in receipt of permanent poor relief' (5). This applied to approximately 10 % of the population (2); they would pay only for transport costs (5). Patients who were in receipt of a temporary allowance from the poor-law authorities would get away with paying 60 shillings however far the doctor had to travel. On the other hand, the doctor could charge up to four spesidaler per amputation or childbirth (5, pp. 118–120).

Life as a doctor in a vast coastal district was not without hazards. His predecessor had lost his life when his boat capsized in the Trondheim Fjord in the middle of the winter of 1862 (5).

The parliamentary debate

In 1872, providing support for people who were unable to support themselves was the responsibility of local authorities, but family members were expected to do their bit if possible. Senior civil servants could apply to the Norwegian parliament for a pension, and they were often awarded two-thirds of their original pay – although each case was considered on its merits, not only on the basis of the applicant's age and seniority, but also their diligence and the quality of their work (7). The widows of senior civil servants, clergy and officers of the armed forces enjoyed a certain level of protection through the Widows Fund, for which members of these professional groups were automatically enrolled (7). In this instance, however, there was no widow. Consequently, it was not a matter of course that the State would provide financial support for six orphaned children.

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The case file bears witness to considerable – albeit not unanimous – willingness to provide financial support for the children, even if they could expect to inherit 400 spesidaler from their paternal grandfather, who died a few weeks after his son (1). In April, the county governor forwarded their maternal grandfather's 'respectful application' to the Ministry for Internal Affairs. The Ministry presented the matter to the Norwegian parliament in a White Paper:

'The Royal Norwegian Government's respectful recommendation of 13th December 1872 regarding the provision of Treasury support for the six orphaned children of the district medical officer at Frosten, Dr. Jonas Collin Boyes deceased, was approved by Royal Assent on 21st December 1872' [\(1\)](#).

The White Paper includes quotes from the vicar of Frosten parish, the county governor of Nordre Trondhjem, the district medical officer of Stjørdal and the municipal council of Frosta. All of them describe Dr. Boye as being particularly diligent, Christian-minded and kind-hearted. His diligence in carrying out his duties was the very reason why he had caught the disease that killed him:

The district medical officer wrote: 'Although he himself was very sick, Dr. Boye continued to carry out his professional duties until he took to his deathbed; had he refrained from doing so to protect himself, and had he been able to call for help in time, his life may well have been spared' [\(1\)](#).

The county governor pointed out that Dr. Boye had enjoyed general respect and recognition not only due to his hard work and conscientious approach, but also due to his personal integrity. The men of the municipal council added that he had been 'more than ordinarily generous towards the poor'.

Nevertheless – or perhaps because of this – the family's financial situation was difficult. The vicar described the family residence as a 'rather cramped flat' [\(1\)](#). The children's maternal grandfather, the retired vicar, expressed the opinion that there would hardly be anything left for the children after the creditors had received their share.

«The Ministry pointed out that it is in the interest of society that doctors should be willing to risk their lives for their patients»

On 21st December 1872, the King-in-Council decided to recommend to the Norwegian parliament that an annual amount of 20 spesidaler be awarded to each of the children until they turned 18 years of age [\(1\)](#). In total, this amounted to 120 spesidaler, which the Ministry 'respectfully noted' was the amount that parliament since 1862 had been awarding the widows of district medical officers 'who had lost their life in an accident while travelling in the line of duty, or who had died from a disease caught while tending to the sick' – either for as long as the widow was supporting minors, or 'with no such condition attached'.

The Ministry pointed out that it is in the interest of society that doctors should be willing to risk their lives for their patients: 'The same reasons that have been found to warrant the award of such pensions – that the medical officer in question dies while or because he is fulfilling his professional duties, and that it is in the public interest that the district medical officers' sense of duty is strengthened by the expectation that the State will not refrain from assisting their orphaned children when in need' [\(1\)](#).

The Ministry reminded parliament that they had also awarded support for the orphaned children of other senior civil servants: In 1851, they awarded 120 spesidaler per year to the six minor children of Professor of Chemistry Moritz Thaulow (1812–50). His children had also lost both their parents within a short period of time [\(1\)](#).

Jaabækianism

In February of 1873, the Parliamentary Committee for Salaries and Pensions recommended that the orphaned children should be awarded support [\(8\)](#). There was one dissenting committee member, Søren Jaabæk (1814–94) from Lister and Mandal. Jaabæk was fighting to reduce the burden on the public purse and would always vote against any award of a pension to an official – which is why he was nicknamed 'Neibæk'. This is also the origin of the Norwegian expression 'Jaabækianism' referring to pettiness in the public sector [\(9\)](#).

Jaabæk pointed out that similarly wretched fates befell thousands of other children with no mention of providing Treasury support. He refused to accept that senior civil servants were in a special category:

'In a way, the work of a civil servant is a craft or a trade that the person has chosen in preference to any other work. He carries out this work for his own and his family's benefit. If this is an essential service, he will also produce a benefit for the State in this fashion, just like the fisherman pulls out creatures from the bosom of the sea. The fisherman benefits himself and his family, but he also provides a service for the state. None of them can be said to sacrifice themselves for the State or the general public because their main purpose is to benefit themselves' [\(8\)](#).

How much did the parliamentary support amount to? In 1875, one spesidaler was converted to four Norwegian kroner. The support awarded for each of the children thus amounted to NOK 80 per year, which was just over the annual pay for a housemaid and just short of the annual pay of a farmhand. More than 150,000 people – around eight per cent of the population – were in receipt of support from the poor-law authorities.

The poor-law authorities' annual revenue was just over NOK five million, equivalent to NOK 35 for each individual recipient or NOK 86 per main provider –i.e. more or less the same as the amount paid to each of the children [\(10\)](#).

How did the children fare?

The application submitted by the maternal grandfather to the county governor cited little hope of the children receiving material assistance from the family: 'The applicant, who is not personally in a financial position to take on the responsibility of supporting the children, is not aware of any other close relative who may be in such a position that it would be reasonable to ask them to provide any assistance of note, as they have a number of children of their own to support' [\(1\)](#).

Their situation was probably not quite as precarious as that. When the matter was discussed in the Norwegian parliament, Jonas' brother, the vicar of Moss, had taken in Astrid and Ragnvald as foster children (1). Einar was fostered by Jonas' sister (Ellen Bruun, personal communication). The other three children were fostered by people outside of the family. According to the account of family members, and the 1875 census, they appear to have been taken in by good foster parents: Jonas Emil and Dagny were taken in by Tobias Müller, a merchant in Bergen, and Ivar was taken in by a businessman, Alexander Pettersen in Christiania. When Pettersen died in 1882, Ivar was 13 years old. He continued to stay with the widow, Marena Christine Pettersen (1846–1924), even after she married theologian Otto Jensen (1856–1918) in 1884. Otto Jensen was later to become Minister for Church Affairs and was ordained as Bishop. He also fathered the famous Bishop Eivind Berggrav (1884–1959).



Figure 2 Ragnvald, Ivar, Einar and Astrid Boye. Photo Hans Maartmann, via Oslo Museum / CC CC0 1.0

This short story gives a little glimpse into the infancy of our welfare state. Life was precarious and the safety net was not dependable. It is difficult for us to fully imagine Christiane Emilie's despair when she realised that her own life was also fading away. Fortunately, this story reminds us that there is hope: Her children fared well. Most of them came to have children of their own, many of whom joined the medical profession. Dagny's son Tobias Müller Gedde-Dahl (1903–94) was to become Secretary General of the Norwegian Health Association, while her grandchild Dagfinn Gedde-Dahl (1937–2016) was to become President of the Norwegian Medical Association.



Figure 3 Dagny Boye Müller. Photo: Marcus Selmer, via Oslo Museum / CC CC0 1.0

There is a photograph from 1883 of the four children who grew up near Christiania (Figure 2), and one of Dagny from 1882 (Figure 3). They all look good and are well dressed. Their gaze appears to be firm. I like to think that they are looking to the future with anticipation.

What was the impact of the parliamentary support? I do not know. Its greatest merit may well have been that decent, conscientious people acted responsibly. Sadly, Christiane Emilie was never to know.

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