INTRODUCTION:

KARITANE’S CONTRIBUTION TO PUBLIC HEALTH IN NEW SOUTH WALES 1923-2000

Karitane is a society incorporated in NSW that commenced operation as the Australian Mothercraft Society (AMS) Plunket System in 1923, and become the Karitane Mothercraft Society (KMS) in 1970. Like the Plunket Society in New Zealand that it was modelled after, Karitane’s activities have always been connected with assisting mothers in the care and feeding of their babies.

Karitane is an unusual name for an organisation in New South Wales (NSW); not immediately identifiable with either Australia’s British heritage or its Aboriginal culture. Some people in New South Wales will know that the name hails from a small peninsula on the coast of Otago in New Zealand’s South Island and may even identify it with Sir Truby King. The King family had a holiday cottage at Karitane and the name was adopted for the mothercraft homes set up by New Zealand’s Plunket Society in the main towns.¹

Thesis and rationale

This thesis is about Karitane’s part in the history of public health in NSW from the perspective of the development of mother and baby welfare services, an area of concern for the State’s public health authorities throughout the twentieth century. It examines how and why Karitane, a voluntary organisation, developed its services in NSW from 1923 to 2000; what did Karitane contribute to mother and baby welfare in that period?

The main justification for the study was a paucity of information about Karitane in the literature on the development of mothercraft services in NSW. None of the existing sources give any way of gauging the scale of Karitane’s services and the reasons for its establishment remain obscure. Further reasons for this study are that Karitane’s experience is a good example of a voluntary organisation’s side of the ‘moving frontier’ between the private and public provision of health and welfare services, a neglected area of study. At the start of the twentieth century the Australian Labor Party (ALP) advocated that government provide health services for all, while the liberal/conservative interests considered that health and welfare were an individual’s responsibility and that communities should assist the poor. Karitane’s history shows the effects on a small specialist health service of the party political differences over the responsibility for health and welfare. As well, Karitane’s history demonstrates how the professional interests of health service providers can effect the provision of services. At the end of the twentieth century, when the State again looked to voluntary organisations to provide health and welfare services in ways reminiscent of the early twentieth century, it is timely to look at the history of Karitane, a voluntary organisation that spanned both eras.

Thesis structure

This thesis uses historical methodology and it follows a chronological path through the twentieth century. The first two chapters are introductory, giving the reasons for the study and the background to concerns about mother and baby welfare. Except for chapters on the 1920s and 1990s, the decades of establishment and radical change, the chapters in the thesis span twenty-year periods and the conclusions are drawn together in the last chapter. All chapters incorporate contemporary developments in the health sector, particularly those in the NSW Department of Public Health (the Department); the public side of the ‘moving frontier’. Comparisons with other agencies have been made only in relation to how they have impinged on Karitane and in order to establish an approximation of the extent of Karitane’s contribution to mothercraft services.

Although, as will be explained later, Karitane’s direct impact on public health cannot be measured, its development can clearly be related to the development of public health in Australia. Public health academic Fran Baum has identified definite periods in public health development and considers that appreciation of this history is important for understanding contemporary public health. Each chapter links events in public health and in Karitane’s development to the phases Baum identified.

Outline

In the first chapter the justification for the thesis is addressed in detail, starting with an analysis of the historiographic approaches in what has been written about Karitane by the main contributors. What emerges are gaps in knowledge about Karitane’s activity because of a lack of aggregated data; NSW Government records do not acknowledge any services provided by voluntary organisations for mothers and babies until the late 1950s. Also apparent in the literature is the overwhelming influence of one journal article on the image of Truby King and as a corollary on the image of AMS. Literature relating to the changes in voluntary organisations introduces the concept of the ‘moving frontier’ and the increasing importance attached to volunteers in maintaining community cohesion identified as ‘social capital’.

Also introduced are the professional boundary issues for doctors and nurses and the role of the NSW Nurse’s Registration Board that were so influential in the development of Karitane. Teaching mothers was seen as a ‘relatively new branch of public health’ in the 1920s but mothercraft training was a personal health practice, and personal health was the domain of the private medical practitioner. The juxtaposition of public health and personal services posed a difficulty for public health doctors in maintaining professional solidarity. It highlighted the differences between preventive medicine, seen as ‘state medicine’ at that time, and curative medicine, the interest of the bulk of medical practitioners.

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2 In this document the term ‘Department’ refers to the NSW Department of Health and its successors.
Chapter two elaborates on the rise of infant mortality as a public health concern in Europe and Anglophone countries and the influence of wars. The international spread of scientific ideas in health and illness and how those ideas were adopted in Australia becomes evident in the mechanisms and programmes set up in NSW. The declining birth-rate was the subject of a NSW Royal Commission in 1903 and around the same time Sydney’s Medical Officer of Health, Dr W G Armstrong, initiated moves to involve the Department in reducing infant mortality. As was the case in Britain, public health officials were reluctant to venture into areas considered personal health and organizations like the Benevolent Society and the National Council of Women in Sydney were confined to supporting the poor. Australia though had a politically successful labour movement, the ALP, and its aspiration for state-provided medical services was a challenge to individual responsibility and the charitable approach to health and welfare. From the 1890s to the 1940s the State was actively involved in controlling the spread of illness and improving the health of the nation; Baum called this phase ‘Nation-building’.

The politics of the ALP and the First World War emerge as an important factor in the establishment of successively, the Royal Society for the Welfare of Mothers and Babies (RSWMB), and the Australian Mothercraft Society. In 1916 a referendum on conscription changed the political balance when ALP representation in parliaments across Australia was decimated. In NSW this resulted in a move away from the efforts by Labor politicians for the State to provide mother and baby services, tipping the balance back towards the provision of services by a voluntary body, RSWMB. It was RSWMB that in 1919 invited Truby King to advise on setting up a system like New Zealand’s Plunket Society in NSW. A brief outline of Truby King’s route from psychiatrist to mother and baby welfare advocate is included in this chapter; he exemplified the international linkages in the spread of mothercraft services. The War was an important factor in the careers of Miss Elizabeth McMillan and the Department’s Dr Emmanuel Sydney Morris who were to have such a big influence in Karitane’s development. In London in 1918, McMillan did Plunket nurse training funded by the Commonwealth’s post-war repatriation education programme. That paved the way to her appointment as Matron at RSWMB’s Tresillian Mothercraft Home in 1921 and then to her spectacular sacking in 1923.

Chapter three pieces together how the group of Plunket supporters turned the adversity of McMillan’s dismissal into an opportunity by founding the AMS in May 1923. Adopting the Plunket Society’s aims provided them with an ‘instant’ basis for operation. These aims extolled the value of health and the natural processes of motherhood and the Society operated with them unchanged until the 1990s. Motherhood equated with patriotism in this era of ‘Nation-building’ after the losses of the First World War. This chapter shows how the group went about achieving their goals and how elusive the aim of co-operating with ‘like organisations’ was to become. In the 1920s when the APL reasserted their interests in State provided health services the Department took over the provision of

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5 Royal Commission on the decline of the birth-rate and on the mortality of infants in New South Wales, vol. 1, Sydney: Government Printer, 1904.
mother and baby welfare services, creating confusion over the boundaries between private and public services. Morris, appointed as the Director of the Department’s Division of Maternal and Baby Welfare, had far reaching influence on Karitane, ruling against the recognition of the Karitane Mothercraft Home as a training school for infant welfare nurses.

Chapter four encompasses the decades of the Great Depression and World War Two. The AMS did more than just survive those difficult times. Three factors appear to have been responsible for their growth despite the adversity of the time. Firstly, the Department’s Baby Health Centre (BHC) services were short of funds and then short of nurses during the Second World War. Secondly, like the majority of the world’s workers, the staff at Karitane took large wage cuts in the 1930s. The third factor was the consummate organising skill of ex-Army nurse, Matron Vida MacLean from New Zealand in setting up the systems that Karitane operated with into the 1950s. The AMS attracted energetic women, mainly from Sydney’s Eastern Suburbs, with time to give to raising funds and to managing the Home and Clinics. This period was the era of raising money through events like theatre outings, gala balls and garden fetes.

‘Nation-building’ continued as a public health aim in the vying between government, friendly societies and the medical profession over the shape of national health and welfare services. Morris was promoted to the position of NSW Director General of Health in 1934. He was one of the national level group of public health doctors called the ‘national hygienists’ because of their wish for a comprehensive national health service based on the principles of illness prevention; another legacy of the First World War. The AMS appears to have thought that Morris would be more cooperative once McMillan, reported to have challenged him verbally, had left the organisation. However, Morris’ opposition to AMS was unrelenting and not even the shortage of nurses in the Department’s BHC’s during the Second World War dented his opposition to Karitane trained nurses. New South Wales was the only jurisdiction in the Anglophone world that did not recognise nurses trained at Karitane Homes.

Chapter five describes the 1950s and 1960s when AMS was no longer expanding but when cooperating with ‘like organisations’ became a reality. Politically, the private provision of health care based on the principle of the individual’s responsibility was behind the health scheme put in place by a Commonwealth Coalition Government of the Liberal and Country Parties. Ironically though, it was a State Labor government that found a way to get some government funding for Karitane in the late 1950s, indicating a moderation of ALP ideals for the State provision of health and welfare services. This also coincided with a generational change in the Department and the discovery that the Department’s BHC workforce was run down. The Department’s attitude towards Karitane became more inclusive and in 1961 Karitane started training infant welfare nurses specifically for the Department’s BHCs. Although Karitane’s share of admissions to mothercraft homes stayed about the same, services in the community reduced markedly. Baum summarises the post World War Two era in public health as ‘Affluence, medicine and infrastructure’. Public health was overshadowed by clinical medicine and it seemed that disease would be overcome through medical technology.
However, in spite of a booming economy, it was left to the AMS supporters to find ways to help mothers isolated in new housing developments.

Mothercraft nursing in NSW had a big boost in the 1960s when the NSW Nurses Registration Board (NRB) instituted registration processes for direct entry courses taught at mothercraft homes. With this step mothercraft nurse training in NSW diverged from Plunket’s training programmes in New Zealand. Also in the 1960s the differences over infant artificial feeding mixtures that had been the source of contention in 1922 between RSWMB’s Dr Margaret Harper and Plunket trained McMillan at Tresillian were overcome. NSW nutritionist Dr F W Clements, consultant at Karitane, worked with Plunket and paediatricians in NZ to standardise their artificial feeding schedules and he was part of the Department’s committee that achieved infant feeding standards for NSW in 1963. The AMS had joined the mainstream of mother and baby services in NSW after more than three decades of being viewed by the Department as ‘the opposition’.

Chapter six spans the decades of the 1970s and 1980s when Karitane was operating at full stretch but with an uncertain future. In 1970 the name of the organisation was changed from the Australian Mothercraft Society to the Karitane Mothercraft Society (KMS) and then, when overtaken by financial pressures, the Karitane Mothercraft Home was relocated to Randwick. This move severed the last link with New Zealand when the mortgage that the KPS held over the previous premises in Woollahra was discharged.

The interrelationship between economic, political and social circumstances was the main feature of the difficulties Karitane encountered during these decades. The 1970s was Baum’s ‘Lifestyle’ phase when prevention was ‘rediscovered’ to rein in the costs of the chronic diseases of affluence and the individual’s health risks were the focus. The clientele were largely mothers with complex social problems; depression was emerging as a factor complicating motherhood. The student nurses learned interviewing techniques and social workers and a psychiatrist joined the staff. The ‘Matron’ who had been the prime teacher through to the 1950s had more of a strategic planning role becoming the Director of Nursing. Economic slowdown resulted in politicians curbing expenditure and in NSW the result was an almost constant process of restructuring in the health sector. The Director of Nursing at Karitane, aware of changing ideals in mother and baby care, worked on a range of community care initiatives but with the uncertainty prevailing in the health sector few came to fruition. Then changes pending in the area of nurse education culminated in Karitane losing its traditional student nurse workforce. All this sapped creative energies; mother and baby care had in some ways become a victim of its own success.

Chapter seven looks at the 1990s, a time of huge change for Karitane as it adapted its services for parents to align with the State’s health policies. By this time the ‘New Public Health’ of the 1980s that focused on populations and a community approach to better health had bedded in. Populations in need had been identified and South Western Sydney was one such area. The Karitane Home became a Residential Family Care Centre and in 1994 it relocated to new building in Fairfield. Nurse training moved to other institutions although Karitane did provide some work experience for students. While
government had taken over the bulk of health care provision, voluntary organizations providing health services in the community were back in ‘fashion’, contracted to provide State funded services. Failure in parenting was seen as an increasing social problem and Karitane was well placed to assist. However in the 1990s Karitane underwent so much change it had difficulty sustaining itself; there was almost a 100 per cent staff turnover when it moved to South West Sydney.

In 2000 Karitane was still providing residential and community care for NSW families with infants and small children. However, these services were secondary and tertiary; the only primary service remaining at Karitane was twenty-four hour telephone nursing advice. Karitane was showing many of the characteristics identified as the effects of ‘contracting out’ welfare services to voluntary organizations, such as a paucity of people willing to take on a governing role.

Chapter eight concludes that Karitane developed because the community wanted its mother and baby services and that it made a substantial contribution to mothercraft training in NSW and a less measurable contribution to the emotional wellbeing of mother and infant within the family. The conclusions also show that fluctuations in Karitane’s operations followed the trends in public health and had a pattern similar to other voluntary organisations. Karitane illustrated the ‘moving frontier’ between the private and public provision of health services. In 1929 Dame Janet Campbell had predicted that the voluntary mothercraft organizations would have to relinquish some of their independence and maybe merge into government provided services. At the end of the twentieth century Karitane had relinquished much of its independence. However, the balance between private and public provision of services in the community had moved back towards the private provider. Karitane had become one of a plethora of non-profit organizations providing State funded family support. A 1997 commentary on the impact of ‘contracting out’ the State’s welfare services in Britain described the scale of change in services as being “from … a convoy of huge oil tankers into something more like a flotilla of tiny dinghies and yachts.” There had been a similar transformation in Karitane; in the 1960s Karitane was an identifiable alternative to the State’s mothercraft services in Sydney. In 2000 Karitane was but one of a ‘flotilla’ of community organisations funded by the State to assist families.

Limitations and constraints

Karitane’s activities certainly came within the ambit of the Public Health Association of Australia’s 1999 view of public health, ‘Public Health is a combination of science, practical skills, and beliefs that is directed to the maintenance and improvement of the health of all people. It is one of the efforts organised by society to protect, promote and restore the people's health through collective or social actions.’ However establishing its direct contribution was problematic. An overall limitation for this

6 Campbell, Report on maternal and child welfare, 32.
thesis was the fundamental difficulty of establishing Karitane’s contribution to public health without a measure of Karitane’s direct effect on collective health status. Assessing the effect of actions taken to improve the public’s health has long been a difficulty for public health professionals. Statistics on mortality and morbidity are the most basic measures but trying to attribute a proportion of NSW’s falling infant mortality rate to Karitane’s actions is impossible. All that has been possible to quantify is Karitane’s contribution to the mothercraft services that have been part of community activities aimed at improving public health in NSW throughout the twentieth century. A proportion of those services has been estimated from Karitane’s records and the figures given for other providers through to the late 1960s, but thereafter the figures available were not comparable. Similarly, the data generated for admissions to mothercraft homes cannot be viewed as a measure of morbidity or failures in infant feeding. In this period Karitane accommodated women who chose to go to the mothercraft home for the nurses to assist them with routine baby care, at the same time as accommodating mothers with baby feeding difficulties. The thesis is therefore limited to estimating Karitane’s contribution to mothercraft training and the supervisory services for mother and baby that were a feature of public health services in NSW.

An issue that also proved problematic was the influence of social class in Karitane’s development. The AMS and the Plunket Society were part of a worldwide wave of ‘maternalist welfare’, described as the movement in Anglophone countries whereby ‘voluntary networks of women controlled welfare services relating to women and children’. The women involved were predominantly affluent and middle class and in England they ministered to the poor. In New Zealand the Plunket Society aimed to ignore class differences, making the point that ‘so far as motherhood and babyhood were concerned there was as much need for practical reform and ‘going to school’ on the part of the cultured and well-to-do as there was on the part of the so called ‘poor and ignorant’.

Both Australia and New Zealand were colonies predominantly settled by the British. James Jupp, an historian of the English in Australia, commenting on how Australia portrayed itself as an as egalitarian society observed; ‘no society with such a large English component was likely to be without class distinction.’ He goes on to say that it is difficult to measure class in a society that denies such gradations. The social backgrounds of the people involved with Karitane are noted but class analysis is not an aim in this thesis.

Another problem that emerged when considering Karitane was Truby King’s legacy in NSW. His legacy predates the founding of the AMS and it is larger than just Karitane because it started with the invitation from the RSWMB for him to visit NSW in 1919. This study is confined to Karitane, leaving the larger picture of Truby King’s legacy and the Trans-Tasman relationship in medicine that would be an interesting aspect of such a study, for some future researcher. The arguments over the protein

content of artificial infant feeding mixtures are not explored in detail either, because examining infant feeding through the twentieth century is a study in itself.

**Sources of information**

Most of Karitane’s annual reports survive in a private collection and they were the main source of data together with the annual reports of the Department and RSWMB. Newspaper reports and magazines have been crucial in dating early events. The main primary source documents used were the files of the Department on the establishment of its BHCs, the Department’s correspondence with AMS, the Commonwealth Department’s correspondence about AMS, Mary and Truby King’s correspondence in New Zealand regarding the AMS and KPS in Sydney and the 1990s Karitane Board minutes. Karitane has a partial series of meeting minutes from the 1950s onwards but none of the supporting material or correspondence was available. Unfortunately, the Companies Office in New Zealand destroyed the annual accounts of KPS in the early 1980s, and the Society holds no archives.

The other primary source was a tape-recorded oral history collection created for the study. Oral history has been regarded as an inferior source of information but it became accepted with the move for history to be more socially inclusive, particularly in respect of social groups ‘where printed information has been sparse, … family history, migrant history, Aboriginal history and the history of women.’ The oral collection for Karitane used the methods set out in the Oral History Association of Australia’s handbook and most of the collection is destined for the State Library of NSW. Gathering personal accounts of the experiences of mothers, nurses and others involved with Karitane was initially to add a personal dimension and but these accounts have also helped to make up for the paucity of records available. Participants were sought through a letter in the NSW Country Women’s Association’s *Country Woman* and an article in the *Wentworth Courier*, an Eastern Suburbs newspaper in Sydney. Some people were contacted directly because of their known role; it is not a representative group of people who have used the services or served the organization. The recorded conversations were restructured into a coherent episode of experience with selected comments reported verbatim. Contact with these people had the fortunate effect of producing more written sources and photographs; I was lent baby-record books, photo albums and student nurse lecture notes from different eras. A study of this size is of necessity selective in the use of sources and some of those who provided material might be disappointed by the omissions.

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A personal viewpoint of Karitane

Readers will draw their own conclusions about my viewpoint but notwithstanding I should outline for the reader something of the background of experience that I brought to this study. I am a NZ registered general nurse and a registered midwife. My nursing and midwifery training was in hospitals and all nurses who trained in hospitals have opinions about the move of nurse training to the academy; my opinion is that while much was gained, the losses still await analysis. St Helens, the maternity hospital in Wellington, NZ where I did midwifery training was near Mount Melrose, site of Truby King’s private home, Wellington’s Karitane Home and the Karitane Products Factory. However, as a British immigrant, my views of NZ and Australia may be less partisan than if I had started out in either one or the other. I have been instrumental in founding two incorporated societies dependant on volunteers as well as providing primary health care assistance to patients as a nurse working in general medical practices in NZ.

My journey to Karitane in NSW arose from an interest in the history of a local psychiatric hospital. Curiosity took me to the site of Seacliff Hospital near Dunedin NZ where Truby King worked for 30 years. I was aware of conflicting opinions about his work; however this is not a comparative study and I have deliberately tried to avoid a dichotomous view of mothercraft services in NSW. Nursing in a psychiatric setting taught me to look to see which way people’s feet were pointing; in other words, did Truby King’s words match what he did? This test can apply to Morris too; in the correspondence between the AMS and the Department, I looked to see if Morris’ claims matched the facts. For example, in one of his papers prepared for the Minister he says ‘the following facts are submitted for serious consideration’. What follows are eleven short paragraphs, two are said to be based on experience, the rest are all hypothetical scenarios and are therefore not facts at all. Dissecting Morris’ statements about Karitane, repeatedly presented to generations of politicians and subordinates as ‘fact’, was the basis for my evaluation of the conflict that surrounded the early development of Karitane. The people I met who had been patients at Karitane seemed unaware of these differences; the conflict was essentially a dispute amongst health professionals. However, research suggests that even with the best will in the world the investigator is prone to bias; it seems inevitable that I will have developed some bias towards Karitane.

Answering the questions

The conflict that sparked Karitane’s formation has obscured the work of the Australian Mothercraft Society and Karitane for too long; a closer examination of its place in public health history is overdue. Why and how did Karitane, a voluntary organisation, develop as a service for mothers and babies in NSW from 1923; what was Karitane’s contribution to mother and baby welfare services in NSW in the twentieth century?

14 DG to Under Secretary, 24 April 1930, SRNSW: 4971 (2/8566.1).