CHAPTER ONE: LESSONS FROM HISTORY - INTERPRETING KARITANE

This chapter outlines four major reasons why the history of Karitane is important for understanding the history of services for mothers and babies in NSW. The first reason was that the current knowledge of Karitane was dated and limited by the methodologies used. The next reason was Karitane’s longevity as a voluntary organisation. It has a history of more than seventy-five years of adapting to the changing healthcare environment. The other reasons are to do with the opportunity to examine the professional aspirations of health care providers in a small specialist health field. Mothercraft presented medical practitioners in public health with a dilemma in their relationship with their colleagues in private practice that centred on the funding of mother and child services. Mothercraft nursing and the longstanding role of mothercraft homes like Karitane in training skilled mothercraft nurses also presented a dilemma for a nursing profession that aimed to consolidate nurse preparation in the education sector.

What is known of Karitane?

Firstly, accounts of mother and child care in NSW do not give any estimate of the extent of Karitane’s contribution. There is no published history specifically dealing with Karitane and what has been written either lacks sufficient information to give an idea of the scale of Karitane’s activity - what could be called ‘market share’, or is limited by methodology.

The differences in how history can be written are something that the public in Australia have become more aware in the last decade.¹ Similarly the history of medicine and health has also had its writing ‘fashions’; for example the differences over who should speak for the past in health. Should it be the practitioner, an ‘insider’ who could be expected to have an interest in presenting what they do as a ‘good thing’, or the ‘outsider’, an historian who might be assumed to be more impartial?² Then there is the difference between ‘Whig’ and ‘new’ social history. ‘Whig’ history is a term for those histories that portray events as a progressively positive process.³ Two histories of the development of children’s services at the Royal Alexandra Hospital for Children are typical ‘insider’ and ‘Whig’ histories. Both Dr Hipsley’s 1952 account and Donald Hamilton’s 1979 account concentrate on the physical substance of the hospital, the range of services it mounted, and the personalities, mainly the doctors and some

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nurses, who made their mark there. The social history of medicine developed with the growth of the social sciences after World War Two. In the 1980s the ‘new’ social history of medicine went through a phase of challenging the medical history of the past, the so-called ‘Whig’ history, utilising a range of social theories including neo-Marxism, feminism and Foucaultian analysis. Unlike sociologists, historians have been less likely to clearly identify their work with any particular social theory. It has also been suggested that these new perspectives have not always been confirmed by in-depth research. By 2000 there were calls for a pluralistic medical history that is more accepting of its past, signalling a realisation that in the history of medicine both the social and the scientific (or progressive) are essential to an understanding of the history of health and medicine. Robert Evan’s *Paediatrics in New South Wales, 1945-1965* is an example of a history that gives a contextual picture of children’s medicine from a wide range of sources that includes accounts from practitioners and patients. These historiographic differences have influenced the interpretation of Karitane’s history. In particular, the legacy of Sir Truby King has been reconstructed through the ‘new’ social history. The most influential contribution has been Erik Olsson’s 1981 article ‘Truby King and the Plunket Society: an analysis of a prescriptive ideology’. Olsson used Truby King’s writings and speeches to build a caricature of middle class values; people preoccupied by the shortage of servants and with exalted views of the British Empire’s importance in the world. He positioned these collective values as the dogma, or ‘religion’ of health driving the Plunket Society. Olsson swept away any need for explaining his point of view with the statement, ‘The objects of the so-called ‘new’ social history require no justification’. He wrote of historians learning more about ‘the elusive and symbolic character of politics’ but he did not explain the ‘symbolic’ system or theory that he used as the basis for his discussion. He did qualify his scenarios with these passages, ‘Hence the following remarks are speculative’ and, in relation to Plunket raised babies making excellent soldiers, ‘This is not to say or suggest that King consciously elaborated his ideology…with this in mind’ but these comments are easy

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7 Jordanova, ‘The social sciences’, 83.
to miss in the body of the article. Olsson’s analysis generates a one-dimensional and negative view of Truby King and the Plunket Society as covert and self-interested social engineers. Olsson is entitled to his viewpoint but this type of approach can give the reader a misleading view of events. For example, Olsson concluded that Truby King democratised medicine. It can be argued that he provided the vehicle but it was the Plunket Society that ‘democratised medicine’ through the Plunket Nurses’ hegemony. Medical power was countered by the nationwide political connections of the women in the Plunket Society. The evidence of the power of Plunket’s women supporters was there as Bryder’s subsequent history of the Plunket Society bears out.

Olsson’s article is an example of an approach to history that Derek Fraser, historian of British social policy, terms ‘the conspiratorial model’, ‘In this perspective welfare is far from benevolent, for its main attraction to those who espouse it is as an instrument of social control.’ Porter and Wear write of this period in medical history; ‘Indeed the social history of medicine has been closely associated with a wave of radical rejection of much that traditional so-called ‘Whiggish’ history of medicine allegedly stood for.’ The article is typical of the revisionist views of the professions ascendant through the 1970s. Olsson is one of Jordanova’s historians who fail to clearly identify their work with any particular social theory. It is easy to see how readers fail to appreciate the limitations of Olsson’s article; he does not explain what he means by ‘the ‘new’ social theory’ and his references to its speculative nature are easy to miss.

Phillipa Mein Smith, one of the most prolific writers on the history of infant welfare in Australia, refers to Olsson’s article frequently in her work. Infant mortality is the focus of Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950 and she gives a detailed chronological account of the establishment of mothercraft organizations particularly in NSW and Victoria. Her main point is that infant mortality in Australia (and NZ) was already falling before the rise of the mothercraft organizations and in this she builds on work done by others. Her views become problematic in her interpretation of the personalities involved. In her books she takes a dichotomous approach at the expense of the character of one or other of the protagonists and it makes a

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14 Porter & Wear, Problems and methods, 1.
17 Mein Smith, Mothers and King Baby.
18 Lewis, ‘Populate or perish’; Caldwell, Theory of fertility decline. Many of Caldwell’s previous publications are reproduced in this volume including his work on Australia’s fertility decline.
good story. In *Maternity in Dispute: New Zealand, 1920-1939* Dr Doris Gordon is the ‘villain’.¹⁹ In *Mothers and King Baby* Truby King is the ‘villain’. Mein Smith portrays the differences between mothercraft organizations in Australia, including Karitane, as a ‘battleground’ with Truby King on one side and the women doctors of NSW (Margaret Harper) and Victoria (Vera Scantlebury-Browne) on the other. She uses Olsson’s speculative views of Truby King to construct him as an unrelentingly negative character but her views are not well supported by evidence. An example is the passage ‘For Truby King to achieve prophetic status in New Zealand he had to prove himself in England first’. Records show that when Truby King was invited to go to England in 1917 the NZ Department of Health recalled a doctor on active service to release him. He was given the rank of NZ Army Major to circumvent war time restrictions.²⁰ Truby King’s status in NZ was already sufficient to move bureaucratic mountains. Building on Olsson’s imagery, Mein Smith’s view of Truby King is also one-dimensional and by confining her analysis to a singular viewpoint she fails to acknowledge other social forces. For example, she does not see the potentially independent role for mothercraft nurses crushed by the medical profession through the agency of Dr Margaret Harper in Sydney. Louella McCarthy’s *Uncommon Practices: Medical Women in New South Wales 1885-1939* exposes how in the 1920s women doctors used their gender to create an optional ‘special’ identity, sometimes emphasising the value of the feminine but at other times using the dominance of medicine to their advantage.²¹ Mein Smith’s research has been considerable both in Australia and in New Zealand and she has published a number of articles on aspects of infant care. Some take a broader view, for example, her study of baby feeding practices in Victoria.²² However her biographical entry in the *Oxford Dictionary of Biography* on Truby King repeats her narrow characterization and *Truby King in Australia* is in similar vein.²³ Her conclusion that Truby King ‘No doubt [he] made the lives of many mothers miserable and the experiences of many babies intolerable’ might fit her stereotype but she does not support her statement with any contemporary evidence.²⁴ Karitane was well supported in Sydney and a contemporary letter

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²² P Mein Smith, ‘Mothers and babies and the mothers and babies movement: Australia through the Depression and War,’ *Social History of Medicine*, vol. 6, no. 1, 1993.
²⁴ Mein Smith, ‘Mothers and babies and the mothers and babies movement,’ 43.
of thanks from the mothers at Tresillian to Truby King has survived.\textsuperscript{25} Mein Smith used sources pertinent in the history of Karitane and many of these have been revisited in this thesis.

Olsson’s 1981 article is referred to by Linda Bryder in her recent history of the Plunket Society. She calls Olsson’s article ‘groundbreaking’ and points out its influence on subsequent writers including general historians.\textsuperscript{26} She provides evidence refuting many of Olsson’s suggested interpretations of Truby King. For example, her evidence clearly shows that the Plunket Council controlled the Plunket Society not Truby King. Her history has the bonus of sources that add to the understanding of the network of trans-Tasman connections between Karitane and the Plunket Society. For example, when Plunket’s Medical Director Dr Helen Deem was diagnosed with leukemia in 1955, Dr F W Clements, lecturer at Sydney’s Institute of Child Health and a member of Karitane’s honorary medical staff between 1956 and 1974, was one of the specialists she consulted about a suitable successor.\textsuperscript{27}

Many writers refer to Mein Smith’s work. Evan’s thesis has a chapter on the pioneer paediatricians that mentions Karitane and Truby King.\textsuperscript{28} His view of Truby King as an aggressive personality is redolent of Mein Smith although he does recognise the threat that Truby King’s nurses posed to medical authority in NSW. In The People's Health, Lewis refers to Mein Smith in his account of the development of infant welfare in Australia’s public health services. The chain of events in his account of relations between the RSWMB and Truby King in NSW resembles Mein Smith’s. He then concludes that compared with RSWMB the AMS ‘remained small’, a reasonable assumption when existing literature does not provide any evidence of its contribution.\textsuperscript{29} Barbara Brook’s entry in the New Zealand Dictionary of Biography on Truby King uses both Mein Smith and Olsson as sources but her characterisation of Truby King is rather less critical than theirs.\textsuperscript{30} Rima Apple writing about scientific motherhood in America refers to Mein Smith’s work and in a comparative study of baby feeding practices between the US and New Zealand she refers to both Mein Smith and Olsson.\textsuperscript{31} Lloyd Chapman’s 2003 biography of Truby King makes use of Olssen’s religious imagery and he acknowledges both authors in his bibliography.\textsuperscript{32} Chapman’s book is aimed at a general audience but is mentioned here because it is only the second biography of Truby King; the first was by his daughter

\textsuperscript{25} Bridges to King 9 November 1923, Hocken Library: AG-007-005/020.
\textsuperscript{26} Bryder, A voice for mothers, xii.
\textsuperscript{27} Bryder, A voice for mothers, 140.
\textsuperscript{28} Evans, ‘Paediatrics in New South Wales, 1945-1965’.
\textsuperscript{29} Lewis, The people’s health, vol. 1, 161.
Mary and was published in 1948.\textsuperscript{33} The influence of one speculative article, Olsson’s, on the character of a historical identity is worthy of a historiographical study in itself. The other issue it raises is the number of historians who have accepted without question Olsson’s textually based analysis as evidence of what happened.

Karitane is included in \textit{Our Babies: The State’s Best Asset}, written in 1989 to celebrate the seventy-fifth anniversary of the State’s involvement in baby health care in NSW.\textsuperscript{34} It covers all the organizations that have had a part in providing mothercraft training, education and advice to mothers in NSW: the Department’s Baby Health Centres, the Bush Nurses Association, the Royal Far West Children’s Health Scheme, RSWMB and AMS. It gives a picture of RSWMB’s Tresillian and Karitane as very separate organizations working in isolation from each other with no picture of their relative contributions to the field. The book concludes in the mid-1980s before some of the large changes to nursing training and the reorganisation of health services that had a major effect on Karitane’s operations and its location. The author was however limited in accounting for the contribution of the organisations involved in mother and child care by the lack of information about them in the reports of the Department. In their annual reports before 1960 the Department gave the impression that it alone carried the burden of providing advice to NSW’s mothers about childcare.

A study of Karitane is justified as much by what has been written about the organisation as by what has not been written. A review of its establishment phase in the 1920s that includes the inter-war social climate in NSW, the politics of the medical profession and the aspirations of political parties is overdue. Mothercraft history in NSW has been incomplete as it lacks information about the scale of services provided by Karitane. This situation needs redress for two reasons. One is to ‘set the record straight’ as best can be done with the available information. The other is to acknowledge the many women and medical practitioners who gave of their time and energy to support Karitane.

\textit{Karitane as a voluntary organization}

Many of the women and the medical practitioners who supported Karitane gave their services in a voluntary capacity. The second reason therefore to write this thesis, is that Karitane is an example of a voluntary organisation that has more than seventy-five years of history. It provides an opportunity to investigate the shifting interface between State and private responsibilities for health care.

Melanie Oppenheimer and Jeni Warburton outline the 1990s rise of government interest in delivering State social welfare through the non-profit or voluntary sector.\textsuperscript{35} Oppenheimer started her

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\textsuperscript{33} M King, \textit{Truby King, the man}.
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review of the history of voluntarism in Australia by emphasising that: ‘The importance of history and an appropriate knowledge of our past regarding the voluntary principle, volunteering and voluntary work has never been more urgent’ and she described how voluntarism in Australia goes back to the early nineteenth century.\footnote{M Oppenhiemer, ‘An overview of the voluntary principle in Australia: why the past matters’, in Volunteers and volunteering, 9.} In NSW the Benevolent Society, the NSW Bush Nurses Association, the Royal Far West Children’s Health Scheme, RSWMB and AMS were all voluntary organizations that provided services for mothers and babies with varying degrees of State support. Labour movements however considered that governments should provide for health care and through the twentieth century the State and the Commonwealth incrementally provided and funded more of the health and welfare services in Australia.\footnote{A Crichton, Slowly taking control?: Australian Governments and health care provision, 1788-1988, Sydney: Allen & Unwin, 1990; B Dickey, No charity here: a short history of social welfare in Australia, 2 edn, Sydney: Allen and Unwin, 1987; JA Gillespie, The price of health: Australian governments and medical politics 1910-1960, Melbourne: Cambridge University Press, 1991; S Sax, A strife of interests: politics and policies in Australian health services, Sydney: George Allen & Unwin, 1984; C Thame, ‘Health and the State: the development of collective responsibility for health care in Australia in the first half of the twentieth century’, PhD, Australian National University, 1974.} For example in the 1960s when the NSW Department opened more Baby Health Centres the AMS baby clinics were expected to close. Oppenheimer described this as the ‘moving frontier’ between the state and voluntary sector where the voluntary sector has always been the junior partner.

In the 1970s membership of voluntary organizations was shrinking, but interest in voluntary health and welfare organizations was rising. While the membership shrank, the number of voluntary organizations proliferated. Baldock’s 1980s study of volunteers in welfare organizations in Western Australia showed that only three per cent of them existed before 1945.\footnote{CV Baldock, Volunteers in welfare, Sydney: Allen and Unwin, 1990, 24.} Governments in the USA and the UK led the movement in the 1980s to reduce government services, and governments throughout the OECD countries followed.\footnote{FG Castles, The future of the Welfare State: crisis myths and crisis realities, Oxford: Oxford University Press, 2004.} Initially the economic sustainability of state-provided welfare was being questioned and voluntary organizations were engaged under contract to provide more cost-effective services.\footnote{E Papadakis & P Taylor-Gooby, The private provision of public welfare: state, market and community, New York: St. Martin's Press, 1987.} By the 1990s the questions were more to do with the social failures of state-provided welfare, and voluntary organizations were of interest for their contribution to social cohesion or ‘social capital’.\footnote{F Baum et al., ‘Volunteering and social capital’, Australian Journal on Volunteering, vol. 4, no. 1, 1999, 13-22; J Onyx & R Leonard, ‘Women, volunteering and social capital,’ in Volunteers and volunteering, 113-124.} Oppenheimer pointed to a lack of analysis of the relationship between government and the voluntary sector. While much has been written about the state, the voluntary sector has been ‘almost
The economic crises of the so-called ‘Welfare State’ have been challenged and the effects of ‘contracting out’ government services put under scrutiny but examination of the social capital aspects of voluntary organizations is still in an early phase. In the preface of an exploration of social capital in Australia, Michael Woolcock of the World Bank observed, ‘While the idea of social capital may have a long intellectual pedigree, unfortunately the same cannot be said for the state of our empirical knowledge about it.’

Published histories of voluntary organisations tend to reflect how they have been viewed thus far, as examples of the ‘good’ in humanity overcoming temporary social ineptitude, and are often written by ‘insiders’ in ‘Whig’ fashion. However, they are still invaluable records of social activity and information that can be used comparatively. Histories of the Benevolent Society, the NSW Country Women’s Association and the Far West Children’s Health Scheme all show the voluntary effort made to provide health services for mothers and babies in NSW. The history of the Mothercraft Society in Canberra clearly shows government ‘managing’ the moving frontier between the state and the voluntary sector in the ACT.

This thesis adds to the record of what voluntary organizations have contributed on their side of the ‘moving frontier’ between government and voluntary sectors in the provision of health services; an area ‘long underestimated, under-researched and undervalued’.

**Preventive health care**

The third reason to investigate the history of Karitane in NSW is that teaching mothers about mothercraft in the late nineteenth and early twentieth centuries was at the leading edge of the problem for medicine of where preventive personal health care belonged. The profession risked a schism between the publicly funded doctors in public health and the private medical practitioners who provided clinical medical services. Karitane’s experience was another example of the difficulty for doctors in integrating the curative and preventive aspects of health.

The difference between the public and private funding of health care was the first difficulty for doctors. The public provision of services, or that funded directly by the state, was synonymous with state control for the medical profession. When preventive health care or public health consisted mainly

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44 Winter, Social capital and public policy, xix.
46 Warburton and Oppenheimer, Volunteers and volunteering, 1.
of hygiene and quarantine measures doctors could support this as a ‘public good’, suitably paid for collectively by the state. Educating mothers was a preventive activity; it delivered a ‘public good’ but doctors overwhelmingly believed that it was best delivered to individuals by individual providers. Health services delivered to the individual patient were considered a private transaction, the domain of the private medical practitioner. Doctors had difficulty supporting the public provision by the state of a service that they saw as personal medical care. Educating mothers and controlling tuberculosis were the first big public health issues that straddled the divide between the public and private funding of health care. Doctors could avoid the problem by concentrating on educating working-class poor mothers where it was countenanced as philanthropy, and in England these class differences remained until the implementation of the National Health Service in 1948. In Australia preventive health care became caught up in the continuing conflict for doctors between the public and private provision of health care.

The other aspect of this conflict was that the medical practitioners working in public health or preventive medicine wanted professional recognition. The medical profession could not deny the importance of preventive care as a part of medicine but the profession ‘whatever its public avowals, regarded public health work as a markedly inferior area of activity’. Public health was also the site of the beginnings of social medicine, an area of investigation that had shared interests with the ‘science’ of eugenics. One strand of social medicine went on to inform Germany’s ‘social hygiene’ in the 1930s, with its extreme manifestation of racial genocide. Public health as a discipline in the health field faded in importance after World War Two. Antibiotics effectively removed the danger of most infectious diseases that had been the core of public health work and communities invested heavily in curative medicine in this post war period. When public health again came to the fore through the 1980s as the ‘new public health’ it concentrated on population health. Preventive medicine for the individual consisted largely of screening in mainstream clinical health services.

51 Sax, A strife of interests.
55 A Oakley, ‘Making medicine social: the case of the dog with two bent legs,’ in Social medicine and medical sociology in the twentieth century, 81-96.
All the elements of the difficulties that doctors had over preventive health care were manifest in the relationship between Karitane and the Department, and demonstrate how the identity of public health became conflated with publicly funded health care.

**Nursing regulation**

Health professionals have been progressively regulated because members of the public are deemed to lack ‘full knowledge’ with which to make safe choices of health professionals like their dentist, doctor, midwife, nurse or physiotherapist. The public’s need for health services and for those services to be of a predictable standard is essentially the rationale for their regulation. From 1924 the Nurses Registration Board regulated nursing in NSW.  

The fourth purpose of this thesis is to examine the outcomes for mothercraft nurses relative to community demands and the professionalisation of the nursing workforce. One of Karitane’s main aims was to train nurses for the special area of mothercraft, and from 1924 it trained two categories of nurses, Plunket/Truby King nurses (infant welfare nurses) and Karitane nurses (mothercraft nurses). Tresillian had started out as a Plunket training school in 1921 and it was recognised by the NRB as a training school. Elizabeth McMillan set up both courses, but as chapter three explains, the Department declined to recognise Karitane as a training school in 1926. Plunket and Truby King Nurses were not eligible for employment at NSW State Baby Health Centres (BHC) although there was no discrimination in other jurisdictions. The Department had difficulty staffing its BHCs in the 1940s but the NRB did not recognise Karitane as a nurse training school until 1962. Thereafter the student nurses from Karitane and Tresillian had joint lectures and discrimination ceased. In 1964 a new register for mothercraft nurses was established with an amendment to the Nurses Act, and the NRB conducted State examinations for both infant welfare nurses and mothercraft nurses.

Trainee nurses were integral to the operation of Karitane, they constituted the bulk of the workforce, and teaching nurses established standards of practice. This was the apprentice style of instruction and nurses paid for their training at Karitane until 1972, although the payment was regarded as a payment for board and lodging. Only once, during World War Two in 1944, was there a shortage of nursing students and the AMS Council waived fees for Karitane nurses that year. Karitane operated an agency to supply mothercraft nurses from 1929 and most years reported that it could not supply enough Karitane nurses. Through the post-war years the nursing profession tried to move nurse training from hospital ‘apprentice’ programmes to courses in educational institutions and this finally

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57 Nurses Registration Act NSW 1924. Name changed to Nurses and Midwives Board in 1991.

58 See Glossary.

59 NRB to Australian Mothercraft Society, 2 April 1962, Ross Collection.


came to fruition in NSW in 1985.\textsuperscript{62} The NRB combined their registers, downgrading the mothercraft nurse qualification to that of enrolled nurse and reducing the practical requirements for their preparation.\textsuperscript{63} Infant welfare nursing became a University course and Karitane’s training programmes were phased out by 1992.

The events raise questions about the actions of the NRB; what was there about protecting the public in accepting one training school while ignoring another running an almost identical course? Where was the public interest in ignoring skills available in a time of nursing shortage? When there was clearly a public demand for mothercraft skills, and people willing to learn to provide those skills, what was the appropriate regulatory response in the best interest of the public? This thesis analyses the impact of the practical application of regulatory processes to the nurse training at Karitane.

\textit{Conclusion}

If any more reason was needed for a history of Karitane it is that of the organisational memory. Its origins were blurred both by its founders trying to calm the conflict and by its detractors trying to limit its support. With few written records and time passing it is all the more urgent to record the experiences of the people in Karitane’s past who are growing older. Knowing where the organisation has been might also assist those making day-to-day decisions and planning for the future. For example, in 1992 when Karitane successfully challenged Douglas Pharmaceuticals over the use of the Karitane name on infant formula in Australia, it continued the action against Karitane Products Society (KPS) in New Zealand to tidy up the matter. The Karitane President at that time was unaware of KPS involvement with Karitane in NSW. He knew nothing of a KPS branch in Buckingham Street in Surry Hills operating in 1929 nor that KPS financially supported Karitane NSW until 1965, a period of more than forty years. From Karitane’s point of view a history of the organisation is overdue.

This thesis fills some of the gaps in the history of mother and child care in NSW’s public health services. First there is the lack of a record of Karitane’s activity; information about Karitane has been clouded by conflict, biased by prejudice and suffered from narrow historiographic portrayals. The exclusion of Karitane and other voluntary organisations providing mother and baby care in NSW from the official records has been a serious omission in the public record.

The second reason assumes more importance with the relatively recent proliferation of voluntary organizations in the health and welfare fields. Karitane has a seventy-five year history as a voluntary organisation operating on the moving interface between the state and private provision of health care.


\textsuperscript{63} \textit{History of the New South Wales Nurses Registration Board}, supplement.
services. It has adapted to the changes in the provision of health services wrought by the changing balance of party political interests at Commonwealth and State levels.

The third reason was the confusion over the place of public health in the field of medicine. Karitane was a microcosm where the conflicts between public and private health care became confused with the forces pressing to further preventive medicine over therapeutic medicine. Professional aspirations form an important central theme in the thesis; these interests have seldom been looked at in relation to a small specialist part of the health field.

Fourthly, there is the place of mothercraft training within the nursing profession. Nursing regulation is most often looked at monolithically so an examination of its effects on a specialty area like mothercraft adds another dimension to the issue of ‘the public interest’ in nurse education and regulation.

The next chapter explores the rise of the infant welfare movement and its positioning in public health in an international context. Australia has been very much part of the international flow of ideas about health from the nineteenth century onwards although these ideas were modified in Australia by political divisions over where the responsibility for health lay, the Federal political structure, the aspirations of health professionals and the size and spread of the population.