CHAPTER TWO: MOTHERCRAFT AND PUBLIC HEALTH

This chapter gives a background to concerns about infant welfare from the late nineteenth century; internationally and in NSW leading up to Karitane’s entry on the scene. In nineteenth century Australia the emphasis in public health was on sanitary measures. Baum terms this the ‘Colonial’ period when action focussed on quarantine to control infectious disease and the provision of clean water and sanitation.¹ Wars around the turn of the century, the Boer War, the Russo-Japanese War and then World War One focused community concerns on falling birth rates and high infant mortality rates. Reducing infant mortality became a public health issue and teaching mothercraft was invoked as a solution.

The Plunket Society in NZ was an example of a community-generated endeavour to disseminate information about methods of baby care to reduce infant mortality. NSW had the same concerns but Australians were politically divided about the role of the state in providing health and welfare services and the medical profession were more powerful than in NZ. These were underlying factors in the development of baby welfare services in NSW and behind the conflict at the RSWMB’s Tresillian Mothercraft Home and Plunket Training School in Sydney in 1923. The professional control of infant feeding was the trigger, producing the schism that spawned Karitane as a separate mothercraft entity in NSW.

Infant welfare

Statistics in the late nineteenth and early twentieth centuries showed that infant mortality was not falling in proportion with the overall fall in mortality rates occurring at the time. Infant mortality, that is deaths of infants under one year per 1000 live births, was highest in industrial urban settings like those in Lancashire in England where it was over 150 per 1000 live births in the period 1907-1912. This was higher than the rates for urban London which were between 120 and 130 per 1000, and only the country areas in the South of England had rates below 100 per 1000.² Australia’s infant mortality of 75 per 1000 in 1910 was lower than rates in either England or the USA, but still much of it was preventable. (See Table 1) Mothercraft teaching was the solution adopted in Europe and Anglophone countries to mitigate high infant mortality rates.

Infants who were not breast fed died in greater numbers. The main problem was the lack of safe breast milk substitutes for babies who, for one reason or another, were not breast fed. Those with access to a wet nurse were the lucky ones as the only other options were cow’s milk, maybe

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¹ Baum, The New Public Health, 16-17.
² H T Ashby, Infant mortality, Cambridge University Press, 1915, Fig 1.
watered down, or for the poor, a pap based on cereal mixed with water, tea, beer or ‘slops’. Some babies died from marasmus because the range of nutrients in pap was inadequate and others were the victims of contaminated feeding mixtures. Before refrigeration became widespread after World War Two, milk and substitute feeding mixtures were a breeding ground for bacteria, particularly in warm weather. Poor sanitation and overcrowding, the living conditions associated with poverty, compounded the risk of baby foods becoming contaminated.

Although there had been doctors in England treating the poor in the eighteenth century who advocated breast-feeding to minimise the risks of alternative feeding, they worked in isolation and had no lasting impact on the problem. It was 1878 before Friedrich Ahlfeld of Leipzig introduced the practice of weighing babies as a measure of their growth. Summer diarrhoea began to be recognised as a major contributor to the infant death rate only in the 1880s. The turning point in England was Sir Arthur Newsholme’s presidential address to the Society of Medical Officers in 1899. Summer diarrhoea then became generally accepted as a major cause of infant mortality and it was preventable. Newsholme (1857-1943) was a physician and public health epidemiologist who in 1909 became Medical Officer for England’s Local Government Board.

Because France was the first country in Europe to experience a deceleration in population growth their remedial methods became a model for England and America. Remedial efforts to lower infant mortality in France were reported from the mid nineteenth century and the town of Villiers-le-Duc is reputed to have achieved zero mortality in 1893 with intensive pregnancy monitoring and fortnightly baby weighing. In Paris Dr Pierre Budin at the Charite Hospital started weighing babies in 1892 and when breast milk was insufficient sterilized milk was provided daily. When Budin died in 1907 there were over 400 of these consultation clinics, ‘gouttes de lait’, in France. This was the model replicated in New York in 1893 and in the first decade of the twentieth century in England. St Helens, Liverpool, Glasgow and Battersea in London all had milk depots.

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3 F W Clements, A history of human nutrition in Australia, Melbourne: Longman Cheshire, 1986, 26-27. Slops were a by-product of the brewing process.


6 Rosen, A history of public health, 329.


9 Rosen, A history of public health, 330.

However milk depots did not work well in England and they closed down in favour of visiting mothers with newborn babies in their homes. In Manchester respected working-class women were employed as health visitors from 1890 and Huddersfield employed women doctors in this role from 1905. All these services were for the ‘poor’, and the responsibility of local government. The local government medical officers constituted the mainstay of preventive medicine in England. They were supported by upper-class ‘ladies’, who formed a plethora of charitable organisations to support working-class women, like the Ladies Branch of the Manchester and Salford Sanitary Association. These groups ran a variety of services to improve the feeding and care for babies, variously called ‘Nursing Mothers’ Restaurants’, ‘Mothers’ and Babies’ Welcomes’ and ‘Schools for Mothers’.

Meanwhile in France and Germany scientific investigation was rapidly expanding knowledge about nutrition and providing a basis for safe breast milk substitutes. One of the first to develop a scientifically based infant food was German chemist Justus von Liebig (1803-1873). He built on French chemist Antoine-Laurent Lavoisier’s (1734-1794) work and he applied scientific methods to the whole cycle of food. Carl von Voit (1831-1908) continued the work on food metabolism and was succeeded by his students, Max Rubner (1854-1932) in Germany, and Wilbur O. Atwater (1844-1907) and Graham Lusk (1866-1932) in America. They worked on the conversion of food constituents into heat or calories establishing basal metabolic rates for animals and humans. Knowledge of nutrition had grown fast but there were still differences of opinion over protein requirements in the 1920s and the importance of vitamins and minerals was still to be identified. Amongst the medical profession there was no unanimity about suitable breast milk substitutes but they were united in their antipathy to commercial preparations. Companies like Nestle (1870s) and Horlicks (1880s) were manufacturing easy to prepare infant foods and marketing them directly to the public in the USA. Meanwhile paediatric specialists like Dr Thomas Morgan Rotch (1849-1914) and Dr Emmett Holt (1885-1924) used scientific approaches to create substitutes based on the values of human milk. Private medical practitioners advocated that every infant should have individual medical advice about feeding and the profession in the USA successfully persuaded baby food companies to cease giving detailed instructions with their baby foods, instead recommending that mothers should seek medical advice for the use of these products. Even breast feeding advice became more prescriptive with doctors such as Rotch maintaining that the breast feeding mother

15 R D Apple, ‘‘To be used only under the direction of a physician’: commercial infant feeding and medical practice 1870-1940,’ Bulletin of the History of Medicine, vol. 54, no. 3, 1980, 402-417.
should eat, exercise and sleep in a way fitting to her duty to breast feed her baby. Popular texts for mothers appeared like Holt’s *Catechism for the Use of Mothers and Children’s Nurses.* Clements summed up the international situation in this discovery period saying that Europe and America led the science but Britain led in the practice of preventive medicine. Mothering became ‘mothercraft’, methods supported by science, and something that had to be learned and supervised. England had established a model of local authority Medical Officers of Health taking responsibility for the health of the indigent mother and baby, and NSW looked to follow suit.

**Mothercraft in NSW**

William George Armstrong (1859-1941) arrived back in Sydney in 1898 after studying public health at Cambridge in England. He had been a general practitioner in rural NSW for ten years before he went to Cambridge in 1894. He visited Budin in Paris in 1895 and saw milk depots in France. He was appointed the Department’s medical officer for the Sydney metropolitan area and he organised initiatives aimed at reducing infant deaths; sending out pamphlets and then employing a qualified health visitor in 1904. The health visitor only visited the homes of poor mothers who did not have a medical practitioner. She inspected the hygiene of the home as well as emphasising the importance of breast feeding.

Indigent mothers and babies in Sydney were cared for by State-subsidised community organizations. The Benevolent Society ran the Renwick Hospital for Infants and had maternity facilities in Paddington. The National Council of Women started the Alice Rawson Schools for Mothers in 1908 in Darlinghurst, Newtown and Alexandria, and as well, there were the services of the Sydney District Nursing Association.

The Department’s involvement in reducing infant mortality began with the Dairies Supervision Act followed by Armstrong’s education programme and his employment of health visitors. Also at the instigation of NSW’s first Minister of Health, Labor politician Fred Flowers (1864-1928) in 1913 the Department opened the Lady Edeline Hospital for Babies in Vaucluse specifically for

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22 Rathbone, *A very present help*. Sydney also had a Ladies Sanitary Association until 1909 when it was incorporated into the Health Society of NSW.
babies with gastroenteritis.\textsuperscript{23} Flowers also initiated and personally endorsed Departmental booklets on baby care. Through the following decade the Department funded various forms of clinic management to support baby care. In 1914 Flowers convened a conference to bring together organisations with an interest in baby welfare. Effectively the Department took over the management of the Schools for Mothers as part of a plan to establish more clinics. The Minister’s conference set up a Board with the unwieldy name of the ‘Baby Clinics Pre-maternity and Home Nursing Board’ to run the clinics and the home visiting, although the Department employed the nurses.\textsuperscript{24} This body was fairly short-lived; board members resigned en bloc a year later because they did not have ‘executive control’ of the clinics. In 1915 Armstrong joined a reconstituted body that he referred to as the ‘Baby Clinics Board’.\textsuperscript{25}

In 1917 the Director-General of Public Health (DG), Dr Robert Thompson Paton (1856-1929), suggested that the Department take direct control of the Baby Clinics. Nurse Inspector Lucy Spencer also suggested in 1918 that the Baby Clinics be directly managed by the Department. She complained about the workload: the number of clinics had grown from nine in 1915 to twenty-eight in 1918 including one at Broken Hill.\textsuperscript{26} However the Department did not take over managing the clinics; Neville Mayman, Chairman of the Benevolent Society, was sent to New Zealand to report on their institutions for the welfare of mothers and babies. The Government then set up the RSWMB in 1918.\textsuperscript{27} This body was also constituted of organisations with interests in infant welfare, with Sidney Reginald Innes-Noad (1860-1931), a liberal/conservative Member of the Legislative Council, as President.\textsuperscript{28} Innes-Noad rapidly reached the same conclusion as the Flowers-organised Board that had resigned in 1915; RSWMB did not have ‘executive control’ and he claimed it could not operate within the existing Departmental funding arrangement. Innes-Noad presented the new Minister, an Independent/Liberal politician, (later Sir) David Storey (1856-1924) with a proposal for RSWMB to operate with a government grant and take over the Baby Clinic staff. The Department was not pleased with this but the Premier (William Arthur Holman 1871-1934)

\textsuperscript{24} ‘Minister’ in this document refers to the NSW Government Minister responsible for the NSW Department of Public Health and its successors.
\textsuperscript{26} Paton to Colonial Secretary, 2 November 1917, SRNSW: 4866 (2/8566.2).
intervened and RSWMB became the employers of the Baby Clinic staff in 1919. The members of the Baby Clinics Board, including Armstrong, joined the Council of RSWMB.  

Sydney had started out with the Metropolitan Medical Officer of Health and community groups working to improve baby care amongst the poor but NSW had not replicated the English model of local medical officers of health taking responsibility for working-class mother and baby care. Instead in 1920 mother and baby care was in the hands of a lay politician leading an assembly of bodies that nominally combined the interests of the community groups involved in infant welfare.

War, war and eugenics

Clements draws attention to the influence of war on the efforts that governments made to improve the wellbeing of their people. In England it was the sub-standard physique of recruits for the Boer War that finally prompted action, not surveys by social activists like Booth and Rowntree who had demonstrated that the poor could not afford nutritious food. Concerns about the state of the race were supported by the ‘science’ of eugenics expounded by Sir Francis Galton in 1883. His work built on Darwin’s work on evolution, although his study concentrated on the influences that ‘improve’ the inborn qualities of a race. His ideas also supported the psychiatrists’ theory of ‘degeneracy’ whereby inbuilt mental deficiencies became worse with each generation. These views gained mainstream acceptance with people fearing that the white races would be over run by Asian races; Kaiser Wilhelm is credited with coining the term ‘Yellow Peril’ after Japan won their war with China over Korea in 1895.

Australia perhaps had even more reason to be concerned about the future of the white races as it was a huge sparsely settled land adjacent to Asia. In the 1890s drought and depression added to concerns about a falling birthrate and in NSW a Royal Commission on the birthrate was set up in 1904. Morality and patriotism were the main themes, although a doctor from Newcastle made the rather extraordinary claim that controlling fertility ‘makes women look old’. Their recommendations were aimed mainly at improving baby feeding and the care of illegitimate children. In Australia during the First World War, from its population of fewer than five million, 416,809 men had enlisted, over 60,000 were killed and 156,000 wounded, gassed, or taken

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30 *Royal Society for the Welfare of Mothers and Babies Incorporation Act 1919* (NSW). The Act was also a vehicle for applying State funds to the organisation.


33 ‘Royal Commission on the decline of the birth-rate’, vol. 2, 88.
prisoner. All that those left behind could do was care for the next generation. Having children was patriotic and looking after them was a mother’s duty to the country. People accepted eugenics as modern and logical although some of the proposals were radical: paying single women to have children, sterilizing those deemed unfit to reproduce and screening before marriage. These measures were not enacted but many accepted the principles. Eugenics became so embedded in the discourses of the day that it has become difficult to say how much individuals believed the theories and how much they might have been invoking a part of the ideology for their own ends.

In the USA Josephine Baker was also very aware of the impact of war on the value the community placed on children and she noted bluntly, ‘someone ought to point out that the World War was a backhanded break for children’. She was in charge of child hygiene in New York and found it easier to gain support for infant health schemes when war threatened, ‘When a nation is fighting a war … it must look to its supplies of cannon fodder’.

**The Antipodean Welfare State**

Australia was the first country where organised labour achieved political success at the ballot box. In the twenty years between 1890 and 1910, labour interests brought together as the Australian Labor Party (ALP), achieved wage control and tariff protection within the market economy. Although the ALP’s health policy in 1897 had sought the socialization of medicine, health care remained the responsibility of the individual.

After Federation in 1901 the States retained virtually all their powers and responsibilities for services. The only health responsibility that passed to the Commonwealth Government was border control, or quarantine. Government intrusion into medical care was anathema to the medical profession. State governments avoided the direct provision of health or welfare services by subsidising community organisations like the Benevolent Society to provide a minimum of relief for the indigent population. Minister Flowers was a member of an ALP Government in NSW in 1913 and he had been one of the originators of the Party's health policy that advocated state-

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provided medicine. In appropriating the Alice Rawson Schools for Mothers, already largely funded by the State and promising additional resources for baby care, he was shifting the provision of services for mothers and babies towards State management. He was however, treading carefully. Dr (later Sir) Charles Clubbe (1854-1932), respected private paediatric surgeon and eugenist, became the chair of the Baby Clinics Pre-maternity and Home Nursing Board in 1914.

Any further movement by ALP governments towards involvement in health and welfare was halted by the political disruption of the nationwide referenda on army conscription. The country was very divided but conscription was narrowly defeated in 1916. The ALP then expelled all its members who had supported conscription, decimating the nation’s ALP governments. In NSW ALP Premier Holman had supported conscription but with the help of Storey, a Liberal politician, a Nationalist Party Government emerged. Holman remained Premier but with a Government composed of the ex-ALP supporters of conscription and members of the Liberal opposition. John (Jack) Fitzgerald (1862-1922) became Minister and he declined Paton’s suggested Departmental takeover of the baby clinics in 1917. Fitzgerald was on the Board of RSWMB when it was created in 1918. Storey replaced Fitzgerald as Minister and then became Premier in 1920-21. His Minister was John Joseph McGirr (1879-1949), a former ALP member who took a prominent interest in child welfare becoming known as ‘Mother McGirr’. Charles William Oakes (1861-1928), a Liberal, followed him as Minister in 1922. He supported Truby King, writing to him expressing interest, and asking for helpful suggestions regarding child welfare in NSW. Politically the fracture in the ALP over conscription produced a conservative shift in government that reinstated the customary way of subsidising private voluntary organisations to provide assistance with health and welfare, leading to the creation of RSWMB.

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49 Dickie, No charity here.
Truby King and the Plunket Society

Truby King was invited to visit Sydney on his way back from Europe in 1919 by Innes-Noad on behalf of RSWMB. Truby King was by then internationally well known for his work on baby feeding and the establishment of the Plunket Society in NZ in 1907.

Frederic Truby King was born in New Plymouth NZ on 1 April 1858 in the midst of the ‘Maori Wars’. His mother and the children were evacuated to Nelson in the South Island for over a year. Baby Fred was very ill in this time and his daughter later concluded, ‘From the severities of this first year or two of his life, Frederic Truby King’s constitution never really recovered’. His father Thomas King, was the first Manager of the Bank of New Zealand (BNZ) in New Plymouth and active in community service throughout his life. Aged twenty-two Frederic, after a short career with the BNZ, went to study medicine in Edinburgh in 1880. He completed his studies very creditably winning the coveted Ettles scholarship in 1886 and gaining a BSc in Public Health. In 1887 he married Isabella (Bella) Miller, a studious young woman who had completed an honours course in literature (women were not allowed to graduate at Edinburgh at that time) and they sailed for NZ later that year. It was intended only as a visit but Truby King was immediately engaged at Wellington Hospital as Medical Superintendent. When it was suggested he apply for the post of Superintendent at Seaciff Lunatic Asylum outside Dunedin, he took the opportunity. A lectureship in mental diseases at the newly established Otago University Medical School went with the post. The Medical School was closely linked to Edinburgh University, and Dunedin at that time was the financial and intellectual ‘capital’ of New Zealand.

Truby King took up the appointment in 1889 and he soon had the patients beautifying the grounds as well as working the farm more efficiently. He applied scientific principles to raising calves, eliminating their stock losses and Seaciff was soon supplying the other South Island mental institutions with produce. Against staff opposition he established the ‘Seaciff diet’, a balanced diet with the necessary nutrients. It was economical and adopted by the country’s other mental institutions. NZ’s Mental Health Services by 1912 were considered to be ‘ahead’ of similar services in other jurisdictions. In 1895 Truby King qualified as a Member of the Psychological Society on a visit to Europe. In 1901 the Kings built a holiday home on the Karitane peninsula, a little community with a broad sandy beach a few kilometres north of Seaciff hospital where their friends, the hospital staff and the patients enjoyed excursions to the beach.

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50 Biographical information about Truby King is from M King, Truby King, the man, unless noted otherwise.
51 DWCarmalt Jones, Annals of the University of Otago Medical School 1875-1939, Dunedin: A H and A W Reid, 1945; TM Hocken, Contributions to the early history of New Zealand (Settlement of Otago), London: Sampson Low, Marston and Co., 1898.
In 1904 the Kings visited Japan during the Russo-Japanese War and Truby King’s advocacy of breast feeding was influenced by the apparent fitness of the Japanese soldiers. He learned that virtually all Japanese mothers breast fed their babies for ten months to a year. He had also noted that a large proportion of Seacliff’s mental patients had been bottle fed and thereafter he vigorously promoted breast feeding. He was also convinced that, like the calves, better feeding would reduce infantile diarrhoea. Truby King experimented with modifying cow’s milk to establish methods that women would be able to carry out at home. His first article on infant feeding referred to the international research into nutrition and he advocated that any artificial feeding of infants be based on the composition of human milk and it drew on Emmett Holt’s instructions for nurses.

Bella King with Nurse Joanna McKinnon from Seacliff worked with a small number of Dunedin mothers, teaching them these techniques. They also cared for a few malnourished babies at the Karitane beach house. A group of Truby King’s Dunedin supporters formed a committee in 1907 to formalise this work, putting into practice Truby King’s favourite saying: ‘It was wiser to erect a fence at the top of the precipice than to maintain an ambulance at the bottom’. Dunedin businessman Wolf Harris made a house available for the babies and it became the Karitane-Harris Hospital. The committee became the Society for Promoting the Health of Women and Children. They believed that ‘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’’. This was not service just for the poor but it did not include services for NZ’s indigenous Maori people. At the beginning of the twentieth century Maori people were expected to die out and they had separate services.

Lady Plunket, wife of the Governor General, was one of the numerous wealthy and influential women supporters and in acknowledgement of her work setting up committees in Auckland the Society’s nurses were called ‘Plunket Nurses’. With figures showing falling infant mortality rates in Dunedin the central Government provided subsidies and in 1912 gave Truby King six months leave to travel the country. He and Bella set up more than sixty new committees to raise money to support the nurses’ work. Truby King was an eloquent public speaker and related the care of babies to the concerns of the day like defence and national greatness. Private medical practitioners were wary of the new ‘Plunket Nurses’ but the women running the committees were politically well-connected so the nurses had strong support and by 1917 the local groups had become a national organization.

Truby King wrote a handbook for mothers, and Bella King as ‘Hygeia’ contributed a weekly syndicated newspaper column. He was nominated in 1913 to represent the New Zealand

53 M King, _Truby King, the man_, 151.
54 FT King, ‘Physiological economy in the nutrition of infants.’ _NZMJ_, vol. 6, November, 1907, 71-102.
56 Bryder, _A voice for mothers_. 
Government at the fourth English speaking Infant Welfare Conference in London.\textsuperscript{57} He fitted in some research into breast feeding in a poor area of London, and went to Huddersfield to see their health visitor scheme. He also took the opportunity to visit paediatricians in Vienna and Berlin.

Truby King was still superintendent at Seacliff in 1917 when Lord and Lady Plunket asked him to go England to set up a mothercraft home and training centre in London. He crossed America visiting prominent paediatricians en route. In England he found class differences and red tape were considerable handicaps to getting a mothercraft service running. He despaired of an organisation like the Plunket Society really working in England because of class differences, ‘The woman with the hat won’t go to the same place as the woman with the shawl’.\textsuperscript{58} Notwithstanding the problems, in July 1918 the Right Honourable William Massey, the NZ Prime Minister, opened the Marlborough School of Mothercraft in Earls Court. In early 1919, Truby King with Sir Arthur Newsholme, represented the British Empire at the Child Welfare Section of the Inter-Allied Red Cross Conference in Cannes. (See Figure 2) He then visited Poland and Austria where he found Vienna’s population of two million severely malnourished. Children were dying from rickets, scurvy and TB, and he abandoned his usual maxim of ‘teaching people how to help themselves’ and advised that these people needed unconditional help. Back in England Truby King trained Australian Army doctors and nurses to care for the babies travelling through the tropics on the crowded troopships repatriating service families.

He received requests to visit South Africa and Australia on his journey home. The King family spent a couple of weeks in Sydney at the end of 1919 touring baby facilities and Truby King spoke at public meetings. They were guests of the Governor at Moss Vale and they had Christmas dinner with Sir William and Lady McMillan. McMillan’s daughter Elizabeth, who was destined to have a pivotal role in NSW’s mothercraft services, had done her Infant Welfare Nurse training at the Marlborough Mothercraft Training School in London after the War. RSWMB Secretary A. W. Green and President Innes-Noad farewelled the King family when they sailed for New Zealand on the last day of 1919.\textsuperscript{59}

\textit{Plunket mothercraft training in Sydney}

In early 1920, Dr Margaret Harper (1879-1964) went to NZ on behalf of RSWMB to investigate the work of the Plunket Society. She had graduated in medicine in 1906 at Sydney University where her father was principal of St Andrew’s College and Professor of Theology and Languages. Harper had worked for a while at the Royal Hospital for Women and in varying capacities at the Royal

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\textsuperscript{57} M Booth, ‘Infant Mortality,’ in \textit{Commonwealth Parliamentary Papers}, Canberra: Commonwealth of Australia, 1913. Dr Booth attended the conference and reported that the role of voluntary organizations was highlighted and that Truby King’s account of the Plunket Society aroused great interest.

\textsuperscript{58} M King, \textit{Truby King the man}, 257.

\textsuperscript{59} M King, \textit{Diary 1919}, White Family Collection.
Alexandra Children’s Hospital becoming a member of the Honorary Medical Staff in 1914. She was appointed Honorary Medical Officer to the Baby Clinics in 1914, managed then by the Baby Clinics Pre-maternity and Home Nursing Board, and she continued in that role with its successors.  

Harper’s report recommended the establishment of a home and training school like the one in Dunedin and that the matron and sister be ‘thoroughly conversant with the methods of training in use in Dunedin’. The term ‘mothercraft’ seemed new to her but she was impressed by the standard of nurse training and the commonsense way this was passed on to mothers. She commented on the success of their techniques to improve breast milk supply and the absence of class distinction. She was abashed to discover that Australian mothers were writing to New Zealand for advice and pointed out the need for more information for mothers in NSW.  

RSWMB lost no time in starting a training school, purchasing Tresillian, a very suitable house, engaging Elizabeth McMillan as Matron and sending a Baby Clinic Sister, Irene Williams, to Dunedin for training in the interim. Dame Margaret Davidson, wife of the NSW Governor opened the Tresillian Home in September 1921. RSWMB President Innes-Noad spoke of the achievements of the Karitane Mothercraft Homes in NZ, hoping that NSW would soon have infant mortality rates to match NZ’s. Harper was appointed Honorary Medical Superintendent and Williams Acting Matron prior to the arrival of Matron McMillan.  

Florence Elizabeth McMillan (1882-1943) was the daughter of Sir William McMillan (1850-1926) who had been the State Treasurer as well as a key figure in the process of Federation. Lady McMillan was President of National Council of Women in New South Wales in 1918-19 and McMillan’s step-mother. McMillan had embarked on nursing training at Sydney’s Royal Prince Alfred Hospital (RPA) in her late twenties after studying art in Paris. She completed training in 1914 and plunged straight into the First World War as one of the seven nurses who sailed on the Grantala to German New Guinea. By 1915 she was with the 3rd Australian General Hospital on the Greek island of Lemnos caring for the heavy casualties of the Gallipoli campaign in appalling conditions. Her letters showed how distressed she was by the waste of lives and how she longed

63 ‘Infant welfare; opening of new training school’, DT, 8 September 1921.  
for Australia. She went on to serve in Egypt and then on the Western Front until the end of the War. Her close friend from training at RPA, Elsie Greatrex, had worked for Truby King at the Marlborough School of Mothercraft in Earls Court during the War. McMillan completed her Infant Welfare Nurse training there with Commonwealth funding before returning to Australia in charge of fifty babies on a troop ship repatriating service families. She was appointed Sister in charge of the Children’s Ward at RPA on return; she did her midwifery training and then went to NZ where she was Matron at Karitane-Harris Hospital in Dunedin. She accepted the position of Matron at Tresillian in Sydney while she was in NZ.

In 1921 RSWMB asked the Department to make a Tresillian Certificate a condition for nurses appointed to State BHC’s. In 1922 Truby King visited and ‘was good enough to lecture to the residents of Petersham on the advantages of the Plunket System’ with Innes-Noad in the Chair. Training at Tresillian was going well, Medical Officers Harper and Raymond Green together with Matron McMillan were complimented for their excellent services and applications from nurses ‘to train in the Plunket System of Nursing’ were coming in from all over the country. This was the setting for the dramatic announcement ‘DISMISSED! Case of Sister McMillan’ in Sydney’s papers on 23 February 1923.

Conflicting interests in mothercraft

There are a number of sources of information about these events at Tresillian. Truby King gave an account in a letter to Minister George Cann (1860–1940) in 1925. He wrote that McMillan had been asked by management to resign but she refused believing she had operated according to the Plunket system for training nurses and mothers as was advertised by Tresillian. Subsequently she was dismissed. Truby King related that Harper was a follower of American paediatrician Emmett Holt and he quoted her as having complained to him about following McMillan’s infant feeding schedules asking him ‘Why shouldn’t we evolve a system for ourselves in Sydney?’ King also reported that there was some disquiet in nursing circles about anybody taking the job of Matron at Tresillian after the circumstances of McMillan’s dismissal. He reported that one Plunket nurse declined and two successive Plunket nurses left when they found that they could not comfortably operate with Harper.

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68 ‘F. E. McMillan correspondence, 1914-16.’
69 King to Cann, 28 October 1925, Hocken Library: AG-007-005/020.
70 RSWMB, Annual Report, 1921, 8.
71 RSWMB, Annual Report, 1922, 9, 12.
72 'Nurse's dismissal - hospital incident - unexplained reasons', SMH, 23 February 1923, 10; 'Dismissed! case of Sister McMillan - full enquiry demanded', Sun, 23 February 1923.
73 King to Cann, 28 October 1925, Hocken Library: AG-007-005/020.
Miss Vida MacLean (1881-1970) recorded an account of McMillan’s departure from Tresillian when she was Matron at Karitane-Sydney in 1932. MacLean was a New Zealand Army Nurse twice mentioned in dispatches in the First World War. She had served in Egypt and then in England. From 1917 she was in charge of No 1 New Zealand General Hospital at Brockenhurst, a complex of more than 2500 beds in the South of England that cared for NZ’s injured servicemen. In mid-life she did Plunket training in Dunedin and thereafter taught mothercraft in NZ, Australia and India.\(^74\) MacLean wrote that differences had begun to arise between Harper and McMillan when Harper started to experiment with feeding regimes. Harper had then persuaded ‘the Committee to her point of view’ and McLean said that McMillan had resigned.\(^75\)

The women’s publication Herself reported in 1929 that McMillan was asked to resign because of her determination to use Plunket methods without ‘any modification to ‘suit the climate’’.\(^76\) Another view drawn from the minutes of RSWMB was that McMillan had used her own supply of ‘NZ emulsion’ and was dismissed for this ‘among other insubordinate acts’.\(^77\) Armstrong wrote in 1939 that he considered that neither Williams nor McMillan were successful appointments because of their Plunket training. He gave Harper the credit for nurses coming to train from all States and in ‘a goodly number’ from within NSW.\(^78\) Correspondence between McMillan and Innes-Noad during 1922 indicates that he had received complaints about McMillan choosing trainees from out of State amongst other things. McMillan denied this and her replies appear to have satisfied Innes-Noad. These letters support MacLean’s assertion that McMillan was being undermined.\(^79\)

Two accounts mention the ‘emulsion’ that became the source of an ongoing saga. MacLean said that Truby King had given the original formula to Tresillian who got it made up by Elliot’s Ltd in Australia. In 1922 a new formula called ‘Plunket Emulsion’ was adopted in NZ to eliminate the use of the preservative benzoic acid and comply with the NZ food and drug legislation. All Plunket’s infant formulae were adapted to the new mixture.\(^80\) In 1922 Innes-Noad wrote to Truby King explaining that RSWMB was not accepting the Plunket Emulsion because Australian authorities considered it liable for duty, making it too expensive and he had sent the shipment back.\(^81\) Trade protection was to be a continuing problem.

There were overarching professional interests too. Doctors in Australia were against nurses managing baby care and emphatic about the need for medical supervision. The editorials in the


\(^{75}\) MacLean to Pattick, January 1932, Hocken Library: AG-007-005/020.

\(^{76}\) ‘Women’s objective - a perfect race,’ Herself, in Town and Country, 17 September 1929, 2.

\(^{77}\) Mein Smith, Mothers and King Baby, 123.

\(^{78}\) Armstrong, ‘The infant welfare movement in Australia’, 646.

\(^{79}\) McMillan/Innes-Noad correspondence, Hocken Library: AG-007-005/020.

\(^{80}\) Plunket Society memo, 20 October 1922, Hocken Library: AG-007-002/103.

\(^{81}\) Innes-Noad to King 18 May 1922, Hocken Library: AG-007-005/020.
Medical Journal of Australia (MJA) leave no doubt about that. Doctors did not approve of RSWMB, saying ‘that baby clinics should always be under the direction of specially trained experts and that the fashionable method of handing over the healthy babies to the nurse leaving the abnormal baby to be looked after by a medical practitioner, should be swept away’. 82 Harper was also adamant about the importance of medical supervision.83 The autonomy of Plunket nurses had been a problem in NZ but the doctors and the Society had learned to work with each other.84 At a time when nurses were expected to be subordinate to doctors the Tresillian Committee would have put a doctor’s opinion ahead of a nurse’s opinion. McMillan did not have the political support that the Plunket Society wielded in NZ.

On a personal level both Harper and McMillan were competent women of similar age. Quite coincidentally both of them had lost their mothers at the age of six and both would have had emotional scars from that loss. However, their interests in the situation were very different. Ironically it was more in the interests of a female doctor, compared to a male doctor, to restrict a nurse’s autonomy. Harper was one of a number of women doctors prominent in maternal and child health at the time. It was an area where they were expected to work. When Harper had spoken out about the injustice to women doctors over Dr Jessie Aspinall losing her position at RPA in 1906, she had been accused of contravening medical ethics; she never spoke to the press again.85 Women doctors had difficulty attracting patients and their difficulties would have increased with the oversupply of doctors after the War. The support returning servicemen received was resented by those who had coped with depleted resources throughout the years of the War.86 Harper’s work at Tresillian provided her with a way to further her research in the emerging specialty of paediatrics. Harper may also have resented McMillan because of her family’s status and relative wealth. For her part McMillan may have found Harper’s concerns rather petty compared with the life and death situations she had dealt with at War.87 She had also just lost her younger brother in 1922; he had survived the War but died of dengue fever aged thirty-nine in New Guinea.88 Some former Army nurses wanted to get away from nursing altogether.89 McMillan and MacLean had both made a change to working with babies, maybe as a reaction to the destruction and death of the War.

RSWMB President Innes-Noad seemed only slowly to have realised that he had to account somehow for the difference between Tresillian and Plunket and that the schism had robbed him of a

84 Bryder, A voice for mothers, 36-44.
85 M Little, ‘Some pioneer medical women of the University of Sydney,’ Bulletin of Post-Graduate Committee in Medicine, vol. 14, no. 2, 1958, 25-49.
88 Gunnar, Good Iron Mac, 221.
89 Bassett, Guns and brooches, 93-110.
Plunket Nurses School. He said, ‘the conditions and varying climate of Australia presented problems of so different a nature that continuous supervision by medical experts was found to be essential’. 90 This was the reason subsequently proffered by both Armstrong and Harper.

Conclusion

McMillan was the casualty of many levels of conflict; from the role of the State in health care and the degree of autonomy allowed nurses, to personal career interests in the field of infant welfare. Australia had shared the alarm across the Western world in the early twentieth century over racial decline. It too mounted community efforts to improve the survival of its natural population increase. Scientific advances in nutrition provided the basis for greater confidence in taking action to reduce infant mortality rates. NSW tried following the English pattern of public health medical officers organising care for poor mothers and babies but the medical profession was more assertive in Australia and its political structures were different. RSWMB was the product of the conservative political realignment after the conscription referenda; a quasi-government organisation that conscripted the community’s philanthropic sensibilities. In NZ Truby King had combined science and community development with an emerging workforce, single women, to improve public knowledge of mothercraft and infant feeding. It seems that RSWMB saw in Plunket a model it could import but Plunket’s reliance on nurses offended NSW medical interests. Without the political machine that Plunket had become in NZ McMillan was defenceless in the face of Harper’s onslaught.

Within a week of the dramatic announcement of McMillan’s sacking by RSWMB the Sydney papers reported a meeting had been held by her patients who aimed to form a branch of the Plunket Society in Sydney. 91 The next chapter is about their endeavours through the 1920s.

90 RSWMB, Annual Report, 1924, 10.