CHAPTER THREE: 1920s A NEW MOTHERCRAFT SOCIETY FOR NSW

This chapter is about the belief of a group of young parents in the baby care methods of Truby King and how their determination was tested by NSW bureaucracy. No sources survive to explain exactly who was behind the proposal for a Sydney branch of the Plunket Society. It was a very different reaction to the initial demands in the papers for an enquiry into McMillan’s summary dismissal from Tresillian. McMillan’s supporters however were influential people with proven managerial abilities and they had a model organisation to look to in NZ. In the event the name of the new organisation was the Australian Mothercraft Society and it was firmly based on the Plunket model that McMillan had experienced in London and in Dunedin NZ.

In the 1920s public health was in Baum’s ‘Nation building’ stage when governments were promoting the nation’s health through the ideas of racial improvement, physical vitality and efficiency. Medical oversight was an important feature of health surveillance in the community. The business people involved with the AMS would reasonably have expected that common sense would prevail eventually over the differences at Tresillian and that AMS would be accepted as an additional mothercraft service. They had yet to meet Dr Emmanuel Sydney Morris (1888-1957); in 1923 he was Tasmania’s chief health officer. Half the infant welfare nurses in Tasmania were Plunket trained and he had developed a negative view of Plunket’s nurses.

Public health ambitions for the nation’s health

In England some regarded the interwar years as the ‘golden age’ of public health. ‘Certainly public health doctors exhibited great confidence during the period, expressing the belief that the medical services would become increasingly state-controlled and that this would inevitably mean a more powerful public health sector.’ The same could perhaps be said about Australia in the 1920s but its Federal system of government complicated health policy implementation.

The First World War had spurred rapid advances in medicine and the preventive measures taken to minimize disease amongst the troops had been remarkably successful. Public health’s medical practitioners saw a huge opportunity in the prospect of achieving disease prevention on a community wide scale. In 1920 Dr J H L Cumpston’s (1880-1954) address to the Public Health and State Medicine Section of the Australasian Medical Congress put the argument for the nation-wide adoption of disease prevention measures. An important point to note is that ‘Public Health’ and ‘State Medicine’ were bracketed together reinforcing that for many the two were synonymous.

1 Baum, The New Public Health, 16-17.
2 ‘Royal Commission on Health / Minutes of evidence’, 5203.
Cumpston first made the case for the achievements of disease prevention during the War and then appealed for all medical practitioners to be part of a concerted effort in disease prevention; ‘preventative medicine cannot be a success until each medical man in practice is enrolled as an effective and active unit. … The medical practitioner cannot escape his responsibility to the nation.’ He identified two vital elements; first the acquisition of knowledge and second its local application. He saw these functions approximating the roles of departmental officials and the ‘practising profession’. Probably mindful of the medical profession’s fears of State intervention he did not advocate State employment but he did say: ‘This means a greatly increased range of duties performed for the State and may involve possibly a readjustment of financial values of professional sources in many directions.’ He concluded with a call for a Royal Commission to look at ways to make preventive medicine a reality. 4 His presentation was typical of public health’s ‘Nation building’ emphasis in this period and of the philosophy of the ‘national hygenists’.5

The British Medical Association’s (BMA) branches in Australasia ran this annual Health Congress throughout the 1920s.6 The Congress presentations, articles in the MJA and the Commonwealth Department’s journal provide evidence of continuing conjecture amongst doctors about infant feeding and the properties of the infant digestive system in this period.7

In 1921 Cumpston was appointed as Director of the newly established Commonwealth Department of Health.8 The Public Health Association of Australasia was formed in 1922, with the objective ‘to protect and promote public and personal health’. It aspired to be independent of political and departmental connections but in reality that would have been somewhat difficult to achieve because those involved were mainly government medical officers. For example in 1921-22 the Public Health Association was run by Armstrong as President, Cumpston as Past President, Morris and Dr Harvey Sutton (1882-1963) were on the Council, and Dr John Purdy (1872-1936) was the representative of the NSW Branch.9 Sutton, who had been at Melbourne University with Cumpston, was the medical officer for the NSW Department of Public Instruction. Purdy had been a Medical Officer of Health in Auckland NZ, succeeding Armstrong as joint Metropolitan Medical Officer in Sydney in 1913; Sutton and Purdy were the initiators of Health Week in Sydney in

4 Cumpston, ‘The new preventive medicine’.
6 The BMA’s Australian branches later became the Australian Medical Association.
In 1927 the Federal Health Council was formed providing another forum for many of the group to exchange ideas.\(^\text{11}\)

The Commonwealth initiated a Royal Commission into Health that reported in 1925. Its task in the wake of disarray over the 1919 influenza epidemic was to look at ways to integrate processes between the Commonwealth and the States in relation to public health. Maternity hygiene and child welfare were on their list. RSWMB President Innes-Noad was one of the five commissioners, Vice President Clubbe and their Medical Director Harper made submissions. They emphasized the essential medical role in childcare, with Clubbe saying, ‘In the day nursery the sister in charge might not notice that a child was sick day after day but the doctor probably would.’ Harper dated the beginning of baby clinics as 1914, the year she was appointed as medical officer, not mentioning the prior efforts of the National Council of Womens’s Alice Rawson Schools for Mothers. She also explained to the Commissioners that NZ had twice NSW’s number of infant welfare nurses per head but that funds were not forthcoming to improve the numbers in NSW. Regarding mothers and babies, the Commission recommended that the Commonwealth establish a division of child welfare and assist the States in providing schools of mothercraft.\(^\text{12}\)

In 1929 the Commonwealth invited Dame Janet Campbell of the Ministry of Health for England and Wales to visit Australia to assess maternal and infant services. She commented on the admirable work being done in Australia, ‘a great deal of which is due to the foresight and energy of voluntary women workers’. In relation to mothercraft she thought the Plunket model had much to recommend it and she advised a degree of flexibility in the application of rules for mothercraft schools. The AMS was not mentioned in her description of the mothercraft services available in Australia although she was most probably aware of it. She attended a lunch in Sydney organized by the Standing Committee for the Reduction of Maternal and Infant Mortality; the Committee endorsed Truby King’s methods.\(^\text{13}\) Campbell saw future services relying on the statutory bodies working with voluntary organizations and probably eventually subsuming them into a national service. Lastly she said that Governments must spent more money on this important branch of public health and she exhorted all to put aside prejudice to achieve the common purpose. The future she envisaged was one where at the very least, there was increasing state oversight, reinforcing the anticipation of more state involvement in health care.\(^\text{14}\)

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\(^\text{11}\) Lewis, *The people's health*, vol. 1, 180.

\(^\text{12}\) *Royal Commission on Health / Minutes of evidence*, 6367, 6495, 6549; *Report of the Royal Commission on Health*, 42.

\(^\text{13}\) ‘What women are doing and saying’, *Herself*, 17 September 1929, iii.

Meanwhile in NSW the Department in 1924 raised the possibility of bringing the various activities connected with baby care under the Department’s medical control. The criticism by the medical profession of RSWMB being led by a lay-person like Innes-Noad might have provided some leverage. In 1925 an ALP Government was elected and Cann appointed Minister. He was a Labor stalwart and he acceded to the Department’s proposals. A Division of Maternal and Baby Welfare (DMBW) was established in 1926; Morris was appointed Director and it took over the control of the nursing staff at BHCs. Sixty BHCs in 1926 had increased to 107 in 1929.

One of the qualifications Morris brought to his new position was his prize winning 1925 essay on maternal morbidity and mortality in which he criticized medical practitioners for not accepting their part in the prevailing high maternal mortality rate. Morris is reputed to have had an interest in obstetrics but he may have been one of the practitioners Campbell was alluding to who ‘regard the new-born baby as a somewhat unimportant bi-product’ of obstetrics. His 1927 vision for DWMB was sceptical of the contribution of infant welfare services to the falling infant mortality rate. He pointed out that the deaths in the first month were not falling; these were caused mainly by problems with pregnancy and delivery. While he was confident that mothers appreciated BHCs as the numbers attending was rising, seventy per cent of babies that died were those who had never been to a clinic and he was at a loss to explain the behaviour of these ‘refractory mothers’. In effect he was blaming the mothers, but he did hope that somehow knowledge would eventually bring improved attendance.

Even in 1925 there was BHC funding constraint and RSWMB was encouraging the community to raise money to establish more BHCs, ‘Is it fair … that the Government … should bear the whole of this cost?’ Morris’s report, after a visit to Broken Hill, identified his priorities for BHCs: ‘The Metropolis represents the area where the main efforts of the BHCs have been made. … … I am sanguine enough to believe that the Metropolis will show progressive improvement in the future. The outstanding problem is to afford adequate facilities for country districts.’ The metropolitan infant mortality rate due to gastroenteritis had fallen but figures for the rest of the State showed an increase. Taking his essay, his vision and his comments about BHC provision it is reasonable to construe that Morris’s priorities for the DMBW were maternal problems to do with pregnancy and birth, followed by BHCs for problem country areas. This was the mid-1920s and in spite of community support for prevention and a spirit of postwar renewal he had failed to get sufficient

16 ES Morris, ‘An essay on the cause and prevention of maternal morbidity and mortality’, *MJA*, vol. 2, no. 11, 12 September 1925, 301-345.
18 ‘How to establish a baby health or welfare centre,’ *ANJ*, August 16 1926, 404-405.
government money to supply a ratio of infant welfare nurses on a par with NZ. It was also a period of high hopes amongst the supporters of preventive medicine for centralised national health policy direction.

Launching the Australian Mothercraft Society

The AMS said about its foundation: ‘The Australian Mothercraft Society (Plunket System) was established in May, 1923, by a number of parents and their friends whose babies had benefited from the work done by the Plunket Society in New Zealand and in London.’ It gives no clue about the decision-making processes that must have happened in the days between McMillan leaving Tresillian and the public meeting on 1 March 1923.

McMillan or some of her supporters had worked out that mothers and babies would not be well served by a continuing dispute over feeding at Tresillian. Maybe they had also looked at the aims of RSWMB and realised that its approach to baby care was different and might have been an ongoing source of difficulty. Plunket’s aims were essentially ‘mother-centred’ while the aims of RSWMB were ‘baby-centred’; the value of mothers was paramount in Plunket’s first aim while ‘saving baby life’ was RSWMB’s first aim. Plunket’s aims were orientated to preventive outcomes and could be evaluated; they trained specialist nurses, advocated breast feeding, taught and disseminated knowledge about mothercraft, and aimed to achieve ‘a healthy mother and offspring … resistive to disease’. RSWMB aims were service orientated, mothers were a focus only in relation to birth, there was no mention of breast feeding and a subjective aim like ‘to ensure proper Nursing Conditions for every Mother’ was virtually impossible to evaluate. The operations of an organization are an interpretation of its aims; Karitane largely did what it said it was going to do but RSWMB does not appear to have taken its written aims very seriously. Harper presented only three RSWMB aims to the Royal Commission on Health in 1925 while the RSWMB Report listed eight aims; RSWMB trained nurses from 1922 but did not include nurse training in its aims until 1928. The lack of robust aims would have contributed to the difficulties over McMillan but the primary focus on infants would have suited Harper as an aspiring paediatrician.

The first months of AMS can only be pieced together from newspaper reports, magazines and odd papers as the first surviving annual report is from 1926. The newspapers reported that ‘a large number of ladies and gentlemen’ attended the 1 March meeting; McMillan had developed a following of more than a hundred families while at Tresillian. A provisional committee was set up and Basil Greatrex, the husband of McMillan’s great friend Elsie from her training days at RPA

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21 See Appendix I for full texts.
22 Royal Commission on Health, 6495; RSWMB, Annual Report, 1922, 1925, 1928.
23 ‘Plunket Society for NSW,’ DT, 3 March 1923, 5.
and a new parent, was elected treasurer. Elsie had worked with Truby King in London and he had a high opinion of her; ‘One of the nurses we have secured is a perfect brick … she is very fond of children and extremely good and keen at the work’. 24 The meeting resolved to form a branch of the NZ Plunket Society with the ultimate aim of establishing a training school. 25

A letter from Truby King in April 1923 suggests that McMillan was in close contact with Plunket in NZ. It appeared that she had sought clarification of nurse/doctor responsibilities and he pointed out that although Karitane Hospitals were controlled by the Matron their work had always been medically supported. In spite of his misgivings about the impression she might have given that medical involvement was only incidental, he reiterated his unqualified support for her efforts. 26 In July 1923 the Australasian Nurses Journal reported a meeting of the Society at 77 King Street where the premises of the Feminist Club were located. Miss J B N Paterson, a Guy’s Hospital nurse who had worked with King in Warsaw, London and NZ spoke about the Plunket system. 27 The AMS was reported to have a room in Moffat Chambers at 283 Elizabeth Street where ‘Miss McMillan interviews mothers and gives both pre- and post-natal advice as to the care and feeding of their babies. 28 The glossy magazine Ladies Sphere of September 1923 had a feature on purposeful women that included McMillan. It reported that when McMillan left Tresillian she was ‘invited to become director of the Australian Mothercraft Society’. 29 A letter on AMS letterhead from the President A W Green to Truby King in November 1923 asks if Truby King ‘will be good enough to accept the position of Patron to this Society’. A handwritten addition explains that his son Dr Raymond Green had resigned his position of assistant medical officer at Tresillian as a protest over McMillan’s dismissal. 30 Green Senior had been the secretary of RSWMB and was tipped to resign by the newspapers reporting McMillan’s dismissal. With his knowledge of RSWMB operations he could have advised that there was nothing to be gained in a conflict over RSWMB. He also believed strongly in the importance of mothers. In his submission to the 1904 Royal Commission on the Birthrate as Chief Officer of the State Children’s Relief Department he said, ‘the mothering of the child is the main business in the matter of mortality, far more than the feeding of the child’. 31 An article in a 1929 issue of Herself states that McMillan founded the AMS in 1922 ‘as requested by

24 M King, Truby King, the man, 259.
26 King to McMillan 19 April 1923, Hocken Library: AG-007-005/020.
27 M King, Truby King, the man, 273.
29 F Fox-Benson, ‘What our women are thinking and doing, how they help solve Australias problems’, Ladies Sphere, 20 September 1923, 23.
30 Green to King, 30 November 1923, Hocken Library: AG-007-005/020.
31 ‘Royal Commission on the decline of the birth-rate’, 41.
parents’, but there is nothing else to suggest that the AMS predated McMillan leaving Tresillian so maybe the year was a typing error. 32

The clinic in Moffat Chambers opened on 7 May 1923. 33 It was in the block between Bathurst and Liverpool Streets facing Hyde Park, well placed for transport from the Eastern Suburbs and handy to Mark Foy’s department store in Liverpool Street. The AMS achieved its aim of opening a training school when Karitane-Sydney opened in June 1924 at 72 Howard Street, Coogee, although they had to close the city rooms. In the 1920s Coogee was a fashionable beach resort that had previously supported horticulture.

Towards the end of 1925 the AMS had a financial crisis. Approaches to the Department about a subsidy were unsuccessful and operations were flagging because of a lack of leadership. A confidential letter from Greatrex to Truby King in December 1925 explains that McMillan had not drawn a salary in the time she had been involved but that she had indicated that she would henceforth require to be paid. She was evidently very good at teaching mothers but he lamented that she was not an inspiring leader. Greatrex also identified one of the difficulties of working with volunteers, ‘It is very difficult to reprimand anyone who is …giving voluntary service.’ 34 The crisis abated after a special meeting that resulted in a dedicated fundraising effort early in 1926 and the city rooms reopening on the fifth floor of the refurbished and renamed building, Manning Chambers at 283 Elizabeth Street. Miss M E Walsh was appointed Matron at Karitane-Sydney and McMillan concentrated on being the Director. She interviewed prospective student nurses in the city and the clinic resumed its responsibility for correspondence and sales. 35

The Plunket Nurse Rooms, as the clinic was called initially, were open on Monday, Wednesday and Friday afternoons from one to four o’clock. The AMS staff got involved with some of the same activities that RSWMB was active in at the time. Demonstrations were given during annual Health Week at the Farmers Store and in 1928 AMS had a ‘Rest Tent’ at the Easter Royal Show where mothers could leave their babies while they saw something of the Show or watch mothercraft demonstrations. Members of the AMS Council and their families helped at the Show as well as the Rooms. The Annual Reports of the time emphasised that ALL ADVICE IS GIVEN FREE and country mothers were invited to write to the ‘Plunket Nurse’. A range of Plunket products from NZ were available through the Rooms: Kariol or Plunket Emulsion, Karilac, Plunket baby clothes patterns, Truby King’s four publications for parents and hand knitted baby clothes. 36

Country mothers responded; in 1926, 1500 letters were recorded and careful note was made of the geographic spread of the correspondence. In 1927 there was a list of 150 towns in NSW,

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32 Herself, 17 September 1929, 2.
33 ‘The Karitane-Sydney Mothercraft Centre,’ DT, 26 February 1926, Women’s Supplement, 1.
34 Greatrex to King, 14 December 1925, Hocken Library: AG-007-005/020.
35 AMS, Annual Report, 1926, 8.
twenty-two in Queensland, four in Victoria, two in South Australia and Western Australia and one letter each from further afield: the Straits Settlements, Solomons, New Guinea, Thursday Island, Rabaul, India and China. That year 745 parcels of patterns, emulsion, books, and Karilac were sent to country mothers and a saleswoman had to be appointed to deal with the volume.³⁷

The Country Women’s Association (CWA), founded in 1922, was very concerned about mother and child welfare and they were aware of Truby King; his ‘principles of scientific baby rearing were in vogue’.³⁸ Their first Baby Health Centre was at Moree with Plunket Nurse Dorothy Betts. She went there in 1925 after being sister in charge at Karitane-Sydney and Plunket Nurse Miss Dorothea Beaumont succeeded her.³⁹ The Department reported opening a BHC in 1928 at Moree but there is no mention of a clinic operating from 1925 with Plunket Nurses. The CWA had sensibly opted for a State funded nurse when one was available.⁴⁰ Morris was quite correct in his assessment of the need for mothercraft assistance for country women. AMS was servicing a sector that the State’s public health service was not reaching.

The Mothercraft Centre and Training School

When the Daily Telegraph ran a half page feature on the Karitane-Sydney Mothercraft Centre on the front of its weekly Women’s Supplement in February 1926 their headline ‘Perfect Motherhood is Perfect Patriotism’ epitomised the prevailing ideals.⁴¹ Patriotism had taken Australians to the Boer War and the First World War by then and motherhood was co-opted to the cause. The article explains the connection to NZ’s Plunket Society but there is no mention of any past connection to RSWMB. The media coverage raising Karitane’s profile was probably part of the fundraising drive; the paper followed up with weekly mothercraft articles by ‘Matron, the Australian Mothercraft Society Plunket System’.

The Karitane Mothercraft Centre and Training School was supported by member subscription, fees from mothers and babies and the student nurses who paid for their board, provided their own uniforms and worked without payment. The Matron probably had discretion over fees from patients. McMillan had explained how Plunket managed fees to Innes-Noad in 1922: ‘Mothers and babies are received into the home and treated in exactly the same way whether they could afford to pay £3/3/- a week or nothing at all.’⁴² Karitane relied on trainees for its workforce; both categories of nurse, Plunket and Karitane nurses, trained from the start at Coogee and a bureau for the placement of graduate nurses was set up. The Karitane Nurse was new in Australia and McMillan

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³⁷ AMS, Annual Report, 1927, 11.
³⁸ Townsend, Serving the Country, 44.
³⁹ AMS, Annual Report, 1926, 11-12.
⁴¹ ‘The Karitane-Sydney Mothercraft Centre,’ DT, 26 February 1926, 1.
⁴² McMillan to Innes-Noad, 3 May 1933, Hocken Library: AG-007-005/020.
received many requests from the country and other States for Karitane Nurses.\textsuperscript{43} Many applied to do Karitane Nurse training but those that did not have the funds to pay for their board during training were declined a place.\textsuperscript{44} This meant that the students were from households whose parents could afford to pay although at least one student starting in 1934 had taken a job to fund her training.\textsuperscript{45} AMS advertised for applicants to train in Plunket nursing.\textsuperscript{46} The courses were the same as those taught at the Karitane Harris Home in Dunedin and the same as the course that McMillan had initially set up at Tresillian.

Karitane at Coogee was in a rented house but AMS was encouraged to buy rather than rent and ‘Glenhead’, a house at 23 Nelson Street Woollahra, was purchased for £8000 pounds in March 1927. Woollahra was an established residential suburb closer to the city. The Training Centre moved there in May and Lady de Chair the NSW Governor’s wife officially opened it in June 1927.\textsuperscript{47} Like the Plunket Society, AMS had vice-regal patronage from an early stage, Lady Stonehaven the Governor General’s wife was also Patron with Truby King.

The Annual Report described the services for mothers and it was essentially their admission policy as well:

- Single bedrooms have been provided for Mothers wishing to stay at the Mothercraft Centre with their Babies, to receive help in increasing their breast milk and guidance and teaching in regulating their babies [sic] feeding and habits, and also to learn more about the feeding and care of the baby and young child.
- Babies without mothers are also received at the Centre and their diets and habits regulated.
- Babies over a year old are not admitted without their Mother or special Nurse.
- Mothers and Babies must have the recommendation of their Doctor for admission to the Centre.
- Mothers and Babies suffering from infectious diseases are not admitted.\textsuperscript{48}

The 1928 report featured some ‘good news’ stories of malnourished babies at Karitane. Examples of the dramatic improvements that were possible with dedicated nutritional management were John and Moira. John’s mother saw the advertisement in the newspaper for the Farmer’s demonstration in Health Week and took John along. At birth he weighed eight pounds eight ounces (3.85k) but at four months he was only six pounds twelve ounces (3.06k); he gained three pounds (1.36k) at Karitane and is pictured thriving aged one year. Moira, only seven and a half pounds (3.4k) at three months, went first to the Plunket Rooms and then to Karitane and she is pictured at

\textsuperscript{43} Fox-Benson, ‘What our women are thinking’, 23.
\textsuperscript{44} \textit{DT}, 26 February 1926, 1.
\textsuperscript{45} B Congreve, personal communication, 2008. This nurse was one of six Karitane who graduated in 1935.
\textsuperscript{46} \textit{ANJ}, 15 January, 1925, 48. During World War Two AMS also advertised for Karitane trainees.
\textsuperscript{47} AMS, \textit{Annual Report}, 1927, 14, 25.
\textsuperscript{48} AMS, \textit{Annual Report}, 1926, 9, 12.
fourteen months happy and healthy. Some did not recover; in 1926 four babies died at Karitane, three from marasmus and one from pneumonia. They were extremely emaciated and one had gained less than three pounds (1.36k) in ten months.

In 1926 obstetrician Dr J A Cunningham was Karitane’s honorary visiting physician and by 1928 he had been joined by doctors Raymond Green, (the son of founding President AW Green), Wilfred Evans and W C Petherbridge. The student nurses had lectures from McMillan and Walsh as well as from Cunningham and Green. Karitane was operated by the Matron and with a sister in charge; Sister Taylor Hall who had left Tresillian with McMillan was the first sister in charge working for three months gratis. There was a considerable turnover of Matrons and Sisters in the 1920s with few staying more than a year. Miss Maud Primrose (1872-1954), a longstanding supporter of Plunket methods in Victoria was even recruited by Truby King to take charge of Karitane-Sydney for six weeks in 1929. Retaining nursing staff was a problem and the evidence all points to McMillan. Bassett writes about the difficulties of nurses returning from World War One and how subsequently many of them led unsettled lives. McMillan’s life had been unsettled since childhood. She was the second of four children, her parents separated when she was six years old and the children were sent to their grandmother in England for a year. Her father’s business interests experienced a downturn after Federation, they had to move to a smaller house, and he had to leave politics. In 1922 her brother who had survived the War died in New Guinea and in 1926 her father died after cancer surgery. She married in 1929 and left Sydney to live in Brisbane, but her husband was killed the following year in an air accident and she died in 1943 aged fifty-one.

Council members were all women except for the treasurer and two years when AW Green and J Fuller served as President; there was an Advisory Board that included businessmen and doctors but from 1929 the doctors became a separate Medical Advisory Board. AW Green was President in 1924 and he was followed by Cara Lady David in 1925 and Mrs Ethel Allen from 1926 to 1930. Cara David was the wife of renowned geologist and Antarctic explorer Sir Edgeworth David. She was a founder of the Feminist Club in 1914, a leader in women’s education, well known for campaigning to have pubs close at six o’clock and as Girl Guide Commissioner. Ethel Allen was the wife of Arthur Wigram Allen, from one of Sydney’s oldest and most respected families, and the

AMS, Annual Report, 1928, 8, 25.
family legal practice Allen, Allen and Hemsley was Sydney’s oldest existing law firm. The firm had acted for Sir William McMillan through his separation and divorce, successfully diffusing publicity. These people epitomized the group Australian historian Kareen Reiger identified as early adopters of expert advice; educated and middle class. For the women’s part, they actively took up the ‘modern’ and ‘scientific’ ideas as a form of emancipation, albeit limited.

Karitane’s volunteer supporters worked hard at raising money and the Annual Reports describe the range of activities they engaged in. They ran cake and flower stalls on Mothers Day, joined in with the Hospital Saturday Fund, ran a Regent Theatre opening, had a Linen Tea Party at Karitane, organised bridge parties and jumble sales. They exhorted parents and members to ‘broadcast’ for more subscribers. An Appeals Committee was set up in 1926 run initially by Mrs Owen and Mrs Allen and then by Mrs Waterhouse. Mrs Owen was the wife of Justice Langer Owen, and Mrs Allen the wife of Dundas Allen, another partner at Allen, Allen and Hemsley. Mrs Waterhouse was the wife of engineer Leslie Waterhouse who had a very different connection to Karitane. He had salvaged the cargo of copper on the Union Steam Ship Company’s vessel Karitane wrecked in Bass Strait in 1921.

To assist with appeals, a ‘Younger Set’ was formed and they ran a cabaret. One thousand pounds was raised for AMS by the Daffodil Matinee put on at the St James Theatre in August 1926 with the support of an entertainment consortium that included JC Williamson Co, Hugh J Ward Theatres and Fullers Theatre Ltd. In 1927 a Peter Rabbit party raised £193 16s 7d and a Karitane Appeal Ball with NSW Fire Brigades Art Union raised £722 1s 9d. In 1928 a Garden Fete was held at Karitane, the first of many.

Fullers Theatre Ltd was one of the interests of John Fuller (1879-1959) and his brother Ben (Sir Benjamin Fuller 1875-1952). They were theatrical entrepreneurs who had emigrated from London with their parents first to Melbourne and then on to Auckland NZ in 1894. The family ran vaudeville circuits in NZ and Australia and then went into movies. They built the St James Theatre after World War One and John became a director of the Australian Broadcasting Company in 1930. He encouraged AMS to buy premises rather than rent and gave £500 towards the purchase.

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price of the house in Nelson Street Woollahra in 1926 as well as £310 to cover the interest on the mortgage for the next two years.\textsuperscript{56}

\textit{AMS relations with Government}

The AMS set out to get a State subsidy like RSWMB. In 1925 Greatrex wrote to the Minister asking for the recognition of the Society and a subsidy for their work. He outlined the Society’s aims and gave figures for their work; advice to 2500 mothers, and 129 mothers and babies admitted to the Home at Coogee in sixteen months. He also pointed out that the Society was affiliated to the Plunket Society in NZ, ‘the most successful organisation of its kind in the world’.\textsuperscript{57} Lady David led the deputation that met with Minister Cann. While acknowledging the work of Tresillian she said that there was room for more than one organization. She asked for AMS to have the same status as Tresillian and be included on RSWMB’s Council. The deputation invited an officer of the Department to visit Karitane in Coogee. The Minister said he was in sympathy with their work but the budget had been settled. He explained that a Departmental appointment, a Director of Maternal and Baby Welfare, was expected and that the appointee would look into their request.\textsuperscript{58} The background briefing paper prepared by a Departmental official for the Minister stated that the work of AMS was identical to Tresillian in its aims although ‘there is a difference in the system employed’. It argued that any money available should be spent on ‘official health centres’ and RSWMB. The brief left an opening for the Minister to suggest to AMS that they present evidence of their stability with future requests.\textsuperscript{59}

The Minister had also met with Truby King, in Sydney for 1925’s Health Week, on the same day as he met the AMS deputation. This information is in a letter Truby King subsequently wrote to the Minister intimating that Truby King understood the Minister to be contemplating appointing Harper to the position of Director of Maternal and Baby Welfare. Truby King’s letter advised against this, suggesting that Cann should appoint an advisory board for the task rather than giving one person this responsibility. In the event Harper did not get the job. Morris certainly had better academic qualifications but he was in sole charge and he soon dispensed with the RSWMB advisory group. Truby King was reported in the newspapers criticising baby care in NSW and the medical profession for allowing a lay-person like Innes-Noad to have charge of the State’s baby care.\textsuperscript{60} The Minister responded in the papers with a ‘sharp attack’ on Truby King for his criticism.\textsuperscript{61} Truby King’s criticism seems to have been foolish, but Greatrex mentions in a later letter that at the

\textsuperscript{56} AMS, \textit{Annual Report}, 1927, 19.
\textsuperscript{57} Greatrex to Minister, 30 October 1925, SRNSW: 4971 (2/8566.1).
\textsuperscript{58} Interview (at Parliament House), 22 October 1925, SRNSW: 4971 (2/8566.1).
\textsuperscript{59} A25/5982, 21 October 1925, SRNSW: 4971 (2/8566.1).
\textsuperscript{60} \textit{DT}, 23 October 1925, 6; \textit{SMH}, 23 October 1925, 10.
\textsuperscript{61} \textit{DT}, 27 October 1925, 5.
time of Truby King’s visit the press were totally focused on the Federal election. Truby King was media conscious, so his statement about more money being spent on researching pigs and calves than on babies in NSW, might have been his way of making sure he got coverage. Similarly, was his criticism of Innes-Noad more to do with ingratiating himself with public health medical practitioners? Truby King mentioned his admiration for Morris’ essay in his letter to Cann. \(^{62}\) Truby King had conflicting ideals here; he was committed to public health medicine but he also believed in services supported in the community by volunteers.

Director General of Health (DG) Dr Robert Dick and Morris took up the invitation for the Department to visit Karitane at Coogee in March 1926. Morris’s report described a modern two-storey house that accommodated twelve babies and four mothers. The tariff was six guineas a week for residential care and ‘The Plunkett [sic] System’ of care was in use. Babies were admitted with malnutrition ‘varying from temporary gastric derangement up to the more chronic form of marasmus.’ Regarding the recognition of Karitane as a training school he concluded that there was little justification for this as Tresillian was able to meet the requirements for nurses. He reasoned that nurses from different training schools would not be able to work together and that ‘will eventually complicate administration.’ Having decided that the training could not be recognised he considered that a subsidy could not be granted. His most important reason was however to avoid competition, ‘The very existence of an alternative organisation must create doubt in the public mind and to that extent prove an embarrassment’. He writes that McMillan told them that the Tresillian nurses were not properly trained. He then goes on to cite his experience with ‘Plunkett’ [sic] Nurses as evidence of their extremely rigidity and dogmatic loyalty to ‘the system’ with its headquarters in NZ. He concluded with compliments about Harper’s training at Tresillian that produced nurses ‘whose minds are not stereotyped in one pattern’. \(^{63}\)

The assessment did not mention a nurse education programme at all nor did it report any enquiry into the nurses’ duties on which to assess suitability to train nurses. Morris’s comments on embarrassment can only have been generated by his own feelings. He failed to see that not embracing Karitane meant that the competition he deplored would continue and that in striving to create ‘one way’ of doing baby care he was doing exactly what he criticised Karitane for. The Department administered the 1924 Nurses Registration Act and the minutes of the Board show that its work was mainly the approval of nurse training schools, the running of examinations and policing midwifery practice. Morris’s rejection of Karitane as a training school was not mentioned in the NRB minutes. \(^{64}\)

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\(^{62}\) King to Cann 28 October 1925, Hocken Library: AG-007-005/020.

\(^{63}\) DWMB, 30 April 1926, SRNSW: 4971 (2/8566.1).

\(^{64}\) NRB, SRNSW: 10854, ‘Minute Books, 1925-1959’.
In May 1926 the Department wrote to AMS with the negative verdict on their requests to the Minister. Not deterred AMS wrote to the Minister again in August 1926 inviting him to support their fundraising show *Daffodil Matinee* at the St James Theatre, but he declined. Politicians lobbied on behalf of AMS; in 1927 George Frederick Earp (1858-1933) asked the Minister to consider that, in the light of good works done by AMS, they be subsidised on the usual pound for pound basis but this was declined. Earp was a successful businessman from Newcastle who spent his later life involved in charitable work in Sydney. As President of the Health Society of New South Wales he had been on the Council of RSWMB. However he and his wife supported AMS; his wife ran bridge parties to raise money and he provided a city office for Mrs B L Bull, AMS’s fundraising secretary. Again in April 1928 Albert Bruntnell (1866-1929), the Colonial Secretary, made a similar request to the Minister, by then Dr Richard Arthur (1865-1932). AMS simultaneously wrote asking for a meeting but the answer to both was that nothing had changed and that there was no point in seeing a deputation.

AMS also made applications to the Commonwealth Department of Health in spite of the clear role of the States in providing subsidies. President Ethel Allen wrote in July 1927 that having met with the Federal Treasurer, (later Sir) Dr Earle Page (1880-1961), the previous day she was acting on his advice and making three requests. She asked for a grant for the society’s work, a site in the Australian Capital Territory (ACT) with a nurse’s salary to run a BHC and relief from the thirty per cent tariff on imported Plunket emulsion. The Commonwealth Department duly stated that they did not engage directly with voluntary organisations, they could not meet the request for a site in the ACT for various reasons and the tariff issue had been referred to Trade and Customs. Predictably their reply was that a local firm ‘Elliots’ produced a similar product and they declined to waive the duty. Although the AMS did not start a BHC in the establishing Capital Territory, the Canberra Mothercraft Society later operated with Karitane trained nurses. Efforts then followed to establish that Plunket’s emulsion was different to ‘Elliots’ by having it analysed by the Commonwealth’s Analyst. No results appeared and Commonwealth Director-General of Health, Cumpston, declined to take the matter of the emulsion further.

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In 1928 there was a proposal for the Duchess of York to become AMS Patron. In a confidential letter Cumpston asked Dick in Sydney about the suitability of the Duchess being patron of AMS. Dick’s reply was that no doubt the Society did good work but its sphere of influence was limited compared with RSWMB and ‘there is likely to be a good deal of confusion if the Australian Mothercraft Society were to be given the right to adopt any title involving Royalty.’ Cumpston then sent a note to the Commonwealth Minister passing on Dick’s advice reiterating its confidential nature. In 1927 the AMS annual report notes that Lady de Chair had spoken of the interest of the Duchess of York in Plunket Nursing. Earlier in that year the Duchess had opened the Truby King Karitane Home in Wellington NZ and McMillan had been the AMS representative at the event. The Duchess became President of the Mothercraft Training Society in London, continuing to be Patron as Queen Elizabeth (later Queen Mother).

**Karitane Products in Buckingham Street**

The Commonwealth declining to waive the tariff on Karitane Products could have spurred the serious consideration of establishing a factory in Sydney. Truby King may well have studied the tariff issue in detail as a copy of the 1927 tariff enquiry report is among the books surviving from his library. Karitane Products was registered as an Industrial Provident Society in NZ and managed by an honorary board chaired by William Hunt (1867-1939). Mary suggested that the choice of a ‘smoky slum area’ for the factory was evidence of her father’s failing faculties but he cited Fuller as the person who suggested Surry Hills as a suitable site while they were on a voyage from Wellington. During 1929 King made a number of visits to Sydney organising the importation of the plant and its installation at 72 Buckingham Street, Surry Hills. The Commonwealth Department through Cumpston assisted by remitting the sixty per cent duty on machinery because of the ‘educational and hygienic’ work of the organization. The factory was expected to be operating in early 1930.

**Conclusion**

The Karitane-Sydney Mothercraft and Training Centre and the AMS city clinic represented a huge achievement for an ad hoc group that had come together through misfortune. In the hiatus between

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69 AMS, Annual Report 1930, 7.


72 M King, *Truby King, the man*, 326.

73 King to Nisson n.d., Hocken Library: MS-1783/074.
McMillan leaving Tresillian and the public meeting in March 1923, she and her supporters had turned adversity into a positive initiative. A fight with RSWMB was not going to be productive when it had State backing and it would have taken resources better utilised providing services.  

Sydney got an additional mothercraft asset out of potentially destructive and demoralising circumstances. Plunket supporters saw a difference between mother-centred care and baby-centred care; the work of AMS was similar to Tresillian but the priorities were different. Starting a service for mothers and babies without any prior planning was a major undertaking even with the assistance of the model organisation in NZ. McMillan was central to implementing Plunket’s systems but she had her personal difficulties. For all her material advantage, her wartime experience had been traumatic and continuing losses dogged her. She was to a certain extent another casualty of the horrors of the First World War.

Karitane’s services were in demand. In 1929 Karitane accommodated nearly a third of mothers and babies admitted to a mothercraft home in Sydney. Even without a State subsidy there was sufficient positive community support for mother and baby services to sustain AMS in this initial phase. However, AMS supporters who could have reasonably expected some degree of acceptance from a Department unable to meet community demands, were rebuffed.  

Morris presented contradictions; his thesis and plans for DMBW were logically based but his opinions of Karitane were speculative and emotive; his job was the welfare of mothers and babies but he was ambivalent about support for infant welfare. Unable to achieve better funding for the State’s infant welfare services, he made sure that there was no competition for the State’s resources. Morris had visited NZ in 1922 on behalf of the Tasmanian Government and met Dr Thomas Valintine his counterpart in NZ. Valintine wanted control of the Plunket Society but this had eluded him because of the political power of the Society. Morris might have resolved to avoid anything to do with Plunket at that juncture.

The Nurses Registration Board having as its chair the Department’s Director General was unfortunate for AMS. It meant that nurses doing the infant welfare course at Karitane were not recognised in NSW for nearly forty years.

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74 _Royal Society for the Welfare of Mothers and Babies Incorporation Act 1919 (NSW)._ The Act established the Society and provided for a State grant.

75 Full texts in Appendix I.

76 Proposed appointment, 10 November 1925, SRNSW: 4866 (2/8566.2).

77 Bryder, _A voice for mothers_, 32-35.