CHAPTER FOUR: 1930s AND 1940s HARDSHIPS AND THE BABY BOOM

In this chapter the uptake of the AMS services demonstrates that the community was heeding the messages about infant care. Health information and advice for the whole population was one of the features of the ‘Nation building’ period Baum identified.¹ There was no shortage of consumers, the Truby King Clinics grew rapidly and Plunket’s mothercraft system was consolidated at Karitane by Matron McLean from NZ. The number of births rose from the low point of the Depression but the State’s services did not expand. Their resources were absorbed by the War effort and curtailed by the Commonwealth’s financial constraints to curb postwar inflation. In the 1930s and 1940s the AMS was filling large gaps in NSW’s mothercraft care.

Infant mortality from gastroenteritis had significantly declined by the 1930s and the priority in public health moved to concerns about the continuing high maternal mortality rate. Research by then also showed that infant mortality in the first week of life was linked to maternal problems.² Pre-natal care for the mother during pregnancy and additional services around delivery, like access to specialist services for poor mothers, became more important in mother and baby welfare. The hardships inflicted by the 1930s Great Depression affected the whole community but recovery was short-lived and overshadowed by the threat of another war. World War Two brought more loss of life, social upheaval and material privation. Political vying over a national health scheme continued at different levels throughout this period but preventive medicine was ultimately side-lined in the expediency of funding the treatment of illness.

Public health aspirations and a national health service

The 1930s started positively for public health with the opening of the Commonwealth’s School of Public Health and Tropical Medicine at Sydney University. Sutton from the NSW Department of Public Instruction was its founding director and professor of preventive medicine. The School was modelled on the London School of Hygiene and Tropical Medicine and so indirectly part of the legacy of the Rockefeller Foundation’s global promotion of public health.³ Dr F W Clements (1904-1995) joined the School as lecturer in nutrition and child health in 1931.

On the negative side, the Depression resulted in curtailed Commonwealth funding and the Federal Division of Maternal and Child Health recommended by Campbell’s Report on maternal and child welfare in Australia was never staffed.⁴ In 1936 the Federal Health Council was expanded into the National Health and Medical Research Council (NHMRC) with BMA representation and

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¹ Baum, The New Public Health, 16-17.
² NSW Department of Public Health, Report of the Director General, 1930.
⁴ Gillespie, The price of health, 46.
Cumpston as its Chair. Cumpston also organised the Commonwealth Advisory Committee on Nutrition in 1936 and Clements was involved with major nutrition and child health surveys for the Committee. When this committee was reconstituted as an advisory Nutrition Committee to NHMRC and a Nutrition Unit was established within the Commonwealth Department of Health in 1938, Clements was the Chair and Director respectively. He was also the Commonwealth Department of Health’s representative on the Australian Food Council set up in 1942 when rationing commenced. This Council was charged with ensuring civilian food supply and after America entered the war, with supplying the US army in the Pacific.\(^5\) Clements’ research in child nutrition influenced the establishment of the Lady Gowrie Child Centres, a joint project of the Commonwealth Department of Health and the Australian Association for Pre-School Child Development.\(^6\) Lady Gowrie (1879-1965) was instrumental in the formation of the Pre-School Association and she was Patron of AMS from 1936 to 1945.\(^7\)

A National health scheme based on insurance was at issue again in the 1930s. Medical care had been excluded from the 1920s Royal Commission on National Insurance because the supporters of preventive medicine saw health insurance as ‘payment for illness’. This time in spite of many factions having reservations, legislation that included free medical services for the insured was passed in 1939 by a coalition of the United Australia Party (UAP), the forerunner of the Liberal Party, and the County Party, led by Sir Earle Page. Events overtook the implementation of this scheme; the Prime Minister, Joseph Lyons died suddenly and Australia was at War again in September 1939. During the War the NHMRC worked on postwar health service planning based on preventive principles. Morris, a member of NHMRC and DG in NSW from 1934, was an advocate of national physical fitness and a supporter of salaried medical practice. However at the War’s end, between the Chifley Labor Government’s deflationary priorities, constitutional difficulties and tactical shifts within the BMA, state funded medical services anchored by central preventative health policies had become politically unattractive.\(^8\)

Also at the War’s end the full horror of Germany’s racial genocide emerged. Preventive medicine in the first half of the twentieth century had shared the language of the ‘science’ of eugenics, invoked in an extreme form in Germany, but the postwar revelations silenced the discourse of eugenics.\(^9\) Drs Sutton, Clubbe and Minister Arthur had been public supporters of eugenics in NSW. The intellectual successor of preventive medicine in public health, social

\(^6\) JHL Cumpston & CM Heinig, *Pre-School centres in Australia: building, equipment and programme, the Lady Gowrie Child Centres*, Canberra: Commonwealth Department of Health, 1945, 3.
\(^7\) Lady Gowrie continued her interest in Karitane after moving to Canberra when her husband became Governor General. She opened a new wing at Karitane-Sydney in 1942.
\(^9\) Oakley, ‘Making medicine social’, 83.
medicine, had an academic existence in Britain during the 1940s but foundered there. The social features of health and illness became the domain of medical sociology post war, while preventive and social medicine as it related to the individual was incorporated into medical teaching. For example, in the early 1950s Clements was teaching social paediatrics to undergraduates at the University of Sydney.\(^{10}\) In the late 1940s, Morris and his public health colleagues found that, for all their efforts at promulgating community wide preventive medical services, there was no national preventive health policy machinery and they were sidelined in discussions about health care costs. In spite of the bonds of professional unity their clinical colleagues still looked down on them.\(^{11}\)

In NSW during the 1930s the Department implemented the recommendations of Campbell’s *Report on maternal and child welfare in Australia* regarding maternal mortality; notification was required for stillbirths in 1936 and for puerperal pyrexia in 1939; a committee investigated every maternal death; a blood transfusion service commenced in 1938 as well as obstetric consultations for the ‘indigent’.\(^{12}\) Morris as DG from 1934 had complete power over the Department but Cummins alludes to difficulties in working with him: ‘He was not a team player and he overawed the Board of Health whose meetings rarely lasted more than thirty minutes under his Presidency.’\(^{13}\) Dr E Sanford Morgan became Director of the DWMB in 1934, replaced by Dr Grace Cuthbert in 1937.\(^{14}\) During the War the Department produced a pamphlet for the Commonwealth presenting the BHC as a community service, reiterating the importance of medical supervision and detailing standards for BHC premises for community groups. The Depression had curtailed the numbers of BHCs but then their numbers increased steadily from 87 in 1932 to 275 by 1949.\(^{15}\) The staff shortages caused by nurses serving in the Armed Forces created difficulties during the War and with post war demand for nurses these shortages continued. The strict system of compulsory country service failed to ensure service coverage and continuity. Home visiting was suspended in 1945 to alleviate the nurse shortage although Cuthbert considered the action undesirable. Her comment that ‘already six units have been released to make up a portion of the deficiency’ is indicative of the mechanical way the nurses were managed.\(^{16}\)

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\(^{11}\) Gillespie, *The price of health*, 36.


\(^{14}\) Cuthbert was an Honorary Medical Officer at Tresillian North 1929 to 1938. RSWMB, *Annual report*, 1929-1938.


\(^{16}\) Memo Director DWMB to DG, 25 May 1945, SRNSW: 4877 (7/1000).
**AMS relations with the Department**

McMillan’s departure in 1929 was seen as an opportunity to improve the AMS relationship with the Department. Secretaries Nita Leete and Joyce Austin wrote to Minister Arthur in April 1930 requesting a meeting. Arthur was a doctor of medicine, an advocate of child endowment and responsible for the legislation to control venereal disease and to create the Hospitals Commission. He met the delegation - composed of Sir Kelso King, Drs Petherbridge, Green, and Cunningham and Mesdames Allen, Leete, Waterhouse, Austin and Orr - at the beginning of May 1930. Sir Kelso King (1853-1943), the successful head of Mercantile Mutual Insurance and on many company boards, introduced the delegation.

Petherbridge read a statement saying AMS sought to be part of RSWMB and to co-operate with the Department. He outlined the services AMS was providing, suggesting how Karitane and Tresillian could complement each other. He referred to the recommendation in Campbell’s *Report on maternal and child welfare in Australia* that State agencies co-operate with voluntary mothercraft services. Green then spoke about recognition of the Plunket Nurses’ certificate for employment at State BHCs, pointing out that Tresillian’s basic principles were Truby King’s principles and that Victorian BHCs employed nurses regardless of where they were trained. Both Green and Petherbridge provided medical services at State BHCs so they were speaking from first hand experience. Arthur rather optimistically suggested a ‘conference’ with the Department to see if the obstacles could be overcome. However, he would have read Morris’s brief arguing that AMS should not be recognised:

> In this connection it must be pointed out that the Australian Mothercraft Society has been always antagonistic to the efforts of this State in connection with infant welfare. Without going into a rather invidious history of the position it will suffice to say that the Australian Mothercraft Society was formed and remains in existence purely as a protest against the methods adopted by this State. No opportunity has been lost of denouncing the activities of the Baby Health Centres and any recognition - with its implied subsidisation - of the Australian Mothercraft Society will, in my opinion be assistance to a hostile body.

On the subject of Plunket Nurses working in the Department’s BHCs he continued ‘the following facts are submitted for serious consideration’. What followed were mainly hypothetical conflict scenarios but one of his scenarios does bear out his expectation of a national health service. Employing Plunket Nurses he wrote would ‘bring about a most difficult impediment to the success of any national scheme’.

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18 H Mayfield, *Servant of a century: the first 100 years of the Mercantile Mutual Insurance*, Sydney: Mercantile Mutual Insurance, 1978. King supported the Boy Scouts amongst many community organizations. His wife was involved with the Girl Guides, an interest she shared with past AMS President Lady David.

19 Morris, 24 April 1930, Deputation, 1 May 1930, SRNSW: 4971 (2/8566.1).
The ‘conference’ was on 16 May 1930 when the DG Dick, Morris and his assistant Sandford Morgan for the Department met Green, Petherbridge and Cunningham from AMS and an almost verbatim account survives. The AMS representatives said that animosities were past now that McMillan had gone. They also explained how KPS operated. Green, when asked specifically about the loyalties of Plunket nurses replied that they would be expected to be loyal to their employer. Morris put forward scenarios where there would be conflict but some of his points were not directly relevant to the discussion. For example, he complained about ‘problem mothers’ choosing not to visit the BHCs, and the Department failing to get funds because of the financial difficulties. Dick and Morgan made some conciliatory comments and the outcome was that the DG would make a recommendation.20

The encounter was also reported as an aside in a letter from Truby King to Cumpston written a couple of weeks later. The AMS doctors had the impression that Dick was inclined to be favourable,

but they all agreed that Morris was utterly obstinate, not open to reason and very hostile towards the Mothercraft Society and myself. Indeed he had the effrontery to say that the Australian Mothercraft Society’s main purpose was to sell the baby foods manufactured by a commercial company called the Karitane Products Society.21

Truby King could be expected to be biased, but his comments were in similar vein to the Department’s account. There was a general election in November 1930 and it is not clear if AMS ever received a reply, although there was a report written by Morris in September 1930 suggesting referring the matter to RSWMB. Morris was a member of RSWMB Council and the Under Secretary demurred probably recognising that this was a rather pointless exercise.

The Department file has a 1931 cutting from the Sun about the recognition of ‘Plunkett’ [sic] nurses pasted on a sheet of paper for circulation that conveys something of the attitude in the Department toward AMS. The lines in the article saying Morris as DMBW, ‘controlled the Tresillian homes’, ‘set examination papers’ and was on the NRB were bracketed, with the handwritten comment, ‘marvellous!’ alongside. The joke was about the writer’s bureaucratic ignorance; the conflict of interest went unnoticed.22

The AMS tried again to get recognition for their nurses in 1932. This was in the trough of the Depression and a turbulent year in Sydney, the Harbour Bridge had opened and the Lang Labor Government was dismissed in the face of civil unrest.23 The Minister was R W D Weaver (1876-1945), the deputy leader of the UAP and a maverick politician thought by some to be the leader of

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20 Conference, 16 May 1930, SRNSW: 4971 (2/8566.1).
21 King to Cumpston, 27 May 1930, Hocken Library, MS-1783/075.
22 Cutting Sun, 18 February 1931, SRNSW: 4971 (2/8566.1).
the New Guard, an unofficial right wing vigilante organisation that was a party to the unrest. The AMS approached him through Secretary of Works (later Sir) John M Dunningham (1884-1938). Dunningham’s wife was on the AMS Council and he also appears to have been a personal friend of Cunningham. Dunningham was the popular Member for Coogee. His handwritten note to Weaver about the deputation ends ‘Because some of your officials oppose this - it does not necessarily follow they are right’. Perhaps Morris’s briefing paper for the Minister was more extensive because of this but it was essentially a reiteration of his previous opinions with the addition that KPS was a commercial company and that Plunket nurses could be regarded as its company representatives.

The AMS deputation of Cunningham, Green and Petherbridge, together with Vice President Mather, Secretary Leete, Matron MacLean and Mary Truby King, met with the Minister and Morris in July 1932. Cunningham presented the AMS statement, which set out their requests more specifically. Petherbridge had decided to confront ‘opposing influences’ saying he had come to the conclusion that Harper was ‘the problem’ and he criticised her appointments of general practitioners instead of paediatric specialists at Tresillian. The Minister reminded Petherbridge that some years ago ‘I was very sympathetic with the Plunket system’ but at this meeting the Minister’s comments indicate a limited appreciation of the issues. It transpired later that AMS had been divided over Petherbridge’s inclusion of ‘opposing influences’. The only thing Morris said was a cryptic remark about Petherbridge bringing up ‘petty squabbles about which he happened to hear in a roundabout way’. The Minister concluded that some of the matters required the consultation of RSWMB. The AMS later apologised to the Minister about their criticism but Petherbridge wrote that it had been his intention to be direct, Harper and Morris already knew his views. Predictably consultation with RSWMB had a negative result.

Eight years elapsed before AMS had contact with the Department in 1940 requesting funds preferably to extend Karitane or at least a grant for annual maintenance. Fitzsimmons (1898-1970) was the Minister and he took a serious interest in hospital administration that included running military hospitals during the War. AMS eventually met Fitzsimmons in March 1941 and his departmental brief reiterated Morris’s contention that AMS had always been antagonistic. The Minister referred the AMS request to the Colonial Treasurer, commenting in his letter, ‘Fair to say

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26 He could have been alluding to Mrs W Petherbridge who was on the house committee for Tresillian. RWSMB, Annual Report 1930; 1931.
27 Morris 26 July 1932, Deputation 27 July 1932, AMS to Weaver 27 July 1932, Petherbridge to Weaver 27 July 1932, RSWMB to Department, 15 November 1932, SRNSW: 4971 (2/8566.1).
that the Director General of Public Health does not support, they are in direct competition with Tresillian which is the responsibility of the Department.' The AMS’s next approach was to N E McKenna (1895-1974) the Federal Minister of Health in 1947. He referred the matter to the NSW Minister, C A Kelly (1890-1967), who in turn was referred to the 1941 statement that AMS was antagonistic and against the BHCs. The outcome was predictably negative.30

The AMS was never publicly critical of the Department, BHCs or Tresillian and it was by then more than twenty years since 1925 when Truby King had spoken out. In 1937 the apologies for the AMS Annual General Meeting included Morris and Cuthbert and in 1938 Cuthbert and Harper sent apologies, so the Department had been invited to the AGM at least in those years. Cuthbert did eventually ‘pay a short visit’ to Karitane in January 1938.31

Although some of Morris’s colleagues, Sutton, Purdy and Dr Frank Edgar Wall (1879-1941), a political appointee on the Board of Health, had misgivings about his performance as Director of DMBW, his campaign to sideline the AMS was most successful.32 His ‘reasons’ were probably about funds; in 1934-5 he organised the BHC nurses to raise £2000 for Tresillian.33 Historian Claudia Thame suggests that infant welfare was a reasonably successful preventive programme because it was cheap and did not really threaten the medical profession.34

Comments from the politicians indicate that they were confused over the boundaries of public health responsibility. At the same time as accepting that Tresillian was the responsibility of the Department, RSWMB was treated as an independent body. They accepted the Department as a monopoly provider of baby health services while they knew that others like the Bush Nurses, Royal Far West Children's Health Scheme and Karitane also provided baby services. Morris himself was credited with the suggestion that the Far West use rail carriages to reach babies in the bush.35 Logical people like Petherbridge found it too difficult to remain uncomplaining in the face of Morris’s illogical arguments. Truby King sympathised with Vice President Hilda Owen, ‘Your experience … as the capable advocate of the Plunket Society’s principles and products have placed you all-through in unfair and invidious positions, and yet you have never given in though you have been tried more than Job ever was.’36 However, as the next section shows the 1940s were some of the busiest times ever for the AMS and there would have been little time to think about unfairness.

29 AMS to Fitzsimmons, 4 October 1940, Morris to Colonial Secretary, 20 November 1940, Chief Secretary to Department, 13 November 1940, Department to Minister, 17 February 1941, Fitzsimmons to Mutch, 26 March 1941, Fitzsimmons to Richardson, 25 March 1941, SRNSW: 4971 (2/8566.1).
30 AMS to Kelly, 3 June 1941, Department to Minister, 10 July 1941, McKenna to Kelly, no date, Department to Minister 11 April 1947, SRNSW: 4971 (2/8566.1).
31 AMS, Annual Report, 1938, 9, 17; 1939, 6.
32 Tyler, ‘An irreproachable instrument?’ 201.
33 RSWMB, Annual Report, 1933; 1934.
36 King to Owen, 13 March 1933, Hocken Library: MS 1783/075. Owen was married to Langer Owen (later Sir, 1862-1935), a judge who was closely associated with the Red Cross. Her father was NZ Supreme Court
Organisation and expansion at Karitane

Following McMillan’s departure at the end of 1929 changes were made ‘...to bring the working of the Society more in line with that of New Zealand’. MacLean came from Karitane in Auckland initially at half salary for three months to help with the reorganisation and then stayed as Matron when Miss May Richardson married in 1931. One of MacLean’s Karitane nurse students was Betty Congreve who has written about her 1933 training. When she finished school her mother suggested she have a look at Karitane nursing. She visited and found it ‘A place of order: of young women in uniform and babies,’ and she started the following week. Congreve learned about baby diets and handling and she thought the course was excellent. She described how they managed milk mixtures:

For the babies [sic] milk mixtures we had the Milk Room. On the outside of this was built a big Coolgardie Safe. It projected on the coolest side of the house and was covered by a tarpaulin. It was filled with racks which held feeding bottles and round which ran water. On hot days a hose played on the outside. We never had mixtures ‘go off’. Each set of five or six hourly feeds had a number on the neck – a metal tag to correspond with the baby. In the summer the Milk Room Nurse came on duty at 4 am to do her work in the early morning coolness.

The bottle fed babies were downstairs and breast fed babies and mothers upstairs. The babies slept on the verandah sheltered by clothes horses covered in green cotton cloth with a mosquito net over their bassinettes. On one occasion Congreve went with the Sister to the War Memorial Hospital to collect a premature baby weighing under two pounds at birth. They went in a taxi with a wicker basket ‘with a lid and hot water bottles and blankets.’ The student nurses were also involved in giving mothercraft demonstrations to groups and organisations like the Girl Guides. Congreve kept her Karitane notebook, her ‘Dream Book’. The students copied the data from the Matron’s master ‘Dream Book’ and then it was checked by one of the Sisters. It contained calculations for feeding based on weight, age and calories, and recipes for a toddler’s diet. The origin of the name ‘Dream Book’ remains a mystery in spite of extensive enquiries in Australia and New Zealand.

Board and lodgings for Congreve for her course in 1933 was £100; in 1936 Karitane nurses were paying board of £2 2s a week while Truby King nurses paid £1 a week. During the War the numbers of trainees was curtailed by ‘manpowering’ restrictions and reduced to the point where the AMS Council waived fees for Karitane nurses during 1944-45. One of the wartime Karitane...
trainees was Maisie Woodrow who had a battle to be a mothercraft nurse. Out in the bush, between Cooinda and Brewarrina in North-Western NSW, Woodrow’s mother had never heard of Karitane. However Woodrow had the support of her uncle, and her mother eventually paid the fees for her to go to Karitane in 1943. Although Woodrow enjoyed her training she worked in the Air Force until the war ended. Later like many country women she had her children in Sydney and in 1949 she found herself at Tresillian to get her baby son growing robustly before the long train journey back to Brewarrina; carriages were not air-conditioned then. Woodrow put her training to good use, fostering children for the Welfare Department in Brewarrina sometimes having up to ten children at home. Later when the children had grown up she was a volunteer for the Mobile Play School and she always gave new mothers Karitane’s phone number to call if they needed help. Woodrow was probably better off financially in the Air Force; privately employed Karitane Nurses worked from 6am to 10pm with two hours off during the day, a half day off a week and one day off a month in the 1930s. Congreve earned £2 2s a week working on case assignments in family homes. ‘From 1933 to 1940 my life was centred on babies, other peoples, [sic] and my social life was sporadic. I kept a record of sixty households round Sydney and one in the country where I and a baby shared our days.’ Congreve noted that registered nurses earned twice as much as she did and against her parents’ wishes she started general nurse training at Prince Henry Hospital in 1940.

Many of the trainee nurses were from interstate; hardly surprising when the Department refused to employ Truby King’s nurses wherever they were trained. However, during 1947 and 1948 the numbers were boosted by the demand for training by the returning Armed Forces nurses and extra accommodation enabled this. MacLean had instituted refresher courses and started a Plunket Nurses Association ‘to preserve that unity of method whereby each mother and baby receive the uniform care and advice indicated to suit the individual case. The nurses are kept in touch, up to date, and there is no blind following of routine.’ MacLean left in 1936 and Miss Bertha Warneke took over as Matron. They may have had contact with each other in NZ; Warneke, who came from Melbourne, had worked in NZ for eight years at Karitane Homes in Wellington and Invercargill and MacLean had been at the Wellington Home in 1927. AMS replaced the ‘Plunket’ in their name with ‘Truby King’ in 1936 and the infant welfare nurses were called Truby King Nurses. Cunningham, Green and Petherbridge shared the medical responsibilities of visiting all those admitted and lecturing to the students throughout the 1930s. Notably for the era, Cunningham referred to working ‘with’ McLean in his annual report in 1935. Green explained the relationship with doctors who admitted their patients to Karitane; ‘We find in practice that such visiting doctors do not interfere

41 M Woodrow, personal communication, 2006.
42 Roydhouse to Weaver 7 July 1932, Morris 8 July 1932, Weaver to Roydhouse 8 July 1932, SRNSW: 4971 (2/8566.1).
44 AMS, Annual Report, 1931, 23.
with the routine feeding methods.’ The routine methods were those taught to the trainees, based on Truby King’s general principles. He also comments on the continuing criticism of Truby King’s methods but reports on a reassuring study from NZ showing above average ‘physical standard’ amongst pre-schoolers supervised by Plunket Nurses.\footnote{AMS, Annual Report, 1935, 35-36.} In 1940 Drs Edgar Stephen and F N Lynch replaced Cunningham when he joined the Armed Forces.\footnote{AMS, Annual Report, 1940, 9.}

Karitane accommodated from twenty to thirty per cent of mothers and babies admitted to mothercraft homes in Sydney through the 1930s and 1940s. (See Table 4) Improvements to the building were ongoing. In 1936 a premature baby room was set up and in 1942 the accommodation for patients and nurses doubled with additions to the building. This was quite an undertaking during the War when private interests had difficulty sourcing building materials and labour. However, the demand for beds still exceeded supply. In 1944 Warneke lamented the effects of the privations of war on new mothers, difficulty getting baby clothes, living with relatives and poor food. She had ‘noted an increase in small and undernourished babies’ and hoped that more prenatal education would produce ‘normal healthy babes’.\footnote{AMS, Annual Report, 1944, 5.} Finding somewhere to live was a problem, building had slowed during the Depression and postwar housing projects were slow to live up to expectations.\footnote{C Allport, ‘The unrealised promise: plans for Sydney housing in the forties,’ in Twentieth century Sydney: studies in urban and social history, J Roe, ed, Sydney: Hale & Iremonger, 1980.}

Olga Roache was one of those mothers in the 1940s. In 2006 she recalled her experiences as a young mother trying to breast feed. Her husband was in the Air Force during the War, they lived with her mother and sister and she was the bookkeeper for the family’s Kensington clothing business. Roache went to Karitane after the birth of her third child in 1947 hoping that this time she could breast feed her baby after two unsuccessful attempts. She had been to Tresillian before and she found Karitane much the same, hot packs and massage to stimulate milk let-down, a good plain diet, and early to bed with the baby in the nursery for a good night’s sleep. Mothers were encouraged to walk in the grounds, they could wheel the baby out in prams provided and there was the customary evening out as a couple on the mothers last night at the Home. She remembered Karitane being smaller than Tresillian with a ‘friendly get together atmosphere’. Roache described herself as ‘not a good cow’, but she felt that mothers gained confidence in themselves regardless. It was impressed on them that they must not neglect their own wellbeing, ‘otherwise you will have difficulty caring for a family’. She felt confident enough by the third baby to dispense with clinic advice. The Roache family became part of the exodus from the city when they eventually moved from Kensington to a new home in suburban Pagewood.\footnote{O Roache, personal communication, 2006.}
AMS and the media

In the 1930s the AMS efforts at educating the public extended to women’s magazines and radio broadcasts. The new media of the 1930s were radio and ‘talking pictures’.\(^{51}\) Sisters Mary Jacob and Helen Reid started broadcasting on the ABC’s 2FC and 2BL some time in 1929-30, leading to a regular Friday morning slot on 2KY. In 1932 MacLean and Mary Truby King had a regular Wednesday morning talk on 2UE, Sydney’s most popular radio station and this continued through to 1942.\(^{52}\) AMS had a close relationship with radio personality Mabel Filmer who had a wide following as ‘Aunty May’.\(^{53}\) Filmer set up the 2UE Mothercraft Club in 1934 and they had 360 members meeting monthly at David Jones with subsidiary clubs in the suburbs. The Club sent parcels of clothes to needy mothers and raised funds to support the AMS Woollahra clinic. In 1949 the group was still led by Filmer and contributed as the Karitane Mothercraft Club.

Mary Truby King, a trained Karitane Nurse and kindergarten teacher, wrote for the *Australian Woman’s Mirror* (1930-33) and the *Women’s Weekly* (1933-39) inviting mothers to write in. The ‘Mothercraft Nurse’ had answered 767 queries sent to the *Mirror* by 1932. Mary had a mothercraft question box in the *World* and she also wrote for Melbourne’s *Herald*, the *Newcastle Herald* and the *Radio News* in the early 1930s. Her book for Australian mothers based on Truby King’s principles, *Mothercraft*, was first published in 1934 and was reprinted through to the late 1940s.\(^{54}\)

Clinics burgeon

The Truby King Clinics grew from just one in 1930 to ten full time clinics at their peak of activity in 1948. (See Table 2) Patterns of service changed from a large proportion of home visiting in the early 1930s to being mainly clinic work. In a severe outbreak of gastroenteritis in 1930 Reid made 573 visits to mothers in the suburbs, sometimes at weekends as well. A roster of drivers was organised to help and all those babies survived the epidemic. In 1931 Green and Petherbridge suggested the provision of suburban clinics because of the difficulty for mothers paying the bus fare. Clinics were initially organised in pharmacies and a number of pharmacists had lectures on Truby King methods but it is not clear how these were conducted.\(^{55}\) Sister Catherine Thomas operated the clinic in the Farmers Market Street department store from 1934, working store hours, a late night on Friday as well as Saturday mornings. The AMS was also affected by the nurse shortage during and immediately after the War; Beverly Hills and North Bondi clinics closed in


1947 because of a lack of staff. In 1948 the clinics reluctantly started to charge one shilling a visit.\textsuperscript{56} Numbers attending clinics fell in 1949 but numbers also fell in the Department’s clinics. There was a polio epidemic in 1950 that reduced numbers attending clinics, so it is difficult to draw a conclusion about the effect of the fee.

The proportion of mothers using AMS clinics rose during the War. (See Table 3) The series is incomplete and it assumes that the Department and AMS counted visits in the same way. There are no figures for Bush Nurses or the Far West and there is a question over whether the Department included the outpatients recorded at Tresillian up to 1941. Nevertheless, by providing up to nineteen per cent of metropolitan mothercraft supervision in the 1940s, AMS had met a need that the Department was unable to cover. Local committees raised funds to support their clinics. The committee at Guilford resolved to provide a building so that Sister Helen Clancy would not have to work on the stage of the Church of England Parish Hall while mothers sat round the hall chatting.\textsuperscript{57} Clancy operated the Earlwood and Guilford clinics travelling back and forth from her home at Carramar by bicycle. She loved it and got to know many of the families who were mainly ‘working people’.\textsuperscript{58}

Prenatal visits are recorded from 1926; prenatal visits rose steadily from fifty-five to nearly 1000 visits per annum when a full-time prenatal clinic started operating at the Farmers Market Street department store from 1944. Scales for weighing older children were purchased after Petherbridge commented in 1933 that the toddling stage ‘seems to be somewhat neglected’.\textsuperscript{59} There appears to have been an effort to provide more than that: the Annual Report for 1942 announced the opening of the Blue Door nursery for children up to four years but there are no details of location or any further mention of it.\textsuperscript{60}

Figures for breast feeding are difficult to evaluate without information about the babies’ ages. The AMS clinic report has the proportion of fully breast fed babies rising from 59.7 per cent to 66.5 per cent between 1941 and 1942. Mein Smith’s studies show breast feeding declining in Victoria during the War but Jacob said in 1942, ‘we find that most mothers are more anxious than ever in these difficult times to fulfil their obligations’.\textsuperscript{61}

One very successful breast feeding mother was Bea Harrison who had her first baby in 1942. She talked in 2006 about getting ready for the baby with the ‘trousseau’ of viyella nightdresses, all with handwork, knitted sets, nappies, flannel pilchers, chaff mattress, a chaff pillow and even little baby binders. Mother had her trousseau too with nightdresses and binders for the two weeks in

\textsuperscript{56}AMS, Annual Report 1948, 10.
\textsuperscript{57}AMS, Annual Report, 1948, 13.
\textsuperscript{58}H Hogan, personal communication, 2007.
\textsuperscript{59}AMS, Annual Report, 1933, 27.
\textsuperscript{60}AMS, Annual Report, 1942, 9.
\textsuperscript{61}AMS, Annual Report, 1942, 16; Mein Smith, ‘Mothers and babies and the mothers and babies movement.’
hospital. She said ‘we were proud to dress our babies up when they went out in those days’. She took all her babies to the Karitane clinic at Bondi Junction every week and did everything according to instructions, like the four hourly feeding routine and swabbing her nipples with sterile water before and after feeds. She had excellent results; her baby record books were there with the evidence that her babies had gained a pound a week. She chose to go to the Karitane clinic rather than any other because most of her friends were nurses or doctors who considered Karitane to be better than the others. She recalled that breast feeding was a very private affair; if there were visitors in the house it was usual to retire to feed the baby and in hospital babies were not fed at visiting time. Her husband was in the Army until 1946, so she was by herself with small children for four years although she did have a live-in housekeeper. Harrison said that some of her knowledge of baby care came from watching her mother caring for her younger sister, but she felt her confidence grew with the reassurance of the Karitane Sister that she was doing the right thing.

There was a short-lived clinic at 72 Buckingham Street Surry Hills in 1930-31 attached to the Karitane Products Society branch factory. As well as setting up the factory and the clinic, Truby King had organised his daughter Mary to set up house at 68 Buckingham Street. (See Figure 4) They lived there from December 1930 and they both helped out with the clinic when Sister Ivy Vidler was busy. The clinic work was largely home visiting and this was criticised by Morris for duplicating BHC services. Surry Hills was a run-down area at that time and the women there might have appreciated the Plunket nurse because, unlike the BHC nurse, she was not an inspectorial agent of the State.

It was a very unfortunate time to start a factory in Australia although in 1929 the nation had been bustling with infrastructure building, notably the Sydney Harbour Bridge. The Karitane Products factory was producing Karilac in 1930, but its Kariol never met the standard required. Truby King was 72 by then and he fell down some steps in early 1931, breaking a few ribs. He was confined to bed and Mary found him confused at times. He eventually returned to NZ in September 1931 for the last time. He was no longer able to deal with business matters and KPS Chairman Sir William Hunt in Wellington enlisted Mary’s help to resolve the future of the Sydney factory. She recommended that AMS should not take over the factory and that it be closed.

There was no sales of Karitane Products were reported subsequently.

Binders were lengths of strong washable cloth used for a variety of purposes. Mothers had binders to support their flaccid abdomen and secure sanitary towels, also to support engorged breasts when their milk came in. Binders were adjustable, some had tapes attached for the purpose but others were secured with large safety pins. The baby binder was to keep the cord dressing in place.

Harrison, personal communication, 2006.

The fifth floor rooms at Elizabeth Street continued as head office with Jacob in charge until she retired due to illness in 1943. In the 1940s phone calls started to take over from letters as the main means of communication, peaking at 12000 calls per annum in 1947; letters fell from more than 1000 per annum to a few hundred. Baby Record Books were added to the list of books for sale.

The financial difficulties

Fundraising for the Home and clinics was made more difficult first by the Depression and then by the War. A show Berkeley Square was mounted at the Palace Theatre in 1930; Lady King, Sir Kelso King’s wife, was the Chair and £748 was raised. The students were aware of the financial pressures; Congreve wrote: ‘At the end of the financial year that I was there the books showed only nine pence profit. We lived on brown bread, tea and very simple food and were pretty happy.’ They were co-opted into fundraising; she remembers supervising pony rides at the Fete (See Fig 6) and getting off the tram at Taylor Square to deliver frangipani flowers from Karitane’s tree to a florist. The suburban clinic committees also supported the Appeals Committee with events like a ball on board the Orion in 1936. The Orient Shipping Line hosted shipboard fundraising events annually for most of the 1930s and it was the visitors to the Orcades in 1938 who paid for Karitane’s first refrigerator. A fund had been started to build a Nurses’ Home in memory of past President Ethel Allen who had died suddenly in 1930. With the strictures of the Depression the funds were used for the Home. It was renamed the Ethel-Allen Karitane-Sydney Mothercraft Training Centre in 1932 in lieu of the intended nurses home. A bequest from the estate of Miss Marion E Andrew, a 1936 trainee, who worked for the Far West at Cobar, refurbished the dispensary (milk room) in 1947. Like others in the Depression the nurses took ‘greatly reduced salaries’ in 1932. The accounts give the only indication of the scale. General and nursing wages went from £1 069 10s10d in 1931 to £660 12s 3d in 1932, and in 1939 at £914 6s 1d wages were still below the 1931 figure.

The support of KPS in NZ was crucial to AMS survival. The Society had been protected for a while by the State’s measures to suspend mortgage repayments during the Depression. When Lady Owen, Vice President, visited NZ in 1936 she prevailed on KPS to take over the mortgage on Karitane; that was as well as the £100 a month they provided for operations. Rationing during the War made fundraising all the more difficult. A monthly cake stall in the foyer of the Hoyts Theatre in Double Bay made £209 in 1944 but the following year it made only £114. In 1947 AMS was worried by the financial implications of the NSW Nurses Association’s application to the Industrial Court to bring the trainees under the Nurses Award. However, the Court ruled that the Award did not apply.

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65 Blamey, Memoirs of a committed nurse; B Congreve, personal communication, 2008. See Fig. 6.
66 AMS, Annual Report, 1932, 7, 4; 1936, 37; 1947, 8.
67 AMS, Annual Report, 1936, 26, 37.
AMS started to lose some of its stalwart supporters. Green’s father A H Green, the foundation President, died in 1935 and Sir Kelso King in 1943. Cunningham was killed on active service in 1941 after sixteen years working on AMS’s behalf. Mrs Leete, Secretary from 1930 retired in 1943 and died in 1948. She had written all the difficult letters to the Department and organized those uncomfortable and unsuccessful deputations. Mather, who had stepped into the breech when Allen suddenly resigned due to illness in 1929, died in 1940. Truby King died in 1938 after years of illness. He was the first commoner in NZ to be accorded a state funeral and eulogies flowed in from round the world led by Queen Elizabeth in London.

Conclusion

AMS survived the decades of the 1930s and 1940s with the financial help of KPS in Wellington and the support of staff who took large wage cuts all through the 1930s. It did more than just survive; for most of the 1940s AMS was providing more than twenty-five per cent of residential admissions to mothercraft homes in Sydney, and at its peak in 1947-48 approximately nineteen per cent of the clinic visits for mothercraft supervision in Sydney.

The failure of public health’s efforts to reorientate medicine’s priorities to be inclusive of disease prevention would have left its practitioners like Morris feeling rather demoralised and disillusioned. Even accepting the conservative view that governments should only support the needy, there was no justification for Morris’s summary dismissal of Karitane as a nurse training school. It was operating the same course as that at Tresillian, and Plunket Nurse qualifications were recognised in other jurisdictions. He effectively reduced the pool of potential employees for the Departments BHCs and in the 1940s they were short of nurses. The Department was still in Baum’s phase of ‘Nation building’ characterised by the State being in control of public health.

The Council of AMS and the senior staff just ‘got on with the job’. MacLean’s businesslike management was credited for the growth of suburban branches and their subcommittees. When she resigned Green praised her ‘outstanding organisation and tact’ and Cunningham was ‘impressed by her personal charm, capability and magnetism.’\(^69\) Whatever frustrations they felt did not appear to touch their clientele as related in 2006 by Roache who had experienced both Karitane and Tresillian homes, or Harrison taking her babies on the bus to the Bondi clinic. Green’s medical report of 1948 expressed one of the constant thoughts of those at the workface in public health: ‘It is difficult to assess the value of the work.’ Was their work improving the odds of a healthy life for those babies? Those at Karitane did have the consolation of grateful parents, ‘That the community appreciates it is seen from the increasing numbers availing themselves of the help offered’.\(^70\)

\(^69\) AMS, Annual Report, 1936, 32.
\(^70\) AMS, Annual Report, 1935, 36; 1936, 32; 1948, 16.