CHAPTER FIVE: 1950s AND 1960s KARITANE JOINS THE MAINSTREAM

In the post war boom years that this chapter covers, growth by the AMS was checked. Its clinics contracted although the organisation did achieve its aim of cooperating with ‘like organisations’ and mothercraft nursing received a boost. The baby boom that had started in 1946 continued, although at a steadier rate, and although State services expanded they did not keep up with the rapidly expanding population that included large numbers of refugees and migrants from Europe. Public health priorities of this period were part of the medicalisation of health; therapeutic specialisation was a more attractive career option than public health. Health sector resources went into hospital buildings and the opportunities afforded by new drugs and technologies; Baum dubbed it the period of ‘Affluence, medicine and infrastructure’.¹

The 1950s started out with the same management at the Department and its attitudes to AMS were slow to change. AMS supporters were getting older but they saw the needs of mothers in Sydney’s new housing subdivisions and they started mobile services to fill the gaps. Keeping Karitane and the Truby King Clinics going was a struggle although some support still came from KPS in NZ. A new generation in the Department brought inclusive attitudes and the recognition of Karitane as an asset came in the 1960s. Cooperation with other agencies ensued and both the Home and the clinics started to receive financial assistance from the State.

Public health fades

The health workers for whom public health meant regulatory surveillance and the control of infectious diseases, probably thought the end was in sight in the 1950s and 1960s. TB and polio were brought under control and antibiotics reduced fears of babies dying of chest infections.² Public health concerns for young children mainly concentrated on extending immunisation programmes and the early detection of hearing problems. Infant gastroenteritis had almost vanished and twenty-five years or more of educating mothers was paying off, they attended prenatal classes in increasing numbers and most took their babies to BHCs.³ Clements identified the infant welfare nurses as a major influence on health, ‘the nurses were the largest and most influential health and nutritional educational force in the Australian community’. Nutrition was less of a priority for the Commonwealth Department of Health after the War and Clements, who had headed their Nutrition

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² Lewis, *The people’s health*, vol. 2, 13-42.
Unit, left and went to found WHO’s Nutrition Unit in 1949. However, he maintained his place on NHMRC’s nutrition committee and he was also on their Education Committee established in 1955.

The National Health Scheme of the 1950s was based on individual responsibility for health. The Liberal-Country Coalition’s (Coalition) Commonwealth Health Minister Sir Earle Page believed in self-help. His National Health Scheme was essentially a subsidy scheme to reimburse the costs of illness and this principle continued virtually unchanged through to the 1970s. The private health insurance sector had prevailed and the medical profession had succeeded in achieving fee-for-service payments, avoiding contract or salaried practice. Public health interests and preventive medicine had a low profile until re-emerging as community medicine in the 1970s.

The Aboriginal population was largely ignored and most health professionals were oblivious of the poor state of Aboriginal health. Professor of Social and Preventative Medicine Douglas Gordon at Queensland University dated his own ‘discovery’ of the appalling rate of aboriginal infant mortality as 1968. Baum points out that even the public health priorities of this period were part of the medicalisation of health, with its focus on individuals and therapy, like the mass X-ray programmes to diagnose TB. The public health gains that were made were not in the health sector but related to a rising standard of living and that was underpinned by reconstruction and continued economic expansion.

In 1950 a National Child Health Foundation was established within the School of Public Health and Tropical Medicine at the University of Sydney. When Clements returned from WHO he worked for the Foundation as well as teaching nutrition. Clement’s research into nutrition was wide-ranging and his goitre studies in Tasmania gained international notice. His research went beyond infant nutrition and included mothercraft and early childhood stress and accidents. His 107 publications were aimed at all sectors; dietitians, doctors, nurses, social workers, childcare workers, parents and historians. Clement’s work on nutrition education in medicine was recognised with an OBE in 1967.

At the New South Wales Department, the Director of DMBW Cuthbert-Browne, returned from a Fellowship with WHO in 1951 with proposals for improving mother and childcare. She advocated upgrading the infant welfare course and registering the nurses, as well as more mothercraft homes in secondary centres, but it was a decade before her proposals about nurse registration eventuated.
She also wanted a paediatric advisory committee to advise on infant feeding instead of ‘depending on the remote control of the Honorary Medical Staff of the Mothercraft Training Schools of Royal Society for the Welfare of Mothers and Babies for the standards of infant feeding and other paediatric practice’. This practice would have been a legacy of Harper’s research interests.

Morris retired in 1952, but it was accepted practice that past DG’s would stay on the Board of Health until they chose to retire. He remained on the Board and the Council of RSWMB and he probably continued to influence the Department until he died in 1957. His successor Dr H G Wallace was a quiet, diffident person who avoided confrontation. Dr C J Cummins wrote the Department’s report in 1958 and noted that expansion of BHCs had not kept up with the population because of a shortage of funds for premises and lack of trained personnel. Cummins became DG in 1959 and he started addressing the problems. He found that the average age of the BHC sisters was fifty-four and that there had been shortages of BHC sisters for many years. The Department archives showed an unsympathetic attitude towards the BHC sisters. They were referred to as ‘units’ or parts of a ‘unit’ and the rota for country service was rigidly policed. There was one example of a sister aged over sixty with three children who wished to resign because she was being posted for country service. Her resignation was declined but there was a placatory recommendation that application be made to the Public Service Board for exemption from country service for nurses nearing the age of sixty.

Cummins instituted a £100 country allowance together with a bonus scheme for training registered nurses for BHCs on full salary. Tresillian was unable to train enough nurses and in 1961 extra nurses were being trained by Karitane although the Department makes no mention of this. However, there is acknowledgment for the first time that the figures for infant welfare attendance do not include those seen by the Far West, the Bush Nurses and the Well Baby Clinic at Royal Newcastle Hospital. Although the Department’s attitudes were changing, ‘Whereas 20 years ago the emphasis was placed on rigid routines, today a more permissive attitude is adopted’, it still saw itself not just researching and setting policy on mother and childcare but also as the provider. ‘The function of the DMBW is to provide public health and preventative medicine services for mothers and young children’.

Cuthbert-Browne retired in 1964 after twenty-seven years and the DMBW then become the Bureau of Maternal and Child Health incorporating School Health. Staff training and parent
education assumed greater importance. Mothercraft nurses were used to help with the shortage of BHC sisters. The attitude to attendance at BHCs changed; a fall in attendance in 1967 was seen as the success of a policy of encouraging mothers to be more independent.\(^\text{16}\) Morris’s rigidity had stifled innovation and adaptation, and Cummins had inherited a dispirited Department. He summarized the late 1960s thus: ‘There was stress and an atmosphere of uncertainty within the administration of State health services. In my sector there was consistent denigration of the Board of Health and Baby Health Centres (to mention but two examples) which produced emotional overreaction and wary caution and suspicion.’\(^\text{17}\)

*Karitane’s changing relations with the Department*

In spite of all the previous rebuffs, in 1950 AMS wrote requesting financial assistance from Minister Maurice O’Sullivan (1892-1972) because the NSW Nurses Association were again seeking to enforce award wages for the trainee nurses.\(^\text{18}\) O’Sullivan, a Labor politician, had been a director of the Benevolent Society and was later Chairman of Scarba, their children’s home.\(^\text{19}\) The Leader of the Opposition and Member for Woollahra (later Sir) Vernon Treatt (1897-1984) requested that the Minister see a deputation from AMS but this was declined. Morris hand wrote a memo to Wallace starting with ‘There is a file re this matter as thick as I am.’ All his reasons for refusing to deal with AMS are reiterated in the brief for the Minister prepared by Wallace who was acting for Cuthbert-Browne. Included was the fact that AMS were charging for clinic services when the State BHCs provided free services. There was, however, an acknowledgement for the first time of a shortage of ‘Mothercraft nurses in NSW’. The Minister’s answer was couched as if payment for services was the main reason for declining the request.\(^\text{20}\)

In 1953 a deputation from AMS was received by the Minister and this time he recommended that they make an application for Karitane to be registered as a hospital under the Third Schedule of the Public Hospitals Act 1929.\(^\text{21}\) AMS decided to defer their application because the closure of clinics that were not self-supporting had improved the financial situation. They reapplied again in March 1957 and, when not successful, Treatt requested a meeting with the Minister W F Sheehan (1895-1975). Cuthbert-Browne was present when they met and while she supported Karitane’s nurse training she was critical of AMS clinics operating in the vicinity of the Department’s BHCs and she complained of under-funding for BHC buildings and nurses. The Minister definitely saw a


\(\footnotesize{17}\) Cummins, *History of medical administration in New South Wales*, 145.

\(\footnotesize{18}\) AMS to O’Sullivan, 5 December 1950, SRNSW: 4971 (2/8566.1).


place for voluntary organizations like AMS but the Department’s officers were not supportive. Cuthbert-Browne it seemed still wanted all available funds for the Department’s own services. It was June 1958 before the Minister wrote to AMS to say that an inspector from the Hospitals Commission would be assessing Karitane. Eventually the Home was gazetted in the Third Schedule to the Hospitals Act 1929-1943 on 21 November 1958. Sheehan then followed up to make sure that the Home was approved for Commonwealth Hospital and Pharmaceutical Benefits, conveying this to Treatt in February 1959. A Labor government was in office, the party that had advocated for the government provision of health care. However the actions of Sheehan indicate a moderation of those ideas and some acceptance of private organizations providing health care. Sheehan and Treatt were proud of their bi-partisan success and both spoke at the AMS Annual General Meeting in 1959.

The Department’s file on Karitane closed in February 1959 and a new era in their relationship began. A generational change in personnel at the Department, Morris’s death and changing APL attitudes had brought thirty-nine years of antagonism and isolation to an end.

Work at Karitane

Whatever the financial circumstances for AMS, the work went on with students and patients apparently quite unawares. Nancy Dunn was one of the trained staff at Karitane in 1950 and she enjoyed working there. She was comfortable living-in upstairs in the Home, and on Saturdays she had the morning off and would walk down to Double Bay. Matron Warneke liked her to be on duty on Saturday afternoons when the mothers of the unaccompanied babies visited. These babies were those artificially fed who had settling or feeding difficulties and like all hospitals at the time, visiting was regulated. Recalling this time in 2007 Dunn said she got on well with Warneke who she described as totally devoted to the babies and very capable though somewhat domineering. Warneke obviously had confidence in Dunn, maybe because she was a more mature person; she had kept the family farm going while her brother was away at the War. She described her job at Karitane as really just supervision; she helped the student nurses and mothers as they ‘practised’ baby care and feeding.


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22 Hospitals Commission for Minister, 3 September 1957, Deputation, 12 September 1957, Cuthbert-Browne to DG, 1 October 1957, DG to Under Secretary, 8 October 1958, SRNSW: 4971 (2/8566.1).
23 Sheehan to Johnson, 10 June 1958, Health Commission to Department, 12 September 1958, Commonwealth to Department, 19 December 1958, Sheehan to Treatt, 26 February 1959, SRNSW: 4971 (2/8566.1).
25 Hard to read but it looks like there were instructions for these papers to be destroyed. SRNSW: 4971 (2/8566.1).
26 N Dunn, personal communication, 2007. Dunn subsequently ran mothercraft services in Canberra until she retired.
The student groups at Karitane had nicknames they used for each other. The registered nurses doing the Infant Welfare course were known as the ‘Plunkets’, and the mothercraft students as the ‘Karits’, short for Karitane. Two of the ‘Karits’ Dunn probably helped were Miltie Cameron and Sally Darling, mothercraft students in 1950. They remembered one day off a fortnight and Darling thought they might have sometimes worked eighty hours a week when lectures were included as well. Warneke made the up rosters, but at the most a few days in advance. Cameron requested time off to be a bridesmaid but found herself working the morning of the wedding and the following morning. Sometimes nurses could find someone banging on their door at 5am with the news that they were on duty at 6am. For all that, they both remembered Warneke as a wonderful teacher, fair in her dealings and always interested in the progress of her nurses. She had an intuitive feel for babies and taught the nurses how to gently handle the little ‘preemies’. She prescribed the diets for artificially fed babies and even made up the mixtures herself for babies who were delicate. She was a big, hardworking and energetic person with a soft speaking voice. One of the ‘Plunkets’ who remembered Matron Warneke was Enid Ross who felt that Matron was really more interested in the Karits than the Plunkets and it always seemed to be her who had to get out of bed in the middle of the night if a baby required transfer to a hospital. Generations of nurses at Karitane learned the nuances of infant nutrition from the ritual of the ‘nappy parade’. It was the junior nurses’ job to open out the dirty nappies that had been labelled with the baby’s name and saved overnight for appraisal. Matron then explained how the curds, consistency, mucous and colour of the motions reflected the baby’s ability to digest their food.\(^{27}\) Even remembering this in 2007 Darling screwed up her nose at the thought of the smell, but she said ‘We learnt what to look for - I was always reassured by a big orange poo!’\(^{28}\)

In 1952 after sixteen years Warneke resigned due to ill health and this heralded a period of staff changes. Unfortunately, she did not recover and when she died the following year accolades came from those with whom she had worked, describing her as a gifted teacher. Sister E Tattersall filled the Matron’s position initially, followed by Miss Jessie Hamilton for just over a year, then Clancy acted as Matron for a few months until Miss Meryl Caldwell-Smith took up the position in 1954. Clancy worked as clinic sister, clinic director, Acting Matron and Tutor Sister, sometimes filling two roles at once. She still lived at Carramar but by then she had a car to come to work in the city.\(^{29}\) Barbara Kendrick, a ‘Plunket’ in 1955, remembered her friendliness and credited Clancy with her ongoing interest in clinic work.

Kendrick chose to do the infant welfare course at Karitane because of the pay. She received thirty shillings a week at Karitane and was better off than if she had been a trainee at Tresillian at

\(^{27}\) ‘Nappy parade’ dated back to at least 1933. Congreve, 2008.
\(^{28}\) M Cameron and S Darling, personal communication, 2006.
\(^{29}\) AMS, Annual Report, 1953, 3; 1954, 7.
the time. She did however find the living circumstances rather constraining. Accommodation was in sparsely furnished rooms that had been subdivided from a larger space. Unfortunately the partitions did not go all the way to the ceiling so there was always the danger of being woken by the activities of the occupant on the other side of the partition, particularly when on night duty. The food tended to be boringly repetitive and she felt they were never really off-duty. Ross too remembered the food being very plain and they used to go to cafes in Oxford Street for something better. Matron lived on the premises and it was the night nurse’s task to wake her with an early morning cup of tea.30

Students had one and a half days off a week, but attending Matron’s lectures on a Tuesday evening took precedence over any personal interests. Kendrick commented rather ruefully in 2006 when recalling her experiences, ‘you couldn’t go far on thirty shillings a week!’31 Through the 1950s the numbers of ‘Plunkets’ were falling, conversely the numbers of Karitane trainees grew and an eighteen month to two year waiting list for a place was reported in 1952.32

Miss Eileen Wilson was appointed as Matron in 1960; she had visited Karitane in her previous role as the Department’s inspector of private hospitals.33 The Karitane Mothercraft programme was reorganised that year into three orderly intakes per annum and each group proceeded through a junior, intermediate and senior stage of the lecture programme, with practical duties following the theory. In 1961 a Curriculum Committee of Wilson, paediatrician Dr R H Vines, Clements, Tutor Sister Jones and Grattan-Smith from the Department produced a curriculum that included some psychology and social work in recognition of the changing social circumstances of families. Outside lecturers taught child development and interviewing skills. The students also had outside experience in day nurseries and premature baby units. The ‘Plunkets’ course changed from four months to six months from 1961; Cuthbert-Browne’s recommendation of a decade earlier was at last implemented. A simultaneous application with Tresillian to the NRB for the recognition of the Truby King Infant Welfare Certificate as a post-graduate qualification for registered nurses was successful in 1962. This meant that the registered nurses who trained at Karitane at last had equality with those trained by RSWMB.34 In 1964 Karitane, jointly with Tresillian, negotiated for the registration of mothercraft nurses, and the first graduates were registered in 1966. This was the first additional category of nurse registration since 1924. The NRB subsequently changed its recommendation, advising the Minister that mothercraft nurses should have been categorised as enrolled nurses rather than registered nurses. The Minister later wrote to explain why the Bill had been introduced and passed in its original form. He was not going to delay the legislation, ‘as the

30 It was customary for hospital matrons to live in.
33 M Caldwell-Smith, personal communication, 2007.
34 AMS, Annual Report, 1962, 12.
only reason given for the NRB’s change of mind was that registration would allow mothercraft nurses to wear the nurse's veil’ and this would not justify the delay. The NRB designated the courses as Mothercraft Training Long Course (fifteen months) - the ‘Karits’ course, and Mothercraft Training Short Course (six months) - the ‘Plunkets’ course.

Beverley Correy was one of the ‘Karits’ of the mid-1960s. She came down from Inverell with her mother to look at Tresillian, Karitane and a baby hospital. Karitane was chosen because it was closer to her grandparents. The minimum age to start at Karitane was eighteen and Correy was only sixteen, so she went off to Queensland as a governess in the interim. She found it hard to work and study for exams at the same time but she was with a group of country girls and they had fun in their time off, doing things like visiting Luna Park and skating at Burwood. Correy remembered night duty when she took the babies out of the nursery for their mothers to feed; she would stay and after ten minutes feeding on each breast she would take the baby back to the nursery. When the students did not have much to do at night they had little chores like making up cream for the babies’ bottoms on the big Aga cookers downstairs or sterilizing the chaff used to stuff the babies’ mattresses. At the end of the course she did six months of private cases. The student had to report on her experience and the client reported to Matron as to how the student had managed. Correy loved this work, although at one place the parents treated her like a domestic ‘slushie’ and Matron told her she did the right thing to leave.

Correy kept her student notes and Clement’s influence on the material is evident. For example, the ‘educational diet’ introducing new foods; the educational diet first appears in his 1949 publication on infant nutrition. The instructions for dealing with chaff mattresses on discharge are of historical interest for nurses. The afternoon junior nurse emptied the mattress bag and sent the bag to the laundry; the chaff was baked for half an hour at 400-450 degrees (200-220 centigrade) in a special baking tin; a clean mattress bag was then half filled with the chaff and sewn up. Chaff mattresses were used for babies up to 13 weeks. A firm mattress like chaff, and later horsehair, was advised for the good development of a child’s posture.

The admissions policy was restated more specifically in 1960. It was extended to include infants with congenital defects, premature infants over four pounds, infants following surgery, infants whose mothers were unable to care for them and toddlers up to three years with ‘feeding,
management or allergic’ problems.\textsuperscript{40} Clements was on a Department committee set up in 1962 with the aim of establishing NSW standards for infant feeding. This was achieved in 1963 and the Department commented that no longer would doctors be giving different advice to the BHC Sisters.\textsuperscript{41} It was also the end of any differences over feeding between Tresillian and Karitane, the source of the rupture at Tresillian that had spawned Karitane back in 1923. Clements was a nutritionist of international stature so what drew him to Karitane? Maybe it was personal contacts. Clements was Director of the Commonwealth Department of Health’s Nutrition Unit in Canberra when Dr Eban Hipsley was engaged to do Commonwealth nutrition surveys in New Guinea.\textsuperscript{42} Eban Hipsley’s wife Anne Humbley was a Truby King graduate in 1947 and Eban’s brother was Dr Don Hipsley, visiting paediatrician at Karitane 1953-63.\textsuperscript{43} Clements’ work was the basis for the feeding schedules approved by the Paediatric Society in NZ and adopted by the Plunket Society in 1950.\textsuperscript{44} Karitane reviewed its infant feeding mixtures in 1956, the year Clements joined the visiting medical staff.\textsuperscript{45} At a time when Honorary Medical specialists were still treated like ‘Gods’, Matron Caldwell-Smith remembered Clements as a quiet, dignified gentleman with a ‘brilliant mind’.

There were many improvements at Karitane in the 1960s now that Karitane was receiving Hospitals Commission funding to augment the efforts of AMS supporters. The local Lions Club and Carrier Air Conditioning installed an air-conditioning unit in one of the nurseries in 1960. The Richmond Memorial Hall was completed in 1963; it was used as a lecture hall for nurses, as well as by the physiotherapists for prenatal classes. A bequest from the estate of Mr C L Richmond ‘an old friend of the Society’ funded the building. In 1964 the Lions got the driveway sealed where toddlers could ride their tricycles, and a toddler’s bathroom was installed with money raised by the Junior Appeals Committee. The Commission paid for the extra accommodation required for the increased number of trainees doing longer courses.\textsuperscript{46} Graduation ceremonies for Karitane Nurses were instituted in 1960, and at the first graduation Petherbridge gave the address and presented the certificates. The Truby King Nurses Association whose initial aim was to keep graduate nurses up to date changed its name in 1964 to the Karitane Mothercraft Association so that it could be more inclusive. The Association also raised money for student amenities like the sound projector they

\textsuperscript{40} AMS, Annual Report, 1961, 11.
\textsuperscript{43} PL Hipsley, children’s surgeon at Sydney’s Royal Alexandra Hospital for Children, was their father and the author of Early history of the Royal Alexandria Hospital for Children Sydney, 1880 to 1905. Personal communication, R Hipsley, June 2008.
\textsuperscript{44} Bryder, A voice for mothers, 117.
\textsuperscript{45} Comments for review of feeding mixtures, 1956, Enid Ross Collection.
\textsuperscript{46} AMS, Annual Report, 1960, 4, 16; 1961, 5; 1963, 4; 1964, 5; 1967, 3.
bought in 1960. They organised the graduation ceremonies and in 1968 they launched badges for all graduates and arranged for the retrospective distribution to past graduates.\textsuperscript{47}

Two mothers from the 1960s who remember particularly being taught to bath their babies at Karitane were Joan Short and Judy Devai. Short was a young teacher shaking at the knees when handed her baby to take home from the War Memorial Hospital, Waverley. Four days at Karitane were a gift from her mother. The staff soon had Short handling her baby with confidence from following their very practical ways of showing her what to do: ‘put your hand on the soap this way’, ‘wrap the baby up this way’. They helped her too with getting her milk supply to match her baby’s appetite. She had lots of milk and her baby was satisfied with just one breast, leaving the other one spurting and full. At Karitane she learned to move her daughter on to the second breast while she was still a bit hungry rather than let her empty only one breast. This worked and she soon felt confident enough to read a book or walk in the grounds between feeds.

Devai arranged to go to Karitane after the birth of both her babies. With her first baby she had lots of problems breast feeding with inverted nipples making feeding difficult. The staff helped her with a feeding routine and getting her nipples healed with a heat lamp. She learned to bath her baby in the nursery but did not really like the method, reasoning that she would not like to be wet and soaped all over before getting into the bath. While she could see that holding a slippery baby with only one hand and trying to soap it with the other might be a bit unsafe, nevertheless when she got home she did it her mother’s way. When Judy was at home she found that all she did was feed, express milk, sterilize it for the next feed and then it was time to feed the baby again. She had organised to go back to work so at seven weeks she gave up expressing and used S26 milk powder mixture. With her next baby feeding was easy and she breast fed for three months before going back to work. For Devai the best thing about Karitane was relaxing, being looked after and having a good night’s sleep when the baby went to the nursery. She thought that going out for dinner with her husband before going home was really good. Short was still worried about her baby when she went out to dinner but she remembers the experience at Karitane as ‘the best’ and she was confident with her baby.\textsuperscript{48}

\textit{The Truby King Clinics}

The Clinic at Karitane was where Short took all four of her children. She found being able to talk on the phone with the Sister and maybe have her call in to see how she was managing was wonderful. She was reassured just knowing that help would always arrive before the problem got out of control. When the Clinic at the Farmers had a position for a Karitane Nurse, Miltie Cameron


\textsuperscript{48} J Short, personal communication, 2006; J Devai, personal communication 2007.
was thrilled when she was offered the job assisting Clinic Sister Thomas. ‘It paid a bit more than a case and you got discounts in the store’. M Cameron, personal communication, 2007. ‘Case’ refers to a domiciliary nursing assignment.

Her job was mainly test-weighing and she wore her blue uniform with a half veil. ‘Test-feed’ or ‘test weigh’ was weighing the baby fully clothed before and after a feed in the same clothes, the difference in weight being the amount of milk that the baby drank.

She also bare-weighed babies on their first visit to see how much they had grown since birth, discovering that they did not like having a cold tape measure wrapped round their bare middles. The mothers mainly came on trams from the Eastern suburbs, Newtown and Surry Hills. Everybody was well presented and clean, ‘there were no down and outs’. Small babies came in their mother’s arms and bigger ones in push chairs. (See Figure 9) It was a very busy clinic and, like Thomas, Cameron took a sandwich and they fitted in cups of tea when they could.

Mothers in NSW were following the international pattern in developed countries and giving up breast feeding to artificially feed their babies. A small study of the AMS clinics in 1950 showed that twenty per cent of babies were artificially fed at four weeks and by eight months it was nearly eighty per cent. Clinic Sister V Convey commented ‘Had Truby King been alive he would have been very disappointed that breast feeding is still at such a low ebb even though baby clinics have become so well established in the community’.

Department BHCs grew steadily in number, and the pattern of families with young children moving to the suburbs continued so when AMS rationalised their clinics it was the city clinics that closed. The rooms in Elizabeth Street closed in 1953 and services moved to Karitane except for the prenatal clinic; Sister Helen Reid found the accommodation at Karitane inadequate so she opened an independent clinic ‘The Parent-craft Centre’ in the city. Guilford got its new clinic building in 1953 and the Farmers clinic closed in 1954; Thomas moved to Bondi Junction. Kendrick was a student at the Bondi clinic and she remembered Thomas’s relaxed approach with mothers and their babies. Kendrick accepted the position of clinic sister at Mosman in 1956 and being in her mid-twenties she was probably the youngest clinic sister in the State. She enjoyed her fifteen months in Mosman working in the new premises provided by the Mosman Council. Once a month there were evening meetings at Karitane with one of the paediatricians where the sisters discussed and shared any problems they were encountering. Some of the advice was to think laterally, for example ‘getting granddad’s gout treated before getting down to the detail of the baby’s diet’.

The first mobile clinic bus in NSW started running in 1951 in the northern outskirts of the city. The Kuringai Committee had started with the ambition to open another Karitane Home to the north of the city but when this goal became less realistic they decided to put their funds into a mobile

AMS, Annual Report, 1953, 6; 1954, 10.
Sister M Pietsch consulted with the Department of Health in Victoria about design for the purpose-built mobile clinic bus. It operated a weekly circuit that was initially Beacon Hill, Baulkham Hills, Berowa, Mt Colah and West Pymble. The circuits accommodated growing BHC services and housing developments. In 1968 Carlingford, Toongabbie, Arcadia, and Dundas were on the circuit. A replacement bus came in 1962 and Mr A J Wragg of Killara continued to garage and maintain the vehicle gratis.\(^{56}\)

Elizabeth Bolton in Carlingford used the very recognisable mobile Truby King Baby Clinic in 1963. She tried to be the first person there so that she did not have to wait on the pavement; the van just took one mother and baby at a time. She often helped to unhook things like the scales that had been secured for the journey. Mothers undressed their babies and put them on the scales, the only time the Sister actually handled the baby was if there was something specific for her to look at. Mothers brought their baby record book and the Sister recorded the baby’s age, weight, instructions for diet and progress comments. Bolton still had her children’s record books in 2006. She too never forgot her first lesson in Karitane baby bathing, ‘bootees last off and first on again’, to keep the baby warm. Some of her friends who had babies at the time went to State BHC’s and as far as she could make they had a different attitude to weight gain. She felt the Truby King Clinic was relaxed about weight but that her friends seemed apprehensive about being admonished for insufficient weight gain. Bolton remembered the clinic sisters she met as very willing to give generous and kind advice without being patronising. She described going to the clinic as quite a joy, she knew that she would get help and learn what to do next.\(^{57}\)

In 1961 the western area of Sydney got a travelling service initially supported by KPS. Sister B Everleigh was the first to work from a car. Sister M Ho took over with in 1962 and she worked out of church halls and chemist shops in the rapidly growing areas of Kingswood, Doonside, Bass Hill, Berala, Smithfield, Wentworthville South, Schofield, North Blacktown, Quakers Hill, Fairfield Heights and more.\(^{58}\) By 1968 with the changing relationship with the Department Karitane was recognised as providing services in places where there were no BHCs. The Minister Arnold Henry Jago (1913-1997), the Liberal member for Gordon launched a new custom-built clinic vehicle for this area at Guilford in 1968.\(^{59}\) The AMS share of post-natal visits to clinics stayed at about five percent in the Sydney Metropolitan area in the 1960s. The move to the metric system in Australia in 1966 caused some confusion weighing babies; the medical report tells of the difficulties without metric scales and all the conversion calculations required.

Prenatal classes started again at Karitane in the Richmond Hall in the early 1960s and


\(^{57}\) E Bolton, personal communication, 2006.


physiotherapist Vines and honorary paediatrician Dr Michael Harris started a popular ‘Father’s Night’ in 1967. Harris and Wilson were on a steering committee that aimed to co-ordinate pre-natal parent education city wide. Pre-natal classes also started in Roselands and Sylvania clinics in 1969. After being totally banished from childbirth, fathers in this period were becoming more involved in pregnancy and birth. Hospital rules in maternity wards were starting to soften. Vines also prepared a resource booklet, ‘Approach to Fatherhood’ and it was published with the assistance of the Carnation Milk Company in 1968.60 A precursor of things to come was Professor W H Trethowan’s address to the AMS 1960 AGM on *Mental health in relation to the infant*; he was particularly identified with work on fathers’ reactions to parenthood.61

*Taking the Karitane Nurse home*

The AMS Bureau for nurses available to work in parents’ homes continued to operate. In 1952 Clancy was operating the register and found the demand far exceeded the number of nurses available. Apart from the initial contact, nurses were employed directly by the parents within the guidelines set out for both parties.

For mothers who could afford a Karitane Nurse in the 1950s it was the accepted ‘thing to do’ when having a baby. Alison Anderson was a country mother from Coonabarabran having her first baby in Sydney in 1959. She stayed in Coogee with her Karitane Nurse Sue before they all went home to the farm. When her next baby was born in the local country hospital in 1961 Sue came again to help for two weeks. Reflecting in 2006 on the experience of having had a Karitane Nurse, Anderson thought that probably she hadn’t really needed a nurse. She was ‘as strong as an ox’; she had grown up on the land with stock so she knew the process and it held no real fears for her. Her husband’s childhood experience of losing his mother to childbirth in a country hospital was the reason their first child was born in Sydney. Although maybe not needing assistance to physically look after the baby, the Andersons were both working to make their property a successful farm and having a Karitane lightened the load. Country people most often found nurses by word of mouth. Sue’s family was in the district and Anderson knew her mother. Some of Anderson’s friends had done Karitane training; she said it was seen as a respectable occupation for young women that gave them independence. Anderson took her babies to the clinic run by the Far West Children’s Health Scheme in the CWA building that had opened in 1953. She thought parenting had changed for the better since then, her grandchildren were more important in their parents’ lives, they were listened to and their parents talked to them. She lamented just a little about her baby crying when told by Nurse Sue to leave her because she would get over it soon, ‘but that was the thing to do then’.

61 AMS, *Annual Report*, 1961, 3; Trethowan was part of Minister Sheehan’s review that led to the Mental Health Act 1958. Cummins, *History of medical administration in New South Wales*, 111.
Management and finance

In the 1950s KPS in NZ continued its financial contributions, but ceased to do so in 1965, when the only comment was ‘they found it necessary to withdraw their subsidy’. The clinic deficit rose, and in 1966 the Clinics received their first State assistance as a grant of $5000 with a further grant of $5000 the following year. However, closing the Hurstville and Mosman clinics was a condition of the grant and these actions were not sufficient to alleviate the problems. The 1960s ended with AMS contemplating serious financial deficit.

AMS management responsibilities were devolved from the Council by appointing a House Committee led by a ‘House President’ who oversaw day-to-day activity at Karitane and a ‘Clinics President’ who oversaw the suburban subcommittees. Caldwell-Smith described her relationship with the Council as formal and she felt that the only members of Council she got to know were the House Presidents, particularly Mrs Loewenthal. Mrs Nell Webster was Clinic President until retiring in 1966 when Mrs Enid Ross took over. Webster had initially sought Karitane help with her first baby in 1929 and she believed that every mother should have the opportunity to benefit from the Karitane philosophy. She ran the Eastern Suburbs Clinic Committee and then joined the Council in 1935. In 2006 Webster’s son John remembered well how the whole family was involved in fundraising for Karitane. He was teased at school when his picture dressed as a pirate lugging a barrel of ‘loot’ for the ‘Lucky Dip’ at the Karitane Fete appeared in the local paper. He said that his mother worked for Karitane ‘like it was a full-time job’ and her committee was like a group of close friends. The annual Karitane Fete at Nelson Street was a community fixture in the 1950s and 1960s, well known for the standard of the goods on sale particularly the Christmas decorations. Webster’s committee did the afternoon tea at the Fete and there was friendly rivalry between committees to see which one raised the most money. Family members were pressed into selling raffle tickets, running pony rides and John was there again in his twenties operating the Chocolate Wheel. Ross’s children continued the pattern running a stamp stall at the Fete.

The ranks of AMS supporters were thinning; Waterhouse took a break from the Presidential role between 1950 and 1956, she received an MBE in 1964, retiring in 1968. In 1954 radio personality Filmer died and Fuller resigned from the Advisory Board after 27 years. Dr Petherbridge died in February 1962; he had been involved with AMS for 43 years since 1928 and had been part of those frustrating delegations to the Department. Webster died in 1969.

AMS, Annual Report, 1968, President’s Report.
Caldwell-Smith, 2007.
Petherbridge’s copy of Truby King’s Natural feeding of infants is in the Royal College of Physicians Library.
were few new recruits, and the number of office bearers dropped from twenty-three in 1950 to thirteen in 1969. The first formal contact recorded between AMS and RSWMB was in 1967 when the Tresillian President, Medical Director and councillors visited the Karitane Home for tea.67

Conclusion

The 1950s and 1960s were characterised in Western societies by communities working to put the losses of War and Depression behind them and create safe and secure lives. The fight against communicable diseases seemed to be over and public health as a branch of medicine was not attractive. In Australia postwar growth and investment created a booming economy but community services were over stretched trying to accommodate the rapid population growth. The Federal Coalition Government’s approach to health had avoided conflict with the medical profession and supported personal health insurance.

AMS continued to believe that mothers needed support and mothers continued to seek and appreciate their advice and reassurance. It was only after Morris’s retirement and death in 1957 that Karitane received funds from the Hospitals Commission. Moreover, it emerged when Cummins became DG that the Department was unable to staff their BHCs, contrary to Morris’s assertions that Tresillian would meet any demand. Although the Department continued to consider that it should be the sole provider of infant welfare advice it was AMS supporters who found ways to bring mobile services to mothers isolated in new housing developments. Their new relationship with the Department curtailed expansion of their clinic services and the Department was encouraging mothers to be more independent. It seemed that mothercraft education might become the victim of its own success.

The numbers of mothers going to Mothercraft Homes declined through the latter 1960s although Karitane’s share did not fall significantly. (See Table 5) Mothercraft nurse training was in demand and their education was more structured and wider in scope. The infant welfare course had been extended to six months, all students sat State examinations, and mothercraft nurses were registered. In the 1960s the AMS was less dependent on New Zealand support and no longer isolated in NSW, but their services were not growing. There were some uncomfortable decisions to make about Karitane’s future.