

**Developing a nursing speciality -
Plunket nursing 1905 – 1920**

by

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ABSTRACT

There are many factors that have shaped the development of nursing in New Zealand's history but one stands out more than most. Plunket nursing owes its origins to the mind of one of our country's most famous early medical men, Frederic Truby King. This idealistic zealot set out to improve the welfare of mothers and infants, creating a nursing role as he went. This paper focuses on the history of Plunket nursing and Truby King's ideology and other dominant ideologies, during the years 1905 – 1920.

To provide a context for this, the paper explores the development of a new nursing speciality - Plunket nursing, that became part of the backbone of a fledgling health system and the New Zealand nursing profession. Correspondingly, Truby King presented the country with a vision for improving infant welfare underpinned by his eugenics view of the world and his experimentation with infant feeding. Nurses were drawn to the work of the newly created Plunket Society. They were keen to adopt its principles and to preach the gospel of its founder.

ACKNOWLEDGEMENTS

As a result of a conversation with my friends Lloyd and Ann Chapman about that well known and controversial figure, Sir Truby King, I was left with a consuming interest in his influence on nursing and in the establishment of the Plunket nurse role. Thank you Lloyd for your piercing analysis of this complex man and his New Zealand legacy.

Dr Pamela Wood introduced me to the concept of historiography and the exploration process of historical inquiry that culminated in this paper. I am grateful for her passion for the subject and for her view of nurses in history as strong determined women.

Lastly to my dear friend Dr Peter Hatfield, my special thanks for the encouragement, the advice, the conversations and for creating the space in my busy life, that I needed.

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INTRODUCTION

The Royal New Zealand Plunket Society in 2001 is the major provider of well child health services for children under five in New Zealand. In establishing the service in 1907, the founder, Frederic Truby King, fervently expressed the hope that one day New Zealand women would be so competent in rearing babies and children that there would be no need for Plunket nurses. Nearly one hundred years later this nationwide network of health professionals and volunteers is still providing health protection services, parent support and education, health promotion and community support programmes, with little sign of extinction. The need for preventative health is as strong as it has been in any time in New Zealand's history.

Plunket nurses staff community family centres, run mobile clinics, lead immunisation campaigns and annually do thousands of home visits. Today Plunket nursing is counted as a specialist nursing practice with its own certification programme. The impetus for this report comes from an interest in how that new nursing speciality developed. It was a new role and importantly a new speciality, different from district nursing established in 1896, back block nursing established in 1909, the military nursing scheme proposed in 1911¹, or the school nursing service in 1917.

As an organisation that is soon to celebrate its centenary it is important to look back and trace the origins of its key participants - the Plunket nurses, and find out what was being written and discussed and what education may have been suggested as important for the new speciality.

The process of historical inquiry has been challenging. In the primary and secondary sources there is considerable material on Truby King. He was a

¹ Lord Kitchener outlined this service in 1911. In 1913 Hester McLean was gazetted as Matron-in-Chief of the Army Nursing Service.

prolific writer and New Zealand libraries and archives have much of his own handwritten material. Truby King was a man with much to say on a lot of topics. About nursing he has written on the subject of conduct, individual women's suitability for the role, and in detail on the instructions the nurses needed to give the families they cared for. Why he decided to extend his work to include nurses is not directly stated. In the secondary sources it has not been until more recent times that Truby King and the Plunket Society have been examined more thoroughly. *Truby King and the Plunket Society; an analysis of a prescriptive ideology*, written by Eric Olssen in 1981, is a landmark among recent historical discussion. Olssen places the analysis within the context of the history of societies and the impact of Truby King's influence on people and their value systems.

Plunket nurse primary sources are scarce. The nurses of the time have not left minutes of their meetings or written about their early discussions on setting up and starting their new careers. Professional nursing discussion only begins to emerge with the publication of *Kai Tiaki* in 1908, and the writing reflects the same issues as other community nurses were experiencing - the difficulties of traversing New Zealand's landscape and the often sad stories of isolated individuals and families barely surviving and often not. In many cases these nurses write of making the difference between life and death. More is written about the nurses themselves than the practise of Plunket nursing.

There was much that was changing in colonial New Zealand society at this time - a more organised work environment meant increasing numbers of skilled workers, jobs for women and a gradual transformation from isolated communities into a more single social system. By the time women achieved voting rights in 1893, nurses were well established in bureaucratic hospital organisations.

Truby King introduced a new order into family life with his rules and firm beliefs about raising and feeding infants, eventually relying on someone to carry his message into as many homes as possible. As his message gained acceptance and the Society grew, he required a larger workforce - nurses untrained at first except by himself - became that workforce.

This report is divided into three sections.

Section one considers the early New Zealand nursing context with untrained nurses in society emerging into new roles such as Plunket nursing and the development of nursing education.

Section two discusses Truby King the man, and his passion for infant welfare that led to the establishment of the Plunket Society.

In Section three the link is made between his work and the establishment of the nursing role and the nurses' practice.

SECTION ONE

THE YEARS BEFORE PLUNKET NURSING

Nursing was established in other forms in New Zealand before the establishment of the Plunket nurse role. Domiciliary nursing and midwifery were early models developed out of services to the poor. In Britain these were the first nursing services to be organised and professionalised. There were few other 'relief' services available to deal with population health but a growing desire to see the poor escape a decline into a chronic pauper state. In New Zealand there was less of a need to make these changes to nursing - the influence of poverty, social circumstances and the end result of wars not as pressing. In both Britain and in the USA there were also large surplus populations of women able and wanting to join the workforce. In New Zealand that was not the case, servants and other female domestic roles being in short supply.

In New Zealand the early roles that became nursing were once taken by domestics or women who acted in a health or healing role, calling themselves nurses and midwives. Domesticity and women's work are closely connected in New Zealand history. Through the period of time referred to in this report it was accepted that a woman's sphere was primarily domestic. This could be seen in the patterns of women's lives and work within their family, the cultural presuppositions that justify women's domestic world as normal and natural, and lastly the intertwined nature of women's domestic state and their paid work. Closely connected to their families, their working lives often remained part time and flexible².

Not only were nurses active health workers, but chemists, dentists and doctors were also working in the community; all starting to begin a licensing process with their various professional groups. While there was public respect for

² M. Nolan, *Breadwinning-New Zealand Women and the State*, Canterbury University Press, Christchurch, 2000, p.11.

many of the domestic women as untrained nurses, (women had always been considered natural healers and nurturers), Dr Duncan MacGregor, the then Inspector of Hospitals, called them dirty, ignorant, careless women who brought death or ill health to many mothers and infants³. Doctors on the other hand were moving quickly to take the lead in the fledgling health service by virtue of their gender and salaried positions. As Belgrave says, they could be equally critical of unsupervised, untrained nurses as they were critical of 'dangerous bureaucrats', in fact of any position that could be seen to be encroaching on the bid for control of the health of the general population.

The early nursing icons

From a social welfare perspective the closing years of the nineteenth century saw a new rise in humanitarianism. Relieving the hardship and suffering within society now became the specific work of some individuals and groups like the early untrained nurses.

In England at this time, Miss Lees, a pupil of Florence Nightingale was supervising the establishment of a new type of nursing called district nursing, much abbreviated from its origin – 'The Metropolitan and National Nursing Association for Providing Trained Nurses for the Sick Poor'. In her address at the World Fair in Chicago, Miss Lees spoke of the district nurse's "love for the poor and a real desire to lessen the misery she may see among them; and such tact as well as skill that she will do what is best for her patients even against their will." ⁴A nurse's business was to nurse, but she also had to teach the poor those 'sanitary laws' which were household words with the 'well-to-do'. Nursing was rapidly becoming a part of Britain's social fabric and to celebrate the anniversary of the fiftieth year of her reign, Queen Victoria gave

³ M.Belgrave, 'Medicine and the Rise of the Health Professionals in New Zealand 1860-1939', in L.Bryder, ed., *A Healthy Country: Essays on the Social History of Medicine in New Zealand*, Bridget Williams Books, Wellington, 1991, p.8.

⁴ J. Dolan, *Nursing in Society - A Historical Perspective*, WB Saunders, New York, p.216.

her support for this new nursing role and her royal stamp to the Institute for the Training and Supervising of District Nurses.

Florence Nightingale was such an outstanding primary icon and symbol of the nursing profession. Her influence was widely felt and it is possible by the time he graduated from his medical training in Edinburgh in 1886, Truby King the founder of the Plunket Society, would have been considerably impressed by her reputation. Although it is years later, we know Truby King spoke of Florence Nightingale. In a letter he wrote soon after his return to New Zealand from London in 1920, he refers to Miss Anne Patrick, the first Director of Plunket Nursing, as "our Miss Florence Nightingale"⁵. To modern audiences she is even more acclaimed than in her lifetime and her actions, perspectives, motivations and theoretical positions have been presented in many ways through changing societies. To some the values and moral imperatives of such a complex woman have more recently been better understood than in her early years. Since the 1960s nurses with a feminist perspective have revealed more of the history of women's social activism and have told us that our nursing foremothers like Florence Nightingale, were the nursing profession's early activists.

It is impossible to tell if nurses understood how important the linkages were between the nursing profession, women's equality and social norms. What we do know is that at this period in history the work done by the suffragists, who vigorously campaigned for the rights of women, culminated in 1893 in New Zealand women achieving the right to vote. This was 25 years before Britain and America. A key aspect to the developing nursing profession and from women in general, was education.

⁵ C. Hooper, *Anne Patrick-A Memoir*, John Milne Ltd, Wellington, 1958, p.8.

Educating nurses

According to Patricia Sargison⁶ a lot of the nursing reform in New Zealand was being driven in these years by the medical profession. With regard to Plunket and Truby King, this would appear to be so. In hospitals especially, the doctors were keen to develop their medical identities from previous high political and social standing. Disease management in hospitals was developing rapidly and doctors could see the need for a keen and well trained observer of the patient state, the trained nurse.

Having put aside the traditional handy-woman or domestic in the role of the nurse meant there was a strong move toward accessing qualifications and knowledge by the new emerging profession. Through the 1880s and to 1914 there was a rapid increase in nursing and midwifery numbers through the educational and social standing of these roles. In the census figures the numbers of those classed as nurses increased from 259 to 2830 between 1874 and 1911.

⁶ P. Sargison, 'Gender, Class and Power: ideologies and conflict during the transition to trained female nursing at two New Zealand hospitals, 1889-95', *Womens History Review*, 6,2(1997), p.185.



Nurse Elizabeth Begg: One of the first Class of Trained Nurses 1883

Source: Wellington Hospital Nursing & Midwifery Unit

Wellington Hospital was the first hospital in New Zealand to train female nurses when in 1883 it followed the Nightingale tradition set by St Thomas's in London. Auckland followed soon after. Dr G. Grabham, Inspector of Hospitals, applauded the appointment of nurses and probationers.

A very excellent system of nursing is in full operation at the Wellington and Auckland Hospitals, where well-educated ladies may be seen

serving their apprenticeship with other "probationers". Trained nurses from these two schools will gradually become distributed in various parts of the colony. The example so well set might with advantage be followed by others of the larger hospitals whose present nursing arrangements are not in accordance, by any means, with modern ideas.⁷

But hospital politics whatever century always run deep and the following years were not straightforward. In 1890 the internal struggles between professionals and management boiled over into a public criticism of the state of patient care at Dunedin Hospital. "Complaint has been made that the hospital known as the Dunedin Hospital, is in an unsanitary condition, and dangerous to the health of patients confined therein".⁸ Pressure on the government culminated in a Commission of Inquiry and part of the solution was the appointment in 1892 of a trained matron, Miss Edith Mawe. The last of the wardsmen also retired at this time.

The medical staff who had brought the complaints agitated for the introduction of a female nursing staff trained in the Nightingale system, as one of the reforms urgently needed, and they were successful in getting this. Miss Mawe was in her position for a very short time. Trying to do too many changes too quickly, she got offside with the Trustees and was soon replaced. Society was slowly changing its attitude to women. Taking the role of the nurse was now seen as respectable work. This seems to be a comment about the acceptability of nursing as a job for women of a certain social standing. Colonial New Zealand followed quickly after the British move to recruit more socially acceptable and advantaged woman in nursing. These new nurses would be from a class very much superior to the old fashioned hospital nurses of former times. However, the conduct of nurses, trained or untrained, went on

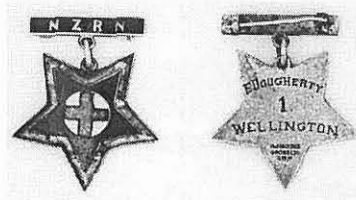
⁷ AJHR 1884, H-7A, p.20.

⁸ AJHR 1891 H-1, p.1.

to feature significantly in the politics of medicine, nursing and hospital administration.⁹ This was after all Victorian times and the conduct of all women was still carefully judged by society.

Early years in Christchurch Hospital saw the establishment of a training school in 1891 with just a few probationers. Training schools created immediate tensions between the positions held by the previous and often older untrained nurses and the 'carefully selected' socially acceptable lady probationers. In 1895 a public outcry led to another commission of inquiry over the power and politics of the transition to trained female nurses. Very different from the Board's of today, in the 1890s the Christchurch Hospital Board still encouraged aggrieved nurses to take complaints directly to them. This action was part of the power game that was conducted between doctors and their own profession, and between matrons and doctors to gain control of nursing and any lack of agreement allowing the Board to take the controlling hand.

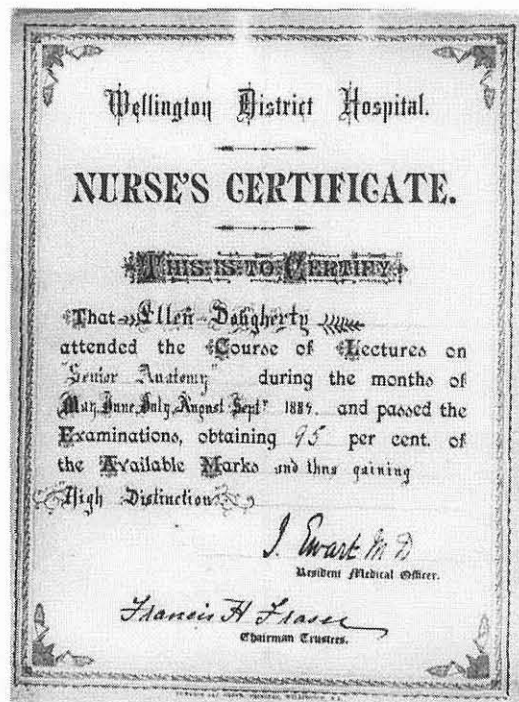
In 1901 the Nurses Registration Act was passed and by 1911 this register had 963 names on it.



Nurse Ellen Dougherty's NZRN Medal 1902

Source: Wellington Hospital Nursing & Midwifery Unit

⁹ P. Sargison, 'Gender, Class', p.190.



Nurse Ellen Dougherty's Certificate 1889

Source: Wellington Hospital Nursing & Midwifery Unit

Nursing and medicine

History presents several views of what could be called a dominant ideology of the time - the power struggle between medicine and nursing. There is no doubt that doctors would have seen nurses and nursing as subservient to their role and a potential training ground for their private practices. In early training programmes the doctors also dominated the teaching of student nurses, but as we have seen they were also learning to value them in practice as their own specialties developed.

For education to proceed there had to be an element of subordination to medical science. However, trained matrons were clear about establishing their roles and controlling the nurses and probationers. These new matrons, like Miss Annie Crisp at Auckland Hospital, Mrs F. Moore at Wellington Hospital and Miss Paton at Christchurch Hospital, were English trained and struggled to establish the autonomous nursing departments, significant in the Florence

Nightingale system. Doctors supporting the transition to trained female nurses were less trouble to matrons, having their own internal doctor and administrator struggles. The New Zealand trained successors to the early matrons moved to work more collegially with medical staff.

How the two professions went about developing their collegiality was interesting for the times. Just as the 'lady matrons' demanded respect of their junior nurses there was also a code of behaviour with the medical staff. Nurses has to be very disciplined in their behaviour to doctors. As Nurse Maude said

To hear a nurse answer 'Yes Sir', is surely more professional than 'Yes, Doctor', and to stand to receive orders is equally important...Whatever a nurse may think, her duty is to obey without expression of opinion, as after all the patient is the doctor's charge, the nurse being required simply to carry out his instructions faithfully.¹⁰

Michael Belgrave's analysis of this comment explains it as the shape of a hierarchy between the two professions while avoiding criticism of a master-servant notion. Nurses were trying to build their own social and professional barriers around their work. How women addressed men in social situations was becoming a serious problem of social and economic status. Truby King's own view of women was shaped by the upper middle class environment that he grew up in - a society committed to the cult of womanhood - the perfect woman with values of nurturing and submissiveness to be a wife and mother. It was also shaped by his own ideas of control and discipline, and the role medical science had in keeping women focussed on their proper natural function, motherhood.

¹⁰ M. Belgrave, 'Medicine and the rise', p.21.

Men and women could modify heredity and reverse the trend towards degeneracy by controlling the environment and especially by raising standards of health.¹¹

¹¹ E. Olssen, 'Truby King and the Plunket Society', *New Zealand Journal of History*, 15,1 (1981), p.6.

SECTION TWO

FREDERIC TRUBY KING



Frederic Truby King (1858-1938) presented a 'prescriptive ideology' that gave rise to the modern day Plunket nurse. Truby King wanted to make an impact on the social ills of the day and he conceived a plan to use women in society, mostly mothers, to carry out his vision. Where did this vision come from?

Olssen has this view of what society might have looked like in the time that Truby King had his beginnings.

Although it is not possible to speak with confidence about the past of New Zealand society it is clear by now that urbanization and industrialization proceeded to transform an informal network of relatively autonomous and small communities into one social system...the occupational structure changed, the number of unskilled shrinking as 'white collar' groups expanded; women began entering the workforce in unprecedented numbers, demanded and won greater legal equality, and successfully limited their own fertility.¹²

¹² E. Olssen, 'Truby King and the Plunket Society', p.3.

Into this new challenging order Truby King asserted some very new ideas. Looking at his background can give some perspective to those. He was born in Taranaki in 1858 to a prosperous, orderly and industrious family.¹³ His father Mr Thomas King was a capable man who was a member of the British House of Commons before coming to New Zealand where he was also a representative at the First and Second New Zealand parliaments. Truby King was privately educated and tutored by Mr Henry Richmond who is remembered to be "a man of high intellectual attainments" and an excellent role model for his keen pupil.¹⁴

Truby King's first job was in banking but as his real ambition was medicine he went on to study in Edinburgh and Paris. His achievements include being one of the first doctors to obtain the Degree of Bachelor of Science in Public Health from 1886 to 1888 at the Edinburgh and Glasgow Royal Infirmarys. While he was in Edinburgh he married Isabella Cockburn Miller. His wife embodied the best characteristics of Victorian women, as valued by Victorian men. Mrs King was totally devoted to her husband and throughout their marriage supported him in all his public efforts.

In 1888 he was appointed Medical Superintendent of Wellington Hospital, a position he held for 15 months. In 1889 he became Medical Superintendent of Seacliff Mental Hospital, near Dunedin. While in Seacliff he also had roles lecturing in public health at Otago University and in psychology and mental diseases.

These formative years at Seacliff Mental Hospital were absolutely pivotal to the development of Truby King's vision, that would evolve into the Plunket Society and the role of the Plunket nurse. Seacliff Hospital was surrounded by

¹³ Life was not totally trouble free for the Kings. When Truby King was very young the family had to flee Taranaki for Nelson during the Maori Land Wars. When they returned their house had been burnt to the ground.

a thousand acre farm with both crops and animals. The health of the cows, in particular the calves, had an effect on Truby King and he made improving the welfare of these malnourished animals his new scientific passion. The calves shared the same misfortune as human infants of the time, that of being fed artificially at an early age. The calves were doing poorly and dying of scouring in large numbers so he experimented and started feeding the calves on a new milk regime. Diarrhoea, the human equivalent of scouring, was a major cause of infant death. He calculated artificial feeding based on the percentage composition, especially the protein content, of a cow's natural food. Cow's milk was then skimmed and the butter fat sold for 2s. a 1lb., and a tallow or substitute fat at 2d. a lb., was added. Thanks to his experimentation, scouring was almost completely wiped out on the hospital farm.¹⁵

A colleague, Dr A.R. Falconer, further interested Truby King in the work done by the Battersea Milk Depot in England. On a visit to the depot, Dr Falconer had drawn the conclusion that there was a link between the poor milk supply and diarrhoea in infants. From this point on Truby King would start to think about the whole nature of infant welfare in New Zealand.

The decline in infant diarrhoea in New Zealand as in other countries caused a spectacular fall in infant deaths. Most prevalent in infants under one year the diarrhoea was part of a vicious circle of symptoms related to many causes; dirty food, dirty water and milk, and poor personal hygiene. In a weakened state, these children were also vulnerable to tuberculosis and respiratory diseases. With no measures of improvements, it is hard to speculate on the link to the Truby King initiatives, but presumably advice on cleanliness and milk preparation, and support for breast feeding, enhanced many infants chance of survival. Medical interest per se in the welfare of infants was a

¹⁴ G.H. Scolefield, Dictionary of New Zealand Biography, Bridget Williams Books & Department of Internal Affairs, Vol.2, Wellington, 1940, p.239.

¹⁵ M. King, *Truby King-The Man*, George Allen and Unwin, 1948, London, 1948, p.85.

recent development. The birth of a baby was seen as an ordeal of life and death to a mother and little thought was spared for the infant.

...even now, at the present moment, there are few teaching-centres in the world where adequate time or thought is devoted to considering special needs of early infancy, afford an explanation and excuse for the neglect in which we have all of us shared more or less.¹⁶

In his public speaking he was also passionate and adamant about the rules of physical health for his mental patients, reinforcing his new found belief in the interdependence of mind-body well-being. Later in 1905 he was to write,

If women in general were rendered more fit for maternity, if instrumental deliveries were obviated as far as possible, if infants were nourished by their mothers and if boys and girls were given a rational education, the main supply of population for our asylums, hospitals, benevolent institutions, gaols and slums would be cut off at the source. Further a great improvement would take place in the physical, mental and moral condition of the whole community.¹⁷

During his time at Seacliff we can note Truby King's interest in the nursing role. In her book about her father, Mary King talks about him being the first medical superintendent in New Zealand to give certificates to nurses.¹⁸ His predecessor at Seacliff Mental Hospital had begun organising lectures for the untrained nurses. Truby King progressed this to three months of lectures in anatomy and physiology followed by an examination. At Seacliff he too, as other doctors around New Zealand were doing, supported the movement to

¹⁶ F. Truby King, 'Physiological economy in the nutrition of infants', *New Zealand Medical Journal*, 7 (November 1907), p.72.

¹⁷ M. King, *Truby King*, p.84.

¹⁸ M. King, *Truby King*, p.90.

female nurses. The female nurse, he thought, had more of a soothing effect on patients, especially males.

Following a trip to Japan during the Russo-Japanese War(1904-5), Truby King returned with a vision and vigour for his long held belief in controlling the environment and therefore raising the standards of health of children. Out among rural village life in Japan he had observed the breastfeeding of infants and was impressed by the health of the infants totally breastfed to eighteen months old. Even if that was the last milk they received they grew into healthy young children. In many 'civilised' parts of the old and new world, bottle feeding had become very much the fashion and it was commonly said that good cow's milk was better than poor mother's milk.

Returning to New Zealand he continued to pull together his personal beliefs about health, his love of science and experimentation and he soon interested the public in the mortality and morbidity of infants. This was a public who were already alerted to the rise of the "yellow Peril" and pre WW1 German expansionism, and were therefore receptive to his ideas of creating a strong New Zealand society. This crusade he was about to embark on, to indoctrinate the mothers of New Zealand on many aspects of mothercraft and infant care, would consume the rest of his life. Why was it that history records this crusade as a 'prescriptive ideology'?

Truby King and eugenics

The Eugenics Society of New Zealand was founded in 1910. Not wholly a male preserve, the National Council of Women supported compulsory sterilisation on the 'unfit' at the time, in later years taking a more liberal approach and supporting farm colonies for 'mental defectives'. "The pursuit for racial fitness in New Zealand was led however, by Truby King".¹⁹

¹⁹ M. Sullivan, 'Regulating the anomalous body in Aotearoa/New Zealand', *New Zealand Journal of Disability Studies*, 1, (1995), p.13.

The control and discipline strands in Truby King's philosophising were present in many forms in society during these Victorian times and also a fundamental belief of the science of eugenics – a popular political and ideological force at the turn of the twentieth century. Nurses were also exposed to these theories, so much so that the first International Eugenics Congress in the world is written up in the 1912 *Kai Tiaki*. The article begins

There is no need to describe to New Zealanders what the science of eugenics means – branches have already been formed in the various centres...it is a subject which must rouse the interest of every man and woman who gives thought to the deep social problems of the race, who is not content to live unto himself alone, but seeks rather to spend his life for the welfare of humanity.²⁰

Eugenics is part of a body of social thought based on Social Darwinism and the work of an early sociologist Herbert Spencer. Social Darwinism was the term applied retrospectively to the work of Spencer who wrote 'Social Statics' a decade earlier than Charles Darwin's 'Origin of the Species' in 1859. The theory was that only the best of each generation were selected for survival so that over time an improved race would be produced as the inferior specimens were weeded out. This theory had equal applicability to a follower of eugenics whether the species was animal, plant or human.

Early settlers to New Zealand also brought with them something of this notion which could be seen in their attitudes to work and welfare. Their dream, in moving to New Zealand, was for a society free of poverty. Consequently providing relief for the poor was not immediately forthcoming in the colony's early years.²¹

²⁰ 'First International Eugenics Congress', *Kai Tiaki*, (October 1912), p.128.

²¹ M. Sullivan, 'Regulating', p.10.

But the aspirations of those who subscribed to Social Darwinism and eugenics ideals, were not being met. Those considered the fittest and most likely to arrest the moral decline of the time, were successfully limiting the size of their families. At the same time the fertility of the 'unfit' was on the increase. Spencer attributed this to the impact of civilisation on the natural selection process. The consequence of clean water, sewerage systems, and improved housing stood in opposition to " the natural order of things [in which] society is constantly excreting its unhealthy, imbecile, slow, vacillating, faithless members."²² As Truby King emerged on New Zealand's reformist platform the eugenics movement added a new strand to their thinking, based on the geneticist's ability to breed the rustiness out of wheat. Unlike the Social Darwinists who would fatalistically await the fittest to displace the unfit, the eugenists with their genetic theories would encourage the fit, whose genes carried desired qualities, to have more children.

In 1903 W A Chapple, a New Zealand politician and surgeon, published *The Fertility of the Unfit*. Concerned at the falling birthrate among 'fit' New Zealand colonists and the proportionate increase among the 'unfit', he saw the answer in a campaign to encourage the fit and sterilise the unfit. The establishment of marriage boards was also recommended by Chapple. These boards would issue procreation certificates on the basis of a confidential medical report to those couples intending marriage. If a couple failed their report they could not marry until they produced a certificate of the woman's sterilisation. Surgical castration and vasectomy had been rejected by Chapple due to the alleged side effects.

²² M. Sullivan, 'Regulating', p.11.

The then president of the National Council of Women recommended this as a 'much needed statement of ugly facts'.²³ Many individuals and groups were in agreement that the newly settled colony deserved fit and healthy children to build its future generations.

Anti-vaccinationists were also active in New Zealand; Edwin Cox, an Auckland dentist, and George Foulds, who became Minister of Public Health in 1906, both publicly expressed their views. Public awareness of smallpox and tuberculosis and a general lack of medical and dental inspection of schoolchildren was growing. According to Dow, cost was a significant factor in the reluctance to move toward addressing these issues between 1900 and 1909. Political debate and strong personal opinions within the Government were another factor. However, with general advances in sanitation and medicine, the infant mortality rate in New Zealand dropped steeply from 1900 to 1910, more so than the drop from 1870 to 1900.²⁴

Infant welfare and the baby movement

In international comparative studies of infant mortality it is generally accepted that midwifery standards and infant care in the first weeks of life are significant factors in a country's infant welfare. So too are the socio-economic conditions, lack of overcrowded houses and the health of the general population. Mothercraft education, well baby clinics and the supervision of infant health also improve the statistics.

By today's standards, the infant mortality rate in New Zealand in 1900 was high even though it was one of the lowest in the world.²⁵ In New Zealand the overall infant mortality rate fell sharply from 1875-76, kept falling, again

²³ M. Sullivan, 'Regulating', p.13.

²⁴ D. Dow, *Safeguarding the Public Health*, Victoria University Press, Wellington, 1996, pp.53-54.

²⁵ *New Zealand Official Yearbook*, 1908.

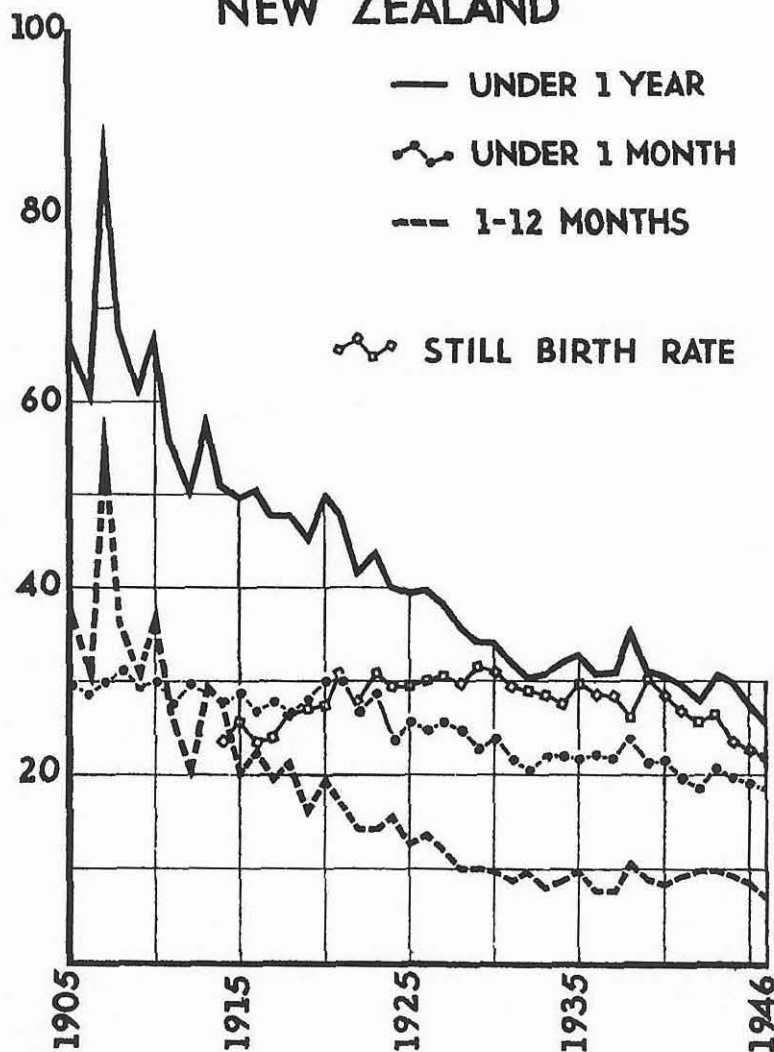
sharply 1900 to 1910 – from 81 to 62 per 1,000 births (excluding Maori).²⁶ The major cause of death was infant diarrhoea and its decline was the cause of the spectacular falls in the death rate. Known as the summer diarrhoea the rates were very high when the temperatures rose. The aetiology of this remains uncertain but the diarrhoea seems to have been symptomatic of more than one illness. The organisms in intestinal infections, dirty food, water and milk, tuberculosis and other wasting diseases seem to have been present in greater numbers in the warmer temperatures.

²⁶ P. Mein Smith, 'Truby King in Australia: a revisionist view of reduced infant mortality', *New Zealand Journal of History*, 22,1 (April 1988), p.25.

INFANT MORTALITY

RATE PER 1,000 LIVE BIRTHS

NEW ZEALAND



Infant Mortality in New Zealand 1905 - 1946

Rita F. Snowden - *From the Pen of F. Truby King*

Truby King and the baby health movement claimed the credit for the rapid demographic changes following the establishment of the 1907 Society. In 1917 a suggestion was made by the Department of Health, and later again in 1920, by Dr Michael Watt (who would succeed Dr Valentine as Director-General of Health in 1903), not to underestimate the Department's

contribution to a reduced infant mortality since 1900. The Plunket Society had merely "augmented and accelerated"²⁷ an existing decline, according to Dr Watt.

Dow explains that this discussion was caught up in the maternity debate where battles were being fought between the Department and some health professionals over problems of maternal mortality. Truby King had now been appointed in 1920 as Head of the Division of Child Welfare. This battle and his differing views on his principles of infant feeding would occupy a lot of Truby King's time in the 1920s. Relations with the Plunket Society became increasingly strained into the mid 1920s as he bitterly debated infant feeding methods with professional medical colleagues.

Historians' views seem in universal agreement with Truby King's fiery compelling presence and his driving ambition. "He was the would-be dominating, controversial media idol of his generation".²⁸ His rules for infant welfare were inherent in those eugenic ideological beliefs about nature, science and the future of human society. A mother fulfilling these laws should subscribe to his regimen of what, how much and when to feed, waking the baby if necessary but never at night – no other mammals 'suckled at this time'. His view of the body and soul was punitive; disease was a metaphor for immorality. The advantage of following his rules was a healthy race, another universally held eugenics belief.

Every mother ought to be told the full extent of maternal responsibility and privilege. If she really understood in time, she would rarely fail to fulfil the most primitive and sacred of all trusts. We have allowed the

²⁷ D. Dow, *'Safeguarding the public health'*, Victoria University Press, Wellington, 1995, p.100.

²⁸ P. Mein Smith, 'Truby King', p.28.

mother to sin in equal ignorance of the wrong she was doing to herself and her child.²⁹

"Nature's Milk Recipes" set the standard for the bottle-fed baby. For these babies he prescribed one choice – humanised milk. This was cow's milk modified to resemble as closely as possible the milk of the average healthy mother. This was achieved by diluting the cow's milk with water to reduce the protein content and topping up the thinned mixture with milk sugar and fat, or by first increasing the fat and then lessening the protein with water.

The first Plunket nurse

Back in the cowsheds of Seacliff Mental Hospital Truby King's vision was taking off. As a Justice of the Peace he had access to homes licensed for the care of foster babies, who were in those days under the care of the police. With the help of Joanna McKinnon, a worker at the hospital described by Truby King, as a 'winsome and a bonny little Highlander', he licensed his own seaside home at Karitane to take in the worst infant cases in the area. Miss McKinnon was now the first woman in a role of an untrained Plunket nurse. He taught her his ideas about infant welfare and feeding and then placed her in a family home in Dunedin in 1905 where she was to make contact with the 'good women' of the community, sisters and deaconesses of the local churches, and begin spreading the Truby King method.

²⁹ R. Snowden, *From the pen of F. Truby King*, Whitcombe & Tombs Limited, Auckland, 1947, p.50.



**Miss McKinnon receives the first Plunket Medal
from Lady Plunket. Sir Truby King stands between them.
J. Rattray - *Great Days in New Zealand Nursing***

Miss McKinnon's first two helpers were Sister Alice Bowman, a Wesleyan, and Sister Evelyn Macadam, a Presbyterian. Within three months, Miss McKinnon had about fifty babies in her care. Their work began to include home visiting and frequent demonstrations of milk formula preparation. The preparation of the milk was becoming too much work and Truby King appealed to the Taeri No.1 Peninsula Dairy Company for help, and they agreed to bottle and deliver the milk if Truby King provided them a nurse and assistant to prepare it.

From 1905 to 1907 Dr and Mrs King campaigned vigorously. He had become convinced that insanity was essentially a disease of imperfect nutrition; that is as long as the brain was properly nourished, insanity would not occur.³⁰ In 1907 they decided to include more women in their crusade, believing that the role of the nurse would be nothing more than a short visit to the home, and with the responsibility for child welfare lying with the mothers. He called a public meeting in Dunedin and so formed the Society for Promoting the Health of Women and Children on May 14, 1907. Public awareness was high in the wake of a severe influenza epidemic in January and February the same year, causing the death of many infants. Those women sought out to support the cause were often middle class women with influential husbands and women who were strongly attached to good works such as social work and church work. Women were not new to getting involved in welfare situations, the Women's Christian Temperance Union had been under way since 1885. As a group they had also previously lobbied for the 1883 Infant Life Protection Act. Dunedin women had also been responsible for the first Free Kindergarten in 1889.



Plunket Society Members 1907
Gordon Parry - *A Fence at the Top*

³⁰ G. Parry, '*A Fence at the Top*', John McIndoe Limited, Dunedin, 1982, p.18.

SECTION THREE

THE DEVELOPING NURSING SPECIALTY

Why did Truby King choose nurses to further his vision of caring for and educating mothers and babies? Pressure of work was a contributing factor. As his workload increased he became more reliant on Miss McKinnon to answer correspondence and to educate and pass on his teachings. Infant welfare was not strongly taken up by a medical profession probably overwhelmed with the many public ills such as tuberculosis, influenza and other epidemic proportion diseases. "Indeed, the practising physician has still some excuse for not minutely studying a subject on which specialists have failed to arrive at unanimons [sic] conclusions".³¹ He may also have seen the nurse as the keen obedient assistant eye that was required to supervise the patient care.

Many of the instructions for the nurses were actually written by Bella King and later checked by Truby King. Matrons of mothercraft homes and Plunket and Karitane nurses in New Zealand and overseas wrote to Bella for advice because they knew that Truby King was often too busy. Bella King was well educated and for many years published baby columns in the *Otago Witness* under the pen-name 'Hygeia'. These baby notes and advice gave endless publicity to the Plunket cause.

Truby King was no stranger to the early developments of nursing in New Zealand. At Seacliff, he implemented education and examinations for nurses, and worked at Wellington Hospital as medical superintendent just prior to it becoming the first hospital in New Zealand to set up a training school for nurses. Giving evidence at the Commission of Inquiry at Dunedin Hospital in 1891 he strongly supported the transition to trained nurses as a way out of the complaints concerning the patient safety and care.³²

³¹ F. Truby King, 'Physiological economy', p.72.

³² AJHR, 1891, H-1 p.132.

Like other early employers of trained women in nursing roles, Truby King was looking for the most distinguished High School graduates, women whose character, ideals and home training were above reproach. Miss A.M. O'Shea, hired soon after Miss McKinnon, was thought by him to be purely idealistic and selfless. When it came to hiring nurses he preferred his own methods. This preference for keeping control of the activities of the Plunket Society was to become a strong feature of the Society and kept it strictly autonomous from government interference. Its determination to remain autonomous was largely because of the voluntary nature of the organisation. Branches were autonomous in their organisation, and this was appealing to the public. Local people got enthusiastically behind their own branch and fund raised for their 'own' Plunket nurses.

Dr King always considered that it would be a fatuous absurdity to attempt to transfer such an intimate mission [as hiring nurses] to any Civil Service Department. He considered that even the best of official Government Bureaux would fail to win the most selfless women of any country...³³

Truby King saw his nurse colleagues as co-investigators and for him it must have been a mission not unlike the explorers of his time – going into “uncharted waters” - because he used this quotation from Hubbard, an explorer, as a mantra for the nurses.³⁴

*Something hidden. Go and find it. Go and look beyond the Ranges.
Something lost behind the Ranges. Lost and waiting for you. Go.*

³³ M. King, *Truby King*, p.204.

³⁴ M. King, *Truby King*, p.204.

It is also possible that to deliver a message to mothers with a strong scientific certainty, Truby King saw it necessary to establish a group of nurses who would remain disciplined and accurate in his teachings.

Accuracy and aptitude rated highly on Truby King's list of nursing skills and he was openly critical of nurses' abilities and was often in conflict with the appointment of nurses by Plunket committees.³⁵

How much education or what sort of education the mothers required he was quite clear about. On the one hand he was very passionate about educating women in domesticity, believing that it would be of enormous benefit to the women and prospectively to the race. On the other hand he believed that academic education of women was unnecessary to the point of impairing 'the potentialities of reproduction and health maternity'. The one exception to this was his support for the new programme in Home Science, established at Otago University in 1911.

The Plunket Society's relations with other health professionals and organisations have always been complex. When Miss McKinnon started her work in Dunedin there were some ripples through the medical profession that she was upsetting the general practitioners' relationship with their patients, the mothers. However as more and more of the doctors' wives used her services these barriers were reduced. The ripples started again when it was perceived that nurses were working out individual diets for babies and some of the doctors, like their followers 100 years later, accused the nurses of prescribing. The medical profession remained at odds with the Plunket Society over the delegation of responsibility, for what they claimed as medical care, to the lay public or to the nursing profession. As a group of volunteers and committees the Plunket Society was too open to changing fashions in the opinion of the traditional science based medical profession.

³⁵ Appendix 1.



Lord Plunket, the Governor of New Zealand, and Lady Plunket, who were keen supporters of the Truby King message, proposed a more formal community nursing scheme to him, similar to the English and French health visitor or health missionary roles they had already seen. They were keen that the nurses would be teaching within a health promotion model not the disease model set up in New Zealand public hospitals. In their opinion the nurse was to

...be taken advantage of by any mothers, whether their incomes be large or small...take the place of a good natured neighbour or the experienced 'mother of 14 (ten of which she has buried),...she can be called in to give advice which a trained and experienced English head nurse possesses —a class of servant which is very difficult to obtain in the colonies...³⁶

Parry says that Truby King had an innate ability to influence women and that attracting nurses and women volunteers to carry out his instructions would not have been difficult. His wife Isabella was his absolute love but when it came to

³⁶ L. Milne, 'The Plunket Society: An experiment in infant welfare', BA(Hons) thesis, University of Otago, Dunedin, 1976, p.87.

persuading women to support his cause, to work with him and to tirelessly fund raise, he seems to have an almost hypnotic effect on them.³⁷ The support of Lady Plunket would no doubt have given greater public acceptance to his work. Lady Plunket was keen to help the new society and spoke around the country supporting the Society's message. In 1908 Lady Plunket consulted Dr James Mason director and chief medical officer of the Department of Health suggesting calling the nurses 'Dominion Nurses' but he urged her to call them 'Plunket Nurses'.

Mason was very supportive of health education and encouraged the publication of pamphlets on topics such as vaccination and infant welfare. Truby King was not the only public health official trying to improve infant welfare. In 1900 Mason had organised a leaflet on infant feeding and baby care. His interest in the subject paralleled, and may even have preceded, that of Truby King.

Sadly, he was never given credit for this proposal; the Plunket Society official history mistakenly claims the name was coined by Lord and Lady Plunket themselves, although it was publicly proposed at a meeting in Wellington in March 1908 by Dr William Collins, a member of the Legislative Council and a friend of Mason's.³⁸

The professionalisation of Plunket nursing

Soon after the first Karitane Hospital was opened in December 1907 at Andersons Bay in Dunedin it received a deputation from Dunedin Hospital and the new Dunedin Registered Nurses Association. Unhappy with the untrained nurses employed by Truby King they accused the Society of downgrading the nursing profession. Truby King was familiar with hospital trained nurses and in fact had been instrumental in promoting training at Wellington Hospital, but at

³⁷ G. Parry, *A Fence*, p.35.

³⁸ D. Dow, *Safeguarding*, pp.65-66.

this point he had been training his nurses in his own way. However, he accepted the criticism and in 1908 a meeting was arranged between the Nurses Association and the Society for the Promotion of the Health of Women and Children (the early name for the Plunket Society), where he agreed that uncertified nurses would no longer be appointed. The Association then wrote to Lady Plunket with their decision

...that it is right that the nurses should have gone through a course of training and discipline under doctors and fully trained nurses, who would instil into them all those points of efficiency, courtesy and honourable conduct which are expected from women belonging to the profession of nursing... We do not wish to protest against the existing rights of Nurse McKinnon, who, we recognise, has had exceptional advantages under the immediate tutorship of Dr Truby King, advantages which no woman in future can possibly have, even with a years training at Karitane.³⁹

Lady King was much 'obliged' to receive the letter and replied in the affirmative outlining the rules for the Plunket Nurses as laid down by the Society's committee. Importantly for the nurses the conditions of the job were spelt out, a minimum of 100 pounds per annum, four weeks annual leave and equally importantly the mandate to provide services of the nurse gratis for the rich and poor.

In her book, *Nursing in New Zealand*, Hester MacLean, Inspector of Hospitals, recalls that the Dunedin Trained Nurses Association preserved the work of trained nurses. In her opinion, if they had not taken a stand on the untrained Plunket nurses, the work may have continued just as information on infant

³⁹ 'Letters to the Editor', *Kai Tiaki*, (April 1908), p.32.

feeding provided by semi-trained women.⁴⁰ This may have been a turning point in developing this new speciality role.

Much of the work until 1920 and the appointment of the first Director of Plunket Nursing Services, Miss Anne Pattrick, was intimately controlled by Truby King. Still outside of the developing health system there were challenges to the way the nurses worked. In 1908 Dr Valintine had put forward his own 'back-block scheme' of district nursing. In March 1909 as the Chief Health Officer of the Health Department he spoke strongly about this other community nursing scheme and refused support for the Plunket Nurses. He complained that the Plunket nurses were taking over the work of the district nurses. However, Truby King demolished the argument after a thorough investigation in which he could not find a single overlapping case. The feeling of the time was that Dr Valintine was kite flying and made Truby King strident in his protection of his very fast growing secular voluntary organisation. In 1911 Dr Valintine tried again with a pilot scheme in Hastings to combine the two roles. The findings were very conclusive. After one year the sick people on the district nurses' list had almost completely superceded the infant welfare list, and the scheme was unanimously voted out.

The Society grew quickly especially after Truby King's national lecture tour, a part of his attachment to the Department of Public Health. Sixty new committees were formed. By 1914 there were twenty seven Plunket nurses around New Zealand. At the 1914 4th General Conference of the Health Department Dr Valintine tried again to put pressure on Plunket to amalgamate their nursing role with the district nurse role. Lady Plunket had commented early in 1908 that the work of the Society could not become government driven as nurses went only where they were welcome. Outside of this situation they may be seen as 'inspectors' who would lose the trust of the mothers.⁴¹

⁴⁰ H. MacLean, *Nursing in New Zealand*, Tolan Printing Company, Wellington, 1932, p.93.

⁴¹ L. Milne, 'The Plunket', p.102.

Plunket remained resolute in its independence from the state as an infant welfare service and as a separate nursing service.

The nurses' practice

The nurses' work would have been both physically and emotionally draining. In rural New Zealand nurses needed physical strength just to reach their destinations. These Plunket nurses employed whatever transport was available, using farm gigs, carts, cream can sledges and railway jiggers to negotiate the terrain. Emotionally there were many aspects of New Zealand society that would have been demanding, not least the conditions some mothers and babies were living in. One nurse seeking advice from a senior colleague was told that " you must not be shocked by the appearance of the baby...I know it is all very sad but nothing you can do is going to help the child's pathological condition, so don't lose any sleep over her."⁴²

Conservative Southlanders were openly critical and resistant to the notion of unmarried Plunket nurses and the Victorian view of sex and reproduction prevailed, making them uncomfortable and critical of these topics being discussed by the nurses.

From the professional tone taken by the nurses writing in the 1910-1920 period it seems fair to say that the nurses had become strong supporters of the bourgeois family values and new ideals of mothercraft. Some nurses were rigid enough in their ideas to be accused of bullying and so fixed in their reforming zeal that it became an absurd dogma. "Clearly the non-medical public lacked information on nutritional requirements for infants and little attention had been paid to such matters as exercise, fresh air, regular feeding schedules and sunshine. These became significant aspects of the Society's gospel".⁴³ There is difficulty gauging the real extent of the Plunket Society's

⁴² G. Parry, *A Fence*, p.82.

⁴³ L. Milne, 'The Plunket', p.107.

hegemony and the reasons why women and nurses adopted all or some of Truby King's teachings.

One possible reason could be the vulnerable nature of mothers, especially first time mothers, which made them susceptible to a nurse trained to "imbue her [the mother] with a lofty view of her responsibility and her duty as a mother to fit herself for the perfect fulfilment of all the natural calls of motherhood."⁴⁴ Outside of the limited amount of information provided by doctors there were no other organisations to give authoritative advice, leaving women to rely on old traditional methods, or to take up the Plunket nurses' advice; couched in a scientific rationale.

Discussions about practice in *Kai Tiaki* at this time, start to examine and weigh up the contribution of science as opposed to caring and human feelings. "Rather let your motto be, Humanity first, science next, and one of your strongest characteristics be the power to combine the two".⁴⁵ However, the most common articles in *Kai Tiaki* before 1920 were descriptive case studies. Couched in a chatty tone there is still a strong sense of purpose, in use of words such as 'direction'. The mother's reply to the nurse includes phrases such as 'doing exactly as they were told'.

⁴⁴ 'Plunket Nursing', *Kai Tiaki*, (January 1913), p.24.

⁴⁵ 'Loyalty and Unity', *Kai Tiaki*, (January 1908), p.21.

A day with the Plunket Nurse-1909⁴⁶

No.1, Mrs Kremlin. Her baby has been on humanised milk for three months, and going on well; we find the mother so distressed: The baby has had diarrhoea for two days. Special directions are given regarding the feeding in diarrhoea; advise plenty of fresh air for baby, and the absolute necessity for keeping the meat cool, for we find the jugs of food standing on the table in the kitchen instead of in a bucket of cook water that this city is so well supplied with.

No.3 is one of our babies, who was very ill with bronchitis, and for two or three weeks made no apparent progress on humanised milk. To-day she is lying in her go-cart, out in the warm morning air, no bonnet on, playing with her chubby feet; a veritable picture of health... As we bid the mother good-bye she says: "I am so thankful nurse that we didn't give up using the humanised milk when she was so ill." Yes, so are we, but every mother has not the patience, and with many, their anxiety for the child makes them try too many foods.

Plunket nurse practice could be said to have played a part in reinforcing the domestic role of New Zealand women. The State was leading this situation through its protective labour legislation between 1891 and 1912 which had a negative effect on the early suffragist push for economic independence. Legislation was presented as protection for women through sex differentiated minimum wages, and restrictions on the hours they could work (particularly at night), the work they could do and weights they could lift. Plunket could be seen to have played a significant part in reinforcing a cult of domesticity, through training mothers in their roles as home makers.

Plunket nurses of the time were very positive and enthusiastic about their role in training mothers for domesticity.

⁴⁶ 'A day with the Plunket nurse', *Kai Tiaki*, (October 1909) p.155.

Only those who are intimately engaged in this work, who can contrast their experience since they have undertaken it with their previous experience of the care of children, can realise fully how many lives are being saved in New Zealand through the training and teaching the Plunket nurses are able to impart. What appeals to us even more, is the effect of timely help and guidance in preventing [sic] children becoming ill at all, and in raising the standard of health and happiness of the community. Truly it is hopeful work!⁴⁷

Much of the zeal and dogma of Plunket nursing is still recounted in the memories of mothers or in this case the memories of a childhood.

My mother planned to use the loving coercions of Montessori for our upbringing, but meantime it was the harsh disciplines of one Doctor Truby King that ruled the nurseries both in Kermanshah and in Teheran. He was a New Zealander, whose book was law for innumerable parents, and whose influence can still be heard in the voices of older nurses and nannies. 'You must have discipline – that's the important thing.' Truby King was the continuation of the cold and harsh discipline of my mother's childhood and my father's childhood. I am sure my mother never saw this: she was only doing what all good parents did. Even to read that guide to excellence in family relations is painful.⁴⁸

Truby King made other countries a target for his vision, especially Australia and Britain. Much of this work in Australia was to come later in the 1920s. Affiliated societies which adopted the same aims and objectives came to exist

⁴⁷ 'Plunket Nursing', *Kai Tiaki*, (January 1913), p.25.

⁴⁸ D. Lessing, *Under My Skin-Volume One Of An Autobiography, to 1949*, Flamingo, London, 1995, p.23.

in England, Canada, South Africa and Australia, and nurses trained in New Zealand were working in Scotland, Wales, Palestine, India and China.

Specialisation

The turn of the century was a time when nursing specialities were emerging. In 1908, writing in *Kai Tiaki*, Dr T. Valentine makes early reference to hospital nurses specialisation. Once segregation of cases in hospital became the norm “the good all-round nurse, who will cheerfully undertake infectious cases of all kinds, or any major surgical work in turn, scarcely any longer exists.”⁴⁹ Efficiencies were noted in this type of practice, as nurses ‘stuck’ to one kind of nursing work. Distinctions began to be made between nurses who mentioned exciting cases, working with surgeons of ‘most repute’, as opposed to nursing staff who had to be content with the less exciting, chronic cases.

Plunket nursing as a specialty has similarities and differences with other community nursing roles. Miss Sybilla Maude, a nurse, set up the first district nursing scheme in 1896, in Christchurch. Modelled on the English system, it was a practical home nursing service. Nurses worked to doctors’ orders, and while Miss Maude had strong Christian principles, articles written in *Kai Tiaki* reflect an outward looking specialty that commented on everything from the progress of district nursing in Ireland, to running tuberculosis camps and soup kitchens for hungry children in New Zealand. This group of nurses seemed more adaptable to the needs of the people than the more prescriptive Plunket Society ideology.

In other regions, under the Charitable Institutions Act, 1909, hospitals had the power to use funds to care for the sick outside their own institutions. This encouraged the development of the Backblocks District Nursing Scheme, with nine nurses employed by Hospital Boards in rural areas in 1913. This enabled

⁴⁹ ‘Specialisation’, *Kai Tiaki*, (July 1917), p.127.

settlers to share in the benefits of the hospitals they were otherwise too far away from to use.

The most obvious difference is that for Plunket nursing, the philosophies and vision for the nursing practice was developed by a doctor with a zeal for infant welfare, and its need to have someone to carry his message into the homes.

To gauge the practice activities and ideas of these early specialties, we are reliant on *Kai Tiaki*, the nurses' journal started and edited by Miss Hester MacLean in 1908. One of her aims was to help link New Zealand nurses. Columns are devoted to midwifery, nursing and medical social activities, nursing technique, invalid cookery, nurses' clubs, residential homes, and much on the conditions and the environment nurses worked in.

For Plunket nursing in *Kai Tiaki*, as is the case for all the specialties, there is a lot of description of cases that reflect the health of pioneering colonial New Zealanders. Nurses were often in areas with no medical support and the nurses write of the everyday tragedies in people's lives. With a high incidence of infectious diseases the discussion is often of the spread of infection across families and communities. There is enthusiasm in their successes, and true to the Plunket philosophy, celebration of cases of success after teaching the Plunket method.

The establishment of the role is written up as rules and conditions for employment and first salary scales. Who joined and who left Plunket, marriages and travel overseas are cheerfully reported in the social headlines. Conference reports provide insight into the Government view of the developing service and its place in the larger scheme of New Zealand public health.

Kai Tiaki would appear to be a very valuable tool of the nurse at that time, for new knowledge, news of a developing profession, and through the war years, correspondence from colleagues overseas. Academic discussion and practice analysis, present in today's nursing journals is missing. Without advance education or a developed health system and nursing profession, this is not surprising.

From around 1917, the Plunket nurse content in *Kai Tiaki* starts to change from an emphasis on the relationship between the Plunket philosophy and mothers, to more discussion on the work of Plunket branches and achieving a workforce of well trained nurses with experience and leadership qualities, as the Society expanded. Still under the control of Truby King, there was no evidence of an overarching nursing direction. The war had created a shortage of qualified nurses. A new leadership position to "superintend the work generally" was being discussed.⁵⁰

At the 1917 Plunket Society conference, the branches put forward a remit to establish supervising nursing positions. These nurses would move around the districts providing advice and helping to establish new branches. Plunket nursing was developing into a more sophisticated workforce valuing experience and knowledge coupled with further education. Another remit called for the new supervising nurses to be both a Plunket nurse and a midwife.⁵¹ This may have been because nurses were working in remote parts of New Zealand without doctors.

For the first time, the nurses are now writing in *Kai Tiaki* about the special nursing of sick infants. The nurse is now required to command respect from colleagues and families, and to earn this she requires superior knowledge and experience. The Conference delegates also requested acknowledgement of

⁵⁰ Annual Report to Inspector-General of Hospitals, *Kai Tiaki*, (October 1917), p.189.

⁵¹ 'Conference of the Plunket Society', *Kai Tiaki*, (April 1917), p.100.

the need for new positions to be filled by well educated nurses who could pass on that specialty knowledge to students.

A letter from the Hon. Minister of Public Health, read out at the Conference, acknowledged the work of Plunket nurses as a contribution to the lower death rate in New Zealand compared to other countries, and urged the Plunket Society to spread quickly into areas not yet provided with the service.

In the context of New Zealand society, as well as the possibilities for the Plunket nurse context, Anne Patrick's appointment was important. Post war New Zealand was feeling the loss of thousands of young men and the general health of the soldiers had been revealed through army medical inspectors as generally poor. Along with the general feeling of the country to produce a new generation was the hope of a fit new population. The Plunket Society was determined to help meet the challenge - this was their work and fitted well with their philosophies. Consequently there was a large growth of new Plunket branches in both urban and rural areas. Plunket nurse numbers increased and new Karitane hospitals and training centres were opened. The issue of supervising the nurses and developing the role was moving beyond Truby King's work capacity. His position as Director of Child & Welfare from 1920 gave him a wider sphere of influence.

The demand for Plunket nurses increased. The war years had handicapped the work of the branches through the shortage of nurses. Home visits continued but the alternative of allowing families to seek out their own advice at the Plunket 'rooms' became available.

In 1920 the nursing was finally released from its Truby King leadership to a former disciple of his, Miss Anne Patrick. "Even the admirable Miss Patrick rarely swerved from the straight and narrow Truby King path."⁵² She was well

⁵² G. Parry, *A Fence*, p.84.

known to him and had trained at the Karitane Hospital in Dunedin before taking up active service in the war. In 1918 while Truby King was working in London at the invitation of the government to demonstrate the Plunket system, he called on her services to assist him and was convinced of her ability to take up the first Director of Nursing position back in New Zealand. Having travelled and worked overseas, including as a delegate to the International Congress of Nurses, in Canada in 1928, she made a steady contribution to the professional nursing of Plunket. By the end of 1921 there were fifty new nurses, four times more than the number recruited the previous year. The numbers wishing to work as Plunket nurses was now equal to the demand, and the clause binding them to work following their Plunket course was dropped. In 1921, 121,371 visits were made to a nurse in a clinic. Miss Patrick introduced a curriculum for training, staff education, a record system and developed a purposeful professional outlook for the nurses⁵³. Remaining very faithful to Truby King's rigidities and Plunket ideals, this did not prevent her from leading the nurses in the development of their speciality. Nursing meetings, conferences and professional discussions became part of Plunket nurse practice.

From 1920, the drive was on for the Plunket Society to expand in many areas. Mothercraft Centres, Karitane Hospitals, the development of the 'Plunket Book', and the increasing work of the volunteers in their local communities, provided new directions. The State, recognising the work of the Society, contributed 125 pounds a year towards the salary of each nurse. In the years to come, younger nurses would take the Plunket nursing practice in new directions; in these years, however, the Truby King decrees remained the Gospel.

⁵³ C. Hooper, *Anne Patrick-A Memoir*, John Milne Ltd, Wellington, 1958, p.4.

CONCLUSIONS

Today nurses and midwives would strongly see themselves as integral to any strategy that was centred around health promotion of women and children. The Plunket nurse specialty is interesting and different because it owes its origins to a doctor, Truby King, and his tireless zeal for teaching motherhood and domesticity to women in his quest to improve the standard of infant welfare. The interest from nurses in the newly developing role was sparked by Truby King's fanaticism and passion for the work. As his workload grew, he recruited women he trained himself, but the developing New Zealand nursing profession gave direction to the role becoming only for registered nurses.

Women and nurses were seen as more suited to work with the training for motherhood, and the Plunket Society ideology spread a message of women needing to qualify for this role. Just as mothers were straight-jacketed into a discipline of motherhood, nurses complied with the rules of the Plunket system. Truby King reached out to all strata in society with his message of stability and order. The time was right with infant mortality high. Diarrhoea and infectious diseases were major causes of death and the newly developing New Zealand colonials were not keen to develop the characteristics of the poorer sections of societies they had left behind.

Through *Kai Tiaki*, the nurses wrote of their work. The case studies described the conditions of the day, the hardships of the families and their isolation. Like their district nursing colleagues, Plunket nurses spent a lot of time in all weathers, negotiating the landscape.

Compared with the other developing nursing specialties of the time, Plunket nursing stands out as an exception. Founded by Truby King, the Plunket Society remained autonomous from the State, adhered strictly to its code of conduct and was united in the message it delivered. The nursing practice

relied heavily on the authoritative medical opinion of one man, until well after the appointment of the first Director of Nursing, Miss Anne Patrick.

Appendix One:

A Lineage Story

A letter from Truby King to my grandmother, Anne Campbell
25 January 1912

As Truby King's handwriting is not easy to read, and to keep the letter in good
condition, I have transcribed it as accurately as possible.

Linda Polaschek

May 1997

25 Jan 1912

Dear Miss Campbell

I am ashamed to write you after failing to respond to your letters earlier, but I think you understand - and yet it is impossible that you should have to guess a tithe of what I have had to do and contend with in connection with the work of the Society and other matters. One of the things in connection with our mutual mission that pains me most is that the claims of the unworthy on one's time and attention should so far exceed what we would expect to give to those who like yourself constitute the real heart and working power of the Society. To give you some idea of the problem we

2) have before us (and when I say we I mean yourself, my wife, myself and all those of us who truly realise and feel what a great wrong and sin humanity is unwittingly guilty of in its ignorance and carelessness in regard to Health Motherhood - or rather parenthood - and Babyhood) - to give you some idea of what there is to contend with I will just cite three cases. Nurse S---- You saw and foresaw her entire unfitness, but I think you scarcely realised the depth of it. With Dr Allen I examined her viva voce, and found, as I had previously found at Karitane, that she truly knew nothing and cared less. Her failure to pass had been foreseen, and I had confidentially warned the President of the Wellington Branch a month before. The oral preceded the written exam and was

3) held early in order to enable me to form a definite opinion and advise the Wellington Committee during a journey north which I had to take at the time. I took the Committee into my confidence, and in the course of an hour's discussion the conclusion arrived at was that Nurse S---- could not be set to work in Wellington - that I should engage Nurse Falconer, or some other substitute, on any terms for three months, and that a nurse should be put in training at once for the permanent position. When I reached Dunedin on my return there was a telegram from the Wellington Secretary awaiting me, saying

curtly that they did not want me to engage a nurse and that they were going to put Nurse Sugden to work as

4) Plunket Nurse in spite of the reports of Miss Jeffrey the Doctor's [HC}. At the same time telegrams were sent from Wellington to Dr Allen and others asking definite data and explanations as to examination results ie Nurse S---- had gone straight to Wellington, seen the members of her committee, vilified the Karitane Hospital and everyone she had come in contact with in Dunedin, and represented the matter was one of pure favouritism - incompetent nurses like Miss O'Shea being allowed to act as Plunket Nurses in spite of their not having put in the proper time at Karitane, and not having passed any exams [to] be. Nurse S---- also wrote direct expostulations of the most impertinent character to Dr Allen and others. The whole situation was disgusting

5) and insulting that we did not attempt to reply - we did not condescend to hold any communication with Wellington on the matter of their nurse.

Some two months ago I was again in Wellington, and hearing from Mrs Sydney Kirkcaldie, the President, that things were far from satisfactory - in spite of Miss Meyiear's assurance that Nurse S---- was "getting on fine" - I called at an out of the way house on the slope of Mount Victoria, where Nurse had her quarters and the telephone, to see how matters really stood. the house was very [frousy], windows were shut-tight and it was just the place one would have turned away from if seeking a nurse. Going into figures I found that the number of cases seen

6) was steadily declining. There had been only five new cases in the month. The records were entirely unsatisfactory, but in the course of half an hour I arrived at the much:-

Out of 54 babies seen 27 weighed only pounds!

25 weighed pounds and ounces in multiples of "four" - in other words no attempt had been made to weigh closer than a quarter of a pound. 2 purported to be weighed to half ounces.

Weighing before and after suckling - There were several such cases, and I took careful notes of one such, where it was entered that the mother was supplying 1 and a half ounces per nursing, and Nurse S---- had told her to supplement with the necessary quantity of Humanised milk. Such was the entry in the case book.

Seeing that the only weighing

7) machine in evidence was a family spring balance of the poorest type [diagram] which would not weigh closer than 2 ounces, I asked Nurse how she managed. She smiled and said, "Oh all these cases of weighing before and after are done quite accurately with grocers scales which I am allowed to use."

Dr King. This woman appears to have been here only once - three weeks ago - should she not have been visited to see if everything was going well, and to re weigh.

Nurse S---- - Oh, well as far as that goes, there is no risk because I always tell the mothers to ring me up at once if anything goes wrong. Besides I gave her full instructions.

Dr King. Yes, but why not anticipate

8) possible, indeed most probable going wrong. The baby may be dead for aught you know.

Nurse S---- - I fee sure the mother would let me know, but in any case I was going to see her this week.

Dr King. I notice that you ordered supplementing with Humanised Milk, but nothing is said as to grading.

Nurse S---- - Oh, I gave her all that in writing. She couldn't make any mistake.

Dr King. - How many times did you weigh her before and after suckling are you sure that the average supply was 1 and a half ounces?

Nurse S---- - I weighed only the once."

Next day I spent the morning buying and fitting up a first class weighing

9) machine, providing it with a specially made wire-basket etc - this as a present to the Society. Next I visited the Salvation Army Baby Home and got the mother to undertake to bring a baby down to the Town hall where the Committee had arranged to meet me at 3 pm. Further I had my special brass weighing machine, weighing to 5 grains, and a candle to compare when lighted, with the baby. I arranged with Nurse Sugden to put in an appearance with her books and papers at 4 pm. Meantime I felt I must see at least one of the Nurse's cases before facing the Committee, and sought out the one referred to above. Interview with Mother

Dr King How's baby?

Mother Not at all well, but

10) the Plunket Nurse had been here this morning and put him on Humanised Milk.

Dr King What has he been having?

Mother - Well you see when I saw the nurse at her room 3 weeks ago she weighed him before and after I nursed him and found out just what I was giving. She told me it was 1 and a half ounces and that he needed 4 and a half ounces so I needed to make up with 3 ounces.

Dr King Yes, three ounces of Humanised Milk.

Mother Oh no, she only ordered the Humanised Milk today. She just told me to get a tin of Glaxo at the Grocers and give it to him according to the directions on the tin.

Dr King. You have the tin.

Mother Yes, here's the remains

11) Dr King But you must have had more than one tin?

Mother No. he got so bad at the end of a week, that I got alarmed and took him to Mr Brittain the Chemist and he put him on Cauriells, which suited him better though he's still going down. He weighs a pound less than when she first saw him

Dr King Have you tried weighing him before and after with the grocer's scales again?

Mother What scales?

Dr King The scales the Nurse borrowed.

Mother Oh she only weighed him once - she weighed him at her rooms with the spring balance with the blue clock face - that was when she told me I was 3 ounces short.

12) Dr King Do you fully understand how to make and grade the humanised milk (baby was suffering from diarrhoea).

Mother No I don't. Nurse has written something on this paper this morning but I can't understand it.

Dr K - But didn't she show you how to prepare it?

Mother no

Dr King Where are you going to keep it?

Mother In the room.

Dr King Where does the baby sleep?

Mother In the room with us (window never open more than an inch and blind down).

Dr King Did nurse not advise more air.

Mother She never went out of the kitchen. You see she was only dealing with the feeding. She never said anything about anything else.

13) Dr King Has your baby ever had any illness apart from indigestion etc?

Mother Yes he got (measles I think) and he's never been the same since. That was two months ago.

Dr King You told Nurse this?

Mother No she never asked me about such things - she just went on the feeding.

Dr King From what you say, Mr Brittain's feeding seems to have succeeded better than the nurses feeding. I would continue to give what Mr Brittain ordered in the meantime until you can see a Doctor. I don't like the look of the baby. You must certainly have a Doctor. (To anticipate, I may say this at the close of the meeting with the Committee I explained the grave position in which they all stood if a coroner's

14) inquest should be held on the baby during the week; and Dr Platts Mills, who was present undertook to assume charge and responsibility that afternoon.)

Meeting 3 pm

First a scientific demonstration of the loss of weight of baby by burning away, compared with similar loss of candle. Identity of burning from physical and physiological standpoints, and the reliability, definiteness, accuracy and simplicity of the laws of nature - the laws of God. The opportunities Nurse S had had. How far had she availed herself of these, how had she fulfilled their trust, how had she repaid their confidence at the Karitane Hospital since? My audience

15) was cold, hostile not willing to be interested or convinced. I pointed out that their babies weighed only pounds and multiples of 4 in ounces, and asked them how a Bank Inspector would feel if he found that the whole staff of some branch had ceased to take any account of shillings and pence.

Dr Platts Mills (hotly and angrily). I hope you are not trying to impute fraud to our Nurse Dr King.

Dr King - I am imputing nothing. I am giving you the bare facts. Form your own inferences etc etc etc.

4 pm Enter Nurse S

Dr K - I find here recorded a case in which a baby was given Glaxo with your assent (This was another case).

16) Nurse S - Certainly. The Doctor had been giving it and I continued it. You don't expect me to alter the Doctor's orders.

Dr King Certainly not. You don't know the composition of Glaxo I suppose?

Nurse S I know nothing about Glaxo. I should not think of ordering it myself.

Dr Platts Mills (triumphantly) so you see Dr K - our Nurse is only adhering to the proper traditions of Nursing and Medical Etiquette!

Dr King Now nurse what about baby-----?

Nurse S----- was prostrate in a moment. The Committee had to be convinced and the whole sordid business had to be confessed - the fraud and lying that ran through every fibre of her work.

Dr King Now I wish to

17) know if any member of Committee wishes to question Nurse S.

[Answer] We have nothing to say. We did not think such things possible. We are shocked beyond measure.

Dr K - Then I think I may fairly ask this. For months you women have chosen to believe every lie and libel this nurse has chosen to tell you, and you have not hesitated to believe her at the expense of all of us in Dunedin. I have earned the right to ask that every honest woman here will hold up her hand if she is convinced that this nurse is a disgrace to her profession and utterly unfit to take any part in the Society's work.

Every hand shot up without

18) hesitation.

Turning to Nurse S---- I said "You may consider yourself dismissed."

Nurse S---- (with a snarl) I never intended to stay anyway!

I was really sorry for the Committee. They are really good women and they said that their sense of personal humiliation was all they could plead. I told them that the mistake was made in the first instance by their setting their

ideals too low, and first and foremost the new nurse must be offered 150 pounds a year not 120 pounds. This they agreed to and gave me carte blanche. I selected Nurse Todby, assistant matron (or rather staff nurse) at Karitane.

19) The Matron reported her as ideal and it only gradually dawned on me how utterly unideal and unfair to judge the new matron was herself. The climax came a fortnight ago at the exam of Nurse Todby. I tried my best to get her through - the need of Wellington was pressing. At Seacliff, the evening before the exam, she said, "I'm no good at decimals and these complicated calories." I said "well nurse don't worry. You can do without that and learn later, we won't require calories."

At the exam

Dr K. Before you start Nurse

20) I'll read the questions over to make sure the meaning is clear.

Question 1 Calculate the percentage composition of the following mixture

Cows Milk 1 pint

Cows milk whey half pint

sugar of milk 2 ounces

Nurse But I told you I can't do calories!

Dr K I thought you meant decimals and calories. However I'll strike that out (struck out).

Nurse But I don't know any percentages.

Dr King Surely you know Cow's Milk

21) Nurse No I don't. I expected to be allowed to use tables for such thing.

Dr K. (in despair) Well, I'll give you the percentages and simplify them

(I wrote	Sugar	Fat	Protein
Cow's Milk	5	4	4
Whey	5	1	1

Sugar 100)

The nurse was told she could have the whole afternoon to answer the question. This is her answer

S 5.2 F 1 P 1

22) Telephoning from Dr Allen's house later I said we were sorry we could not accept this answer, but the rest of the paper would do. A fortnight must be given to arithmetic; our house and Mrs King would be at her disposal and the study would be reserved for her sole use. I felt sure we could make things simple and easy.

Dr Allen made a like offer of his house and services.

23) The nurse replied that she had lost all interest and would give up. She had been shabbily treated.

Dr Allen and I called on a Mr and Mrs Bettimore with whom Nurse T was staying as Dr A had received a letter from Nurse T saying that I had taken all the heart out of her and she could not go on. [Miss T has since written expressing her appreciation of the personal kindness of Mrs King and myself to her but at the same time obviously cherishing a grievance because I refused to allow her to pass without the power to do simple calculations]

Mr & Mrs B received us coldly - said Nurse T had told them that I had betrayed her into entering on an exam on false promises and then set the very thing ("calories") which I had promised not to examine. Next day they telephoned

24) to say that what the Nurse meant by "calories" was "figures" - she misunderstood that "calories" included any form of "arithmetic".

Having shown Mr & Mrs Bettimore the paper and answers they laughed and said "why, I don't see what "coaching" she can need - I could work out things like that and teach her too, if there's nothing more than that in it. She made us think it was something dreadful." Having been enlightened they were very nice.

At the Karitane Hospital I met with another cold reception - Miss Nelson the matron saw nothing much to complain of in

25) the Nurses paper - "At least she has put the S F & P properly in the columns and has worked them out. The Matron is always saying to nurses and members of Committees, "I don't believe in theory I believe in practice." All figures come under the head of theory.

Karitane Hospital

The above conveys the down grade we have reached at Karitane with our new Matron of whom we expected so much. She is capable enough as an ordinary conventional nurse but..... and cannot in the slightest degree grasp the level of our ideas. she is not the slightest interested in the race and

26) motherhood. Her sole ideal of nursing is tidiness and neatness of wards and what she calls "pulling patients through". She would sooner keep a tuberculosis in the ward six months than restore 50 malnutrition cases to health. Her interest and outlook is disease and drugs not health hygiene and normal parenthood etc. She dislikes mothers coming to the Hospital and would run Karitane like a public hospital. In a word she is hopeless and simply sneers at percentage accuracy and all we know to be most needed in the combatting of quackery

27) and ignorance. She admits that there may be something in what we are doing - indeed I think she truly realises that there is, but she says - "This matter of the mothers and the the babies doesnot appeal to me. I'm a highly trained hospital nurse and my profession is the healing of sick people." As such, working on ordinary conventional hospital lines she can do good work and we have nothing to complain of in her administration of Karitane Hospital, strictly as an ordinary hospital. Within these limits she is conscientious, painstaking and devoted and she has everything perfectly neat and orderly.

She means well and emotionally she greatly admires Florence Nightingale, but she cannot realise that she leaves off where Florence Nightingale began.

28) What we are carrying into effect Florence Nightingale saw as the first need of humanity, and her notes addressed to "Mothers of the Working Classes" (and incidentally to every true woman in England) show her keen sympathy, not only with motherhood and babyhood but with Hygiene and preventive measures as contrasting with hospitalisation and drugging; and the little booklet finishes with:- "and fearful is the wrong, cruelly and injustice wrought daily by women ignorant of the laws of life. Surely it is a great thing to instil into women what are the laws of life and health for man and what are the laws of life and health for homes and houses." I am quoting not verbatim but merely in effect - probably you have the booklet. I not I will send you one - it will never be out of date, though it was written in the

29) days of Crinolines and teels how many women were burnt to death yearly in England through conforming to the prevailing fashion.

Not only did Nurse Nelson dislike to have mothers visiting the Karitane Hospital but she disliked having anything to do with matters involving the problems of motherhood and babyhood. She declined to answer any letters in this connection, and has sent straight to Mrs King everything addressed to her on such topics.

Now you might suppose that excess of nursing work to be done at the Karitane Hospital has prevented the Matron answering letters etc, but she is frank about that - she says she would decline to recognise such work as coming within the sphere of a nurses duties. As for the work at Karitane Hospital there has never been so little to do or such facilities for effectively carrying out the work

30) as exists at the present moment -

Since you left a great deal of money has been spent in bringing the buildings and grounds into perfect order and efficiency. On a hot afternoon the babies no longer remain in the verandah but are taken over to the long shelter by the laurel hedge - a perfect ideal place asphates, cool and roomy. A man is constantly employed keeping the garden and grounds in order and there is an admirable supply in this direction. The old man also looks after the fowls etc. The laundry is no longer in the hands of an indifferent washerwoman - the present laundress is said to be ideal. The improved nurses and babies quarters are all that one could wish, and as you know the kitchen is quite ideal. Dovetailing with the Hospital, the Plunket Nursing

31) in Dunedin is now almost all that I could wish. Mrs Laing has turned out splendidly, and Nurse McLaren and Nurse Florence, working under her, are most devoted and loyal. There are no petty meannesses and jealousies in the Dunedin Plunket work, and the Committee has been most progressive and generous, both as regards salaries and premises etc. In the middle of the flat at Caversham we have equipped for Nurse Laing a shop with two rooms which is done up most tastefully and charmingly. To run this for four months inclusive of preliminary expenses will cost over 100 pounds - but I think it will nearly double the work done. Work is going on steadily at the (Tain & Pen a Coq) and the manager tells me it has now reached a paying stage - there having been a steadily

32) increasing demand for the Humanised Milk, in spite of the fact that the nurses are all the time teaching more and more mothers to prepare what they need in their own homes.

The devotion of Mrs Theorin and other members of Committee in Dunedin to the self imposed mission they have undertaken is unbounded, and Karitane Hospital is now the only weak spot with us.

I have been a long time in arriving at what I want to say, and that is to ask you to take Charge. just as Sydney Herbert said to Florence Nightingale that she

was the one woman in England who alone could undertake the mission of reform to the Crimea, so I tell you without any hesitation whatever

33) that you are the one woman in New Zealand qualified to preside over Karitane Hospital. The teaching aspect is as you know the more important aspect of the work - light and (leading) for the nurses working on the Society's mission - to (sustain) Karitane the Mecca to which they must all make pilgrimage from time to time. This is our constant aim, but we equally want Karitane to be the place to which mothers may go on (stay if termonan) to see and learn practically what they should do in justice to their babies and themselves. At the present time there are only 7 babies in the Hospital and we would take in more than 12 as a maximum. The salary would be 125 pounds a year with board and lodging etc and holidays.

34) However I know it is not such things that would determine your course of action but simply the question as to where you can be of most service. On that part there can be no manner of doubt. You are needed at karitane. It may occur to you to ask - "why were you not offered the position sooner. Well, I must confess that I had not the heart to suggest to Tuinarm that you should leave South Canterbury almost before you had begun, but now the position is entirely different. When you have (tidied things) through the next month you may feel that you have fulfilled your mission there. I may say that we think of asking Nurse Jeffrey to come on in the interim if Miss Nelson wants to go at once. Miss Jeffrey was not brilliant but she really did wonderfully well at Karitane considering it was her first attempt at administration

35) and we greatly admired her honesty, trustworthyness and singleness of purpose. I met her about a week ago and told her how glad we should be if she would go in for Plunket Nursing and think she will later on after she has got her maternity qualifications in Australia. She is a good woman and we want that first of all.

You may possibly question your own fitness for the Karitane position but I think you may trust me as a judge. There is only one other woman in the Dominion who has the qualifications ?? Miss (Bowen)

36) I can never forget her great qualities. However she (bids fair) to be happier and not so much less useful in the world as a mother and still a teacher of mothers. A long letter I have just received has come as a great pleasure to Mrs King and myself. It shows all the old ?? and ??, and more than the old softness and womanliness. She will be a great power for good, and I wish she would ?? Wellington. I will get Mrs King to forward you the letter. You will find it both interesting and instructional. I certainly find it so myself. That, by the way, brings me to a point of some importance. You and Sister Alice almost alone among the Plunket nurses have (ventured)

37) with suggestions and frank criticism I have not forgotten the letter you wrote when at Karitane. Well, at the moment I am wanting the frankest of criticism, because we are engaged on the final revision of the "New Edition of Feeding and Care of Baby", and if you were here I should like to read over some of the new matter. The re-issue will be improved and simplified in every way and will contain 16 more pages, a title page, with blank sheets at each end - and in a word everything to make it conform to the conventions of the publishing world while retaining everything essential of the last Edition. It will be stitched instead of wired and with all these improvements will still be sold at 1/-. The Edition

38) will be 10,000 copies and it will be printed at Home because we can get it done there so much better and more reasonably. The demand now is steadily increasing and I do not think it will take much more than a year to sell the whole Edition. When it comes out the nurses at Karitane Hospital will have a much more complete and satisfactory text book and with its aid and a definitive syllabus the Matron's work would be rendered quite definite and systematic. I am quite sure that Sister Alice would insist on your taking the

position - and that with full recognition of the loss to Timaru. Until a new nurse was trained we would send Timaru any of our nurses - Miss Laing if necessary. I am writing to

39) you at such length for two reasons 1) Because I am too pressed for time to be brief - it takes longer to think out what one is to say, and then to say it shortly, than to scribble down what comes first without reflection. The pencil part of the letter I have had to write on the journeys to Dunedin, in train.

2) Because I am anxious to give you a comprehensive view of the situation and make clear how great a service you can do in forwarding the Society's mission.

However, I do not hesitate to make a more intimate and personal appeal to you. Mrs King and I have had much more to do for some years than we have been really fit to undertake, and the work has now grown to such an extent which renders its proper fulfilment impossible - witness my failure to answer your letters and the delay in getting out the new Edition of the book. It is not

40) a question of whether we could or would not keep up with the work - it is a fact that we cannot. It is now 4.30 am and I did not go to bed early - we never get a respite from one weeks end to another. There should be no cares and worries in connection with the Karitane Hospital and there would be none if the Matron were competent, and above all in sympathy with the work - indeed Mrs King said when she saw I was writing to you (I jotted down her words, as they best express just what we both feel) -"It would be splendid if we could have a woman like Nurse Campbell at Karitane who would give herself to the work - she could do it and she would succeed."

When you were at Karitane things were I know greatly mismanaged, and your criticism was I am satisfied more than called for - especially in the direction of unessessary exposure to the babies before and

41) at bathing time, lack of methodical arrangement and preparation for bathing, inadequacy and unsuitableness of clothing, both for day and night use, injudicious exposure of babies in kicking pens before and after the bath etc, etc. Mrs King went into all these matters when staying at the Hospital before Miss Jeffrey left and they have all been reformed - indeed I am well satisfied that so far as the babies are concerned everything is now well arranged and adjusted: things are systematic, neat and orderly and no one is flurried or overworked, but no attempt is made to teach the nurses the rudiments of the why and wherefores - there is nothing educative. On the contrary reasons and figures are ridiculed under the names of "theory" and "calories", the result being the hopeless ignorance of Miss Nelson's first candidate for examination - an

42) ignorance which we have no parallel in the past history of the institution.

So far as true "calories" (not mere figures) are concerned I do not really worry whether a nurse works them out in her practice or not, being quite satisfied if there is due understanding of ordinary approximate percentages. In my own dealings with babies I do really find that the "calories" of the food is always worth arriving at, as a check if nothing more. Take two cases. We are called to feed two babies each 5 months old and weighing 12 lbs each. Both have indigestion and have been failing in nutrition and growth. They have been irregularly and promiscuously fed. The calorie has been approximately as follows for the last few weeks - half derived from starchy patient foods.

Baby A	Calorie	800
B		350

For proper growth and nutrition the calorie need would be between 500 and 750.

43) but the higher figure would only be justifiable for temporary use, when making up leeway. The question is whether or not the taking out of the calorie would assist the nurse in dealing with the immediate feeding of the baby. I

have no doubt that it ought to. Nothing is more clearly established by Powlow's investigations regarding nutrition than the fact that the digestive organs become habituated to doing day by day just a certain amount of work - precisely as our muscles do - and that if we suddenly make a change in the food calling for much more than the accustomed task on the part of any set of glands (stomach, liver, pancreas etc) we shall tend to overuse them. As Holt says - "All changes in food on the side of increase should be gradual." One would start feeding A with a mixture giving at least 100 more calories than B should receive. In other words if

43) B were started with the equivalent of a pint of milk, A on the same scale could be safely given at least 1 and a quarter pints (the equivalent calories being roughly 400 & 500).

However I never worry the Plunket Nurses with such considerations unless they have an aptitude and taste for figures, but I know you and Sister Alice Pillet (?) get as near the truth as possible and you understand the language. It is better to understand things as a teacher, even if one does not attempt to convey them directly to one's pupils. One's explanations become simpler and more lucid and reliable if one really understands, and one is better qualified for answering puzzling questions.

To return to the overwork of my wife. It is quite a joy at times to Mrs King to give herself as she knows you give yourself to the Society's Mission, and if repayment were

44) desired or looked for she is more than repaid by the grateful letters which come to her from mothers in all directions. However, she does not see the matter as I do, partly because she does not know (?). She knows that she suffers more than she did from rheumatism, but she does not know that she has organic heart disease, and that it is necessary for her to have more rest. Until

Miss Nelson came the letters addressed to the Matron, Karitane Hospital were dealt with by the Matron, but as I have explained this has not been so of late. This is one of a number of points in which I feel it imperative to lessen Mrs King's responsibilities, and I believe that viewing the whole situation you will be able to do a more effective and widespread service for humanity in Dunedin than any where else in the meantime. If you preferred at the end 45) of a year to resume Plunket Nursing there would not be the slightest difficulty as to an appointment, and you would return to it with added knowledge and prestige.

We appeal to you for the help and service which you can give more effectively than anyone else, and I do not think the appeal will be in vain. If you come you will have the wholehearted support and confidence of all of us and you can choose your own staff nurse. Dr Allen, Dr Williams and I are willing to arrange a 6 month course of 17 lectures.

With kindest regards from Mrs King and myself

Yours very sincerely

Truby King

P.S. If in doubt come down to Seacliff - visit the Karitane Hospital -see how well things are looking there and on the district - chat things over with us and then decide. Please look.

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