VICTORIA'S BABY HEALTH CENTRES
A HISTORY
1917 - 1950

How did a statewide system of Baby Health Centres grow from the efforts of a small group of concerned women in 1917?

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Submitted in fulfillment of the requirements for the degree of Master of Education in the Faculty of Education at the University of Melbourne
2005
This thesis is dedicated to:

Joan Avery  
b. 21 October 1935  
d. 22 October 1935

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b. April 1934  
d. 19 October 1935

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b. 1 April 1935  
d. 3 April 1935
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This thesis does not contain material which has been accepted for any other degree in any university. To the best of my knowledge and belief, this thesis contains no material previously published or written by any other person, except where due reference is given in the text.

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<tr>
<td>BHC</td>
<td>Baby Health Centre</td>
</tr>
<tr>
<td></td>
<td>Baby Health Centres were also called Infant Welfare Centres and Baby Health Clinics - the term Baby Health Centre is used throughout this study for simplicity.</td>
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<tr>
<td>CWA</td>
<td>Country Women's Association</td>
</tr>
<tr>
<td>LTMI</td>
<td>Lady Talbot Milk Institute</td>
</tr>
<tr>
<td>mph</td>
<td>Miles per hour - the measurement of speed prior to conversion to the metric system</td>
</tr>
<tr>
<td>NCWA</td>
<td>National Council of Women of Australia</td>
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<tr>
<td>SHWCV</td>
<td>Society for the Health of the Women and Children of Victoria</td>
</tr>
<tr>
<td>Sister</td>
<td>The terms sister and baby health centre sister are used throughout this study as registered nurses were called sister at the time, the mothers interviewed always referring to sister.</td>
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<tr>
<td>VBHCA</td>
<td>Victorian Baby Health Centres' Association</td>
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<tr>
<td>VTNA</td>
<td>Victorian Trained Nurses Association</td>
</tr>
<tr>
<td>VMWS</td>
<td>Victorian Medical Womens Society</td>
</tr>
<tr>
<td>WCTU</td>
<td>Women's Christian Temperance Union</td>
</tr>
<tr>
<td>1 pint</td>
<td>Equals 0.47 of 1 litre</td>
</tr>
<tr>
<td>£1</td>
<td>Equalled $2- at year of conversion to the metric system</td>
</tr>
<tr>
<td>10/-</td>
<td>Equalled $1- at year of conversion to the metric system</td>
</tr>
<tr>
<td>3d</td>
<td>Three pence, twelve pence to one shilling, twenty shillings to one pound</td>
</tr>
<tr>
<td>Guinea</td>
<td>One pound and one shilling.</td>
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ABSTRACT

Victoria’s first Baby Health Centre opened in June 1917 in the inner Melbourne suburb of Richmond. By 1950, 398 centres including fifteen mobile circuits, were available to mothers across Victoria. This study documents and analyses the combination of influences that underpinned the growth of Victoria’s Baby Health Centres.

Firstly, concern about infant mortality rates encouraged the growth of the international welfare movement. The international movement provided legitimacy for local concerns and motivated and sustained the women who acted locally. In addition, the changing role of women following the achievement of suffrage and the rise of voluntarism combined to establish a combination of professionalism and voluntarism which was socially acceptable for the women involved. Baby Health Centres were instigated through municipal councils by local groups such as the Country Womens Association, and with the centralized support of the Victorian Baby Health Centres Association and the Society for the Health of the Women and Children of Victoria. The development of two dedicated voluntary associations caused both friction and competition and a dynamic which created a model of service provision still in existence today.

Secondly, the study looks at the role of several individual women in the growth of Victoria’s centres and circuits. Both voluntary and professional workers made significant contributions to the development of a model of universal service provision for mothers and babies.

Thirdly, the study records the voices of eight mothers and two Infant Welfare sisters of the 1940s. Their comments and stories illuminate the relationship between baby health centre sisters and mothers and the mother’s willingness to incorporate the advice into daily practice.

The history of Victoria’s Baby Health Centres is one of a unique combination of professional and voluntary activism. This recipe led to the development of a well utilized statewide service which has become part of Victoria’s societal and health framework.
Introduction

At the outbreak of World War 1, almost eighty babies of every thousand born in Greater Melbourne, died in their first year. In the industrial heart of Melbourne - Collingwood, Fitzroy, Port Melbourne, Prahran, Richmond and South Melbourne - twenty-two to twenty-three of those babies died of preventable illnesses - diarrhea in summer, bronchitis and pneumonia in the winter. One response to these losses was the opening, in June 1917, of Victoria's first Baby Health Centre in Church Street, Richmond. The centre was open to all mothers and babies for an individual consultation with a nursing Sister and was free of charge. This was a new concept in the provision of services to mothers and the number of centres grew rapidly and widely. By 1950, more than two-thirds of Victoria's new mothers were attending a Baby Health Centre and the centres had become part of the social framework of most local communities in Victoria.

Baby Health Centres are a part of many Victorian family histories and a major part of some women's professional lives. Yet the history of the centres, of the women and men who fostered their beginnings and growth, and of the mothers who attended the centres, has not been
documented in a comprehensive and accessible form. The interaction of the professional world of volunteers, administrators and health centre sisters with the private world of mothers and babies, created a dynamic which grew into a universal and publicly reported system. However, the individual voices of those women need to be recorded, if the dynamic is to be explained and documented.

For this study, ethics approval was obtained from the University of Melbourne Ethic's Committee to interview eight mothers and two infant welfare sisters from the 1940s. The interviewees gave informed consent regarding the use of their names, artifacts, experiences and memories. (See Appendices A and B) Writing about her analysis of women's personal diaries, Holmes comments that it 'places the lives and writings of women not previously regarded as important at the centre of historical analysis.' Part of this study looks at one aspect of women's lives in order to create a collective memory of their practices and stories and thus also of the centres. Every woman interviewed prefaced her interview with a statement that she did not know very much and did not do anything really important. These statements are echoed in Sister Shirley Dawson's words - 'I think the mothers mostly just needed reassurance - that
they were doing a very good job and that this was an important thing they were doing. A sense of their own worth really...but strangely enough, mothers are very sensible people.'  

Research method

In this thesis I have used qualitative research methods to examine people’s words and actions in order to understand the importance and meaning of events in the historical growth of Victoria’s Baby Health Centres. I have conducted my research predominantly from primary sources because of the paucity of secondary materials about the history of Baby Health Centres, from their beginning in 1917 to the post-war period of 1950. To complement my research from written and filmed primary sources, I undertook interviews of people involved in the operation of baby health centres in the 1940s. The legitimacy of oral history as an archival source has been questioned at times because of the vagaries of individual memory, their susceptibility to change over time and the filtering that occurs between interviewee and interviewer. However, the personal recollections of the interviewees provide individual perspectives of public memory and add humanity to the impersonal language of official or public records.
Secondary sources

There are two main examples of previous research published in book form. Cheryl Crockett's *Save the Babies: The Victorian Baby Health Centres' Association and the Queen Elizabeth Centre* The first 83 years, was commissioned by the Board of Management of the Queen Elizabeth Centre. The first twenty pages of the book describe the development of the Victorian Baby Health Centres' Association (VBHCA), known as the Infant Welfare Society until 1918. The remainder of the Chapter One and Chapter Two outline the growth of baby health centres and the training centres for sisters. However, Crockett's material is written primarily from the perspective of the Association and in appreciation of its role. It therefore integrates the general development and government role in the expansion and services of the Centres, from within that perspective. The focus of my thesis is the overall history and administration of the Centres, including the very influential role of the VBHCA as well as other groups such as the Society for the Health of Women and Children (SHWCV) and the Country Women's Association (CWA).
The question which *Mothers and King Baby: Infant Survival and Welfare in an Imperial World* by Philippa Mein Smith sets out to examine, is the extent to which the decline of infant mortality from 1880 to 1950, could be attributed to the work of the infant welfare movement. As such, the incredible breadth and purpose of the book provide an enormous amount of information and a very extensive bibliography. The historical elements of the book provide a framework within which to pursue the question of cause and effect in infant mortality in Australia. My study is narrower in focus but deeper in historical depth and detail.

Many other publications touch on the history of infant welfare from the particular perspective of the book’s purpose. For example, some of Lake and Kelly’s historical vignettes of Victorian women over the past 150 years look at how women’s private skills and strengths contributed to their public role in infant welfare and medicine. Reiger’s chapter on Dr Vera Scantlebury Brown is called *Professional Mother* - a clever play on words for a woman who was both a mother and the first Director of the Department of Maternal and Infant Health. Gandevia’s *Tears Often Shed* looks primarily at the
contribution of the male medical profession to infant welfare from 1788.\textsuperscript{13}

Journal articles are few. Mein Smith has articles in the \textit{Social History of Medicine} 1993 and the \textit{Australian Economic Review} 1991 published in advance of her book and putting forward her theory about the relationship between infant mortality and the infant welfare movement.\textsuperscript{14} Armstrong wrote about infant welfare in Victoria in 1928 in the \textit{Medical Journal of Australia} and again in 1939 taking a national approach.\textsuperscript{15} Both secondary texts and journal articles have informed my attempt to integrate aspects of people, events, time and place in the growth of Baby Health Centres.

\textbf{Primary Sources}

Public

The historical recreation of how the centres and their services grew, has been documented by synthesizing:

- The Report to the Minister of Health on the Welfare of Women and Children written in 1926 by Dr Vera Scantlebury and Dr Henrietta Main
• Annual Reports of the Director of the Department of Infant Welfare, later Maternal and Infant Health, 1929 to 1950

• The personal letter-diaries of Dr Vera Scantlebury Brown, 1917 to 1938

• Annual Reports of the Victorian Baby Health Centres Association 1926 to 1950


• Committee Minutes of Malvern Baby Health Centre

• Annual Reports of the Society for the Health of Women and Children of Victoria 1920 to 1950

• Early Medical Journals, 1908 - 1939

• The daily press, local newspapers and women's magazines, 1917 to 1950

• National Film & Sound Archive, Cinesound newsreel footage

• Personal photographs, photographs and graphics from public sources
Private

Interviews

Information from eight personal and five telephone interviews has been used to document the way that individual decisions by mothers to attend a Baby Health Centre, contributed to the statewide growth of Victoria’s Centres. The differences between public prescription of mothering and the private practice of the mothers as described in interviews, throws light on the relationships between these mothers and the Centre Sisters and their persistence in visiting, even when they did not particularly like the local Sister or agree with all of her advice.

In person

Eight women who took their babies to a Baby Health Centre in the 1940s were interviewed for this study. Each was interviewed in her own home and asked the set of questions contained in Appendix A. Responses were recorded manually in a mixture of shorthand and longhand and a copy of the interview supplied to each interviewee. Interviews generally lasted for about 35 minutes and were always followed by morning or afternoon tea.
The mothers who took part in the interviews gave the ethics information and the actual interview itself, serious consideration. Every woman approached both agreed to be interviewed, and also commented that they did not think they could remember all that much and that they didn't think they had anything really important to tell me. At the interview, they were concerned to answer accurately to the best of their memory and remembered more details as the interview proceeded, often returning to an earlier question. All of the mothers gave generously of their time, and openly of their stories and their photographs. One of the mothers - Nance - commented at the end of the interview 'Talking about it brings it all back - I'd forgotten the worries and the lack of sleep and the inconvenience of dirty nappies and no hot water.'

I also interviewed two baby health centre sisters, one of whom qualified in the 1940s but did not practice in Victoria until the 1950s. Whilst outside the time frame of this study her comments assisted with the context of nurse training.
By telephone

Two families, the Boords and the McKays, contributed to this study by donating relevant family photos to public websites. This allowed me to make contact by mail and email. Both families then spoke with me on the telephone about areas of this study for which there is very little family information available in any public form and for which I am very grateful.

Research process

In attempting to construct a history of Victoria's Baby Health Centres, the challenge has been to write 'an integrated account of the relationship between the people, the events, the time and the places.' 17 The writing is also enriched by the integration of different types of evidence - written, oral and visual - to create a feeling for the values and ideas of the time. Historiography requires that the narrative is developed from 'many disparate pieces of collected evidence that are interconnected.....You are constructing a picture that takes shape as you collect and examine the parts.' 18 This describes the process I applied to the material gathered.

Historical criticism

Burns writes that 'Historical evidence is obtained from historical data by means of historical criticism.....' 19 External criticism as to the
authenticity of the documents associated with Baby Heath Centres is not a problem, since most were written and published by associations, government departments and newspapers. Artefacts are also unlikely to arouse authenticity questions although dating is inexact because little importance was attached to such commonplace items at the time and they were invariably not labeled and usually discarded. In her Introduction to Mary Walker Phillips Knitting Counterpanes, the curator of Costumes and Textiles at the Brooklyn Museum writes 'Unravelling the past is not always easy, and tracing the history of common objects can often be more complicated than studying the more exotic'.

However, the issue of internal criticism is particularly relevant to the official reports written throughout the period. Burns comments that 'Most of the data in historical research have lives of their own...[and] were created for someone else's purpose or administrative function.' In recording and synthesising the information, the motives and purposes of the writers is acknowledged where it may otherwise not be apparent.
Culture and context

Gill points out that 'Issues of culture and context were rarely considered before the 1970s' and only came into view when educational researchers moved away from objective quantification. I did not live in the culture and context of the twenties, thirties and forties as did the women who lead the infant welfare movement and as I read and gathered historical material, I needed to be aware of what Mertens calls the multiple realities that each person lives with and is influenced by. For example, the nature of female voluntarism and the subtleties of its stature within the political power structure of the 1910s and 1920s, cannot be experienced today. However, they were part of the culture and one influence on the nature, placement, funding and programs of the centres and their female personnel.

Integrating private and public

Working on public and published reports and articles, whilst also reading private diaries and listening to interviewees, creates a challenging dichotomy. The practices followed by mothers at home, whilst loosely based on the advice and writings of the experts, were tempered by practicality and convenience. Lake and Kelly write that 'a key dynamic in the historical process is the continuing interaction between the public and the private..' The interviews conducted for
the study and Dr Vera Scantlebury Brown's letter-diaries have
provided examples of that interaction and some explanations for the
growth Baby Health Centres in Victoria.

Outline of the Study

Research Questions

In documenting a history of Victoria's Baby Health centres from 1917
to 1950, the research questions were:

• What were the major influences that lead to the voluntary efforts
  of a small group of concerned women in beginning the first centre,
  and to the eventual development of a statewide system?

• What was the contribution of particular women, paid and unpaid
  professionals and volunteers to this development?

• In the third decade of the existence of the centres, why did
  mothers attend, what need did the centres provide for and how did
  mothers make use of the advice they received?

Chapters One to Six chronicle the major influences in the
development of Victorian Baby Health Centres from the early years of
the century to the establishment of the Department of Infant
Welfare within the Victorian Public Health Department, in 1926.

Chapter One, The growth of the international welfare
movement, examines the concerns and social changes that lead to
the growth of the international infant welfare movement in the first thirty years of the twentieth century, its relevance to Victoria's rate of infant mortality and its influence on the local development of infant welfare measures.

Chapter Two, The growth of the infant welfare movement locally looks at the local background to the establishment of Victoria's first Baby Health Centre in 1917, and documents the activities of the earliest centres, voluntarism and the Infant Welfare Society and its transition into the VBHCA. Malvern's Baby Health Centre is used as a Case Study to illustrate the development of individual centres.

Chapter Three, The role of professionals and volunteers in the growth of the centres documents and assesses the particular contribution of several individual women - professional and voluntary - whose leadership and determination were major factors in the early growth of the Centres and their acceptance into the everyday life of mothers and babies.

Chapter Four, The voluntary associations: competition and acrimony looks at the arrival in 1919 of the Society for the Health of Women and Children of Victoria and at the prestige and influence of its New Zealand protagonist, Dr Frederic Truby King and the Plunket system. Competing propaganda by the Associations led to public acrimony and the many amalgamation attempts proposed by the Victorian government, failed.

Chapter Five, The Better Farming Train: spreading the word in rural areas outlines the early growth of Baby Health Centres in rural towns between 1917 and 1924 and describes the work of The
Better Farming Train and its role in influencing rural communities
to demand their own Baby Health Centres, between 1924 and 1936.

Chapter Six, The beginning of the Department of Infant Welfare
documents the period 1925 to 1926 when a government inquiry
conducted by Dr Scantlebury and Dr Main brought together the many
threads of the infant welfare discourse in Victoria and resulted in the
establishment of the Department of Infant Welfare, with Dr
Scantlebury Brown as its first Director.

Chapters Seven to Nine look at the growth and diversity of baby
health services from the establishment of the Department of
Infant Welfare in 1926, through the years of the Great
Depression and the Second World War, followed by the Baby Boon
of the post-war years to 1950. These chapters are basically
narrative and chronological in form. However, Chapters Eight and
Nine also include the voices of mothers from the 1940s whose
comments on expectations, experiences and challenges are woven
through the chronology.

Chapter Seven, The Department, the Great Depression and
rural expansion begins with the challenges faced by the new
Department of Infant Welfare and the effects of the Great
Depression on its ability to provide comprehensive services. The
voluntary associations were also hit hard by the state of the economy but the VBHCA ventured an innovative approach for country women with its Travelling Baby Health Centre in the Mallee and Wimmera, beginning in 1937.

Chapter Eight, Visiting the Baby Health Centre in the 1940s examines the theories of social historians who are critical of the relationship between mothers and centre Sisters, in the light of the information provided by the mothers interviewed. The chapter looks extensively at the process of consultation and negotiation between mothers and centre Sisters and at specific areas of advice and response.

Chapter Nine, War and Baby Boon: bricks and mortar and wheels is divided into the early impacts of war on families, the Department and the centres from 1939 to 1942, war-time responsibilities and the broadening of children’s services between 1942 and 1945, and the post-war era of rising birth rates and new responsibilities for temporary housing areas and migrant camps.

In the Australian War Memorial bookshop in Canberra, there are dozens of books that document the wartime activities of hundreds of different groups of men and of individuals, throughout the twentieth
century. This 'storehouse of experience...' provides insights into human achievements and tragedies and recognition of the past. However, much of the lives of women in the first half of the twentieth century is not recorded and therefore not recognised as contributing to our history. All of the mothers interviewed for this study are more than eighty years old and there is not a lot of time left for us to recognise and record their voices.
Chapter One: 1917 - 1926 Save the Babies

The growth of the international infant welfare movement

As Victoria’s early infant welfare movement grew, it benefited from the experience, education and inspiration of the movement at an international level, as well as gaining validity from it. The international development of a health movement which was focussed on the baby, grew from a number of influences. Western economies had been affected severely by the Depression of the early 1890s, and experienced increasing urbanisation and worsening slum conditions in inner city areas. Infant mortality rates remained high in these areas, birth rates were declining generally and many young men had been lost in World War One. These factors produced 'a loss of confidence in national vitality' in Australia, and the development of an international consciousness of infant welfare.

Infant mortality rate

In the year 1905, the Victorian Year Book recorded the death of 2,508 babies before their first birthday. Ten to eleven of every hundred babies born in Melbourne died before their first birthday and in some parts, the rate was much higher. Coburg’s infant mortality rate of almost 18 babies lost per 100 was not exceptional
and was also understated. Until 1913, the death of a baby was recorded only if it died in hospital and in Melbourne’s poorer and more congested suburbs, babies were not often born nor did they die, in hospital. Illegitimate babies were thought to have a mortality rate three times that of legitimate babes. By the outbreak of World War I, a groundswell of disquiet, opinion and frustration about infant mortality was gathering momentum. 'We were tired of trying to convince everyone that the only way to reduce the terrible havoc of suffering and sickness amongst babies was by prevention.' According to Crockett, this disquiet lead to the creation of Victoria’s first Baby Health Centre in industrial Richmond in 1917.

Concerned women acted locally, but the genesis for this practical action had international roots. A lively infant welfare movement had grown rapidly in western countries over the first twenty years of the twentieth century. Babies under the age of one were still at great risk, especially in the industrial heartlands of rapidly growing cities. London’s infant mortality rate was 1 in 10, Chicago’s 3 in 20, New York’s 13.6 per cent and Berlin 14.2 per cent. Industrialisation and its companion urbanisation, had re-ordered family life in the second half of the nineteenth century, and was associated with a declining
In Victoria, fertility rates declined by one third between 1862 and 1912, and in the years 1902 and 1903 the population of Victoria declined.

**Factors underlying the growth of the international infant welfare movement**

**Concern over population growth**
Several writers have concluded that the combination of a falling birth rate, the death toll of young Australian soldiers in World War I and the high level of infant mortality, promoted nationalistic anxiety over population growth and new concern for preserving infant life. The first Annual Report of the Victorian Baby Health Centres Association (VBHCA) commented that the war had brought about a remarkable paradox. An almost wanton disregard for human lives, had perversely made new life more highly valued. The Preface of the 1916 Child Welfare Annual said that 'War has forced child welfare work into the forefront of national responsibilities. The problem of the conservation of child life is of paramount importance...the race marches forward on the feet of little children'.

In her introduction to the history of New Zealand's infant welfare movement, Bryder notes that anxiety over national degeneration had
been current since the turn of the century, throughout the western world. The threads of the discourse seemed to encompass:

- The eugenist's concern regarding the genetic composition of the human race. They theorised that the varying fertility rates of social classes and especially the fecundity of the poor, would lead to a western race less able in many respects.

- Anxiety about the racial mix of population in the Dominions, expressed in a colonial form of logic. 'the British feared that unless the Colonies were occupied by people of British stock, they would be invaded by foreigners, especially Asiatics...'. Attending to maternal and infant health was one way of protecting population growth and helping to guard the borders.

- And the moral aspect, articulated here by The Australasian Medical Gazette whose editorial argued that slowed population growth would 'weaken the fibre and minimise the strength and vigour of our national life.'

Belief in the promise of education

Closely aligned with these concerns was the long-running debate about the relationship between poverty and personal behaviour and their effect on infant and maternal health. Essentially pragmatic in their day-to-day approach, the minutes and Annual Reports of the VBHCA
and the SHWCV do not indicate that they saw tackling poverty as within the points of their compass. However, they did believe they could change behaviour by providing education. The Society's first Annual Report declares 'it has to be stated that the work is not charitable, but chiefly educational' and under the heading OBJECTS is listed '1. To educate potential mothers and mothers in the essential work of mothercraft.' The VBHCA's first aim was to 'safeguard the health of mothers and babies, by the spread of knowledge of the laws of health....and give organised teaching to women'. Save the Babies, the infant welfare movement's international slogan, focussed on the baby with an immediacy that demanded action.

Suffrage and voluntarism

In this same period, some women in western societies had achieved the right to vote. Victoria's Electoral Act had provided full adult suffrage for the Legislative Assembly in 1910 and involved some women in campaigns that required them to develop skills in organisation, and lobbying and knowledge of political and administrative process. They understood that they could now influence the political agenda directly, and social welfare concerns - including infant mortality - would be foremost on their agenda.
Some of the women who had previously devoted their considerable energies to obtaining the vote, turned their efforts towards voluntary organisations and social reform. In a history of the National Council of Women, Norris notes the rise of voluntarism in the early part of the century, the Council representing a multitude of voluntary organisations who had a 'community of thought and purpose.' Voluntaryism, organisation and purpose, was combined with the knowledge and persistence of some individuals, to produce a dynamic infant welfare movement.

Availability of statistics

Validity for the infant welfare movement also came in the form of more efficient and regular collection and publication of statistics. The practice was given a boost by the apparent desire of western governments to herald the turn of the century with statistical evidence of progress and in the Preface to the 1913-14 Year Book, Laughton, the government statist wrote that 'the main object of the work is to show progress....and promoting the social welfare of the people'. Victorian Year Books indicated that the infant mortality rate, although declining, was still both significant and significantly higher in some areas of Melbourne. The Victorian Year Book for
example, categorised the causes of infant death, giving prominence to those illnesses regarded as preventable, like gastro-intestinal diseases and bronchial conditions. Between 1911 and 1916, in the summer months of December to April, almost seventeen hundred babies died of diarrhoeal disease and summer diarrhoea became a common term.27 The government Statist's Annual Report meant that information about the extent of infant mortality was available to anyone with access to a library and thus provided a particularly sensitive measure of family and national health. Here was the evidence for an infant welfare movement, convinced that education could greatly reduce the incidence of dangerous diseases like diarrhea and bronchitis.

The statistics gave weight to the claims of the new infant welfare organisations that babies were being lost to diseases that were preventable through education and through changes in non-medical causes such as the sale of contaminated milk. The claims were reinforced by newspaper articles such as those by The Argus weekly columnist Vesta - Stella Allan - in her Wednesday, Women to Women column. In mid-1918, Vesta wrote that 'No provision is made by the railways for the adequate protection of so perishable a product as milk...cans are taken from the train and placed in the blazing sun...(and)
babies may die all throughout the summer.' Medical journal articles proliferated and international conferences were attended regularly by medicos from Australia and New Zealand. The Second International Conference of Gouttes de Lait was held in Brussels in 1907 for example and an Australian government representative attended.29

Stages of development of the international infant welfare movement
Attending to the baby's environment

The history of the infant welfare movement in Victoria, generally reflects the same three overlapping stages of development seen in Western economies from the latter part of the nineteenth century to the 1930s. Farm mechanisation combined with the rise of manufacturing had changed the distribution of population radically in the nineteenth century, causing migration to the cities, unhealthy pressure on housing and basic services and ideal conditions for the spread of infectious diseases. 'Childhood diarrheal diseases were the most terrifying...[and] deaths were directly related to poor sanitary conditions...were much higher in summer, after rainfalls and in low lying areas, all of which were related to contamination from the sewage filled Chicago River...' 30
THE PREVENTABLE PERILS SURROUNDING THE CHIL!  
One baby out of every five dies before reaching the age of two years.  
About 80 percent of these deaths are from preventable diseases.

To break this Ring of Trouble  
More Men and More Money are required.


The first stage of the infant welfare movement coincided with attempts to improve the general health of the urban population through improved sanitation and cleaner water. This would, in turn, reduce infant mortality. This period occurred in America and England.
from around 1850 to 1880, but in Australian cities, sanitation became a critical issue later, in the 1880s and 1890s. In Melbourne, household cesspits and the cartage and dumping of sewage close to the city, were thought to be major sources of infection. Although a waterborne sewerage and underground drainage scheme was designed in 1890, and the first house connected in 1892, the treatment plant built at Werribee was not completed until 1897, and connection to houses was gradual.

Attending to the sterility of milk

The second period, from about 1880 to the 1920s looked to a large proportion of infant deaths being derived from digestive and nutritional causes. An editorial in The Australasian Medical Gazette, in May 1908, headed *Infant Life Protection* indicated that 'A very large amount of this mortality is due, as is well-known, to affectations of the stomach and intestines such as gastro-enteritis, enteritis, dysentery, etc...' Although statistical evidence is lacking for the proposition, breastfeeding was thought to be declining and unpopular in this period and some doctors believed the modern western woman to be physiologically incapable of breastfeeding. The first Annual Report of the Director of Infant Welfare in Victoria, 1927-28, records 15 per cent of babies attending Baby Health Centres being
artificially fed and 28 per cent as artificially or partly artificially fed. This increased to 27 per cent and 45 per cent by nine months of age.\textsuperscript{37} However, artificially fed babies were disproportionately represented in infantile death rates that resulted from diarrhoea.\textsuperscript{38} Internationally, the movement turned its attention to the purity and quality of cow’s milk for babies and the formula for altering cow’s milk to best suit the needs of human babies.

A variety of measures and schemes to promote sanitary production and distribution of milk for babies - especially those in the inner suburbs of large and growing cities - appeared in France in the last twenty years of the nineteenth century. England followed shortly after with the St Helen’s Milk depot in 1901,\textsuperscript{39} and in Chicago pasteurization of milk was made mandatory in 1909.\textsuperscript{40} In France, Pasteur’s process of removing harmful microbes from food by using heat, was applied to the milk provided at Gouttes de Lait - milk depots.\textsuperscript{41} Pasteurised milk - that is, milk heated to between 55° and 70°c - was supplied by the Gouttes to mothers who were unable to breast feed their babies. The significance of the depots and gouttes lay also in the services they provided in addition to distributing milk. A weekly examination of the baby by a doctor was part of the process.
of obtaining clean milk from the Morel de Villiers scheme in Villiers-le-
duc for instance, in the last decade of the nineteenth century.42

In England, many schemes took the form of milk depots established by
municipal councils which developed local rules about dairy farming and
milking practices, transportation of milk, handling and delivery, and
sometimes the process of humanising milk. The new Medical Officer
of Health for the Borough of Battersea, set up a Milk Depot in London
in 1902 using milk from farms in Somerset where the cows had been
tuberculin tested. A long and detailed list of sanitary rules were
supplied to the farmers and included such requirements as ' (6) All
pails, strainers, railway churns, refrigerators, fittings, and other
vessels and implements brought into contact with milk shall be
thoroughly inspected before being used, be properly cleansed, scalded
and dried immediately after being used, and exposed to the air in a
clean place, without lids or covers....43 There were also rules for
mothers to follow to maintain the purity of the milk and help to
reduce the likelihood of diarrhoea. After ensuring that this milk was
only supplied to those infants for whom breast feeding was not
possible, mothers were charged 1/6d a week, payable in advance, and
given printed instructions which included '4) If children are sent for
the milk, they must be warned not to tamper with the stoppers of the bottles....(5)...The teat should be kept scrupulously....(10)...It is important that the child should be brought once a week to be weighed..."44

A similar concern was seen in Victoria. Early in 1908, Dr A J Wood addressed a meeting of the Victorian Council of Women chaired by Lady Talbot, wife of Victoria's Governor. Jeffreys Wood had begun a fifty year connection with the Children's Hospital in 1887 when he took up the position of Resident doctor.45 He suggested that infant milk depots set up in Rochester, New York, in France and England had saved the lives of many babies and that the establishment of a depot in Melbourne might reduce the number of diarrhoeal deaths in infants under twelve months - seven hundred in the previous year.46 The address caused animated discussion and resulted in a special meeting of the Victorian Branch of the British Medical Association, (Australia did not have its own Medical Association until after World War II) in May of the same year. The establishment of the Lady Talbot Milk Institute was the outcome of the meeting and operations started in December for the summer season.47 The Institute distributed pure certified pasteurised milk to 'poor' infants in

30
Collingwood, Richmond and Fitzroy. Richmond Council aimed to deliver one pint per day for each infant under one year who could not be breast-fed. Cheap ice-chests were also to be supplied and ice delivered with the milk at an extra cost of a 1d per day. An important point was that milk was distributed in sealed bottles supplied by the Institute to which mothers would attach their own teats. The bottle was exchanged each day for a fresh one, this strategy being part of the attempt to combat summer diarrhoea. The milk cost 4d a pint to make and required that the Council contribute up to £125 per annum as parents were to contribute only what they could afford. Demand for private sales at 8d per pint was high.

The Institute employed a sister to visit and advise and to ensure that the bottles were used correctly and not, for example, for beer. Coburg’s Medical Officer, Dr Carl Dyring convinced the municipal council to issue milk coupons to mothers with children under two, to cover the cost of 3d per pint of pasteurised milk kept on ice at registered depots of the Willsmere dairy. In the summer of 1909-10, the council subsidised the supply of milk for forty families and the Coburg Leader noted a decline in local infant mortality rate to 13.37 per cent.
Environmental improvement in urban living conditions, improved education for girls and growing political influence for women, and some improvement in the production and distribution of cow's milk, were important reasons for the decline in infant mortality in the first twenty years of the twentieth century. In the continuing, current debate about the causes for the decline, some writers have suggested that the education of girls, was the single most important influence on infant mortality. The infant welfare movement felt it could make a particular impact on maternal education and later would also contribute to the secondary education of girls.

Attending to maternal education

The third period of development, 1910 to 1930 saw a change in emphasis away from external factors and towards viewing infant mortality as essentially a problem of motherhood. General improvements in health conditions, including the provision of cleaner milk would be consolidated by improving the mother's ability to rear healthy infants by providing maternal education. Voluntarism combined with maternalism or maternalist welfare in America, New Zealand and Australia, to provide instruction or education in bringing up baby. The American Association for the Study and Prevention of
Infant Mortality set up in 1910 was convinced that maternal education would have significant real effects on infant mortality.\textsuperscript{57}

In Melbourne, the Women's Christian Temperance Union's \textit{School for Mothers} was established in 1914 with the Marie Kirk Free Kindergarten in Richmond, 'the main object of which is the saving of infant life by instructing mothers as to the care of her own health and that of her baby.'\textsuperscript{58} The Free Kindergarten movement both nurtured, and was nurtured by, the women who began Victoria's baby health centres and in 1918 the VBHCA's number one aim was 'To safeguard the health of mothers and babies, by the spread of knowledge of the laws of health'.\textsuperscript{59}
Chapter Two: 1917 - 1926 Save the Babies

The growth of the infant welfare movement locally

The international growth of the infant welfare movement both influenced and included the growth of the movement in Victoria. The form it took in Melbourne in 1917 - the creation of a baby health centre in Richmond - grew from the disquiet that some individuals felt about infant mortality.¹ The rapid and widespread growth of the centres between 1917 and 1926, was evidence of their acceptance as part of the fabric of a community and that they fulfilled a need. The early records of the Victorian Baby Health Centres Association show that the centres grew primarily from localised demands from women across Victoria. Their demands were primarily supported by two central, voluntary organisations, who were essentially antagonistic towards each other. By the mid-twenties, the need for coordination and supervision of government subsidies, would lead to the establishment of the Department of Infant Welfare and the appointment of Dr Vera Scantlebury Brown as its first Director.²
Mothers and babies died - it was in the very nature of things. Some thought it ensured that only the fittest survived. Others that death and illness were visitations of divine displeasure. However, and despite the accepted inevitability of these deaths, the rate of infant mortality had been steadily declining since the final quarter of the nineteenth century as outlined previously in Chapter One. Slow improvements in the standard of living, working conditions, housing and health in the overcrowded and unsanitary conditions of inner-city municipalities, had contributed to reducing infant death from more than one hundred and twenty in every thousand before 1900.

**Government Inquiries**

However, the rate of infant mortality had become a national issue and Mc Calman comments that the 'nation needed more babies and better babies'. The government expressed its concern in the form of inquiries into the home environment of mothers and babies. A 1914-15 Joint Select Committee investigated housing conditions in Inner Melbourne and found the housing in some areas was 'most disgraceful, and that the conditions under which the unfortunate residents of some of the slum areas exist a menace not only to themselves but to the health of the community at large.' The Argus reported the testimony of a witness in North Melbourne that 'In Bowater Lane, No
7 is a three roomed house with four adults and four children living in it. There is no bath, no copper, no washing troughs'.\textsuperscript{10}

Following on from the international attention given to milk sterility in France, England and America and Melbourne's early attempts to establish Milk Depots, both discussed in Chapter One, a Medical Committee looked into infant feeding and milk supplies in 1916. Their report urged the State government to build and staff antenatal and infant clinics to educate mothers about handling and storing fresh cow's milk.\textsuperscript{11}

A conference called in June 1917 by the Minister for Health, McLeod, had intended to formulate a scheme for baby clinics based on a promise of £ for £ subsidy from the state government to municipal councils for running costs.\textsuperscript{12} The committee could not agree, however, on whether the clinics would be entirely educational and preventative or would include the treatment of sick children. The proposal floundered.

None of the recommendations and proposals had been implemented and in 1917, in Victoria, 1873 babies under twelve months, died.\textsuperscript{13} If the 1917 infant mortality rate was still current in Victoria, it would
mean that in the year 2003 for example, almost 4,900 babies would have died before their first birthday - over 2000 in their first four weeks of life.14

Voluntary activists establish Melbourne's first baby health centres. Dr Isabella Henrietta Younger Ross - 'Isie' - found this government indecisiveness both frustrating and irresponsible. Isabella Younger was born in Warrnambool in 1887 and was dux of her secondary school, Hohenlohe College.15 She studied medicine at the University of Melbourne, completing her degree in medicine and surgery at the University of Glasgow (M.B., Ch. B) in 1914. Working in the slums of Glasgow and Edinburgh in 1914 -c.1915, Dr Younger could readily see the combined effects of poverty and low levels of maternal education, on the health of mothers and babies. She saw at first hand, the grief, waste and health problems that infant deaths caused.16 As House Physician at Queen's Hospital for Children in London, she worked with the Medical Director, Dr Eric Pritchard, a leader in the burgeoning study of baby and child health.17 He had written early child care texts such as The Infant, Nutrition and Management, in 1914, at a time when the study of pediatrics was in its infancy.18 Travelling through the USA on her honeymoon after marrying Melbourne
merchant John Ross, she studied child welfare with Dr Herman Bundesen in Chicago.19

Isie had been taught by two of the world’s leading practitioners of child and public health. She understood the powerlessness parents felt when their baby died. 'He died anyway. Six months after Oliver went, we woke on a mean November morning and there was Eugene, cold in the bed beside us. Dr. Troy came and said that child died of pneumonia and why wasn’t he in the hospital long ago. Dad said he didn’t know and Mam said she didn’t know and Dr. Troy said that’s why children die. People don’t know.'20

She arrived home in 1917, imbued with a kind of practical idealism - a strong belief that by providing maternal education, she could work around the practical constraints and obvious disadvantages of being poor.21 Some recent writers have been critical of the early infant welfare movement’s methods and motives. They interpret the movement’s concentration on maternal education, as side-stepping the real source of much ill health for many mothers and babies and the sharply differentiated infant mortality rates between suburbs - that is, poverty.22 However, the practical methods and materials that were demonstrated at the Centres, indicated an awareness of the
paucity of resources in some households and will be discussed further in Chapter Eight of this thesis.23

Melbourne's first Baby Health Centre

In June of 1917, Dr Younger, said to be a warm and motherly person,24 with her supporters Ethel Hemphill, and Mrs W Ramsay, set about establishing Victoria's first baby health clinic at the Booroondara Free Kindergarten in St Matthias Church Hall, Church Street, North Richmond.25 Baby weighing scales were purchased for £3- and they wisely hired Sister Muriel Peck to pioneer the service in Richmond.26 Sister Peck was an experienced visiting nurse from the Talbot Milk Institute, endowed with patience, a friendly manner and much practical contact with mothers in their homes.27 The women involved in this new venture, guaranteed her salary for the first three months and with Sister Peck they initially walked the streets of Richmond inviting mothers to come to the new clinic.

Five mothers and babies came to the clinic on the first day, where Sister Peck worked with a plain deal table, some fruit boxes with cushions, baby weighing scales, and an exercise book. Her work was soon to be shared between the initial centre, another in the Bouverie Street Kindergarten in Carlton and a third in the City Free Kindergarten at the corner of Little Lonsdale Street and Exhibition Street in the City. Ethel Hemphill and Sister Peck carried scales and equipment from one centre to another - travelling by tram, train or taxicab.

Source: Lyle Fowler, (1891-1961), Photographic Collection, State Library of Victoria

Sister Peck began weighing babies and giving advice on feeding and management at all three centres. The new clinics formed a committee of representatives from the Richmond, Carlton and city centres and
met under the name Infant Welfare Society. As the summer of 1917 - 1918 approached, mothers had responded so enthusiastically that the Richmond Council offered financial help to hire a full-time sister, at £3/3/- per week. A second nurse, Sister Cook, took over the Carlton and city clinics and by March 1918, a second Richmond centre had opened in the Presbyterian Mission Hall in Cubitt Street for mothers who lived south of the railway line.

Within a few months, a pattern had been established based on the principle that baby health centres should be 'readily accessible to the mothers, and save them time, fatigue and difficulty in travelling long distances.' They had to be accessible, on foot, for mothers pushing a pram. Consultations were free and mother and baby did not have to make an appointment. The sheer volume of visits reported in the VBHCA's first Annual Report demonstrates that they offered a service that was valued and needed. In their first year of operation, the VBHCA's Baby Health Centres in Richmond, North Melbourne, Carlton, Collingwood, Fitzroy, South Melbourne, Port Melbourne and Geelong, had seen 2804 babies at 14, 279 visits and sisters had made 10,330 home visits.
Having written a report of the first year of the Infant Welfare Society's activities, Dr Younger Ross, Dr Helen Sexton (the first female doctor to be appointed to an Honorary medical position at the Royal Women's Hospital) and Ethell Hemphill approached the Minister for Public Health, McLeod. They told the Minister they had two problems he could help with. Councils were supporting the centres in an adhoc manner with donations from their charitable funds and rent free rooms. The Local Government Act would need to be amended to allow councils to use their general funds to finance the centres and the state government needed to accept responsibility with funding assistance. The women were keen to stress that this was not philanthropic work. Baby health centres were not charities but educational centres, and they wanted £125 per annum per centre from the State, to be matched by local councils. The delegation was successful in that the government offered a subsidy to councils willing to open a baby health centre, equal to the council contribution to a maximum of £125. The money, paid quarterly to Councils, was to be used only for maintenance, which included a sister's salary, travelling expenses, and equipment. Buildings to house the centres remained a local responsibility and became the focus for long term local fund raising, especially in country towns. The subsidy also introduced some
early elements of government discipline. Centres would not receive a subsidy unless their establishment was approved by the Minister and both an Annual Report and Finance statement had to be supplied.41 With the promise of some reliable funding and recognition of the status of the issue, several of the protagonists moved to broaden and strengthen the representation and impact of a central, albeit voluntary body.

Creation of the Victorian Baby Health Centres Association

The 31st of May 1918, was a cloudy Friday with a squally north-westerly wind and a list of Victorian soldiers killed-in-action on the Western Front that took up a full column in The Argus. In the Melbourne Town Hall, a purposeful group gathered at 4.30pm 'to discuss the question of forming a central executive committee of representatives from existing baby clinics and their societies who might wish to co-operate in baby clinic work'.42 Not twelve months after the opening of the first clinic in Richmond, the nascent movement had prompted a second centre in Richmond, and centres at North Melbourne, Carlton and in the City of Melbourne - all of whom sent representatives which included Alice Fawcett, Ethel Hemphill and Lucy Dodds.
Fitzroy and Collingwood Councils each sent a councillor and South and Port Melbourne's Medical Officer Dr George Cuscuden attended, beginning an association which would last fifteen years, ten as President (1923-1933). Melbourne's inner municipal councils were acknowledging the community need, identified by the centres and wanted to be involved in, and consulted about the development of such a new area of service for local councils. The Victorian Medical Women's Society (VMWS) - Dr Ross was a member - was represented by Dr Janet Greig, Victoria's first woman anaesthetist and one of the founders of the Queen Victoria Hospital. Lieutenant Colonel Brodribb was there for the Australian Health Society and Dr Arthur Jeffreys Wood, Honorary Attending Medical Officer at the Children's Hospital came along representing both the Hospital and the Lady Talbot Milk Institute (LTMI). Dr Wood had keenly promoted the importance of pure milk for babies through the first ten years of the century, and supported the European concept of milk depots which provided safe milk and regular consultations for mothers. The incidence of impurities in the hospital's milk supply had prompted the hospital to acquire its own cow and cowman/gardener from 1906-1911 and afterwards to obtain its milk from the LTMI. Dr Wood had already done some homework - he had discussed funding with State
Treasurer McPherson who was sympathetic but suggested the
Provident Societies might help with finance.49 The Doctor was elected
as Chairman of the newly named Victorian Baby Health Centres
Association. (VBHCA) Ethel Hemphill, a trained nurse - already making
practical contributions to the existing baby health clinics - was
elected as Honorary Secretary.50

The following Friday, June 7th, much the same group, with the addition
of Dr Constance Ellis drafted the first Constitution of the Victorian
Baby Health Centres Association to:

- 'unite existing baby health centre committees for mutual assistance,
education and interchange of ideas
- encourage new centres where needed
- increase the interest of the public in the work of baby health
centres
- approach the State government, Municipal Councils and other bodies
  and the public for financial assistance and
- distribute such funds amongst different baby health centres'.51

This first constitution however, was really an enabling or administrative
document, the underlying Aims and Objects of the Association being
printed in their Second Annual Report as:

1. 'To safeguard the health of mothers and babies, by the
   spread of the knowledge of the laws of health
2. To encourage the breast-feeding of infants
3. To employ trained nurses who shall:-
   - Attend certain centres, where not only mothers with their babies can come, but also expectant mothers
   - Visit mothers at their homes and help them carry out simple hygienic rules.
4. To hold meetings and give organised teaching to women, as opportunity shall arise, and to disseminate such knowledge by every available agency.
5. To co-operate with all present and future organisations working for the same objects.'

An additional note was the assurance that 'The objects of the Association being to keep infants healthy, sick children are not treated at centre, but are always referred to their own doctor or to a hospital.' Reassuring the medical profession of the educational role of baby health centres would be a constant theme throughout the twenties and lead to a supposedly clear set of rules and even a poster for sisters and mothers to follow.

The documents indicate several underlying premises. The VBHCA initiated the baby health centre aspect of infant welfare and valued the autonomy of being pioneers. Independence from government control and operational if not financial autonomy, was important to the women at the voluntary heart of the organisation. Emphasis on
education and 'the laws of health' is, according to Reiger part of the central theme of increased intensity of the mothering role in the first part of the twentieth century - a belief that home and children could be managed efficiently in a scientific and rational way. The VBHCA's literature was based on a particular picture of family life and motherhood - one which did not acknowledge the fact of working mothers, married, divorced, widowed or single with legitimate or illegitimate children.

By their third meeting in August, funds for the Association's activities and equipping the centres, were a major issue. This well-connected group had approached various philanthropic trusts and collected donations amounting to £128/8/- The Association established an early relationship with the Felton Bequest, benefiting from Alfred Felton's stipulation that half his fortune be applied to charitable works with a primary focus on the health of women and children. In the second year of the Association each centre received £20- from the Bequest, certainly enough to buy a new set of baby weighing scales from Avery or Chatillon, the latter being available from Mr Nathan, of 597 Collins Street, at a cost of £5/19/6. They approached the Sir William Zeal Trust and Walter and Eliza Hall
whose Institute and Trust, were financed by their Mt Morgan gold
mines fortune.  

The Newspaper Scheme

A readier flow of cash was to be provided by a Paper Scheme for
recycling donated newspapers. The Herald and Weekly Times was
trustee for the scheme which operated from a Newspaper Depot in
Collins Street and later in Queens Street, and until 1926 was the
Association's first Central Office. Lina Henderson had developed
the newspaper scheme as a fund-raiser for the Australian Comforts
Fund which sent extra clothing, food and tobacco to Australian
soldiers in the trenches in France during the first World War. At
war's end she offered the scheme and its potential for fund-raising
to the VBHCA and she continued, initially, to run the scheme albeit
for a new cause. The Association's second Annual Report 1919-1920
said 'Baskets are provided at the city railway stations for the
contributor who will bring a paper each morning from home...No-one is
asked to contribute money...merely give a newspaper...for the babies'
sake.' Newspapers generated almost a £1000- that year, more than
half the Association's income.  

1917-1922 How did the centres grow?
Good news travels fast and over the next five years, almost forty new centres were added to the initial VBHCA group of inner industrial suburbs.

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<th>Country Areas</th>
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<td>Carlton 1917</td>
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<td>Bendigo 1922</td>
<td>City of Melbourne 1917</td>
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It is difficult to date the initial opening of many baby health centres. Centres were often started in temporary rooms and moved several times before a permanent facility was built. Foundation and opening ceremony stones still in existence today, date the building rather than the start of the service and sometime these were years apart. The centres marked with an asterix * are from a hand-written 1922-23 list in the back of the VBHCA minute book of its Central Council. Centres marked with # are those developed by the Society for the Health of Women and Children of Victoria (SHWCV).

News of the first baby health centres in Melbourne was spread by word-of-mouth, local newspapers and the churches. The Richmond Guardian told its readers 'An effort is being made to establish a baby clinic in Richmond...it is educational and advisory'. Church guilds and the Armadale picture theatre alerted mothers to the opening of the Malvern centre in the Malvern Town Hall.
Malvern Baby Health Centre: a case study of beginnings

The history of Malvern’s first Baby Health Centre illustrates the lobbying and organizational abilities of an essentially middle and upper class group of women. Malvern was the first baby health centre to open in a residential, as opposed to industrial suburb.

The inaugural meeting was held on February 24, 1920 at 'Kilorun' in St George’s Road Toorak. The group listened to a presentation from Mrs Ward, President of the Coburg Truby King Baby Health Centre and also Sister Muriel Peck, Supervising Nurse of the VBHCA, each explaining the merits of their particular association. It was decided to form a society:

a) To start a Baby Health Centre in Malvern District
b) To endeavour to spread a better knowledge of infant welfare, hygiene, and feeding than prevails at present among women
c) To amalgamate through its committee with any other society or central association having similar objects and aims.

Society membership would cost 5 shillings, and in itself indicates the members’ financial comfort given that the working man’s weekly basic wage in 1920 was £4. Affiliation was a vexing
question but after some initial skirmishing, Malvern affiliated with the VBHCA influenced no doubt by the membership of Mrs Kent-Hughes, whose husband would later be President of the VBHCA. A second meeting followed closely on March 4th and ensured that a letter dated March 6th, 1920 from the Hon Sec. Gladys E James, of 'Berbera', also in Toorak, would inform the Malvern Council that 'we are only awaiting the promise of your support, to make a start and get the Malvern Centre established as a model one!' 70 Another shortly after, chastised the Council for its tardiness and on April 20th, the no doubt harried Town Clerk wrote to say that Council had made a room available to the Society. Sister Ingram had already been hired at an annual salary of £156, with a £25- bonus, letters having been sent to all the local church guilds informing them of the imminence of the centre opening. 71 By June, notices were being screened regularly at the Armadale Picture Theatre. 72

Sister Ingram opened the centre on May 11th 1920. An approach to the Tramways Board to procure reduced fares for the Sister’s travel, had not been successful and she was requested 'to make as much use of her bicycle as possible, the committee to
pay for repairs." By the end of June, Sister Ingram had seen 73 babies at 167 attendances at the Centre and made 188 home visits - some presumably on her bicycle - which included 128 new babies. It had taken the committee of women barely sixteen weeks to establish a baby health centre and make it known in the community, using their skills to organise, delegate and lobby.

**How some other centres started**

After the early work of the Infant Welfare Society and the VBHCA, other baby health centres were sparked by a variety of protagonists. The Geelong District Nursing Society established the first country centre in Chilwell Street Geelong in December 1917 and a sub-centre shortly after in West Geelong. They then affiliated with the VBHCA and their first Balance Sheet appears at the back of the VBHCA first Annual Report of 1918 -1919, along with seven inner Melbourne centres, each contributing evidence of solidity and financial responsibility.

Dr Richard Herbert Fetherston, Medical Officer for the Prahran City Council, advised the Council in 1919 to establish its own baby welfare centre and against joining any voluntary baby health organization. The nursing shortage brought about by the first
World War and the Spanish influenza epidemic had abated and Fetherston's advice to Council was to appoint a trained nurse as an inspectress under the Health Act. Wilde writes that this was primarily so that she would have 'much more power in entering and visiting houses and compelling attendance at the Centre than an Officer of one of the Voluntary Associations'. The tenor of this advice was likely derived from Fetherston's recently completed army service as Director-General of Army Medical Services. However, his plan for a health centre to provide both baby and pre-maternity advice was a radical one, both for a medical man and for health services at the time. Sister Chester was appointed and shared a small building with the children's library in the Town Hall courtyard. Opportunities for home visits were, however, stymied - the 1226 babies born in 1919 kept Sister Chester very busy at the centre.
By 1921, the council had three centres at Prahran, South Yarra and Toorak, managed by three sisters who were seeing up to eighty babies a day. Council had also employed a rat-catcher!

In mid-1919, Sister Holland from the Victorian Trained Nurses Association (VTNA) and Mrs Whitham, a local mother, approached the Coburg Council. Sister Maud Primrose, in association with the VTNA, had been promoting the mothercraft theories of New Zealand doctor, Frederick Truby King, for several years. Dr J W Springthorpe, first President of the VTNA, was also a Truby King admirer and would later be
President of the SHWCV, King, his theories embodied in the
Plunkett system of baby health nursing, had become famous
throughout the Commonwealth and the little delegation wanted a
Plunkett sister in a Truby King Centre for Coburg. They
successfully lobbied the Council to set aside £200- for the
rental of rooms for a baby health centre and a sister’s salary.
Victoria’s first Truby King Baby Health Centre was opened in
Sydney Road Coburg on December 4, 1919 by Dr King and the
wife of the Governor, Lady Munro Ferguson. A motto on the
wall informed the guests that ‘Pure Air and Sunshine is as
Necessary for babies as for plants’.

The VBHCA and growth across the State - 1917-1926

In the years between 1917 and the creation of the new state
government Department of Infant Welfare in late 1926, the
history of baby health centres in Victoria is essentially that of
the VBHCA. Its role in these years was central, in part because
of the absence of any co-ordinating authority at state level and
in part because of its knowledge and involvement in what was
happening across the state. The Association had, by 1922,
developed a Central Council with representation from powerful
groups. The Council included significant medical representation
from Melbourne's Hospitals, the British Medical Association; the Victorian Women's Medical Society and the Australian Health Society. In common with the SHWCV, the Association's Patron was invariably the wife of the Governor and the President was always a medical man, the Association being well aware of the need to keep the medical profession on side. Various representatives of government departments were also a diplomatic necessity. Both the District Nursing and the Bush Nursing Societies were welcome, as were the Association of Creches and the Free Kindergarten Union. The relationship with the Victorian Trained Nurses Association is indicated by their absence, their approval of Truby King and Plunket nursing causing tension by perceived fraternisation.

The VBHCA developed a kind of centrifugal force over this period, acting as a point of contact and pressure group for women from all over the state who were trying to start a baby health centre. When the Association helped women to approach local councils, they spoke with the authority of collective information and both professional and voluntary experience. Funding was allocated to municipal councils by the state Treasury only if
councils had indicated their willingness to match the allocation £ for £.88 Often it was the Councils who approached the VBHCA for help with this process.

The Association administered the rapidly growing number of affiliated centres - by 1925-6 there were approximately 25 Melbourne centres with a further 18 sub-centres and 14 country centres with 5 sub-centres - 62 in all. They opened at an average rate of almost one per month in the following two years.89 A reading of the Executive Committee Minutes, and the Annual Reports of the Association for its first ten years between 1918 to 1928, reveals a voluntary workload that was substantial and constant. The central council committee met monthly and delegated tasks to each other, either as individuals or as sub-committee members. Throughout the 1920s, the Executive and Finance Committees and the Medical sub-committee dealt with a clamour of policy issues, sometimes complex, such as:

- the need for a training school for baby health centre sisters and a documented curriculum90 and its eventual building, staffing and equipping at a cost of £9000-.91
- the desirability of full notification of births in the proposed new Health Act92
• a scheme of co-operation with the Bush Nursing Society
• deciding against a proposal to amalgamate with the SHWCV
• their attitude to Baby Shows. The Central Council informed the Honorary Secretary of the Bendigo Baby Health Centre that the VBHCA did not approve of Baby Shows because:
  ◦ 'There was the chance of infection
  ◦ Judgements were made on fallacious standards
  ◦ They could be wrongly used for advertising patent foods and
  ◦ No good purpose is served by same!'  
• financing the VBHCA's demonstration carriage on the Better Farming Train
• their response to the publication of a major report to government in 1926 by Dr Vera Scantlebury and Doctor Henrietta Main which proposed a new government department of infant welfare and was critical of the 'bickering' that had occurred between the VBHCA and the SHWCV.

They also dealt with an ever growing mailbag of requests for advice on starting a Baby Health Centre and the practical side of running one. Between June and October 1925 for example, Shepparton, Wangaratta, Merbein and Seymour all requested assistance with starting a new centre and quotes for the Training School building were received. Correspondence from the Centres is constantly referred to in the Minutes with questions
about insurance, hiring and wage rates, and annual leave for
sisters, invitations to Annual General Meetings as well as
requests for assistance to purchase equipment and help with the
difficult problem of finding relieving sisters. Sister’s Reports
were also forwarded by the local committees and letters arrived
from many sources including the Public Health Department, the
City Council, the 3UZ Perfect Baby Quest, the Australian
Federation of Women voters and the British Medical
Association.99

Voluntary Workload

Some individual roles had particularly heavy workloads. A
member of the Executive attended all centre openings and the
June 1926 meeting notes that the Honorary Secretary had
officially opened the Shepparton Baby Health Centre and
attended the laying of the foundation stone of the Essendon’s
new centre.100 The VBHCA attended the Annual General
Meetings of centres across the state and in May 1928, the
energetic Mrs Margaret White, Honorary Secretary, spoke at
the Benalla, Oakleigh and Rochester meetings and in June at
Moorabbin, Ferntree Gully and Bendigo.101 It was also the
Honorary Secretary’s lot to write the Annual Report and
organise the Association's Annual General Meeting which was formal and required the organisation of a guest speaker of note. The occasion of the VBHCA's first AGM was presided over by Lady Munro Ferguson at the Melbourne Town Hall on the 26th of September 1919. Professor Sir Harry Allen spoke about infant mortality rates and a printed and impressive Annual Report was presented.102

The records of the VBHCA throughout the 1920s show that many of the women who volunteered to do the work of the Association, worked hard over a long period of time. It is therefore not surprising that they resisted attempts at amalgamation with the SHWCV, reacted with diffidence to the creation of the new Department of Infant Welfare in 1926 and actively campaigned against the new Director's plans in 1928 to create one, central, voluntary baby health organisation and later an Advisory Committee.103
Chapter Three: 1917 - 1926  Save the Babies

The role of professionals and volunteers in the growth of the centres

Baby health centres in Victoria grew from multiple influences both international and domestic. However, the speedy growth of the number of centres from the first in 1917, to approximately 100 in 1927, was also due to the leadership and resolve of particular women, both infant welfare professionals and volunteers.

Professional Mothers

The Melbourne world of the medical and other professional women who worked both voluntarily and professionally in infant welfare - and were sometimes referred to as 'professional middle-class reformers' - was a highly interconnected one. Most had attended the University of Melbourne and their minority representation ensured that if they had not met before, they quickly became acquainted during their tertiary education. Many were members of the Lyceum Club - a women's club providing privacy, meals, informal sources of information and mutual support - and retreated there between work and evening
meetings. They belonged to the Victorian Medical Women's Society and the National Council of Women in Victoria and were generally Protestant. The names of Dr Constance Ellis, Dr Isabella Younger Ross, Dr Kate Campbell, Stella Allen and Dr Vera Scantlebury Brown, who were all associated with infant welfare, crisscross the records of these organisations and underline their opportunities for informal politicking.

Dr Isabella Younger Ross

The contribution of Dr Ross to the founding and development of Baby Health Centres in Victoria, is outlined in Chapter Two.

Dr Vera Scantlebury Brown

Dr Vera Scantlebury graduated from the University of Melbourne's Medical School in early 1914, MB - Bachelor of Medicine and BS - Bachelor of Surgery, one of the top six students of her year. Dr Vera, as she came to be known, became Senior Resident Medical Officer at Melbourne's Children's Hospital, juggling wartime staffing and supply shortages until she sailed to England in early 1917 where she took up a position as Assistant Surgeon at Endell Street Military Hospital in London.

McCalman comments that from the start of the War, the 'respectable classes enlisted in droves, among them...young
medical graduates'. For some women, enlistment was combined with what Woollacott describes as the established cultural ritual of many young middle-class women of travelling to London to experience life at home. Dr Vera's first travel diary was written in an Ryman's Blackleaf book of ruled duplicated leaves - a clever solution to keeping a diary and providing letters home in one writing. As an Assistant Surgeon at Endell Street, she became a member of the Royal Army Medical Corps and wrote that she could hear 'the booming of those awful guns. It must be hell on earth in France'.

Dr Vera Scantlebury Brown, Circa 1928, Source: http://www.women.vic.gov.au

Dr Vera was 27 years old when she left her home in Melbourne to work in London. She wrote dozens of letters home between 1917 and 1919, her letter diaries indicating a close and loving family and an initial strong dose of homesickness, combined with reticence about her surgical skills. Barely two weeks into her role she makes the personally insightful comment that 'never in my whole life have I felt so small and helpless...and insignificant
as I do now since I became a member of the Endell St. staff.

*Very (sic) good for me...* Dr Vera's wartime service took place in a military hospital set up in an old workhouse - St Giles, in Bloomsbury, and was remarkable for being started and staffed entirely by women. From the Chief Surgeon, Dr Louisa Garrett Anderson - the daughter of Dr Elizabeth Garrett Anderson, a pioneer in medical training for women in England - to Assistant Surgeons, pathologists, anaesthetists, orderlies and stretcher bearers, the staff was female, the Sergeant Major being the only exception.

Dr Vera Scantlebury, with her brother Dr Clifford Scantlebury, in London, Circa 1917

Dr Vera also worked at the new Elizabeth Garrett Anderson Hospital for Women where she was allotted Desk Four and had to ring the bell four times for each patient. She saw 'poor little
pale wretched women...a long string of these patients who came from a world difficult to realise... .14

Back home in Melbourne in early 1919, her wartime medical experience did not precipitate a clear career path and the one taken has been interpreted variously. Dr Boyd in the Medical Journal of Australia wrote that her sound training and the richness of her experiences resulted in appointments being thrust upon her after her return from wartime London.15 Many of these appointments were honorary ones and Yule points out that Dr Vera was unable to re-secure a senior position at the Children's Hospital, despite several applications, the Hospital returning to its pre-War policy of hiring male applicants and having a post-War policy of giving preference to former soldiers.16 Reiger has commented that Dr Vera showed no evident interest in maternal and child welfare on return from London, her subsequent career being partly the result of chance.17 Anderson follows this line suggesting her decisions were pragmatic and her early acceptance of work in the infant welfare field primarily for self promotion.18 However, a close reading of her diaries from 1917 to 1919 reveals a strong thread
of desire to return to working with children. Three months after starting at Endell Street, Dr Vera visited the Great Ormond Street Hospital for Sick Children and was shortly after offered a position. She was very tempted to accept and after a long night of booming gunfire, thought that she should 'go back to the children's work which I love...'. Only after a long talk with the second Commanding Officer, Dr Flora Murray and a lot of thought about her duty to the war effort, did she decline the position. She wrote home in September 1918 that any injured children who came into the hospital were sent to her because it was known that she loved children and that 'it seemed like old times to be looking after a little sick girlie again.' At war's end, she worked with one of the Endell Street doctors, Dr Lewin, at a Children's Clinic in London before returning home.

However, in Melbourne in 1919, establishing a private practice was difficult, and pediatrics and women's medicine were difficult to access with the large number of male doctors returning from war service overseas. She took on a number of honorary positions and in November 1919, accepted the role of part-time Medical Officer to the VBHCA at a salary of £150- per annum.
A temporary funding crisis meant that the third Annual Report of the VBHCA in 1921, regretfully reported that they were unable to re-engage Dr Vera but by January 1922 she was Senior Medical Officer for eight VBHCA centres including the Model Centre at South Melbourne. Her salary remained the same until 1925, with the addition of one guinea for each lecture given to nurses in training at the Children's Hospital on Saturday mornings.

Like many female medics in the first twenty-five years of the century, her working life for the next seven years would be a patchwork of part-time paid and honorary positions. This would require constant and undoubtedly tedious committee meetings and report writing and the tiring task of satisfying many taskmasters. However, it would also have sharpened her political and negotiating skills and helped to prepare her for a career in management.

In 1924 Dr Vera travelled overseas to study infant welfare systems and completed her Doctorate in children's medicine. In 1925 she was commissioned by the Victorian government to co-
author a major Report into the health of women and children and in late 1926, was appointed as Director of the new Department of Infant Welfare. The Report had provided a framework and a leader who would nurture the growth of infant welfare services well into the 1950s.

**Sister Muriel Anna Peck**

Sister Muriel Peck was the first choice of the Infant Welfare Society to work with mothers and babies in Victoria's first baby health centres in mid-1917. By late 1918, the newly formed VBHCA knew that the sisters who operated the rapidly growing number of Centres would need guidance and supervision. They needed an experienced Senior Supervising Nurse and neatly poached Sister Muriel Peck from Richmond's Baby Health Centre, supplying her with a desk and telephone at the Paper Scheme office, a salary of £16/13/4 per month and a half-yearly bonus of £10/10/-.

The second of six daughters, Sister Peck came from a pioneering medical family in Gippsland, one of the early doctors being her grandfather, Doctor Floyd Rutherford Peck. Completing her education at Sion Convent, Sale, she undertook nursing training at
the Royal Children's Hospital, certificates in Infant Welfare, School Nursing and Public Health Visiting and obtained a licence as a Sanitary Inspector. Her life's work and passion became the health of mothers and babies, demonstrated in the number of pivotal positions she held as well as the dedication she generously displayed.

A summary of her career reads like a framework for the growth and development of infant welfare in Victoria in the first half of the century. Chapter Two described her work as a visiting sister with the Lady Talbot Milk Institute, and her pioneering role with the Richmond Baby Health Centre, as Senior Supervising Sister and Matron of the VBHCA Training School. Chapter Four looks at her propaganda work, particularly that on the Better Farming Train. Today we would say that Muriel Peck was flexible and multi-skilled and she was always the choice for any new venture in the infant welfare movement, Dr Vera appointing her as Assistant Director of Infant Welfare in early 1927. She was also god-mother to Dr Vera's second child, Catherine Muriel, in 1931. The VBHCA records show that throughout the 1920s,
Sister Peck travelled constantly and exhaustingly, speaking to public meetings, at meetings of council, at Centre openings and to groups of school girls both at schools and on the Better Farming Train. Her nighttime lectures on the train were illustrated with lantern slides and attracted large crowds.

*Woman's World*, priced 1/-, which claimed to be the leading Australian monthly for women in the home, published an article each month by Sister Peck throughout 1924 including *Breastfeeding* in April, *Clothing the Youngest Set* in July and *The Bath is the Cradle of Cleanliness* in September. Portions from her 1929 book *Your Baby: A Practical Guide to Mothers and Nurses* were re-published in the magazine, *Woman's World* Publications being the publisher of her book. Her 1935 book *Preparing For Motherhood* continued to advise in her encouraging and gentle tone and includes a photograph of the Baby Safe Cot and Play Pen, which Sister Peck designed in 1926 to protect babies from flies, insects, animals and even brothers and sisters.
Halves a Mother's Worries

THE BABY-SAFE COT

Will keep him safe from
— any possible harm —

The mother who possesses one can put her
baby to sleep knowing that he can come
to no possible harm.

Flies or mosquitoes cannot worry him.
He cannot fall out or injure himself by
getting his head or limbs through bars, and,
when he wakes, he can play happily, for
there is plenty of room for a child of two
years to stand upright in. There is a rail
running round to help the toddler.

A COT and PLAYGROUND COMBINED

If your Agent does not stock them, Write
to "Woman's World," 107 Elizabeth St.


Sister Peck was the first Assistant Director of Infant Welfare
and worked with Dr Vera from early 1927 until the early 1940s.

She:

- continued her educational work on the Better Farming
  Train until 1936
• acted as an Inspector, advising Councils and local committees on buildings and equipment
• formalised the Infant Welfare and Antenatal Correspondence Schemes for isolated rural mothers
• was State Examiner for baby health centre sisters and mothercraft nurses and
• organised the Health Departments mobile circuits for outback mothers.39

Muriel Peck made a very significant contribution to the growth of the infant welfare movement in Victoria and to maternal education in particular. However, the personal cost was also significant. Her record of work and achievement shows that she had a level of autonomy unusual for single working women at the time. However, the flexibility her VBHCA role required did not sit well with her middle-class and often authoritarian committee of employers and there were battles over the allocation of her time and efforts.40 Her own dedication to her work resulted in periods of exhaustion and illness and in the long run, led to an early ill-health retirement from her position in the Health Department.41
Professional volunteers

As was observed in Chapter One, voluntary work produced a valuable dynamic for the infant welfare movement. I have called this section *professional volunteers* because many of the women gave voluntarily of so much of their time that the work had literally become their *profession* and also because many had been educated in a profession. Centres were most often established by negotiation between women volunteers on local committees and municipal councils supported by the voluntary committee of the VBHCA. Donald's Infant Welfare Centre which opened in February 1928, and Colac's Baby Health Centre, opened June 1925, provide good illustrations of the process.42

In Melbourne's industrial and residential suburbs, lobbying for a centre was commonly initiated by middle-class women who were burdened by neither housework nor the need to earn a living, and who felt their strong sense of social responsibility should be put to good works.43 They were educated, articulate and well-connected through family, marriage and church. They knew how to run a meeting, elect an executive and draw up a constitution - skills that some had already honed, in earlier work for the
Playgrounds Association of Victoria and the Free Kindergarten Union. And they knew exactly where to send their letters for maximum effect.

The motivation of the women who voluntarily undertook the work of the VBHCA's executive, could simply have lain in their desire to save babies. However, the subsequent internecine warfare between the VBHCA and the SHWCV discussed in Chapter Four, demonstrated that some, at least, were also motivated by a desire for some measure of power and status - in a direct rather than derivative way. Reading the minutes of the VBHCA executive over a lengthy time period indicates regular attendees at committee meetings and suggests a liking for the camaraderie and rituals of attending, both of which encouraged the development of loyalty to the Association and to friends. It is difficult to locate information about voluntary workers - even their own given names are often hidden, but two loyal supporters were:

Mrs C O White

Mrs C O (Margaret) White - dubbed Cod-liver Oil - was Honorary Secretary of the VBHCA throughout the 1920s and into the
1930s. Crockett describes her as a fiery advocate for the
Association and it has been suggested that Sir George Cuscuden,
President between 1923 and 1933, was not a little intimidated by
her. She was Honorary Secretary in a demanding period of
rapid growth for the Association and staunch in the VBHCA’s
defence when she felt their autonomy was threatened. She
travelled constantly around Melbourne and throughout the state,
opening centres and laying foundation stones, speaking to public
and council meetings and at the Annual General Meetings of
Centres. Past infant welfare trainees instituted the Margaret
White Library in 1934, she donated an annual prize for the best
trainee and after her death in 1958, the Margaret Eleanor White
Trust continued this practice with a £25- prize.

Mrs J W Dodds

Mrs J W (Lucy) Dodds took on a different kind of responsibility.
Lucy was President of the Infant Welfare Society in 1917,
attended the formation meeting of the VBHCA in May 1918 and
rarely missed a meeting into the early 1940s. She took on
responsibility for the newspaper depot described in Chapter Two,
Crockett commenting that she 'was often to be found tying and
weighing newspapers at the depot'. Between 1928 and 1934, the
monthly minutes record her great concern about the decline in
the availability of papers and receipts fell to a low of £10 a
month in 1934. However, the depot and Lucy raised thousands of
pounds for the Association until the outbreak of World War II
and combined with Trust fund and private donations, to finance
the VBHCA's growth.

Voluntary work in a man's world
The women from both voluntary agencies created their own
sphere of influence, their own area of professional expertise. If
that was not their initial intention, it was certainly a by-product
they were keen to protect. They were operating in an area
dominated by a medical profession which was predominantly male
and sometimes hostile. Between 1922 and 1924 the VBHCA
Executive considered several complaints from doctors who
believed the sisters were *treating* babies at the centres and
objected to the remedies and prescriptions, however simple, they
thought were being suggested.51 They also objected to the
presence of a VBHCA medical officer in baby health centres at
Camberwell, Oakleigh and Canterbury and the VBHCA was forced
to withdraw them.52 Placating the medical profession was an
ongoing necessity and in October of 1926 the centres were
issued with a poster stating 'This Centre is to keep your Baby well; if it is sick, take it at once to see a doctor, do not bring Baby here'.

They needed money from Municipal Councils and State government departments where men held all the positions with the power to make financial decisions. The state government subsidy was sometimes months in arrears and in late 1923, was used as a bargaining tool in a dispute, the government suspending payment and approval for new centres for several months. The combination of the women's social position, skills and what today we call networks, made them very effective in overcoming these types of problems in their role as voluntary administrators.
Chapter Four: 1917 - 1926  Save the babies

The voluntary associations: competition and acrimony

The VBHCA were the first in their field in Victoria. They clearly felt that their home-grown primacy earned them the moral high ground - the right to hold tightly to both their past achievements and the future of baby health centres in Victoria. They had established centres that were free of charge, available to all and non-sectarian. This accessibility was in marked contrast to other aspects of medical expertise and advice. 'Doctors, nurses and hospitals were a last resort...aspros, castor oil and bile beans were common...'. By 1920 however, a second infant welfare organization, which the VBHCA saw as a rival, had set up in Victoria. The Society for the Health of Women and Children of Victoria - Plunket System (SHWCV) was inspired by New Zealand's Royal Society for the Health of Women and Children in New Zealand, an organisation of international repute and their enthusiasm contributed to a competitive atmosphere in establishing centres. The infant welfare movement in Victoria was about to become intensely sectarian.
The arrival of the Society for the Health of the Women & Children of Victoria

The Society had royal patronage, the international reputation of its founder Dr Frederick Truby King and a renowned history in New Zealand going back to 1907 which claimed responsibility for the world’s lowest infant mortality rate.\textsuperscript{2}

Sir Frederic Truby King, Source: unrecorded

The Society was already established in NSW and incorporated in an Act of Parliament as the Royal Society for the Welfare of Mothers and Babies.\textsuperscript{3} The Society had found favour with some in Victoria because of the evidence of New Zealand’s low infant mortality rate and with some doctors because of the reputation of Dr King and the Plunket system in child health in the Imperial world. Bryder observes that King’s invitation to England in 1918 to help with the Babies of the Empire campaign meant that ‘Thus
Plunket was sanctioned from the heart of the Empire." Mein Smith notes the Society's claim that the royal Princesses Elizabeth and Margaret were said to be brought up according Truby King principles. Self-promotion was never lacking and the Society did not hesitate to proclaim in its first Annual Report '...that the results achieved by carrying out his [King's] Plunkett System were so completely satisfactory and so superior to all other systems, that it was decided to adopt it for Victoria.'

Dr Truby King and the Plunket system

Dr Frederick Truby King, a New Zealand psychiatrist, had been asked by his wife, Bella, to develop a milk product which more closely mimicked human milk, for their adopted daughter Mary. The regimen for measuring Mary's weight and growth milestones and the attendant changes to the formula for fat, protein and sugar levels in cow's milk, formed the basis for King's theories of baby rearing and later the training of Plunket nurses. The Society was formed at a public meeting in the Dunedin Town Hall in May 1907 with Lady Victoria Plunket, the mother of eight children and wife of New Zealand's Governor General, as patron. In 1908, training for infant welfare sisters began and they were required to have both general and midwifery training to gain
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In 1908, training for infant welfare sisters began and they were required to have both general and midwifery training to gain
entry. By 1916, Truby King's booklets *The Expectant Mother* and *Baby's First Month* were given out with marriage licenses in New Zealand.\(^8\)

King was a public relations genius! He was an indefatigable writer of letters to newspapers wherever he happened to be, and the press loved his fiery speeches and unwavering certainty. The Royal Society had a logo - 'To Help The Mothers And Save The Babies', as well as a motto - 'It is wiser to put up a fence at the top of a precipice than to maintain an ambulance at the bottom' which headed King's weekly newspaper column, *Hygeia*, (goddess of health).\(^9\) Brand image - as we know it now - was everywhere. The Society's title was always followed by the sub-heading - *Plunket System* and sisters were unfailingly labeled *Plunket Nurse name*. The system 'utilizes only Plunket nurses, specially trained under specially qualified competent Plunket Matrons, in Plunket Institutions'.\(^10\) Mothercraft nurses in New Zealand were known as Karitane Nurses but with their alacrity for multiple brand names, mothercraft graduates from Tweedle Baby Hospital in Footscray later became known as Primrose Baby Nurses.\(^11\) The centres were frequently called Truby King Baby Health Centre

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and mothers urged to raise 'Truby King Babies' who were said to be the model modern baby.12

1942 Coburg Baby Health Centre Book for Clive King, loaned to the author.

King was New Zealand's first Director of Child Welfare and his books and pamphlets were issued under the auspices of both The Royal Society and the government. An example is Feeding and Care of Baby which was first published in 1913 and reprinted annually until 1929, the inside front cover assuring mothers that 'Dr Truby King's methods are used by The Mothercraft Training Society (Babies of the Empire) in Highgate London'.13 His publications were readily on hand when his followers began their
foray into infant welfare in Australia. King visited Australia seven times between 1919 and 1931, and inspired both devotion and hostility with each trip.

**Objectives of the SHWCV**

The Society was formalized in Victoria in 1920, with Dr King as Honorary Consultant and its objectives were:

1. 'To educate potential mothers and mothers in the essential work of mothercraft.
2. To promote the natural feeding of infants.
3. To see that the baby, where the natural supply has failed, is put on to a food approximating as nearly as possible to human milk.
4. To disseminate knowledge with respect to maternity matters.
5. To place fully qualified Plunket nurses in charge in given districts, in order that those requiring attention may receive it.'

Their objectives are in essence the same as those of the VBHCA, but the Society gave great weight and indeed its third objective to the question of humanised milk, Dr King's particular area of expertise and a source of disagreement with the VBHCA. The Society is also clear in its specification of a 'fully qualified Plunket nurse' and confident in the existence of such
qualifications, whereas the VBHCA required only a 'trained' sister, Victoria not having an infant welfare training facility in 1918. These differences however, seemed to have no effect on the demand for their services and the advice of the sisters in both the Association and the Society centres was sought by many mothers. In its second year, the Society's first centre in Coburg had over 4000 visits and Plunkett Nurse Kirkland saw almost a thousand babies. Centres opened in Preston and Footscray in 1921, Williamstown in 1922, Yarraville in 1923 and in 1925, Braybrook and Swan Hill.

**Acrimony between the voluntary associations**

As early as 1919, Malvern Council noted that 'A somewhat sharply worded correspondence was taking place in the newspapers concerning the relative merits of the two agencies in the art of baby life-saving...'. The VBHCA's first Annual Report in 1919 formally thanks the Royal Society for the Health of Women and Children in New Zealand, to whom they felt much indebted. But Crockett notes that the VBHCA and the SHWCV were quickly at loggerheads, their differences often appearing in the daily press. The debate was ostensibly over theories of baby management and feeding, but soon grew into a territorial battle.
which expanded throughout the 1920s to include opposition to perceived government interference. The Society’s Annual Reports were provocative to the extent that they:

- claimed the Plunkett system to be '...completely satisfactory and so superior to all other systems...'
- drew comparisons between the societies claiming that where Plunkett was in place '...there was a decline in the infantile death rate, whereas, in other places, and under other systems, the number of infantile deaths either remained stationary or is, with one two or three exceptions, on the increase.' and
- claimed complete responsibility for reducing infant mortality, as in Coburg’s reduction in 1920-21.

Truby King’s lengthy letters to the editor appeared frequently and include one in The Argus of early 1923 with a typically forthright comment on the VBHCA’s President Dr Kent Hughes who, King claimed, demonstrated ‘greater parochialism and narrowness of the worst taste.’ SHWCV President Dr J W Springthorpe wrote frequently to the press and in early 1924 wrote to Dr Vera, the VBHCA’s Medical Officer at the time, of the Society’s dispute with the VBHCA and '...that it is perpetuated beyond justification by a few irreconcilables - of
whom you are not one.'\textsuperscript{28} In Doctors Main and Scantlebury's Report to the Minister in 1926 they concluded that 'it is highly regrettable that public dissension has materially retarded the progress of child welfare in Victoria...and personal acrimony has entered into a sphere from which it should be removed'.\textsuperscript{29}

The propaganda battle

An important effect of the conflict and competition between the associations on the growth of baby health centres was that it intensified their efforts at propaganda - or what we now call advertising and promotion. Both associations grasped every opportunity for what they called 'propaganda' work. The VBHCA's precursor, the Infant Welfare Society first publicised their work at Baby Week, held in April 1918 in the Melbourne Town Hall and the Athenaeum.\textsuperscript{30} Organised by the Australian Women's National League, admission was a shilling or 6d for mothers with a babe-in-arms, and included demonstrations from the Lady Talbot Milk Institute and the Willsmere Dairy on milk hygiene. The National Council of Women provided two lantern slide lectures on babies, one being \textit{No 1 Enemy - The Fly!} \textsuperscript{31} From 1919 the SHWCV had an annual exhibition and rest-room for mothers at the Royal Melbourne Agricultural Show with

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demonstrations of how to keep milk cool in summer, how to put an infant to rest and the correct way to dress a baby. Free patterns for simple hygienic clothing were available and the Societies pamphlets - The Mother's Duty to Her Baby, Milk and the Baby, Errors in Maternity and The Plunkett System and What It Stands For, all prominently displayed.

During Health Week, a VBHCA exhibition regularly appeared in the front windows of Buckley and Nunn's department store, where Sister Peck demonstrated baby care. The SHWCV mounted their window display including a cot showing how to place a baby for sleep, at the Melbourne Sports Depot. From 1924, Matron Moreland broadcast the work of the Society through Radio 3AR during Health Week. Both associations participated in the Annual Wattle Day Appeal for Children's Charities, celebrated on September 1st each year, with stands selling buttons and sprigs of wattle for buttonholes. The SHWCV reaped £60- from its 1923 efforts.

Perhaps the most important propaganda 'win' was the building of SHWCV's training school in Footscray in 1924. The Tweddle
Baby Hospital and School of Infant Welfare and Mothercraft, was built in the same architectural style as Truby King's Karitane Hospital for Babies, in Dunedin. It was financed by the Footscray Municipal Council and successful wool merchant and prominent Methodist Joseph Tweddel, the Nurse's Quarters being financed shortly after by T M Burke. This lead to their not entirely accurate claim to have opened the first Victorian training school for infant welfare sisters. After a delay caused by the influenza epidemic, the VBHCA had established their training school with Sister Peck as Matron in 1919 in temporary rooms at the South Melbourne Town Hall. A practical component of six weeks was conducted at Melbourne's Foundling Hospital, where the Association's President, Dr A J Wood had been the Medical Officer for sixteen years.

Influence of Plunket sisters

The VBHCA's dedicated training school did not open until 1928 and by then the Plunket system had more graduates and more influence than the number of Plunket centres indicated. This was the result of:

- firstly, New Zealand's early start, in 1908, in providing specific infant welfare training for sisters. From 1914, only sisters
already qualified in general nursing and midwifery were eligible for the training and by the 1920s, their reputation was well established. Their repute continued to grow and in the late 1940’s Sister Shirley Dawson travelled to Dunedin for her infant welfare training because ‘I’d heard that they were ahead in the provision of infant welfare and there was quite a long waiting list at Tweedle on Footscray...’. Backed by Dr King’s reputation, Plunket training was recognised internationally - another attraction to sisters seeking training.

- secondly, the possibility of training in New Zealand, at the Karitane Hospital for Babies in Dunedin and also, after 1921, at the Tresillian Infant Welfare Training School in Sydney. Sister Primrose was Plunket trained in New Zealand and the supporters of the first Society centre in Victoria wanted Plunket trained sisters. In 1919, a supporter of Truby King paid for two Melbourne nurses to go to New Zealand for training, one of them being Sister Kirkland who took charge of the new centre as Coburg - Victoria’s first Truby King Centre. The Society’s first Matron was Matron Moreland, a New Zealander who had been Matron for Dr King and could have encouraged training in New Zealand also.
- thirdly, Dr Vera Scantlebury, the VBHCA's first part-time Medical Officer, was asked to develop a curriculum for their trainees late in 1919. Just returned from war-time army service as an Assistant Surgeon in England, Dr Vera - as she would be known for the next twenty seven years - used the structure of King's text *Feeding & Care of the Baby* for planning, adapting to Australian conditions as necessary.48

**Amalgamation attempts**

Throughout the 1920s, the Committee meeting minutes of the VBHCA and the Annual Reports of both Associations are littered with references to their proposed amalgamation attempts. As early as June 1919, the VBHCA discussed the likelihood of wasteful overlapping and suggested there should be only one movement.49 In their first Annual Report in 1921, the SHWCV was sure that their system should be adopted for Victoria.50 Both appeared to believe that amalgamation would mean some loss of face and neither wanted the loss to be theirs.

Although the office bearers were voluntary and honorary, the records of their longevity in the positions and service suggest that they valued their positions. Meeting minutes and Annual
Reports indicate that the medical men who presided or consulted, were treated with respect and deference, or in Truby King’s case reverence, and provided with an additional power base. They were not, however, as averse to amalgamation as the women who were Vice-Presidents, Honorary Secretaries, Treasurers and committee members. For these women, some status was attached to the privileges of office. There was the opportunity to wield power, albeit within a small sphere, to demonstrate expertise, and to travel around Melbourne and the state on infant welfare business. Some attended overseas conferences on behalf their Association and gained extra kudos by reporting back.

Early in 1923, the State Treasurer Sir William McPherson and the Governor’s wife, the Countess of Stradbroke called a meeting at Government House to attempt to bring the two associations together. Broad plans were laid down and an agreement signed, but the VBHCA committee was worried about the conditions and felt it had been hijacked in attending the meeting. At a Special meeting of the Executive they declined to proceed with the conditions set out, at the cost of losing their
President Dr Kent Hughes, who was in agreement with amalgamation and consequently resigned. Trying another tack, the State Treasurer approached municipal councils with a second proposal, but councils had been well-primed by the VBHCA and that too was rejected. Despite a period where the government withheld subsidies in an effort to force a result, the amalgamation issue remained unresolved throughout the twenties.
Chapter Five: 1917 - 1926 Save the Babies

The Better Farming Train - spreading the word in rural areas

Widespread propaganda from both the VBHCA and the SHWCV, described in Chapter 4, was an important influence in the growth of baby health centres in urban areas. However, in the early 1920s and despite unprecedented urbanisation in Australia, almost 50 per cent of the population still lived in rural areas outside Greater Melbourne. The VBHCA's 3rd Annual Report expressed concern about the large number of letters received at the Model Centre in South Melbourne, from mothers in the country seeking advice. There was a demonstrated need for baby health centres to start up in country areas.

Growth in the country encouraged by women's groups

Between 1917 and 1924, Baby Health Centres had begun in:

<table>
<thead>
<tr>
<th>Location</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geelong</td>
<td>1917</td>
</tr>
<tr>
<td>Ballarat</td>
<td>1922</td>
</tr>
<tr>
<td>Bendigo</td>
<td>1922</td>
</tr>
<tr>
<td>Dandenong</td>
<td>1922</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>1922</td>
</tr>
<tr>
<td>Ararat/Stawell</td>
<td>1923</td>
</tr>
<tr>
<td>Camperdown/Terang</td>
<td>1924</td>
</tr>
</tbody>
</table>
Women in many other country towns, were also lobbying their local council, often with the support of the local branch of the CWA. The VBHCA frequently lent its weight to groups organising a public meeting to explore the need for a centre. The winter of 1923 is a good example of this with the VBHCA sending Sister Peck to address public meetings - usually attended by municipal councillors and chaired by the local mayor - in Maryborough, Ararat, Stawell, Terang, Colac and Maffra. Colac took another eighteen months to start their centre after another meeting in the Shire Hall, convened by the President of the Colac Shire was addressed by Mrs White, Honorary Secretary of the VBHCA. She explained the aims and objectives of baby health centres and the duties of the sister in charge and took the opportunity to outline the support the VBHCA could provide.

**Growth in the country encouraged by the Better Farming Train**

Another opportunity to expand the infant welfare movement into rural Victoria, was for the Association to join the Better Farming Train. The train travelled country lines, providing displays, demonstrations, consultations and advice to farmers and their families and Dr Kent Hughes - VBHCA President - approached
the Victorian railways to suggest the inclusion of an infant welfare carriage on their 'Instructional Train'.⁶ The 700 foot long, bright orange steam train was a combined effort of the Railway, Agricultural, Education and Public Health Departments.

"See the BETTER FARMING TRAIN"

A WONDERFUL EXHIBITION ACCOMPANIED BY EXPERTS TO HELP THE FARMER, AND LADY DEMONSTRATORS IN HOUSEHOLD AFFAIRS TO ASSIST THE FARMER'S WIFE.

INCREASED PRODUCTION. REDUCED COSTS. FARM EFFICIENCY. IMPROVED STOCK.

Each carriage was devoted to a particular agricultural topic—pigs, poultry, tobacco, honey and eggs for example, as well as domestic arts and after 1924, mothercraft displays.7

The VBHCA appointed versatile Sister Peck to lecture and give consultations to mothers and expectant mothers on the train. She was also to do propaganda work generally, between train trips. Sister Purcell took over the South Melbourne training school.8 On the train's first tour to Gippsland, mothercraft shared a car with domestic arts and was more successful than even the effusive VBHCA, who were meeting the costs, expected.9 An entire carriage was quickly allocated including accommodation for Sister Peck and she reported to the Annual General Meeting of the Malvern BHC that it 'is like a big school on wheels'.10

By June 1926 Sister Peck had been on eleven tours, visiting eighty nine country towns and with the assistance of the Women's section of the Victorian Farmer's Union, almost 12 500 women had attended the demonstrations and the lantern slide lectures.11 The train provided welcome advice but it was also a rare chance for a day out. 'So eager was one woman in Gippsland
to view the train that she rose at 3.30am in order to milk the
cows and get the children ready. She then drove over thirty
miles to visit the Better Farming Train'. Sister Peck’s lectures
were so popular that the mothercraft carriage was sometimes
attached to normal country train services, for visits to the
country between Better Farming tours.

![Image of inside train carriage with people]

*Sister Muriel Peck, the VBHCA’s propaganda sister and from 1927, Assistant Director of the Department of Infant Welfare, displaying a layette at a lecture in the Mothercraft car of the Better Farming Train, circa 1926. Source: www.nre.vic.gov.au/virtual exhibition*

Of course the visits of the Better Farming Train also excited
interest in the resources a local baby health centre could offer. The train was like a mobile advertisement for the VBHCA, who
often became the first point of contact for interested country mothers and their councils. The train visited Koroi in early March 1928 and a meeting convened by the Mayoress in July, discussed the Borough Council’s inability to finance a shared centre with Port Fairy. The women decided to finance a centre themselves hoping to get 50 ladies to guarantee £1 each.  

Sister Peck was not always successful however, the Wangaratta Despatch reporting that the Shire Council had voted against funding a baby health centre, Councillor Dunne opposing the expenditure ‘when roads in the shire are in such a shocking state’.  

In its first three years, the infant welfare section of the Better Farming Train had approximately 23,000 visitors. Sister Peck gave over four hundred lectures as well as lantern slide lectures to the general public in the evening. She also managed to give individual consultations to hundreds of mothers during the day and averaged thirty lectures a year to schoolchildren. The Better Farming Train made 38 tours between 1924 and 1935, when its cessation during the depression was noted as a serious
loss to women in the country in the Annual Report of the Director of Infant Welfare.
Chapter Six: 1917 - 1926 Save the Babies

The beginning of the Department of Infant Welfare

By the mid-1920s, baby health centres had spread across Melbourne and opened in some large Victorian country towns.

Chapters One to Five have outlined how their growth had been assisted by the development of the international infant welfare movement, the work of the voluntary baby health associations and infant welfare propaganda spread in a variety of ways including the Better Farming Train and the Newspaper Appeal.

The role of the state government to that stage has been outlined in Chapters, Two, Four and Five and had primarily been that of:

- providing an annual subsidy of up to £125 per full-time sister to centres, primarily for sister's salaries,
- making various unsuccessful attempts to get the voluntary associations - the VBHCA and the SHWCV to amalgamate and
- in supporting ventures like the Better Farming Train.

However by the mid-twenties there were dozens of centres - nearly all allied to one or other central association - involving many municipal councils. Standards for the regulation of baby health centres and the sister's training and qualifications had not
yet been developed and overall planning of state and local financing not yet co-ordinated.

**State Government commissions an Inquiry into Infant Welfare**

In 1925, the Minister for Health Dr Stanley Argyle, asked Dr Henrietta Alexandrina Clark Main, a London doctor trained at St Mary's Hospital Medical School in London, and Dr Vera Scantlebury, the VBHCA's Senior Medical Officer to conduct an inquiry into the welfare of women and children in both Victoria and New Zealand. They were to look at the operation of infant welfare societies, with particular emphasis on lowering Victoria's infant mortality rate. Their travels resulted in the 1926 *Report on the Welfare of Women and Children in New Zealand and Victoria*.

The trip was Dr Vera's second visit to New Zealand. She had taken leave from her VBHCA role and other positions in 1924, to research the provision of infant welfare in New Zealand, Canada and America - the same year that she completed her Doctorate in Medicine, specialising in child health. Dr Vera had met Dr Truby King at a conference in Melbourne in 1919, likening him to Billy Hughes and noting his idealistic strain. In her 1924 diary

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letters, she took detailed notes of the operation and funding of the Plunket system in Auckland. Their layette patterns, their leaflets on diet and on 'humanising' milk and making whey were noted, as were their birth registration processes. Dr Vera made particular note that King’s Karilac Emulsion could be exported to Fiji without spoiling in the heat and wrote that on arrival at the Plunket building in Auckland 'we rang a little bell over which was written the word "EMULSION"...'  

1926 Report on the Welfare of Women and Children in New Zealand and Victoria

In the latter part of 1925, Dr Main and Dr Scantlebury traveled to New Zealand and in February and March of 1926 inspected Baby Health Centres throughout Victoria. Their Report to the Minister in mid-1926 was said to have 'been carried out with marked ability, and...[showed] a very comprehensive view of the whole problem'. Its major recommendations encompassed:

- Recognition for the educative nature of infant welfare work and acceptance of government responsibility at all levels
- Maternal Welfare measures including the encouragement and provision of ante-natal services, improved training in the management of breastfeeding for hospital staff and the establishment of mothercraft homes for mothers and babies
- A safer supply of milk, ensuring a standard of less than
10 000 bacteria per cubic centimetre and a recommendation of boiling in preference to pasteurisation in the interests of simplicity

- Commendations for the work of the Plunket Society in New Zealand, and the voluntary associations and municipal councils in Victoria
- The appointment of a medical director of child welfare within the Health Department to take responsibility for the general organisation of baby health centres and the supervision of all sisters as well as an Assistant Director with special nursing qualifications
- State examination of a standard curriculum for health centre sisters, a pass in which would eventually become compulsory
- A second residential mothercraft training school be established in the vicinity of the Women’s Hospital and the University of Melbourne to provide:
  * training for baby health centre sisters
  * refresher courses for experienced baby health centre sisters
  * courses for midwives in the management of breastfeeding and infant dietetics
  * training for medical students
- Compulsory notification of births within three days, registrars to supply baby health centres with lists, preferably daily
- A standard statistics format to be developed for monthly reporting to the Health Department by each Centre
- Doctors Main and Scantlebury admired the uniformity of New Zealand’s system and censured the lack of co-operation
between the two major infant welfare associations, the VBHCA and the SHWCIV. They believed the Associations very public criticisms of each other, to be generally harmful to the growth and repute of the movement. This was not well received by the VBHCA, the President Sir George Cuscen objecting to the comments and the suggestion that infant welfare was being retarded by bickering between the associations.\textsuperscript{11}

**Establishment of the new Department of Infant Welfare**

The government accepted the Report, creating a new Department of Infant Welfare within the Victorian Public Health Department, and appointing Dr Vera Scantlebury Brown as its first Director, in October 1926, at a salary of £450- per annum.\textsuperscript{12} Despite the breadth of the position, she was appointed part-time. Dr Vera had recently married and government policy was that married women could not be employed full-time in the public service.\textsuperscript{13} Whilst this may have been a clever solution to appointing the best person for the job, it also meant that she was underpaid, receiving much less than half the rate paid for another new appointment that year - Director of Tuberculosis Work, who was able to also undertake private consulting work.\textsuperscript{14} And it is abundantly clear from a thorough reading of her diaries, that her work and
sometimes people, went home with her every day. In October 1928, ten weeks after the birth of her first child, Edward, she writes from home that she is working on posters including one called *Kill that Fly* and on the first Saturday morning lecture she will give to baby health centre sisters and concludes that 'I am as usual torn in all directions.'

Dr Vera was 37 years old when she accepted the position she would hold for twenty years, and may have been the first woman to head a government department in Victoria. The combination of government acceptance of responsibility for infant welfare and a Director with breadth of vision, supplied the framework for continued growth of Victoria's baby health centres.
Chapter Seven 1926 - 1950

1926 to 1939 The Department, the Great Depression and Rural Expansion

Early days of the Department of Infant Welfare

In October 1926, Dr Vera Scantlebury Brown became the first Director of Infant Welfare in Victoria. She knew that she would preside over a robust but divided assemblage of voluntary associations and baby health centres, growing rapidly in suburban Melbourne and country towns around Victoria. Dr Vera's responsibilities as Director were based on the Report to the Minister of Public Health on the Welfare of Women and Children, which she and Dr Main had written and presented in mid-1926.

The Report recommended that the Department of Public Health become the authoritative body for funding, co-ordinating and planning the work of the centres and the uniform training of centre sisters. The authors of the Report also deplored the way the different voluntary organisations made controversial and public criticisms of each other and thus flagged the power struggle with which the new Director would have to contend.

With a part-time typist - and by June 1927 Sister Peck as her
Assistant Director - Dr Vera set about implementing the recommendations of the report. Dr Kate Campbell took over Dr Vera's role of Medical Officer to the VBHCA.5

Compiling a comprehensive list of the rapidly growing number of baby health centres is not easy now, and was doubtless difficult in 1926 too, when Dr Vera began her work. The SHWCV's 1925-1926 Annual Report lists nine centres:

- Braybrook with sub-centres at Maidstone and Maribynong
- Coburg
- Footscray
- Preston
- Williamstown
- Yarraville and a country centre at
- Swanhill.

Newport was added in late 1926, a sub-centre of Footscray - West Footscray opened in the local Progress Hall in May 1927 and by June Dr Vera had made official visits, as the new Director, to five of the centres.5

The VBHCA's handwritten list in the Central Council's Minute Book of July 1926 records 25 city centres with 18 sub-centres and 14 country centres with 5 sub-centres - 62 centres in all.
Suburban centres
Box Hill
Brighton
Brunswick
Camberwell Sub-centres: Canterbury
Burwood
Balwyn
Surrey Hills
South Camberwell

Camberwell Baby Health Centre, Circa 1927, Source: Camberwell & Canterbury
Views Collection, State Library of Victoria

Carrum
Caulfield Sub-centre: Carnegie
City of Melbourne
Carlton Sub-centres: North Melbourne
Flemington

109
<table>
<thead>
<tr>
<th>Location</th>
<th>Sub-centre</th>
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<tbody>
<tr>
<td>Collingwood</td>
<td>Belgrave</td>
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<tr>
<td>Essendon</td>
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<tr>
<td>Ferntree Gully</td>
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<td>Fitzroy</td>
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<td>Hawthorn</td>
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<td>Heidelberg</td>
<td>Sub-centres:</td>
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<td>Ivanhoe</td>
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<td></td>
<td>Fairfield</td>
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<td>Kew</td>
<td>Sub-centre:</td>
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<tr>
<td></td>
<td>East Kew</td>
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<tr>
<td>Mulgrave at Clayton</td>
<td>Sub-centre:</td>
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<tr>
<td>North Carlton</td>
<td>Glen Waverly</td>
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<tr>
<td>Northcote</td>
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<td>Oakleigh</td>
<td></td>
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<tr>
<td>Port Melbourne</td>
<td>Sub-centres:</td>
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<tr>
<td>Richmond</td>
<td>Burnley</td>
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<td></td>
<td>Swan Street</td>
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<td>Sandringham</td>
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<td>St. Kilda</td>
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<td>Sth Melbourne</td>
<td>Sub-centres:</td>
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<td></td>
<td>Albert Park</td>
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<td></td>
<td>Middle Park</td>
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<td>Long Gully</td>
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<td></td>
<td>Geelong West</td>
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<tr>
<td>Camperdown</td>
<td>Sub-centre:</td>
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<tr>
<td></td>
<td>Terang</td>
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<tr>
<td>Maryborough</td>
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</tbody>
</table>
One of the most pleasing visits during the tour was the inspection of the Baby Health Centre at Redcliffs, where members of the Rev party contributed £42 towards this splendid work. This photograph shows the Ladies' Committee, which received the money.

Staff from the Better Farming Train contributed £42 to the Baby Health Centre whilst visiting Redcliff in 1926, Source: National Library of Australia picture - an24733384v

Redcliffs Sub-centre: Merbein
Shepparton
Stawell
Warrnambool
However, a month later, the VBHCA Executive Council minutes of the August 1926 meeting notes that 72 centres - 25 being in the country - were operating. The Director’s first report of a full year of operation, 1927-28, recorded that there were 99 centres - full-time, part-time and sub-centres - provided by 56 local councils. 62 centres were open in metropolitan Melbourne and 37 in the country.\textsuperscript{7} Prahran Baby Health Centre was independent of either association and there may have been several such centres.\textsuperscript{8} Bush Nursing Hospitals also set up baby health centres - Sister Pollock at the Korumburra Hospital and Matron Kerville at the Pakenham Bush Nursing Hospital for example - the Pakenham centre being held in the 'homely venue of the nurses' sitting room'.\textsuperscript{9}

\textbf{Effects of the Great Depression on the growth and services of Infant Welfare}

The depression economy and resultant government policy had an impact on both the provision of services and the growth of centres, throughout the 1930s. Between 1928 and 1931, 35 more centres opened, but in her 1930-31 Annual Report the Director noted that 'Owing to financial stringency, the extension of the work was much curtailed, in spite of many applications...'.\textsuperscript{10} A
brief Annual Report in June 1932, when unemployment peaked at 30 per cent, recorded the opening of seven new centres in country areas and Dr Vera's assertion that 'much needs to be done. The infant mortality rate is still behind the lowest in the world...'. Fearing another subsidy cut, the Director concluded her 1932-33 Annual Report with a plea: 'It is hoped that the activities described herein and their progress, so rapid for the short life of the movement in this state, also the accomplishment as facts in less than five years of the great majority of the Recommendations of the 1926 Report, will sufficiently illustrate the basic fact that adequate support of this Infant Welfare Movement, with the resulting saving of life and the safeguarding of the physical and mental health of our children, is the greatest economy of all'.

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The Director's Annual report for 1936-37 compared the figures for attendances and home visits since the first year of the movement:

<table>
<thead>
<tr>
<th>Year</th>
<th>Individual Babies Attending</th>
<th>Total Attendance of Babies</th>
<th>Home Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1917-18</td>
<td>913</td>
<td>4 116</td>
<td>1 407</td>
</tr>
<tr>
<td>1926-27</td>
<td>25 735</td>
<td>192 142</td>
<td>62 535</td>
</tr>
<tr>
<td>1930-31</td>
<td>32 320</td>
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<td>73 347</td>
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<td>1931-32</td>
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<td>65 744</td>
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<tr>
<td>1933-34</td>
<td>37 999</td>
<td>414 007</td>
<td>68 117</td>
</tr>
<tr>
<td>1934-35</td>
<td>39 147</td>
<td>421 300</td>
<td>66 749</td>
</tr>
<tr>
<td>1935-36</td>
<td>42 403</td>
<td>452 612</td>
<td>69 047</td>
</tr>
<tr>
<td>1936-37</td>
<td>47 047</td>
<td>491 047</td>
<td>70 943</td>
</tr>
</tbody>
</table>

The table above shows that between 1930 and 1937, the number of babies attending the Centres increased by 40.5 per cent and attendances by 20.7 per cent. In the face of these increases, visits to homes by the Sisters declined overall by 3.4 per cent. The figures possibly reflect in part, the need of mothers to attend the baby health centre to obtain the Special Sustenance Allowance for expectant and nursing mothers in need, and fresh or dried milk supplied by many Councils. With this additional workload, Sisters had less time to make visits to homes.
The government subsidy for the maintenance of baby health centres, cut by 20 per cent in 1931, was increased in 1936 to £112/10s. per annum for each full-time sister, but was still below the pre-1931 level of £125-.\textsuperscript{14} The Mildura Shire Council had closed three centres in the Mallee because 'most of the families have moved from their holdings...'.\textsuperscript{15} The Better Farming Train, with its carriages for mothercraft and domestic economy discussed in Chapter Five, had been reduced to a single tour per year since 1932 and ceased altogether in 1936.\textsuperscript{16}

The Depression and the voluntary associations

Chapter Four described the intense loyalty the two major voluntary infant welfare organisations - the VBHCA and the SHWCV - inspired amongst their members. The two main effects of this were territorial competitiveness - both geographic and philosophical,\textsuperscript{17} - which had negated all attempts at amalgamation and institutionalised defensiveness in regard to any perceived government interference.\textsuperscript{18} However, the reduced government subsidy in June 1931 and the dwindling receipts from the previously lucrative newspaper fund, were very worrying for the VBHCA Committee.\textsuperscript{19} The Association had finally opened its residential training school, with a model baby health centre.
attached, in the grounds of the Royal Women's Hospital in October 1928 and £1300- was still owed on the building. Apart from the training fees of £10/10- for the four month course paid by the sisters, the VBHCA provided all the funding to keep the school operating and the building maintained.

Their financial responsibilities were considerable and Dr Vera met with Dr Constance Ellis and Mrs Skene from the VBHCA Executive at the Lyceum Club, to discuss the urgency of a response to reduced government funding and the likelihood of further reductions. Dr Vera suggested that the VBHCA unite with other infant welfare organisations to present a stronger case to the Minister for Health. For the first time in the history of the two associations, the VBHCA and the SHWCV presented a united front in the form of a deputation to the Minister for Health - McNamara. The delegation wanted to impress upon the Minister the seriousness of possible closures of baby health centres in poorer districts and that 'the work was even more necessary now as children are being underfed - owing to the depression - and much more care and attention is needed'. The VBHCA Minutes show that throughout the 1931-
34 period, the Association called many crisis meetings over the state of their finances, sources of funding and the possibility of closing the training school.25 The Association's Vice President, Dr Constance Ellis offered to personally guarantee the Associations overdraft in October 1933 but Sidney Myer offered a £300- guarantee, contingent on there being no red tape.26 Crockett - the Association's historian - writes that the VBHCA 'barely managed..' throughout the thirties.27 However, after another failed amalgamation attempt in September 1934, both associations survived and continued to grow slowly.28

**Growth of Baby Health Centres 1917 - 1937**

By 1937, twenty years after the first centre opened in Richmond, baby health centres were available to mothers across suburban Melbourne and in large country towns, at 175 locations.29 Baby Health Centre sisters made home visits on foot, by tram, on bicycles,30 on the train and on horseback,31 and in baby Austin cars.
105 municipal councils across Victoria were providing 175 full-time and part-time centres and in the previous year, fourteen new country centres had opened at:

<table>
<thead>
<tr>
<th>Municipal Council</th>
<th>New Centres opened 1936-37</th>
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<tbody>
<tr>
<td>Benalla</td>
<td>Devenish</td>
</tr>
<tr>
<td>Bulla</td>
<td>Sunbury</td>
</tr>
<tr>
<td>Borung</td>
<td>Warracknabeal</td>
</tr>
<tr>
<td>Deakin</td>
<td>Tongala</td>
</tr>
<tr>
<td>Eaglehawk</td>
<td>Eaglehawk</td>
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<tr>
<td>Gisborne</td>
<td>Gisborne</td>
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<td>Horsham</td>
<td>Harsham</td>
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<tr>
<td>Lowan</td>
<td>Macedon</td>
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<td>Maffra</td>
<td>Maffra</td>
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<td>Nhill</td>
<td>Nhill</td>
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<tr>
<td>Portland</td>
<td>Heyfield</td>
</tr>
<tr>
<td>South Barwon</td>
<td>Heywood</td>
</tr>
<tr>
<td>Karkarook</td>
<td>Beulah</td>
</tr>
</tbody>
</table>

The establishment of Beulah’s Baby Health Centre, provides a typical example of the interaction between an isolated community and their municipal council and the Infant Welfare Department. Enthusiastic meetings, addressed by Sister Peck, Assistant Director of Infant Welfare, had been held at Beulah and Hopetoun, in early 1936. After meeting with a deputation in May 1936, the Karkarook Council gave £70- towards employing a part-time sister to begin a centre in two ante-rooms of the Beulah Memorial Hall.

The Centre was opened by Dr Vera - 'the energetic director of the Infant Welfare Department that she helped to found in 1926...' on March 19 1937 and by year's end Sister Kelly had made 109 home visits and had 79 visits to the centre.
In the two years before the outbreak of World War II, the growth and reach of baby health centres consolidated and services broadened at both centre and departmental level. In an extensive addendum to her 1936-37 report, *Requirements for Adequate Supervision of the Development of Children Before School Age*, Dr Vera wrote of the need for systematic and educative care for mother and baby from the pre-natal through pre-school stages. Her report to the National Health and Research Council in 1937 was largely responsible for the Commonwealth Government's allocation of £100,000 to pre-school education - a development she saw to be a natural extension of the work of baby health centres.

Attendances had dropped by almost 30 per cent during the polio epidemic of 1937-38 and Sisters had attempted to cover this with an almost 30 per cent increase in home visits. In her 1938-39 Annual Report, Dr Vera commented that thirty-two new centres including eight specially designed buildings - some with toddler's playgrounds - and the increased availability of
Toddler’s Scales, was due to the sustained keen interest of municipal councils in the Infant Welfare movement...".37

Dr Vera’s vision of integrated care for mother, baby and child included a Rural Extension Program which by 1939 encompassed thirty one new country depots servicing sparsely populated areas, departmental support for the VBHCA’s mobile centre in the Mallee/Wimmera districts, and a special infant welfare correspondence sister who conducted 'the Correspondence Scheme for systematic contact with outback mothers...".38

Growth in isolated country areas

The VBHCA’s Travelling Baby Health Centre - 1937

In response to the isolation of mothers in some Victorian country areas - referred to then as 'the outback', the VBHCA took an innovative approach - and the baby health centre movement grew in another form. Norris suggests that it was Mrs DA Skene - a member of the National Council of Women, both the VBHCA and Royal Women’s Hospital committees and one of seven women appointed as the first female Justices of the Peace in Victoria in 1927 - who initiated the idea of a travelling baby health centre.39

To reach mothers and babies in ‘the most distant districts which
cannot have resident sisters, and which cannot be reached by railway’, the VBHCA proposed a large van, fitted out as a mobile baby health centre, with living space for two sisters being included.\textsuperscript{40} The VBHCA hoped that a mobile centre in northwestern Victoria would also provide a tangible example of the benefits of baby health centres and ultimately encourage councils to build their own centres.\textsuperscript{41}

The first baby health centre on wheels was a large Dodge van designed by Box Hill’s City Engineer, FW Kent. Crockett suggests that the list of equipment which included:

- a water pump
- a hydraulic jack
- shovel, axe and tow-rope
- petrol radiator, stove and iron
- shellite lamp and an Electrolux Modern kerosene refrigerator, gives a good indication of the pioneering nature of the life the two sisters would lead.\textsuperscript{42} Funding from the Women’s Centenary Council (£600-) to commemorate the work of pioneering women of Australia and the pioneering role of the VBHCA in infant welfare, as well as King George V’s Jubilee Fund (£828) and the 3DB Tall Story Fund (£1000-), paid for the purchase of the
vehicle, the conversion work and upkeep. The CWA sent letters of support and donations and many organisations donated goods - the tyres from Dunlop Tyre Company, baby scales from the Australian Scale Company and the gleaming Sister’s hand basin from the Victorian Railways for example.

The Cinesound Newsreel footage enclosed with this thesis, shows the inaugural traveling centre - with its prominent VBHCA happy baby portrait on the passenger side - leaving from Melbourne’s Treasury Gardens on its first trip in October 1937. It had been farewelled by Premier Dunstan and on board were Sister Hughston - Sister-in-Charge, Sister Turner and Mrs Skene who reported to the VBHCA’s November central council meeting that the traveling centre had been enthusiastically welcomed by people and that 'the work and advice of the Sisters in charge is eagerly sought by Mothers'.

The Circuits

The traveling baby health centre was to operate in north-western Victoria in the sheep and wheat country of the northern Mallee and the Wimmera. The van worked across five municipal council areas - the Shires of Walpeup, Wycheproof, Swan Hill, Karkaroooc
and Kerang and officially in twenty-six country towns. The mobile centre operated in two, one week circuits with Ouyen, 460 kilometers from Melbourne, as the central point:

- the straight east-west route from Ouyen visited Tiega, Galah, Walpeup, Torrita, Underbool, Linga, Boinka, Tutye, Cowangie, and Danyo, finishing at Murrayville, where the Bush Nursing Hospital provided bathing facilities and a laundry.

- the circular north-south route sometimes started from Ouyen, or if weather and road conditions permitted, the Sisters returning eastwards from Murrayville would take the Torrita to Patchewoollock desert road through to Tempe on the Sunraysia Highway, about thirty kilometers south of Ouyen. This circuit’s timetable, published in local newspapers and broadcast on Radio 3DB was:

<table>
<thead>
<tr>
<th>Day</th>
<th>Destination</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Culgoa and Nullawil</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Lalbert and Ultima</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Sea Lake</td>
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<tr>
<td>Thursday</td>
<td>Woomelang</td>
</tr>
<tr>
<td>Friday</td>
<td>Ouyen</td>
</tr>
<tr>
<td>Saturday</td>
<td>Walpeup</td>
</tr>
</tbody>
</table>
But the van stopped at many other small towns like Meatian and Speed, at railway sidings for the wheat silos like those at Gama and Kulwin, at cross roads, at Nandaly to meet the Melbourne train, by the roadside and at individual farms with a toot at the gate to alert the family - in fact, wherever mothers waited with their babies.53

The van was both a home and a baby health centre. Before a clinic could start, the kitchen equipment - sink, primus stove, refrigerator, folding table and strapped-in-crockery were pushed back into recesses and the beds became couches. The driver’s seat swiveled around to an unfolded desk, baby scales, a measuring table and file cards came out and the folding stairs were let down 'and behold, a Baby Health Clinic, a replica in miniature...'.54 The van had two water tanks holding 55 gallons and a trap-door in the floor concealed a small bath with shower head.55

The effects of World War II on the Travelling Baby Health Centre

The Liquid Fuel Control Board which rationed petrol during the war, had given continued permission late in 1941 for the
Travelling centre to be allowed enough petrol to continue its schedule of visits. However, Sister Prendergast was experiencing difficulties getting enough petrol in the Mallee, to keep the van on the road. It was converted to gas with a Wishart Gas Converter when it needed a new chassis in February 1942. The whole process was delayed because most of the motor vehicle body-building industry was involved in war work and labour and materials were scarce. Fortunately, the Port Melbourne biscuit company, Swallow & Ariel offered to lend one of their delivery vans to the VBHCA for several months, until the work was completed.

In August, the VBHCA was devastated when its newly renovated, gas powered van was destroyed by fire. No-one was injured and a few pieces of equipment were saved but 'the loss is tremendous and the caravan will be difficult to replace especially under war conditions'. However, insurance and a rush of donations ensured that the van was back on the road by November - the Sisters reporting a wonderful welcome on their return. In early 1943, the van was covering 980 miles per month and Sister Baker's report included the comment that many roads were in
poor condition. The war effort meant that there was a 'lack of men to keep the graders at work.' By 1942, many nurses had joined the Army Nursing Service and Sister Prendergast coped on her own, with a driver - Miss Gale, as attendances rose out on the road because of farm petrol shortages.

Life in the Travelling Baby Health Centre

The Director's Annual Report of 1938-39 records that in their first full year of operation, the mobile centre saw:

Total Attendances under 2 years 2 333
Total Attendances over 2 years 470
2 803

including:

New Babies under 2 years 252
New children over 2 years 174
426

Consultations with Expectant Mothers 51
and the Sisters made twenty visits to homes. Two of the first four Sisters appointed to the van, Sister Serpell and Sister Prendergast, had nursed with the Bush Nursing service and were perhaps aware of the difficulties that life on the road would pose.

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Travelling difficulties

The roads, weather conditions and equipment in the van gave constant cause for concern. In the first edition of the VBHCA's magazine Baby Health in 1948, Sister Baker provided a detailed account of working and living in the new 3.5 ton Dodge van in 1947. On the north-south circuit, Tuesday meant getting from Nullawill on the Calder Highway to Lalbert, via Meatian, but she wrote that progress was slow and 'the caravan crawled through the loose soil in low gear'.

At Ultima, the CWA had invited them to afternoon tea and 'between the mother's visits we dashed across for the welcome reviver'. Four miles beyond Ultima, the van's front tyre blew out and the Sisters walked to the nearest farmhouse for help. Having removed a dead sheep from the back seat of his car so that the Sisters could get in, the farmer, his son and two men from a passing truck, worked by the light of a Shellite lamp to change the tyre. 'When at last we arrived at our usual farmhouse for the night it was past bed-time, so we retired and weighed the baby in the morning'.

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Sometimes the Sisters had to put the shovel and axe to work to get through, especially on the Torrita to Patchewollock road which was 'sheer sand right through, with specially deep drifts on all the tricky bends and at the foot of every sheep hill,...even in bottom gear, we sank to the axles and had to spend several hours digging and spreading branches, leaves, and bags along the track'.

Sister Baker lamented the delay as they missed the mothers waiting at their gates that afternoon. Nearing Hopetoun, driving in the dark as they often did after a long day, the van's lights failed and they pulled up for the night by the roadside where 'we were attacked by a plague of mice and one ate through the flyscreens'.

**Van Housekeeping**

The van, which became like an oven in summer, had to be kept level in order to keep the freezer going, the kerosene fridge sometimes smoked and the mantle on the kerosene lamp shattered frequently. Steaks and chops were cooked over a fire in a kerosene tin, while the primus was pumped up inside the van to cook vegetables. However, compensations came in the form of the hospitality and generosity of the people of the Mallee who opened their homes to the Sisters. Along with the
wind, dust, road corrugations and sand, the Sisters also wrote about the beauty of the desert country - the scenery, sunsets, slow stump-tailed lizards, brown snakes and emus that hopped in front of the van at 20mph. And of enjoying a swim - 'many times we swam in the farm dams - with us one end and the sheep at the other!' Sister Baker stayed with the mobile service for at least four years from 1943 to 1947, taking over from Sister Prendergast who had pioneered the first for two and a half years of the service, suggesting that some nurses enjoyed the relative independence and constant challenges of the role.

Part of the Mallee community

The sisters in the mobile centre became part of the Mallee community, offering both the advice and support of a baby health centre service as well as general assistance to isolated towns. Fridays in Ouyen meant a 'continuous stream of prams and toddlers, with their best loved dolls to be weighed and measured too'. The articles by Sisters Baker and Northcott and by Margaret Lawrence reveal that they also picked up mail at farmhouses and schools, dropped children off at school or home, and picked up and delivered supplies at times.
The relationship that developed between the Boord family and the sisters of the service, provides another view of their role.

Fred and Eileen Boord were share farmers near Galah off the Ouyen Highway. They had eight children - Joyce (Joy), Lorna, and Joan being the three pictured in the photo above with their mother - then Neil, Bruce, Trevor, Faye and Colin.75 Joy believes
the photo was taken with her mother's camera, by Sister Dorothy Serpel, who was one of the group of four pioneering sisters and became Lorna's Godmother. She remembers that the sisters brought clothing along the route, in this case the Ouyen-Murrayville circuit, as they knew all the children's ages and re-distributed them according to size and need. They sometimes brought food too but the Boords had chooks, a cow and bread and their Mother had a big pantry which always had lots of preserves and jams. They were never in need of food but Joy said 'when the sisters brought clothes we thought it was great - they were Dior to us!'

In its first full year of operation, June 1938 to 1939, the VBHCA's travelling baby health centre was in strong demand. The sisters covered 9 556 miles, saw 251 new babies, 51 expectant mothers and held 2 886 consultations with Mallee mothers - approximately 60 a week.
Chapter Eight 1926 - 1950

Visiting the Baby Health Centre in the 1940s

The Great Depression and effects on baby health centres

As economic depression loomed in the late nineteen twenties and affected many families adversely until at least the mid-thirties, baby health centre sisters took on an additional, broader role.

The Victorian government issued a special Sustenance Grant to municipal councils of £10-20 per expectant and nursing mother and infant, conditional on the baby health centre sisters controlling its distribution for purchasing fresh or dried milk.1

The VBHCA was opposed to this additional responsibility but letters from the Port Melbourne and Brighton Centres indicated that the sisters were already distributing relief, adhoc, from local benevolent societies.2 Camberwell, Brunswick and Kew centres wrote to say that they were assisting with the Sustenance Grants and it is likely that sisters in the centres, faced with constant evidence of poverty, ignored the VBHCA's objections and continued to hand out the grants.3
The Director's Annual report for 1930-31 noted that 'Owing to financial stringency, the extension of the work was much curtailed...' and hoped that the department's work would be the last to be affected by the Premier's Plan of a significant reduction of expenditure across all government departments. However, in the latter half of 1931, the state government reduced their health centre subsidy from £125 to £100, and announced that no new centres would be subsidised. Local Councils reduced sister's salaries by 10 per cent.

The relationship between mothers and Baby Health Centre sisters

In discussing the growth of Melbourne's baby health centres in Chapter Two, it was noted that the guiding principles underlying a visit to a centre were that consultations were free, they were available without appointment or referral and that the centre should be within walking distance of the mother's home. Visiting the baby health centre meant an individual consultation for mother and baby with the health centre sister.

The relationship between mothers and centre sisters has been examined and criticised by social historians such as McCalman,
and Reiger. They have interpreted the relationship as a process of dis-enfranchisement - of removing from working class mothers, their confidence in the traditional child-rearing practices handed down in the family. However, their interpretation is based on several assumptions. Firstly that:

- the advice given by the sisters suggested practices that were different from those already followed by mothers and grandmothers. How did women rear babies in the first half of the 20th century? Generally, they did not write down their experiences of birth, breastfeeding and weaning. Those women who wrote about their family life, usually in personal diaries, were often upper class women with domestic servants and nannies who cared for the baby and children. Mein Smith has researched the question of the extent to which baby health centres contributed to lowering the infant mortality rate in Australian and New Zealand in the first half of the 20th century. In this context, she examined closely the differences between prescription and practice of aspects of mothering such as feeding schedules, in the Victorian country town of Wonthaggi. She found that the advice given by the sisters was more flexible and less prescriptive than assumed by the critics. She also found that the practices of mothers attending the centres as well as those who did not, tended to be similar and based on practicality and a combination of advice from different sources. Secondly there is the assumption that:
• the mothers who attended the Centres actually followed the advice that was offered. In the small sample of interviews conducted for this thesis, the mothers indicated that they had followed some pieces of advice and rejected others, depending on their own practices and opinions. Florence said that she listened to the advice about cooking brains and tripe and steamed fish, but didn't take any notice because she didn't like those foods. Nance said that she followed the instructions about cooking brains for her baby, but he wouldn't eat them so she just ate them herself. Margaret said that sometimes she took a lot of notice and sometimes she didn't and that she always gave her babies more food than the sisters suggested. Thirdly it is assumed that:

• the mothers primarily attended the Centres to get advice from the sister. Whilst this was certainly one reason for attending the Centres, the mothers interviewed placed great emphasis on having their babies weighed as the main reason for attending. All the mothers were concerned that when breastfeeding, they could not tell how much milk the baby was actually getting. Joyce said 'I breastfed Beverly and I went to have her weighed to see that she was getting enough'. They were more inclined to seek and remember advice when the baby was not gaining weight. Mabel felt that she 'Didn't have the quantity of milk he needed and he cried a lot and neither of us got enough sleep......sister decided he wasn't getting enough food.....For a while he was on both bottle and breast, then just the bottle and then he flourished - thrived'.

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Published Advice

Between 1920 and 1950, the infant welfare movement produced a large number of books with extensive and detailed instruction in all aspects of mothercraft. Leaders in the field, whose contributions have been outlined in Chapters 2, 3 and 4, all published advice for mothers and sisters.

- Dr Isabella Younger Ross wrote Feeding the Child - All Ages in 1929 and The Happy Mother and Child in 1940.16
- Sister Peck wrote two volumes in 1929 and 1935 and a monthly column in Woman's World magazine with themes like Clothing the Youngest Set and The Bath is the Cradle of Cleanliness.17
- Sister Primrose from the SHWCV contributed a monthly column to The Housewife - a magazine for the Housewives Association and answered reader's letters.
- Stella Allen, under the column name of Vesta, wrote every Wednesday in The Argus, advising mothers on a wide range of home and baby topics.
- Throughout the 20s and 30s Truby King continued to publish and his daughter Mary published Mothercraft which was reprinted for the fifteenth time in 1945.18
- The Department of Infant Welfare published A Guide to Infant Feeding (which later became The Guide to the Care of the Young Child) by its Director Dr Vera Scantlebury Brown for the first time in 1929.19 Beryl, one of the mothers interviewed for this work, retains her well-used copy of the Guide, given to her by the sister at Northcote's Baby Health

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Centre, over sixty years ago in 1943. She said 'oh the book was marvellous - it was my bible.'\textsuperscript{20} It continued to be expanded, re-published and distributed by the Department of Health until the late 1970s.

Child Care book given to Beryl Forbes in 1943-4 by her Baby Health Centre Sister, Interview, Beryl Forbes

Mein Smith suggests in her study, that there were evident class differences in use of written materials by mothers, those who were more affluent being more likely to have access to, and read the health centre manual and articles in the press.\textsuperscript{21} The small number of mothers interviewed for this thesis supports this argument, with only one mother whose family income was possibly
the highest of the group, speaking of the value, to her, of the health centre book.\textsuperscript{22}

However limited their readership may have been, these books, pamphlets, magazine and newspaper articles, provide extensive material about the information that health centre sisters would have received in training and the advice that they were likely to give about feeding, weaning and sleeping, for example.

Advertisements that appeared daily in newspapers and monthly in magazines, also proferred advice and the number, size and prominence of those promoting artificial foods throughout the 20s, 30s and 40s suggests that there was a valuable market. The two main baby food manufacturer's of the period, Glaxo and Nestlé (Lactogen), both published booklets for mothers. The 1931 edition of the \textit{Glaxo Baby Book} was sub-titled 'the Encyclopedia of Mothercraft' and quoted anonymous doctors as saying 'Babies are no more able to digest cow's milk than they are able to digest leather' and 'Glaxo...is so easily prepared that, even in the hands of the most ignorant and careless person, I firmly believe that infants would thrive...'.\textsuperscript{23}
The Consultation between mother and Baby Health Centre sister

The consultation began with weighing the baby and noting the weight change since the last visit, on the sister's record cards and in the mother's baby book.

1949 VBHCA book for Glenda, daughter of Florence Fitzwilliam, (Interview, Florence Fitzwilliam)

Each of the eight mothers interviewed, described the process in the same way. Nance said 'You undressed the baby down to the singlet and if the napkin was wet, you put that on the scales too'. "The weighing was first - the procedure was always consistent - and they measured their head, length and tummy according to Nancy. Margaret said that she thought the weighing scales were 'one of those ones with the little round weights and a sort of scooped enamel tray with a nappy on it'.

After noting the baby's weight change, the discussion could turn to a range of topics including - breastfeeding, artificial feeding,
the baby's sleeping patterns, the introduction of solids, inoculations and minor ailments like eczema.

Some Topics for Advice

What was it that baby health centre nurses and mothers talked about, after the baby was weighed?

(A) Breastfeeding

The sisters from both the VBHCA and the SHWCV were strong advocates of breastfeeding. The objectives of both Associations - laid down in their Constitutions - stated clearly their intention to encourage and support the breastfeeding or natural feeding of the baby.

All of the mothers interviewed with the exception of one whose tiny baby was premature, breastfed their babies from birth, for at least several months. Mothers were strongly encouraged to breastfeed. Margaret said 'The Sisters were very insistent about breastfeeding... ', Mabel that they 'asked me questions about breastfeeding and about handling the baby by myself' and Beryl commented that the Sister always wanted to know 'how the breastfeeding was going, especially if the baby hadn't put on any weight'. 27 Three of the mothers had particular reasons for
needing advice and support with feeding from the health centre nurse. Nancy was the only mother to do test feeds, where the baby was weighed before and then after a breastfeed to establish exactly how much milk he was getting. 'This was because I'd had a tough labour and a caesarian and it was a struggle to breastfeed...'.

Nance's premature baby was tiny and

'The people from the hospital came to see me two weeks after, to see if he'd died - because he was so small! I couldn't feed him because they had taken him away in the hospital and put him on cow's milk and I tried the hot and cold packs but that didn't do anything....you wondered all the time what you should be feeding - he'd take and hour and a half to drink a tiny bit of milk - then vomit it up and want more. The nappies chaffed all the skin off his ankles he was that little.'

Florence articulated the anxiety that many of the mothers felt about whether the weekly weigh-in would show a weight gain:

'When I'd go I'd be all churned up - had she put on any weight or hadn't she? I'd meet Jim [husband] afterwards at work and he said he could always tell from one corner to the other if she'd
put any weight on...Sister was never critical, no, she knew how anxious I used to get.'

(B) Artificial feeding

Advice on artificial feeding for the baby was based on ensuring that mothers prepared an artificial food that provided all the attributes of breast milk.

Cow's milk

Cow's milk was the preferred artificial food and cereals were sometimes added to the bottle at the same time. Joyce said that when her baby was weaned she 'went onto dairy farm milk - our milk - it was always boiled and you added water but no sugar of milk.' Mabel explained that 'We had our own cow so we used our own milk for him. They only advised other foods if the baby was allergic to cow's milk I think'. Nance said 'You put Farex in the bottle at three months and Pentavite as well.'

The mothers interviewed for this study were advised primarily: about the proportions of fresh cow's milk to water and the correct amounts of sugar of milk. Nancy is a triple-certificated infant welfare nurse and she breastfed her son for six months, before giving him cow's milk - 'A2O I think the formula was called. 8 parts cow's milk, 12 parts water and some sugar of milk.
- I think. Unless the baby was delicate the Sister's recommendation was cow's milk. In the small number of interviews conducted, no mention was made of the addition of emulsions such as that encouraged by Truby King. Indeed, the addition of fat to cow's milk does not appear to have been common in Victoria and Dr Vera's Guide explained that Victorian milk was rich in fat and its addition unnecessary. Diary herds in Victoria in the 30s and 40s were predominantly made up of Jersey and Guernsey cows who produce milk with a very high fat content.

The issue of 'Humanised' milk

How to optimise the combination of cow's milk, water, sugar and fat to best approximate the composition of mother's breast milk, was an important question for pediatricians in the late nineteenth and early twentieth centuries and came to be known as humanising milk and referred to as 'the milk question'. The SHWCV specified as an objective, encouraging mothers who were unable to breastfeed to 'use food approximating as nearly as possible to human milk.' Chapman, Dr Truby King's most recent biographer, writes that King believed that breastfeeding was every baby's birthright and that he was 'vociferous in attacks on
artificial feeding'. Nevertheless, he marketed the use of his emulsions - Kariol, Karilac and Karil - as producing the closest substitute to breast milk available. Ever ready with a motto, the Karitane Products Society which produced Dr Truby King's emulsions penned 'Breast fed is best fed, Safeguard the artificially fed'. Crockett suggests that the VBHCA did not agree with King's artificial feeding formulas believing them to be costly and impractical. Other manufacturer's of artificial foods used the term 'humanised' to add a touch of science to their advertisements. Glaxo's Baby Book for expectant and new mothers, referred to their dried milk product as Prescription Humanised Glaxo and claimed to be 'derived entirely from the purest milk in the world'.

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In an address to the Melbourne Pediatric Society in July 1926,

Dr Vera described in detail some of the main dietetic methods for preparing artificial foods in Canada, America and New Zealand and the widespread divergence of opinion about their relative merit. She concluded however, that good results were
being obtained with all of the 'formulas'. In order to provide simplified and uniform advice for doctors, nurses and mothers about the preparation of artificial food for babies, she published *A Guide to Infant Feeding* and its pocket edition, *Infant Feeding Tables for the use of members of the Medical & Nursing Professions*. Fifteen thousand copies of a companion pamphlet, *Feeding the Child for Health*, were printed and distributed at railway stations in the late 1920s.

Sister Peck's 1929 *Practical Guide to Mothers and Nurses* gave detailed instructions about artificial feeding, beginning with a plea to mothers to use standard ounce measures or spoons rather than household teaspoons which varied in size and often held much more than needed. She advised gradual increase in the cow's milk/water solution over four to seven days until equal parts of milk and water is reached, increasing to approximately two-thirds milk, one third water by twelve months. This published advice was consistent with the advice given to some of the mothers interviewed for the study. Proportions for cane or milk sugar (lactose) or if these were not digested easily, malt sugar as found in Mellin's food or Maltogen and instructions for
adding fat in the form of Hypol or Juvenol were given with the assurance that 'In the Health Centre we usually advise...'. She also discussed babies with delicate digestion and talked about peptonised food in the form of Benger’s baby food.48

None of the mothers interviewed attended a Truby King Centre or mentioned his emulsions so the extent to which the advice of Plunkett trained nurses - in relation to artificial feeding - differed from that of the VBHCA is unknown to me. Their little detailed sixteen page pamphlet *How To Wean Baby - Truby King System*, provides modified milk recipes using only cow’s milk, water and powdered Karilac and the instruction to supplement this with Kariol for Vitamin A and D.49 However, from the beginning of the Department of Infant Welfare in 1926, all infant welfare trainees were taught uniformly about artificial feeding based on Dr Vera’s *A Guide to Infant Feeding*. It seems doubtful that Karitane products had any significant impact on baby feeding practices in Victoria.50
Using Cow’s milk for baby feeding

Until the late 1940’s, the problems for mothers implementing sister’s advice about using cow’s milk for baby feeding, were two-fold:

- how to ensure the milk was germ-free and
- how to store it safely, especially in summer.

The goal of germ-free cow’s milk

Pasteurisation

As a method of improving the purity of milk, pasteurisation had been vehemently debated in Victoria and throughout the western world, some medical practitioners believing that pasteurisation destroyed precious minerals and vitamins. In Victoria, pasteurisation was rejected in favour of the tuberculin testing of cows. The testing was introduced in 1909 and bolstered by the Victorian Milk Supply Act of 1922 which included requirements for the brine cooling of milk at the dairy and for herd and milk testing. The Lady Talbot Milk Institute advertised its nursery milk as having been ‘bottled on the farm, and not pasteurised, so the vitamins, the real nutritive quality, is not destroyed’ and highlighted that the milk came from tuberculin tested cows.
Although bottled milk became available from 1923, and some Melbourne dairies sold pasteurised milk, pasteurisation did not become a general legal requirement until after the second world war.54

Home pasteurisation - boiling the milk

In the domestic household therefore, mothers continued to boil milk for babies. Like pasteurisation, the boiling of milk had also been the subject of debate. A 1923 Truby King article in Woman’s World recommended that baby should not be given boiled milk in the long run because raw milk was ‘more natural and wholesome’.55 However, in their 1926 Report, Doctors Scantlebury and Main had been at pains to point out the low infant mortality rates at baby health centres where boiling of milk was much recommended. At Caulfield, where fresh bottled milk was still boiled before use, there had been no deaths in the past three years. The same was true for the Burnley Centre where pasteurised milk was used.56

The 1947 Department of Health Guide written by Dr Vera Scantlebury Brown and Dr Kate Campbell was still advising that all milk given to babies should be boiled to kill bacteria and to
soften the casein curd, making it more digestible. This was because there was still uncertainty and regional differences about the conditions for completely safe production, storage and distribution of cow's milk in Victoria. Margaret remembered that in her childhood in Horsham, 'we'd take the billy down Prior's Lane to Mrs Russell - she kept her milk in a big container from two house cows - and she'd fill our billy up. If it was for a baby, everyone knew you had to boil it - it was just what you did.'

Florence said that in Port Fairy you left the billy on a nail on the front fence, with the money inside wrapped in paper. The dairymen milked the cows then delivered it with a horse and cart. 'He had a two gallon billy with a hinged lid with the ladle in a bar across the inside and he just filled up your billy, with the ladle. But I don't think we ever boiled it - I can't remember boiling it.' Joyce, however, who lived on a dairy farm at Yambuk said that when her babies were weaned they all went onto the cow's milk from their own dairy and 'it was always boiled... They were all healthy with no problems'.
Storing the Milk

Without electric refrigeration until the 1950s, most of the mothers interviewed kept milk cool with ice delivered in blocks. However, in the 1920s and 1930s, home-made coolers and Coolgardie Safe’s were used.

The home-made cooler

Sister Peck’s method and hand drawn diagram for a cooler for storage of milk after boiling, was called the Health Centre Cooler and listed as Method No 3 in the 1947 Guide. A home-made version of the Coolgardie Safe, mothers were advised to cut the sides out of a kerosene tin, put a gathering or running stitch around an 18" deep and 1 1/4 yards long piece of cloth, wet it thoroughly and place around the tin. Then place a large bowl of water on top, with four strips of flannel hanging from the basin to act as siphons to keep the surrounding cloth damp. The tin needed to be stood in a tray for drainage, the milk jug placed inside covered in butter muslin and the cooler placed in a shady place and preferably where there was a draught.61

The Coolgardie Safe

Margaret said that in the 1920s and 30s ‘in Edith Street [Horsham] we had a Coolgardie safe in the wash-house. The
floor was concrete in there and it was a bit cooler. You filled it up with water at the top and the canvas sides would absorb it. We left the window up 2" or 3" for a breeze to keep it cool. We kept the milk and the butter too in there but when it got up to 100 degrees, we shifted them to inside the chimney in the front room - when it got really hot'.

The Ice Chest

'We had an ice chest... the ice came from the Belfast Ice Works... if you forgot to empty the tray you'd have water all over the kitchen floor... I drilled a hole in the floorboards and put in a funnel and as the ice melted it just went into the funnel and drained away into the ground under the house.'

'In the flat we had an ice chest and we'd get half a block, twice a week, you'd hear the horse coming along and the iceman came up the stairs with the block on his shoulders on a sugar bag.' 'I had an ice chest, actually the first fridge I ever had was a kerosene one...'

Producers of tinned, condensed and dried milk exploited these concerns about milk purity and storage. Nestlé's condensed milk
advertisements for feeding your baby, led with 'Fresh Milk is often Adulterated'. Glaxo assured mothers that 'Mother has no worry about hot weather milk troubles when Baby (sic) is on Glaxo for Glaxo is not affected by thundery weather and is safe from contamination by dust and flies'.

Glaxo's 1931 Baby Book published by Glaxo

**Baby Formula**

Mothers were also advised about complete baby formula foods such as Lactogen, Glaxo or Mellin's Food. Margaret could not provide enough breast milk for her baby and at 4-5 months was advised to put him on cow's milk and sugar of milk. The sugar of milk 'was in a box I think - you got it all from the chemist. No, you couldn't buy things from the grocer shop then. I don't
remember a brand name - you just asked for sugar of milk and they knew what you wanted'. However this mixture resulted in a constipated baby and the Sister advised 'to put Stuart on Mellin's food,

Source: New Idea magazine, 14 September, 1949

a dried powder that was supposed to be the nearest thing to breast milk...and I think he had Farex in the bottle as well...'.68

1920's Lactogen Baby Food Porcelain Sign,
Source: eBay 7108467511, 25/10/04, html document
The Twenty Four Clock

Regularity and feeding by the clock were integral to advice to mothers throughout the twenties, thirties and forties. The SHWCV were strong adherents to Truby King's preference for regular habits and no night-time feeding. A typical example of advice is Sister Primrose's statement in a 1934 magazine article that 'The establishment of perfect regularity of habits initiated by feeding and sleeping by the clock is the ultimate foundation of all round obedience'. Sister Peck also wrote 'Again I would like to advise the importance of regular feedings, and nothing between meals' but tempered this with 'I must emphasize the fact that all babies are individuals, and we cannot lay down hard and fast rules for feeding'.

Clock Face for Four Hourly Feeding, Source: F. Truby King, Whitcombe & Tombs, Christchurch, 1940. Page 74
In describing her attempts to follow the advice she received before leaving the Pt Fairy Hospital with her first baby, Joyce said 'They did have some queer ideas then though - the hospital said no feeding at night. The last feed was at 10pm and then no feeding till morning. I stuck to it and my sister was a nurse and she said no feeding at night! I did that but then when she heard the baby crying she said I was cruel.'\textsuperscript{72}

Marj found the advice about schedules too restrictive -
'I think I felt that they were too inclined to be too rigid with the rules - they didn't give enough latitude. Things like - when the baby cries, don't pick him up and keep to the feeding times and hours. I tried to do it but I think I often had to give up. It was a stressful time - we were cramped and there just wasn't enough room...they [the health centre sisters] weren't elastic enough - implausible. It was like bringing baby up by numbers. All very well when you've not had the experience yourself.'\textsuperscript{73}

Beryl said 'Well I'd let him have a bit of a cry about 5.30 - to exercise his lungs. The Sister said to let them cry a bit but Dad

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always wanted to pick him up - he didn't like to hear him
crying'.

**Home conditions**

All of the babies born to the mothers interviewed for this study
were born between 1942 and 1949. Half of the mothers were
living with their parents at the time of the birth, either because
their husbands were involved in the armed forces or because of
the post-war housing shortage. Their practices, and the extent
to which they followed the health centre sister's advice, were
affected by their living arrangements, as Marj spoke of above.
Influences, both positive and negative were felt by mothers from
living with family or families-in-law. Mabel remembered that 'My
mother-in-law was always telling me what to do and what not to
do but I ignored her. Mum was alright and she never
interfered...she only gave advice if you asked for it. My mother-
in-law always said I was doing the wrong thing' Nance said
'Mum was a big help - we stayed with them when the house was
being built. She practically took Don over some times - she used
to give him his bath, she was really good at that.'
(D) Introducing solids

In her 1929 book, Sister Peck recommended that babies be given a small amount of 'Mutton broth, in which some vegetables and barley have been boiled and then strained... at about nine months, and 'all new food being given with discretion, and one new one tried at a time.' The Karitane Products Society booklet of 1942 preferred a clear vegetable broth, later pressing the cooked vegetables through a sieve. In 1946, Nance would 'buy a shank and cook it with vegetables and put it through a strainer and he loved that.' Beryl commented 'I can only remember Farex and brains - you cooked them and mashed them through a strainer. It was wartime so you couldn't get some things...'.

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Instructions about solids written by the Port Fairy Baby Health Centre Sister in early 1950, for Glenda, baby daughter of Florence Fitzwilliam. Source: Interview, Florence Fitzwilliam

Florence told me 'trying to get Farex into them - we were told to but I couldn't eat it if you paid me - it was awful stuff! There's a prune recipe in the book but I didn't like prunes so I never made it. And there's brains, tripe, steamed fish there - yuk - I couldn't cook them, still can't. I've never even tasted brains still! And liver, grated and cooked - isn't that ridiculous - yurggh.'
Clothing, dressing up and going out

Sister Peck’s 1929 publication *Your Baby* advised that
baby’s wardrobe would require:

- ‘Three gowns and jackets for day wear requiring four and one-sixth yards of radianta or light wool material and
- three nightgowns and petticoats made from seven and three quarter yards of flannel.’\(^82\)

The interviews conducted for this study seem to indicate that little had changed in baby attire by the 1940s. Nance - like all the mothers interviewed for this study - made the clothes for her baby, Donald, born in 1946. ‘I made all his clothes...I made the nighties from flannelette, they were cross-over with the ties at the back’.\(^83\) Beryl and her mother smocked the baby’s nighties which were made from Vyella or Clydella\(^84\) as did Nancy, who made the nappies from wincyette.\(^85\) The Maternal and Infant Welfare division’s 1942 Manual advised that patterns for a complete set of baby clothes could be obtained from the baby health centre for 9d and warned that ‘...napkins should not be too bulky or they might cause "bandy legs"’.\(^86\) The 1947 edition noted that ‘All garments should be hygienic, whilst being as dainty as possible’ and that ‘rubber pilchers...are most injurious and cannot be condemned too strongly’.\(^87\)
All of the mothers interviewed provided much their new baby’s clothing by knitting.

Baby Stuart in a woollen romper suit knitted by his mother Margaret, held by his great grandmother, Interview, Margaret McCulloch

Most mentioned knitting a layette, such as the one shown below from Olive Ketels Exclusive Knitwear for Baby Book, which usually included a frock and carrying jacket, a matinee jacket, singlets, modesties (which covered the nappy), mittens, booties and bonnets, and usually a pram cover or rug.
Five of the ten items of knitted clothing for a layette in Olive Ketel's *Exclusive Knitwear for Baby.* Vol. Book 3, The Ruskin Press, Melbourne, ca.1948
Joyce said 'I did a lot of knitting - jackets, dresses later, booties - I found them quite useless. They come off all the time and you couldn't tie them too tight.' Nancy made 'a knitted layette that he wore until he was about nine months old. I knitted singlets, dresses, jackets, booties and mittens and later pants and sweaters.' Mabel distinguished between the house blankets she knitted for use at home and the one she made for visiting - 'I'd knitted a fancy shawl - there was a lot of work in them'.

Clothing and dressing their babies and prams for the visit to the baby health centre, was an activity the mothers looked forward to. Mabel said that when she went to the centre 'I always dolled the babies up - it was quite a social meeting and you compared babies. You put their best on and you looked at what the other mothers had and hoped yours was better.' Friday was market day in many country towns and Florence said 'You did the pram all up - it was a big deal to go down the street on Fridays - and put all their finery on it. You had two pillows stood up at the back with fancy work and I bought a cream rug. We took great pride in dressing the babies...'
Four of the interviewees viewed the visit to the centre as a welcome social opportunity and whilst Marjorie said she did not see it as a social occasion she nevertheless welcomed the fact that 'we did talk amongst ourselves and swapped our experiences.'
Chapter Nine War and Baby Boom: bricks, mortar and wheels

Early impacts of war - 1939 to 1942

In the first year of World War II, almost 57,000 babies attended 220 baby health centres across Victoria. New centres had opened at:

- Aberfeldie
- Black Rock (at a cost of £1750-)
- Coburg South
- Irymple
- Merino

and a new Board of Studies for Maternal and Child Welfare was overseeing training at four infant welfare and six mothercraft training schools in Melbourne and Geelong. Dr Vera expressed concern that the war was leading to increased financial stringency and making a large demand on the supply of sisters. She again wrote that 'The "Tired" Mother (sic) is still in need of attention...' and concluded that 'There can be no slackening of effort without jeopardising the generation now developing...'. A Conference of Organisations interested in Maternal and Child Welfare held in October 1939 had resolved to lobby government for funding to provide adequate nourishment and rest, and
trained home-help for expectant and nursing mothers and for the full restoration of the government grant, cut during the Depression.4

Nursing shortages

Baby health centres felt the impact of the declaration of war immediately, as sisters resigned to enlist. Annie Sage, Matron of the VBHCA's Carlton training school since 1931, enlisted in late 1939, was appointed Matron to the 2/2nd Australian General Hospital in 1940 and by 1943 was Matron-in-Chief of the Royal Australian Army Nursing Service with the rank of Colonel.5 So many baby health centre sisters and trainees were enlisting that in June 1940 the VBHCA executive wrote with urgency to government, asking that midwives and baby health centre sisters not be taken from key roles, supporting Dr Vera's plea in her Annual Report that looking after mothers and babies was even more important in time of war.6

War-time adjustments

Early in 1942 the VBHCA minutes record the increasing numbers of babies being seen by the travelling baby health centres because families did not have sufficient petrol rations to travel into country towns.7 By May, blackout curtains had been installed
in the VBHCA's training school, eggs were in short supply and the
Australian Military Forces had taken over the VBHCA's office
space necessitating a hurried move for office staff and
committee. The SHWCV had already been required to evacuate
the Tweddie Hospital in late 1941 when Footscray was designated
as the number one Danger Zone for Air Raids. Staff, mothers
and babies were evacuated to the Riversdale Golf Club in the
eastern suburbs where they remained for at least three years.9
In August 1942 the VBHCA received a letter from the
government's Supply Department enquiring as to how much
rubber the Association believed was required per year, for teats
for baby's bottles.10 Throughout the 1941-43 period, the VBHCA
committee was concerned about a rise in infant mortality and
recorded the infant mortality rate of 43.77 per 1000 babies in
the City of Melbourne - the highest since 1936 - with concern, in
their minutes.11

Growth and war-time responsibilities: 1942 to 1945

Between the Annual Reports of 1942-43 and 1945-46, sixty-
three new baby health centres - an increase of 25 per cent - had
opened around the state.
As outlined in Chapter Seven, the role of baby health centres had expanded during the years of the Depression reflecting their acceptance as part of the societal framework of local communities. This expansion of responsibility occurred again in early 1942, when baby health centre sisters began issuing Evacuation Health Certificates.12

**Evacuation processes**

The certificates recorded the details of parent, guardian and pre-school child and the primary school through which the children were registered for evacuation. The Evacuation Committee of Victoria’s State Emergency Service provided an exhaustive seven page circular to parents - *Advice Regarding Clothing, Luggage, and Food* - to 'help in equipping your children for the journey if their evacuation becomes necessary'.13 Whilst giving extensive advice about the size of suitcases, number of blankets, clothing for school children, toddlers and infants, equipment for preparing infant food and water and food for four meals, the circular provides only one stark piece of advice about where the children would be sent - 'When you are advised of the name and address of the foster parents who will be caring for your children you should also pack and send by rail immediately all
the blankets you can spare'. Detailed instructions for making a child’s Evacuation Knapsack accompanied the Circular.

Instructions for Evacuation Knapsack Services were expanded during wartime to cover military camps such as the one at Bandiana, Wodonga Infant Welfare Centre needing to open two days a week to cater for the additional workload of soldier’s wives and families.

The Department goes mobile

The VBHCA’s pioneering Travelling Baby Health Centre established in 1937 with circuits in the Mallee and Wimmera, demonstrated the considerable need for baby health services for isolated mothers. Throughout the 1940s, a variety of schemes
based on their example, were developed to cater for scattered
country communities:

**Government/CWA circuits:**

The CWA successfully lobbied the Department of Infant
Welfare in 1941-42 to provide the Single or One Nurse Travelling
Service. Two travelling nurses were appointed - one to visit
sixteen townships in the remote eastern areas of Omeo, Tambo
and Orbost and the second to visit fifteen townships in the far
western region of Dimboola, Jeparit and Rainbow. CWA
branches in country towns provided depots or centres at eleven
towns to assist with maintaining the vans and accommodating the
sisters.

**Government/Municipal circuits:**

By 1946, two circuits operated single sister vans - one in the
Towong and Upper Murray Shires in the far north-east, and
another in the Kowree shire in far western Victoria.

**Municipal travelling services:**

There is no comprehensive listing of the many council areas
where baby health centre sisters travelled extensively by car to
visit mothers and babies. Sisters had always used their own
transport - reimbursed or not - to visit mothers in their homes.
In the late 1920's, for example, Sister Chalmers used her dark chestnut horse, Sniper, to travel between the Croydon, Ferntree Gully and Belgrave centres and members of the local committee volunteered to drive the scales and equipment between centres and to bring mothers in from areas like Croydon Heights. Sister Stafford, in charge of the Tooronga Baby Health Centre, made an average of 3-4 home visits a day, using her own car in 1946 and 1947. Councils like Warracknabeal in 1937 - a photograph of their car shown previously - Birchip and Donald in 1950 and sometimes benefactors, such as H. V. McKay in Sunshine, bought cars to make home and sub-centre visits much easier. In late 1944 there were 12 country and 2 metropolitan circuits where sisters drove more than seventy miles per week. In the government's 1949-50 budget it recognised the transport needs of baby health centres and began to provide subsidies for the purchase and running costs of a motor car. By December 1951, 14 municipal councils had purchased cars with this assistance.

**Broadening of services for children**

Dr Vera's 1942-43 Annual Report of seventeen pages begins with the comment that infant welfare is essentially a health movement aiming not only "to keep the well child well" but at the
same time to promote the under six at every stage - pre-natal, infant and pre-school.' The Director devoted a full column of the report to what she saw as the government's responsibility for providing the best food available at reasonable prices for mothers and children and feared that war-time rationing and reduced provision of sustenance supplements to mothers and babies would jeopardize their health. Respiratory disease was now the second highest cause of death in infants and Dr Vera felt that this was often connected to malnutrition and complications from the common cold. The Report outlines the growing breadth of infant welfare services in Victoria:

- 253 stationary and four mobile Infant Welfare Centres
- Ante-natal Supervision Centres
- Correspondence Scheme
- Pre-school Child Centres
- Provision of trained Mothercraft nurses to homes
- Infant welfare training for medical students, midwifery nurses, baby health centre sisters (50 in training), mothercraft nurses (74 in training) and parents, and refresher courses
- Training for pre-school child care
- four centres for full-time child care at Fitzroy, Footscray and Montague and five nurseries at Kew, Camberwell,
Hawthorn, South Yarra and Elsternwick for mothers involved in war work and
• advice to the Commonwealth government's rationing
department about the clothing and food requirements of
infants.
In addition the Director wanted to add regular dental services
and diphtheria injections.27

Latter years of war, 1943 – 45

Dr Vera's 1944-45 Annual Report - the last she wrote before her
death in 1946 - demonstrates the clear and comprehensive vision
she held for the growth of maternal and child welfare in Victoria.
She wrote that 'It is necessary to make all these Social Services freely available as a civic right (sic) to those needing them.'

Her social philosophy of equitable access to a range of family services is expressed more simply in her diaries where she
described her own children's lives and wrote 'I wish we could give all the little children what we would wish.'

By the end of World War II in 1945, almost twenty years of growth had established a service to mothers and babies from pre-natal care through to kindergarten. Despite the obstacles posed by the Great Depression and war, 162 new centres had opened between 1930 and 1945, 76 of them during the war. In her final report, Dr Vera writes of the all-round development of the child and asks for an urgent supply of Medical Officers, Dental Officers, Infant Welfare Sisters, Mothercraft Nurses, Pre-school (Kindergarten) Teachers and Pre-school Play Leaders. Her extensive twenty-three page report provides a list of seventeen recommendations which covers areas as diverse as:

- the collection and compilation of statistics relating to child health and development
- the need for a Medical Director of Nutrition for children and for the government to act on the over-refinement of cereals and
- for attention to be paid to the mental and emotional development of children
- concluding that 'Nothing is more important than the child for whom we are both fighting and working'.
Dr Vera's vision for a comprehensive and co-operative system to encourage child development is as pertinent today as it was sixty years ago.

**Post-war Baby Boom**

In the fifteen years after the end of World War II, Australia's population grew faster than at any other period in the twentieth century. An average growth rate of 2.7 per cent coincided from 1945 to 1949, with the Chifley post-war labour government's development of a social welfare framework which would provide some recompense for years of war service. These factors combined to provide a positive and lively environment for growing family services as well as increased pressures on resources - the Director's Annual Report of 1945-46 noting the overcrowding in obstetric hospitals as well as increased government funding.

**Baby health centres in temporary housing areas**

Slowed building growth during the years of the Depression and War, diversion of resources and manpower from the domestic building industry during the war and the sudden upsurge of demand for family housing as servicemen returned home.
combined to produce a critical housing shortage from war’s end.\textsuperscript{37}

By mid-1948 the Victorian Housing Commission estimated that
between 30,000 and 40,000 new homes were needed to cope with
the demand\textsuperscript{38} and the VBHCA was supporting 'adequate home
facilities as No 1 Priority in Preventive Medicine (sic).'\textsuperscript{39}

**Effects on families**

Health centre sisters were often aware of the difficulties
experienced by new mothers in poor housing arrangements. In
her 1947 Annual Report to the Malvern BHC Committee, Sister
Elsie Stafford commented on the prevalence of severe colds,
bronchitis and two cases of pneumonia in three week old babies.
She wrote that 'crowded homes, with families living in two or
three rooms, makes it very difficult to keep children happy and
healthy...'.\textsuperscript{40} One of the mothers interviewed for this study
brought her new first baby home to a boarding house in Prahran,
where the kitchen, bathroom and toilet were shared by several
families and 'not usually up to my standard of what I considered
clean'.\textsuperscript{41} Four of the eight mothers were living with their parents
when their first baby arrived. Marj said 'It was difficult
because we had to stay with my mum and dad and so was my
sister and her husband and their new baby too. I'd push the
pram from Hampton to look at our empty building block. I told
the builder - you've taken longer to build my house than I have to
make a baby. The demands on the copper were huge with two lots
of babies' nappies, but my parents were wonderful - they still
had two younger ones at home. They slept outside in a tent!
They said it was like being out in the country - they liked being
able to hear the birds'.

**Military Camps**

The Housing Commission placed many families into emergency
housing in the army huts of war-time military camps at places
including Watsonia, Williamstown and Parkville. Camp Pell in
Parkville, for example, housed families in very basic and often
uncomfortable conditions, in the standard mass-produced
corrugated iron buildings like Building 33A shown below.

The Meager family, shown in the photograph, lived with the bare
wooden floors, the shared bathrooms, the fleas and the sounds of
lions roaring in the night, until relocated to a Housing Commission
home in South Jordanville in 1953.
The Meager family outside a Camp Pell home, courtesy of Margaret McKay

Baby health centres were conducted in the camps, Sister Baker - who had spent four years with the Travelling Baby Health Centre in the Mallee - being in charge of the Camp Pell Centre, where children were immunised against diptheria and whooping cough.45

The Housing Commission’s planning process began to incorporate provision for baby health centres and a centre was erected at the Commission’s new Heidelberg West estate, where some Camp Pell families were relocated.46
Migrant Hostels

In response to numbers of migrants arriving in the post-war period, baby health centres went into migrant reception centres - sometimes called Holding Camps - and Hostels, as they appeared around the state. By 1951, centres were operating in nine Hostels - including Camp Pell - and six Holding Camps in the country - including Bonegilla - and Dr Meredith commented that the sister's work required extra patience and skill with New Australian mothers '...fearful of new procedures and often reluctant to abandon customs more suited to colder climates.'

Bonegilla Migrant Camp Circa 1952, Source: Albury Regional Museum, Bonegilla Collection
Conclusion

In 1917, a juncture of circumstance and people occurred to create Victoria's first Baby Health Centre. The international infant welfare movement had attracted a local following and was providing training and stimulus for some of Victoria's medical professionals. The movement's momentum was combined with local concern about Victoria's infant mortality rate and a small group of professionals and volunteers opened Victoria's first Baby Health Centre in Richmond. Within twelve months they had established the Victorian Baby Health Centre Association to finance and promote their work and co-ordinate their relationship with local and state governments. Their actions established a model of operation which remained as the framework when the Victorian government assumed overall responsibility for infant welfare with the creation of the Department of Infant Welfare in 1926. The enthusiastic voluntarism of the VBHCA, the SHWCV and the CWA, combined with enthusiastic attendance by mothers, ensured the continued growth of centres - fixed and mobile - training schools and mothercraft homes.
The desire for a local baby health centre and sister grew strongly and widely throughout the years covered by this study and became a political force strong enough to overcome some local and medical opposition and a persistent lack of finance. The grass roots growth of demand for centres and their consistent use by mothers to some extent belies the criticisms of social historians that baby health centres and their practices were imposed on mothers - particularly working class mothers - and devalued their traditional mothering skills.(see Chapter 8) I have found that even in the small sample of mothers interviewed, there was a diversity of mothering backgrounds and experiences and hence a variety of responses to the advice proffered by the sisters. But each of the women attended voluntarily and regularly as did thousands of mothers across the state - demonstrating that baby health centres fulfilled a basic need. Florence Fitzwilliam expressed that need clearly when she said "I was very nervous of rearing a little human being - it was pretty daunting with a new one...and the Baby Health Centre was like security".48
Growth at the local level was complemented by the appointment in 1926 of Dr Vera Scantlebury Brown as the first Director of the Department of Infant Welfare. Her appointment provided a creative leader with breadth of vision about broadening the concept of government's responsibility for babies and children and with the political and administrative skills to push ahead. Her framework for child welfare provided an integrated approach to supporting the family unit to care for each child from pre-natal to primary school stage. Dr Vera's plans are as fresh and relevant today as they were sixty years ago and although baby health centres are part of local communities throughout Victoria, much of her vision for maternal and child health and welfare remains to be achieved.
Introduction


2. Ibid., 1916-1917, p. 344. Note: The Year Book classified diarrhea, bronchitis and pneumonia as preventable diseases.

3. Victorian Baby Health Centre Association (VBHCA), Annual Report, 1918-1919


6. Interview, Shirley Dawson, p. 4, lines 22-26


9. Cheryl Crockett, *Save the Babies: The Victorian Baby Health Centres’ Association and the Queen Elizabeth Centre: The first 83 years*, Arcadia, Melbourne, 2000

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11 Marilyn Lake, and Farley Kelly, eds. Double Time, Penguin, Melbourne, 1985


16 Interview, Nance Rule, p. 8, lines 17-18


19 Burns, Op Cit, p. 487


22 Judith Gill, 'Beyond the baby and the bath water: 
Reflections on Current Debates in Educational Research' in
Australian Education Researcher, Vol. 23, no. 1, 1996, p. 1

23 Donna M Mertens, Research Methods in Education and

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APPENDIX A

Interview Schedule

1. How did you feel about going to the Baby Health Centre with your new baby? What were your expectations or your reasons for going?

2. What happened at the centres? Was there a weighing/measuring/test feeding routine? Did you have questions you wanted to ask?

3. What was the nature of the advice you were given?

4. To what extent did you follow the advice? What did you think about the advice?

5. Was going to the baby health centre a bit of a social occasion or always serious?

6. Did you get advice from other sources? What sort of advice?

7. How long did you attend the centre with your baby/babies and why did you stop?
Appendix B

Interviewee Information

Florence Fitzwilliam had baby Glenda weighing 9lb 4ozs in 1949. She attended Pt Fairy Baby Health Centre - Sister Gartside.

Beryl Forbes had baby Leonard weighing 9lbs in 1943. She attended Northcote, Kew and Vermont Baby Health Centres - Sister Douglas at Vermont.

Nance Rule had baby Donald who was premature, tiny and not weighed at birth, in 1946. She attended Hampton Baby Health Centre.

Margaret McCulloch had baby Stuart weighing about 9lbs in 1949. She attended St Kilda Baby Health Centre.

Nancy Smyrk had baby Ross weighing 8lbs in 1948. She attended Camperdown Baby Health Centre - Sister Daffy. Nancy was also an infant welfare sister.

Joyce Thomas had baby Beverly weighing almost 6 lbs in 1941. She attended Pt Fairy Baby Health Centre in the Council Chambers.

Mabel Saunders had baby John weighing 71/2lbs in 1945. She attended Bendigo Baby Health Centre sub-centre, Spring Gully, in the Church of England hall.

Marj Ferrier had baby Lynne weighing just under 7lbs in 1946. She attended Hampton Baby Health Centre.

Shirley Dawson is a retired infant welfare sister who, in the 1940s, went to New Zealand to undertake her infant welfare training. She had an enormous diversity of experience in New Zealand, Canberra and Victoria including the Mallee mobile service.