

THE EMPIRE'S HEALTH.

THE NATIONAL ASSET.

POLITICAL ECONOMY APPLIED TO THE NURSERY.

"Are you glad to be home?"

"Yes and no!" replied Miss J. B. N. Paterson, when we spoke with her last week, on her arrival in London to represent New Zealand Child Welfare at Wembley and several conferences.

"What an interesting life you have!"

"As for an interesting life!—well, that just lies in being prepared, and seizing the opportunities as they arise. I did not think it very interesting when I was ordered six months' rest after a mild attack of influenza—I, who had never been ill, nor knew what tiredness meant. But I did not take long to realise that here was a chance of visiting New Zealand—a project too often delayed since I finished school. I have many friends and relatives there, and, since I trained under Dr. Truby King in 1918, the added interest of seeing how things were worked out there."

Miss Paterson left here nearly three years ago on a projected three months' visit to New Zealand. On her arrival in the Dominion, Dr. Truby King asked her help with the Health Campaign which he was on the point of starting; this she gladly consented to do, realising the immense benefit that would accrue to herself through working under the Doctor again.

As an important preliminary, she went into residence and took a month at the Dunedin Karitane Hospital, so as to rub up and learn the duties of the "Plunket" Nurses in New Zealand.

The "Plunket" Nurses are so called because Lord Plunket was Governor of New Zealand when Dr. King founded "The Royal New Zealand Society for the Health of Women and Children" in 1907, and Lady Plunket became the first Patroness. The nurses wear a little oval silver medal, bearing the monogram "V.P.," surmounted by a coronet. The uniform is grey, piped green (light-weight material for the summer and sub-tropical parts), worn with a grey felt or white panama hat, according to the district and weather. On the hatband there is also a silver badge. They are General and Maternity trained prior to the post-graduate course at Dunedin.

Originally these nurses were all employed, when trained, by the Society, but now many nurses are sent to New Zealand to train by other countries; e.g., the Government of Queensland had a nurse there for six months; she has since returned to Brisbane to reorganise the Baby Clinics on New Zealand lines; previously Sydney had sent a doctor and a nurse, who returned to New South Wales to open the first Australian "Karitane" hospital; also nurses are sent to take the training before assuming the charge of a Children's ward in a General Hospital, and many nurses also return to private work; but the Society has, first and foremost, to see that the supply of Plunket Nurses is kept up, and the demand is ever increasing as the city staffs increase and new country districts are opened up. Not every nurse, however, who takes the training is considered suitable to become a Plunket Nurse.

"Yes," said Miss Paterson, "they are the equivalent of the Health Visitor in this country, but with very important differences:—they are all taught and trained in Dr. King's simple, scientific methods of rearing children. This comprises the science of NUTRITION, the importance of PREVENTION, and the significance of raising children with a high *Resistive Power*. "Hospitals are only monuments of failure," says Dr. King.

That being so, the advice tendered to the mothers of New Zealand is *uniform and authoritative*—a boon unknown in this city of London, not to speak of the country as a whole.

"Karitane" Nurses is the term applied to untrained girls who remain in the hospital a year and qualify as Nursery Nurses. Quite a number of girls take this course—the Minister of Education had a daughter there lately, and at present Dr. Valentine's daughter is undergoing training.

"Pre-eminently the Plunket Society stands for natural feeding, and never, till I met Dr. King was I taught the real technique of breast-feeding. The tragedy is, so many doctors and nurses don't know that they don't know; only those who have worked with and without the training can possibly judge the great difference this training makes. The nurse receives a confidence (gone are the old 'try this, try that' methods) obtained from knowledge of her subject; she realises her greater sphere of usefulness to the community, and her ability to undertake twice the amount of work in less time than heretofore. It was this knowledge which enabled me, in Cape Town, to establish breast-feeding with a third child, in a lady whose doctor and nurses (with the best will in the world) had failed twice—the one child died "because they could not get a food to suit her"; the second is badly damaged—yet the breast milk was not drawn off and employed as a last resort. Had they understood the technique, even this difficult subject could have been made a perfect mother to her first child.

"Amidst the rush of lecturing twice, and sometimes three times daily, and answering innumerable letters, I managed, in Johannesburg, to re-establish breast milk after a 4lb. premature had been weaned for five weeks. He weighed 4½lb. at birth, and was weaned and put on sweetened condensed milk on the sixth day, "because the mother's milk did not agree"! This premature was deprived of his birthright because neither the nurse nor doctor knew the technique of natural feeding, nor realised the extreme importance of procuring breast-milk for pre-matures! I, having been taught to calculate the caloric value of food, as well as the percentages, quickly saw that the child was only receiving half the food value due him for his age, weight and condition—not to speak of his being given "calf's food" in a concentrated, superheated form. Whole cow's milk in any form—raw, condensed, or dried—is not suitable for the baby; it must be modified to the human standard—to add water is simply to reliquefy it. Water, sugar and fat should be added till the mixture approximates as near as possible to Nature's pattern. To assist the necessary modification of milk, Dr. Truby King has specially elaborated a combination of fats and oils, which is so highly homogenised that it is more easily digested, by even 'sickly' infants, than any other kind of fat. This New Zealand Artificial Cream keeps indefinitely, and is free from all preservatives. With the help of a friend whose babe was three months old, I got the premature on to breast milk at once, and he gained at once; due attention was given to all the points mentioned by Dr. King in his valuable chapter on "Rearing of Prematures" in the New Zealand Official Guide, "The Expectant Mother and Baby's First Month." To cut a long story short: The child weighed 4lb. on September 13th, and 5 lb. 12 oz. on October 11th; the mother's milk, during the same period, had risen from a mere drop to 20½ oz. in the day, and the babe had been transformed from an ailing, constipated, jaundiced child into an almost normal baby."

After lecturing, with Dr. King, in almost every town and village in New Zealand, to Scouts, Guides, school-children, students, nurses, teachers, mothers, Y.W.C.A., Y.M.C.A., and the general public, Miss Paterson was asked to proceed to South Africa instead of Dr. Truby King, who was prevented from going in 1919.

There she found the people more than ready for the

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