

A Criticism of Some Features of the Propaganda and Methods of the Royal New Zealand Society for the Health of Women and Children

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The Plunket Society (to give it the name by which it is best known), since its inauguration, has undoubtedly accomplished much good work, but it is a matter for regret that it should have received the seal of official recognition by the Government without, or practically without, criticism from the class best able to judge of its merits and defects, namely, the general practitioner.

In the first place, is it not a pity that the Society trains probationers and turns out at the end of twelve months the so-called Karitane nurses? In theory it may be possible to train an untrained girl in infant feeding and management in that time. In practice, however, it does not work out so satisfactorily, for the reason that their experience and training are altogether too slight to enable them to distinguish between the milder dyspeptic troubles and more serious and dangerous conditions, or to recognise when the former change to the latter. This leads not infrequently to the nurse holding on long after the danger-point has been reached. A fully-trained nurse would in most cases recognise the seriousness of the condition earlier and summon help at an earlier stage. The point is not merely an academic one, but has been repeatedly emphasised in my experience, and no doubt in that of others, by the serious results.

Again, it is apparently a rule of the Society that its nurses shall work independently,

shall use only one or other of the so-called humanised mixtures, and shall not, unless strictly in accord with what she has been taught, carry out the orders of the doctor who may be called in. Doctors with extensive lodge practices no doubt welcome anything which relieves them of a large amount of troublesome and unprofitable work, but is it any wonder that many practitioners regard without enthusiasm a society which says, in effect, "Let us work together for the welfare of the babies," but which, when he says, "Very good, I shall be glad of your assistance in such-and-such a case," declines to allow its nurses to work under his orders unless he elects to use one of two or three cow's-milk mixtures? Surely the society, in adopting this attitude, has made an error in judgment. No useful co-operation between doctor and nurse is possible unless the nurse is allowed to carry out orders, and it is difficult to see any good reason why the Plunket nurse should be on a different footing from that of any other nurse.

When we turn to the Plunket literature we find the most dogmatic teaching on the feeding and rearing of infants. Dogmatic teaching is an excellent thing in the exact sciences, but outside them has serious drawbacks, since an assertion which proves to be wrong is apt to lead to the wholesale condemnation of much that is good and sound. The young mother, for example, who finds that her infant will not thrive on

“Humanised” No. 1 or No. 2 is more than likely to reject the whole of the Society’s teaching, and often does so, and though something of clearness might be lost if the possibility of failure were explained, the final results would be better. The attempt to lay down hard and fast rules for the sake of clearness alienates many of those we wish to help.

As a matter of fact, so far all efforts to find a food universally suitable to all infants have failed. It is perhaps unlikely that any such food will ever be found. It is a commonplace practice that in a certain percentage of cases the baby will thrive better on artificial food than on even the mother’s milk. This is not to be wondered at when we look at the mothers and at the lives they lead. Some babies do badly or not at all on any modification of cow’s milk, and that is little to be wondered at, either. The cow is a vegetarian, and the milk product has been developed along special lines by artificial selection for many generations. No one will be concerned to deny that some modification of cow’s milk is the best available substitute for human in most cases, but is there any gain in trying to teach the lay public that “humanised” milk is the only perfect substitute for the breast when there is at present, among those best able to judge, no sort of unanimity on the subject. The leaders of the Plunket Society are entitled to teach whatever they believe to be the truth, but they are not entitled to characterise as “illtimed and mischievous” the efforts of others to do the same.

One cannot but regret that in the matter of the composition of infants’ food the Society should have, as it were, nailed its colours to the mast, and it is even more regrettable that their leader should be so resentful of criticism as, to judge from a recent article in the N.Z. Medical Journal, is the case. One can sympathise with Dr. King in his efforts to evolve a perfect food suitable to all cases. It is unfortunate that the difficulties of so doing are insuperable at present. The chemistry of milk and the physiology of digestion and nutrition are in their infancy, and our practice is built up not on the tentative conclusions of chemists and physiologists, but on clinical experience. It will probably be a long time before it is otherwise. An example taken

from Dr. King’s article will illustrate the point. He quotes a lurid passage from Vaughan on the danger of excess of protein in an infant’s diet, and yet I could, I daresay, show Dr. King a hundred babies reared on undiluted cow’s milk—very satisfactory babies, too. Theoretically (apparently) many of them should have been dead from protein poison, but the fact is that they are not, and are giving their parents and doctors every satisfaction. Theoretically, also, many of them should have suffered from rickets, but they did not.

The only way in which to advance our knowledge is by interchange of ideas and experiences through the medium of our journals and at the meetings of our societies. “The dissemination of uniform and authoritative advice” is most desirable, provided the advice is good, but is obviously unattainable.

The Plunket Society has persistently ignored the part played by the general practitioner, and is now seemingly endeavouring to club him into line with them and their teaching—an effort which, if successful, would check progress in this country for a generation. The mother is usually attended by her family doctor, who in many cases to a greater or less extent oversees the rearing of the baby. He is, or should be, the referee in matters of doubt. The mother receives a booklet professing to teaching all that is necessary to salvation, and has the option of the assistance of a nurse who in many instances has only a narrow, one-sided training. However, competent and well-trained, she is hampered by rules which leave little discretionary power, and, over and above that, is under the thumb of a lay committee who believe that the Plunket method is the last word on the subject, to doubt which is blackest heresy. The results is that those doctors who cannot subscribe to the Society’s tenets (and there are many in this position) are obliged to take the cases out of the nurses’ hands.

The Society would do infinitely more good if, instead of striving vainly after a uniformity which we may achieve in five hundred years, it recognised things as they are and allowed a sensible latitude. It is true that there would be diversity of practice, but the lines would be convergent, even though the point on which they were converging

might be five centuries in the future. There is diversity of practice in the treatment of most ills, and yet fanatical attempts to browbeat the profession into a doubtful uniformity are seldom made, and when made are not apt to be successful.

The Plunket movement, for all its good intentions and zeal, has undertaken a Herculean task in attempting to impose a

case-iron method on the community while ignoring the fact that those who could and would be its strongest supporters are alienated. The pity of it is that so much might achieved under wise guidance.

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