

ST. JOHN AMB
L.A.

Dr. Phoebe
March, 1916

Name of Candidate.

Mrs. Ellen A. Pulaford
Miss
Miss

St John History

THE JOURNAL OF THE ST JOHN AMBULANCE
HISTORICAL SOCIETY OF AUSTRALIA
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St John History

Proceedings of the St John Ambulance
Historical Society of Australia
Volume 17, 2017

Editor: Ian Howie-Willis (Historical Advisor, St John Ambulance Australia)

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Introduction

St John History: Volume 17, 2017

St John History Volume 17 publishes papers presented to the 18th annual history seminar of the St John Ambulance Historical Society of Australia, held in Adelaide on Friday 13 May, 2016. In accordance with long established precedent, the leading article, 'Adelaide's Number 2 Nursing Division (YWCA) and Dr Phoebe Chapple MM: its first Divisional Surgeon' by Dr Brian Fotheringham, was the keynote paper at the seminar.

Having compiled and edited Volume 17, and all the previous sixteen, I must say how delighted I am with the uniformly high quality of the 12 articles making up this edition of the journal. After the first couple of 'experimental' editions back in the early 2000s, the journal quickly rose to a level of excellence which successive editions have maintained for the past dozen years. I am sure the audience for Vol. 17 will agree with me that this edition certainly attains and exceeds the benchmark of quality set by the preceding sixteen.

The reason why each edition is on a par with or even better than its immediate predecessor may be attributed to the enthusiasm and diligence of our contributors. It is they who identify the subjects to be researched, thoroughly investigate their topics, write and polish the seminar papers that are the 'raw material' from which *St John History* is produced and finally compile and deliver the PowerPoint presentations on their topics to inform and entertain successive history seminars.

The cumulative effect of all the writing and publishing that have gone into 17 editions of *St John History* is that St John Ambulance Australia now has a rich store of published history which St John historians of the future will be able to draw upon as they re-evaluate and re-write the history of the organisation in the decades ahead.

In this connection, I hope that in 2033 — now only 16 years away — the organisation will wish to produce and publish a sesquicentennial institutional history to celebrate the continuous 150 years of St John Ambulance activity in Australia. If that happens, the collected volumes of this journal will be a priceless resource for the historian or historians assigned such a task.

I conclude this 'editorial' by acknowledging the input of the St John Ambulance Australia publisher, Ms Gabrielle Lhuede, who, once again has assisted in producing a superlative edition of the journal with the assistance of Ryan Kellow who produced the powerful cover. I trust that she, Gabby, enjoyed contributing her accustomed high-quality input, because we her 'customers' are certainly delighted that, yet again, she has done us proud.



Ian Howie-Willis

Editor, Canberra, January 2017

Papers presented at the Historical Society's 18th annual Seminar

As mentioned, all eleven articles in this section of the journal are derived from the papers presented to the Historical Society's 18th annual history seminar in Adelaide on 13 May 2016. The keynote article by Dr Brian Fotheringham appears first; thereafter they follow in the order in which they were delivered at the seminar.

A one-day seminar yielding eleven articles such as the following self-evidently requires a huge amount of organisation and coordination. The seminar in question was again organised by the Historical Society's Secretary, Mr James Cheshire. It was, again, among the best of the 18 seminars the Society has now conducted.

St John History thanks Mr Cheshire for the immense, productive effort he made under to stage another 'jolly good show' for the Historical Society.

The twelfth article in this edition of the journal was not a paper delivered at our 18th seminar. Instead it was one presented to a plenary session of the Member's Convention of St John Ambulance Australia in Adelaide on Saturday 14 May, 2016. The author, Ms Danika Pederzolli, delivered an excellent presentation to the Convention describing her experience as a St John Ambulance Cadet. We include her paper in this edition in our 'Occasional Paperrticle' series.

Adelaide's Number 2 Nursing Division (YWCA) and Dr Phoebe Chapple MM, its first Divisional Surgeon

Brian J Fotheringham AM, KStJ

Dr Fotheringham was the Historical Society's inaugural President. A retired medical administrator, he is a former Commissioner for St John Ambulance in South Australia, where he is currently the Chairman of the State branch of the Historical Society and Curator of its Museum.



The formation of the St John Ambulance Brigade in South Australia lagged well behind the establishment of the St John Ambulance Association here. The Association formally started in 1884, although it is usually, and more modestly, stated as having 'opened for business' in 1885. This is in keeping with the meekness characteristic of South Australia and South Australians. As you will hear, there may be exceptions.

The Brigade did not function until 30 May 1914, thirty years after the Association. As you might well expect, the Adelaide No. 1 Nursing Division started before the Adelaide No. 2 Nursing Division, *but* only by 9 days! Nursing Division Number 1 began on 14 August and No. 2 on 23 August 1914, just one month before Australia formally entered World War I. In 1915, they had a membership of 35 and 40 people respectively.¹ The two divisions combined in 1923.

The No. 2 Division was linked with the Young Women's Christian Association (YWCA) and this meant a large amount of additional work for the Division's St John Ambulance members who carried out both St John and YWCA duties.

The Adelaide No. 2 Nursing Division (YWCA) was certainly an active one. It drew the attention of the public by attaching metal cabinets to Municipal Tramways Trust tramway standards in Victoria Square (the geographical centre of Adelaide) and on the corner of King William Street and Currie Street, a major city intersection. The cabinets were filled with first aid materials and only selected St John members and certain police had keys to access them. Sadly, this initiative had to be abandoned as vandals repeatedly broke into the boxes and spread the contents.¹



Women of the St John Ambulance Adelaide Number 2 Nursing Division (YWCA), April 1917.



Prince Alfred College, Adelaide, 1870. The building still looks much the same, although the trees have, meanwhile, grown and now overshadow all but the front entrance at the left.

The Superintendent of No. 2 in the early days, Nurse Bevilaqua, had a printing block made for producing cards that showed the pressure points of the body for stopping haemorrhages. By giving first aid demonstrations where they sought donations, they raised sufficient money to print 40,000 cards. They sold the cards for one penny each, and gave a card to every soldier leaving for the War front.¹

Who was Phoebe Chapple?

Phoebe Chapple (1879–1967) was the daughter of the headmaster of Prince Alfred College, Mr Frederic Chapple BA, BSc, and his wife Elizabeth Sarah, née Hunter. Prince Alfred College was an all-boys Wesleyan Methodist College established to match the Anglican's St Peter's College. That rivalry continues today. The foundation stone of Prince Alfred College was laid in 1867 by Prince Alfred himself, the then Duke of Edinburgh.

Mr Chapple was the headmaster from 1876 to 1914, a remarkable 37 years. He was a staunch Methodist and his family were regular worshippers at the Kent Town Methodist Church situated close to the college. Over the years, Mrs Elizabeth Chapple gave birth to ten children: Frederic John, then Edith, then Marian, Alfred, Gertrude, Phoebe, Harold, Ernest and finally, Reginald. The first three had been born in England and the last six were born at their father's work place, Prince Alfred College. Phoebe's date of birth was 31 March 1879.²

Phoebe was a pupil of the Advanced School for Girls, later called the Adelaide Girls' High School in Grote Street in central Adelaide. She entered the University of Adelaide at the age of 16 years and graduated initially with a Science degree (BSc) in 1898, one of the first women to do so.

She then went on studying at the same University to be a medical doctor, qualifying MBBS in 1904. She was the equal fifth woman ever to have graduated as a medical doctor from the University of Adelaide. As a medical student Phoebe won the University's prestigious Elder Prize. Its value was 10 pounds!



Phoebe Chapple's BSc degree graduation photograph, 1898. Two years after graduating in Science, Phoebe Chapple entered medical training at the University of Adelaide. (Photo courtesy of State Library of South Australia, item no. B 25677/34.)

Phoebe Chapple's work as a medical practitioner

Phoebe worked as a House Surgeon at the Adelaide Hospital, well before it became the *Royal Adelaide Hospital*. She gave free medical consultations to impoverished people who were made known to her by parishioners of the Kent Town Church, where the Chapple family worshipped. For a time in 1906 she moved to Sydney and, for virtually no pay, helped the poor at the Sydney Medical Mission.

She then returned to Adelaide to serve as the Prince Alfred College's school doctor. She lived there and conducted a general practice from there. The school boys would see her driving off to visit the homes of her patients in a horse-drawn carriage driven by a liveried coachman.³ The horse and the carriage and the coach-man were based at the College. In 1912, embarrassing questions were asked of the headmaster about how much he paid for all that human and equine accommodation.



Phoebe Chapple with her 11 fellow students (nine males and two females) in the 1900 intake into the University of Adelaide's medical faculty—she is the woman at the left.

Like other young medical students often do, the intake medical class of 1900 clearly seem to have enjoyed making fun of their class photograph.

Phoebe Chapple volunteered with the Adelaide No. 2 Nursing Division of the St John Ambulance Brigade. She was the Division's first surgeon. As we have seen, the Division was formed in August 1914, just before Australia became involved in World War I, but Dr Chapple's initial volunteering for St John predated the Division's formation.

It is recorded that she gave St John lectures to 21 first aid classes. These classes were all for women only. This first lecture was given to just four first aid students who were YWCA members, before YWCA and St John joined together in 1914. As World War I loomed, the number of participants in Phoebe's first aid classes grew to over 30. Her last prewar lecture was on 24 October 1916, just a few months before she left Australia to contribute to the War effort.

It can be noted that the Methodist Church, together with the staunchly Methodist Prince Alfred College, actively supported the war effort, encouraging young men to enlist. Phoebe's father, Frederic Chapple was a member of the executive of the State Recruiting Committee. Prince Alfred College boasted that 882 of its graduates enlisted. 120 of them did not return.⁴

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ST. JOHN AMBULANCE

Lecturer: Dr Phoebe Chapple

Class begun: 24th March 1916

Serial	Name	Name of Candidate	Address
1	1006	Chantrell	Mc Allen A. Puleford Rd, Prospect
2		Chantrell	Box 1
3		Growden	Box 1 54 Al. St. Peter
4	012	Spurgeon	100 York Young St. Kent Town
5		Trist	100 York Young St. Kent Town
6		Henderson	100 York Young St. Kent Town
7		Spence	P.O. Under
8		Spence	100 York Young St. Kent Town
9		Spence	100 York Young St. Kent Town
10		Spence	100 York Young St. Kent Town
11		Spence	100 York Young St. Kent Town
12		Spence	100 York Young St. Kent Town
13		Spence	100 York Young St. Kent Town
14		Spence	100 York Young St. Kent Town
15		Spence	100 York Young St. Kent Town
16		Spence	100 York Young St. Kent Town
17		Spence	100 York Young St. Kent Town
18		Spence	100 York Young St. Kent Town
19		Spence	100 York Young St. Kent Town
20		Spence	100 York Young St. Kent Town
21		Spence	100 York Young St. Kent Town

First aid class roll with Dr Phoebe Chapple listed as the lecturer. The roll is dated 24 March 1916. In accordance with contemporary practice, this was a segregated 'females only', class.

Dr Chapple's military service

Phoebe wished to enrol in the Australian Army, but females were not allowed to do this. Female doctors were told by Australian authorities 'that they could not enlist and were to go home and knit!'⁵ So Phoebe became one of 24 brave Australian female doctors who travelled at their own expense to Britain to serve in World War I. Phoebe left Australia in February 1917 and was allowed to join the Royal Army Medical Corps. Women were not at that time accorded formal military status. She initially worked as a surgeon at Cambridge Hospital, Aldershot, England, but was later posted to Abbeville, Rouen and Le Havre in France with Queen Mary's Auxiliary Army Corps. She remained in France until August 1918.



Dr Phoebe Chapple in the uniform of a female medical officer of the British Royal Army Medical Corps. This was a studio portrait taken in Adelaide in 1917 before Dr Chapple's departure for overseas service with the RAMC. Permission AWM P10871.005

On 29 May 1918, Dr Chapple tended to the wounded during a night-time air raid raining down machine-gun fire in a battle near Abbeville, France. For her efforts she was awarded the Military Medal (MM), the first woman doctor ever to have received this award. Few women have won this award.

The citation reads:

For gallantry and devotion to duty during an enemy air raid. While the raid was in progress Doctor Chapple attended to the needs of the wounded regardless of her own safety.



Members of Queen Mary's Army Auxiliary Corps marching from No. 2 Stationary Hospital, Abbeville on 31 May 1918 in the funeral procession of their nine comrades killed in the enemy air raid two days earlier. Dr Phoebe Chapple was awarded the Military Medal for her bravery under fire during the air raid.



Dr Phoebe Chapple's war medals. Left–right they are the Military Medal, the British War Medal and the Victory Medal. During World War I the Military Medal (with the Military Cross) was considered by many to be second only to the Victoria Cross as an award for gallantry.

Phoebe Chapple was the only Australian woman to be awarded the Military Medal in World War I. Other women were awarded the MM, but she was the only female doctor to receive an award for gallantry in the World War I. Dr Chapple's medals are now in the Australian War Memorial's collection.

Dr Chapple's post-war medical activities

After the War, Phoebe returned to Adelaide where she resumed the practice of medicine, with an emphasis on obstetrics. She lived in suburban Norwood, not far from Prince Alfred College, with her private practice rooms on North Terrace in Adelaide's central business district. Later she lived and practised from her home 'Tintagel', also in Norwood. She was welcomed back to her St John Division in October 1919, and resumed giving first aid lectures on 28 July 1921.

Dr Chapple was an honorary Medical Officer for the 'night clinic' at the now *Royal Adelaide Hospital*, a clinic for women with venereal disease. In addition, from 1910, she was the Honorary Medical Officer for the Salvation Army Maternity Hospital, sited initially in Carrington Street, Adelaide and later at McBride Hospital in suburban Medindie. She served in this capacity for some 30 years. Her work as a doctor was always strictly limited to clinical aspects; she never became involved in social aspects such as the adoption of babies.

I wonder what mental picture you have of Dr Chapple. In the *Australian Dictionary of Biography* she is described as tall, strong, blunt, confident and dominating.

Dr Phoebe Chapple MM, BSc, MB BS made six overseas tours. The last was in 1937 when she was the Australian delegate to the Medical Women's International Association conference in Edinburgh.

She continued her medical practice until the age of 85 years. She outlived all her eight siblings to die, aged 87, in Adelaide on 24 March 1967. She was cremated with full military honours. The University of Adelaide's residential college for women, St Ann's College, has a Phoebe Chapple bursary established from her estate. Her name is listed on the Kent Town Methodist Church's Roll of Honour for Members of the Church who served in Europe in World War I.⁶

Acknowledgments

Tony Aldous, Archivist, Prince Alfred College; Ian Howie-Willis and Bridget Slaven for assistance with the illustrations.

References

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2. GM Gibbs, *A History of Prince Alfred College*, second edition, 2008, p. 88.
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Sir Kenneth Barron Fraser, pioneering paediatric surgeon and inaugural St John Commissioner in Queensland

James MM Cheshire JP OStJ and Timothy M Wieland OStJ

Mr Cheshire is both a lawyer and an Australian Federal Police officer based in Melbourne. He is the Historical Society's Secretary, in which capacity he organises the Society's annual gatherings. The main events at these keenly anticipated get-togethers are the Annual General Meetings and the History Seminars, which generate most of the articles published in St John History.

Mr Wieland is a former paramedic and senior ambulance service administrator. He is a former Chief Officer of St John Ambulance in Papua New Guinea. He has also been a State Headquarters staff member of the St John Ambulance Event Health Services (formerly Brigade) in Queensland. He is currently employed by the Commonwealth Government in emergency services management in Canberra. He is the Historical Society's Deputy Editor.



Sir Kenneth Fraser in the uniform of a Colonel of the Royal Australian Army Medical Corps.

Sir Kenneth Barron Fraser (1897–1969) was a distinguished Brisbane paediatric surgeon. In Brisbane he is still well remembered for the 34 years he spent from 1923 until his retirement in 1957 as a paediatrician at the Royal Children's Hospital, where one of the wards was named after him. Sadly, the hospital closed in late 2014 and its services relocated to the new Lady Cilento Children's Hospital in South Brisbane; but there will be many hundreds of former staff and patients who will remember their time in the Fraser Professorial Ward.

'KB', as Fraser was affectionately known among staff and colleagues at the hospital, is remembered within St John Ambulance for two main reasons. First, he was the inaugural St John Ambulance Brigade Commissioner in Queensland as the Brigade was being established in the State during the early 1950s. He held the position for the eleven years, 1949–1960. Second, he was the epicentre of what remains one of the greatest disputes in St John history in Australia, the conflict occurring as the St John Ambulance organisation in Queensland was forcibly removed

from the grip of the Queensland Ambulance Transport Brigade (QATB, later called the Queensland Ambulance Service).

Fraser's principal biographer, Jean Stewart, gave her 2010 book, *Sir Kenneth Fraser*, the subtitle *A Twentieth Century Crusader*. In many respects the subtitle is appropriate, for KB never flinched or faltered when fighting for what he believed was a righteous cause.

Both of the events just referred to bear this out. The introduction of the St John Ambulance Brigade into Queensland and the removal of St John Ambulance from QATB control required a warrior of bravery, courage and endurance. We will not dwell on these events in this article, however, because they have been extensively covered in the official St John histories. We will refer to both events but our focus instead will be on KB's broader contributions to his fellow Australians' wellbeing. People wishing to know more about the two events should consult *First in first aid*, the monumental 1998 history of St John in Queensland by John Pearn and the late Murdoch Wales.

Rather than rehash well-known episodes comprehensively covered in the official histories, this article will focus instead on Fraser's medical and military careers. In doing so it will endeavour to show how 'KB' was uniquely well placed by training, experience and personality to perform his historic role in St John Ambulance in Queensland.



Kenneth Fraser (seated left) wearing his 'honour cap' as a member of Brisbane Grammar School's First XV rugby team.

Early life and education

KB was the oldest child in the family of Hugh Barron Fraser, a civil engineer of Scottish descent who had been brought to Australia by his family at the age of one. In 1894 Hugh Fraser married Clara Emma ('Cherrie') Jones, the Queensland-born daughter of a pioneering family in Bundaberg.

KB, the oldest of Hugh and Cherrie's children, was born on 28 March 1897 in Hughenden, north-central Queensland, where Hugh was working as a railways engineer on the construction of the Hughenden-Winton line. The family lived in various towns as Hugh was posted from one railway construction job to another. He eventually rose to become Assistant Chief Engineer of Queensland Railways.

KB received his primary schooling at first in Hughenden and then in other small schools wherever the family moved. His secondary education was at his father's old school, Brisbane Grammar, where he was a boarder for five years while his father was managing railway engineering projects in northern Queensland.

Young Kenneth was an able all-round student. In 1915, his final year at Grammar, he matriculated in seven subjects and was Dux of the school. He was a House prefect and a member of the school cadets. He won the prize for champion athlete, played in the First XV rugby team and captained the First XI cricket team.

In 1916 KB entered the University of Queensland, where he spent a year in premedical studies. Because at that time medical training was unavailable at the university—it wasn't offered for another 20 years, not until 1936—Fraser transferred to the University of Sydney in 1917. After five years there he graduated MB ChM in 1921. A resident of St Andrew's College in Sydney, he won 'Blues' for cricket, football and athletics; and during his university years represented both Queensland and New South Wales as a sprinter and hurdler.

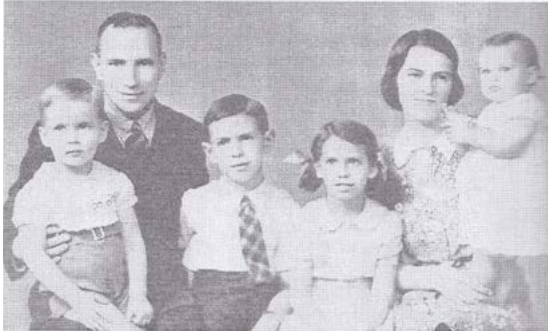
Medical career

Following his graduation, KB spent a year as a resident at Sydney's Royal Prince Alfred Hospital before returning to Brisbane in 1922 to become an out-patient surgeon at the Hospital for Sick Children. (The name changed to Brisbane Children's Hospital in 1943 and again to Royal Children's Hospital in 1967.) After a year at the hospital, he left to establish a general practice at Lutwyche, an inner-northern suburb, where he practised from the family home. As mentioned, however, he retained links with the hospital as a part-time 'honorary' until his retirement. He retained the practice in Lutwyche until enlisting for overseas Army service in 1939.



The Royal Children's Hospital, Herston, Brisbane, at the time of the move to the Lady Cilento Children's Hospital in 2014. Formerly the Hospital for Sick Children, this was where the young Dr Kenneth Fraser came in 1922 as an out-patient surgeon.

KB married in St John's Cathedral, Brisbane, on 17 July 1929. His bride, Edith Mary Patricia ('Pat') Lloyd Hart, age 21, had been one of his patients. They met when he answered a call to the Hart family home to treat Pat for bronchitis. Because of the name 'Pat', he mistakenly guessed his patient would be a son of the family. A romance developed between the dashing young doctor and his winsome patient. They were soon engaged but at the insistence of her father waited until after her 21st birthday before marrying. The marriage proved long—40 years—and happy; it also produced two sons (David and Hugh, both of whom became medical practitioners) and two daughters (Ann and Leith). In earlier years Pat assisted her husband in the Lutwyche practice by doing all its laundry as well as that of their growing family.



The Fraser family, 1939. Left–right are David, KB, Hugh, Ann, Pat and Leith.

Fraser remained in general practice until the mid-1930s, by which time he'd begun specialising more and more in paediatrics. In 1935 he moved to England with his family in order to undertake the postgraduate training he needed to specialise in paediatric surgery—studies for a Fellowship in the Royal College of Surgeons (FRCS). He had no sooner arrived in England, however, than he was summoned back to Brisbane because his mother had fallen gravely ill. He and his family returned home post-haste, only to find that she had meanwhile recovered. Instead of acquiring the 'FRCS' qualification, he then opted to qualify for a membership in the Royal Australasian College of Surgeons, which had been established in 1927. He became a Fellow of the College (FRACS) in 1940.

In the meantime, KB had begun lecturing in paediatric surgery in the nascent Medical School of the University of Queensland. He actually became the school's first graduate when he was awarded its Master of Surgery degree in 1940 for a thesis on the treatment of hare-lip and cleft-palate, subjects in which he continued specialising. Most of his scholarly publications were in that area.

Military career

As seen, KB had served in the Cadet Corps at Brisbane Grammar, but although interested in matters military he was really too young to join the Army during World War I. He was still at school when it started and midway through his medical course when it finished; but he joined the part-time peace-time Army, the Citizen Military Forces (CMF), as soon as he could—in 1923 at the age of 26 after returning to Brisbane from his medical studies and internship in Sydney.

Like most young medical practitioners joining the CMF, Fraser was appointed as a captain in the Australian Army Medical Corps (AAMC). Promoted to major, he was given command of the 7th Field Ambulance, one of the AAMC's major field units. He led this unit between 1934–1939. In 1935 he was promoted to lieutenant colonel. By that stage he was among the most senior of the Corps' medical officers in Queensland.

Soon after the outbreak of World War 2, Fraser transferred into the 2nd Australian Imperial Force (AIF), the full-time branch of the Army formed for overseas service. He enlisted in the AIF on 12 October 1939. Given command of the 2nd/3rd Field Ambulance, he raised and trained this front-line medical unit and then led it to the UK. They arrived in Britain in June 1940, but Fraser did not lead the unit into war because he was soon promoted to colonel and appointed as Assistant Director of Medical Services (ADMS) of the AIF in the UK. This was a very senior wartime appointment, at the time second



Colonel KB Fraser (left) and his batman sawing planks for improvised furniture outside the tents of the 2nd Australian General Hospital, Watten, Queensland, 1942.



The Army's Deputy Directors of Medical Services at a conference at Victorian Barracks, Melbourne, August 1945. Colonel KB Fraser, DDMS for Queensland, is sitting 3rd from the right.

only to the Director of Medical Services (DMS), i.e. head of the AIF's medical wing, Brigadier 'Ginger' Burston, who became his close friend.

When the campaign in North Africa began in December 1940, Colonel Fraser (as he now was) was given command of the 1200-bed 2nd/2nd Australian General Hospital (2/2 AGH) at Kantara near the Suez Canal in Egypt. The 2/2 AGH was one of the seven major Army hospitals operated by the AAMC in the Middle Eastern-Mediterranean theatre of war. Its main task was to receive and treat the flood of casualties evacuated from the front line of fighting in North Africa at places such as Bardia, Tobruk and Benghazi. When the campaigns in Greece, Crete, Syria and Lebanon were fought, the 2/2 AGH handled casualties from those conflicts as well.

Fraser commanded the 2/2 AGH from January 1941 until February 1942. In that time the unit developed several specialist treatment centres, including sections for managing facio-maxillary, neurological, orthopaedic and psychiatric cases. When the war in Papua New Guinea began in early 1942 and the AIF was brought home to meet the Japanese threat, Colonel Fraser brought the 2/2 AGH to Queensland, where it was reestablished at Watten, near his birthplace, Hughenden. For his leadership of the hospital he received a 'Mentioned in Despatches'.

After the 2/2 AGH was temporarily established at Watten (it moved to Rocky Creek on the Atherton Tableland in January 1943), Colonel Fraser was appointed as Deputy Director of Medical Services (DDMS) of the Queensland Lines of Communication Area. This essentially meant that he became the AAMC head in Queensland, ranking third in the AAMC hierarchy after the DMS and the CO of the AAMC—the Director General of Medical Services (DGMS), by now his friend, Major-General Burston. Because of its proximity to the war in Papua New Guinea, Queensland was the Army's forward base in Australia for operations against the Japanese in the island campaigns among the archipelagos to Australia's near north; and so Fraser held one of the most senior and most responsible of AAMC wartime positions.

Fraser's AIF appointment continued for six months after the end of the war. It formally ended on 19 February 1946. He continued on in the CMF, however, as part-time DDMS of the Army's Northern (i.e. Queensland) Command. After his retirement in 1954, in 1955 he was promoted to honorary brigadier.

In 1957 a rare military honour was bestowed upon him when he was appointed Honorary Colonel of the Royal Australian Army Medical Corps, succeeding his friend Major-General Burston. He retained the position for the next five years, until 1962.

Post-war career

After returning to civilian life in 1946, KB resumed his career as one of Brisbane's leading paediatric surgeons. He had actually been the first surgeon in Queensland to specialise in paediatrics. As the principal Honorary Surgeon at the Children's Hospital in Herston, his responsibilities included training medical students and graduates in paediatrics. He continued teaching at the hospital until his death in 1969.

In his 23 years at the Children's, Fraser trained several generations of paediatricians. In recognition of this service, in 1965 the hospital named its 'Professorial' or main teaching ward the 'Fraser Ward'. Historical Society members will be interested to know that two of their confrères, Beth Dawson and John Pearn, spent much of their careers working in the 'Fraser'. Sadly, however, the 'Fraser' is no more. It closed after almost 40 years when the hospital's functions were taken over by the new Lady Cilento Children's Hospital in South Brisbane at the end of 2014.

KB did much to promote paediatric studies. He was a member of both the University of Queensland medical faculty board and the faculty's advisory board on paediatric education. He secured the funding required for a chair in paediatrics. At his insistence, the faculty's paediatrics department was called the Department of Child Health because that placed the emphasis on normal, healthy child development rather than on the treatment of sick children. He also strove to emphasise social and preventive medicine in paediatrics. He promoted this philosophy as a foundation member and president (1958–59) of the Australian Paediatrics Association.

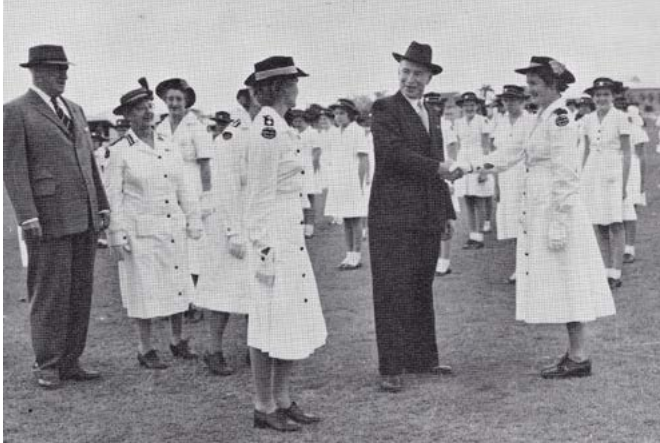
Away from paediatrics, KB had many other involvements. He was a member of University's Senate (governing council) for ten years (1956–1966). He used his position on the Senate to promote degree courses in pharmacy and physiotherapy.

Beyond the university, Fraser had many diverse interests. He was a founding member of the Red Cross Blood Transfusion Service in Queensland. He served on the Queensland executive of the Royal Flying Doctor Service of Australia for eight years (1958–1966). He was a board-member of both the Royal Brisbane and South Coast Hospitals. He was a councillor of the Queensland branch of the British Medical Association for eight years and its president in 1952. KB was also a council-member of the Australian National University for the three years 1960–1963. He was a member of the Anti-Cancer Council, a trustee of the Gowrie Scholarship Trust Fund, an executive-member of the Queensland branch of the English Speaking Union and a member of the Subnormal Children's Welfare Association.



Colonel K.B. Fraser is dubbed as a Knight Bachelor by the Governor-General, Sir William Slim in 1958.

Fraser's contributions to the development of Australian paediatrics and to his many professional and community organisations were officially recognised in 1953, when he was appointed as Commander in the Order of the British Empire (CBE). Further recognition came in 1958, when he became a Knight Bachelor (Kt.). The year after that, 1959, he was promoted to Knight of Grace within the Order of St John (KStJ).



Sir Kenneth Fraser was St John Ambulance Brigade District Commissioner in Queensland, 1949–1960.

In this photograph Sir Kenneth is seen attending a parade of 120 St John Ambulance Cadets at Bundaberg in 1965.

St John Ambulance

Mention of those illustrious postnominals, 'KStJ', brings us to Sir Kenneth's St John Ambulance career. He joined St John Ambulance in 1949 as Queensland's first St John Ambulance Brigade Commissioner. He took up the job at the urging of the Chief Commissioner, his close friend and wartime comrade, Major-General Sir S Roy ('Ginger') Burston, who in 1946 had been appointed as the inaugural 'Priory Commissioner' (called 'Chief Commissioner' from 1953). Queensland was the only State without a Brigade presence. Both Burston and the Priory Chancellor, Sir Hugh Poate (whose student Fraser had been at the Royal Prince Alfred Hospital in Sydney in 1922), were keen for Queensland to have its own 'District' or State Brigade organisation. They knew the doughty KB Fraser was the man for the job; they accordingly gave him their full support and encouragement as he led the 'crusade' to establish the Brigade in Queensland.

Fraser tackled his Brigade task with characteristic vigour and determination. He first appointed Mrs Dorothy Davidson, whom he had known as the leading figure in Queensland's wartime Voluntary Aid Detachment (VAD) organisation. Together they then set about establishing Nursing (women's) and Cadet (youth) Divisions of the St John Brigade. Within three years they had established ten successful, active St John Divisions and were planning to open six more, including the first Ambulance (men's) Divisions.

This brought Fraser and Davidson into severe conflict with the salaried General Secretary of the QATB, Frederick W Cash, who was also the honorary Secretary of the Queensland Centre of the St



The Chief Commissioner (Sir William Johnston) leads Sir Kenneth Fraser (bearing the Priory Sword) and the Prior (Viscount Dunrossil) in the capitular procession into St Peter's Cathedral, Adelaide, for the Priory Church Service in 1960. Dr Drury Clarke, one of Fraser's successors as Commissioner, said that whenever he saw Sir Kenneth carrying the Priory Sword in procession he was reminded of the Biblical verse, Matthew 10:34 — 'Think not that I am come to send peace on earth: I am come not to send peace but a sword!'

John Ambulance Association (nowadays Training Branch). Cash's chief ally was JA ('Bert') Turner, a Labor parliamentarian who was President of the QATB and Deputy Chairman of the St John Ambulance Association Centre. Cash and Turner remained resolutely opposed to the entry of the St John Brigade into Queensland, wrongly fearing this might jeopardise the QATB monopoly over the State ambulance transport system.

Fraser appealed to his Chief Commissioner and Priory Chancellor for support. They took his part in the mounting dispute because they saw the QATB's control over the Queensland Association Centre as an irregular, unconscionable and unsustainable anomaly. The dispute broadened to become one not just between Fraser and Poate and Cash and Turner, or between the St John Brigade and the QATB, but a conflict between the Australian Priory of the Order of St John and the QATB senior management.

The conflict escalated over the nine years, 1953–1962. The denouement came in April 1962, when the QATB faction were effectively ejected from the Association Centre committee. By that time both Sir Hugh Poate and Sir Roy Burston were dead; and Sir Kenneth Fraser had retired as the St John Queensland District Commissioner, succeeded by Colonel Murray Elliott. Fortunately, under Murray Elliott's guidance, the St John Ambulance Brigade in Queensland became firmly and permanently established. Over the decades that followed, with different personalities in charge, the St John–QATB relationship improved, moving from confrontation to cooperation.

From the standpoint of 55 years later, it's difficult now to appreciate how intensely bitter the St John–QATB conflict was. To survive it while also ensuring the continuity of the emergent St John Ambulance Brigade in Queensland took someone of KB Fraser's resolute character. He was a feisty, combative and dogged chap who refused to be deterred by the hostility and provocation of Fred Cash, Bert Turner and their QATB cronies. Fraser's own irascible manner when opposed contributed to their antagonistic attitude towards the St John Ambulance Brigade hierarchy and the Priory leadership. Both sides to the conflict were intransigent and uncompromising; but for St John at least that was perhaps the price of survival. We must be grateful to K.B. Fraser for being prepared to pay that price.

And now, finally, in answer to the question in the title of this paper, yes, Sir Kenneth Fraser was indeed a 'Twentieth Century Crusader' — and one every bit as valiant as the fabled Knights Hospitaller of yore!

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Thomas Jesse Ivy (1830–1917). A pioneer St John Ambulance instructor

J Allan Mawdsley OAM, KStJ

Dr Mawdsley is the Historical Society's President. A retired psychiatrist, he is a former St John Ambulance Commissioner for Victoria, where he is currently the Secretary of the Historical Society's State branch.



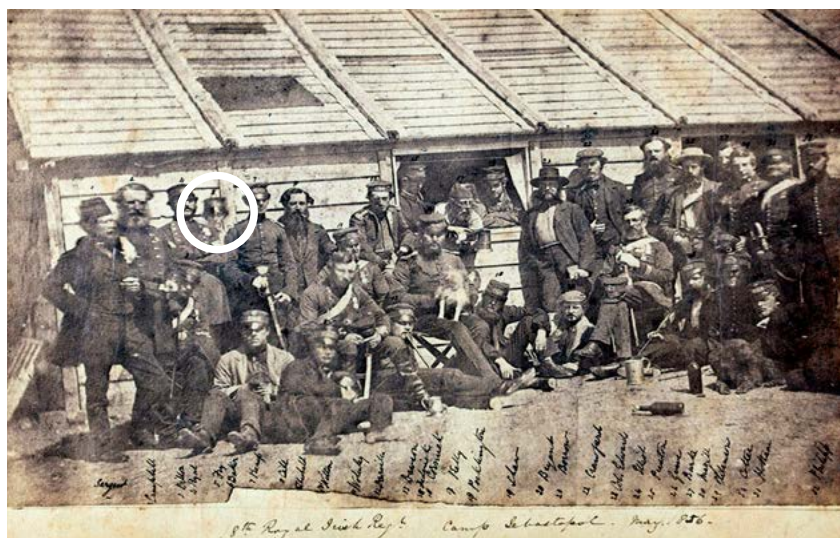
The Ivy family of Bristol

Thomas Jesse Howard Ivy was born on 7 May 1830 at Bitton, a suburb of Bristol in Gloucestershire. His father, George Ivy, was killed at the age of 24 years, six weeks before Thomas was born, which in the words of a tribute, 'materially altered the whole course of Mr Ivy's life'. He was an only child, brought up by his widowed mother. At an early age he was apprenticed to a cabinet-maker and was very successful at his profession.¹

In 1849, at the age of nineteen, Ivy married Amelia Holmes Phillips at the church of St Philip and Jacob, in Bristol.² Their first child, Amelia Rebekkah Ivy, was born in 1850. Their second child, Clara Anne Ivy, was born in 1853. Their third child, Jessina Ivy, was born in 1855 while Thomas was away fighting in the Crimean War.

Thomas Ivy's Crimean War service

In 1853 the Ottoman (Turkish) Empire had declared war on Russia. Ostensibly this was about a dispute over the rights of Russian Orthodox churchgoers in the Holy Land, but the political agenda was more to do with Russian expansion into the Black Sea area. From its port at Sebastopol the Russian navy was exerting a dominating influence over shipping in the Black Sea. Other European powers, also wary of Russian expansionism, sided with the Ottomans and sent military forces to the Crimea. In England the war was portrayed as a defence of the British Empire against Russian aggression.³



The 18th Royal Irish Regiment at Sebastopol, 1856. Face circled, Thomas Ivy is standing in the back row, 4th from left and numbered, '5'.

Thomas Ivy enlisted at the age of 24 with the 18th Royal Irish Regiment of Foot, an infantry formation which had been repatriated to England after deployments in India and Burma. After a period of training new recruits at the Royal Military Academy at Woolwich, the Regiment was sent to the Crimea. They sailed from Portsmouth on 8 December 1854 on SS *Magdalene*, arriving at Balaclava on 30 December.⁴

The European allies realised that if they captured Sebastopol they would control fighting in the Black Sea and win the war. A large French army and a smaller British army fought to capture Sebastopol. Death from disease was high on both sides.³

The winter had brought great suffering to poorly equipped soldiers and when the 18th Royal Irish Regiment arrived they found themselves to be the only fit regiment. The experience of older soldiers who had seen service in East Asia helped the regiment from being as badly affected as other units by frostbite and disease.⁵

Thomas Ivy was promoted to Colour Sergeant of the Royal Irish Regiment. He was one of a party of soldiers who gained possession of some buildings during the attack on Sebastopol and held out for 17 hours of Russian Artillery bombardment before retreating after being wounded. The siege was ultimately successful but Ivy was sent to the British Military Hospital at Scutari where he was nursed by Florence Nightingale before repatriation to England.

Ivy was awarded the British Crimea War medal and the Turkish Crimea medal, 1854–1856. After repatriation home he resumed his work as a cabinet-maker at the West of England Cabinet Works in Bristol, owned by Mr Uriah Alsop. He was soon appointed foreman of the workshop in Milk Street, Bristol, as the business was expanding into new premises.⁶ He was not in good health, however, and was advised to move to a warmer climate.



For his war service Thomas Ivy received the British Crimea War Medal (left) and the Ottoman (Turkish) Crimea Medal (right, obverse and reverse).

A colonial military career

Heeding the warnings about his health, Ivy and his family decided to emigrate to Australia. Thomas and Amelia with their three daughters, Amelia, Clara and Jessina, boarded the ship *Parsee* at Southampton, bound for Melbourne, arriving on 14 May 1858.⁷ On arrival in Melbourne the family found lodgings in Malvern, and Thomas found work at the Victoria Army Barracks initially as a drill instructor and later as a store-keeper.

These first few years in Melbourne were extremely stressful for the Ivy family. Their first son, Thomas Jesse Holmes Ivy, was born in 1860 surviving to adulthood and providing his parents with several grandchildren. A second son, George Henry James Ivy, was born in 1861 but died in 1863.

As a consequence of the media frenzy about the Crimean war, Victoria was in the grip of a wave of anxiety about the possibility of a Russian invasion. Gunnery emplacements were developed at Queenscliff and Point Nepean to guard the entrance to Port Phillip Bay and also inside the Bay at the South Channel Fort and an artificial reef called the 'Pope's Eye' which was commenced but never completed and is now a marine national park. Artillery batteries were also formed in some bayside suburbs including St Kilda, Brighton and Williamstown. The St John Ambulance Association President, Sir William Clarke, formed the Rupertswood Horse Artillery in Sunbury at his own expense. There were also a host of suburban militia units.



Members of the Williamstown Battery, one of the Victorian militia units formed to defend Port Phillip Bay against a feared Russian during the Crimean War scare.

The St Kilda Rifle Corps was formed by public acclamation at a meeting on 18 July 1859.⁸ Sir Frederick Sargood, a wealthy merchant who later became Victoria's first Minister of Defence, and who commissioned architect Joseph Reed to build his opulent mansion 'Rippon Lea', had a longstanding interest in defence matters. He had joined the militia as a private and risen through the ranks to become a lieutenant-colonel.⁹ He became the Commanding Officer of the St Kilda Rifle Corps and employed Thomas Ivy as drill instructor in 1861.



Thomas Ivy as a member of the Brighton (Melbourne) Rifle Corps, 1865, at age 35.

The Brighton Rifle Corps had been formed at a public meeting chaired by Captain William Mair on 6th August 1860.¹⁰ Mair had been a career soldier who was appointed commander of the Port Phillip mounted police and subsequently a police magistrate. He rose to become lieutenant-colonel of the defence force of Melbourne district of the Victorian Colonial Army in 1884. He retired with the rank of honorary colonel in 1886.¹¹ Mair took command of the Brighton Rifle Corps and recruited Ivy to become his drill instructor from 1862. Ivy remained in this role for the next 17 years.

As Ivy retired from Brighton Rifle Corps he was appointed as manager of the Fine Art Gallery in the Melbourne International Exhibition of 1880–1881. Many famous artists from around the world had paintings for sale at the Exhibition. Included among these was Le Febvre's painting, 'Chloe' (arguably Australia's most famous nude portrait), which has now been at Young and Jackson's Hotel for more than a century. 'On leaving at the closing of the exhibition he was presented with very flattering testimonials for his skill and ability'.¹

A new career as a railways ambulance officer

In 1882 at the age of 52, Ivy began a new career in the Victorian Railways. The railways were undergoing an unprecedented expansion. The colonial government took over from the private companies that had built the first railways. It quickly began to build numerous regional lines and the new central terminus at Flinders Street in addition to the existing Batman's Hill station at Spencer Street. A viaduct linking the two was not begun until the 1890s.¹² A new Railways Act placed control in the hands of a Board of Commissioners instead of the Minister's direct control, and they built themselves a fine new Head Office in Spencer Street.

The labour unions began negotiating working conditions. Although Ivy was notionally employed as a coach-builder, he was soon appointed as the first superintendent of the Railways Ambulance Corps based at the new railway workshops being developed at Newport.

His three daughters had married and left home, as had their son who married and moved to South Australia. Ivy's wife, Amelia, died suddenly that year at the age of 52. Ivy's response was to plunge himself into his new work. He was actively involved in union work, particularly in the eight-hour movement and was a member of the association later called the Victorian Eight Hours Pioneers Association. He was also a prominent Freemason.

The Eight Hour movement was eventually successful in achieving the labour working conditions summarised in the slogan 'Eight hours work, eight hours rest and eight hours recreation'. The Victorian Eight Hours Pioneers became the Old Colonist's Association occupying the Old Colonists' Homes founded by philanthropist George Coppin, chairman of the 1883 meeting that founded the St John Ambulance Association in Victoria.

As soon as Melbourne's St John Ambulance Association Centre formed, Ivy became a Class Secretary in the Newport–Williamstown area. He was one of the first members to gain the St John Ambulance Association Medallion, which was awarded to him in 1887 at the 'Annual Demonstration'. The Annual Demonstrations were grand public meetings at the Town Hall at which awards were presented by the Governor, demonstrations of first aid techniques were presented, and dramatic accounts given of disasters where lives were saved by first aid.¹³



The Williamstown-Newport Railways Workshop in 1887, the year Thomas Ivy as Superintendent of the Railways Ambulance Corps formed two Corps there to provide a first aid service in a notoriously accident-prone industry.

The 1887 St John Annual Report mentions that 'two Ambulance Corps were formed by Mr Ivy in Williamstown'. One of these was for the Railway employees at the Newport workshops and the other was for civilians completing the St John first aid certificate. The precise meaning of 'Ambulance Corps' in this context is not defined in the reports but appears to mean a body of trained first aiders who indicated a willingness to attend special first aid events. The report says that an offer had been submitted to the Defence Department for these Corps to provide their services to aid the military and naval forces in time of war.¹³ Although the Defence Department did not respond to this offer it is interesting to note that this very kind of support for British forces in the Boer War led to St John volunteers contributing about a quarter of the army medical services and the subsequent formation of Voluntary Aid Detachments for the first World War.

Later in 1887, the whirlwind tour of Australian St John centres by Lady Brassey, so eloquently described in Dr Ian Howie-Willis' paper 'Annie Brassey's last voyage aboard *The Sunbeam*', resulted in the formation of the Lady Brassey Ambulance Corps, also under the superintendency of Thomas Ivy at Williamstown. Her financial support for this third Corps was duly reported in the 1888 Annual Report along with the report of her untimely death.

At first sight it appears strange that Williamstown, a small seaport settlement close to the city of Melbourne but on the opposite side of the mouth of the River Yarra, should have *three* ambulance Corps when there were no others recorded elsewhere in the State. The ones for Railway employees and for graduates of first aid classes are easily understood as the outcomes of Thomas Ivy's organizational enthusiasm. But why the third one? The answer appears to be that the Lady Brassey Ambulance Corps was for women. Although not noted in St John Ambulance reports, this conclusion is reached for two reasons: firstly, men's and women's first aid classes were run separately, with their results being reported separately in the newspaper, and secondly, an advertisement appeared in the *Williamstown Chronicle* every few weeks for many months for their sewing group.

Public-spirited community involvements

Later, when plans were afoot for the building of Williamstown Hospital, three committees were formed, one of which was the Ladies' Committee, and the Lady Brassey Ambulance Corps shared in the work of this committee raising funds for the hospital. A horse-drawn ambulance belong to the Corps was located at the Hospital.¹⁴ Notwithstanding the bereavement associated with his earlier visit to Australia, Lord Brassey later remarried and came back to Victoria as Governor from 1895 to 1900, the last colonial Governor before Federation.

For two triennial periods Thomas Ivy was a successful candidate in public ratepayer elections for the Williamstown School District Board of Advice. Boards of Advice were set up under the Education Act of 1872 to make recommendations to the Minister and the Education Department about the condition of school buildings, their management requirements, pupil attendance, and the suspension of teachers for misconduct. Their deliberations were taken very seriously, and their Annual General Meetings were reported in the local newspapers, as were their campaigns for election.¹⁵ While he was a member of the Board of Advice, Ivy took the unusual step of arranging first aid classes for children at the Williamstown Primary School.



The Williamstown Primary School. The school opened in 1873 and its permanent building was opened in 1878. Thomas Ivy served two terms as an elected member of its Board of Advice or Council. As such he introduced first aid classes for the students.

Ivy remarried in 1889 to Annie Osborne Shepherd (1851–1930). He remained one of the most active Victorian instructors and class secretaries for the next fifteen years. He promoted dozens of first aid classes for the public and for the railways employees. There are newspaper reports of his involvement in first aid events at Portland in western Victoria and as far away as Mt Gambier in South Australia. He was a generous donor to St John, giving five shillings in 1887 and again in 1888, and being on the donors' list every year until 1914.^{16,17}

Ivy retired from the Victorian Railways in 1894. An article in the *Williamstown Chronicle* reported, 'We have now lost our respected friend and associate Mr TJ Ivy who has the honour of being the first President of the Victorian Railway Service Mutual Association, and was very energetic in getting the Victorian Railway Commissioners Act 1883 passed, which gave employees the privilege of receiving compensation and superannuation allowance. He was also the first Superintendent of the Victorian Railways Ambulance Corps, at Newport, it being the first Ambulance Corps formed in any of the Australian Colonies'.¹⁸



Thomas Ivy, about 1910, aged about 80.

Ivy continued his work with St John. He is mentioned in the 1897 Annual Report for the successful resuscitation of an apparently drowned man at Sandy Bay in Tasmania, where he was on holiday.¹⁷ In 1908 he joined the first aid Volunteers Association formed by Colonel George Horne to provide public first aid at the march from Port Melbourne to the city by visiting sailors of Theodore Roosevelt's Great White Fleet. The success of this led to the formation of St John Ambulance Brigade in Victoria.

Thomas Ivy died on 8 October 1917 at Kew, and is buried at Melbourne General Cemetery in a grave marked only by the number '37'. His obituary says that he was survived by a widow (Annie, who died in 1930) and grown-up family, with 22 grandchildren and 14 great grandchildren.¹⁹ He is certainly one of St John's great Australian pioneers.

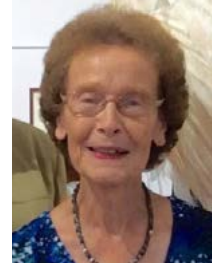
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Sir Hugh RG Poate. The first Divisional Surgeon in NSW, the first Chancellor of the Priory in Australia and Australia's first Bailiff Grand Cross

Betty Stirton OAM KStJ

Mrs Stirton has the unique distinction of having served in St John Ambulance and the Order of St John the longest of all contributors to this edition of St John History. She has an unbroken record of service extending back 75 years, to 1942, when she joined her local Nursing Division in Sydney as a 12-year old Cadet. In the meantime, she has held many senior St John positions, including Divisional and Corps Superintendent, State Superintendent of Nursing Divisions, NSW head of Community Care Branch, long-serving member of the NSW St John Council and Honorary Archivist to St John NSW. In her salaried professional career away from St John she was a secondary teacher in the NSW government school system, but St John Ambulance has always been her vocation and voluntary parallel professional career.



The St John Ambulance Australia (NSW) Centre was established 1890. The Centre's foundation marked the beginning of the continual teaching of the St John course in first aid in New South Wales. The inauguration of the Commonwealth of Australia and the opening of the first Federal Parliament in 1901 were signal events in the development of the St John Ambulance Brigade in NSW. The military authorities in charge of the street parades for these events the NSW St John Ambulance Association Centre to provide teams of first aiders to be on duty at intervals along the streets of Sydney wherever the parade was due to pass. The Association's Practice Classes of 160 members participated, wearing armbands featuring the Maltese Cross.

This article aims to extend knowledge about a figure who was pivotal in the development of the Brigade in New South Wales and subsequently the establishment of the Australian Priory of the Order of St John — Hugh Raymond Guy Poate. Sir Hugh Poate (as we remember him) is nowadays best remembered in his home State of New South Wales for the Sir Hugh Poate Training and Recreational Centre at Blaxland, named in his honour.

Traditionally, NSW has provided many of the distinguished leaders who have played major roles in St John at the national level. Sir Hugh Poate, Commissioner in NSW during the 1930s and subsequently the first Australian Commandery Lieutenant and the first Priory Chancellor, has been one of the most eminent Australian servants of the Order in the 135 years since the first St John training in Australia in 1881. Poate, however is worth commentary for many reasons. For instance, not only was he the inaugural Chancellor of the Australian Priory of the Order, he had numerous Order 'firsts', including the first Australian to be promoted to Bailiff Grand Cross (GCStJ) within the Order.

Dr Poate joins the St John Ambulance Brigade

In 1913 Dr Poate joined the Glebe Ambulance Division of the Brigade — Australia's first — as their Divisional Surgeon. He thus came the first Divisional Surgeon of the Brigade in NSW. By 1914 he had notched up an impressive record of achievement. He became the chief examiner at the inaugural NSW first aid Competitions held by St John Ambulance at Coogee Beach in 1913; he had conducted a first aid class for Glebe Division members; and he attended 28 Divisional meetings before enlisting for overseas military service. On 25 August 1914 he joined the Australian Imperial Force (AIF), an Expeditionary Force formed for military operations overseas. He was assigned to the 1st Field Ambulance as a captain. As such he was a member of the Australian Army Medical Corps (AAMC).



The competitions for the 'Roth and Douglas' Shield first aid competition at Coogee Beach, 27 September 1913. Dr Poate was the Examiner for the competition. The duty would have been among his earliest as Divisional Surgeon of the Glebe Division.

Major Poate of the 1st Field Ambulance, Australian Imperial Force

After enlisting, Dr Poate asked his Divisional Superintendent at Glebe, WJ Harris, if the Glebe members would assist him in obtaining triangular bandages and special medical equipment because his Colonel desired that a fund be raised to support the 1st Field Ambulance. The Divisional members agreed to a 'house to house collection', to be held the following Saturday. The collection took place and £50/10/6 was collected and a further donation made the total up to £60/15/-, which was banked. The amount banked would be worth about \$6,720 in present-day values. Perhaps that is a measure of the high esteem in which Dr Poate's division held him.



Major Hugh Poate (left) of the 1st Field Ambulance with three fellow medical officer colleagues outside a dugout at Gallipoli, May 1915.

The Mayor of Glebe, Alderman Artlett and Alderman Cole were invited to attend the special meeting of the Division to explain the need for the house to house collection. Dr Poate's sister attended the meeting and read her brother's letter asking for assistance for bandages and medical equipment. After inquiries had been made and satisfied as to the object the money was to be put, it was decided to donate £40/2/- from the Patriotic Fund (Glebe Branch). A cheque for this amount was handed to Poate.

During his Military Service in the AIF Poate was promoted to Captain then Major and Lieutenant-Colonel. After his repatriation to Australia in 1917, he returned to Glebe Division on 27 October 1917

and attended a 'Welcome Home' party. He remained with the Division for the next six-and-a-half years, until 24 April 1924, when he was appointed District Surgeon.

The Yarra Bay first aid Station

The Yarra Bay Ambulance Station, near the Eastern Extension Cable Station, La Perouse, was officially opened to the public by Dr T Storie Dixson, Deputy Commissioner, on Easter Monday 13 April 1914. As well as Dr Storie Dixson, those present included Boles R Rainsford (District Secretary), GW Howe (Hon. Treasurer), WJ Harris (Divisional Superintendent, Glebe Ambulance Division), eight members of the Glebe Ambulance Division, Mrs G Clark (Divisional Superintendent, Glebe Nursing Division), five members of the Glebe Nursing Division, most of the campers spending the weekend in the vicinity as well as many visitors.



St John Ambulance Brigade members demonstrating bandaging at the official opening of the Brigade's Yarra Bay first aid Station in 1914.

Commissioner of the St John Ambulance Brigade in New South Wales, 1929–1941

Dr Poate was promoted to Commissioner of the NSW St John Ambulance Brigade in 1929. As Commissioner he attended the St John Office to deal with all the paper work as well as accepting invitations to attend functions organised by Divisions and Corps.

First aid to the teeth by Keith Vyden was a manual of oral hygiene containing essentially the first aid treatment to the mouth and teeth. The book was set up, printed and bound in Australia by Halstead printing company Ltd, Arnold Place, Sydney, in 1934. It was registered at the General Post Office, Sydney, for transmission through the Post as a book; it was available from Angus and Robertson Ltd, 189 Castlereagh Street, Sydney. In the Acknowledgments', Mr Vyden wrote,

I wish to take this opportunity of thanking Dr H.R.G. Poate for his great help and kindness extended to me in the preparation of this publication. Also, I wish to thank Mr. A. Thornton Taylor BDS for his very helpful criticism and suggestions.



The recently appointed Brigade Commissioner, Dr Hugh Poate (top step), performing the opening ceremony of the newly rebuilt Yarra Bay Casualty Station, 1935.

The Preface of *First aid to the teeth* was provided by Dr Poate. Among other comments, he wrote that

as Commissioner for the Brigade in NSW, I feel deeply interested in this very practical extension of first aid teaching, and am proud that the author has modelled [it] on the lines of our famous first aid book, and that it has been produced under the auspices of the NSW District of the Brigade Overseas.

2nd December 1935 was the day of the grand official opening of the Glebe Ambulance Division's new Casualty Room at Yarra Bay. Mr J Barnes, Superintendent of Glebe Ambulance Division welcomed the Commissioner, Dr HG Poate, and the guard of-honour from Glebe Ambulance and

Nursing Divisions as well as the large gathering of members of the Brigade and the general public to this special event. Dr Poate opened the new casualty room, which cost £250. This sum, worth about \$23,365 in present-day values, was collected entirely from local residents of Yarra Bay. The Ambulance Station was open each Saturday and Sunday and on public holidays. During 1935, 540 casualties were treated, making the grand total of 5096 cases since its inception in 1914. The Division thanked the medical staff of the Coast Hospital for their valuable assistance and to Mrs Howe for the arranging of meals for the men on duty.



Dr Hugh Poate as Commissioner for the St John Ambulance Brigade in New South Wales, at age 51 in 1936.

The Sleeman Tour, 1935–1936

In 1935 Dr Poate received an important letter dated 8 April 1935. It was from the Commissioner-in-Chief of the Brigade Overseas, Colonel (later Sir) James L Sleeman CMG, CBE, MVO. It advised Poate that Sleeman intended visiting Australia during the coming English winter (the Australian summer) for the purpose of 'seeing the [St John Ambulance] work for myself, in your large and efficient District'. Sleeman duly visited both Australia and New Zealand during 1935–36. As we know from the report of his tour that he subsequently published, he was greatly impressed by Poate and the Brigade District in New South Wales.

In 1935, Dr Poate, who had been promoted to Commander of the Order of St John, wrote about what he believed the Brigade in New South Wales was accomplishing. In doing so, he expressed something of his own St John 'philosophy'.

The St John Ambulance Brigade has become a recognised and important factor in the civic life of the community,' he wrote. 'Actuated as it is-by the sincere desire to help others in time of accident or sickness, the general public have learned to value the service so faithfully and efficiently given. Our members thus have a moral duty to adhere to the traditions of the Order of John in general, and to maintain the prestige of the Brigade in this state in particular. It is not enough that they should be efficient in their first aid work, but they should realise that in uniform they have all eyes upon them, and are expected to be just as efficient in their general demeanour to this end.



Sir James Sleeman (Commissioner-in-Chief of the St John Ambulance Brigade Overseas, 4th from left) and Dr Poate (5th left) with NSW Brigade officers view a resuscitation demonstration at Coogee beach, Sydney 1936. The demonstration was staged for Sleeman's benefit. Note the heavy black frock coats and Sleeman's ostrich-plumed cocked hat in the hot sun of an Australian summer! Sleeman was visiting Australia and New Zealand on a tour of inspection on behalf of the Grand Prior of the Order, the Duke of Connaught. Sleeman was greatly impressed by Poate and reported favourably on him in his subsequent report to the Duke.

Commandery Lieutenant, 1914–1946; and then Priory Chancellor 1946–1960

Following the Sleeman tour of 1935–36, Dr Poate became the instigator and leader of the first viable Federal Organisation for the St John Foundations in Australia. This was the Commandery in the Commonwealth of Australia (exclusive of Western Australia) of the Order of St John, which was extant 1941–1946. Dr Poate was the Commandery's Chairman and Administrative head. It proved successful and the Grand Priory of the Order in London elevated it to Priory status in 1946. Poate maintained his position as Chancellor (Council Chairman) for the 15 years until his death.

The St John Ambulance Brigade Sir Hugh Poate Training Centre at Blaxland

As mentioned, the best remembered monument to Sir Hugh Poate is the St John Ambulance Training Centre at Blaxland, which he himself officially opened on 8 December 1956. As part of the official opening ceremony, Sir Hugh unlocked the door of the Training Centre after declaring the building open. He then inspected the building with his great friend, Dr Frances McKay, the Brigade's New South Wales District Superintendent (Nursing).



The third meeting of the Chapter of the Commandery of the Commonwealth of Australia (Exclusive of Western Australia), 1944. Group Captain Poate, the Commandery Lieutenant, sits at the right. Also at the table are (left-right), Lord Wakehurst (Governor of NSW, the Deputy Knight Commander), Lord Gowrie (Governor-General, the Knight Commander), Archbishop Hugh Mowll (Chaplain) and Dr SL Dawkins (Commandery Commissioner).

The Training Centre included a block named after Dr McKay. The photograph here shows Dr McKay and Sir Hugh at the opening of the 'Dr Frances McKay Block' at Blaxland. Their great pleasure at having been 'officially commemorated' is evident in their broad smiles and beaming faces.

Dr McKay was one of Sir Hugh's best friends, chief allies and strongest supporters. In developing the Brigade in New South Wales, Sir Hugh relied heavily upon her. She was a remarkable woman, originally a high school teacher from Queensland who then retrained as a doctor at the University of Sydney, and then ran a large and busy private practice in Burwood, Sydney. During World War II she became the Controller of the Voluntary Aid Detachments (VADs) in New South Wales. In 1956 she became the first female member of the Brigade's National Headquarters Staff when she was appointed Chief Superintendent (Nursing), a position she held for the next 14 years, until her death.

The Training Centre has been redeveloped since Sir Hugh officially opened it in 1956. It is still frequently used. During 2000 it helped house the first aiders who came from around the world to volunteer at the Sydney Olympic Games.



The opening of the 'Dr Frances McKay block' at the 'Hugh Poate' training centre at Blaxland, 8 December 1956. The Sub-Prior (Chancellor), Dr Hugh Poate, congratulates his friend and colleague, Dr Frances McKay (Brigade District Superintendent, NSW) after opening the block named for her.

Portraits of Hugh RG Poate

Hugh Poate was the subject of many portraits. Among the more memorable was the one by Joshua Smith. Painted on canvas in oils, it was an entrant in the 1947 Archibald Prize. The Poate family bequeathed it to the Priory after Sir Hugh's death. It now hangs in the Priory Heritage Collection, Canberra. The elaborate embroidered tunic Poate is wearing was that worn by Brigade Commissioners up until the 1930s. It, too, was bequeathed to the Priory Heritage collection.



An important phase of Sir Hugh Poate's professional career was the 19-year period he spent as the Consultant Surgeon to the Royal Australian Air Force 1927–1946. It was a substantial part-time job for him. Appointed initially as a Wing Commander, during World War II, he was promoted to Wing Commander (equivalent to an Army Colonel). As Consultant Surgeon, his tasks included performing the reconstructive surgery that was often necessary for young airmen hideously injured in combat and in crashes.

As the title of this presentation indicates, Sir Hugh Poate was the first Australian promoted within the Order of St John to Grade 1 membership, to the grade of Bailiff Grand Cross (GCStJ). That was in 1955. The photograph here shows him wearing his insignia of rank a 'GCStJ'. He signed and framed a copy of this photograph and presented it to the Priory.

Unfortunately, Hugh Poate was a lifelong habitual heavy smoker. Many of his photographs show him smoking. His addiction cost him his life because, almost inevitably for such a heavy smoker, it eventually resulted in his death from lung cancer.

Eulogising Sir Hugh Poate

Sir Hugh Poate's death caused an outpouring of grief among his St John friends in particular. The Priory conducted a special memorial service for him in St Andrew's Anglican Cathedral, Sydney, on 2 November 1961. A bronze memorial summarising his St John career was unveiled in the Cathedral, where St John pilgrims may still see it.

Unsurprisingly, the passing of a great leader like Sir Hugh Poate was the occasion for many obituaries and eulogies. It is appropriate to conclude this paper with one of these:

Sir Hugh Poate's interest from his appointment as Divisional Surgeon of Glebe Ambulance Division in 1913 has been a stimulus to many. During his term as Commissioner he welded together the units of the St John Ambulance Brigade to make the influence it is today and directed the stimulus to the granting of the autonomy of the Priory in Australia.

Finally, in reflecting on that achievement, I am reminded of a couplet by Rudyard Kipling, who wrote that:

It ain't the individual or the movement as a whole
But the everlasting teamwork of every blooming soul.

(Top–bottom)

Dr Poate's portrait as NSW St John Commissioner, by Joshua Smith. The portrait was an entry in the 1947 Archibald Prize.

Group Captain Poate, about 1941, as Consultant Surgeon to the Royal Australian Air Force. Poate's principal task was to supervise the reconstructive surgery required to restore hideously injured young airmen.

Sir Hugh Poate as Australia's first Bailiff Grand Cross (GCStJ) of the Order of St John, 1955. Poate presented this autographed portrait to the Priory. It is now displayed in the Priory Heritage Collection in Canberra.

Hugh Poate in 1936, age 51: the frontispiece photograph from his biography by his housekeeper, Mrs Bourke. Like this one, many photographs of Poate show him smoking.



Traction for the fracture of a mid-shaft femur

Trevor Mayhew OAM, KStJ

Mr Mayhew held many positions in St John Ambulance in New South Wales after joining as a Cadet in 1953. Most recently he was the State Ceremonial Officer. A retired occupational health and safety manager, he also spent 14 years in the Army Reserve in both the medical and signals corps, in which he was a warrant officer.



This is a story that begins with an incredible tale of shipwrecked twin boys, who, aged about seven, were rescued by a smuggler off the north coast of Wales in 1743. The twins had dark complexions and couldn't speak English. They were adopted by a family of bone-setters in the village Llanfairynghomwy and were given the name Matthew and Evan Thomas.

Bone-setting was then a separate, distinct 'trade'. Bone-setters were people who often lacked formal medical credentials but had acquired practical skills in setting broken bones and repositioning dislocated joints.

Matthew sadly died soon after rescue, but Evan went on to learn his adoptive family's trade. He became a brilliant healer of broken bones and established a dynasty of doctors who helped develop orthopaedic medicine.

A traction splint was introduced by one of Evan's descendants, Dr Hugh Owen Thomas, a Welsh surgeon, considered by many to be the father of modern orthopaedic surgery. The Thomas splint is a common item of equipment in emergency departments and orthopaedic units in hospitals worldwide. Its basic design has changed little since its first description by Hugh Owen Thomas was published in 1875. The introduction of the Thomas splint to the trenches during World War I played a significant part in reducing fatalities resulting from compound fractures of the femur.



In 1959 I joined the 1st Field Ambulance of the Royal Australian Army Medical Corps (RAAMC), which was part of the Citizen Military Forces, now known as the Reserve Forces. Within the Army's Eastern Command (i.e. New South Wales) there was an annual Skill of Arms competition among the Military District's medical units for the Assistant Director of Medical Services (ADMS) Cup. This involved stretcher drill, sadly missing now from the St John Ambulance Training regime. The drill involved erecting a three section marquee (wooden poles, guy ropes, with each section lashed together, the three-section marquee formed the treatment area for the Advanced Dressing Station often set up in operations by a Field Ambulance, and the application of a Thomas Splint being the clinical component of the competition.

The painting by Harold Abbott of four Army stretcher bearers practising the application of the Thomas splint during a training exercise on the Atherton Tableland, Queensland, 1944 (Australian War Memorial picture no. ART24081 AWM 1944).



Dr Hugh Owen Thomas, the portrait by Hermann Fleury, early 1880s, now in the National Portrait Gallery, London.

Dr Hugh Owen Thomas and his eponymously named splint

Hugh Owen Thomas (1834-1891), a pioneer in British orthopaedic surgery, came from a family of bone-setters in Anglesey, Wales, whose skills had been passed down from father to son for generations. He was the great-grandson of the original Evan Thomas, the surviving shipwrecked twin of 1743. His father, another Evan Thomas, moved to Liverpool aged 19 to work amongst the seafarers and dockers; all his five sons became doctors. Hugh was apprenticed to his uncle, Dr Owen Roberts, at St Asaph, Denbighshire, Wales, and later studied medicine in Edinburgh in 1857.

Hugh started his own practice at 11 Nelson Street, Liverpool. In 1859. As well as being a doctor, he was a prolific writer, inventor and craftsman who designed and manufactured his own splints.

As Hugh Owen Thomas's marriage to Elizabeth Jones of Rhyl was childless, he offered a home to his wife's nephew

Robert Jones (1857–1933) who came to study medicine in Liverpool. Robert came under the influence of Hugh's ideas from an early age. After qualifying as a doctor in 1878, he became professional assistant to his uncle before advancing in his medical career.

In 1865 Hugh Owen Thomas designed a new type of splint for patients with diseased knee-joints. Developed further, by 1875 this device had evolved into a splint for stabilising a fractured femur. Named after its inventor, it has been eponymously called the 'Thomas splint' ever since. Despite various refinements over the past 140 years, the function of the Thomas splint in managing fractures of the leg remains essentially the same as when it became commercially available after 1875.



Hugh Owen Thomas (centre) and his nephew Robert Jones at work treating a patient.

Construction

The Thomas splint comprises several key elements. First is an oval ring of 3/8-inch (9.525 millimetre) steel, padded with felt and covered in leather, which is fitted around the patient's groin. This forms the upper (groin) end of the splint. The ring is attached to two iron rods which at the other end are fixed to a smaller ring or cross-bar at the bottom (foot) end of the splint.

When the splint is fitted to the patient's injured leg, the rods are parallel, with one running along the inside of the leg and the other down the outside. Stretched between the rods is a leather apron to support the leg. The leg was then strapped to the rods. Traction on the limb was gained by tying the strapping to the ring or cross-bar at the bottom end.

Over time the Thomas splint was refined and developed further. To increase the patients' comfort, a metal frame could be added to a stretcher in order to suspend the splinted leg when the patient was being moved, as indicated in the next illustration.

Traction for the fracture of a mid-shaft femur

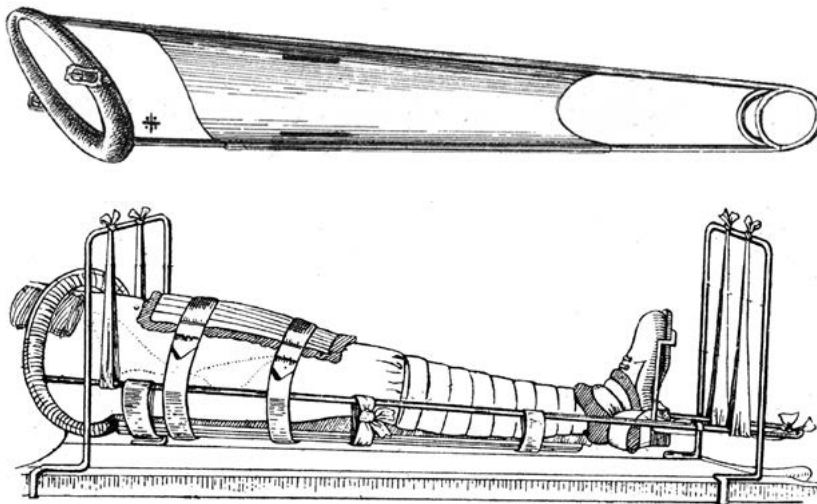


Diagram of the original Thomas splint (above), and use of a Thomas splint in combination with a modified stretcher. The Thomas splint has been applied over the boot and clothing. Straps over the foot and ankle. The splint is also suspended from a pair of supports to improve comfort.

War casualties and the use of the Thomas splint in World War I

During World War I, British, Australian and allied military medical officers made frequent use of the Thomas splint. There was ample opportunity for this because between 1914 and 1918 the British Army in France and Flanders sustained no fewer than 2.7 million battle casualties. Of these, a quarter were never seen by the medical services. These were the men who were killed, were missing or who were prisoners of war. About three-quarters of the total casualties were seen by the medical services, of whom 5.6 per cent, 151,356, died of their wounds.

In the first day of the Battle of the Somme, Saturday 1 July 1916, there were almost 60,000 casualties, 20,000 were killed or died of their wounds mostly before 9 o'clock in the morning. At the end of the Battle of the Somme in the mud in mid-November 1916, British casualties totalled 432,000, of whom 150,000 had been killed or died of their wounds. Furthermore, 100,000 were too seriously wounded to serve in any capacity ever again.

The most important thing about war wounds on the Western Front was that they were often absolutely filthy. The soil of farming land on which many battles were fought was rich in manure fertilizer. It was consequently heavily contaminated with bacteria, often with the organisms responsible for tetanus and gas gangrene. It was therefore essential that serious wounds be excised and 'cleaned up' as soon as possible as gas gangrene may become widely spread within 24 hours.

When casualties arrived at the advanced dressing stations, a kind of triage was undertaken. The casualties were assessed and divided into three groups. The first comprised minor wounds, which could be readily treated. The second group consisted of the hopeless cases, who were put aside to die. (That might seem callous, but there was no point in wasting time on hopeless cases because spending time on them might deprive someone with a serious but survivable wound the opportunity to live.) The third group comprised serious, life-threatening casualties, e.g. those with compound fractures, deep penetrating wounds and suspect haemorrhages. These were serious issues because internal bleeding can kill people fast. In adverse conditions such as a deep penetrating wound, blood welling up can be difficult to stop.

In the case of limbs where the wound is distal and further down, the application of a tourniquet might be effective. It often took a long time to evacuate these casualties and they were always high risk cases because 80 per cent of such patients ended up with an amputation. Other serious injuries confronting the casualty clearing stations included chest wounds, abdominal wounds and compound fractures of the femur.

During the Third Battle of Ypres, 31 July until 10 November 1917, there were 24 casualty clearing stations which dealt with the British Army wounded. There were 379 doctors and 502 nursing sisters. They processed 200,000 casualties and 30 per cent of the operations were conducted at the casualty



A British Casualty Clearing Station in 1915 (Imperial War Museum photograph).



Amidst the bacterially contaminated mud of the Western Front, a casualty with a head wound and another with a splinted leg are about to be stretchered to a Casualty Clearing Station.

clearing stations, which were relatively close to the front line, rather than in the military hospitals to the rear. There were 61,423 operations. The mortality rate of admissions to the casualty clearing stations was 3.7 per cent, a relative small proportion, but in absolute terms a lot.

Sir Robert Jones and Sir Henry Gray

Two prominent doctors on the Western Front were Sir Robert Jones and Sir Henry Gray. Jones was from Liverpool and Gray was from Aberdeen. Jones was the nephew and sometime apprentice of Hugh Owen Thomas who worked in the docklands of Liverpool and his patients were poor and destitute. Jones was another descendent of Evan Thomas, the shipwreck survivor who became a bone-setter. Hugh's father, also a bone-setter, was subject to much criticism because of the nature of his work. He accordingly decided to send Hugh and his four brothers to university and they became doctors. Many of Hugh's patients had tuberculosis and Hugh developed a Thomas knee splint for the treatment of tuberculosis.

Robert Jones became the Chief Surgical Officer during the construction of the Manchester Ship Canal and used his uncle's knee splint for the treatment of fractures of the thigh bone, i.e. fractures of the femur. Later Jones introduced the Thomas splint for treatment of compound gunshot fractures during World War I. Jones in 1914 recognised that hospitals in Britain and France were full of crippled, discarded soldiers who had been treated badly initially, who were neither fit to go back to the Army nor for discharge into civilian life.

Jones opened orthopaedic centres in Liverpool in 1915 and London in 1916, initially for 800 patients. The orthopaedic centres provided rehabilitation. One technique was to create movement in joints. One occupation which helped in rehabilitating orthopaedic cases was repairing fishing nets. As well as helping restore functionality, it boosted morale. As a result, a thousand of the first 1300 cases could be returned to some form of military service.

Jones became Director of Military Orthopaedics in 1916. The surgical 'Establishment' in London was hostile to Jones's work and tried to have him removed from this office. Jones, however, received significant support from Sir Berkley Moynihan, a prominent surgeon from Leeds who intervened. Jones remained in the post.

Henry Gray (1870–1938) was born in Aberdeen. He graduated from the Aberdeen Royal Infirmary in 1895. He became surgeon to the Infirmary in 1904. He is credited with bringing aseptic surgery to

Traction for the fracture of a mid-shaft femur



Major-General Sir Robert Jones (left) and Colonel Sir Henry Gray. (right)

Aberdeen and local anaesthesia to surgery in the United Kingdom. Gray's principal wartime contribution was the development of the acute orthopaedic services on the Western Front. He served in France for three and a half years.

The main orthopaedic problem confronting Gray was the compound fracture of the thigh bone, the femur. Gray established that the mortality rate from this wound in 1914 and 1915 was approximately 80 per cent. Jones described the wound as the tragedy of the war. It was a tragedy because so many of these deaths were preventable.

The British Army until this time relied on series of splints based on the Liston splint which is simply a pole tied down the side of the extremity and the leg with fracture tied to it. Considered totally ineffective, bones were allowed to grind together, resulting in excessive blood loss. By the time the casualties had been evacuated to the casualty clearing station, they were 'clapped out' with hypovolemic shock and that is why most of them died. Because almost all femur fractures in battle (usually from bullet and shrapnel wounds) were open, the Thomas splint saved lives mostly by controlling bleeding. Even in a closed femur fracture, however, the patient can lose more than a litre of blood internally, so traction splinting is still important.

The Thomas splint overcame the problems of the Liston splint by applying longitudinal traction to the limb and cords tied around the bottom the splint maintained traction.

Jones introduced the Thomas splint to the Western Front and Gray ensured its use in clinical practice. In the Battle of Arras, which began on Easter Monday 1917 and lasted for six weeks, 1009 compound femurs were admitted to Gray's casualty clearing stations in six weeks. Put in perspective it would take every hospital in the United Kingdom collecting all their cases of compound femur about two years to collect the same number of cases. Gray had them in six weeks. Until the arrival of the Thomas splint, the most likely outcome for victims who survived to this point would have meant amputation.



World War I stretcher bearers checking a patient fitted with a Thomas Splint, 1918.

All the compound fractures were treated with the Thomas splint. Only 5 per cent reached casualty clearing stations in clinical shock and the mortality rate was 15.5 per cent, a very, very significant reduction in mortality. The amputation rate was only 17.2 per cent. All regimental medical officers were taught how to apply the Thomas splint. Each Regimental Aid Post (i.e. front-line first aid station) had 10 Thomas splints.

During the Boer War, only 36 per cent of British deaths had been caused by enemy action. Fully 64 per cent were caused by disease. That disease was principally typhoid fever caused by poor sanitation. During World War I, by contrast, on the Western Front only 4.5 per cent of troops died of disease. This was acutally the first war in British history where deaths from enemy action exceeded deaths from disease.

The Thomas splint in World War II

In North Africa during World War II the Thomas splint began to be used in a different form by the British and Australian forces. Casualties were evacuated from forward field hospitals by ambulance, travelling over rough desert terrain. Even with the damaged limb immobilised in a Thomas splint jolting and jarring of the limb still occurred, making these long journeys agonising for the injured soldiers. The solution to this problem was to place the limb in traction in the Thomas splint as normal, apply padding, and then wrap the splint and limb in plaster-of Paris. This achieved excellent immobilisation and allowed the casualties to be transported more comfortably.

There were several different arrangements of this modification, which became known as the 'Tobruk splint', named after the siege of Tobruk in 1941. It was favoured by British surgeons over the plaster-of-Paris spica because it was quicker to apply and required less plaster and water, two resources which were in short supply in North Africa. This splint is still used today in the treatment of some femoral fractures in children.

The Thomas splint has also continued to prove its value in armed conflict. It has found an extended use in the modern treatment of battlefield injury, proving useful in the management of open and closed fractures of the femur in casualties who could not be moved for political or logistical reasons. The report of the Royal Army Medical Corps on the first ten days of the 2003 Gulf conflict found the Thomas splint to be an essential tool, particularly in the management of ballistic injuries. It is of advantage when treating fractures which are complicated by open soft-tissue injuries since the wounds can be reviewed on a daily basis and managed accordingly. This would not be the case if the leg were fully enclosed in a cast.



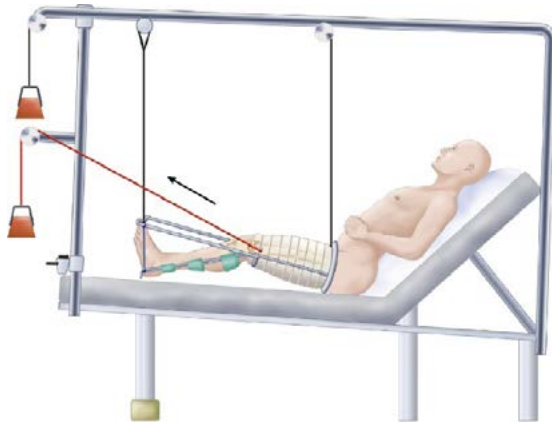
US military medical officers examine patients fitted with 'Tobruk splints' at Oran, North Africa, 1943.

The fundamental principles of the Thomas splint which are that it is non-invasive easily applied and have few complications, make it useful in settings other than in hospital. Pre-hospital practitioners often have to deal with patients with open or closed femoral fractures. These patients require splintage to prevent haemorrhage, to allow analgesia and to facilitate transport. Various splints which allow traction have evolved from the original design. The splint remains an essential item in the initial management of fractures of the shaft of the femur which owes much to the ingenuity and simplicity of the original design.

Variations for Thomas Splint

Historically, traction was the standard method of treatment for femoral fractures, implying months of bed rest to achieve union in a reasonable position. The application and daily management of a patient on femoral traction requires skill and subsequent daily attention to detail over the healing period.

Typically, the foot of the bed must be raised slightly to balance the traction. In many North American hospitals, a balanced suspension is made for the injured leg, using a modified Thomas splint, with a semicircular proximal ring. A hinged Pearson attachment is typically added to support the lower leg with the knee slightly flexed. Either both ends, or just the proximal end, of the Thomas splint is supported with a rope-pulley-weight combination, with the weights chosen to balance the splint so that it supports the patient's leg and helps with fracture control while permitting some adjustment and mobility by the patient, within the limits set by the separately applied skeletal traction rope.



Skeletal traction incorporating a Thomas splint.

The complex arrangements of weights and pulleys to produce the desired traction are evident in the following diagram:

The complex arrangements of weights and pulleys to produce the desired traction are evident in the following diagram:

Further development of the traction splint

Femur fractures can be successfully immobilized using a traction splint. A femur fracture is complicated due to the amount of bleeding that can occur from the broken bone. In addition, the thigh muscles will contract and pull the fractured ends so they overlap or pass each other. This increases the size of the thigh, which leads to more blood loss, pain and internal soft tissue injury.

Traction splints provide a counter-pull to reduce the size of the thigh and realign the fractured femur. This helps reduce blood loss, alleviate pain and minimize further injury. The most common traction splints you'll see in the field are the Hare (bipolar) and the Sager (unipolar). Both are essentially developments of the original Thomas splint.

The Hare is a bipolar traction splint, which means it uses two external poles to support the injured leg.



The Hare bipolar traction splint invented by Glen Hare in 1969

The Sager is a unipolar traction splint, which means it uses one external pole to support the injured leg, as shown, here.



The Sager Traction Splint applied, and the kit.

The Faretec CT-6 Traction Splint is a leg traction splint designed for prehospital care and patient transport. It is primarily used on patients with mid-line femur fractures. The CT-6 helps relieve patient pain and muscle spasm, aligns the fractured bone and prevents further damage to surrounding muscle and tissue.

The CT-6 is made of carbon tubing which snaps together via an internal bungee. Traction is achieved with a 4 to 1 purchase system using a small line to apply tension. This method results in a very precise and delicate form of traction that is also powerful enough to be effective on extra-large adults but is sensitive enough to also be used on children. The CT-6 is extremely compact, light and strong.

The CT-6 comes out of the bag ready to go; all of the necessary parts are attached to the splint. There is no way to lose pieces, resulting in very fast application times.

One CT-6 splint is now carried on each aircraft of the Royal Flying Doctor Service and has replaced the Hare traction splints previously used.



The Faretec CT-6 Traction Splint.

Other splints fulfilling similar functions are the versatile Donway Splint and the Pneumatic Shock Garment.



The Donway Splint.

All of these advances on the original Thomas splint have their own advantages. As the illustrations used in this article suggest, however, all essentially utilise the same principles first employed by the Welsh bone-setter turned pioneering orthopaedic surgeon, Hugh Owen Thomas. His eponymous traction splint, his legacy to the science of orthopaedics, has meanwhile saved the lives of countless thousands of war wounded and accident victims who might otherwise have died but for the judicious application of a Thomas splint.

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- Faretec CT6/EMS Splint, from the website <http://www.faretec.com>
- Donway splint, from the website of Fern Australia, <http://www.ferno.com.au/>
- Pneumatic Anti-shock Garment or Mast Suit, from the website <http://www.cpr-guy.com/images/emt-guide-MAST.pdf>.

Australian philately of the Order St John

John H Pearn AO GCStJ

Major-General Professor Pearn is a former Surgeon General of the Australian Defence Force and a Professor Emeritus in Paediatrics at the University of Queensland. He is currently the Priory Librarian for St John Ambulance Australia.



The collectivity of Australian postage stamps is a mirror of the Nation's history, aspirations and *persona*. More than a thousand different postage stamps comprise an archive of Australia's heritage.¹ Australia issued its first stamps in 1913.² Since that time, almost every theme of significance to Australian society has been commemorated in the philatelic record.³

St John Ambulance, the muscular and philanthropic arm of the Order of St John, introduced the concept of trained pre-hospital care to Australia in 1883.⁴ Its book of doctrine, *Australian first aid*, teaching the drills and skills of first aid, has been the basic text for millions of Australians who have attended St John first aid courses of instruction. For many decades, *Australian first aid* has been Australia's best seller, with two to three million copies printed and studied each decade since 1980.⁵

It is not surprising, therefore, that themes relating to the Order of St John, both directly and indirectly, should form part of Australia's philatelic record. Australia is not unique in this regard as there is an extensive international archive of St John *philatelia*.⁶ However, to date there has been no detailed account of Australia's specific philatelic heritage relating to the Order of St John.

This paper documents those Australian stamps which are germane to the Order; and places them in the cognate heritage of St John Ambulance and Australian society.

Queen Victoria—inaugural Sovereign Head of the Order

In 1955, the Australian Post Office commemorated the Centenary of the Post Office in South Australia; and reproduced the first stamp of that State on a threepenny halfpenny green stamp, for general postage. South Australia had issued its first stamp in January 1855, the last of the States then in existence to do so (Queensland did not separate from New South Wales until 1859). Three-penny halfpenny was the standard postal rate, for the surface deliverance of letters in Australia, from 1852 until 1959.



Australian 1955 three-pence halfpenny stamp, general postage rate, commemorating the first postage stamp issued (January 1855) by South Australia.

The original stamp was issued 33 years before Queen Victoria became the inaugural Sovereign Head of the Most Venerable Order of the Hospital of St John of Jerusalem in 1888.

This portrait of the young Queen was designed by the medallist sculptor, William Wyon.

The 1955 Queen Victoria stamp portrayed the youthful Queen Victoria, who in 1888 sanctioned the establishment of the Most Venerable Order of the Hospital of St John of Jerusalem as a Royal Order of Chivalry. The stamp was sold in sheets of 120 (10 x 12). A total of 34,188,000 stamps were sold.⁷

Many Australian states, prior to Federation, also portrayed the youthful Queen Victoria on diverse issues of all denominations. In 1960, the standard postage rate for surface mail in Australia was raised from four-pence to five-pence. In that year, the Commonwealth issued a stamp to commemorate the Centenary of Queensland's first postage stamp, reproducing the Chalon portrait of Queen Victoria.

The Queensland Impressed Duty Stamp 1901

Duty paid on certain imported goods was receipted by cancelling an Impressed Duty stamp. Prior to the issue of the first (Kangaroo) series of postage stamps in Australia, the States continued to use their own Impressed Duty stamps. One was the die proof of the Five Hundred Pounds issue of 1901. A blue, steel-engraved issue, the stamp features King Edward VII in full military uniform, wearing his insignia as the Sovereign Head of the Order of St John, as a neck decoration. Many Impressed Duty stamps, of which this was the highest value, had this image. For specialists, the dimensions are 19mm x 37mm on unwatermarked woven paper.

The Duke and Duchess of Gloucester—Grand Prior of the Order

Three postage stamps honoured the Duke of Gloucester, Grand Prior of the Order. Prince Henry, General the Duke of Gloucester (1900–1974), was made Bailiff Grand Cross in the Order of St John in 1934; and later, 1942, Grand Prior of the Order. His wife, Princess Alice, the Duchess of Gloucester (1901–2004), also a Dame of the Order, had been involved with the St John Ambulance Brigade during World War II. As Head of the Women's Auxiliary Air Force (WAFF) during 1943–1944, as Air Chief Commandant:

'... she involved herself in the work of the Red Cross, the Order of St John, and the Women's Voluntary Service for Civil Defence, now the Women's Royal Voluntary Service, and was a trained member of the Voluntary Air Detachment (VAD).'⁸

The Duke of Gloucester, a career soldier, was unexpectedly appointed Governor-General of Australia in September 1944. His younger brother, the Duke of Kent, had been offered the position, but was killed in an airplane crash in Scotland in August 1942.



A postcard bearing a stamp depicting portraits of the Duke and Duchess of Gloucester on the issue of 19 February 1945 following Prince Henry's appointment as Governor General of Australia in late 1944. Some 4,048,320 stamps of this three-penny halfpenny value, for international (surface) mail, were issued.

The Gloucesters were popular in Australia in their Vice-Regal role. Prince Henry was a pilot himself and had brought his own plane to Australia; and flew it to many official functions from his base in Canberra. He left the aircraft as a gift to Australia when he completed his term as Governor-General in 1947. Prince Henry returned to London, as Chief Commissioner of State to act for his elder brother, King George VI, when the latter was absent from the United Kingdom.

In Australia, the new Governor-General took up his duties in February 1945. The Government Printing Office issued three new stamps on 19 February 1945 to commemorate the occasion. The three values were 2½ pence (rose lake), 3½ pence (bright blue) and 5½ pence (steel blue). These three issues were, respectively, the rates for internal postage in Australia, external and internal postage, plus airmail or registration. The stamps were line-engraved and printed from nickel electros comprising plates of 360. Almost one hundred million stamps were sold. The detailed numbers issued were; 2½ pence, 88,290,000; 3½ pence, 4,048,320; and 5½ pence, 5,886,900.⁹

Queen Elizabeth – Sovereign Head of the Order

Two series of postage stamps were issued, featuring Queen Elizabeth II, following her ascension to the throne in 1952. In 1953, seven different values portraying the Queen were also issued. This first (definitive) series were widely used with 369 million stamps licked or moistened and affixed to mail. The issues were:

	Quantity printed
1 penny	111,523,680
2½ pence	61,058,210
3 pence	995,980,980
3½ pence	1,445,554,600
6½ pence	55,217,760. ¹⁰

Following these issues, on the occasion of the Coronation, three further stamps were issued on 25 May 1953. Numbers were: 3½ pence, 78,090,00; 7½ pence, 2,339,600; and 2 shillings, 4,196,640.¹⁰

Subsequently, many Australian stamps portraying Queen Elizabeth II have been issued, with billions sold. Many portray the profile head of the Queen, crowned with Her Maltese or Crusader Cross (*crux pattée formée*) prominently displayed.



The three-pence halfpenny scarlet Coronation stamp of Queen Elizabeth II, issued (25 May 1953) for the standard surface postage rate for delivery within Australia. The Queen's crown features four Maltese Crosses.

Nursing Profession Commemorative Stamp—Florence Nightingale

On 21 September 1955, the Post Office issued a Nursing Profession Commemoration 3½ pence stamp, reddish-violet, to honour nurses. The stamps were printed by the Note Printing Branch of the Commonwealth Bank. A total of 33,476,800 stamps were printed.

The stamps portrayed a montage of a veiled modern nursing sister, superimposed on a full-length frontal portrait of Florence Nightingale. Florence is holding aloft a lamp, correctly portrayed as a fanos, which she used at Scutari — rather than an Arabian lamp, the latter often portrayed incorrectly in images of 'The Lady With a Lamp'.¹¹



First Day Cover of the Nursing Centenary issue of 21 September 1955. This cover features an imagined portrayal of the first hospital built in Australia.

In 1904, Florence Nightingale was decorated by His Majesty (Edward VII), as a Lady of Grace within the Order of St John. In 1907 she was the first woman to be decorated with the Order of Merit, the highest Order of Chivalry—restricted at any one time to 25 living members of the British Commonwealth.

On 21 October 1854, Florence Nightingale embarked for the British Military Hospital at Scutari, to nurse soldiers evacuated from the Crimea. She took with her 38 nurses, six of whom were from the St John Institute in London. St John House was established by an Anglican sisterhood, in the Good Samaritan ethic. By 1848, the St John Institute was operating as one of the three pre-Nightingale schools of nursing then in existence. It contracted nurses for service in several London hospitals including King's College Hospital and Guy's Hospital.¹² Subsequently, the Nightingale Training School for Nurses at St Thomas' Hospital adopted as its badge, the 'eight-pointed cross of the Knights of the Hospital of St John of Jerusalem'.¹³

St John the Baptist—Postage Stamp of 1973

This 7-cent Christmas stamp portrays the Patron Saint of the Order of St John; and features him baptizing Jesus. It was issued on 3 October 1973 for Christmas mail. For interested collectors, there were two perforation sets (12.2 and 12.7). This stamp occupies a special place in the Australian St John philatelic collection.



The 1973 seven-cent Christmas stamp featuring John, the Patron Saint of the Order of St John, baptizing Jesus in the River Jordan. Designed by the Hungarian-born stamp and bank note artist, George Hamori (born 1918) of Sydney.

St John Ambulance Centenary Stamp—1983

Australia Post issued a commemorative stamp on 8 June 1983, to record the work of St John in Australia. An elegant blue-green colour, it featured the insignia of the Order – the white eight-pointed Crusader Cross, with ghosted images of the cross as background. The stamp was designed by Tim McCaulay and printed by Cambec Press. The issue was withdrawn from sale on 30 December 1983.



St John Ambulance Centenary stamp, issued as a commemorative on 8 June 1983.

Many different First Day Covers were also stamped as philatelic mementos for that St John Ambulance Centenary. Many other nations (e.g. the United Kingdom, Canada and New Zealand) also issued stamps for their St John Centenaries. In addition to the national Centenary St John Ambulance stamp, a number of States issued personal postal stationery for their own (State) Centenaries. One such was the Queensland philatelic cover of 1989. It featured a uniformed St John volunteer assisted by a bystander attending to a collapsed patient. On the back of the St John cover was a précis of the history of St John and a list of current (1988) statistics including mention of the total (in 1988) of 290,892 St John certificates issued by the training branch of St John Ambulance in Queensland.



St John Ambulance Centenary First Day Cover of 8 June 1983, featuring both a St John cadet and an adult St John volunteer.

The 'For Valor' Series 2000—Sir Neville Howse VC

This issue commemorated the Centenary of the bestowal of the first Victoria Cross to an Australian. The issue comprised a 10 unit set-tenant set, with a gutter block. The set included a 45 cent stamp of Captain Neville Howse VC, with images of three other Victoria Cross winners, together with lists of all Australian recipients to the date of issue. Sir Neville Howse was the first Australian, and the only doctor, to have won the Victoria Cross.



The Sir Neville Howse VC postage stamp, commemorating the Centenary (2000) of the first Australian to win the Victoria Cross. Sir Neville was created a Knight of Grace in the Order of St John on 3 June 1919.

Sir Neville Howse, an English-born and –trained surgeon from Orange in New South Wales, was a doctor-soldier and captain in the New South Wales Army Corps serving in the Anglo-Boer War of 1899–1902. On 24 July 1900, at Vrededorp in the Orange Free State, Neville Howse performed a supreme act of gallantry in the face of mortal risk, in rescuing a young wounded trumpeter. Neville Howse was created Knight Bachelor and promoted to the rank of Major General in the New Year's Honours List of 1917. The author has written of his war service in a biography published in 1997.¹⁴

Sir Neville Howe was created a Knight of Grace in the Order of St John on 3 June 1919.¹⁵ His work for St John continued in that of his family. His daughter-in-law, the late Valerie Howse OAM, wife of his son, John, lived in Canberra where her work for St John Headquarters, and its charitable outreach, was indefatigable. For more than a century after Neville Howse's Victoria Cross decoration, the Howse name was prominent in the work of St John in the Australian Capital Territory.

A number of philatelic items record Sir Neville's service as 'a great community leader and Australian patriot'.¹⁶ These include an international pre-paid postcard, some special items of which were pre-stamped as First Day Issues on 24 July 2000.

Centenary of Scouting in Australia—2008

Sir Robert Baden-Powell, the founder of the Scouting movement, was decorated as a Knight of Grace within the Order of St John on 23 May 1912. As Lord Baden-Powell he appears on two Australian stamps. A portrait of him is featured on the five pence stamp of 1960, commemorating the fiftieth Anniversary of Girl Guides in Australia. A second stamp featuring him, the \$1.95 stamp for International Post, was issued on 19 February 2008. This latter was a triple issue commemorating the Centenary of Scouting in Australia.

Lieutenant General Sir Robert Baden-Powell founded the Scout organisation in 1907, when he held an experimental, but highly successful camp for underprivileged boys at Brownsea Island in Dorset. In 1908 he wrote *Scouting for Boys* which for several decades was a world best-seller. In 2008, the Centenary Year of Scouting, 250 million people worldwide had been Scouts. To commemorate the fact that 60,000 Scouts were in uniform in Australia in 2008, the Centenary Year, Australia Post issued three stamps (50 cents; \$1.35 and \$2.00) to acknowledge the importance of the movement which promotes self-development and good citizenship in both boys and girls and in young men and women.



The Centenary of Scouting in Australia. First Day Cover of 19 February 2008, featuring Sir Robert Baden-Powell (1857–1941), founder of the Scout Movement, on a two-dollar stamp. Sir Robert Baden-Powell was decorated as a Knight of Grace in the Order of St John on 23 May 1912.

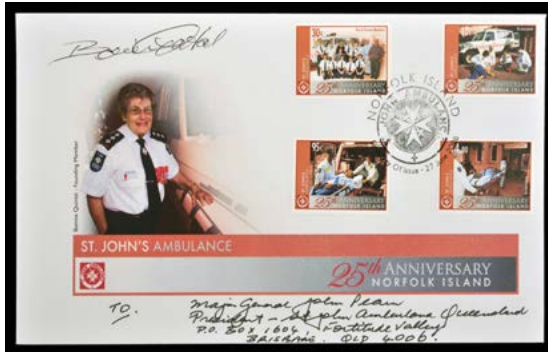
Scouting for Boys contained 28 'Camp Fire Yarns', of which three were incorporated in the chapter entitled 'Saving Life; Or, How to Deal with Accidents'. Thirty years previously, Surgeon Major Peter Shepherd (1841–1878) and Colonel Francis Duncan (1836–1888) had introduced the first civilian first aid training for adults, conducted in gender-segregated classes held at the Presbyterian Church Hall near the Woolwich Arsenal in London. Baden-Powell adopted these concepts and promoted both the chivalric heritage (inherent in the Order of St John) and its pragmatic teaching of the drills and skills of first aid, incorporating these themes into the broader curriculum of Scouting. Baden-Powell promoted the teaching of first aid as part of his broader ethos that one could be an optimal citizen, albeit as a child or youth, if one could 'Be Prepared' both by prior training and knowledge; and by the maintenance of personal fitness, to help others. Shepherd's and Duncan's pioneering St John advocacy was to bring the hitherto exclusively-military drills and skills of first aid to the civilian adult population. Baden-Powell further extended what had been a novel, even radical concept, to include boys and male youths. This pioneering advocacy was one specific example of his broader promotion of training in rescue and resuscitation that would enable youths to 'Be Prepared' to deal with emergencies encountered in the pre-hospital scene. Many of the first aid techniques which Baden-Powell proposed have changed; and many accident risks, such as runaway horses in the streets of towns, and bites by rabid dogs—commonplace in his day—have disappeared. Nevertheless, his general principles of training for safety and rescue, accident site control and the hands-on skills to treat common injuries, remain true today.

Robert Baden-Powell's decoration as a Knight of Grace in the Order of St John was listed in the *London Gazette* of 24 May 1912. Thereafter he wore the ribbon and insignia of the Order on his uniform. The Australian stamp honouring his work was designed by Asprey Creative. The First Day Cover was designed by John White of the Australia Post Design Studio.

Technical details of the Centenary of Scouting Issue include: both gummed and self-adhesive issues; stamp size 37.5mm x 26mm; perforation 13.86 x 14.6; sheets of 50.¹⁷

Norfolk Island St John Ambulance 25th Anniversary Issue 2008

Norfolk Island is part of Australia but enjoys certain independent privileges. Australia Post sends mail to Norfolk Island with the postcode 2899; and receives mail from Norfolk Island. Norfolk Island issues its own postage stamps. These have no value for postage in Australia; and those of Australia Post cannot be used on the Island. Nevertheless, Norfolk Island stamp issues are part of the Australian philatelic thesaurus.



The 2008 Norfolk Island issue of the Silver Jubilee of St John Ambulance in Norfolk Island. First Day Cover (27 June 2008) signed by the foundation (1983) Divisional Superintendent, Mrs Bonnie Quintal MBE, DStJ.

Norfolk Island issues postage stamps under the Postal Services Act of 1983. Stamps and other philatelic issues are controlled by the Norfolk Island Philatelic Bureau. In June 2008, the Bureau issued a series of four magnificent stamps featuring the work of St John's [sic] Ambulance. The issue was the 25th Anniversary of St John Ambulance in Norfolk Island.

The first St John Ambulance Brigade Division was formed in 1983, following the visit of Dr Brian Ancell, Chief Surgeon, with Mrs Bonnie Quintal MBE appointed as Divisional Superintendent. The Norfolk Island St John Ambulance provides volunteers to help with skilled assistance, care and transport in addition to the usual teaching of first aid courses, first aid duties and support for public events.¹⁸ A magnificent First Day Cover was issued on 27 June 2008.

St John Ambulance Postal Cancellations

Many State Branches of St John Ambulance Australia have made suggestions to Australia Post, for advocacy messages to be included in postal cancellations. These are of special interest to collectors. One of the aphorisms, 'First in first aid', was invented by the author and used as the title of his *First in first aid: The History of St John Ambulance in Queensland*, published in 1998.⁴ The aphorism was later adopted and used throughout the outreach programs of St John everywhere in Australia; and on postal cancellations.



St John Ambulance Australia (National Office) postal stationery, July 2003, with the cancellation 'First in first aid', a book-title and slogan invented by the author.

The collection of Australian stamps is truly a record of the aspirations, celebrations and achievements of individuals and broader groups within society. The teaching of first aid skills – in the traditions of the past and in the ethos of today – is of crucial importance to all in society. The messages, both explicit and subtle, which exist in the humble postage stamp, are there to remind us that many of the 'greats' have acknowledged the importance of first aid training; and that much is to be gained – lives saved and convalescence shortened – if one follows their example.

Notes

1. The Australian Post Office issued its 500th postage stamp in 1971—the seven cent mauve on black ‘Three Kings and the Star’ Christmas stamp, as part of a se-tenant sequence on one sheet. Since that time the Post Office has accelerated its rate of issue, many philatelists regarding many late issues as a profligate debasement of the genre.
2. Australia’s first postage stamps were the ‘Kangaroo Series’, a steel-engraved design issued in 1913. The stamp portrayed a kangaroo superimposed on a map of Australia. Eighteen stamps were issued in the original series, each of different colours. They ranged in price from one halfpenny (green) to two pounds (black and red). There were, in all, seven sequential Kangaroo Issues. The last was in 1945, when a new die, Die 4, was engraved for the two shilling (deep ‘marone’) issue.
3. There have been numerous catalogues and books published on Australian philately. The definitive reference book has always been Stanley Gibbons Catalogue, both as *Stamps of the World*, and as the British Stamp Catalogues. One thematic book is John Pearn’s *Medical Philately of Australia* (Sydney, Winthrop, 1978).
4. Wales M and Pearn J. *First in first aid. A History of St John Ambulance in Queensland*. Brisbane, Amphion Press, 1988: x–xxi.
5. Pearn JH. ‘A history of first aid in Australia: the evolution of pre-hospital care’ in *Med J Aust* 1998; 168: 38–41.
6. Pearn, JH. ‘The Philately of the Order of St John’ in *St John History*. St John Ambulance Historical Society of Australia, 2010; 10: 18–22.
7. *Stanley Gibbons Elizabethan Postage Stamp Catalogue 1970*. Sixth Edition. London, Stanley Gibbons Ltd, 1969: 80.
8. Tom Corby. ‘Princess Alice, Duchess of Gloucester’ (obituary). *The Guardian*, 1 November 2004. Accessed 20/08/2015.
9. Alec A Rosenblum. ‘The Duke of Gloucester Commemoratives’ in *The Stamps of the Commonwealth of Australia. A Handbook for Philatelists*. 5th Edition. Melbourne, Acacia Press Pty Ltd, 1948: 208–9.
10. *Stanley Gibbons Elizabethan Postage Stamp Catalogue 1970*. Sixth Edition. London, Stanley Gibbons Ltd., 1969: 77.
11. Pearn, John. *Symbols of Service*. Brisbane, Amphion Press, 2012: 14.
12. Suzanne Gordon. *Nursing Against the Odds*, New York, Cornell University Press, 2005: 129.
13. Florence Nightingale. *The School for Nurses*. Accessed 20/08/2015.
14. Wales M and Pearn J. *Neville Howse VC. Soldier, Surgeon, Citizen*. Brisbane, Amphion Press, 1997.
15. *Ibid.*: 53
16. Orange, NSW, official First Day Cover, honouring *Neville Howse VC Centenary 1900–2000*.
17. Editor. ‘Centenary of Scouting in Australia 19 February 2008’ in *Stamp Bulletin*. 2008; No. 290: 10–12.
18. Norfolk Island Philatelic Bureau. Postage Stamp Issue for 2008. 25th Anniversary of St John Ambulance in Norfolk Island.

The saints of the Order of St John

Michael Sellar CStJ

Mr Sellar's life-long involvement in St John Ambulance began in England at the age of 18 in 1955. Before migrating to Australia with his wife and three sons in 1972, he worked for British Rail. The family settled first in Port Kembla, NSW, where Mr Sellar had secured a position with the steel-maker, BHP. After the family moved to Victoria in 1976, they settled at Mooroolbark, at that time mixed farming and woodland country on Melbourne's outer eastern fringe. He continued working for BHP until his retirement in 1994. In retirement, he undertook theological studies, graduating with a B.Th. degree from the Melbourne College of Divinity. He linked up with St John Ambulance again after moving to Victoria and has given the St John organisation there many years' service, most recently as the President of the Historical Society's Victorian Branch.



On 17 October 2010 Pope Benedict XVI declared that Mary McKillop was the first Australian saint. This got me thinking about saints associated with the Sovereign Military and Hospitaller Order of St John of Jerusalem, Rhodes and Malta (for convenience, abbreviated as SMOM), which was and still is a religious order of the Roman Catholic Church.

The original order of St John, founded in Jerusalem in the 12th century, had three roles. They were first and foremost an order of monks and nuns who tried to serve God by taking the vows of poverty, chastity and obedience. The two ways they put these vows into practice were primarily as Hospitallers serving the sick and later by protecting pilgrims on their way to the holy places in Jerusalem.

The following article presents a sample only of the saints of the Order. A full list of the Order's saints appears at the end of the article. Those wishing to read more about particular saints are invited to consult the article 'The Saints of the Order of Malta', published on the website of the Sovereign Military and Hospitaller Order of Malta at the address <http://smom-za.org/saints/>.

What are saints?

Saints are exemplarily good people who are recognised as such by a church after their death. As SMOM was (and still is) a religious order of the Roman Catholic Church, all the saints in this presentation are recognised by the Catholic Church. Other churches also canonise saints. For example the Russian Orthodox recently canonised Tsar Nicholas II and his family.

Saints are proposed to us as examples of how to follow the Christian way of life. Adherents of churches that bestow sainthoods also believe that the saints will intercede with God on behalf of the devout.

The titles 'Venerable', 'Blessed' and 'Saint' now have specific meanings but in earlier times these titles were effectively interchangeable.

Our Patron Saint

The Patron Saint of the Order is St John the Baptist because the original hospital of the Order in Jerusalem was near the Church of St John. Earlier the Patron had been St John the Almoner, a saint of the Eastern Church.

Incidentally the expression 'our lords and masters the sick and the poor' was coined by St John the Almoner about 700 AD.

Ian Howie-Willis gave a talk on St John the Baptist at the seminar of the Historical Society held in Melbourne in 2010. As his paper was later published in *St John History* Vol. 10 in 2011, I won't repeat here what he said about our Patron Saint there.

Founders

The two men credited with founding the Order are the Blessed Gerard and the Blessed Raymond de Puy.

The Blessed Gerard

Nothing is known of the origins of the Blessed Gerard, although on our visit to Amalfi in 2014 the Amalfitans claimed that he came from a village just outside Amalfi. He is, however, known to have been a monk at the hospice or 'hospital' being conducted near the church of St Mary of the Latins when Jerusalem was captured by the Crusaders in 1099. The hospital at that time was run by a group of Benedictine monks as a hostel for pilgrims visiting the Holy Places.

Gerard reorganised the monastery changing it from a Benedictine house to an Augustinian house. Papal approval of the new foundation was obtained in 1113, making 2013 the 900th anniversary of the founding of the Order of St John.

In the eleventh and twelfth centuries if you were a monk you were almost certain to be a Benedictine of one sort or another. However Gerard saw that if his monks were to be active in the hospital field and were to be an international organisation it would be necessary for them to adopt the Augustinian monastic rule that was more often used by associations of priests living together in towns and cathedrals.

Usually St Francis of Assisi and St Dominic are credited with reforming monasticism in the 13th century, but many of their reforms had been implemented by Gerard a century earlier.

Some of the differences between the Benedictine and Augustinian rules were:

- Benedictines followed a strict timetable including attending chapel to sing prayers every three hours except midnight.
- Monks looking after sick people needed proper sleep so the more flexible Augustinian timetable was adopted.
- Benedictines vowed to stay within the monastery they joined until death. There were, however, a few exceptions to this rule, which was intended to bring stability to monasteries. Gerard's monks, for example, needed to be able to travel to set up a network of hospitals and support locations throughout Europe.

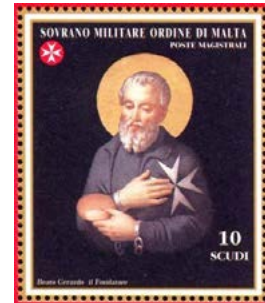
Most Benedictine monasteries were controlled by an Abbott or Prior, who was a priest, but Gerard wanted priests to act only as chaplains. He also managed to get Papal patronage for his Order thus removing it from the control of the local bishops. (Mary Mckillop had the same problem with Bishops who wished to control her order in the 19th century).

The Benedictine rule consists of about 70 detailed chapters while the Augustinian rule comprises only about eight short chapters.

Gerard also wanted to have monks and nuns working together in the hospitals, but this was not allowed by the Pope. It wasn't until St Vincent de Paul, in the 16th Century, that a way was finally found to get nuns working outside their enclosed convents.

Blessed Raymond de Puy

We know more about Raymond du Puy, Gerard's successor, than about Gerard. Raymond became the Rector or Master (the title Grand Master came later in Rhodes) on the death of Gerard in 1120. He created the Brotherhood of St John, which was a group of knights who volunteered their services to the Hospital for two or three years to act as guides and protectors of pilgrims. Pope Innocent II wrote the letter '*Quam amabilis Deo*' [Latin: 'How worthy, God'] to all rulers in Europe, seeking recruits and funds for this work of the Order. The SMOM still has a large number of volunteers helping the 50 or so monks with the works of that Order.



The Blessed Gerard as depicted on the 10-Scudi postage stamp of the Sovereign Military and Hospitaller Order of Malta



The Blessed Raymond du Puy, in a painting by Alexandre Laemlein in the Hall of the Crusades in the Palace of Versailles.

These original volunteers developed into the Military Monks following the example of the Knights Templar. Raymond's other major contribution was to write the constitution of the Order based on the rule of St Augustine.

Blessed Peter Pattarini d'Imola (c.1250–1320).

Blessed Peter could well be the patron saint for Occupational Health and Safety. Not much is known of his activities, but after a stint as the Grand Prior in Rome he retired to Florence where he died in 1320.

As a mark of respect he was interred in a stone casket built on the walls of the cathedral. Some workmen were doing maintenance above his tomb when one fell. As he passed the saint's tomb, an arm is said to have stretched out and caught the man and lowered him safely to the ground. This miracle led to the growth of devotion to Blessed Peter.



Blessed Peter d'Imola

Saint Ubaldesca (1136–1206)

Ubaldesca was born of poor parents at Calcinaia, near Pisa in Italy, but at the age of 15 an angel appeared to her telling her to enter the nearby convent of St John Nuns. When her parents took her to the convent the nuns there were ready for her as the angel had also appeared to them telling them to admit her. She was what is known as an extern which is a nun who is the go between the convent and the outside community. Ubaldesca lived and worked in the convent and infirmary for about 55 years but died as the result of a brick falling on her head as she passed a building site.

In the Middle Ages most people could not read so pictures of Saints usually included an 'attribute', which was some object associated with the saint in some way as a means of identifying the different saints.

For example, St John the Evangelist is usually shown as a clean shaven young man with a Chalice because his Gospel describes the Last Supper in great detail. Similarly, St Barbara is shown with a Tower where she was imprisoned for refusing to marry a pagan prince. St Christina was crushed to death with a millstone and St Catherine on a wheel (hence the Catherine wheel fire work). St Mary Magdalene is shown with the perfume flask with which she intended to anoint the dead Jesus. St John the Baptist is shown with a lamb because he called Jesus the lamb of God.

St Ubaldesca, however, is always shown with a bucket. This refers to a miracle she is said to have performed when a woman collapsed during the Good Friday ceremonies. Ubaldesca went to her aid with a bucket of water (as would any first aider) but in this instance the water changed to wine and the woman soon recovered.

Hagiographers (the writers of Saints' lives) in the Middle Ages were the 'spin doctors' of their day. Good Friday was (and still is) a day of fasting and abstinence. This meant that very little food was to be eaten and everyone had to abstain from meat, alcohol and sex. An exception was made for the sick and so the knights of St John gave their patients proper food and wine to drink on Good Friday for which they were often criticised. Ubaldesca's miracle was therefore a vindication that God approved of the knights' action since she was a nun of the Order.



Saint Ubaldesca holding her 'attribute' — a bucket.

Saint Flora (c. 1309–1347)

St Flora was born in France about 1309. She became an intern nun of the Order of St John in a convent near Nice. Unlike Ubaldesca, she would have little contact with people outside the convent but her reputation for holiness spread. It is claimed that the festival of flowers in Nice is in her honour however it actually started a few years before she was born.



Saint Flora (St Fleur)

Saint Hugh (c. 1186–1233)

St Hugh is one of the few saints who was known to have fought in the Holy Land and as a reward for his services he was made the Commander of the Order's hospital in Genoa. He had a reputation for performing miracles including cures of various types.

Like Ubaldesca, Hugh is said to have changed water into wine but his most famous miracle is related to the sea. From his window in the hospital he could see the entrance to Genoa harbour and one day saw a ship in trouble trying to enter the harbour during a storm. He prayed and the sea suddenly became calm and the ship entered the harbour safely.



St Hugh (also called St Ugo)

Two modern saints

Just like the Most Venerable Order, the SMOM appoints chaplains who are not professed members (i.e. not monks) of the Order. These two modern day saints were such appointees. They were:

Blessed Vilmos Apor (1892–1945)

The Blessed Vilmos was the Bishop of Győr in Hungary during World War II and was shot by Russian soldiers as he tried to defend some women who were being molested on the steps of Vilmos's cathedral.



The Blessed Vilmos Apor.

Saint John XXIII (1881–1963)

In Italy all young priests had to serve in the Italian army during World War I. If they weren't appointed as chaplains, they had to serve in the medical corps; and so Fr. Angelo Giuseppe Roncalli became a sergeant stretcher bearer. After the war he spent most of his life in the Vatican diplomatic service, serving mainly in Turkey and France. He became a Cardinal and was appointed as Patriarch (Archbishop) of Venice in 1953 and a Bailiff of the SMOM in 1956.

Two years later Cardinal Roncalli was elected Pope as John XXIII and is remembered as 'Good Pope John'. In this capacity he approved the revised rule of SMOM in 1961 and in 1962 called the Second Vatican Council. This council, among its many reforms, encouraged Catholics to co-operate with likeminded people and organisations outside the Catholic Church, so Pope John XXIII was responsible in no small measure for the cordial relationship that developed between the SMOM, The Most Venerable Order and the *Johanniters*.

Pope John XXIII was canonised by Pope Francis on 27 April 2014. The Pope dispensed with the usual requirement that a miracle has to be proved to be due the intervention of the candidate.

Three English Saints

These three English Saints were all killed by Henry VIII following his break with Rome and his suppression of the Order of St John in England 1542. Saints can be recognised as martyrs if they died in defence of the Church or its doctrines.

Venerable Thomas Dingley (1506–1539)

Thomas Dingley was a Knight of Justice (that is a professed monk of the Order) and was the nephew of William Weston, the last Grand Prior before the dissolution of the Order in England in 1540. Henry was still involved in Order affairs and approved Thomas for the prestigious position of Commander of Shingay in 1537. Thomas was betrayed possibly by another knight, Ambrose Cave, who had his eye on Shingay.

The *Act of Attainder* was passed by Parliament under pressure from the King and named some forty people including Thomas as traitors. These people were subject to being executed without trial and that is what happened to Thomas on 10 July 1539. They were considered to be traitors because they supported the Pope as the head of the Church when Henry was claiming this role for himself in England.

The fact that there is no known picture of Thomas is significant because when, in the 1890s, the Catholic Church was investigating the candidates to be included among the English Martyrs one of the criteria for selection was if a cult honouring the candidate existed. It was the practice in the Catholic institutions in Europe to recognise a martyr by having a picture of him or her displayed in the institution. Because no picture of Thomas existed at the Order's headquarters in Malta, it was assumed that he was executed for political rather than religious reasons so he was excluded from the initial list.

Later the criteria were modified and the Act of Attainder recognised as evidence of martyrdom, Thomas was then added to the list of candidates.

Blessed Adrian Fortesque (1476–1539)

Adrian Fortescue was a Knight of Devotion, which means he was a lay member of the Order rather than a professed monk. (The modern equivalent in SMOM is Fra' Richard Divall, is a professed monk while Sir James Gobbo, a former Governor of Victoria, is a lay member).

Adrian had grown up with and was a friend of Henry VIII. Like the others named in the *Act of Attainder* he refused to recognise Henry as the Head of the Church in England and was executed along with Thomas Dingley on 10 July 1539.



The Blessed Adrian Fortescue

Blessed David Gunston (birth date uncertain–1541)

David Gunston seems to be a very human person. He was a Knight of Justice (professed Monk) and saw active service on the Order's galleys in the Mediterranean. He seems to have been a bit of a hothead and spent some time in the Order's jail for fighting other knights. He was given permission to return to England to seek a posting in a Commandery but arrived just in time for the suppression of the Order in 1540 and was thrown into prison from which he was led out to his execution. He was hung, drawn and quartered on 12 July 1541.



The Blessed David Gunston

Servants of God

These are people who aren't yet saints but whose lives were so worthy they are being investigated by the Church to see if they should be canonised. There are currently three under consideration:

Patrocinio Chillida Manes (1877–1936) and Visitacion Solé Ivern (1888-1936)

Both these women were nuns of the Order. They were shot during the Spanish Civil War and are included the Order's list of martyrs. I have been unable to find out any more about these ladies except that they were nuns of the Order in Valladolid.

Fra' Andrew Bertie (1929-2008)

Andrew Bertie (pronounced 'Barty') was born in London into a minor aristocratic family on 15 May 1929. He is apparently a fourth cousin to the Queen. He was educated at Worth and Cambridge and did National Service as a Guards Officer and then taught at his old school.

Bertie joined the SMOM as a lay member in 1956 and was professed as a monk in 1981 and became involved in the running of the Order from Rome. In 1988 he was elected the 78th Grand Master of the SMOM, a post he held until his death in Rome on 7 February 2008. His cause for beatification and ultimately sainthood began on 20 February 2015.



Fra' Andrew Willoughby Ninian Bertie.

A list of all the Saints of the Order

This is a full list of the saints recognised by the Order. Some were monks, some were nuns and others were lay people. They range from humble peasants to knights and ladies and include an Emperor and a Pope. They are listed here in approximate order of the period when they were alive.

Blessed Gerard	d.1120
Blessed Raymond du Puy	d.1160
Blessed Gerard Mecatti of Villemagna	c.1174–c.1225
St Hugh	1186–1233
St Gerlach of Houthem	1100–1172
St Nicaise Kameti	d.1187
St Ubaldescha	1136–1206
St Sancha of Castile	c.1154–1208
Blessed Gerland	d.1271
Blessed Garcia Martinez	d.1286
Blessed Peter d'Imola	1250–1320
Saint Toscana	1280–1343
Saint Flora (also called St Fleur)	1300/1347
St Nonius Alvares Pereira	1360–1431
Blessed Adrian Fortesque	1480–1539
Venerable Thomas Dingley	1506–1539
Blessed David Gunston	d.1541
St Magdalena Sophia Barat	1790–1865
Blessed Charles of Austria	1887–1922
Blessed Bishop Vilmos Apor	1892–1945
St John XXIII	1881–1963.

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The Way of St James. Walking the 800-kilometre pilgrim path to Santiago de Compostela

Peter LeCornu KStJ

Mr LeCornu is a former Priory Secretary and Chief Executive Officer of the National Office of St John Ambulance Australia. He started working at the National Office in 2004 as the National Training Manager, after a long career in vocational education and training. He was promoted to CEO in 2009 and retired from that position in 2015. He is a keen walker and walked the ancient El Camino de Santiago de Compostela pilgrimage route in 2015.

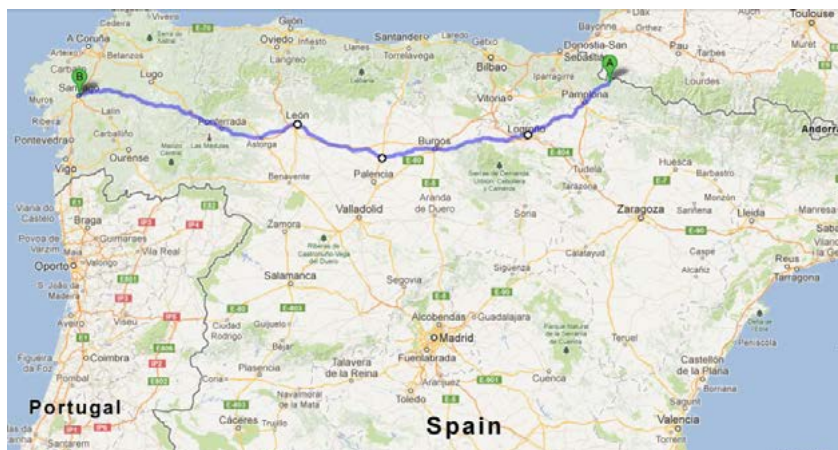


In the Middle Ages, the three great pilgrimages undertaken by Catholic pilgrims were to Jerusalem, Rome and Santiago de Compostela. After the end of the Crusades, when it became almost impossible for pilgrims to reach Jerusalem, the popularity of the pilgrimage to Santiago de Compostela increased, particularly between the 12th and 14th centuries. At times, it was more popular than the pilgrimage to Rome because it was easier to access.

Santiago in Northwest Spain, was regarded as the burial place of James, one of Jesus's twelve disciples. It is believed that, after Jesus's death, James preached the gospel in Spain starting in Finisterre. After James returned to Rome, he was beheaded by Herod, probably at some time between the years 30–36 AD. It is believed that James's disciples took his body back to Spain where it was buried.

In 813 AD, a shepherd named Pelayo was drawn to a field in northern Spain by a bright star, whereupon the local Bishop declared that this was the tomb of St James. This came at a convenient time as Christians were trying to drive the Moors out of Spain. A cathedral was built on the location and became the destination for those who walk the 'Camino', i.e. the pilgrim route across northern Spain to the cathedral. Miracles were attributed to the Saint and St James became the patron saint of Spain.

The first written record of a pilgrimage to Santiago was in 950 AD. During the Middle Ages, tens of thousands of pilgrims walked the pilgrimage to Santiago from their homes in Europe. Interest in the pilgrimage waned after the Middle Ages. In recent years, the pilgrimage has become popular again with over 200,000 people completing the walk to Santiago each year.



The ancient pilgrim route walked by Peter LeCornu in 2015, from St Jean Pied de Port in France to Santiago de Compostela in Spain—800 kilometres in 33 days.

El Camino de Santiago

In the Middle Ages, pilgrims walked from their home anywhere in Europe to Santiago de Compostela in the belief that completing the pilgrimage would result in the absolution of their sins. Many pilgrims continued on to the coast at Finisterre, which was regarded as the end of the world. After getting to Santiago or Finisterre, they would then turn around and walk home.

There were many routes to Santiago. Many routes that came through France crossed the Pyrenees Mountains just after the French village of St Jean Pied De Port. As a result, this has become one of the most popular starting points for the modern Camino de Santiago along the route known as the Camino Frances (or the French Way) and involves walking 800 kilometres to Santiago.

All modern day pilgrims who walk at least 100 kilometres are entitled to receive a 'Compostela' from the pilgrim office in Santiago. In 2015, 262,516 people gained a 'Compostela' with 53% being men. The majority (90%) completed the route by walking only the remaining stage, often undertaking their journey on bicycle or horse. 47% of those who completed it were from Spain. In 2015, 3,856 Australians completed the Camino. In 2015, 66% of those who completed had taken the Camino Frances route. The most popular starting point is Sarria (26%) because it is just over 100 kilometres from Santiago but St Jean Pied de Port was the second most popular starting point.

I completed this pilgrimage in September–October 2015. I started in St Jean Pied de Port and walked the Camino Frances to Santiago and then on to Finisterre in 33 days, which required walking more than 800 kilometres at an average of 27 kilometres a day. I had a pilgrim passport which I got stamped each day and which was then presented at the pilgrim office in Santiago to get my Compostela. One of my staff members presented me with a scallop shell, the symbol of the Camino, just before I left. The shells were given to pilgrims in the Middle Ages, by their family, as a symbol of safe passage, and in which they would receive food from well-wishers along the way. I carried it on my backpack all the way to Finisterre and it has pride of place next to my Compostela at home.

Each evening I, like most pilgrims, stayed at albergues (or '*hospital de peregrino*') which typically provided bunk beds. Albergues are run by local authorities or church organizations or are privately run. The albergues each have a 'hospitaller' who manages the albergue and, in most cases, provides a welcoming face when you arrive at the albergue tired, hungry and footsore. Other options for modern day pilgrims include hotels and B&B. Meals can be purchased from the albergues or in cafes. It is also possible to prepare meals in some of the albergues.



One of many ancient and essentially unchanged hilltop villages along the El Camino pilgrims' route, with its church characteristically located at the summit.



Peter LeCornu trudges his pilgrim's way across a vast, open plain along 'The Way of St James' — an experience affording much time for meditating upon one's life, responsibilities and relationships.

I met many pilgrims who were, like the pilgrims in the Middle Ages, walking from their European homes to Santiago, particularly from France and Spain. Europeans also complete the walk by doing it in sections. For example, I met a couple who lived in France, near the border with Switzerland who had completed the walk from their home to St Jean in two periods of two weeks and were completing the walk to Santiago when I met them. I heard of a man from Turkey who had walked all the way to Santiago via the Vatican (and got an audience with the Pope) and then was walking home again.

There are villages on the Camino where little has changed from when medieval pilgrims plodded through their ancient streets. Typically, you walk through several small villages each day and getting to the bigger cities often feels like culture shock as they are so different from the small villages. All villages have at least one Church on top of the hill, sometimes several churches. Monasteries and convents exist all along the Camino, many run by various Orders and providing beds for the pilgrims walking the Camino.

The first travel guide to the Camino, *Codex Calixtinus*, was produced in Latin in the 12th century by the French priest Aymeric Picaud. It briefly described the route to get to Santiago and provided a very detailed description of the cathedral in Santiago, the end point of the journey. It also described some of the many challenges that pilgrims might face in walking the Camino.

The Orders

The Order of St John was, in the Middle Ages, one of the Orders that provided protection and support to the pilgrims who walked the path to Santiago de Compostela. Cizur Menor, just outside of Pamplona, was a Commandery of the Order of St John. The Knights of St John of Malta (SMOM) still run the Albergue Sanjuanista in Cizur Menor, which provides accommodation and food to pilgrims. Hospital de Orbigo is another village which had been a Commandery of the Order of St John with a pilgrim hospital located there.

In Puente la Reina, one of the churches has been administered by three different Orders over the centuries. It was first run as the Iglesia Santa Maria de las Vegas by the Knights Templar, then as Iglesia Santo Cristo by the Order of St John. It is now run as the Iglesia del Crucifijo by the Padres Reparadores, who also run an adjoining monastery and a pilgrim albergue.



A church along the El Camino pilgrimage route maintained by three Orders over the centuries — as Iglesia [church] of Santa Maria de las Vegas by the Knights Templar, as Iglesia Santo Cristo by the Knights Hospitaller and currently as Iglesia del Crucifijo by the Padres Reparadores.



The albergue of the Iglesia del Crucifijo in Puente la Reina run by the Padres Reparadores, a Spanish religious order that continues the long tradition of hospitality to pilgrims maintained in earlier centuries by the Knights Templar and the Knights Hospitaller.

The most visible reminders of the Orders were the buildings built by the Knights Templar that remain intact today for the modern pilgrim to appreciate. In Torres del Rio, the 12th century Iglesia de Santo Sepulcro was built by the Knights Templar. In Villalcazar de Sirga, which had a Commandery of the Knights Templar, the Templar Church of Santa Maria la Virgen Blanca is considered a national treasure. It holds the tombs of nobles and royalty from that region. The most magnificent Knights Templar building that remains today is the Castillo de los Templarios castle at Ponferrada, built in the 12th century. Ponferrada came under the control of the Knights Templar in 1178. Much of the Knights Templar property was transferred to the Order of St John when the Knights Templar were disbanded and suppressed during the period 1307–1314.

There were other reminders of the Knights Templar along the Camino. The village of Terradillos de Los Templarios was a former stronghold of the Knights Templar but no buildings remain. The main albergue in the village is the Jacques de Molay albergue, named after the last Grand Master of the Order. In the village of Manjarin, there was in the Middle Ages a pilgrim hospital run by the Knights Templar. Today, there is a very small albergue with Knights Templar flags and symbols. Hospitalero Tomas dresses up in Knights Templar gear and rings the bell whenever a pilgrim passes.

However, there are many other orders that provide support to pilgrims along the Camino.

The village of San Juan is named after a saint who established an Augustinian monastery there in 1150. He was known for his many great works to serve the pilgrims. In Burgos, the Hospital del Rey, one of the largest and best endowed pilgrim hospitals along the Camino was run by the Order of the Knights of Santiago. It is now part of the University in Burgos.

The pilgrim experience

Members of St John have sung the words of the great John Bunyan hymn 'To be a pilgrim' many times. The hymn concludes with the words:

He'll fear not what men say,
He'll labour night and day
To be a pilgrim.

But, what is it like to be a pilgrim?

The modern-day pilgrim has many advantages over the pilgrim who walked the Camino in the Middle Ages. For example, the Camino is now well sign-posted and it is hard, but not impossible, to get lost whilst walking. The modern-day pilgrim crosses rivers on bridges—you never have to wade or rely on boats to cross rivers. Some of the bridges were built during the Middle Ages. In Puente La Reina, Dona Mayor, one of the Queens of Navarra, commanded the building of the bridge to support the movement of the medieval pilgrims. The village is named the 'Bridge of the Queen'. In Puente de Orbiga, modern day pilgrims walk across the longest and best preserved medieval bridge in Spain, built in the 13th century.

Compare this to the experience described in the *Codex Calixtinus* in how to cross one of the rivers:



A Templar legacy to the El Camino pilgrimage route — the castle Castillo de Los Templarios, which, as the name suggests, was a fortress of the Knights Templar.



The 'Bridge of the Queen' — Puente La Reina

The boatmen are trouble—big trouble. Despite the fact both streams are narrow, they'll extort money for their services, whether you can afford it or not. Whatever you do, don't get into an overloaded boat, which can suddenly capsize. These boatmen have been known to collect fares and pile the boat full of pilgrims, so that the boat capsizes and the pilgrims are drowned. Then the evil scoundrels delight in stealing the possessions of the dead.

The modern day pilgrim has access to showers, mostly hot, everywhere. This was not the case in the Middle Ages. In the cathedral in Santiago, there is a giant incense burner that is swung from the roof of the cathedral. The original reason for installing this burner was to overcome the smell of the pilgrims who would not have had access to showers. Near Santiago, there is a village called Lavacolla where pilgrims would strip off and wash all the dirt from the bodies. The modern day pilgrim has access to washing machines and dryers, unheard of in the Middle Ages.

The modern pilgrim does not need to worry about drinking the water. The *Codex Calixtinus* provided guidance to the medieval pilgrim on places where the water was not safe to drink, including this reference:

At the town of Torres del Rio in Navarre flows a river deadly to horses and men, and at the village of Cuevas is a similar death-bringing stream.

Similarly, the modern pilgrims do not generally need to worry about the food they eat. I had some outstanding meals whilst walking the Camino. The medieval pilgrim received the following advice from the *Codex Calixtinus*:

In Spain and Galicia, don't eat the fish called a 'barbus', or the one the Poitevins call an 'aslosa' and the Italians 'clipia', or any eel, or tench, because without doubt you will immediately die or fall very sick.

Another peril for the early medieval pilgrims were the toll collectors. In the *Codex Calixtinus*, the reader is warned:

They come at pilgrims with weapons, and demand an exorbitant fee. If you refuse to pay, they'll beat you up and take the money, even intrusively frisking you to get it. These people are forest savages. Their hard faces and strange language strike terror into the heart.

Another advantage for the modern pilgrim is the better footwear available today. I walked in hiking boots, which provided excellent protection for the feet along the way. The medieval pilgrim walked in sandals, which provided only minimal protection for the pilgrim's feet.

Whilst there are many differences between the medieval pilgrim and the modern pilgrim in how they experience the Camino, there are still similarities in the experience of walking the Camino. As a pilgrim it is hard not to be impressed by the magnificent churches and cathedrals that exist all along the Camino. The cathedrals in Burgos and Santiago stand out as outstanding examples of cathedrals which warrant the attention of the pilgrim. I visited many of the churches, just as pilgrims from the Middle Ages would have done. I valued the opportunity to attend a pilgrim mass and receive a pilgrim blessing.



The magnificent 13th century Gothic cathedral of St Mary at Burgos, one the many dozens of churches along the El Camino pilgrim route.

Like pilgrims from the Middle Ages, many modern day pilgrims are walking the Camino to find solutions to life challenges. I met many walkers who were facing a life crisis, for example divorce, the breakdown of a relationship, a parent or partner dying or dealing with a terminal illness. I met one man who had a neurological illness and found that walking reduced the need for using the prescribed drugs. Others, like me, were walking because they had reached a turning point, such as retirement. Walking a pilgrimage provides an opportunity to reflect on life through both walking alone at times and learning from others. The Camino is an opportunity for contemplation and reflection.

I chose to not book accommodation each night at the albergues and to rely on getting to them early enough to get a bed. Pilgrims in the Middle Ages would have done the same thing. This meant that you were never quite sure where you would end up at the end of each day. It was a relief, and a comfort, to arrive at the albergue and be welcomed by the hospitaller.

Like the pilgrim of the Middle Ages, I carried everything I needed on my back. Walking for 33 days with everything in a backpack makes you realise how little you need to actually survive. When I got home, I cleaned out a lot of clothes and other 'stuff' as I realized that I did not need as many items to live.

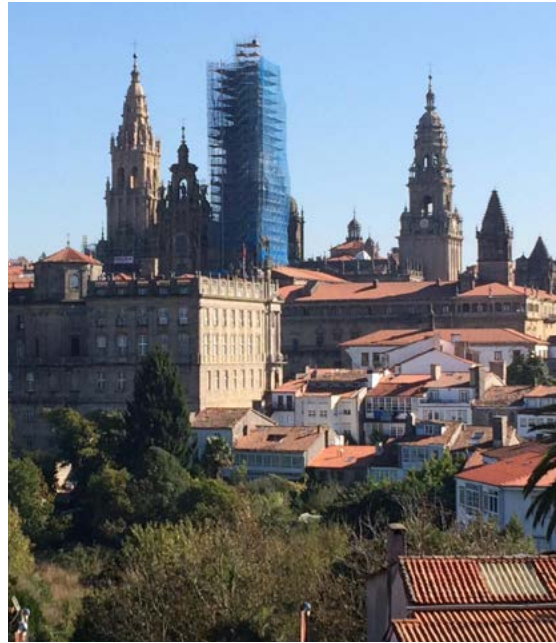
I was motivated to walk the Camino because so many pilgrims had walked this path before me. I truly felt part of a tradition that has gone back centuries. I felt this particularly when I stood in the cathedral in Santiago and joined in the pilgrim Mass. I didn't understand the words of the Spanish mass but I knew that countless hundreds of thousands had participated in this tradition in the decades and centuries before me. I also felt it when I stood on the coast at Finisterre and watched the sun set in the west. In the Middle Ages, people believed that Finisterre—meaning literally 'end of the land'—was the end of the world. This precise spot became one of the holiest and most revered in the ancient world.

I will conclude this article by sharing with my readers a blessing of the ancient Celtic Church. Appropriately, it is one which has encouraged many a weary pilgrim along the El Camino route over the centuries:

May the road rise to meet you.
May the wind be always at your back.
May the sun shine warm upon your face.
May the rain fall soft upon your fields.
Until we meet again
May Gold hold you in the palm of his hand.

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The pilgrims' destination — the Cathedral of St James, Santiago de Compostela.



His super-marathon of a walk completed, Peter LeCornu displays his 'Compostela'—the certificate awarded for having completed his pilgrimage along the 'Way of St James', the pilgrim route to Santiago de Compostela.

Becoming ‘St John’ — An historical glance at hospices and saints

Harry Oxer AM ASM KStJ

Dr Oxer is a retired anaesthetist. He spent the first part of his professional career as a Medical Officer of the Royal Air Force. After migrating to Australia in 1976 he was a senior consultant at the Fremantle Hospital. Until his retirement, he was simultaneously the Medical Director of the St John Western Australian State Ambulance Service. Dr Oxer is the Historical Society’s immediate past President and is currently the Director of Ceremonies for the Commandery of the Order of St John in Western Australia.



The Order of the Hospital of St John of Jerusalem, Rhodes and Malta is nowadays commonly referred to as ‘The Sovereign Military and Hospitaller Order of Malta’. Except for a 30-year hiatus caused by Napoleon Bonaparte’s expulsion of the Order from Malta in 1798, the original Order has had a continuous history dating back over 900 years.

The origins of the Order can be said to lie in an unpretentious hospice for poor, sick pilgrims established in Jerusalem, well before the Crusades. However, hospices and hospitals had existed at this site for a very long time.

This article will re-examine the origins of the hospice movement, the developments on this site, and the process by which St John the Baptist became our patron Saint. The focus will be on the earliest origins of the hospice from which the Order eventually grew. The article will also trace the events through which an originally small institution, run by humble monks, developed fairly quickly into one of the great military monastic orders of mediaeval Christendom.

As we know, there have been many saints known as ‘Saint John’, over the centuries. Indeed, the *Penguin Dictionary of Saints* names no fewer than 36! Two of these are of particular interest to us. These are St John the Almoner, who was the patron saint of the hospice in Jerusalem run by the Blessed Gerard, and St John the Baptist, who later became patron saint of the hospital and the Hospitaller’s Order.

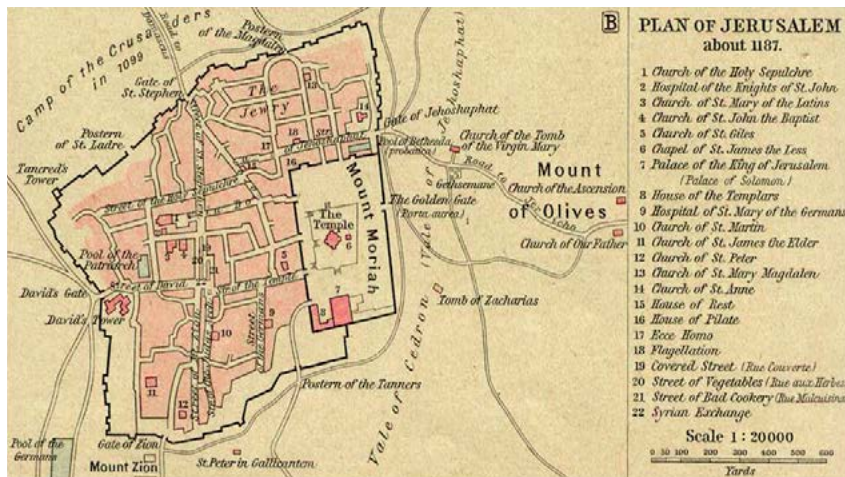
When talking to colleagues, I sometimes get the impression that some of them, perhaps not quite so involved in history, have a somewhat vague impression that there was a hospice in Jerusalem, founded by the Blessed Gerard, which eventually turned into the Jerusalem Hospital of St John the Baptist. The feeling is that this was somehow unique.

If we look into this rather further, ‘our hospice’ was by no means the earliest. Hospices – places to provide services for the poor, the sick, and the indigent — were quite common in mediaeval Europe. They are perhaps one of the earlier systems of providing care and sustenance for those less fortunate — the societal function we refer to nowadays as ‘Social Security’.

If we look back, we find that a hospital was built on the Muristan site in Jerusalem, by Judas Maccabeus and John Hyrcanus, in the second century BC! This is recorded in the Biblical book of the Apocrypha — the Second Book of the Maccabees. The ‘Apocrypha’ is a series of extra biblical books, often published or read together with the old Testament, which are not a part of the ‘canon’ of ‘officially accepted’ books of the Bible.

This particular hospital was built with the authority of King Antiochus V, of the Seleucian Empire. This empire, which was centred on the city Seleucia on the Tigris River in present-day Iraq, more or less comprised much of what is now modern Afghanistan, Iran, Iraq, Syria, and Lebanon, with parts of Palestine, Turkey, Armenia, Turkmenistan, Uzbekistan and Tajikistan.

The hospital was specifically for the care of the sick and the poor. The Muristan is a location in Jerusalem which included the St John Hospice (and still has its Memorial Plaque), and the Church of the Holy Sepulchre.



Jerusalem in the late 12th century showing the location of the 'campus' of the Knights Hospitaller, (also called the Order of the Hospital of St John of Jerusalem) within an area later referred to as the 'Muristan' ('madhouse').

Hospices for pilgrims

Pilgrims were actually travelling to the Holy Land at least as early as 600 A.D. A hospice was founded in Jerusalem about this time, by Abbot Probus, as instructed by Pope Gregory the Great. This hospice was under the control of the Benedictine abbot of the St Maria Latina convent. This was enlarged by the Emperor Charlemagne. At that time the expression *convent* was a general term covering monasteries as well. A number of similar pilgrim hospices existed around this time and later, along the pilgrim route.

There was a great need for such hospices. There had always been pilgrims, making the very difficult journey to the holy sites in Jerusalem. Many were destitute or ill on arrival. In 1096, many thousands started from various origins, on the first Crusade, to recapture the holy city from the 'infidel'. They were ill-equipped, ill armed, and full of zeal, joined by other Crusader groups—peasants, commoners, and many didn't survive. They fought much of their way across Europe, and had to live off the land.

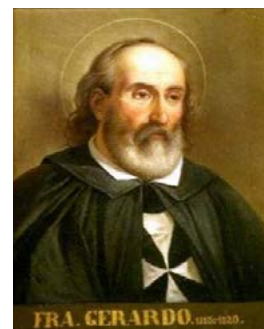
They marched across Europe, rendezvoused in Constantinople, then traversed the sun scorched waterless plateau of Asia Minor, now mostly Turkey. Their colleagues perished by the hundreds and thousands from hardship, thirst, or the arrows of the Turkish light horse, a seven-month siege outside the walls of Antioch, endless privation, by lack of water food, and by attacks. By now, of the 50,000 knights and 500,000 foot soldiers that had begun the Crusade, full of zeal and hope, there were barely 20,000 fighting men by the time they reached Jerusalem's walls.

On Friday 15 July 1099, the Crusaders stormed the city, broke in, and slaughtered most of the inhabitants, quite indiscriminately. Among the first in was Godfrey de Bouillon, Duke of lower Lorraine. He was elected the first king of Jerusalem, but declined, however he was still the power behind the throne. His sword actually survived, and is preserved in a glass case in a chapel in the Holy Sepulchre in Jerusalem. A copy of this sword was made, by permission, by artisans in Jerusalem, and is the great sword of the St John Commandery of Ards, in Northern Ireland. I have had the privilege of seeing and handling this sword.

A monk called Gerard

The warden of this hospice that was active in Jerusalem at the time of the first Crusade was a monk—Gerard. Little is known of his origins. He is claimed as a native son by both Amalfi in Italy and by Montigues in Provence, France. He devoted his life to this work, after carrying out a pilgrimage to the holy city, and seeing the terrible need. This hospice—actually only for men—was dedicated to St John the Almoner. There was at least one other hospice in Jerusalem, for women. The Templars also were reported later to have one.

This original hospice was actually largely destroyed in 1010 A.D. by Caliph Al Hakim. This particular caliph went through Jerusalem, destroying anything remotely associated with Christianity. He was a great zealot — a true fanatic for Islam, rather like those we're accustomed to in this modern



Brother Gerard, a monk whose hospice took in the needy regardless of race and religion.

era. The name Al Hakim usually denotes a physician, but is also used as an honorific for a wise man or academic. However, the hospice was restored in 1023 by wealthy citizens of Amalfi as their contribution to the Christian efforts in Jerusalem.

Gerard took in all needy patients – Christian, Muslim, and Jewish, and many of the wounded Christian soldiers. Later, he was apparently beatified by the Pope for his work, known thereafter as the ‘Blessed Gerard’. I have been unable to find any authority as to whether he was ever formally beatified, or just acquired the term ‘The Blessed’.

Duke Godfrey de Bouillon visited the hospice, which was very large and impressive. He endowed it with the caselle of Hessilia and two bakeries and other property in Jerusalem followed, which generated income. Other Christian leaders followed suit, and the reputation and wealth of the St John hospice grew. When Crusaders and others were returning home the following year, they were apparently loud in their praises of the Hospice of St John. This somewhat obscure charitable institution suddenly became extremely well known, and the favourite object for donations in every Christian land!

At first the men’s and the women’s hospices were under strict Benedictine rule, and under the protection of St John the Almoner. But Gerard broke away, and adopted the less rigid Augustinian rule, which instead of ten breaks every day for prayer, only had four or five. It gave more time for looking after their patients!

He organised the *Fratres hospitalarii* (‘hospitaller brethren’) into a constituted religious order, under the protection of St John the Baptist. The monks now included some knights as well for the protection of their patients, and the Order accordingly became known as Knights of St John, or Knights Hospitaller. Originally, as with all Crusaders, they wore the Red Cross, and their battle-cry was ‘*Deus vult*’ – Latin for ‘God wills it’ or ‘God’s will’, which was on their tabard or cloak. Their habit was the black Cappa Clausa – a long cloak with a slit up the side, and a cross in white emblazoned upon it. This charge eventually changed to the familiar eight pointed cross of the Republic of Amalfi, which is now more familiarly known as the ‘St John Cross’ and the ‘Maltese Cross’.

And so this formerly obscure charitable institution eventually became celebrated throughout Christendom. It had many pious benefactors. Gerard worked to free himself from the onerous lifestyle control of the Benedictine Rule, and founded a new Order of Hospitallers, under the Augustinian Rule. This allowed them much more latitude for their charitable work.

In 1113 Pope Paschal II issued a Papal Bull – *Pia Postulatio Voluntatis* – ‘A pious request’. This Bull confirmed the hospice as a ‘*xenodochium*’, not basically just a hospital for sick and wounded, but rather: ‘*a house for reception of strangers and pilgrims, and for the relief of paupers*’. It was also exempted from paying tithes, confirmed in its endowments, could elect its own superior (Rector, later called Grand Master), was run by monks and volunteers. Some monks became knights and knights were now recruited into the Order to defend the hospice and patients.

By 1113 Gerard was administering a chain of at least seven similar institutions in France, Sicily and Italian city states, through his Hospitaller group. Money was coming from donations, which were often properties and land, which brought their own income to the Order.

Two patron saints called John

At some stage the brethren were granted or simply annexed the ancient Greek monastery of St John the Baptist, close by, in the square enclosure called by Saladin (in derision) the madhouse – Muristan. The name still exists for the area. They adopted St John the Baptist, together with the monastery and buildings. But why change patrons? Perhaps they considered the Baptist a better class of Saint. He was, after all, a cousin of Jesus Christ and it was he who had baptised Jesus at the beginning of his ministry.

But why did Gerard’s brethren originally dedicate their hospice to the less well-known St John the Almoner?

As seen, a hospice had existed in Jerusalem since at least the 600s. John Aleymon, John the Merciful or John the Almoner or Almsgiver, was the Patriarch – the head cleric – of the great city of Alexandria at the time, 606–616 AD. A Patriarch was one of a Pentarchy, originally of five bishops, who ruled the Eastern Orthodox Church for imperial Rome at the time. They were the bishops of Rome, Alexandria, Antioch, Constantinople and Jerusalem.

Alexandria in the 600s was an important city and port, and John as a very senior member of the administration, became inordinately rich. He was originally born in Cyprus, of noble descent, and originally had a wife and children, but he lost all his family to illnesses. After that he took up religion, and became engrossed in the relief of the poor and suffering.

John held weekly sessions in Alexandria. Any supplicants could beg of him alms (money or goods given to the poor), help, and/or the redress of grievances. He rarely refused anyone, and gave away huge amounts in money and in kind. He was criticised by others, but rejoiced in being able to help those in need. Almost his first step was to make a list of several thousand needy persons, to take under his especial care. He referred to the poor as his 'lords and masters' *'because of their mighty influence at the Court of the Most High'*. He assisted people of every class who were in need. His proud boast after leaving the position was that he had come to a wealthy diocese and had left it after having given away its wealth.

John was a reformer who attacked simony, the sale of religious privileges. He reorganised the system of weights and measures to help the poor, stopped rampant corruption amongst officials, and fought heresy by improving religious education. He held regular courts, received all supplicants, and gave freely without fear or favour from his great wealth.

Persian Sassanids (one of the groups set up when Alexander the Great had divided his empire at his death) sacked Jerusalem, causing great hardship for its residents. John sent large supplies of food wine and money from his own resources from Alexandria to help the fleeing Christians. Eventually Persians occupied Alexandria as well, and the now aged John Aleymon fled to Cyprus. He died there some time between 616 and 620. He was apparently canonised, and his saintly relics were hugely venerated, but were moved around, as often happened. They eventually ended up in the Chapel of St John the Merciful in St Martin's Cathedral in present-day Bratislava, Slovakia. I had the privilege of visiting this chapel during a recent European holiday.

The reputation of St John the Merciful for saintliness in the care of the poor and needy was most appropriate for him to be the patron saint of this hospice in its early days.

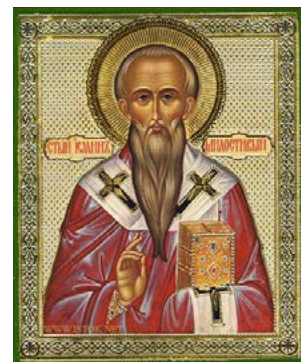
The martyrdom of John the Baptist

And what about St John the Baptist? He was the son of Zachary, a priest in the Temple of Solomon, and Elizabeth, a kinswoman of Mary, the mother of Jesus. He clearly had a 'religious upbringing'! As an adult he is said to have lived rough in the desert, but some reports say that he lived with 'other sectaries' (members of sects not generally accepted by the community, who lived on the edges of the desert). At around the age of 30, he began preaching on the banks of the Jordan. He called men to penance and baptism, 'for the kingdom of Heaven is at hand!' He offered baptism, a not uncommon way of acceptance into various groupings; however, he only offered baptism after full and public repentance and penance, but this surprisingly was increasingly widespread, and accepted, and practised as an acceptance into the fold. Baptism symbolically represented the washing away of the former sinful life and the entry into a new and righteous life.

When Jesus came to him to be baptised, John recognised him as the Messiah, the long-awaited redeemer of the Jewish people. Reluctantly, because he thought he was unworthy, John baptised Jesus. Jesus then began his three-year public ministry. John meanwhile continued preaching his message to ever-growing crowds.



'St John the Baptist': a painting by Titian, c. 1540.



'Holy John the Almoner' (also called 'St John the Merciful'; 'the Almsgiver'). This is a present-day icon of the Orthodox Church produced in the traditional style.

As was not uncommon among those competing for leadership in those troubled times, Herod Antipas, Tetrarch (ruler) of Perea and Galilee, feared John's ever-growing influence with the people. He had John arrested and later beheaded in the Machaerus palace, a fortress on a bluff above the Dead Sea, midway along the eastern shore. The ruins of the palace were excavated in the period 1978–1981.



The Machaerus Palace, where John the Baptist was imprisoned and executed: an artist's impression of what the palace might look like if reconstructed.



'The Beheading of John the Baptist'—Caravaggio's great 1608 masterpiece produced for the Knights of St John on Malta. Measuring 3 x 4 metres, it now hangs in the Museum of the Co-Cathedral of St John the Baptist in Valletta, Malta.

'Developments for the Hospitallers

In 1113, Pope Paschal II issued a Papal Bull – *Pia Postulatio Voluntatis* – 'A Pious Request'. This Bull effectively established Gerard's brethren as a separate religious Order of the church. The Bull confirmed the hospice as a '*Xenodochium*', which means not basically a hospital for the sick and wounded, but rather '*a house for reception of strangers and pilgrims and for the relief of paupers.*'

Under the Bull the *Xenodochium* was also exempted from paying tithes, confirmed in its endowments, and had the inestimable privilege of being able to elect its own superior, and not be accountable to bishops or other religious authorities. It was self-run by its monks and volunteers under a Rector, the first of whom was Brother Gerard. Some of the monks took on a military function, to defend the hospice and its patients and, as we shall see, knights were later recruited into the Order, which they came to dominate.

As seen, by 1113 when the brethren became an Order in their own right, Gerard was administering a chain of at least seven similar institutions. These were in France, Sicily, and Italian city states, and were run through his hospital and hospice group. Large amounts of money were coming from donations, which were often of properties and land which brought their own income to the Order.

The 12th century, i.e. the 1100s, was the period during which the Crusader principalities of the Eastern Mediterranean were established. This time was a turning point for Gerard's Order. Much of the Muristan area was given to the brethren. As the Hospitaller Order of St John they built new buildings, renovating or rebuilding the former Amalfitan and Byzantine structures. Eventually the Muristan 'campus' included a hospital, dormitories, refectory and chapel. The hospital, or 'Sacred Infirmary' as it came to be known, was situated in the north-western part of the Muristan. It was a large building with underground halls or vaults eight bays long and four bays wide. According to Crusader historical sources, these vaults were the hospital wards. The sources describe a large busy hospital south of the Church of the Holy Sepulchre.

A military function

After Gerard's death in 1120, the Order came under the hugely powerful and influential Raymond du Puy. He gave the new Order rules, a constitution, approved by Pope Calixtus II in 1123, and by 1153 had recruited knights, and led them into battle as the Knights Hospitaller. By 1120 they had more

spacious buildings near the Church of the Holy Sepulchre, which included the Sacred Infirmary, for treating the sick and injured. This was referred to by du Puy as 'the Hospital of Jerusalem'. Its medical staff consisted of five physicians and three surgeons, and lay volunteers. In 1150, a pilgrim reported that there were no fewer than 2000 patients. The Monk-Knights were now widely referred to as 'the Hospitallers' (capitalised), as if they alone were worthy of such a name.

By this time, the Hospitallers were already expanding rapidly into Europe. They were in England in 1140, and the Priory at Clerkenwell was being built in 1144. They were greatly respected, acquiring honours and properties — and of course wealth. They had the invaluable privilege of being independent from bishops and diocesan control. They build great convents and hospitals in Italy, Spain, Malta, France, Poland and Germany with others in England, Scotland and Ireland.

When the other great order of crusading knights, the Templars, were eventually suppressed in 1307 by Pope Clement V and King Philip IV of France, much of their wealth and possessions came to the order of St John, greatly increasing their wealth and status. In England, King Edward II was rather slower to suppress the Templars, and when he did, initially he took unto himself their possessions. They eventually mostly came to the Order of St John.

As we know, the wealth of the religious orders became a threat to states and kings. They were accountable only to the Pope, not their kingly masters, and the great wealth was very attractive to lay authorities. The Order, and other orders of similar status, were gradually abolished across Europe, and their wealth confiscated. This coincided to some extent with the rise of the Protestant movement in Europe. There was almost no involvement of Jerusalem any more. Some hospitals continued, but they fell away in the 1600s.

What might we learn about the early history of our Order from these two saints who were both named John? The short answer is that we should consider the implications of the two great Latin mottoes that have encapsulated the work of our great Order of St John from the Crusading era to the 21st century.

Firstly, the present-day Orders of St John owe the first of their mottoes to the fearless devotion of St John the Baptist to his religion—'*Pro fide*', 'For the faith'. The Baptist preached the coming of the Messiah and the need for baptism as the outward expression of sincere penitence for past wrongs and a commitment to henceforth living righteously. John's recognition of and baptism of Jesus as the Christ or Messiah gave credence to Jesus as he began his ministry. That faith, by whatever name, can guide us all in our lives, to try to help those less fortunate, by happenstance, illness, or injury.

Secondly, from the example of St John the Almoner, the Orders of St John derive their second motto—'*Pro utilitate hominum*', 'For the benefit of humankind'—from an ideal amply demonstrated throughout the life of this saint, and also in the work of the hospice which later bore his name. So much of his life was an example of total devotion to helping those in need, without fear or favour.

Two saints called John and the two mottoes were an inspired choice. We are fortunate to have them still as our fixed points of reference! Let us celebrate our patrons and the mottoes that are their legacy!

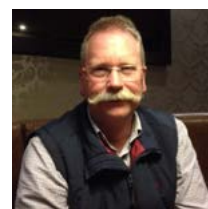


Raymond du Puy beside the Sacred Infirmary: an unknown early artist's impression of what he and the hospital might have looked like.

The Battle of the Horns of Hattin. The beginning of the end for the Crusader states in the Middle East

Bruce Caslake OStJ

Mr Caslake is the Tours Adviser to the Historical Society. He was the co-organiser of the 2014 St John Ambulance Australia tour of historic sites in the Order's history. He is currently organising the next History Tour, to be conducted in May–June 2017. He is employed as an electrician in the engineering maintenance team of Portland District Health, the agency which runs the Portland Hospital in western Victoria.



Why am I writing an article on the Battle of the Horns of Hattin, an event that occurred some 830 years ago in Galilee during the mediaeval era?

A brief answer to my question is that In April–May 2017 the St John Historical Tour I'm helping organise will be visiting the Horns of Hattin and most people who are coming on the tour keep asking me 'Why?' I have therefore concluded that if I write an article on the subject now it will achieve two objectives. Firstly, such an article will answer that 'Why?' question; and, secondly, a *St John History* article on the topic will introduce what will be a new but important subject to the journal's readers, who are mainly but not exclusively Historical Society members.

So here we go. The Battle of the Horns of Hattin took place in July 1187, some 88 years after the First Crusade had recaptured Jerusalem for Christendom. It was one of the major turning points in the 200-year history of the Crusader states in the Middle East. Following the Crusaders' defeat at Hattin by the Muslim forces of Saladin, they lost first Jerusalem and then successively all the Crusader state possessions in the Middle East until they were finally expelled from the Holy Land following the Fall of Acre in 1291.

What and where are the 'Horns of Hattin'?

Hattin ('Hittin' in Hebrew) is the Arabic name for a low but steep-sided, twin-peaked and heavily eroded extinct volcano about 7.5 kilometres west of Tiberias, the main town on the western shore of the Sea of Galilee (also called Lake Tiberias). The hill — not high enough to be called a 'mountain' — is 1.4 kilometres north of the Haifa–Tiberias Road in the Lower Galilee district of present-day Israel.

The 'Horns', *Qurûn* in Arabic and *Karnei* in Hebrew, refer to the two peaks at either end of all that's now left of the volcanic cone which in millennia past probably comprised the original volcano.

The Horns of Hattin viewed from the Acre–Tiberias road, 2014.



Political background to the battle

We must first understand the politics of the day and what had changed from the times of the First Crusade. The First Crusaders on the whole were a united force, whereas the Muslims at the time were deeply divided between different Islamic and ethnic factions. The Muslims were mainly concerned with their own local parochial interests, and were pulling in different directions. On the other side, the Crusader forces were in most cases a united front, having been brought together by one united cause, one enemy and by having suffered together en route to Jerusalem over the 2½ years they took to reach the Holy Land.

The Crusaders were determined to see the conquest out to its fullest extent. This is how it was possible for them to achieve the ultimate goal of the Crusade — the conquest and occupation of Jerusalem.

Over the next 90 years, changing dynamics in leadership provoked divisions within the main Crusader state, the Kingdom of Jerusalem. Half of the 'Latin' (largely French) settlers wished to live in peace and harmony with the Muslim community; the other half just wanted to acquire whatever land and riches they could to increase their power and wealth. They would stop at nothing to achieve this, even war, including among themselves as well as against the common foe — the Muslims.

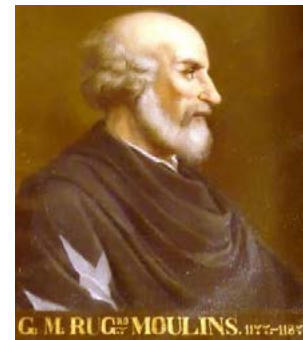
The Knights of St John were on the side of peace and harmony, being committed to looking after the poor, sick and injured people of all races and religions. With their brothers-in-arms, the Knights Templar, the Knights Hospitaller had responsibility for maintaining a series of frontier castles in the Crusaders states; and, being a military order, were one of the main players in the political life of the various Crusader principalities. Their loyalty to the King of Jerusalem was unquestioning. Thus, the Grand Master of the Knights of St John at the time, Roger des Moulins, became one of the closest advisers of King Baldwin IV (widely known as 'the leper king' because he suffered leprosy in a disfiguring form).

The youthful King Baldwin IV was a natural-born leader, well above his age in maturity; however, his indifferent health precluded his maturing into a unifying political leader and an inspirational military commander. If he had lived longer his strong rule and fairness to everyone could have stabilised and unified the Crusader states, which would have made the task of the Muslim Sultan, Saladin, extremely difficult. Unfortunately for the Crusader states, that was not to be. On the 16 March 1185 at the young age of 24, King Baldwin IV finally succumbed to leprosy, leaving behind something of a power vacuum among the dynasties vying for dominance of the Kingdom of Jerusalem.

Into this 'bear-pit' stepped various contenders for the Throne.

Prominent among them was Guy of Lusignan, a French aristocrat closely related to both King Henry II of England and King Phillip II of France and the nearest to a true royal among the various claimants. At this time in history, it was the custom that only a male heir could rule. The next in line to the Throne was Baldwin V, a nephew of Baldwin IV; but as he was only a boy aged nine, Raymond III of Tripoli, head of one of the Crusader principalities, was appointed regent. Raymond III and Baldwin V reigned for a year until Baldwin V died. That left the Throne open to claim again. This time the chief contender was Sibylla, the sister of Baldwin IV and the mother of Baldwin V, both now deceased. Guy of Lusignan married the widowed Sibylla in 1180. When she succeeded to the Throne in 1186 she immediately named her husband, Guy, as King.

The marriage of Sibylla and Guy and his ascension to the Throne were controversial. There was much disputation and protest amongst the nobles of the Kingdom. The Grand Master of the Hospitallers, Roger des Moulins, was firmly against both marriage and Guy being crowned King of Jerusalem. Roger des Moulins had been so highly regarded by Baldwin IV that he had been appointed as one of three nobles who held the key to the Kingdom's treasury and the crown jewels. Without the crown no coronation could proceed. Roger des Moulins refused to grant access until so much pressure



Fra' Roger de Moulins, Grand Master of the Knights Hospitaller 1177-1187, killed in battle two months before the Battle of the Horns of Hattin.

was applied by the opposing faction that he could see there was no use in further protesting. In disgust he threw the key to the crown jewels into the street of Jerusalem in disgust and let the pro-Lusignan faction have its own way.

So now on one side we have King Guy, the Knights Templar and the highly influential Crusader, Reynald of Chatillon. Reynald had come to the Holy Land with the failed Second Crusade and had stayed on to seek fame and fortune. He had a great military mind but only knew one way to those ends, which was through violence and acquisitiveness. He also had a huge hatred for all Muslims, having been their captive for some 15 years from 1161 to 1176 in Aleppo. He would go on to make his mark in the holy land; and he was one of the principal figures — the ‘villain’ — responsible for the irrevocable decline of Crusaders power in the Holy Land.

On the other side of course are the Muslim forces, who had begun fighting back against the Crusader states. The Muslim general Nur ad-Din attacked and retook Edessa on 24 December 1144, the event that triggered the disastrous second crusade of 1147–1149.

In Egypt Nur ad-Din’s nephew, Saladin, was made Vizier of Egypt. After Nur ad-Din’s death on 15 May 1174, Saladin also took charge of Syria. He realised that the only way to defeat the Crusaders was to unite all Muslims into one force. This was not as easy as it sounds because there were many and seemingly irreconcilable factions within the Islamic world. Somehow, Saladin managed to keep them together as a unified force. The other factor in this situation, and the one that helped tip the balance of power in Saladin’s favour, was the weakening of the Byzantine Empire, which in the past had helped the Crusader states retain the upper hand.

Summarising the complex political and military situation resulting in the Battle of Hattin, on one side were the Crusaders, who were almost at the point of civil war over who would be the next King of Jerusalem. On the other side were the increasingly united Muslim forces under the command of a charismatic, politically able and strategically brilliant general. All that was now needed for a conflagration between the opposed Crusader and Muslim forces was a spark to set the Holy Land ablaze.

The spark that set Palestine ablaze

Although a shaky Crusader–Muslim truce was in place, the Crusaders gave Saladin the excuse he needed for an all-out war in early 1187. The event that sparked the war came when the impetuous Reynald of Chatillon led an attack on a Muslim caravan. All the goods were stolen and, worse, all in the caravan were slaughtered — including Saladin’s sister, whom Reynald knew to be one of those travelling with the caravan.

Saladin bided his time for several months, but when he detected an opportune moment, in late June 1187, he attacked. He invaded the Galilee after laying siege to the city of Tiberias on the shore of the Sea of Galilee, which was formally within the territory of the County of Tripoli, one of the Crusader states. The wife of the County’s ruler, Eschiva wife of Count Raymond, was trapped inside the city. King Guy of Jerusalem was trying to become reconciled with Raymond of Tripoli at the time, so he used the siege as an excuse to summon the Crusader forces from around the Kingdom.



Guy de Lusignan (c. 1150–1194), King of the Crusader State of Jerusalem 1186–1192, who led the Crusader army into a catastrophic defeat at the Battle of the Horns of Hattin on 3–4 July 1187. Surviving the battle, he was captured by Saladin’s forces then held to ransom. This 1843 portrait by the French artist François-Edouard Picot can only be one artist’s guess at what he might have looked like.



Reynald of Chatillon, a detail from a sculpture of a larger 1993 statue of the Sultan Saladin in Damascus by the Syrian sculptor Abdallah al-Sayed. Whether or not Reynald actually looked like this is debatable. He was the villain in the events leading up to the Battle of Hattin and was personally beheaded by Saladin after the battle.



A portrait of Saladin, c. 1185, and a present day representation.

Reynald of Chatillon convinced King Guy that to attack Tiberias and rescue Eschiva was the best course of action. King Guy would not listen to any other advice, not even that of the leader of the Hospitallers, Garnier de Nablus. The Grand Master of the Order, Roger des Moulins, had been killed two months previously at the Battle of the Springs of Cresson on 1 May 1187. No replacement as Grand Master in lieu of Fra' Roger had yet been elected; and so Fra' Garnier was the interim leader of the Hospitallers. Despite Fra' Garnier's counsel to the contrary, King Guy ordered all his troops to march on to Tiberias.

The Crusader force had no way of reading Saladin's mind, but it would soon become obvious that the Crusaders' advance to Tiberias was part of Saladin's plan. He wanted to tempt the crusader forces out of their strongholds in the mighty Crusader Castles and onto the open plains, where he knew his army would have a fighting chance of wiping out the largest crusader force ever assembled and of then bringing a swift end to their rule in Palestine.

Saladin, a master strategist, knew that if he was to win the battle ahead and return the Holy Land to Islamic rule, he must act quickly and decisively. Knowing what motivated his troops, he knew his army would not stay together as a unified, highly focussed force across an extended period of time without a swift victory and the enticement of booty for his troops and camp followers.

The battle

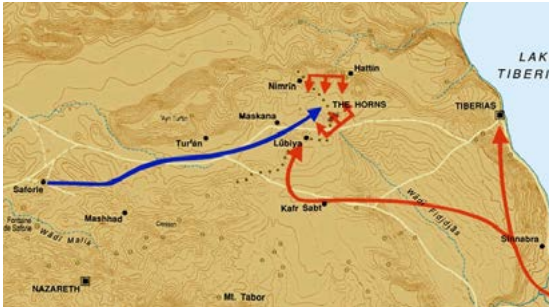
And so King Guy and the Sultan Saladin jointly set the stage for the most decisive battle in the 200-year history of the Crusader states.

The great drama of this cataclysm for the Crusaders began unfolding on 2 July 1187 — dry, hot mid-summer in Galilee. On that day 20,000 Crusader troops including 300 Knights Hospitaller and Knights Templar assembled at Sephoris (also called Sephoria and Sephorie, present-day Tsipori), a small town 18 kilometres south-west of Hattin and near the main Haifa–Tiberias road.

Preceding the Crusader army was the 'True Cross' — Christendom's most sacred relic, reputedly a sliver of the cross on which Jesus had been crucified contained within a cruciform reliquary of gold. Crusader armies customarily carried this relic with them into battle. It was said to inspire them to fight their hardest, and to remember that they were fighting because 'God wills it!' Following the True Cross, they believed that Christ's soldiers would triumph as they were fighting a true and just cause.

The next day, 3 July 1187, the Crusader army began the 26-kilometre advance to Tiberias to meet Saladin's 30,000-strong army. As the region was virtually waterless in the heat of summer, they hoped to replenish their water bottles at the village of Hattin, on the northern flank of the 'Horns', where another supply of water was available. Temperatures were higher than normal for this time of year. The main concern was keeping up the water supply for the troops, due to the hot, dry conditions.

This is when Saladin began closing the trap he had set. His forces began skirmishes against the rear and flanks of the Crusader army, slowing its progress and at times bringing it to a stand-still and preventing it from ever reaching the village of Hattin.



A map showing the lines of advance and the disposition of the opposed Crusader (blue arrow) and Muslim (red arrow) armies at the Battle of Hattin.

As the arrows indicate, the Crusader army was caught in a pincer-like trap, with the Muslim army cutting off their advance while shutting off their line of retreat.

By the late afternoon, the Crusader army was forced to camp near the Horns of Hattin, in sight of the freshwater Lake Tiberias but still without having been able to replenish their rapidly diminishing water containers. The Crusading force was tired and thirsty — as were their horses, half maddened by the smell of the freshwater only a few kilometres to the east.

Saladin continued harassing the Crusaders. During the night his troops did their utmost to destroy the Christian army's morale by beating their drums, chanting prayers for victory and shouting passages from the Quran. On the morning of the 4 July 1187 Saladin ordered the lighting of the dry grass on the flanks of the hill. The fires raced uphill towards the now exhausted and thirsty Crusader army. Twice the Crusaders' heavy cavalry attempted to break through the Muslim lines advancing uphill towards them behind the flames; however, almost blinded by smoke and suffering agonising thirst, the Crusaders' strength was drained and they were beaten back towards their own lines each time. Meanwhile, Saladin's fast and highly mobile mounted archers confined most of the Crusader force to the 'Horns', where most were eventually killed.



The Battle of Hattin: a present-day artist's impression of the Knights Templar and Knights Hospitaller defending their position on the 'Horns' on 4 July 1187. Parched, sun-scorched, half-blinded by smoke and continually harassed by Saladin's mounted archers, few of them survived. Those not killed in battle were later executed by Saladin's Sufis.

Some Knights did manage to break through the Muslim lines but were then unable to return to re-join their army. Seeing that the situation was hopeless, they fled west and south to their homes. Meanwhile Saladin's army had completely surrounded the rest of the Crusader army. In a very short time the Crusaders were utterly defeated. Those not killed in battle or after their capture were marched off to the slave markets in Damascus and sold.

The surviving Hospitallers and Templar Knights were considered too dangerous and to have caused too much destruction in the Islamic world to be sold as slaves. Saladin's army both feared and respected them as the spearhead of the Crusader force. They were given a choice: they could either convert to Islam or be beheaded. None chose conversion. All 200 were beheaded. The executions were carried out by a team of Sufis — Islamic scholars and mystics — who begged for the honour of being allowed to behead one each. Saladin himself beheaded Reynald of Chatillon.

How many died in and after the protracted two-day battle is uncertain. Scholars, however, surmise that the Crusader force suffered 'heavy' casualties, which suggests that perhaps the majority of the army of 20,000 were either killed or captured. As seen, only a handful managed to escape. By contrast, Saladin's army of 30,000 men suffered only 'light' casualties. What proportion 'light' constitutes is anyone's guess, but the reality was that Saladin's army remained intact whereas the Crusader army had been destroyed; and henceforth the Crusader states could muster only small numbers of troops for their own defence. In short, the Battle of the Horns of Hattin was an utter catastrophe for the Crusader states.

Long-term ramifications of the Crusader defeat at the Battle of Hattin

The ramifications of this battle were extreme. King Guy had summoned all his available forces from every part of the Crusader states to fight against this Islamic threat. Now that most of the Crusader forces have been wiped off the face of the earth, all castles and fortified settlements were severely under-manned and vulnerable to attack. Saladin started to pick off their castles and fortified settlements one by one.

By mid-September 1187, Saladin had taken Acre, Nablus, Jaffa, Toron, Sidon, Beirut, and Ascalon. Tyre was saved by the fortuitous arrival of Conrad of Montferrat, resulting in Saladin's assault being repulsed with heavy losses. Jerusalem was defended by Queen Sibylla, the patriarch Heraclius, and Balian of Ibelin, who subsequently negotiated its surrender to Saladin on 2 October 1187.



'Jerusalem regained, 1187': a present-day Korean artist's painting of Saladin's entry into Jerusalem after its surrender on 2 October 1187.

The news of this huge defeat soon reached Pope Urban III. It is said caused him to die of shock. This news also triggered the Third Crusade. Three Kings, from England, King Henry II and after his death Richard I (Richard the Lion Heart), King Phillip II of France and the Holy Roman Emperor Frederick I of Germany, answered the call of the cross from Pope Gregory VIII. However from this point on, the Crusaders never fully regained control of the land they lost. The Battle of Hattin had proved the turning point in the see-sawing contest for control of the Holy Land. There is a lot to be said for the saying, 'United we stand, divided we fall'. The Crusader states and their ruling dynasties had amply demonstrated the truth of the adage.

Impact on the Hospitallers

But what has this to do with the Knights of St John? What did the Knights of St John learn from the debacle of Hattin to take into the future?

The Knights of St John were heavily involved in the day-to-day running and protection of the Crusader states. They were highly regarded by all, even the Muslims. This was not only because of their fighting capability but first and foremost, their respect and compassion for humanity. The Hospitallers were not as rich as the Templars because a large proportion of their funds went into running their hospitals, orphanages and churches as well as strengthening their fortifications. Their charitable facilities were open to all no matter what religion, race or nationality. This open-door policy has remained in place for over 900 years and is probably the reason why the Order has survived while others, and most notably the Templars and the Kingdom of Jerusalem, have fallen into the great trash-can of history.

The Hospitallers' first aid skills were doubtless put to good use on the battle field. Also, it is said that after a battle no Knight of St John could ride their horse if any injured person had to be transported to care. This was perhaps very early evidence of ambulance transport. The evolution of pre-hospital medical and health care had clearly begun.

One thing you will notice when following the Knights of St John history on the history tours I've helped organise is the way in which the Knights constructed their hospitals and buildings. A definite style emerges as one moves from Acre to Rhodes to Malta.

The Knights also learned how to govern the people in their care, and to fortify their cities. This really comes to the forefront in Rhodes and Malta. If the Knights did not have the co-operation of the

local population under their governance, they could have won no battles. For example, during the great Siege of Malta in 1565, the Maltese people fought with such tenacity and courage that after the Ottoman Empire forces had quit Malta effectively fought to a stand-still and defeated, the Knights of St John allowed their cross to be named after the Maltese people — hence the Maltese Cross of popular usage.

The structure and charitable ethic of the Order of St John derives from the Knights' experience during the mediaeval and 'pre-modern' centuries. Without that time period and the Order's subsequent development, the Order's practices and governance structures might have evolved differently. That in turn has influenced the history of our own Most Venerable Order. Our history as a recognised Order of St John is therefore important, because it helps explain to us who we are and how we have arrived where we are today.

I trust that this article has enlightened you on one critically important episode in the long history of the Order's wars and battles. I also hope that my readers will now understand why I have placed an excursion to the Horns of Hattin on the itinerary for the 2017 St John Historical Tour.

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The Crusades — an Islamist *idée fixe*

Ian Howie-Willis OAM KStJ

Dr Howie-Willis is a professional historian. As well as being the Historical Society's Editor and a former Priory Librarian, he is the historical adviser to the Office of the Priory of St John Ambulance Australia.



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Introduction: some definitions

According to my on-line dictionary, **Crusade** has these two meanings: (1) each of a series of nine medieval military expeditions made by Western Europeans to recover the Holy Land from the Muslims in the 11th, 12th, and 13th centuries; and (2) a vigorous campaign for political, social, or religious change.

The actual word, 'crusade' derives from the Latin word **Crux**, meaning 'a cross', in this case of course the Christian Cross. In French this gives rise to '*croisade*', in Spanish '*cruzado*', in Italian '*crociata*', in Polish '*krużjata*' and in German '*Kreuzzug*'—all meaning 'crusade' in those languages. In other languages it's something similar.

A **Crusader** is consequently both (1) a fighter in the medieval Crusades; and (2) a person who campaigns vigorously for political, social, or religious change.

Next is **Islamism**, also known as Political Islam (Arabic: *إسلام سياسي* *islām siyāsī*), which is 'an Islamic revival movement often characterised by moral conservatism, literalism, and the attempt to implement Islamic values in all spheres of life'. From Islamism comes **Islamisation**, which is a society's shift towards Islam and its eventual adoption of Islam as its dominant religion.

Closely related to Islamism and Islamisation is the notion of **Jihad**, which, as used by Muslims, can be either (1) 'a war or struggle against unbelievers', as in 'The Prophet declared a jihad against the infidels', and (2) 'the spiritual struggle within oneself against sin'.

At this point I should make clear that Islamism is only one branch of Islam; and radical Islamists are probably a minority of the world's Muslims. Most Muslims will have no wish to engage in warfare against non-Muslims. Like most Christians, Buddhists, Jews, Hindus and the practitioners of other faiths, they wish to live in peace with their neighbours.

There's one more definition of a term I'll use in this paper. It's **idée fixe**, a French noun meaning 'an idea or desire that dominates the mind; an obsession'. One theme of this paper is the place the Crusades occupy in the demonology of present-day Islamism; and in that context **idée fixe** is apt. Synonyms include: 'passion', 'preoccupation', 'mania', 'compulsion', 'craze' and 'hobby-horse', all of which I regard as appropriate descriptors for the Islamists' preoccupation with the Crusades.

In using the terms I've just defined, this article will argue that Islamism's obsession with the Crusades arises from the fanaticism of jihadists of the present era, for example and most notably the late Osama bin Laden and, among many others, more than 40 Australian members of the Islamic State of Iraq and Syria (ISIS) killed fighting in the Middle East in the past three years.

The article will also argue that the obsessions of Islamism stem from an Islamist rhetoric that depends on a warped view of the linked histories of Islam and Christianity which is not only ahistorical but ignores what actually happened in European and Middle Eastern history in the 1900 years up to the beginning of the 20th century AD.

The recent development of the Islamist *idée fixe*.

The present Islamist preoccupation with the Crusades is a recent development — something we've only heard much about in the past half-century, since the foundation of the Palestine Liberation Organisation in 1964 and more especially the Iranian revolution in 1979 (Tolan, 2008). Each of these events fostered the development of a 'political Islam' that has progressively grown from simple opposition to the West and the rejection of Western values, to militant jihadism, the military confrontation and subversion of the West, and an insistence that Islam must eventually prevail worldwide.

The Ottoman (Turkish) Empire or Caliphate was the principal Islamic political force for over 600 years, from 1299 until the end of World War I. Under Ottoman rule, the Crusades 'were not a preoccupation for the Islamic world' (Spencer, 2006). The reasons were that the Crusades had ultimately failed to retain the Middle East for Christendom; the Crusader or 'Latin' states in the Middle East collapsed; and then Muslim armies regained all the Crusader-held territories in the Middle East for Islam. After the foundation of the Ottoman Empire in the late 13th century AD, the Ottoman sultans eventually (1517) became the Caliphs of Islam. Following their conquest of Constantinople in 1453, the Ottoman sultans also claimed the title *Kaysar-i-Rûm* or 'Emperor of Rome'; and as such they conquered large areas of previously Christian Asia Minor and Europe, absorbing these into the Caliphate.

Seemingly invincible for centuries, the Ottoman Caliphs had little need to bother about the Crusaders of centuries past. It has only been since the break-up of the Ottoman Empire after World War I, the rise of Arab nationalism, the resurgence of 'political Islam' and the spread of present-day Islamism that the Crusades have become an *idée fixe* for Islamists.

Contrasting Western and Islamist views of the Crusades

'Crusade' and 'Crusader' have long been terms with honourable and altruistic connotations in the Christian West. As well as signifying the movement by Catholic Christianity to regain militarily the Holy Land for Christendom between the late 11th and late 13th centuries, they have broadened in meaning. As seen, they now also signify any 'vigorous campaign for political, social, or religious change' and the people leading such campaigns.

Not so for Islamists! 'Crusader' for them has become a term of abuse they use against Western politicians and military personnel intervening in Middle Eastern affairs. For example, the US President George W. Bush and the troops of the 'Coalition of the Willing' who intervened in Iraq to overthrow the regime of the dictator Saddam Hussein in 2003 were excoriated as 'Crusaders' by Islamists worldwide, while Israel is seen by Islamists as a latter-day 'Crusader' state. Because of his office, Bush's successor, President Barak Obama, was also reviled as a 'Crusader' by Islamists everywhere.

President Bush foolishly used the word 'crusade' to describe the 'War on Terror' he promised after Al Qaeda Islamists had destroyed the 'twin towers' in New York on 11 September 2001. Though he used the word in a military rather than religious sense, the subsequent US-led invasions of Afghanistan (October 2001) and Iraq (March 2003) suggested to Islamists in particular that he was declaring war on Islam generally as well as them in particular. Some Western commentators gave credence to their paranoia by referring to the 'War on Terror' as the 'Tenth Crusade' (*Wikipedia*, 'Tenth Crusade').

The founder of Al Qaeda, Osama bin Laden, and his supporters railed against the 'Zionist-Crusader' regimes of the West. So, too, for other Islamist extremists — the Taliban in Afghanistan, Jemaah Islamiyah in Indonesia, ISIS in Iraq and Syria and Boko Haram in Nigeria. They habitually express their hatred for the West and Christianity in anti-Crusader rhetoric.

Interestingly, not all Muslims agree with them. In 2004 Al Jazeera, the Qatar government-owned TV channel, published a long historical article on its website under the title 'Time to forget the Crusades'. The article, by John Tolan, a French mediaeval historian, argued that jihadists should stop using the Crusades as a *casus belli* because blaming the Crusades for contemporary problems was a 'simplistic notion based on a falsified image of a long-vanished past' (Tolan, 2004).



In ranting against 'infidels', the Al Qaeda leader, Osama bin Laden (1957–2011), like many other Islamists habitually used 'Crusader' as a term of abuse to express his loathing of the West.

Western revulsion for the Crusades

Many people in the West look back on the Crusades nostalgically as a heroic age of chivalry and knightly derring-do. Nowadays, they will be the minority. It has become politically incorrect to regard the Crusades triumphally.

The majority of thinking Westerners, especially those who've taken the trouble to read about the Crusades, will feel profoundly uncomfortable about the Crusaders and what they did. They abhor the fanaticism, savagery and bloodshed which the Crusades engendered. With shame, they lament the unruly bands of Crusaders who rampaged east across Europe, killing Jews and Orthodox Christians as well as Muslims on their way to Jerusalem, which they conquered in a blood-bath.

The latter view is one promoted and popularised by one very influential Western historian of the Crusades. This was Sir Steven Runciman (1903–2000), whose magisterial three-volume *A History of the Crusades* (1951–1954) effectively apologised to Islam for the brutality of the Crusades. A greatly learned scholar, Runciman ended his trilogy with this judgement upon the whole Crusading era:

The Crusades were a tragic and destructive episode. The historian as he gazes back across the centuries at their gallant story must find his admiration overcast by sorrow ... There was so much courage and so little honour, so much devotion and so little understanding. High ideals were besmirched by cruelty and greed, enterprise and endurance by a blind and narrow self-righteousness; and the Holy War itself was nothing more than a long act of intolerance in the name of God, which is the sin against the Holy Ghost (Runciman, 1954).

Runciman was not the first Westerner to see the Crusades in that light. Some 130 years before Runciman produced his trilogy, Sir Walter Scott (1771–1832), the great Scottish historical novelist, published an influential novel about Crusaders and the Crusades. Scott's *The Talisman* (1825) shaped perceptions of Crusaders and the Crusades for generations to come. For instance, *The Talisman* was the inspiration for the acclaimed 2005 Ridley Scott film *Kingdom of Heaven*.

Sir Walter Scott painted a pejorative portrait of the Crusaders, whom he depicted as overbearing brutish thugs. He also romanticised the Muslims, especially Saladin, who recaptured Jerusalem for Islam in 1187. In contrast to the oafish, bloodthirsty Crusaders, Scott portrayed Saladin and his Muslim warriors as refined, cultured sophisticates.

A present-day historian who has taken up where Sir Walter Scott and Sir Steven Runciman left off is Karen Armstrong, an English former Catholic nun who has written prolifically about religious conflict. In books such as *The Crusades and their impact on today's world* (Armstrong, 1991) she shows herself to be 'benign' in her appraisal of Islam, even if not actually an outright apologist for Islamist fundamentalism. The feudal nations of Western Christendom, she argues, were inherently violent, self-seeking and expansionist; so of course the Crusades became a brutal, imperialistic episode, with the Muslims of the Middle East being the main victims. Islamic scholars approve such arguments; and so, not surprisingly, Armstrong has received various accolades and awards from Muslim organisations (*Wikipedia*, 'Karen Armstrong').

Runciman, Armstrong and other Western historians seem to have been intent on appeasing Islam for the excesses of the Crusades. In rightly decrying the savagery of the Crusades, they have, however, ignored the reality that Islam itself may be criticised for its uncompromising intolerance of any but its own world-view and for its long history of jihadism against 'infidels' (*Wikipedia*, 'Criticism of Islam').



Sir Steven Runciman (1903–2000), an eminent historian whose history of the Crusades presented a pejorative view of the Crusading movement. The Runciman paradigm has been greatly influential, especially among people of 'Left-Liberal' persuasion. They mistakenly regard the Runciman trilogy as 'holy writ'.



*Sir Walter Scott whose very popular novel about the Third Crusade, *The Talisman* (1825), depicts the Crusaders prejudicially while romanticising the Muslims generally and their Sultan, Saladin, especially.*

Westerners of 'Liberal-Left' political persuasion have generally accepted the Scott–Runciman–Armstrong paradigm. For them, 'it is only Christians and the West that initiate and exemplify hideous violence' (Bendle, 2015). They accordingly deride the Crusades as 'a disreputable imperialist attack on the peaceful and blameless Muslims' (Bendle, 2015).

The former US President, Barak Obama, is one who apparently accepts such a perspective. When speaking at a National Prayer Breakfast in February 2015 he observed that 'During the Crusades and the Inquisition, people committed terrible deeds in the name of Christ' — a statement which many critics have interpreted as an apology to non-Christians for the Crusades. It caused outrage because, as critics pointed out, 'The Crusades were not that simple' (Gopnik, 2015; Scandlen, 2015).

Unfortunately, over the past 60 years the 'Liberal-Left' paradigm has helped fuel the Islamist *idée fixe* about the Crusades. In confronting the West, present-day Islamists are able to argue that 'we are correct to wage jihad against you because even your own historians tell you that your Crusader ancestors began a continuing war against Islam by the West'. This argument is seen in the anti-Western diatribes of the headstrong young Islamists preaching jihad in Islamic study centres in Australia. Needless to say, such fulminations against the Crusades nimbly sidestep the atrocities accompanying jihad during the 1400 years since the birth of Islam.

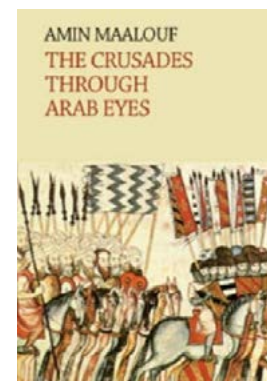
Islamic histories of the Crusades

I would actually like to have been able to quote here from recent Islamist histories of the Crusades, but they, I regret to say, are non-existent. The sole 'recent' history of the Crusades by a Muslim seems to be Amin Maalouf's 1983 book *Les croisades par les Arabes*, published in English as *The Crusades through Arab Eyes* in 1984 (Maalouf, 2006).

Most 'Islamic' historical accounts of the Crusades have actually been written by Western scholars specialising in Islamic and/or Arabic studies (Gabrieli, 1984; and Barber in *History Today*).

A case in point here was Claude Cahen (1909-1991), a French Marxist orientalist and historian of Jewish background (*Wikipedia*, 'Claude Cahen'). Cahen has been described as 'one of the most influential Islamic historians of [his] century'. A contemporary of Runciman, in 1954 Cahen published a seminal article titled 'An Introduction to the First Crusade' in the Oxford journal *Past and Present*. Cahen's article argues that the Crusades arose from divisions and conflicts within the West as much as from the political dynamics of Islam engendered by the rise of the Seljuk Empire.

More recently, Paul M. Cobb, an American professor of Islamic history, has published a series of books about Muslim perceptions of the Crusades, the latest being *The Race for Paradise: An Islamic History of the Crusades* (Cobb, 2014). Cobb argues that to the Muslims, the Crusades presented 'a diplomatic chess game to be mastered, a commercial opportunity to be seized, a cultural encounter shaping experiences of Europeans, and a political challenge to be exploited by ambitious rulers making canny use of the language of *jihad*'. Achieving a more balanced perspective than Runciman, Cobb demonstrates that the Crusades were as integral a part of Islamic history as they were of European history.



The jacket of Amin Maalouf's book, The Crusades Through Arab Eyes (1984), which seems to be the most recent Islamic history of the Crusades.

The Runciman paradigm reappraised

The great problem with Runciman's treatment of the Crusades is that he failed to set them in the context of Western Christianity's response to aggressive, expansionary Islam. It is only in the last 15 years or so that a new generation of historians of the Crusades have begun criticising the Runciman paradigm. As one of Runciman's critics, Thomas F. Madden, remarks, Runciman saw the Crusades as being 'a black stain on the history of the Catholic Church in particular and Western civilisation in general' (Madden, 2011).

The rise of present-day Islamism postdates the publication of Runciman's trilogy. As Islamism continues evolving, new historians have emerged to explain it. Many are highly critical of Runciman's

paradigm. Among the foremost is the late Jonathan Riley-Smith GCStJ (1938–2016), Librarian of the Most Venerable Order of St John 1981–2016. His short, pithy book, *The Crusades, Christianity, and Islam*, argues that ‘Arab nationalism and Pan-Islamism...share perceptions of Crusading that have more to do with nineteenth century European imperialism than with actuality’(Riley-Smith, 2008). Runciman, he avers, wrote beautifully but got the Crusades dreadfully wrong.

Other historians have followed Riley-Smith in reassessing the significance of the Crusades and what the Crusading era represented.

The realities of the spread of Islam

The Islamists and the anti-Crusader historians in the West overlook certain inconvenient realities about the emergence and rapid spread of Islam during the 7th century AD. For brevity, I’ll limit the discussion here to six main propositions, as follows:

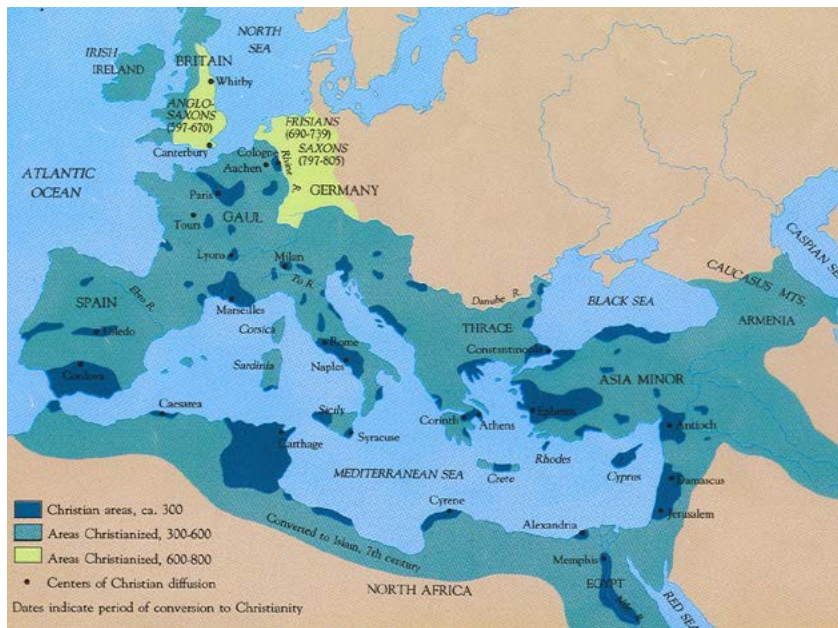
1. Christianity before the rise of Islam

Firstly, in the six centuries before the rise of Islam in the early 7th century, the Middle East had become largely Christian. The religion of the region now occupied by the Islamic nations of Algeria, Morocco, Tunisia, Libya, Egypt, Palestine, Lebanon, Syria, Iraq, Turkey and parts of Saudi Arabia, Yemen and Iran was Christianity. Christianity, of course, had begun about the year 30 AD in Judaea, the Roman province centred on Jerusalem, but within a few years had begun spreading well beyond there and ultimately across the Roman Empire and beyond. By 600 AD, the only regions not yet Christianised were in northern Europe, but the conversion of tribes such as the Anglo-Saxons in England and the Franks in the present-day Low Countries and Germany had begun.



The late Librarian of the Most Venerable Order, Jonathan Riley-Smith GCStJ(1938–2016), with Pamela Willis DStJ, former Curator of the Order’s Museum and John Pearn GCStJ, Priory Librarian in Australia, at St John’s Gate, London, October 2012.

Professor Riley-Smith was a leading critic of the Walter Scott-Steven Runciman paradigm of the Crusades.



The extent of Christendom at the birth of Islam, AD 620s.

When Islam erupted in Arabia during the first half of the 7th Century, it was in a region which had been Christian for centuries. Christianity was not only a 'home-grown' religion of the eastern Mediterranean, but four of the five great Patriarchates of the early church — Alexandria, Antioch, Constantinople and Jerusalem were all within the region. (The fifth was Rome.) Hippo, present-day Anaba in Algeria, was one of the ancient Bishoprics and the See of St Augustine, one of the great early Christian theologians and 'Church Fathers'.

2. The tactics of jihad

Second, militant Islam quickly overran this region using tactics and rhetoric familiar in the present day as those of ISIS. As we've learnt in recent years from the almost daily atrocities perpetrated in France, Germany, Turkey, Spain, India, England and elsewhere, ISIS-style jihadism is a relentless force — a militant Islam was in centuries past.

The *modus operandi* of jihad include the deliberate slaughter and terrorization of people resisting conquest, the forced conversion to Islam of 'infidels' on pain of death, the enslavement of those resisting Islamisation, the desecration and destruction of Christian churches, the discriminatory and punitive taxation of communities allowed to retain their Christian faith, prohibitions against publicly displaying Christian symbols and proselytizing Muslims, and death for apostasy.

Critics of Islam maintain that such tactics have *always* accompanied jihad. Islam, they say, spread rapidly because communities overrun by jihadists were terrorized into acquiescing in their own conquest and conversion. As with ISIS, the Taliban and Boko Haram and like-minded Islamist groupings now, so with jihad in centuries past: terror was an instrument for subjugating non-Muslims and bringing them under Islamic rule. As that happened, within a generation or two, most of the descendants of those conquered forgot their Christian heritage and were absorbed within the *Ummah*, the 'Commonwealth of Believers' or collective community of Islamic peoples (*Wikipedia*, 'Ummah').

By 1453 AD, when the Ottoman Turks conquered Constantinople, the City built by Constantine, the first Christian emperor of Rome, the whole of the Middle East, Asia Minor and North Africa was within the *Ummah*. As soon as Constantinople had fallen, amidst great slaughter and rapine, the Hagia Sophia ('Holy Wisdom'), the great basilica of Constantinople, was symbolically converted into a mosque. With St Peter's in Rome, it had been one of the first two great Christian cathedrals, but as a mosque its glorious ancient Byzantine mosaics were removed or plastered over. (It remained a mosque for the next 500 years, until 1935, when Kemal Ataturk, the founder of modern Turkey, had it transformed into a museum. Since then the mosaics have been partially uncovered and restored.)

Some Christian communities survived within the *Ummah* as ethnic minorities. With the Jews, they were known as to Muslims as the *Dhimmi*. For the privilege of being allowed to retain and practise their faiths, the *Dhimmi* had to pay a special tax, the *Jizya*. Muslims could rationalize its imposition as a guarantee for the protection of *Dhimmi* communities, but for the *Dhimmi* themselves the *Jizya* was a symbol of their humiliation by the Muslim state for not having converted to Islam.



'Sultan Mehmed II's entry into Constantinople, 1453', a painting by Fausto Zonaro (1854-1929). Zonaro presents an almost comically ahistoric, idealized, sanitized, heroic and highly romanticized view of the event which is far removed from the actuality of history. Apart from the litter of dead defenders in the foreground, the painting fails to hint at the great slaughter, rapine and looting that followed the conquest.



The Hagia Sophia ('Holy Wisdom'), one of the first two great cathedrals of Christendom. It was a Christian basilica for 916 years, then a mosque for 482 years, but has been a museum since 1935. Some of its obliterated Christian mosaics have been partially restored since then.

3. Western Christianity's response to jihad

Third, the Crusades must be seen as Western Christendom's belated response to jihad and the aggressive thrust of Islam into formerly Christian regions.

After Muslim forces captured Jerusalem from the Byzantine Empire (Christian successor to the Eastern Roman Empire) in 637 AD, Christian pilgrims from Europe continued visiting the city despite the risks involved. Pilgrims returning home brought back stories of the difficulties they had faced, of the desecration of many sites sacred to Christianity, and of the oppression of the Christian communities under Muslim rule.

Over the centuries, various Muslim dynasties held sway in the formerly Christian territories of what I'll refer to as the Holy Land for convenience — successively the Umayyads, Abbasids and Fatimids. Depending on which dynasty and sultan was in power, the local Christian communities and pilgrims were more or less tolerated. During the early 11th century, however, a new and less accommodating Muslim force, the Seljuk Turks, emerged in the Middle East (*Wikipedia*, 'Seljuk Empire').

As the Byzantine Empire progressively lost territory to Seljuk invaders, the Emperors periodically appealed to the Popes in Rome for military support. With the Seljuks capturing ever more Byzantine land, their disruption of Christian pilgrimages to the Holy Land raised alarm in the West. Eventually, it was the plea for military aid from the Byzantine Emperor Alexios I Komnenos to Pope Urban II in 1095 that prompted action. Urban II convened a general council of the Western (i.e. Catholic) Church at Clermont in France to discuss the matter; and from that followed the calling of the First Crusade. And, as anyone interested in St John history knows, the First Crusade resulted in the recapture of Jerusalem for Christendom in 1099 (*Wikipedia*, 'Crusades').

The Crusades were consequently defensive of Christendom rather than aggression against Islam. They followed almost five centuries of Muslim aggression against the Byzantine Empire and its Christian communities in the Middle East. They fulfilled three main purposes:

- i. to provide relief to the Christians suffering persecution under Muslim rule
- ii. to reclaim the sacred sites of Christendom in the Middle East, making them safe for pilgrims to visit
- iii. to help the Crusaders themselves seek atonement for their sins through Christian military service (Riley-Smith, 2008).

Unlike the battles of Islam, none of these aims related to the conquest of new territory or the expansion of Christendom. In short, they were the belated concerted response of Western Christianity to centuries of Muslim aggression.



The Byzantine Emperor Alexios I Komnenos whose appeal for Western military aid to Pope Urban II prompted the calling of the First Crusade on 25 November 1095. This portrait is from one of many mosaics depicting the emperor.

4. The continuing jihad against the West

Fourth, Muslim armies continued attacking Christian Europe and raiding European shipping for almost 1200 years, until the early 1800s. The forceful imposition of Islam was part and parcel of such attacks. In that time Moors (Muslims from North Africa) overran most of present-day Spain and Portugal. They also pushed deep into France, getting to within 150 kilometres of Paris before being driven back by the Frankish forces of Charles Martel.

Ottoman (i.e. Turkish Muslim) forces overran all of the Balkans (Greece, Rumania, Bulgaria, Serbia, Croatia, Bosnia & Albania). They also conquered and took over all the territories of the Byzantine Empire, the successor to the Roman Empire, and made its capital, Constantinople (now renamed Istanbul), their own. They also occupied large swathes of present-day Hungary, Poland, Slovakia and the Czech Republic; and at various times they took over most of the major Mediterranean islands — Corsica, Sardinia, Sicily, Cyprus and Rhodes — but in 1565 famously failed to conquer Malta. The Ottomans advanced deep into Austria and twice, in 1529 and 1683, even besieged Vienna, at the very heart of Catholic Europe.



'The Battle of Vienna, 1683', a painting by Dev Johnson, c. 2013. The painting depicts Polish cavalrymen attacking the Ottoman artillery and breaking the Ottomans' two-month Siege of Vienna on 12 September 1683.

An American historian of Muslim aggression, Bill Warner, founder of an organisation called the Centre for the Study of Political Islam, has tabulated the Muslim military attacks on non-Muslim areas over the centuries. According to his count, 548 Muslim battles of conquest against non-Muslim foes occurred in the 1270-year period 630–1900 AD, an average of one battle every 2.3 years. That compares with only 16 battles by Crusaders against Muslims during the 195 years 1096–1291 AD, an average of one battle every 12 years.

Warner argues that, apart from the conquest of territory, the primary purposes of all the Muslim battles were to 'kill and rob non-Muslims, and take slaves' (Warner, 'Jihad vs. Crusade').

Islamic scholars, of course, reject the Warner thesis. They do so by 'playing the man' rather than contesting his evidence. Thus, they raise the spectre of 'Islamophobia' — a cheap resort for those with no other answer to Warner's case against Islam. 'Bill Warner is a notorious Islamophobe hate monger lying about Islam,' writes one Egyptian scholar, Dr Mohsen El-Guindy, whose attack on Warner laments the way Warner and other 'arrogant people will never admit that the Koran is the Word of Allah' (El-Guindy, 2015). Such personal vilification might satisfy an Islamist audience, but fails to address Warner's arguments about aggressive, expansionary Islam.

5. The depredations of the corsairs

Fifth, meanwhile, Muslim corsairs, i.e. Arab & Turkish pirates and slave traders from the Mediterranean, continued raiding the coasts of Europe — as far away as Cornwall, England, Ireland, Scotland and even Iceland and Newfoundland — until the early 1830s. The corsairs, widely known as 'Barbary pirates' from their home bases in the Ottoman vassal states along the 'Barbary Coast' of north Africa, had continually raided European coasts and European shipping with impunity until finally suppressed through concerted action by the French, British and American navies.

Over the centuries, hundreds of thousands of European Christians were captured and sold into slavery by the corsairs. One estimate is that 1.25 million Europeans (including North Americans) were enslaved in the 250-year period 1530–1780. That represents an astounding rate of 5000 'white slaves' a year (Davies, 2011). The slave markets were thriving business centres.

We don't hear much about the corsair slave trade these days, and few Westerners will now know what a flourishing business it had been for centuries. We do hear much about the African slave trade conducted by Europeans, because that fits the prevailing anti-imperialist paradigm of the political 'Left'. The Left likes to blame slavery on to capitalism and the Europeans who oppressed non-white

peoples by trading in slaves. The idea of non-white Muslims trading in white Christian slaves upsets that neatly simplistic model. The Barbary 'white' slave trade, however, was just as vicious and cruel as the 'black' trade out of Africa.

The unfortunate white slaves experienced grim conditions after being sold off in the slave markets of Algiers, Morocco, Tunis, Tripoli and Constantinople. The younger, more attractive women generally went into the harems as sex-slaves; older women and children became domestic servants; and able-bodied men were fated to end their lives as oarsmen in the corsairs' galleys. Those who could raise the money to pay the ransom might eventually buy their freedom, but most could not. Many converted to Islam in hope of improving their lot. Those who wouldn't could expect lifelong cruelty, abuse, hardship and privation. Some white galley slaves, for example, are known to have spent 30 years and more aboard their ships without ever setting foot on land.



A boy captured by Corsairs in the 1631 raid on Baltimore, Ireland, is about to be sold as a 'white slave' in a Barbary Coast slave market. (Painting published with the article 'The White Slaves of Barbary' on the 'Ancient Origins' website <http://www.ancient-origins.net/ancient-places-africa/white-slaves-barbary-002171>.)

Cornwall, my ancestral homeland, was so frequently raided that local Cornish fishermen would put out to sea unsure that they'd ever return; and people in the many coastal villages of Cornwall lived in dread of a surprise raid by pirates from a corsair ship that had slipped into harbour undetected at night. One corsair raid on Newfoundland in 1617 yielded several dozen captives; another in Iceland in 1627 produced about 300. Lundy Island in the Bristol Channel off the north coast of Devon was so habitually frequented by the corsairs it was effectively an Ottoman naval base during the 1620s–1630s. Altogether, some 20,000 citizens are estimated to have been abducted by the corsairs in England and Ireland (Davies, 2011). The largest single corsair raid in the British Isles occurred in 1631 in Baltimore, a small Irish village near Cork. After the corsairs had taken away 108 local people, most of the population, the village disappeared from the map until resettled during the 20th century. Of the 108, only three ever returned to Ireland (*Wikipedia*, 'Sack of Baltimore').

Even the newly independent USA was not immune from the Barbary pirates, who raided American shipping across the Atlantic almost at will. The US government was periodically obliged to do deals with the sultans of Barbary for the release of American captives, even as late as the 1820s (*Wikipedia*, 'Barbary Pirates'). All very redolent of present-day Islamist 'hostage crises' involving various US and European — and even some Australian — citizens!

Some scholars believe there was a racial motive for white slavery. The white skins and fairer hair of Europeans, they say, were prized by Muslim slave owners. Other scholars say that race was not an issue, the slave traders simply wanting to make a profit by seizing whichever hapless victims they could regardless of race or ethnicity. The principal reason for the white slave trade, it seems, lay in Muslim law because while Islam technically prevented Muslims from enslaving their own co-religionists, no such proscriptions applied to the 'infidels' of Europe (Holloway, 2014).

Some critics argue that slavery has always been an inextricable component of Islam. Slavery, they maintain, is effectively still practised in 'unenlightened' Islamic regions such as Mauritania, North Sudan, northern Nigeria and even Saudi Arabia. So appalled are they by Islam's continuing acceptance of slavery they believe the Islamic nations should apologise to the rest of the world for that (Morgan, 2007).

6. Spreading Islam through migration

Finally, sixth, Islam has always spread into historically non-Muslim regions through migration. We see this in the present era, when 7.6% of the overall European population is now Muslim. The figures range from 9.6% in France, 6.2% in Austria, 6% in Belgium, 5.7% in Switzerland, 5.1% in Norway,

5% the Netherlands, 5% in Germany, 4.9% in Sweden, 4.7% in Greece, 4.6% in the UK and 4.1% in Denmark. These figures compare with those elsewhere in the Western world — 2.8% in Canada, 2.5% in Australia and 2.1% in the US. These proportions of the Muslim populations in Western nations have largely been a post-World War II phenomenon ('Muslim Population in Europe/America/Oceania').

Such percentages may seem relatively small until one considers that Muslim birthrates are appreciably higher than among the local 'indigenous' Western populations. Globally, Muslim population growth is at the rate of 1.8% annually compared with 1.1% for world population growth (*Wikipedia*, 'Muslim population growth'). That in turn means that eventually the Muslim populations of Europe will exceed those of the native Europeans.



'Islamisation through immigration': a Muslim rally in Bradford, Yorkshire, a city where a quarter of the population in 2011 was Muslim, the great majority of these being immigrants from the Indian subcontinent. The proportion was rising rapidly, causing some white residents to refer to their city jocularly as 'Bradfordistan'.

There are already large cities in Europe rapidly approaching the point at which the population of the Muslim immigrant communities will exceed that of the non-Muslim natives. These include Malmo in Sweden, Bradford in England, Duisburg in Germany and Marseilles in France. While the governments of these four nations don't seem to have thought about the long-term impact of such 'multiculturalism' on local politics and law, the tipping of the balance is a matter for rejoicing among Islamists. This greatly worries some commentators, who write newspaper articles with headers such as 'Will Islam conquer Europe?', 'The Islamic future of Britain' and 'Muslim Europe — the demographic time bomb transforming our continent'.

One way of interpreting the current 'refugee crisis' in Europe and to a lesser extent in Australia is to see it as creeping 'Islamisation through migration'. Though many of the refugees are fleeing war, others are 'economic' immigrants. Either way, the effect is the same because the immigrants bring their religion with them. The Prophet Mohammed commended 'Islamisation through migration' in the Koran. As one scholar has pointed out:

The religious duty of immigration was stated in numerous Koranic Surahs: 2:218, 8:72,74,75; 9:30,; 16:41; 16:110 ... They all start with the same words: 'Those who believed and emigrated, and strove hard and fought in Allah's Cause ...'. Immigration goes as a step-stone for Jihad; where you cannot establish Islam by force is where Immigration enters. And in practice, it looks like that: Islam in Egypt, Palestine and Persia was spread by the sword; but many other countries—Indonesia, Malaysia, Central Asia, some parts of India—were gained through 'immigration. (Cherson, 2015).

Four myths about the Crusades

I now come a series of adverse claims that critics commonly make about the Crusades and Crusaders. In doing so I'll refer to an important article with the title 'Four Myths about the Crusades' by Dr Paul F. Crawford, a mediaeval historian at the California University of Pennsylvania (Crawford, 2011). As

the title of his article suggests, Crawford believes that scholars in the West have misunderstood the Crusades and have accordingly misinterpreted their place in history.

According to Crawford there are four basic facts about the Crusades that Western historians have got wrong. These have become so widely accepted they are now 'myths'. Among those who have accepted the myths uncritically have been various prominent religious Christian leaders, including Pope John Paul II, who came close to apologising to the world for the Crusades without actually saying so. Political leaders who have accepted the myths as an historical 'given' have included the US Presidents Bill Clinton and Barak Obama.

Briefly, the four myths about the Crusades (and Crawford's comments on them) are these:

1. The Crusades were an unprovoked attack by Western Christians on the Muslim world. (Not true, says Crawford. Instead the Crusades were Western Christianity's eventual belated response to over four centuries of Muslim aggression.)
2. Western Christians went on Crusade because their greed led them to plunder Muslims to acquire wealth and land. (Largely untrue: the Crusaders' prime motive was religious. They genuinely believed that by 'taking the Cross', i.e. going on Crusade, they would achieve absolution from their sins.)
3. The Crusaders were a cynical lot who did not really believe their own religious propaganda. (Not true, because they sincerely believed the teachings of the Church about damnation. Terrified at the prospect of the fires of Hell, they thought that Crusading would earn them forgiveness for their sins and a place in Heaven.)
4. The Crusades taught Muslims to hate and attack Christians. (Not true because Muslim jihadists had been attacking and subjugating Christian communities for more than four centuries before the First Crusade, and indeed have continued doing so ever since.)

Space does not permit me to elaborate on Crawford's arguments as indicated in parentheses. I will, however, quote Crawford's conclusion, which is that:

distortions and misrepresentations of the Crusades will not help us understand the challenge posed to the West by a militant and resurgent Islam, and failure to understand that challenge could prove deadly (Crawford, 2011).

My own conclusion is that the Crusades are greatly relevant to Western concerns about present-day Islamist terrorism and high levels of Muslim immigration into the Western nations. In countering such terrorism, however, Western political leaders should understand what the Crusades really were — and were not.

A personal post-script

The writing of this paper has forced me to reassess my own assumptions about and interpretations of the Crusades. It has also caused me to criticise an historical novelist (Sir Walter Scott) I've always admired and two historians (Sir Steven Runciman and Karen Armstrong) whose books I've read and learnt from.

I'm still appalled by the savagery of the Crusades; but I'm even more appalled by Islamic jihad and slave-trading, which have now extended across 1400 years — seven times longer than the Crusades lasted. Through having written this article, I can see the Crusades more clearly from an historical perspective.

Some who read this article might mistakenly view it as a polemic. To those who proffer such criticism, I recommend an honest appraisal of the Islamic world view and the long history of jihad against the West stemming from that.



Dr Paul F. Crawford, historian of the Crusades and author of the influential 2011 article, 'Four Myths about the Crusades'.

References

I have used much source material in preparing this article, though in my citations I have not always referred individually to all the items that influenced my thinking. For convenience, I located many of my sources on-line; and where other sources weren't readily available I was grateful to the on-line encyclopaedia, *Wikipedia*, for its comprehensive series of entries on the relevant topics. The sources I consulted were these:

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Occasional paper

This article began as a paper presented to a plenary session of the Member's Convention of St John Ambulance Australia on Saturday 14 May 2016 in Rydges Hotel, South Terrace, Adelaide. We thank the author, Ms Danika Pederzoli, for permission to publish it here. The author is a Cadet Leader with the Mitcham Division of St John Ambulance Event Health Services in Adelaide.

Youth perspectives on St John history'

Danika Pederzoli

Ms Pederzoli is trainee nurse. She joined St John Ambulance as a Cadet in the Unley Division in Adelaide. She later transferred to the Mitcham Colonel Light Gardens Division, where she is the divisional leader. She is a recipient of the Grand Prior's Award and was the South Australian Cadet of the Year in 2011.

My journey in St John started at the age of 12 when my best friend from school, who was a Cadet at Unley, told me all about the program. When I found out about Cadets attending events I was so excited that I hounded my mother to let me get involved. From a very young age I was fascinated with anything health or medical related. I used to carry around a small brown briefcase that my mum put a red cross onto and pretend I was a doctor or nurse, giving check-ups to all my dolls and teddy bears.

I enrolled at Unley Cadet Division and spent the next few years working towards completing preliminary first aid which allowed me to receive a uniform so I could attend events. My very first event was with my best friend, Grace, at the Royal Adelaide show. I can't remember how many patients we helped as it was a busy day but I can tell you that at the end of the day I was absolutely exhausted but exhilarated. It was, for me, the start of a personal love for attending events and helping the community that would eventually lead me to my current career path.

It was a shock when our division was suddenly facing closure due to no longer having a Cadet Superintendent. At that point we had four non-commissioned officers (NCOs), and I proudly was one of those, and around 25 Cadets regularly attending. We, the NCOs, did not want to lose the division as, to us, it was like a second family. Therefore myself and the three other NCO's stepping up together with an adult helper and Regional Support took over the management of the division. We kept the division running for the next 12 months until a suitable Divisional Superintendent could be appointed. It makes me proud to say that I was a part of the original leadership group within Unley Cadets, which today is one of the strongest cadet divisions within South Australia, supporting over 50 cadets!

In my fifth year at Unley Cadets personal circumstances for me changed and I ended up moving to Blackwood Cadet division for my final year as a cadet. I once again took on a NCO rank and continued teaching cadet's skills and other leadership roles within the division. In 2011 I was awarded Cadet of the Year at our Annual Awards Day Ceremony at Government House. In 2012 I was one of the inaugural winners of the South Australian Young Leader of the Year award. This award led to my being chosen to represent the youth of St John at a health care mission lead by the Royal Australasians Surgeons academy in East Timor.

Oecussi is 600 kilometres from Darwin's highest point and is one of the most poverty-stricken areas in South East Asia. I was given the chance to teach basic first aid and resuscitation skills to local groups within the country including the hospital staff, police force and the local all-girls secondary school run by Dominican Nuns. We were also involved in eye surgery and general eye health awareness, which the surgeons continue to provide each year to this community at no cost.

This once-in-a-lifetime experience is something I will never forget and I would love to share this short 5-minute video of my experience. [At this point in her presentation, Ms Pederzoli displayed a 'Youtube' video of her visit to Oecussi.]

Around the time I was awarded Cadet of the Year I was going through a very difficult time in my personal life. If it wasn't for the support of the youth program and members within my region together with the opportunities that I was presented with I do not know which path my life would have taken. St John gave me direction and the support that I needed to work towards goals while also setting good values and morals within my life.

Within the last three years I have taken on the leadership at Mitcham Colonel Light Gardens Cadet Division. In 2015 I was honoured to be awarded the Youth Leader of the Year (previously Cadet Leader of the Year), and I have recently obtained my Grand Prior's Badge. I am currently the deputy chair for the South Australian Youth Council while studying for a Bachelor of Registered Nursing and I am a few months off completing a Certificate 4 in Ambulance Health Care.

In South Australia St John Ambulance has a very long history of youth development and continues to run a very successful program developing and supporting youth, leading them in a direction to become successful and confident members of society. I would hate for any young person with a passion for the organisation and a love for health care to miss out on the wonderful opportunities and life skills that St John has to offer.

Next year will be my 10th year within the organisation. I look forward to future changes in all aspects of the organisation, especially within the youth movement; but I most especially look forward to what the next 10 years has to offer.



'Preserving and promoting the St John heritage'

The front cover of *St John History* Volume 17 displays a portrait of Dr Phoebe Chapple MM (1879–1967), who was the inaugural Divisional Surgeon to the Adelaide Number 2 Nursing Division (YWCA) of the St John Ambulance Brigade.

Dr Chapple, one of the early female medical graduates from the University of Adelaide, was only the fifth woman to have graduated in Medicine from the university.

In 1917 Dr Chapple left Adelaide to serve with the British Royal Army Medical Corps during World War One. She travelled to England at her own expense to enlist. She was one among 24 female Australian doctors who did this. The reason they had to do so was that, being women, they were debarred from joining the Australian Army Medical Corps. Australian women could enlist in the Army Nursing Service as nurses or the Voluntary Aid Detachments as hospital ancillaries and then serve overseas; however, that was not an option for female medical practitioners.

Dr Chapple was awarded the Military Medal for gallantry while serving in France during World War One. She had continued caring for the patients throughout an air raid on her camp. Nine of the patients were killed by machine gun fire. Dr Chapple was not the only woman to receive the 'MM' during the war, but she was the only female medical officer among all the allied nations to be so honoured.

At the end of the war, Dr Chapple returned to her practice in Adelaide and resumed duty with her St John Ambulance Brigade Division. She continued practising medicine until the age of 85, two years before her death at 87. By then she had been practising for some 61 years.

Present-day Australian 'St Johnnies' can be proud that enterprising and dedicated medical professionals like Phoebe Chapple found an outlet for their skills through their St John service.

Central cover image of Dr Phoebe Chapple reproduced with the kind permission of the Australian War Memorial, Id. no. P10871.005.

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