

# St John History



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HISTORICAL SOCIETY OF AUSTRALIA  
VOLUME 9, 2009–2010



## 'Perserving and promoting the St John heritage'

*St John History* is the annual journal of the Historical Society, and is provided gratis to all financial members of the Society.

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# St John History

Proceedings of the St John Ambulance  
Historical Society of Australia  
Volume 9 2009–2010

Editor: Ian Howie-Willis (Priory Librarian, St John Ambulance Australia)

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## INTRODUCTION

### ***St John History: About Volume 9, 2009–2010***

Volume 8 of *St John History*, otherwise known as the *Proceedings or Journal of the St John Ambulance Historical Society of Australia*, covers the year 2009–2010. The *Journal* appears annually and aims to cover the Society's important developments and events. The Society's principal publication, it is distributed to all financial members.

Included in each edition of the *Journal* are the papers delivered to the Society's most recent annual history seminar, in this case those from the eleventh annual seminar, which took place in Conrad Jupiters Hotel, Broadbeach Island, Gold Coast, Queensland, on Friday 19 June, 2009. Also included are the reports from the Society's State and Territory branches that were submitted to the Seventh Annual General Meeting of the Society, held in the same venue on the same day.

This volume of the *Journal* contains two Occasional Papers; that is important articles reflecting on St John Ambulance, although not papers presented in the Society's other forums. The first is an essay on the 'One St John' theme by the Chancellor of St John Ambulance Australia, Dr Neil Conn; the other is a paper outlining who the successive Grand Priors of the Order of St John have been since the formation of the modern Order in 1831. As well as these, this volume includes a series of reports on the various branches of the Historical Society.

## ARTICLES

Included in this section of the *Journal* are the papers delivered to the Society's most recent annual history seminar, the eleventh, which, as mentioned, took place on the Gold Coast on 19 June 2009. The first of the following articles, by Professor John Pearn, was the keynote paper at the seminar. In addition to Professor Pearn's article, this section contains articles by the eleven other authors who made presentations at the seminar. In order of presentation they were: Dr David Fahey, Dr Heather Fogerty, Mr Vince Little, Professor Peter Warfe, Professor Linda and Ms Rosemary Shields, Dr Harry Oxe, Sister Bonnie Quintal, Ms Sally Hasler, Dr Allan Mawdsley and Dr Ian Howie-Willis.

## ACKNOWLEDGMENTS

On behalf of all members of the Historical Society, the Editor thanks the two-person production team responsible for translating the manuscript of this edition of *St John History* into its published form. Shirley Dyson, National Manager Publications for St John Ambulance Australia, co-ordinated production. Gabrielle Lhuede, recently recruited to the Australian Office of St John as Publications Officer, undertook the demanding, exacting task of design and layout. This has been Ms Lhuede's first major assignment since joining the national staff. We congratulate and thank her for the high degree of professionalism she has brought to the production of this edition.

## *The numismatics of the Order of St John*

### **John Pearn**

*John Pearn is a Professor Emeritus of Paediatrics at the Royal Children's Hospital campus of the University of Queensland. A retired major-general, he is also a former Surgeon General to the Australian military forces. Professor Pearn is a former Director of Training for St John Ambulance Australia, one of his major projects during his term of office being the milestone publication *The Science of First Aid: The Theoretical and Scientific Bases of Modern First Aid Practice* (1996), of which he was editor-in-chief. With the late Murdoch Wales, Professor Pearn co-authored another milestone book, *First in First Aid: A history of St John Ambulance in Queensland* (1998). He is the author of very many other books. An eminent medical scientist and medical historian, Professor Pearn is greatly in demand as a lecturer at national and overseas medical symposia. He is currently the President of St John Ambulance Australia (Queensland). He has frequently made presentations to the Historical Society's annual seminars, and so his articles have often appeared in previous editions of *St John History*.*

### **ABSTRACT**

Numismatics is the collection, study and research of coins, medals, medallions and badges. The numismatic record of the several Orders of St John and of St John Ambulance is particularly rich. This enduring heritage comprises many thousands of different artefacts which form an objective and permanent record of great events in history; and a permanent witness of the lives of many individuals who have shaped them. The St John numismatic collection comprises crusader coins; Order medals of esteem and service; laudatory medals which perpetuate the names of those who have given the world the profession of pre-hospital care; commemorative coins and medals; and many hundreds of different badges of office and association in national, state, county and local societies and associations. In the twenty and twenty-first centuries in western nations, these latter all portray the derivative Amalfi Cross, the eight-pointed Crusader Cross.

Crusader coins comprise that miscellany of coins carried by pilgrims from western Europe, principally deniers minted in France from 1095; and coins specifically minted in such city states as Jerusalem, Antioch and Tripolis throughout the 196 years (1095–1291) of the eight Crusades. They comprise also those coins minted over the ensuing five centuries in the great St John medieval cities at Rhodes and Malta.

Modern commemorative coins and medals include the nine hundred year (1099–1999) gilded medal of the Order of St John struck by the Royal Mint in Pontyclun, Wales; and the limited edition (10,000) one ringgit coin in Nordic gold, struck and issued on the 24 June 2008 by the Central Bank of Malaysia (Bank Negara Malaysia) to commemorate the centenary of St John Ambulance in Malaysia. The founder of civilian first aid, Dr Peter Shepherd (1841–1879), is commemorated in the Shepherd Gold Medal, bestowed as a medal of primacy in the ranked examinations in surgery at the University of Aberdeen. In Australia, the several Brassey Medals commemorate the life and service of Earl Brassey (1836–1918), who with the first Lady Brassey were successful advocates for the establishment of the St John Ambulance Association in Australia.

These objects of fine art collectively comprise the most enduring record of past events; and of the individuals whose leadership and service developed the profession of pre-hospital care and *caritas* enjoyed throughout the world. As one early numismatist put it:

Of all antiquities, coins are the smallest, yet, as a class, the most authoritative in record. No history is so unbroken as that which they tell; no geography so complete; no art so continuous in sequence, nor so broad in extent...unknown kings and lost towns, forgotten divinities and new schools of art, have here their authentic record. (Reginald Stuart Poole, in: *The Study of Coins*, 1884.)

### **NUMISMATICS**

As mentioned, numismatics is the study of coins, medals and badges. Coins are objects of pragmatic commerce and both coins and medals are one form of fine art. Coins are the means of trade and the repository of wealth. Medals are enduring records of personal esteem and commemoration<sup>1-4</sup>. For historians, numismatic artefacts are invaluable records of times, places and people. Sometimes, they comprise the only surviving evidence of events of the past<sup>5</sup>, sending their messages to those in the future who might look upon these objects, and wonder.

Coins were invented by the Lydians, a kingdom in what today is the central western coast of Turkey, during the reign of King Croesus, in the seventh century before the current era (BCE)<sup>6</sup>. Small naturally-occurring geological ingots of the natural alloy of gold and silver electrum, occur as alluvial pebbles in the gravels of Lydian rivers, flowing westwards into the Mediterranean Sea. The River Pactolus was particularly rich in these alluvial electrum fragments. Small bead-sized specimens were 'dolloed' and sifted from the gravels. These were hammered more or less flat, graded by size and

stamped with a hammer die, initially on one side. It was an invention which was to change the world. Our simile, to be 'rich as Croesus', records that event and those times.

Medals, as commemorative objects of esteem and events, were invented some four centuries later, by the Romans. Initially, they took the form of large and beautiful coin-like objects, minted not for commerce but as presentations of esteem. Badges, as symbols of collegiate identity, evolved from the personal adornments with which hunter-gatherer peoples of Palaeolithic times decorated themselves (initially with flowers or leaves) at times of special tribal celebrations<sup>7</sup>.

The nine hundred year history of the several Orders of St John is particularly rich in numismatic heritage<sup>8–10</sup>. Thousands of different coins, medals and badges comprise the St John numismatic collection. This paper is a brief précis of this rich and enduring record which enjoins us all not only in the profession of pre-hospital care today but links us with the endeavours and chronology of those who have gone before. The author classifies the St John numismatic thesaurus<sup>11</sup> into five classes:

1. Crusader coins.
2. Medals and medallions of the Order of St John.
3. Medals portraying members.
4. Commemorative coins and medals.
5. Badges.

In this work, the 600 year history of Crusader coins refers particularly to those struck by the authority of the princes and regents in the Middle East from the time of the First Crusade (1095); and the later coins of the Knights Hospitallers as members of the Sovereign Military Hospitaller Order of St John, Called of Jerusalem, Called of Rhodes, Called of Malta—called the 'Sovereign Military Order'. The section referring to medals and medallions refers to those of relevance to The Most Venerable Order of the Hospital of St John of Jerusalem, the secular Royal Order of Chivalry raised by Queen Victoria in 1888, and generally referred to as the 'Order of St John'.

## CRUSADER COINS

The First Crusade began in Europe. Baldwin of Boulogne, with his military Lotharingian Retinue, established the city-state of Edessa in 1098. A few months later, Bohemond I of Taranto and his Norman-Italian followers captured and settled Antioch. The fighting Crusaders initially comprised Franco-Normans, Provençales, Norman-Italians and Lotharingians. They continued southwards and seized and fortified Jerusalem in 1099<sup>12</sup>.

There were eight Crusades in all, extending over the ensuing 196 years. Individual pilgrims and small bands of travellers continued to visit the Holy Lands for the ensuing 500 years, visiting and passing through the great St John city-states of the Knights Hospitallers of St John, at Rhodes and Malta. So too do tourists and latter-day pilgrims today.

The Crusades themselves were brutal, often a failure, and were always a contradiction of the Faith they purported to uphold and defend. It was an era of Islamic leadership, indeed dominance in science and education—one when the Islamic world was promoting and enjoying astronomy, philosophy and medicine; and when 'those in Europe could not tell the hours of the day, thought the earth was flat, and saw disease as punishment from God'<sup>13</sup>.

However, like so many other examples where warfare has brought unexpected secondary benefits<sup>14</sup>, two beneficial legacies resulted from the Crusades. They were to advance the causes of both health and commerce. In the field of health, the returning Crusaders and pilgrims brought back both preventative and curative medical knowledge from the Arab world to the notice of medieval Europe<sup>12</sup>. The second benefit was a numismatic legacy of international commerce whose coins endure today<sup>15–18</sup>. In the twenty-first century, anyone (admittedly after some self-denial and saving!) can buy a Crusader coin and hold in their hands a tangible artefact of the history of the Crusader pilgrims and of the Knights Hospitallers of St John (Figures 1–3).

The leaders and pilgrims of the First Crusade came from lands where coined money did not play a major economic role<sup>19</sup>, at least at the level of common men and women. Barter and exchange were the normal means of interpersonal commercial transactions. Nevertheless, before setting out on their eastern journey of adventure and devotion, the pilgrim leaders made estimates of the travelling money they would need on the journey. For those leaving from England or France, the intended journey stretched for more than four thousand kilometres before them. No coins were minted, en passage, on the great pilgrim routes.

In preparation for their pilgrimages, some group leaders collected monies from devout members of the Royal families and aristocracies of France, Flanders, Germany and England. These chests of coins were intended to buy food and other necessities for the pilgrims who formed themselves into small travelling bands, en route. Peter the Hermit was one such leader who collected money and goods, but his wagon containing the entire pilgrimage treasure for his band was carried off by Bulgarian raiders as the pilgrims neared Constantinople<sup>19</sup>. Surviving manuscripts from Raymond of Aguilers lists coins that the French leaders of the Crusades took—particularly billon deniers<sup>20</sup>. A hoard of





Figure 1. A Crusader coin, a silver gros, of the Tripoli mint; struck in the reign of Bohemond VI (1251–1275). Left: the obverse face, with a cross patée within an angled quatrelobe. The inscription, '+ Boemundus Comes', translates as 'Bohemond the ruler's representative'. Right: the reverse face features an eight-rayed star with the inscription 'Θ+ the City-State of Tripolis'.



Figure 2. An early Crusader coin of Antioch, a bronze follies (3.12 grams), struck in the reign of the regent, Tancred (1101–1112). Left: the obverse, showing a nimbate bust of St. Peter. Right: the reverse face, with the crude abbreviated inscription O/ΠΕ-Τ-[POC]/[KE] BO [I]/OH TO [ΔV]/AO COV [T]/ANKP[I].

662 coins was found in 2000, dating from the First Crusade<sup>21</sup>. The buried coins were all feudal deniers (and one obol), minted principally at the Norman towns of Le Puy and Melgueil.

En route to Jerusalem, Norman, Flemish and English pilgrims encountered the Byzantine coinage of Constantinople; and rates of exchange were immediately established. An anonymous historian of the First Crusade recorded that during the siege of Antioch (1097–98) the price of a donkey was 120 deniers, at a calculated exchange rate of 180 (Norman) deniers to one (Byzantine) gold hyperpiron<sup>19</sup>.

Deniers were silver coins which were the most transacted of all coins in France and Western Europe in medieval times (Figure 3). They were current from the reign of Charlemagne (768–814) to the time of the French revolution (1789–1799). The name 'denier' derives from the Roman denarius. In Italy this type of coin was known as the 'danero' or 'denaro'; in Spain as the 'dinero'; in Portugal as the 'dinheiro'; and in the Byzantine east as the 'dinar'. The word 'billon' refers to a silver coin debased with more than 50 percent of copper or tin. The international popularity of locally-struck (feudal) Norman billon deniers resulted, at least in part, from commerce at the great international trade fairs at Troyes and Provins. These two cities possessed mints; and the municipal fairs there played an important part in the expansion of European commercial life for more than two centuries (1100 to 1300 AD)<sup>22</sup>. The local deniers were the natural currency at the fairs and were much in demand, figuring in the accounts of money-changers as far afield as Flanders (e.g. at Bruges) and Italy. As the Crusader pilgrims journeyed to the Holy Lands, international exchange rates for coinage became a necessity.



Figure 3. A Crusader coin, a billon denier tournoise, from the Principality of Achaia, struck in the reign of Philip of Taranto (1306–1313). Left: the obverse, showing an encircled cross patée. Right: the reverse, showing crown with the encircling inscription 'De Clarenia'.



### *Mints in the Crusader cities*

In the numismatic context, the Crusades resulted in two new developments. They were the establishment of new Crusader-State mints; and the development of systems of international currency exchange which extended across many borders.

The Crusaders established cities, indeed autonomous kingdoms, along the line of march from Europe to the Levant; and (from 1187) along the line of retreat. Local mints were established within these cities. The Grand Masters ruled over them, artists engraved the anvil and hammer dies, and moneyers supervised the striking, assaying and issuing of coinage. Mints flourished at Edessa from 1100 to 1144; at Antioch from 1100; and at Cyprus (at Nicosia and Famagusta) from 1218 to 1254.

The great pilgrim route constituted a medieval highway, some 4,500 kilometres in extent, stretching from as far northwest as Torphichen in Scotland<sup>23</sup> eastwards across Europe to the Levant. The pilgrims' routes funnelled into Syria and finally to Jerusalem. Along this line, over a period of almost two hundred years, the Hospitallers established centres of hospitality, hospitals for medical care and hospices for philanthropic support. In the Holy Lands, the Crusaders established the Kingdom of Jerusalem; and three other independent Latin States in the Levant: at Edessa, Antioch and Tripolis. The rulers, Grand Masters and regents of the city states, each minted their own coinage.

Successively, from 1187 until the final fall of Malta to Napoleon on 10 May 1798<sup>24</sup>, the Crusaders and the Knights of St John were driven westwards along a line of withdrawal, successively making stands at Edessa, Tyre, Tripolis, Acre, Cyprus, Rhodes and finally at Malta. With the exception of Cyprus, Crusader coins were minted at each of these city-states<sup>25</sup>; and comprise an enduring and objective record of those momentous events (Figures 4–6).



*Figure 4. A copper coin, a grain, struck in the mint of the Knights Hospitallers of Sovereign Military Order of the Knights of St John of Jerusalem, on Malta. This coin was struck in the reign of the Grand Master Emmanuel Pinto (1741–1773). Left: obverse, showing a Crusader or Maltese Cross. Right: reverse, showing both cross and crescent moons.*



*Figure 5. A copper coin of the Knights of St John, struck at Malta in 1780, during the reign of the Grand Master, Emmanuel de Rohan. The Latin inscripitor, 'NON AES[-] sed Fides', is not of great intrinsic monetary value, but trustworthy' and refers to true friendship, symbolized by the clasped hands.*



*Figure 6. A silver 30-tari piece, struck in the mint of the Knights Hospitallers of St John of Jerusalem, at Malta, in 1790, during the reign of the Grand Master, Emmanuel de Rohan (1775–1797). This is the reverse side, showing the arms of the Grand Master incorporating a headless eagle surmounted by a royal crown with Crusader Cross.*

### *A line of pilgrimage and commerce*

The movement of pilgrims, priests and nuns, traders and soldiers, along this line of pilgrim march, meant that coins were needed for trans-national commerce across borders—just as they are by tourists today who spend Euros minted in Rome in France or Germany or Greece.

The early Crusaders came from various religious Orders, particularly Benedictines; and from 1120 from those of the three fighting military Orders of Hospitallers, Templars and Teutonic Knights. The travellers also included pilgrim-adventurers and traders from dozens of nations along the sweep of Europe from Scotland in the north-west to sailors from Italy (particularly from Venice and Genoa) and Greece; and fishermen and traders from Europe and North Africa plying their crafts, skills and trades in the Holy Lands themselves. Over the 196 years of the Crusades and throughout the 500 years thereafter, many hundreds of different types of coins were struck to facilitate the daily requirements of this exchange and commerce; and perhaps millions of individual coins. A skilled engraver carved the dies, in intaglio. Each coin was struck by hand, using both an anvil die and a hammer die. Under the instruction and authority of the moneyer, a planchet of hot disk metal of standard weight formed the 'blank' which the mint worker struck.

Whereas medals are lawful for anyone to strike and issue, a coin is a manifestation of sovereignty. Coins can be issued only by sovereign powers, whether by kings, presidents, despots, governments, Grand Masters or their agents. The rulers of the Crusader cities in the Latin Kingdom of Jerusalem did this as did the Emperors of Constantinople and their princes at Achaia, as well as the Dukes of Athens, the Despots of Romania and Thessaly and the Sires of Corfu, Cephalonia and Ithaca<sup>25</sup>.

### *Coins of the Crusader cities—Middle East*

The oldest of the coins of the Crusades, struck in the year 1103 or 1104, commemorated the occupation of Antioch by the (Christian) Norman adventurer, Bohemond I (c.1005–1111A.D.)<sup>26</sup>, one of the most important figures in the First Crusade (1095–1099). His coins portrayed St Peter, the tutelary saint of Antioch. When Bohemond was away, his lieutenant Tancred had coins struck, but with his own name on the reverse. Such self-promotion was to recur many times over the ensuing six centuries (Figures 1 and 2).

This universal tendency to immortalise one's name in coinage, in this instance whilst the ruler was absent, brings to mind the words of the nineteenth century numismatist, Dr Reginald Stuart Poole:

Of all antiquities, coins are the smallest, yet, as a class, the most authoritative in record...unknown kings and lost towns, forgotten divinities...have here their authentic record. Individual character is illustrated and the tendencies of races defined<sup>27</sup>.

The engravers of the dies were artists or smiths and were often themselves uneducated. That early coin of the Crusades, the Tancred coin of Antioch, is an example. The four lines of lettering on the reverse were deemed by Dr Robert Morris, another nineteenth century numismatic scholar, as unexcelled 'for inaccuracy, grammatical and orthographic'<sup>28</sup>.

Many of the medieval coins of the era continued with the tradition of Greek inscriptions, not only as a relic of the dominant Greek coinage of a millennium earlier, but also as the language of the Bible. Almost all the early coins portrayed the Christian cross in some form usually as a crux patée. However, within 150 years of the fall of Jerusalem (1099), coins were struck with both Christian and Islamic features, in a pragmatic manifestation of the over-riding influence of ecumenism needed for trade and commerce—in the words of American slang, 'a buck is a buck'.

The sea ports of what is present-day Syria, Lebanon and Israel—Tripoli, Sidon, Tyre, Acre and Jaffa—were, as now, centres of international trade in the millennia before the Crusades. Greek and especially Venetian (and other Italian) sailor-merchants were the principal intermediaries in this international trade. In their trading vessels, throughout the favourable shipping seasons of spring and autumn, they shipped skins, wool, metals and wheat to the Lands of the Levant. In exchange they exported huge quantities of worked brass, silver vessels, rich silk and cotton fabrics, spices and sugar. Syria in that era supplied Western Europe with most of its sugar, a crop grown in the hinterlands of Tyre and Tripolis and throughout the Jordan valley<sup>29</sup>. Pepper was a major and highly prized export. By 1250, as a consequence of the Crusades, pepper 'now reached Europe in abundance for the first time since Roman days'<sup>29</sup>. An internal audit of the possessions of the Knights Hospitallers in England in 1338 recorded that pepper cost 13 pence per pound, at a time when eggs were sold at 20 for a penny and pigeons were twopence per dozen<sup>30</sup>.

With the profit imperative over-ruling any religious insularity or dogma, the pragmatic rulers of the Crusader Kingdoms struck coins with both Christian and Islamic obeisance. One example was the gold bezant struck at Akka (Acre) in 1250. On the obverse is a Christian cross. On the reverse at the centre is the Islamic script 'Allah Wahid', or 'God is one'; surrounded by the contradictory inscription, also in Arabic script, 'The Faith, the Son and the Holy Spirit'.

The coins of the era were of gold, electrum, silver and copper; and were of a bewildering array of weights, sizes and patterns. Coin hoards which continue to be discovered today<sup>21</sup> show that Crusader currencies had many origins.

Besides those coins brought from Western Europe by the pilgrims themselves, many were minted in the Kingdoms of the Holy Lands. Until the fall of Constantinople in 1453, many hundreds of different coins were also minted throughout the Byzantine Empire and became part of the mix of currency used in market-places throughout the entire region.

Many of the names of those coins have passed into history, and remain only in the specialist lexicon of numismatists:

Gold coins	nomisma	Silver	milaresion
	hyperperon		trachy (1/48 of a hyperperon)
Electrum	aspron trachy	Copper	follis
			tetateron <sup>31</sup> .

### *The coins of Rhodes and Malta*

The Crusaders suffered progressive defeats following the fall of Jerusalem in 1187 and were driven progressively back along the line of their original fighting pilgrimage. After the loss of Acre in the final collapse of Latin Syria in 1291, the Hospitallers withdrew and established their headquarters on Cyprus. Although the traditions of care and protection for the poor and sick remained of spiritual and moral significance to the Order, the Hospitallers had by that time become a predominantly military institution. Although the Hospitallers' original Rule, a derivative from its Benedictine origins, focussed on the care of the poor, the practical expression of the Hospitallers' work was directed at those local poor or visiting pilgrims who became ill. It is recorded that there evolved a contemporary urge to give practical, even secular help to the suffering 'as an end in itself, rather than as a means through which the agent of the good works might hope to secure salvation'<sup>32</sup>.

What was significant was the municipal safety and security, and civil good order which the St John city-states provided and within which trade and commerce could flourish. The great hospital on Cyprus, established as part of the St John Convent, housed 2,000 patients and more than 50 dead were sometimes carried from it in a single day<sup>31</sup>. When the St John centre there was in turn lost in 1309, the fortified base at Rhodes became the centre of Hospitaller sovereignty. The huge, fortified medieval city on Rhodes persists to this day.

The city-state of Rhodes was established from 1309 and mints were established immediately<sup>9</sup>. The other fighting Orders, the Knights Templar and the Teutonic Knights, never possessed the same municipal local sovereignty, and although numismatic pieces were struck by these latter bodies, they did not circulate as coins. The first coins minted on Rhodes by the Hospitallers were silver pieces struck in the reign of Fulke de Villaret<sup>10</sup>.

The third Grand Master on Rhodes, Deodat de Gozon (Grand Master from 1346 to 1353) was the first to introduce gold coinage, copying the ducats and zecchini of Venice. Although the first coins portrayed the figure of Christ surmounted by a halo of stars, this pious representation was soon replaced by the portraits of the reigning Grand Masters themselves. With the security ensured by the fighting navy of the Hospitallers, over the ensuing centuries the coins became more beautiful and indeed are regarded today as exquisite examples of fine art. Raymond Perellos was the first to strike ten zecchini pieces in 1699, 'gold coins which are worthy of note, combining as they do nobelness and simplicity of conception, with perfect execution'<sup>33</sup>.

After Rhodes fell, the last St John city-state was established on Malta, and there was struck the most exquisite coins associated with the Order of St John. It is said that the coins struck during the reign of Grand Master De Vilhena (1722–1726) have never been surpassed. He was the only Grand Master who issued large gold 12-zecchini pieces—so valuable and beautiful that they almost certainly never circulated as coins, but were used for presentation and kept (as rare coins and medals are today) uncirculated as personal treasures. Silver coinage was struck in Malta from 1530 to 1797. One, two, three, four and six-tari silver coins were struck during this period. Dates were included on the obverse of the coins from 1529; and the value of the coin was included in its inscriptions from 1609. As had happened since the time of Tancred at Antioch seven centuries earlier, in 1720 on Malta, Mark Anthony Zondadari replaced the head of John the Baptist on the coins, with a portrait of himself<sup>33</sup>.

Prior to Napoleon's predations in the Mediterranean, the stability and security on Malta led to increasing commercial stability. During the Grand Mastership of Manoel de Vilhena (1722–1736), the silver content of the Maltese coins was raised, and two scudi, and twelve, eight, six and four-tari pieces were struck, 'of great artistic beauty and perfect finish'<sup>10,34</sup>. A 30-tari coin, struck in 1790 at the St John mint at Malta, is shown in Figure 6.

One of the last Grand Masters on Malta, Pinto (1741–1773), introduced the 'pezza' or 'oncia', known as the 'Maltese dollar'. Pinto was a humble and devout man, and placed the figure of St John the Baptist on the coins struck during his regency. This trend was soon reversed, and the succeeding Grand Masters again replaced the holy figure, symbolic of the Order, with their own portraits usually grandly attired in figured-armour.

The St John coins of Rhodes and Malta daily commerce were largely small denomination coins, of copper (Figure 4 and 5). Pilgrims, and the great majority of the population, being relatively poor, used these for the daily transactions of bread and other foods. The smallest copper coin, the 'picciolo', or 'dinere', was the smallest copper coin ever minted

over the entire seven centuries of St John coinage. It was the sixth part of a grain. The first one was struck in Malta in the reign of the Grand Master, Claude de La Sengle (1553–1557)<sup>34</sup>. Inflation seems to be an inevitable feature of all society, and the 'picciolo' would eventually not even buy an egg, and was finally withdrawn as being commercially useless by Raymond Perellos in 1699. Thereafter, the range of copper coinage extended from the lowest, the grain, up to a one-tari piece.

## MEDALS AND MEDALLIONS OF THE ORDER

Following the establishment of the Order of St John as a secular Royal Order of Chivalry by Queen Victoria in 1888, the insignia of the Order have comprised a series of beautiful medals, each featuring the Crusader or Maltese Cross. The size, detail and intrinsic value of the medals is proportionate to the grade within the Order. Besides these bestowed medals of rank within the Order, there have been a series of other awards recognising dedicated service, and medals representing gallantry.

The Life Saving Medal of the Most Venerable Order of the Hospital of St John of Jerusalem was established by formal Statute of the Order in 1871. Mr James Cheshire has published an extensive research analysis of the Life Saving Medal of the Order<sup>35</sup>, and records that this medal for gallantry was not instituted as an official award until 1874<sup>35</sup>. The first award was made to recognise the gallantry of Elijah Hallam and Frederick Vickers, two coal-miners who saved the lives of six of their fellow workers at the Alberta Colliery on 6 September 1875<sup>35</sup>. The first award of the Life Saving Medal of the Order in Australia, was bestowed upon Mr Edward Nicholls, in 1906<sup>36</sup>.

The many medals of esteem and long-service (especially the Service Medal of the Order), are covered by the *Statutes of the Order* (2004). Statute 52 refers to the creation, bestowal and regulation of 'medals, certificates of honour, and votes of thanks'. Being a Royal Order of Chivalry, the awards are ultimately made 'in the name of the Sovereign Head', and are promulgated in various Government Gazettes, principally in London; and occasionally in equivalent Gazettes within the nations of the recipients.

## FOUNDERS, LEADERS AND SERVANTS

The Order of St John and its good works is about people. Many who have served within the various Orders of St John and its secular associations, over the nine millennia of its traditions, have had their service recorded 'Monumentum in aere'—their service 'perpetuated in bronze'<sup>37</sup>.

In Renaissance times, from 1492, one expression of the resurgence of creative art was the casting of medals of personal esteem. These tributes in fine art were not manifestations of self-promotion or propaganda as in the case of coins; but were contemporary witnesses of esteem—cast and chased to form a robust and enduring memorial of service. Such practice continues today, indeed with increasing impetus and enthusiasm in the twenty-first century.

It is a universal facet of the personalities that serve their fellow men and women, that they do not do so in isolation of all other activities, but in all aspects of their lives. For this reason, many of the modern leaders of St John Ambulance and those who serve within the Order of St John have excelled also in other fields of human endeavour. A number have had their 'Monumentum in aere' in commemorative medals of esteem, bestowed by bodies outside those of the Order of St John.

The principal founder of St John Ambulance was Surgeon-Major Peter Shepherd (1841–1879), the Scottish doctor-soldier who in 1878 wrote *Aids for Cases of Injuries and Sudden Illness*, later codified and published as *First Aid to the Injured*<sup>38</sup>. It was Shepherd who brought von Esmarck's phrase 'Erste Hilfe' directly into English as 'First Aid'. Peter Shepherd had the innovative and radical concept of teaching the drills and skills of army stretcher bearers to the civilian public. In 1878, together with Colonel Francis Duncan (1836–1888) he taught the first 'First Aid Classes' (segregated by gender) in the hired Presbyterian School Hall in Woolwich, near the Woolwich Arsenal, beside the Thames in London.

Major Peter Shepherd was killed in 1879 in the massacre of the entire British force at the Battle of Isandhlwana, in the Anglo-Zulu War. No headstone marks his grave, but the Shepherd Gold Medal<sup>39</sup>, bestowed by the University of Aberdeen, is the enduring memorial to this founder, not only of St John Ambulance, but of the profession of civilian pre-hospital care in all its forms.

In Australia, St John Ambulance was established largely due to the advocacy of Lord (later, Earl) Brassey and especially that of the first Lady Brassey. Earl Brassey (1836–1918) was a lawyer, businessman, British Parliamentarian, Civil Lord of the Admiralty (1880–1884), writer and publicist of naval and maritime affairs, and Governor of Victoria (1895–1900)<sup>40,41</sup>. His first wife, Lady Brassey (née Annie Allnutt, d. 1887), had become a passionate advocate for first aid work in the early 1880s. She was instrumental in establishing the Middlesborough and Cleveland St John Ambulance Centre on Teeside. Lady Brassey:





Figure 7. The Governor's Prize Medal, commissioned, struck and awarded by Baron Brassey (1836–1918), a founder of St John Ambulance in Australia. During his term as Governor of Victoria (1895–1900), Baron Brassey awarded this silver medal to the best exhibitor at the National Agricultural Society of Victoria Show. Right: the reverse portrays the armorial bearings of Baron Brassey 'with a mallard duck top left quarter [of the shield] and similar above, supported by two collared tufted birds with pendant shields'. The motto 'ARDUIS SAPE. METU. NUMQUAM' is translated as 'Often in difficulties but never afraid'. Silver, 46 mm, 51 grams.

had taken up ambulance work at a time when it was little in fashion; and after qualifying in first aid in which she became most proficient, 'by years of hard work, in speech, in letter, by interview, by pamphlet [for she was an avid author], by personal example and by devotion, she spread to the multitudes the knowledge of the art of ministering first aid to the injured'<sup>40</sup>.

In an antipodean cruise on their steam-yacht, the RYS Sunbeam, the Brassey addressed many meetings throughout Australia, following which a St John Ambulance Association and then Centres were set up in their wake. Lord Brassey's term as Governor of Victoria was marked by his 'support for Federation [which] was unwavering, and impulsive to a degree which embarrassed Imperial officials involving in negotiating the final form of [the] Constitution. He gave unqualified praise to Deakin's part in the [Federation] movement'<sup>42</sup>.

Earl Brassey's service to Australia is commemorated in several silver medals. One, the Governor's Prize, was personally awarded by him as an annual award to the top animal husbandry exhibit at the National Agricultural Society of Victoria Exhibition (Figure 7). Other Brassey medals include those military awards given to Victorian military forces in the pre-Federation era. The medals are listed on the Register of the Australian War Memorial.

#### COMMEMORATIVE COINS AND MEDALS

Commemorations are never isolated or single events—and what today might be commemorated as a centenary will be recommemorated, perhaps with heightened significance, after 250 years and for centuries thereafter. Of the many hundreds of commemorative medals that have been struck to commemorate the work of St John (Figures 8–10), one of the most beautiful is that struck by the Royal Mint in 1999, to commemorate the 900 years of tradition of the Knight Hospitallers<sup>43</sup> and the derivative traditions of the profession of pre-hospital care. This gilded medal portrays (on the obverse) the Crusader Cross, with the appellation '900 Years of Caring' (Figure 10). The reverse features a St John Hospitaller ministering to an injured victim. It was designed by the engraver, Matthew Bonaccorsi, and was struck by the Royal Mint at Llantrisant in Wales. The medal is 38.6 mm in diameter and is of nickel-brass and weighs 28.28 grams.



Figure 8. The International War Service Badge of the Grand Priory of the Most Venerable Order of the Hospital of St John of Jerusalem. Issued from June 1918, with the 'Australia' suspension clasp, under authority from the St John Ambulance Brigade Overseas. Photograph courtesy of Mrs Betty Stilton DSTJ and Miss Beth Dawson AM DSTJ, with acknowledgments.



Figure 9. The one-ringgit coin struck by the Bank Negara Malaysia (Central Bank of Malaysia) and issued in a limited mintage of 10,000 coins on 24 June 2008 to commemorate the Centenary of St John Ambulance in Malaysia. Left: obverse. Right: reverse, showing an injured victim being loaded into a St John ambulance vehicle. Nordic gold, 30 mm, 8.8 grams.



Figure 10. The 900-year Anniversary coin, '900 Years of Caring', struck by the Royal Mint (UK) as a tribute to the work of volunteers in the field of pre-hospital care, in the tradition of the Knights Hospitallers of St John. The reverse, shown here, portrays a Hospitaller Knight caring for a sick, bed-ridden patient. Nickel-brass, 38.6 mm, 28.28 grams.

The most recent coin which commemorates the work of St John is the one-ringgit coin issued by St John Ambulance of Malaysia, to commemorate its centenary of service in that country (Figure 9). The coin portrays (on the obverse) an enwreathed Crusader Cross. The reverse shows a scene of loading an injured victim into an ambulance vehicle. This 30 mm coin weighs 8.8 grams, and was struck in Nordic gold. It was issued in a limited edition of 10,000 pieces by the Central Bank of Malaysia (Bank Negara Malaysia) on the 24 June 2008.

### THE CRUSADER CROSS

The Crusader Cross is the universal numismatic emblem on the coins, medals and badges of the Order of St John (Figures 8–10). In the Western World it is a common metonymic emblem. It dates from the first aid and hospital work of the Knights of St John, the original order of which persists as the *Sovereign Military and Hospitaller Order of St John of Jerusalem, called of Rhodes, called of Malta*; and known more simply as the *Sovereign Military Order of Malta*.

The British Commonwealth Royal Order of Chivalry founded by Queen Victoria on 14 May 1888 is *The Most Venerable Order of the Hospital of St John of Jerusalem*, known more simply as *The Order of St John*. In the twenty-first century, the Order of St John has more than 40 national branches throughout the world, including those in Eire, the United States of America and Sri Lanka. The Order of St John teaches and promotes resuscitation, first aid and pre-hospital care in all its forms. The emblem of all the Orders which identify with the charitable work of the Crusader Knights of St John have adopted the eight-pointed Maltese Cross as their symbol of service. This Cross, one of more than a hundred used heraldically (Figure 11), has its origins in the commercial emblem of a religious guild of merchants from Amalfi. In the eleventh century, Amalfi was a small but prosperous independent Republic situated on the Gulf of Salerno, south-east of Naples. The Governor of Jerusalem assigned to the Amalfitans a site for a hospice close to the Church of the Holy Sepulchre in Jerusalem, near Charlemagne's Hospital.

### Crosses in numismatics

The Amalfitan flag with its eight-pointed white cross, which today enjoins the various Orders of St John and many societies and charitable associations was adopted by the Benedictine monks and nuns who staffed the Jerusalem hospice. In 1070, a group of Benedictine nuns had, for the first time, been referred to as the Order of the Hospital of St John of Jerusalem. Subsequently, the Crusader Knights of St John affixed the Amalfitan eight-pointed white cross to their ecclesiastical capes; and, as a fighting military Crusader order, emblazoned the eight-pointed cross on their shields, on the battlements of their castles and on the sails of their warships.



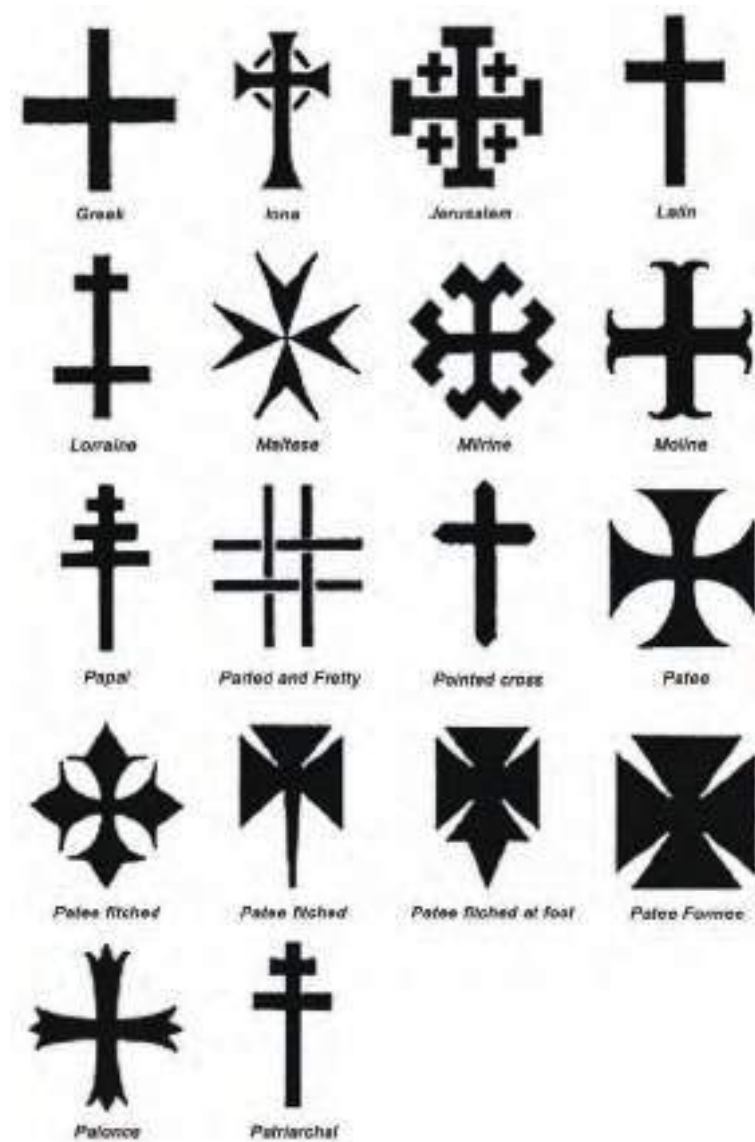


Figure 11. Crosses imply *caritas* or compassionate care. Crosses are used extensively in heraldry and therefore on medals and coins. More than 300 crosses are used heraldically. In the disciplines of medicine and health the commonest forms of the cross are the Greek Cross (and its derivative, the Red Cross); Maltese Cross, Cross Patée, Cross Patée Formée, and the Crusader or Maltese Cross.

Numismatics is a dynamic and vibrant profession and pastime. Although much of the printed word is being replaced by digital and electronic communication, and although much commerce is being replaced by digital transactions, coins will undoubtedly endure as the intermediary (for interpersonal and low-level commerce). The use of coins as the medium of celebratory and political messages will inevitably continue. The place of medals, as enduring tributes of esteem, has continued to become more popular in the first decade of the twenty-first century. In an increasing digital age, these 'memorials in bronze' will endure as witnesses of people, places and events, just as they have in the spheres of St John, throughout the last 900 years.

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## *The 'Oxy-Viva'—An Australian resuscitation icon*

### David Fahey

*Dr Fahey is a specialist anaesthetist. He passed his final Fellowship examinations in May 2009, four weeks before he delivered the Historical Society presentation from which this article is derived. Most of his anaesthetics training was at the Princess Alexandra Hospital in Brisbane, but he spent the last six months of 2009 as a retrieval registrar with the Care Flight rescue helicopter. He joined St John Ambulance in 1983 as a 13 year old Cadet in Goulburn, New South Wales. He later qualified as a nurse before going on to medical studies. Since graduating in medicine, he has been a Divisional and Regional Medical Officer, and was the State Training Officer (Clinical) for First Aid Services in Queensland. He has also been a member of the Queensland State St John Council, and is an Officer in the Order. In January 2010 he moved back to Sydney to take up a specialist position in anaesthetics.*

### INTRODUCTION

For the better part of 50 years, the Oxy-Viva has been the principal emergency resuscitator used in Australia, by ambulance services, rescue squads, fire brigades, first aid organisations, life saving societies, industries, clubs, sporting bodies and the military. It is an Australian invention, first manufactured by Commonwealth Industrial Gases (CIG) in 1959, at a time when biomedical engineering was in its infancy in this country. Although the overall design concept was based on the American E & J resuscitator, the Oxy-Viva offered several improvements, including the Royal Melbourne (RM) resuscitation valve which had been developed in 1950 by Dr Norman James. Prior to the introduction of the Oxy-Viva, a number of smaller oxygen units had been developed by CIG, and these helped shape the development of later Oxy-Viva models. The original Oxy-Viva underwent a number of modifications, which saw the introduction of the Oxy-Viva 2 in 1963, the Oxy-Viva 3 in 1973, and the Oxy-Viva 4 in 1993. This iconic resuscitation device has proven itself to be robust and effective, and has saved countless lives.

### RESUSCITATION—A BRIEF HISTORICAL PERSPECTIVE

Before exploring the story of the Oxy-Viva, it is worth reflecting on resuscitation practice as it was in the 1950s. Expired air resuscitation (EAR) was not introduced until 1958 (1). Prior to that, various manual methods of artificial respiration were used—these involved applying intermittent chest or back pressure, and were unfortunately quite ineffective. Of course, EAR and the manual methods were only applicable if the heart was still beating. It was not until closed chest cardiac massage was described in 1960 (2), that cardiac arrest could be managed by what we now know as 'CPR'.

It is incredible to consider that, in the era of artificial respiration by the Holger-Neilsen or Schaeffer method, some pre-hospital rescuers were carrying equipment for ventilation with 100% oxygen! The availability of oxygen resuscitation in Australia was dramatically increased by the invention of a low cost resuscitation valve in 1950. By today's standards, it is hard to appreciate the degree to which this must have revolutionised ambulance care.

### THE E&J RESUSCITATOR

One of the earliest oxygen powered resuscitators was the 'E&J' (Figure 1), developed in the United States in 1927 by C Erickson and Dr G Johnstone (3). This resuscitator became very popular with fire brigades and ambulance services throughout the USA, and to some extent, within Australia as well. A key design feature was the ability to perform the triple therapies of 'resuscitation, inhalation, and aspiration' (or positive pressure ventilation, oxygen therapy, and suction). The resuscitation head was designed to automatically cycle between a positive inspiratory phase of 13 mmHg, and a negative expiratory phase of -9 mmHg (3). Up to three resuscitation heads could be connected, and this arrangement was popular with fire brigades because multiple victims of smoke inhalation could be treated simultaneously. Despite the obvious limitations of the pressure cycled resuscitation valve, the E&J undoubtedly saved many lives. The design of the first Oxy-Viva was clearly inspired by the E&J, and although it offered several improvements, the Oxy-Viva remained true to the principles of 'resuscitation, inhalation, and aspiration'.

### COMMONWEALTH INDUSTRIAL GASES

Commonwealth Industrial Gases (CIG) began in 1935, with Sir (Wilfred) Russell Grimwade (1879–1955) as chairman. CIG was formed as a result of the merger of British and Sydney based companies, with Australian Oxygen and Industrial Gases Pty. Ltd., which Grimwade had founded in 1920. Grimwade was reluctant to agree to the merger, but eventually accepted because he foresaw CIG's future strength, with the capacity for large scale manufacture of oxygen and other gases, and medical equipment. He continued as a director of CIG until 1953, and was knighted in 1950. (4,5)



Figure 1. The E&J resuscitator.

In the years post World War II, virtually all the medical equipment used in Australia was imported, and was in short supply. However, several Australian engineers were convinced that quality medical equipment could be manufactured locally. One such engineer was Harry Adams, who had obtained a Diploma of Engineering in 1930, and became the Technical Manager (Medical) for CIG from 1946 to 1969. Adams worked closely with prominent anaesthetists at the time, to design and manufacture an outstanding array of oxygen, resuscitation and anaesthetic equipment. Adams was closely involved with the Oxy-Viva throughout all stages of its initial development.

By 1948, CIG had developed a simple oxygen regulator (T404), which was essentially a modified RA industrial regulator. It incorporated a flowmeter (0 to 14 L/min) supplying two oxygen outlets, and there was a separate high pressure attachment. This was all mounted on a steel carrying frame which housed a 14.4 cu.ft. oxygen cylinder, and was marketed as the CIG Ambulance Apparatus (T409)

Around 1950, a venturi driven suction apparatus was added (Figure 2), together with the Royal Melbourne (RM) resuscitator, developed by Dr Norman James. This improved model was known as the CIG Emergency Oxygen Outfit (TM8) (Figure 5). Although CIG had invented and manufactured the RM and the TM8 locally, throughout the 1950s they continued to act as distributors for the American E&J resuscitator. It is not clear how much of the marketshare was taken by the TM8. From 1959, CIG focused on their own product, the 'Oxy-Viva'.

In the 1990s, CIG underwent a complex series of takeovers, and lost something of the identity it had held as an Australian medical company. Currently, its medical products are sold under the Comweld brand.



Figure 2. CIG Ambulance Apparatus (T409).





Figure 3. Dr Norman James MBBS, LRCPs, FFARCS, FFARCS.

#### DR NORMAN JAMES and the RM RESUSCITATOR

Norman Reynolds James was born in Melbourne in 1908. He attended Melbourne Grammar School, and graduated MBBS from Melbourne University in 1929. Dr James then travelled abroad to the UK for postgraduate training in internal medicine and anaesthesia. With the declaration of war in 1939, he chose to remain in the UK, rather than risk a long sea journey with his wife and newborn child. So, he obtained an anaesthetics post at the Nuffield Department of Anaesthetics in Oxford, from 1939–1941. There, he was mentored by Sir Robert Macintosh, especially in the blossoming area of anaesthetic equipment design. From 1941, Dr James was a specialist anaesthetist to the London Emergency Medical Service assigned to West Middlesex Hospital, where he gained immense experience in the management of war casualties. (6)

Dr James returned to Australia in 1947, and was recruited by the Royal Melbourne Hospital in 1948 as the inaugural Director of Anaesthesia. He soon set up a modern department, and although he encountered much resistance from colleagues, he remained driven by an overwhelming concern for patient safety. Dr James campaigned strongly that anaesthesia was a medical specialty, and to this end he helped establish a postgraduate Diploma

in Anaesthetics. He set up Australia's first post-anaesthesia recovery room in 1953, where patients could be safely managed until consciousness was regained. This recovery room also enabled anaesthetists to mechanically ventilate patients postoperatively, thereby permitting advances in fields such as neurosurgery. This helped establish the beginnings of modern intensive care. Thanks to Dr James' efforts, Royal Melbourne Hospital enjoyed the revolution of piped oxygen and suction from 1957. (6,7)

Following a one year sabbatical in the United States, Dr James emigrated there in 1964, taking up a post as Associate Professor of Anaesthesiology at the University of Texas. There, he continued his illustrious career until his retirement in 1975. Norman James died in 1987, aged 79. (6)

Dr James had always been interested in resuscitation, and while working at the Royal Melbourne, he became concerned about the lack of equipment available to manage respiratory failure, both within the wards of the hospital, as well as by the ambulance service. Not all ambulances were equipped with oxygen, largely due to the high cost of imported devices such as the E&J. Dr James recognised that the manual methods of artificial respiration were unsatisfactory, so he set about designing a simple, low-cost resuscitation valve. He moved completely away from the automatically cycled, positive-negative pressure valve which was an integral part of the E&J. Dr James undoubtedly realised that this device was quite complex to operate, and commonly under-ventilated the patient if any degree of airway obstruction was present.

In collaboration with Harry Adams and other engineers from CIG, Dr James designed the Royal Melbourne (RM) resuscitator, which was first marketed in 1950. An oxygen flow of 60 L/min was activated by pressing a button, and expiration occurred passively when the button was released. This gave the operator total control over the tidal volume delivered to the patient. It had a pressure relief valve set at 50 cmH<sub>2</sub>O, and a separate relief valve was incorporated into the body of the child-size mask, set at 30 cmH<sub>2</sub>O. Unfortunately, nothing is known of the research and development phase of the RM. One wonders what inspired the design. It is vaguely reminiscent of the Oxford Valve (c.1940s), designed in the Nuffield Department where James had worked. In any case, the RM was soon found to be a reliable, elegantly simple piece of equipment, ideally suited to the pre-hospital environment (8).

The RM was sold as a stand-alone accessory (Figure 4), which was able to be fitted to the CIG Emergency Oxygen Outfit (TM8) (Figure 5). The addition of suction apparatus to the TM8 enabled the triple therapies of 'resuscitation, inhalation, and aspiration', and clearly moved CIG one step closer to developing the Oxy-Viva.

#### OXY-VIVA MARK 1

Throughout the 1950s, CIG were selling both the TM8 unit (Figure 5), and the imported E&J resuscitator. A major decision was taken by the company in 1954 to develop their own alternative to the E&J. On reflection, it is surprising that CIG didn't regard the TM8 as the suitable alternative. Instead, CIG developed a new resuscitator which was marketed as the 'Oxy-Viva' in 1959. Like the E&J, the Oxy-Viva 1 contained two oxygen cylinders, housed inside a large red wooden case. Two base models of the Oxy-Viva 1 were available—the MA38 was fitted with the RM resuscitator, and the MA41 incorporated the E&J Micro resuscitator. As a further option, 'up to three resuscitators of either type' (i.e. RM and/or E&J) could be fitted, because three self-sealing oxygen outlets were supplied from the





*Figure 4: RM resuscitator, 1950.*



*Figure 5: CIG Emergency Oxygen Outfit (TM8), with RM fitted.*

regulator (9). Clearly, CIG were reluctant to break away from certain features of the E&J apparatus, which had enjoyed a monopoly in this arena for three decades. Retaining the option to fit multiple resuscitation heads would have ensured that the Oxy-Viva appealed to anyone who was accustomed to this facility in the E&J.

The Oxy-Viva 1 had a venturi driven suction apparatus, and a flowmeter for oxygen therapy. There was a storage compartment for masks, airways, and other accessories. A groove was cut on one side of the case, so that the RM resuscitator could be used on a patient while the lid was closed, for example while carrying the Oxy-Viva beside a stretcher.



Figure 6. (left): Oxy-Viva 1, interior (model MA38 with RM resuscitator).



Figure 7: Oxy Viva 1, exterior.

## OXY-VIVA MARK 2

Only four years after the introduction of the Oxy-Viva 1, CIG introduced the Oxy-Viva 2 in 1963. The Oxy-Viva 2 was obviously based on the earlier TM8, but details of the factors which drove CIG to undertake this major redesign are not known. It is reasonable to assume that pressure from the end-users of the device would have played a part: compared to the TM8, the Oxy-Viva 1 was large and extremely heavy, so the Oxy-Viva 2 had immediate appeal as a much more portable alternative. Despite the advantages of making it smaller and lighter than the Oxy-Viva 1, CIG were concerned about the reduction in oxygen capacity from two cylinders to one, and a justification for this decision can be found in a comment in the Oxy-Viva 2 instruction book, '...as the cylinder can be easily replaced in 30 seconds, provision is made for one only, thus ensuring a compact lightweight arrangement' (10). Also, provision was made for the attachment of an oxygen supply hose to a self-sealing outlet on the side of the Oxy-Viva case, thereby enabling the device to function from the bulk oxygen supply within an ambulance vehicle, to permit prolonged use.

The Oxy-Viva 2 included a Twin-O-Vac unit, also designed and manufactured by CIG. The Twin-O-Vac is a venturi driven suction apparatus, with two built in self-sealing oxygen outlets. The RM resuscitator was attached to one of these, and the other enabled a fixed-flow oxygen outlet delivering 5 L/min to be screwed in place when needed for oxygen therapy. For those who preferred the traditional flowmeter, this could be attached to the outlet on the side of the metal case. There were a total of three self-sealing oxygen outlets (two on the Twin-O-Vac, and one on the side of the case), and the instruction book reminded users that this arrangement would permit up to three resuscitation heads to be used simultaneously—it seems that some of the selling points of the E&J were hard to leave behind. In the early 1960s, it was still possible to purchase an alternative resuscitation head to the RM. However, CIG had moved away from the American E&J Micro, to the British Stephenson resuscitator (which functioned identically to the E&J, with a positive and negative pressure phase). Despite the known difficulties with pressure cycled valves, it is intriguing that CIG continued to offer them as alternatives to its very own invention. It is hard to believe that a significant proportion of pre-hospital providers were immovably entrenched in support of pressure cycled valves.



Figure 8: Oxy-Viva 2, with RM.



Figure 9: Close up of Twin-O-Vac.

The resuscitator, suction apparatus and all accessories were neatly housed inside a metal box, offering a vast improvement on the TM8. Initially, the box was constructed of mild steel finished in hammertone baked enamel. In 1966, this was changed to stainless steel after the Surf Life Saving Society raised concerns over rusting.

The RM resuscitator itself was also modified at the time the Oxy-Viva 2 was introduced. A flow selector was added, so that by moving a simple lever through 180 degrees, it was possible to choose between two settings—the 'ADULT' position delivered 60 L/min, and the 'CHILD' position 30 L/min. The diameter of the patient connection was also changed, to a 15/22 mm fitting, which enabled it to be used with any brand of face mask, endotracheal tube etc. The original RM had a larger diameter, which only matched the metal connector built in to the CIG face masks.



Figure 10: RM resuscitator 1950 (top), and 1963 (bottom). Note the addition of the flow-selector, and the smaller 15/22 mm patient connection.

### OXY-VIVA MARK 3

The Oxy-Viva 3 was introduced in 1973 (Figure 11). Few details of the development phase are known, except that the Surf Life Saving Society had a substantial input. The improvements made in the Oxy-Viva 3 related to simplifying the suction and oxygen therapy controls. To achieve this, CIG engineers devised an alternative to the Twin-O-Vac unit.

To activate maximum suction using a Twin-O-Vac, the suction control knob has to be turned through two full revolutions, whereas the suction in the Oxy-Viva 3 was activated by a simple ON-OFF lever mounted on a control block on the right hand side of the case (Figure 12). The venturi was built into the block, rather than the top of the suction bottle itself. Similarly, an oxygen flow of 8 L/min was available using an ON-OFF lever (Figure 12), which was a vast improvement on the time-consuming procedure of screwing an oxygen therapy attachment to the Twin-O-Vac every time oxygen was needed. In the Oxy-Viva 2, the supply hose for the RM resuscitator had been connected via a handwheel to one of the self-sealing outlets on the Twin-O-Vac, but in the Oxy-Viva 3, the RM was permanently connected beneath the control block. The removal of the Twin-O-Vac reduced the number of self-sealing oxygen outlets from three, down to one (the outlet on the side of the case). However, this still allowed a flowmeter to be connected as an optional accessory, and the Oxy-Viva could still be operated from a bulk oxygen supply, using a 400 kPa supply hose.

### ROBERTSHAW DEMAND VALVE

The Robertshaw demand valve was added as a new component to the Oxy-Viva, following the introduction of intensive care paramedics into the NSW Ambulance Service in 1976. One of the key individuals responsible for setting up the paramedic system was Dr Bob Wright (11), an anaesthetist and intensivist at St Vincent's Hospital in Sydney. One of Dr Wright's tasks was to determine the equipment which would be needed, and to do this he travelled to the United States to examine several paramedic systems already in operation. Although Dr Wright approved of the Oxy-Viva, he had concerns about one key deficiency of the RM resuscitator—namely, the patient could not spontaneously



Figure 11: Oxy Viva 3, with RM.





Figure 12: close up of suction and therapy controls.

breathe oxygen through this valve. While visiting the US, Dr Wright was shown a demand valve manufactured by the Robertshaw Controls Company in California (12), and he brought the device back to Australia for clinical testing.

The Robertshaw demand valve could be used for positive pressure ventilation, and the operator could select an oxygen flow between 30 and 150 L/min using a dial. For a spontaneously breathing patient, 100% oxygen was delivered 'on demand' at a flow rate proportional to their inspiratory effort. However, clinical testing by Dr Wright, and CIG engineers including Bob Nutter, revealed several design flaws, including—the cap fitted to the top of the device had a tendency to come off during use, as it was not held in place by a locking device; and there was no filter to prevent vomitus entering the valve. Subsequently, the valve was modified by CIG to overcome these problems. This resulted in an increase in the overall length of the resuscitator head, and a longer control lever had to be fitted.

The Oxy-Viva 3 was available with either the Robertshaw demand valve, or the RM resuscitator.

#### RM-2 VALVE

As an alternative to the Robertshaw demand valve, and to comply with the Australian Standard AS2488 (13), a new version of the RM was introduced in 1983. The RM-2 offered three flow settings for resuscitation—'HIGH' 110 L/min, 'ADULT' 60 L/min, and 'CHILD' 30 L/min. The patient could not breathe 100% oxygen on demand, as they could with the Robertshaw. However, to allow spontaneous breathing via the RM-2, the operator switched the control to the 'THERAPY' setting, which delivered 8 L/min into the mask. Thus, the patient breathed a combination of room air (entrained through the expiratory valve), and oxygen supplied at 8 L/min.



Figure 13: Dr Bob Wright inside the first NSW intensive care ambulance (1976), holding a Robertshaw valve (unmodified).



Figure 14: Close up of the modified Robertshaw valve, fitted to the Oxy-Viva.



Figure 15: The RM-2 valve.



#### OXY-VIVA MARK 4

In 1993, CIG released the Oxy-Viva 4, after substantially redesigning its appearance. The Oxy-Viva 4 was constructed of bright blue plastic, rather than stainless steel. The cylinder keywheel was built in to the cylinder housing, rather than having it attached via a chain. The contents gauge, flowmeter gauge and flowmeter control were visible from the top of the case, and were built in to a recessed compartment so that nothing protruded from the sides of the case. Although these were worthy improvements, the dimensions of Oxy-Viva 4 were significantly greater than the Oxy-Viva 3, and although this did not increase its weight, the larger size was off-putting to potential users. Despite its larger size, the room available inside the case was not substantially different, and this did not allow for an ever increasing range of resuscitation accessories. The Oxy-Viva 4 was introduced around the same time that various softpack and backpack options became available on the market. These proved extremely popular with end-users, and as a result, the Oxy-Viva 4 was discontinued. CIG returned to its flagship product, the Oxy-Viva 3, which is still manufactured to this day.

#### A NEW DEMAND VALVE RESUSCITATOR

Australian Standard AS2488 was changed in 1995, requiring oxygen powered resuscitators to deliver a fixed flow of 40 L/min (14). To comply with this, a new demand valve resuscitator was sourced from the Canadian company 'O-TWO Systems Inc.' This valve delivers 40 L/min when a red button on the valve housing is pressed, and if the patient is breathing spontaneously, 100% oxygen is delivered 'on demand' at a flow rate proportional to their inspiratory effort, as was the case with the Robertshaw valve. The 'O-TWO Systems' demand valve is fitted as standard to the Oxy-Viva 3 which is available today. As an alternative, the Oxy-Viva 3 can be purchased with a self-inflating bag.

#### THE OXY-VIVA AND ST JOHN AMBULANCE

The Oxy-Viva has had a long association with St John Ambulance, although Brigade members did not begin to use oxygen equipment to any great degree until the late 1970s. Prior to this, oxygen would only have been used by those Brigade members who volunteered as ambulance officers, or were in specialised units such as the Victorian rescue squads. From the early 1980s, the use of oxygen became more tightly regulated when the Brigade introduced its own advanced resuscitation course, which was based almost entirely on the use of the Oxy-Viva (15). In that era, the course was only offered to a select few, and was not a mandatory requirement for membership. This is very different from the





Figure 16: Oxy Viva 4, with Robertshaw valve.



Figure 17: 'O-TWO Systems' Demand Valve.

situation today, where oxygen equipment is available at every event, and all members are trained in its use via the First Responder program. Today, the Oxy-Viva continues to be used by the Operations Branch, although there is a growing trend towards backpack style oxygen equipment.

## CONCLUSION

The Oxy-Viva emerged onto the Australian resuscitation landscape in 1959, and although it subsequently went through several design modifications, it has always enabled the triple therapies of 'resuscitation, inhalation, and aspiration'. Throughout, the Oxy-Viva has proven itself to be an effective, reliable piece of equipment, which has capably withstood the tough conditions in the pre-hospital environment. Indeed, the Oxy-Viva has been a triumph of Australian biomedical engineering. In conclusion, it is worth considering the etymology of the term 'Oxy-Viva'. 'Oxy' is obviously a contraction of the word oxygen, which is essential for life, and is an indispensable tool for resuscitation. 'Viva' is an acclamation used in modern French and Italian, and means 'long may he/she live!' This is derived from the Latin *vivere*, which means 'to live'. The iconic Oxy-Viva continues to be used to this day, and it seems appropriate to say 'viva, the Oxy-Viva!'

## ACKNOWLEDGMENTS

This paper would not have been possible without the assistance of Mr. A.R. (Bob) Nutter. Bob was a senior manager with CIG for 35 years, and generously shared his first hand knowledge of the Oxy-Viva story. I am also appreciative of the wealth of material provided from the product information files which Bob has meticulously preserved.

I must also acknowledge the kind assistance provided by: the Geoffrey Kaye Museum of Anaesthetic History; the NSW Ambulance Museum; the Queensland Ambulance Museum; the St John Ambulance Historical Society of NSW; and Dr Bob Wright.

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## The Siege of Malta — 1565 revisited

### Heather Fogerty

*Dr Fogerty is a medical practitioner who lives in Toowoomba, where for many years she conducted a large and busy private general practice. Having sold her own practice, she now works on contract for St Andrew's Primary Health Care Centre, the firm that took over her practice. Dr Fogerty also lectures in anatomy and general practice at the University of Queensland. She is the medical officer for the Toowoomba St John Ambulance division, a position she has held for 14 years. Married to Mr Vince Little (the author of the next article in this journal), she has many interests beyond St John, including medical history, literature, quilting and ikebana.*

Late in the 16th Century after the defeated Army of Sultan Suleiman the Magnificent had limped its way back to Constantinople, a sailor in Cyprus composed this song:

*Malta of Gold, Malta of Silver, Malta of Precious Metal,  
We shall never take you!  
No, not even if you were as soft as a gourd,  
Not even if you were only protected by an onion skin'  
And, from the ramparts, a voice replies:  
'I am she who has decimated the Galleys of the Turks  
and all the warriors of Constantinople and Galata'.*

It was all over. The 40,000 men sent so confidently by the Sultan had been defeated by a mere handful of Knights—perhaps 900 men and less than 9000 Maltese and Mercenaries. The tiny, barren and rocky Island of Malta had withstood one of the most intensive sieges in history to that time.

How did it come about? To understand this we need to look no further than the Grand Master himself.

Born in 1494 in France, Jean Parisot de la Vallette had been a Knight of the Order of St. John of Jerusalem from the age of 20 years. By the time he became Grand Master he had seen active service both on land and sea, and for a period of a year had actually been a galley slave. He was a man of prodigious intellect, well-educated and fluent in at least five languages other than his native French. Additionally he was physically strong and fit a methodical planner and a man of statesmanlike persuasive powers. Finally, he was a man of deep religious faith expressed in both overt devotion to the forms of religion and in his unremitting personal ardour and sacrifice

*Malta had great naval strategic value because of its central position in the Mediterranean.*



After settling in Malta, he set about building forts as he knew that eventually the Turkish forces would attack. In all these endeavours he was ably assisted by one of the few remaining English Knights, Oliver Starkey, who was his secretary and general factotum.

Thus de la Vallette was the right man for the time. The nearest comparison in recent times might be Sir Winston Churchill who inspired his small country to resist German invasion in World War II.

Malta was prepared when the huge Armada reached its shores on 21 May 1565. Just three days later on 24 May the Turkish General Mustapha Pasha ordered the bombardment of fort St Elmo. This star-shaped fortress protected the entrance to the Grand Harbour and so, if the Turks were to succeed, it had to be taken first. A small number of defenders, just 64 Knights and about 400 soldiers occupied the fort and braced themselves for the attack. For the next ten days the fort was besieged by a massive bombardment from the Turkish cannons. It is estimated that 6000–7000 cannon balls per day were fired at the walls of the fort.

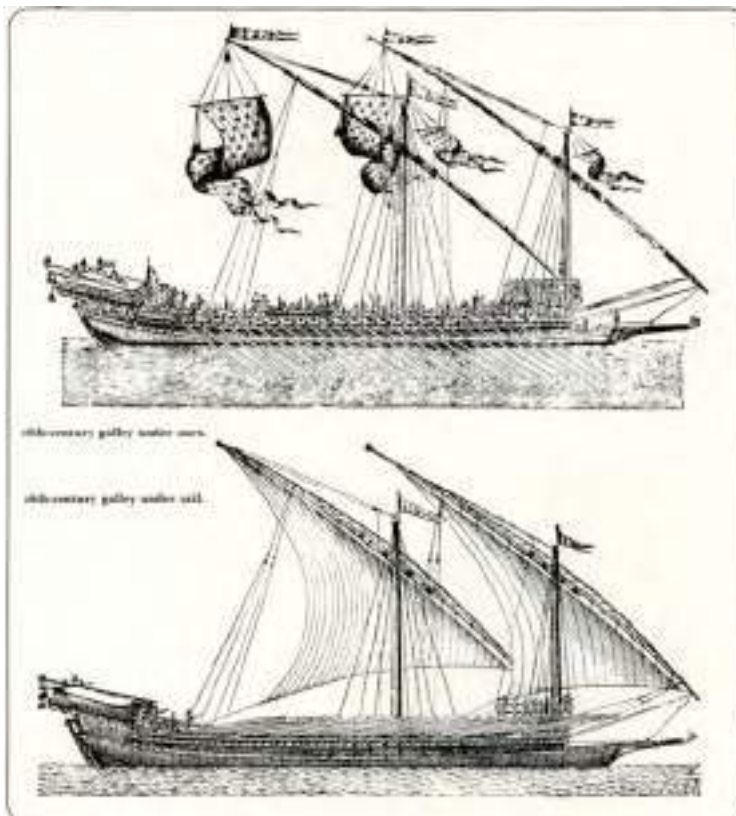
On 3 June, which ironically was St. Elmo's day, the Turkish troops led by the fanatical Janissaries attacked the weakened fort. They met with fierce resistance from the defenders who, though greatly outnumbered, succeeded in beating back the Turks. At the end of the day some 2000 Turkish soldiers lay dead at the foot of the fort while the Knights had lost only ten of their own and approximately 200 soldiers.

The battle continued unabated until 23 June, the eve of the Feast day of St John the Baptist, when after celebrating mass, the defenders realised that they were in their final life or death struggle. On that day the invaders breached the walls, invaded the fort and raised the standard of the Sultan. So, Round One to the Turks.

On the other side of the Harbour the remaining defenders looked on helplessly knowing that their turn was next. In the forts of St Angelo and St Michael preparations were now underway for a major battle. However there were, by now, serious problems—the expected reinforcements from Sicily had failed to arrive and, despite starting with large stores of food, water and ammunition, these were now dwindling.



*Jean Parisot de la Vallette, the Grand Master who led the Knights of St John through the Great Siege of 1565.*



*The Ottoman armada included many galleys. The Knights of St John also had a fleet of galleys.*



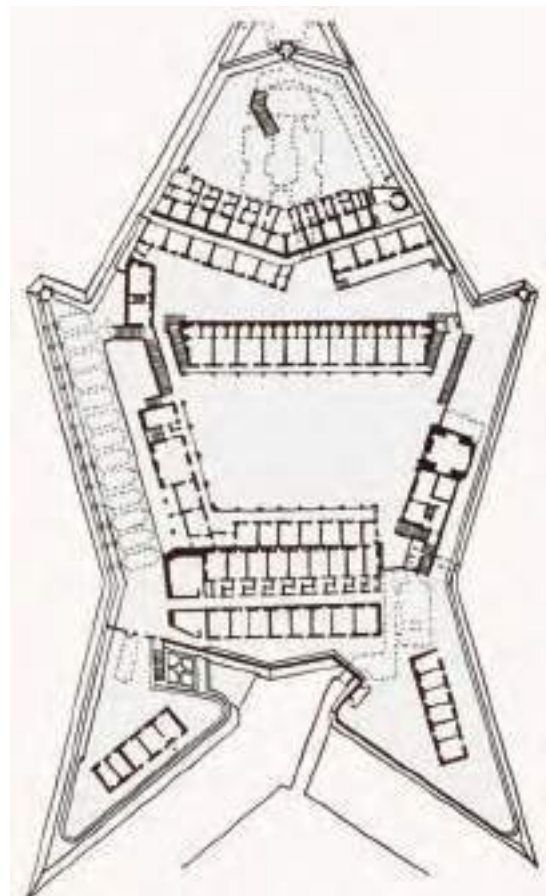


Sketch of the port of Malta in 1565, showing off the various defences and the siege works and camps of Suleiman.

Sketch of the Grand Harbour in 1565, showing Fort St Elmo in relation to Fort St Angelo.



The plan of Fort St Elmo as it was in 1565.





*The Ottoman army on Malta: one of twelve Great Siege frescoes later painted in the Grand Master's Palace in Valletta by the Italian artist, Matteo Perez d'Aleccio (1547–1616).*



*The Ottoman army attacking Fort St Elmo—another of the Great Siege frescoes by the Italian Matteo Perez d'Aleccio.*

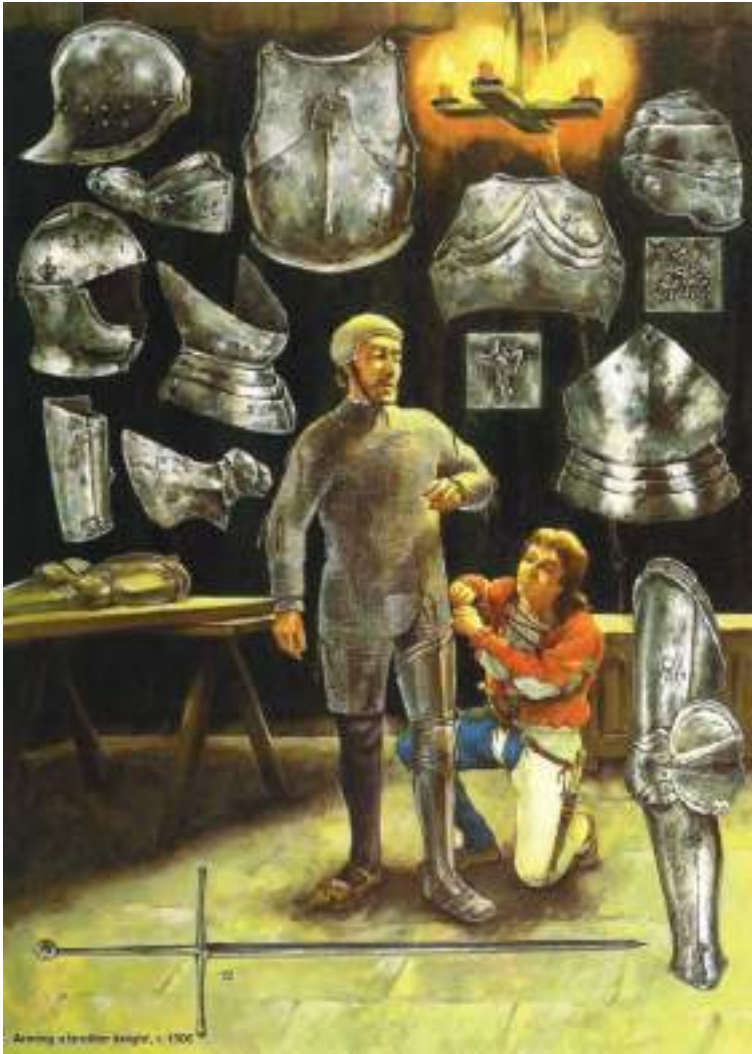
Desperate times demand a man of the leadership skills of de la Vallette. These skills were now to hold the defenders together and enable them to fight on. Additionally, the Maltese population of women and children were recruited to assist. They proved invaluable, as by cooking and delivering food, water and ammunition they allowed more men into the fray. Meanwhile in the Hospital the physicians and surgeons were fully occupied with the care of the sick and the wounded. This contrasts with the Turks whose knowledge of hygiene and medical care was minimal.

Clearly the care of the sick is firmly in place as a vital St. John tradition and remains so to this day.

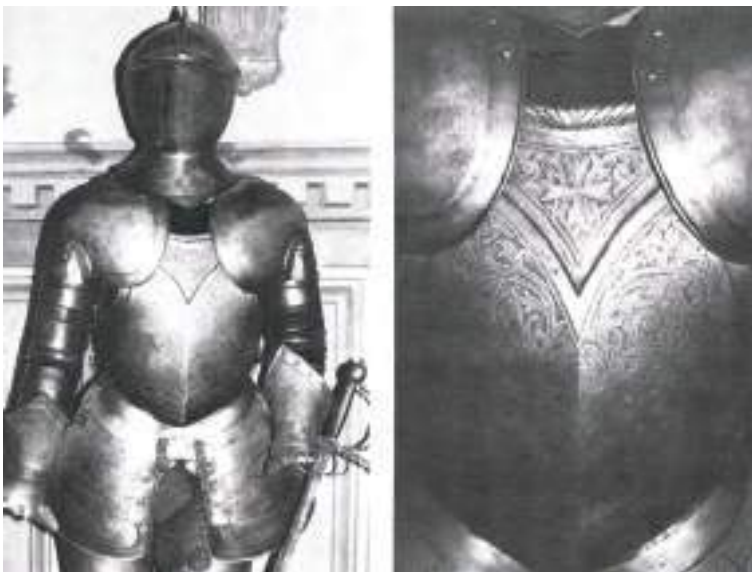
Eventually on 7 September the long awaited galleys from Sicily arrived. Bearing a small force of recently recruited Knights and other soldiers, it was enough to boost morale but not to win the battle.

The Turkish forces however were depleted of both men and morale. It had been a long hot summer and many unburied corpses had contaminated the whole area. Dysentery and other disease were rife and were now taking a huge toll. And so on 13 September the remnant of the Turkish armada slipped out of the Harbour and returned to Constantinople.

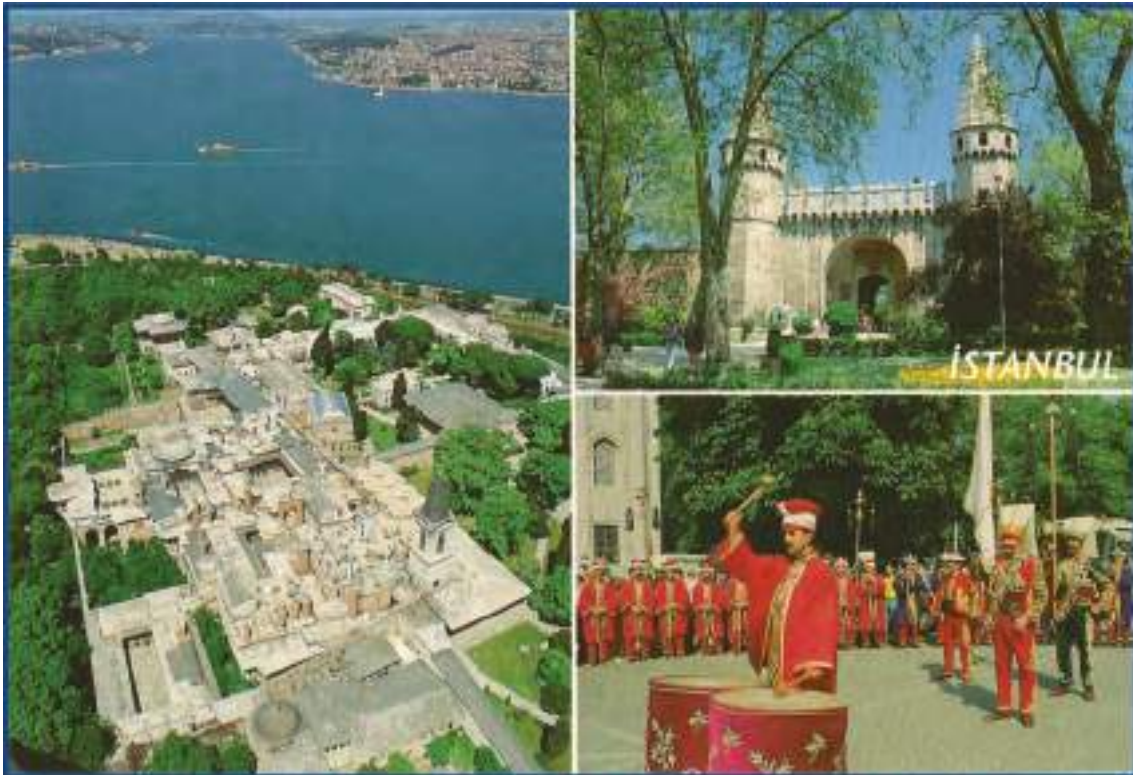




*A page helps a Knight put on his armour.*



*The armour worn during the Great Siege by Vincenzo Capponi, an Italian Knight.*



After withdrawing from Malta the Ottoman fleet sailed back to Constantinople (Istanbul), where the Emperor Suleiman was so greatly displeased he refused to meet his army's commanders.



Suleiman the Magnificent (1495–1566), the Ottoman emperor who sent his armada to capture Malta from the Knights. He died a year later, during a campaign against the Hungarians.

It is said that the returning Turkish armada arrived by night. It is also said that the Sultan refused to meet them. He was angry, vowing to return the next year with himself as leader. This was not to be as the next year he died, succeeded by his son known as Selim the Sot.

The Great Siege was the last attempt by the Turkish Empire to capture the whole of Europe. The implications are staggering. Western European civilization was saved from destruction by a small but courageous group of men and women on a tiny barren and desolate island.

Tributes followed; the Pope, Kings and Queens all expressed gratitude. Even in Protestant England, Queen Elizabeth I had caused prayers to be said in all churches for the relief of Malta's defenders. The Island remained generally peaceful and prosperous until the waves stirred up by the French Revolution overwhelmed Malta and the Knights in 1798.

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## ***The 1798 Siege — A final blow for the Knights of Malta***

**Vince Little**

*Mr Little is a former Deputy Commissioner for St John in Queensland. He has first degrees in education and psychology and an MA degree in counselling. Before his retirement he was a professional ambulance officer with the State ambulance services in New South Wales and Queensland. For many years he was also a member of the Royal Australian Army Medical Corps. His book, Candle of Hope (2008), tells the story of his efforts to establish an ambulance service in the newly independent East Timor in the early 2000s. He has a special interest in St John 'collectibles' and as such is the Australian authority on the history of first aid training manuals. As mentioned above, Mr Little is married to Dr Heather Fogerty. He has been a frequent participant in the Historical Society's seminars, and so his articles have often appeared in previous editions of St John History.*

### **ABSTRACT**

The French Revolution became the backdrop for events that led to the Knights of Malta being evicted from their home of more than 250 years. Over time, analysts have given reasons as to why Napoleon was able to so easily dislodge the Knights when the might of the Muslim Empire was unable to do so in the great siege of 1565.

The Knights of Malta became a great sea power and from their island base controlled the Mediterranean Sea while ever they occupied Malta. The key to invading Egypt was to take Malta. This became Napoleon's first objective in his plan to invade Egypt. For the Sovereign Military Order of Malta this was to herald a time of chaos, disillusionment and dispersal to an uncertain future. In times to come there would be uncertainty about the aims and legitimacy of individuals who were trying to reestablish the order in other places. It is not the aim of this paper to examine the credentials of those people or the Orders that have become established on similar lines to that of the original Order. This is a reexamination of events that became a watershed for the Knights Hospitaller and their successors.

### **INTRODUCTION**

In May 1798, 20,000 soldiers were gathered together in the southern French Port of Toulon. They were awaiting embarkation upon a vast naval force of some 310 ships; destination Egypt. The numbers were to swell to a total of 54,000 as the Toulon force was joined by troops and officials from other ports. Naval officers of the eighteenth century were reported as believing that Egypt was the key to India and Malta the key to Egypt. Napoleon Bonaparte was an ambitious individual and India was very much in his sights. He was determined to strike at as many British possessions as strategically possible.

### **THE STAKEHOLDERS**

In 1798, the key Stakeholders in the conquest of Malta were the Knights Hospitaller under the leadership of the Grand Master Ferdinand von Hompesch, Napoleon Bonaparte and Lord Nelson. Napoleon and Nelson hardly need an introduction but Hompesch, considered to be the key figure in the loss of Malta to the French is not very well known outside the history of the Order of St John. Understanding the capitulation of Malta to the French needs an examination of the circumstances leading up to the time that Napoleon was able to occupy Malta with such little resistance.



*A portrait of the Grand Master Ferdinand von Hompesch zu Bolheim (1744–1805) in his Malta palace; and his armorial bearings.*





*Napoleon Bonaparte aged 27, at the Battle of the Bridge of the Arcole in Italy, November 1796, 20 months before he expelled the Knights from Malta. (From the 1801 painting by Antoine-Jean Gros in the Louvre, Paris.)*

The other stake holders were of course the Maltese themselves and it has been suggested by various authors including Desmond Seward that they were not willing to fight against the French forces and appealed to Hompesch to surrender. The weight of circumstances against Hompesch most likely began with the French Revolution.

According to Desmond Seward, the French Revolution was hostile to Military Orders. Demands were made for the suppression of French Commanderies, with pamphlets being issued against 'monks in arms.' It was also discovered that the Order of Malta had subsidized Louis XVI's unsuccessful flight to escape the Revolution. This is a factor in the equation of events that certainly would have damaged the cause of the Knights in France.

Since it is reported that the majority of the Knights on Malta were French, some understanding is given as to why Hompesch and the French Knights turned to Tsar Paul 1 of Russia for assistance. According to the History of the Knights of Malta (Internet Source, 2009), the Tsar had been appointed as 'Protector of the Order of Malta,' by Hompesch's predecessor Grand Master De Rohan.

## DECLINING INFLUENCE OF THE ORDER

Emmanuel DeRohan, a French Aristocrat was the 70<sup>th</sup> Grand Master of the Order. He did his best to revive the principles and tenets of the Order, but it was too late. After 230 years of peace and the Ottoman Empire shrinking, the decline of the Order had already begun.

The original *raison d'être* of the Order—repelling the advance of the Ottoman Empire westward across Europe—had become redundant and relations between the Maltese people and the Knights were becoming strained. The ships of the Order were no longer suited to the times. Seward reports that Napoleon released some two thousand enchained slaves held captive by the Knights of Malta. This was a period of decay and to replenish his depleted treasury, De Rohan had to sell off the fleet to the Kings of Naples and Spain. Resulting from the French Revolution, the Order had lost its property and possessions in France. The new mistress of the sea was England and De Rohan refused to join France against England. He died in 1797 and Hompesch entered the scene as the 71<sup>st</sup> Grand Master of The Order.



*A 30 Tari coin from von Hompesch's short reign as Grand Master. Left: the obverse showing his portrait; right: the reverse showing his arms.*

Ferdinand von Hompesch zu Bolheim was born on 9<sup>th</sup> November 1744 into one of the noblest families of the Lower Rhine. He joined the ranks of the Knights of Malta at a very early age as the page to the 68<sup>th</sup> Grand Master, Pinto (1741–1773). Due to the way in which he discharged his duties in several appointments he progressed far in a very short time. After serving for twenty five years as Ambassador of the Order to the court of Vienna, he was elected to fill the position of Chief of the Anglo-Bavarian *Langue*, which had been formed in 1782. Hompesch's rule as Grand Master lasted just two years 1797–1799.

### THE ARRIVAL OF THE FRENCH

On 9 June 1798 Napoleon's armada arrived at Malta. He demanded that the Grand Master of the Order of St John allow the French ships to enter the Harbour. The demand was refused as the Order's policy was that only two ships of any foreign power could enter the Harbour at any one time. According to the sources examined, Bonaparte had opposed the appointment of the German Hompesch as Grand Master two years before, wanting that position to be filled by a national friendly to the ambitions of France. The civilian population of 1798 was thought to be about 150,000. The Knights reputedly had a force of some 16,000 soldiers, but in reality this figure was very much smaller. Strategically the whole of the populated part of the Island was an effective fortress. This had been clearly demonstrated when the Turks were successfully defeated in the Great Siege of 1565. So how were the French able to take Malta with seemingly such little effort?

Some authors support the theory of betrayal by the French Knights, who were reluctant to fight against their own countrymen. It has been suggested that this theory is misguided because the French Knights were embittered by the French Revolution. Others suggest that there was an insurrection by the Maltese, who wanted to get rid of the Knights. Another factor considered was the rules of the Order prohibiting fighting against Christians.

### THE ROLE OF THE SPANISH

There seems to be a strong weight of evidence to suggest that the 71<sup>st</sup> Grand Master of the Order, von Hompesch, was not the leader or skilful military strategist that La Vallette had been during the Siege of 1565. In his book *Monks of War*, Seward states that Hompesch announced that he had no military skills and handed over the defence of Malta to the Congregation of War, which meant that the Knights were led by a War Office instead of a general. Desmond Seward also suggests that it was the Spanish Knights who let the side down more than the French Knights. The Spanish Envoy



Malta showing the location of Valletta.





*Napoleon arrives in Valletta. From a contemporary engraving, 'General Bonaparte lands in Valletta, June 12th 1798'.*

ordered the Spanish Knights not to fight and they took no part in the defence of the Island because at the time Spain was an ally of France. The envoy welcomed the invaders when they entered Valletta, which occurred just three days after Napoleon's demands of the 9<sup>th</sup> June.

On 10<sup>th</sup> June the French forces began disembarking and encountered nothing more than a token resistance. Hompesch capitulated on the 11<sup>th</sup> and on the following day a treaty was signed by which the Order handed over the rule of Malta to the French Republic. In return the French Republic agreed to 'employ all of its credit at the Congress of Rastadt to procure a principality for the Grand Master, equivalent to the one he gives up.' The promise was hollow. The Order received no such territory.

Officers of the French forces remarked that they were surprised at being able to take Malta, which had all of the appearances of being impregnable or at least able to resist for up to three months, which would have seen the arrival of the British Navy. Nelson was looking for the French Fleet and finally caught up with it in Egypt at the mouth of the Nile.

Napoleon is quoted as saying, 'The place certainly possessed immense physical means of resistance, but no moral strength whatever.'

*The rocky shoreline and massive fortifications would have enabled Valletta to withstand a French siege; but the Knights under Hompesch offered little resistance.*





*A contemporary re-enactment of the French invasion of Malta.*

#### THE FATE OF GRAND MASTER VON HOMPESCH

In 1798 Hompesch had been warned that the French fleet sailing for Egypt intended to attack Malta as well. Disregarding the intelligence, Hompesch took no action to reinforce the island's defences. Nor, as seen, did he try to lead resistance to the French but delegated his responsibilities to his war council.

Hompesch was given a pension by Napoleon, but did not immediately abdicate his position of Grand Master. Seward suggests that a group of Knights illegally elected Emperor Paul I of Russia as Grand Master. Illegal because he was not Catholic but Orthodox and married rather than celibate.

Hompesch left Valletta for Trieste on 18<sup>th</sup> June and resigned as Grand Master on 6<sup>th</sup> July 1799. In 1804 he went to Montpellier in France where he died from asthma on May 12<sup>th</sup> 1805 six months short of his 61<sup>st</sup> birthday. He is buried in the church of Sainte Eulalie de Cernon, 75 Kilometres north-west of Montpellier. This had been the chapel of the Knights' large and well fortified commandery in the area, which had earlier been a Templar preceptory.



*Tsar Paul I of Russia, de facto Grand Master of the Order 1798–1801, and his armorial bearings.*



*The church of Sainte Eulalie de Cernon, burial place of Ferdinand von Hompesch. The church originally belonged to the Knights Templar and was the chapel of their preceptory. It was later taken over by the Hospitallers as a commandery.*

At the time of Hompesch's death the restoration of Malta to the Order seemed assured but the English, who had by this time taken Malta from the French, refused to give it up.

#### THE BATTLE OF THE NILE

After the Order's capitulation to Napoleon, the British navy pursued the French navy across the eastern Mediterranean to Egypt. The enemy fleets met in the Battle of the Nile. The battle, which took place in the Bay of Aboukir, resulted in a decisive victory for the British. This battle became a catastrophe for the French when their flagship *Le Orient* was completely destroyed after fire reached the magazines. The explosion was reported to be heard as far away as Alexandria. The fate of the *Le Orient* was immortalized in the poem 'Casabianca' (Felicia Hemans *nee* Browne, 1793–1835), better known by its first line *The boy stood on the burning deck*.

The French admiral, Brueys, maintained the honour of this flag, however. Having lost both his legs he was, according to accounts in Oliver Warner's book (*Nelson's Battles*, 1965), seated with tourniquets on the stumps, in armchair facing his enemies and giving directions to save his flagship, when a final cannon ball from a British ship delivered the *coup de grace* cutting him in two. Not only did the ship disappear but according to Warner in her holds were over half a million pounds in bullion, three tons of plate, and life size silver statues of the twelve apostles, the principle treasures of the Knights of Malta.

An interesting aside to Nelson's involvement in the Malta incident revolves around Lady Emma Hamilton. Lady Hamilton well known as the mistress of Nelson, was awarded the Cross of the Order of Malta by Emperor Paul I of Russia in recognition of her services in providing relief of starvation and suffering on the island of Malta following the French occupation in 1798.



*Lady Emma Hamilton, famously the mistress of Lord Nelson, was awarded the cross of the Order by Tsar Paul I for her relief work on Malta following the French occupation.*



*Malta remained an important base for Britain's Mediterranean fleet until 1979. In this 1953 photograph the aircraft carrier HMS Theseus leads the fleet from the Grand Harbour at Valletta.*

## POSTSCRIPT

French rule on Malta lasted for only two years. Angered by French pillaging of their churches and cathedrals, the Maltese rebelled. An estimated 20,000 Maltese died in the uprising. Britain intervened to take Malta under its protection. The French military governor, General de Vaubois, surrendered to the British on 5 September 1800. The next year, 1801, Tsar Paul I demanded the return of Malta to the Order. The British began negotiations with him to pass Malta back to the Order's control; and under the Peace of Amiens in 1802 Britain was indeed obliged to do so. Because of the threat of renewed hostilities with France, however, the British chose not to do this, a decision in which they had the support of the Maltese, who opposed being returned to rule by the Order.

At the end of the Napoleonic wars Malta became a British crown colony under the Treaty of Paris in 1814, confirmed by the Treaty of Vienna in 1815. Malta remained an important base for Britain's Mediterranean fleet. The opening of the Suez Canal in 1869 greatly enhanced Malta's strategic naval significance to the British. British rule on Malta continued until the Maltese were granted independence in 1964. Under the independence agreement, Britain retained its military bases on Malta until 1979. Malta joined the European Union on 1 May 2004 and on 1 January 2008 adopted the Euro as its currency in place of the Maltese *Lira*.

One final reflection is that the expulsion of the Order from Malta by Napoleon in 1798 was the event that eventually led to the formation of our own Most Venerable Order of St John 33 years later in 1831. The post-expulsion turmoil that afflicted the Knights of St John continued until 1834, when they finally established their Convent (headquarters) in Rome, where it has remained ever since. Meanwhile planning in 1827 by a group of disaffected French Knights to recapture Rhodes for the Order included the revival of the Order's English Priory, which had been suppressed over 260 years earlier during the Protestant Reformation. The scheme to recapture Rhodes inevitably came to nought but one of its spin-offs was the purportedly revived English Priory. This soon went its own way, then over succeeding decades evolved fairly rapidly into our Most Venerable Order and St John Ambulance.

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## Military medicine

### Peter Warfe

*Professor Warfe is the Director of Training for St John Ambulance Australia, a position he has held since 2002. Originally from Melbourne, where he undertook his medical training on an Army cadetship, he now lives in Canberra. He is the principal in a consultancy firm specialising in preventive and rehabilitation medicine. Professor Warfe was previously a career officer in the Royal Australian Army Medical Corps, in which he was a colonel. His very distinguished army career took him to many overseas theatres where the Medical Corps had had active engagements. He also holds visiting professorial appointments in the USA.*

*NB: the following article is an adaptation of the speaking notes that Professor Warfe used in making his presentation to the History Seminar. The presentation was supported by many PowerPoint slides, some of which are reproduced as the illustrations for this article.*

### INTRODUCTION

This paper discusses military medicine. Implicitly, it also ponders the question of how St John Ambulance first aid training and practice may learn from military medicine. Interestingly, over the many decades of St John Ambulance history in Australia, numerous St John leaders had a background in military medicine. A number of our Chief Commissioners and Directors of Training, for instance, have held very senior posts in the military medical services; and so we might expect that military medicine has influenced St John principles and practice.

Although military medicine often comes up in discussions of first aid training, it is frequently unclear what those involved understand by 'military medicine'. After all, everybody knows everything about health care. We've all been to the doctor and we've all watched medical shows on TV, so what is there to know? Well, there's quite a lot actually. In explaining what 'a lot' means here, I will begin with a quote from the official history of the Australian army medical services in World War II. It comes from the first in the four-volume series:

It is amazing what misconceptions are current as to the functions of the medical services in war. It is believed by quite a number of people that all that is necessary is a few doctors and nurses to bind up the wounds of the casualties (Alan Walker, *Clinical Problems of War*, 1952).

Not much has changed over the past 60 years since Walker, the official historian, wrote that.

To correct these 'misconceptions' and to acquaint my readers with military health threats, this paper will start by outlining the differences between civilian and military medicine; then to illustrate the differences I will present a short case history which I think demonstrates the scope and professionalism of military medicine in the Australian army.



*Military medicine has moved on since Private Simpson retrieved injured troops on a donkey at Gallipoli in 1915; but some people imagine it has changed little since then.*



## MILITARY MEDICINE

Many of my readers would have noticed that the recent government white paper addressing the future of armed conflict has focussed on technological and equipment-driven solutions, and has tended to gloss over the human implications of future warfare. The human implications, however, are the crux of military medicine, which has these compound aims:

- the prevention and control of disease among military personnel
- the conservation of the health and fitness of personnel
- the elimination of health threats, which may be either operational, occupational and/or environmental
- the practice of preventive medicine and combat casualty care
- and also the practice of particular branches of medicine especially relevant to the armed forces, for instance aviation, sports, CBR and tropical medicine.

Certainly, in recent years as technology has developed, particularly in the fields of electro-optics, digitisation and miniaturisation, the possibility of the serviceperson becoming a far more capable platform for medical service delivery has emerged. This has highlighted the pivotal nature of the soldier–system interface. Issues that had been given a low priority, such as physiological and psychological stress, have gained increasing prominence. Certainly the project has helped soldiers achieve optimal performance levels under stress in order to enhance their survivability, sustainability and war fighting capability.



*A group of Diggers blinded by a gas attack on the Western Front during World War I, line up to receive medical treatment.*

The entire history of warfare indicates the central importance of the soldier and therefore preventive medicine and casualty prevention. The above picture of gassed diggers during World War I serves to remind us that the ultimate goal of military medicine is to ensure that commanders maintain the personnel sources to accomplish their various missions. But we must look beyond physical disease and injury because our forces are now being subjected to intense psychological stress caused by overwhelming activity levels on a 24 hour-a-day battlefield.

But what is military medicine and what distinguishes it from civilian practice? Well, military medicine involves the prevention or control of disease among members of the military forces and the maintenance and conservation of the health and fitness of the troops. Accordingly, it is analogous to public health activities in civilian communities except as modified in scope by military conditions. As seen, these may include operational, occupational and environmental health threats.

Military medicine embraces a wide range of health professionals, including those involved in occupational and preventive medicine as well as those practising combat casualty care. Military medicine also involves a number of unique sub-specialties such as aviation, sports and CBR medicine.

The similarities between military and civilian practice are really self-evident but they are very significant and I would like to concentrate upon them for a moment or two. Both are firmly rooted in science and scientific practice. Both focus on patient needs for without patients medicine cannot be practised. Both embody the highest of ethical standards; and the principles behind the famed Hippocratic Oath apply equally in each. And then, too, both entail a process of continuing, lifelong professional education because all medical practitioners continue learning for as long as they remain in practice.

There are, however, differences between military and civilian medicine. The first obviously is the military mission, the combat role. Well beforehand medical staff should have ensured that recruits have been medically screened and properly selected to ensure that they could be trained for their operational role. Medical planners will have examined a vast amount of health intelligence and devised a vaccination schedule and a number of medical counter-measures to optimise the health and fitness of the force.

Next, all military health personnel from unit to force headquarters will have considered appropriate evacuation resources and arrangements to ensure that wounded and sick troops can be evacuated for rehabilitation and replaced by soldiers capable of bearing their share of the battle. This is considerably different from civilian arrangements, where commonly paramedics, nurses, doctors and allied health staff have little regard for each other.

The military medical staff must also consider the military force or indeed the whole army at times. Health officers must check that the water supply is safe and adequate. They must oversee food purchase, preparations and transport. They must conduct an occupational health program and carefully monitor the health of the troops in their care. They must focus on populations, a notion which our Commonwealth Department of Health is coming to grips with only relatively recently. This is a big step for military physicians because it is this step in their development which some cannot adjust to. They must act in the interests of the military as well as being individual patient advocates.

The army medical officer must develop an early interest and expertise in epidemiology—the study of the nature of disease and its determinants in populations. They must take an overall preventive approach and be thoroughly familiar with ever-increasing health threats, which may arise in an area of operations. The threats that will be posed to the Australian Defence Force (ADF) in future will be operational, environmental and occupational in nature. Let us now consider each of these in turn.

### OPERATIONAL THREATS

These are threats posed by warfare systems likely to be used by potential adversaries. This group has traditionally included small arms, mines and bombs. In future there are likely to exist advanced armour-defeating, incendiary, robotic and volumetric weapons. There may also be under certain circumstances greater risks from chemical, biological and radiation weapons.

These threats include non-lethal weapons which are specifically designed and employed to temporarily incapacitate personnel or materiel while minimising fatalities and undesired damage to property and the environment. They include stun grenades, pyrotechnic flash devices, laser dazzle devices, tear gases, psychoactive compounds and foam barriers.

### ENVIRONMENTAL THREATS

The next main group is the environmental threats, which are those posed to ADF personnel by elements in the natural environment. They include communicable diseases and environmental hazards. In future soldiers may be vulnerable to new diseases such as ebola as well as re-emerging malaria and pandemic influenza. While communicable diseases pose the greatest environmental threat, ADF personnel are also likely to be exposed to a range of other environmental hazards, including pollution, contaminated water, climatic extremes, ultraviolet radiation and toxic industrial chemicals.

### OCCUPATIONAL THREATS

Finally, occupational threats. These are man-made threats posed by our own warfare systems and equipment to our own personnel. They include mechanical, electrical and thermal hazards; also explosives, carcinogens, radiation and acoustic energy to name just a few.

The most significant psychological threat is probably sensory overload resulting from the operation of complex communications systems and other information systems. We must ensure that the ability of personnel to assimilate information is not overwhelmed by the magnitude of information to be processed.

Finally, of course, military health staff need to be equipped with a vast range of military skills so that they can apply their craft safely and effectively on the battlefield.

### SOME FAMOUS ARMY DOCTORS

So what contribution will the army doctors make in future? To answer this question we will look at some prominent examples from military history. What of the people involved in military medicine?

Well, at the top of the next page is one artist's view of an army doctor. This was painted by Albert Gleizes, a French cubist painter. Isn't it fantastic? See the handsome moustache and the air of authority!

Let us now look at some others who are more easily recognised.



*This is how the cubist painter, Albert Gleize, depicted the military doctor.*



*The revolutionary, Dr Che Guevara, in a little-known portrait.*



*Dr Josef Mengele, the 'Butcher of Auschwitz', who conducted barbaric and illegal experiments on concentration camp inmates during World War II.*



*The war hero Dr (later Sir) Edward ('Weary') Dunlop.*

Some of you may recognise the man at top right as Che Guevara. Yes, the great hero of the Cuban revolution was a doctor, though there is some evidence that he was a better revolutionary than medico.

Next, who is that well-dressed German officer? It is Josef Mengele, better known as the 'Butcher of Auschwitz'. Looking at this picture makes me shudder that this man could be considered my medical colleague.

Finally—Australian Edward ('Weary') Dunlop. Certainly, if 'Weary' had been a Roman Catholic he would be well on his way to beatification by now.

The point is that medical officers will conduct their duties as required by military commanders. If they are shown positive leadership and given appropriate assistance they will provide the health support required to achieve a mission.

The reverse is also true: if they are poorly led or lack moral courage, they might meekly comply with illegal and immoral processes, as we witnessed recently at the Abu Ghraib prison in Iraq.

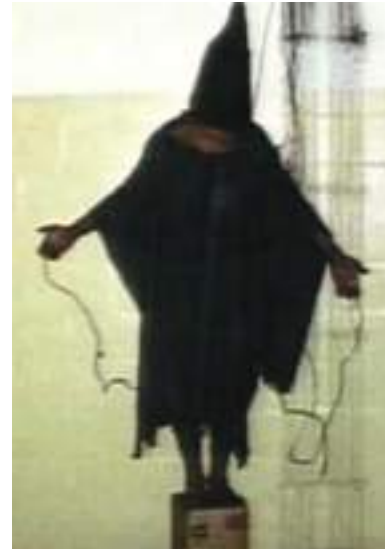
## RWANDA

I would now like to move on and share with you a military medicine case study which I hope you will find informative if somewhat disturbing. I will also illustrate that peacekeeping may be much more stressful than the notion held by the ill-informed that peacekeeping is some sort of paid vacation in an exotic location. This case study reminds us that military medical personnel will often be exposed to extreme levels of shock, horror, fear, disgust and general psychological and physical stresses. I will now describe some of the experiences of ADF medical personnel in Rwanda, specifically the Kibeho massacres.

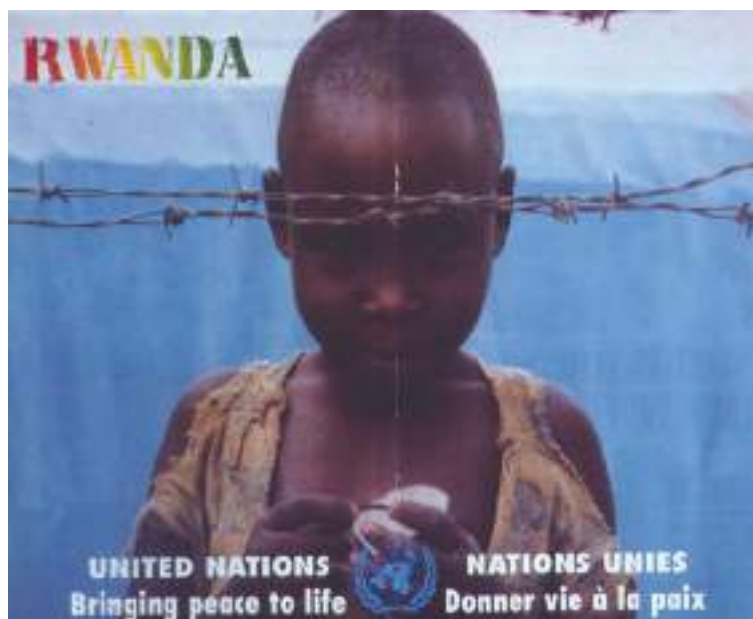
There had been an escalating guerrilla war in the central African republic of Rwanda, which culminated in a ferocious episode of genocide in April 1994. An estimated half- to one million civilians were massacred and two million refugees fled the country, leaving about one million internally displaced people residing in the IDP camps. Following the genocide there was a three-month civil war won by the Rwanda Patriotic Front in July 1994. The next month the United Nations passed a resolution to increase UN assistance mission in Rwanda to 5500 peacekeeping military force called UNAMIR.

That month the Australian medical contingent was deployed to provide health care to UNAMIR. Its secondary role was to provide humanitarian support from within spare capacity. Our contingent of over 300 comprised both inpatient and outpatient medical and surgical services. It was supported by a logistics company and an infantry company for our self-protection. Australia maintained this level of support to UNAMIR for a year, involving two contingents each for six months.

At Kibeho, the victorious Rwandan Patriotic Army or RPA always believed that many perpetrators of the genocide and the former Rwandan government forces had taken refuge in the IDP camps. The camps represented to them both a focus of criminals who deserved the most severe punishment and also a military threat. Kibeho itself is an old Catholic mission station built along a ridge line at the highest point of which in the north is a church. Moving south, there was the Zambian company HQ and platoon position. Further to the south was an old mission complex termed The Compound.



*The medical staff at the Abu Ghraib prison in Iraq were complicit in illegal and immoral military procedures.*







*The Kibeho camp, straggling along a ridge and occupying a former Catholic mission.*



*Many injuries at Kibeho were caused by refugees becoming entangled in the barbed wire.*

The week of 7–14 April 1995, the anniversary week of the genocide, was declared a national week of mourning. Fears of revenge and retaliation attacks caused the populations of the IDP camps to increase. Anti-UN demonstrations occurred in the capital, Kigali. The demonstrations were poorly organised, at least by Australian standards, but they did make a few good points.

At 0300 hours on Tuesday 18 April two battalions of RPA surrounded the Kibeho camp. The RPA used the expedient measure of firing shots in the air to move the IDPs along. One woman was shot in the hip and ten people, mostly children were trampled to death. Many injuries were caused from running into protective concertina barbed wire. As might be imagined, the situation was relatively calm but unstable.

Staff officers at UNAMIR headquarters worked frantically to plan the reinforcement and medical support to the Zambians. We also made plans for Brigade UN Transport Assets to assist in the removal of the IDPs. The next day the 32-person medical team arrived at Kibeho about 0930 hours. It comprised medical and evacuation sections as well as an operations command post and organic security of two infantry sections. At 1000 hours the deputy force commander, the colonel rations and I visited Kibeho to assess and try to defuse the situation on the ground. Thousands of people were packed along the ridge line, in an area of about 1.5 kilometres long and 200 to 300 metres wide. The ten dead from the panic of the previous day were lying out in the open.



*The refugees at Kibeho were crammed along the ridge behind a barbed wire cordon.*

By Thursday 20 April, conditions in the camp were deteriorating rapidly. The force commander visited Kibeho and held talks with UNAMIR troops and representatives of the UN agencies. At 1730 hours some IDPs attempted to snatch RPA weapons. The RPA opened fire, killing and wounding 60. There were reports of IDPs fighting amongst themselves with machetes.

Saturday 20 April 1995. This was the day of the Kibeho massacre. There had been a lot of killing during the night. The IDPs were in poor condition. This was the fifth day that no food had been distributed to them. At midday, as luck would have it, people were running to find shelter from an approaching thunderstorm and this created panic. The sudden mass movement was interpreted by the RPA as an attempt to break the cordon, so they opened fire into the crowd and continued firing for an hour, killing around 130 people.



*The Kibeho massacre started when refugees trying to escape a thunderstorm panicked the RPA troops, who then opened fire.*

All day long our medical team worked furiously treating those whom they believed had a chance of survival. Australian medic, Carol Vaughn-Evans, the doctor-on-the-scene, was subsequently awarded a Medal of Gallantry for her tireless attention to the wounded, often under fire. Warrant Officer Rod Scott, another member of the Australian contingent, was also awarded a Medal of Gallantry for saving many lives when he was unarmed and under fire.

At 1600 hours the UN helicopters were finally granted permission to land at Kibeho. Medical supplies were brought in and the wounded were airlifted out. At the same time about 22 RPA marched in formation down the road from the church singing and chanting. They usually sang when conducting PT [physical training: exercises] in the early morning



*Australian medic, Carol Vaughn-Evans (right) won the Medal of Gallantry for treating the wounded under fire at Kibeho.*

in Kigali. Many people enjoyed hearing the singing without knowing the words the RPA troops sang, which were usually 'We killed the Hutu. Who will we kill next?' The platoon stopped, turned towards the Zambian compound and cocked their weapons. Two Australian private soldiers in the bunker nearest the RPA thought that they would be overrun and killed. A lance-corporal ordered his section to fix bayonets. But in fact the RPA began firing into the crowd, causing another breakout attempt. There was so much firing that the Australians suspended work in the casualty collecting post and sought cover in the bunkers.



*The main action in the massacre began just after wounded refugees were being airlifted out.*

The crowd surged against the cordon and the RPA responded by opening fire with heavy machine guns and rocket propelled grenades. A number of RPA soldiers moved through the fallen bodies, bayoneting or shooting the wounded. Many of the IDPs were then rounded up and marched away as if under arrest, but they were then shot. All of this action was witnessed by our infantrymen, who were extremely frustrated, by being powerless to halt the massacre but determined to protect the medical personnel, which was their brief.

At first light the next day, Rod and other Australian medical personnel conducted a count of injured and dead. Using pace counters, they counted some 4000 dead and 650 wounded. We also observed the RPA exhuming bodies in the camps and transporting them away. The aim of this action was clearly to reduce the number of bodies to about 300, which was the Rwandan government official number killed. We were denied access to the exhumation and reburial sites. We later learned that the RPA had contracted transport to move the bodies to the nearby town of Butare, where they were burnt by a local contractor.





*Australian infantrymen witnessed the Kibehi massacre from a bunker but were powerless to intervene. Their responsibility was to protect the medical team.*



*Two RPA soldiers standing by little children they had just killed.*

Among the dead were many children. The illustration here is a very sad yet important picture because the two soldiers standing by were in fact the RPA troops responsible for killing those children.



*Two UN soldiers from Zambia collecting the bodies of children who had been killed at Kibehi.*





*Colonel Peter Warfe counsels members of his team at Kibehi.*

As might be imagined, the Australian troops were frustrated and angered by what they had witnessed at Kibehi. We accordingly put in place a comprehensive stress management program, which included debriefing by commanders, doctors, psychologists and the padre. In addition, just before our return to Australia, group and individual debriefings were conducted by army psychologists and everyone has been followed up by letter at the six and twelve month marks back home.



*The Australians buried the bodies they recovered in a mass grave.*



*Despite the horrific massacre at Kibeho, the achievement of the Australian team was 'a triumph of modern military medicine'.*

I was particularly concerned about feelings of anger and hatred amongst the troops and therefore the possibility of individuals exacting retribution from the RPA back in Kigali, which would undoubtedly have invoked a furious response. I visited Kibeho again, and while not condoning what the RPA had done, I tried to put it in some perspective within the overall tragedy of Rwanda. I concentrated on the number of lives saved. I stressed that the presence of our troops had almost certainly prevented a full camp annihilation of about 50,000 people.

On Monday 24 April approximately 1700 IDPs were reported as remaining in the compound at the Kibeho camp. The Australians ventured into the compound throughout the day and eventually removed the bodies of 42 dead. This was a most unpleasant business as some of the dead had been gnawed by dogs and rats had taken shelter inside some of the body cavities. The bodies were buried in a mass grave. Eventually the remaining IDPs were dispersed to their home communes, where once again many faced illegal jailing and killing.

In summary, more than half the Australian contingent served during that savage month at Kibeho. The contingent's planning, presence, military discipline and compassion saved many hundreds of lives and almost certainly prevented a catastrophe during both the massacre and the final sad days of the siege.

And so the message is that military medicine may be much harder than you expect, as it will invariably involve dangerous and unpredictable people. More importantly, military medicine is a strong combat enabler providing essential support in a business where coming second is totally unacceptable. Certainly, Rwanda was a crazy place of never ending contrasts, but I believe that our contribution there was a triumph of modern military medicine and a strong diplomatic tool as well.

I will now conclude this paper with a quote from Field-Marshal Lord Slim, a former Prior of our Priory in Australia of the Order of St John. Viscount Slim's words most eloquently describe the essential nature of military medicine, without which a military force might cease to exist:

In 1943, for every man evacuated with wounds, we had 125 evacuated sick. A simple calculation showed me that in a number of months at this rate my army would have melted away.

## ***Dame Maud McCarthy: Australia's most distinguished nursing expert?***

### **Linda and Rosemary Shields**

*Professor Linda and Ms Rosemary Shields are a mother-daughter team. Professor Shields has been the Professor of Paediatric and Child Health Nursing at the Curtin University in Perth since 2008. This is a joint appointment between the Child and Adolescent Health Services (based at Princess Margaret Hospital for Children) and Curtin University of Technology. Originally from Queensland, she previously held Chairs in Nursing at the University of Limerick in Ireland and the University of Hull in England. She is a Life Member of the Australian College of Children and Young People's Nurses; a Fellow of Royal College of Nursing, Australia; Sigma Theta Tau International; and a Fellow of the Royal Society of Medicine (UK). Her interests in history lie around issues surrounding nurses' roles in the euthanasia programs of the Third Reich. The subject of the following article, Dame Maud McCarthy, is now a largely forgotten Australian, who nevertheless had a huge impact on the development of nursing as a profession.*

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### **ABSTRACT**

Dame Maud McCarthy was born in Sydney and became one of the most influential and important nurses of the early 20<sup>th</sup> Century, yet she is largely unknown in Australia. Made a Lady [Dame] of Grace of St John in 1919, and Dame Grand Cross of the Order of the British Empire in 1918, she is important enough to have her portrait hung in the National Portrait Gallery in London. In this paper we describe Dame Maud's early life and her work during the First World War. Further work on her life will follow, as we discover more about this rather historically elusive woman whose contribution to the profession of nursing, in Australia and the UK, has been profound.



*The 1917 portrait in oils of Maud McCarthy by Francis Owen Salisbury in the National Portrait Gallery, London.*

## INTRODUCTION

On 1 April 1949, an important but largely forgotten Australian died in London. Dame Emma Maud McCarthy, who had been Matron-in-Chief of the British Expeditionary Forces (BEF) in World War I had been born in Sydney in 1859, and left Australia in 1889. She trained as a nurse at The London Hospital, served in the South African War, and became Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service in 1914. After the war she was Matron-in-Chief of the newly formed Territorial Army Nursing Service, and was made Dame Grand Cross of the Order of the British Empire in 1918 and Lady [Dame] of Grace of St John in 1919. However, apart from her extensively detailed war diaries, little evidence about the life of this hugely influential nurse has come to light. Her portrait hangs in the National Portrait Gallery in London, but sad to say, a straw poll of Australian nurses today has shown that few had ever heard of her. We have decided that the time has come to redress this deficiency in the history of nursing, and of Australia. We have used primary sources from the Army Medical Services History Museum in Aldershot, UK, St John Ambulance Museum and The London Hospital Archives in London, and secondary sources, and our paper outlines what we have been able to discern about Dame Maud thus far.

## BEFORE THE FIRST WORLD WAR

Emma Maud McCarthy was born in Sydney on 22 September 1859 (McCarthy 1986). She was the daughter of William McCarthy, a prominent Sydney solicitor, and great-niece of Sir William áBeckett, the Chief Justice of Victoria. Maud, as she was known, was educated at Springfield College, a private girls' school at Paddington (about which little can be found now). Maud was the oldest of 11 children and in about 1889 travelled to London. In 1891, giving her age as 28, she began her training as a nurse at The London Hospital in Whitechapel. Her probationer report describes her as 'a lady', 'wanting courage', 'needing more force of character' (The London Hospital 1894). By 1894 she had been made sister and along with six other sisters from The London Hospital was chosen to go to the war in South Africa as Princess Alexandra's Military Nursing Contingent. She served there from 1899 to 1902, and was awarded the Royal Red Cross, the Queen's and the King's Medal.

In 1902, Queen Alexandra's Imperial Military Nursing Service (QAIMNS) was set up under a royal charter, as a result of an awareness of the government of the time that nurses could contribute significantly to any war effort (Piggott 1990). The QAIMNS became an elite force. With lofty standards of professional knowledge and experience required, they were experts in modern nursing techniques, and an inherent part of the work and training was a high level of compassion towards invalid men. In 1903 Maud McCarthy was accepted into the QAIMNS as a matron. She served as matron of the Royal Victoria Military Hospital, Netley, and the Millbank Military Hospital, and in 1910 was appointed a principal matron in the British War office.

When the First World War began in 1914, McCarthy had been promoted through the ranks in a formal process which consisted of a system of merit and routine. Under normal circumstances, the



*Maud McCarthy, aged five or six.*



*Maud McCarthy, aged about 28, about the time she left Australia for the UK.*





*The Queen Alexandra Imperial Nursing Service on the march in London, 1902.*

service would have had only one matron-in-chief. However, war dictated requirements, and McCarthy was instituted as Matron-in-Chief for France and Flanders. She travelled on the first ship to leave England for the battlefields of the Western front. She and her nurses travelled by train to Rouen and then on to Abbeville where she set up headquarters. As Matron-in-Chief to the British Expeditionary Force in France, McCarthy was answerable only to General Headquarters. She was responsible for the administration of nursing facilities throughout the Somme campaign including all leave, promotions, maintenance of discipline, reinforcements and deciding which nurses would treat which soldiers under what conditions. Her authority covered nurses from Britain, Australia, Canada, New Zealand, South Africa, India and the United States (Light 2009).

Nursing and medical facilities on the Western front consisted of casualty clearing stations (CCS), hospital trains that transported the wounded, 'stationary' [tent] hospitals (which were essentially mobile), base hospitals to where the wounded men were taken for care, and hospital ships which returned wounded soldiers to England. All these came under her control. Her nursing workforce consisted of all trained nurses, the volunteer aid detachments (VAD) and orderlies. VADs were women without nursing training who wanted to help in the war effort, and so undertook nursing (and other) duties under the supervision of the trained nurses. They provided significant care to the wounded soldiers throughout World War I (Light 2009).



*Model of an Australian Regimental Aid Post on the Western Front during World War I (photograph courtesy of Australian War Memorial).*

World War I has gone down in history as a war of carnage unparalleled before or since. Nurses working in the front line hospitals and CCSs were often confronted with hundreds of wounded men, with significant injuries, arriving for care within very short periods of time. Empty hospital wards could fill to overflowing within an hour (Rees 2008). There were never enough trained nurses or VADs. A major part of McCarthy's role was staffing, something which she constantly bemoaned as she never had sufficient nurses or VADs. In a quote from the Annual Report of 1916, Section 1, McCarthy describes staffing needs for the hospitals:

exclusive of the CCSs': 'In August 1916...deficiencies of 415 trained, 125 VADs...In reply to this demand the War Office stated that every effort was being made to meet the needs, but nurses were scarce...

McCarthy was also responsible for ensuring that the hospitals, CCSs and nursing staff received adequate stores, drugs, rations and equipment. She saw, as an important part of her role, that her nurses were accommodated in as much comfort as possible, with adequate and edible food, beds in which to sleep, warm clothing and bedding, and was even concerned that the nurses had 'extra comforts and dainties' (McCarthy, War Diary, 15 December 1915). She was much loved by her nurses.

War is always a catalyst to change for medicine and nursing. World War I, as the first great mechanised war, saw the development of surgery, perioperative nursing, innovative wound care, the treatment of shock, and most importantly, recognition of the devastating effect on the mind of severe trauma. McCarthy was a leader in the recognition of shell shock, and was instrumental in setting up wards specifically for men suffering from this condition. Indeed, the recognition of mental illness as a nursing specialty was part of McCarthy's legacy. She wrote on this subject in her war diary:

Learnt from the Sister in charge, 12 CCS, 2nd Army, that extensive alterations were being made in the unit—beds were being supplied for 580 patients and huts were being built to enable patients suffering from shell shock and head injuries to be nursed until it was considered safe to remove them to the Base (War diary, 9 November 1916).

Another innovation implemented by McCarthy (though stopped by the exigencies of war) was the training of BEF nurses as anaesthetic nurses (McCarthy 1918). The Americans had been doing this for sometime, and the rate of surgery on the frontline hospitals meant that anaesthetics had to be given often, rapidly and efficiently. Nurses who worked in operating theatres were often called upon to administer anaesthetics. McCarthy realised that these nurses required specialist education and training, and she implemented a scheme whereby British nurses could learn by working with American anaesthetic nurses. This proved very popular with the nurses themselves, to such an extent that it was stopped because it meant a shortage in the ranks of those caring for the men in the wards.



*Members of the Voluntary Aid Detachments (VADs) provided supplementary staff for the hard-pressed military hospitals during both World Wars. Many were members of St John Ambulance Brigade divisions. Maud McCarthy made it possible for them to receive further training. Left: a World War I VAD recruiting poster; above: four young VADs wearing their Red Cross uniforms.*

The VADs were prominent in the nursing workforce during World War I. However, there was some resentment about the differences in rank between VADs and trained nurses (Rees 2008). Many VADs believed that they had gained enough knowledge and experience to take the role of trained nurse. There was much resistance to this, particularly on behalf of the trained nurses, who believed that the VADs, while providing valuable service, did not have the education to supervise care and make clinical decisions. McCarthy negotiated with some British nursing schools and with the registration board to enable these women to gain what we would now call 'recognition of prior learning' so they could do a shortened course and become trained nurses once they returned to England. Her thoughts on this subject were evident in the annual report of the VADs:

It has been felt that it would be of the very greatest advantage both to the civil and Military Nursing professions if the work done by VADs was recognised by Training Schools as an equivalent for part of the 3 years training required in order to obtain the certificate of a qualified nurse. (Annual Report 1917, Section 16).



*A group of Australian VADs enjoy a break from their nursing duties in their temporary quarters at a military hospital behind the Western Front during World War I.*



*Dame Maud McCarthy wearing her various honours and awards, including Dame Grand Cross of the British Empire, Royal Red Cross and Bar, Lady (Dame) of the Order of St John, and the Legion of Honour.*

After the Armistice was signed on 11 November 1918, McCarthy left France once she had closed down her headquarters and made sure all her nurses were home safely. She remained Matron-in-Chief of the QAIMNS. Dame Maud McCarthy was decorated many times, holding the following: Dame Grand Cross of the Order of the British Empire (1918), Royal Red Cross and Bar, French Legion of Honour (Chevalier), Lady of Grace of St John of Jerusalem, *Medaille de la Reine Elizabeth avec Croix Rouge Belgium*, *Medaille Epidemies en Vermeille*, American Red Cross Medal, and Florence Nightingale Medal (McCarthy 1986).

## AFTER THE WAR

Our information about Dame Maud becomes somewhat sketchy from this point. Her war diaries are extensive and detailed, as is the 1924 Annual Report of the Territorial Army Nursing Service, of which she was Matron-in-Chief 1920–1925. The Annual Report of 1924 is all the information we have to date on her work there, and this is held by the Army Medical Services Museum at Aldershot in the UK. More investigation is needed there, and also at the National Archives in Kew, London, to see if we can unearth details of Dame Maud and the Territorial Army Nursing Service.

Equally tantalising is the small amount of information about Dame Maud's association with St John Ambulance. She was made a Lady [Dame] of Grace of the Grand Priory of the Hospital of St John of Jerusalem in England in 1919. We have spent time in the archives of St John Ambulance at Clerkenwell in London, but apart from her letter of acceptance dated 15 March 1919 and her signed oath of allegiance to the order we have found little else about her involvement.

While we have extensive information about Dame Maud's war work, something from her earlier work in the South African War and her probationer's record from The London Hospital, very little else has come to light. Dame Maud remains something of an enigma. She died on 1 April 1949 in Chelsea, and we do not know if she ever returned to Australia, though we do know that in 1937, at St Pancras Station in London, she met Australian nurses who had travelled to England for the coronation of King George VI (which she attended) 'clutching a bunch of West Australian gum nuts'



*Dame Maud McCarthy (right) with Major Julia Stimpson, Superintendent, US Army Nurse Corps, Washington DC, 1924.*



*Dame Maud McCarthy (right) with Major Julia Stimpson, Superintendent, US Army Nurse Corps, Washington DC, 1924.*



*Maud McCarthy late in life. She died in London in 1949 aged 90. Whether or not she ever returned to her homeland is uncertain.*

(*The Age*, 1937). We have not been able to track down any members of her family, and even her old school, Springfield College at Paddington, is not recorded or known of in the State Library of New South Wales. She remains to be further investigated, both her work outside World War I, and her personal life. We are committed to bringing this most interesting and notable Australian to the attention of Australia and the world, and, perhaps even more importantly, to the nursing profession which she served so well.

#### ACKNOWLEDGMENTS

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## ***The ceremonial swords of St John***

### **Harry Oxe**

Dr Oxe is a retired physician who specialised in resuscitation. After a career in the Royal Air Force in the UK, he migrated to Western Australia to take up a specialist position at the Fremantle Hospital. He also spent 20 years as the medical director of the St John Western Australian Ambulance Service. For this work he was later awarded the national Ambulance Service Medal. Among many other St John positions in Western Australia, Dr Oxe has been Deputy Commissioner and Commandery Librarian. He is the President of the Historical Society, a position he has held with distinction for five years. His interest in aviation continues via his hobby of maintaining and flying a glider north of Perth.

### **INTRODUCTION**

#### ***What are the Ceremonial Swords?***

The Sword is the emblem of authority of her Majesty the Queen, Head of the Order, and her representatives the Priors and Knights Commander.

#### ***What constitutes a ceremonial sword?***

There is no laid down design for Order, Priory, or Commandery swords. However, all such swords are based on the two handed long-sword carried by Knights in Europe in the Middle Ages.

#### ***Where are they used?***

They are used in the eight Priories and two Commanderies, which constitute the Venerable Order of the Hospital of St John of Jerusalem—the Order of St John. The eight Priories are: England and the Islands, Scotland, Wales, Australia, Canada, New Zealand, South Africa, and the United States of America. There are two Commanderies—the Commandery of Western Australia, constituted in 1946, and the Commandery of Ards in Northern Ireland, which was reformed in 1952. There was also a Commandery formed in Central Africa in 1952, but it passed into oblivion in less than thirty years with the changes in the national status of its members states.



*Portrait of Queen Elizabeth II as Sovereign Head of the Order.*



Priory swords were modelled on the two-handed mediaeval sword.

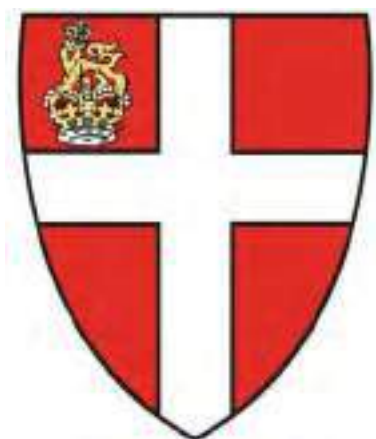
### Why do we use ceremonial swords?

The tradition of carrying ceremonial swords is linked to the concept of representing **Justice, Authority, and Power**. The right to have a Sword born in front of them has always been restricted to very senior personages. In Royal Orders of Chivalry, the Sword has been carried in front of the Head of the Order, or their representative.

In the Order of St John, one of the Order's historic symbols is the Sword of the Order, which is borne immediately in front of the Sovereign Head, the Grand Prior, or their representative, on all ceremonial occasions. The Sword is often used at the reception of Knights and Dames for the purpose of conferring the accolade of the Order.

Priories and Commanderies traditionally have three 'Order symbols'. These are the **Cross**, the **Banner**, and the **Sword**. Priories are headed by a Prior, whose chief administrative deputy is known as the Chancellor. Commanderies are headed by their Knight Commander. His deputy is the Commandery Lieutenant.

The *Grand Priory* was the supreme body of the Order of St John, after it was reformed by Queen Victoria, as an Order of Chivalry under the Crown. Recently, however, further changes have resulted in the supreme authority being the *International Council*. Though the position of Grand Prior still exists, the Grand Priory as such is no longer. The Priory of England and the Islands includes the Commandery of Ards in Northern Ireland.



The Arms of the Most Venerable Order of St John: the shield of St John the Baptist with the royal lion and crown in the top left quarter.

## THE PRIORY OF ENGLAND AND THE ISLANDS

The current Priory Sword is a replica of a Crusader sword, dating from the siege of Rhodes. It was made by Wilkinson Sword, then the most prestigious sword makers in Britain. The first such Sword was made for Grand Priory in 1877, and was used to install his Royal Highness the Prince of Wales KG, as our first Grand Prior. This Sword was superseded by the present Sword, which was made in 1944, again by Wilkinson Sword. The original Sword was presented to the Scottish Priory at their reformation in 1947. The firm of Wilkinson Sword now makes razor blades. The sword making business was sold, part of it to a firm in Germany, who have a long history in making swords, and a part to Pooley Swords. Pooley used to work for Wilkinson Swords, and took over their records, and much of the history. The present historian of Pooley's Swords is Robert Wilkinson Latham, who provided a picture of his grandfather. He was a member of the Order of St John, and did much of the work on the sword hilt and scabbard. The photograph shows him in his workshop, actually working on the present English Priory Sword.



*The 'New' Grand Priory sword being hand crafted at Wilkinson Swords, London, 1944.*

The current Sword of the Grand Priory was commissioned in 1944, and now has two scabbards. The scabbard of red velvet has enamel badges on it and was presented by Colonel Philip Catt, the then Director of Ceremonies, in about 1977. The Grand Prior uses this scabbard at 'Royal' Knights and Dames investitures, which are held about once every three or four years, at St James's Palace. The black scabbard is used on other occasions.



*The 'New' Grand Priory sword and its two scabbards.*

## THE PRIORY IN AUSTRALIA

The sword used by the Australian Priory was a gift in 1944 to, then, the *Commandery* of Australia. It was presented by the the Grand Prior, the Duke of Gloucester, who was the Governor-General at the time. The letter stated:

We are sending you as a gift from the Grand Priory, a Processional Sword, which is a replica of a Crusader Sword dating from the siege of Rhodes. It is being made by the same people as made the Stalingrad Sword. It is hoped that the Grand Prior will take the sword out with him to Australia, and I hope later on, to be able to send you a photograph of it.





*Winston Churchill presents the Stalingrad Sword to Joseph Stalin, 1944.*

The 'Stalingrad Sword' was a famous Sword made in England in 1943, by Wilkinson Sword, to honour the victory of the Russian army over the Germans near Stalingrad. The blade was forged by Wilkinson Sword. One of their two swordsmiths was Tom Beasley, in his 80s at the time—born 1860. His family had been sword makers since the early 1700s. Tom fathered a considerable number of children, (accounts vary from 21 to 23). The special steel for this blade was acid-etched with:

*To the steel-hearted citizens of Stalingrad,  
the gift of King George the Sixth, in token of  
homage of the British people.*

Winston Churchill presented it to Marshal Stalin in the ballroom of the Russian Embassy at Teheran on 29 November 1943.

The Australian Priory Sword is of a design which will become familiar. All the swords presented to Priories by the Grand Priory were basically modelled on their sword, differing only in detail. The picture shows the two Queens Beasts 'couchant', on which the sword rests when laid on a table or altar. There is a Latin inscription at the hilt end of this scabbard, which when translated reads:

*This sword was presented by the Grand Priory in the British Realm of the Venerable Order of the Hospital of St John of Jerusalem to the Commandery of Australia. AD 1944.*

The Australian Priory Sword was used for an investiture in March 2009 by the Lord Prior, Professor Anthony Mellows during his recent visit to Australia.



*The sword of the Australian Priory, plus the silver stands, the 'Queen's Beasts' (royal lion and unicorn), on which it rests.*



*The Lord Prior (Professor Anthony Mellows) dubs Malcolm Hazel as a Knight of the Order during an investiture at Priory Headquarters, Canberra, March 2009. Chancellor, Dr Neil Conn (left) and Sir David Smith (right) look on.*

### THE COMMANDERY OF ARDS IN NORTHERN IRELAND

The Sword of Ards is not one of the English Priory series. It is an exact replica of that carried by **Godfrey de Bouillon**, leader of the first Crusade that captured Jerusalem in 1099. The sword, which is 100 cm long, was made in Jerusalem at the behest of the first Commandery Lieutenant, James Huey Pollock, CMG, OBE, for the revival of the Commandery of Ards in 1952. (He had served in Jerusalem.) The sword is a simple rustic metal two-handed sword. Godfrey de Bouillon, who had carried the original, turned down the invitation by his peers to be the first King of the recaptured Jerusalem, but was in effect head of the administration of the Kingdom of Jerusalem.



*A replica of the sword of the Commandery of Ards in Northern Ireland which was carried by Godfrey de Bouillon, leader of the First Crusade, at the capture of Jerusalem in 1099.*

There is no laid down design for Order, Priory, or Commandery swords. All such swords are however based on the two-handed, long-sword, carried by Knights in Europe in the Middle Ages. In St John processions, the sword is carried sheathed. It is held in both hands, with the thumbs in line with the lips of the bearer. In the Commandery of Ards, Knights are normally dubbed by the Grand Prior, at a Royal investiture held every two years in London. However their present Knight Commander was dubbed some years ago at a special ceremony in Hillsborough Castle (outside Belfast) by the Grand Prior, using their own special Commandery sword.

### THE PRIORY IN CANADA

The Priory of Canada has *two* ceremonial swords. The main sword, which is of the design which is familiar, is used during their National Investiture Ceremony, one of which took place in the Senate chamber on Parliament Hill in Ottawa last June. This sword was presented to the Priory of Canada by Sir Otto Lund, Commissioner-in-Chief, General Chapter of the Order of St John (UK) in 1952. It is approximately 50 inches long and quite heavy, heavier than a standard military sword. It has travelled from province to province, to be used during provincial investiture ceremonies. The second sword has a wooden hilt, and is much lighter, approximately 42 inches long. It was presented to the Priory of Canada by Dr Donald Rae KStJ, Chancellor from 1990 to 1993.



*The sword at the top was presented to the Priory in Canada by Sir Otto Lund in 1952.  
The wooden-handled sword was presented to the Priory by Dr Donald Rae.*



*The sword of the Priory of Canada being carried during a procession. Note the wand, carried by the Director of Ceremonies as a symbol of office, in front of the Priory of Canada Sword.*

#### THE PRIORY IN THE UNITED STATES OF AMERICA

The Sword of the Priory of the United States of America was acquired as a gift from the Metropolitan Museum of Art's mediæval collections, along with other items that were given over the years on indefinite loan, to be used by the Priory. No specific provenance is known for the sword, other than it dates from about the 15th century. The new scabbard decoration was fabricated for the purpose of using the sword in the ceremonial for the Order.

#### THE PRIORY IN WALES

The ceremonial sword of the Order of St John Priory for Wales has a very interesting provenance. It is possibly unique. It is a 1.35m (5'7") long mediæval sword, of the type used throughout the Middle Ages in Europe. The sword has been difficult to date precisely, but from where it was found, it is believed to be a 13th century, double-handed sword that probably once belonged to a Knight of the Order. The sword itself is very plain (it has lost any binding to its handle) and is obviously not a ceremonial sword of that period. It was discovered in the 19th century, near the cemetery of the old church in Slebech, in the diocese of St David's, Pembrokeshire, Wales. The church actually belonged to the Knights Hospitaller of the Order of St John of Jerusalem, who in the early 12th century founded a Welsh Hospital and





*The sword is only one of two among the those of the Priories and Commanderies that are original products of the mediaeval era.*



*The USA sword being carried in procession from a Priory church service.*



Commandery at Slebech, in the Lordship of Daugleddau, on the northern bank of the East Cleddau River (on the route followed by the Stonehenge Stones). It was one of the principal centres in Britain of the crusading Order.

The sword is genuine, of the right period, and it was discovered in the ruins of a Commandery of St John, which was founded by Hospitaller monk/knights returned from the Crusades in around the year 1130. It was forced to close in 1540 by Henry VIII. The sword became the property of Lady Dunsany, who donated it to the Order of St John in Wales and who deposited it on permanent loan to the National Museum of Wales, on the provision that it is returned to the Order for use on ceremonial occasions such as St John's Day each year.



*The 'Slebech' sword of the Priory of Wales, the only one among the Priory swords to have belonged to the Knights Hospitaller.*

#### THE PRIORY IN SCOTLAND

The Priory of Scotland calls their sword the '**Sword of Jurisdiction**'. This Sword was made by Wilkinson's in 1877, to be used to dub His Royal Highness, The Prince of Wales, KG as the first Grand Prior of our Order. In 1947, the Priory of Scotland was re-formed, and the Grand Priory presented this original sword for use by the Priory of Scotland, which still holds it.



*'The Sword of Jurisdiction'—the Priory of Scotland sword, used to dub the first royal Grand Prior of the Order, the Prince of Wales, in 1877. Examining the sword is Major-General Younger, Sword-bearer to the Grand Prior, Prince Henry Duke of Gloucester (looking on, right), 1947.*

### THE PRIORY IN SOUTH AFRICA

The Southern African Priory ceremonial sword and scabbard shows the very similar design to the others based on the copies of the Priory sword. It is very similar to the sword of the Australian Priory.



*The Priory of South Africa sword.*

### THE PRIORY IN NEW ZEALAND

The Great Sword, a gift from the Grand Priory, was brought to New Zealand by the Prior designate, Sir Willoughby Norrie in 1953, and was presented to the Priory during the ceremony to install him as Prior.

There is also a picture of the New Zealand Priory dubbing sword—a small sword with a cruciform hilt, used in conferring the accolade on Knights of the Order. It was the gift of PP O'Shea Esq. LVO, KStJ, New Zealand Herald-of-Arms, and Mr Roy Towers, MBE, KStJ. It appears to be a smaller version of the Great Sword.



*The 'Queen's Beasts' and the head of the hilt of the 'Great Sword' of the Priory of New Zealand. The Priory also has a smaller, lighter dubbing sword (below) modelled on the Great Sword.*



## THE COMMANDERY IN WESTERN AUSTRALIA

For some reason, there seems to be rather more information about this particular Commandery than some of the others! This is after all where I started to get interested in the swords! The Great Sword of the Commandery WA sits on carved wooden Beasts, on a silver tray. Western Australia became a Commandery in September 1946, the same day as the former Australian Commandery was elevated to a Priory. As we had no sword, a replica of the Priory of Australia's sword was made here in Western Australia, and presented in 1956.



*The 'Great Sword' of the Commandery of Western Australia was locally made by Mr George Newton Truman of Wundowie in 1956, who holds the sword and its scabbard.*

Details and photographs of the Australian sword were obtained, and manufacture was accepted by Mr. George Newton Truman, a welder, employed by Wundowie Charcoal, Iron and Steel Works as a First Aid Officer. He was also Superintendent of the Wundowie Brigade, and foundation chairman of the Wundowie Ambulance sub-centre. Wundowie is a small rural community about 40 km east of Perth. The industry is long closed. It appears that money was short, so he used a lot of initiative!

The blade was made in Sheffield of spring steel, chromium plated. A cross piece was cast from the piston of a bulldozer. The handle was made of a buffalo horn, and mother-of-pearl inserts which had been collected by Mr. Truman in northern Australia, during his service in the Second World War. Two St John badges are set in the mother-of-pearl, one each side of the handle. The scabbard is wood shaped to the blade, covered in black leather. There are silver designs around the top and on the tip of the scabbard, with the St John insignia—this silver was donated.

A silver locket on the scabbard was donated by a Mr. Jack Miners, working in Wundowie at the same time. Interestingly, the sword copy was so accurate that the Latin inscription engraved on the scabbard also reads that it was presented to the Commandery of *Australia* in 1944!

The Western Australian Commandery also has a *light dubbing sword*. This was found in a military surplus shop close to our old headquarters by the late Murray Allum, a Commandery Representative Officer in Western Australia. He saw amongst swords for sale in a window, one with a St John-type insignia on it, and bought it for us. I researched this as far as possible, and it appears to originate from Cincinnati in the USA. It has the original owner's name, **JJ Hillenbrand**, beautifully engraved on the blade, and also the words '**Knights St John**'. Further investigation shows that in all probability it was used in a Masonic ritual, for which I found what appeared to be the relevant written ceremony on the Internet. Nevertheless, it is a beautiful sword, and something we treasure. It is also much lighter than the Great Sword!



*The Western Australian 'Great Sword' is carried from a Commandery church service in 2008.*



*The Western Australian dubbing sword (above), and the Knight Commander, HE Ken Michael, uses the sword to dub Dr Harry Oxer during an investiture in Government House, Perth.*



## **SWORD SYMBOLISM**

Unlike most Swords of State, the St. John Sword is born *sheathed*, in accordance with the ancient rule that Knights of St. John drew sword solely in defence of the Christian faith. A sheathed blade is symbolic of peaceful intent. When our Sword is carried sheathed in a Priory procession, the message is: 'We come in peace, with no evil intent'.

The laying of the sheathed sword on the Queen's beasts on an altar symbolises something like 'We are prepared to defend our Order, but we are at peace in the presence of God. We lay down our Sword before him, in acknowledgement of his power over us.'

## ***PRO FIDE—PRO UTILITATE HOMINUM***

## **ACKNOWLEDGMENTS**

This work was facilitated by information gleaned from many helpful colleagues in the Priory's and Commanderies, some of whom are listed below. Errors and omissions are mine.

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## ***Twenty-five years of the St John Ambulance Division on Norfolk Island***

### **Bonnie Quintal**

*Sister Quintal is the founder of St John Ambulance on Norfolk Island, where she guided St John fortunes for 25 years. Now retired as Superintendent of the Norfolk Island St John Ambulance Division, she is still an active Divisional member. With a nursing background, she is widely known on the Island as 'Sister Quintal'. Although not herself Island-born, she married into one of the Island's famous founding families. She is so well known locally for her St John work that on the Island 'St John' and 'Sister Quintal' are almost synonymous terms. Sister Quintal is also a pilot who for many years flew her own aeroplane on her various expeditions to mainland Australia.*

### **INTRODUCTION**

Before I joined St John Ambulance, I had been teaching first aid classes on Norfolk Island for Red Cross, with no previous training. I did have some help from a local doctor and I read whatever first aid manuals I could find.

I applied for a Churchill Scholarship to study Paramedics at the Wesley Medical Institute in Wichita, USA; but because I was considered a 'Territorian' rather than a 'Mainlander' my application was rejected. Wichita then said they would train me free if I was willing to work in their Emergency Department and on their Air Ambulance, attend lectures, do drills, sit exams and prove I could demonstrate and teach. After 10 hectic weeks I received an Advanced Diploma in Paramedics.

On my return to Australia, I reapplied for a Churchill Scholarship to fly myself around Australia studying First Aid in remote areas. This time my application was successful. On arrival in Darwin I was met by one the airport 'Firies' [firemen] who had just been transferred from Norfolk Island. He told me that the Red Cross first aid classes I had taught him and his colleagues was not recognised by the Department of Civil Aviation. Instead they must have St John certificates, but they could retain the certificates they had because this was the only formal first aid course that had been taught at that time; then, when they had to renew their certificates they must do the St John course.



*Norfolk Island is in the Pacific 1400 km east of Brisbane.*

### **PERTH LANDING**

I was met on landing in Perth by two St John members who took me on a day's tour of all their work and activities and sent messages to all St John members to meet me at every airport in Western Australia at which I was due to land.

I then went to Canberra to meet Mr Charles Campbell, the Priory Secretary of St John Ambulance Australia. Mr Campbell gave me books and lots of equipment in order to start up a St John Division on Norfolk Island. Also the Lion's Club of Norfolk Island had sent me money to buy an 'Ambu-Manikin'. East-West, the airline flying to Norfolk at that time, waived the excess luggage costs, which were huge.

Back on Norfolk Island, I talked with the local doctor and the medical staff at the hospital about starting a St John Division. They were most enthusiastic, and asked if we could also take on the role of Ambulance Officers. Up to this time, whenever an ambulance was needed a call would go out for one or two men willing to drive the old Island ambulance. They would collect the patient and come back to the hospital at a very rapid rate with a very nervous patient.



*Sister Quintal's Churchill Scholarship flight around Australia took her to Perth, where she was introduced to St John Ambulance. She is at the right in this photograph.*

## FUND RAISING

We started our St John Ambulance Division in 1983 with a doctor, superintendent, secretary, treasurer and three members but no money, uniforms or equipment. We decided each to pay \$10 for the honour of being members, and would send to Sydney and buy our own uniforms. In the meantime Photo Press donated a white T-shirt with the St John logo to start off with; and we went to the local Op Shop to buy black trousers, shorts and skirts. We conducted walkathons, which proved very popular with the tourists, who were often sponsored by their accommodation managers. Everyone who took part received a special certificate at the morning tea 'party' following the walk. Shops gave us transistor radios, gift packs, \$50 vouchers for food or petrol for raffles.

Every month the Administrator would open Government House to the public for charity. This would be good for an extra \$1000 to \$2000 twice a year.

It was at this time, two years after commencing, that the Division drew up an ambulance roster for the members of the division. Each officer would be on call for ambulance duty for 12 hours, either day or night. Sometimes, not too often luckily, some of us did 24 hours straight on 'call out duty'. This was a similar practice followed in the mainland States/Territories in which St John had an involvement in the ambulance services in rural areas.



*Walkathons helped raise money to establish the Norfolk Island St John Ambulance Division. This picture shows one happy team of walkers.*

## WEEKLY ARTICLES

To publicise our activities, every week I would write a column for our local newspaper, *The Islander*. For example, I would write on subjects such as topical illnesses, when to get inoculated for influenza or travel and when to see the doctor. In addition, I reported on any item of interest on the work of St John. These articles were printed in *The Islander* for the next 25 years.



**St. John Ambulance  
Australia**

**Norfolk Island Division**

*by Sister Bonnie Quintal*

**Muscles.** There are more than 600 muscles in our body and each one has its own highly specialised function. Many of them work continuously during our lifetime, even during sleep. In periods of vigorous activity, nearly every muscle in the body may be involved, either directly with the particular movement, or indirectly by responding to it.

- Big does not necessarily mean strong. Strength comes from the capacity of the muscle fibres to expand. Per kilo body weight, heavyweight champions lift less than their lightweight colleagues.
- In the first 3 years of life, muscles grow twice as fast as bone. By 3 years of age, the two grow at about the same rate and continue to do so until adolescence, when there are sudden and alarming variations in the two growths.
- There are some 30 muscles attached to the bones of the skull. Their sole purpose is to give expression to the face.

**Advanced First Aid.** At the last Skill Drill, our Patron His Hon. Tony Messner presented the Advanced Level First Aid Certificates to the successful students as pictured below.

The next First Aid Class, Senior Level, will commence on July 3rd, 2000; this is not a difficult course, but a very necessary course for those in tourism or any manner of work that includes the public, or even in your home.

**Visitors.** We were most fortunate to have a visit from Karen and David, husband and wife Officers in the South Australian St. John. Karen gave a great finish to my lecture on Module 4. Readers may be interested in the fact that they often deliver patients to Dr. Shepherd, who recently worked in our hospital. The evening finished with a social and learning more of the work of St. John in South Australia.

**Photo.** Front - Officer Emma Maasey, Officer Sandra Nudley, Elaine Nobbs.

Back - Officer Procilla Davies, Officer Judi Landley, Tony Messner, Officer Ben Anderson.



**Take charge of your health  
with**



**ST. JOHN HINT OF THE WEEK.**

This week, Sister Bonnie Quintal decided to give a hint on Dislocations.

Dislocation of a joint occurs when force stretches the ligaments so far, that the bones in the joint are pushed out of normal contact with each other.

Symptoms are pain and the inability to move the joint.

Signs are deformity at the joint level, tenderness over the joint and rapidly developing swelling and discoloration about the joint.

Treatment is to rest the joint in the most comfortable position and elevate, if possible. Apply cold packs and support the joint in the most comfortable position. **DO NOT** attempt to reduce the dislocation. Take the casualty to the Hospital for medical aid.

**Bone, joint and muscle injuries**



**DON'T LET HIM DIE.** Monday, 11th August

Twenty-five years of weekly articles like this one in the 'Norfolk Island' newspaper helped promote the St John cause.



## HELP FROM ADELAIDE

In 1987, four years after our becoming established, Dr Ancell, the St John Ambulance Ops. Branch Chief Surgeon from Adelaide, sent us Protocols for studies, drills and behaviour. Also he sent two senior St John trainers, Vic Kollosche and Terry Liston, who remained on the Island for two weeks giving us much needed lessons and skill drills. They also presented us with a plaque for our Hall.



*Above: in 1987 Vic Kollosche (left) and Terry Liston (right) came over from Adelaide to help Sister Quintal (centre) train the Norfolk Island St John members.*

## HOSPITAL PRACTICAL WORK

As I was on duty every Sunday in the wards and the out-patients department of our hospital, I got permission for any St John officer who wanted to practise ward work to come and I could help them. This proved very beneficial not only to the patients, but also for me. All patients loved the St John officers in the hospital as they had time to talk with and pamper them. One officer liked her work so much she went on and did a training course and is now an enrolled nurse in the aged care department of the hospital. I was sorry to lose her from St John.



*A Division member gains valuable practical experience of patient care in the Norfolk Island Hospital.*



*The Division's practically oriented public first aid training classes proved immensely popular.*

### FIRST AID CLASSES

Our public first aid classes became very popular. Everyone wanted to learn first aid. The Civil Aviation Department, the Norfolk Island Administration, the tourist accommodation venues (hotels, motels, guest houses etc) and the shops all wanted their staff to hold a St John first aid certificate. We had so many people wanting to learn that we had to 'ration' numbers until we had enough money to buy more text books for the next class. We started with about 160 students a year later growing to 220 a year.

### FIRST AND DRILL CLASSES

We were always well ahead with all resuscitation classes, because we got all the latest information from ILCOR. One interesting aspect of our training, was the once a year 'Pub Crawl' I organised. Actually this was a familiarisation visit to see the location of each room and/or unit in the tourist accommodation venues, should we be called out during the night when there was no one in the office.

### CERTIFICATES

When classes were completed I would send the name of the successful students to Canberra. The St John Australian Office would then post the successful students' certificates back to us. Later Barry Price, the National Manager Volunteers in Canberra, suggested I could design and present our own. The certificates were always presented by the Administrator of the day. Each new Administrator was invited to be Patron of St John and helped us in many ways.



*Divisional training sessions combined both theory and practice.*



*The Norfolk Island Administrator, the Division Patron (back row, 3rd from left), usually presented the first aid certificates (Sister Quintal is at the right.)*

At the end of each year, the Division was always invited to Government House for Christmas 'drinks and nibbles'. During these happy gatherings the Administrator would congratulate all officers for their dedication and present them with a certificate of thanks.

### ISLAND DRILL

Once a year a large drill would be organised. This usually took the form of a simulated aircraft crash as this would involve the whole Island resources. An 'aircraft'—old buses or cars—would 'crash', with lots of debris scattered about. When it was declared safe by the airport 'Furies', Year 12 students, with parental permission and wearing very old clothing, would be briefed of their role as 'injured passengers'. They would then be 'made up' and taken to their places for the St John members and police to perform their roles in the exercise. Of course it did not stop there as the Tourist Board, accommodation venues etc all had their separate roles too.

During one such drill, while I was doing the 'make up' a boy found the blood bottle and made himself look like a mobile haemorrhage. Skylarking on the way back to school, he fell off his bike, was picked up and taken to the hospital. His injuries were only slight grazes but he looked as if he had suffered major trauma. What the doctor at the hospital called me after he discovered what had really happened is not recorded.

### OLYMPIC GAMES

Two of our officers, Margaret and Melissa, were chosen to join the St John team of volunteer first aiders at the 2000 Olympic Games in Sydney.



*Division members carry a patient aboard an aircraft in a 'Medivac' exercise. Nowadays, we have a hoist to help load the patients into an aircraft.*



*Margaret and Melissa (left and right), the two members of the division who worked as volunteers with the Australian St John team during the Sydney Olympics. The Norfolk Island Division always wore Akubra hats.*

#### **'TIPS FOR TRAINERS' COMPETITION**

'Tips for Trainers' was a competition that we held in 1999. My 'tip' was how to make an umbilical cord and placenta for emergency childbirth training. I was sent an air ticket to Canberra to demonstrate how I was teaching the emergency childbirth segment of the St John course. I must thank our Norfolk Island doctor for helping me prepare for my demonstration in Canberra.

#### **NEW AMBULANCE**

The Division needed a 4-wheel drive vehicle to get to some of the areas we had to go to retrieve some casualty. Raising the necessary cash accordingly became a priority. In 1988 I took part in the Bicentenary Round Australia Air Race. I made it a 'flight-a-thon' to raise money and also used my time in Australia to look at suitable vehicles for an ambulance. The 'flight-a-thon' raised \$8000. The Division decided we would purchase a Toyota 'Troup Carrier'. Through the good offices of Mr Charles Campbell, the Priory Secretary, St John Ambulance Australia loaned us \$10,000 and Mrs Mawson, an elderly Norfolk Island resident, gave us \$5000.

We took delivery of the vehicle, fitted it up and then gave it to the Community Administration, who said they would provide petrol and maintenance, but St John would house it and be on duty at all times. On the first drive through the town, Mrs Mawson asked if she could be the first passenger, she discovered the siren button, kept her finger on it and waved to all. She hoped her friends could see her because her failing eye sight made it difficult for her to see them. She said this was the best thrill of her life. With lots more First Aid classes, we were able to repay Canberra the loan of \$10,000 in less than two years.





*Bonnie Quintal shows off her 'emergency childbirth' instructional aids in the Priory headquarters building, Canberra.*



*Members of the Division gathered for the hand-over of the new Norfolk Island ambulance.*

#### **NORFOLK ISLAND'S FIRST 'HEART START'**

The Division had obtained a 'Heart Start' trainer and had worked on it for some months. With very generous donations from Girl Guides and the Quota Club we were able to purchase the first 'Heart Start' defibrillator on the Island. Dr Fred Leditschke, the St John Commissioner in Queensland, came over to present it to St John.

#### **AWARDS**

Vera Crook, a senior Ops. Branch officer from Queensland came to the Island to assist us. She was one of the most popular visitors ever to come and help the Division. Among other duties, she presented one of our members, Margaret, with a bar to her St John Service Medal.

Another of our members, Delwyn, received a bravery award from the police. Because we have no harbour, she went out in the Government launch in very rough seas, climbed aboard a cargo vessel and rendered first aid to an injured seaman. The ship was then able to continue to Sydney.



*Sister Bonnie Quintal presents Charles Campbell (Priory Secretary) with a cheque for \$10,000 to pay off the loan for the Norfolk Island ambulance. Peter Bowler (Assistant Priory Secretary) and Barry Price (National Manager Volunteers) look on.*



*Norfolk Island Division members, Bonnie and Margaret, in Brisbane with the Deputy Prior, the Queensland Governor, Quentin Bryce, for an investiture.*

A number of us have been admitted into and promoted within the Order of St John. I went to Canberra for my first investiture, in 1987 by the Governor-General, Sir Ninian Stephen. Later Dale and I went Sydney for another investiture. The following pictures shows Margaret and me in Brisbane with the Deputy Prior, now the Prior and Governor-General, Her Excellency Quentin Bryce.

During our first 25 years, all our officers worked without payment. One year the Division won the Volunteers of the Year Award.

#### NEW ST JOHN HALL

Our new St John Hall was built in the hospital grounds, where the ambulance can be housed. This venue provides easier access for all officers to attend drills and teach public first aid classes. Most important, everything is on hand to facilitate quick patient retrievals. To help us here, we now have modern electronic aids such as pagers and mobile phones.

Various of our officers worked hard to prepare the hall for occupation, with even Dr Sexton standing on the toilet to paint hard-to-reach corners of the walls. The Rotary Club of Norfolk Island greatly helped by presenting us a cheque for \$1500 to assist with building costs. The new hall was officially opened in 2006 by the Minister for Territories, Mr Jim Lloyd MP, who cut the ceremonial ribbon and declared the building ready for business.



*Norfolk Island Division members watch the cutting of the ceremonial ribbon at the official opening of their new St John Hall.*

#### THANKS TO OUR DOCTORS

Our First Divisional Surgeon was Dr Duke, who held the position until he resigned in 1989. Dr Sexton then took over. Dr Sexton was a wonderful lecturer; she made the most difficult subject easier to be understood. Also Dr Sexton counselled and de-briefed Officers after their ambulance call outs. Most importantly, no one received a first aid certificate until she was sure they knew and understood their work.



*Our first Divisional Surgeon, Dr Duke.*



*Our second Divisional Surgeon, Dr Sexton being congratulated by the Administrator, Grant Tambling.*

#### CERTIFICATE 4

David Lodge came over from Brisbane to help us with the new 'Certificate 4' legislation (which prescribes what training standards shall be) so that we can continue with our public first aid teaching program. As a result, I feel the Division is now well advanced.

After 25 very happy years, I decided it was time to retire and leave the work to younger folk. I am confident that Kevin Adams, my successor, will carry on in an exemplary way. I wish the Division well in their future.



*Division members work hard at studying for their 'Certificate 4' training certificates.*



*The First Day cover (envelope and postages stamps) issued to celebrate the Division's 25th anniversary in 2008.*



## **The 'Women in St John' history project—Why? How? When?**

### **Sally Hasler**

*Ms Hasler has been the national Chair of St John Community Care for the past two years and is the youngest of the four people to have held the position since it was established in 1992. She is also the immediate past Chair of the St John Australian Youth Council. In 2006 she became the first of the AYC Chairs to join the St John Board of Directors. This appointment reflected the prominence that Ms Hasler had brought to youth issues in the wider St John organisation. Originally from Melbourne, where she joined St John as a Cadet, Ms Hasler was a public servant in Canberra for some years but is now based in Sydney, where she is on the staff of the Council of Australian Governments. In addition to her other St John Ambulance duties, she was the instigator of the 'Women in St John History' project and convenes the panel that is producing a history of women's involvement in St John Ambulance Australia. The article which now follows is set out as a series of dot-points. It has been developed from Ms Hasler's History Seminar speaking notes.*

### **INTRODUCTION**

Thanks to the Historical Society for inviting me to present today on this exciting project.

I wish to provide an overview of the 'History of Women in St John' project and hopefully stimulate some interest in the project by profiling eight women who have undoubtedly assisted in shaping our organisation over the years.

### **WHY?**

The completion of a history on women in St John provides an opportunity to celebrate the role women have played since St John established a permanent presence in Australia in 1883.

It also assists in proactively creating a more engaging culture for women in St John in line with the National Board's commitment to improving the status of women in St John.

In response to recommendations from the research '*An investigation of women volunteers in the emergency services of St John Ambulance Australia 2008*', the National Board endorsed an organisation-wide action plan to improve the status of women in St John.

One of these action items was to develop a publication documenting the history of women in St John. The Board also committed to investigating ways to create a more engaging culture for women in St John.

### **AN INVESTIGATION OF WOMEN VOLUNTEERS IN THE EMERGENCY SERVICES OF ST JOHN AMBULANCE AUSTRALIA, 2008**

During 2007 and 2008, I worked with Kathryn Zeitz and Anne Wilson (University of Adelaide) on a research project funded by St John which aimed to investigate the distribution of female volunteer membership within the emergency services arm of St John, and to identify possible barriers and impediments to women achieving leadership positions.

The research included an organisational audit of St John identifying gender distribution among positions in first aid services, and a survey of 50 female volunteers exploring their experiences and perceptions as a woman in the organisation.

Even though there are more women in St John with similar years of service, the results demonstrated that women are not equally represented in leadership positions. Indeed women were vastly underrepresented in leadership positions, particularly positions of higher status.

Responses from the survey indicated that there were barriers to women seeking leadership positions within the organisation (about 30%) and identified areas for improvement or change (about 70%).

About 40% indicated they would like to be in a position of higher responsibility in the future.

The research identified that changes are needed within St John to improve women's representation in the organisation. The research made seven recommendations which were endorsed by the National Board through the agreed organisational action plan in September 2008.

I have since learnt this isn't the first time this issue has been raised. Thanks to Beth Dawson I recently discovered that in 1990 a note was sent to all Chapter members notifying them that the status of women in St John was raised at the recent Chapter meeting.

The particular issues raised formally at the meeting were those of relativity in medal size, terminology and investiture procedures but during the discussion several members suggested that there were 'wider aspects of the subject that should also be looked at.' Comments and submissions were sought from members.

On following up with the National Office, with the exception of changes to ensure women wear the same size insignia as men, no changes or further action was taken. I dare say this isn't the first or second time that this issue has been raised and disappeared prior to any action being taken.

## REPRESENTATION IN THE ORDER OF ST JOHN

The 2007 Annual Report demonstrates significant under representation of women in the Order. This is the last available data which splits the levels in the order based on sex, for example, serving sister/serving brother.

There is no clear explanation of why women are underrepresented in the Order – unlike leadership positions where we rely on women being appropriately skilled, mentored, interested in positions with additional responsibility etc.

The only way to fix this is by encouraging Priory Committees to ensure there is consideration given to admitting and promoting more worthy female applicants.

## WHEN? HOW?

The 'History of Women in St John' project will explore women's contribution to the development of St John since the organisation established a permanent presence in Australia is 1883.

While women have contributed to St John since the first St John branch was established in 1883, the modern organisation and its development over the past 40–50 years will be the emphasis of the publication. Contemporary St John members are more likely to be interested in a history that deals with people they can relate to.

The history will present a cross-section of women in St John, from grass-root positions to leadership at the State, Territory and national levels. It is estimated the history will take about three years to be produced.

Most importantly, the history should be done—and be seen to be done—by the women of St John.

During this National Conference, we will be seeking expressions of interests from women interested in forming a working group to produce the publication. This working group will drive the project and share responsibility for researching and writing sections of the history. It will obviously be important to ensure close linkages with the St John Historical Society to ensure their expertise and wisdom is utilised in the development of the history.

## STRUCTURE

It is anticipated that the history will be broadly chronological, starting in the 1880s–90s and then proceeding decade by decade to the present.

While the structure should be driven and decided by the working group, initial discussions in this area support a biographical focus to the history. The history could consist of numerous biographical profiles of women who have been prominent in shaping St John—from all eras, areas of St John, levels of leadership, and all states and territories.

## A TASTE OF WHAT IS TO COME!

With this project in mind, I thought today would provide a good opportunity to quickly profile some interesting and influential St John women. The importance and potential of this project was emphasised for me once I started work on this section of the presentation—learning of the marvellous contributions these women had made, the challenges they faced, and the legacies they have left.

At this point, I need to recognise and thank Dr Ian Howie-Willis for assistance in pulling together the information on these women and the photographs you will see today. He certainly is a great vault of precious historical information for this organisation and we are very lucky to have him as our Priory Librarian. Ian helped me select the following eight women which provide a snapshot over the past century or so, one from each state or territory.

## FRANCES WRIGHT (SOUTH AUSTRALIA) 1880S

Unfortunately, not a great deal is known about Frances Wright and no picture of her survives. We do know is that Frances was a St John 'founding mother' who discovered a new role for St John in a new field beyond first aid teaching and practice—social welfare work of the 'Community Care' kind.

- Frances and her four daughters were all members of the very first women's class in first aid conducted by the newly established Adelaide St John Centre in 1885. Frances formed a 'practice class' to enable women to keep up their skills. She also proposed to the St John Council that it establish a 'St John Women's Committee'. The council, chaired by her husband at the time, rejected the idea.
- Frances and other women from the 'practice class' began investigating other community-oriented involvements for the St John centre. They established the 'St John Ladies' Ambulance Mission of North Adelaide' in 1888 which assisted poverty-stricken people of the inner Adelaide industrial suburbs.
- For about a year the Mission prospered but in 1889 the St John Council intervened by imposing upon it a male president and rewrote the mission's constitution, effectively restricting the mission to a fundraising role. The council considered the 'Community Care' type activity was a distraction from St John's core first aid activity. This sent a firm message about both the type of activity they considered St John should be involved in and the role of women in the organisation—particularly in leadership positions.



*Sadly, there's no known photo of Frances Wright. This photo (c. 1890s) is of the 'Ambulance Cot' at the Adelaide Children's Hospital which was maintained with funds raised by Frances.*

- Frances Wright and her fellow mission workers dutifully sought outlet for their energies in their fundraising role and came up with an idea the council approved—the endowment of a bed at the Adelaide Children's Hospital. The bed, or rather cot, that they then subsidized became known as 'The Ambulance Cot'. Instituted in 1895, it remained in use at the hospital for almost 40 years.
- For her efforts, Frances Wright became the first woman in South Australia to be admitted into the Order, as an 'Honorary Associate' in 1892 (now called Officer).

#### **ANNIE DUNCAN (TASMANIA) 1880S**

- Similar to Frances Wright, in 1885 Annie joined the inaugural women's first aid class run by the newly established Adelaide centre of the St John Ambulance Association. Later when Annie moved to Launceston, she found there was no local St John Ambulance organisation, so she set about establishing one. She made contact with the Victorian St John Ambulance centre and obtained permission to open a Launceston St John centre as a sub-centre of the centre in Melbourne.
- As secretary to the centre, Annie was responsible for organizing the first aid classes, obtaining the materials for them, arranging for medical practitioners to lecture and examine classes, issuing certificates to those who had passed and liaising with the Melbourne St John centre. As a result of her efforts, hundreds of people in northern Tasmania trained in first aid and home nursing.
- Unfortunately, the great economic depression of the early 1890s led to a down-turn in first aid class numbers. Annie decided to quit Tasmania and move to the UK. With no one else prepared to manage it, the Launceston St John centre became inactive and it was not revived until the First World War.
- In England, Annie trained and qualified as a health inspector and worked as a factory inspector to ensure that factory owners provided a safe, clean working environment for women—in knitting mills, garment-making workshops and laundries. During this period she mixed with a wide range of feminists and social reformers and became a dedicated campaigner for improving women's working conditions.
- When she returned to Sydney in 1897 she continued this work inspecting the often overcrowded and unsafe industrial 'sweat-shops' that employed female labour, forcing the factory owners to comply with the law on occupational health and safety and recommending industrial reforms to the State government.
- Annie Duncan never married. She became active in various social welfare causes but did not rejoin St John and was never admitted into membership of the Order of St John. Despite that, she remains one of Australia's great pioneering St John women.



*Annie Duncan, St John 'Founding Mother' in Tasmania. This picture was taken in Adelaide so possibly before Annie moved to Launceston.*

#### MILLIE FIELD (VICTORIA) 1940S–EARLY 2000S

- Amelia (Millie) Field was the historian of St John Ambulance in Victoria. Millie remained relatively unknown to most St John members. She taught public first aid classes at the time when part-time volunteers taught most classes.
- Always interested in history, by the early 1960s Millie Field recognised that the organization was nearing its centenary in Victoria and began gathering historical documents and photographs with a view to eventually writing a history of St John in Victoria. When the then Chancellor's Executive Committee decided to commission a national history to commemorate the centenary in 1983, Millie became a keen supporter of and major source of information for this project.
- Meanwhile, Millie embarked on the writing of her own St John history—that of St John in her home state. Her book, *The Order of St John in Victoria: Our first hundred years*, was eventually published in 2004, some ten years after she had produced the manuscript. In the meantime it had suffered various misadventures, including all her historic photographs having been cut up to make a collage by an ill-advised group of work-experience students.
- The day the book was launched by the Priory Librarian in November 2004 would have been one of the happiest in Millie's life. Sadly, Millie only survived for a couple of years after its publication.
- Millie Field epitomized the great St John virtues. Millie was a special lady whose steadfastness in all things, and especially in her St John commitments, helped build St John into the organisation it is today. She was invested as an Officer of St John in 1954 and was later promoted to Dame.



*Millie Field in 1954 with the Governor of Victoria and Deputy Prior Sir Dallas Brooks, after he'd invested her as an Officer in the Order of St John.*

#### FRANCES MCKAY (NEW SOUTH WALES) 1930S–1960S

- Frances McKay entered medical training at the University of Sydney and graduated in 1923. After graduating she was appointed as the first resident medical officer at the Auburn District Hospital, Sydney, in 1924. Frances also established a general practice in Auburn, an inner western suburb, at that time an industrial area with many poor working class families. Often they could not afford to pay but she treated them anyway.
- Frances was invited to become the Divisional Surgeon at local St John Division. This began a lifetime of commitment to St John. She was promoted to District Officer, Nursing Divisions, i.e. responsible for all the Nursing (women's) Divisions in the State.
- As a medical practitioner, Dr McKay might have expected promotion to District Surgeon or even Commissioner; however, in an era when influential men retained firm control of the St John, not even a female doctor could expect to hold these positions.
- Frances McKay became the first woman to hold national office of any kind in St John when she was appointed as Chief Superintendent Nursing in 1957. She remained Chief Superintendent Nursing for the next 13 years until she died. In that time the St John Ambulance Brigade rose to a peak membership level of 15,000 members in 1969.
- Dr McKay was promoted to the most senior grade in the Order, Dame of St John and in 1968 she was honoured with an OBE (Officer in the Order of the British Empire) for her St John work.
- Dr McKay never married. She was a woman of formidable presence. She spoke her mind forthrightly and did not suffer fools gladly. Behind the gruff exterior, however, lurked a person of great compassion, as the poor clientele of her suburban practice could affirm. She is still affectionately remembered in Auburn 40 years after her death. Dr McKay is also remembered by the 'Frances McKay Trophy'—the award presented to the winning team in the annual national cadet first aid competitions.



*Dr Frances McKay in her uniform as the first Chief Superintendent Nursing, some time after her appointment to the position in 1956.*



#### DOROTHY DAVIDSON (QUEENSLAND) 1950S–1970S

- Dorothy Davidson was the co-founder of the St John Ambulance Brigade in Queensland. Dorothy was introduced to St John in 1950 by her friend, Sir Kenneth Fraser, the inaugural Brigade Commissioner in Queensland. They had worked together during the Second World War in the Voluntary Aid Detachment (VAD) organisation in Queensland. The VAD organisation had been formed by cooperation between the military authorities and Red Cross to provide the armed services with an ancillary force of people with first aid and home nursing training to enable the military hospitals to be fully staffed.
- Except for a brief period in the early 1920s, the St John Ambulance Brigade had not existed in Queensland until 1949. This reflected the fact that the State ambulance transport agency, the Queensland Ambulance Transport Brigade (QATB), had opposed the formation of St John Ambulance Brigade divisions in Queensland.
- Circumstances changed in 1949 when the Chief Commissioner of the day, Major-General Sir S. Roy Burston, appointed Colonel Kenneth Fraser to be the inaugural Queensland Commissioner. In 1950, Fraser appointed Dorothy Davidson to be the District Superintendent in charge of coordinating the efforts of the Brigade Divisions as they became established. In 1969 Mrs Davidson was appointed to succeed Dr Frances McKay as Chief Superintendent Nursing on the Brigade's national headquarters staff.
- Mrs Davidson had her critics, including some of her most senior male colleagues in Queensland, who found her difficult to work with. They variously accused her of maintaining chaotic records, of poorly managing District finances, and discouraging men from joining Queensland Divisions. However, what could not be denied was that largely through her perseverance, Dorothy Davidson had succeeded in giving the Brigade a permanent presence in Queensland against the sustained opposition of the QATB.
- Dorothy married and had one son. She was made a Dame of St John and in 1964 was awarded an MBE (Membership in the Order of the British Empire) for her VAD and St John work.



*Dorothy Davidson, District Superintendent Nursing in Queensland, 1955.*

#### PAT MCQUILLEN (NORTHERN TERRITORY) 1980S–EARLY 2000S

- Patricia McQuillen was a teacher who grew up in Avoca, a small town in central Victoria. In 1976 in Darwin Pat joined her local St John Division. In 1978 Pat moved to Alice Springs to take up a position as a domestic science teacher at Yirara College, a residential secondary school for Aboriginal students from remote communities. She remained there for the next 26 years, until her retirement at the end of 2004.
- In Alice Springs Pat was promoted to Corps Officer and she became involved in the Cadet movement. Among other achievements, she established a Cadet Nursing Division at Yirara College, probably the first and only all-Aboriginal Division anywhere. She knew that the teenage girls in her Division would eventually return to their home communities, where the first aid and nursing skills they had learnt through St John would be put to good use.



*Pat McQuillen (second from left) with four of her Yirara Cadets from the Yirara Cadet Division in Alice Springs, c. 1981.*

- Always a keen student of history, Pat began delving into the history of St John in Alice Springs and collecting memorabilia and records. When the St John Ambulance Historical Society of Australia formed in 2001, Pat became a member of its management committee, representing the Northern Territory.
- At the Alice Springs National Conference in 2004 Pat's book on the history of St John in Central Australia was launched. It's one of the best local St John histories ever produced. The title of the book, *Saved any lives today?*, was the question Pat had been asked by Prince Charles when he was visiting Alice Springs in 1982 to declare open the new St John Ambulance centre.
- After Pat retired she returned to live in Avoca, her home town. She became involved as a volunteer in St John Community Care in Victoria and continued attending the annual gatherings of the Historical Society. Pat never married and died shortly after being diagnosed with bowel cancer in 2008. Her legacy can be seen in the fact that the Northern Territory branch of the Historical Society is now one of the largest. Pat was an Officer in the Order of St John.

#### RUTH DONALDSON (WESTERN AUSTRALIA) 1920S–PRESENT

- Ruth Birch, as she then was, joined the Perth No. 1 Nursing division of the St John Ambulance Brigade in 1928. She couldn't have known it then, but she would spend more than the next 80 years as a St John member. During the 1930s, Ruth also joined the Voluntary Aid Detachment (VAD) movement.
- Ruth Birch's work as a VAD member brought her into contact with the Western Australian State VAD Commandant, Colonel John R. Donaldson, whom she later married.
- Ruth Donaldson continued her own active involvement in the life of the Perth No. 1 Nursing division and was eventually promoted to the Brigade's District headquarters staff, where she served as District Nursing Officer.
- At the age of 98, Mrs Donaldson published an autobiographical history of her old division, which is now the second oldest continually surviving Brigade division in Australia. The title she chose for her book, *Follow a Nursing Star*, encapsulated her experience as a member of a Brigade nursing division.
- A Dame of the Order (DStJ), Ruth Donaldson has continued taking an active interest in St John affairs. In 2008, Ruth turned 100. Nowadays she retains her involvement in St John via the St John Ambulance Historical Society of Australia.



*Ruth Donaldson at 95 in 2003 wearing her Dame of St John mantle, and still actively involved in St John.*

#### MADELINE GRANNALL (AUSTRALIA CAPITAL TERRITORY) 1950S–1980S

- Madeline Grannall was born in Winton, Queensland. As a young woman she moved to Canberra to work and there in January 1946 she married.
- In 1958, Madeline Grannall undertook a St John first aid training course then joined the Canberra Nursing Division, which at that stage was still within the New South Wales District. During the 1960s, Mrs Grannall was promoted to Superintendent of her Division and then to Corps staff as the Officer in charge of Canberra's Nursing and Cadet Divisions.
- In 1961, the Australian Capital Territory Divisions were grouped to become a Corps within New South Wales Brigade District. The early to mid-1970s was a period of great turmoil for the Australian Capital Territory Corps staff. Madeline Grannall's fellow male Corps staff officers were openly insubordinate to their District staff superiors in Sydney. During this period, Madeline proved to be a stabilizing influence.
- Mrs Grannall was admitted into membership of the Order as a Serving Sister in 1979, becoming the first female Brigade member in the Australian Capital Territory in 21 years to be honoured.



*Madeline Grannall in 1979, just after she had become a Serving Sister of the Order, and proudly wearing her Serving Sister's riband and medal.*

- Mrs Grannall married and had three children and now lives in a Canberra retirement home. She retains an active interest in the Order and St John ACT. To a younger generation of first aid volunteers she is a treasure of living history—a St John member still active member after more than 50 years.

#### **NEXT STEPS...**

You see from this small 'taste test' that the History of Women in St John project is going to be provocative, interesting and a fantastic legacy for St John women across the years—a story of St John's unsung heroes.

I would like to encourage you to support this important project and openly invite all women here to express interest in joining the project's working group. Please feel free to contact me during the conference or on this email address.

Thanks again to the Historical Society for providing time at their annual seminar for me to speak.

## Sir Frank Kingsley Norris

### Allan Mawdsley

*Dr Mawdsley is a retired psychiatrist who lives in Melbourne. He has spent 61 years continuously in St John, having first joined as an 11 year old Cadet in the Malvern division. In the intervening years he has held almost every position available to a St John volunteer in Victoria. He is a former Victorian Commissioner and is a long-serving member of his State St John Council. He is an elected committee member of the Historical Society and is also active within its Victorian branch, which runs a first rate St John museum at Williamstown. An accomplished medical historian, Allan edited the late Millie Field's 2004 history, The Order of St John in Victoria: Our first hundred years. He has frequently made presentations to the Historical Society's annual seminars, and so his articles have often appeared in previous editions of St John History.*

'Quite a good likeness of 'Dum', said my friend, Arthur Burton, referring to the portrait of Sir Frank Kingsley Norris, 5th Victorian Commissioner and 3rd Australian Chief Commissioner, that hangs outside the Boardroom at Victorian St John Headquarters. 'Dumb?', I thought, 'What a disrespectful nickname for such a distinguished man.' The explanation, however, given by Norris himself in his autobiography, *No Memory for Pain*, was of a peculiarly upper-class pun arising during his Latin class studies of the Gallic Wars. Dumnorix was the leader of the forces opposing Caesar's Romans, and from then onwards Norris was called 'Dum'.<sup>1</sup>

Frank Kingsley Norris was born at Lilydale on June 25, 1893.<sup>2</sup> He was the second son of William Perrin Norris, a doctor who was initially a rural GP but later specialised in Public Health and became Director of the Quarantine service of the Commonwealth Department of Health, and of Mary (nee Foulkes). He had an older brother, Jack Norris. As children they holidayed in the Portsea Quarantine Station which, strangely enough, became the final site of the Army School of Health that he was to create fifty years later.<sup>1</sup>

Norris completed his schooling at Melbourne Grammar School, after which he enrolled as a medical student at Melbourne University in 1910.<sup>1</sup> He had completed four years of his medical course when the First World War broke out, whereupon he abandoned the course and enlisted as a trooper in the First Australian Light Horse Field Ambulance. He sailed in the first troop transport to leave Victoria, and was in the convoy from which the cruiser *Sydney* broke off to fight her historic battle with the *Emden*. He served initially in Egypt and by 1916 he had risen to the rank of Lance Sergeant. He was then transported to London because of an operation for acute appendicitis. During the recovery stage he was ordered back to Australia to finish his medical education.<sup>2</sup> He graduated MB BS from the University of Melbourne in 1917 but by the time he had completed his Residency year the war was over. He obtained his MD higher degree in medicine in 1919.<sup>3</sup>

Norris was a Resident in 1918 at the old Melbourne Hospital and subsequently at the Children's Hospital in Carlton. He was then employed as Medical Superintendent of the Children's Hospital and began part-time private practice as an assistant to Dr Hobill Cole, reputedly the most senior paediatrician in Melbourne. While in this practice he treated



*The portrait of Sir Kingsley Norris that hangs in the Melbourne headquarters of St John Ambulance Australia (Victoria).*



*Members of the 3<sup>rd</sup> Australian Light Horse Field ambulance practise casualty movement (using a blanket), Mena Camp, Egypt, early 1915.*





*The old Melbourne Children's Hospital in Carlton. It moved to its present location on Flemington Road, Royal Park, during the late 1950s.*

the great operatic soprano, Florence Austral, for viral pneumonia.<sup>1</sup> He undertook Honorary Medical Officer sessions in the Children's Hospital Clinic run by Rupert Downes (the Victorian St John Commissioner) and was subsequently appointed Honorary Physician to the Children's Department at Alfred Hospital. His private practice moved to Lister House in Collins Street which was owned by a partnership including Dr Hobill Cole and Dr George Horne.<sup>1</sup>

On 25 May 1920 Norris married Dorothy, daughter of HW Stevenson,<sup>4</sup> the accountant of the Dalgety pastoral company. Dorothy was a nursing sister at the Royal Children's Hospital in Melbourne. They subsequently had three daughters: Elizabeth Mary, born 1921, died in 1927 at the age of six because of post-operative complications following surgery for bowel obstruction;<sup>9</sup> Dorothy Patricia, born 1923, who became Mrs Pat Jolley; and Margaret Kingsley, born 1929, who was unmarried and remained at home caring for her parents throughout their lifetimes.<sup>5</sup>

Between the two World Wars, Norris worked in private practice as a specialist paediatrician and as the Honorary Paediatrician to the Alfred Hospital. In this period he began an extensive collection of books, particularly of history and art. In addition, he continued his Army association with medical units of the Citizen Military Forces.<sup>2</sup> In 1923 he enlisted as a junior officer in the Cavalry Field Ambulance Unit and was in charge of medical services at the official opening of the Commonwealth Parliament in Canberra in 1927. In 1935 he was promoted to Lieutenant Colonel as Officer Commanding 2<sup>nd</sup> Field Ambulance following Colonel W.W.S. Johnston.<sup>1</sup> In 1939 was transferred back to the Cavalry Division as a Staff Officer and as war was imminent he was asked by the Director General of Medical Services [i.e. head of the Army Medical Corps], Major-General Rupert Downes, to chair a committee for control of medical equipment.<sup>1</sup>



*Dorothy Stevenson, the nurse whom Norris married in 1920.*

On the outbreak of the Second World War Norris immediately offered himself for overseas service with the 2<sup>nd</sup> AIF, and was appointed Assistant Director of Medical Services of the Seventh Division, with the rank of Colonel, serving in North Africa, Palestine and Syria,<sup>2</sup> until in 1941 with the advance of the Japanese through the Pacific, the Division was recalled to Australia for redeployment to New Guinea.<sup>1</sup> Brigadier William Johnston had been injured in an accident and Norris was temporarily appointed Deputy Director of Medical Services in his place. Johnston recovered and Norris returned to 7<sup>th</sup> Division in Port Moresby. Among the difficulties of the campaign were high rates of dysentery and malaria because stockpiled medical supplies were not forwarded from Brisbane due to low priority for transport.<sup>1</sup>

Norris's colleague, Dr Arthur Burton later recalled Norris's service in New Guinea. He wrote:

Here, in his fiftieth year, he traversed every weary step of the Kokoda Trail, seeing for himself that every man and all necessary supplies from his limited medical resources were sent where they would do most good, and, by his personal example, lifting the morale of the men who endured these dreadful conditions. There followed the bitter Buna-Gona battles and the assaults on Lae and Finschafen, by which time he was



*The Children's Ward at the Alfred Hospital in 1918. Norris worked here as the Honorary Paediatrician during the 1920s and 30s.*

Deputy Director of Medical Services of the First Australian Corps and had just about reached the end of his tether—although nothing on earth would have made him admit it. It was at about this stage I first really came to know him. He was tired, strained and very much underweight, despite which he remained uncomplaining, determinedly cheerful, always helpful and encouraging to his subordinates. The time inevitably came when he was sent, protesting, back to Australia, where he spent some nine months in hospital before being discharged from the Army, medically unfit.<sup>2</sup>



*Colonel FK Norris (in helmet) watches a party of 'Fuzzy Wuzzy Angel' stretchers bearers carry in an Australian casualty.*

Near the end of the war, Norris was recovering in hospital and was invited by General Vasey to travel with him to Wewak in New Guinea but the Director General of Medical Services (DGMS), Major-General Roy Burston, flatly refused him permission to travel. This was the flight that crashed near Cairns killing all on board including General Vasey and General Downes. A few weeks later he was discharged from the Army as medically unfit.<sup>1</sup>

From 1943 to 1946 Norris was Deputy Director of Medical Services, 1<sup>st</sup> Australian Corps, with the rank of Brigadier. He was decorated with the Distinguished Service Order in 1941 and the Efficiency Decoration in 1943.<sup>3</sup>

Fit again at the war's end, Norris was appointed Director of the Melbourne Permanent Postgraduate Medical Committee, and in this capacity travelled widely to investigate medical postgraduate facilities overseas as part of the Commonwealth Reconstruction Training Scheme for returned servicemen and women.<sup>2</sup>

A couple of years later he was approached by Major-General Burston to take over from him as DGMS upon his retirement.<sup>1</sup> So, in 1948, he returned to the Army as DGMS with the rank of Major-General. He held this office until his retirement in 1955. He was responsible for all Australian Army medical units in Australia, Japan, and later, Korea.

Once more he was on the move, making sure at first hand that the best possible medical attention was provided for all our troops from forward areas to base hospitals.<sup>3</sup> The Government required him to undertake a world trip to study medical services in other countries. The Korean War broke out in June 1950, shortly before his return to Australia. His report made a number of recommendations, including the setting up of an Army School of Health. This was one of his most important achievements.



*Major-General Sir (Samuel) Roy Burston, Director General of Army Medical Services for the Australian Army, 1942–48. Burston was also the inaugural Chief Commissioner of the St John Ambulance Brigade in Australia, 1946–56.*



*After returning to civilian life, Frank Kingsley Norris spent several years out of uniform as Director of the Melbourne Postgraduate Medical Committee.*



*In 1948 Norris succeeded SR Burston as the Director General of Medical Services for the Australian Army, i.e. head of the Australian Army Medical Corps.*

The school was set up in a former Guest House at Healesville, Victoria.<sup>1</sup> It was renamed 'The Norris Barracks' in 1983, just a few weeks after his ninetyeth birthday. On this occasion the Army did him proud, transporting him to a most impressive ceremonial parade at the Barracks and a reunion with many of his old friends. It was a great day for him and gave him immense satisfaction.<sup>2</sup> A few years later the Army sold the Healesville site and relocated Norris Barracks to the Portsea Quarantine Station where Norris had holidayed as a child.

Norris became a member of the British Medical Association in 1917, and was a member of the Victorian Branch Council from 1932 to 1954, and President of the Branch in 1948.<sup>3,10</sup> He was a Director of the British Medical Agency from 1947, and Chairman of Directors, British Medical Insurance Company.<sup>3</sup> He was Medical Adviser to the Commonwealth Department of Civil Defence from 1955 to 1961.<sup>4</sup> He was a Member of the Medical Board of Victoria, President of the Medico-Legal Society of Victoria in 1938–39 and President of the Australian Post-Graduate Federation in Medicine in 1953.<sup>4</sup> In 1965 he was made a Fellow of the recently formed Australian Medical Association, in recognition of his outstanding services to medicine.<sup>2</sup> He was Honorary Consulting Physician. Children's Department, Alfred Hospital,



*Brigadier FK Norris and Mrs Dorothy Norris. As a brigadier and Director General of Medical Services, Norris was among the small group comprising the most senior officers of the Australian Army Medical Corps.*





*Norris inspects Australian troops being sent to the Korean War.*



*Norris (centre) with staff of the Army School of Health at Healesville, Victoria.*

Melbourne, from 1948 to 1955. He was appointed Honorary Physician to King George VI in 1948 and from 1952 held the appointment of Honorary Physician to Queen Elizabeth II. He was an Honorary Fellow of the College of Nursing of Australia.<sup>3</sup>

In his time, Norris was President of the Royal Empire Society 1948–55;<sup>2</sup> President of the Good Neighbour Council of Victoria 1958–1963; Chairman of the College of Nursing of Australia 1948–1957; President of the Alcoholic Foundation of Victoria; Vice President. Old People's Welfare Council<sup>3</sup> and actively involved with the Victorian Society for Crippled Children and Adults.<sup>2</sup> From 1948 he was an ex-officio member of the National Council of the Australian Red Cross Society because of his position as DGMS until 1954,<sup>3,11</sup> after which he was a co-opted member until 1969, thereby serving on its National Council for more than twenty years.<sup>2,11</sup> He served on the National Blood Transfusion Committee from 1950 to 1955 and on various Victorian Red Cross Appeals committees between 1951 and 1958. He received the Long Service medal in 1969 and in the same year was made an Honorary Life Member of the Australian Red Cross Society.

Norris gave exceptional service to the St John Ambulance Brigade, notably as Commissioner for Victoria Norris began his career in St John in 1952. He joined St John directly as a Grade 2 Officer on District Staff of Victoria District on 23 December 1952. A week later he was appointed Deputy Commissioner. That year he was admitted as an Officer of the Order of St John. When the Commissioner, Sir William Johnston, was promoted to National Headquarters Staff as Chief Surgeon, Sir Kingsley became Commissioner of Victoria District on 21 February 1956, and that year was promoted to Commander of the Order. He served as Commissioner for three years until he, too, was promoted to National Headquarters.<sup>6</sup> As Sir Kingsley, himself, said:

In the Brigade I followed Sir William Johnston as I had in various Army postings. One always followed Bill—no one could reach the qualities of one who was universally beloved by all who were privileged to know him.<sup>1</sup>

In 1956 after many years of shared tenancy with Victorian Civil Ambulance Service (VCAS) notice was given that the building was to be put up for sale. The progeny had outgrown the parent and was moving to newer, larger premises. As





*The honour roll of past presidents of the Victorian branch of the British Medical Association and Australian Medical Association. Norris' name is in the 1948 slot.*



*The headquarters of St John Ambulance in Victoria, officially opened in 1958.*

the Government had increasingly taken responsibility for the professional ambulance service the links between the Board of the VCAS and St John Council had been reduced to a token nominee on the Board, and even this was shortly to disappear. Certainly they saw little obligation to assist in St John's relocation. It was to be a stressful year for St John, for 1956 was also the year of the Melbourne Olympic Games, the largest public duty ever undertaken in Victoria. Urgent fundraising was undertaken to purchase a new Headquarters, including the launching of a public appeal. However, in contrast to the successful appeal a decade earlier to build the recreation hall at Heidelberg Hospital, as Millie Field dryly reports in her book, 'Appeal No. 2 was not a success'.<sup>7</sup> Nevertheless, an old warehouse at 194 Little Lonsdale Street was purchased and fitted out largely through the efforts of St John volunteers. The new HQ was officially opened in 1958, named 'Christie House' after the much respected District Superintendent, Colonel Alexander Christie.

Colonel Alexander Christie (1885–1971), a Queenslander by birth, spent most of his working life in the army, much of it in Melbourne. He was promoted to Lieutenant in 1915 while serving in Egypt with the 26<sup>th</sup> Battalion of the AIF. After the war he continued in the army as an administrator in the Australian Army Medical Corps and was promoted to HQ staff under Major-General Rupert Downes shortly before the Second World War. His final posting was as Assistant Director of Medical Services, with the rank of lieutenant-colonel, until his retirement from the army in 1947. At that point he became District Superintendent of the St John Ambulance Brigade in Victoria as well as Secretary to the St John Association Council. He had been an Association lecturer and Council member from the mid-1930's, no doubt recruited by General Downes, and had been admitted as a Serving Brother of the Order in 1939. After ten years as District Superintendent in Victoria he had another ten as Chief Staff Officer (Chief Superintendent at National Headquarters) 1958–1967. He was promoted to Knight of Grace in 1958. He died in 1971.<sup>8</sup>

Sir Kingsley was a member of St John Council for Victoria for 20 years from 1949 to 1968. He was Chairman in 1950, 1951 and from 1963 to 1968.



*FK Norris as St John Ambulance Brigade Commissioner in Victoria 1956–59.*



*Colonel Alexander Christie, District Superintendent of the St John Ambulance Brigade in Victoria 1947–58 then inaugural national Chief Superintendent 1958–67.*



*The Deputy Prior for Victoria and State Governor, Sir Dallas Brooks invests Norris as a Knight of the Order in 1959.*



*Sir Frank Kingsley Norris as the Chief Commissioner of the St John Ambulance Brigade in Australia 1962–69.*

He was a Vice-President from 1959 to 1970.<sup>6</sup> He was made a Knight of Grace of the Order of St John of Jerusalem in 1959.<sup>2</sup>

On 1 July 1959 Sir Kingsley was promoted to the post of Chief Surgeon on the Australian Headquarters Staff. He held this position until 24 December 1962 when he became Chief Commissioner on the death of Brigadier Johnston. He served in this role until his retirement at the end of his second triennium on St John's Day, 23 June 1969.<sup>6</sup>

Sir Kingsley was awarded the Long Service Medal on 31 December 1964, and the first Bar in 1969.<sup>6</sup> Many other honours came his way: the Distinguished Service Order in 1941; Commander in the Military Division of the Order of the British Empire in 1943; the Efficiency Decoration 1943, Companion of the Order of the Bath in 1952; and, in 1957, he was created a Knight Commander of the Order of the British Empire.<sup>2</sup> Dorothy Norris died in 1975. Sir Kingsley Norris died on 1 May 1984 and was buried at Box Hill cemetery with full military honours on 7 May 1984.



*Major-General Frank Kingsley Norris: the official army portrait of him as head of the Royal Australian Army Medical Corps.*

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## ***'Forth rode the knights of old' — The hymns of the Order of St John***

**Ian Howie-Willis**

*Dr Howie-Willis is a Canberra-based professional historian. He joined St John 30 years ago, recruited to produce the centenary history, A Century for Australia: St John Ambulance in Australia 1883–1983. Since then he has produced five other commemorative St John histories. He is currently the Priory Librarian, having previously been a long-term Assistant Librarian. He is also the foundation secretary of the Historical Society, in which capacity he edits this annual journal and also the Society's quarterly newsletter, Pro Utilitate. He has frequently made presentations to the Historical Society's annual seminars, and so his articles have often appeared in previous editions of St John History.*

When I attended a Methodist Sunday School in Melbourne in the 1940s and early 50s, one hymn we occasionally sang began with the words *'Forth rode the knights of old with armour gleaming bright'*. The words were by a now-forgotten author of devotional books for children, Vera Evaline Walker (born 1887), and the first verse ran as follows:

*Forth rode the knights of old  
With armour gleaming bright,  
By noble deeds and actions bold  
To fight for God and right,  
To lay the tyrants low,  
To set the captive free,  
The hosts of evil to o'erthrow  
By might of purity.*

We sang this hymn to a sprightly tune by the great Handel of 'Hallelujah Chorus' fame. Like most of the St John hymns we sing, the words of the Sunday School hymn present a highly idealised, sanitised view of the actual work of blood-shedding that armour-clad knights did.

Despite that, the St John hymns are a small but important aspect of our Order's corporate life. As such, our hymns are a part of our history, and so today I'd like to consider what hymns we sing, what they say, who wrote them and who composed the music. I originally hoped we might sing a verse or two of the hymns to be discussed during this presentation, but sadly time does not permit.

I'll start with the grand processional hymn we often sing as the capitular procession of senior members of the Order files into church for the annual Priory services of rededication. It's known by its opening phrase, 'For all the saints'; and we've sung it most recently in St Peter's Cathedral in Adelaide last year. It has 11 verses but I'll focus on just two, which run as follows:

- 2. You were their rock, their fortress and their might,  
You were their captain in the well fought fight,  
In deepest darkness still their one true light.  
Hallelujah, hallelujah!*
- 3. So may your servants, faithful, true and bold,  
Fight as the saints who nobly fought of old,  
And win with them the victor's crown of gold.  
Hallelujah, hallelujah!*



*A Knight Templar (left) and Knight Hospitaller (right). Hymns (and also pictures) about knights like them present a sanitised, idealised view of their work.*

The martial imagery is overt. Although only 'saints' are mentioned, not knights as in the Methodist Sunday School hymn, the ideas of both hymns are parallel. Thus, individual Christians are called on to 'fight the good fight', the unceasing battle to bring Christ's spiritual kingdom into being through defeating the forces of evil.

But who wrote the stirring words and vaulting musical accompaniment? The author was a minor hymn-writer of the Victorian era, one William Walsham How. He was an Anglican bishop, a favourite of Queen Victoria. Indeed he is said to have been the only bishop she ever respected. He is also remembered for having been so incensed by the perceived blasphemy and obscenity of Thomas Hardy's novel *Jude the Obscure*, that he burned a copy to show his disapproval. Hardy, a frugal chap, thought he should have burnt the book not in summer but in winter, when burning it could have saved firewood.



As for the rousing tune, 'Sine nomine' (Latin: 'without name'), to which Bishop How's hymn is sung, the composer was none other than the great English musician Ralph Vaughan Williams. Williams was an agnostic, but despite that some of his hymn tunes have become all-time favourites. For example, his 'Monk's Gate' is the tune of the 'pilgrim hymn', 'Who would true valour see, let him come hither'. Williams was such a giant of British music that on his death he was accorded the singular honour of being buried in Westminster Abbey. 'Sine Nomine' was not a Williams original but an adaptation by Williams of an earlier hymn melody, 'Sarum', by another prolific English composer, Sir Joseph Barnby (1838–96). 'Sine Nomine' rather than 'Sarum' appeared in the 1906 edition of the *English Hymnal* and has remained the 'standard' arrangement for WW How's hymn ever since. According to some critics it is among the best hymn tunes of the twentieth century.

Another well-known hymn we commonly use in Priory church services is one I'll refer to as 'The Baptist's Hymn'. We use it because the first line contains a reference to our patron saint, John the Baptist, although the hymn is not about him but the advent of his cousin, Jesus Christ, whose ministry began when he prevailed upon John to baptise him in the Jordan River. 'The Baptist's Hymn' is nevertheless appropriate for a 'hospitaling' organisation like ours because not only does it start with our patron saint but speaks of the healing power of Christ, which, being members of a Christian Order, some of us accept as an article of faith. Thus, its first and fourth verses run as follows:

1. On Jordan's bank the Baptist's cry  
Announces that the Lord is nigh;  
Come then, and harken, for he brings  
Glad tidings from the King of Kings!
4. To heal the sick stretch out your hand,  
And bid the fallen sinner stand;  
Shine forth, and let your light restore,  
Earth's own true loveliness once more.

The route by which 'The Baptist's Hymn' has reached its present St John Ambulance audience was tortuous. The hymn was originally written in Latin by Charles Coffin, a French poet and the Rector of the University of Paris. The hymn was later translated into English by John Chandler, an Anglican vicar and prolific hymn writer. He included his translation of Coffin's hymn in *Hymns of the Primitive Church*, which he published in 1837. The tune we sing it to has the eminently English name of 'Winchester New', but it was borrowed from a hymn published in a German songbook, *Musikalisches Hand-Buch* ('musical handbook'), in Hamburg in 1690. The tune was 'discovered' and harmonised by an English hymnologist, William Henry Havergal but took on its present form when harmonised again by another English hymnologist, William Henry Monk, the musical editor of the major Anglican hymnal, *Hymns Ancient and Modern*.

For his part, Havergal was an Anglican vicar, hymn-writer and composer of hymn tunes. Perhaps the best known of them is 'St John', which has nothing to do with the Order of St John but is the tune to which is most often sung the Charles Wesley hymn, 'Let earth and heaven combine', a hymn beloved by Methodists in particular. Havergal was also the father to another famous hymn-writer, Frances Ridley Havergal, who before her death at 43 managed to write some 81 hymns, including perennial favourites such as 'Master, speak! Thy servant heareth' and various others now in *The Australian Hymn Book*.

We come now to two hymns to which the Order of St John has proprietary rights—'The St John Ambulance Hymn' and 'The Hospitaller's Hymn'. Regarding the first of these, its five verses comprise a mini-treatise on the theology of Christian service of the St John kind, as can be seen in Verse 3 on the screen. The words and sentiments are what we might expect of an at least nominally Christian organisation with involvements in health and social welfare programs. They boil down to about three main notions: (1) serving Christ via charitable works in the community, (2) a recommitment to the task of relieving suffering and (3) an appeal for support from Christ as the omniscient 'great physician'. For instance, the second and third verses speak of Christ's healing and the task of the first aider:



Bishop William Walshaw How (1823–97),  
author of 'For all the saints'.



Ralph Vaughan Williams (1872–1958),  
composer of the hymn tune 'Sine Nomine'.





Rev. William H Havergal (1793–1870), the hymnologist who harmonised the tune 'Winchester New', the tune to which the 'Baptist's Hymn' is usually sung. His daughter Frances (1836–1879) was also a renowned hymn-writer.

2. Pour upon us in thy mercy  
Strength to work and think for thee;  
Give us, O thou fount of Healing,  
Thy most tender charity.  
Thou the Great Physician wondrous,  
Fill our hearts with love for thee,  
May we strive for one another;  
Thy true followers ever be.

3. Many need a hand to soothe them,  
Many want a brother's care,  
Many a sufferer craves for pity,  
Many a heart its grief to share.  
Crown our efforts with thy blessing  
So we shall not strive in vain,  
Thou our actions ever guiding,  
May we succour, save from pain.

The 'St John Ambulance Hymn' is usually sung to one or the other of two very well known tunes, each similarly stirring. The first, 'Austria', is an arrangement by the great Franz Josef Haydn. It's famous for being the tune of both the Austrian and German national anthems. During the pre-World War II Nazi regime in Germany, the tune was widely known by the first line of the first verse—'*Deutschland, Deutschland über alles*' ('Germany, Germany over everything'). In the meantime, 'Austria' has become a popular tune for hymns, including two in the *Australian Hymn Book*.

The second tune for the 'St John Ambulance Hymn', 'Hyfrydol' (pronounced 'havradoll'), is the more commonly sung at our Priory church services. Its name comes from a Welsh word meaning 'delightful' and 'melodious'. The composer was an unlikely Welsh songwriter, Rowland Huw Prichard (1811–87), a loom-tender's assistant with the Welsh Flannel Manufacturing Company. In 1844 he published a songbook for children, *Cyfaill y Cantorion* ('The Singer's Friend'), but he appears to have written 'Hyfrydol' somewhat earlier, as a 19-year-old in 1830. 'Hyfrydol' is a great, soaring melody like 'Sine Nomine'. Backed by a pipe organ and cathedral choir, it reverberates throughout whatever cathedral we are in whenever we sing it in a Priory church service; and it's another of those tunes I love belting out whenever such an occasion presents itself. 'Hyfrydol' is also what might be called an 'omnibus' hymn tune, its 87.87 metrical pattern



Rowland Huw Prichard (1811–87), composer of the tune 'Hyfrydol'. Prichard was an obscure Welsh weaver's assistant, but 'Hyfrydol' has become one of the most popular hymn tunes ever.

being one fitting the words of many hymns. Thus, 'Hyfrydol' is the tune of at least nine well-known hymns, including three in the *Australian Hymn Book*.

The author of the words of the 'St John Ambulance Hymn' was Georgina Louisa Pennington Bickford, commonly known as 'Louie'. She wrote the hymn for the 15<sup>th</sup> annual church parade of the No. 1 (Prince of Wales) District of the St John Ambulance Brigade at the St Clement Danes [Anglican] Church in the Strand, London, on 4 July 1937. The timing of the writing of the hymn is significant because 1937 was the year of the 50<sup>th</sup> anniversary of the establishment of the Brigade in 1887. The organisation was rising to a UK membership level of 200,000 that it soon reached during World War II. That such a hymn appeared when it did reflected an increasing institutional self-confidence that the Brigade came to feel during its 'glory years'.

Louie Pennington Bickford was the wife of Rev. William Pennington Bickford, rector of St Clements—the one memorialised in the nursery rhyme 'Oranges and lemons say the bells of St Clements'—and also a chaplain of the Venerable Order of St John. She was the daughter of the previous rector of St Clements, John J. Pennington. In 1907 Louie married her father's curate, Bickford, and the latter then succeeded his father-in-law as rector in 1910. When he did, he added Pennington to his own name. Louie also did good works. For instance, she and her husband annually distributed oranges and lemons to the local school children.

The church of St Clement Danes dates back to the ninth century, when the Danish community of London had it built. It was rebuilt by Christopher Wren at the end of the seventeenth century. German bombing almost completely destroyed it at the height of the Blitz in 1941. Just the outer walls, the tower and steeple were left standing. Unfortunately the Louie Pennington Bickford story then ends very sadly. Her husband, Rev. Bickford, died a month after the bombing. His parishioners believed he was so distraught at the ruination wrought to his beautiful, ancient church that he died of a broken heart. Louie followed soon after. She jumped to her death from an attic window after telling her cook she had been praying that God would take her too. She was then buried alongside her husband within the bombed-out shell of St Clement's.

The second of the two hymns we can regard as the exclusive property of the Order is 'The Hospitallers' Hymn', which talks of pilgrims as 'soldiers of the cross'. The words are of a kind with other hymns of the Order. Thus, they reduce to about three basic propositions: (1) for love of Christ brave, devout pilgrims struggled through adversity towards the Holy Land; (2) chivalrous Knights Hospitaller expressed their devotion to Christ by aiding the pilgrims; and (3) the modern Order of St John keeps alive the Hospitallers' charitable tradition through its good works. Thus, the first, fourth and tenth of its 11 verses give us the flavour:



*The author of 'The St John Ambulance Hymn' was Mrs Georgina Louisa Pennington Bickford, commonly known as 'Louie' and shown here with her father, Rev. John J Pennington.*



*'Louie' Pennington Bickford wrote 'The St John Ambulance Hymn' for the 1937 church parade of the No. 1 (Prince of Wales) District of the St John Ambulance Brigade. 1937 was the 50<sup>th</sup> anniversary of the Brigade's establishment, which was celebrated with a large-scale Review in Hyde Park on 22 May 1937, seen in this photograph.*

*Behold the pilgrims, soldiers of the Cross!  
For Christly gain they gladly suffer loss,  
And chant their Allelulia!  
They march to view the Holy Land of God,  
They walk in ways the Christ Himself hath trod  
And chant their Allelulia!  
For faith and for the service of mankind,  
In Knightly Order stand we combined,  
And chant their Allelulia!*

The difference between this hymn and all the others is its Australian origin. The author was the Venerable Archdeacon Samuel Martin Johnstone, the Sub-Chaplain for the Order in New South Wales. Johnstone wrote the hymn in 1945 for a special occasion—the annual church parade of the New South Wales District of the St John Ambulance Brigade in St Andrew's Cathedral, Sydney, on St John the Baptist's Day, 24<sup>th</sup> June. During the service a stone from the bombed-out Grand Priory Church at Clerkenwell was unveiled in the cathedral. Johnstone's composition was used as the processional hymn for the Brigade members filing in for this special event. Instead of the usual pipe organ, the St John Ambulance Headquarters Band played the music.

Again, and as with Louie Pennington Bickford's 'St John Ambulance Hymn' eight years earlier in England, Johnstone's 'Hospitallers' Hymn' reflected mounting institutional self-assurance and pride. By 1945 the Brigade in New South Wales had been in business for 44 years. District strength had doubled during the past five years and the organisation had gained a degree of public prominence and influence never previously experienced in Australia.



*St Clement Danes Church before being bombed during the Blitz in 1941.*



*The sad end of Rev. William and Mrs 'Louie' Pennington Bickford. He died heart-broken at the damage the bombing did to his ancient church. 'Louie' followed soon after by jumping from her attic window. The photograph shows Rev. Bickford's funeral in the bombed-out church in June 1941.*





*'The Hospitallers' Hymn' was written for the annual church parade of the St John Ambulance Brigade New South Wales District in St Andrew's Cathedral on St John the Baptist's Day, 24 June 1945. During the service a piece of stone from the Order's bombed-out Grand Priory Church at Clerkenwell, London, was unveiled.*

Further, in 1941 the various St John Ambulance bodies of the five eastern States had federated as the Commandery of the Commonwealth of Australia; and within a year the Commandery would rise to full independent Priory status. Johnstone had therefore written his hymn for an organisation optimistic about becoming a national institution.

At this point we must ask who the Venerable Archdeacon Johnstone was. He was born in Ireland and had arrived in Australia by 1903, by which time he would have been 24. He stayed only five years before returning to the UK, where he served as curate and graduated from university. Returning to Australia, he served as a cleric in various positions. By 1940 he was the rector of St John's Church, Parramatta. He later served as secretary to the Anglican Synod in New South Wales. One picture of him survives in Priory records. It shows him carrying the processional cross at the 1946 Chapter meeting of the former Commandery of the Commonwealth of Australia (Exclusive of Western Australia), held at St Andrew's Cathedral. His 'Hospitallers' Hymn' is still occasionally sung at our Priory church services, most recently in St David's Cathedral, Hobart, in 2003. As for the tunes to which the 'Hospitallers' Hymn' may be sung, as well as C.J. Frost's 'Harvest' there is also 'Alleluia Perenne', one of the 600 or more composed by William Henry Monk (1823–98), whom we met earlier as the composer of 'Winchester New'. The latter tune is also known as 'Endless Alleluia' because each verse of the hymn for which Monk composed it ends with the three-word last line 'An endless Alleluia'.

There are other St John hymns but I don't have time to consider them all here. One I will briefly mention is a hymn I've only ever heard sung once, at the annual church service of the Commandery of Ards in Northern Ireland in 1996. That's a pity, because I think it's more appropriate for the modern Order than some hymns we sing often. It is called simply 'St John Hymn' and it goes to the tune 'Dundee', also known as 'French'. The verses of 'St John Hymn', being more focussed and unburdened with anachronistic Crusader metaphor, are superior to most of their ilk. They emphasise the Christian's trust in the healing power of Christ and the notion that by serving others we serve him. The author is a Methodist minister in Northern Ireland, the Rev. Richard Taylor. He was the minister at the Portrush Methodist Church, where the St John Ambulance Brigade in Northern Ireland used to hold its annual *Pro fide* church parades. Here are two of its verses. I hope you'll agree with me that they're refreshingly free from the derring-do of ancient knights!



*Author of 'The Hospitallers' Hymn'—the Venerable Archdeacon Samuel Martin Johnstone (1879–1949). Our sole photograph of Rev. Johnstone shows him carrying the Priory's processional cross in the capitular procession for the 1946 Chapter Meeting of the new Priory at St Andrew's Cathedral, Sydney.*



*William Henry Monk (1823–98), prolific composer of the hymn tunes, including 'Endless Alleluia' and 'Winchester New' plus over 600 others.*



3. *All healing comes, O Lord, from Thee  
For body, mind and soul;  
Thy spirit yearns to make us free,  
And to present us whole.*

4. *By serving others, Lord we see  
The working of Thy will.  
In serving others, we serve Thee  
And all our powers fulfil.*

Rev. Taylor wrote the hymn specially for the 'Pro Fide' church parades conducted by the Commandery. Later he became Area President of the St John Ambulance Brigade and was admitted into membership of the Order as an Assistant Chaplain. The tune for Rev. Taylor's well-crafted hymn, 'Dundee'/'French', is an ancient one. It comes originally from the 1615 *Scottish Psalter*. The tune appears in the *Australian Hymn Book* and can be used for all hymns of 86.86 metre, of which there are many, including 75 in the *AHB*.



'St John Hymn' is sung to 'Dundee' (also called 'French'), from the *Scottish Psalter* of 1615. It is written in 'Common' or '86.86' metre, which means that each verse has four lines with alternating lines of eight and six syllables.

I'll conclude this excursion through the hymns of the Order with one that has been forgotten and as far as I can determine has never been used in Australia. It has the strangely worded title 'The Order Hymn of St John of Jerusalem'. It was written to celebrate a particular occasion, perhaps sung once and never again. Unfortunately the hymn's four verses are banal, laboured and set within a tortuous metrical and rhyming pattern. They also rely on formulaic clichés that denied history by suggesting our modern Order and its ancient predecessor are one and the same organisation. Lest you think I've judged the hymn harshly, here's just one of its four verses, the second:

2. *The Knights of St John  
Rode out sword in hand  
To fight and protect and give help to each one.  
The sick and the wounded,  
The blind and the lame  
Were brought in and tended  
In Christ's holy name.*

This hymn was produced by Major-General FW Edward Fursdon, Director of Ceremonies of the Order in England. The event that inspired him to write it was the opening in 1959 of the rebuilt church of the Order near St John's Gate in Clerkenwell. All but the crypt of the previous Hospitaller's church had been destroyed by wartime bombing. Fursdon also composed the music for his hymn. The tune and its harmonisation are competently done. The melody and harmony, both attractive and uncomplicated, are very much better than the words but even so could not give 'bounce' to the dreary verses to which they were shackled. It therefore seems unlikely that Fursdon's hymn was often, if ever, sung in public.



Musical score for Edward Fursdon's 'The Order Hymn of St John of Jerusalem'.



The Chapel of St John's Gate, Clerkenwell, London. Left is the original mediaeval church in 1508, thirty years after its completion. Only the crypt of the original church has survived. Right is the new Grand Priory Church, built over the mediaeval crypt in St John's Square, Clerkenwell.

This survey of the hymns of our Order doesn't extend to another musical genre—the brass band music and marching songs of St John Ambulance. There have been many St John brass bands, one of the most long-lived of which, the South Australian, is seen in the next picture.

There have also been various marching songs, but I'll mention just one. Those who remember St John Ambulance in the 1950s will probably recall that the durable Dame Barbara Cartland DBE DStJ, the prolific author of romantic novels, produced a once-popular marching song for the St John Ambulance Brigade—'Knights of St John'. Here are two of the verses:

*Knights of St John,  
The white cross we raise  
Where there's a life to save.  
Knights of St John,  
Ours a crusade*



The South Australian St John Ambulance brass band in Melbourne to play at the St John Australian centenary celebrations, June 1983.

*To be faithful, true and brave.  
Faith never lost,  
Hearts always willing,  
Hands that are skilled and strong.  
We follow the cross,  
Its vision fulfilling,  
Knights of St John.*

*In every crowd, in every throng,  
In every fight to right a wrong,  
There is the white cross of St John.  
Where there is injury and pain,  
Where pagans challenge Christ again  
No one shall cry for help in vain.*

The music was by Jan Kerrison, a noted English composer who produced a lively, foot-tapping tune. My esteemed colleagues, Betty Stirton and Beth Dawson, remember it being sung by Cadets in Sydney and Brisbane in the 1950s. The words of the three verses were similar to and little better than those later written by Edward Fursdon in 'The Order Hymn', i.e. formulaic, cliché-ridden and relying on the Crusader metaphor. The main difference between Cartland's and Fursdon's verses is that hers were published but his were not. The reason for that can probably be explained by the formidable, relentless Cartland publicity machine.

My very final point about the hymns we sing is that they add texture and colour to the grand continually woven tapestry that is the history of the Order of St John. If we didn't conduct church services, didn't sing our hymns and didn't hear sermons about the way we put the Order's ideals into practice, we'd be much the poorer. Indeed we'd be little different from the myriad wholly secular organisations competing in the market place of the community sector for the attention of the public. Being a Christian order of chivalry, and a royal one at that, is what sets us apart from all the rest. And the hymns we sing help confirm that valuable, special identity which all true members of the Order will cherish. Long may we therefore sing; and may it always be lustily!



The musical score (first page only) of the marching song 'Knights of St John' by Jan Kerrison.



## OCCASIONAL PAPERS

### *'One St John': What does it mean and does it matter?*

#### Neil Conn

*Dr Neil Conn is the Chancellor of the Priory in Australia of the Order of St John and Chairman of the Board of Directors of St John Ambulance Australia. He took up these positions in 2007, becoming the seventh Chancellor since the establishment of the Priory in 1946. He was previously the Chairman of the St John Council for New South Wales and before that the Deputy Prior of the Order in the Northern Territory during his time as the Administrator there. The following paper was delivered as the 'Occasional Address' at the Chapter Meeting of the Priory on the Gold Coast, Queensland, on 20 June 2009.*



I am sure that all of you in Chapter will have heard me, or my distinguished predecessor Villis Marshall, use the phrase '*One St John*' from time to time. In fact many of you, particularly my fellow members from New South Wales, will have heard it more than once over the last several years!

What has struck me forcibly as I have moved around is the number of interpretations that can be placed on this simple phrase, and how many of them are useful in illuminating a different aspect of our existence or aspirations as an organization. So I thought I would spend some time with you today sharing a range of those interpretations with you, using them as an excuse to remind you of crucial aspects of the world in which St John operates and to give you my personal perspective on where we are and where we are going, or should be going, now and in the foreseeable future.

#### WHAT DOES IT MEAN?

I would like to start by reflecting on the words of that marvelously patriotic song of ours '*We are Australian*', in particular the refrain that says, in stirring fashion, '*We are one but we are many*.' How true is that about St John!

It does *not* mean we are a *single-product* organization, far from it. There are some in our organization, well-intentioned and devoted, who argue from time to time that we should stick to First Aid provision at public events and First Aid Training as our sole tasks. But you just have to look around to see that St John Australia is not a settled but an **evolving** institution, spreading into a wide variety of tasks that are intended to improve the welfare of people and their communities—a wealth of wonderful tasks that St John volunteers perform all over Australia.

I wonder if our first Chancellor Sir Hugh Poate all those years ago could have foreseen his volunteers:

- teaching kids to read, in New South Wales
- driving frail people to do their shopping, in Queensland
- providing calico dolls and knitted items to community hospitals and aged care facilities, in Victoria

—to single out just three current St John activities in Australia?

No, the phrase *One St John* is not about the service or services we deliver. *One St John* is instead an *organizational* mantra—directed at making bits of the organization fit together better, to make us *more than the sum of our parts*. Let me explain what I mean by that.

At State level, in New South Wales for example, it meant *breaking down the so-called silos* between Operations (First Aid Services) and Training and Community Care, to make it easier for volunteers to cross from a familiar activity into one less familiar, to make economies in the task of administration, to increase our flexibility in responding to community needs, to increase job satisfaction and career possibilities of individual volunteers.

My experience there, and my observations since, make it clear that there's another angle to *One St John*, and that is *blending volunteers and staff* into one cohesive group of St John members. That's a cultural issue, very dependent on individuals and personalities to make it happen. But it *can* happen, in some places it *has*, and I believe that everywhere it *must*.

Having now been Chancellor for two years, I have encountered another very important dimension of *One St John*, and that is the leadership, as chairman of the national Board, of a *working, constructive federation of eight St John States and Territories*. As all of you here know, no two State or Territory organizations are the same: two provide



ambulance services whereas the other six do not, some are compact organizations working over comparatively small areas, some dominate the first aid training market in their regions while others have to deal with severe competition, and so on. And there are the personality differences and comparative strengths of governance that vary, as you would expect, from State to State. The policies and processes are not everywhere the same, and that is natural and healthy—*up to a point*, and I'll explain what I mean by that shortly.

As you also know, our national board comprises eight State and Territory chairs and seven Priory Officers charged with particular responsibilities in St John functional areas. It sometimes happens that the view from a particular region does not match the specialized view from the centre, and in such circumstances (fortunately rare) *obtaining the right Priory contributions* to the achievement of State and Territory objectives is a real *One St John* task.

If some of you think leading a federation of eight Australian State and Territories across our vast continent must be an 'interesting' task, let me raise yet another dimension to *One St John* that is increasingly important to our Order—*active participation internationally* within what our Lord Prior describes as a quasi-federation of eight Priories and some 35 St John Associations in the regions of:

- *Africa*—comprising the Priory in South Africa plus twelve St John Associations, all relatively poor
- *Australasia and Asia*—comprising the Priories in Australia and New Zealand plus nine St John Associations, some relatively affluent
- *Europe*—comprising the Priories in England, Scotland and Wales plus five St John Associations, mostly distant but reasonably well-off
- *North America and Caribbean*—comprising the Priories in USA and Canada plus nine St John Associations, generally small and relatively poor

I have just returned from the annual Grand Council of St John, held this year in Malta. It was impressive not just for its taking place in what was for over two centuries the home of the Knights of St John, but for the obvious desire of all present to exchange knowledge and develop new ways of furthering St John's service to humanity under the umbrella of an organization with profound belief in Christian values. I'll be saying more about the international connection shortly, but let me turn now to the second question I've raised today.

#### WHY DOES IT MATTER?

So far I've managed to identify five different ways in which the organizational mantra *One St John* can be, and is being, interpreted as:

- breaking down the so-called silos
- blending volunteers and staff
- a working, constructive federation of eight St John States and Territories
- obtaining the right Priory contributions; and
- active participation internationally.

That's quite a load for the one simple phrase *One St John* to carry, but there's more: within each lurks a number of important issues and aspirations that I want to highlight to you, and if possible get you excited about them. Although I've given a hint in some instances why I believe each interpretation means something important—and some will be blindingly obvious to you anyway—let me quickly take you back through them, one at a time.

#### Breaking down the so-called silos?

In this competitive and increasingly expensive world in which we deliver our wide range of services to the community, we cannot afford to ignore the savings from sharing administrative costs and the benefits that are there from multi-skilling our volunteers and providing alternative development paths for them. The public's perception of St John as one organization delivering a range of humanitarian services, rather than a number of organizations that look strangely familiar, is to everyone's benefit. The organization, particularly measured at the State or Territory level, can become bigger and better than the sum of its parts.

#### Blending volunteers and staff?

From time to time it appears to me that there is unnecessary tension between our body of unpaid volunteers and the (much smaller) number of paid staff who are there to help organize and facilitate the St John tasks. That is by no means a universal problem, but it concerns me greatly in those places where it does appear.

It is a plain fact that St John is no longer a body comprised solely of volunteers, but it is equally plain that paid management's task must be kept in perspective. Let's face it, without volunteers there would be no St John Australia as we know it and thus no need for paid staff. On the other hand, without paid staff to centrally manage core functions

of the organization, at both regional and national levels, we would be a much smaller and less effective community services organization.

I am enormously encouraged by the number of staff—particularly those at senior roles and ranks in our organisation—whom I see now donning volunteer uniform *outside working hours, because they bring back to the office a personal understanding of the volunteer's role and challenges.*

I should add that I was intrigued when in Malta to learn that St John there operates as a *totally volunteer* organisation. With the right culture and attitudes in place, whether one is paid or unpaid becomes irrelevant, and *One St John* becomes bigger and better than the sum of its parts.

### **A working, constructive federation of eight St John States and Territories?**

I am assured there is universal support, throughout Australia, for the federated structure under which we currently operate. Our national Board meets regularly, takes actions and frames considered policies for the good of the organization, and then disperses to implement them in the individual States and Territories where the charitable work of St John actually takes place.

The exchange of information and views is a vitally important part of this task. We still have some work to do, some of it incredibly easy like providing links on our national website to each of the State and Territory websites that are maintained around the nation, and vice-versa. We've made a good start, if you'll forgive me saying so, by making the Username on our national website *Onestjohn!*

It's important to recognize in the ideal world of a working, constructive federation that the State and Territory chairmen who play a vital role in the *national* process have an equally vital role in leading their *own State and Territory boards*, with their own programs and policies to follow.

Remember, '*We are one but we are many*', and in these circumstances the possibility of conflict arises. Disagreements can and do occur, and we've had one or two over the last couple of years. It's a tribute to the commonsense and personalities of those who serve on our Board that we've generally sorted them out quickly and satisfactorily. The only one to suffer any lasting stress is the national chair, and he has a strong preference that the occasional differences be sorted out beforehand.

We're well-advanced, I believe, on the task of making that more likely by discussing, with the benefit of management advice, where the line of responsibility needs to be drawn between State/Territory and national policies. I'll return to the subjects of Priory contributions and international participation in a while, but before doing so I would like to dig a little deeper on the matter of a national superstructure making *One St John* better than the sum of its parts. It does this by *adding value* through what it does.

I've requested my colleagues on the national Board and the Chief Executives Committee to identify and in due course reaffirm or 'opt into' a variety of national policies:

- *ensuring that valuable information is shared* across Australia, regardless of where it is generated or normally resides, a task in which our national website can complement, and be linked into, similar efforts in the regions; *or*
- *calling on national funding* from the Association where it's clearly sensible and effective to do so; *or*
- *exploiting St John's national standing* in representations or negotiations where that's more likely to be effective than a State or Territory standing alone; *or*
- *elevating the national profile* through coordinated or centralized public relations and marketing where that makes sense; *or*
- *assisting in funding our charitable tasks with our business activities*—even better, increasing our scope for charitable activities by doing business more economically and effectively. It goes without saying that our only reason for being in any business—whether it's the selling of kits or training courses—is the generation of money to fund our charitable activities.

On occasions, I sense that this unity of purpose is lost sight of, and that business becomes an end in itself or, alternatively, is dismissed as a slightly embarrassing sideline to a worthy charity. Neither view is helpful, since business is an essential part of *One St John*. But we are, as I regularly emphasise whenever this point is raised *a charity operating in a businesslike way, not a business with charitable intentions.*

### **Obtaining the right Priory contributions?**

Returning to the fourth in my list of *One St John* interpretations, there is an array of national policies which I am convinced are at the core of sound governance of St John Australia and all its parts, ensuring that value is added to the separate contributions by individual States and Territories.

I've used the slightly old-fashioned term Priory contributions to remind me that these policies are developed, in practice, by specialised Priory Officers—whom I think of as the independent, non-executive directors on our Board—in concert with their counterparts in the States and Territories. In general terms, these are policies to do with:

- *standardizing anywhere best practice is evident* but most usually in the areas of first aid practices, first aid training and financial management; or
- *coordinating when State or Territory borders need to be crossed* in the performance of St John's responsibilities; or
- *developing our youth*, where the national Board has by a series of decisions of recent years wisely asserted its wish to set policies to direct us in this vital area. (This is happening today, since Chapter will be asked to endorse the amendment of our Rules of Association to include the chair of the Australian Youth Council as a director of the national Board).

I think the first two contributions by Priory Officers speak for themselves—why on earth would we not *standardise nationally* on policies and guidelines put together with the best advice from across the nation and internationally?

That doesn't mean that all wisdom must come from Canberra, since States and Territories can—and quite often do—provide the template for policies and processes that should be adopted everywhere. Only the occasional dose of pride or parochialism, I suspect, prevents that happening more often. We choose our Priory Officers carefully and well, and they are not too proud to accept advice and guidance—so when they proffer it, or coordinate it, we should respond in kind.

The *coordinating* role of Priory Officers and, I should add, the national office staffers, was brought home to us very recently by the great effort that was mounted in support of St John Victoria during the recent bushfire emergency. Assistance from four States and the Northern Territory was offered and coordinated at a national level, and all of us shared with pride in the response to those contributions. Speedy and effective coordination really mattered then, and will matter again; the national role doesn't need to be argued—value is added by the national contribution to the sum of the contributions by participating States and Territories.

Finally, I've included *developing our youth* in this list because our organization will only survive if it regenerates through its own efforts. Many of you have commented to me this week on the quality of young people in the Chancellor's Leadership Development Program, and I have enthusiastically agreed. To state the obvious, we must attract and retain people from an early age (or welcome them back at a later age when their family and work commitments permit). We are doing rather well at this, as I think we always have—currently 55 % of our volunteers are 25 years or under. Strikingly, in our key area visible to the general public, in First Aid Services two out of every three volunteers are 25 or younger. This is a key strength of St John Australia, and one that some of our sister (or maybe cousin) organizations must contemplate with a certain envy.

### Commitments and responsibilities

I've spoken at length about national policies and standards which are there to make us function better as a national organization. To keep such policies in place and followed needs *commitment to our voluntary federation* and the decisions taken within it. All involved need to remain convinced, of course, of the value of doing so, and opting-out can be expected if there is disappointment. There is no benefit in having a policy if it's put there to improve outcomes but then not given the chance to do so because it is ignored.

So long as all of us stick to the agreed path, it is evident to me that the national involvement adds value—and sometimes great value—to the sum of the parts as we achieve *One St John* in cooperative, complementary action within our *commitment to our voluntary federation* of six States and two Territories.

Once we have resolved a national policy on any or all of the areas I have raised with you today there is no room for, or sense in, opting in or out. I am determined that all participants in the Board I chair should be bound by the decisions unless and until it is revisited by the Board which created them.

Just in case you think I'm being a bit heavy-handed about this, I would point out that 'bound' is a useful word in this context, since in practice the participants must be roped-in rather than cemented-in!

To revert for a moment to the specific example of youth development policy, *One St John* in practice means that individual State and Territory bodies must throw their weight, their wholehearted support behind their respective Youth Councils. I do not see in the offing a better means of securing the relationships and trust we need to retain and build upon our solid base of young members. We have a youth director on the national Board, and a National Youth Manager on the staff in Canberra. We must use them to good effect.

The inescapable outcome is that *One St John*, through commitments like this, becomes bigger and more proficient than the sum of its parts. It also has a better chance of lasting longer than its competitors!

### Active participation internationally?

I return now to my fifth and final interpretation of *One St John*. There is one area of responsibility that we inherit from our membership of the international Most Venerable Order of St John, and on which there can be no argument.

That is *responsibility for our international brand* of St John, its protection and negotiations for its controlled use. This includes such matters as the use of our intellectual property, our international logo and the potential misperceptions created by the so-called 'false orders' of St John.

We also have responsibility for protecting the integrity of our very special system of honours and awards, made under the Royal Charter creating the Most Venerable Order, without which (as some of the 'false orders' sadly demonstrate) **their value and significance could deteriorate.**

The point I want to drive home is that we are responsible, individually and collectively, for protecting the good name and reputation of St John won so hard over so many centuries by our predecessors in the Order. In today's media-hungry world it can be damaged for years by even a single incident that falls short of St John's high standards.

The Grand Council of the Order made a number of decisions in Malta last month which relate to the issues of brand and reputation, which I won't go into here but by which, I simply note, **we in Australia are firmly bound.**

Meeting at Grand Council is not the only area of international activity in which St John Australia becomes engaged, of course. At the same Malta meeting we received a coolly factual, but heart-rending, account of St John Zimbabwe's efforts to relieve suffering in the cholera epidemic in that blighted country. The information session ended with a commitment by the eight international Priories present and the Eye Hospital in Jerusalem to contribute further money to assist with St John Zimbabwe's rehydration program—the amount was, measured against overall need, modest but it will be used to great effect by the courageous volunteers wearing the St John uniform there. I should add that a shipment of ambulances, cadet uniforms and other supplies contributed by three States will this month leave from Perth for Zimbabwe.

This is truly *One St John* at work, this time internationally. It's almost trite for me to say to you that the organization we serve is, by these decisions and actions, made bigger and better than the sum of its parts.

### CONCLUSION

To summarise my answers to the questions I posed at the beginning of this Occasional Address. What does *One St John mean*? I hope I've satisfied you that it means any and all of

- breaking down the so-called silos
- blending volunteers and staff
- a working, constructive federation of 8 St John States and Territories
- obtaining the right Priory contributions; and
- active participation internationally.

A simple phrase capturing all of these interpretations, all of them useful in illuminating a different aspect of our existence or aspirations as an organization.

And why do they all *matter*? Because, in each case when successfully followed, the organization is—or becomes—bigger, or more efficient, or more responsive, or more effective than the sum of its parts.

From where I stand, I'm not satisfied that we're quite there yet on any, let alone all, these fronts, but I am absolutely convinced that with your wholehearted support *we will get there*. At that future point, hopefully not too far off, I will be able to say to you, after playing a little with the proud anthem I started with today, 'We are many, but we are one'—*One St John*.



## Who (and what) are the Grand Priors?

Ian Howie-Willis

*As noted above in the article 'The Hymns of St John', Dr Howie-Willis is the Priory Librarian for St John Ambulance Australia. The article that follows was a paper he delivered at the 'Grand Prior's Award' breakfast on 19 June 2009 during the National Conference of St John Ambulance Australia on the Gold Coast, Queensland.*

In the 178 years since our Most Venerable Order of the Hospital of St John was born in 1831 we have always had a Grand Prior at the head of our organization. In the time available to me at this breakfast I can't hope to expound upon each and every one of them, so what I propose to do is this:

- outline the historical background to the position,
- briefly explain what the Grand Priors do, and
- present a short profile of the each of the ten.

Our Order results from a failed attempt in 1831 to revive the English Grand Priory of the ancient Knights Hospitaller, also known as the Knights of St John. The original Catholic Grand Priory had been suppressed by King Henry VIII and Queen Elizabeth I almost 300 years earlier during the Protestant Reformation. The attempt to revive it in 1831 failed because the revived organisation was essentially a Protestant body which couldn't be countenanced in a Catholic religious order. Finally rejected by Rome and the parent Order in 1858, the revived body declared itself to be an independent, new Order of St John. Having discovered First Aid during the 1870s, the new Order's good works earned it a Royal Charter from Queen Victoria in 1888, and that made it a British royal order of chivalry in its own right. By that stage it already owned what remained of the buildings of the former Grand Priory—the gatehouse and chapel. 'St John's Gate' as the former is known has remained the worldwide headquarters of the Order ever since.

The Hospitallers' former Grand Priory of England was also known within the ancient Order as the '*Langu*e of England'. '*Langu*e' is French for 'tongue' or 'language' and that term reflects the organisation of the ancient Order. The Hospitallers divided themselves linguistically into a series of Priories, one for each of the major languages of Europe; and so there were Grand Priories of France, Germany, Italy and Spain as well as England.

The ancient *Langu*e of England survived for 415 years, from about 1144 until 1559, when it was finally suppressed by Elizabeth I. Her father, Henry VIII, had begun the process by stripping the *Langu*e of all its properties 19 years earlier in 1540. In the period before the final suppression there had been 39 Grand Priors, the last of whom was Sir Thomas Tresham, who died just before the final confiscation.

After the suppression, the Order, now based on Malta, continued appointing titular or token Grand Priors of England for the next 256 years. Most of the 14 titular Grand Priors, however, weren't English, never visited England and in any case had no Grand Priory to preside over. The first of the titular Grand Priors was actually English—Sir Richard Shelley—but after the suppression in 1559 he lived on Malta, where he fought in the Great Siege of 1565.

Let us now consider what the Grand Priors actually do. According to the statutes of the Order, their powers are great for they rule the Order. Thus, they maintain an overview of its operations, promulgate its statutes and regulations, appoint its senior officials, determine its policies, admit worthy people to its membership, promote them for continued worthy service and otherwise acknowledge its loyal servants who, like you, have earned the awards issued in its name.



*St John's Gate, Clerkenwell, London, remnant of the former Priory of England of the Knights Hospitaller, the original Order of St John. Since 1875 it has been the world headquarters of the Most Venerable Order of St John.*



*Effigy and tomb of Sir Thomas Tresham (1488–1559), last of the 39 Grand Priors of the ancient Priory of England. The tomb is in the Church of All Saints, Rushton, Northamptonshire, England.*

The Grand Priors do very little of this personally, even if it is done in their name and under their authority. Instead, the Grand Priors delegate their great powers over the Order to a vast legion of servants who carry out the duties done with the Grand Priors' authority. This is because the Order and its St John Ambulance establishments are such large and complex worldwide organisations that no one person could be expected to monitor all its various structures and good works.

The Grand Priors' role is therefore largely—but not entirely—a figurehead one. On behalf of the Sovereign Head, they formally rule the Order but do not manage it on a day-to-day basis. That, however, does not mean that they are unaware of what the Order does or are uninterested in its workings. To the contrary, they do perform certain practical, 'hands-on' duties, including attending and presiding over the annual meetings of the international Grand Council, the peak governing body of the Order. They actively participate in the ceremonial life of the Order. They are regularly briefed on developments within the worldwide St John family, and take a personal interest in the humanitarian good works it does, especially in the poor 'Third World' nations. And they periodically travel around the Order's far-flung overseas branches to see it in action.

I now turn to individual Grand Priors and will endeavour to give you the salient points in the careers of each. In the period before the Royal Charter of 1888 there were five Grand Priors, as follows.

Reverend Sir Robert Peat (died 1837), was the son of a watchmaker from Hamsterley, a village outside Durham in the far north of England. After some encouragement from his bishop he was ordained as an Anglican clergyman and then became an army chaplain. He was later granted the living of the Brentford church in Essex, but was rarely there because he preferred living fashionably in London, where he also gained appointment as one of numerous chaplains to King George IV. He was also a heavy gambler, which perhaps explains his marriage to a much older but wealthy woman who was also a Catholic. She lived near Durham, and he only ever brought her to London once because her vulgarity embarrassed him before his stylish friends. Instead he visited her once a year, apparently often enough to guarantee him the financial security he could never have obtained as a humble vicar. Somehow he managed to be knighted in the British Order of St Patrick and also claimed a Polish knighthood. A dandy and unabashed opportunist, his becoming the inaugural Grand Prior of the 'revived' English branch of the Knights of St John was in keeping with his pretensions to gentility. Peat's six-year period as Grand Prior was contentious because he became involved in a bitter dispute with one of the French knights who'd promoted the revival of the English *Langue*. This led to a split in the infant organization, with Peat leading one faction and the French knight, the self-styled 'Count' Alexander Mortara, leading the other. Peat died without the dispute being resolved, but Mortara soon disappeared from the scene and his faction evaporated, leaving Peat's group as sole claimants to being the genuine revived *Langue*.

*Brentford Church, Essex, where the Reverend Sir Robert Peate was vicar. He died in the vicarage there in 1837 but spent most of his time in London..*



*Medal bearing the portrait of Sir Richard Shelley, the first of 14 titular Grand Priors of England. He served as Grand Prior 1561–90.*



*The present Grand Prior, Prince Richard Duke of Gloucester (right) and the Lord Prior, Professor Anthony Mellows, to whom the Grand Prior delegates much of his power in the Order's affairs.*



**Sir Henry Dymoke** (1801–1865) was a member of an ancient Lincolnshire family who were the hereditary King's Champions. The task of the King's Champion was to ride up to the coronation in full armour then offer to fight anyone who dared challenge the king's entitlement to be crowned. Sir Henry, a baronet, played this role the last time it was performed, at the coronation of George IV in 1821. During Sir Henry's period as Grand Prior, 1838–47, the 'revived' *Langue* entered a protracted period of negotiation with the parent order, the Sovereign Military Order of Malta, in Rome, with the aim of being recognised as the Order's duly reconstituted Grand Priory of England.

**Sir Charles Lamb** (1785–1860) was a baronet and army lieutenant-colonel. From an aristocratic family, he was born in Wales but after his army service settled at Beauport near Hastings in Sussex, where he lived like the local squire. He served as Knight Marshal of the Royal Household from 1824 until his death and was also the Sheriff of Sussex for two years. He was the Grand Prior when the Sovereign Military Order of Malta Order finally refused to recognise the purported *Langue's* legitimacy in 1858. The *Langue* then declared itself to be an independent order and took the name 'The Sovereign and Illustrious Order of St John of Jerusalem, Anglia'. Up until that point it had regarded itself as the legally re-established British branch of the Sovereign Military Order of Malta. After Sir Charles died in office at the age of 74 he was briefly succeeded by Sir Alexander Arbuthnot.

**Sir Alexander Arbuthnot** (1789–1871) was born in Hampshire, England, but was from an ancient Scottish family. He had joined the Royal Navy as a 14 year old midshipman and then rose through the ranks to be a rear admiral. During his 43 years in the navy he saw much active service, including at the Battles of Trafalgar and Copenhagen. As well as briefly being the Grand Prior he held an appointment as Gentleman of the Privy Chamber to both George IV and Queen Victoria. He was knighted by both Russia and Spain, and in 1859 became a Knight Bachelor of the UK.

**Sir William Drogo Montagu** (1823–1890), 7<sup>th</sup> Duke of Manchester, was a Conservative Party parliamentarian for eight years until he inherited the dukedom in 1855 at the age of 32. For reasons unknown, in 1861 he agreed to become the Grand Prior of the Sovereign and Illustrious Order of St John of Jerusalem, Anglia, as it was still known. The Duke did the Order a great service by bringing into it a group of well-connected enterprising young men to inject some vitality to the membership, which had mainly consisted of antiquarians who had proved ineffectual in finding a practical role for the Order. The 'new blood', and in particular Sir Edmund Lechmere (1826–1894) and Sir John Furley (1836–1919), gave the Order new purpose by 'discovering' first aid and ambulance work and making these the Order's main focus and its reason for being.



*Arms of Sir Henry Dymoke, Grand Prior 1838–47, on display in the Chapter Room, St John's Gate.*



*Arms of Sir Charles Montolieu Lamb, Grand Prior 1847–60, on display in the Chapter Room, St John's Gate.*



*Arms of Sir Alexander Arbuthnot, Grand Prior 1860–61, on display in the Chapter Room, St John's Gate.*



In 1875 the Order established an 'Ambulance Department' to promote this enterprise, and that led in 1877 to the foundation of the St John Ambulance Association (Training Branch). In rapidly industrializing Britain, the Association's public first aid classes proved immensely popular. Centres for teaching first aid rapidly spread across Britain and soon overseas as well, including to Melbourne in 1883. The Association was followed by the St John Ambulance Brigade (Operations Branch) 10 years later in 1887. Meanwhile, in 1882 the Order also established its Ophthalmological (Eye) Hospital in Jerusalem. All of this good work came to the attention of Queen Victoria, some of whose own family, including the Princess of Wales, had undertaken first aid training.

The 7<sup>th</sup> Duke of Manchester stepped aside as Grand Prior in 1888 when the Royal Charter was granted to the Order. His place was taken by Prince Albert Edward, the Queen's oldest son and heir to her throne, who had been introduced to the Order by his wife, the Princess Alexandra, a keen advocate of the first aid cause. By that stage the Duke of Manchester had been Grand Prior 27 years; and by obtaining Royal patronage for the Order he'd conferred upon it the greatest benefit possible. He knew what our Order's worldwide leadership still knows, which is that the authority, dignity and good repute of the Order would ultimately derive from its being a royal order of chivalry under the protection of its Sovereign Head and led by the members of the Royal Family who since 1888 have been its Grand Priors.

We now come to the five Grand Priors who have served the Order since the granting of the 1888 Royal Charter. All have been Princes of the Royal House of Windsor (formerly Saxe-Coburg-Gotha). In order they have been as follows.

**Prince Albert Edward (1841–1910), Prince of Wales (later King Edward VII),**

was the first son and second oldest of Queen Victoria's nine children. He spent a frivolous, hedonistic, self-indulgent and dissolute earlier adulthood, with little purpose in life other than to produce heirs and wait around for his mother to die so that he could succeed her. When he finally came to the throne in 1901, he left his scandalous lifestyle behind him and surprised his critics by rising to the occasion and reigning with dignity and honour. His reign is now fondly remembered as the 'Edwardian Era'—a brief golden age of progress, enlightenment and elegant style cut short by the horrors of World War I. Albert was 47 when the Order received its Royal Charter and he became the inaugural Grand Prior under its new constitutional arrangements. At this stage he was at the height of his career as the leader of London's 'Smart Set' and was the very by-word for pleasure-seeking excess. Whether he took his duties as Grand Prior seriously is debatable. In one famous incident he wore his robes of office to a fancy dress ball. To be fair to him here, the Grand Prior's formal attire was then such a grotesque concoction of Tudor-era garb that it almost



*William Drogo Montague (1823–90), the 7<sup>th</sup> Duke of Manchester: a cartoon by Sir Leslie Ward, published in Vanity Fair magazine 28 December 1878.*



*Queen Victoria was the inaugural Sovereign Head of the present Most Venerable Order of St John. She wears her Sovereign Head's badge—the one at the top right of her row of decorations. The St John Service Medical includes her portrait.*







*Prince Albert Edward's Tudor-style robes of office as Grand Prior. The photograph shows him wearing them at a fancy dress ball in 1897.*



*Prince Albert Edward succeeded his mother, Queen Victoria, as King Edward VII in 1901. His reign 1901–10 is remembered as the 'Edwardian Era'. In this portrait his Sovereign Head's Maltese Cross is peeping out from behind his blue Order of the Garter sash.*

invited ridicule, even if it did faithfully represent a Grand Prior's robes at the time Henry VIII had suppressed the ancient *Langue* some 350 years earlier in 1540. Although Prince Albert Edward might not have greatly valued his Grand Prior's role, his appointment to it was a huge PR coup for the Order because it brought the Order and its St John Ambulance foundations a degree of respectability, public acclaim and credibility that was so great it would be difficult to overstate this. For that we must be grateful to him.

**Prince George (1865–1936), Prince of Wales (later King George V),** was the second son and second child among the six legitimate children of King Edward VII. In contrast to his father, his years of waiting to succeed to the throne were dutifully spent in the kind of public service and charitable work now associated with the Royal heirs. Thus, George became a serving naval officer and travelled abroad to represent his father, the King. For example, he came to Australia in May 1901 to declare open the new Commonwealth Parliament. His time as Grand Prior was relatively brief, only eight years, because he succeeded his father in 1910 and therefore rose to become our Sovereign Head. We are not sure what he made of his duties as Grand Prior but can be certain he approached them with the same sense of service and moral seriousness he brought to all his official duties.



*As Prince George 1901–10, King George VI had been the second royal Grand Prior of the Order. After ascending to the throne, he served as Sovereign Head of the Order 1910–35.*

**Prince Arthur (1850–1942), Duke of Connaught,** was the third son and seventh child of Queen Victoria. Unlike his older brother Albert but like his nephew George, he was a serious-minded prince who devoted his long life to public service. After training at the Royal Military Academy at Woolwich, he became a career army officer and subsequently served in various overseas postings, including South Africa, Canada, Ireland, Egypt



*Prince Arthur Duke of Connaught served as Grand Prior of the Order 1910–1942, and he is seen here (left) wearing his Maltese Cross pendant of a Bailiff Grand Cross (GCStJ) of the Order of St John. Right: Prince Arthur at 87 years in the 1937 portrait by Philip Alexius de László.*

and India. After retiring from the army he served a five-year term as the Governor-General of Canada. As well as being our Grand Prior for 32 years, he was president of the Scout Association and a personal friend and admirer of Lord Baden-Powell, the founder of Scouting. In both these roles he served with distinction and was remembered with affection.

**Prince Henry (1900–1974), Duke of Gloucester**, was the third son and fourth child of George V's six children. Unlike his two older brothers, who served in the navy, Henry served in the army. At the end of World War II he came to Australia to spend a two-year term as our 11<sup>th</sup> Governor-General, thus becoming the only member of the Royal family ever to have held the position. He had earlier undertaken a successful Royal tour of Australia in 1934. He succeeded his uncle, the Duke of Connaught, as Grand Prior in 1942 and then held the position for the same long period, 32 years. When he arrived in Australia to take up duty as Governor-General in 1945, he brought with him a ceremonial sword which he presented to the then Australian Commandery of the Order at a special ceremony at St Andrew's Cathedral, Sydney. When the Priory succeeded the Commandery the next year, the sword became known as the Priory Sword. If you attend tomorrow's Chapter Meeting and/or the Priory Church Service on Sunday, you'll see his gift carried in the capitular processions that precede these events.

**Prince Richard, Duke of Gloucester**, was the second son and child of his predecessor as Grand Prior, Henry, Duke of Gloucester. He might not have become our Grand Prior but for a tragic accident—the death of his older brother Prince William in a plane crash two years before their father's death in 1974. After serving as Grand Prior for the past 35 years, however, Prince Richard has now held the position for longer than anyone else, including his own father and the Duke of Connaught, the previous record-holders. Unlike other royal princes of his own and earlier generations, Prince Richard did not pursue a military career but instead became an architect, a career he successfully practised in addition to supporting the various charitable causes of which he is patron. Being an architect, he is so far the only member of the Royal family ever to have entered one of the learned professions. Apart from living in Australia while his father was Governor-General, as Grand Prior he toured here widely in 1979.

Who will succeed Prince Richard as Grand Prior is at this stage uncertain. Because his own sons are untitled members of the Royal Family who under the rules of succession will not become princes or royal dukes, it would seem unlikely that one of them will take over from him as Grand Prior. If we wish to continue being led by princes and royal dukes we will therefore have to look elsewhere.



*Prince Henry, Duke of Gloucester, was Grand Prior 1942–74. He was also Governor-General of Australia 1945–47. This portrait of Prince Henry was published in the annual report of the Commandery of the Commonwealth of Australia in 1945, the year he took up duty as Governor-General. He wears full dress army uniform with his GCStJ's cross prominently displayed.*



*The Grand Prior, Prince Henry Duke of Gloucester (left), presents the ceremonial sword to Lord Wakehurst, Knight Commander of the Commonwealth of the Commonwealth of Australia (Exclusive of Western Australia), during a special Commandery Chapter Meeting in Church House, St Andrew's Cathedral, Sydney, on 27 April 1945 . The two men in the background at the right are the Commandery Secretary, Commander Griffiths-Bowen (wearing his naval uniform) and the Secretary of St John Ambulance in Victoria, Frederick Raven (wearing his St John Ambulance Brigade uniform); the other man is a military aide.*



*Prince Richard, Duke of Gloucester, Grand Prior of the Order for a record period of 35 years (since 1974). An architect, he is the only member of the Royal Family to have entered one of the 'learned professions'.*



*The Grand Prior of the Order, Prince Richard, Duke of Gloucester, addresses a church parade of South Australian members of the Order in Ti Tree Gully, Adelaide, 1993 (photograph provided by David Heard).*



*The Grand Prior's Badge, the chief award made to St John Ambulance Cadets who have successfully completed a rigorous course of training and have earned the requisite number of twelve Proficiency Badges. Congratulations to all who hold this award. Long may you wear it with pride!*

This has, perforce, been a quick tour of a large, complex subject. For you the Grand Prior's Badge Awardees of Australia, it has special significance because the award you have earned bears the title of and is presented in the name of the Grand Prior. I feel greatly privileged to have been invited to address such an audience; and I congratulate you on your achievement. I trust that you in turn have learnt something useful from my presentation. I certainly did in preparing it; so I hope you have too in hearing it.



## REPORTS FROM THE STATES AND TERRITORIES

Following are the reports from the State/Territory branches of the Historical Society, tabled at the Society's eighth Annual General Meeting on 19 June 2009.

### ***The Ian Kaye-Eddie Heritage Centre, Western Australia***

Edith Khangure, OSTJ, Librarian and Archivist

The general status of the Ian Kaye-Eddie Heritage Centre which incorporates the WA St John Museum, Archives and Information Resource Centre is satisfactory. The year, 2008–2009, has been a busy one in most areas but especially with displays, reference enquiries and digitisation of records. Finances have been adequate. Details of progress in all areas of WA heritage work are given below.

**Donations and acquisitions:** Donations this year include books, records and equipment i.e. First Aid & SJA Cadet books, Resusc Annies, programs, uniform items, assorted brochures, photographs, Fellowship of St John records, a New Zealand commemorative wine glass and St John Life magazines from NSW. A ceremonial sword used for cadet enrolments and the Commandery dubbing sword have been given to the museum as permanent loans to be released as required for ceremonial occasions. A donations/desiderata list has been sent to all St John museums; and material from Canberra has been received. We also assisted a St John colleague with his tie collection.

**Reference and Research:** Historical research was required this year for:

- The annual Sub Centre Conference history display and a quiz.
- The Ladies Auxiliary 40<sup>th</sup> anniversary.
- Histories of Denmark and Harvey sub centres
- Biographical details of Thomas Tetterington, Police Commissioner and Police representative on the St John council 1930s and 1940s.
- Histories re St John activities in Victoria Park, Bassendean, Noranda and Claremont.
- Biography and service details re C. R. Bannerman
- Assistance to Community Care branch with biographical details for honours and awards.
- Ceremonial swords
- A history of the Order for a new SJA staff handbook.

**Ceremonial Artefacts:** Dr Oxer, State Councillor for Heritage, organised a custom-built travel case for the WA Commandery Sword, beausts and tray, Commandery Standard and flag pole. It is made of lightweight metal and lined in cloth. The case permits secure transportation of these important items when required in or out of the metropolitan area.

**Digitisation of Annual Reports:** A complete audit of St John records, minutes and reports held in the Archives and Records room commenced early in 2009. The intention is to have all of them digitized. To date some 62 volumes of assorted committee minutes, correspondence and Medic Alert minutes dating from 1892–2007 have been processed. As all of this first stage material was already bound the task was lengthy—uncasing, digitisation and then rebinding took 3 months with checks of the records taking place at each stage.

Stage 2 will involve other material—specifically the Functions Committee minutes from 1989–2006 and Commandery Chapter minutes. This will continue through this financial year into next. Minutes of the WA State Council will then be digitised prior to binding on an ongoing basis. Copies of the digitised records held on DVD's will be kept on and off site. My thanks for assistance with this project go to Dr Harry Oxer, Donna Collins, Lorraine Asko and the museum volunteers.

**Displays:**

- A history display in the form of a time line—specifically featuring sub-centre events was prepared for the annual SJAA Sub Centre Conference in August 2008. Uniforms were also supplied for two live statues at the Sub-Centre Conference Dinner.
- Assistance with photographs, records and display items was given to the Ladies Auxiliary for their 40<sup>th</sup> anniversary celebration. This was also their grand finale and was held in Bunt Hall, St Georges Cathedral, Perth. Their records, once sorted, will be donated to the Archives.
- We have had four displays at different shopping centres around Perth - Victoria Park, Bassendean, Noranda and Claremont. Uniforms, equipment, general history panels and text/photographs specific to the suburbs were provided for the displays.



**Museum Fittings:** One new item—the Commandery dubbing sword—has been loaned for display in the museum and a new jarrah/glass illuminated case installed to house it on one wall.

**Preservation and Restoration:** One painting with a damaged frame has been repaired. Another, previously unframed has now been framed. Uniforms on display have been laundered/dry cleaned. Two wooden first aid boxes have been cleaned/polished. The tray which is used to carry the Commandery Sword mounts was altered to fit the new carrying case & resilvered. A flag pole has been altered to three interlocking segments to permit easy transportation.

**Museum Visits:** We have had visitors from NSW and various parts of our state. From the metropolitan area, individuals and several community groups ranging in size from 10–43 have also visited. We were also privileged to have a visit from the new Lord Prior, Professor Anthony Mellows, and the Chancellor of St John Ambulance Australia, Dr Neil Conn, in March. At the time of writing this report two school visits are expected in June.

**Projects:**

- Ongoing cataloguing—we expect to upgrade our MOSAIC software in early July 2009.
- Ongoing-reference work.
- Supply of photographs, uniforms and ambulance equipment to Harvey Sub-Centre for their 75<sup>th</sup> anniversary in April 2010.
- Ongoing digitisation of records.
- Changing 4 museum displays.

**St John Ambulance Historical Society** has 25 members. During the year we lost two, gained two and transferred one member to the NSW list as they have made a permanent move to that State. Records of subscriptions and donations have been sent to Canberra.

**Finance and Security:** My thanks to the W.A. Ambulance Service for continuing to fund the Heritage Centre and providing insurance and security.

**Assistance in the Museum:** As always I thank a number of individuals who are responsible for the Heritage Centre's achievements. In particular I thank:

- Wendy Breeze and Sue Griffin—Administrative Assistants from the Training Centre
- Donna Collins, Chris Blake and Kym Cusworth—Executive Personal Assistants
- Dr Harry Oxer, State Councillor for Heritage and Honorary Museum Curator
- Terry Walton (UK) and our interstate colleagues especially from Queensland and NSW this year.
- Most especially the Museum volunteers who are dedicated to St John in many ways, but who still find time to help with numerous museum tasks—Irene Simpson, John Ree, Frank Di Scerni, Des and Barbara Franklin, George Ferguson and Betty Dyke.

## ***The History and Heritage Committee, Queensland***

**Beth Dawson, AM DStJ, Chairman**

The past year has provided more challenges for the History and Heritage Committee which has continued to meet quarterly and continued well attended working bees more frequently.

**St John House:** Due to renovation of the section of St John House purchased in 1981 the committee has been responsible for ensuring all pictures and other memorabilia, usually displayed in this section are suitably wrapped and safely stored, in the Library. During renovations two important items were professionally restored. The Queensland St John Board requested the committee prepare and submit a plan to display the pictures; this has recently been accepted and will be completed following the conclusion of this Conference. Last year it was reported that a submission proposing 'Recognition of Early Volunteers' by naming St John House Rooms to honour them was under consideration; this matter has yet to be finalised by the St John Board.

**Grants:** Two grant applications were successful. The Gaming Benefits Fund grant of \$16,000 enabled suitable library shelving to be purchased as well as a supply of archival storage items. The second successful grant was received in February from the Volunteer Small Item Grant; a digital camera and accessories is being purchased. The camera will enable images of valuable items in the archives to be included on the History Management database. Viewing the St John Historical Society of South Australia database following the Society's 2008 Annual General Meeting provided the idea. Thank you South Australia.

**Research Work:** Requests continue to be received, some challenging whilst others are readily answered. A member of the public requested information about a badge issued by both Red Cross and St John Ambulance for War Service, the badge with a number engraved on the reverse was suspended from a scroll on which the word Australia was printed. I knew the Queensland archives did not have one of these badges, nor had I seen one previously. Help was needed, that help was willingly given by Betty Stirton whose research of the item must have given her as much pleasure as it did the gentleman who requested the information. Thank you Betty. A number of requests have been received from St John members, some of whom requested information for preparation of papers to be presented at the 2009 St John National Conference.

**Queensland Heritage Festival—'Q150':** A display was held at the St John Townsville Centre during Festival Week in May. Due to the demands of the forthcoming St John National Conference the committee did not arrange a function or display at St John House during Festival Week.

**Trophies:** The committee endeavoured to locate early trophies for adult and cadet competitions with some success. A number of these trophies have been repaired, cleaned and are now displayed at St John House.

**Fundraising:** This year the committee benefited from the sale of 'Head and Heel Packs' at the Royal Queensland Show. Donations, including a generous donation from committee member Vera Crook, were received; these have enabled restoration of some items of the collection.

**The Dorothy Davidson Collection:** The past year several scrap books prepared by Mrs Dorothy Davidson MBE. DStJ, about her involvement with the Voluntary Aid Detachments (VADs) during World War II and the early years of St John Ambulance Brigade, Queensland District, have been found in the collection. Two committee members, namely Gail Vann and Sandra Bout, have used the information and photographs to prepare two new scrap books; the cost of materials and photographs they have generously donated.

**2009 St John National Conference:** Preparation of the History Quiz, the selection panel for the Mark Compton Award, the History Stall and Display at the Trade Display has involved all committee members. Promotion of the St John Ambulance Historical Society of Australia will be a feature of the stall, which will be chiefly manned by committee members and members of the Society.

**Committee:** The membership of the committee is unchanged; all members contribute regularly at meetings and working bees as well as attending Conservation Clinics held at the Queensland State Library to seek advice about specific items of the collection. The current Queensland financial membership of The St John Ambulance Historical Society of Australia is 40, which includes five new members joining this year.

## ***St John Ambulance Historical Society, Northern Territory***

**Gwyn Balch, MStJ, Membership Secretary**

### **General Status**

In the every increasing demand for time the NT Historical Society seems to be one of the areas to be missing out. We haven't managed to have regular meetings with the whole committee but myself and Pat King have met most weeks to try and keep the momentum going.

We scheduled a Reunion Dinner on the 29 May anticipating about 70 people attending but due to lack of confirmations the event was postponed until later in the year. We have been offered some sponsorship for the event so this will reduce the cost for members attending and make it easier for those on pensions. The cost of the dinner was identified as one of the factors which prohibited some members attending.

An afternoon Tea / Historical Working Bee was held in November 2008 at the Historic Parap Ambulance Centre. This was a chance for Historical Members to get together over a cuppa and help sort, catalogue, name and scan historical photos. This is a long process but one that we hope to be able to complete within the next couple of years.

In addition to the historical photos we have had several discussions about preserving digital photos and cataloguing appropriately so they can be accessible by members. We have purchased an electronic photo storage device to assist us.

The St John NT website is in the process of being redeveloped and will include historical information. Internet Development Coordinator, Daniel Macmillan has already scanned all copies of the St John NT magazine 'Outback Ambulance' and placed them on the website. Future historical information will include photos, member stories and divisional information.

We have been allocated some funds to purchase archiving paper and boxes suitable to house the photos and other memorabilia and have requested an annual budget to assist the Historical Group. A permanent home to store and display our collection is still an issue for the NT.

Sadly, we have lost two special ladies in the past twelve months. Long time member, Pat McQuillen died in September 2008 and Rosemary Bromwich died in May, 2009 after a long battle with cancer.

Finishing on a happy note, we were honoured this year with two of our members being recognized for their wonderful contribution to St John in the Northern Territory. Steve Peers was promoted to Knight of St John and Lesley King was promoted to Dame of St John. Steve was also recognized for his 32 years as a volunteer and 30 years as a staff member with St John in the Northern Territory.

A special thank you to Pat King for her ongoing support, friendship and assistance with the NT Historical Group.



*The Deputy Prior, Mr Tom Pauling, Administrator of the Northern Territory (left), and Mrs Tessa Pauling (right) with Steve Peers and Mrs Ros Peers after Mr Peers's investiture as a Knight of the Order at Government House in Darwin in May 2009.*

## **St John Ambulance Archives and Library, New South Wales**

Loredana Napoli, MStJ, Archivist and Librarian, and  
Betty Stirton, OAM, DStJ, Honorary Archivist

### **New premises for St John Ambulance (New South Wales)**

After selling properties at Marrickville, Rydalmere and Surry Hills, St John has purchased a property at Burwood. It will house all the functions from Marrickville (Archives), Rydalmere and Surry Hills. It is expected that the move to Burwood will take place before the end of 2009. This will be the third home for St John NSW. In 1944 the first property was at 21 Macquarie Place Sydney housing the St John Ambulance Association and the St John Ambulance Brigade. In 1976 after thirty-two years at Macquarie Place, St John purchased 6 Hunt St Surry Hills. After a further 32 years St John, in 2008 commenced negotiations to purchase the property at Deane Street, Burwood. On 3 March 2009 during visit to NSW of the Lord Prior, Professor Anthony Mellows, he visited the premises at Burwood and officially opened and unveiled the new building plaque.

### **World War I badge**

A request from Beth Dawson, Queensland, for information and identification of a War Badge was received. We advised Beth that we had two of these badges in our collection and later discovered we have three belonging to: (1) William Harris, Glebe Ambulance Division—badge no. 11509; (2) Margaret Brooks, Glebe Nursing Division—badge no. 6086; and (3) Jessie Burt, Division unknown—badge no. 11593.

We are fortunate to have found in the back of a 1917 scrap book kept by Miss Flora Read, Superintendent of Western Suburbs Nursing Division, a Brigade Order date June 1918 from Brigade Overseas Headquarters, signed by Major General Dalton, Chief Commissioner for Brigade Overseas granting approval for the Badge and listing the qualifications required (copy attached). Unfortunately we do not have a list of names of members who qualified for the Badge. The Badge was withdrawn from issue in 1921.

Mervyn Goodall, Victoria, did a search on the Internet and found a copy and information on Badge No. 8264 with 'Dublin' on the suspension clasp. Mr Goodall also deserves special thanks for not only giving NSW Archives a record played by the St John NSW Brass Band in 1958 but also having a disc made of the record for our collection.



*Badge No. 6086, presented to Margaret Brooks of Glebe Nursing Division for war service during World War I.*

#### 125<sup>th</sup> anniversary history series in *One St John* magazine

Ian Howie-Willis (Priority Librarian) and Stephen Carter (National First Aid Services Manager) have expressed interest in compiling the 125 year histories produced for the NSW *One St John Magazine* into a single document. We are only too happy to forward the Series to Stephen Carter. We give special thanks to Ian Howie-Willis for his support and persistence with this project.



*The 'Celebrating 125 Years of St John' series published in One St John Magazine during 2008.*



#### Cadet celebration

On the evening of the last Annual Awards Day held in October 2008, the Cadets held a formal function to celebrate Cadets who have received their Grand Prior and Cadet of the Year Awards. From Archives we prepared display boards depicting the work of St John Cadets since the formation of the first Cadet Division in 1926 and St John Juniors since their commencement in 1950. The Cadets were particularly interested in the changes in proficiency badges, uniforms and competitions. In NSW we have 750 Cadets and 250 Juniors.

*The 2008 NSW Grand Prior's Award recipients, after receiving their awards at Government House, Sydney.*



## ***The St John Historical Society of South Australia***

**Brian Fotheringham, AM, KStJ, Chairman**

Twelve months ago members of the St John Historical Society of South Australia were pleased to welcome National St John Historical Society members to our St John museum in Adelaide. Thank you for the kind and encouraging comments many of you made, and special thanks to Beth Dawson for the donation of two books (*The Knights' Castle of Kastellorizo* and *First in First Aid*) to add to our collection.

We also have purchased a copy of Vince Little's *Candle of Hope – Ambulance Service in East Timor*. The result of these and other purchases and donations has meant we can now have four main streams of publications. One stream consists of First Aid Manuals, another has a range of administrative instructions, while the third comprises books that record the history of our organization. The fourth stream is of the various newsletters that have appeared for St John in South Australia over the years. Issues of *Priority None*, *Flashlight*, *St John News*, *Spotlight* and *Open Airways* bring back memories for many of our members. We have purchased another bookcase!

The Society's meetings have continued with very good attendances and with a seemingly unending stream of 'new' St John memorabilia to present at each meeting. Lyn and Keith Dansie have photographed and catalogued our collection of medals. Many of them date back to the time when St John in South Australia was heavily involved with Railways personnel and their first aid activities. Some are of the South Australian Ambulance Transport Inc. (SAAT) that pre-dates St John's involvement in the ambulance services of this State.

Our committee is made up of Cliff Wright as Deputy Chairman, Lyn Dansie as Secretary, and David Heard as Honorary Treasurer. My thanks go to them and to the Society's members generally for making our meetings such interesting experiences. All our members appreciate the support we receive from the St John Board in South Australia and from Peter Gill, the CEO. We thank too the St John Ambulance Retired and Reserve Members Association for their generous donation to our museum.

During the year, former members of the Unley Transport Division held a highly successful reunion in the very building that houses our museum. This gave the people who formerly worked in and from the Arthur Street (Unley) Centre an opportunity to view our exhibits, which they did. Several other non-St John groups are booked to visit the museum in the coming weeks, an indication that our efforts are worthwhile and that we can look forward to the future as a time of continuing interest and activity.

## ***The St John Ambulance Historical Society, Victoria***

**Shirley Moon, MStJ, Chairman**

This report marks the first full year of our Committee operating as the Victorian Branch of the St John Historical Society. We have 40 paid up members in the Victorian Branch, with a further three who belong at local level but do not subscribe at Priory level. Quarterly meetings continue, with historical presentations included.

The year has been one of considerable activity in the Museum, both in the physical structure and in the functioning. The most noteworthy changes to our building have been contributed by the Victoria University Community Initiatives Program, which provides supervised work training for unemployed persons in Western Region. The Program repainted the exterior of the Museum, renovated the kitchen, rebuilt the disabled persons access ramp at the entrance, and constructed flower beds around the fenceline at the front of the building making a huge improvement in its appearance.

Fireproof cupboards and monitored smoke detectors have been installed to help protect the irreplaceable memorabilia of the Museum.

Historical and archival work continues at the Museum. The display of radio communications equipment has been extensively revised. Our holdings have been reviewed and surplus equipment identified for disposal. It is now on offer to anyone interested.

A display board in the Museum is now being used for small biographies of notable past members. A photograph has been located of Miss Eirene May Appleton DStJ who served on St John Council from 1915 to 1967, a record 53 years including from 1929 to 1950 as Treasurer. She died in 1975 and we are urgently trying to find more information about her for her biographical notice.

During the year we received a donation of a 1975 Ford F-100 First Aid vehicle for the Museum. We are conscious of it being less than forty years old but this is the first vehicle that has been offered and we are also conscious of how precious the very first ambulance would have become, if only we had inherited that. We have also been informed of a vintage 1930s St John motorcycle with sidecar that could be donated if appropriate display space were available. The

Museum Committee will develop a submission for modification of the building to allow permanent preservation and display of these important items.

Preservation of archival records continues. We now have over 9,500 photographs of members and events. Donation of publications and other material is always most welcome.

I would like to thank all the members of the Historical Society who contributed time and energy towards helping the work of the Museum, particularly the volunteers who keep it open to the public, and most particularly to my predecessor, Jack Blackstock, for his decades of service to the Historical Society.

### ***St John History and Heritage Society, Australian Capital Territory and the Priory***

**Ian Howie-Willis, OAM, KStJ, Priory Librarian**

The St John History and Heritage Society of the Australian Capital Territory was formally constituted by the ACT St John Council in November 2008. This Society has held one meeting which was, unfortunately, poorly attended. It is therefore recognised and accepted that St John ACT is a small enterprise with relatively few members interested in attending the Society's meetings. The members who came forward to join the Society have accordingly decided to remain in contact with each other but to meet only on an as needs basis. Meanwhile, they will continue providing the Council with whatever advice and support it may require on history and heritage issues.

The Australian Office of St John Ambulance Australia (also known as Priory Headquarters) was much preoccupied during the second half of 2008 in vacating the former Priory Headquarters building on Canberra Avenue and in moving to the new premises at The Realm Hotel on National Circuit. The Priory Librarian, who is also the Historical Society Secretary, worked closely with the Australian office staff over many weeks to pack up the heritage collection and produce an electronic database and photographic inventory of the collection—much of the content of which has had to go into storage pending the development of display facilities at The Realm. The Librarian has also continued working closely with the Priory Secretary and CEO of St John Ambulance Australia (Peter Le Cornu) in identifying key items from the collection for eventual display in The Realm premises. The development of appropriate display facilities at The Realm and the transfer of particular items from storage to the display area will continue being a work-in-process during the remainder of 2009 and through 2010.

Among other duties, the Priory Librarian produced the text for the Historical Society's page in the *Annual Report* of St John Ambulance Australia. The Historical Society expresses its thanks to the CEO (Mr Le Cornu) and the National Manager Publications (Ms Shirley Dyson) for their assistance with this valuable publicity.

Another task for the Priory Librarian has been to produce a succession plan for his position. During 2009 he will complete his second triennium in the position. The Chancellor has invited him to remain in the position for a third triennium, but under Priory policy a Priory Officer may serve only three triennia. The Librarian's succession plan aims to help the Board of Directors identify a suitable appointee to succeed the present Librarian in June 2012.





## ‘Perserving and promoting the St John heritage’

### Front cover

In keeping with the theme of the leading article in this edition of *St John History*, ‘The numismatics of the Order of St John’, the cover displays various coins and medals of the ancient and modern Orders of St John.

The coin at the centre was struck by the Royal Mint (UK) in 1999 to commemorate ‘900 years of caring’ by the Order.

The other coins and medals (clockwise from top) are: the obverse of a 1798 30-Tari coin of Malta showing the profile of the Grand Master, Ferdinand von Hompesch; the reverse of a one-ringgit coin struck by the Central Bank of Malaysia in 2008 to commemorate the Centenary of St John Ambulance in Malaysia; the reverse of the 1798 30-Tari coin of Malta; the obverse of the Life Saving Medal (in gold) of the Most Venerable Order of St John; a Crusader coin of the Principality of Achaia, early fourteenth century; the obverse of the St John Ambulance Service Medal; reverse face of a Crusader coin struck by the Tripoli mint during the reign of Bohemond VI (1251–1275); and a copper coin struck in the mint of the Knights Hospitallers on Malta during the reign of Grand Master Emmanuel Pinto (1741–1773).