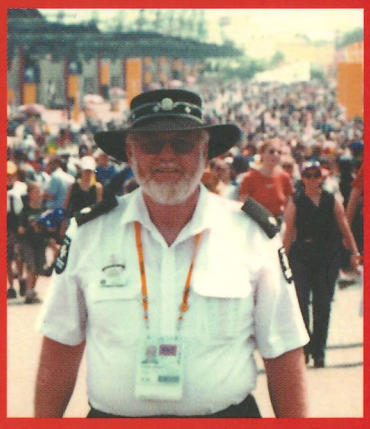
First in First Aid

St John







THE ZAMBUKS

The uniformed first aid volunteers of
St John Ambulance Australia, 1901–2002

Ian Howie-Willis

assisted by members of
St John Ambulance Australia Operations Branch

The Zambuks

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2002

THE ZAMBUKS

The uniformed first aid volunteers of
St John Ambulance Australia, 1901–2002

by

Ian Howie-Willis

(Priory Historian, Order of St John in Australia)

assisted by members of St John Ambulance Australia Operations Branch

Book title jointly suggested by
Mark Christie, Eddie Furnell and John Ward

St John Ambulance Australia
2002

'**Zambuk** /'zæmbʌk/. Also **Zambuck**. [The proprietary name of an antiseptic ointment.] A member of the St John's Ambulance Brigade, especially such a person in attendance at a sporting event' (*The Australian National Dictionary*, 1988).

'**zambuck** /'zæmbʌk/, noun, colloquial, a St John Ambulance man (from *Zambuck*, tradename of ointment in a black and white container, calling to mind the black and white uniform worn by St John Ambulance men' (*The Macquarie Dictionary*, 1981).

'If you don't know what a **Zambuck** is, it's someone in the black and white uniform of the St John Ambulance Brigade doing honorary duty at a sports arena ready to dash on to the field with everything from liniment to stretcher' (*The Bulletin*, 6 March 1984).

'Cuts, bruises, dry skin, scrapes, scratches, itches and insect bites. If you've got them, you need **Zam-Buk**. It's the Real Makoya. Since 1899' (Website of Roche South Africa, multinational pharmaceutical firm, <www.rocheconsumer.co.za/Products/products.htm>, as at 22 January 2001).

We are St John

We are St John, we are the force;
We are the carers, we are the source.

(By Villis Marshall, G.C.St.J., Chancellor of St John Ambulance Australia; a mantra for concluding the national 'Growing St John' seminar, Adelaide, South Australia, June 2000)

St John Volunteers

All honour doctors.
Let us honour those who voluntarily tend the injured
where no doctor goes.
And what a joy, through them, to re-survey
That narrow, sweet, now half-forgotten way
Of selfless service as a way to live
Based not on what they gain, but what they give.

(From 'In Praise of Nurses' by John Masefield, Poet Laureate 1930–67; located and adapted by Lesley King, Deputy Commissioner of the St John Ambulance Australia Operations Branch in the Northern Territory, Darwin, September 2000)

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AUTHOR'S DEDICATION

To Margaret Ann Willis (*née* Vale), critic, friend and family maker, whose high standards and fine judgement have eased my way through our 40 years of married life.

St John

CONTENTS

			Page
Preface			vi
Acknowledgements			vii
Glossary			ix
INTRODUCTION		ST JOHN AMBULANCE AND THE ORDERS OF ST JOHN	1
PART A — THE INSTITUTION			7
CHAPTER	1	THE St John AMBULANCE BRIGADE TRANSPLANTED	9
CHAPTER	2	THE BRIGADE AND THE St John FEDERAL MOVEMENT	42
CHAPTER	3	THE BRIGADE AND THE GREAT DRAMA OF THE POSTWAR ERA	55
CHAPTER	4	TOWARDS THE END OF THE CENTURY — YEARS OF REFORM	75
CHAPTER	5	ORGANISATIONAL ISSUES	96
PART B — GRASSROOTS EXPERIENCE			135
CHAPTER	6	DIVISIONS — INSTITUTIONAL BUILDING BLOCKS	137
CHAPTER	7	JOINING ST JOHN AMBULANCE	189
CHAPTER	8	CADETS	220
CHAPTER	9	ACHIEVEMENTS — A MISCELLANY	245
CHAPTER	10	'GOOD' CASES — PLEASING OUTCOMES	282
CHAPTER	11	'BAD' CASES — CAUSES FOR REGRET	313
CHAPTER	12	LINKS OVERSEAS	330
CHAPTER	13	THE UNUSUAL, ODD AND AMUSING	343
EPILOGUE		LOOKING BACK OVER ONE CENTURY AND FORWARD INTO THE NEXT	369
Appendix		Contributors to this book	371
Indexes		Name index	375
		Topic index	382
		Contribution index	390



PREFACE

Any organisation that survives for a century is worthy of a book; and such is the case of the St John Ambulance Brigade and Operations Branch.

It is fitting that in the centennial year of this uniformed branch of St John Ambulance Australia a commemorative history has been compiled. Dr Ian Howie-Willis has researched this outstanding voluntary organisation since its inception in England in 1887 and arrival in Australia in 1901. He has produced an authoritative and thoroughly readable account of the organisation's first hundred years in Australia.

At the time when the St John Ambulance Brigade formed in Australia, the nation had recently federated. As this history demonstrates, over succeeding decades the people of the new nation came to recognise those wearing the familiar black and white Brigade uniform as the public face of a national institution.

Today, as in those distant early years, the proudly worn black and white uniform of the Operations Branch (the institutional name adopted in 1987) assures the public that help is at hand should first aid and/or a caring person be required. The countless thousands of selfless voluntary hours given by the St John volunteers to helping others is testimony of an extraordinary organisation. The good deeds that the volunteers perform daily around Australia have their foundation in their organisation's ancient Latin mottoes *Pro fide* and *Pro ulititate hominum* (For faith and For the service of humanity). Their familiar Maltese Cross emblem is the symbol of their commitment to these ideals.

In this exceptional book Dr Howie-Willis has included hundreds of personal anecdotes from the grassroots membership of the Operations Branch. Those who loyally don the uniform are to be seen at public gatherings and sporting events 365 days a year, in all types of weather and on all types of terrain, delivering first aid service to the crowds who gather. This book reflects a range of experiences and memories suffused with humour, caring and camaraderie.

I hope those who read this book will pause a moment and salute the many thousands of members who have served under the St John banner, and recognise that in this great organisation the voluntary ethic has been championed in the service of humanity.

Lynne Allen-Brown A.M.
Chief Commissioner
St John Ambulance Australia
Canberra
November 2001



St John

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Hundreds of people have played a part in producing this book. As its author I consequently owe much to many. The first debt is to Chris Thorpe, Chief Executive Officer of St John Ambulance Australia. Chris helped me make the project submission from which this book developed, and then continued his role as adviser-critic through to the project's completion. The next debt is to my project executive officers, successively Barry Price and Len Fiori. They were valued project facilitators, advisers and critics. The project sponsors, the Chief Commissioners, Villis Marshall and Lynne Allen-Brown, are also high on my list of creditors. Both watched the project evolve from idea to completed manuscript, providing encouragement through its successive phases. Next on the list are my two project advisory panels. The first, the project reference group, consists of Stephen Miller, John Spencer and Barry Price followed by Len Fiori. The second is my panel of liaison officers, who facilitated the project in their States and Territories. The panel consisted of Brian Bartlett (South Australia), Keith Bradley (Western Australia), Alan Bromwich (Northern Territory), Richard Caesar-Thwaytes (Australian Capital Territory), Ray Cooper (Tasmania), Monica Green and Jack Blackstock (Victoria; Monica until 1999 and Jack after that); Vince Little and Beth Dawson (Queensland; Vince in 1998 and Beth after that); and Betty Stirton (New South Wales).

During my visits to the eight States and Territories for research I had the welcome co-operation of the Chief Executive Officers of the local St John Ambulance branches, who all made me welcome and made whatever arrangements I needed to make my research productive. They were: David Baker (Northern Territory), Errol Carey (Queensland), John Davies (New South Wales), Ian Kaye-Eddie (Western Australia), Ivan Lloyd (Australian Capital Territory), Sue Hatch (Victoria), Bob Parker (Tasmania) and Francie Remfry and Peter Gill (South Australia). Similarly, the Operations Branch State and Territory managers did much to assist by giving me access to records and by helping arrange my interviews and my program of visits to Divisions. I here acknowledge the valued help of Gwyn Balch (Northern Territory), Sandra Bout (Queensland), Marcia Chalmers (New South Wales), Patty Dahlitz (Australian Capital Territory), Alan Fry and Lesley Swallow (Victoria), Peter Gill (South Australia), Laurie Hodkinson, Jeffrey Williams and Dene Ashfield (Western Australia) and Bob Parker (Tasmania).

A huge debt is owed to my critics — the nine people who read and commented on my manuscript in whole or in part. They are a select group, comprising St John people whose counsel I value highly. In this group are Lynne Allen-Brown, Len Fiori, Brian Fotheringham, Stephen Miller, Barry Price, John Spencer, Betty Stirton, Chris Thorpe and Margaret Willis. Collectively they put in several hundred hours of voluntary effort — as much as many Operations Branch members normally do in a year — in proofreading and suggesting improvements. If errors of either fact or style have survived into the text of this book the fault is mine not theirs.

In another group are my closest St John friends — those to whom I turn for counsel based on long experience. They, too, are a select group. They include my fellow foundation committee members of the St John Ambulance Australia Historical Society — Brian Fotheringham, Beth Dawson, Edith Khangure and Betty Stirton — who as well as sharing my vision for the Historical Society provided sage advice as the project developed. Other valued members of this group are Ian Kaye-Eddie, John Pearn and Lesley King, on whose opinions and judgement I set much store.

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Then there are all the wonderful St John people, 272 of them, who made personal contributions to this book. Betty Stirton tells me that their combined community service through St John exceeds 5600 years. That's an average of almost 21 years per contributor — a figure that does not surprise me, given the mettle of St John stalwarts. Their service to this book came in the form of the personal anecdotes they wrote, the interviews from which written material flowed or their permission to use material they had already published. Without them there would have been no book, or at least not this book. There are too many names to mention here, but the Appendix indicates who they are and where they're from. Singling out individuals for special comment is unfair but four names in particular must be mentioned. First are Betty Stirton, Loredana Napoli and Beth Dawson, who also assumed the role of unpaid research assistants for much of the project's duration. Second is Ray Schilling, who allowed me to use his short history of the St John involvement in the South Australian ambulance service as the basis for much of Chapter 3.

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Finally I thank my immediate family — my mother Mavis, Rosie, Jon and Grace, Tony, Kym-Marie and Heidi, Katie, Bruce and Thomas and especially Margaret, to whom I dedicate this book. They know my vocation often keeps me away from the family circle; but they may not realise how much I treasure their loving support.

Ian Howie-Willis
22 November 2001



St John

GLOSSARY

AIF	Australian Imperial Force
ambo	a colloquial term for ambulance officer
AO, AM	Officer, Member of the Order of Australia
Association	*see under* 'St John Ambulance Association'
Australian Office	*see under* 'National Office'
Auxiliary	a term that in St John Ambulance usually refers to a local or regional fundraising body.
Brig.	Brigadier
Brigade	*see under* 'St John Ambulance Brigade'
Cadet	a member of the St John Ambulance Cadet organisation or young people's movement, aged from 11 to 18 years; *see also* 'Junior'
case	*see under* 'casualty'
casualty	any person with an injury or illness treated by a member of the St John Ambulance Brigade/Operations Branch; also called a 'case' or a 'patient'
Centre	a major and largely autonomous regional area of the St John Ambulance Association/ Training Branch, the head of which is a Chair. In Australia each State and Territory comprises a separate Centre.
Col.	Colonel
Commandery	a self-governing sub-national 'Establishment' of the Order of St John, of which there were two in 2001 — in Northern Ireland (the Commandery of Ards) and Western Australia
Community Care	the branch of St John Ambulance Australia reponsible for community welfare projects; formed during the process of reform of the Australian Priory of the Order of St John begun in 1987; parallel to the Operations and Training Branches; originally known as 'Fellowship Branch'
Corps	a regional organisation of the St John Ambulance Brigade and Operations Branch, consisting of the Divisions and Sections in a particular geographical area; renamed 'Region' in 2000
CPR	cardio-pulmonary resuscitation
DC	District Commissioner; also 'District of Columbia' when following 'Washington'
District	a major and largely autonomous regional area of the St John Ambulance Brigade/ Operations Branch, the head of which is a Commissioner; in Australia each State and Territory comprises a separate District. In Australia in 2000 the term 'State/Territory' replaced 'District'. Unless where necessary for historical accuracy this book uses the latter throughout because it is the term most familiar to successive generations of Brigade and Operations Branch members.
Division	the primary local organisational unit of the St John Ambulance Brigade and Operations Branch, usually consisting of 12 or more members
duty	*see under* 'public duty'
EAR	expired air resuscitation
HQ	headquarters
Jerusalem Eye Hospital	see 'Ophthalmic Hospital'

Junior	a member of the St John Ambulance Cadet organisation or young people's movement, aged from 8 to 11 years; *see also* 'Cadet'
Lt.-Col.	Lieutenant-Colonel
Lt.-Gen.	Lieutenant-General
Maj.-Gen.	Major-General
medallion	a badge once awarded by the St John Ambulance Association to candidates who had successfully completed three first aid courses in three successive years.
National Headquarters; National Headquarters Staff	the head office of the St John Ambulance Brigade and Operations Branch in Australia, formally located in Canberra since 1991; members of the National Headquarters Staff are the senior officers of the organisation appointed to particular 'portfolio' positions
National Office	the head office of the St John Ambulance Australia, located in Canberra since 1968; renamed Australian Office in 2001
NCO	non-commissioned officer
OIC	officer in charge
Operations Branch	the name that replaced 'Brigade' in St John Ambulance in Australia in 1987; *see also* 'St John Ambulance Brigade'
Ophthalmic Hospital	the St John Ophthalmic Hospital in Jerusalem conducted by the Order of St John; known as the Jerusalem Eye Hospital since 1999
Order of St John	abbreviated common term for the Most Venerable Order of the Hospital of St John of Jerusalem, the Royal order of chivalry responsible for the St John Ambulance organisation
Order, the	'shorthand' term for the Order of St John
patient	*see under* 'casualty'
Priory	a major self-governing national 'Establishment' of the Order of St John, of which there are eight worldwide — in Australia, Canada, England, New Zealand, Scotland, South Africa, the United States of America and Wales
public duty	the first aid service provided by the members of the St John Ambulance Brigade/ Operations Branch at any public event; its volume is measured by the number of members present and the total hours they are in attendance
QATB	Queensland Ambulance Transport Brigade; from 1992 called the Queensland Ambulance Service
Region	a regional organisation of the St John Ambulance Brigade and Operations Branch, consisting of the Divisions and Sections in a particular geographical area; called a 'Corps' until 2000
RSL	Returned Services League (Australia's main organisation for military veterans)
Section	a unit of the St John Ambulance Brigade and Operations Branch smaller than a Division, usually consisting of 6 to 11 members
St John	a 'shorthand', omnibus term for the various branches of St John Ambulance and the Order of St John. Which particular branch is being referred to depends on the context.
St John Ambulance Association	the training and first aid manual publication branch of St John Ambulance; in Australia called 'Training Branch' since the organisational reforms of 1987
St John Ambulance Brigade	the branch of St John Ambulance that provides a uniformed first aid field service at public events; in Australia called 'Operations Branch' since the organisational reforms of 1987
St John's Gate	The worldwide headquarters of the Order of St John, occupying the former gate house of the English Grand Priory of the Knights Hospitaller in Clerkenwell, London; a term also used as an abbreviation for the Order's cetnral administration
State/Territory	a major and largely autonomous regional area of the St John Ambulance Operations Branch; called a 'District' until 2000; *see also under* 'District' above
TAFE	Technical and Further Education
Training Branch	the name that replaced 'St John Ambulance Association' in Australia in 1987; *see also* 'St John Ambulance Association'
VAD	Voluntary Aid Detachment
WO	Warrant Officer
Zambuk	Australian colloquial term for a member of the St John Ambulance Brigade, probably of New South Wales origin and better known there than elsewhere

INTRODUCTION

ST JOHN AMBULANCE AUSTRALIA AND THE ORDERS OF ST JOHN

St John Ambulance Australia is a community welfare organisation specialising in four main activities: training the public in first aid; publishing first aid text books; providing first aid field services at public events; and assisting groups with special needs, including people who are aged, chronically ill, disabled, isolated or otherwise disadvantaged. In two of Australia's jurisdictions, the Northern Territory and Western Australia, the organisation also conducts the statewide ambulance transport systems. St John Ambulance began providing these services in Australia in the early 1880s, at first in Melbourne, Newcastle and Sydney; but within a couple of decades it had branches in most of the main towns of all the Australian States.

St John Ambulance is also a worldwide organisation. Autonomous national branches provide community services in about 50 countries, mostly present or past members of the Commonwealth of Nations, known earlier as the British Empire. This reflects the fact that the organisation developed first in the United Kingdom during the nineteenth century then spread overseas throughout the former Empire. In countries with advanced industrialised economies — Australia, Canada, England, New Zealand, Northern Ireland, Scotland, South Africa, the United States of America and Wales — where St John Ambulance is very well established, the organisation is run by independent national and sub-national bodies known variously as 'Priories' or 'Commanderies'. In other countries, where the organisation may not be so well established, largely autonomous 'National St John Councils' are responsible for its activities. There are 32 of these as well as a number of lesser national entities called 'Associated Bodies'.

The various Priories and National St John Councils are now linked through a worldwide representative body, an international 'Grand Council', formally set up in 1999. This Council, which includes representatives from each of the Priories, meets annually. Its establishment followed a restructuring of the highest level of the organisation aimed at better reflecting the modern links between the various national bodies. In understanding the international structure of St John Ambulance, it is helpful to compare the organisation to other similar worldwide community institutions such the Red Cross Society, Médecins sans Frontières and Care International, which also consist of autonomous national bodies linked by over-arching international committees.

St John Ambulance differs from these other international aid and welfare organisations in one important respect. Unlike them it is the outgrowth of, and is still responsible to, another body that stands behind it to give purpose, direction and encouragement. This is a British royal order of chivalry commonly known as the Order of St John, the full formal title of which is 'The Most Venerable Order of the Hospital of St John of Jerusalem'. The Order formed in London in 1831. Its founders, a small group of antiquarian romantics, mistakenly believed they were reviving the long defunct English *Langue* (French for 'tongue', or major linguistic division) of the ancient monastic order of Knights Hospitaller, which eventually evolved into the Sovereign Military and Hospitaller Order of Malta, with world headquarters now located in Rome.

The ancient English *Langue* of the Hospitallers maintained a Grand Priory at Clerkenwell, London, but King Henry VIII suppressed the *Langue* and confiscated its extensive properties when he dissolved England's monasteries in 1540. His daughter, Queen Mary I, tried to revive the Grand Priory in the last couple of years of her short reign (1553–58); but her successor, her half-sister Elizabeth I, vigorously continued England's version of the Protestant Reformation. The Grand Priory effectively became defunct in 1558 when Elizabeth confiscated its remaining properties.

The supposed revival of the English '*Langue*', and then its development into the modern Most Venerable Order, happened through a complex series of events extending across the six decades from the late 1820s to 1888. A critical event over those decades was the emphatic rejection of the '*Langue*' by the parent body, the Sovereign Military Order, in December 1858. After some earlier negotiation between the two bodies, aimed at having the Sovereign Military Order accept the '*Langue*' as a Protestant branch, the former denied the legitimacy of the latter.

Unabashed, the '*Langue*' reconstituted itself as an entirely new order, albeit unofficial and recognised only by its own members. The new

order did little for decades, but during the 1860s it received an infusion of vigorous new blood when it succeeded in attracting a group of young enthusiasts who were more interested in exploring avenues for practical charity than in play-acting at Hospitaller chivalry. Under their leadership the order discovered new purpose and direction during the 1870s by participating in the development of ambulance transport facilities. In 1877 the order established the St John Ambulance Association to train the public in first aid and a decade later, in 1887, the St John Ambulance Brigade to provide a disciplined force of trained first aiders for duty at public events. By now the first overseas St John Ambulance branches, including Australia's, were vigorously conducting public first aid classes and generally promoting the value of first aid knowledge to government agencies, business firms and community groups.

The good works of the St John Ambulance bodies, both in the United Kingdom and throughout the Empire, earned the Order the approval of Queen Victoria. In 1888 she bestowed on it a special favour by granting it a Royal Charter. This made it one of her Empire's official orders of chivalry, with her and her successors as its 'Sovereign Heads' or supreme commanders. The charter also bestowed the name 'Venerable Order of the Hospital of St John of Jerusalem'. (The word 'Most' was added in a 1955 revision of the charter.) What had begun as a small group of antiquarians indulging their fantasies about ancient knightly lore had somehow transformed itself into a modern international welfare organisation with an important practical role to play in improving the standards of community health care.

If not before, the Order from 1888 was certainly an official Order of St John in its own right, at least in the British Empire. Having achieved respectability through its Royal Charter, members of the Order have tenaciously held to the belief of its 1831 founders that the Order was the reincarnation of the Hospitallers' former Grand Priory of England. This is a conviction it has maintained more or less intact until the present. Thus, successive generations of members inducted into St John Ambulance are told that theirs is an organisation with a 900-year heritage — a history dating back to the period following the first Christian crusade against Islam in 1099, when a hospice for pilgrims in Jerusalem run by one Brother Gerard found favour with the Pope of the day, Paschal II. In 1113 Paschal made a separate order of the brethren who ran it. Under their rector, Brother Gerard, they took the name Order of the Hospital of St John of Jerusalem, then about 1119 they assumed a military as well as charitable function to help in the defence of the Latin or Crusader Kingdom of Jerusalem. From that time on they were known as the Knights Hospitaller, though after their expulsion from the Holy Land in 1291 they became known as the Knights of St John of Rhodes and Malta because of the long periods they occupied those islands — 1306–1522 on Rhodes and 1530–1798 on Malta.

The Crusades, Brother Gerard, the Hospitallers and their sojourns in the Holy Land, Rhodes and Malta are the St John Ambulance creation myths. They are the stories new members learn on joining St John Ambulance, and St John Ambulance Cadets are reared on such lore. The Cadets might be told little of the 120 years in which St John Ambulance has been active in Australia, but the one thing they all understand is that their organisation dates back to Brother Gerard. By contrast, historians who know the full details of the Order's origins in 1831 might be puzzled by the passionate belief among St John Ambulance workers that, contrary to the evidence, the organisation must have mediaeval origins. Direct descent of St John Ambulance from the ancient knights has become a fundamental article of faith for St John Ambulance people. It is one that not even the re-establishment by the Sovereign Military Order of its English Priory, 435 years after its final suppression by Elizabeth I, could shake. Some in the Most Venerable Order, it seems, wish to continue believing that their Order is a direct lineal descendant of the Hospitallers in England. This despite a 2001 'statement of historical antecedents' by the Order's Grand Council, which pointed out that the present Order and the Order of Knights Hospitaller are ***not*** one and the same organisation.

The Most Venerable Order is actually only one of a number of organisations that regard themselves as Orders of St John. They all lay claim to the Hospitaller symbols to signify the Hospitaller heritage they believe they are entitled to. These include the eight-point Maltese cross badge; the plain white cross on red shield of St John the Baptist, their patron saint; and the two Latin mottoes of the ancient Knights — *Pro fide* ('for the faith') and *Pro utilitate hominum* ('for the service of humanity'). In various ways the 'recognised' Orders, if not the 'non-recognised' ones, also endeavour to keep alive in the modern world the practical charitable, humanitarian ideal that the ancient Knights of St John practised in the centuries following the First Crusade.

The terms 'recognised' and 'non-recognised' indicate that only some Orders of St John regard each other as legitimate heirs to the Hospitaller tradition. The recognised Orders comprise a total of five bodies: (i) the Sovereign Military and Hospitaller Order of Malta, the organisation directly descended from the original Hospitallers; (ii) the Most Venerable Order of the Hospital of Jerusalem, the organisation discussed above; (iii) *Die Balley Brandenburg des ritterlichen Ordens*

Sankt Johannis vom Spital zu Jerusalem (The Brandenburg Bailiwick of the Order of Knights of the Hospital of St John of Jerusalem), a German order commonly known as the *Johanniter*; (iv) the *Johanniter Orde in Nederland* (the Netherlands); and (v) the *Johanniterorden i Sverige* (Sweden). (Associated with the *Johanniter* group are another four national St John entities — the *Johanniter Ridderskap i Finland*; the *Association des Chevaliers de Saint Jean de France*; the *Genossenschaft der Johanniterritter in der Schweiz* [Switzerland]; and the *Johannitarend Magyar Tagozata* [Hungary].) The first of the five recognised orders, the Sovereign Military Order, remains a Catholic institution. The Most Venerable Order is ecumenically Christian but with some Anglican and Presbyterian links. The *Johanniter* group, all ultimately derived from *Die Balley Brandenburg*, are Christian in the Lutheran and Reformed Church tradition. What unites them is their use of the St John name and emblems and especially their commitment to maintaining in the modern world the tradition of practical charity established by the ancient Hopsitallers. In June 1961 the Most Venerable Order and the orders within the *Johanniter* group established the 'Chilvalric Alliance of Hospitallers of Saint John of Jerusalem', in effect a co-operative coalition of the non-Catholic orders with headquarters at Basel in Switzerland. Two years after the formation of the Alliance, in November 1963, the Sovereign Military Order and the Most Venerable Order ended a century of antagonism by agreeing on a treaty of mutual recognition. The good works of the latter through its St John Ambulance bodies had finally won it the acceptance the former had denied it in 1858.

Beyond the five mutually recognising Orders of St John are the so-called 'non-recognised' or 'self-styled' orders, of which there are several dozen. They are 'non-recognised' because the five in the 'recognised' group do not accept them as genuine Orders of St John. Their non-recognition by the mutually recognising five arises from various causes. These include their generally recent (twentieth century) formation, lack of a record of community service, tenuous links with the original Hospitallers and their preoccupation with the Hospitaller rituals and symbols rather than practical charity.

This book deals with just one segment of one of the recognised Orders of St John — the St John Ambulance Brigade of the Most Venerable Order, known in Australia since 1987 as the Operations Branch of St John Ambulance Australia. It is the centenary history of the Brigade and Operations Branch in Australia, commemorating the organisation's achievements since it was first established in Sydney over the two-year period 1901–03.

The book is a hybrid creature. Its earlier chapters comprise chronological institutional history of the conventional kind — the organisation's origins in England in the nineteenth century, its discovery of its first aid mission, its transplantation overseas to Australia and other British dominions, and then its naturalisation in Australian soil during the twentieth century. In later chapters the focus shifts from the institutional to the personal, the second half of the book having developed from the author's direct encounters with many present and former Brigade and Operations Branch members. Material of personal origin like this is sometimes called *oral* history. In this case, however, while much was gathered orally during interviews more of the material came as *written* contributions — in letters, memoirs, anecdotes already published elsewhere and in responses to a simple two-page questionnaire distributed widely among present and former members over a two-year period 1999–2000.

The author's original intention was to use the personal contributions to illustrate key themes in what he hoped would be a 'standard' institutional centenary history. However, the great range and rich diversity of the material contributed by the rank and file members was such that, perforce, the book changed emphasis and direction mid-way through. As a result, the members take over in the second half of the book. It progressively becomes their record of their experience in their own words rather than continuing as an historian's decade-by-decade summary of the St John past.

The book is formally divided into two main parts — A and B. Part A deals with the growth and development of St John Ambulance into a national Australian institution. Part B relates the experiences of ordinary rank and file St John members as they fulfil their organisation's mission in Australia. That experience, distilled in the hundreds of anecdotes forming the bulk of Part B, comes from every Australian State and Territory, and from the last seven decades of the organisation's history in Australia, from the 1930s to the present. It also comes from all levels of the organisation — from the youngest Juniors of the Cadet movement to the present and retired Chief Commissioners.

Readers who are serious students of history may wonder why the earlier institutional chapters make only fleeting reference to major events in the Brigade's earlier decades in Australia. For instance, why is there no detailed examination of the Brigade's role in the two World Wars and in the period 1945–70, during which its membership peaked? Why such scant acknowledgment of the Brigade's work during the Royal Tour of 1954, the Olympic Games of 1956, the Commonwealth Games of 1962, the major annual football grandfinals, the motor racing grand prix and so on?

Why do nine of the thirteen chapters dwell on the three decades since 1970? And why telescope the five and a half decades after World War II into several pages only? The answers to such questions lie in the fact that the emphasis on the later decades is conscious and deliberate, for the book was written with a particular audience in mind. Those who will find it most instructive — mainly present and former Operations Branch members themselves — will be generally more interested in the decades in which they have been members. The great majority of the members have come into the organisation in the past 30 years, so that is the time they will wish to read about. Readers who want more detailed coverage of earlier decades may refer to the lists of further reading at the end of most chapters. Such readers will also find the three-part Index useful: in navigating their way around the book the separate Name, Topic and Contributions indexes should prove helpful

Centenary histories, by their very nature, are celebratory acts. Institutions that regard their history as worthy of commemoration in books produced at the milestone anniversaries expect the historians they commission to write in favourable terms. So it is with this history. The author has been associated with St John Ambulance for over 20 years, and in that time has developed great affection for and commitment to the organisation. That does not mean, however, that this book is an uninterrupted song of praise for St John Ambulance. As the book demonstrates, the organisation has been making a worthy contribution to the health and welfare of the Australian community for a century, but it has experienced also its share of significant failures, even catastrophes. Fortunately for its own survival, the credit side of the Brigade and Operations Branch balance sheet at the end of the first century showed a healthy surplus. The book ends by considering the question of survival. The author himself has no particular opinion here, knowing well that his task in surveying the past precludes predictions about the future. But, if the views of the members who contributed to this their centenary history are any guide, the Operation Branch's second century in Australia will be as challenging as its first century was worthy.

Further reading

The Crusades

The body of literature on the Crusades is huge, and few scholars could hope to read it all. Readers wanting to know more can do no better than consult Steven Runciman, the great twentieth century authority on the Crusades. His three-volume *A History of the Crusades* was first published 1951–54 by Cambridge University Press. More recently paperback editions have been published by Peregrine Books, and these remain in print. A more recent single-volume account is by Robert Payne, *The Crusades: A History* (Robert Hale, London, 1994). A useful shorter book is by Terry Jones and Alan Ereira, *Crusades* (Penguin Books-BBC Books, London, 1994), the book of the BBC's *Crusades* series. For general readers the most exciting recent book is the beautifully produced *Oxford Illustrated History of the Crusades* (Oxford University Press, Oxford, 1995) edited by Jonathan Riley-Smith. People interested in knowing more about the Crusades without the effort of reading an entire book will find an excellent summary in the CD (compact disk) edition of the *Encyclopaedia Brittanica* (Multimedia Edition, International Version, 1998). A useful shorter summary appears in the *World Book 1998 Multimedia Encyclopedia*, also in compact disk format.

The Hospitallers and Sovereign Military Order of Malta

The literature on the the Hospitallers is as vast as that on the Crusades. The best of recent books are: Guy Stair Sainty, *The Orders of Saint John: The History, Structure, Membership and Modern Role of the Five Hospitaller Orders of Saint John of Jerusalem* (The American Society of the Most Venerable Order of the Hospital of St John in Jerusalem, New York, 1991); Jonathan Riley-Smith, *Hospitallers: The History of the Order of St John* (The Hambledon Press, London, 1999); H.J.A. Sire, *The Knights of Malta* (Yale University Press, New Haven and London, 1994); and Desmond Seward, *The Monks of War: The Military Religious Orders* (Penguin Books, Middlesex, UK, 1995), first published in 1972.

The Most Venerable Order of the Hospital of St John of Jerusalem

The books by Sainty and Riley-Smith cited in the previous paragraph are also useful here. Riley-Smith has also contributed a significant article on the early history of the Order to a symposium on the military orders edited by Malcolm Barber. Its full citation is: Jonathan Riley-Smith, 'The Order of St John in England, 1827–1858' in Malcolm Barber (ed.), *The Military Orders: Fighting for the Faith and Caring for the Sick* (Variorum, Ashgate Publishing Ltd, Aldershot [UK], 1994). In addition, Australian readers will find the earlier chapters of two official St John Ambulance Australia histories helpful. These are: Ian Howie-Willis, *A Century for Australia: St John Ambulance in Australia 1883–1983*, (Priory of the Order of St John in Australia, Canberra, 1983); and Edith Khangure and Ian Howie-Willis, *Reflections and Directions: A History of the Commandery of the Order of St John in Western Australia 1947–1997* (St John Ambulance Australia [Western Australia]).

The *Johanniterorden* and the Alliance Orders

The books by Sainty and Seward cited above provide excellent summaries. Various *Johanniter* branches also maintain their own Internet websites. The *Johanniter Unfall Hilfe* ('St John Accident Assistance' of the German branch) maintains a website at <http://www.johanniterinternational.de/seite/en.menu.htm> in English as well as German. Further useful information is on the websites of the various national bodies, for instance <http://www.austria.eu.net/johanniter/ORDEN.HTML>, website of the Austrian *Johanniter* Commandery, which is in German.

The 'non-recognised' orders of St John

These orders are well covered in an extensive body of literature in English. Members of some of these orders have produced general histories of the Orders of the Hospital of St John of Jerusalem. One such useful text is by Harrison Smith and Joseph E. Storace, members of an order associated with the last King of Yugoslavia: *Order of St John. Of Jerusalem: A Study of its Development from 1798 to 1970* (Akkerprint, Delft, The Netherlands, 1977). Guy Stair Sainty has written a long (46-page) three-part essay on the history, 'The self-styled Orders of St John', published at website <http://www/chivalricorders.org/orders/self-styled>. Desmond Seward's book (cited above) includes a short appendix on the 'self-styled' orders. An earlier study was a pamphlet by Harry Luke, official historian of the Most Venerable Order, *An examination of certain claims to be an Order of St John* (The Most Venerable Order of the Hospital of St John of Jerusalem, London, 1965).

PART A — THE INSTITUTION

'The Operations Branch is a principal area of charitable work within St John Ambulance Australia... .The primary duty of members of the Operations Branch is the rendering of first aid....The wearing of the uniform indicates to a member of the public that the St John member is qualified in first aid and trained to the required level...' (Regulation 1, 'General Objectives', *St John Ambulance Australia Operations Branch General Regulations 1999*, St John Ambulance Australia, Forrest, Australian Capital Territory, 1999, p. 7).

'We can now say "We did it!" Few other organisations could have brought it off, but St John did. By doing so we proved something about our organisation, both to ourselves and our many clients present and future' (the conclusions of John Spencer, Chief Operations Officer for St John Ambulance Australia at the Sydney Olympics and Paralympics, about the provision of first aid services by St John during the Games, Sydney, New South Wales, September–October 2000).

The first chapter in this part of the book deals with the arrival in Australia of the St John Ambulance Brigade. The other four trace the organisation's growth in Australia during the twentieth century, its development into a major national provider of health and welfare services, and its significant achievements.

Chapter 1

THE ST JOHN AMBULANCE BRIGADE TRANSPLANTED

Introduction: some name changes

For most of the past century in most parts of Australia the St John Ambulance Brigade has been the most visible face of the organisation now called St John Ambulance Australia, also called the Order of St John. The name disappeared in Australia in 1987, when replaced by the term 'Operations Branch'. Elsewhere in the world, in the other 40 or more countries where the Brigade is active, the name 'St John Ambulance Brigade' is still the official one for the St John Ambulance voluntary first aid field service.

Why is Australia the only country to have changed the name? The answer lies in a reorganisation of the Order of St John in Australia in 1987. The full name of the Order in this country is 'Priory in Australia of The Most Venerable Order of the Hospital of St John of Jerusalem'. That name remains the official one in the Order's Australian constitution, but because it is so long and awkward, a new, shorter name — 'St John Ambulance Australia' — was adopted for everyday use. At the same time, the names of the Order's two main working bodies were also changed to reflect more accurately the work they do. The 'St John Ambulance Association' became simply the 'Training Branch' because its job is teaching first aid and producing training manuals. The Brigade became the 'Operations Branch' because the Priory's managers thought this term was a better description of the public first aid duties that the uniformed voluntary first aiders undertake.

Not all Brigade members welcomed the change. Nor did they agree that the new term was a better description than the old. Older members in particular were proud of the tradition of community service that 'the Brigade' represented. It took years for many of them to get used to identifying themselves as 'Operations Branch' members. And some still affectionately recall their years of 'Brigade' service. Such veterans were pleased to see the name 'Brigade' referred to once more during the Sydney Olympic Games in September 2000. Teams of overseas Brigade members were there helping their Australian Operations Branch colleagues in providing the first aid services at all Games venues. While on duty they wore the local Operations Branch uniform, but everyone knew that back home they were Brigade members.

The abbreviation 'Ops. Branch' came into common use fairly quickly among St John Ambulance workers. The general public, however, continued to use various colloquial names that had sprung up in different parts of the country over the decades when the organisation was still 'the Brigade'. These include 'Johnnies', 'St Jacks' and 'Zambuks'. The last of these, which gives us the title for this book, was the brand name of a popular liniment that Brigade members once carried in their first aid packs to rub into footballers' bruises. The Zambuk trademark was a zebra. And so as a nickname for Brigade members, it referred both to their black and white uniforms and the liniment they used. This chapter uses 'Brigade' rather than 'Operations Branch'. The period the chapter discusses is before 1987, when the former rather than the latter was the correct term.

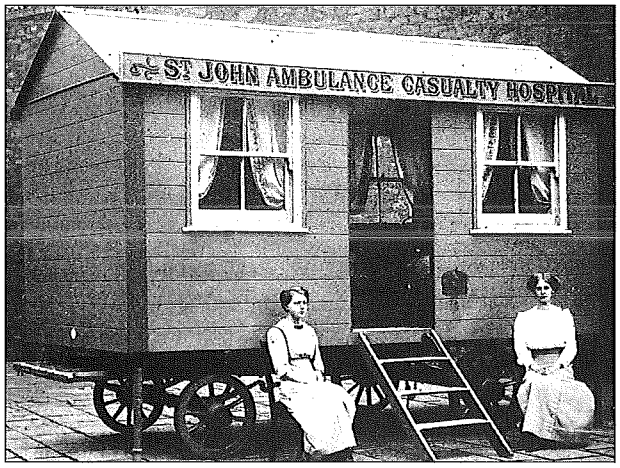
The Brigade takes shape in Britain

The Brigade in the UK grew out of the St John Ambulance Association. It was founded in June 1887, almost exactly 10 years after the Association. The Brigade then evolved rapidly in Britain in the 14 or 15 years before it arrived in Australia in the early 1900s.

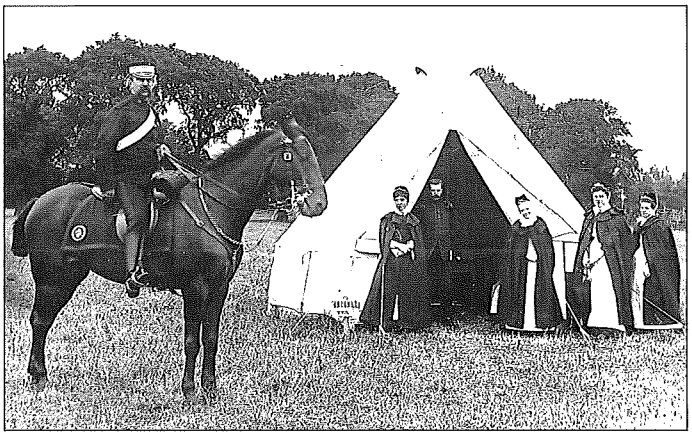
At first the Order of St John was content for the Association to add to the national pool of trained first aiders by running classes throughout the United Kingdom. As years went by the pool expanded enormously as ever more citizens earned first aid certificates. In time groups of certificate holders got together in informal 'practice classes' to maintain their first aid skills. Some certificate holders also grouped together to offer 'ambulance services' in their local areas. This ambulance work mainly meant having someone available locally to render first aid when accidents occurred in their neighbourhood. Some such groups also obtained

Ashford litters (stretchers on cart wheels) to take accident victims to hospital. The better organised groups often referred to themselves as 'ambulance corps', 'transport corps' and 'nursing corps'. The idea caught on. Within a year or two towns and cities across Britain had local 'corps' of Association-trained first aiders making their services available to the public.

Among the best run of these local bodies was the one at Margate, a seaside resort town south-east of London in Kent. The Margate Ambulance Corps formed in January 1878 at the instigation of William Church Brasier, a local bookseller. Its members wore uniforms and were available to transport patients on land or sea. Its success encouraged the Association to establish a similar body in London in December 1882 — the Invalid Transport Corps. The Association also persuaded Brasier to move up to London to be the superintendent. Another similar London corps was founded several years later, in 1885, by the Church of England Young Men's Society. This was the Leopold Ambulance Corps, named after the area of London where it operated. After the Leopold members had helped transport the victims of street riots in London in 1886, the public nicknamed them 'the body-snatchers'. Most of the Leopold members later joined the St John Ambulance Brigade. They brought their nickname with them, and Brigade members were soon known as 'body-snatchers' as well.



The first recorded St John Ambluance Brigade mobile first aid unit, rather grandiosely termed a 'Casualty Hospital', in service with the Bristol Corps, England, 1912.



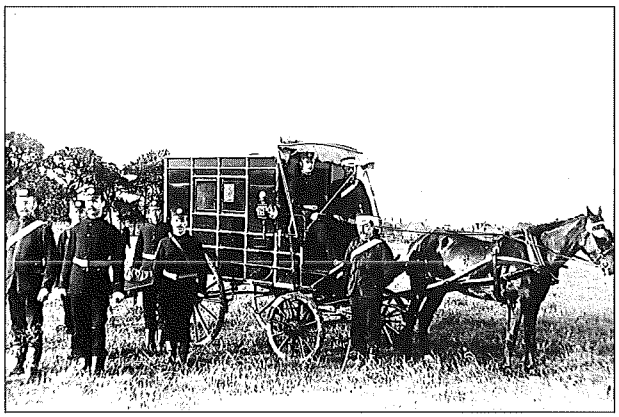
William Church Brasier, the Bridage's inaugural Chief Superintendent, at the Brigade's annual camp of instruction, Westgate-on-Sea, Kent, England, 1894. The Brigade Maltese Cross roundel is embroidered on his mount's saddle cloth.



The Brigade's first Cycle Division, formed in association with the Brixton Ramblers Cycling Club, London, 1891.



Members of the Brigade on duty at the Bath and West Agricultural Show.



The Brigade's stretcher team drilling with a Furley horse ambulance at Westgate-on Sea, Kent, England, 1894 during the Brigade's annual camp of instruction.

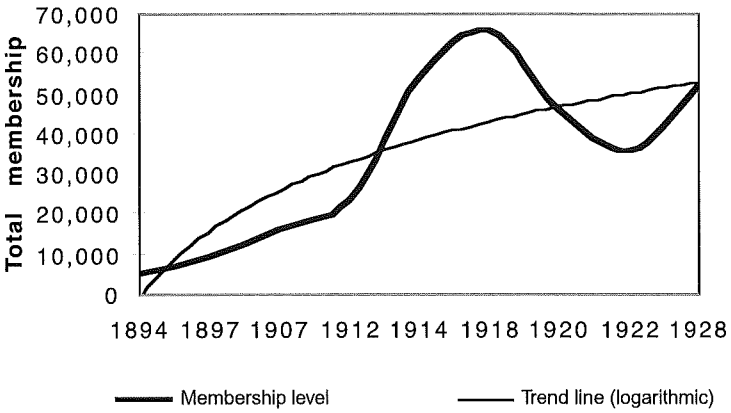
As the Order's Ambulance Department recognised the growing community demand for 'ambulancing', it began considering how to satisfy the demand right across the country rather than just in particular towns. From this grew a plan for building a national field service of uniformed, disciplined first aiders by welding the numerous local ambulance corps into one organisation. The people responsible for this idea included Sir John Furley (the Association chairman), Sir Edmund Lechmere (Secretary-General of the Order), William Church Brasier (superintendent of the Invalid Transport Corps) and Sir William MacCormac and Dr Sam Osborn (medical practitioners who became the Brigade's first two official surgeons). The St John Ambulance Brigade was the result, and its founders wanted it to have two main functions. First, it was to be a uniformed civilian organisation undertaking public first aid duties at civilian events. Second, it was to serve as an auxiliary military medical force in wartime.

The first of the Brigade's units or 'Divisions' was the Metropolitan No. 1 (St John's Gate) Corps, which was registered on 1 July 1887. (The term 'Division' did not become popular for local Brigade units until later. Until it did, the word 'corps' was frequently used for what we now call Divisions. 'Corps' as a term for a regional group of Divisions was a later development.) This unit operated in central London and was based at St John's Gate in the suburb Clerkenwell, where the Order's headquarters are located.

Once the Brigade was formally established, it spread rapidly across the UK. The membership grew with remarkable speed. By 1912, 25 years after its foundation, it comprised 11 regional Districts (and later 12), each under the command of a 'Deputy Commissioner', who more often than not was either a member of the Royal College of Surgeons or an army colonel. The Districts covered all parts of England, Wales and Ireland but not Scotland. The reason for Scotland's exclusion resulted from the rivalry there between the St John Ambulance Association and the St Andrew's Ambulance Association. Similar bodies serving similar functions, the two Associations had agreed in 1908 to keep out of each other's territory.

In 1912 the 11 current Districts were divided into a total of 63 Corps, and these groupings were further subdivided into 336 Ambulance (men's) Divisions and 111 Nursing (women's) Divisions. In addition there were another 250 'independent' Divisions outside the Corps structure, 262 of these being Ambulance and 98 Nursing Divisions. The total strength was 23,323 members (18,679 in Ambulance and 4,644 in Nursing Divisions). The Brigade's strength had actually quintupled over the past 18 years. By 1912 there were 57 Brigade members for every hundred thousand of the combined population of England, Wales and Ireland compared with 14 two decades previously in 1894 when membership figures first became available. (The 1912 figure, incidentally, is the same for the present ratio of Operations Branch members to the Australian population.) The following graph shows the increasing strength over the Brigade's first four decades.

St John Ambulance Brigade: growth in the UK 1894-1928



As the graph shows, the growth trend was generally upward. The only dip in the curve came at the end of World War I after a huge wartime surge in membership. A peak of 65,500 UK members was reached by the end of the war in 1918. Once the wartime crisis was over numbers fell because less committed members dropped away. Then, as civilian life returned to normal, membership strength began recovering. By 1928, 41 years after the Brigade's foundation, the total UK strength was 51,631.

Meanwhile, the Brigade had taken some years to learn the routines and habits familiar to its later generations of members. The following chronologically arranged points summarise the developments that helped shape the Brigade over its first couple of decades.

April 1889: the Brigade issued its first set of regulations, almost two years after its formation.

August 1890: the Brigade conducted its first annual 'Camp of Instruction' at a place appropriately called Tetherdown. The annual camps became an important means of team building as well as training.

December 1890: the first Nursing or women's Division formed. This was the No. 1 (Stoke Newington) Division. Its members undertook relief of the sick poor in Bethnal Green in inner London. In their first year the members made 500 visits to homes in this area.

24 June 1892, 'St John Day': the Brigade's first Annual Review took place in London.

The Order's Secretary-General, Lord Amherst, reviewed the Metropolitan Corps (later called No. 1 District) in the grounds of the Merchant Taylor's School in London. About 400 members participated, 30 of them wearing the new regulation Brigade uniform, which was on public display for the first time.

The next year, 1893, the Brigade conducted its first Royal Review in the Windsor Great Park. Queen Victoria attended to watch 414 Brigade men parade. They also demonstrated the bandaging and transporting of patients to a 16-bed field hospital staffed by women who had earned the Association first aid medallion. 'Exceedingly well done and most useful,' was the Queen's brief compliment.

The Royal Reviews eventually became vast productions. For example, the one in 1912 involved 15,000 Brigade members (13,000 from Ambulance and 2,000 from Nursing Divisions) or about half the Brigade's current strength. (The number on parade that day was 1.4 times more than the entire Australian Operations Branch strength in 2000.) The members were drawn up according to District, Corps and Division. This was a special review because it was the first conducted by King George V and took place as part of his coronation celebrations. Those attending represented all 11 Districts in the UK, and there was also a 49-strong contingent from 'Overseas', made up of representatives of the Brigade in Canada, New Zealand, South Africa, India and Australia.

21 December 1892: the first overseas Brigade unit, an Ambulance or men's Division, was registered. This was in Dunedin, New Zealand. The 20 members soon increased to 40. The first overseas Nursing Division formed in Cape Town, South Africa, about April 1894 with 37 members. As the number of overseas Divisions multiplied, the Brigade decided to split into separate UK and overseas branches. (See point for 18 November 1901 below.)

June 1893: The first Chief Commissioner, Colonel Edward T. Thackeray VC, was appointed, six years after the Brigade was established. At the same time, William Church Brasier was appointed first Chief Superintendent.

July 1893: the Brigade introduced the 'Challenge Cup' for annual competitions in first aid at the annual Camps of Instruction. This trophy signified the importance the Brigade placed on competitions. Competition became a key element in sustaining members' interest and sharpening their skills. The Challenge Cup was also the first of its kind. Since then literally thousands of other trophies have been awarded for Brigade first aid competitions at all levels from the Divisional to the interntional.

July 1894: a Brigade member, Alan Palmer, began publishing a monthly journal, *First Aid*. It continued for at least another 35 years. From 1916 it included a supplement of news and notes called 'The St John Ambulance Gazette'. The Order used *First Aid* as its official mouthpiece. *First Aid* was the first of countless other Association and Brigade journals later produced in most Centres and Districts around the world.

March 1895: the Brigade conducted its first general conference for officers in Northampton. About 185 officers representing all Districts attended. The Chief Commissioner, E.T. Thackeray, chaired the conference. Its purpose was 'to reach agreement on matters such the Brigade's structure, uniform, practice sessions and code of rules. The conference agreed to adopt the uniform of the Metropolitan Corps for the entire Brigade. After this the conferences were held annually in different cities around England.

August 1895: the Order introduced its Service Medal. The first to receive the award were 10 pioneers of the Association and Brigade. Among them were John Furley, Sir Herbert Perrott (the Order's Secretary-General), William Church Brasier and Dr Sam Osborn. The medal was for Brigade members who had completed 15 years' efficient service. In May 1911 the Order introduced a 'Bar' to the medal for every additional five years' efficient service. (The qualifying period for the medal was later set at 12 years in the Priories of Australia, Canada, New Zealand and South Africa.)

March 1896: the first Chief Medical Officer, Sir William MacCormac, was appointed.

June 1896: the Brigade began requiring its members to be 'efficient'. That is, they had to demonstrate that they were maintaining their first aid skills. They did so by attending regular Divisional meetings, undertaking drill to practise their skills and periodically retraining.

April 1899: the Brigade began publishing the *Brigade Circular*. This was a regular bulletin of 'Brigade Orders' notifying members of items such as appointments, promotions, resignations, amendments to regulations and diary dates. It was also used to issue the various Commissioners' instructions to officers and through them the general membership.

18 November 1901: the Brigade separated its overseas Divsions from its UK organisation. It did so by creating two distinct branches — the 'Brigade at Home' and the 'Brigade Overseas' — each with its own Chief Commissioner. The first specially appointed Chief Commissioner of the 'Brigade Overseas' was Major-General James C. Dalton of the Royal Artillery. Dalton

was appointed on 11 March 1911. Until then a former Chief Commissioner of the 'Brigade At Home', Cyril W. Bowdler, supervised the 'Brigade Overseas'. When Dalton was appointed his wife was made the first 'Lady-Superintendent-in-Chief' of the Brigade Overseas. Parallel appointments to the 'Brigade Overseas' were Surgeon-General Sir J. Porter as Surgeon-in-Chief and W.H. Morgan as Deputy Commissioner.

1903: the uniform only became standardised about this time. Until then members in different parts of the country wore their own local uniforms or none at all. There was some resistance to wearing uniforms for not all members liked them. However, by 1903 the Brigade's leaders had succeeded in getting the members to wear the one standard uniform at least for public duties.

September 1903: the Brigade formed its first 'Juvenile' unit, that is a special Division for teenagers. It formed as an detachment of the Sutton-in-Ashfield Division in Nottingham. It began with 36 youths aged 14 to 17 and flourished for several years before disappearing. It formed a precedent for the later Cadet Divisions which began forming in 1922. The Cadet Divisions were divided into two sections — Juniors for those aged 11 to 16 and Seniors for those 17 to 18. The Cadet novement was to be the Order's special contribution to the welfare of young people in countries where the Brigade became active. (We will look at the Cadets again in Chapter 8.)

1900–1908: the Brigade established a series of four military reserves. It created them in order to be able to respond quickly to UK War Office requests for trained first aiders to supplement the permanent military medical units. The four reserves were:

(a) the ***Royal Naval Sick Berth Reserve*** (formed in January 1900), to provide additional medical personnel for the navy during wartime. Members of this reserve served on hospital ships during the South African ('Boer') War of 1899–1902.

Further in relation to the Boer War, a total of 2,046 Brigade members (out of a total membership of 8,233) went to South Africa with the Army Medical Service, of which they comprised a quarter of all personnel in South Africa. Not all returned home: 61 died in South Africa from illness (mostly enteric fever) contracted while attending sick and wounded soldiers. Ten Brigade members were mentioned in despatches and two were awarded the Distinguished Conduct Medal for bravery in the field.

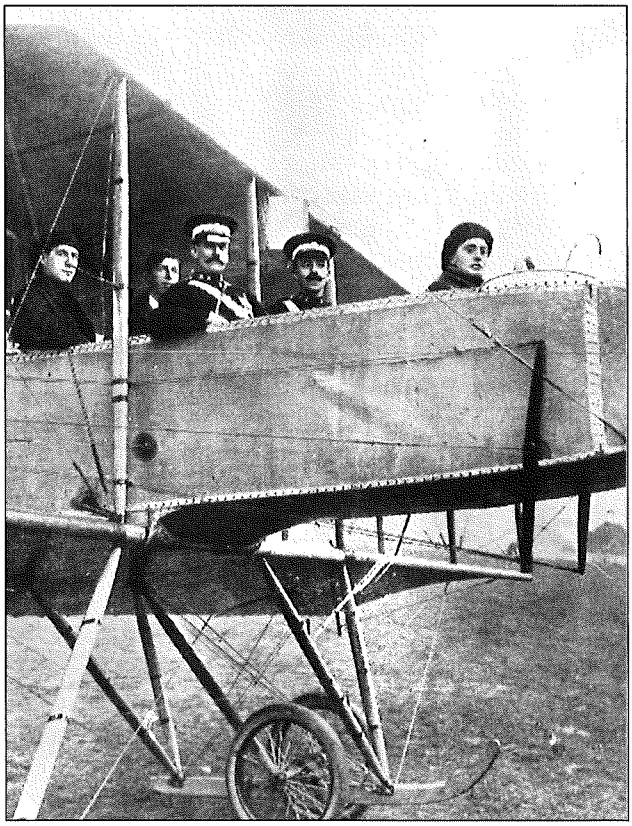
There is an Australian footnote to these Boer War statistics. Dr (later Sir) Neville Howse, an English-born surgeon from Orange, New South Wales, served in South Africa with the New South Wales contingent. Howse, who lectured in first aid for the New South Wales Centre of the Association, won the Victoria Cross at Vredefort in July 1900, thus becoming the only medical officer serving with an Australian military medical unit to be awarded the V.C. He went on to a distinguished career as head of medical services for the Australian Army in World War I and during the postwar decade.

(b) the ***Bearer Companies*** (January 1901), for wartime 'home defence' within the UK

(c) the ***Military Home Hospital Reserve*** (August 1908), to provide extra support staff for the military hospitals

(d) the ***Voluntary Aid Companies*** (December 1910), part of the War Office scheme for Voluntary Aid Detachments. Many Brigade divisions registered as such Detachments and later gave honourable service in both World Wars I and II.

The above summary has shown how the Brigade evolved over its first couple of decades. It began as an outgrowth of the St John Ambulance Association in the UK. At first it was one aspect of the UK's emerging ambulance transport system. In its early years it was feeling its way. As it did so, it tried out various functions, structures and procedures. Over the years it discovered its true role. This was not ambulance transport, however. Instead, providing a voluntary first aid field service was to be the Brigade's main task; and it took about 15 years for that to become clear.



The Brigade aloft: members of the Brigade 'At Home' take to the air in England in 1915, anticipating Australia's Flying Doctor Services by 13 years.

By about 1902–1903 the Brigade had settled into the work routines now familiar to its present members. That is, it had become an organisation of trained, disciplined, uniformed volunteer first aiders who were available, first, for duty at public events and, second, as back-up for the official emergency services during times of crisis. It was at this time that the Brigade transplanted itself to Australia. Australia's first two Brigade Divisions — separate men's and women's units — opened at Glebe, Sydney, on 30 March 1903. By this time the Brigade had already taken on the shape, functions and routines it has maintained ever since.

The Brigade nursery — Association Centres

As we saw in the previous section, the Brigade grew from, and was a logical extension of, the St John Ambulance Association. From its formation in England on 10 July 1877, the Association (called Training Branch in Australia since 1987) expanded quickly throughout the UK and Ireland. From 12 teaching centres in 1877, the first at Woolwich in London, the number grew to 270 ten years later. Most of them continually ran first aid courses for interested members of the public. In that time almost 108,000 citizens earned first aid certificates after successfully completing first aid courses at the centres — an average of 10,800 a year. The number of certificates awarded grew steadily each year. For example in 1887 the centres issued over 17,700 certificates and the next year almost 22,200. Within 25 years of the Association's formation the number of centres had risen to 377, including 59 in overseas countries. Few towns in England, Ireland or Wales by then lacked an Association centre. (Scotland was the exception because of the formation there in 1882 of the St Andrew's Ambulance Association. This body, which gained its own Royal Charter in 1899, also offered first aid training, Bitter rivalry developed between the two Associations. Eventually this led to a 1908 agreement between them under which St Andrew's confined its activities to Scotland and St John closed its Scottish centres.)

The Association was barely five years old when it began extending itself abroad, mainly (but not exclusively) into the many colonies of the British Empire. The existence of the Empire helped British ideas as well as trade goods move quickly around the world. This was also true of the Association and its first aid courses. They were really British exports — part of the flood of products, processes, practices and organisations which, soon after their invention, found their way from Britain to the furthest corners of the Empire.

The first overseas Association centre opened in 1882, in Malta — one-time home of the original Hospitallers but now a British naval base. The next year, 1883, a rash of new centres opened overseas, including Australia's first, in Melbourne, Gibraltar, Bombay in India, Cannes in France and in the West Indies at Bermuda, the Bahamas and Trinidad. This, of course was five years before Queen Victoria granted the Order of St John, the St John Ambulance parent organisation, the Royal Charter making it an official order of chivalry.

Many more overseas centres followed. In 1884, further centres opened at Adelaide and Newcastle in Australia, Hong Kong and Graham's Town in South Africa; and the year after that, 1885, others at Jerusalem, Singapore, Bangalore in India, Kimberley and East London in South Africa and Christchurch, Invercargill, Nelson and Wellington in New Zealand. The first Canadian Centre opened at Halifax, Nova Scotia, in 1887. Even Paris had a vigorous Association Centre. It opened in 1889, but as most of its members were British it probably confined its activities to the expatriate British community there. By the turn of the twentieth century Association Centres were active in most of the Empire's major cities.

As Association centres became established overseas, and people other than English speakers undertook first aid training, the Association began publishing its training manual, *First Aid to the Injured*, in other languages. By 1928 the manual was appearing in 20 languages other than English. These included Russian (first edition published in 1881), Welsh and Burmese (1887), Gujerati, Marathi and Urdu (1901) followed by versions in six other Indian languages (1911), Maltese and French (1912), Hebrew (1925), Afrikaans (1926) and then Chinese, Kaffir and Persian (1928). In addition the Association published an Arabic edition of its *Home Hygiene* manual in 1909.

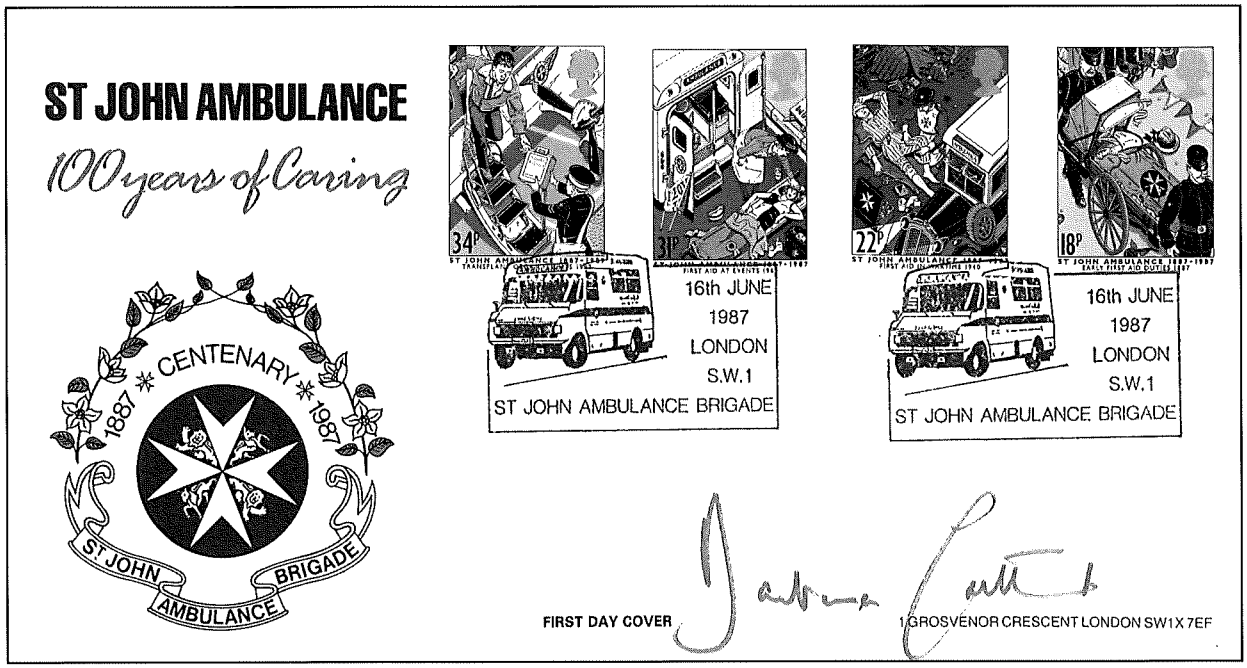
Within a decade the word 'centre' came to mean much more than simply a place where first aid instruction took place. 'Centre' in St John terminology signified a complex set of interlocking bodies and procedures. Each Association Centre usually consisted of a governing committee or council comprising prominent local citizens and members of the medical profession. In the colonies, the Governor was often the patron of the council, while a local dignitary, for example the Premier, the Chief Justice, the Anglican Archbishop or a local Knight of the Realm, usually accepted the position of president. Other, lesser dignitaries — the local police, railways and fire brigade commissioners, university lecturers in medicine and leading businessmen — became honorary vice-presidents. An important aim in setting up a Centre was to attract as many of the local elite as possible. That demonstrated to the general public that the Association was a very worthy cause, and one deserving their keen support. Once the social elite were enthusiastically involved, the Centres often took on an active life of their own. Special occasions for the Centres became regular events on the social calendar. These included gala

fundraising concerts, the annual general meeting, the annual presentation of first aid certificates and demonstrations of first aid techniques by students who had earned the Association's medallion (by passing the first aid examination in three successive years). Such events took place amidst much pomp and ceremony, were attended by the local dignitaries and were written up at great length in the long social columns of the colonial newspapers.

The responsibilities of the Association Centre councils were many. They included fund raising to pay the bills; securing government and municipal grants to support the instruction program; enrolling classes and appointing medical practitioners to teach and examine them; collecting enrolment fees from and issuing first aid manuals to the students; issuing certificates to those who passed the class examinations; obtaining permanent premises with room enough for class instruction, an office and the storage of teaching materials and first aid equipment; and continually promoting the advantages of first aid to members of the public generally and in particular the organisations and enterprises whose employees had good need for first aid knowledge —police, fire brigade, factories, mines, docks, railways, tramways, schools. All of this was too much for a body of part-time volunteers meeting only monthly. No matter how dedicated they were to the St John cause, few council members could carry such a burden for long. And so most Centres soon employed a salaried secretary-manager and clerical staff to manage such everyday administrative tasks.

In Australia the pattern of Association Centre distribution soon reflected the country's territorial division into the six self-governing colonies that at federation in 1901 became the States of New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia. The principal or 'Head' Centres soon became permanently established in the coastal capital cities — Sydney, Brisbane, Adelaide, Hobart, Melbourne and Perth — while the regional cities that had begun with independent Centres in time simply became outposts or sub-centres of the 'Head'. In two cases — Newcastle in New South Wales and Launceston in Tasmania — the local Centre was founded years before the 'Head' Centres in the capital cities. In two others — Ballarat in Victoria and Kalgoorlie in Western Australia — the regional sub-centres sprang up almost at the same time as the 'Head' Centres.

The territory covered by each of the Australian Association Centres was generally the same as that of the colony within which it operated. Except in the very early years there was little overlap. With a couple of exceptions — Mount Gambier in South Australia and Launceston in Tasmania, each of which affiliated with Melbourne — the Victorian Centre, based in Melbourne, covered Victoria; the South Australian Centre, based in Adelaide, covered South Australia, and so on. The main difference between the colonial Centres was the year in which each was established. About 26 years elapsed before each colony or State had a 'Head' Centre. The Victorian Centre was the first, in 1883. Then came the Adelaide Centre (for South Australia) in 1884, the Launceston Centre (for northern Tasmania) in 1887, the New South Wales Centre in 1890, the Perth Centre (for Western Australia) in 1892, the Brisbane Centre (for south-eastern Queensland) in 1908 and the Hobart Centre (for southern Tasmania) in 1909.



First day cover commemorating the centenary of the St John Ambulance Brigade in the United Kingdom in 1987. The signature in the bottom right corner is that of the Earl Cathcart, Lord Prior of the Order of St John.

Australia's two mainland Territories, the Northern Territory and the Australian Capital Territory, got their Association Centres much, much later — more than 30 years after World War II and about 70 years after the establishment of the last of the State Centres. The Northern Territory Centre began as a sub-centre of the South Australian Centre in 1953 after first aid teaching had begun in Darwin and Alice Springs. It became a Centre in its own right in 1977 with its headquarters in Darwin when the St John Council for the Northern Territory came into being.

The Australian Capital Territory Centre, in effect Canberra, was a different case. Association first aid classes had run regularly there from at least the early 1940s, but until 1979 Canberra remained within the territory of the New South Wales Centre. With the establishment of a separate St John Council for the ACT in 1979, a separate local Association sub-centre was set up. Having only a single city as its area of responsibility, it remained a sub-centre until 1996, when it was renamed as a Centre, enjoying at last parity of esteem with Australia's other seven State/Territory Centres. By that time, however, the Training Branch had replaced the Association and the term 'Centre' had lost its original meaning of an autonomous body with a governing council of its own. Instead the word 'Centre' simply now meant the jurisdiction (that is State or Territory) in which the local Training Branch representatives conduct public first aid instruction.

For most of the twentieth century the capital city Association Centres and their regional sub-centres had remained the basic institutional framework through which St John Ambulance taught its public courses in Australia. These arrangements continued until 1987, when the Australian Priory of the Order of St John reorganised itself as St John Ambulance Australia. As we have already seen, during the restructuring the St John Ambulance Association in Australia became simply the organisation's Training Branch while the St John Ambulance Brigade became its Operations Branch. Following the restructure the Association Centres lost much of the independence they had previously enjoyed as separate bodies with their own governing councils. The councils were trimmed back to smaller committees, the main function of which was advising and helping the local State/Territory training managers. Under the new arrangements the Training Branch became simply what its name implies — the segment of St John Ambulance Australia that continually adapts the first aid syllabus to student needs, fine-tunes the syllabus to take account of new developments in patient care, revises the first aid manual, and teaches the public classes. In decades past the various Centres had all had their own corporate individuality and eccentricities, and differed considerably from State to State. With the creation of the Training Branch, however, they quickly became uniform in character, so that anyone taking St John first aid courses in different States or Territories would notice little difference. This was intentional, for the aim in shifting from the Association to Training Branch had been to standardise instruction and the quality of teaching across the nation.

Knowing what the above pages have just told us about Australia's Association Centres, we can now consider how they gave birth to the Brigade.

Steps towards establishing the Brigade in Australia

In the same way that major regional Association branches were known as Centres, the corresponding Brigade term was 'District'. The first Brigade District in Australia, New South Wales, developed from the practice classes and industrial sub-centres of the Association Centre in Sydney. The practice classes or clubs were already springing up in other cities and other colonies, most notably in Melbourne and Adelaide. These provided the Brigade in Australia with many of its early recruits. However, it was first aiders in the belt of manufacturing industry around Sydney's dockside suburbs that provided the main impetus for forming the first Brigade units in Australia.

The first aiders at some of Sydney's major industrial work places formed 'ambulance corps' within their Association sub-centres. These closely resembled the ambulance corps that had sprung up across much of the UK during the late 1870s. A similar evolution from the Association's industrial ambulance corps into Brigade units now took place in Sydney during the late 1890s and early 1900s.

The first of the industrial sub-centres to use the term 'Brigade' was at the Colonial Sugar Refinery (CSR) in Pyrmont. It began calling itself the 'No. 1 City Ambulance Brigade' about 1896. It had 42 members, 16 of them with St John Ambulance medallions. In addition to providing a first aid service at their work-place, they began offering themselves for voluntary service at public gatherings. At such events they provided a first aid service similar to what later Brigade Divisions would supply. In 1896, too, the 'Mort's Dock Ambulance Corps' of 25 members set up in business much as the CSR 'Brigade' was doing.

The New South Wales Association Centre had probably recognised this link between industrial sub-centres, the ambulance corps and the Brigade at an early stage. It made its first attempt to form a Brigade unit in 1894. On 8 June that year it called a public meeting in the YMCA Hall to rouse interest in establishing the Brigade in Sydney. The Centre chairman, Dr Vandeleur Kelly, gave a lecture to the meeting on 'Civil Ambulance Organization'. During his speech he explained the work of the

Brigade as it was then taking shape in Britain. The meeting voted to send a delegation to the Premier, Sir Robert Duff, with a request for government help in purchasing the stretchers the Brigade would need. This attempt to establish a local Brigade Division got no further. The Premier declined the invitation to provide money. The current severe economic depression, he said, meant that none was available.

In 1897 the Association Centre in Sydney took another step towards introducing the Brigade. That year it formed a 'Volunteer Medical Staff Corps Reserve' from its certificated pupils. The first 18 members came from two CSR sub-centres, at Pyrmont and Broadwater. They had to attend at least six parades a year to ensure that their first aid skills were satisfactory. There was the also a similar emphasis on discipline and drill that would become part of the Brigade routine. The next year, 1898, the Reserve membership reached 45, and a second detachment was being formed in Newcastle. Part of the Reserve's purpose was to provide a civilian back-up for the Military Ambulance Corps, and so they wore khaki uniforms.

A further move towards forming Brigade units in Sydney came in 1899. That year the 'Union of Ambulancers' came into being. G.H. Robinson, secretary of the CSR Ambulance Corps, was its secretary-treasurer. Most industrial ambulance corps had only male members, but the Union was open to anyone, male or female, who was interested in maintaining and extending their medical knowledge and skills. The Union arranged for medical practitioners to lecture its members on practical medical subjects and to help improve their first aid skills. In 1899, too, a similar organization grew out of the Ashfield sub-centre's practice club. This was the 'Western Suburbs Ambulancers'. It met regularly in the Ashfield Town Hall to discuss first aid problems and to apply members' knowledge in practical tasks under the supervision of a doctor.

From these various ambulance-type organisations it was a small step to forming a Sydney branch of the Brigade. The Association Centre in Sydney took this step in late 1900. Its reason for doing so was a series of three major events due to occur in the first half of the coming year, 1901. These were: the celebrations for the inauguration of the Commonwealth of Australia in January; the royal visit by the Duke and Duchess of Cornwall and York (later King George V and Queen Mary) to open the new federal parliament in May; and the Young People's Industrial Exhibition in June. All three events meant that large crowds would be congregating. The crowds seemed likely to be bigger than any that had previously gathered in Sydney. And that meant that the event organisers would need a large force of first aiders, which the Association Centre was best able to provide.

The actual event that prompted the Association Centre into action to set up the Brigade was an invitation from the Principal Medical Officer of the New South Wales Military Force, Sir William D.C. Williams. Williams had responsibility for planning the first aid arrangements for the Federation Day festivities. He already knew much about St John Ambulance because in 1890 he had been a foundation member of the Centre's executive committee. He now asked the Centre if it could supply organised teams of first aiders from among its graduates. He wanted them on duty at the ambulance stations along the route that the Federation Day street parade would take on 1 January 1901. The Centre agreed to his request, then began recruiting 160 male and female volunteers from its sub-centres.

The team of first aiders recruited by the Centre went on duty as required. They were posted at intervals along the streets of Sydney wherever the parade was due to pass. As things turned out, they had plenty of work to do. January 1st 1901 was an exceptionally hot day at the height of Sydney's summer. The crowd lining the streets was one of the biggest and most excited any of the Australian colonies had yet seen. Each of the first aid posts treated 20 to 30 casualties, mostly victims of sunstroke, fainting, hysteria and exhaustion. Although no serious cases of accident were reported, hundreds of people received efficient aid. Many were kept under observation at the first aid posts until well enough to go home. Some had to be taken to hospital by the army's horse-drawn ambulances. The first aiders remained on duty for many hours. When not treating patients they were kept busy carrying water and ice to spectators feeling faint from the heat and dehydration.

The Centre arranged a similar public duty for its first aid teams when the Duke and Duchess of Cornwall and York rode through the streets of Sydney on 28 May 1901, after having opened the federal parliament in Melbourne. This was an event the first aiders were particularly proud to attend because the Duke was the Grand Prior of their Order. They staffed six stations along his route, and patrolled the stretches between stations. As on Federation Day, they had to treat large numbers of fainting, hysteria and collapse casualties. In Melbourne, too, the Association Centre provided a team of first aiders to help out during the visit of the Duke and Duchess. It recruited 50 certificated members of the Victorian sub-centres as volunteers to help the Army Medical Corps to staff the first aid posts along the route of the street procession.

The first aid teams went on duty again at the Young People's Industrial Exhibition, which began on 2 June 1901. Volunteers from the Balmain, Western Suburbs and Glebe sub-centres were rostered for duty throughout the exhibition at the temporary ambulance station set up there. They worked under the direction of Flora Read, the secretary of the Association's Balmain sub-centre.

The three public first aid duties described above were all officially Association activities. However, when the Centre's annual report for 1901 appeared in September that year, they were written up as 'Brigade Work' under the heading 'St John Ambulance Brigade'. The report then went on to list the Brigade officers, who were: Lieutenant-Colonel Thomas Samuel Parrott, the Commissioner; Major John Henry Alexander Lee, the Deputy Commissioner; Brigadier-Surgeon Reuter Emerich Roth, the Medical Officer in Chief; and Captain George Lane Mullins, the Chief Superintendent. The three major public first aid duties in the first half of 1901 had therefore been the final stepping stone towards establishing the Brigade in Sydney. These duties had proved the feasibility of the Brigade to the Association's Sydney leaders. In addition they had also demonstrated that Australian first aiders could handle Brigade work as successfully as the British, New Zealanders and South Africans.

Thomas Samuel Parrott (1842–1917) was a civil engineer and soldier who was born in Bedford, England. He arrived in Australia in 1860 and worked as a surveyor in Queensland and Victoria for the next 12 years. He moved to Sydney in 1872 as a government surveyor, and also joined the voluntary military engineering corps there. In 1879 he developed a plan for building a bridge across Sydney Harbour — a grand idea not realised for another 53 years. In 1885 he travelled to the Sudan as an engineer with the New South Wales military contingent. The next year the colonial government sent him to Europe and North America to prepare a report on coastal and harbour defence. Over the next 14 years he ran his own mining and civil engineering firm in Sydney and commanded an army engineering company. He spent most of 1900 in South Africa with the British army's Royal Engineers, who were engaged in the Boer War. At the end of that year he was promoted lieutenant-colonel and given command of the New South Wales army engineers. He retired from the army in September 1902 then migrated to South Africa. He therefore had only a year as the St John Ambulance Brigade Commissioner in Sydney. (*from* Australian Dictionary of Biography, Volume 11, *Melbourne University Press, 1988, pp. 145–6*)

John Henry Alexander Lee (1853–1927) was a sailor and military engineer. He was born in Calcutta, India. After schooling in England he became a merchant sailor for a shipping line with a fleet working the UK–Australia route. He settled in Sydney in 1877 and worked as a government surveyor. In 1883 he was given command of the newly formed New South Wales naval artillery volunteers. In 1891 the government sent him to train with the Royal Engineers, learning about torpedoes and submarine mines. On his return he was given command of the submarine mining company of the New South Wales army engineers. In 1902 he travelled to South Africa with the 1st Battalion of the Australian army Horse, but by the time he got there the Boer War had ended. Back in Sydney again, he was promoted lieutenant-colonel in command of the Australian army engineering corps. He spent the years 1906–11 in Adelaide as commander of the 4th Military District. When World War I broke out he became the army transport officer in Sydney. As such he supervised the embarkation of the troops sailing away to the Gallipoli campaign. (*from* Australian Dictionary of Biography, Volume 10, *Melbourne University Press, 1986, p. 49*)

Reuter Emerich Roth (1858–1924) was a physician. He was born in Brighton, England to a Hungarian refugee father and an English mother. He came to Australia in 1883, and set up practice in Sydney. Having served with army voluntary units in London, he became interested in army medicine. In 1894 he was appointed captain in the medical corps of the New South Wales military forces. Throughout the 1890s he lectured classes for the Association's New South Wales Centre. He went to South Africa with the first New South Wales troops sent to the Boer War in 1899, spent 18 months there, was mentioned in despatches and was awarded the Distinguished Service Order. After returning to Sydney in April 1901 he became the principal army medical officer for New South Wales. He lectured in anatomy, physiology and hygiene in Sydney's teacher training and technical colleges for many years, then in 1909 was appointed medical inspector of the Department of Public Instruction. As well as his St John Ambulance involvements, he was a co-founder of the State branches of the Royal Life Saving Society and the Red Cross. In 1915 he became lieutenant-colonel in charge of the 5th Field Ambulance of the Australian Army Medical Corps at Gallipoli. He later served in France. After being wounded there in the battle of Fromelles, he was invalided back to Australia. (In January 2002 Roth's grand-daughter, Dauna Currie, presented his memorabilia to the Priory museum collection.) (*from* Australian Dictionary of Biography, Volume 11, *Melbourne University Press, 1988, pp. 462–3*)

George Lane Mullins (1862–1918) was a general medical practitioner. He was born in Sydney to Irish parents. Following schooling there, he undertook his medical training in Dublin. After graduating in 1887, he worked as an intern at a London hospital before returning to Sydney. He practised privately for a time then joined the staff of St Vincent's Hospital. He also became the honorary director of the Department of Special Therapeutics at the Sydney Hospital. He served as an army medical officer for about 20 years but never overseas. During World War I he reached the rank of lieutenant-colonel as commanding officer of the No. 4 Base Hospital at Randwick. Mullins was a long-time stalwart of the executive committee of the St John Ambulance Association Centre in New South Wales, and was its deputy chairman for many years. He edited its short-lived monthly magazine, *The St John Ambulance Gazette*, which appeared between May 1902 and April 1904.

Mullins remained Chief Superintendent for only a year before being promoted to Commissioner after the first Commissioner, Parrott, quit Australia to live in South Africa. He remained Commissioner for only two years and was then promoted again — to 'Commissioner for Australia' in 1904. This was a new position established by the Chief Commissioner for the 'Brigade Overseas' in London, Major-General James C. Dalton. By now, Brigade Divisions were beginning to form in other States, the next being in Perth in 1904. Dalton had guessed that new Brigade Districts would soon form in the other five States. He therefore believed that Australia needed a Commissioner for the whole country as well as one in each State District.

Mullins's main task as Commissioner for Australia was to encourage the formation of Brigade Districts in the States that didn't yet have them. He was also meant to be the point of contact between Brigade headquarters in London and the various Districts in Australia. As things turned out, he achieved little as Commissioner for Australia. He did much to encourage the Association Centres in Melbourne and Adelaide to form Brigade Divisions, but that was about all. The distances between the State capitals were too great for him to travel much. And interstate communications were still too primitive for him to maintain regular contact with the Districts beyond New South Wales. After eight years the Brigade's London headquarters realised that the Australian Commisioner's position was serving no good purpose, so abolished it in 1912. Mullins then seems to have withdrawn from St John Ambulance. Within a couple of years World War I had begun, and after that his military commitments kept him busy. He died quite young, at 56, in the last months of the war. (*from H.J. Gibbney and Ann G. Smith*, A Biographical Register 1788–1939: Notes from the name index of the Australian Dictionary of Biography, Volume II, L–Z, *Australian Dictionary of Biography, Canberra, 1987, p. 128*)

By the end of 1901 the Brigade in Sydney had a set of senior leaders but still no Divisions. It was a case of all 'Chiefs' but no 'Indians'. Creating Divisions was the next main task, and we will consider that in the next section.

The New South Wales District — the first one away

As we have just seen, the Brigade came into existence in New South Wales during 1901. The exact date of the 'foundation day' is unknown. St John Ambulance records in New South Wales do not tell us the precise time of appointment of the four 'Chiefs' mentioned above. However, from surviving records we can probably deduce that it happened in late May or early June 1901.

At this point we need to consider St John Ambulance terminology again. We saw earlier how the St John Ambulance Association (or Training Branch) is territorially arranged under Centres. As mentioned, Australia has eight Centres — one for each State and Territory. The corresponding territorial arrangement for the Brigade (or Operations Branch) is the District. Again, Australia has a separate Operations Branch District for each State and Territory. Like Association Centres, the idea of Brigade Districts was one imported from the UK. (We have already seen above how the UK had 12 Brigade Districts by World War I.) The term 'District' came into use in New South Wales as soon as Brigade Divisions began forming there in 1903.

The New South Wales Association Centre believed that in 1901 'the most important work of the year was the establishment of the St. John Ambulance Brigade'. Not all Association sub-centres agreed. Some were positively hostile. Dr Thomas Storie Dixson wrote about this in a short history of the Brigade in Australia that he published in 1918. (Dixson joined the Brigade in 1903 as Deputy Commissioner. This followed the promotion to Commissioner of the Chief Superintendent, George Lane Mullins.) According to Storie Dixson, the problem was that Australia was not England, and so Australian and English attitudes were basically different. In England, he wrote, forming the Brigade was fairly easy because people were familiar with military organisation and soldiers were respected figures in the community. By contrast, Australians were 'intensely democratic'. They were generally suspicious of 'authority' and reluctant to accept it by wearing military-style uniforms with badges of rank. They were also unwilling to spend money on uniforms that suggested some ranks were 'superior' to others. Finally, they didn't like the 'paper work' involved in Brigade membership, which they saw as 'military red tape'. Yet another difficulty was a fear of military conscription — of Brigade members being forced into army service.

Because of this antagonism, during 1902–1903 the Brigade Commissioner and Deputy Commissioner — Mullins and Dixson — went on a public relations tour of sub-centres throughout New South Wales. They promoted the idea of the sub-centres registering as Brigade Divisions and assured sub-centre members that being in the Brigade didn't involve compulsory military service. They also spent much time and effort explaining the differences between the Association and the Brigade. They pointed out that the Association provided instruction and granted certificates but didn't organise first aiders to assist the public. The Brigade, however, existed to provide first aiders with regular work at public events. It also helped them maintain their first aid skills. Mullins and

Dixson argued that the Brigade had to be disciplined if it wanted to maintain high first aid standards. The uniforms were necessary because they allowed the public to recognise Brigade personnel instantly. And the army-style system of ranks — privates, corporals, sergeants and officers — was also necessary because it provided a clear chain of command, which was critical in emergencies.

Many of the Association sub-centres, practice classes and ambulance corps accepted the message the Brigade leaders were preaching. One by one they reconstituted themselves as Divisions of the Brigade. The first to do so was the Glebe sub-centre in inner suburban Sydney. Two Divisions from among its members registered with the Brigade on 20 March 1903. One was an Ambulance or men's Division, the other a Nursing or women's Division. The next to be registered, on 25 March 1903, was the short lived Dixson's Tobacco Factory Division in Newtown. Then came Western Suburbs on 9 September, Sydney Gasworks on 21 September, and Mort's Dock on 23 September 1903.

There were some Association sub-centres that refused to be re-organised and regulated as Brigade Divisions. The industrial sub-centres in particular proved the most resistant. As late as 1907 some of the oldest of the Association's industrial sub-centres remained outside the Brigade because they believed it was too regimented . These included the sub-centres of the Australian Gaslight Company, the Lithgow coalfields and the Clyde Engineering Works. Other long established industrial sub-centres simply disappeared or became inactive. Among this group were the sub-centres at the Colonial Sugar Refineries, Kauri Timber, Dalgety and Company, the Sydney Meat Preserving Company and the Fresh Food and Ice Company. The keen first aiders in these sub-centres had several choices. They could join already established Brigade Divisions; they could organise themselves into a group independent of St John Ambulance; or they could work as volunteers with the Civil Ambulance and Transport Brigade, an organisation that was a St John Ambulance rival. The loss of so much of its earlier influence within the industrial suburbs of Sydney was unfortunate for St John Ambulance. It meant that the organisation had lost support among the population it could do most to help — the industrial working classes.



Women of the Balmain subcentre of the St John Ambulance Association demonstrate their first aid skills during the annual demonstration of the New South Wales Association Centre in Sydney Town Hall, 1897. Their 'patients', arranged around an Ashford litter, are suffering a broken collar bone, a head injury, a crushed hand, and a broken and crushed leg. Their uniforms are very similar to those worn six years later by the first local Nursing Divisions of the St John Ambulance Brigade.

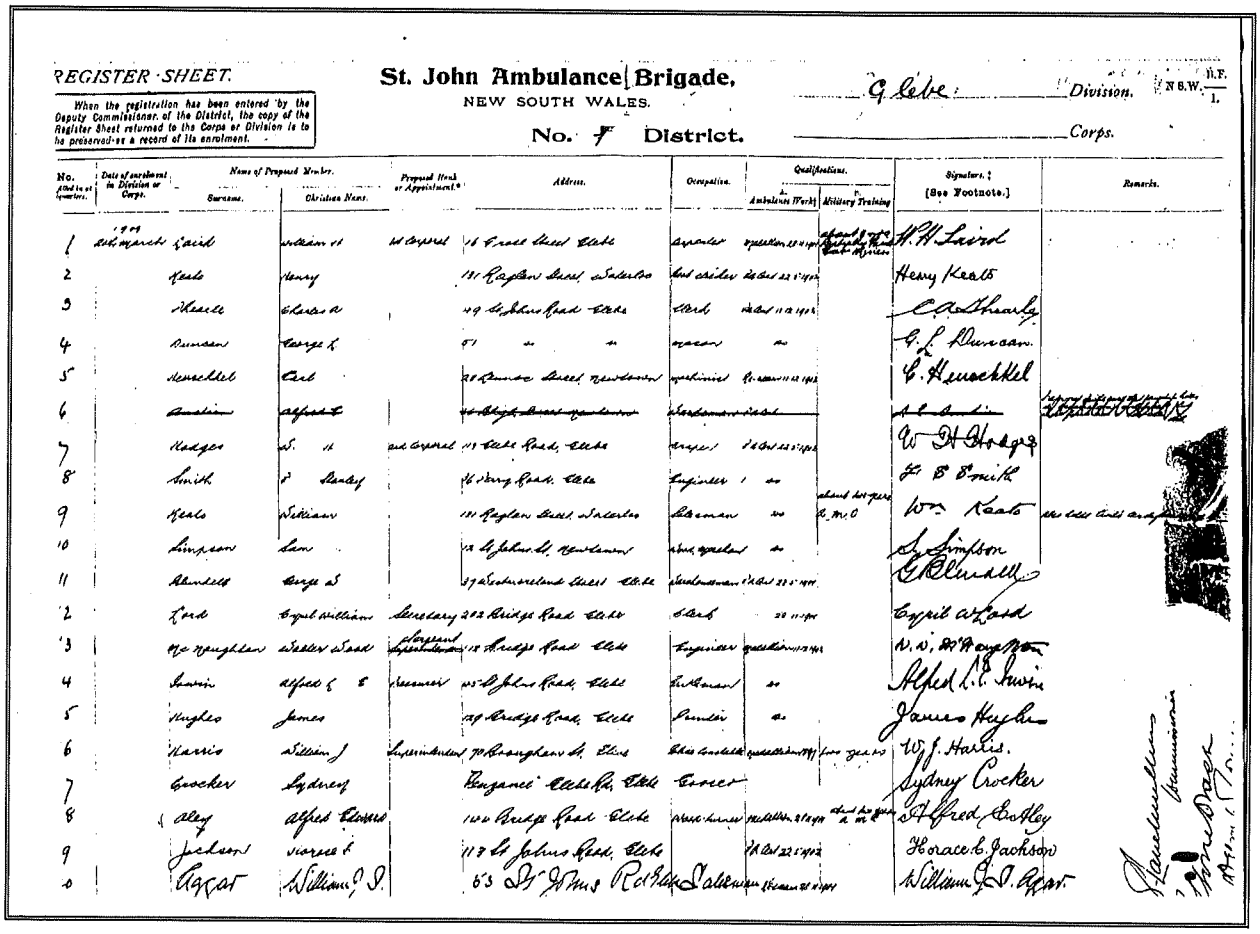
Three years after its formation in New South Wales, the Brigade took its most adventurous steps ever when it amalgamated with the Civil Ambulance and Transport Brigade of Sydney. The CATB agreed to join it as a separate Corps in 1904. The CATB dated from 1895. It was an ambulance transport body specialising in removing patients to hospital, but it had other functions as well. In 1904 it had five bases in the city and nearby suburbs. It maintained a permanent staff of 10, a group of part time volunteers, two horse-drawn ambulances and eight Ashford litters. The CATB was funded by public subscriptions. Some of its work came from doctors requiring transport of their patients. Some of the work came from answering calls to street accidents and railways and tramways cases. The wharves and factories provided more work; and the rest was made up of doing Brigade-type public first aid duties at sports grounds, public gatherings and processions. The CATB's work had increased steadily in its first nine years, and by 1904 it was transporting some 2700 cases and travelling over 16,000 kilometres annually. In addition it was beginning to move into St John Ambulance Association territory of public first aid teaching. St John Ambulance and the CATB were becoming serious rivals. Amalgamation was one solution to this problem, but it was not a satisfactory one. The difficulties worsened after the CATB became a Brigade Corps. The CATB needed funds to expand into suburbs demanding ambulance facilities but St John Ambulance couldn't provide them. In addition, the CATB members regarded themselves as full time professionals and resented being part of an organisation they thought consisted mainly of part time amateurs. Eventually these problems proved too much for the Brigade. In 1919 it began moves to have the State government take over the CATB. The government finally did this in 1922, when it set up the New South Wales Ambulance Service Board to operate the State's ambulances.

Meanwhile, the number of Brigade Divisions in New South Wakes had been increasing. By September 1912 the New South Wales District comprised 14 Ambulance Divisions (including four

of the CATB) and six Nursing Divisions (including two of the CATB). The non-CATB Ambulance Divisions were Glebe (registered 1903), Western Suburbs (1903), Wollongong (1905), Harbour Trust (1906), Water and Sewerage Department (1906), Vaucluse (1908), Randwick (1909), Commonwealth Portland Cement Company (1910), Paddington and Woollahra (1911), and Dulwich Hill (1911). The non-CATB Nursing Divisions were Glebe (1903), Vaucluse (1908), Gladesville (1910), and Western Suburbs (1910). In addition the District claimed a YMCA Division formed in Hobart in 1908, which had been operating under its control. The total District strength was 216 men (63 of them in the CATB) and 120 women (54 CATB). On average they met for 'drill' 30 times a year, or slightly more than once a fortnight; and on voluntary public duty that year, 1912, they treated 1907 cases (1725 by the men's and 182 by the women's Divisions). In addition to these successful Divisions there were several short-lived ones which had already lapsed. Lithgow, formed in 1905, had become inactive by 1911. Similarly Cootamundra (1907–11) and Carlton (1910–11) were now out of action.

As well as establishing Divisions, the Brigade worked at developing a sense of comradeship across the District. District-level first aid competitions were important here. The Brigade began conducting these in 1902, before the first Divisions registered in the period when they were still technically Association sub-centres. The prize was a silver trophy, the Roth Challenge Shield, donated by the Brigade's Chief Medical Officer. The team from Glebe won the Roth Shield that year and twice more over the next four. In 1912 a District home nursing competition was introduced. The trophy was the Douglas Shield, named in memory of Mrs Percy Douglas, who had been a strong supporter of the Nursing Divisions.

The Brigade also conducted annual three-day training camps at La Perouse. The camps were the idea of Mr Boles R. Rainsford, the District Secretary, who was appointed in 1906. (He was also secretary to the Association Centre.) The first camp was held in 1906. Attendance at and interest in the camps grew year by year. The camps soon became a key event on the District calendar. Another, later District-wide event, introduced after World War I, was the annual review. This was when the Commissioner inspected his assembled 'troops'. Divisions from across the State travelled to Sydney for the review, which was usually held at the Victoria Military Barracks.



REGISTER SHEET.

When the registration has been entered by the Deputy Commissioner of the District, the copy of the Register Sheet returned to the Corps or Division is to be preserved as a record of its enrolment.

St. John Ambulance Brigade,
NEW SOUTH WALES.

No. 1 District. G. Glebe Division. N.S.W. B.F. 1.

_____ Corps.

No.	Date of enrolment in Division or Corps.	Name of Proposed Member. Surname.	Christian Name.	Proposed Rank or Appointment.	Address.	Occupation.	Qualifications. As Ambulance Worker	Qualifications. Military Training	Signature. (See Footnote.)	Remarks.
1	1903 1st March	Laird	William H	Surgeon	18 Grace Street Glebe	Surgeon	Operative 23/11/1903	Attended Drills Qualified Efficient	W. H. Laird	
2		Keats	Henry		131 Ryedale Street Waterloo	Cab Driver	16 Oct 22/1/1904		Henry Keats	
3		Keats	Charles A		49 St John's Road Glebe	Clerk	16 Oct 11/2/1904		C. A. Keats	
4		Duncan	George L		61 " "	Mason	"		G. L. Duncan	
5		Hemschkel	Carl		28 Duncan Street Newtown	Upholsterer	16 Oct 11/2/1904		C. Hemschkel	
6		Anderson	Alfred		49 Bligh Street Sydney	Gentleman's Valet			A. Anderson	
7		Hodges	W. H.		113 Glebe Road, Glebe	Draper	16 Oct 22/1/1904		W. H. Hodges	
8		Smith	Percy		16 Derry Road, Glebe	Engineer	"		P. B. Smith	
9		Keats	William		131 Ryedale Street Waterloo	Barman	"	Attended 1st year C. M. O	Wm. Keats	
10		Simpson	Sam		12 St John's Rd, Newtown	Shop Assistant	"		S. Simpson	
11		Blundell	George S		57 Cleveland Street Glebe	Gentleman	16 Oct 22/1/1904		G. Blundell	
12		Ford	Cyril William	Secretary	202 Bridge Road Glebe	Clerk	20/11/1903		Cyril A. Ford	
13		Mc Naughton	Walter Lead	Assistant Secretary	18 Bridge Road Glebe	Engineer	23/11/1903		W. W. McNaughton	
14		Irwin	Alfred C. E.	Lieutenant	118 St John's Road, Glebe	Gentleman	"		Alfred C. E. Irwin	
15		Hughes	James		49 Bridge Road, Glebe	Painter	"		James Hughes	
16		Harris	William J	Superintendent	70 Broughton St. Glebe	Glebe Constable	23/11/1903	Attended 1st year C. M. O	W. J. Harris	
17		Crocker	Sydney		Burgmann's Cafe Bridge Rd. Glebe	Grocer			Sydney Crocker	
18		Alley	Alfred Edward		100 Bridge Road Glebe	Music Seller	23/11/1903	Attended 1st year C. M. O	Alfred Edward Alley	
19		Jackson	Horace C		117 St Johns Road, Glebe	Clerk	16 Oct 22/1/1904		Horace C. Jackson	
20		Agar	William S.		63 St Johns Road Glebe	Salesman	"		William S. Agar	

Registration form (code 'B.F.1') of Glebe Ambulance, the first formally registered Australian Division of the St John Ambulance Brigade, signed by Dr G. Lane Mullins, the Commissioner. (The other two signatures are illegible.)

The first overseas excursion by Australian Brigade members was another early milestone in encouraging the New South Wales District towards a corporate identity. This took place in 1912. During 1911 the District received an invitation from the London headquarters of the Brigade to send six representatives to the 1912 Royal Review in Britain. (We saw earlier in this chapter how 15,000 Brigade members from around the world attended this review, which was held in conjunction with the coronation of King George V, Sovereign Head of the Order of St John.) The District selected five of its men and one woman to make the long journey by sea. In Britain they joined 43 other members of the 'Brigade Overseas' from Canada, India, New Zealand and South Africa. As well as attending the review, they went on public duty with teams from the 'Brigade At Home' for the coronation procession through the streets of London. The high cost of sending the New South Wales delegation to Britain was met after an appeal to the State Governor (Lord Chelmsford), the Premier (James McGowen) and the city retailers Samuel and Anthony Hordern, and also by the Brigade's own fund raising effort.

By the end of the Brigade's first decade in New South Wales, its members were becoming a familiar public sight. Citizens recognised the black and white Brigade uniform whenever they saw it at street parades and football matches. The football crowds were already calling those who wore it the 'Zambuks' after the popular liniment which was said to heal anything from scratches and scalds to chilblains and bee stings.

The routines the Brigade Divisions developed in these years have remained. If present day Operations Branch members could travel back in time to the Divisions of the early 1900s, they would find much that was familiar. Members of the early Divisions paraded weekly for first aid practice in local halls. They drew up schedules of the public duties they would attend in the period ahead. They received and acted upon the correspondence that flowed unceasingly from District headquarters. In return they forwarded to headquarters the paperwork required of them — annual statements of Divisional strength, parades attended, duties performed, examinations held and results obtained, and of efficiency being maintained. They underwent inspections by headquarters staff. They practised for first aid and home nursing competitions against other Divisions. They listened to lectures by their Divisional Surgeons (the medical practitioners attached to each Division). And they raised funds to buy medical supplies and equipment, purchase uniforms, pay their rent and travel to public duties and competitions.

The members of the early Divisions also had to work hard at public relations. They had to promote themselves to local community organisations, gain coverage in local newspapers, make themselves available for the principal events on the local calendar, attend church parades in local churches, and generally make the public aware of their presence and of their wish to be of service. At the same time they developed a strong sense of comradeship with each other. The Divisions became the centre of their members' social life and of their families too. Their balls, Christmas parties, card nights, concerts and other social gatherings not only helped raise money but also helped bind individual members to the organisation, its ideals and its ancient traditions. Finally, in learning to accept Brigade discipline, they developed pride in themselves and in their organisation. They felt an inner satisfaction in knowing that through their loyalty to the Brigade they were serving their Order, King, country and humanity generally.

The Western Australian District — second cab off the rank

Western Australia was the second State after New South Wales to have a Brigade District. Brigade history in Western Australia begins with Dr George McWilliams, who had taught the first class of first aid students in Perth in 1892 and was a foundation member of the Perth St John Ambulance Association Centre.

McWilliams was an early Brigade convert. In 1901 he had unsuccessfully tried to persuade the Perth Association Centre council to sponsor the formation of a local Brigade Division. The next year, 1902, he would have seen the Brigade in action in the UK, when he travelled there as medical officer accompanying the Western Australian delegation to the coronation of King Edward VII. While in London he visited the London headquarters of the Brigade and met the senior St John Ambulance officials there. These included the Commissioner-in-Chief, Colonel Cyril Bowdler, with whom he discussed ways of introducing the Brigade back home in Perth. On his return to Perth he again raised the matter with the Centre council. This time the council agreed to conduct a trial by placing a team of volunteer first aiders on duty at Perth's Royal Agricultural Show in 1903. They handled few cases, but the experiment was a success. The council therefore agreed in January 1904 to advertise among graduates of the first aid classes for recruits to form a Perth Brigade Division. Only seven men volunteered to join the new Division, but that was thought sufficient for planning to proceed. After a long delay, the new Division met for the first time on 23 December that year. The delay was possibly caused by the need to recruit extra volunteers to reach the minimum number of 12 required to register a Division.

The Perth Division remained fairly small during its first full year, 1905. It had only one more

member than the minimum required for registration. As well as the Divisional Superintendent, J.O.K. Jeffreson, and the Divisional Surgeon (Dr O. Burkitt), there were a sergeant, a corporal and nine privates. In addition, there was a secretary (N.E. Probert) and treasurer (Lt.-Col. J.A. Campbell, who was also the Association Centre treasurer). Above them all, of course, was none other than McWilliams himself. He took the title 'Assistant Commissioner', the term then used for the heads of Districts in the Brigade 'Overseas'. The members of the Division maintained a fairly busy schedule of public appearances. They performed 52 public duties in the first year — an average of one a week. Most of these came through McWilliams' connections with the Perth cycling and turf clubs, where he was official surgeon. The turf club connection was fortunate because the club gave the Division a grant of £25 to appear at every race meeting on the metropolitan race courses. Other events they attended included the police tournament, the Royal Agricultural Show and football matches. Even though they did many public duties, they were hardly busy because they treated only 20 cases in the first year. Despite that, their membership continued growing and by the end of the year the Division had 25 privates.

According to their first annual report, the members of the Division also acted as the local branch of the Australian Army Medical Corps. As such, the Division had been inspected by Major-General Henry Finn and Surgeon-General William D.C. Williams, respectively commanding officer and chief medical officer of the Commonwealth Military Forces, when they visited Western Australia. This unusual arrangement would have been McWilliams' doing because he was a captain in the Western Australian army reserve. The Division went into camp with the Army at Easter 1905; and they also held their meetings and parades in the Army Drill Hall.

In its first couple of years, the Perth Division relied heavily on McWilliams. He personally undertook to fund it himself, and it was he who found it work to do. He was also the Association Centre chairman as well as Brigade Assistant Commissioner, and he remained the dominating figure of both bodies. His influence was in fact too great. Events soon proved that there were dangers in being so closely identified with one powerful personality. Signs of this problem had become apparent in 1902 when the council of the Association Centre forced its treasurer, J.R. Lynch, to resign. Lynch had refused to attend council meetings following a disagreement with McWilliams. After resigning, Lynch sent a 'letter-to-the-editor' to the Perth newspapers explaining what had happened. The council always held its meetings in McWilliams' home, he wrote. This prevented council members from freely discussing St John Ambulance business, particularly if they disagreed with McWilliams. Lynch also accused McWilliams and a small number of his medical friends of monopolising the teaching and examination of the first aid classes. Other capable doctors were therefore excluded.

After the Brigade Division formed, similar dissatisfaction with McWilliams' domineering ways emerged there too. Despite the Division's encouraging first year, there was a spate of resignations in the second, 1906. The first to go were a group of men from the Metropolitan Fire Brigade who wrote to resign together. Then the secretary resigned. More resignations followed and other members simply dropped out. By the end of 1906 the Division was down to 14 members — one more than it had begun with. Worse was to follow, for McWilliams died suddenly at the beginning of 1907. At the next Divisional meeting several weeks later the Superintendent, Jeffreson, the treasurer, Campbell, and another private resigned. Membership continued falling, and by the end of 1908 Divisional strength was down to a rump of just five. They included the new Superintendent, A. McKay, and the secretary–treasurer, H. W. Lilley. No new Assistant Commissioner had been appointed to replace McWilliams, and none would be appointed until 1912. The real leadership seems to have come from the Divisional Surgeon, Dr H. A. Lesghen. To their credit, this small group of members kept the Division alive. Somehow they managed to keep faith with their clients by attending all the events on their calendar — race meetings, football matches, sports gatherings and the Royal Agricultural Show.

One of the Division's problems was uniforms. At first the Division hoped to obtain these from Brigade headquarters in London. They wrote away to the Chief Commissioner for advice but don't seem to have received a reply. In May 1905, six months after the Division formed, the members voted to obtain 16 suits which they planned to have dyed by one of their members, Private Thompson, for 9/– (90¢) each. The next year, 1906, their annual report complained that they still had no 'distinctive uniform'. This was becoming a serious difficulty because 'we are constantly asked by the racing clubs to adopt a uniform'. Uniforms were still scarce eight years later because at the end of 1914 the Division agreed to purchase two dozen St John Ambulance arm bands for the members who still had no uniforms.

Another serious obstacle for the Brigade in Western Australia was the strength of rival ambulance bodies linked to the Association Centre. The fire brigade, the railways, the police, the wharf labourers' union and the Kalgoorlie-Boulder gold-mines all had their own ambulance corps affiliated with the Association. These bodies siphoned off first aiders that might otherwise have come into

the Brigade. Keen first aiders like those in these industrial ambulance corps had little incentive to join the Brigade because they already had an outlet for their interests and skills on the job.

Despite its early difficulties, the Perth Division survived against the odds. The decline in membership bottomed out in 1908. After that its numbers steadily rose. Fourteen new members joined in 1909, and by the end of the year eight of its 21 members held Association medallions. Until then the Western Australian Brigade District had been a one-Division organisation. That year, however, a second Ambulance (men's) Division of 21 members formed at Midland Junction on Perth's eastern outskirts. The annual report for 1909 boasted that 'Brigade matters are brighter now than ever before in Western Australia'. The Brigade's fortunes continued improving. A third Ambulance Division with 27 members formed in 1911 at Boulder on the eastern goldfields, and a fourth at North Fremantle in 1912. The first Nursing (women's) Division was established in Perth the next year, 1913, with Mrs Harriet E. Parker in command as 'Lady Superintendent' and Dr Gertrude Mead as divisional surgeon. (The first Cadet division, Fremantle Ambulance, which formed in 1936, was still a generation away in the future.)



Voluntary Aid Detachment (VAD) No. 32, Headquarters St John, Sydney, 1918. During World War I and later World War II St John Ambulance Brigade Divisions could register as VAD units. On duty their members wore the VAD uniform, which displayed the Red Cross rather than the St John Maltese Cross.

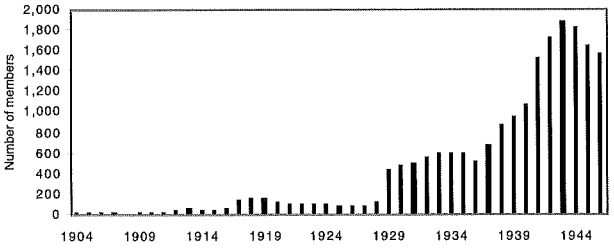


An ambulance of the Civil Ambulance and Transport Brigade, a Corps within the New South Wales District of the St John Ambulance Brigade, takes part in a street parade in Sydney, 1912.

The formation of a Division at Boulder was an important development because the District then split into separate 'Coastal' (that is Perth) and 'Goldfields' Districts. Dr W. Trethowan became Assistant Commissioner of Coastal District and C.A. Bolton was in charge of Goldfields District. Bolton was secretary of the Kalgoorlie–Boulder Chamber of Mines. He had been active in the 'Mines Ambulance and Rescue Corps', which was affiliated with the St John Ambulance Association. He was also the inventor of an electrically heated bed and a new type of stretcher. The bed was said to be useful in cases of shock, and models of it were installed in the casualty stations of all the major mines. His stretcher was designed for use in rocky confined spaces, where ordinary stretchers made of canvas ripped easily. In his first annual report as Assistant Commissioner, Bolton confidently predicted that within a short time he would have another 200 members enrolled in six Ambulance Divisions and a Nursing Division. He hoped that miners who had worked with the Mines Ambulance and Rescue Corps would transfer into the new Brigade Divisions. These bold plans came to nothing, however, because apart from the North Fremantle and Perth Nursing Divisions in 1912–13 Western Australia saw no new Divisions until 1924. Bolton himself went off to World War I with the Army Medical Corps in 1915. After his departure the separate Goldfields and Coastal Districts were rejoined under a single Assistant Commissioner. This was Dr Herbert G. Tymms, who went on to remain Commissioner for an Australian record period of 25 years.

Under Tymms the Brigade District in Western Australia eventually enjoyed a period of continued growth. During the 1920s many new Divisions formed in country areas, often with links to local ambulance transport units and the railways. By the time of Tymms' retirement in 1939 District strength had risen to 42 Divisions with 1063 members. Later on, during World War II, the threat of war prompted a spurt in membership, and in the peak year of wartime activity, 1942, the strength stood at 1875 members in 67 Divisions. As might have been expected, district strength declined as the danger of a Japanese invasion passed. The following graph summarises the expansion of the district over its first four decades.

Brigade strength, Western Australia District, 1904-1946



After the fall-off in numbers as an end to the war seemed more likely, the graph line again turned upwards. There was to be a steady increase throughout the 1950s to an all-time peak of 2400 in 1961, though that was still a long way in the future. If we could produce graphs of the growth of the other Brigade Districts, they would probably look similar to the one above. And, as the above graph suggests, by the mid-1940s the Brigade had cemented itself firmly in place as a popular Western Australian institution. The same was true for all other State Districts except Queensland (a special case that we will discuss later in this chapter).

The Tasmanian District — success after two false starts

The Brigade was present in Tasmania from 1908. However, like the Launceston and Hobart St John Ambulance Association Centres there, it was absent more than it was present in the earlier decades.

Tasmania's first Brigade Division was formed in Hobart in 1908. It came about through urging by the New South Wales Deputy Commissioner, Dr Thomas Storie Dixson. Dixson had visited Hobart on a holiday in 1906. Finding no St John Ambulance activity there, he contacted the mayor, the Anglican bishop and YMCA secretary to persuade them to establish a local Association Centre. On returning to Sydney, he sent the New South Wales Centre secretary, B.R. Rainsford, to Hobart to help organise a class there. A class was successfully recruited, taught, examined and presented with first aid certificates by the end of the year. The graduates became the nucleus of Tasmania's first Division. Called the Hobart YMCA Division, it was registered as part of the New South Wales District on 18 November 1908. Its Superintendent was S.N. Bulcraig; the Divisional Surgeon was Dr R.D. Campbell; the 'inspector of stores' was P.F. Hooke; and the secretary-treasurer was R.A.G. Wise of the YMCA. It began as a small Division with only eight members, six of whom were also reserves in the Army Medical Corps. It met 24 times in the YMCA hall during its first year. The members treated 12 cases, but only two of these on public duty. They raised their own funds from donations and concerts. Little else is now known about the Hobart YMCA Division. No information about it has survived in St John Ambulance records in Tasmania. It did send a copy of its first annual report to New South Wales District headquarters in 1909, but after that it sent no more. Perhaps it continued on for years, but it doesn't seem to have survived World War I. During the early 1920s, the Association Centre in Hobart talked several times of reviving it but nothing came of this. In any case, the Hobart Centre itself became inactive in 1923 and remained in recess for five years.

After the Hobart Centre revived itself in 1928, it periodically received requests from sporting clubs wanting first aiders to attend their matches. In 1933 such requests prompted a member of the Centre committee, Robert Wallace, to propose that the committee should re-establish the Brigade. A further 18 months of talking about this idea finally led to public meeting in the Hobart Town Hall on 10 April 1935. The meeting aimed to raise interest in bringing the Brigade back to Hobart. It was well attended and enthusiastic. About 30 men and 12 women promised to join the Brigade if local Divisions formed. Robert Wallace then formally moved that two Divisions be established — Hobart No. 1 Ambulance and Hobart No. 1 Nursing. The meeting went on to elect leaders for the Ambulance Division. The chairman of the Association Centre, Dr Tom Goddard, was appointed Divisional Surgeon, J.E. Hulbert Superintendent, Robert Wallace Ambulance Officer (that is second in command after the Superintendent) and R.N. Woolley secretary. Next, it appointed Eleanor Hawkins as Superintendent of the Nursing Division and Gladys Marshall as secretary. When the two Divisions were actually registered formally, 32 men and 20 women enrolled. To help the new 'Southern Tasmanian District' along, the Centre committee donated it £10 (or about 20% more than the minimum male weekly wage at the time). This was the amount left in the bank by the defunct former Division.

The Hobart Mercury newspaper welcomed the reappearance of the Brigade. It devoted an editorial to the event. This informed readers they should feel deeply grateful that

> *'a body of persons can be found willing to give their time to training to serve the community free. The St John Ambulance has grown from its original small nucleus in Britain to a large Empire organisation. In it are men and women who for no reward seek to train themselves and gain such knowledge of first aid work as will enable them to save life and suffering. This is a very great thing, and represents one of the seldom mentioned triumphs of civilisation'.*

With that glowing endorsement, the Divisions now began functioning like those on the mainland. This time round the members proved so keen that

their Divisions became a permanent part of the Hobart scene. When Sir James Sleeman, the Chief Commissioner of the Brigade Overseas, visited the city a year later in 1936 he found that the Divisions were 'a smart, well uniformed and well drilled body of men and women able to perform valuable duty at any time'. He said he was impressed with both 'their steadiness and fine physique'. At a reception for Sleeman, the State Governor (Sir Ernest Clark) praised the Brigade members publicly. 'The appearance of members of the Brigade at every large gathering was now familiar,' he said. He commended their 'noble ideal of self-sacrifice in devoting time and energies voluntarily to assist those in need'.

The new Southern Tasmanian District soon began acting on several suggestions by Sleeman. First, it began forming Cadet Ambulance and Nursing Divisions. In less than six months it had signed up and trained the boys and girls who constituted the nucleus of the first Tasmanian Cadet Divisions. Second (and more difficult), it began communicating with the separate Northern Tasmanian District in Launceston, which had formed in March 1936.

The Northern Tasmanian District came into being only a month before Sleeman's visit. Several years earlier there had been separate Launceston-and-Devonport Ambulance and Nursing Divisions. These had formed mid-1932 with 16 in the Nursing and 27 in the Ambulance Division, but both disbanded within a year or two. Their driving force had been Mary F. Robson, secretary of the Northern Tasmania Centre of the St John Ambulance Association. It was she who now, 1936, did most to revive the Brigade in the north. At first the Northern Tasmanian District had just one Division — Launceston No. 1 Ambulance, with George Shield as Superintendent, John Carter as secretary, Dr Arthur Grounds as surgeon and 17 other members. A parallel women's Division, Launceston No. 1 Nursing, did not form until September 1938. This had 18 members, with Jean Aitken as Superintendent and Dr John Grove as Surgeon. The Launceston Divisions, like those in Hobart, succeeded at the second attempt. They were still active more than 60 years later in the year 2000. Eventually the Ambulance Division regrouped as the Archer–Launceston Division, which has both male and female members. The Nursing Division continues as a women's unit.

Sir James Sleeman had strongly urged the two Tasmanian Brigade Districts to co-operate closely. The Divisional leaders in Hobart and Launceston accepted this advice. They began planning a conference between their two Districts. It was to be held in Antill Ponds, a small town on the Midland Highway midway between Hobart and Launceston. In the end the conference did not take place because of the high cost of sending representatives from each District. Instead, a Launceston delegate went down to Hobart for discussions. One practical outcome of these talks was Tasmania's first North–versus–South first aid competition. The competition took place in Hobart on 13 March 1937.

By the end of the 1930s the Brigade in Tasmania had become a permanent fixture. Its next big step was to be to overcome inter-city rivalries by amalgamating the Northern and Southern branches to form the one unified District. The amalgamation came in 1942, when the Tasmanian St John bodies opted to join the new federal Australian Commandery of the Order of St John. With the various State branches of St John Ambulance now federated, it was plain common sense for the Brigade to have only the one Tasmanian District.

The Victorian District — a consequence of the Great White Fleet

By the time the first Brigade Divisions formed in Sydney in 1903, the Victorian St John Ambulance Association Centre had been in business for 20 years. In that time it had trained over 14,000 people in first aid. It also had 25 active sub-centres around Victoria. A number of practice classes were attached to the sub-centres. There was no shortage of keen first aiders to stage demonstrations and competitions at the annual displays the Centre conducted before capacity crowds in the Melbourne Town Hall. Despite this enthusiasm for first aid, Victoria had no Brigade Divisions until 1910, nearly a decade after the foundation of the New South Wales Brigade District.

Why, then, did it take so long for the State with the oldest St John Ambulance organisation to form Brigade Divisions? There is no obvious reason. The deep economic depression of the 1890s had hit Victoria harder than the other colonies, but Melbourne was still a large city with 612,000 citizens in 1910. A population of that size would have provided enough work for a dozen or more Brigade Divisions.

The best explanation for the Brigade's slow start in Victoria is probably the Victorian Association Centre's involvement in ambulance transport work. The Centre has taken over responsibility for Melbourne's ambulances from the fire brigade during 1900–01. By 1910 the ambulance transport service was becoming a major enterprise. The service had three branches — in the city, South Yarra and Ascot Vale. It was called out 4304 times in during the year; its horse-drawn ambulance vans travelled 237,500 kilometres (if these figures were accurate the average trip was a surprisingly long 55 kilometres); and its crews had to render first aid in 358 cases. The Centre's annual report indicated that, like ambulance services in other large cities, its ambulances were treating a very varied range of casualties. The workload included 'fractured thighs, legs, arms, pelvises, skulls, jaws and backs, and

cases of apoplexy, epilepsy, sunstroke, drowning, poisoning, burns, and various kinds of fits'.

Keeping up with the city's steadily increasing demand for ambulance facilities was a major task for the Centre committee. Eventually it proved a task too large. By World War I horse-drawn ambulances were being replaced everywhere by motorised ambulance vans, which cost more to buy and maintain. Melbourne's first motor ambulance van, a Renault, was purchased in 1910 for £400 (or 170 times the minimum male weekly wage). Running it caused the Centre's ambulance account to drop from a profit of £77 ($154) in 1910 to a loss in 1911 of £94 (40 times the minimum male wage). Despite the loss, the Centre had to buy another motor ambulance in 1911 to keep up with the escalating workload, and a third early in 1913. By 1916 the ambulance service had just about made the Centre bankrupt. To save itself, the Centre withdrew from ambulance work and passed the service over to another separate and independent body. This was the Victorian Civil Ambulance Service, which the Centre established with government help. With the ambulance service thus occupying most of its attention, the Victorian Association Centre probably placed low priority on forming Brigade Divisions.

What finally prompted the formation of Brigade Divisions in Victoria was an occasion when huge crowds gathered. This was the visit to Melbourne of the US navy's 'Great White Fleet' of 16 battleships and five auxiliary vessels under the command of Rear Admiral Charles S. Sperry. The fleet reached Melbourne at the end of August 1908. The sailors were due to march through the city on 31 August. The local official in charge of first aid arrangements was Surgeon-Major George Horne of the Army Medical Corps. He planned for 16 emergency ambulance stations along the route — north from St Kilda Road, through the city and on to the Exhibition Gardens. To help staff them he formed a temporary 'Volunteer Ambulance Corps' from the certificated pupils of the Association Centre's classes. Horne was a leading member of the Victorian Centre council. He served on it for 24 years, 1903–27, two of them (1919–20) as president.

The citizens of Victoria fell in love with the 'Great White Fleet'. The crowd turning out to watch its sailors march was among the biggest and most excited Melbourne had ever seen. The city's suburban rail system had its busiest day on record. Some 400,000 passengers travelled by train that day compared with 350,000 on the next busiest day, when the Duke of Cornwall and York had opened the Commonwealth Parliament on 9 May 1901. The next day's newspapers were full of stories of 'riotous scenes'. They sang the praises of the first aid teams, who had dealt with about 500 cases at Horne's emergency ambulance stations.

Later in 1908 the Association Centre annual report said that the visit of the US fleet 'plainly showed the desirability of having a trained body of workers at hand on all such occasions or in event of any large and serious action'. The report then announced that the Centre intended to establish 'an Ambulance Brigade similar to the Brigade at Home, in New South Wales, and in New Zealand'. The Centre, it said, hoped that the women and men who 'did such splendid service at fleet time' would become the first recruits.

What emerged from these plans was not a Brigade Division, however, but another creature altogether — the First Aid Volunteers' Association (FAVA). This was a body open to all certificated graduates of the Association's first aid classes. Its main purpose was to keep together the first aiders of 'Fleet Week' and to give them opportunities to practise their skills. The FAVA was duly formed, with Horne as its president. Other leading medical practitioners from the Association Centre council delivered the first aid lectures to its members. It ran very much like Brigade Divisions did elsewhere, but with a different emphasis. The FAVA did not stress discipline, parades and drilling as much as the Brigade did. Unlike Brigade Divisions, it was open to both sexes, and it adopted an interesting program of mixed educational, service and social activities. It took its members on frequent outdoor excursions to Melbourne's park lands and beaches for picnics combined with relaxed first aid practice. It raised money and donated equipment for various charities, for example 380 towels for the Red Cross at the outbreak of World War I. Its members also went on public first aid duty. Among the functions they attended regularly were the Australian Natives Association fête, the Warrnambool–Melbourne bike race, the St Patrick's Day procession and the Naval & Military carnival. On duty the FAVA members wore white armbands with their own version of the Maltese cross in red. They also wore cardboard 'First Aider' labels hanging from a bright ribbon fastened to their lapels.

The FAVA proved highly successful. It started off with 50 members in 1908 and had 300 by 1915. Many of the members were active within Association sub-centres, and even when the Brigade started up in Melbourne a number of them remained in both FAVA and the Brigade. The two proud boasts of FAVA were, first, that it had been 'founded in Fleet Week 1908' and, second, that it was 'officially recognised by the St John Ambulance Association'. The second of these was a claim it had to drop in 1915 when the Association suddenly withdrew recognition without giving reasons. One reason was probably that the FAVA members were spending too much time in pleasant social activities and too little on public first aid duty. Another reason was probably that it had become too successful. That is, its large numbers were hindering the formation of the Brigade Divisions. The Centre

council seems to have come round to thinking that the Brigade wouldn't prosper while FAVA was there as a rival. The withdrawal of Association support seems to have had the desired effect. FAVA managed to stay in business at least until the end of World War I, but after that it disappeared. By then the Brigade was flourishing.

Which individuals actually brought the Brigade into being in Victoria and when is not clear. The Association Centre Council was responsible and it happened some time late in 1909 or early in 1910. Surgeon-Major Horne probably had most to do with it. George Horne (1860–1927) was a Melbourne-born medical practitioner. He had joined the Militia Ambulance Corps (i.e. military medical reserve) in 1888 soon after graduating. He became its commanding officer in 1897 and continued on as a surgeon-major in the Army Medical Corps when the Australian army was established after Federation. He was also an honorary medical officer with the Women's Hospital and a religious order, the Little Sisters of the Poor. As we saw above, Horne had been in charge of the 'Fleet Week' arrangements in 1908. He became the 'Acting Assistant Commissioner' at some time in 1909–10; and was confirmed as Assistant Commissioner in 1912. He retained the position until 1921. In the early years at least he was the District's only headquarters officer. As well as his long service on the Association Council, he was also the editor of the shortlived *Victorian First Aid and St John Ambulance Gazette* (1918–19). He was therefore the sort of keen promoter of first aiding who would have pushed for the establishment of a Victorian Brigade District.

The first Brigade unit formed in Victoria was the Hawthorn Ambulance Division, which registered on 10 March 1910. Its members came from a class that graduated from the Hawthorn Association sub-centre in late 1909. Its Divisional Superintendent was F.H. Golland; its Surgeon was Dr P. E. Brett; and its secretary was W. Driver. (Both Golland and Driver were members of FAVA, and Driver was its chairman in 1917–18.) A parallel Hawthorn Nursing Division formed later, on 3 May 1910. Both these Hawthorn Divisions were short-lived. Neither lasted much more than a year, mainly because parallel Metropolitan Nursing and Ambulance Divisions formed at about the same time. The Metropolitan Nursing Division formed on 24 March 1910 and the Metropolitan Ambulance Division on 31 May. The two Metropolitan Divisions 'stole' both public duties and members from the Hawthorn Divisions, and so the latter folded quickly. A foundation member of the Hawthorn Ambulance Division, Mr H. L. Perriman, was also a member of FAVA and its treasurer in 1917–18. He was still alive in 1980, aged 96. He remembered that the Metropolitan Divisions were 'city Brigades'. They 'catered for most of the big events, hence there was little for the Hawthorn Divisions to do'. Perriman and his brother both transferred to the Metropolitan Division, and Perriman was later its secretary. He later worked as a lay worker at the Anglican mission for Aborigines on Groote Eylandt in the Northern Territory, where he found his knowledge of first aid very useful.

The registration certificate of the Metropolitan Ambulance Divisions has survived. It tells us much about this early Brigade unit. The Superintendent was H.A. Osgood-Cannon, the manager of the Association Centre's city ambulance transport service. The Divisional Surgeon was Dr H.W. Bryant of the Army Medical Corps. The secretary was E.C. Montgomery, a salesman. As well as the two officers there were two corporals and a sergeant plus 24 privates — a total initial strength of 29. Nearly all of them came from the ring of inner industrial suburbs surrounding the city — Brunswick, Carlton, Clifton Hill, Fitzroy, Prahran. They represented a cross-section of occupations: there was a barrister, three engineers, a federal public servant, a teacher, an estate agent, three clerks, a chemist. The rest were either small businessmen or tradesmen — a confectioner, an ironmonger, a grocer, a coach builder, a telegraphist, a fishmonger, a sanitary plumber, a bricklayer, a joiner, a wood machinist, a warehouseman, and so on. Only one of them, Osgood-Cannon, held the Association's first aid medallion, and only one other had passed a second first aid examination. Nine of them had military experience, most in the ambulance corps of the army reserve; and two (apart from Osgood-Cannon) were on the permanent staff of the Association Centre, possibly as ambulance officers. The public duties this mixed bunch performed together in their first year included attendance at the Henley-on-Yarra regatta and the Royal Agricultural Show.

No similar information about the Metropolitan Nursing Division has survived. All that is now known is that the Superintendent was Mrs M. Lodge, the Divisional Surgeon-Major H. Shirdee of the Army Medical Corps, and the secretary Miss L. Fargie. On the other hand, the registration certificate of the Brighton Nursing Division has been preserved. This Division formed on 3 October 1910. Brighton, a southern bayside suburb, had strong St John Ambulance links. Dr Richard Warren, the first secretary of the Association Centre, practised there. Lloyd Tayler, chairman then president of the Centre council from 1884 until his death in 1900, had lived there. The first of the Association's countless sub-centres in Australia had been founded there in 1883, and was still active. The Superintendent-secretary of the Brighton Nursing Division was Mrs Jane M. McKinley, who was also secretary of the Brighton sub-centre from 1901 until her death in 1920. The Divisional Surgeon was Dr G.C.W. Weigall. All 28 women in the Division had passed a second first aid examination and 13 had the medallion. All in all, their ambulance training made the men of the Metropolitan Ambulance Division look like novices.

After the Brighton Nursing Division had formed in October 1910 few more Brigade Divisions formed in Victoria until World War I produced a rash of new Divisions in 1914. The next to be formed was the Footscray Ambulance Division, on 21 December 1912. (By 2001 it was the Division with the longest period of unbroken service in the Victorian District.) Then came Brunswick, Essendon, Fairfield, Geelong, Middle Park, Mildura, Moorabbin and Williamstown Ambulance Divisions soon after the war began. The war also produced a spate of new Nursing Divisions, possibly because the Brigade offered women one of their best opportunities for war service. By the war's end in 1918 the District had 23 Nursing Divisions. These included a revived Hawthorn Division and new Divisions at Ararat, Balaclava, Camberwell, East Malvern, Fairfield, Footscray, Geelong, Williamstown, Malvern, Melbourne & Metropolitan Gas Company, Melbourne CWC, Mentone, Middle Park, Moonee Ponds, Parkville, Prahran, St Kilda, South Yarra and the YWCA. The war had thus given the Brigade in Victoria a huge boost. Things would not be as good again for another 20 years, until another war produced once more the great communal enthusiasm for the services that the Brigade offered Australians.

The South Australia District — eight years in the making

South Australia's Brigade District emerged over a three-year period between 1911 and 1914. It came into being partly because of nagging by George Lane Mullins, the Commissioner for Australia in Sydney. Mullins made repeated efforts over seven years to persuade the Adelaide Association Centre to form a South Australian Brigade organisation. His first attempt was in 1904, soon after he became the Commissioner. At its June meeting that year the Centre committee discussed a letter he had written asking if it would sponsor the formation of South Australian Brigade Divisions. The committee appointed a sub-committee consisting of its chairman (W.B. Wilkinson), secretary (Bentley Connor) and three others to look into the matter. The sub-committee recommended against forming Brigade Divisions, and the wider committee agreed.

In March 1905, eight months after the Centre committee had rejected Mullins's request, it asked one of its members, Charles Goode, to find out how the Perth Association Centre operated. Goode was travelling to Western Australia. While there, he held discussions with Dr George McWilliams, chairman of the Perth Centre and first Brigade Commissioner in Western Australia. His report to the Adelaide Centre said little about the Brigade, because the Perth Division had only just formed. Another year and a half went by, and then in August 1906 the Centre committee received another Mullins letter suggesting that it begin forming Brigade Divisions in Adelaide. By coincidence, the committee had also received another inquiry about the Brigade. This was from one A.S. Lindsay of Parkside, who wanted to know if an Adelaide Brigade Division was being planned. This time the committee instructed its secretary to prepare an estimate of the cost of doing so. What estimate he made is unknown, for it doesn't seem to have been mentioned again.

A.S. Lindsay was one of the Centre's recent graduates. He had gained his initial first aid certificate in 1903–04, done the re-examination in 1904–05 and had gained the medallion in 1905–06. Little is now known about him — not even what his initials stood for — but he later became the key figure in establishing the South Australia Brigade District. He seems to have been a warrant officer in an army medical unit, the No. 6 Field Hospital. During 1907 Lindsay quit Adelaide to live in Christchurch, New Zealand, where he spent almost three years. While there, he joined the Brigade. He worked his way up to Superintendent of its Canterbury–West Coast District, which had eight Divisions. In his time as Superintendent, District strength grew from 220 to 500 and the number of Divisions multiplied from eight to 19. Lindsay personally organised a conference and school of instruction for the District's officers. He expanded the range of public first aid duties to include horse racing and trotting meetings, rugby matches and bicycle races. He had the Divisions kitted out with regulation uniforms (whereas previously they had gone on duty in civilian clothing with a Maltese Cross armband). One of his Nursing Divisions raised enough money to purchase an ambulance van for its town. The members of his Brigade District clearly appreciated his energy and organising ability. When he left New Zealand to return to Adelaide in 1909 they presented him with an illuminated address expressing their gratitude.

While Lindsay was away in Christchurch, the Adelaide Centre seems to have done little more about setting up local Brigade Divisions. All it had really done was consider another letter from George Lane Mullins midway through 1909. Yet again Mullins wanted to know if the Centre could form 'a branch of the Brigade'. Once again the Centre committee sat on its hands. Nothing more happened for another year, until the committee's monthly meeting in November 1911. Lindsay attended the meeting at the invitation of the chairman, Eric Van Senden. He gave the meeting an outline of Brigade work in New Zealand. The committee must have been impressed because at its next meeting, in January 1912, it agreed to ask him to become a committee member. He accepted the invitation. By now he had been admitted to membership of the Order as a Serving Brother in recognition of his St John work in New Zealand. He was one of only five members of the Order among the committee's 24 members.

At the next monthly committee meeting, in February 1912, Van Senden mentioned that Lindsay had written a paper pointing out 'the objects of and advantages occurring from the Brigade'. Van Senden then moved 'that a branch of the St John Ambulance Brigade be established in South Australia'. The committee voted unanimously in favour. That done, Van Senden moved that Lindsay should be the Assistant Commissioner. Again the committee voted unanimously. The committee then agreed to write to the heads of the police, railways and tramways departments and the fire brigade to ask for their help in establishing the Brigade in Adelaide. The formation of Divisions was the committee's main item of business over the next four months. More letters arrived from Mullins to acknowledge what the committee was doing. A parcel of papers on the workings of the Brigade arrived from the secretary of the New South Wales Centre, B.R. Rainsford. Dr Benjamin Poulton was appointed District Chief Surgeon. Lindsay gave his first report as Assistant Commissioner, saying he had contacted the railways, police, tramways and fire brigade authorities about the possibility of forming Brigade Divisions among their workers.

After all that nothing much happened for another 15 months. No Divisions formed. The District existed on paper but not on the ground. Mullins's last report to London as Commissioner for Australia in February 1912, shortly before his position was abolished, noted that the Brigade was working well in New South Wales, Victoria, Western Australia and Tasmania. Sadly, however, there was still no Brigade in South Australia despite his seven years of writing letters.

At long last in September 1912 Lindsay informed the Centre committee that South Australia's first Brigade Division had formed. It comprised 23 members of the Municipal Tramways Trust. Why Lindsay and the Centre committee took so long to achieve this goal is a mystery. Perhaps the 'spade work' required to recruit leaders and members of Divisions was harder in Adelaide than in Sydney, Perth and Melbourne. Perhaps Lindsay lacked the 'pull' enjoyed by his fellow Commissioners elsewhere. He was only a humble army warrant officer, not a socially prominent medical practitioner like Lane Mullins and Storie Dixson in Sydney, George McWilliams in Perth and George Horne in Melbourne. These other Commissioners had proved adept at the 'spade work'. They took in their stride necessary tasks such as asking State Premiers for financial support, mingling with the capital city social elite, and persuading newspaper editors to grant the Brigade publicity. Social position and influence were important assets for a Commissioner, but Lindsay seems to have lacked them.

For over a year and a half South Australia remained a one-Division Brigade District. The District finally began expanding during 1914, after the Centre committee started advertising the Brigade's formation in March that year. The advertisements said that 'officers and members of the Brigade are prepared whenever possible to place their services *(voluntarily)* at the disposal of Racing and Football clubs etc at their various fixtures, to render every assistance in cases of accident and sudden illness'. The Brigade took a very important step forward in May 1914, when Lindsay made a deal with the railways ambulance officer, R.V. Bulman. The deal involved the Railway Ambulance Corps (RAC), the body that co-ordinated the first aid units operating within the State railway system. Lindsay and Bulman agreed that the RAC would join the Brigade as a separate corps with Bulman as its Chief Superintendent. To start with, there would be five metropolitan railways Divisions within the Brigade — Adelaide, Islington, Mile End, Port Adelaide and Glenelg.

The five railways Divisions began functioning as a Brigade Corps straight away. The Adelaide Racing Club (ARC) soon accepted an offer they made to provide five first aiders (one from each Division) at all its future race meetings. Their first public duty took place on Saturday 30 May 1914. A team of railwaymen provided the first aid service at the ARC Birthday races. Their members wore Maltese Cross badges on both sleeves to signify that they represented the Brigade. Lindsay was in charge, mounted on a horse. His task at this and future race meetings was to ride around the race track on horseback, keeping an eye out for mishaps. Whenever he detected trouble, he dashed to the scene on his steed with his first aiders following on foot as fast as their cumbersome stretchers and first aid kits would allow.

Lindsay gave his first report on the Brigade's progress to a Centre committee meeting in September 1914, seven weeks after Australia entered World War I. He told the committee he had just formed a new Division in Rose Park. As well as this one, he had only three railways divisions —Adelaide, Glenelg and Islington — with a combined strength of 58. He also had four 'unattached' Divisions, that is units not connected to any particular industry or employer but based on a locality. These comprised Adelaide Ambulance (24 members), Port Adelaide Ambulance (also 24), Adelaide No. 1 Nursing (35) and Adelaide No. 2 Nursing also known as YWCA (40). District strength therefore totalled 181.

Lindsay had clearly been busy over the past few months, racing to make up for the three years when his District had existed only notionally. 'The preliminary work of organising has been exceptionally heavy,' he told the Centre committee. Several months later he went overseas as a lieutenant in the Australian Military Forces. That is the last we hear of him. He quit the scene almost unnoticed. There were no speeches praising him and no illuminated address expressing appreciation

of his services, as there had been when he had left Christchurch to return home to Adelaide five years before.

With Lindsay gone, the railways ambulance officer, R.V. Bulman, was temporarily appointed Assistant Commissioner. Bulman had probably first come into contact with St John Ambulance through a class run specially for railwaymen in the period before 1910. He earned the Association medallion in 1911–12 at the age of 29. He had become the railways ambulance officer before this. The railways ambulance service and the Association Centre in Adelaide had enjoyed good relations ever since the Centre had begun teaching the railwaymen first aid almost 30 years before. The railways were in fact the Centre's best clients. In the ten years 1904–14 railwaymen earned half the 3900 certificates the Centre awarded. The railways had always encouraged its various classes of workers — engine drivers, firemen, signalmen, fettlers, porters, clerks — to train as first aiders and to form themselves into units of Bulman's Railways Ambulance Corps. By 1914 there were 16 of these units in the metropolitan area, and as we have just seen they had formed the nucleus around which the Brigade developed in Adelaide.

Bulman remained Assistant Commissioner for less than two months. He resigned from the position in February 1915 because of the pressure of work in his railways job. It was not his last go at being Commissioner, however. He later spent several periods as Acting Assistant Commissioner when his two successors, George F. Hussey and Dr S.L. Dawkins, were away on leave. By then he had returned to active Brigade administration as District Superintendent. His career in St John Ambulance was distinguished. He taught and examined in first aid for both the railways and St John for nearly 40 years. He joined the Association Centre committee in 1923 and was admitted to membership of the Order as a Serving Brother. He became a Life Member of the Centre in 1943. When the Australian Commandery of the Order (fore-runner of the Priory) was founded in 1941, he was one of two South Australian Brigade delegates. He was the Commandery member mainly responsible for introducing the Brigade's interstate first aid competitions to help raise its first aid standards. He also wrote the regulations for running them.

The Brigade remained leaderless for several months when Bulman quit. Eventually the Centre committee persuaded George F. Hussey to take on the job. Hussey was a St John Ambulance stalwart. He was the Superintendent of the Brigade's recently founded Adelaide Central Ambulance Division. He had been a member of the Centre committee since 1899. His St John Ambulance connections went back to 1887, when he had begun organising first aid classes for a workers' self-improvement organisation, the Literary Societies Union. He was to be the Assistant Commissioner for the South Australian record period of 16 years.

There was one unforeseen glitch that had to be cleared away before Hussey could take up his appointment. He had only been in his new position for seven months when the Brigade headquarters in London informed the Centre committee that only people who were members of the Order could be made Assistant Commissioners. Hussey had been working for St John Ambulance for almost thirty years, but that wasn't good enough. He had to be admitted to the Order before London would approve his appointment. Until then he could only be an *Acting* Assistant Commissioner. If the committee didn't already know it, here was proof of the Brigade's talent for inventing complicated bureaucratic rules! The simplest solution to the problem — making Hussey a member of the Order — was not as easy as it seemed, however. There were only five members of the Order in South Australia, so to make him a member would have meant leap-frogging him over other equally worthy St John Ambulance workers. That would have upset those who thought they deserved such a reward as much as Hussey did. In the end, the committee did recommend that he be admitted to the Order. London agreed, and he was made a Serving Brother in October 1916. He finally received his Serving Brother's award in March 1917. The investiture ceremony took place at Government House, where the Governor, Sir Henry Galway, presented him with his insignia of rank — the Maltese Cross medal of the Order suspended from a black silk ribbon.

Hussey was a prickly chap. In private life he ran his own printing firm. We do not know how he ran that enterprise, but in the Brigade he was a tyrant. Eventually the other Brigade leaders rebelled against him and he was forced to retire in 1931. This followed a series of disagreements over ambulance work. In 1928 the Brigade had begun considering the possibility of offering an ambulance transport service. It set up a 'transport committee' to investigate. The committee consisted mainly of railwaymen, who wanted the popular District Superintendent, R.V. Bulman, to be their chairman. Hussey insisted on chairing the committee himself. Thinking that Bulman's popularity was a threat to his authority as Assistant Commissioner, Hussey sacked him. This caused an uproar among the Divisions. They sent Hussey petitions calling for Bulman's reinstatement. Some suggested that Hussey was too old for the job and should quit. Hussey, however, was not a quitter. He hung on to his position tenaciously for the next two years. In that time he refused to have anything to do with Bulman, who remained active on the transport committee. Hussey ignored the wave of dissatisfaction with his leadership that was breaking over him. He finally went after the members of the transport committee wrote to complain to Dr T. Storie Dixson, the Commissioner for Australia. (Dixson had been appointed to this position in

1924 after 20 years as Commissioner of the New South Wales District.) What action Dixson took is unknown, but possibly he gave Hussey two simple choices — retire or be sacked. Hussey retired soon after, early in 1931.

Sadly, the Brigade in South Australia had stood still under Hussey's leadership. The District he had inherited was still fairly new and undeveloped, but it was functioning reasonably well. His first annual report as Assistant Commissioner, in March 1916, described his little army of first aiders. The ranks had thinned because some members had left for military service and strength was down to 168. The number of Divisions was down to six — Islington Railway, Port Adelaide, Adelaide No. 1 Nursing and Adelaide No. 2 (YWCA), Adelaide Central and Glenelg. The Brigade had not expanded rapidly in South Australia during World War I, as it did in other States. Instead its growth was very modest. From a District strength of 181 in September 1914 it reached a wartime peak of 200 in 1917. Only three new Divisions formed during the war. These were Adelaide Railway, which had revived after earlier collapsing, and the first two country Divisions — Great Northern and Snowtown–and–Brinkworth. The District then remained small throughout the 1920s. It only began growing under Hussey's successor, Dr Sydney Letts Dawkins, who was Commissioner 1931–46. (Dawkins was also the foundation Brigade Chief Commissioner for Australia during the period of the Australian Commandery of the Order of St John, 1941–46.)

Under Dawkins the Brigade in South Australia grew remarkably. When Dawkins replaced Hussey in 1931, he took over a District with fewer than 200 members in five Divisions. At the end of his 15 years as Commissioner he left behind him 1667 members in 63 Divisions. Eventually, by the 1980s, the District grew to 4700 members in 160 Divisions. By that time it was by far the largest of Australia's eight Districts, and its members made up fully a third of the national Brigade strength. Lane Mullins, A.S. Lindsay, R.V. Bulman and perhaps even George Hussey would have been pleased with that if they'd lived long enough to see it. When they were doing their Brigade pioneering such growth would have exceeded their wildest dreams.

The Queensland District — the late starter

Queensland lagged well behind the other five States in establishing a Brigade District. Brigade Divisions had formed in the other five by 1915. Except for those in Tasmania, which weren't finally secure until the late 1920s, the Brigade was fairly firmly established by the opening of World War I. In Queensland this didn't happen for another 35 years. Brisbane actually did have a short-lived Brigade Division between 1918 and the early 1920s, as we will now see. However, a separate, fully formed Queensland Brigade District did not come into being until 1949.

Brisbane's early Division formed during 1915. It was founded by an English immigrant, Robert James Moore, probably with encouragement from the Brigade Commissioner in New South Wales, Thomas Storie Dixson. Moore had been a Divisional Officer of the Brigade in Manchester for a couple of years before coming to Brisbane in 1913. How he came to form the Division is uncertain. What possibly happened was that he contacted the Brigade's London headquarters for advice on starting up a Division when he found none present in Brisbane. London would have referred him to Storie Dixson in Sydney, and would then have encouraged them both to establish a Brisbane Division. He was appointed 'Superintendent of the Queensland District' in 1915. He soon recruited members for the Division and within several years built its strength to 10 men and 10 women. Its men wore khaki uniforms similar to those worn by Brigade members in Western Australia and South Africa. The jacket had a black button-up collar with silver Brigade badges.

During the Christmas holidays in 1918 Moore and two members of his Division began offering a first aid service to holiday makers around Coolangatta, in the Gold Coast area south of Brisbane. They set up camp at Kirra Beach near Coolangatta then offered treatment to anyone seeking it. At first some people there thought they were a little odd, but they hung in and in the end treated 45 cases. They were back again the following Easter, and after that they regularly staffed the Gold Coast beaches around Coolangatta and Tweed Heads during the Christmas–New Year and Easter holidays. The local community as well the holiday crowds welcomed their presence, and local business firms began supporting them. Their case load increased steadily as beach users became accustomed to them being there. Eventually the Division was able to maintain a staff of four Ambulance and two Nursing members in the district over the holiday season. In their earlier days there they ran their service out of tents but later on the Greenmount Surf Club allowed them the use of its resuscitation room .

In October 1921 Moore posted one of the Division's members, Sergeant Ernie Wolter, at Coolangatta permanently. This was so Wolter could begin running a local ambulance service. By this stage the Division had gained the confidence for such a project, It also had a Divisional Surgeon, Dr W. Ryton Kelly of New Farm, who was appointed that year. The decision to set up the service followed an invitation from the local community. They wanted the Division to run a full time ambulance transport service for the twin towns, Coolangatta and Tweed Heads (just across the border in New South Wales). Wolter drove his new Dodge ambulance wagon into

Coolangatta to an enthusiastic welcome from the residents. The mayor and mayoress inaugurated the service at a public ceremony. The townsfolk then escorted the vehicle to the town boundary, where the president of the local chamber of commerce welcomed it across the State border into Tweed Heads.

All went well for several months, until March 1922, when the Division applied to the Queensland government to have its Coolangatta ambulance granted a government subsidy. The subsidy would have come under the scheme by which government funds were granted to support local units of the Queensland Ambulance Transport Brigade (QATB) on a pound-for-pound basis.

The Brisbane Division now ran into serious trouble. The QATB had a monopoly over the State's ambulance transport system. It was one the organisation guarded jealously. The QATB had earlier offered its services to the Coolangatta Town Council, but the Council was happy with the St John Ambulance Brigade. The local community appreciated what the Brisbane Division had been doing along the beaches, which was something the QATB had never attempted. And so the town council rejected the QATB proposal. The QATB was greatly displeased. It had been suspicious of Moore's ambitions ever since 1916. That year he had boldly written it a letter suggesting that it withdraw from events like Brisbane's street parades and the Exhibition (agricultural show) to allow his Division to pick up these public duties. Now, six years later, the QATB used its influence with the government to have the St John Ambulance application for a subsidy rejected. At much the same time a QATB ambulance officer with a late-model Buick ambulance van arrived in Coolangatta to open up a QATB service. For a time the town had the best service it had ever seen, with the two rival ambulance providers competing for business.

The Coolangatta community soon split into opposed St John and QATB camps. They debated the competing benefits of the two ambulance organisations in their local newspaper, *The Border Star*. The dispute continued publicly. The QATB supporters called a public meeting to form a committee, but the St John supporters turned out in sufficient numbers to capture the committee positions. But that didn't save the St John Ambulance service. With no government subsidy, it was greatly handicapped. It struggled on for a while but could no longer compete. Ernie Wolter gave up the struggle and returned to Brisbane disheartened at the end of 1922. His successor, George Hartnett, took up the struggle. He was full of energy and enthusiasm, and proved an able fund-raiser. For a time the dances he ran raised enough to keep the service running for a few months more. During the 18 months in which the service remained in business it did good work. The ambulance crew became well known for promptly answering calls day or night in all weathers and around the towns or in the back blocks. The lack of government aid, however, eventually defeated it. Its subscribers





The founders of the Queensland District of the St John Ambulance Brigade: Kenneth Fraser, the Commissioner (in his army uniform), and the District Superintendent (Nursing), Dorothy Davidson.

couldn't afford to maintain it unsubsidised, and so it lapsed in 1923.

The Brisbane Division folded after the closure of its Coolangatta–Tweed Heads ambulance service. It survived until 1924 but had accumulated debts over the service which it couldn't repay. The New South Wales Brigade Commissioner, Storie Dixson, came to the rescue. He arranged for his District pay off the debts. But that didn't save the Division. Its QATB enemies were able to accuse it of gross financial mismanagement. They even convinced the Order of St John leadership in London that the St John Ambulance Brigade shouldn't be allowed back into Queensland. The Order's London headquarters sent two high-level delegates to Australia to investigate the St John Ambulance bodies there during the 1920s and 30s. The first was Sir John Hewett in 1928–29; the second was Sir James Sleeman in 1936. Both delegates returned home to report that there was no place for Brigade Divisions in Queensland because the QATB was already efficiently performing the tasks that Brigade members undertook elsewhere. And there the matter ended. The Brigade was kept out of Queensland for another generation.

Various photographs have survived from the Brisbane Division's exciting eight years. Many of them are included in the 1998 history of St John Ambulance in Queensland, *First In First Aid*, by Murdoch Wales and John Pearn (see 'further reading' below). These show energetic young people happily doing good Brigade work. They remind readers of *First in First Aid* of all the 'might-have-beens' — of how Brisbane's first Division might have soon multiplied into a State-wide District if the QATB hadn't killed it off.

Meanwhile, the QATB continued dominating the Queensland Centre of the St John Ambulance Association. The QATB had taken control of the Brisbane Association Centre in 1916, at a time when the Centre was floundering. It retained tight control of St John Ambulance affairs in Queensland until the late 1940s and early 50s. Two important developments then occurred-to loosen the QATB grip over the Association Centre. First came the Priory-sponsored formation of a Queensland District of the St John Ambulance Brigade in 1949. That was followed by the establishment of the St John Council for Queensland in 1952. The creation of these two bodies eventually ensured that St John Ambulance alone would run its own business in the State.

The first of these, the Queensland Brigade District, was something the Priory Chancellor, Sir Hugh Poate, promoted vigorously. Poate was a great Brigade supporter. He had been the Commissioner of the New South Wales District during the 1930s, and his St John career had started early in the century when he became Surgeon of the Glebe Division in Sydney. When the Priory formed in 1946–47, he made Divisions in Queensland one of his top priorities. He decided that Nursing and Cadet Divisions could safely be opened in Queensland because, unlike the earlier Brisbane Division in the early 1920s, they presented no challenge to the QATB monopoly over ambulance work. In 1948 he persuaded the Association Centre in Brisbane to experiment by forming a Nursing Division. The women for this would be recruited from among those who had recently had wartime service with the Australian Army Medical Women's Service and the Red Cross Voluntary Aid Detachments. The Centre then appointed Matron Joan Abbott of the Greenslopes Hospital as 'Lady District Superintendent' to form the Division.

The next year, 1949, 22 women enrolled in the proposed Division. They then took a home nursing course supervised by Matron Abbott at her hospital. The Brigade Chief Commissioner, Sir Samuel Burston, persuaded one of his Army Medical Service colleagues, Colonel (later Sir) Kenneth B. Fraser, to become the Commissioner of the new District. Fraser was a leading Brisbane surgeon. He took his Brigade duties very, very seriously. Within a year he had appointed his own District Superintendent, Mrs E.C. Davidson. Together they supervised the formation of further Nursing Divisions in Brisbane, Ipswich, Southport, Nundah and Toowoomba. They formed an active District executive committee, and obtained a grant of £300 ($600; equivalent to $10,000 in the values of the year 2000) from Priory to help establish further Divisions. The Divisions were soon active in performing public duties at the Children's, Brisbane General and Mater hospitals. They also attended netball and hockey fixtures, and ran the first aid room of the Queensland Turf Club. By 1952 the District had 10 Nursing Divisions. That year the Nundah team won the Brigade's interstate home nursing competitions in Sydney.

It was at this stage that Kenneth Fraser's ambitions for the Brigade began to worry the QATB leadership. In October 1953 Mr F.W. Cash became the QATB secretary. At the same time he also became secretary of the Queensland St John Ambulance Association Centre because the two jobs always went together. The person holding them wore two separate secretaries' 'hats' at the same time. Cash had been a militant trade unionist. He believed his job as QATB secretary was to protect the working conditions of his ambulance officers. That meant maintaining the QATB monopoly and keeping out competitors. He thought that competition from bodies like the all-male Ambulance Divisions of the St John Ambulance Brigade threatened the security of QATB workers. And so he sought to discourage further development of the Brigade. Soon after his appointment he wrote to Fraser on behalf of the QATB to ask how he proposed financing the expansion of his Queensland District, and if he intended adding male Divisions. Cash's letter was provocative —

written to cause offence. It immediately angered Fraser, whose peppery nature was almost legendary. Both men (and the institutions they represented) soon became locked into an increasingly hostile relationship.

What then took place was the longest, nastiest and most destructive quarrel in the entire history of St John Ambulance in Australia. We don't have the space or time to spell it all out here. Readers wanting the full account will find it in Murdoch Wales's and John Pearn's book *First In First Aid.* All that needs to be noted here is that over the next nine years, 1953–62, the Queensland Brigade District and the QATB were at war with each other. In the end, Sir Hugh Poate intervened on behalf of the Priory, but on the side of the Brigade. That simply worsened the conflict. Matters finally came to a head at the annual general meeting of the Queensland St John Ambulance Association Centre in March 1962. Fraser's supporters voted Cash and his QATB faction out of office. That ended the QATB's 46-year period of controlling St John Ambulance in Queensland. Freed from its QATB shackles, the Queensland Brigade District was then able to expand its network of Divisions across its State, much as the other Brigade Districts had done decades previously.

Brigade work in four Australian Territories

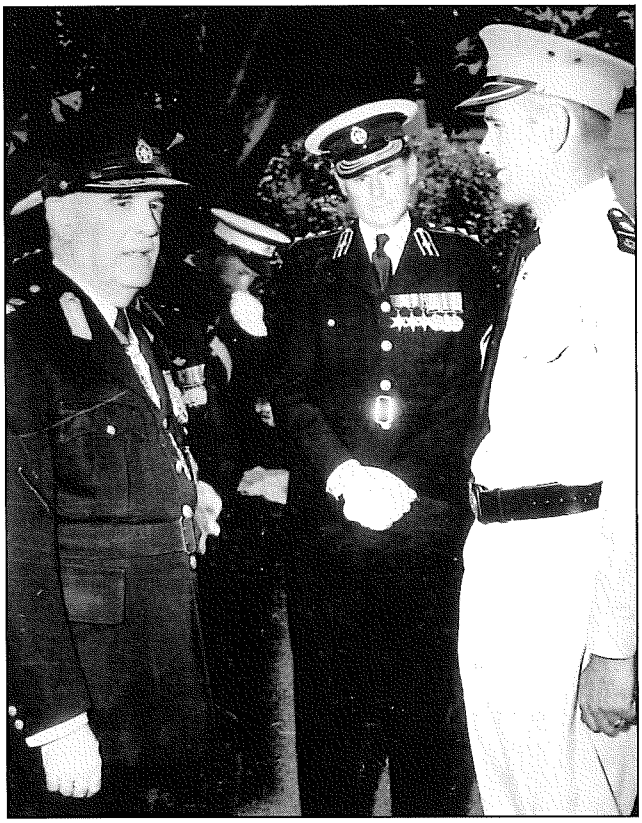
The Northern Territory and the Australian Capital Territory were the last two Australian jurisdictions to have their own Brigade Districts. The two territories differ greatly. The Northern Territory covers a vast area (about 1.346 million square kilometres) but has only 194,000 people spread across its many cities, towns and settlements. By contrast, the Australian Capital Territory covers a very small area (2330 square kilometres) but has 311,000 people in just one settlement — Canberra, the national capital city. (Jervis Bay, 140 kilometres away on the New South Wales south coast, is also a small additional part of the Australian Capital Territory.)

Even though the Brigade Districts in the two territories are recent developments — dating from the late 1970s and early 80s — they each have a distinct history of their own. We will therefore consider them separately. We will also look briefly at two of Australia's external territories to which the Brigade spread — Norfolk Island and Papua New Guinea.

The Northern Territory District — proportionately the strongest

The Northern Territory's Brigade organisation began as a Sub-District of the Brigade in South Australia. The first person who seems to have tried importing St John Ambulance into the Northern Territory was Sir Hugh Poate, the Chancellor of the newly established Australian Priory of the Order of St John. At the end of World War II he had attempted to interest the Northern Territory Administration in sponsoring St John Ambulance work in Darwin. He had little luck. The Administration had other concerns, mainly rebuilding the city after its wartime bombing by the Japanese.

Within six years — by 1952 — there was both interest and a need for what St John Ambulance could offer. The interest came from local employees of the Commonwealth Department of Civil Aviation. They arranged with the Priory headquarters in Sydney for a St John Ambulance Association first aid class to be formed for them. The person who took the initiative here was Norman Bradbury. He found a medical practitioner willing to give the lectures, while he himself gave the class of 21 extra training. Bradbury proposed forming a Brigade Division from the 18 who later passed the examination. While Poate was happy at last for St John Ambulance to get its toe in the Darwin door, Bradbury's initiative caused problems. Certificates for Association classes had to be issued by a State Association Centre, which the Northern Territory did not have. And Brigade Divisions could not operate in isolation but had to belong to a District. The solution was to attach Darwin to one of the State St John branches. Darwin would then become an Association Sub-Centre and a Brigade Sub-District.



The Commissioner-in-Chief, Sir Otto Lund (left), visiting Australia in 1955, meets the OIC of the St John Ambulance Brigade in the Northern Territory, Norman Bradbury (right). Dr John Pedler (centre), the District Surgeon (and later Commissioner) for South Australia, looks on.

South Australia was the logical choice. It had stronger historical ties and better communications with the Northern Territory than any other State.

The Darwin-Adelaide St John connection was formalised during 1953. A St John Ambulance governing council was formed to supervise the affairs of the Darwin branch. The Administrator of the Northern Territory, F.J.S. Wise, became its patron. Premises were obtained in the Cavenagh Street recreation hall. The Sub-Centre began running regular first aid classes, and by the end of 1953 certificates had been awarded to 122 people. The Brigade Division, with Norman Bradbury as Superintendent, began going on regular public duties, and was even talking of launching into ambulance transport work.

The South Australian contribution to these developments was fairly minor. The role of the South Australian St John organisation was simply to be an umbrella under which the Darwin branch could look after its own affairs. In true independent 'Territorian' style, all the initiative seems to have come from the Territorians themselves. The St John Ambulance general manager for South Australia, Philip Ferrier, visited Darwin in 1959 to inspect the branch on behalf of the South Australian St John Council. He made further visits later on, and so did other senior Brigade staff from Adelaide. The Territorians doubted the value of these links. They liked making fun of the South Australian 'Gunners' who visited them from Adelaide. The St John Ambulance dignitaries from Adelaide, they joked, would arrive, look around and then depart, always promising they were 'gunna do this' and 'gunna do that' to help the Territorians. Not much seemed to come from the promises. This was an exaggeration, of course, but there was some truth in it. The Territorians found by experience that if something had to be done they could do it better themselves without reference to Adelaide. Darwin, Alice Springs and Adelaide were still very remote from each other in the 1950s, and even in the Territory itself the St John workers in Darwin knew little about what their colleagues in Alice Spring were up to. In any case, the St John Council in Adelaide had enough worries of its own. It had taken over the Adelaide ambulance services in 1952. That took much of its effort, and so St John Ambulance development in the Northern Territory was a low priority.

St John Ambulance activities in the Northern Territory entered a phase of rapid growth in the mid-1960s. This coincided with the appointment of Dr W.A. ('Spike') Langsford as both the chairman of the Territory's St John Ambulance Branch Council and the Deputy Commissioner (i.e. head) of the Brigade Sub-District. Langsford was the Commonwealth Director of Health for the Northern Territory from 1963 until 1973. He was a New Zealander and had first come to Darwin as a young resident medical officer at the Darwin Hospital in 1952. Since then he had served in various government postings in the Territory and overseas. His service included periods as the medical superintendent of the Alice Springs Hospital and assistant Director of the Northern Territory Health Service. Langsford was therefore well placed to promote St John Ambulance work vigorously.

Langsford's leadership was one reason for the rapid growth. Another was the strong links the Northern Territory St John Branch had established with people who mattered in the Territory's affairs. Until self-government came to the Territory in 1978, the Administrators (Commonwealth-appointed principal government officers) were generally keen St John supporters. P.L. Dean, who held the position 1964–70, and his successor, F.C. Chaney, who then held it to 1973, took special interest. Darwin's Mayors also played an active role in St John affairs. Alderman Harry Chan, Mayor of Darwin and President of the Northern Territory Legislative Council during the late 1960s, was the long-serving treasurer to the St John Branch Council. Chan's successor as both Mayor and Branch Council member, Alderman Bill Richards, served as the Branch Council secretary until he died in 1971. A later Mayor, Dr Ella Stack, served a long spell as a Branch Council member from 1974.

By the mid-1960s the Brigade Sub-District had Divisions in Darwin, Tennant Creek and Alice Springs. The Darwin Division had grown to 75 members by 1966. With both male and female members, it was a 'Combined' Division. Further Combined Divisions followed in the late 1960s. A Darwin Combined Cadet Division formed, then came further adult and Cadet Divisions at Casuarina, one of Darwin's newer suburbs. During the mid-1960s the Darwin Division also developed a small local ambulance transport service. By 1967 this had two ambulance vehicles entirely staffed by Brigade volunteers. Both vehicles had been bought with money raised from donations. To house them the Branch Council purchased a property in Parap, a suburb behind Fannie Bay. There they built a two-storey St John centre using their own labour and donated materials. The new building included a large lecture hall, a radio communications centre, garage space for both vehicles, storage space and meeting facilities for the Division. A Branch Council member, Angelo Maddalozzo, had donated the final sum that allowed the building to be completed debt-free in 1967.

The Brigade ambulance transport service complemented a small operation run by the Department of Health out of the Darwin Hospital. It grew fast. In 1967 the two vehicles travelled over 16,000 kilometres, attended 585 call-outs (an

average of 27 kilometres per trip) and carried 720 patients. All this was separate from the 220 public duties that Division members attended. By 1971 the Division was operating four vehicles, which travelled over 57,600 kilometres in attending 2626 call-outs (22 kilometres per trip average) and transporting 3287 patients. In the same period Brigade strength in the Territory had grown to 255, while the number of person-hours of voluntary service was up to nearly 30,000 hours in 1971. By the end of 1974, when Cyclone Tracy flattened Darwin in several hours, the St John ambulance service in Darwin was highly professional even though still run by the Brigade's part time volunteers. The service proved so effective during the aftermath of Cyclone Tracy that the Northern Territory Administration soon passed over to the St John Branch Council full responsibility for Darwin's ambulance facilities, and later those of the rest of the Territory.

Those who joined a Brigade Division in the Northern Territory entered a body in which St John work was almost a total way of life. The 30,000 hours of voluntary duty performed by the 255 Territorian Brigade members in 1971 meant that, each was doing an average 2.26 hours a week, compared with the weekly average of 1.39 hours done by members in the largest State Brigade District, South Australia. Away from their jobs their lives often revolved around the Brigade. The reason for this lay partly in the nature of life in the Territory. Many residents were young, single and cut off from families and friends in other States. For such people St John Ambulance often became a substitute family. A life in St John also presented a challenge. It provided members with an opportunity for 'hands-on' community service in an exciting frontier society.

Cyclone Tracy gave Brigade members an opportunity for even more pioneering on the frontier. The outstanding service the Brigade gave to Darwin's traumatised citizens in the days following the cyclone was a watershed for the Northern Territory St John Branch. After Tracy the organisation developed in ways that few could have expected. It soon became Australia's most vigorous St John Ambulance organisation, The effects could be seen in Brigade strength, which went from 270 in 1974 to 972 nine years later. Relative to population, the Northern Territory had become by far the strongest Brigade District. The following table shows how the relative strength of the various State and Territory Brigade Districts compared with each other. As the final column indicates, with almost 73 members for every 10,000 of the population, the Northern Territory District was eight times the national average rate of about 9 per 10,000.

St John Ambulance Brigade strength relative to population, 1983

State/Territory	Population (millions)	Brigade strength	No. Brigade members per 10,000 of population
New South Wales	5,360,400	1,983	3.7
Victoria	4,037,600	2,996	7.4
Queensland	2,471,600	1,005	4.1
South Australia	1,341,500	4,425	33.0
Western Australia	1,364,500	1,746	12.8
Tasmania	432,600	584	13.5
Northern Territory	133,900	972	72.6
Australian Capital Territory	236,600	207	8.7
Australia	15,378,700	13,918	9.1

With growth and strength like this, the St John Ambulance organisation in the Northern Territory had no need to continue working under a South Australian 'umbrella'. By the late 1970s, if not before, it was ready for independence. The formal handover from South Australia to a newly constituted St John Council for the Northern Territory took place at a ceremony in Darwin on 16 July 1977. The Chancellor of the Order of St John in Australia, Sir George Stening, was there to present the new constitution to the incoming Council members. With that, the former Brigade Sub-District in the Northern Territory became a District in its own right, with Dr C.G. Mills as the District Commissioner.

The Australian Capital Territory District — the newest and smallest

This District is Australia's smallest and newest. It is also the only single-city District, all its Divisions being within suburban Canberra. The Operations Branch in Canberra became a District in its own right in 1988, when it had 186 members in seven Divisions. Thirteen years later, in 1999, it had 245 members in seven Divisions — three adult, three Cadet and one combined.

The first known St John Ambulance Brigade activity in the Australian Capital Territory took place at the opening of Canberra's first Parliament House on 9 May 1927. A team of nine Brigade men from Sydney under the command of Corporal Luke Gallard of Epping Division travelled down to Canberra for the occasion. The other eight were Albert Barrett (Marrickville Division), Joseph Bell, Richard Brown and Claude Ward (all of Glebe), Edward Crawley (North Sydney), Clarence Conrad (Mosman-Willoughby) and Harold Phillips (Paddington). Sadly, they left no surviving record of what they did, so we don't know how many cases they handled.

The first local Brigade unit in Canberra was the 1st Canberra Nursing Division. Like all Brigade Divisions in the Australian Capital Territory until 1979, it was formed within the New South Wales Brigade District. The Division was registered on 1 January 1940 with 20 members. Mrs Thelma Hollier was the Superintendent and Dr M. Blackall the Divisional Surgeon. They don't seem to have had a busy foundation year for they treated only 14 cases on duty and another 45 while off duty. This Division remained in business for the next 27 years, formally disbanding in 1967.

The earliest men's unit in Canberra was the 1st Canberra Ambulance Division, formed five months after the women's Division. It was registered on 9 May 1940 with Mr Francis Strickland as Superintendent and Dr David Henry as Divisional Surgeon. It had 25 members, who held their meetings at the fire brigade and ambulance station in the Canberra suburb of Forrest (where the Priory headquarters would later be located). Like the women's Division, the men had little work to begin with. In their second year they treated only 35 cases on and five off duty. The men's Division survived until at least the 1950s. Another men's unit, ACT Ambulance Division No. 1, registered on 24 September 1952 with C.W. Bellingham as Superintendent and Dr John James as surgeon. Among regular public duties for the Brigade men was the staffing of the first aid hut at the Cotter Reserve, a popular picnic place at the foot of Canberra's water supply reservoir. The Division manned this at weekends during summer from 1953, after the Department of the Interior had made the hut available.

Interest in men's St John work picked up during the late 1950s. A new Ambulance Division, Canberra–Reid, registered on 27 July 1959 with 30 members. The foundation Superintendent was Mr A.A. Smith of Duntroon Military College and the Surgeon was Dr A.G. Robson. Both leaders were replaced within a year. Mr G.R. Wells became Superintendent and Dr David Henchman the Surgeon. The next Division after Canberra–Reid was Canberra–Griffith. With 33 members, it had no leader though Dr B.M. Andrea was its Surgeon.

The first two Australian Capital Territory Cadet Divisions, one each for boys and girls, formed in 1960. The first boys' unit was Canberra–Reid Ambulance Cadet Division. With 22 members, it had Mr R. McCaskill as Superintendent, though later in the year Mr W.L. Gray replaced him. Dr F.B. Fowler was Divisional Surgeon. In January 1966 Mr W. Bruce was appointed Superintendent and his son Philip Bruce the Divisional Officer. The first girls' unit was Canberra–Lyneham Nursing Cadet Division, with 31 members. Mrs Eve Rockey was Superintendent and Dr W.V. Russell was Surgeon. Some time later another Ambulance Cadet Division, Canberra–Griffith, formed but it was fairly short-lived and disbanded in 1967.

In July 1961 the New South Wales District acknowledged the increasing importance of Brigade work in Canberra by raising the Divisions there to separate Corps status within the District. After the five Sydney Corps and Newcastle, Canberra became the District's seventh Corps. At the same time, two Canberra men, Dr David Henchman and Mr Frank Hull, were appointed District Staff Officers in charge of the local Corps.

The Australian Capital Territory split away from New South Wales District as a separate Sub-District on 29 June 1979. Major-General Colin Gurner, who had previously been the local Corps President, became the first Commissioner and Mr Rod Strahan first Sub-District Superintendent. At that time there were 116 members spread across six Divisions (three adult and three Cadet). Full District status was achieved in June 1988. At that time Colonel Peter Tedder was the Commissioner and Phillip Langdon was District Superintendent. The Sub-District grew only slowly after it separated from New South Wales in 1979. At the time of the split there were 143 members spread across six Divisions. After 20 years there was still only one more Division but the membership had increased by 70% to 245.

In its relatively short time apart from New South Wales, the Australian Capital Territory has proved itself as keen as any other District. Teams from Canberra have competed in all the national Brigade and Operations Branch first aid championships, adult and Cadet, since the separation from NSW in 1979. The District achieved its greatest competition success in January 1996. That was at the national Cadet competitions in Hobart, where the Australian Capital Territory team of Daniel Degoey and Kristen and Megan Storey became the national champions. In January 2000 Alison Reardon followed up this success by winning the individual national championship at the competitions at Melton in Victoria. In January 2001 Gemma Kelly won the Cadet leader's competition for the Territory at the championships in Canberra.

Norfolk Island — a Division without a District

The Norfolk Island Operations Branch Division is the only one under Australian control but outside a District.

Norfolk Island is in the south-western Pacific some 1490 kilometres due east of Byron Bay (northern New South Wales). It is much closer to New Zealand (680 kilometres south) and New Caledonia (760 kilometres north) than to Australia but is Australia's oldest overseas territory. Europeans began settling there a month after the First Fleet arrived in Sydney Cove. The Island had been

discovered by Captain Cook in 1774, and was then uninhabited. It was settled in February 1788 by a party from the First Fleet. In 1824 it became a convict colony for the worst of the re-offending convicts in New South Wales. It closed as a convict colony in 1854. Two years later, in 1856, a party of people from Pitcairn Island settled there. These were the descendants of the famous mutiny aboard HMS *Bounty* in 1789. The Commonwealth Government took responsibility for its administration in 1913. It was granted self-government with a small Legislative Assmbly of its own in 1979 but remains an Australian external territory. At that time its population numbered about 1800 permanent residents.

St John Ambulance came to Norfolk Island in the mid-1980s. Previously, the Australian Red Cross had been the main provider of first aid training. During the early 1980s some Islanders came round to thinking that St John Ambulance had more to offer them than did Red Cross. They approached the St John Ambulance national office in Canberra for advice. As a result of this inquiry, St John Ambulance first aid classes began running there. A Brigade Division then formed in 1985 when sufficient numbers of Islanders had first aid certificates. The South Australian Brigade District gave its leaders both training and technical support. The Division remains fairly small by comparison with most others. For most of its 15 years it has had between 15 and 20 members.

Sister Bonnie Quintal has been the Superintendent of the Norfolk Island Division since its formation. One of the Island's most colourful personalities, she has a style all her own. She fills so many roles for the Island's small St John Ambulance organisation that she almost is St John Ambulance there. She flies her own aeroplane on her St John Ambulance business, making about two excursions to the mainland annually. (She once won the round-Australia air race.) When she comes to the mainland she deals directly with the national office rather than with the Operations Branch Commissioners and Training Branch chairs at the State level. The Order of St John eventually admitted her into its membership as a Serving Sister, and in 1995 promoted her to Officer Sister. This was in recognition of her services in introducing St John Ambulance to the Island.

Papua New Guinea — sole export of the Australian Brigade

Papua New Guinea gained its independence from Australia in 1975. Before that the country had been two separate Australian overseas territories occupying the eastern half of the New Guinea land mass. (The western half, now called Irian Jaya, was a Dutch colony until 1961, when it was taken over by Indonesia.) The Territory of Papua was to the south and came under Australian control in 1906. The Territory of New Guinea was north of Papua and came under Australian rule in 1914. Except for a small expatriate community, mainly Australians and Chinese, the two territories were inhabited by several hundred Melanesian tribal groups. The Australian government therefore controlled the Papuan territory for 69 years and the New Guinean territory for 61. In that period a number of the territories' small settlements became major towns and cities. These include Port Moresby (the capital), Lae, Rabaul, Madang, Goroka and Mount Hagen.

St John Ambulance arrived in Papua New Guinea from Australia during the early 1950s. The person who imported it was a pastor of the Seventh Day Adventist Church, R.E. Hare. After obtaining teaching materials from the St John Ambulance Association Centre in New South Wales, he began conducting first aid classes at Adventist mission stations in 1953. The courses were open to both the indigenous Melanesian and the expatriate European and Asian communities. Within three years 170 people were graduating annually. Encouraged by the success of Hare's classes, the New South Wales Centre established a Papua New Guinea branch of the Association in 1957. By the mid-1960s classes were running regularly in all the main towns. In 1965 the Association built and opened its own headquarters building in Boroko, a Port Moresby suburb. By then the Association was issuing 600 certificates a year.

The first St John Ambulance Brigade Division began in Port Moresby in 1965–66. Within a year it had 50 members. By the time of independence in 1975 there were 330 members in 12 Divisions. The person responsible for the early growth was a Mr L. McArdle, the founder of the Port Moresby Division. As other Divisions formed in the late 1960s, Papua New Guinea became a separate Sub-District of the Brigade under the direct control of the Chief Commissioner in Australia. McArdle was then appointed Deputy Commissioner or head of the Sub-District, but illness forced him to retire within a couple of years. He was replaced by Mr M.G. Smith, an Australian who had done excellent work by forming Divisions in the Highlands town, Goroka.

It was Smith who then steered Papua New Guinea's infant St John Ambulance organisation into Papua New Guinea's future as an independent nation. In the year before independence arrived in September 1975, the Australian Priory of the Order had established a local St John Ambulance Executive Committee. At independence this became the National St John Council, a self-governing body that answered to the worldwide headquarters of the Order of St John in London rather than the Australian Priory's headquarters in Canberra. Political independence had thus brought independence in

St John affairs as well. In March 1976 the Priory transferred all its property in Papua New Guinea to this national council. The Governor-General of Papua New Guinea, Sir John Guise, became the council Patron. The council chairman was Brigadier-General Ted Diro, the head of the Papua New Guinea Defence Force. M.G. Smith became the general manager. (He was now called Keake, a Melanesian name. He had become a Papua New Guinean citizen and changed his surname at independence.) Under his supervision, the National St John Council later (in the early 1980s) took control of Papua New Guinea's ambulance transport services.

The involvement of the Australian St John Ambulance bodies in Papua New Guinea was brief but it was also productive. Only 23 years passed from the time first aid teaching began in the Adventist missions until the National St John Council took over from the Australian Priory. Over those years the Australian St John Ambulance bodies had successfully transplated themselves into Papua New Guinean soil. Norfolk Island excepted, this had been their one and only attempt at exporting their organisation.

Conclusion

This chapter has showed how the St John Ambulance Brigade arrived in Australia and then took root in every State and Territory. The story is a long and complicated one. As we saw at the beginning of the chapter, it began in England in 1877 with the foundation of the St John Ambulance Association, then continued with the establishment during the 1880s and 90s of the colonial Association Centres, which in turn gave birth to the Brigade Districts.

Present Operations Branch members might reflect with pride that the event bringing their organisation into life was the greatest national celebration in Australian history — the inauguration of the Commonwealth of Australia on Federation Day, 1 January 1901. After that, the Brigade grew with the nation. One by one, its Districts sprang up, grew and matured in each of the eight States and Territories. Some were founded early in the century, others much later. Some were up and running strongly soon after their formation, others took years to gain confidence. Some prospered better than others. But, as later chapters will demonstrate, collectively they succeeded in becoming a great Australian institution, an integral part of community life wherever its Divisions formed.

After a century of Brigade and Operation Branch activity in Australia, it is hard to imagine an Australia without the St John Ambulance volunteers in their black and white uniforms. The nation would be immeasurably worse off without them. Three simple statistics emphasise this point:

(1) At the end of the twentieth century in 2000 the Operations Branch had 10,490 active members across Australia, or 57 volunteer first aiders for every 100,000 of the national population.

(2) In 2000 those volunteers performed 681,672 hours of public first aid duty, which broke down into just under two minutes of first aid treatment for every person in Australia.

(3) While on public duty in 2000 the uniformed volunteers treated 98,875 casualties. That is, one in every 199 Australians received treatment from an Operations Branch member.

If 57 uniformed volunteer first aiders are scattered among 100,000 citizens, then they are spread thinly. But 57 volunteers are better than none at all. An average of two minutes of first aid time for each Australian is not much; yet for some citizens their time under St John care probably meant the difference between life and disability or death. The 98,875 casualties treated in 2000 amounted to only half of one per cent (0.5%) of the national population; however, the people making up that small fraction were probably glad that St John Ambulance was there to help them in their moment of distress.

These are points that will become manifest throughout much of the rest of this book, particularly in the chapters where the grass-roots members speak of the work they do. As their testimony suggests, wherever the St John Ambulance volunteers are active they add value to the quality of life that Australians enjoy. Their presence at public events gives citizens a sense of security, while the first aid training programs offered by their organisation help citizens to help each other. Stated in other terms, St John Ambulance has become an ingredient in the 'social cement' binding Australians together as a nation.

Further reading

The most useful reference book on the early development of both the St John Ambulance Association and Brigade in the UK is still N. Corbet Fletcher's booklet, *The St John Ambulance Association: Its history and its Part in the Ambulance Movement* (St John Ambulance Association, London, no date [but probably 1929]). The only known Australian copy of this publication is in the library of the national office of St John Ambulance Australia in Canberra. A more recent UK history covering the early development of both Association and Brigade is the official history produced for the St John Ambulance Brigade centenary in the UK in 1987 — Ronnie Cole-Mackintosh, *A Century of Service to Mankind: A History of the St John Ambulance Brigade* (Century-Benham Ltd, London, 1986). Australian readers might find it disappointing as the word 'Australia' is mentioned only three times in a general context. None of the St John

Ambulance libraries in Australia appears to have a copy. The present author obtained his copy from an antiquarian book dealer in the UK.

The Australian Priory's 1983 centenary history, Ian Howie-Willis, *A Century for Australia: St John Ambulance in Australia 1883–1983* (Priory of the Order of St John in Australia, Canberra, 1983), remains the most useful general reference work on the early development of the Association and Brigade in Australia. Another useful work is the 1918 pamphlet by Dr T. Storie Dixson, *A Short History of the St. John Ambulance Brigade in Australia, more especially in New South Wales* (St John Ambulance Brigade, Sydney, 1918). Copies are held in the Marrickville archives of St John Ambulance Australia (NSW) and the library of the national office of St John Ambulance Australia in Canberra.

Four State branches of St John Ambulance Australia have produced commemorative histories. These are as follows. (1) Queensland: Murdoch Wales and John Pearn, *First in First Aid: The History of St John Ambulance in Queensland* (Department of Paediatrics and Child Health Publishing Unit of the University of Queensland [at the Royal Children's Hospital], Brisbane, 1998); (2) South Australia: Ian Howie-Willis, *South Australians and St John Ambulance 1884–1985* (St John Council for South Australia, Adelaide, 1985); (3) Victoria: Millie Field, 'The Order of St John in Victoria' (unpublished manuscript, 1999, held by the library and archives of St John Ambulance Australia [Victoria]); (4) Western Australia: (a) Ian Howie-Willis, *St John Ambulance and Western Australia: A Centenary Anthology 1892–1992*, (St John Ambulance Australia [Western Australia] Inc., Perth, 1992) and (b) Edith Khangure and Ian Howie-Willis, *Reflections and Directions: A History of the Commandery of the Order of St John in Western Australia 1947–1997* (St John Ambulance Australia [Western Australia] Inc., Perth, 1997).

Chapter 2

THE BRIGADE AND THE ST JOHN FEDERAL MOVEMENT

Federal organisations: the Commonwealth of Australia and St John Ambulance

Like the Commonwealth government, St John Ambulance Australia is a legally constituted federal organisation. The Commonwealth is composed of six sovereign States and two self-governing Territories, each of which is represented in the federal parliament. Similarly, St John in Australia is composed of eight autonomous State and Territory branches all of which have representatives on a national board of management, known since 2001 as the Australian Executive.

In keeping with the monastic traditions of the Order of St John, major national entities within the Order are called Priories. The Priory of Australia, the national and federal apparatus uniting St John effort in this country, was an idea that took time to develop. Its creation from no fewer than 13 disparate State St John Ambulance Brigade Districts and St John Ambulance Association Centres was a truly heroic achievement, especially as it was never inevitable that they would federate. As this chapter suggests, the federation of the Brigade Districts and Association Centres happened despite the tyranny of distance, State parochialism and the mutual distrust that periodically characterised dealings between the Association and Brigade in some States. Similar difficulties had beset the Australian colonies along their 20-year path towards federation on 1 January 1901 but for St John Ambulance the process was longer and, arguably, more difficult. Fully three decades passed between the first tentative step towards federation of the State Centres in 1916 and the final establishment of the Priory on 16 September 1946. At most stages of this progress the Brigade Districts, or at least the larger ones, were key players. In addition the Brigade provided many of the Priory leaders, including three of the six Priory Chancellors in the 60 years to 2001.

The Central St John Council for Australia

The first step, early in 1916, occurred when the Victorian Association Centre contacted the other Centres interstate to suggest the formation of a 'Federal Council' for the Association in Australia. It was an idea that possibly originated in the St John's Gate, London, headquarters of the Order of St John. At that time St John's Gate (as the headquarters were commonly known) was encouraging the St John Ambulance organisations in the 'white' dominions of Empire — Canada, New Zealand and South Africa as well as Australia — to form 'Central Councils' or national boards to unify St John Ambulance effort among the various provinces within each dominion.. Sir Herbert Perrott, Secretary-General of the Order and Chief Secretary to the Association, endorsed the Victorian proposal in May 1916, notifying the various Australian Association Centres that St John's Gate would 'welcome the formation of a Central Council in Australia'.

Even though backed by St John's Gate, the Victorian proposal received a discouraging reception among the other State Centres. Most were only lukewarm about the idea and the Western Australians were actively hostile. Their secretary wrote back to Perrott to say his Centre viewed the idea with 'emphatic disfavour'. Perrott advised the other Centres that if they convened a conference to discuss the matter further they should omit Western Australia. Seeing the idea lacked support, the Victorians dropped it.

The next attempt to establish an Australian Central St John Council came four years later, in Melbourne in April 1920. This time the initiative came from New South Wales and the Brigade. The District Commissioner there, Dr Thomas Storie Dixson, arranged an interstate St John conference of Brigade Districts. In organising it he was following up a suggestion made before the war by the Chief Commissioner of the Brigade Overseas, J.C. Dalton, who thought that the Australian Districts might benefit from periodically discussing their

common problems. All the mainland States attended. The delegates soon realised that they had much in common. This became evident in the many resolutions they agreed on. The list included these: making the Order's honours system more accessible to Australians and Brigade members in particular, establishing a Brigade hospital, publishing a national St John Ambulance journal, running regular interstate first aid competitions and — most significant — the creation of an Australian Priory of the Order.

After the conference, the State Association Centres conveyed the request for an Australian Priory to St John's Gate. The reply they received in June 1921 was not altogether what they might have wanted. Instead of a Priory, St John's Gate repeated its 1916 proposal for a 'Central Council for the whole of Australia'. This led to a second interstate conference, this time of State Association Centres in October 1921, again in Melbourne. The conference agreed to form the proposed Central Council for Australia, and elected an interim executive committee chaired by Storie Dixson to produce a draft constitution.

The Central Council which Storie Dixson's committee then established was far from the all-Australian body which he and St John's Gate wanted. The Association Centres and Brigade Districts in both New South Wales and Victoria each affiliated. Elsewhere the situation was more complicated. The South Australian Brigade District affiliated but the Association Centre refused to. The situation in Tasmania was also vexed: the State had separate northern (Launceston) and southern (Hobart) Association Centres. The former affiliated but the latter didn't. Queensland had an Association Centre, which affiliated, but no Brigade District. The Western Australians, predictably, declared themselves 'opposed to the scheme for centralisation' from the outset, and refused to cooperate. The inaugural meeting of the Central Council, in Sydney in June 1925, revealed what a lopsided body it was. Seven of the ten delegates were from New South Wales and Victoria. This probably suggested to the four lesser States that the council was a creature of the Sydney–Melbourne axis — and hardly a body deserving their support.

Being so unrepresentative of the wider Australian St John movement, the Central Council was probably doomed from the outset. Its other disadvantages were its total lack of income, staff and policy-making powers. It could not therefore hope to be anything more than a forum for discussion; but even here it was limited. In any case the council met so rarely it had little chance of achieving much. Apart from its inaugural Sydney meeting and one executive meeting, it held only one other general meeting, in Adelaide in 1928. It planned to meet again in Canberra in 1931 but never did. By that time many of the council's principal figures, already elderly at the time of the first interstate conference in 1921, were dead; and Storie Dixson, always the driving force, died in 1932.

The Hewett delegation, 1928–29

The Central Council had never lived up to the high hopes of its constitution. St John's Gate nevertheless recognised that the Australian St John bodies were reaching maturity and needed an effective national framework. This prompted the Order's executive to send a delegation to investigate. Led by Sir John Hewett, holder of one of the Order's five principal portfolio positions, the Bailiff of Egle, the delegation toured Australia and also New Zealand in 1928–29. One of its main purposes was to investigate the Central Council for Australia. Its findings were unflattering. Hewett reported back to St John's Gate that apart from Storie Dixson and his few supporters the Council had no advocates. Storie Dixson himself appeared to be a major stumbling block. His personality, Hewett wrote, had helped ensure the council's failure. He had antagonised many interstate St John officials whose support might have brought it success. In Western Australia, for instance, the principal St John figure, Dr H.G. Tymms, simultaneously Association Centre president and Brigade Commissioner, disliked



Sir John Hewett, Bailiff of Egle in the Order of St John, leader of the St John's Gate delegation to Australia and New Zealand, 1928–29.

Storie Dixson so intensely he would have nothing to do with any committee he led. Hewett concluded 'the Central Council...cannot be regarded as representative of the interests of the Order'. His report convinced St John's Gate that the Central Council could be shut down with little effect on St John Ambulance activity in Australia. The Council was formally abolished in 1933, the year after Storie Dixson's death. It was already effectively defunct. Respect for Storie Dixson, once a tireless St John worker, was perhaps the reason for delaying the abolition so long.

Australia's first experiment in St John Ambulance federation had proved that a federal organisation would only work if all of the seven Association Centres and four Brigade Districts then operating in Australia agreed to join it. The Central Council had won the support from fewer than half these eleven bodies, but that did not mean a lack of federal sentiment. As Hewett had discovered, the wish for self-government and greater freedom from St John's Gate was strong among the Australian St John bodies. This was most obvious in Sydney, where he attended a conference of the State St John bodies at which a participant moved a motion calling for the creation of an Australian Commandery of the Order — a lesser institution than a Priory but still a national self-governing body. The chairman ruled the motion out of order on the advice of Hewett, who said his 'instructions did not permit [him] to discuss this matter'.

The Sleeman delegation, 1935–36

A second St John's Gate delegation toured Australia in 1935–36. The delegate, Colonel (later Sir) James Sleeman, the Chief Commissioner of the Brigade Overseas 1930–50, soon discovered that federalist sentiment had grown apace in the six years since Hewett's visit. Sleeman spent much longer in Australia and toured more extensively than Hewett. Everywhere he went he found that the State St John organisations wanted greater local autonomy and freedom from St John's Gate control. Whenever this matter arose, the question of an Australian Commandery hovered, begging an answer. All his audiences asked him why the South African and New Zealand St John organisations now had Commanderies, and when the Australian St John bodies would be granted the same status. Sleeman fobbed off such questions by saying that, as the Central Council had demonstrated, the Australian St John bodies were not yet ready to enter a federal structure; meanwhile they must learn to work together co-operatively — as the South Africans and New Zealanders did.



The main legacy of the Sleeman delegation of 1935–36 was the federation of the Australian St John Ambulance bodies over the period 1941–46. Another legacy was the Sleeman Shield for national inter-District competition in first aid and nursing. Shown here are the team from Brisbane Central Nursing Division that won the shield in 1954, the third time it was awarded. Regular national competitions only became feasible with the creation of the Priory in 1946.



Col. (later Sir) James Sleeman, Chief Commissioner of the Brigade Overseas, the delegate of the Grand Prior of the Order of St John, who made a tour of inspection of St John Ambulance establishments in Australia and New Zealand, 1935-36. He is wearing the full dress uniform of a Chief Commissioner — cocked hat and plumes; black tunic with button flaps of silk, and embroidered high collar, epaulettes and sleeves; tasseled cummerbund; stovepipe trousers with broad side stripe; white gloves; and swagger stick. He found the uniform oppressively hot in the Australia summer but, he wrote later, his hosts expected him to wear it.

Sleeman's audiences did not know it, but one reason for his visit was to assess the readiness of the Australian St John bodies for the introduction of a national Commandery. He returned home convinced that Australia, too, should have a Commandery. Though publicly non-committal, in private conversation and in his correspondence he hinted to the senior Australian St John officials that they could achieve Commandery status fairly soon. On his return home his book-length report reassured St John's Gate that the Australians could be trusted with the same degree of national autonomy already granted to the St John organisation in the other 'white' dominions.

Commandery and subsequently Priory Status for the eastern states followed closely in the wake of Sleeman's tour — or at least as closely as the outbreak of World War II would permit — even though the Western Australians chose, yet again, to remain apart. Once the idea of a Commandery or Commanderies in Australia gained acceptance among the state St John bodies and at St John's Gate, it was only a matter of time before such organisations would be established. The event tipping the balance in Australia's favour was the war.

During Sleeman's tour the idea set off a great flurry of correspondence between the State St John bodies about the possibility of their co-operating to establish a Commandery. After Sleeman's return to the UK, discussion between them continued. The main instigator of the negotiations appears to have been Major-General Rupert M. Downes (1885–1945), the Victorian Brigade Commissioner. Always a committed federalist, Downes had been a member of the former St John Central Council for Australia. He proposed a 'Commandery of South East Australia' taking in just Victoria, South Australia and Tasmania. Why the other states were excluded is not clear, except in the case of Western Australia, where the opposition continued. In March 1939, with war becoming more likely by the day, Downes travelled to the UK for discussions with his British counterparts about placing Australia's medical services on a war footing. As St John Ambulance foundations then had a military as well as a civilian functions — providing ancillary support for the medical services of the armed forces — the organisation figured in the military medical planning for the war.

Major-General RUPERT DOWNES (1885–1945) was one of Australia's greatest St John Ambulance figures of all time. A very highly qualified Melbourne surgeon (M.D., M.S.), he had joined the Victorian Horse Artillery while still at school. At 23 he had become a captain in the recently formed Australian Army Medical Corps. After distinguished service in World War I (mentioned in dispatches six times), he returned to civilian life and, specialising in neuro-surgery, emerged as a leader of his profession. In 1934 he re-entered the regular army on his appointment as Director General of Army Medical Services. Largely as a result of his leadership the army entered World War II medically well prepared. It was through his planning that Australia's central military hospitals were established. After further distinguished service in World War II Downes was commissioned to write the medical series of Australia's official war history but, several months before the war's end, he died in a plane crash while travelling to New Guinea. He had been a towering figure. His flair for leadership was obvious from the positions he held at the outbreak of war in 1939: he was simultaneously head of army medical services, St John Ambulance Brigade commissioner for Victoria (a position he held for the 24 years until his death) and chairman of the Red Cross national council. During the 1930s he had also served for eight years as Victorian state St John Ambulance Association Centre president (*from* the Australian Dictionary of Biography volume 8 *[Melbourne University Press, 1981]*).

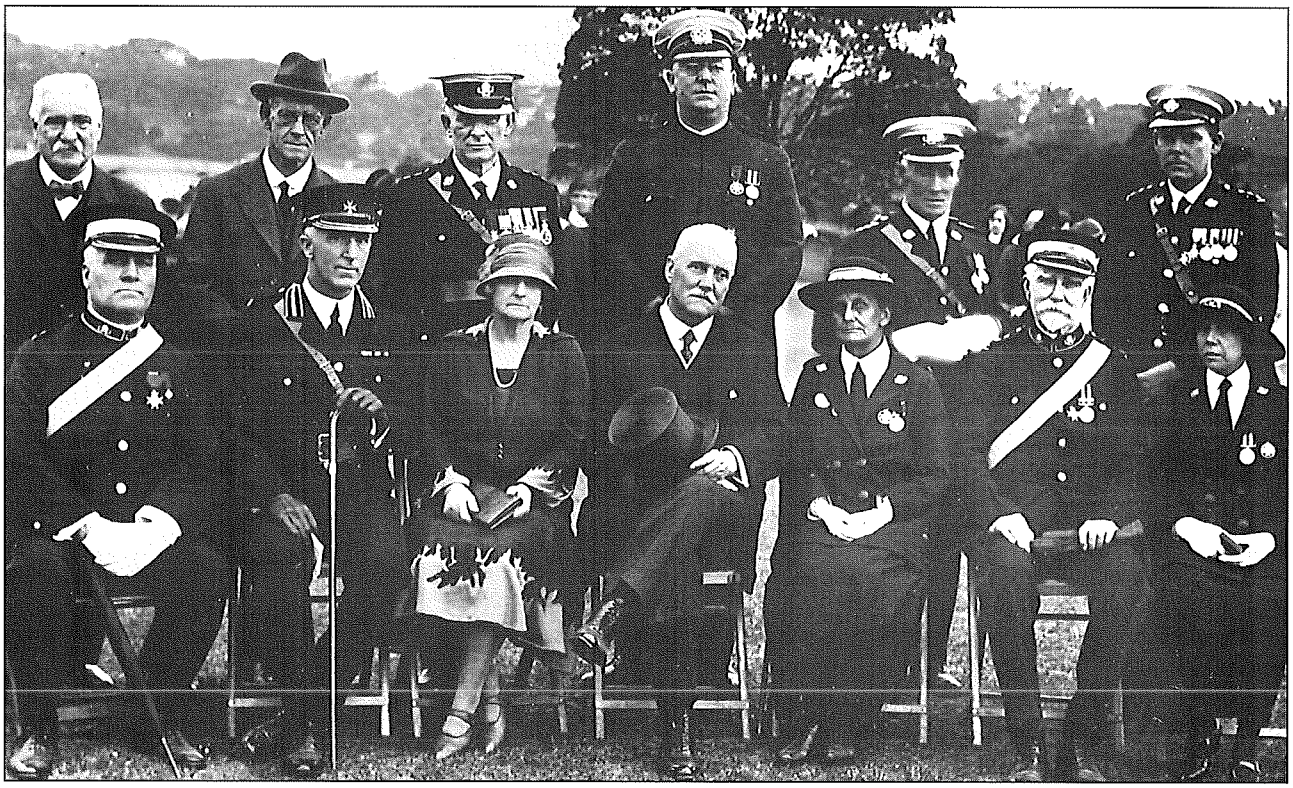
The Commandery of the Australian Commonwealth (Exclusive of Western Australia)

It was St John's ancillary military function that finally made an Australian St John Commandery possible. In early July 1939 Downes wrote to the Australian St John bodies to tell them there was little hope of their playing their appointed wartime role unless they federated. He also visited St John's Gate and made the same point there. His message was plain: if the Order wanted the Australian St John bodies to serve an effective national function in the coming conflict, it must agree to the immediate formation of an Australian Commandery. Even a Commandery consisting of only two or three States was preferable to none at all. Indeed without a Commandery St John's Gate could forget about a St John Ambulance wartime role in Australia. Coming from one of the most respected Australian St John figures, these were views that no one could ignore. It was this advice that finally galvanised both St John's Gate and the State St John bodies into the action they might otherwise not have taken for years. The St John's Gate officials began drafting the regulations to bring the 'Commandery of South East Australia' into being, and the New South Wales St John bodies soon agreed to be part of the new Commandery, wherever its headquarters should be located.

The Western Australians, predictably, remained unimpressed by Downes's arguments. Their Brigade Commissioner, Tymms, wrote a long letter to Downes in London restating his opposition to any Australian federal structure for the Order. Exasperated, and with the outbreak of war now only eight days away, Downes wrote back to Tymms saying that if the Australian Brigade Districts failed to federate within a Commandery 'Red Cross would entirely swamp St John'. So real was the danger of the Defence Department relying solely on Red Cross for its ancillary medical services, and of excluding St John, that Downes concluded his letter by saying this was 'the only reason I am keen for a Commandery'.

It was the outbreak of war on 3 September 1939 that finally pushed St John's Gate and Australia's St John bodies to establish the Australian Commandery which they had now been discussing continuously for over four years. At St John's Gate the drafting of a constitution for a 'Commandery for South Eastern Australia and Tasmania' based on Melbourne and including New South Wales, South Australia, Tasmania and Victoria, was completed. The Chapter General of the Order approved the draft on 17 November 1939. All that now remained to be done to bring the Commandery into being was for the Governors of the four States to agree to the constitution then make appointments to the various 'portfolio' positions on the Commandery's governing council, and finally for the Order at St John's Gate to set its seal upon the constitution.

The next step towards the Commandery came in June 1940 when the Governors of the three southeastern mainland States happened to be together in Melbourne. They invited the Brigade Commissioners of Victoria and New South Wales, Downes and Dr Hugh Poate, to meet them to sort out the final details. What resulted from this meeting was a somewhat different Commandery than the one proposed under the draft constitution — one based with headquarters in Sydney rather than Melbourne, including Queensland as well as the four southeastern states, and with the Governor-General, Lord Gowrie, as the Knight Commander or ceremonial head. Gowrie chose Poate as his Commandery Lieutenant or administrative head of the new federal body. Once Gowrie agreed to become Knight Commander he took a prominent part in the final negotiations to bring the Commandery into being. He convened a meeting between himself, Poate and the Governors of Victoria, New South Wales and Queensland in Admiralty House, Sydney, on 22 May 1941 to reach final agreement on the constitution. By this stage a year and a half had passed since the Chapter-General of the Order had approved its first draft. In the meantime, of course, wartime restrictions on travel and communications had hampered



Senior officers of the Brigade in New South Wales District at the annual District review, grounds of Government House, Sydney, 1926. Standing (left–right) are: —, —, Dr James Adam Dick, Thomas Henderson, F.E. Holmes, Albert S. Wilkinson. Seated (left-right) are: Dr E.P. Sinclair, Lieut.-Col. Hugh Poate (Commissioner), Lady Street, Sir Phillip Street (President, New South Wales Association Centre Council), Flora Read (Lady District Superintendent), Boles Rainsford (District Secretary), Alice Henson.

negotiations; both Association and Brigade had been frantically busy struggling to meet their wartime commitments with depleted staff; and a number of the interested St John officials, among whom Downes and Poate were prominent, were senior military officers engaged in active wartime service. Amidst all this the St John's Gate building itself took a direct hit during a bombing raid.

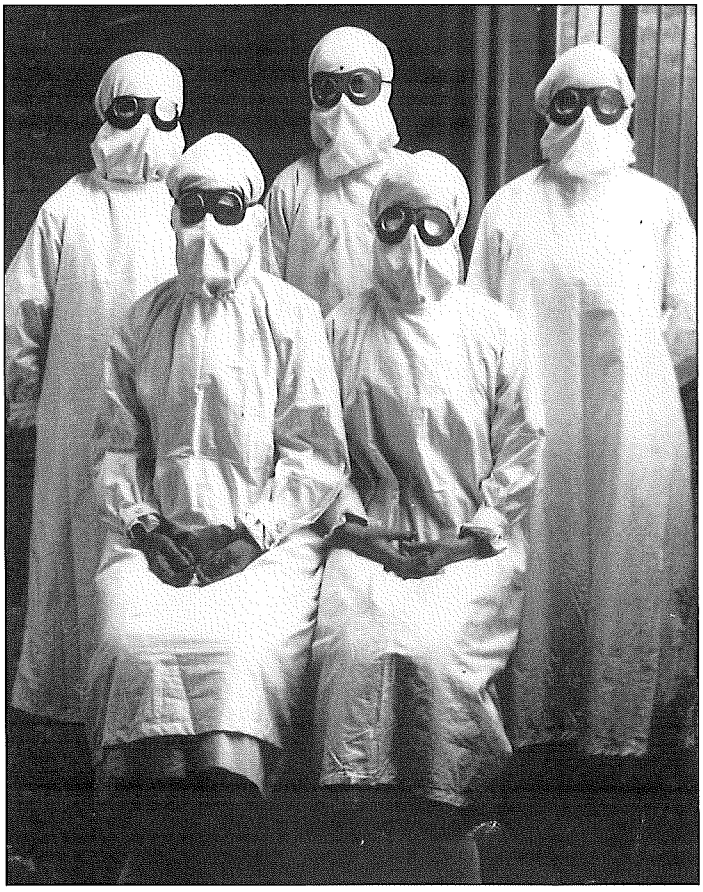
After all the interruptions resulting from the war, Gowrie was impatient 'to reach finality'. His meeting with Poate and the three state Governors in Admiralty House was the turning point. The meeting agreed that the Commandery should be established without further ado. Gowrie now sent a telegram to St John's Gate seeking authority to institute the Commandery. The necessary approval arrived from the Secretary-General within three weeks, on 10 June. The next steps — some minor amendments to the constitution, the appointment of executive officers, formation of a governing council and the summoning of the inaugural meeting — took rather longer. St John's Gate returned the approved revised constitution on 24 October 1941. The change of most interest to a later generation was the long, cumbersome title to be conferred on the new body — 'The Commandery of the Australian Commonwealth (Exclusive of Western Australia) of the Grand Priory in the British Realm of the Venerable Order of the Hospital of St John of Jerusalem'.

Gowrie now, on 5 November 1941, telegrammed St John's Gate for permission for the Commandery to begin operations. He received an affirmative reply on 11 November. His next step was to invite the Association and Brigade organisations in each of the States to select two delegates each, who, with eight portfolio executive officers selected by Gowrie, would become the Commandery Council, that is the Commandery's policy-making body. They congregated for the first time in a formal ceremonial meeting at Admiralty House on Monday 19 January 1942 with Gowrie chairing the proceedings.

By this time Gowrie had appointed his executive officers. He had done this during July 1941 after consultations with Poate and the five state Governors. There were eight 'portfolio' positions. Apart from Poate, the Commandery Lieutenant, they were:

- Director of Ambulance (responsible for the Association) — Dr Wilfred Vickers (Brigade Deputy Commissioner in New South Wales)
- Commandery Commissioner (responsible for the Brigade) — Dr Sydney L. Dawkins (Brigade District Commissioner in South Australia)
- Hospitaller and Almoner (responsible for the Jerusalem Eye Hospital) — Brig. R.M. Stodart (Association Centre treasurer in Queensland)
- Treasurer — Dr (later Sir) John Newman-Morris (Association Centre chairman in Victoria)
- Director of Ceremonies (responsible for the Commandery's ceremonial and heraldic undertakings, including admissions into and promotions within the Order) — Dr Thomas H. Goddard (Association Centre chairman and Brigade District Commissioner in Southern Tasmania)
- Chaplain — the Most Rev. Howard Mowll (Anglican Primate of Australia, Archbishop of Sydney)
- Commandery Secretary — Commander R. Griffiths Bowen (Association Centre secretary in New South Wales, previously a council member of the Western Australian Association Centre).

During its first year the Commandery settled into the routines required by its financial, administrative and ceremonial functions. In the Commandery's second year the most important event was the initial meeting of the Commandery Chapter or formal decision-making assembly. Timed to follow the feast day (24 June) of the Order's patron saint, St John the Baptist, this took place on 25 June 1943.



Members of Sydney Nursing Divisions dressed for duty during the 1919 epidemic of 'Spanish' influenza, which killed about 13,000 people across Australia.

The Priory in Australia and the Commandery in Western Australia

The Commandery was to have a short life. St John's Gate only intended that it should be a stepping stone towards an Australian Priory. It lasted five years, and in that time demonstrated that the State Association Centres and Brigade Districts could operate effectively and advantageously within a national structure. St John's Gate had meanwhile decided that all four Commanderies in the dominions — Australian, Canadian, New Zealand and South African — should become Priories. Their numerical strength warranted their enhanced status; and during the war they had demonstrated their ability to preserve the dignity of the Order while acting independently. But it was their meritorious wartime service in particular which had gained them respect among the Order's leadership. To St John's Gate the granting of Priory status was an appropriate reward for their wartime efforts in the cause of Empire. All four were consequently upgraded as soon as practicable after the war had ended.

Both the Australian Priory and the Western Australian Commandery came into official existence on 18 September 1946. The regulations of the Priory were a slightly modified version of those of the former Commandery, with appropriate adjustments for changes in terminology. The main change was the insertion of a new phrase to create a Commandery in Western Australia within, and not outside, the Priory. This was not exactly what the Western Australians had hoped for. Their preference had been a 'stand alone' Commandery answerable only to St John's Gate rather than one dependent upon the Australian Priory.

After the five years' effort that went into creating the Commandery of Australia, the ease of the ascent to Priory status was almost anti-climactic. The news that St John's Gate had approved the upgrading of the Commandery as a Priory had been announced several months earlier at a meeting of the Commandery Council in Adelaide on 2 November 1946, seven weeks after the Grand Priory had sanctioned it. The ceremony marking the inception of the Priory took place at a special inaugural meeting of the Priory Chapter in the Chapter House of St Andrew's Cathedral, Sydney, on Friday 6 March 1947. The main business of the Chapter meeting was to receive the Grand Prior's warrant declaring the former Commandery to be a Priory.

Most of the executive officers from the Australian Commandery continued on as executive officers in the Priory. Poate became Sub-Prior (later called Chancellor); Mowll continued as Chaplain, Newman-Morris as Treasurer (later called Receiver-General). Goddard (previously Director of Ceremonies) became Director of Ambulance (head of the Association). Sir Hugh Poynter from Sydney, Director of Ceremonies in the previous Commandery, continued in the Priory in the same position. The position of Registrar went to R. Griffiths Bowen, who, now full time, also continued as Secretary. The new faces were Maj.-Gen. Samuel Burston, originally from Victoria, who became Priory Commissioner (later called Chief Commissioner); Maj.-Gen. F.A. Maguire from New South Wales, the new Hospitaller and Almoner; and Dr Charles E.C. Wilson of South Australia, who became Librarian.

At the Priory's ceremonial summit, Sir Winston Dugan took the position of Prior, while the Deputy Priors were the state Governors — Lt.-Gen. (later Sir) John Northcott in New South Wales, Lt.-Gen. Sir John Lavarack in Queensland, Lt.-Gen. Sir Willoughby Norrie in South Australia and Admiral Sir Hugh Binney in Tasmania. All were Knights of the Order. The reason for this lay in the constitution: because Priors and Knights Commander and their deputies were required to be Knights of the Order, it was obliged to admit the Governors into membership as Knights if it wished to enjoy vice-regal patronage. (As most Governors are not already members of the Order on taking up their duties, they are admitted soon after their swearing in — a practice begun during the period of the Commandery. With one exception, ever since the formation of the Priory all State Governors have become Deputy Priors. The exception was in Western Australia, where Sir James Mitchell [Lieutenant Governor 1933–48, Governor 1948–51], though a good friend of the State St John branch, believed someone else more appropriate should occupy the position.)

With Dugan as Prior, it was to be the only time during the next half-century that a Governor-General would not be the Prior. The reason for this anomaly was that the Grand Prior of the Order, Henry Windsor, the Duke of Gloucester, also happened to be the current Governor-General. The only member of the Royal Family ever to hold the position, he had arrived in Australia in early 1945 and remained until January 1947. To have become Prior in Australia would have involved a possible conflict of interests for the Duke: heading two distinct legal entities within the Order — the Grand Priory and the Australian Priory — would have placed him in an untenable situation if irreconcilable differences had arisen between them. Dugan, by now the longest serving of the Governors, therefore became the foundation Prior instead.

As the Priory advanced further into the postwar decades, it assumed increasingly greater importance in the affairs of the State St John bodies. The influence of the Priory increased appreciably after 1968, when its headquarters moved from Sydney into purpose-built premises in Canberra,

1200 metres south-east of the Commonwealth Parliament. Under the leadership of successive Priors, Chancellors and Priory Secretaries, it had the effect of both standardising and unifying the effort of the Brigade and Association. This could be seen in many directions. The Brigade's adoption of a standard black and white uniform (except in Western Australia, where the uniform remained khaki for another 40 years), and the institution of annual interstate first aid competitions gave Brigade members a sense of national unity and common purpose not previously enjoyed. The Association, too, gained greatly from having one national forum rather than only six separate, isolated parochial bodies. This made possible the production of a series of first aid and health care manuals produced in Australia for local conditions from 1969 on.

The creation of the Priory was the greatest federal milestone that St John Ambulance ever passed in Australia. It was not the only milestone, however, and others lay ahead. During the 1950s State St John Councils were established to bring Brigade and Association work under the same State-level management. The 1970s saw the separation of the Northern Territory from South Australia and the Australian Capital Territory from New South Wales and the creation of St John Councils in each. The greatest changes came in 1985–87, when a Priory structure review committee overhauled the arrangements put in place four decades previously. Among other changes resulting from the committee's work, the collective public name 'St John Ambulance Australia' was adopted for the Order in Australia and all its endeavours; the Brigade became the Operations Branch; and the Association the Training Branch. A new Fellowship Branch was also established. This took some time to find its true purpose. Set up in 1991, it was renamed Community Care in 1993 after it adopted the welfare role suggested by its new name. A decade later, in 1998, another structure review resulted in the formation of the National Executive Committee (since 2001 called the Australian Executive) as the board of management for the federal St John organisation.

Looking back over the history of St John in Australia over the past 80 years we can see how the federal thrust has enabled the State and Territory St John Ambulance branches to overcome Australia's vast distances and political division into six sovereign States and two self-governing Territories. The national organisation they have built could hardly have happened without a federal approach. Each of the milestones was a step towards a more efficiently functioning national organisation. Another aspect of the federal structure is that it is dynamic and evolutionary, progressively changing and subject to continual refinement to take account of emerging needs. The federal approach made possible the more recent achievements of St John Ambulance Australia. There have been many of these. They include the publication of successive editions of *Australian First Aid*, the Australian fellowships at the Jerusalem Eye Hospital, the three-year cycle of the Operations Branch skills maintenance program, the development from the Cadet movement of the Australian Youth Council and, most recently and most spectacularly, the first aid services at the 2000 Olympic Games and Paralympics described later in this book. The federal experience is the key to the strength and resilience of the Australian St John movement. Without it St John Ambulance might not have become a great national institution.

Wartime growth

The struggle to create a viable federal St John structure in Australia unfolded against the background of a far more momentous struggle — World War II. We saw above how the war pushed the Australian St John bodies into the Commandery for the Commonwealth of Australia (Exclusive of Western Australia). The war pushed the State St John bodies in other directions, too, most notably into a period of explosive growth.

The growth was most obvious in the number of people being trained in first aid. Public panic over the imminence of war had driven people into the St John first aid classes in unprecedented numbers in World War I then again in World II. The statistics of the wartime growth in first aid training are available for four States only — New South Wales, South Australia, Victoria and Western Australia. The aggregates are as follows:

Growth in first aid training in four Australian States 1938–42: certificates awarded

Year	Certificates awarded
1938	9,514
1939	29,957
1940	61,981
1941	65,386
1942	110,628
Total trained 1938–1942	277,466

As the table suggests, the number being trained multiplied by a factor of 12 from the last pre-war year, 1938, to the peak year of wartime panic following the Japanese air raids across northern Australia, 1942. The number of people trained in the four States in 1942 represented about one first aid certificate for every 53 of their combined population of about 5.9 million in 1942. That was the best ratio of certificates to population ever achieved in Australia. The ratio in 2000 was one certificate for every 80 of the Australian population.

The 1942 figure was a long way from the goal of one first aider in every household. It was, however, the closest the Association and Training Branch would ever come towards that ideal.

The impact of the war upon the Brigade was also pronounced. The Association's rapidly proliferating public first aid classes provided a flood of recruits for the Brigade, and that in turn made possible an expanding network of Divisions in each District. The Brigade's membership consequently doubled Australia-wide in the seven years 1938–1944, as this table indicates:

Growth in Brigade strength in five Australian States 1938–45

Year	New South Wales	Victoria*	South Australia	Western Australia	Tasmania*	Total
1938	1,901	706	720	946	273	4,546
1939	2,413	766	839	1,072	425	5,515
1940	2,909	826	1,209	1,718	501	7,163
1941	3,274	886	1,322	1,875	539	7,896
1942	3,897	946	1,551	1,831	558	8,783
1943	3,927	1,066	1,679	1,636	574	8,882
1944	4,104	1,309	1,629	1,556	595	9,193
Percentage increase 1938–44	116%	85%	126%	64%	118%	102%

** The figures for Victoria and Tasmania 1938–1941 are estimates*



Members of the Glebe Nursing Division farewelling a troopship leaving Sydney during World War I. They are wearing their Voluntary Aid Detachment uniforms and their Brigade capes.

The tide of wartime recruits also gave the Brigade and Operations Branch the best ratio of members to population it has ever achieved in Australia. The average number of 118 Brigade members per 100,000 of the national population reached in the four years 1942–45 has only been equalled once since then, in 1964. The 1942 ratio of 122 members per 100,000 of population was the highest in any of the six decades to 2000, and was more than double the rate of 57 per 100,000 at the end of the century..

The scale of the growth is best appreciated by considering the New South Wales District, where the wartime statistics are more comprehensive than elsewhere. District strength there grew from 1901 members in 72 Divisions in 1938 to 4200 members in 135 Divisions in 1945. The membership level in 1945 represented an all-time high for the District and was 41% higher than the 2976 members in 2000. The District's peak year for cases treated was 1944, when the members handled 120,617 casualties — the astonishing equivalent of one in 24 of the State population. It was also some 22% higher than the entire *Australian* Operations Branch caseload of 98,875 casualties in 2000, which included over 12,000 cases handled during the Olympics and Paralympics.

The war was plainly good for St John business, both in the Association and the Brigade.

State St John Councils

Among the first fruits of the newly formed Australian Priory was the establishment of St John Councils in each of the States. Such Councils were over-arching boards of management for St John activity in the States, with representation from both the Brigade District and Association Centre. As Sub-Prior, Hugh Poate campaigned for the setting up of the Councils almost from the day the Priory formed. The purpose of the Councils was to co-ordinate the separate activities of the Brigade and Association in each State, drawing them together in common purpose. The Councils were an idea that Poate borrowed from the UK, where such bodies had formed in the early postwar years to oversee the amalgamation of Association and Brigade undertaken by the British St John organisation. Poate knew that amalgamation of the two foundations was not an option in Australia: having only just learnt to dwell together in a federation, the Districts and Centres were not yet ready for a merger. Instead, what Poate hoped to accomplish via the Councils was better co-ordination of Brigade and Association endeavour. It was a small ask, but even so some State St John bodies resisted. The most recalcitrant was the Association Centre in New South Wales, which held out against the formation of a State St John Council until 1965.

In November 1948 Poate presented the Priory Council with a set of draft regulations to govern his proposed Councils. Vigorous debate ensued, as the representatives of the New South Wales Centre argued that, because the Centre valued its separate tradition, it opposed the formation of a St John Council in New South Wales. Delegates from other States had mixed feelings. While they could see the sense behind Poate's proposal, they doubted the wisdom of creating a 'top-heavy' body above both District and Centre in each State. Eventually the meeting voted in favour of Poate's motion that the regulations be adopted, with the only dissenting votes being those of the two delegates from the New South Wales Centre. A speech by a South Australian Brigade representative, A.R. Heath, seems to have been the turning point in the debate. Alluding to the moves in his home State towards establishing a St John Council, he had said, 'We do not have difficulties in South Australia [because] the Brigade and Association work in closest harmony [and] both are strongly in favour of the formation of State Councils'.

As well as endeavouring to convince those States with doubts about introducing Councils, Heath was portraying his home State in the best possible light. In doing so he glossed over some recent South Australian St John history. Relations between the Brigade and Association there had often been tense. Thus, Sydney Dawkins as District Commissioner and R.P. Goode, the Association Centre secretary 1932–47, had frequently been in conflict even though Goode had been a senior Brigade officer. The problem in South Australia, as elsewhere, was the dichotomy between two foundations sharing the same St John Ambulance name but having separate tasks, traditions and differing recruitment bases. There was always a natural division between those who wore the Brigade black and white on public duty and those who simply wished to arrange Association classes or teach or examine first aid without the quasi-military rigmarole of uniforms, rank structures, drills and parades. Disagreements over finances were another factor. Whereas the Association had few costs and an assured and regular income from first aid class fees, the Brigade had limited revenue but continual expenses for equipment and supplies. The Brigade Districts thought their income should be supplemented with Association Centre earnings, an idea unwelcome to most Association leaders. Brigade–Association difficulties like these were the common experience of all State St John branches. Most Brigade Districts and Association Centres consequently saw the sense in creating a new structure to produce greater harmony and unity of effort between the two foundations. After the State branches mulled over Poate's draft regulations for St John Councils, the draft came back to the

annual Priory conference in June 1949 for further consideration. The Priory Chapter endorsed the regulations, and authorised the establishment of Councils in those States that agreed to introduce them.

Progress towards the setting up of the Councils was reported at the next Priory conference, in 1950. Delegates spent much time hearing reports from each State on the steps it was taking towards setting up its St John Council. New South Wales reported that it had set up an 'Advisory Council' with joint Association-Brigade membership; however, because of the continuing objection of the Association Centre, this was an informal body rather than a St John Council duly constituted under the new regulations. Queensland was unable to form a St John Council since there was only an embryonic local Brigade District as yet. Western Australia, as a Commandery in its own right, remained outside the Priory organisation for the time being, but its Commandery Council was in effect a State St John Council. That left Victoria, Tasmania and South Australia. The Victorians and Tasmanians reported that their St John Councils had been formed, and the South Australians said their Council would be formed in the coming weeks. As things turned out it took another 16 years before all States had St John Councils. Queensland formed its Council four years later, in May 1953, after the introduction there of a Brigade District. As noted above, the last Council to form was the one instituted in New South Wales in 1965. The reason for the long delay there was the continuing intransigence of several stalwarts of the Association Centre committee. It was only after these veterans had died that the committee at last agreed to the Council.

Had he lived longer, Poate would have been delighted with the progress the Councils made over succeeding decades. In each State, and later in the two internal Territories, they generally performed their board of management role effectively. Amalgamation of the Brigade and Association, as in the UK, was never accomplished in Australia, or at least not by the end of the twentieth century. However, as the Councils took overall control of St John affairs within their State and Territory borders the earlier antagonisms between the two foundations diminished greatly.

The Commandery and Priory Commissioners

The achievement of St John federation in 1941 also saw the appointment of the first effective Chief Commissioners or national Brigade leaders in Australia. There had been two previous Australian Brigade heads because, as we saw in Chapter 1, Dr George Lane Mullins of New South Wales bore the title 'Commissioner for Australia' 1904–12. Dr Thomas Storie Dixson held the title again during the 1920s, when he was in charge of the Central St John Council for Australia. In both cases the title was just that: it carried little influence in individual Brigade Districts and no power. As seen above, Dr Sydney Letts Dawkins (1873–1963) became Commandery Commissioner or overall Brigade head for the four eastern Brigade Districts — New South Wales, South Australia, Tasmania, Victoria — with the establishment of the Commandery of the Commonwealth of Australia (Exclusive of Western Australia) in 1941. He retained the position until the Commandery was upgraded to Priory status in 1946. His successor was Sir Samuel ('Ginger') Roy Burston (1888–1960), who had the title Priory Commissioner until 1954, when it was changed to Chief Commissioner.

Both Dawkins and Burston had distinguished St John careers. Dawkins was born at Gawler, South Australia, but received his medical education at the University of Edinburgh. After graduation he worked in a London hospital before returning to South Australia in 1902. He spent the next 10 years practising in towns around Adelaide before settling in the city in 1912. He seems to have joined the Brigade in the 1920s and soon became District Surgeon. Both Sir John Hewett and Col. James Sleeman were greatly impressed by his talents, and mentioned him favourably in their reports. He became the South Australian District Commissioner in 1931 after the previous Assistant Commissioner, George Hussey, resigned in a fit of pique after 16 years in the position.

Dawkins remained Commissioner for the next 15 years, until 1946, during which time he thoroughly overhauled the District, which had stagnated under Hussey. Previously the District had consisted largely of Divisions closely associated with the South Australian Railways. Dawkins devised and implemented a plan for reorganising the District that provided for the opening of a series of strategically placed local Divisions under the patronage of the mayors of the local municipalities. Some of the Divisions he created, at Thebarton, Prospect, Walkerville, Unley, Woodville, Port Adelaide, Glenelg and Norwood, are still extant, and provided a network extending across the metropolitan area. The result was a surge in membership, with District strength growing rapidly from about 110 members in 1931 to 839 at the outbreak of World War II and, as seen in the table above, to 1322 in 1941, the year of the formation of the Commandery of the Commonwealth of Australia.

Having achieved a twelve-fold increase in his District's membership in ten years, Dawkins became a prime candidate for appointment as

Commandery Commissioner. There were only two other possible candidates. The first was Hugh Poate, the Commissioner in New South Wales, but he had accepted the position of Commandery Lieutenant (and later became the first of the six Priory Chancellors to have held the position up till 2001). The other was Rupert Downes, the Victorian Commissioner. Downes, however, had other preoccupations. As Director General of Army Medical Services he was fully engaged in the wartime effort: 1941–42 was the period of the greatest emergency, with the Japanese invading the Australian territories in New Guinea and bombing towns in Northern Australia. Unlike his successors, Dawkins simultaneously held his positions as South Australian Commissioner and Commandery Commissioner. He did not become the Priory Commissioner in 1946–47, that honour going to Samuel Burston, his successor as South Australian Commissioner. He had turned 73 in 1946, and so retired. His son, Dr Alec Dawkins, also had a distinguished St John career. He later served a term as Commissioner in Western Australia 1963–66 before serving as Commandery Lieutenant 1969–73 in the Western Australian Commandery. (Alec Dawkins' son John was later a Minister for Education and a Commonwealth Treasurer in the federal Labor government of 1983–96.)

'Ginger' Burston (the nickname came from his sandy-red hair), like Rupert Downes, spent much of his life as an officer in the army medical services. Born in Melbourne, he graduated in medicine from the University of Melbourne in 1910 after schooling at Melbourne Grammar School. His first medical appointment was to the Children's Hospital in Adelaide, but after a short time there he went to the Northern Territory, where he spent 1911–12 as medical inspector of Aborigines. He was appointed as a captain in the Army Medical Corps in 1912. He served as a major at Gallipoli in 1915 then went on to a series of army appointments in Egypt, England and France. He finished the war as Assistant Director of Medical Services for the 1st AIF (Australian Imperial Force). Back in civilian life in Adelaide, he practised as a physician but remained a member of the Army Reserve as deputy director of medical services for the 4th Military District (South Australia). In 1928 he was awarded the bronze medal of the Royal Humane Society for rescuing someone from the surf at Victor Harbour. At the outbreak of war in 1939 Burston rejoined the regular army and travelled to the Middle East with the 6th Division of the 2nd AIF. He was promoted to major-general in 1941, then back in Australia in 1942 he became director-general of medical services at Land Headquarters in Melbourne. One of his main wartime achievements was the successful campaign to protect Australian troops against malaria in the south-west Pacific. He retired from the army and settled in Melbourne in 1948. He briefly (1946–47) succeeded Dawkins as Brigade Commissioner in South Australia before his appointment as Priory Commissioner in 1947. He held the position for the next nine years, until retiring in 1956. Knighted in 1952, he was the first to have the title Chief Commissioner, the change occurring in 1954 as noted above.

All subsequent Chief Commissioners had military links. Burston's successor, Sir William Johnston (Chief Commissioner 1957–62), had served with the army medical services in both World Wars I and II. Johnston's successor, Sir Frank Kingsley Norris (1962–69), had been Director-General of Army Medical Services. Douglas Donald (1969–79), the fifth Chief Commissioner, had been a colonel in the army medical services during World War II, as had his successor, Gordon Young (1979–84). The seventh Chief Commissioner, Peter Falkland (1984–89), had been a career army officer who retired as a major-general. Frank Poke (acting Chief Commissioner 1989–90), who had been Falkland's Deputy Chief Commissioner (and the only person to hold that position), had also been a major-general. Villis Marshall, the eighth Chief Commissioner (1990–99) was a director-general of naval health services and a commander in the naval reserve. The ninth Chief Commissioner, Lynne Allen-Brown (1999–) had been a captain in the Royal Australian Army Nursing Corps. Service as a senior military officer was not a prerequisite for appointment as Chief Commissioner. It nevertheless looked good on a *curriculum vitae*, while the management experience it afforded was an excellent preparation for heading a complex federal organisation like the Brigade and Operations Branch.

Another interesting fact about the Chief Commissioners is that after Dawkins the next four were from Melbourne. Because of that, for the 32 years 1947–79 the effective National Headquarters for the Brigade were in Melbourne rather than Sydney or Canberra, the successive locations the headquarters of the Priory. In addition the Chief Surgeons were from Melbourne for the 28 years from the time the position was created in 1956 until 1984. Similarly, the first three Chief Superintendents were from Melbourne. They held the position continuously for the 27 years until 1985. This meant that, perforce, the Brigade's National Headquarters Staff was dominated by a Melbourne 'axis'. It was only with Gordon Young's appointment as sixth Chief Commissioner in 1979 that the Victorian grip was loosened. By the turn of the twenty-first century all the States (but neither of the Territories) had been represented on the National Headquarters.

Sources

The most accessible information on the establishment of the Central St John Council for Australia is in the Australian Priory's 1983 centenary history — Ian Howie-Willis, *A Century for Australia: St John Ambulance in Australia 1883-1983* (Priory of the Order of St John in Australia, Canberra, 1983), pp. 312–19. The main sources for the Hewett and Sleeman delegations are the reports they wrote, as follows: (a) J.P. Hewett and L. Atkinson, *Report to Chapter-General by the Delegation authorised under the direction of HRH the Grand Prior to visit the Dominions of Australia and New Zealand 1928–29* (Grand Priory in the British Realm of the Venerable Order of the Hospital of St John of Jerusalem, London, 1929); and (b) J.L. Sleeman, *Report on the Inspectional Tour of Australia* (Grand Priory in the British Realm of the Venerable Order of the Hospital of St John of Jerusalem, London, 1936). Copies of both documents are held in the Priory library of St John Ambulance Australia, Canberra. The delegations are also covered at length in Howie-Willis, *op. cit.*, pp. 321–42.

The most valuable set of documents relating to the establishment of, first, the Commandery of the Commonwealth of Australia (Exclusive of Western Australia) and, second, the Australian Priory and Western Australian Commandery is the file 'Steps leading to the creation of the Commandery in Western Australia' in the archives of St John Ambulance Australia (WA) Inc., Belmont, Perth, Western Australia. Additional information is found in the *Annual Reports* of the Commandery of the Australian Commonwealth 1941–1943 and of the Priory in Australia 1946–47. This material is summarised in the fiftieth anniversary history of the Commandery of Western Australia — Edith Khangure and Ian Howie-Willis, *Reflections and Directions: A History of the Commandery of the Order of St John in Western Australia 1947–1997* (St John Ambulance Australia [Western Australia] Inc., Perth, 1997), pp. 48–67. The most accessible information on the establishment of the State St John Councils is in Howie-Willis, *op. cit.*, pp. 420–28.

The statistical data on Brigade and Operations strength is derived from the annual reports of the Australian Priory and the earlier Commandery of the Commonwealth of Australia. The biographical information on Rupert Downes is from the Australian Dictionary of Biography volume 8 (Melbourne University Press, 1981, pp. 332-4). The information about Samuel Burston is from the *Australian Dictionary of Biography* volume 13 (Melbourne University Press, 1993, pp. 314–15). The information about Sydney Dawkins is from H.J. Gibbney and Ann G. Smith, *A Biographical Register 1788–1939: Notes from the name index of the Australian Dictionary of Biography* (*Australian Dictionary of Biography*, Canberra, 1987), p. 170; and from Ian Howie-Willis, *South Australians and St John Ambulance 1885–1985* (St John Council for South Australia, Adelaide, 1985), pp. 132, 170–71.



Members of Ashfield Nursing Division, Sydney, demonstrating the treatment of burns and scalds to children's faces, 1929.

St John

Chapter 3

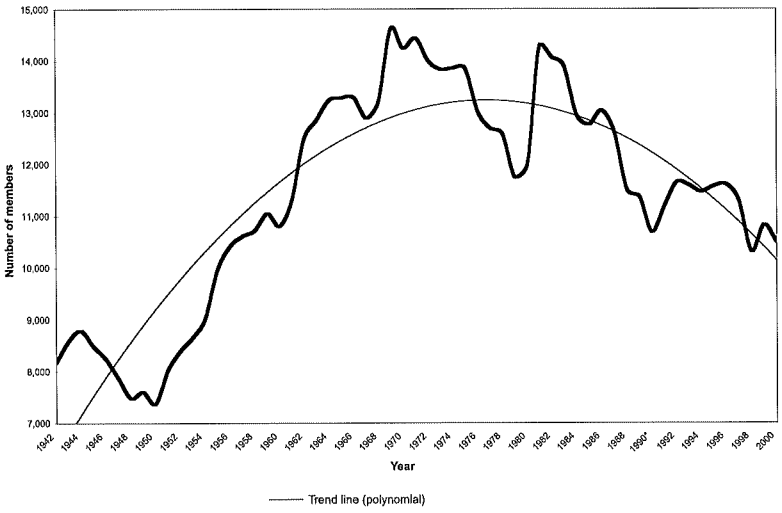
THE BRIGADE AND *THE* GREAT ST JOHN DRAMA OF THE POSTWAR DECADES

Growth and decline — a five-decade overview

In the previous chapter we traced the means by which the St John Ambulance Brigade Districts and Association Centres in the six Australian States federated in 1941, during the early years of World War II. In this chapter we follow the Brigade and Operations Branch from the end of the war to the late 1980s.

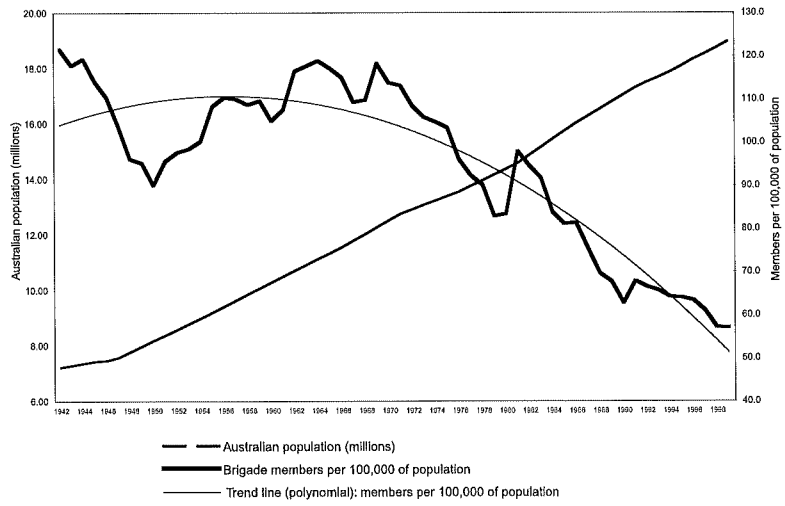
The trend of development in the postwar decades was for steady growth in the first two and a half, followed by decline over the next three. Later in this book, in the discussion of membership statistics, we see that during the 58 years 1942–99 the national strength of the Brigade and Operations Branch grew from 8,174 to a peak of 14,612 in 1969 before dropping back to 10,490 at the end of the century. Between those points were many annual fluctuations, as the graph opposite (Graph 1) shows. The trend line indicates the overall pattern. One challenge for the organisation in the first decade of its second century in Australia will therefore be to arrest the decline, or at least hold the number steady.

St John Ambulance Brigade and Operations branch: membership levels in Australia 1942–2000



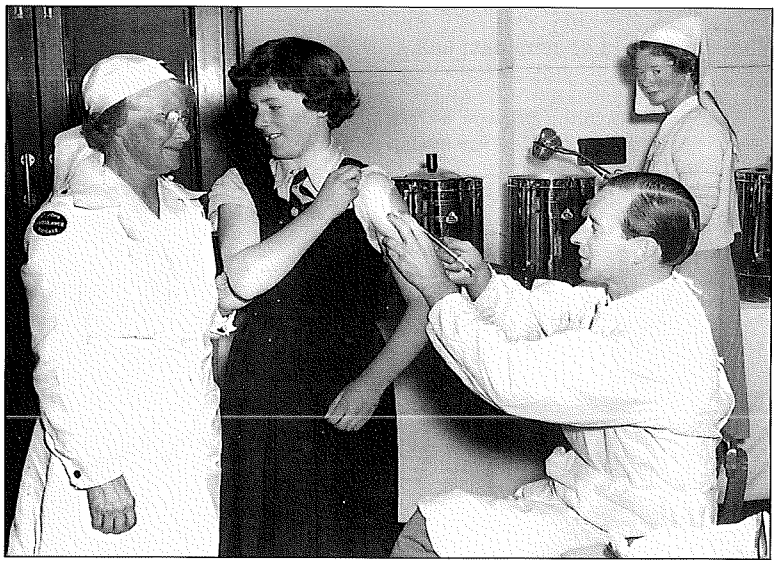
The need to arrest the decline or hold steady seemed more urgent when membership trends were compared with the growth of the Australian population over the same period. Graph 2 (opposite) gives the same data as the one above, but relates Brigade and Operations Branch membership to the growth of the Australian population. It expresses Brigade and Operations Branch strength as a proportion of the national population, that is 'the number of Brigade and Operations Branch members per 100,000 of the Australian population'. As Graph 2 indicates, while Brigade and Operations Branch membership increased in ***absolute*** numbers from 1942, it underwent steady decline ***relative*** to Australia's population. More alarming still, the rate of decline accelerated from the mid-1950s. Membership slipped from 122 members for every 100,000 Australians in 1942 to 117 members per 100,000 in 1962, then to 95 per 100,000 in 1982 and finally to 58 per 100,000 in 2000. This of course meant that by the turn of the century the membership was spread more thinly across the population than at any time in the preceding 60 years. That was the obtrusive statistical reality. Whether it could be remedied and, if so, how were not so obvious.

St John Ambulance Brigade & Operations Branch membership levels relative to the Australian population, 1842–2000



The possible reasons for the decline caused much soul-searching. 'Recruitment and retention' consequently became the Brigade and Operations Branch catch-cries of the 1970s, 80s and 90s. Yet despite the consternation in St John ranks, the trend line in Graph 2 probably says more about the changing nature of Australian society in the late twentieth century, and about Australians' commitment to voluntarism, than it does about St John's determination in recruiting and retaining new members. St John was not alone in experiencing declining membership. Nearly all the traditional voluntary organisations — Red Cross, Scouts and Guides, Boys and Girls Brigades, Royal Life Saving Society, Legacy, Rotary, Apex, Young Farmers Clubs, Country Fire Authorities, School Parent and Citizen Associations, Meals on Wheels and so on — were in a similar situation. The membership graphs of them all would probably have displayed trend lines similar to those in the graphs above.

Nor was declining membership in voluntary bodies a uniquely Australian phenomenon. It was one experienced in other developed nations of the 'West' — the United Kingdom, Canada, Germany, France, the Low Countries, Scandinavia and the USA. In the last of these it was a problem that caught the attention of Robert D. Putnam, an academic at Harvard University. In 1995 Putnam published an article with the title 'The Strange Disappearance of Civic America'. This article, available on the Internet through the journal *The American Prospect online*, considered all the customary explanations for Americans' increasing reluctance to participate in voluntary organisations. Employing the statistical correlation techniques of social research, he eliminated usual 'culprits' such as higher participation in tertiary education among young people, higher divorce rates and the rise of the single-parent family, the ageing of the population, the rise of the welfare state, the changing role of women, the increasing pressure to earn more money to pay mortgages and greater residential mobility. He found that only one factor correlated consistently with the decline in civic activity that had begun in the early 1950s — the electronic revolution that put first television, then video recorders and later personal computers in most homes. More and more Americans, it seemed, were disengaging from community involvement to sit at home gazing at electronic screens. If the same were true in Australia, perhaps it was futile to expect that the decline in Operations Branch membership could be dramatically reversed. Arresting it might be the best hope. That, however, did not mean that the organisation should stop giving recruitment and retention the highest priority.



Dr Neville Hoddle, District Surgeon in New South Wales, assisted by a Nursing Division member innoculates a schoolgirl in the Marrickville anti-poliomyelitis vaccination clinic, 1957.

Graphs like those above tell us little other than long-term statistical trends. What they cannot convey is any understanding of the work that the St John uniformed volunteers did in the six decades summarised in the membership curves. The work done in those decades is discussed in other sections of this book, and more especially in the personal oral histories comprising Part B. The work included innumerable episodes of worthy service by St John. The public duties carried out for the war effort, the Royal Tour of 1954, the Olympic Games of 1956, the Commonwealth Games in Perth in 1962 and in Brisbane in 1982, and the Sydney Olympics and Paralympics in 2000 were all great events in St John Ambulance history in Australia, but only a few among myriad unnumbered other, lesser duties. The service St John gave during a host of disasters, both natural and man-made, was of the same kind. The natural disasters included the Maitland floods in 1953, the Hobart bush fires of 1967, the Brisbane floods and Cyclone Tracy in Darwin in 1974, the 'Ash Wednesday' fires in South Australia and Victoria in 1983, the Sydney bushfires in 1994 and 2002 and the Katherine floods in 1998. The man-made disasters included the derailment of the 'Southern Aurora' express train at Violet Town and the collapse of the West Gate bridge in Melbourne in 1969, the collapse of the Tasman Bridge in Hobart in 1975, the New Year's Eve riot in Sydney in 1979, the *Iron Baron* oil spill in 1995 and the Port Arthur massacre in 1996. Listing events like these emphasises the point that the uniformed volunteers of St John Ambulance have been present, fulfilling their organisation's mission, at most of Australia's significant occasions since the Brigade emerged as a national institution during World War II.

Because so many of the events from the 1940s to the 1980s are covered elsewhere in this book, the rest of this chapter dwells instead upon one State, South Australia. The emphasis is on the ambulance service which St John developed there on a Brigade and Operations Branch base over the 43 years 1952–95, before surrendering it to a new government instrumentality, the South Australian

Ambulance Service. Creating, developing and then losing a State-wide ambulance service was *the* great St John drama in Australia between the early 1950s and the mid-1990s. It was one in which the St John Ambulance Brigade and Operations Branch played the leading role. It is therefore worthy of a chapter on its own.

South Australia was not the only State St John organisation to win and then lose an ambulance service in the postwar period. Tasmania, too, shared that experience with South Australia: the St John Council there began taking over the State's ambulance facilities in 1959 and then surrendered them in 1965. There were other St John catastrophes of similar scale in the postwar decades. One was the messy divorce between the St John Council for Queensland and the Queensland Ambulance Transport Brigade in the early 1960s, already referred to in Chapter 1. It followed a decade-long, increasingly acrimonious dispute between the two organisations over the formation of Brigade Divisions, which the QATB wrongly saw as a threat to its monopoly of the State's ambulance services. Another was the $14 million tax avoidance scheme promoted by senior Brigade officers in Victoria in the late 1970s. (Readers wishing to know more about these particular episodes will find further information in the present writer's earlier book — Ian Howie-Willis, *A Century for Australia: St John Ambulance in Australia 1883–1983*, pages 476–89, 489–499 and 504–6.) Painful though such episodes were for those involved, they covered only a fraction of the time of the 43-year drama unfolding in South Australia.

The author of the account that now follows is Ray Schilling, whose St John career spanned the entire period of St John control of the ambulance services in South Australia. Joining the Brigade as a Cadet in 1944, he moved up to his local adult Division, worked as an ambulance volunteer, joined the St John service as a salaried ambulance officer in 1956 and eventually became the chief administrator of St John's South Australian country ambulance services. Throughout his St John career he remained a Brigade and Operations Branch volunteer, even during the 37 years when he was a salaried employee within the ambulance service. Always a keen student of St John history, after retiring in 1995 he produced his own 75-page account of St John's involvement in the South Australian ambulance service. He called it 'The rise and fall of St John in South Australia under the influence of the ambulance service 1945–1995'. The following is a summary of this long essay, focusing on the intense politics that unfolded as St John gained the service, developed it into a highly cost-effective operation by staffing it with a mix of salaried ambulance officers and Brigade volunteers, and in the end lost it because of the industrial strife provoked among the salaried officers by the Brigade role.

The Brigade in South Australia and its role in the ambulance service

by Raymond G. Schilling C.St.J.

Introduction

The Order of St John in South Australia in 1952 became the proud parent of a foster child, the ambulance service, which was to be nurtured for 43 years, often at the expense of its own children, the Brigade and the Association. The foster child, however, eventually grew so big and strong that it decided to leave the parent. We in St John hope it does not get into trouble as do some children who leave home, but take credit that we have been responsible for the healthy adult we have reared. The ambulance service will now look after itself. The following are my thoughts on what I consider to be the key events of the Brigade's four-decade involvement with the service.

Before St John had an ambulance service

I joined the St John Ambulance Brigade as a cadet in 1944, one year before the end of World War II. I can remember St John had two ambulance vehicles which were used mainly at the horse and trotting race meetings. A 1927 four berth Chevrolet was used at the races, and a two berth Hudson of slightly later vintage stood-by at the trots and sometimes attended the races with the Chev. The ambulances were driven by men of the Motorcycle Division.

In 1948 there was a rather disastrous fall at the Victoria Park races when several jockeys were injured. It was a very wet and stormy day and just when both ambulances were needed for the bad fall in a race, neither would start, so the injured jockeys had to be taken to the racecourse casualty room on the open tray of a race course truck. The only protection from the weather was given by the St John first aid men holding their capes over the patients. It so happened that I was on duty with the Colonel Light Cadet Division that day. That incident brought to a head what many people had been saying for years — the ambulances owned by St John were old and unreliable. The racing clubs very quickly presented a brand new Victorian-built two-berth Dodge ambulance to St John at a ceremony at the racecourse on 23 October that same year. The last time I saw the Chev it was having fish and chips sold through its patient compartment windows in a paddock near the Grange jetty, but I've no idea what happened to the Hudson.

At that time several ambulance services operated in the metropolitan area, handling the road accident and sickness cases. In 1949, the Police had two ambulances, a Ford and a Buick, but a

couple of years later obtained two Austin Sheerline ambulances from England. The police ambulances were crewed by a police driver, generally wearing a felt hat and a gray dustcoat over his plain clothes. In business hours the attendant was another police driver, but during the evenings and at weekends the field Divisions of the St John Ambulance Brigade would take it in turns to provide an attendant or two.

The South Australian Ambulance Transport Inc. and the Northern Suburbs Ambulance Association Inc. had some paid staff but were crewed by their own volunteers each evening, through the night and at weekends. The South Australian Government had one ambulance to transfer patients between the Royal Adelaide Hospital and its associated suburban wards at Magill and Northfield, and to St Margaret's Convalescent Home at Semaphore. The Repatriation Department picked up and transported their own patients to the Daws Road Hospital with their ambulance. Joe Myren had operated a private ambulance service for many years from his garage on Glen Osmond Road, Parkside. In fact my father drove one of his early ambulances from time to time when he worked in Mr Myren's woodyard in the 1920s. A relatively newcomer in the metropolitan ambulance field was Coles and Stevens. They operated one ambulance from a garage on Commercial Road, Port Adelaide, but I can't ever recall hearing of it carrying a patient. That may have been because I was on the other side of town.

The McEwin–Hayward agreement on Adelaide's ambulances

Although Adelaide had a reasonable number of ambulances, the services weren't co-ordinated, consequently you either had several ambulances at an accident scene or none at all. On one occasion in the late 1940s, I was going home to Colonel Light Gardens when I came across a motor cycle accident on the corner of King William Road and Young Street, North Unley. Three ambulances arrived to transport the sole patient; one from the Police, one from the Unley station of the South Australian Ambulance Transport, and the other was Joe Myren's from Parkside.

Adelaide newspapers condemned the lack of co-ordination. Stung by their criticism, Sir Lyell McEwin, the State Minister for Health, approached St John. (He served in the 27-year Liberal and Country League government of the Premier, Tom Playford.) McEwin asked Bill (later Sir Edward) Hayward, Chairman of the recently formed St John Council for South Australia, if St John could co-ordinate the ambulance services in South Australia, concentrating firstly on the metropolitan area. Hayward agreed without demur. Readers wanting to know more about this deal should read pages 232–252 of the 1985 South Australian centenary history of St John by Ian Howie Willis, *South Australians and St John Ambulance 1884–1985*, which gives a detailed account of how it happened. Suffice to say here that the deal was done through the 'Old Boy' network. Struck in July 1951, it remained in place without legislative endorsement for the next 33 years. And that was one reason why it eventually came unstuck. Having been given the ambulance services, St John formally took control in February 1952.

Brigade Divisions asked to co-operate

I had only been going to meetings of the Colonel Light adult Division for a few months when we first became aware that there was a chance of St John taking over the operation of the ambulance services. One night in 1951, Divisional Superintendent Jack Greene asked his members if we individually and collectively would assist in the crewing of an ambulance if the Colonel Light Division were allocated one. I and most of the others jumped at it, but nothing more was heard of that particular plan. Instead voluntary crews of the two major ambulance services, that is South Australian Ambulance Transport Inc. and Northern Suburbs Ambulance Association Inc., in their respective Divisions, became the new Transport Corps of the St John Ambulance Brigade.

The Brigade was the segment of St John which clearly ran the ambulance service for the first ten years or so, with statistics and other information appearing under 'Brigade' in the printed Annual Reports. The 1951 report, for instance, refers to 'the merging of the South Australian Ambulance Transport Inc. into the St John Ambulance Brigade as a Transport Section' and notes that 'the South Australian Ambulance Transport Inc. will be registered as Divisions within the Brigade....'

The incorporation of existing services

Because the South Australian Ambulance Transport, with stations at Hindmarsh, Unley and West Torrens, and the Northern Suburbs Ambulance Association with its station at Prospect, both had a mix of volunteers and paid staff, St John decided to follow this pattern. This then became the foundation for 'St John Ambulance Transport'. The ambulances were sign-written in that manner, although at one stage some had 'St John Ambulance Brigade' on the side.

Coles and Stevens probably had to be paid for their vehicle, but after its acquisition it became the Northern Transport Division's new ambulance — Car 15. A little later, that vehicle, an International, was involved in an accident and the body damaged

beyond use. The remains were converted to a utility which St John used for many extraneous tasks, including the transport of decomposed bodies. It was still known as Car 15.

When it became clear in 1954 that St John had the ability to run the service properly, the police handed over their two Austin 'Sheerline' ambulances. Joe Myren's Chevrolet panel van ambulance was a little harder to prise from him but eventually it became St John's Car 9, and later still Kangaroo Island's first ambulance.

The Repatriation Department reached an agreement with St John over the carriage of their patients (I don't know what happened to their ambulance), and the South Australian Hospitals Department's ambulance was never seen again, St John taking over the transfer of patients from one government hospital or ward to another.

The formation of the Transport Corps

Prior to the involvement in the ambulance service, the St John Ambulance Brigade in the Adelaide metropolitan area comprised three Corps. The Southern Corps, had men's (or Ambulance) Divisions at Unley, Colonel Light Gardens and Glenelg, and women's (Nursing) Divisions at Unley, Goodwood Park, Mitcham and Glenelg whilst a Nursing Cadet (girls) Division was also located at Goodwood Park. Ambulance Cadet (boys') Divisions were attached to their respective adult Divisions at Glenelg, Unley and Colonel Light Gardens. The Western Corps comprised the Ambulance, Nursing, Ambulance Cadet and Nursing Cadet Divisions at Thebarton, Port Adelaide and Woodville. The third Corps was the North Eastern Corps with the various Divisions at Gawler, Prospect, Norwood, Walkerville, Adelaide, St Peters and also the Motor Cycle Ambulance Division. The Police and the Fire Brigade had registered St John Ambulance Brigade Divisions within their organisations but weren't assigned to a Corps. Nor had Corps been formed in the country although the odd senior officer had a Corps rank. The volunteers of the transport services joined us, the Unley, Hindmarsh, Northern and West Torrens Divisions of the Transport Corps using their ambulance stations as their respective Divisional headquarters. Field Divisions invariably met in rented community halls.

The Transport Corps was structurally a part of the Brigade, but the management of the ambulance service was very much in the hands of the Transport Corps. The St John Council, having acquired the ambulance services, entrusted its running to that specialised Corps. To emphasise the separate role of the Corps, its uniform differed from that of the other men's or Ambulance Divisions of the Brigade. Because the Transport Division members were never on duty without their ambulance, they didn't need to carry a first aid kit around their necks or on their belts as did the NCOs and ordinary ranks of the field Divisions. Commissioned Officers were the only members of field Divisions who didn't visibly carry a kit, however, most carried some bandages in the large patch pockets of their coats. All members of the Transport Corps also wore a black cap with a white top all year round, whereas the NCOs and Privates of the field Divisions wore a white band around their black caps all year round, with a white top in summer time and a black waterproof top in the winter. There was also a period in the mid '50s when soft top caps with white tops were permitted in the transport Divisions.

The Transport Corps uniform also went through some changes once it accepted the single-breasted St John uniform as the basis. I don't recall a shirt being issued to either the transport or field Divisions in the early days. If it got too hot wearing the tunic on a hot day, it was usually permissible to remove it, displaying a plain white shirt with black tie. A little later a St John grey shirt with patch pockets and black epaulettes was issued to transport Division members. The actual number received by each member depended on how many duties he did. A little later on the St John shirts reverted to white with reinforced material where medal ribbons or name tags would be worn. Short sleeves was the next concession for hot weather, and then came the introduction of optional black shorts and long white socks. Permission could also be obtained for the tie to be removed.

In the meantime the women (nurses) of the Brigade had also gone through changes but nowhere near as many as the men. In the 1950s the St John nurse wore a white St John dress with a black cape over the shoulders ending near the wrist. A black felt hat with low crown and brim all the way round was the headwear. The ladies were even more rank-conscious than the men because female officers were issued with a black two-piece costume and although the hat had some similarity to the NCO and other ranks' headwear, one of the sides was turned up with a cockade attached. Whether it was made of black and white pleated material or looked like a small paint brush depended on the rank of the wearer. Many changes were made until by the late 1990s most of the women wore black trousers, white shirt, black tie and broad brimmed felt hat like the men. Now back to the 1950s.

The field Divisions had to raise money for their uniforms whereas the members of the Transport Corps were provided with theirs. These variations were seen by many as discriminatory and caused discernible jealousy. The Transport Corps was dissolved in 1968 with three of its Divisions amalgamating with their neighbouring field

Divisions, that is Unley with Unley, West Torrens with Thebarton, and Northern with Prospect. Hindmarsh didn't join with another Division but became a Division in its own right in one of the numbered metropolitan Corps.

South Australian St John headquarters

When St John took over the ambulances, the State headquarters of St John was in Claridge House, 52 Gawler Place. The office was one room on the second floor and was occupied by the Secretary, Ken Shapter, and a girl assistant. St John also used the basement of the same building, which comprised three sections — a theatrette, a storeroom, and another room that was a meeting and lunch room, all of which were vacant for most of the daytime. I'm not sure of the tenancy arrangements but I suspect all of the accommodation was rented.

In 1957, the St John Council bought its first headquarters building at 21 Austin Street, quite close to the John Martins retail emporium. It was a narrow gutted three story building previously used by a sign-writing company and which was converted on all floors to suit our needs. The ground floor became a staff car park, and for the first couple of years was also the city's ambulance station, housing an ambulance during office hours. A small room for the ambulance crew was constructed at the back of that floor and became another storeroom when the ambulance ceased to be stationed there. The first floor was a general office area, and included a Board room and male toilet, whilst the second floor housed the training staff's offices, classroom, storerooms, lunchroom and female toilet. There was also a small paved open area at the back of the ground floor with an outside toilet. The Hindmarsh maintenance staff endeavoured to beautify the red concrete paved area at one stage by bringing in some dirt and planting a palm. It grew surprisingly well and was still alive when we moved to Eastwood in 1978 and the building was sold.

The building and its furnishings were very basic. The desks were, in the main, second-hand and at one stage case card records were kept in a couple of wooden fruit boxes. The building was not air conditioned, and to keep the staff warm in the winter, red infra-red globes were fitted under the desks. They drew less power than electric bar radiators! There were no floor coverings on any of the floors and fears were held that someone, in one of the many first aid classes that were held on the second floor, would drop a cigarette through one of the many gaps in the floor boards one night with disastrous results.

Although there was plenty of room in the building when the first two general managers, Ken Shapter and Phillip Ferrier first occupied it, due to the expansion of the ambulance service, it didn't take long before there was no more room for any more personnel in the building and it became necessary to rent additional office accommodation in the vicinity. Warren Burgess and a couple of girls occupied a shopfront office in the recently completed Richmond Arcade extensions. This was the new Subscription Department which Warren managed when he began his professional career with St John. It wasn't long before that wasn't big enough and the larger department moved into the rear office on the ground floor of Elizabeth House on North Terrace, conveniently across the road from St John House in Austin Street.

In 1970 a small office building was rented in Melbourne Street, North Adelaide, to house Graham Coats and his staff to conduct that year's building campaign. Later, more offices were rented in Elizabeth House, this time on upper floors, firstly for the expanded Public Relation's Office when Brian Lamprell commenced his employment with us, and then for an office for the Building Campaign which Peter Lafsky conducted.

In 1978 after continual badgering by Eric Ridgway, the representative of the country services on the St John Council and a later Council chairman, St John House was constructed to our specifications at 216 Greenhill Road, Eastwood. When we moved in, the general office area was less than 75% occupied, but it was only a few years before the whole building was full. In the 15 years that I was employed at the Eastwood St John House, I personally occupied an office on each of the floors.

Co-ordinating the metropolitan ambulance service

The first task of the new St John ambulance service was to tidy up the mess in the metropolitan area which was what the public and the press had been complaining about for so long. Central control from a decent headquarters was the first requirement. Two-way radio was the first innovation which would considerably improve control. Until then crews had to ring the headquarters from a hospital or telephone box when they had finished a case so that they could be given their next one. If there was no follow-on case to attend, the crew would be told to return to depot, but once the crew had hung up the phone they were out of contact until back in their station. This meant that sometimes an ambulance could have been passing within metres of an urgent case but the crew was unaware of it.

The location of ambulance stations was satisfactory for the time being so the management directed its attention toward improving the country services. Nevertheless, the city's ambulance service had to keep up with the expanding metropolitan population, so its ambulance service obviously had to also get bigger. The near country ambulance

services at Stirling and Port Noarlunga were incorporated into the metropolitan service in the late 1960s and in the time we are now considering, new St John Centres (ambulance stations) were erected at Aldinga, Noarlunga, Marion, Blackwood, Port Adelaide, Salisbury, Elizabeth, Modbury, Campbelltown, Aldgate and Adelaide Airport. In addition Unley, West Torrens and Prospect were relocated into new modern purpose built stations. The Hindmarsh depot, which was built in 1955, was modified from time to time and extended by the purchase of an adjacent dwelling. Eventually, in 1987, the Hindmarsh Transport Headquarters was relocated to Grange Road, Fulham.

St John inherited the communications room, or nerve centre of the ambulance service, from the South Australian Ambulance Transport. Located above Sykes Furniture factory on Port Road, it was little more than three or four telephones in a hovel on the first floor. During office hours a girl or one of the more senior officers took the telephone calls and despatched the outstation crews by phone. Hindmarsh crews were handed the case slip, or when voluntary crews were on duty and answered the calls, they would often go out themselves.

The move to the new Depot on John Street, saw one paid communications officer, Jack Revitt, appointed to handle all incoming ambulance calls and operate the new base radio. Volunteers from within the Transport Corps were rostered to operate the control room after hours. At that stage the control room was on the ground floor of the brick section of the building with a large window into the garage area to enable the operator to see what was happening there. The garage and workshop were not brick but were clad in corrugated iron. Within about five years, although still operated by one person, the control room had been relocated to the first floor level, but in the garage area, with access from stairs in the garage. The next move, in the late 1960s, saw a much more sophisticated metropolitan control centre take the place of the billiard table in the central recreation room at Hindmarsh. By now, this control centre needed two or three operators.

The move to the 216 Greenhill Road headquarters in Eastwood in 1978 saw the biggest change. This was the first time the administrative and transport headquarters had ever been located together and enabled a telephonist to answer the initial incoming telephone call, quickly assess whether it was an ambulance call or an administrative enquiry, direct it to an administrative officer, or put it through to an ambulance telephonist if the caller needed an ambulance. She, or he, always a qualified ambulance officer, took the details and put the written message on a conveyer belt to be picked up by the appropriate radio operator, also an ambulance officer, who would then despatch the nearest ambulance if it was an emergency.

Forming country Brigade Divisions and ambulance services

I never received a job specification from the general manager, Phillip Ferrier, when I was appointed Country Liaison Officer in 1965 but he did make it clear that one of my tasks would be to encourage groups of ambulance service volunteers to enrol as members, and form units of the St John Ambulance Brigade. At that stage there were very few Divisions of the Brigade in the country; come to think of it there weren't many ambulance services either. By 1965 the country ambulance services were just realising the benefit of getting together and what I had to offer the volunteer crew was membership of a world-wide respected organisation whose members all had similar objectives to their own. So my job was relatively easy.

From memory Pinnaroo was the first town I visited to explain the benefits of Brigade membership to the volunteer ambulance drivers. Shortly after, they formed the Pinnaroo Division of the St John Ambulance Brigade. Some others, not necessarily in chronological order were, Jamestown, Ceduna (see below), Yorketown, Leigh Creek, Mannahill, Mannum, Wallaroo and Eudunda.

While I was involved, the establishment of a unit of the Brigade was a matter of course when a new country ambulance service was being set up. Whether it was a 'Division' or 'Section' was the only question and that depended on the number of members signing on. As the ambulance service is now no longer a St John institution, many Divisions have ceased to exist and groups have reverted to ambulance service volunteers. At the end of my era there were only four voluntary ambulance service units in the settled areas operated by other than Brigade members. They were Hamley Bridge, Kapunda, Coonalpyn and Lucindale.



The Glenelg Ambulance Division, South Australia, 1916. George Hussey, the Commissioner (formally titled Assistant Commissioner at that stage) sits at centre front. Right of him is R.V. Bulman, the previous Assistant Commissioner and later District Superintendent.

After being appointed Country Liaison Officer in 1965, I was fascinated by the difference between metropolitan and country Divisions. How could I exchange the ideas best? The first thing was to go to the St John store and get a copy of every manual and stores item that the country Division wouldn't have been aware of, and there were plenty — nurses' handbags, drill manuals, Cadet books, lapel badges etc. The boot of my car looked like that of a travelling salesman by the time I had stocked up.

Next was to recommend to the Brigade hierarchy that country Brigade Divisions be formed into Corps with boundaries and names the same as the existing ambulance service zones, and that we headquarters staff, only appoint the Corps Superintendent and leave him or her to recommend the number and portfolios of Corps staff he or she needed. It was further recommended that Metropolitan Corps adopt numbers similar to what metropolitan Melbourne had done a few years earlier. Both of the above suggestions were accepted by District Superintendent Bert Grimshaw.

My next recommendation was that every metropolitan Division foster or adopt two or three country Divisions. I produced a list which informally attached a country Division to a metro Division. Where Divisions already had something in common, such as a similar type of duty, then those Divisions were linked. If there was no specific commonality, the Division and others in the country Corps were linked with the Divisions in a metro Corps. Unfortunately, as far as I am concerned, this scheme didn't really get off the ground.

The other means of getting a cross-flow of ideas was the organisation of the Superintendents' Conferences. These were held once a year on the Saturday before the Church Parade and included Superintendents from all country and metropolitan Divisions and Corps and District Staff.

In the early 1950s, Ken Shapter, Phillip Ferrier and Paul Goode travelled the State representing St John in its new ambulance service role, to encourage public representatives in the various country towns they visited to either improve their existing ambulance service, or commence one. They would appear to have had a very small carrot in the form of a financial subsidy from the South Australian Government to assist them.

Sir Edward Hayward and the St John Council of the time believed in giving the country services as much help to control their own destiny as possible. In 1956 most of the existing country services met at St John's new Transport Headquarters at Hindmarsh for the first meeting of what was to become the Country Ambulance Services' Association. In 1960 that Country committee recommended that the State be divided into zones, and in 1961 nine country zones were formed on geographical lines — Western, Upper North, Mid-North, Lower North, Yorke Peninsula, Upper Murray, Southern, Upper South East, and Lower South East.

The first step in establishing a country service was to call a public meeting to ensure there was public support. That meeting was told that the provision of the ambulance vehicle itself was the easiest part of the lot. The most difficult thing was to guarantee that sufficient properly and adequately trained personnel were available to crew the ambulance 24 hours a day for every one of the 365 days each year.

Each country service was a legal entity in its own right. Exceptions were some smaller towns who decided to become a branch of a major service, for example Kimba and many of the towns on the Eyre Peninsula were branches of the St John Ambulance Service — Upper Eyre Peninsula (UEP) Service Inc., with its headquarters at Whyalla. Those that were services in their own right initially, such as Streaky Bay, Wudinna and LeHunte District, and Far West (Ceduna), became branch services in the 1970s. Karoonda was started as a branch of Murray Bridge, and Meningie a branch of Tailem Bend, but they both broke away to form their own service.

In the initial stages the constitutions that were recommended by the St John Council for new and existing services gave them a title such as 'Bordertown and District Ambulance Service Inc.'. If the service adopted the recommended constitution, or its constitution met with the approval of the Council, the Service was entitled to use the words 'affiliated with the St John Council for South Australia Inc.' after its name on its correspondence and the ambulance. More to the point it allowed them to participate in the distribution of the State Government financial subsidy.

In 1968 or thereabouts the recommended service constitution was subtly changed to remove the 'affiliated with the St John Council' and give the service a title like 'St John Ambulance Service — Bordertown & District Inc.', which thus made the service a part of the St John organisation and not merely an affiliate. St John Ambulance Service — Gladstone & District Inc. was the first service to be known by the new name, and all subsequent services followed that style. Most of the 40+ existing services adopted the new constitution. With St John providing ready assistance ambulance services began springing up around the country like mushrooms.

Ceduna

The events which occurred causing the ambulance service at Ceduna to become a St John service were a little different to most and are worth relating. I happened to be in the Hindmarsh control room one day in 1967 talking to the

metropolitan operator, Charlie Scolyer, when a trunk line telephone call came in from one Otto Schmidt. I could work out from his heavily accented speech that he 'vos ringing from Zeduna to zee if you couldt azzizt me to transfer zee ambulantz from zee Bush Church Aid Hospital at Zeduna'. He was prepared to establish a St John Brigade Division there and in fact had already made contact with Melbourne(!) to obtain some pieces of uniform equipment which he considered would be suitable. Otto was the manager of the stevedoring company in Thevenard and would have no trouble forming a 'Zaint Yohns' Division in Ceduna and Thevenard to operate the ambulance, which at that stage was one of the original Volkswagens presented on the Torrens Parade Ground many years before. Otto had already recruited the Manager of the Gypsum works, the Co-operative Bulk Handling Company manager, the harbourmaster, the railway stationmaster, and several other VIPs (Ceduna style) with whom he had regular contact in the stevedoring business, to help with the roster. I sometimes wondered whether Otto had 'persuaded' them all into doing something for his ambulance service with the threat 'Or I vill not load your goodz onto zee ships!'

I hot-footed it to Ceduna, met Otto, found he liked whisky and lemonade as a drink in the late afternoon, that he would bash down the front of an old house next to his home to make a garage for the Volkswagen, and that everyone appeared to be behind him in relieving the hospital of the responsibility of running the ambulance service. Several trips later we had formally incorporated the Far West District Ambulance Service (Ceduna) Inc., affiliated with the St John Council for South Australian Inc. of course, with its component parts including a Brigade Division, composed of almost every top weight in town, especially those having anything to do with ships.

The Upper Eyre Peninsula service and the St John air ambulance

Don Jacquier is the name coming immediately to mind when considering the empire of ambulance branches on the Eyre Peninsula and the air ambulance service that grew from it. Don started out working as a volunteer in the Northern Suburbs Transport Division. In the early 1960s he saw the need for improvement in the Whyalla Ambulance Service, which was operated by local taxi drivers, so he and his family moved to a Housing Trust maisonette in Whyalla from where for several years he garaged ambulances, took the phone calls for, radio-controlled, managed and operated the service for the Whyalla Ambulance Committee Inc. with the help of volunteers of the Whyalla Division of the St John Ambulance Brigade under Superintendent Gothard Lee. The ambulance committee had been formed a little earlier with the town's equivalent to a mayor, Mr Charles Ryan, as chairman.

Don's home was virtually the ambulance station with the Brigade crews taking calls and standing by in his family's lounge room, while ambulance vehicles stood in the driveway. In 1965 or thereabouts a large St John Centre and two homes were built and Don's empire was well on the way. By then a branch of the Whyalla service had been established at Kimba, once again with Brigade members in that town crewing one of the Whyalla committee's ambulances.

The next branch was at Cleve. Then came Tumby Bay, and Lock. Oddly enough Cowell was the last branch service commenced by the Upper Eyre Peninsula Service as it was by then known. The reason for this was that the Cowell doctor, Brian Thompson (an ex-Cadet and eldest son of Walter Thompson of St John Adelaide headquarters), used the aeroplane of a local businessman, John McFarlane, a pilot and his close friend, to transport his patients to Adelaide. Eventually this arrangement ended and in 1971 a branch of the UEP ambulance service and a Section of the Brigade were set up in Cowell.

The ambulance services at Ceduna, Streaky Bay and Wudinna initially operated as autonomous units but in the mid 1970s they each amalgamated with the big UEP Service. This saved each of the small independent services worrying about such things as secretaries, when to buy a new ambulance, annual general meetings, rendering accounts, and even committee meetings. It was in fact the expansion of the regional system Jacquier had commenced with the other branches in the 60s.

In 1965 the Whyalla Ambulance Service with branches in Kimba, Tumby Bay, and Cleve, Don Jacquier as its manager, and Charles Ryan its chairman, decided to purchase a single engine Piper Cherokee aeroplane. It would be fitted out with an interchangeable ambulance stretcher and equipment so that the Service could transport patients from Whyalla and many other hospitals on the Eyre Peninsula to Adelaide quicker and in more comfort than patients were then experiencing with the very long road journey. The plane was bought under the nose of the St John Council, and Sir Edward Hayward in particular, who said that there were many more important things to do with the money than buy an aeroplane. Don Jacquier, affectionately known throughout the ambulance service as 'Biggles', brought Sir Edward on side by naming the plane after him — a politically clever move.

The air ambulance work expanded throughout the State to such an extent that a second plane had to be bought. Then to keep it in the air and paying for itself, more work was required so a

trip around the State showing it off to doctors and hospital staff in major and distant towns was organised. The Country Superintendent was invited to accompany the UEP's manager and chairman to give the promotion more credibility. It was like a dog trying to catch its tail: the more work the service got, the bigger the aeroplane they would have to get; and the bigger aeroplane they got, the more work they needed to keep it viable. Eventually 'Biggles' was running the St John State Air Ambulance Service and flying all around Australia retrieving patients. The fleet of three air ambulances were initially all based at Whyalla, but in the mid-1970s one of the planes was brought to Adelaide primarily for retrieval work for the major Adelaide hospitals. In 1988 a hangar and ambulance station was built at Adelaide Airport to permit the under cover transfer of patients, and garaging of aircraft and an ambulance.

Eventually, after Don Jacquier had retired, rivalry between the Royal Flying Doctor Service and the St John air ambulance forced the closure of the St John operation. Pressured by the RFDS, the State government sought an agreement with the St John Council for the transfer of the St John air operations to the RFDS. In return the Government offered to transfer some buildings at Felixtow to St John for use as an ambulance training school. The offer was apparently too good to refuse, and so in 1995 the RFDS assumed full control of the entire air ambulance service. No longer would the St John name and insignia be seen in the air over South Australia.

Recruiting and appointing staff

The St John ambulance service management had virtually no say in the selection of Brigade ambulance volunteers, at least while the Transport Corps existed. That was left to the Superintendents of the respective Transport Divisions. The general rules for the membership of the Brigade applied with the additional question of whether the applicant had any criminal convictions. The recruit was permitted to go out with a qualified ambulance crew after he had reached a certain point in his training. Initially the course was only first aid, but later Ambulance Transport Nursing, then Casualty Care and Transport, and later again Emergency Care and Transport were additional requirements over and above senior first aid. Driving tests were also carried out on a Divisional basis and were very basic.

At that time there were virtually no female ambulance drivers or attendants in the metropolitan area. Although there may have been others, the first women ambulance officers that I can recall were Mrs ('Fearless Fanny') Gierke at Port Noarlunga and Maxine Grope at Eudunda. I'm not sure exactly how Mrs Gierke came by her nickname but it may have been related to the time she attended a shark attack at Moana and rushed (the operative word) a shark attack victim, Rodney Fox, to the Royal Adelaide Hospital with an enormous bite out of his torso. Flinders Medical Centre was not contemplated nor the road as straight at that stage and 'Fearless' did the trip through weekend traffic in a time that I'm sure has never been equalled. And there were no freeways in those days!

Any volunteer seeking a paid position who had been through the ropes of the voluntary Divisional system and came out untarnished would probably have been noticed by the hierarchy just as much as the member who was always in trouble. When the ambulance service management wanted more paid staff, and that wasn't very often, they would distribute an advertisement to Divisions through the internal mail. Needless to say any member who had 'blotted his copy book' in the Division was not acceptable. Likewise only people who had a love of ambulance work would apply for paid positions. They would usually have had plenty of opportunities of seeing the nasty side of the work. This all made for a very stable permanent staff which had an extremely low turn over. It wasn't until the ambulance unions began insisting that people from outside the Brigade be permitted to join the paid staff that the annual turnover increased and staff required counselling on apparently trivial matters.

Of all the country Divisions, the Bordertown Brigade Division would have been the most successful ambulance volunteer making machine in South Australia. They produced well trained ambulance officers like cars off a production line. Their secret I found out, and passed on to other struggling Divisions, was to carefully watch individuals at the St John first aid classes, which they ran frequently and regularly, and pick out those men or women showing the greatest interest and potential. Then at some convenient time the instructor or a senior member would approach the 'keenie' and mention that they had been noticed and that they would make an ideal ambulance officer. It then became a matter of following up the conversation.

Salaried ambulance staff versus the Brigade volunteers — an escalating conflict

'The paid staff are only filling in for the volunteers' was a quote once made to me by a volunteer during a discussion many years ago. And although it was said in a certain amount of jest, and although I was on the paid staff at that time, I had to concede that he was right. The ambulance service, as it was then constructed, only needed paid staff where and when volunteers *couldn't* be obtained. In 1956 in the metropolitan area that was between

6.00 a.m. and 7.00 p.m. on weekdays, and for a few hours on Saturday mornings.

Regular staff were expected to be members of the St John Ambulance Brigade and attend Divisional meetings and obligatory parades the same as the volunteer. Almost all did, but it didn't sit too well with some of the staff even in the 1950s. Many of the paid staff held rank in the Brigade although they may not necessarily have had any authority in the full-time staff. I was in that position during my early days when I worked with Norm Speers. He was the Station Officer and wore the uniform of a Brigade private with no embellishments, whilst I was a basic ambulance driver (full time) yet wore sergeant stripes, and later the stars of my Brigade commission. It seemed to work at Unley, probably because I respected Norm and did not seek to take control, but it is no wonder unions eventually caused the system to erupt.

The first attempt at relieving the anomaly was to equip the permanent staff with a different shoulder flash (the word 'Brigade' was left off and merely read 'St John Ambulance'), and provide station and other officers with bars of rank on their black epaulettes.

In 1982 the biggest change from tradition took place with the introduction of blue uniforms for the regular salaried staff. There was also a claim, again with some justification, that the volunteer, although the least trained and experienced of the two species, was handling patients during the hours when, statistically, most of the trauma occurred. Recognition of this fact by management encouraged the mix of paid and voluntary crews in 1980, with disastrous results for the volunteer.

The 'sleep-on' shift was another aspect of the volunteer service which was becoming weaker and harder to fill, and attracted the attention of the unions causing a change of policy by management. One of the arguments raised by paid staff was how a volunteer after having done a full day's work could be as alert as a paid officer who had just come on duty. No attention was given to the paid officer who had been working hard in his home or at a second job before coming on duty. Further, the unionists claimed, the safety of the volunteer's workmates at his place of permanent employment was being compromised if he had spent the night out on ambulances picking up the sick and injured when he should have been home sleeping to prepare himself for his next day's work.

By the mid-1970s employment was harder to find than in the previous decades of the long postwar boom. And so the final argument of the unionists, which even unemployed volunteers found difficult to argue against, was that the volunteers were preventing people from being employed as ambulance officers. Working volunteer shifts that could have been done by paid staff was the same as denying jobs to would-be ambulance officers. For a short period volunteer officers of the Brigade were acting as road supervisors of the ambulance service, which was also intolerable to the paid ambulance officer.

Yet another provocation for the paid staff was the emergence a volunteers' action group, which formed in 1977. Consisting of no more than a couple of dozen of the 550 ambulance volunteers in the mertropolitan area, their activities became a significant factor in the deteriorating relationship between the ambulance unionists and the St John Council during the 1980s. Describing themselves as the protectors of the voluntary principle, they accused the unionists of trying to wreck the State



West Torrens players and supporters at an inter-Division Australian Rules football match, late 1950s. The bus behind them was a joint venture between the Brigade and the Paraplegic Association of South Australia. Members of the West Torrens Division used to take the paraplegics on excursions to picnics, basketball games and their football matches against other Divisions.



The West Torrens Ambulance Division, South Australia, 1958. The Superintendent, Ron Markham, is seated at the centre of the second row.

ambulance system. They also attacked the Council for capitulating to the unionists' increasingly vociferous demands. Adept at publicity, their criticisms of the Council and the ambulance service management were as vehement and well reported as those of the unionists. They thumbed their noses at the authority of successive Brigade Commissioners, making whatever inflammatory statements to the news media they thought might publicise their cause.

The introduction of integrated crews during 1988 was the event prompting the most bitter dispute yet between the ambulance unionists, the St John management and the volunteers. Integration meant the sharing of shifts by both paid and voluntary crews. Before the introduction of the integrated crews the salaried staff and volunteers had always worked separate shifts, the volunteers working the night and weekend shifts, the paid staff doing the regular day shifts. The introduction of integrated crews had been one of the demands of the ambulance unions that the St John management had accepted. The union had wanted its members to benefit from the higher pay earned by working the 'after-hours' shifts. Integration was, of course, a recipe for disaster. It brought the salaried staff and volunteers into prolonged direct, personal contact with each other, aggravating the long-standing animosities between them.

After a three-week union campaign for more integrated shifts and more salaried crews in the metropolitan area the situation came to a head on 13 March 1989. That day the St John management began standing down salaried ambulance officers who were obeying union directives to maintain a series of work bans. The bans included a refusal to fill out case cards, book patients into hospital and attend public events such as the football and horse racing. Almost immediately members of the Ambulance Employees Association — the more militant of the two ambulance unions — began picketing St John House at Eastwood, They were joined by some of their families and supporters.

As in previous disputes, the country services entirely staffed by volunteer crews remained outside the dispute. Everyone, even the ambulance union members, knew there would be no service at all in the smaller towns if the unions insisted on having paid crews there. Without volunteers most of the country ambulances would simply be uneconomic and would disappear.

The work bans, sackings and pickets of February–March 1989 were just the latest industrial action by the unionists in a series of disputes extending back 12 years. However, they did comprise the ugliest confrontation between unionists and management to date. The ambulance service management had not apparently learned from the increasingly bitter disputes marking those years. In taking the tough option — standing down all paid staff who were not prepared to abide by its orders — St John escalated the confrontation. Management then asked Brian Fotheringham, the District Commissioner of the Operations Branch (as it was now called), to call in the necessary voluntary crews to provide Adelaide with an emergency continuing ambulance service for however long the dispute should last. If agreed to, that request, made at the express urging of the Minister for Health, Mr F.T. Blevins, could only serve to inflame the dispute.

The request placed Fotheringham in an impossible position. On the one hand he knew that asking his members to form the voluntary crews would make them 'scabs' — hated strike-breakers — in the view of the union militants. On the other hand, as a senior medical administrator at one of Adelaide's major public hospitals, he knew that the unwitting victims of unionists' agitation would be the many hundreds of people who would urgently need ambulance transport in the days ahead. He opted for what he saw as the lesser of the two evils and ordered his members to crew the ambulances. In the meantime, the volunteers who dutifully obeyed their Commissioner's request for them to continue doing ambulance service duties until the ambulance service had recruited and trained sufficient salaried staff to take over completely, were physically harassed and persecuted by ruffian elements among the paid staff.

The withdrawal of the Operations Branch volunteers from the metropolitan service

The dispute of February–March 1989 embroiled the unions, the Ambulance Board, government ministers, the St John Council, the St John ambulance service management, the Operations Branch and the volunteers' action group in an intense six-way debate. Characteristically, it proceeded on the front pages of the daily newspapers and in the evening news bulletins of the television channels. It soon became clear that the present deadlock could not continue without something giving. What gave was the Operations Branch and its volunteers. The far-reaching changes of policy soon adopted were an about-face on four decades of previous policy. The Council and the Operations Branch agreed to withdraw the volunteers from the service in the metropolitan area and larger country towns by the end of 1989. As far as the volunteers were concerned, those days were the saddest in the history of St John in South Australia. For the militant ambulance officer unionists, however, the recent events were a great leap forward. The end of their campaign for totally separating St John from the State-wide ambulance system developed over the previous four decades was now in sight.

Who actually made the decision to withdraw the volunteers is a matter of debate. The unionists would argue that they forced St John's and the government's hands. The key figures in the Bannon Labor State government of the day would argue that it was pressure from them on St John to end the dispute which tipped the balance. The St John Priory officials in Canberra might say it was the their influence. Increasingly concerned at the harm to the St John reputation by the continuing industrial agitation by the unionists, they wanted St John to withdraw with dignity. They were also dismayed by the inability of the St John Council to resolve the problem. The senior Operations Branch District officials believe that they were responsible, through having advised the St John Council of their unwillingness to expose their organisation to further attacks from the union militants. The truth is probably that all of these factors played a part. The end result was that over the next four years the St John Council progressively surrendered its control of the ambulance service while its uniformed volunteers returned to their traditional role of rendering first aid at public events.

Looking back on the final dispute preceding the withdrawal of the volunteers, one can appreciate the logic of the various 'conspiracy' theories later bandied about to explain what had happened. One of these theories was that the unions' demand for integrated crews had been a shrewd tactic guaranteed to escalate the industrial conflict to the point where the St John Council's only option would be to withdraw from the service. Another was that the generally pro-union Labor State government wished the volunteers to become strike-breakers. That, according to the theory, would discredit the St John organisation, revealing it be an unworthy custodian of a critical State emergency service such as the ambulance system.

Identical twin sisters divided

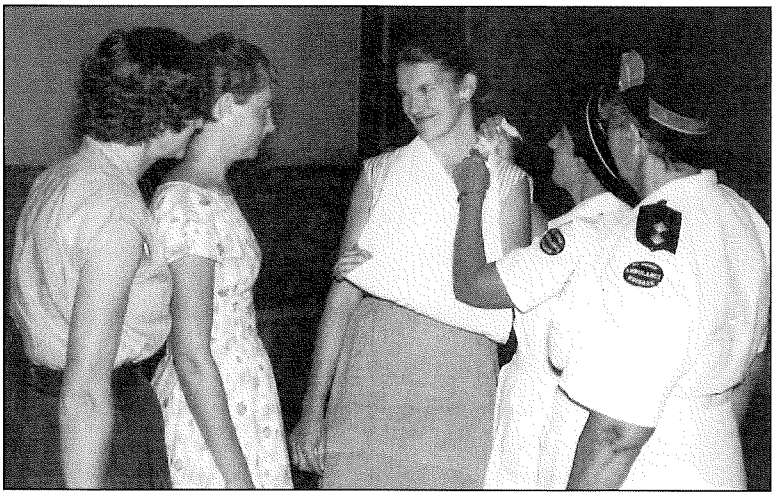
The separation of St John and the South Australian Ambulance Service in the late 1980s, and the industrial problems leading up to it, left a legacy of bitterness that will take a generation to pass. It quite literally divided families against each other. In one case, identical twin sisters found themselves on opposite sides in the disputes between the full-time salaried staff and the voluntary staff from the St John Ambulance Brigade because of their husbands. One sister was married to the officer in charge of a metropolitan ambulance station, the other to the Superintendent of the Brigade Division operating from the same St John centre. Prior to the disputes, the twins were inseparable, while the two husbands, having married the girls more than 20 years before, had been on reasonably friendly terms as brothers-in-law usually are. Sadly, the industrial disputes of the 1980s drove them irreparably apart. As the disputes worsened the men became increasingly hostile toward each other, and eventually the two families broke off almost all communication. Although the twins talked to each other by phone, visits were not as common because the husband of the one being visited could have appeared and a tense situation may have developed.

In 1990, the year after St John withdrew its volunteers from the metropolitan service, the girls were to have their 50th birthdays, and as it seemed it would be impossible for them to arrange to hold their usual joint birthday party together, their children arranged for a surprise party with all of their parent's friends at a neutral venue. The twins were dumbfounded when they arrived. The occasion went off happily enough, although the brothers-in-law didn't break their silence.

(by an interested observer, Adelaide, May 1999)



Sylvia Mole of Nundah Nursing Division with Queensland District's first mobile first aid unit, affectionately dubbed 'The White Elephant', 1971.



Members of the Mount Isa Nursing Division, Queensland, show how an arm sling is applied, 1959.

The St John Council for South Australia

The St John Council for South Australia was established in February 1950. It had only been in existence for 17 months when the Chairman, Bill Hayward, agreed to a government request for St John to take over the State's ambulance services. As seen above, the Council took over the services in February 1952 and then proceeded to manage them in addition to overseeing the traditional functions of the Order of St John. The Council remained the governing body for the ambulance services until the appointment of an Ambulance Board in 1985, as required in an Act of Parliament of the same year. That was the first time the ambulance service in South Australia had been covered by specific legislation. Previously it had run under the 1951 'gentlemen's agreement' between Hayward and the Minister for Health, Sir Lyall McEwin.

The nature of the Hayward-McEwin arrangement and the composition of the St John Council became arguments raised by the ambulance unions and other St John opponents, most notably the Labor Minister for Health, John Cornwall. Cornwall's attitude to St John generally and the Brigade in particular was evident in his quip 'We can't have "Dads' Army" running the ambulance service'. He and other critics pointed to the Council's Establishment connections. The Council, they argued, consisted largely of business people, titled representatives of the 'Old Adelaide Families', *habitués* of the Adelaide Club and retired military officers plus a few ancient Brigade veterans. Most Council members, the critics claimed, would have had little experience of ambulances much less the running of an ambulance service. Council members who were also members of the Order of St John drew particular scorn from the union militants. In denigrating the Council, the agitators found that lampooning the Order's ancient rituals was a tactic useful in discussion with Labor politicians and the Industrial Commission. Could people who paraded through the streets of Adelaide in long black 'dressing gowns' — a reference to the robes of the Order worn by members on ceremonial occasions — be trusted with the State's ambulance service?

Union agitation against the Council's control of the ambulance service began during the late 1970s. It continued until the St John Council was removed from the management of the service in 1993. Control of the service had meanwhile passed to an Ambulance Board, whose membership included representatives of the medical profession, ambulance service staff, the ambulance officer unions, the country ambulance services, the St John Council and the government. Eventually, in 1995 a new organisation, the South Australian Ambulance Service, took over the State-wide service that St John had been developing since 1951.

After the loss of the ambulance service in the period 1989–95, the St John Council resumed its previous role of co-ordinating the activities in the State of the non-ambulance St John branches. These were the Operations Branch (formerly the Brigade), Training Branch (formerly the St John Ambulance Association), the Ophthalmic Hospital and (from 1987) the new Community Care Branch.

The ambulance officer unions

When I was employed as an ambulance officer in 1956, four years after St John took over the ambulance service, the total salaried road staff of about 20 were members of the Transport Workers' Union. A few years later it was agreed that we had more in common with the hospital porters and other Government workers than truck drivers, so we transferred en masse to form the ambulance section of the Australian Government Workers' Association (AGWA).

At about the time we shifted into the new headquarters at Eastwood in 1978, moves were under way to have all ambulance staff (200+ by then) form their own union along the lines of the Ambulance Employees Association in Victoria. At that time all paid personnel were to be included — ambulance staff, support staff, headquarters staff officers and general office staff. This, however, didn't eventuate. Instead we had ambulance road staff in the Ambulance Employees Association (AEA), the headquarters staff officers who were in the AGWA remaining with that union, and female office staff joining the Clerks Union. The AEA became more and more militant and pursued various strategies in getting rid of the volunteers, whom some members were now beginning to dislike intensely.

Initially the ambulance service rostered two paid crews in the metropolitan area to help cover the 'sleep-on' shift. Management agreed that when the paid staff had completed their duties, despite the fact that they were receiving penalty rates, they could go to bed the same as the volunteer. Integrating crews was the next suggestion, and paid staff latched on to management's idea that paid and volunteer staff work the evening and weekend shifts as integrated crews, that is one volunteer working with one regular staff member. This would have been seen by some union members as a wonderful way to keep the pot boiling and was a recipe for disaster as far as the volunteer was concerned.

As seen above, eventually, in March 1989, union members, their wives and their supporters picketed St John headquarters during the most fierce of the industrial disputes. This dragged the

St John name through the mud. Some interstate members of Priory had been saying for a long time that St John shouldn't be in the ambulance service business, and this was wonderful ammunition for the unionists. At this stage the South Australian St John Council was still in favour of volunteers, but mainly because of the 60+ voluntary country services. However, as we will see in the next section, whatever the Council thought would ultimately be irrelevant. New arrangements put in place in 1993 by the Priory and State government eliminated the Council from the ambulance service formula.

Relations between the Operations Branch members and ambulance service personnel gradually improved after the volunteers quit the service and the Council surrendered control. Eventually, as the old antagonists retired or moved on, a new generation of Operations Branch members and salaried ambulance officers came on the scene. Unlike the previous generation, the newcomers had no direct experience of the bitter, divisive disputes of the 1970s and 80s. Their minds unclouded by old prejudices, they were better able to see each other for what they were — different but complementary, each side fulfilling its separate role for the benefit of the community. This is how things were in all the other States and Territories, and so it was a welcome change that that's what the situation eventually became in South Australia too.

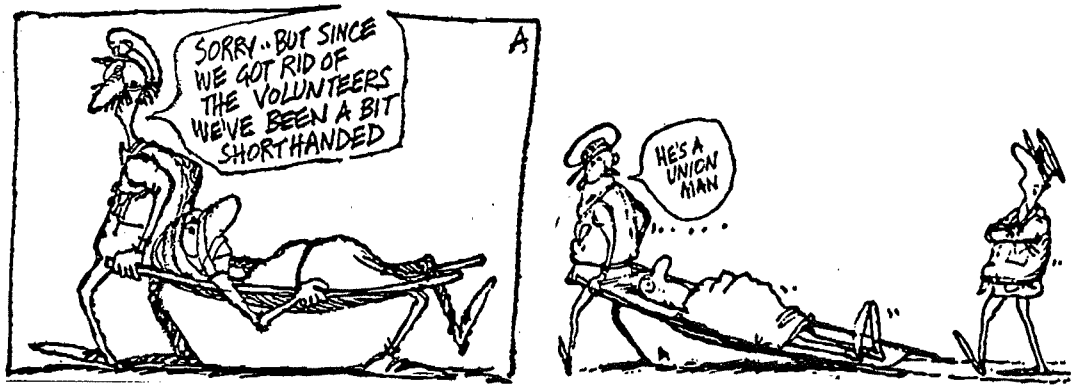
There is an interesting post-script to the ultimately successful union campaign of the 1970s–80s to oust St John from the ambulance service. Almost two decades later, by the late 1990s, at least two of the most aggressive agitators among the ambulance unionists were expressing regrets about the harm they had done St John. Both by then had long since departed the ambulance service. Grown older, wiser and more self-reflective in the meantime, one was saying he wished he could undo the damage he had done. The other was saying that his greatest regret was having mauled the St John hand that had raised him up and given him a career in ambulance work.

As for regrets among us St John loyalists, there are many. With the wisdom of hindsight we know we'd do it differently and better if we could turn the clock back to have the 1970s and 80s all over again. We feel a profound sense of loss. Creating a State ambulance service was a challenge we successfully met. Our grief at having lost it will go with us to our graves.

The Priory–State government joint venture

In the 1950s and 1960s the only sight we would see of the South Australian Government — other than the subsidy cheques, which would appear regularly — was the one day a year when the Auditor General would visit the General Manager and check the books. It always appeared a more social occasion than a business audit. As years went by the audit became more diligent. Eventually, after the establishment of a separate Ambulance Board and two government inquiries into the ambulance service during the mid-1980s, a Government representative was appointed to the Board.

Many St John members blame the South Australian Minister for Health, Frank Blevins (John Cornwall's successor) for suggesting that Operations Branch volunteers should become 'strike breakers' in March 1989, when the paid staff went on strike and the ambulances were crewed by the volunteers. As noted above, the strike was simply the latest in a prolonged series of industrial disputes over the previous decade, all ultimately aimed at driving St John from the ambulance service and forcing the government to take it over. Over those years the ambulance service was rarely out of the news. The dozens of stop-work meetings, refusals to attend key duties such as race meetings, the banning of paper work, the marches of placard-waving ambulance staff through the city streets, appearances before hearings of the State Industrial Commission and other union tactics had been calculated to embarrass the St John management



One view of the continuing agitation by ambulance officer trade unionists protesting the presence of volunteers in the St John metropolitan ambulance service in South Australia, mid-1980s. During the 1980s the *Adelaide Advertiser's* cartoonist produced this and other similar cartoons as the unionists' industrial campaign against the St John Council escalated.

and draw attention to the unionists' cause. The strategies were successful to the extent that they gained banner headlines in the daily newspapers and reportage on the evening television news bulletins. However, until March 1989 none of the protests had succeeded in forcing the withdrawal of the volunteers. This time the ambulance unionists had their greatest victory to date, because four months later the Brigade Commissioner, Brian Fotheringham, announced that the volunteers would be removed from the metropolitan service. That action bought some time for the St John Council, but the unions' program of industrial agitation soon started up again. Once more the St John Council was in the news headlines.

Eventually, in 1992–93, the senior Priory officers of St John Ambulance Australia flew in from Canberra and Melbourne to enter the arena as new players. Concerned lest the continuing bad publicity bring the St John reputation further into disrepute, the Priory officials became the fourth team in what were now a complex four-way process of negotiation between the Priory, the St John Council, the State government and the ambulance unions. The Priory officials, notably the Chancellor, Sir John Young, and the Priory Secretary, Charles Campbell, had concluded that the St John Council was beyond extricating itself from the industrial relations morass into which it had strayed.

The resulting deal between the Priory and State government, which took effect in 1993, excluded the St John Council. The deal involved new management and a new name for the ambulance service. The new name was 'the South Australian St John Ambulance Service' and the management would be a joint venture between the South Australian government and the Priory. In closing the deal, the Priory officers made it clear that the Priory's participation in the joint venture would not be in the long term. Instead the Priory would play a transitional, stabilising role, working with the State government until such time as the service could pass fully under government control. It was only a couple of more years before the Priory withdrew altogether when the new South Australian Ambulance Service formed in 1995. After 43 years St John had disengaged from ambulance work in South Australia.

The loser in these arrangements was of course the St John Council for South Australia. The deal between government and Priory was in effect a vote of no confidence in the Council. Not surprisingly, many Council members and volunteers felt betrayed.



Nursing members of the Western Australian District, early 1950s. Left to right are: Mrs Pengel, Miss Vera Drew, Miss Marion Morrison, Miss Ruth Birch and Mrs Margaret Robertson. The three wearing the lighter gray uniforms with black bordered belt are District Officers. The pair wearing darker gray uniforms and black hats are officers of Divisions.

Management of the country ambulance stations

The last remaining link between St John and the South Australian Ambulance Service (SAAS) is in the country. In 1996 St John (that is the Priory) and the South Australian Ambulance Service issued a joint communiqué calling on each country ambulance station staffed by volunteers to opt for one of three choices. Option 1 allowed country St John Divisions to provide the ambulance service on behalf of the SAAS. Option 2 allowed Divisions to withdraw from St John and operate as a SAAS 'volunteer unit'. Option 3 allowed the SAAS to establish its volunteer units in communities where the existing St John Divisions did not wish to become volunteer units themselves. In other words, the country Divisions were asked to decide whether their ambulance crews wanted to remain St John volunteers or resign from the Operations Branch and become SAAS volunteers. Regardless of the decision crews had to agree to be trained to ambulance service standards.

Some Divisions opted to continue with St John. Others withdrew and became wholly SAAS units. In many towns the new arrangements worked amicably, with the Operations Branch Divisions and the SAAS sharing premises and co-operating closely with each other.

The St John Cadets

The section of the Brigade least affected by St John's involvement in the ambulance service was the Cadets. There is no doubt that the favourable publicity that St John received through the ambulance service was a factor prompting some young people to join the Cadets. They might not have joined if the District had only been carrying out its traditional first aid duties. The Cadet movement in South Australia grew steadily during the decades when St John ran the ambulance service, from

570 Cadets in 1956 to a peak of 1323 in 1987. By the late 1980s South Australia had the greatest Cadet strength of all eight Districts, with 200 more members than the next strongest, New South Wales and Victoria. The Cadet movement in South Australia also benefited by picking up some good officers from adult members attracted to the Brigade by the ambulance service.

The Cadet movement carried on its excellent work throughout the period of St John withdrawal from the ambulance service, and this base allowed the traumatic events of the late 1980s to come and go without appreciable loss of numbers and without the Cadet Divisions experiencing the same worries the adult Divisions were subjected to.

I have no statistics on the number of Cadets transferring to adult Divisions while St John operated the ambulance service, but I would suspect there would have been a greater proportion during that time than before or after that period. The connection with the ambulance service, I guess, was an inducement for some Cadets to move up into the adult Divisions.

Factors which made St John a household name in South Australia

In the period when St John ran ambulance services the organisation enjoyed a very high public profile. St John was a household name, one much better recognised than in the States and Territories where there was no St John involvement in ambulance work. The following factors were important here:

- Sir Edward Hayward insisted that when an ambulance was mentioned in the press it be called a St John Ambulance.
- The quadrennial building campaigns, aided by shrewd public relations, drew attention to St John Ambulance and made people in country towns very much aware of their St John Centre.
- St John was able to serve any member of the community should they need any of our services, whether they be old, young, black, white, Catholic, Protestant, be slightly or severely injured, or chronic or acutely ill.
- Frequent news media publicity which was invariably good. Phillip Ferrier's relationship with the news media and his method of operation were assets here.
- Voluntary country ambulance officers formed themselves into units of the St John Ambulance Brigade.
- The public recognised the superb job done by St John volunteers, whether in field Divisions, the Cadets or on the ambulances.
- Regular visits by the most senior members of The Order of St John from the London Headquarters and by St John organisations from around the world brought international recognition for St John in South Australia.
- Other Australian ambulance services greatly respected the St John Ambulance service in South Australia, knowing it was an effective, cost-efficient operation.
- The achievements of the St John air ambulance service were well publicised, and the service became a South Australian institution in its own right.

Highlights of the ambulance service under St John

In looking back over the four decades of the St John involvement in the ambulance service in South Australia we can see that there was much that was good — despite the industrial turmoil that prompted St John's withdrawal. The following were all important positive aspects:

- The development of a high quality, comprehensive State-wide ambulance transport system from a motley group of small, indifferent and uncoordinated local ambulance services.
- The commencement and greater use of aircraft by the St John Ambulance Service.
- The introduction into the Brigade of medical students as Probationary Surgeons.
- The design, manufacture and use of the EmCare ambulance.
- The management practice, wherever possible, of appointing senior staff from among men who had worked in the system as ambulance officers.
- The very low turn-over of paid staff.
- The extremely good relationship that existed between governments of all parties and St John until the early 1980s, when the anti-St John and pro-union Minister for Health, John Cornwall, began favouring the unions. The effect of Cornwall's period in the portfolio was to destabilise St John's management of the ambulance service.
- The ability to cover all metropolitan ambulance stations and crew most ambulances at times of greatest trauma, most notably Saturday nights, because no wages had to be paid, let alone at penalty rates.
- The continuation of the mix of paid and voluntary staffing for 40+ years.
- The extremely low fees for the use of an ambulance, made possible by the use of volunteers. The immediate effect of withdrawing the volunteers from the metropolitan service was a spectacular increase in costs, accompanied by a dramatic decline in both the number of patient transports and kilometres travelled.

The following table summarises the situation over the decade from when the Operations Branch volunteers withdrew from the metropolitan service to when the South Australian Ambulance Service (SAAS) first published its service statistics. While overall expenditure rose by 142%, the patient load and distances travelled shrank by 17% and 63% respectively. If the growth in expenditure is expressed in per patient and per kilometre terms, the growth is even more dramatic — increases of 191% and 554% respectively.

Comparison of St John (1988–89) and SAAS (1997–98) expenditure and workload

Year	Patients carried	Kilometres travelled	Expenditure
1988–89 (St John)	143,393	4,972,959	$21,899,722
1997–98 (SAAS)	119,648	1,844,947	$53,103,000
Increase (decrease)	(23,745)	(3,128,012)	$31,203,278
% increase (decrease)	(17%)	(63%)	142%
Increase in cost per patient		**Increase in cost per kilometre**	
Cost per patient 1988–89	$152.73	Cost per kilometre 1988–89	$ 4.40
Cost per patient 1997–98	$448.83	Cost per kilometre 1997–98	$28.78
Percentage increase	191%	Percentage increase	554%

The above comparison invites the conclusion that the people of South Australia were better off when St John ran the ambulance service than later, after the militant unionists had had their way and the service had passed to the SAAS. The ambulance union officials had promised that making the ambulance service a government instrumentality would cost only another $6 million. This was probably a strategically low estimate, and many multiples of $6 million short of the mark. The only way the SAAS could avoid a complete blow-out of expenditure was to cut services — substantially reducing the patient load and the distances travelled. The ambulance officers were the sole winners. The losers were the people of South Australia, who had to pay more for the reduced ambulance services.



Operations Branch members work on a cardiac arrest case at the Australian Football League grand final at the Melbourne Cricket Ground, 1999.

Did St John rise and fall in South Australia?

The outline history presented above raises three main questions that demand answers. I'll set these out in question-and-answer form as follows:

Question 1

How far did St John in South Australia, and particularly the Brigade, 'rise' while it had the ambulance service under its control; and how far has it 'fallen' since we lost it?

Answer

There is no doubt that it was directly due to the influence of the ambulance service that St John in South Australia became the numerically strongest Brigade District in Australia., and although I have no figures to prove it, I would be very surprised if St John in South Australia with its assets of dozens of buildings and hundreds of vehicles wasn't the wealthiest St John State or Territory. Since losing the ambulance service, Operations membership has dropped noticeably (from 3,593 in 1989 to 2,324 in 2000, or a 35% decline), and the assets of the Council have fallen dramatically. Public esteem for St John in South Australia reached great heights before the industrial disputes of the 1970s and 80s damaged our reputation, which has undoubtedly suffered.

Question 2

When was the highest point in St John's involvement in the ambulance service, and when did the situation begin changing?

Answer

St John in South Australia was very near the top when Phillip Ferrier retired as the chief executive in 1978. A couple of years after would have been the optimum. Every person in South

Australia was very aware of the services provided by St John and was proud of the work done by its volunteers. Local country ambulance committees worked with the Brigade and Association in their St John Centres to further elevate the status of St John. But after Don Jellis succeeded Ferrier as the chief executive, it didn't take long before a State-wide service was implemented and a large bureaucracy was established. The Ambulance Employees' Association was being formed at about the same time and was intent on driving out the volunteer St John ambulance officers, especially in the metropolitan area and larger country towns. From then on St John was going down hill.

Question 3

What did we do wrong, which, if we had the time over again, should we change?

Answer

The St John Ambulance *Brigade* with its highly charitable voluntary ethic turned out to be an obstacle as time went by. Because skilled instruction from the more experienced ambulance officers was required to instruct the new volunteers, it tended to prevent the skills of the better paid staff from rising much higher than their voluntary counterparts. By keeping the paid section separate from the volunteers, there would be less friction and the paid ambulance officers would be able to progress at their own rate. St John in Western Australia seems to have done it fairly well under the auspices of the St John Ambulance *Association*, which is recognised as the more business-oriented section of St John. For St John in Western Australia a critical turning point came in 1978, when, after a series of industrial disputes similar to those experienced later in South Australia, the ambulance service management removed the volunteers from the metropolitan service. Perhaps that action spared St John in Western Australia the pain of losing its ambulance service. In retrospect, St John in South Australia may have continued running the ambulance service longer if we had developed the service along the lines of Western Australia, where St John has been running the service for almost 80 years.

Conclusions

St John in South Australian began operating the ambulance service in February 1952 and the St John involvement ceased in 1995. For those 43 years St John ran one of the best services in the world. The marriage of the ambulance service and St John was beneficial to both parties. St John was good for the ambulance service because:

- St John attracted dedicated volunteers that may not have made themselves available if the service had been run by a government or profit-motivated organisation;
- St John had more ambulance officers in South Australia than is even the case now, thus making it more likely for a trained ambulance officer, as opposed to a first-aider, coming across and assisting at an accident at any time; not to mention the enormous value in a major disaster;
- St John could provide a trilogy of pre-medical skills to complement the ambulance service, that is the teaching of first aid, the disciplined and regimented body of trained first-aiders, and skilled ambulance officers;
- the voluntary ethos of St John and reliance on volunteers enabled the cost of wages to be kept to a minimum, saving the Government and the public millions of dollars;
- the Order of St John attracted donations as a charity.

And the ambulance service was good for St John because:

- it gave the Brigade members a higher level of knowledge and skills to aspire to and made the work of the volunteer more interesting;
- it attracted professional people, notably doctors, pharmacists, lawyers, accountants and other professionals who more than likely would not have been attracted to the traditional Brigade field duties;
- the instruction given to members of St John first aid classes by practising St John ambulance officers was better because the instructors could relate accurate information from personal experience on treating the injuries being discussed because he had probably seen and handled them many times before;
- the ambulance service was the means through which St John became a household name, which in turn made fund-raising relatively easy;
- finally, ambulance cases were always kept before the eye of the public by the news media, and that invariably meant good publicity for St John, and a consequently a vast fund of public good will.

Sadly, the means through which St John rose in public respect and esteem have now gone. Sadly, too, St John seems likely to return to the level it occupied before it took on the ambulance service — a teacher of first aid in what has become an increasingly competitive market, and a provider of first aid services at public events. There will always be a St John organisation doing its wonderful charitable work, but in South Australia it seems unlikely again to be the prominent institution it was for those 43 years.

Now, a decade after our full withdrawal from the ambulance service, the St John name is no longer before the public every day as it once was. We no longer have the high profile we once enjoyed.

People knew how those wonderful volunteers gave their leisure time to help and transport the sick and badly injured. The fact that there were some paid personnel made no difference because they were all from the same mould. Or at least they were for most of the time; until the union started squeezing the volunteers out. Now the ambulance service is a government instrumentality and St John Ambulance has retreated to its teaching and its first aid duties.

While St John had its place on the pedestal, it could do no wrong. Membership of the Brigade rose to unprecedented numbers, from 1043 in 1951 to a peak of 4909 in 1981. The year after withdrawing from the metropolitan service, 1990, the number had slipped to 3248 and then to 2324 in 2000. At its peak in 1981 it had easily been the biggest Brigade District in Australia, with 1500 more members than Victoria, the next largest District. St John then sold more badges in Adelaide on its annual badge day than any other charity did on theirs, and we sold more badges year after year — a clear indication that the public was right behind us.

Unfortunately, in the eyes of the public, the present Operations Branch members who perform public duties aren't seen in the same light as 'those wonderful volunteers that used to get out of bed in the middle of the night to save a life at some horrible accident' — the Brigade volunteers they used to read about in the newspapers up to 1989. What a pity!

References

The postwar decades of St John Ambulance in Australia are thoroughly covered in the State histories produced by the St John branches in Queensland, South Australia, Victoria and Western Australia, and also in the Priory centenary history in 1983. The relevant bibliographical details are set out in the further reading section of Chapter 1 above.

The statistical information underlying Graphs 1 and 2 at the beginning of the chapter is derived from the Brigade and Operations Branch membership tables published in the *Annual Reports* of the Priory for the period 1942–2000. The statistical information from which was developed the table of cost comparisons for the ambulance services was published in the *Annual Reports* of the St John Council for South Australia (1989) and the South Australian Ambulance Service (1998).

The bibliographical details of Ray Schilling's paper on the St John South Australian ambulance service summarised above are as follows: Raymond G. Schilling, 'The rise and fall of St John in South Australia under the influence of the ambulance service 1945–1995 as seen by Raymond G. Schilling C.St.J.', unpublished illustrated typescript of 75 pages, December 1997 (revised May 1999), in the possession of its author.

St John

Chapter 4

TOWARDS THE END OF THE CENTURY — YEARS OF REFORM

Introduction

The last years of the twentieth century were a period of reform for the Brigade and Operations Branch in Australia. Without reform the Operations Branch might well have diminished beyond the point of retrieval. As we saw in the previous chapter, the membership was shrinking progressively. In some of the smaller, weaker Districts in particular, if not nationally, the prospect of shrinking out of sight was real. Fortunately for its survival, the organisation underwent a self-initiated process of serious self-examination during the late 1980s and 90s. From this it emerged well equipped to enter its second century in Australia with good prospects of survival, at least in the medium term. The closing years of the century were therefore a critical time — a time of institutional 'make or break'. It was also the period when the eighth Chief Commissioner, Villis Marshall, led the organisation. Marshall's career as Chief Commissioner is discussed in a later chapter. Suffice to say here that on taking office in 1990 he continued the process of reform begun under Gordon Young and Peter Falkland, his predecessors in office during the 80s. Young, Falkand and Marshall came to an organisation set in its ways, one that carried on doing things the way they had always been done. Changing long cherished institutional habits to better meet the needs of the Australian people in a changing society and culture were their major challenges.

The reforms wrought during Marshall's term of office were not always immediately obvious. A subtle man, he worked unobtrusively and gradually to put his reform agenda in place. Often the reforms were more a change of emphasis than of overt restructuring. Two examples illustrate the Marshall approach. First was a new emphasis on merit and equity. The Brigade and Operations Branch had previously been hierarchical and male-dominated. During the 1990s rank and seniority became less important; instead, training became the key criterion for advancement up through the hierarchy. As a result, a number of younger, able and well trained women began advancing into senior managerial positions — a phenomenon discussed in a later chapter in the section 'The value of women'. Second was a shift away from the quasi-military practices of decades past. There was consequently less marching to brass band music, fewer formal parades with the State Governors annually reviewing the 'troops' as if they were army regiments, less stress on military-style discipline, and the adoption of a new uniform which, for the first time, was modelled on something other than the dress of the armed services.

Other reforms of the 1990s were highly visible and entailed marked shifts of direction. In this category was the new policy on cost recovery, that is inviting the organisers of the events at which Operations Branch members performed public duties to make financial contributions at levels sufficient to meet non-labour expenses. This policy represented a departure from the previous approach — accepting uncomplainingly whatever donation an event organiser might offer, no matter how small and regardless of the organiser's ability to give more generously. Another major change in direction was the new youth policy. Instead of the Cadet Divisions being regarded as a nursery for the adult Divisions, into which it was assumed the Cadets would one day graduate, the focus of the Cadet movement became the provision of a service to Australia's youth. At the same time the creation of the Australian Youth Council as a forum for younger St John members gave young people a voice in the organisation's affairs for the first time.

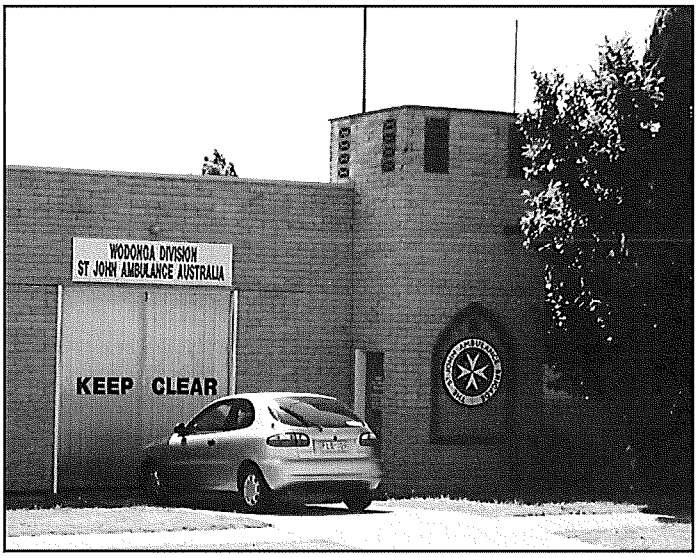
As a result of such reforms the Operations Branch was able enter the twenty-first century revitalised. As the century turned the organisation was completing a long phase of substantial change. For the Operations Branch the reforms of the 1990s had removed for a time the danger facing most voluntary agencies during the later decades of the twentieth century — that they would not survive in an era of hard-nosed economic rationalism. The idealism that had once sustained voluntary charitable organisations like St John and kindred charities was drying up, and eventual closure was an ever-present possibility. For the Operations Branch the last years of the century were consequently a dynamic period, a period when its reforms saved it from becoming moribund through its own reluctance to change.

This chapter traces the processes by which reforms of the 1990s were set in place in eleven areas. In doing so it also examines some of the challenges the Operations Branch had to face if it wished to survive through the decades ahead. The list of reforms and challenges is not exhaustive, but covers important changes through which the organisation sought to secure its future.

Management training

At the beginning of the 1990s few Operations Branch Districts took management training seriously. New South Wales was one of the few that did. There the process of regular management training for Operations Branch officers had got under way at the end of the 1980s through the efforts of senior officers like Lynne Allen-Brown (District Superintendent) and Philip Chan (District Training Officer). When Marshall and the recently appointed Operations Branch national secretary, Dr Barry Price, checked what the other Districts were doing they found a variety of practices. It seemed that management training was generally at a low level, with some Districts relying on army training manuals.

By 1991 Villis Marshall had come to realise that many of the grievances dealt with by Operations Branch National Headquarters were really difficulties arising from poor management at the District, Corps and Divisional levels. He concluded that good management training would obviate the need to investigate many of the grievances sent to him for adjudication. He decided that Operations Branch needed its own management training course. This began as the 'officer training program syllabus' or outline of topics covering the areas where National Headquarters staff thought management skills were most needed. The syllabus was arranged in two stages, the first covering the essentials of good management, the second covering more advanced topics.



Changes in nomenclature were among the reforms of the closing years of the twentieth century. The public name 'St John Ambulance Australia' was adopted in 1987. At the same time 'Operations Branch' replaced 'Brigade'. Later, in 2000, 'Districts' became 'States/Territories' and 'Corps' became 'Regions'. Such changes caused confusion, as this photograph of the Wodonga, Victoria, Divisional hall in 2000 suggests. The new public name is above the double door, but the Maltese Cross roundel to the right retains the name 'Brigade'. 'Operations Branch' is not mentioned.

A management training syllabus

The Priory's Operations Branch Standing Committee adopted the syllabus at its meeting in Perth in 1992. The committee also agreed to 'the progressive publication of leadership [training] modules', that is self-contained units of instruction and learning on specific topics within the syllabus. Over the next two years the National Headquarters coordinated the production of a series of modules to flesh out the syllabus. Barry Price, who before joining St John had been a senior educational administrator and curriculum expert, wrote a number of the modules himself. Others who contributed were Kieran Brown (training manager in Tasmania), Philip Chan, Michael Eburn (a lecturer in law at the University of New England), Di Lawlor (a training officer in Queensland), Anne Nalder (a Tasmanian consultant), Douglas Parker (a chaplain to St John in New South Wales), Liz Tilly (the St John national public relations manager) and John Spencer (the New South Wales Commissioner). Where appropriate, the modules included subject material, learning activities, questions to be answered, revision exercises and a bibliography for further reading. Intended as syllabus resource materials rather than a curriculum, some Districts regarded them as 'Scripture' and used them for the latter function.

The modules

As further modules were developed they were designed to fit the two stages of the original syllabus. Stage 1, with ten modules, was for members seeking promotion to the lower grades of commissioned officer rank, Grades V and VI; Stage 2, with a further ten modules, was for those wanting promotion to the higher grades. Altogether there were 22 modules by 2000, each with a letter number, as follows: Introductory modules: A, St John as an organisation; B, Operations Branch within St John Ambulance Australia; Stage 1 modules: C, Communications 1; D, Communications 2; E, Presentation skills; F, Managing meetings; G, Motivation; H, Caring and counselling; I, Training and development; J, Leadership 1; K, Administration; L, Instruction; Stage 2 modules: M, Improving instructional performance; N, Leadership 2; O, Recruitment and selection; P, Performance appraisal; Q, Human rights and legal constraints 1; R, Human rights and legal constraints 2; S, Planning and policy development; T, Financial management; U, Public presentation and representation; and V, Management of Cadets.

When Module V, 'Management of Cadets', was added in 1999, the modules comprised 220 pages. Though not bound as such, they had indeed become a textbook on management training — the first St John Ambulance Australia had produced.

It remained a loose-leaf production, downloaded from computer disks, for a deliberate purpose. This was a precaution against it ossifying into 'Holy Writ'. National office had recognised that management training was an evolving discipline, one not readily accommodated in a single 'Bible'-like text book from which students may not deviate. And so the modules were dynamic and evolutionary in conception, and subject to modification by Districts according to local need.

In 1995 the National Headquarters staff conducted a national management training seminar at the National Office in Canberra for the purpose of refining the modules already produced. This was attended by representatives from all eight Operations Branch Districts and also the Training and Community Care Branches as well as St John in New Zealand. The seminar also aimed at giving national momentum to the modules. With that in mind, National Headquarters put the modules on computer disks so that the Districts could modify them according to their own needs. The modules were gradually accepted around the Districts, but to keep up the momentum a second seminar was held in Sydney in 1997 to exchange ideas on implementing the modules. A third seminar took place at Mount Macedon in Victoria in 2000. All three were well attended by senior managers from all the States and Territories and New Zealand. To add interest to them and give them a professional edge, National Headquarters hired skilled presenters and prominent experts as the keynote speakers.

Promotions linked to module completion

The modules and the national training seminars helped Operations Branch members realise that promotion had been linked to demonstrable skills. For promotion to the Officer Grade V and VI levels (the lower-level officer rankings) Stage 1 had to be completed; then for the higher levels (Grades IV to I), completion of Stage 2 was necessary. There was some opposition to obligatory training. The complaints became more vocal after Lynne Allen-Brown, an enthusiast for management training, became Chief Superintendent in 1993. She promoted only those people who had done the management course. In later years, after the idea of management training had become better accepted, National Headquarters turned up the heat on the die-hards by amending the General Regulations to require that 'all officers (other than Grand Prior's appointments, medical officers, nursing officers and ambulance officers) are required to undertake the management course before being confirmed into an officer grade'. To encourage members who might have experienced difficulty with formal study, the principle of 'recognition of prior learning' was included in the Regulations to give credit for abilities and qualifications gained outside St John'.

National accreditation?

To add status to the course and to give those doing it a bonus, National Headquarters began seeking to give it national accreditation. That would enable those who have completed it satisfactorily to claim it as a qualification. The Mount Macedon training seminar in April 2000 agreed to explore the possibility of having the course recognised by the Australian National Training Authority as a nationally accredited 'Frontline Management Initiative' (FMI) — a 'competency-based' approach to training, that is a means for assessing people according to their competencies then developing those competencies where they demonstrate weakness. A working party was convened to investigate the matter further. As a result of the working party's efforts a pilot scheme for trialling FMI in St John was running in Victoria at the time of writing (2001).

Management training was proving a latter day success story for the Operations Branch. Together with the Skills Maintenance Program (see next section), it became a central process, giving the organisation the most professional approach to leadership in the organisation's history.

Skills maintenance

Because first aid skills diminish rapidly without regular practice, continual training and retraining are necessary if Operations Branch members' proficiency is to remain at a high level. This principle has been well understood for as long as the St John Ambulance organisation has existed. It is implicit in the notion of 'efficiency', which has been a requirement of Brigade and Operations Branch membership ever since the first set of General Regulations was formulated in England in 1889. To remain 'efficient', members had to possess a current first aid certificate or undergo an annual re-examination. That in turn entailed periodic retraining. In Australia, however, and perhaps elsewhere too, the strictness of observance of the training component of efficiency varied. Some Districts and Divisions had a more relaxed attitude than others. It was possible for their members to train rarely; and if anyone from District Headquarters queried the lack of training effort, it could be argued that effective retraining happened on-the-job at public duties.

Continual training: a new idea

The idea of systematic, continual and progressive retraining that underlies the present Skills Maintenance Program (SMP) is relatively new. It originated in the early 1980s in Victoria, where the Brigade introduced activity sheets of exercises based on *Australian First Aid*, the St John first aid manual, for members to complete. During

the mid-1980s the Chief Surgeon, Brian Ancell, worked with the Victorian group and the Curriculum Committee of the St John Ambulance Association (Training Branch) to produce a curriculum that hoped to guarantee 'minimum standards' of skill across the Australian Brigade membership. The Brigade adopted this curriculum in 1985. During 1986–87 the curriculum was given sharper national focus and in the process became known as the 'Skills Maintenance Program' (SMP). The first SMP covered the two-year period 1987–88. It consisted of a series of discrete topics or instructional 'modules' grouped together as a manual of instruction. Each District received a copy and took responsibility for its implementation. In 1989 it was rewritten and revised again in 1990.

After Fred Leditschke succeeded Brian Ancell as Chief Surgeon in 1990, the SMP became an annually re-developed manual published in low-cost text book format. It was a *personal* book, each member being issued his/her individual copy to be signed and dated when received. In addition, each manual included a 'record of skills mastery' form on which each separate skill was assessed according to 'satisfactory', 'fail', 're-test' criteria by an examiner and then signed by the member. By 1995 it was so firmly in place that Leditschke could advise the Operations Branch Standing Committee that the annual national first aid competitions should be based on the SMP rather than *Australian First Aid*.

After 1996 effort was made to involve members from Districts beyond Victoria in developing and writing SMP modules. The group responsible for producing the SMP was the National Skills Maintenance Program Training Committee, a large group of 16 to 20 members, largely but not exclusively Operations Branch professional officers — doctors, nurses and ambulance officers —from across the States and Territories.

In 1999 the SMP was built into the Operations Branch *General Regulations*. Regulation 7.1 spelt out the SMP policy in detail:

> *The Skills Maintenance Program is an Advanced Level program...designed to ensure that members' skills are maintained at an appropriately high level. It is the principal requirement for efficiency of an Operations Branch member...A re-examination in first aid as an alternative should only be exercised in the case of individual members where they have, for some reason, been prevented from undertaking the Skills Maintenance Program. Such reasons could include prolonged illness, absence overseas or interstate for a prolonged period, remoteness of location or the member having been granted exemption from efficiency requirements for only part of a year...*

A three-year cycle

By 2000 the SMP was operating on a three year cycle that confers the Advanced First Aid certificate on those completing it. The modules varied from year to year, as the following comparison between those for 1999, 2000 and 2001 indicates.

Module no.	Modules in 1999 SMP	Module no.	Modules in 2000 SMP	Module no.	Modules in 2001 SMP
1	Resuscitation	1	Resuscitation	1	Resuscitation
2	Infection control	2	The nervous system: neurological emergencies and unconsciousness	2	Orientation and safety
3	Defibrillators in the community	3	Assessment of the conscious casualty	3	Wounds
4	The gastro-intestinal system	4	Childbirth	4	Wound care
5	Abdominal emergencies	5	Soft tissue injuries and dislocations	5	Bandaging
6	Sporting injuries	6	Poisons and poisoning	6	Infection control
7	Asthma and respiratory distress	7	Bites and stings	7	Haemorrhage
8	Neck and spinal injuries	8	Environmental exposure to heat and cold	8	Shock
9	Facial injuries	9	Medical emergencies	9	Eye and dental injuries
10	Extended casualty care	10	Triage	10	Respiratory physiology
11	Concept of psychological first aid	11	Administration of medications	11	Planning for a major duty
12	Ethics for first aiders	12	Psychological distress	12	Semi-automatic external defibrillators
		13	Alcohol and other drugs		

Except for 'Resuscitation' and 'Infection control', repeated in each year of the cycle, there was little overlap from one year to the next. Anyone completing the cycle therefore had a solid grounding in first aid knowledge and skills.

A measure of the SMP's successful implementation across all States and Territories was that by 2000 some 8,000 copies were being published and distributed annually at an affordable price ($3) that put it within easy reach of every member. This meant that 90% of all adult and senior Cadet members were doing the SMP. Despite this success the SMP had its difficulties, one being that some members had trouble coping with it because of their poor literacy. It was nevertheless a significant form of professional development, seen in the fact that the Brigade in New Zealand also adopted it.

The importance of the SMP was that it provided a standard form of training for all Operations Branch members. It helped lift standards of training within the Operations Branch, producing a more professional approach to first aid among Branch members. Branch veterans agreed that it had increased the organisation's competence in delivering consistently high quality first aid to the public. Without it, they maintained, the Operations Branch would have been outstripped by commercial competitors eager to replace St John first aiders at major public events such as pop concerts, national league football matches, motor racing grand prix and, grandest of all, the 2000 Olympics.

Cost recovery

Determining the appropriate amount for the Operations Branch to receive in return for providing first aid services at public events became a critical matter during the 1980s and 90s. It became so because of the differing practices among the States and Territories. Some were requesting a 'fee for service'; others a 'donation'. The matter became critical for St John in the early 1990s when the Industries Assistance Commission conducted an inquiry into community social welfare organisations as a result of the activities of the Sanitarium health food company owned by the Seventh Day Adventist Church. Three senior St John representatives — the Chancellor (Sir Guy Green), the Priory Secretary (Charles Campbell) and Sir William Knox (Chairman of the St John Council in Queensland) — were summoned to give evidence. They were questioned on the financial arrangements for Operations Branch duties, particularly at major events such as Australian Football League (AFL) matches. The point of the questions was to determine if the duties were truly charitable undertakings or commercial enterprises. If the latter were the case there were taxation implications.

These events opened up discussion within the Operations Branch about the charitable nature of the St John organisation and how its charitable principles were applied. The main issue for the organisation to resolve was how best to change its practices to reflect changes in the Australian



Members of the Parramatta, New South Wales, Division during a training session with a 'CareFlight' rescue helicopter, late 1990s.

economy and especially the taxation laws. Villis Marshall and his Chief Superintendent, John Spencer, argued strongly for a free service; the Victorians (who serviced the AFL matches — commercial events that absorbed considerable numbers of St John personnel and materials) took a contrary view. After considering the matter in 1995 the Operations Branch Standing Committee agreed to this statement:

> *There is no fee for the attendance of our members at...event[s] and our members receive no payment. Donations are, however, always welcome. They make a valuable contribution to the purchase of equipment and supplies that enable us to provide a more comprehensive service.*

This policy statement did not resolve the problem of how much to expect in donations and how to go about requesting them. For instance, in 1995–96 John Spencer, who had become the New South Wales Commissioner after his period as Chief Superintendent, suspended the officers of a Newcastle Division for serious infringements of the policy. In other Districts Operations Branch members were putting considerable pressure for greater donations on the sponsors of large commercial events such major league football matches, motor racing grand prix, Test cricket, Royal Shows, rock concerts and major street parades.

In 1997 the Branch leaders reconsidered the issue. This resulted in a further statement that was incorporated in the next (1999) revision of the Operations Branch *General Regulations*. This said that 'to conform with its charitable basis, Operations Branch shall provide first aid free of charge. While donations are welcome, they must not be tied to the provision of any public duty.' The statement (and the *Regulations*) then specified what costs may and may not be recovered. Permitted was 'recovery of direct costs from commercial enterprises, such as first aid materials and meals and transport of volunteers'. Prohibited was the recovery of 'indirect costs such as overall administration costs of the Branch, capital costs of equipment and certainly not the training and labour of volunteers'.

The leaders returned to the matter in June 2000, mindful that the Commonwealth government's imminent introduction of a general consumption tax, the goods and services tax (GST), had implications for the Operations Branch policy on cost recovery. They discovered that the GST had resolved the matter for them because it regarded any payment linked to an event as a fee that was 'GST-able' unless charged by a charity and less than 50% of the fee a commercial provider would require.

At the heart of the problem were St John's charitable principles. Vigorous fund-raising via public duties, particularly demands for fee-for-service, contradicted the Order's voluntary ethos. The St John Ambulance Australia philosophy, spelt out in the 1998 'statement of values' of its National Council, is that 'St John is a charity...working "For the Service of Humanity" [as the Order's motto says]', while the main St John task is 'the provision of charitable and humanitarian services to individuals, groups and organisation'. Funds raised are 'simply a means for achieving our humanitarian objectives'. Fund raising 'is not, nor will be allowed to become, an end in itself' because 'St John takes pride in its volunteer ethos, its ethical standards and its independence'. Despite that, Operations Branch Divisions were obliged to raise increasingly large volumes of money for ever more expensive uniforms, equipment, supplies and vehicles. Full non-labour cost recovery was the simplest strategy to offset such expenses because some event organisers, particularly those of large profit-seeking undertakings, could clearly afford to make generous donations. Why shouldn't they be asked to contribute at appropriate rates? However, if full cost recovery became the basis for fund-raising, wouldn't that push the Operations Branch across the line dividing charity from commercial enterprise? Further, would full cost recovery from large event organisers result in Divisions neglecting small and unprofitable local community events?

Such questions also became an issue of concern for the St John Ambulance Australia National Executive Committee (NEC). The NEC considered the matter of Operations Branch fund raising at its December 2000 meeting. A new policy resulted, largely in response to the new tax, the GST. The NEC recognised that under the GST legislation any payment of 50% or more of what a commercial provider would charge for providing the first aid service would attract the GST. The *General Regulations* were amended again in January 2001 to reflect this position. Procedure 8.2.2 was thoroughly revised. It now read as follows:

> *8.2.2 Contributions by Commercial Organisations towards Cost of Providing First Aid Services at Public Events Conducted for Profit*
>
> *In accordance with our Statement of Values, St John is a charity working 'For the Service of Humanity'. However, the provision of first aid services incurs significant cost to St John which can be difficult to fund from public donations or other fund raising activities. It is appropriate that for public events operated for profit by commercial organisations where the operators:*
>
> - *have a legal or moral responsibility to provide first aid services, and*
> - *request the provision of first aid services by St John*
>
> *that an appropriate contribution be sought towards the cost of those services.*

The Procedure then summarised the effect of the GST legislation on public duty income and concluded by pointing out that 'no contribution shall be received based on the provision of any labour by volunteers'.

The revised Procedures finally resolved the issue. Districts and Divisions could now ask event organisers to make payments that met all the costs of first aid delivery except labour. The revised Procedures did, however, allow some discretion, allowing duty planners to match what was an 'appropriate contribution' to the ability of an event organiser to pay. Thus, the organisers of local community events with limited financial resources would see the charitable St John face. The organisers of large commercial events, on the other hand, would be expected to help the first aiders recover their costs.

Professional officers

Operations Branch has three types of 'professional officers' — doctors, nurses and ambulance officers. The Branch's *General Regulations* require that a medical officer be a fully registered medical practitioner in the State or Territory of residence; a nursing officer must similarly be registered and hold a current practising certificate; and an ambulance officer must be employed by a State/Territory ambulance authority in a professional capacity as a qualified ambulance officer (Regulation 4.2). Within the Branch the professional officers are the main sources of first aid training, and consequently have special status. For example, they are often commissioned officers; the *Regulations* exempt them from the management training program that all other officers must undertake; and they are also exempt from the skills maintenance program done annually by other members. The *Regulations* also allow them to wear distinctive professional markings on their uniforms. Thus, medical practitioners wear red piping around the edges of the epaulettes; registered nurses wear a red bar, enrolled nurses a green bar and ambulance officers a yellow bar at the base of their epaulettes.

Breaking a long tradition

In most Australian States and Territories the Brigade was largely the creation of medical practitioners. For many decades doctors customarily filled the top leadership positions. It was not until the late 1970s and early 80s that the first non-medical officers became District Commissioners. Queensland's John Springhall, a veterinarian, was the first, in 1977; Frank Poke, a senior military officer, followed in Victoria in 1980; and Ken Milbourne, a school inspector, was third in Tasmania in 1981. After that the other Districts followed suit, appointing non-medical Commissioners in this order: Bevan McInerney, an accountant, in Western Australia in 1990, John Spencer, an accountant, in New South Wales in 1993; Garry Coombes, a TAFE lecturer, in South Australia in 1996, Geoff Newman-Martin, a pharmacist employed by the Commonwealth Public Service, in the Australian Capital Territory in 1996 and Andrew Hodges, a computing consultant, in the Northern Territory in 1999. Medical practitioners later became Commissioners in some Districts that had previously appointed non-medical officers to the position; but by 2000 only two among the eight Districts had medical practitioners holding Commissioner's appointments — Ken Collins in Western Australia and Fred Leditschke in Queensland.

As in the Districts, at the national level medical practitioners remained dominant for decades. Until 1969 medical practitioners held three of the four National Headquarters Staff positions — Chief Commissioner, Chief Surgeon and Chief Nursing Officer (held for a record 14 years by Dr Frances McKay, 1956–69). Up till then, only the Chief Staff Officers (later called Chief Superintendent) had been a non-medical officer. The first non-medical Chief Commissioner, Peter Falkland, a senior army officer and the seventh to hold the position, was appointed in 1984. The second non-medical Chief Commissioner, Lynne Allen-Brown, a nurse, was appointed in 1999. (In between, Villis Marshall, a urologist, had been Chief Commissioner for nine years.)

A challenge from the nurses and ambulance officers

The dominance of the medical profession did not go unchallenged. During the 1980s nursing became a profession requiring specialised university training for entry and practice. At the same time

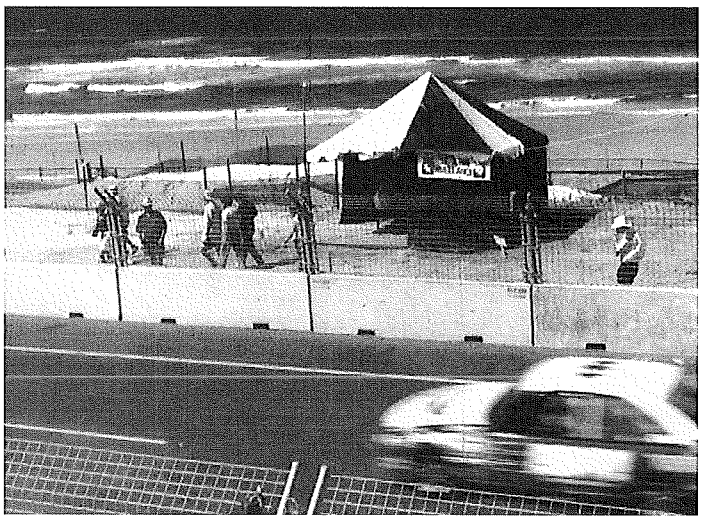


Operations Branch members taking part in an emergency services training exercise, Brisbane, 1991.

ambulance officers also emerged as a separate para-medical profession in their own right, with a TAFE diploma generally being required for employment by the State/Territory ambulance services. As both professions gained in educational standing and professional prestige, their members in the Brigade and Operations Branch sought the status long enjoyed by the medical practitioners. No matter how junior or inexperienced the individual medical practitioners might be, the very fact of the red piping around their epaulettes brought them great respect among rank and file members. It was respect that the organisation's nurses and ambulance officers felt that they, too, should share.

A campaign for ambulance officer representation

The tensions inherent in the relationships between the three professions were evident in a campaign by ambulance officers during the mid-1990s to be represented on the National Headquarters Staff. A proposal for the creation of a position of Chief Ambulance Officer parallel to the Chief Surgeon and Chief Nursing Officer came before the June 1993 meeting of the Operations Branch Standing Committee. The Chief Commissioner, Villis Marshall, reported to the meeting that the Commissioners had already considered the matter at their meeting shortly beforehand and had 'advised against it at this stage'. At that time six of the eight Commissioners were medical practitioners, so it was perhaps not surprising that they failed to endorse the proposal enthusiastically. He said that if the ambulance officers wished to make an input to national policy decisions they could do so through their District Surgeons and the Technical Advisory Committee. He then concluded the discussion by saying he was 'not prepared to [consider] a case for such a position during the next triennium'.



Keeping up with the competitors: the Operations Branch first aid marquee, pitched between the beach and the track for the 'Indy' (production car grand prix), Gold Coast, Queensland, 1993.

Marshall also doubted whether the position of Chief Nursing Officer was necessary. When the most recent Chief Nursing Officer, Barbara Davis, retired in mid-1996 he deliberately declined to fill the position. It was the first time since Frances McKay's appointment 40 years previously that the position looked like remaining vacant for any extended period. The Operations Branch nurses interpreted his action as an affront to their profession. They applied much pressure in trying to force him to make an appointment, to the extent of enlisting the Australian Nursing Federation to lobby the Prior of the Order, the Governor-General. (This ploy was wasted effort because the Prior plays a formal, ceremonial role and leaves administrative matters to the St John National Office.) At the end of 1996 Marshall aired his views at the annual conference of National Headquarters Staff, Commissioners and District Superintendents. His opinion was summarised in the minutes as follows:

> *The ongoing issue of an appropriate [National Headquarters] structure was related to whether a Chief Nursing Officer and Chief Ambulance Officer should be appointed and the roles to be performed. Filling both positions would cost $15,000 annually and the money could be better spent, for example on the National Youth Council...The professionalism of nurses and ambulance officers [is] not under challenge in St John, but...the debate should continue.*

Marshall then let almost another year go by before announcing what his intentions were. He advised the conference of National Headquarters Staff, Commissioners and District Superintendents in October 1997 that he expected to be appointing a Chief Nursing Officer and a Chief Ambulance Officer soon. Meanwhile, he had instituted an important change of nomenclature. He had renamed the position of Chief Surgeon as Chief Medical Officer. The next year, 1998, he appointed the South Australian District Superintendent, Paul Arbon, and the Tasmanian Commissioner, Stephen Miller, as the National Nursing and Ambulance Officers respectively. The previous Chief Surgeon, Franklin Bridgewater, became the Chief Medical Officer. In 1999 other changes of names occurred. The National Nursing and Ambulance Officer positions were renamed Chief Nursing Officer and Chief Ambulance Officer. Paul Arbon was appointed Chief Superintendent that year, and Peter Lorimer, the previous South Australian District Nursing Officer, succeeded him as Chief Nursing Officer. A new position, Chief Professional Officer, was created, Franklin Bridgewater being the first appointee. With four national professional positions now in existence — Chief Professional Officer, Chief

Medical Officer, Chief Nursing Officer and Chief Ambulance Officer — it became possible for the first position to be filled on rotation by occupants of the other three (though the position of the person becoming the Chief Professional Officer would remain unfilled). Thus, the Chief Professional Officer could be either a doctor, a nurse or an ambulance officer. Parity of esteem between the three professions in Operations Branch had therefore been achieved, at least in theory.

A gain more apparent than real

The appointment of the nursing and ambulance officer professionals to the National Headquarters Staff might not have been the substantial gain that the nurses and ambulance officers had hoped for. Marshall had carefully hedged the new national positions in with a series of restrictive conditions. He had outlined these at the October 1997 conference. The Chief Nursing and Chief Ambulance Officers, he said, would:

> *have an advisory not a policy role and would support the Chief Professional Officer. They would not attend national meetings but provide advice by correspondence and teleconference. They would not be Grade I officers and minimal funding would be allocated.*

These restrictions were then written into the next [1999] edition of the *General Regulations*. Regulation 4.1 stated the conditions applying to the professional officers:

> *There will be three professional positions on the National Headquarters Staff: Chief Medical Officer; Chief Nursing Officer; Chief Ambulance Officer. Any one of these may be nominated as the Chief Professional Officer for one triennium, with the possibility of extension to a second triennium...Occupants of the other two professional positions will act as communications channels from their professions and advise the Chief Professional Officer. They will not normally attend national meetings/activities.*

Although the 1999 *Regulations* promised equality between the professions, at least on the Operations Branch National Headquarters Staff, it remained to be seen whether equality would prevail in the long term. At the time of writing (October 2001) the Chief Professional Officer was still a medical practitioner who attended the national forums. By contrast, the Chief Nursing and Ambulance Officers might have been members of the National Headquarters Staff but, unlike their colleagues there, they were not members of the Standing Committee and did not attend the annual end-of-year national conferences. That was not to say that the situation would always remain that way. Whether or not the Chief Nursing and Ambulance Officers would succeed in gaining a permanent presence at the national forums was uncertain. Also uncertain was whether or not the medical profession would gladly accept relegation to non-attending status if either a nurse or ambulance officer were eventually appointed Chief Professional Officer.



Dr Barry Price, the first National Operations Branch Secretary, 1998.



The colour party for the annual awards day of the Operations Branch in South Australia, in the grounds of Government House, Adelaide, November 2000.

First Chief Ambulance Officer

From my first association with St John it has always been a pleasure to be a member of the organisation. Through St John I have been fortunate to know some of the most sincere and friendliest people one could ever wish to meet. I joined the Tasmanian Ambulance Service the same year, 1975. My career in St John moved ahead fairly quickly. I was promoted to Divisional Superintendent Cadets in May 1979 and then to Corps Officer Cadets in October in 1982. I became District Officer Cadets in June 1984, promoted to Acting District Superintendent in 1989 and was then appointed District Superintendent in 1990. I was appointed Commissioner for Tasmania in June 1993 and after five years in the job I joined the National Headquarters Staff as National Staff Officer (Ambulance) in April 1998 and then Chief Ambulance Officer in June 1999. I was admitted to the Order of St John as a Serving Brother in 1984, elevated to Officer Brother in 1989 and raised to Commander Brother in December 1995. I have the Service Medal of the Order and Bar. I've also been awarded the Australian National Medal and bar and am a member of the Institute Of Ambulance Officers Australia.

Being appointed the first Chief Ambulance Officer in Australia has been a special honour. It has further recognised the Ambulance Officer role at all Operations Branch levels. I feel that Ambulance Officers are in the ideal and unique position to educate our members the best. They have the required knowledge and practical, hands-on experience learnt through years of study and in the field, where they must take the lead role. It is my intention to be involved in the development of national education programs, to be available to my colleagues and all members at their convenience, to liaise with other health professionals, organisations and colleges to promote our essential service. My one concern at this stage is that the Chief Ambulance Officer does not so far attend national meetings and must rely on other forms of communication.

Although time-consuming and sometimes exhausting, the St John organisation asks little but allows people to give as much as they wish. My work with the Cadet movement was a highlight and something I will never forget. At times while in the role of District Superintendent and Commissioner, whenever things seemed to be getting a bit overwhelming I would take time out and visit a Cadet Division. I found this rejuvenating and could return to my duties able to reconsider the difficult issues with fresh perspective.

(Stephen Miller, Launceston, Tasmania, May 2000)

New policy areas

During the 1990s the Operations Branch developed policies in a range of areas where previously there had been none. These included 'Non-Smoking', to affirm that St John Ambulance is a non-smoking organisation; 'Operations Branch Vehicles', stating the circumstances under which Operations Branch vehicles may transport casualties to hospital; the 'Code of Conduct', or guidelines for the behaviour expected of St John members; and 'Infection Control', to take account of the dangers to first aiders and casualties of new, alarming communicable diseases, such as AIDS and Hepatitis C, that had become widespread during the 1980s. Among the new policies were three that might have bewildered earlier generations of Brigade workers — 'Sexual Harassment', 'Child Protection' and 'Ability to Serve'. All three were linked and emerged from community concerns of the 1980s and 90s. In developing them the St John organisation was keeping in step with the societal trends of the era. The following paragraphs outline the chain of events leading to their adoption.

Sexual Harassment

In 1991 the Priory Council, recognising that it must take women's rights more seriously, sponsored a 'Women in St John' seminar as part of the annual Priory conference. The Council conducted two more seminars, both on the theme 'Fair Go', at the 1992 and 1993 Priory conferences. These canvassed the various forms of institutional discrimination that may afflict the St John organisation — discrimination on the grounds of sex, age, ethnicity and place of residence (country as against city). The three seminars indicated that St John was eager to address the problem of discriminatory practices.

The Operations Branch then followed up on these Priory initiatives by adopting a policy on sexual harassment in 1995. The policy was based on guidelines developed by the Tasmanian Commissioner, Stephen Miller. The guidelines were written into the next edition of the *General Regulations* in 1999. Thus, Regulation 6.13 stated that 'Operations Branch is committed to the elimination of sexual harassment which is defined as unwelcome, unsolicited and unreciprocated conduct of a sexual nature'. Appendix 3 of the *Regulations* sets out the policy as well as a set of 'guidelines on the prevention and elimination of sexual harrassment'.

Child Protection

The child protection policy was a development of the late 1990s targeting the Cadet movement in particular. Like other youth organisations — the Scouting movement, church youth groups, junior sporting competitions — the St John Cadet movement had occasionally attracted adults who came for the wrong reasons. Screening them out has consequently been a critical issue. The matter

prompting the Operations Branch to adopt its child protection policy was a serious case of child abuse in the UK in 1997 that had implications for the Cadet movement in Australia. The Priory Secretary, Charles Campbell, spoke about it at the Operations Branch Standing Committee meeting that year. After hearing his report, the Standing Committee agreed to develop child protection guidelines quickly. They were ready for discussion later in 1997. Barry Price drafted them on the model of the child protection guidelines of the Australian Capital Territory Schools Authority, where he had been a senior executive officer before moving to St John. The conference adopted them and they were subsequently endorsed by the next Standing Committee meeting, in 1998.

Following the adoption of the policy at the Standing Committee meeting in 1998, the guidelines were published in two separate Operations Branch documents, first in the 1999 Skills Maintenance Program manual and second in the 1999 edition of the *General Regulations*. That guaranteed a maximal audience. Regulation 6.14 pointed out that:

> *as a voluntary organisation working with children, St John Ambulance Australia:*
>
> *a) recognises that children have rights as individuals and should be treated with dignity and respect;*
>
> *b) believes that children have the right to be emotionally and physically safe at all times;*
>
> *c) takes all reasonable precautions to protect the children in its care from harm of every kind;*
>
> *d) makes all adult members aware of their child protection responsibilities; and*
>
> *e) co-operates with governmental child protection agencies.*

The policy thus dealt in a straightforward, practical manner with a topic previously taboo. Its common sense approach to the subject commended itself to members, alerting them to the imperative of safeguarding the Cadets' welfare.

Fitness

The Brigade and Operations Branch, which do much of their work at sporting events, have often attracted people who do not themselves play sport. Perhaps lacking the physique and aptitude for sport, they have satisfied their interest in it by joining St John and going on first aid duty at sporting events. Many members have also been overweight, which in turn has created image problems. Thus, a casual observer seeing St John in action at some public event could be forgiven for thinking the organisation abounds with members in imminent danger of bursting the buttons of their uniforms. Such people, the observer might assume, would have difficulty in getting down on their knees to perform CPR — a vigorous procedure requiring energy and stamina — and then keeping it up for the 10 or 15 minutes before an ambulance might arrive.

During the 1990s the organisation at last began tackling the issue of physical fitness among its members, and of laying down guidelines to ensure they were physically capable of performing first aid. In 1995 at the annual Operations Branch Standing Committee meeting, the Chief Surgeon, Professor Fred Leditschke, announced that he and his fellow Professional Officers considered that the Skills Maintenance Program should include a component on physical fitness testing that would require members to perform CPR for 10 minutes and sign an annual 'declaration of medical fitness'. At the next year's conference, in 1996, Villis Marshall expressed the opinion that adopting the 'fitness for duty' guidelines had been one of the achievements of the first Operations Branch 'National Corporate Plan' (covering the 1993–96 triennium).

The next (1999) edition of the *General Regulations* consequently included a clause on medical fitness. Thus, Regulation 2.2, 'Qualifications for membership', required members to 'be medically fit to perform all first aid treatments and duties' and to make a 'health declaration of medical fitness'. Procedure 7.1.1 pointed out that the Skills Maintenance Program required members to 'satisfactorily perform 10 minutes of one-person cardio-pulmonary resuscitation on a mannikin as part of their skills assessment; and also introduced an appeals process for members 'unable to pass this screening test'.

During 1999, Franklin Bridgewater, Leditschke's successor as Chief Medical Officer, worked with his fellow Professional Officers to introduce a self-assessment process into the testing of members' physical fitness. They developed a list of ten self-assessable 'basic tasks which should be able to be completed by the potentially effective member'. In declaring themselves fit for duty, members must now sign off against all ten criteria. The criteria and self-assessment then became the Policy on Ability to Serve. In June 2000 the Standing Committee endorsed the policy, which was subsequently issued as an appendix to the *General Regulations*.

Rank structure

The St John Ambulance Operations Branch membership structure parallels that of the military and police services. Thus, there are both commissioned and non-commissioned officers; the uniforms worn by each grade of officer indicate the wearer's position within the overall rank structure; and the titles for each of the promotional grades are a further indication of their relative importance.

Members (not 'privates')

At the base of the promotional pyramid are the 'members' — the 'foot troops' who form the majority of the membership, have no other grade, wear no insignia of rank and have no titles. Until the 1990s, in keeping with the Brigade's original paramilitary view of itself, they were called 'privates'. The term 'private' dropped out of use in the Operations Branch early in Villis Marshall's period as Chief Commissioner (1989–99). The ostensible reason for replacing it was his comment 'I'm a urologist, and for urologists "privates" has another meaning altogether'. His real motive probably lay in his wish to distance the Branch further from its similarities with military-type institutions. He also wanted to eliminate the notion implicit in 'private' that an ordinary 'member' was somehow inferior to someone called 'sergeant' or 'officer'. For similar reasons he dispensed with 'rank' and introduced 'grade' instead.

Non-commissioned officers

The two grades of non-commissioned officer are 'corporals' and 'sergeants'. As in the military, their grade is indicated by chevrons worn on the sleeves — two for corporals, three for sergeants. There are also Corps and District sergeant-majors, who wear a crown on their sleeves, but as these are largely ceremonial positions denoting expertise in parade ground drills they are not part of the regular command structure.

Commissioned officers

There are two main levels and many grades of commissioned officers. At the upper level, consisting of National and State/Territory Headquarters Staff, most occupants of positions are formally appointed by the Grand Prior of the Order of St John. In this class are Commissioners, the most senior position at State/Territory level and the eight most senior positions on the National Headquarters Staff — Chief Commissioner, Deputy Chief Commissioner, Chief Superintendent, Chief Professional Officer, Chief Medical Officer, Chief Nursing Officer, Chief Ambulance Officer and Chief Officer (Cadets).

The lower officer level comprises people in a variety of positions at the local (Division), regional (Corps) and District (State/Territory) levels. Their titles and duties vary greatly from position to position but the constant factor is promotional grade. There are six grades of officer at this level, known simply by Roman numerals as Grades I (most senior), II, III, IV, V and VI (lowest grade). The system of grading is described only briefly in Regulation 4.9 of the *General Regulations*.

National Headquarters Staff

The Commissioners and eight principal officers on National Headquarters Staff are not (as noted) graded officers. The insignia on their epaulettes, the gorget patches on their collars and the braid on their caps indicate their relative status. Thus, Commissioners wear one crown and three stars on the epaulettes; the Chief Officer (Cadets) wears a device of crossed stretchers; a Deputy Chief Commissioner, Chief Superintendent and Chief Professional Officer all wear crossed stretchers and one star; and the most senior of all, the Chief Commissioner, wears crossed stretchers and one crown.

Insignia of rank

Within the grades, officers of the lower grades are fairly easy to spot. The lowest in seniority, Grade VI, wear one star (or 'pip') on the epaulettes; Grade V officers wear two. They may have appointments in Divisions as Divisional Officers or may be Corps or State/Territory staff officers. Thereafter the number of stars and/or crowns on the epaulettes are not necessarily a guide to grade. Three stars are worn by Divisional Superintendents, Divisional Medical Officers and Grade IV staff officers. Corps Superintendents, Grade III staff officers and Corps Medical Officers wear one crown. State/Territory Grade II staff officers (who may include appointments such as State/Territory Nursing, Ambulance and Cadet Officers as well as others) wear one crown and one star. State/Territory Deputy Commissioners, Medical Officers and Superintendents wear one crown and two stars, but that does necessarily not mean they are Grade I officers because practice varies from one State/Territory to another with little apparent logic. Some may be Grade II, others Grade I.

Variance in practice

One notable difficulty with the grading system is that practice between the States and Territories differs. For instance, one State customarily admits new officers at the Grade VI level then promotes them to Grade V after a short probationary period. Elsewhere an officer might remain Grade VI for years. There is also inconsistency about how many officers or what proportion of all officers shall occupy appointments at particular grade levels at any one time. The *General Regulations* specify no 'establishment', or proper ratio, and so the number of graded officers is left to the discretion of each State/Territory. Proportional to total membership, some States/Territories have more at some grade levels than others. In some States/Territories there has been a tendency towards what economists call 'bracket creep' — a sort of 'rank inflation' in which particular appointments are given higher and higher gradings. Recognising this problem, some States/Territories periodically 're-assign', that is demote, officers a grade or two when the upper echelons become crowded. Others, however, become top-heavy with senior grades and remain that way.

The inconsistencies of the promotional system always puzzled Barry Price. At the end of his

decade of service he could say that none of his discussions with senior officers had produced a satisfactory explanation of why the various States/Territories should observe different practices. In challenging the grading system, he would point to his previous experience in secondary education. 'You can run a secondary school with a thousand students and a staff of 80 with only three ranks,' he would point out, 'so how come it takes six ranks to run an Operations Branch Division of 12 members?' The question remained unanswered. Price thought the grading system should be reformed. Villis Marshall would have agreed with him. Marshall took the firm view that the Branch should not conduct its affairs through hierarchy and rank alone but through managerial expertise. This was the belief that lay behind his push to introduce the Management Training Program for officers adopted during the early 1990s. He was reluctant, however, to put the organisation through the long season of conflict and dispute that he thought would be necessary to simplify the grading system.

The possibility of reform

One District, the Northern Territory, did experiment with reform during the 1990s. Its attempts at 'deregulation', outlined in the next chapter, aimed in part to move the District away from its customary hierarchical system of management through graded officers. The experiment was only partially successful. Predictably, it met opposition from those graded officers who felt threatened by the reforms.

Whether or not the Operations Branch should or could reform its promotional system was therefore a matter that remained unclear as the organisation moved into its second century in Australia. The advocates for change thought that the structure of officer grades could be simplified and the rules of appointment standardised — and the sooner the better. On the other side were those who preferred the status quo. Their attitude was well summed up by one District Superintendent who was asked for his opinion of the notion of a totally deregulated system in which the only insignia of office would be a shoulder flash indicating the wearer's professional status — 'doctor', 'nurse' or 'ambulance officer'. 'There has to be something in it for me,' he replied. By that he meant that he had earned his Grade I position through many years of effective, loyal service. The crown and two stars on each of his epaulettes were the emblem of his effort in getting that far. He was proud of them, and of the prestige they conferred; and he would oppose any reform that might take them from him. A voluntary organisation that depended on the labours of people like him could not afford to dismiss such views too lightly.

Buttons and bows

After ten years as Operations Branch national secretary, through all of which I've been a salaried administrator rather than a uniformed member, I've come to know the organisation well. It's an admirable organisation in many respects but there are aspects of it where I'm critical. The aspect with which I'm least sympathetic is what Villis Marshall, the previous Chief Commissioner, jokingly but aptly called 'buttons and bows'. By this he was referring to the preoccupation of many of our members with the minutiae of uniforms, badges and insignia of rank. As indicated by a quick perusal of the *Dress Regulations* (a 47-page manual of nine chapters and 88 sub-sections), there are over 80 separate insignia of rank and status worn on our uniforms, from the most junior of Juniors all the way up through at least a dozen ranks of the promotional pyramid to the Chief Commissioner. Badges and insignia of rank and status are worn on the sleeves and both the right and left breast pockets of the jacket and on the epaulettes, on gorget patches on the lapels, and on the hat. In addition the many members who qualify wear the ribbons of the Service Medal and membership of the Order and other non-St John awards above either the right or left breast pocket (depending on award type). Learning all the permutations requires exhaustive study, and even members who know the dress regulations well can expect to make mistakes in identifying the various markings worn on the uniform. In many cases the uniform and its markings can be 'read' as a history of a member's career in St John. As one member exclaimed recently when there was a proposal to add a new badge for the Peter Falkland Award (for meritorious service, named after the Chief Commissioner 1984–89), the uniform was 'beginning to look like a curriculum vitae'.

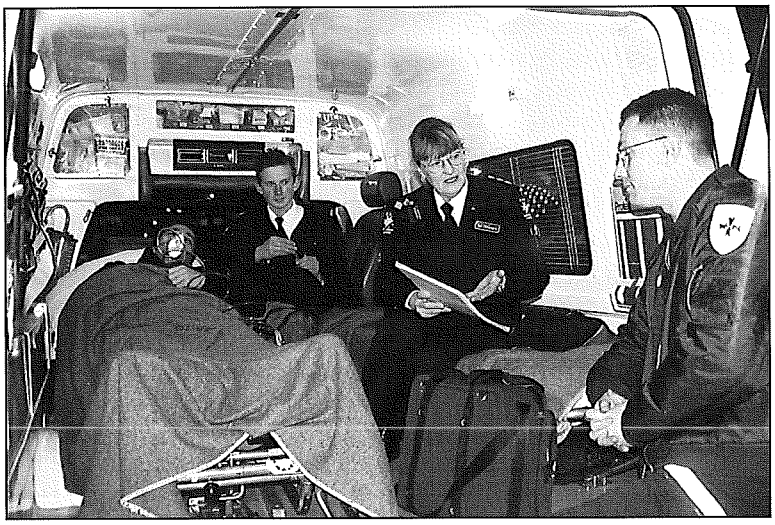
The increasing elaborateness of the 'buttons and bows' worn on the uniform has caused an adverse reaction in some quarters, notably Western Australia, where there are moves to adopt a simpler working uniform with only the St John Ambulance Australia shoulder flash and minimal markings to indicate the member's professional status, for example 'Doctor', 'Nurse' and 'Ambulance Officer'. There is fierce resistance to that idea elsewhere. Many members are proud of the achievement that their badges and rank insignia represent, for the 'buttons and bows' confer both self-esteem and prestige. The long time spent debating matters relating to the uniform at our various national forums is perhaps a measure of that pride. Given many members' attachment to their 'buttons and bows', it's hard to predict whether or not the wider organisation is likely to follow the Western Australians' lead. There is, however, research evidence to support their position. This is that non-streamed, non-hierarchical organisations handle emergency situations more effectively. Flatter, less stratified pyramids could therefore be the future for emergency service organisations like St John. That scenario, however, probably represents a view of rank, status and hierarchy contrary to that of most Operations Branch personnel.

(Barry Price, National Office, St John Ambulance Australia, Canberra, September 2000)

Competing with rival organisations

During the 1990s various commercial competitors emerged to challenge the near monopoly that the St John Ambulance Operations Branch had long exercised over the provision of first aid services at public events. Pressure from competitors was not new but intensified during this decade. The most serious rivals were mainly interested in the 'big ticket' events — matches in the national competitions of the four main football codes (Australian rules, rugby league, rugby union, soccer), the test cricket, motor racing grand prix, rock concerts featuring international stars, major horse racing carnivals. These, of course, were events likely to yield a generous fee-for service. The commercial operators were less interested in the type of work that had long been the staple for many St John Divisions, for instance suburban sporting competitions, street parades and agricultural shows.

There was a pattern to the way some commercial competitors went about elbowing the Operations Branch aside. They usually contacted the event organisers to offer their professional services for an up-front fee. They would guarantee a service provided exclusively by medical and paramedical professionals specially selected for the occasion. In some cases this promotional effort involved denigrating the St John Ambulance volunteers, who were depicted as well-meaning but not necessarily competent amateurs. What might not be made clear to the organisers was that, removed from the clinical situation the professionals might not be as efficient in administering first aid as lay people wearing the black and white uniform of St John.



Members of the St John Ambulance Hume Division, Victoria, participating in a promotional exercise in their Divisional vehicle, 1999.

In some cases the competitors came from the ranks of disaffected former Operations Branch members. Sometimes they had quit St John because of dissatisfaction with State/Territory management. Once such group was that in Adelaide in the late 1980s and early 90s set up by a group of former ambulance volunteers who thought their State St John Council had sold them out by capitulating to the salaried ambulance officer's prolonged industrial campaign to remove volunteers from the metropolitan ambulance service. Another was a small group in Perth in the mid-1990s set up by a Divisional Superintendent who, for disciplinary reasons, had been suspended and her Division closed. Within days she and her supporters were advertising under the Red Cross banner, promising to provide their locality the same service they'd previously given through their Division. Sometimes the competitors were ambulance officers 'moonlighting' in their spare time, perhaps with their own private clinic vans, which created the impression that they had the backing of the ambulance authorities that employed them. On some occasions the competitors were the State ambulance services themselves, which sent ambulances to events normally covered by St John.

The most serious incursion into St John Ambulance terrtiory came from a well-organised commercial company in Sydney. The brainchild of a former Operations Branch medical officer, it was a company operating under the slogan 'expect the unexpected'. The company offered organisers of major events what it described as 'the safety net for the whole spectrum of events, including concerts, publicity stunts, corporate conventions, survival courses, film and television productions, national and international sporting events'. It not only ran a first aid field service but taught first aid courses and gave training in a range of paramedical specialities; and its 'faculty' comprised a range of medical and paramedical specialists — cardiologists, infectious diseases experts, ophthalmological and orthopaedic surgeons, critical care paramedics and various others with advanced life support training. Among other high-profile clients it boasted the Australian Rugby League. It was indeed a serious competitor, for it offered its services Australia-wide via its comprehensive Internet website and had succeeded in enticing into its camp a number of 'big ticket' organisers who had previously patronised St John Ambulance.

The danger for St John in the emergence of well-organised commercial operations was that the larger and more lucrative the numerous 'big ticket' events became, the more commercial rivals there would be eager to muscle their way into the field. The St John volunteers might then be marginalised. As the volunteers themselves wryly joked, they might end up with work little more challenging

than the third grade netball competition on Saturday morning in the outer suburbs. This, however, was an unduly pessimistic view that took little account of the great strides the Operations Branch had taken towards meeting its competitors. As earlier sections of this chapter have indicated, the Management Training and Skills Development Programs had succeeded in orienting Branch members towards professional performance. The members were consequently better prepared to face their competitors than they themselves might have realised.

St John and the emergency services

The St John Ambulance Operations Branch has long considered itself, and sought to be accepted as, a member of the 'family' of emergency services. The family consists of the police, ambulance, fire and civil defence services of Australia's States and Territories. Active pursuit of membership began in the mid-1960s in Victoria, where the Brigade's rescue squads participated in a series of simulated disaster management exercises with the other emergency services. During the early 1970s the Brigade in several other Districts followed the Victorian lead by co-operating with the local civil defence authorities (later called State Emergency Services). Closer links followed. After the devastation of Darwin by Cyclone Tracy in December 1974, the Brigade in all six State Districts co-operated with the National Disasters Organisation, which was responsible for the post-Tracy relief effort. They set up and operated first aid posts at a number of the capital city airports through which the cyclone refugees were being evacuated. In 1977 the Tasmanian Brigade District signed an affiliation agreement with the State Emergency Service (SES), and then helped the SES produce a counter-disaster training plan. In 1978 the New South Wales District also formed an affiliation agreement with the SES, and the following year participated with the SES in a major disaster management exercise at the Sydney airport. In 1981 the Brigade in Queensland achieved recognition by the SES as the SES's auxiliary first aid organisation. Then in 1984 the Victorian District became a member of the State Disaster Plan Committee and also of the committees of the 20 regional disaster plans. This followed the outstanding service the Brigade had given in the relief effort during the calamitous 1983 'Ash Wednesday' bushfires that burnt out huge areas across the State.

A growing bond

In 1992 the Chief Commissioner, Villis Marshall, spoke of the growing bond with the other emergency services in his annual report to the Priory:

> *At the present time there are some very exciting activities in all Districts. The Operations Branch is becoming more involved in State and Territory disaster plans and our ability to be an important component of such response teams is becoming more widely recognised. Our role in these areas is further enhanced by the excellent communications systems that many of the districts have or are developing, and these systems complement those provided by the other emergency services.*

In February the following year, 1993, he took up the subject again at the annual conference of National Headquarters Staff and District Commissioners. He said the inclusion of the Operations Branch in the various State and Territory disaster plans was 'heartening recognition' and an 'acknowledgment of our training'.

Fierce bushfires that swept across Sydney's bushland suburbs in January 1994 tested the effectiveness of St John collaboration with the emergency services and of its role within the New South Wales disaster plan. The Operations Branch rose to the occasion. After the fires, Marshall reported to the Priory that:

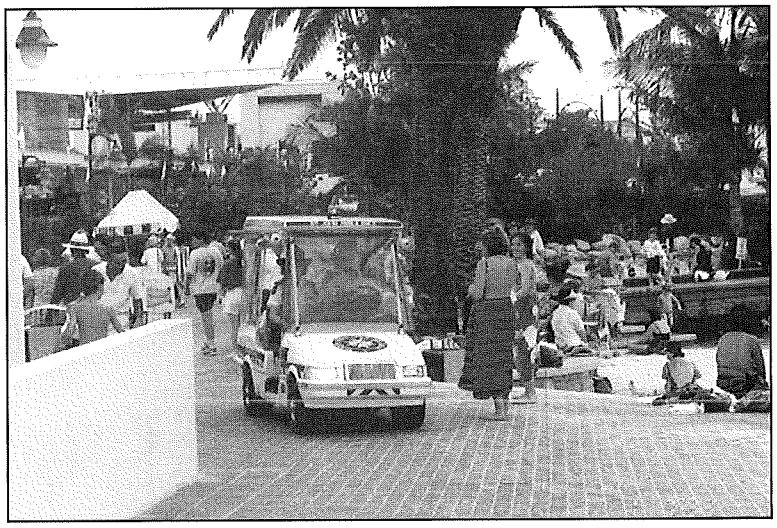
> *if anyone doubted the value of St John to our community, these doubts were rapidly dispelled by the service provided by the Branch [during the Sydney bushfires]. Although the brunt of the work was shouldered by the New South Wales District, valuable support was provided by Victoria and although teams were standing by in South Australia and Queensland, they were fortunately not needed....The comprehensive nature of our training was equal to the task and from the feedback which was received from all involved this clearly indicated that our volunteers provided quite outstanding care under very difficult and at times hazardous conditions.*

Liaison and collaboration

Alan Hodges of Emergency Management Australia (EMA) was the guest speaker at the annual conference of National Headquarters Staff, Commissioners and District Superintendents two years later, in November 1997. Referring to the recent (July 1997) landslide at the Thredbo ski resort (which killed 18 people), he said the Thredbo rescue effort had demonstrated the value of volunteers in disaster relief. He said that organisations of volunteers such as St John should 'publicise their roles in assisting with disasters and major events'. He also said that 'volunteer effectiveness can be enhanced by networking'. By this he presumably meant that voluntary agencies with parallel interests should assist and learn from each other. In later

discussion he emphasised the point: 'St John has an image near to that of Red Cross and the Salvation Army' and should seek to work with them. Another useful contribution to the discussion came from Paul Arbon, the South Australian District Superintendent (and next Chief Superintendent). (Arbon, a nurse educator, was a tutor to the EMA. He later [2001] earned a Ph.D. degree in his field and had carried out major research on the incidence of casualties at public events. Among his projects was the design of a computer model to predict the types and numbers of casualties at particular events. The model then helped St John and the other emergency services to make effective preparations to handle the casualties when and if they occurred.) On this occasion Arbon observed that St John was unusual among other volunteer organisations by being a national body whose Operations Branch members had achieved a uniform standard of proficiency through the Skills Maintenance Program.

The Operations Branch quest to be recognised as a full member of the family of emergency services continued. At the time of writing (May 2001) the organisation had been integrated within disaster planning processes at the State and Territory level. Promotion by Hodges and the EMA had probably helped here, for St John had become an organisation whose first aid services the EMA appreciated. Proof of this was the invitation it received from the EMA to participate in a national conference on emergency management planned for October 2001. St John was one of the six select organisations that the EMA invited. (The others were the Volunteer Fire Brigades, the State Emergency Services, the Coastal Patrol Organisations, the Surf Lifesaving Association and the Red Cross.) If invitations to such conferences were a measure of acceptance, the Operations Branch was now a part of the family.



The Operations Branch public duty buggy, on patrol along Brisbane's South Bank, 1993.

Strategic planning

During the 1990s the Operations Branch adopted a practice already common in government agencies and business firms. This was the development of plans showing what the organisation wished to accomplish in the years ahead. Known elsewhere as 'forward', 'corporate' and 'strategic' planning, in the Operations Branch they were called 'triennial plans'. This was in keeping with the three-year periods for which many senior officers hold their positions.

By the turn of the twenty-first century the Branch had worked to three end-on triennial plans — 1993–96, 1996–99 and 1999–2002. The first two were developed during Villis Marshall's period as Chief Commissioner, the third just after Lynne Allen-Brown succeeded him. All three grew from workshops of National Headquarters Staff and the State/Territory Commissioners and Superintendents.

In presenting the 1993–96 plan to the organisation, Marshall outlined its main objectives under five headings: manpower needs, first aid training, Cadets, research and the organisational image. All five related to current Branch concerns. Thus, the first reflected the perennial preoccupation with recruiting and then retaining the right sorts of members. The second hinted at Marshall's worry that Branch first aid practice was becoming too preoccupied with sophisticated technical aids. The third foreshadowed a shift in attitudes about the Cadet movement towards seeing it as the St John contribution to the nation's youth. The fourth followed from Marshall's wish to see the Branch's extensive caseload support a continuing research output. The fifth indicated his unwillingness for the Branch to be seen as a quasi-military institution. It also showed his fear that the Branch's many physically unfit, overweight members created an unfortunate impression about the organisation in the minds of the public.

The second plan also included five objectives, some similar to those of the first plan — recruitment and retention; technology (including the standardisation of equipment and the development of national, computerised casualty care documentation); determining the status of the organisation as a charity, which implied a unified approach to fund-raising; more effective dealing with the St John Ambulance Australia National Council; and image, defined as 'a high profile dependent on professional performance, quality first aid, smart presentation of uniform and equipment, positive client contact and interaction with other organisation'.

The third plan was the most ambitious and complex of all. It was divided into a matrix of eight separate 'themes', or areas in which the

organisation wished to change: Branch services, youth, human resources, quality, external relationships, information technology, marketing and standardisation. Within each theme were 'goals' to be achieved. Each goal was divided into 'objectives', or more specifically stated achievements to be accomplished, most of which had a 'critical success factor' to indicate whether or not the objective had been achieved. Each objective also had its own 'strategies' or recommended means of achievement, 'actions' to be carried out, 'outcomes' or desired results, and 'timeframe' or date by which the objective should be achieved.

The successive Operations Branch triennial plans were perhaps useful statements of intention — 'route maps' for directions the organisation wished to take. They nevertheless had their shortcomings. First, they did not necessarily mesh with the strategic plans of the Priory and the States and Territories. For example, in 1999 the Priory's National Executive Committee published its 'Australia-wide strategic directions', a statement of its 'goals and objectives'. There were eight of these: (1) 'encourage a vibrant, flexible and responsive organisation'; (2) 'create a unified, cohesive organisation'; (3) 'strengthen support for the work of St John'; (4) 'support St John volunteers'; (5) 'be recognised as Australia's leading first aid organisation'; (6) 'strengthen the financial independence of St John'; (7) 'encourage leadership and best management practice'; and (8) 'uphold the integrity of the Order of St John'. There was some overlap between some of these 'goals and objectives' and the eight 'themes' and 18 'goals' of the Operations Branch triennial plan, but the intentions of the one generally failed to dove-tail with those of the other.

Despite the shortcomings, the Branch's successive strategic plans led to productive change. The most notable in which this occurred was in youth policy. Lynne Panayiotis, who in 1999 became the fifth Chief Officer (Cadets) since the position was added to the National Headquarters Staff in 1977, strove to achieve the youth objectives of both the National Executive Committee and Operations Branch plans. During her first triennium in the position she succeeded in implementing the strategies in both plans. Her efforts in doing so are described in the next section.

Youth initiatives

By the 1990s St John Ambulance Brigade and Operations Branch in Australia had been running Cadet Divisions for 65 years. In that time the Cadet component had grown to 47% of the total membership. The underlying assumption of the Cadet movement was that it should be a nursery for the adult Divisions. As the first Australian manual of *General Regulations* (1975) put it, 'the object of the Cadet movement [is] to lay the foundation for membership of the Ambulance and Nursing Divisions of the Brigade' (Regulation XV C.1[f]). Only a small minority of the boys and girls who had grown up as Cadets ever became adult members on turning 18, however. Study, work, dating and broadening interests ensured that most eventually left St John.

A new emphasis

As societal change began impacting more heavily on young people during the 1980s, the St John leadership came round to thinking that it could do more for its Cadets than groom them for eventual membership of adult Divisions. In January 1987 it gave concrete expression to this view by conducting a 'National Youth Conference' in Canberra. When Villis Marshall became the Chief Commissioner in 1990, he set out to emphasise the importance to St John of its young people. Marshall had a long-standing interest in the Cadet movement. His first objective was to break down the barriers between the Operations Branch adult and Cadet Divisions. He saw the two sectors of the organisation, Cadets and adults, as too compartmentalised. For instance, the District Officers (Cadets) (DOCs) did not convene during the annual national Priory conference in June, as did the representatives of the adults, but used to get together at their national summer camps in January. Marshall insisted, against some opposition from the DOCs themselves, that they shift their formal annual meeting from January to June so that their proposals could more readily feed into the Priory conference policy-making process. They switched over in 1992 and became integrated within the annual cycle of Operations Branch meetings.

Better integration of the adult and Cadet sections of the organisation was only one aspect of the policies on Cadets that emerged during Marshall's period in office. The key youth policy issue was the purpose of the Cadet movement. Marshall and Lynne Dansie, his Chief Officer (Cadets) for the latter half of the 1990s, saw the main purpose as providing a development opportunity for Australia's youth — rather than as a nursery for adult Divisions or as an incubator for future St John leaders. In their view, having the Cadets stay on as adult members was an advantage, but was essentially only a by-product of the service St John was providing to youth. The rationale for the Cadet movement must be the help it gave young people in growing up to become mature adults and responsible citizens.

The influence of Lyn Dansie

During the mid-1990s the recently appointed Chief Officer (Cadets) Lyn Dansie, who occupied the position 1993–99, began introducing new ideas into the Cadet movement. Previously the District

Officer (Cadets) in South Australia, she had come to see the Cadets in wider perspective. Rather than as a nursery, she viewed the Cadets as a youth movement in its own right, one helping the youth of Australia in an era when young people seemed to face ever more difficulties. The difficulties were manifest — increasing competition for fewer jobs, pressure to complete secondary school and undertake further education, the ready availability of drugs of addiction, earlier sexual maturity, homelessness and rising youth suicide rates to name but a few. Her views were confirmed during a visit she made in 1994 to England, where she saw the St John National Youth Council in action. Returning to Australia, she presented material on this body to the annual conference of National Headquarters staff, Commissioners and District Superintendents held in Canberra in November. She then distributed the material at the January 1995 meeting of the DOCs in North Brisbane, and also spoke to the Cadets at the annual national camp about the idea of forming a similar body in Australia. She received strong support from Villis Marshall, who was wholly in sympathy with her aims. He wrote about his and Dansie's ideas in his annual report to the Priory Chapter in 1995:

> *We have begun to examine the possibility of establishing a Youth Council. This has been facilitated by the award of a Queen's Trust grant to the Operations Branch to allow us to bring representatives from all Districts together to examine how such a council may be formed. This will take place during the 1996 Cadet camp. A similar council exists in the United Kingdom and I have high hopes that this may be a mechanism by which we can attract more young people into the Operations Branch... .One of the great problems facing our society is high youth unemployment, and involvement with St John affords to many of these young people who are yet to find a place in the workforce an opportunity to experience companionship, training and pride in oneself. Something that St John needs to promote.*

Youth councils

Marshall and Dansie saw youth councils as a means of involving the Cadets in policy-making. This was an idea that the District Officers (Cadets) (DOCs) generally opposed, seeing it as a threat to their influence. The idea of the Cadets conducting meetings to which the DOCs were not necessarily invited, and then taking unsupervised initiatives, seemed too radical. Dansie persisted, however, and arranged for a male and female Cadet from each District to attend the meeting Marshall had foreshadowed in his 1995 report to draft a constitution for the proposed youth council. She placed her proposal for having representatives from each District to convene like this on the agenda for the meeting of DOCs in Hobart in June 1995. That meeting agreed on criteria for the representatives' selection. In August 1995, Dansie obtained a grant of $4,275 from The Queen's Trust to assist in flying the mainland youth representatives to Hobart. The 16 youth representatives duly met with Dansie in Hobart over five days, 15-19 January 1996. Marshall also attended to open the meeting on the first day. Six months later two of the representatives made a presentation to the Commissioners' meeting at the Priory conference in Sydney. The Operations Branch Standing Committee accepted the youth council concept 'in principle' at that time too. Progress in developing youth councils at State/Territory level was reported to the November 1996 conference of National Headquarters staff, Commissioners and District Superintendents.

Fifteen youth representatives met in Perth in association with the national Cadet camp in January 1997. Ivan Ward from South Australia was elected as the inaugural chairperson; his successors in later years were Jamie Rance from the Australian Capital Territory, Michelle Davis from Tasmania and Dirk Sunley from Western Australia. At its next meeting in June 1997, the Operations Branch Standing Committee adopted a triennial Operations Branch 'national plan' that aimed to establish the District-level youth councils by the end of 1997 and a 'constitutional framework' for a 'national youth council' by January 1998. The October 1997 conference of National Headquarters staff, Commissioners and District Superintendents resolved unanimously 'that States/Territories establish evolving youth councils, with the Australian Youth Council (AYC) as the forum for the State/Territory councils.' The conference also debated the extent to which youth council meetings should be guided by senior officers. Some delegates favoured a 'hands off' policy, others advocated varying degrees of guidance and access to senior officers. All agreed that the councils needed early success to maintain momentum.

The State and Territory youth representatives who convened in Sydney in January 1998 regarded their meeting as the first formal AYC meeting, though the Operations Branch Standing Committee still had to endorse their constitution. The AYC constitution was finally approved by the Standing Committee at its June 1998 meeting in Melbourne, two and a half years after the first draft had been written in Hobart. The AYC's first meeting under the constitution took place in Alice Springs during the national Cadet camp in January 1999. Villis Marshall attended the camp and invited the AYC chairperson and vice-chairperson to meet with him

and other National Headquarters staff. Lynne Allen-Brown, the Chief Superintendent and Marshall's successor as Chief Commissioner, commented on the direction the youth movement was taking in her report to the next Operations Branch Standing Committee meeting:

> *The youth of St John are a very impressive group of young Australians who are gaining exposure through their Youth Councils. I believe their input into our organisation is immensely important, as their capacity to embrace change and to energise is closely linked to our future directions. A module on Cadet matters was written and included in the management training resources. St John was well represented at both the Conference of Australian Youth Organisations held in Melbourne in August and the National Youth Development Conference held in Perth in September-October. Our attendance at these conferences recognises St John as not only a leader in first aid but an organisation catering for youth*

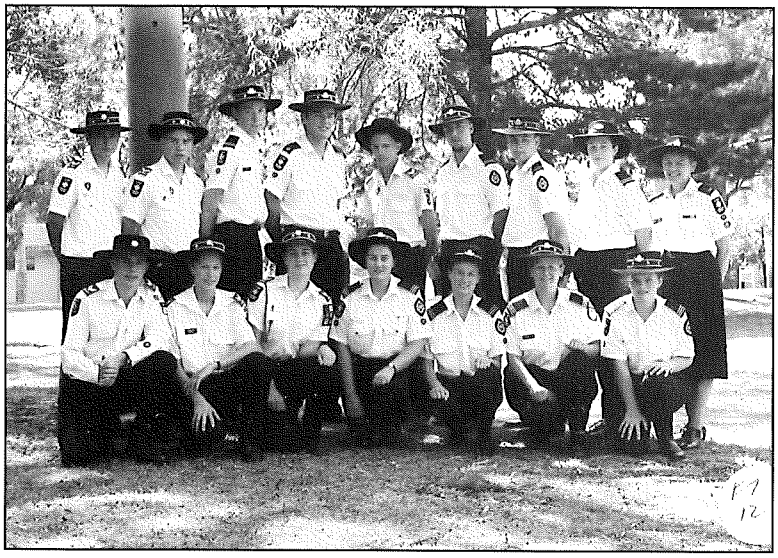
Lyn Dansie retired in June 1999, well pleased that the council she had struggled to bring into existence was finally a reality. Her successor as Chief Officer (Cadets) was Lynne Panayiotis from Victoria, who continued promoting the council in wider Operations Branch forums. As the new Chief Officer, Panayiotis presided over her first national Cadet camp and meeting of District Officers (Cadets) in January 2000. The camp took place at Bacchus Marsh in Victoria. The AYC held its second annual meeting during the Bacchus Marsh camp and voted to attend future Priory conferences. It began doing so at the next Priory conference in Adelaide in June 2000. That action signified that the youth councils were no longer a radical experiment on the fringes of the Australian St John organisation but had joined the mainstream. A signal to the wider organisation that the AYC took itself seriously came in an amendment it wished to make to the *Dress Regulations*. The amendment, to allow members to wear body-piercing jewelry and body art while on duty, was debated and adopted at the Priory Conference meetings in Adelaide in June 2000.

By 2001, most States and Territories had set up St John Youth Councils and a couple — Victoria and New South Wales — had regional councils as well. The Councils soon developed a life of their own and in Queensland took young people from the Community Care as well the Operations Branch. They seemed to be working well enough to encourage National Headquarters Staff to think that many future national leaders of St John Ambulance Australia would emerge from among their members.

Other youth initiatives

The youth council movement soon led St John into other youth initiatives. At the Priory conference in Melbourne in June 1998 the Operations and Community Care Branches jointly conducted a workshop on the theme 'Focus on Youth Issues'. Various suggestions flowed from the conference, including the appointment of youth development officers (described in Chapter 8), the development of a youth adventure curriculum and the formation of a youth corps to work among disadvantaged young people.

Not all such ideas came to fruition. One that did was the involvement of the Operations Branch in a series of wider national forums for youth. The first of these was the Conference of Australian Youth Organisations (CAYO), an umbrella group that formed in the 1970s to promote the interests of organisations such as the YMCA, the YWCA, the Scouts and Guides and the Boys and Girls Brigades. St John affiliated with CAYO after the 1997 conference of National Headquarters Staff, Commissioners and District Superintendents had debated the question 'whether the Cadet movement is primarily a first aid organisation feeding through to adult Divisions or a youth organisation with a wider role'. Accepting Marshall's and Dansie's view that the latter was true, the conference approved the CAYO involvement. Barry Price, the St John National Secretary (Volunteers), eventually became the CAYO treasurer. St John subsequently withdrew from CAYO in 1999; however, CAYO had nevertheless provided Panayiotis and Price with a useful network of contacts. From CAYO they also learnt about the concept of 'revolving door' membership in youth organisations. This was the



The 15 members of the St John Ambulance National Youth Council during their inaugural meeting in Perth in January 1997. Lynne Dansie, the Chief Officer (Cadets) and instigator of the Council, is standing at the right end of the second row.

idea of members being recruited for specific shorter-term tasks — a notion foreign to the Operations Branch, which preferred its member to stay for life.

By the end of the 1990s the problems of youth had become a matter of concern for the Commonwealth and State/Territory governments as well. In Victoria the Kennett government (1992–99) had introduced a community service-type Cadet scheme in the secondary schools. Under this initiative, the State government sponsored the formation of school Cadet units, which could opt to be military Cadets, St John Ambulance Cadets or Cadets from other community service organisations such as the Scouts and State Emergency Service. As a result St John Cadet Divisions formed in a number of schools. The idea was also taken up in Western Australia, Queensland and South Australia.

The National Youth Officer

In addition to these State initiatives, the Commonwealth and State/Territory ministers for youth affairs agreed on the development of a National Youth Strategy. By now a plethora of national youth forums other than CAYO were coming into existence and were keen to provide advice. They included Ausyouth, the Forum on Recognition of Skills Gained by Young People Participating in Voluntary Youth Activity, the National Forum of Youth Sector Organisations, the National Youth Round Table and the Commonwealth's own Youth Action Pathways Taskforce With so many agencies speaking out, members of the St John National Office decided that St John must be involved. As a means of having someone focus on youth issues full time, in early 2000 they decided to appoint a salaried 'National Youth Officer' for 18 months. The documentation supporting this proposal pointed out that the purpose of such an appointment would be 'to give impetus to [St John] youth program...[and] to liaise with the Commonwealth agencies [initiating] youth policy'. The position would not 'be exclusively concerned with Operations Branch but [would] have a brief for youth activities across St John'. Lynne Panayiotis was appointed to the position. She took up duty early in 2001. (For the period of her appointment, Andrea Williams, the District Officer [Cadets] in Western Australia, filled her position of Chief Officer [Cadets].) By the time she took up her new duties, Panayiotis was accustomed to dealing with the emerging range of youth forums. She had begun working with them soon after taking over as Chief Officer (Cadets). In September-October 1999, for instance, she and other St John representatives attended a National Youth Development Conference in Perth. In January 2000, she helped prepare the St John submission to the Youth Pathways Action Plan Task Force drawing attention to the St John youth programs; then in July 2000, she and Michelle Davis, chairperson of the Australian Youth Council, had represented St John at the National Forum of Youth Sector Organisations in Melbourne.

What might eventually come from the new St John thrust into national youth policy was uncertain. It was nevertheless clear that through the youth reforms introduced by Marshall and Dansie during the 1990s, the St John Cadets and Youth Councils were well placed to emerge as one of Australia's most effective youth movements.

Sources

The information in this chapter has been drawn from various sources, mainly the Brigade and Operations Branch's own publications listed below. Another major source were the notes of a series of interviews that the author conducted with Dr Barry Price, the National Secretary (Volunteers) for St John Ambulance Australia 1991–2001. The author gratefully acknowledges his debt to Dr Price. Other sources were as follows:

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Cole-Mackintosh, Ronnie, *A Century of Service to Mankind: A History of the St John Ambulance Brigade* (Century Benham Ltd, London, 1986, 28, 141–5).

Competitors and rivals: the material in this section is derived from information provided by Sven Nilsson, Sydney, August 1999; Brian Fotheringham, Adelaide, May 1999; Terry Jongen, Canberra, November 2000; and David Burns, Hobart, July 1999.

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St John Ambulance Australia, *St John Ambulance Australia Annual Reports 1990–2000* (St John Ambulance Australia, Forrest, Australian Capital Territory).

St John Ambulance Brigade and Operations Branch, Minutes of the Brigade/Operations Branch Standing Committee, 1947–2000 (archives, Australian Office of St John Ambulance Australia).



The St John Ambulance Band performs for the annual awards day of the Operations Branch in South Australia, Adelaide, November 2000.

Chapter 5

SOME ORGANISATIONAL ISSUES

Introduction

According to organisational theory, the St John Ambulance Operations Branch is a complex organisation. Multi-layered in its rank structure and divided in Australia into eight autonomous State and Territory Districts within an over-arching federal structure, its complexity is manifest. In complex organisations like St John Ambulance, problems demanding solutions proliferate. If none is found the organisation may fall apart or waste away. Finding solutions to each year's crop of problems is therefore a priority, and special administrative structures are accordingly established to deal with them.

This chapter considers a series of organisational issues and difficulties not covered in detail elsewhere in the book. The first explains how the Operations Branch is administered locally, regionally, at the State and Territory and then the national levels. The next deals with the book of *General Regulations* by which the Operations Branch is managed. The next considers first aid competitions, for long central to the annual cycle of corporate routines. Another critical issue is discipline, considered in the section bearing that name. And so the chapter continues, examining a range of issues to be addressed, arrangements to be made and positions to be filled if the organisation is to function smoothly.



Nursing and Ambulance Division members line up at Coogee Beach, Sydney, for the annual New South Wales District first aid competitions, 1917.

Like the chapters in the remainder of the book, this chapter includes a series of personal contributions submitted by present and former Brigade and Operations Branch members. It therefore represents a departure from those preceding it — a shift of focus from the institutional to members' personal experiences across decades of institutional history.

National and District Headquarters Staff

For as long as the Brigade and Operations Branch have existed, the organisation has had three and sometimes four and five tiers of management. At the local, Divisional level, are the Superintendent, Divisional Officers and, where available, the Professional Officers (Medical, Nursing and Ambulance Officers). Together these officers comprise the Divisional Staff, the lowest level of the management hierarchy.

The next level up, the regional, consists of the Corps Staff — Corps Superintendent, Corps Professional Officers (again where available), Corps Officer (Cadets) and other Corps Officers as necessary and depending on the size of the Corps. A Corps (renamed Region in 2000) is made up of a group of Divisions, the minimum number of which is three. Not all States and Territories in Australia have Corps. One, the Australian Capital Territory, has never had them: with never more than eight Divisions, the ACT District is only the size of Corps elsewhere. The Northern Territory and Western Australian Districts once had them, but as District strength declined during the 1980s and 90s the Corps were disbanded and the remaining Divisions came under direct District supervision. Victoria also reorganised its Corps into Regions in 1999, anticipating the change in terminology by a year by regrouping its Divisions into four geographical areas. By the end of 1999, then,

only New South Wales, Queenland, South Australia and Tasmania among the eight State and Territory Districts retained Corps.

The third level up is the District, a discrete, autonomous group of Divisions and (where relevant) Corps of which a Commissioner is in charge. In Australia each of the eight States and Territories is a District and has its own District Headquarters Staff and District Office. The *Operations Branch General Regulations 1999* specify (in Procedure 3.7.2) which officers shall comprise the Headquarters 'establishment'. As well as the Commissioner, there is provision for a Deputy Commissioner, District Superintendent, District Professional Officers (Medical, Nursing, Ambulance), District Officer (Cadets), an unspecified number of District Staff Officers and a District Sergeant-Major. In practice not all of these positions are filled all the time. In 2000, for instance, only two Districts, Queensland and the Northern Territory, had Deputy Commissioners. The two critical positions are the Commissioner, who is the chief officer within a District, and the District Superintendent or principal administrator; but even with these positions, lengthy intervals of many months sometimes elapse between appointments. In addition, and mentioned nowhere in the *General Regulations*, are the salaried staff members responsible for day-to-day management. Variously called District secretaries, managers or administrators, they run the District offices, attending to a host of routine administrative tasks that enable the Districts to function smoothly. By the 1990s all Districts were employing such functionaries, usually full-time but part-time in some smaller Districts. In some Districts they are recruited from within the Operations Branch and continue as members. In others they are recruited externally and do not wear the uniform.



The team from the Newcastle Cadet Division handle their casualty in a regional first aid competition at Kotara Park, Newcastle, New South Wales, 1950. Let to right are: Denis Rowan, Warren Bailey, Danny Lewis, the adjudicator (a local doctor) and John McAlister. The patient is John Oldfield.

The District has remained the framework for Brigade administration in each State and Territory ever since the first Districts formed in the first 15 years after 1900. Even after the 1940s, when a federal St John organisation emerged and national Brigade headquarters came into being, the District continued as the main structure. The actual term 'District' became redundant in June 2000, when the Operations Branch Standing Committee agreed to a Victorian proposal to use 'State' and 'Territory' instead. After 99 years, the organisation had opted to discard one unambiguous term for two that were less precise. 'State' and 'Territory' of course have wider geographical, political and constitutional connotations that 'District' does not. Other points of confusion became apparent after the new terms were adopted. In referring to 'States/Territories', for instance, it was not always clear whether the entire State or Territory St John organisation was meant or only the Operations Branch segment.

The fourth level is the national. If the haphazard and ineffective Central St John Council for Australia of the 1920s is not counted, Australia has had a national St John structure since 1941, when the Commandery for Australia (Exclusive of Western Autralia) formed. Effectively federating the State St John bodies, the Commandery was replaced by the Priory in 1946. Both Commandery and Priory made possible the development of a Brigade and Operations Branch National Headquarters Staff. For the first 15 years this consisted solely of the Chief Commissioner, but as the decades passed, other positions were created. A Chief Surgeon and a Chief Nursing Officer were added in 1956, a Chief Superintendent (first called Chief Staff Officer) in 1958, a Chief Officer (Cadets) in 1975, a Deputy Chief Commissioner in 1987 and a Chief Ambulance Officer in 1999. As with District Staff, the role of each position is specified in the *General Regulations*. Similarly, not all positions need necessarily be filled all the time: for example, only one person has ever served as Deputy Chief Commissioner and then only for one three-year term. The first full-time salaried administrator was appointed to the National Headquarters Staff in 1991. At first called 'Assistant Secretary, Operations Branch', the title became 'National Secretary, Volunteers' in 1998, when additional responsibilities (mainly for the Community Care Branch and the Jerusalem Eye Hospital) were added.

At least 95 people have served as District Commissioners in Australia, all but three of them have been male and 75% have been medical practitioners. Here is the list of those known to have held the position:

New South Wales
T.S. Parrott (1901–02)
G.L. Mullins (1902–14)
T. Storie Dixson (1914–23)
T. Morgan Martin (1924–25)
H.R.G. Poate (1926–41)
W. Vickers (1942–45)
G. Stening (1945–51)
R.S. Steel (1952–57
S.G. Nelson (1958–64
E. Thompson (1965–68)
G.N. Young (1969–74)
P.W.H. Grieve (1975–80)
G.C. Killen (1980–86)
B.E. Kinghorn 1987–93)
J.D. Spencer (1993–99)
C. Purdie (1999–)

South Australia
A.S. Lindsay (1914–15)
R,V. Bulman (1915)
G.F. Hussey (1915–31)
S.L. Dawkins (1931–46)
S.R. Burston (1946–47)
E.A.H. Russell (1947–51)
F.W. Mugford (1951–60)
H.H. Hurst ((1960–63)
J.M. Pedler (1963–69)
J.D. Fotheringham (1969–73)
W. Gove (1973–78)
B.E.J. Ancell (1978–83)
G.A. Davies (1983–87)
B.J. Fotheringham (1987–90)
R.M. Edwards (1990–96)
G.L. Coombes (1996–)

Western Australia
G.F. McWilliams (1904–07)
W. Trethowan
(Perth District 1912–15)
C.A. Bolton
(Goldfields District 1912–15)
H.G. Tymms (1915–39)
J.R. Donaldson (1939–61)
J.J. Holland (acting 1941–43)
A.L. Dawkins (1961–66)
L.G.B. Cumpston (1966–69)
A.J. King ((1969–72)
N.H.M. Colyer (1972–77)
M.deC. Clarke (1977–81)
E.R. Griffiths (1981–84
R.L. Pearce (1984–90)
B.F. McInerney (1990–93)
H. Goldacre (1993–97)
K.E. Collins (1997–)

Tasmania
T. Goddard (1939–59)
T.C. James (1960–66)
Sir Douglas Parker (1966–68)
R. Hudson (1968–75)
J.M. Large (1975–81)
K.J. Milbourne (1981–87)
A.C. Grice (1987–94)
S.D. Miller (1994–98)
E.C. Edwards (1998–2000)
R. Byrne (2001–)

Northern Territory
C.G. Mills (1977)
A.F. Bromwich (1978–83)
L.J. Crompton (1984–90)
I. Ping (1990–91)
S. Baddeley (1991–99)
A. Hodges (1999–)

Victoria
G. Horne (1909–21)
R.M. Downes (1921–45)
J.A.H. Sherwin (1945–51)
W.W.S. Johnston (1951–56)
F. K. Norris (1956–59)
D.C. Donald (1959–66)
G. Newman-Morris (1966–69)
A.W. Burton (1969–72)
H.H. Jackson (1972–74)
J.P. Bush (1974–80)
F.E. Poke (1980–84
E.W. Brentnall (1984–87)
L.J. Newell (1987–90
J.A. Mawdsley (1990–93)
D.L. Fraser (1993–99)
R.K. Boucher (1999–)

Queensland
K.B. Fraser (1951–60)
M.W. Elliott (1960–70)
C.G. D. Clarke (1970–75)
L.S. Parker (1975–78)
J.A. Springhall (1978–81)
G.M. Gray (1981–86)
P. Nicholl (1986–90)
S.D. Watson (1990–96)
V. P. Efstathis (1996–99)
J.F. Leditschke (1999–)

Australian Capital Territory
C.M. Gurner 1979–84)
G.J. Murphy (1984–87)
P.N.O. Tedder (1987–90)
P.J.A. Evans (1990–96)
G.R. Newman-Martin (1996–)

Producing similar lists of the hundreds of individuals who have held other positions on District Headquarters Staff is almost impossible, even for the post-World War II decades, when there has been a national Priory office and a Brigade and Operations Branch National Headquarters Staff with a heightened sense of the importance of District and national records. Unfortunately, in many Districts the critical records for compiling such lists are simply not available — destroyed or lost as District offices have been spring-cleaned or as addresses have changed over the years. A large block of the most important national Brigade records of all, the Minutes of the Standing Committee for the 25 years 1941–65, has vanished. These were intact in the Priory headquarters building in Canberra in 1980 but have disappeared since then. If they were still available they would have helped in the compilation of lists of the District staff members who were not Commissioners.

Determining those who have held National Headquarters Staff positions is somewhat easier because their names are always listed in the Priory annual reports. Excluding the National Secretaries, Volunteers, a total of 33 individuals have held portfolio positions on the National Headquarters Staff, and six of these have held more than one position. They have been as follows:

Chief Commissioner
S.L. Dawkins (1941–46)
S.R. Burston (1947–56)
W.W.S. Johnston (1957–62)
F.K. Norris (1962–69)
D.C. Donald (1969–79)
G.N. Young (1979–84)
P. Falkland (1984–89)
F.E. Poke (acting 1989–90)
V.R. Marshall (1990–99)
L. Allen-Brown (1999–)

Deputy Chief Commissioner
B.E.J. Ancell (1983–84)
F.E. Poke (1987–89)

Chief Surgeon
W.W.S. Johnston (1956)
F.K. Norris (1957–61)
A.W. Burton (1963–65)
D.C. Donald (1966–69)
G. Newman-Morris (1969–71)
A.W. Burton (1972–79)
J.P. Bush (1979–84)
B.E.J. Ancell (1984–89)
J.F. Leditschke (1990–96)
F.H.G. Bridgewater (1996–)

Chief Nursing Officer
F.C.B. McKay (1957–69)
D.M. Davidson (1969–76)
B.M. Dawson (1979–87)
N.M. Wreford (1987–89)
B.J. Davis (1990–96)
P. Lorimer (1999–)

Chief Superintendent
A. Christie (1958–67)
N.A.W. Billing (1968–80)
E.A. Mason (1981–84)
J.D. Spencer (1985–93)
L. Allen-Brown (1993–99)
P. Arbon (1999–)

Chief Officer (Cadets)
E.A. Mason (1975–80)
R.J. Bluck (1981–84)
J.L. Patterson (1985–93)
L. A. Dansie (1993–99)
L. Panayiotis (1999–)

Chief Ambulance Officer
S.D. Miller (1999–)

National Manager Volunteers
B.J. Price (1991–2001)
L. Fiori (2001–)

Note: the titles of these positions have changed over the years. The head of the Brigade was styled 'Commandery Commissioner' 1941–46, 'Priory Commissioner' 1947–53 then 'Chief Commissioner' from 1954. The title Chief Surgeon was used 1941–96; the position was renamed 'Chief Medical Officer' in 1997. The position now called Chief Superintendent was known as 'Chief Staff Officer' 1958–67, 'Chief Staff Officer (Brigade)' 1968–75', 'Chief Staff Officer' 1976–77, 'Chief Superintendent (Administrative)' 1978–88 then 'Chief Superintendent' from 1989. The Chief Nursing Officer was called 'Chief Superintendent (Nursing)' 1956–83; 'Chief Nursing Officer' was adopted in 1984. The most senior Cadet position was called 'Chief Staff Officer (Cadets)' 1981–82, 'Chief Officer (Cadets)' 1983, 'Chief Officer for Cadets' 1984–98 then 'Chief Officer (Cadets)' again from 1999. The salaried secretary to the National Headquarters staff was styled 'Assistant Secretary, Operations Branch' 1991–97, 'National Secretary, Volunteers' [with additional duties] 1998–2001 then 'National Manager Volunteers' from 2001.

Beyond the national level there was at one time a fifth, world-wide level of management. This comprised the position of Chief Commissioner of the Brigade Overseas, created in 1903 after the *General Regulations* were amended to split the Brigade into two segments — the Brigade 'At Home', that is in the United Kingdom, and the Brigade 'Overseas' or in the British Empire beyond Britain. From 1903 there were two Chief Commissioners, one for each segment. In 1911 the positions of Surgeon-in-Chief, Deputy Commissioner and Lady-Superintendent-in-Chief were added to the 'Overseas' segment. The separate 'Overseas' segment ended with the death of the fourth of the Chief Commissioners, Sir James Sleeman, in 1950. By then the creation of national Priories in Australia, Canada, New Zealand and South Africa, each with their own Chief Commissioners, had rendered the position redundant. Even so, formal approval from the St John's Gate, London, headquarters of the Order for senior Brigade and Operations Branch appointments continued to be necessary until the 1990s. These were the Grand Prior's appointments — Chief Commissioners, Commissioners and others listed in the *General Regulations*.

(Sources: St John Ambulance Australia Operations Branch General Regulations 1999 *[St John Ambulance Australia, Forrest Australian Capital Territory, 1999]; Barry Price, personal communications: the author's notes of interviews with Dr Price, September 2000 and January and May 2001; Priory in Australia of the Order of St John, Annual Reports, 1947–2001.])*

National committees

A series of national committees and forums guides the Operations Branch. All meet regularly and at least annually. The following paragraphs summarise their functions and activities.

The Standing Committee

The principal policy making body among these is the Standing Committee. With the Australian Executive and the Finance, Training Branch, Community Care Branch and Ophthalmic Branch Standing Committees, this is one of five key national committees of St John Ambulance Australia and, like them, meets during the annual Priory Conference in June. On it are represented the senior members of the National Headquarters Staff (Chief Commissioner, Chief Superintendent, Chief Professional Officer and the Chief Officer [Cadets]), the Director and Deputy Director of Training (heads of Training Branch), the eight State and Territory Commissioners and the Priory Secretary.

The annual conference of District Commissioners and Superintendents with National Headquarters Staff

The other key Operations Branch forum is the annual conference of national and State/Territory senior staff (Commissioners and Superintendents), which usually meets later in the year and relays views on policy matters to the Standing Committee. The Priory conferences provide an opportunity for other regular meetings of senior officers with shared interests, including the Commissioners, the State/Territory Superintendents, the State/Territory Officers (Cadets) and the State/Territory Professional Officers (medical practitioners, nurses and ambulance officers).

The Medical Standards Committee

The Medical Standards Committee, which formed in 1993, decides on all medical protocols for both Operations and Training Branches. With the Chief Commissioner and the Director of Training as co-chairmen, it is a high powered body composed of leading medical practitioners and medical academics drawn from both Operations and Training Branches and also from outside St John.

Its foundation co-chairmen, Villis Marshall and John Pearn, insisted on tenure up to a three-year maximum for committee members other than the Chief Commissioner and Director of Training and two others in order to ensure the regular infusion of fresh blood and new ideas. Retiring members, however, could become 'corresponding' members. In this way the committee would still benefit from their expertise. The official instrumental in establishing the committee, Barry Price, regarded it as the innovation of which he was most proud in his 11 years as the Operations Branch national secretary.

The Research Ethics Committee

St John receives many requests by researchers wishing to investigate aspects of its practice. Most involve Operations Branch, and so it was appropriate for research projects to conform with the St John research policy developed during 1997 by Dr Jeff Wassertheil, a member of the Medical Standards Committee. The policy called for the formation of a Research Ethics Committee to approve and monitor proposed research projects. This body, a sub-committee of the Medical Standards Committee, was formed in late 1997 on guidelines formulated by the government-appointed National Health and Medical Research Council. It meets annually. Apart from its co-chairs (the Chief Commissioner and Director of Training), it has four other members drawn from outside St John. The latter are selected for their sound judgement and ability to represent community interests such as lay people, religion, the law and medicine. Many of the research projects approved by the Research Ethics Committee have benefited St John practice. For instance, one study, by the Operations Branch Chief Superintendent, Dr Paul Arbon, and the Chief Medical Officer, Franklin Bridgewater, developed statistical measures for predicting the number of casualties that might be expected at large scale public events. Other studies have vindicated St John procedures. In this category was a project conducted before the formation of the Research Ethics Committee by a team including Wassertheil and Professor Fred Leditschke (also a foundation member of the Medical Standards Committee). The team tracked heart attack patients treated by Operations Branch members at the Melbourne Cricket Ground. Their findings indicated a 60% recovery rate, which might have been significantly lower without the timely intervention of the first aiders.

Reform in the Northern Territory

Chapter 4 examined the program of reform instituted across the Operations Branch during the 1990s under the Chief Commissioner, Villis Marshall. Marshall had always wished to reform the Branch command structure, particularly at the District or State and Territory level. However, the organisation's institutional inertia prevented him from undertaking the thorough overhaul of promotions positions that he thought necessary. Many senior officers regarded that particular reform as a threat: often having spent a lifetime in the Brigade and Operations Branch advancing up though the ranks, they were reluctant for the reforms to go too far. (Marshall alludes to his hopes for reform of the promotional system below in the

section 'The Eighth Chief Commissioner'.) Despite that, a useful experiment in reform took place in the Northern Territory during Marshall's last two years in office. The two Commissioners who conducted it describe what happened in the following paragraphs.

Background

In the Northern Territory we instituted a series of structural reforms in the Operations Branch during 1998 and 1999. This was in the last two of my eight years as District Commissioner. We began the reform process because over the previous two or three years we had been looking critically at our active membership. We became aware that, while we still had the largest per capita representation of any State/Territory or capital, our numbers had been falling gradually over several years and that the members we were able to attract were staying with us for shorter periods of time and performing fewer duties than they had previously.

There was an instinctive feeling that part of our decreasing appeal was related to our military-type structure. This was not based on any truly objective evidence and was largely based on anecdote and subjective opinion. It was also believed from anecdote that younger members were frustrated by their inability to participate in the running of their Divisions until they had gained seniority and rank. We were able to ascertain from our records that the average new St John member stayed with Operations Branch for a period of about 2½ years.

We felt that if we were to restructure Operations Branch, we should plan to present a more friendly face to new members and that new members could be utilised in any way thought suitable by their Divisional Superintendents regardless of seniority or rank. It was hoped that those members with special organisational skills or other areas of expertise could be fast-tracked into senior Divisional positions. In doing this it was also hoped that Divisional Superintendents would be given greater flexibility with regards to the running of their Divisions and that the District staff would take a lesser role in the approval and appointment of Divisional Officers. For this reason a number of changes were undertaken.

Our first step was to discuss widely with all Branch members the philosophy of our intended changes. We thought it important to change the perception that rank was a reward for long and good service. It was our intention that rank should recognise only the current input of that member into their Division. For this reason the rank system was simplified to that of Divisional Superintendent and Divisional Officers. Non-commissioned rank was abolished. We also felt that Divisional Officer rank should be temporary in nature and should exist only while the Divisional Superintendent had allocated a member a specific task sufficient to warrant Divisional Officer authority. The previously long-endured regulation by which all Divisional Officers were appointed by the District Staff was abolished also. The Divisional Superintendent was given full discretion over the appointment and, if necessary, 'un-appointment' of Divisional Officers.

These changes were relatively simple and although they caused significant consternation amongst older members initially, I feel that they have now become fully accepted by the majority of our members and that Divisional structure is showing signs of working in an improved manner.

(Stephen Baddeley, Darwin, Northern Territory, May 2000)

The next Commissioner continues the reform process

I came to the Northern Territory on leaving the army 15 years ago, in 1985 when I was 25. I'd grown up in Victoria, where my Dad was an Anglican parish priest. I started off here in Darwin working for 18 months as a radio technician with the Northern Territory police. During that time I did a first aid course, at the end of which I received a letter inviting me to become a member of the Palmerston Division. I accepted the invitation. I became interested in ambulance work, did the ambulance officer training course and was soon appointed Divisional Officer of Palmerston Division. When the Divisions in Darwin subsequently amalgamated I was appointed a Corps Officer. With the abolition of the Corps structure here in 1995, I joined the District staff. The next year, 1996, the Commissioner, Stephen Baddeley, appointed me District Superintendent. I succeeded him as Commissioner in June 1999.

Stephen and I worked together with other District staff members and officers in Divisions to institute a program of structural reform in the Northern Territory Operations Branch District. One aim of the program was to simplify structures and procedures. Another aim was to break down the autocratic, regulations-oriented and hierarchical nature of the organisation. A third aim was to make better use of our officers, helping them become more readily deployable so as to meet District needs, by turning them into strategic thinkers and planners. We obtained National Headquarters approval for what we wished to accomplish, and it was agreed that what we were attempting should be a pilot project from which other Districts could learn. The Operations Branch *General Regulations* were duly amended as they applied to the Northern Territory District for a three-year trial period beginning 1 September 1997. In addition we developed a strategic plan with nine main goals, each of which included a set of objectives, strategies,

performance indicators, timelines and lists of the particular officers responsible. The first goal, 'to review and simplify administrative procedures...', indicated the direction we wished to pursue.

The main aspects of these changes were, first, to dispense with many of the rules and regulations that we thought hindered the streamlining we wish to bring about. Second, we moved away from an hierarchical, qualifications-based District staff structure by abolishing the 4-level system of promotional Grades for District Officers (Grades I to IV) and also by removing the traditional designated professional positions such as District Medical Officer, District Nursing Officer etc. In their place we introduced a series of seven portfolio-type District-level positions to fit our main areas of endeavour — logistics, human resources, information technology, recruitment and retention, training, marketing, administration. We appointed a District Officer to take responsibility for each portfolio area. In addition we retained a District Officer position for both Cadets and nursing services. District Officers were also appointed for the southern parts of the District, Alice Springs and Tennant Creek, these officers performing the functions previously fulfilled by the former Corps officers. At the Divisional level we did away with the non-commissioned ranks (sergeants and corporals), thus flattening out the Divisional hierarchy. A third aspect of the reforms was to prevent people in promotions positions from fossilising on the job. Previously officers achieving senior rank tended to stay on in perpetuity: once they'd become Graded officers they retained their rank and position until they retired. The new promotional structure has resulted in a project-oriented approach to promotions instead. Officers accepting portfolio appointments are in effect project officers. When their projects are completed they return to their previous positions and ranks. The workload is heavy for each portfolio officer, and that tends to produce swifter rotation of officers between the District staff and Divisions. There are advantages and disadvantages here: the main advantage is that more officers are better able to contribute to District development in their areas of expertise; the disadvantage is a weaker promotional framework and a perceived loss of status by those returning to the Divisions after completing portfolio appointments.

As we approached the final year of the three-year trial last year, we evaluated the pilot project. The evaluation was independently conducted by two members of the Territory St John Council — Alan Bromwich (Council president and a former Commissioner) and Joan Johnston. During 1999 they conducted a survey of District members by distributing a 10-point questionnaire to elicit members' views. About 70 (or 16%) of our 430 members responded. The main findings were that 'whilst all [was] not entirely rosy in the garden, nor [were] there any insurmountable or major problems....Everything was essentially fine.' We on District staff think that the pilot project, by achieving its main objectives, was generally a success. Whether or not the other Ops. Branch Districts will learn from it, however, and make similar reforms, remains to be seen.

(Andrew Hodges, Darwin, Northern Territory, March 2000)

General and Dress Regulations

The St John Ambulance Brigade and Operations Branch have been running for over 110 years under a set of continually evolving regulations. The first set of Brigade regulations was issued on 14 April 1889 by the Central Executive Committee of the Ambulance Department of the Order of St John, the body responsible for both the Brigade and the St John Ambulance Association. N. Corbet Fletcher's 1929 history of the St John Ambulance Association summarises the regulations thus:

> *There were thirteen Regulations of which the most important were that all Ambulance Corps of the Association shall combine to form a Brigade; each Corps shall be known by its local name and governed by the local Centre; minimum strength of Corps shall be 11, including 3 officers (surgeon, superintendent and inspector of material), with one extra officer for each further section of 12 men (lst, 2nd, 3rd Officer, and so on); surgeon to each Corps shall be responsible for instruction and professional matters; uniform shall be optional—black cap and peak with Brigade badge, black serge trousers and tunic with Association badge on arm; each member shall sign register and agree to conform to Regulations; each member shall hold certificate of Association and lose membership unless re-examined annually by surgeon; all members shall ipso facto be members of the Association.*

Fletcher's terminology might confuse present-day Operation Branch members but his description of the type of Brigade defined by the first regulations would nevertheless evoke a familiar institution.

The broad ambit of the *General Regulations*

The regulations, later named *General Regulations*, have remained the Brigade and Operations Branch institutional 'Bible'. They are at once an authority that all members from the Chief Commissioner down to the newest recruit must obey, a management manual, a statement of policies, a guide to behaviour and a source of advice on how to deal with the varying situations facing first aiders, as well as a directory of the organisation's structure and procedures. They cover these main areas: the table of contents

for the 1999 edition suggests something of their broad sweep: Objectives and Governance; Membership; Operations Branch Organisation; Officers, Appointments, Promotions, Grades; Duties of Officers; Discipline and Conduct; Efficiency and Awards; Duties; Administration and Committees; Finance, Accounts and Property; Communications; Parades, Bands [and] Residential Activities (etc); Cadets and Juniors.

Villis Marshall, Chief Commissioner 1990–99, summarised the purpose of the regulations in his foreword to the 1999 edition:

> *Regulations provide a common-sense guide to the management of an organisation. These General Regulations seek to codify those matters of importance which affect the ordered and harmonious conduct of the Operations Branch in its task of rendering first aid to the community. Officers of Operations Branch need to manage within the spirit as well as the letter of these General Regulations. Where the letter of the General Regulations does not extend to a particular situation, good managers will best demonstrate the quality of their leadership by applying those Regulations as far as possible and then handling the situation with integrity, understanding and compassion.*
>
> *Members also need to recognise the spirit as well as the letter of these General Regulations. They should see the General Regulations not just as a basis for their own rights but as the framework for providing a quality first aid service to the community.*



The Lake View and Star Division team, national first aid champion team, 1965. Left to right, standing, are: G. Calneggia (coach), J. Floyd (assistant coach), K. Jenkins (team manager), G. Moderana (patient); sitting: R. Madalena, K. Young (captain), W. Woollams, G. Schultz.

Successive Australian editions of the *General Regulations*

The 1999 edition was the sixth produced in Australia and for Australian conditions. The first was in 1953, before which the UK's Brigade Regulations had sufficed. The second Australian edition appeared in 1968, the third in 1975, the fourth in 1984 and the fifth in 1990. On average a new edition had therefore been produced every 7 years. The reason for this frequency was that the Brigade and Operations Branch is an evolutionary body. As it changes, its rules must be revised to reflect the new shape and new direction it takes. Continual amendment is consequently necessary. Much effort by the Brigade and Operations Branch Standing Committee has gone into amending the *Regulations*, with the result that each edition eventually becomes so widely amended that a successor is required.

Each of the later five Australian editions grew from and was a redevelopment of the preceding edition. For that reason they had much in common, right down to the chapter headings, which did not change greatly from one edition to the next. What did change substantially was the material included in the appendices. These contained information that the National Headquarters wished to impart in areas beyond the material covered in the *Regulations*. The second, third, fourth and fifth editions each had an appendix itemising the organisation's catalogue of forms, and another on channels of communication. The fourth and fifth ran the same appendices — insurance, acquisition and ownership of property, the special service shield and the officer establishment for District headquarters — in addition to 'forms' and 'communication'. They varied by running an appendix each on different topical issues — Combined Divisions in the fourth edition and Boards of Inquiry (into grievances and disciplinary matters) in the fourth. The sixth edition was rather different from the preceding three by including a series of recently developed important Operations Branch policies — on sexual harrassment, child protection, vehicle ownership and use, the code of conduct, infection control and the ability to serve.

The next major development with Operations Branch *Regulations* was to begin publishing them electronically on the Internet. The 1999 edition of the *General Regulations* was the last to be printed and bound in book form. In 2000 the *General Regulations* were included as part of the 'Members/ Volunteers' section of the St John Ambulance Australia Internet website, <www.stjohn.org.au>. They thus became readily accessible to all members, or at least those with computers.

Brigade and Operations Branch uniforms

The one chapter of this book that the present author shirked writing was an historical account of the uniforms worn by Australian Brigade and Operations Branch members over the past century. This history therefore contains no such chapter, although the uniforms are discussed at various points throughout the book. My reason for shying away from the topic is its sheer vastness. Suffice to say here that the uniforms for adults (male and female) and Cadets (male and female again) have gone through so many transformations that an encyclopaedia on the subject could scarcely do it justice. The uniform has changed greatly over time. In the organisation's early decades the men wore military-style uniforms of black serge trousers and tunic with high collar and a narrow-brimmed, short-peaked cap. The women at that time wore ground-length white flared dresses, a pinafore, black cape and a nurse's veil. By the turn of the twenty-first century, the uniform had gone 'unisex'. Men, women and Cadets all wore essentially the same uniform — black trousers, white shirt, heavy-duty black crew-neck pullover on duty with a 'bomber'-style jacket for more formal occasions, and a broad-brimmed black Akubra-style hat. The *Dress Regulations* permitted those who wished to retain their tunics and peaked caps to do so, and also made provision for the wearing of highly visible weather-proof vests in fluoro-yellow. In addition there was special provision for green working overalls and fluoro-yellow cycling garb for bicycle-mounted units.

In addition to variation over time there was regional variation. In Western Australia the men of the Brigade wore khaki uniforms rather than the conventional black and white until 1987; and in Queensland and the Northern Territory white shirt rather than tunics and ties were worn except on ceremonial occasions. In 1999 Western Australia announced its intention of experimenting with a green uniform modelled on that worn by members of the State St John ambulance transport service. The Cadet uniforms varied both over time and regionally. In South Australia and Victoria male Cadets wore a black beret and a grey double-breasted flannel lancer jacket with black piping. Their counterparts in New South Wales wore a black army-style forage cap, a white shirt, Scout-style triangular scarf with the front sides kept together with a Scout-style woggle.

Yet another area of variation, over time and regionally and between adult and Cadet members, is the system of shoulder flashes, badges and insignia of rank and status — a matter equally as complex as the uniforms on which such markings are placed. While he was Chief Commissioner, Villis Marshall referred to this aspect of the uniform as 'buttons and bows', as seen under that subheading in the previous chapter.

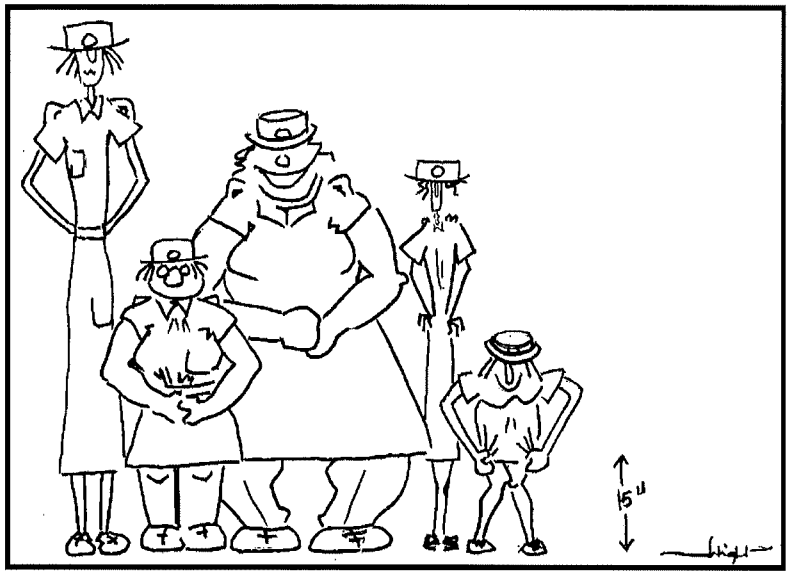
Australia's own *Dress Regulations*

The Brigade and Operations Branch *Dress Regulations* are a further set of rules to guide members in matters relating to uniforms. Though published separately, the *Dress Regulations* are really an extension of the *General Regulations*. Like the latter, they are continually amended as fashions change and the uniforms are adjusted accordingly. Like the *General Regulations*, too, the Brigade in Australia used the UK manual until a locally produced version became necessary. The first Australian edition appeared in 1974.

During the late 1970s there were calls for further revisions to the *Dress Regulations*. At the Standing Committee meeting in 1979. Dr J.M. Large, the Tasmania Commissioner, voiced common concerns when he called for a different style of uniform for both men and women:

> *The perpetuation of the present uniform created a considerable waste of money. His objection to the present uniforms was not only because of the high cost, but that they were impractical as working uniforms. He said two uniforms were needed, the present one for parading and another more serviceable for working... There should be a cheaper uniform, smart enough for appearance on parade and one that could be washed... The matter of cost must be considered in the case of all uniforms and... the Nursing [female] uniforms could be of a 'mix and match' style.*

It took another five years to produce a second Australian edition of the *Dress Regulations*. They were finally published in 1984. They were reviewed again in 1991 and a revised version introduced the next year as 'interim dress regulations'. These were finally published as a third edition in 1994. The new edition 'Australianised' the uniform further by making items such as a black Akubra-style (i.e. broad-brimmed) hat, black zip-up 'bomber' jacket, black slacks and black jumper standard dress for all members — men, women and cadets. It also allowed for a 'summer' uniform (black shorts and long white socks for men, light dress for women) and the same heavy-duty working wear (white overalls with reflective markings, flourescent yellow-green parka, hard hat and safety boots) for both sexes.



The standard 15-inch hemline: one Nursing Division member's view of its absurdity.

15-inch hem-line

Until the late 1960s the women of the Brigade's Nursing Divisions conformed to dress rules requiring them all to wear skirts with a hem-line extending down to a standard distance of 15 inches [38.1 centimetres] from the ground. The 15-inch rule might have ensured they looked spick and span on parade, with hem-lines all level; but it created anomalies. The hem-lines of very tall members might almost approach their ankles while those of the very short were above their knees. It thus forced some women into 'showing more leg' than others. The 1963 cartoon above, by a member of the Brisbane Central No. 2 Nursing Division, made fun of the rule, aptly expressing many female members' resentment of its inflexibility.

A change of rules followed in the wake of the 1969 tour of Australia by the Superintendent-in-Chief, the Countess of Brecknock, the Brigade's most senior female officer world-wide. The Countess, who wore a uniform with a mid-knee length hem, attracted great media interest by deploring the 15-inch rule that Australians still observed. She was quoted as saying 'I just don't think we can ask our young girls to go around in skirts falling around their ankles as their grandmothers did'. The Brigade Commissioner in the State where she said this, South Australia, was Dr John Pedler. When the press asked him for comment he tried to justify the rule but conceded that the Brigade would have to think seriously about fixing the hem-line at mid-knee height, like the hem of the Countess. 'They cannot be any shorter than this,' he nevertheless warned, 'as our girls do a great deal of bending when they are on field duty and too much leg would be shown.' Younger Brigade women in particular disagreed. For them the words of their Superintendent-in-Chief were a fresh breeze sweeping through the Brigade. Mini-skirts were all the rage and they, too, were keen for their hem-lines to rise above their knees.

The Brigade and Operations Branch regulations on the uniform have always been detailed, with precise specifications for what the uniform is and how it must be worn. Until the 1970s the Brigade in Australia tried to follow the dress regulations of the Brigade in Britain. By the late 1960s complaints of the unsuitability of the latter for Australian conditions prompted the Brigade in Australia to develop its own. The task took four years, an Australian set of rules eventually appearing as a manual, *Dress Regulations*, in 1974. The new manual embraced the mid-knee skirt height principle.

The dress regulations are continually amended to take account of factors such as changing fashions, the rising cost of uniform production, the availability of materials, the need to make the uniform more practical and the wish of members in Australia's widely varying climatic zones to wear something better suited to local conditions. The manual consequently becomes outdated within several years, making new editions necessary. After 1974 major revisions of the manual took place at 10-year intervals, with new editions appearing in 1984 and 1994. Amidst this change at least one regulation remained fairly constant — the rule about the hem-line. Regulation 5.17 required that the 'Uniform suit (Female) [be] black serge or barathea jacket and skirt', then went on to give these specifications:

> *'Skirt with tailored seams, panelled in front with knife pleats approximately 17.8 to 20.3cm (7" to 8") long and not less than 7.6cm (3") in depth, thus making the panel appear to be a wide, box pleat. Side seams and a plain back. Belt loops on waistband, with a zip fastener in side seam on left side. Length not shorter than mid-knee.'*

Few Operations Branch women in 2001 might have remembered Marjorie, Countess of Brecknock, who'd been their world-wide head during the decade 1960–70. That was to be expected for she was but a footnote to St John Ambulance history in Australia. To her, however, they owed the end of the tyranny of the 15-inch hem-line.

Competitions

Competitions in first aid and patient care have a long history in St John Ambulance, and particularly the Brigade and Operations Branch. They date from the organisation's earliest years. The first Brigade competition was held at Birkenhead, England, in 1890, three years after the Brigade's establishment. Regular competitions at Divisional, District, national and even international levels have been a continuing feature of Brigade life ever since.

In Australia the first competitions were conducted by the St John Ambulance Association (Training Branch), which in every State and Territory had been founded well before the Brigade Districts came into being. The Association's early annual general meetings in the capital cities in the 1880s and 90s were usually gala occasions more like concerts than business meetings. The Governor and others prominent among the colonial social elite attended them; the agenda included musical items; and teams of graduates from the recent classes of instruction demonstrated practical first aid by competing against each other.

Trophies

In Australia there have been a plethora of competition trophies. The eight States and Territories conduct their own competitions to select the adult and Cadet teams who will represent them in the national championships. In addition some Corps and Divisions conduct their own internal competitions to select teams to compete in the State/Territory championships. Trophies for the winners, usually named after the donors, are part and parcel of the competitions. By 1947 New South Wales District was awarding no fewer than nine — the E.J. Davis Cup, the Shepherd Cup, the Douglas Shield, the Thomas Cup, the Overend Cup, the Henderson Shield, the Higgins Cup, the Ambler Cup and the Sydney Cup. As the competitions change, most trophies eventually become redundant. For instance, neither the Herald Cup awarded for the national men's competition 1947–79 nor the Sleeman Shield awarded for the parallel women's competition 1950–79 could be awarded after competitions for combined teams of men and women became standard in 1980. Many Divisional meeting halls and District headquarters buildings are consequently replete with cups and shields from times long past. No longer burnished brightly and with spaces still for engraving the names of potential winners who will never now be champions, they remind present members of the aspirations of the legions of their predecessors who once strove to secure them.



The Port Lincoln Division, South Australia, team with the Faulding Shield for the District first aid champions, 1976. Left to right are: George Mannix, John Glasson and Martin Lewis. This was the first time a country team had won the competition.

At the national level, seven trophies are currently (2001) awarded to national champions. In the adult competitions there are three — the Sir George Stening award for the individual champion, the Douglas Donald award for the team champions and the Gordon Young award for the overall champion State/Territory. In the Cadet competitions four trophies are awarded — the Colonel Alex Christie for the individual event, the Frances McKay for the team, the Douglas Donald for the team leader and the Sir Kingsley Norris for the champion State/Territory. The trophies commemorate the service of six giants of the Brigade in the earlier post-war decades. Stening, a former Commissioner in New South Wales was the Priory Chancellor 1961–81. Dr Doug Donald was the Chief Commissioner 1969–79; Alex Christie (whose career is described in a later chapter) was the inaugural Chief Staff Officer 1958–67; Dr Frances McKay was the Chief Superintendent (Nursing) 1956–69; Dr Gordon Young was the Chief Commissioner 1979–84; and Sir Kingsley Norris was the Chief Commissioner 1962–69.

National competitions

Annual national first aid competitions, which soon became known as 'championships', began in Australia only after World War II. There had been calls from as early as 1920 from the short-lived Central St John Council for Australia for their introduction. The time and cost of interstate travel at that time prevented the idea from becoming a reality, however. Furthermore, it was only after the establishment of an effective national St John forum, the Priory, in 1946 that national competitions became administratively feasible. Only four Districts competed in the first interstate championships in the Melbourne Town Hall on 22 November 1947 — New South Wales, South Australia, Tasmania and Victoria. The 'home

District' team, Victoria, drawn from members of the Caulfield Division, won the Herald Cup donated by the *Herald* newspaper for the champion team. For the first three years, 1947–49, the championships were a 'men-only' event. Women did not begin national competitions until 1950. That year both men's and women's teams competed in Sydney, but in separate events. South Australian teams won both events — the Herald Cup for the men's and the Sleeman Shield for the women's competition. The sexes continued competing separately for the next 30 years, until the 1980 championships in Adelaide, when combined teams of men and women participated for the first time. Up till then the men's (Ambulance) and women's (Nursing) competitions were conducted in alternating years. The only exception had been 1950.

Until 1965, the teams consisted of five members (four competitors and one reserve). Competitions for individuals were introduced in 1965, so that from then on there were always two events — individual and team. Cadet championships began in January 1968 in Melbourne. This was an event for Ambulance Cadets (boys), but a Nursing Cadet (girls') competition took place six months later in Canberra, Thereafter the boys' and girls' competitions, like the adult championships, took place in alternating years. Combined Cadet competitions began in 1985. Cadet Leader competitions had begun in 1975, which meant there were three events in the Cadet championships — individual, team and leaders. From 1985 another award, Champion District, was made in both the adult and Cadet competitions, the champion District being the one achieving the highest aggregate points during the competition.

Purposes of competition

The purpose for first aid competitions is to maintain members' first aid skills at a high level by practising them in realistic scenarios that approximate actual casualties. Carrying out treatments under the pressure of a contest and within time limits is thought to simulate the emergency conditions of field practice. In Australia there is another reason: the competitions have a unifying function. They bring members together from across the country, create bonds of friendship, foster a sense of common purpose and reinforce commitment to the St John cause.

For those who participate, these objectives are probably all realised. However, those who participate at the national or even State level can only ever be a minority of the total membership. Attempts across the years to get the majority involved have met with only mixed success, and so State/Territory and national competitions remain the preserve of a keen minority. Another difficulty has been that some members have become competition specialists, who have done little public duty, instead spending their time rehearsing for the next competition. There was one State team composed entirely of 'specialists' that won no fewer than three national championships. Since the rationale for competition is to keep skills in good shape for use on public duty, being a competition specialist who does no duty negates the purpose. A further difficulty has been the cost. Equipping a team, flying it interstate and accommodating it is an expense to be met from ever-scarce District funds.

Concerns about such matters eventually prompted the Chief Commissioner, Villis Marshall, to question whether the competitions should continue. He raised the issue during the Operations Branch meetings at the Priory conference in 1993 after the St John Ambulance Australia National Council had queried the cost of the competitions. He spoke as follows at the Standing Committee meeting:

> *It is not surprising that National Council was critical of the costs and sceptical about whether competitions are meeting St John objectives. Enthusiasm to compete is lacking in many areas and there is little community interest. Whether they raise the level of first aid training has to be demonstrated.*

Competitions on trial

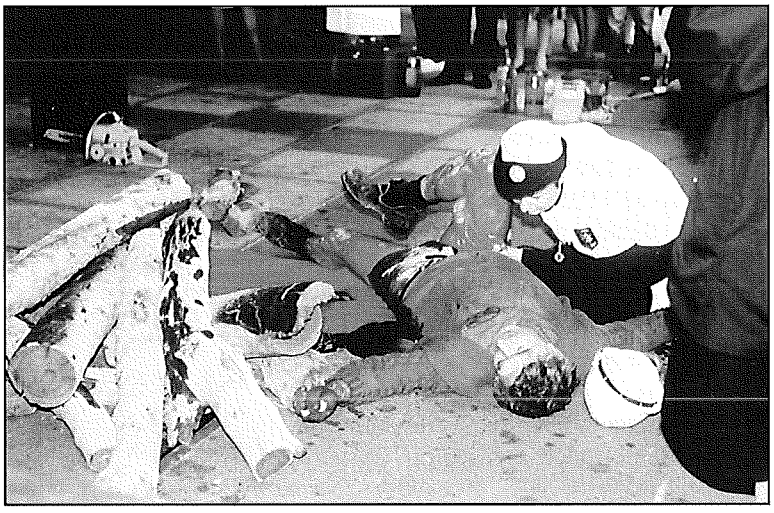
Marshall then asked for each District's opinion on whether or not to continue with the competitions. A range of views for and against was forthcoming. Five months after this discussion, the competitions were on the agenda at the conference of the National Headquarters Staff, Commissioners and District Superintendents in November 1994. Marshall advised the delegates that, to survey ordinary Operations Branch members' opinions on the competitions, a questionnaire on the topic was being sent out as part of the 1994 Skills Maintenance Program. At the next Standing Committee, in June 1994, he reported that the questionnaire had attracted only a 'low response rate'. He went on to say that the future of the adult competitions had to be resolved within the next year. In the ensuing discussion three Districts — the Australian Capital Territory, Queensland and South Australia — said the costs of the championships outweighed their benefits, and the ACT delegates said they would 'rather spend their resources on equipment than competitions'. The officer in overall command of the championships, the Chief Surgeon, Fred Leditschke, defended the competitions. He said the 'silent majority', who probably supported the competitions, hadn't returned their survey forms.

Later in the year Marshall reminded delegates at the November 1994 conference of the National Headquarters Staff, Commissioners and District

Superintendents that adult competitions were on trial for the rest of the triennium, then once again called for the views of each District. Faced with a perhaps predictable diversity of opinion, Marshall proposed that Leditschke should prepare a report on the future of the competitions for debate during the next meeting of Operations Branch Standing Committee in 1995.

The entry of the professionals

Leditschke duly reported to the 1995 Standing Committee meeting. He presented five options for the future. His preference was for the first of these — maintaining the status quo but amending the competition regulations to allow professional officers to compete. The committee accepted this proposal and agreed that the 1996 competition would be deregulated. The hosts for 1996, New South Wales, announced they would run an 'experimental' competition. As well as the regular interstate Operations Branch competition, which would include professional officers for the first time, they would run a parallel competition for teams from outside St John and mixed teams drawn from both the Training and Operations Branches. The experimental competitions subsequently took place at Darling Harbour, with several outside teams participating. As far as the 'home' team was concerned it was a total success: they swept all before them, winning both individual and teams events and taking out the champion District award as well. The team did include professional officers, but as later championships were to prove, the professionals did not swamp the competition as feared earlier, and the non-professionals were able to hold their own. New South Wales then took a lead in improving competition management by introducing training courses for adjudicators and revising the competition regulations.



A contestant handles a casualty during the national first aid competitions, Perth, 1987. This particular scenario involved an accident with a chainsaw. A liberal application of simulated blood has been applied to the patient's legs, and already the contestant's hands are covered with it.

Competition regulations

The competitions have led to the development of special and complex sets of regulations. They are covered first in the *General Regulations*. They are covered again in separate *Competition Regulations*. In Australia there are two sets of these, one for adult and another for Cadet competition. Both are updated frequently as competitors, team managers and adjudicators suggest changes to make the competitions a better test of knowledge and practical skills. They have also led to a specialised form of first aid skill — casualty simulation, or the use of make-up and assorted stage 'props' to simulate injuries, making them look realistic. In the United Kingdom there is an organisation, the Casualty Simulation Union, dedicated to this activity. The Brigade and other first aid bodies in the UK hire the union to produce simulated injuries on competition 'patients'. The 'Bible' for the casualty simulators there is an elaborate textbook of instructions and coloured illustrations produced by the union. Finding the union textbook too complex for its needs, the Operations Branch produces its own manual — *Step by Step Basic Casualty Simulation Manual*.

Competition winners

Who becomes a first aid champion is somewhat problematic. In theory winners should be determined solely by the competitors' relative performance in competition against each other, the various test events being scored by independent adjudicators. The playing field, however, is not necessarily level for there seems to be a 'home ground' advantage. That is, the teams of the Districts hosting successive championships appear to have won more often than is statistically probable. Between 1947 and 2000 a total of 213 separate championships were decided in the various events making up the competition. The 'home District' competitors won 60 (28%) of these. Given that the championships have been annually rotated around the eight States and Territories, we might expect that, give or take a few, each District would have won about an eighth of the 213, that is no more than about 26 championships. The possibility of a 'home' advantage and a disadvantage 'away' prompted the Operations Branch to change its competition regulations during the mid-1990s. Host States and Territories always manage the competitions under the overall supervision of the Chief Medical Officer, and so the selection of the adjudicators was their responsibility. For convenience they chose locals, and it was there that any bias possibly crept in. After the reforms instituted by Marshall and Leditschke in 1994–95, great effort went into ensuring that the marking system was scrupulously fair. The competition regulations were amended to produce a standardised marking system and ensure that truly independent — interstate — adjudicators presided.

International competitions

International first aid competitions, even if spasmodic events, have been another aspect of Brigade and Operations Branch life in Australia. The first seems to have taken place in England in 1931 as part of the celebrations marking the centenary of the foundation of the Order. Another was held in London in 1937 to mark the 50th anniversary of the Brigade's establishment. An Australian men's team participated in the latter. It was from Collie in Western Australia and consisted of A.E. Fisher (manager), A.E. Stout (captain), H.C. Hicks, H.V. Keevil, J.C. O'Rourke and T.W. Meadows. All were railwaymen and were simultaneously members of the Brigade and the Western Australian Railways Ambulance Corps. They owed their selection as the Australian Brigade team to the fact that they were the reigning champions of the Australian railways first aid competition.

Regular international competitions became possible only during the 1980s, with the rise of fast, reliable and relatively inexpensive international jet travel. It has been Cadet rather than adult competition that has gone international: international Cadet competitions have been held on average every two years since 1986, often in association with international Cadet camps. Eight have now been held and a ninth was planned for Christchurch, New Zealand in 2002. The venues have shifted between Australia, England, Malaysia, New Zealand and Singapore. The competition in Malaysia in 2000, described in Chapter 12 under the heading 'Kuala Woh', indicates how important such events are for the teams. The major competition prize is the 'Commonwealth Shield', a trophy donated by Australia. It has been won once by England (1986), four times by Australia (1989, 1992, 1998, 2000), twice by New Zealand (1995, 1996), and it has also been shared twice by joint winners — in 1987 by Australia and Wales and in 1996 by New Zealand and Australia.

In addition to the competition for the Commonwealth Shield, there is another trophy for a more limited form of international Cadet competition. This is the 'New Zealand Army Cup', awarded for a tri-nation competition among teams from Australia, Fiji and New Zealand. It has been awarded nine times since 1967. Fiji has won once, in 1967; Singapore somehow managed to win once, in 1985; New Zealand has won twice (1968 and 1977); Australia has won four times (1974, 1989, 1992, and 1998); and in 1996 Australia and New Zealand drew. The more recent competitions were run concurrently with the biennial international cadet competitions just described, with the higher points scorer between Australia and New Zealand receiving the cup.

Discipline

The St John Ambulance Brigade and Operations Branch is an organisation premised on discipline. Chapter 6 of all six Australian editions of the *General Regulations* spells out what the organisation understands by discipline. The first edition in 1968 explained that it was necessary because of the Brigade's task in relieving the sick and suffering: people joining the Brigade did so voluntarily but also accepted what discipline implied — obedience and loyalty to seniors among junior ranks, and tact, patience and fairness among their seniors. The task could not be accomplished, the Regulations stated, 'without a discipline of the highest order to which each member submits when he [sic] joins the Brigade'.

By the 1990s the Operations Branch was endeavouring to play down its earlier emphasis on military-style discipline. It had come to appreciate that, in a voluntary organisation trying to recruit and retain members in a society with many alternative attractions, a softer approach was appropriate. There was, however, no escaping the reality that the notion of discipline suffused the Operations Branch and was implicit in its hierarchy of ranks. As previously, the *General Regulations* gave State and Territory Commissioners wide disciplinary powers over their members. Thus, subject to appeal to the Chief Commissioner, Commissioners had the authority to suspend or dismiss members from the Operations Branch for neglect of duty, failure to obey instructions, inefficiency and conduct likely to bring St John Ambulance into disrepute.

The *General Regulations* specify the procedures to be followed in dealing with grievances and disciplinary breaches. These generally involve discussing a complaint against a member with the person making it; advising the member that a complaint had been made; investigating the complaint, giving the member an opportunity to respond; and, depending on the situation in hand, instigating a process for managing the problem further. If the last of these should lead to the member's suspension, the Commissioner is obliged to institute a 'Board of Inquiry', that is a formal investigation conducted by a chairperson and up to three other members, all of whom must be senior officers not involved in the case. Having examined the case by gathering evidence and hearing from witnesses, the Board of Inquiry makes a report. Consisting of findings and recommendations, the report goes to the Commissioner. If the member's demotion or dismissal is recommended, the Chief Commissioner must be advised. The Chief Commissioner may either approve or reject the recommendation, or call for a further inquiry.

At any one time during the 1980s and 90s an average of about six cases were wending their way

through the inquiry process. There were probably more during the 1980s than the 90s because the development of the Management Training Program (described in the previous chapter) during the early 1990s resulted in better management. That in turn helped reduce the number of interpersonal conflicts that had led to some Boards of Inquiry in the past. 'The better the management, the fewer the grievances and the less the need for formal disciplinary procedures' was one conclusion here.

Cases leading to Boards of Inquiry tended to be of four main types. First was sexual impropriety. Second was financial mismanagement and/or dishonesty. Third were disputes arising from factional disagreements. Fourth was the breaking-up of close personal relationships that left the parties feeling aggrieved. Only some such cases ended in Boards of Inquiry. More often than not they were resolved before going that far. When that happened it was usually because the parties to the complaint could accept a mediated settlement, or because the member against whom a complaint had been lodged left the organisation voluntarily. The cases more likely to end in a formal inquiry tended to be those where the parties brought in their own legal representatives. Such cases tended to drag on, sometimes for years, before resolution. The files on successive Boards of Inquiry accumulate in National Headquarters archives. They comprise a sad collection. Because they still cause pain to those involved we will not refer to particular cases; suffice to say that they reflect almost the entire gamut of human frailty and fallibility.

(Sources: Operations Branch Australian Headquarters files on disciplinary cases; Barry Price, personal communications: the author's notes of interviews with Dr Price, September 2000 and January and May 2001; St John Ambulance Australia Operations Branch General Regulations 1999 *[St John Ambulance Australia, Forrest ACT, 1999].)*

Removing an obstacle to development

In Chapter 4 we looked at the issue of cost recovery — whether or not the Brigade and Operations Branch should invite event organisers to contribute to the cost of providing first aid services. In seeking cost recovery the Brigade in Queensland in earlier decades was hampered by State legislation which until the early 1980s effectively prevented it from public fund raising activity. In the following paragraphs a former Queensland District Commissioner explains how this legislative obstacle was removed.

'Kiss': how a rock group changed Brigade fund-raising in Queensland

I'm a Kiwi. I came to Australia in 1977 after receiving an invitation to run the student medical service at the University of Queensland. At home in Dunedin I'd taught first aid for St John and had been the Brigade District Surgeon, so when I came to Brisbane I made inquiries about St John here and offered to help. I started by teaching public classes at Wesley Hospital. Nancy and Roy Tranby, who built Brisbane Central No. 1 Division into the Brigade's strongest in Queensland, were a product of one of my classes there. I got to know the Brigade Commissioner of the day, John Springhall, who made me his successor when he finished his term of office in 1981. The Brigade in Queensland then was demoralised. It was perennially short of funds because of restrictions placed on its fund-raising capacity by the State's Ambulance Services Act, and it was deeply divided from the St John Ambulance Association [Training Branch]. One of the first big duties we handled after I'd become Commissioner was the concert by Kiss, the international rock music sensation of those times. We had 20 members on duty that night. It was a hard duty: the whole concert was a near riot, with thousands of Kiss fans in a continual hysterical frenzy. Our members had to take risks in treating the many dozens of casualties they handled, and they used huge amounts of bandages and other supplies. The organisers probably made well in excess of $100,000 on the night then gave us a paltry $100 donation for our efforts. That shocked me because it was an abuse of our members' good will. I therefore told the Divisions that when event organisers asked them what our fee for duty was they should have in mind a figure that was reasonable. As a result they began asking for a fair return on their time, effort and materials. This revolutionised Brigade income in Queensland, enabling the Divisions to pay their way without scrimping and scraping and to gain in confidence for tackling other large-scale events.

The Brigade's financial situation in Queensland changed totally after Wally Burnett, the second-in-charge at the Royal National Association (RNA, organiser of the Brisbane Exhibition), approached me as Commissioner and my District Superintendent, David Rossi, to see if the Brigade could provide the first aid service at the 'Ecka'. ('Ecka' is the popular name for the Brisbane Exhibition or Royal Show.) The RNA was dissatisfied with the Queensland Ambulance Transport Brigade (QATB) effort there and wanted to change providers. The RNA knew the ambulance officers were pocketing the money the QATB received from the 'Ecka'. The RNA was also impressed by St John's casualty treatment record keeping system because this facilitated the checking of insurance company claims for injuries suffered at the 'Ecka'. The RNA saw our system as superior to the QATB's. David Rossi and I had a meeting with Burnett and his RNA people. We explained to them how the Ambulance Services Act continually hampered our

activities by preventing us from accepting money in return for our services. Burnett personally knew the Premier, Joh Bjelke-Petersen, so he told him how the Act was preventing us from doing the major events. Joh agreed the Act should be changed to enable St John to earn money from doing them by charging an appropriate service fee. He therefore amended the Act to break QATB's monopoly on fund-raising for first aid activity. He did it unobtrusively by having a 'tidy-up' amendment to the Act slipped through parliament during a late night sitting. The amendment had a tremendous effect in releasing St John energies. It gave our members the opportunity of doing exciting duties at major events and ensuring that their Divisions made good money from these. The RNA was one highly satisfied client. It was delighted with our performance and was happy to give us the money we asked for.

There was some criticism of our changed approach to fund-raising. Some within St John, particularly the Association, took the view that because we were a voluntary Christian organisation we should be providing our own equipment and materials without any expectation of financial reward from event organisers. In addition, our Brigade members were running first aid classes for the Association but the Association was pocketing the profits. The Association leadership in Queensland still took the view that Brigade work was really the responsibility of the State ambulance service, the QATB, which had virtually run St John in Queensland until 1961. In those days the QATB staff were poorly trained. Many were simply truck drivers who'd done a first aid course without acquiring the practical first aid knowledge and skills that we developed among our members. It was a matter of grievance to us Brigade members that the Association representatives attending the annual St John Priory conferences interstate had their fares paid and stayed in the best hotels while the Brigade representatives had to pay their own way. Such attitudes among the Association leadership engendered deep antipathies within the Brigade. Fortunately the situation changed during the early 1980s, particularly after we'd had some major successes with large-scale public events like the Brisbane Exhibition and the 1982 Commonwealth Games. We performed exceptionally well at these and so the organisers were happy to make us a donation that adequately compensated us for our own expenses in providing our services.

(Geoff Gray, Fortitude Valley, Queensland, November 1999)

Service Medals

The medal for long service is a venerable St John Ambulance institution. As seen in Chapter 1, the Order of St John inaugurated its 'Service Medal' in August 1895, seven years after the foundation of the St John Ambulance Brigade in England. The Grand Prior (the Prince of Wales, later Edward VII) did not finally approve the design of the medal for almost three years, until June 1898. The first to receive the award, that same year, were 10 pioneers of the Brigade and the St John Ambulance Association. Among them were Sir John Furley (co-founder of St John Ambulance), Sir Herbert Perrott (the Order's Secretary-General), W.J. Church Brasier (the Brigade's first Chief Superintendent) and Dr Sam Osborn (one of the Brigade's first two official surgeons). The design has remained unchanged ever since — a silver medal, with a bust of Queen Victoria on the front with the Royal arms and arms of the Order on the reverse, suspended from a black and white vertically striped silk ribbon. In May 1911 the Order introduced a 'bar' to the medal for every additional five years' efficient service completed by recipients.

The Operations Branch *General Regulations* spell out who may receive the medal: 'On the recommendation of the Chief Commissioner, the Service Medal of the Order may be awarded to officers and members...who have completed 12 years of active and efficient service...as defined by [the] Regulations. A bar may similarly be awarded for each successive five years of efficient and active service' (Regulation 7.9). Thus, a member with 17 years' approved service will wear the medal and one silver bar, and one with 22 years' service wears the medal and two bars. After 32 years a gilt bar replaces the silver bars, and thereafter an extra gilt bar is awarded every five years. Someone who has served 47 years will wear four gilt bars — the equivalent of medal plus seven silver bars.

The actual medal is worn only on ceremonial occasions. At other times the ribbon is worn, above the left breast pocket, with silver and gilt crosses replacing the bars. Procedure 7.9.1 of the *Regulations* and Dress Regulation 8.5 specify such details. The *Dress Regulations* also urge members to maintain a smart image: 'Medal ribbons...are to be clean and correctly placed. Frayed ribbons are not to be worn, nor should they be covered by any plastic material. Medal ribbons are not to be worn on pullovers or jumpers' (Dress Regulation 1.5).

In Australia as many as nine bars have been awarded. A list of those known to have received eight and nine bars appears below. The list contains only 13 names because the total years of service required, 47 for the eighth and 52 for the ninth, are many. Thus, someone who joined at age 15 would be 67 before reaching the eighth and 72 — the compulsory retiring age — before receiving the ninth. Very few members remain in the organisation that long. Even if they do, discontinuous service, usually resulting from work and family commitments or changes of residence,

often preclude an extra bar. The 1975 *General Regulations* set a compulsory retirement age of 65 for 'active' Brigade members and 70 for those on the 'reserve list'. The 1999 *Regulations* raised the age limit to 72 for both categories. The age limits meant that the most bars an Operations Branch veteran member might expect to receive would be eight. Reaching eight bars was obviously more difficult until the age limit was raised to 72.

Who holds the record for the most bars is uncertain. It is known that Charles ('Cec') Dennis (1895–1985) of New South Wales received nine. He joined the Auburn Division in 1914, rose up through the ranks to become Superintendent of the Division in 1925, became a Corps officer in 1939 and was promoted to Corps Superintendent in 1955. He received the Service Medal (number 470) in 1926 and obtained his ninth bar in 1971, the year before his retirement. The only other Australian member known to have gained a ninth is Keith Bradley of Western Australia, who qualified for his before reaching the retirement age in 2001 after 60 years of St John membership. He had joined the Northam Railway Division as a Cadet bandsman at the age of 11 in 1941. He finished his career as a District Staff officer. Among other contributions to the organisation, he was the Western Australian liaison officer for the production of this book. Those known to have received eight bars are: New South Wales — Leslie Carrington, 1985; Allen Chinnock, 1993; Cecil Dennis, 8th bar 1966, 9th 1971; Leslie Medley, 1998; Nellie Muir, 1966; Selwyn Nelson, 1987; Irene Sheather, 1969; Betty Stirton, 2001; South Australia — David Heard, 1998; Victoria — Trevor Macfarlane, 1987; Merv Goodall, 1996; Western Australia — Keith Bradley, 8th bar 1995, 9th 2001; Sydney Byrd, 1990; Jack Miners, 1983.

By the 1990s earning bars was more difficult than formerly because National Headquarters Staff were scrutinising service record keeping systems and retirement dates more vigilantly. In times past the rule on retirement had occasionally been fudged, making it easier for elderly members to remain on long enough to earn the next bar. Among the oldest to receive it were two 87 year-olders among Western Australia's voluntary ambulance officers.

The Service Medal enjoys great prestige throughout St John Ambulance Australia because, as Operations Branch Regulation 7.9 points out, it is 'the primary reward for service...of the Order'. Because the medal is awarded for *voluntary* service with the various St John branches, those who receive it have all given the organisation years and years of unpaid labour. They are proud of being volunteers and of their prolonged voluntary effort. They also expect the organisation to appreciate their contribution to its success and to acknowledge the value of their effort. As Chief Commissioner Villis Marshall emphasised the importance of such expectations by stating that recognition of service is a valuable institutional habit, and the Service Medal is its currency.

The value of the currency is such that from the mid-1980s St John members working in parts of the organisation outside the Brigade and Operations Branch began receiving it. The first to whom it was granted were voluntary instructors with the St John Ambulance Association (Training Branch) and voluntary ambulance officers in the St John Western Australian ambulance service. Those who could demonstrate they had given 12 years' efficient service were to be granted eligibility from 1985, which meant they could receive the medal in 1997. In 1999 a minimum of 60 hours' service annually became an additional criterion.

Members who believe they are entitled to the medal must apply on the prescribed form. The application proceeds upwards past the applicant's supervisor and District Commissioner to the St John Australian Office, where it must pass the scrutiny of the Priory Investigations Committee, which makes the final recommendation on the honours and awards presented by the Order in Australia. The Prior formally awards the Service Medal on the advice of this committee of the Priory. This long process is necessary as a form of quality control. It is a means of ensuring that the medal goes only to those who meet its criteria for award and can document their entitlement.

The establishment of the Community Care Branch in 1987 created a new category of member who could receive the medal. At the time of writing (2001) no member of the new branch had received the medal, but the first would soon become eligible. The new branch had taken several years to become operational, and so its longest serving members had not yet accumulated the required 12 years' service. In 2000 the criteria for awarding the medal were extended to embrace *all* St John volunteers. Thus, members who worked for the Ophthalmic Branch, or were members of the State and Territory St John councils or worked for a fund-raising auxiliary would become eligible, their service to be dated from 2001. The criteria required that any volunteer receiving the medal should demonstate that they had maintained their skills in each year of service, had given satisfactory service in the view of their supervisors and had given a minimum of 60 hours' service annually.

For volunteers who had begun their service as Cadets, the criteria were relaxed slightly. Previously the Operations Branch Regulations had allowed time spent as a Cadet to be counted for the award of the medal, but at the rate of three to one, that is three cadet years being the equivalent of one year of adult service. The reason for this apparently discriminatory requirement was that 'Cadets do not

hold an adult first aid certificate nor carry out public duties unassisted' (Procedure 14.15.1). From 1999 the *Regulations* allowed Cadets who had passed the senior (i.e. adult) first aid certificate after turning 16 to count that and subsequent years as a cadet as a full year in calculating the years of service.

How many St John members have received the Service Medal in Australia is impossible to say, though there must have been thousands. Before the creation of the Priory in 1947, the States kept their own records of awards. These were often fragmentary and discontinuous. In the seven-year period 1994–2000, an average of 294 medals and bars were awarded annually. If that average had applied in the early years of the decade, over 3000 would have been awarded 1990–2000. From that we may surmise that up to 20,000 have been awarded in Australia since the Brigade arrived in the country in 1901.

(References: Price, Barry, personal communications: the author's notes of interviews with Dr Price, September 2000 and January and May 2001; St John Ambulance Australia Operations Branch General Regulations 1999 *[St John Ambulance Australia, Forrest, Australian Capital Territory, 1999].)*

Controversy over the National Medal

One of the great controversies in the Operations Branch in Victoria during the late 1980s and early 90s involved the National Medal. Laurie Newell, Victorian Commissioner for the Operations Branch 1987–90, became aware that St John members interstate, mostly ambulance officers, had been awarded the National Medal. He made inquiries about the possibility of Victorian Operations Branch members being awarded the medal too. Concluding that some were eligible, he nominated about 15 long-serving members. They duly received their medals, but this then created difficulties with the Priory headquarters in Canberra. The Priory Secretary accused Newell and the medal recipients of 'double dipping'. He took the view that they could receive either the National Medal or their bars to the St John Service Medal but not both. He demanded that the Victorians who had received the National Medal should surrender their Service Medal bars. Some handed their bars back; others didn't. I was one who did because by then I'd succeeded Laurie Newell as Commissioner and I thought that was appropriate action for me. Others didn't, including several Knights of the Order. The Priory Secretary's action caused great bitterness among those ordered to return their service bars. They saw it as an instance of the Priory selectively persecuting the members of a particular State, in this case the Victorians.

(Alan Mawdsley, South Melbourne, Victoria, September 1999)

Statistics

In the last two decades of the twentieth century, St John Ambulance Brigade/Operations Branch in Australia became more statistically aware of its performance than previously. For the first 14 years in which there was a national, federal Brigade organisation, 1942–55, the Chief Commissioners included one statistic alone — District strength (number of Brigade members in each State) — in their reports to the annual meetings of the Priory Chapter of the Order of St John. These figures were later published in tables in the Chief Commissioner's section of successive Priory annual reports. In 1956 the Chief Commissioner added a further statistic to his table — the number of Divisions in each District. The section on Divisions was subdivided to indicate how many Divisions were Ambulance [men's], Nursing [women's] and Cadet [both Ambulance or boys' and Nursing or girls']. This basic format for the tables remained unchanged for the next 24 years, until in 1981 two further statistics were added. These were the total hours of public duty that Brigade members performed annually and the total number of casualties they treated while on duty. For those Districts where the Brigade provided volunteers to help staff the State/Territory ambulance services there was an additional line to indicate how many separate hours had gone into ambulance transport work. The 1981 format for the tables remained unchanged for the rest of the century.

Strength

The information in the Chief Commissioners' tables has always enabled anyone interested in St John statistics to determine membership trends. For example, someone with the time to check the Priory annual reports would discover that over the six decades 1942–2000 the national strength of the Brigade and Operations Branch grew from 8174 to a peak of 14,612 in 1969 before dropping back to 10,490 in 2000. Thus, over the 59 years there was a nett gain of 2316 members or growth of 28%.

To seek comfort in such growth, however, would be to delude oneself because (as seen in Chapter 2) it was also true that in the three decades 1969–2000 the organisation's membership fell by 3791 or 28%. The slippage seems even more dramatic if membership levels are expressed as a ratio of the national population. Thus, in 1942, when Australia had only 7.2 million people, there were 128 Brigade members for every 100,000 of the population; by 2000, when the national population

had reached 19 million, the number of Brigade members per 100,000 of population had fallen to 58. Relative to population, Brigade/Operations Branch strength had therefore declined by 53% over the last six decades of the century. Not surprisingly, 'better recruitment and retention' became an organisational mantra.

Another matter of concern to those who watched the membership trends were the shifts in the strength of the Cadets. A separate line for Cadet membership was not included in the Chief Commissioners' statistical tables until 1956. A healthy Cadet movement was useful if the organisation wished to achieve its oft-stated goal of having a more youthful age profile. Probably only a fairly small minority of Cadets ever went on to adult membership — the proportion was a statistic that remained uncollected — but anecdotal evidence suggests that some of the most dedicated of lifetime adult members began their St John careers as Cadets. The percentage of total strength made up by Cadets fluctuated over the decades but the overall trend was towards gradual decline. From 47% of the membership in 1956 the Cadets reached a peak of 52% in 1969 before slipping down to 44% in 2000. These national Cadet membership trends, however, masked some interesting ones at the State/Territory level. Some States had a relatively low quota of Cadets, others fairly high. For instance, in 1999 South Australia's proportion of Cadets was only 32% while Western Australia's 64% was exactly double that rate. In the other six States/Territories the rates ranged between those extremes.

Hours of public duty

The hours of public first aid duty that Operations Branch members perform annually has become one of the two key performance indicators for Branch effectiveness. The more hours of public first aid duty perfomed, it is generally assumed, the more effective is the work of the Branch. If that is correct then the Branch's usefulness to the community increased appreciably during the two decades 1981–99. Over that period the national tally of public duty hours rose by almost a quarter (23.5%), from 483,877 hours to 632,705. All States/Territories but two increased their public duty hours. The Australian Capital Territory, New South Wales and Queensland achieved the most spectacular increases, with growth of 78%, 73% and 62% respectively. More modest growth occurred in Tasmania (18% increase), Western Australia (16%) and the Northern Territory (12%). The two States whose duty hours contracted were South Australia (by 16%) and Victoria (by 21%).

Casualties treated

The other key performance indicator is the number of casualties that Branch members treat while on public first aid duty. According to this measure the Branch's effectiveness is less clearcut than in the case of public duty hours. Nationally the number of casualties treated fell from 115,168 in 1981 to 95,760 in 1999 — shrinkage of 20%. Again, the national figure masks notable differences at the State/Territory level. Three States/Territories managed to increase their effort — Queensland by 40%, New South Wales by 27% and the Northern Territory by 22%. Only one, South Australia, experienced what could generously be described as moderate contraction, with shrinkage of 38%. Three experienced severe decline, these being the Australian Capital Territory by 71%, Western Australia by 83% and Tasmania by 88%. The eighth jurisdiction, Victoria, produced what is best characterised as alarming decline. The Victorian rate dropped by 102%; in short Branch members there treated fewer than half the casualties they had handled two decades previously.

The situation for 'casualties treated' is not quite so alarming when expressed in terms of the number handled by the 'average' Operations Branch member. The quota rose slightly from 8.1 casualties per member in 1981 to 8.9 in 1999. The reason for the small increase is the differential rates at which national strength and the casualty workload declined. As seen above, membership fell by 36% but casualties by only 20%. Thus the 10,799 members who treated 95,760 casualties in 1999 have the marginally higher rate of 8.9 casualties each than the 14,261 members who handled 115,168 casualties, or 8.1 each, in 1981. Put in other words, there were fewer members to do the work but the workload had not diminished as rapidly as membership. Even so, on this measure ('casualties per member') only three States/Territories showed an improved rate 1981–99 — Queensland, South Australia and the Northern Territory. The other five all experienced varying rates of decline by 1999, ranging from 16% to 132% below their 1981 figures.

Statistical trends

Making broad conclusions by bringing the two key performance measures together, the above statistics — if reasonably accurate — show that Operations Branch members were generally putting more time into their public first aid duties at the end of the century than they had been 18 years before. At the same time they were handling fewer patients. The graph below summarises the situation. It shows how the trend for public duty hours was to increase while the trend for casualties was to decrease. In other words, Branch members were spending more time on the job with less work to do, or waiting longer for the patients to appear.

To demonstrate this point, we can employ two additional statistical measures — 'duty hours per casualty' (that is, the notional number of hours available to handle each patient) and 'casualties per duty hour' (the average number of patients treated during an hour of public duty). 'Duty hours per casualty' expanded from 4.2 to 6.6 between 1981 and 1999, an increase of 36%. Over the same time 'casualties per duty hour' declined from a notional 0.24 patients to 0.15, a drop of 57%. More hours for fewer patients!

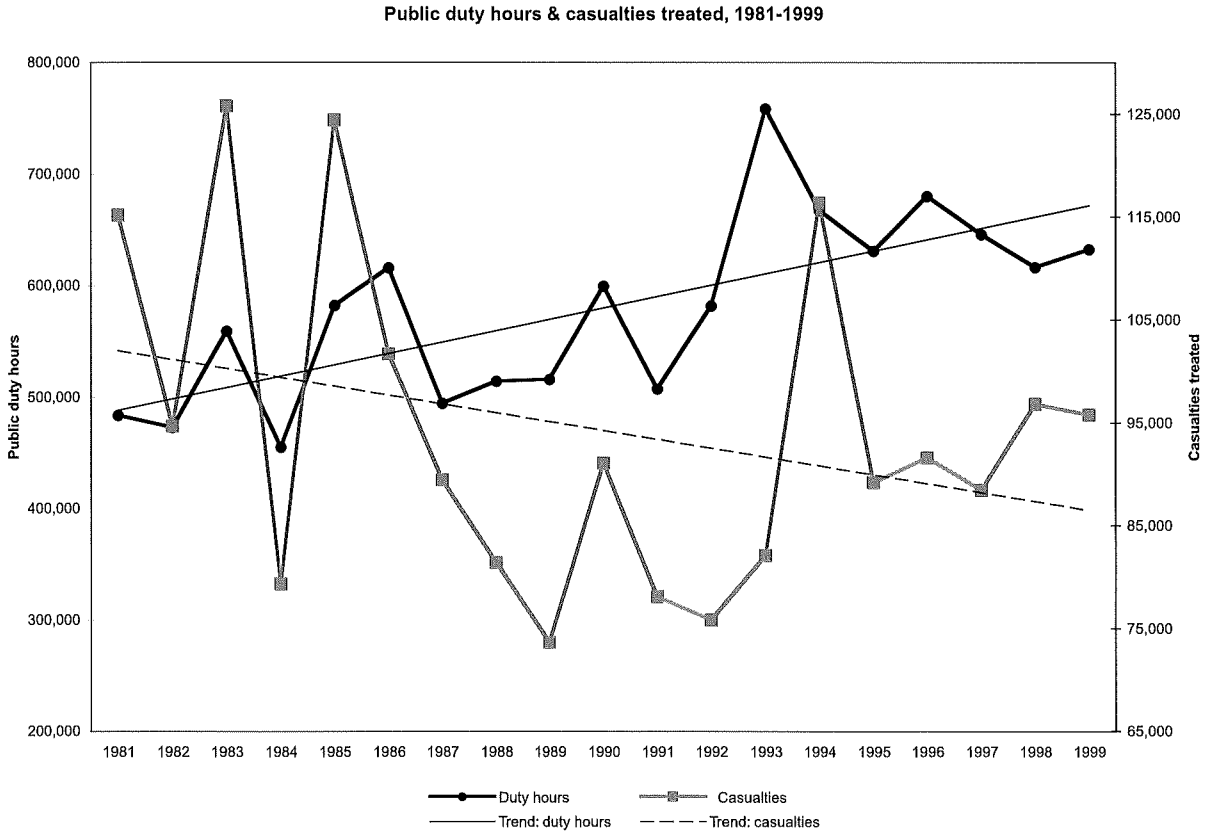
To what extent this situation perplexed the Operations Branch leadership is uncertain. The senior officials knew that strength was down and the volume of duty hours up. Few, however, would have found the time to plough through decades of annual reports in order to extract the data necessary for determining the trends for the other performance measures discussed above. Their many administrative and policy-making duties would have denied most the time for researching the Branch's historical statistics. Equally uncertain is whether they could have done anything even if they were aware of all the trends. 'More hours for fewer patients' was a concept that was not immediately obvious in the statistics of any one year's annual report. And though doing 'more hours' might have been fairly straightforward, reversing the trend towards 'fewer patients' was not. In terms of public health and safety, it was encouraging that there were fewer casualties to be handled; but that posed serious questions for an organisation whose existence was premised on treating them.

The following table shows the Australian totals for strength, duty hours and casualties in 1981 and 2000, the per member rates for hours and casualties that can be derived from them and the amount of change over the two decades.

Strength, hours of public duty & casualties treated

	1981	2000	% change
Strength	14,261	10,490	-36.0%
Hours of public duty	483,877	681,672	29.0%
Casualties treated	115,168	98,875	-16.5%
Duty hours per member	33.9	65.0	47.9%
Casualties per member	8.1	9.4	13.8%
Duty hours per casualty	4.2	6.9	39.1%
Casualties per duty hour	0.24	0.15	-60.0%

The duty hours and casualties in the table over the period 1981–1999 can be graphed and the appropriate trend lines fitted, as follows:



(Source: tables of St John Ambulance Brigade/Operations Branch strength in St John Ambulance Australia, Annual Reports, *1981–99)*

As Operations Branch Districts began appreciating the value of statistical measures like those above, some began making use of them in their planning processes. One that did so was Western Australia, as the following account suggests.

Performance indicators

In Western Australia we've started using performance indicators to measure our effectiveness as an organisation that delivers a community health care service. Each indicator measures 'this year' against 'last year' and also 'this State' against 'Australia'. The resulting comparisons show how we're performing — whether we're improving, standing still or slipping back. Such information will help us develop management strategies for improving our performance. We'll use these four measures:

1) Number in uniform: a measure of strength — the members we can call on for first aid duty. We currently have 1164 members in uniform. We're performing reasonably well because we're maintaining strength. Although in recent years our strength has fluctuated between about 950 and 1100, this year our 1164 is the best for the past 11 years.
2) Monthly adult membership: our membership is weighted heavily in favour of Cadets, who comprise 63% of our total membership. We aim to lift the adult membership ratio because without greater adult strength we can't give the public the service it expects. A monthly adult membership audit will tell us whether or not we're redressing the imbalance between adults and Cadets.
3) Number of hours of public duty relative to the previous year: a workload measure. We'll perform 42,000 hours of public first aid duty this year compared with about 39,400 hours in each of the previous two years. We're therefore performing well on this indicator.
4) Number of cases treated: another workload measure. Last year our members treated 3878 casualties —lower than the 5270 in 1997; but this year we'll exceed 5000, a big improvement over last year. [Western Australia treated 5140 casualties in 1999 and 6883 in 2000.]

(Laurie Hodkinson, Operations Branch District Secretary, Perth, Western Australia, June 1999.)

The value of women

St John Ambulance has taken a long, long time to recognise the worth of its women. The Brigade and Operations Branch had been going for almost 90 years in Australia before its first female District Commissioner, Shirley Watson in Queensland, was appointed in 1990. Since then there have been two more — Hazel Goldacre in Western Australia [1993–97] and Christine Purdie in New South Wales [since 1999]. There have also been four female Deputy Commissioners — me, Betty Stirton, in New South Wales [1983–89], Margaret Wilkinson in Queensland [1986–90], Lesley King in the Northern Territory [since 1994] and Joan Patterson in Victoria [1997–99]. There have been eight female District Superintendents — Shirley Watson in Queensland [1983–90], Lesley King in the Northern Territory [1986–93], Lynne Allen-Brown in New South Wales [1989–93], Kaye Woods [1990–93] and Joan Patterson in Victoria [1994–97], Joan Burn in Western Australia [1995–97], Cathy Gerner in South Australia [since 1998] and Sue Cooper in the Northern Territory [since 1999]. Many women have served at senior levels on District staff, but always in either the nursing or the Cadet portfolio positions. Apart from the 12 women I've just mentioned, the key District positions — Commissioner, Deputy Commisioner and Superintendent — have always been filled by men, of whom there have been hundreds. In the 1990s alone 38 men have served in these positions. That's a ratio of three to one in favour of men in the critical top jobs over the last decade of the century. Women, however, have long comprised half the Brigade and Operations Branch rank and file strength.

Women have been even scarcer in the national hierarchy. Since the national Brigade office was established in 1941 there have been nine Chief Commissioners, one Deputy Chief Commissioner, nine Chief Surgeons [called Chief Medical Officer from 1999], six Chief Superintendents, five Chief Nursing Officers, one Chief Ambulance Officer and five Chief Cadet Officers — a total of 36. Only a quarter of these have been women, and all but one of them served in the Nursing or Cadet portfolios: Frances McKay, Dorothy Davidson, Beth Dawson, Norma Wreford and Barbara Davis were successive Chief Nursing Officers, while Joan Patterson, Lyn Dansie and Lynne Panayiotis were in turn Chief Cadet Officers. The one exception is Lynne Allen-Brown, who had six years as the first and only female Chief Superintendent and is now the first woman to have become Chief Commissioner.

Lynne Allen-Brown's rise since the late 1980s, from District Nursing Officer to District Superintendent and then on to national staff as Chief Superintendent and Chief Commissioner, has been an encouraging sign that the organisation has come to appreciate women's value in the top leadership, decision-making and administrative positions as well as in their more accustomed nursing and Cadet roles. The 11 other women who've been District Commissioners, Deputy Commissioners or District Superintendents since the 1980s are an encouraging sign of the Operations Branch stepping in the right direction. 'About time, too!' we St John women shout in chorus.

One personal experience illustrates what a long way we've come since the 1970s and early 80s. When I was District Superintendent of Nursing Divisions 1974–82, I used to travel New South Wales inspecting the female Divisions. On my first visit to Broken Hill I was appalled by the low esteem the St John men demonstrated for their female counterparts. The city had two Divisions, a men's (Ambulance) and women's (Nursing). Both met at the same hall on the same night. The men used the main hall, the women a minuscule back room. If I'd been told the women's room was the broom cupboard I wouldn't have been surprised. I insisted that the women come into the main hall for

our meeting. They'd been too frightened, too unassertive, to claim their fair share of the space there. When I led them into the hall the men packed up and went home.

The entry of women into the upper echelons of both the Operations Branch and the Order has produced some moments of mirth. My first appearance as the Deputy Commissioner was one. It was at the Priory Church service in St Paul's Cathedral in Melbourne on St John's Day, 24 June 1983. This was a very special, solemn service because we were celebrating the centenary of the establishment of the first Australian centre of the St John Ambulance Association in 1883. I was such a new Deputy Commissioner that I'd had to sit up the night before in my hotel room stitching my new insignia of rank into place on my uniform. Before the service the Brigade had paraded and then marched to the cathedral. I marched with the other Deputy Commissioners, who were all male, more than a little taller than me and had much longer legs. I must have looked a funny sight trying to march in step with these long-striding gentlemen.

(Betty Stirton, Bankstown, New South Wales, August 1999)

Victorian innovations: capitation fees and regionalisation

I joined the St John Ambulance Brigade Cadets as a private in the Hawthorn-Kew Division in Melbourne. That was in 1969 when I was 16, a year after I'd left school. Within six months I'd been appointed a Cadet leader. The Division closed in 1971, after I'd been a member for two years, and so I transferred to the Malvern Cadet Division as Divisional Officer. Only three Cadets were present at my first meeting there. Shortly afterwards the Superintendent was eased out of the position because of advancing age and I was appointed to replace him. I built the Division up over the next five years, then in 1976 I became a Corps Officer for Cadets. In 1980 I returned to Malvern as the Superintendent of the Cadet Division. I converted the Division into a Family Division with five operating sections — Juniors (ages 8–11), Ambulance Cadets and Nursing Cadets (ages 11–15), Senior Cadets (15–18) and adults. All the sections met separately and had their own leaders. I put forward a submission to the Brigade national headquarters for a Grade VI officer to head each section. National headquarters accepted this proposal, which gave the section leaders greater status and authority to develop their units. This helped us increase our strength to 110 members by 1982, when I quit the Brigade to concentrate on developing my business interests. I didn't sever my ties with the organisation completely, however, for I became manager of the Brigade's Doug Donald campsite at Yarra Junction, a job I held for 10 years, 1982–92. I remained away from routine Brigade life for 13 years, until 1995, when I returned at the request of Joan Patterson, who was then our District Superintendent, and Lesley Swallow, who's now our Deputy District Superintendent. I was appointed Divisional Superintendent at Rowville in Melbourne's outer south-eastern suburbs. I remained there for a year and then accepted an appointment as Superintendent of the Northern Corps. After another year I was appointed District Superintendent in 1997. Most recently, last month in fact, I've also been appointed District Administrative Officer. The two positions are separate and have separate roles. The former is a voluntary one, as is customary in most Districts; the latter is a part-time one, remunerated on the basis of 25 hours a week on the job.

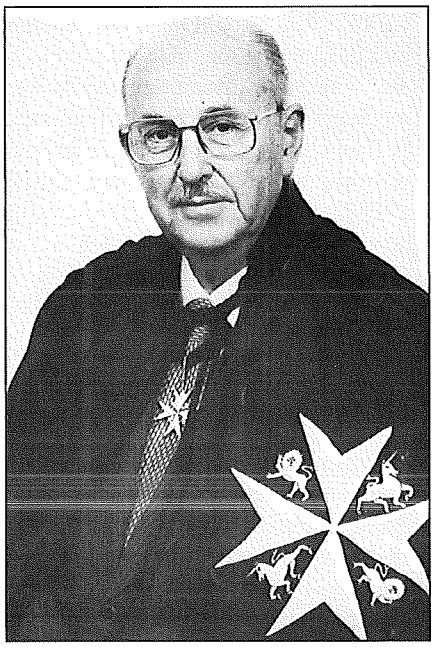
As District Superintendent I've been responsible for introducing two radical changes into Operations Branch administration. The first is the introduction of a capitation fee; the second is the replacement of the Corps structure with a regional arrangement centred on the Melbourne metropolitan area. The capitation fee is a charge that we introduced in 1998. It's levied on each Division on the basis of its membership — $110 for each adult on the roll, $50 for senior Cadets, $35 for Cadets and $15 for Juniors. District funds are then allocated to projects such as supporting our major public duties, and also to Divisions on a needs basis. We introduced it because of a District budget shortfall and as a way of making the Divisional contributions more transparent. Before we introduced it District headquarters used to cream off 20% of Divisional funds to support our major duties. We think the capitation fee is fairer to Divisions generally than the previous arrangement, particularly for those that work for the District rather than themselves. We recognise that the fee could be hard for some country Divisions to raise, and so after the first year we reduced the fee to $50 for the adults in country areas. Most public duties in country areas are actually done by metropolitan Divisions so the fee helps them. Divisions are doing more and more of the larger, District-level public duties, so they don't have time to do their own fundraising. The capitation fee has had various beneficial effects. First, it has cleaned up our membership data base because Divisions no longer keep inactive members on the roll. Second, it makes Divisions responsible for their own costs, and has consequently made them aware of efficiency in both finance and the maintenance of membership records. Third, it has shifted the focus of their fundraising from time-consuming local initiatives that return little profit for the amount of energy expended — the fabled chook raffles and lamington drives, for instance — to fundraising via public duties, for which event organisers make us a financial contribution in keeping with the time and effort we expend. Among the other advantages for the fee is the money it has released for special projects such as employing a full time Youth Development Officer, whose $28,000 salary is met with revenues provided by the fee.

The second of our major innovations is a move away from separate Corps, each with their own hierarchy of Superintendents and officers responsible for the Cadet, nursing and ambulance functions. Instead we're adopting a regional model that takes account of the centrality of the metropolitan area within Victoria. We've divided the State into four regions, each with a mix of metropolitan and country Divisions. The model makes more efficient use of staff and financial resources because there's now only one hierarchy instead of four or five as under the Corps structure.

(Alan Fry, South Melbourne, Victoria, October 1999)

Postscript: The Victorian capitation fee was not a new idea. We tried it in New South Wales. In September 1935, our Commissioner, Hugh Poate, introduced a capitation fee of one shilling (10¢) per member per year to assist District funds. This was collected each year until 1957. It was generally unpopular with Divisional Superintendents. District staff, however, retained it because it was the easiest way of supporting District funds. Due to an anonymous donation of £500 ($1000) in April 1957, the capitation fee was not charged that year. Further donations were made in the next two years. Our capitation fee wasn't therefore abolished but just fell out of use. Its purpose was the same as that of the present Victorian fee — a levy on members to provide funds for District headquarters. In my opinion such a fee is bad in principle because District headquarters should be supporting the members, not vice versa.

(Betty Stirton, Bankstown, New South Wales, October 1999)



The sixth Chief Commissioner, Gordon Young

The sixth Chief Commissioner — the Obstetrician and Gynaecologist

My background in medicine and the army equipped me for my role as a Commissioner and Chief Commissioner in the St John Ambulance Brigade. I was born in 1913 and educated at the Fort Street High School in Sydney, then studied medicine at the University of Sydney. After graduation I worked at the Royal Prince Alfred Hospital for two years then transferred to the Royal Hospital for Women because I wished to specialise in obstetrics and gynaecology. I joined the army at the outbreak of World War II in 1939 and was posted to the 2/1 Field Ambulance. In January 1940 my unit went away to Palestine with the 6th Division of the Second AIF. We subsequently went with the Sixth Division to North Africa, Crete and Greece. After Crete I attended the staff school in Palestine and was then posted back home to First Australian Army Headquarters as an administrative medical officer, in which I subsequently served at Port Moresby and Lae in Papua New Guinea. In early 1945 I was appointed commanding officer of 2/4 Field Ambulance (Seventh Division) and served with this unit at Balikpapan in Borneo until the end of hostilities. Douglas Donald, the St John Ambulance Brigade's fifth Chief Commissioner in Australia, was the officer in charge of the surgical team attached to my unit. In six years of war I had managed to spend just six weeks at home. At the end of the war I returned to the Women's Hospital for two years, then set up in private practice. I remained in the Army Reserve until retiring in 1970; and I retired from private practice in 1984.

I came into St John in 1968 as Commissioner for the Brigade in New South Wales. I had some previous contact with St John prior to World War II, including roles as lecturer and examiner, particularly with the Glebe Division. On one occasion I examined a class of ladies, and at the end told the lady in charge that I wanted to fail them all as they didn't know their work. I asked what would happen if I failed them. 'They'll all leave,' she replied, so I passed them. There was a precedent for this: in our final year examinations in medicine our whole group failed the oral test in ENT (ear, nose and throat). The tutor said that if we promised faithfully to learn our work he would give us a pass mark. We promised, solemnly, and were not surprised to find a searching question on ENT amongst the general surgical problems. This time we knew the answers! During my postwar years with the Army Reserve I had further contact with St John, with the Cadets and also the Red Cross cadets in my role as Deputy Director of Army Medical Services in New South Wales 1953–56.

My reason for becoming Commissioner was that one of my medical colleagues at the Royal Prince Alfred Hospital in Sydney, Edgar Thompson, who was finishing his term as District Commissioner, asked me to succeed him. I allowed myself to be persuaded in view of his assurance that it wouldn't take too much of my time — a meeting about once a month and several extra functions each year. In my first year I did at least twice that workload. I did two three-year terms as Commissioner, 1968–74, then stepped down to take care of my father, who was ailing. I came back to St John as chairman of the St John Council for New South in 1976, a position I held for two years. I then became the Priory Director of Ceremonies, which meant that I represented New South Wales on the Priory Executive Council. I was Director of Ceremonies 1978–79. During 1979 I went to London and while there visited Colonel Catt, the Director for Ceremonies for the Grand Priory, who gave me good advice that would have been useful to me in Australia.

When I returned home from the UK I changed positions, however. Doug Donald, the Brigade Chief Commissioner, had recently died. I had known him quite well through the army and during World War II, and more recently as a fellow member of the Priory Council. Sir George Stening, the Priory Chancellor, asked me to become the new Chief Commissioner in Doug Donald's place. I accepted and was appointed on 5 December 1979, thus becoming the sixth of nine Chief Commissioners who have led the Brigade and Operations Branch since the position was created in 1941. I held the position for the next five years, until reaching the retiring age in August 1984. My St John involvements continued as Priory Officer without portfolio 1984–87, and then as Director of Ceremonies, 1989–90.

When I agreed to become Chief Commissioner, I asked George Stening what he wanted me to do. 'Go to all the State and Territory Districts and find out what's happening,' he replied. Apparently up until then the previous Chief Commissioners hadn't travelled much. They only met their 'troops' once a year, during the annual Priory conferences. I therefore took Stening's reply to mean that he wanted me to do something to draw the disparate Districts together and give the organisation some national cohesion and direction. I consequently spent time visiting all the States and Districts to meet our members and encourage them to regard themselves as part of an Australia-wide organisation dedicated to helping their fellow citizens. On my travels I made a special effort to meet, get to know and encourage the Corps and District Superintendents, who were the organisation's main administrators. They were the salt of the earth — fine people who were dedicated to the Brigade and its task in the community. Without them the Brigade couldn't exist. My interstate visits helped show that I was interested in the grassroots of the organisation and wished to encourage the grassroots members. That hadn't been the case before, apparently, because some previous Chief Commissioners had remained aloof and remote from the ordinary Divisional members who did the first aid work. My predecessor, for instance, used to arrive ceremonially at parades and reviews in his Rolls Royce.

I also tried to strengthen the idea of our being a national organisation by standardising our procedures. An important development here was the production of the *Administrative Manual* in 1984. This was the first of its kind — a series of the key documents for managing the Brigade bound together in the one volume. It included the *General Regulations*, the *Dress Regulations*, schedules of duties for Brigade surgeons and nursing officers, a manual of committee procedure, the competition regulations, the regulations for St John camps, the syllabus for promotional examinations, other training materials, a set of completed examples of the forms that Divisions had to fill out and return to headquarters, and a bibliography of useful St John publications. I think the *Administrative Manual* did much to raise our standards, give our members renewed pride in their professionalism and secure their continued commitment.

The outcome of these new approaches to organisation and management was a boost to Brigade strength. Our membership had been in steady decline for a decade. After reaching a peak of about 14,600 members in 1969, we had dropped to 11,700 in 1979 — a 20% decrease over ten years. I'm pleased to say that in my period as Chief Commissioner we managed to arrest the decline, and by the end of my period in office our strength was back up to 13,000.

Another innovation was the medallions struck for every competitor in the national first aid and nursing championships. These were a great success, and I am delighted to discover that the practice still prevails. After all, all competitors have had to be achievers just to represent their State or Territory, and I felt that this should be recognised.

My other achievement as Chief Commissioner was that I consulted regularly with the Priory Chancellor, George Stening. Like me, he was a previous New South Wales District Commissioner and was committed to the Brigade. The decline in our strength during the 1970s had troubled him, and he thought the organisation needed shaking up. He was concerned that too much dead wood was cluttering the Brigade — members who'd been around for decades, were too comfortable with the way things had always been done, were opposed to change, didn't want new challenges, stood in the way of younger people with bright ideas, were preoccupied with the status conferred by their rank, and spent too much time in petty factional squabbling. I'm not sure that I cleared away much dead wood, but at least the standardised administrative procedures I put in place gave later Chief Commissioners something to build on as they set about revitalising the organisation.

My period as Chief Commissioner was a time of great technological advances and St John had to keep up. The young people coming on were keen and able, and deserved the best we could do to encourage their skills. This was helped, particularly in New South Wales, by the emergence of salaried, professional ambulance services, thus removing competition for the ambulance dollar and also providing a host of trained and generally co-operative first aid workers spread widely across the country.

My successes as Chief Commissioner owed much to the support of others. I have already mentioned George Stening, but should also pay tribute to Ashley Mason, who was a wonderful Chief Superintendent — able, hard-working and a good 'people person' with a sense of humour. He worked well from Victoria with John Spencer in Sydney and the combination was most successful from my point of view. Beth Dawson, my Chief Nursing Officer, was a great help, not only from a technical and professional viewpoint but because of her wide knowledge of the many wonderful women of the Brigade. Finally, Edna, my wife, deserves all the praise I can give for being a loyal and supportive spouse in all my activities — including sandwich-making when I entertain the Priory Historian!

(Gordon Young, Middle Park, Queensland, June 2001)

The seventh Chief Commissioner — the Soldier

Major-General Peter Falkland A.O. became the seventh Chief Commissioner in November 1984. The delay in him taking up the appointment to succeed Dr Young who retired on 24 June 1984, was that he was not a member of the Order and had to wait to be admitted as a Commander of the Order to qualify as a Priory Executive Officer. He came to St John after a distinguished military career, having seen service in Borneo during World War II and as Deputy Commander, 1 Australian Task Force, Vietnam. He was also Head of the Australian Defence Staff in Washington D.C. and concluded his army career as Deputy Chief of the General Staff.

While Peter Falkland was not the first soldier to be Chief Commissioner, he was the first non-medical soldier. However, he had an even greater hurdle to overcome — he was not, and never had been, a member of St John. When announced, his appointment was not met with universal enthusiasm. Most of the Commissioners of the day felt that one of their number should have been appointed. Many people felt that the last thing the Brigade needed was a soldier at the top.

It was a mark of the man that Falkland learnt very quickly what he needed to know to run the organisation. He very quickly understood the *General Regulations* and set about winning over the Commissioners, a task he achieved in a very short time. He was appointed to the Priory Structure Review Committee and contributed significantly to the review, which among other reforms led to the adoption of the public name 'St John Ambulance Australia'. Elsewhere in this book is some discussion on the name 'Operations Branch' which came out of the review. The first name the Committee favoured was the 'Public Duties Branch' which did not meet with the approval of either Falkland or the Brigade Standing Committee. Falkland felt that the name was not sufficiently 'professional' and successfully pushed the title 'Operations Branch' as the brother branch to the Training Branch.

Falkland continued the reforms commenced by Gordon Young and increased the number of District visits made by National Headquarters Staff. He was a very easy going person as was his wife, Bunny. They soon mixed easily with the St John family and like everyone else, he soon became a St John man. One of the very noticeable changes in the Falkland regime to that of Gordon Young was the relationship of easy and frequent communication that developed between the Chief Commissioner and the Director of Training (Villis Marshall). This had never previously occurred and Marshall frequently attended meetings of the National Headquarters Staff, particularly in January, and visited the Cadet camps. This close working relationship provided many beneficial results for the Operations Branch, including (ultimately) an expanded number of qualified instructors, recognition of the skills maintenance program and free training courses for Operations Branch members.

Unfortunately, about 1988 Falkland was diagnosed with cancer; and while he appeared to have an early remission, the tumours re-appeared in 1989. He continued to carry out his duties until hospitalised late in the year. Shortly before his death, the Prior, His Excellency the Honourable Bill Hayden, visited him in Calvary Hospital, Canberra, and invested him as a Knight of Grace of the Order.

Despite having to overcome a body of opposition in his early days, in a short time, Peter Falkland became a popular and effective Chief Commissioner. His name is commemorated in the Falkland Awards made to Cadets who have achieved at outstanding levels.

(John Spencer, Sydney, New South Wales, November 2001)



The seventh Chief Commissioner, Peter Falkland, in Tasmania to help promote the St John Week appeal, late 1980s.



The New South Wales Commissioner, John Spencer, congratulates Sophie Masters on winning the Peter Falkland Award for 1996. Sophie is wearing over her right shoulder the gold lanyard indicating that she is that year's recipient of the award.

The eighth Chief Commissioner — the Urologist

Professor Villis Raymond Marshall became the eighth Chief Commissioner of the Brigade and Operations Branch in Australia in 1990. He had come into St John Ambulance in 1960 as a Probationary Surgeon at the age of 20 and while a second year medical student at the University of Adelaide. It was to be the beginning of a long and distinguished St John career. After graduation he spent three years as a Divisional Surgeon and then three years as a District Staff Officer. After a period of overseas study he became District Surgeon in South Australia in 1983. The following year he was appointed as Director of Training, that is national head of the Training Branch, and held the position until 1990. He then spent the next nine years, 1990–99, as the Operations Branch Chief Commissioner, thus becoming the only person to have led both the Training and Operations Branches. In 1995 he became the Priory Vice-Chancellor, that is deputy to the Chancellor, the administrative head of St John Ambulance Australia. In 1999 he was appointed Chancellor, becoming the sixth person to hold the position since its creation in 1941. He was promoted to Knight within the Order of St John in 1990 and in 1997 to Bailiff Grand Cross (G.C.St.J.) — the highest of the six grades of membership in the Order. In Australia the G.C.St.J. was such a rare honour that in the 118 years to 2001 it had been conferred on only six members of the Order, of whom Marshall was the fifth.



The eighth Chief Commissioner, Villis Marshall.

Marshall's academic career was equally distinguished. He graduated MB BS in 1964 and MD in 1968 and became a Fellow of the Royal Australian College of Surgeons in 1971. A specialist in urology, he was appointed senior director of the Urology Unit at the Flinders Medical Centre, South Australia, in 1976. In addition he became chairman and professor in the Department of Surgery at Flinders University. Since joining the Flinders staff he has also held many other appointments. These include terms as president of the Urological Society of Australia and the Surgical Research Society of Australasia, senior specialist in Urology at the Repatriation General Hospital, consultancies in Urology and Surgery to the Royal Adelaide Hospital, the Director-General of Naval Health Services and the Fourth Military District, and a commission as a Commander in the Royal Australian Navy Reserve. In addition he is a member of ten learned medical societies and has served on the boards of 15 medical foundations.

During his three triennial terms as Chief Commissioner, Marshall led the Operations Branch through a period of rapid change greater than any in the six decades in which there had been a national Brigade and Operations Branch organisation. Coming to the position at a time when Operations Branch membership was ageing and had been in general decline for over 20 years, he set about instituting a series of reforms that resulted in the organisation thoroughly overhauling itself during his period of office. Many of his reforms are described elsewhere in this book. Briefly, the list includes these:

- the revision of the institutional 'Bible', the *General Regulations*
- the rapid extension across the entire organisation of the Skills Maintenance Program, the three-year cyclical process of retraining Branch members
- the development of the Management Training Program, a national system of training potential officers and promotees
- the adoption of consistent policy and practice on the issue of 'fee-for-service' or accepting financial contributions from event organisers using Operations Branch first aid services
- a shift in emphasis on the Cadet movement, from seeing it narrowly as a nursery for adult Divisions towards regarding it more broadly as a service to Australia's youth
- the development of the Australian Youth Council as a forum for the young people of the organisation
- the introduction of triennial strategic planning
- the commitment of the Branch to the provision of the spectator first aid services at the 2000 Sydney Olympics
- the development of policies in areas affecting organisational image and members'

performance, for instance sexual harassment, child protection and fitness for duty
- the rationalisation of and a reduction in the plethora of official forms and returns to be completed
- a nationally consistent approach to the award of the Service Medal
- a revision of the *Dress Regulations*, making possible the introduction of a modern, comfortable, serviceable and distinctly Australian uniform
- the revision of policy on national first aid competitions
- the introduction of annual planning conferences of National Headquarters Staff and the District Commissioners and Superintendents
- the computerisation of membership and casualty records
- an expanded program of textbook and manual publication
- the reform and expansion of the National Headquarters Staff
- the appointment of the first full time salaried national Operations Branch administrator
- an emphasis on the idea of a 'fair go' for all members regardless of sex, age or ethnic background which, among others, resulted in more women advancing into senior managerial positions
- and, less tangibly, a distancing of the organisation from its earlier quasi-military emphasis on aspects such as formal parades, marching, parade-ground drills and an inflexibly military-style command structure.

Marshall proved to be the most innovative among the eight Chief Commissioners who had held the position in Australia up to the end of the 1990s. No previous incumbent could have boasted a list of achievements as long and impressive as his. As a result of his influence, the Operations Branch could enter the twenty-first century thoroughly modernised and well placed to face the challenges of the decade ahead. Something of the debt the organisation owed him was apparent in an open letter that his successor, Lynne Allen-Brown, wrote him as he prepared to pass his responsibilities to her. She read the letter during the after-dinner speeches at the annual Operations Branch ball during the Priory conference in Perth in 1999, several days before she formally succeeded him. He had chosen her as his Chief Superintendent in 1993 and then again in 1999 as his successor. She therefore had good reason to be personally grateful, but the gratitude of the wider membership was also evident in her words. Her letter included these observations:

> *The past decade will be written into St John history as perhaps the most challenging period for the Branch, [when] technological influences and change have impacted upon it at all levels. You have successfully questioned the organisation's militaristic influences, fostered a modern management culture and challenged people to extend themselves, to think laterally and to bring about change. You can be justly proud of having developed a dynamic organisation, well positioned to embrace the new millennium. The cohesion and enthusiasm demonstrated by members at all ages reflect your leadership. The blueprint you leave, characterised by astute strategic foresight, is inspirational. The Operations Branch is indeed fortunate to have had your stewardship during a vital period of organisational change. Your wisdom and outstanding leadership to the uniformed volunteer membership leaves an indelible footprint which many will seek to emulate.*

A year after retiring as Chief Commissioner and in the week he became the sixth Chancellor of the Australian Priory, Villis Marshall granted the present author an interview in which he discussed his career in St John. During the interview he raised these matters:

The 30 years before becoming Chief Commissioner

My first contact with St John was through a friend of mine, a chap called Des Owens, who later became Brigade District Superintendent in South Australia. Des had been in St John since his days as a Cadet with the Thebarton Division. When we were medical students we got talking about St John one day. It sounded interesting so I went along and was appointed as a Probationary Surgeon. The place where they wanted someone was Colonel Light Gardens, so I went across, and that was where my earliest St John connections were. I worked with the Superintendent there, and that was where I stayed until I graduated. I then became very much involved with the Cadets and worked with them until I went overseas for 2½ years in 1972. When I returned I was appointed Senior Lecturer at Flinders University. I re-established my St John connections but not as intensively as before. After Glynn Davies became Commissioner the District Surgeon departed, and so they were short of a District Surgeon. They asked me if I'd like to take the position. I accepted, and was District Surgeon for about two years. Then one day in early 1984 my secretary said to me 'There's a chap called Campbell, the St John Priory Secretary, on the phone. He wants to meet with you and the St John Chancellor, Sir John Young.' I'd never heard of these people but I agreed to meet them one morning at St John House here in Adelaide. When we met they said they'd like me to be Director of the St John Ambulance Association, now called Training Branch.

At that time there wasn't a good working relationship between the two foundations, the Association and the Brigade, possibly because of the personalities of the people who were heading them up. I'm not talking about Howard Toyne, who was then the Director of the Association, and Gordon Young, the Chief Commissioner. The animosities were at the State level, between the Commissioners and chairmen of Association Centres, over who held the purse strings. It was only after 1984 with the beginning of the Priory restructure that the State St John Councils began taking on an executive role. Before then the people who controlled the money were either the Association chairmen or the Brigade people.

To this day I've got no idea why I was approached to be the Director of the Association. Having accepted, I found I had to work with Major-General Peter Falkland, who'd recently been appointed Chief Commissioner. I had the utmost respect for Peter, but unfortunately his St John career was cut short by cancer of the pancreas. He had chemo-therapy and responded well to that, but then his tumour metastasised and he eventually died in March 1990.

Anyway, when I was appointed Director of the Association I mapped out the things I thought we could accomplish during the triennium. The first of these was occupational first aid, and when that was up and running we should produce a large book on the science of first aid, and this was eventually published in 1996 during the term in office of my successor, John Pearn. Then there was the redevelopment of *Australian First Aid*, our manual for teaching public classes. That was what I envisaged we could do, then after these projects were completed I could retire to the back blocks.

However, Peter Falkland died and then Charles Campbell and the new Chancellor, Sir Guy Green, said they needed someone to take over the Operations Branch, as the Brigade was now called. I was a bit ambivalent. Although I'd already had Brigade links, and the projects I'd mapped out for the Association and Training Branch were more or less in hand, there was still more to do. In the end I agreed to the offer, but I felt somewhat remiss about leaving the final production stages of *The Science of First Aid* to John Pearn, who very graciously picked up the project and carried it through to its ultimate successful conclusion in 1996.

Uniforms

In coming to the Operations Branch it was much more difficult to develop quite the same kind of forward plan that I'd done in Training Branch. The process in Operations Branch is much slower and many more people are involved. The things I endeavoured to concentrate on were three-fold. First there were the uniforms. A lot of our members tended to look very tatty. They wore bits and pieces of uniform that weren't standard from one District to another; and one thing I was conscious of was that we had to move away from the army-style jackets with patch pockets. We finally agreed to accept something more serviceable — the 'bomber'-type jacket, Akubra [broad-brimmed] hat, long slacks, the shirt in both male and female version, and black jumpers. The new uniform was functional and affordable and, importantly, it fitted people. I'd come to see that many of our members were overweight and didn't fit well into the old style uniform. To get people to accept the new uniform we canvassed the Districts for their views, and the only prerequisite I required was that the colours should be black and white because these were so well recognised around the country. The caps were a contentious matter, but because we are a caring organisation and we have a duty of care to our members, I thought they needed sun protection, which led to the adoption of the Akubra. Officers liked the cap and many clung to it, but as I believe in leading by example not by adornment, once the broad-brimmed hat came in I never wore anything else.

Management training

The second thing was the business of preparing people to manage Divisions. In my view the success of the Operations Branch has always depended on the quality of the people running the Divisions. The result of my hope to raise the standard of Divisional management was the Management Training Program. Putting it in place was a long process because you can't make silk purses out of sows' ears and you have to work with what you've got. The aim behind the strategy was first to help people manage their jobs. Second was putting across to the Districts that there was no point in putting people into Divisions to try to run them without adequate preparation. It has been a slow process but one we had to go through. We couldn't obtain a suitable training program off the shelf and so had to develop our own. Barry Price as National Secretary was a wonderful help here, bringing together the modules that make up the program. Eventually by the time I retired last year we were pretty close to being where every officer being appointed had gone through the program. It has been a long term project and is obviously one that is going to continue.

First aid training and kits

The third thing was the issue of putting together sensible first aid kits and quality first aid training. One of the things that we consequently spent a lot of time working on was the Skills Maintenance Program, which is the sort of scheme our uniformed members need to go through to ensure that they have appropriate skills to handle the casualties they're called on to treat. I'm proud

of what we achieved here. The other aspect of the task was to rationalise the contents of the first aid kits. Over the years the kits had grown fuller and larger but I don't think people were asking how often they needed to use everything in the kits or why or when. The kits got bigger, and so in the end you needed a couple of elephants to carry them. My own personal belief is that what you need most of all is common sense and a mobile telephone, and not too much equipment. What you really need with seriously injured and ill people is rapid response. We still have to teach resuscitation, but what our members need to understand is that rapid response by the professionals is critical, and so a lot of the equipment in the first aid kits might not have been very useful. There is a feeling among first aiders that they must have every piece of equipment in their back-packs. Another reason for wanting to reduce the size of the kit is that they cost a huge amount of money. The overstocked kits represented a big investment in materials that are deteriorating and might never be used. Persuading people that large kits were quite unnecessary was difficult because they were like security blankets. To convey that message from the national to the local level was hard because often national decisions don't instantaneously make much impact at the local level. For example, when I was District Surgeon I'd never heard of the Chancellor. The other difficulty has been to find someone who can explain sensibly why it's not necessary to have all that clobber in the kits.

Tasks to be accomplished

There were things I wish I could have done as Chief Commissioner but wasn't able to. One was to put in place a process for identifying the best people to put into senior management positions. A difficulty for the Chief Commissioner is that you're often quite remote from the action, and so you don't always know who might be waiting in the wings and who would be an excellent appointment. Sometimes we've had to go outside the organisation to find Commissioners, as recently in Victoria. The line of communication is often tenuous because you don't know all the players in the game.

Another thing we need to do is continue streamlining our training. We've still got quite a way to go before we have the best training methodologies. We also have to think about how we do things. For example, do we need Divisions? Would smaller teams of first aiders be more appropriate? Do we still need meeting nights? Could we have 'virtual' Divisions instead, with people connected up electronically? I believe there are whole range of issues relating to structures and procedures that need to be explored. What we might care to communicate to our recruits is that what we do is relatively humdrum and that you can spend a lot of time in St John without having to save a life. We need to be astute and flexible enough to monitor changes in society, and make sure that the Operations Branch remains relevant to the community and relevant to our members.

Regarding the perennial problems of recruitment and retention, I'm not too worried about absolute numbers. It's a bit like the Grand Old Duke of York who had 10,000 men. What you do with your members is important, and it's not much use to have 10,000 if 30% of them never do anything at all. What is important is that we have adequate numbers of appropriately trained people to do the job that we're asked to do. There's no doubt that in some areas we've been struggling to do that, and I believe that one of the reasons is that over a period of ten years in the fairly recent past we didn't do enough to invest in recruiting and training leaders — not just recruiting people but recruiting and training *leaders*. Because of the investment we've made since then I'd expect that over the next decade we'll experience a period of modest growth or stability. And if we got it right I would expect that we'll soon start to see the benefits. There is this very long lead time and it happens against the general loss of volunteers in the community. One thing we can do is measure ourselves against other voluntary organisations like Rotary and Lions and other service-oriented clubs. If they're declining while we're retaining our strength, then that is an achievement

(From notes of a recorded interview between Villis Marshall and Ian Howie-Willis, Adelaide, South Australia, June 2000)

The ninth Chief Commissioner — 'the Skirt'

In the six decades that followed the establishment of a national St John organisation in 1941, nine Chief Commissioners led the Brigade and Operations Branch in Australia. The first eight were all men and all but one were medical practitioners — Dr Sydney Dawkins (1941–46), Sir Samuel Burston (1947–56), Sir William Johnston (1957–62), Sir Kingsley Norris (1962–69), Col. Douglas Donald (1969–70), Dr Gordon Young (1979–84), Maj.-Gen. Peter Falkland (1984–89, not a doctor but a career army officer) and Professor Villis Marshall (1990–99). The ninth was Lynnette Allen-Brown (1999–), the first female and the first nurse to become Chief Commissioner.

Lynne Allen-Brown brought to her new position sound practical managerial knowledge and experience, both in St John and the wider sphere of medical services. Her background was nursing and hospital administration. Born at Oberon in rural New South Wales in 1946, she moved with her family to Bathurst in 1952 and then to a sheep and cattle property at Glen Innes in 1956. As a teenager she joined the Rural Youth movement and

was a keen participant in equestrian events, winning the grand championship in the local dressage competition on one occasion. At 17 she left home to train as a nurse at St Luke's Hospital, Sydney. After completing her training in 1967, she nursed privately for a couple of years and then worked in the kidney transplant and leukaemia research unit of the Sydney Hospital for 18 months before returning to St Luke's as ward sister in the acute medical surgical wards. Over the next nine years she worked her way upwards through the hospital's nursing hierarchy. By 1980 she had reached the position of Deputy Director of Nursing, which made her responsible for recruitment, rostering and supervision of nursing staff. In the meantime she had spent 1979 earning a Diploma in Nursing Administration under a Health Commission scholarship.

In November 1980 Lynne (as she preferred to be called) took a step outside the perimeter of hospital administration by joining the active reserve of the Royal Australian Army Nursing Corps. She joined as a lieutenant and was promoted captain three years later. Her career branched out further over the next few years. She was appointed Justice of the Peace in 1983, completed a Diploma in Clinical Nursing Studies (Gerontology) 1984–85, and became a Fellow of the New South Wales College of Nursing in 1984. In 1985 she took up a posting in the military secretariat at Victoria Barracks, Sydney, in which she ran the direct entry officer selection program. In 1986 she became District Nursing Officer for New South Wales in the St John Ambulance Brigade. Meanwhile, she had proved herself a talented manager in times of change back at St Luke's, where she was appointed Director of Nursing in April 1987. Eventually her cumulative achievements earned her membership in the Order of Australia (A.M.) in 1996.

Lynne Allen-Brown's St John career soon prospered. She came into the organisation under pressure from the District Commissioner, Dr George Killen, who knew of her work at St Luke's, where he had patients. He invited her to the St John Christmas party, told her she was the sort of manager the Brigade desperately needed then persuaded her to become District Nursing Officer. Rising to the challenge, she decided to find out who the people were she'd been appointed to lead — the Brigade members in New South Wales who were trained nurses. She organised a conference for them and brought down from Brisbane the national Chief Nursing Officer, Beth Dawson, to meet them. She started bringing them together regularly at dinners to foster camaraderie, then set about restructuring their work according to an organisational chart that aimed to fit them into positions on the basis of their suitability rather than rank or years of service. To enhance their suitability for their positions she made training a priority.

Innovations like these not only demonstrated Lynne's flair for management but indicated she was cut out for higher office. In June 1989 she was appointed to the St John Council for New South Wales, that is the State governing body for St John Ambulance Australia. In November that year, and after one three-year term as District Nursing Officer, she moved up to become the District Superintendent. As such she became responsible to her Commissioner for administering the State Brigade/Operations Branch organisation. She was the first and (as of 2001) only woman ever to have held the position, and was only the third female District Superintendent among the eight States/Territories. There was disquiet about her appointment among the 'Old Blokes' of the Operations Branch in New South Wales — the men on District staff who'd spent years getting there and were sceptical about bringing in outsiders, particularly women, at senior levels. They referred to her as 'The Skirt'. As the nickname might have suggested, she found the organisation she now administered stagnant, backward and inward-looking. As when District Nursing Officer, she introduced a series of innovations. These were of such practical common sense it was surprising they hadn't been introduced before. For instance, as soon as she realised that in many cases the District and regional Corps staff had rarely if ever met each other, she instituted a series of joint training sessions — more popularly known as 'love-ins' — at the District camp at Blaxland in the Blue Mountains. She followed these up with combined District-Corps staff meetings every three months, and to stress the point of common purpose and teamwork she introduced District annual general meetings. Finally, there was an emphasis on management training — the key to the success of the Allen-Brown reforms.



The ninth Chief Commissioner, Lynne Allen-Brown.

The 'new broom' in New South Wales soon came to the attention of the national St John hierarchy. In June 1993, after little more than one triennial term as District Superintendent, Lynne Allen-Brown joined the national headquarters staff as Chief Superintendent, that is the Operations Branch administrative head. She was the fifth person and the first woman to hold the position since its creation 35 years previously. As Chief Superintendent she had the opportunity of applying her people-focused philosophy of management, which she summed up in various pithy maxims — 'management is getting things done through people', 'we deal with people not machines', 'the greatest reward in management is growing people', 'people have to know they're appreciated and being used effectively' and 'our great challenge is to encourage our members'. Other sayings pointed to the heavy responsibilities managers carried — 'the manager has to be independent', 'good managers must often make hard decisions' and 'the wind always blows cold at the top of the tree'.

Being Chief Superintendent entailed new routines and new stresses. In some of these the wind did indeed blow coldly. Management training was one such. When 'The Skirt' took over the position in 1993 the only District with effective management training procedures in place was New South Wales, which was following the program she had developed as District Nursing Officer. Deciding this would be her first national priority, she refused to promote anyone who had not undertaken the national Operations Branch management training 'modules' then being introduced. (Eventually there were 21 separate modules, comprehensively covering all aspects of Operations Branch leadership.) Her new training-oriented and merit-based approach to promotion ruffled feathers among those more comfortable with old ways. Management training successfully completed was now the criterion for advancement rather than seniority or the number of bars worn on the Service medal or expectations of promotion as the reward for loyal service. The Operations Branch might have a military-type command structure, but that could be no excuse for dictatorial behaviour by rank-conscious officers. Effective leadership and modern, enlightened management practice enhanced through training was now the rule. This was unwelcome news to members who aspired to senior office under earlier criteria. Those who hoped that management training would prove a passing fad were disappointed for management training had come to stay. (Its permanency was assured in September 2000, when the National Executive Committee of St John Ambulance Australia endorsed the 'Frontline Management Initiative' — a national, government-accredited program of competency-based training for leaders and key managers.)

Chairing Boards of Inquiry into disciplinary matters on behalf of the Chief Commissioner was another new responsibility where the wind was often chill. On average a half dozen disciplinary cases were under review annually. They spanned almost the entire gamut of human frailty — financial malpractice, gross mismanagement, misuse of equipment for personal ends, false trading under the St John name, sexual harrassment, bullying, insubordination, discriminatory treatment of various kinds, child abuse, sexual improprieties and various other inappropriate behaviours bringing the St John organisation into disrepute. Few ever reach the Board of Inquiry stage, but in those that do the Chief Superintendent has a prominent role. He or she must investigate the complaints that have prompted the inquiry, hear the interested parties and make recommendations for action to the Chief Commissioner. The recommendations must ensure, first, that justice is done without natural justice being denied and, second, that the best interests of St John Ambulance Australia and its members are served. It was a function Lynne Allen-Brown fulfilled confidently, with objectivity, tact and compassion.

Lynne Allen-Brown's personal qualities, combined with her management skills and 13-year record of innovation in St John, eventually persuaded the retiring Chief Commissioner, Villis Marshall, to secure her appointment as his successor. He handed his heavy responsibilities to her at the end of the Priory conference in Perth in June 1999. It was she, the first female Chief Commissioner after 60 years, who now led the Operations Branch into its second century in Australia. Few if any Branch members now thought of her as 'The Skirt'. Most looked to her for the leadership that would help their organisation survive in the challenging years ahead.

(From information provided by Lynne Allen-Brown, Sydney, May 2000; Villis Marshall, Adelaide, June 2000; and Barry Price, Canberra, September 2000)

The first Chief Staff Officer — military connections

National headquarters for the St John Ambulance Brigade/Operations Branch in Australia date back to 1941, when the St John bodies in the eastern States federated. As seen above, a Chief Staff Officer, or national Brigade administrative position, was added to the headquarters staff in 1958. (In 1978 the position was renamed Chief Superintendent.) The first to hold it was Col. Alexander Christie, formerly the District Superintendent in Victoria.

Alex Christie's long life (1885–1971) and circuitous path to the Brigade's national headquarters illustrate the long-standing strong but informal links between St John and the military

medical services. He spent most of his working life in the army, much of that in Melbourne. A Queenslander by birth and inclination, he grew up in Bundaberg. In 1907, aged 22, he joined the army as a volunteer in the Wide Bay Infantry Regiment. By 1912 he'd risen through the ranks to become Company Sergeant Major. In later life one of his proud claims was to have been a corporal in the guard of honour for Lord Kitchener (Britain's commander-in-chief during the South African War), who visited Brisbane in 1909 during a tour of inspection of Australia's defence forces. Christie joined the army full-time in 1912, two years before the outbreak of World War I. He was promoted to lieutenant in 1915 while serving in Egypt with the 26th Battalion of the 1st Australian Imperial Force (AIF). He spent most of the war in England, France and Belgium, where he was wounded in action in 1918 during one of the last Australian engagements in the war. After returning to Australia in 1919, he continued on in cavalry and infantry units until 1924, when he transferred into the Australian Army Medical Corps (AAMC). Despite his lack of medical training, he proved an able military medical administrator, reaching the rank of lieutenant-colonel by the end of his army career. In 1936 he was posted to Melbourne as Staff Officer Medical Services. Except for a year's posting in India with the 2nd AIF in 1940, he lived there for the rest of his life. His final position was Assistant Director Medical Services, one he held from 1941 until his retirement from the army in 1947.

Post-retirement, Christie began a new career with St John Ambulance, when in 1947 he was appointed Brigade District Superintendent (that is chief administrative officer) in Victoria as well as secretary to the council of the State's St John Ambulance Association Centre. His St John connections went back to the time he moved to Melbourne in 1936. That year he gave lectures on anti-gas procedures to 300 members of Victoria's Voluntary Aid Detachments (VADs), that is army medical ancillary units whose membership was drawn largely from among Brigade members, many VADs also being Brigade Divisions. It seems likely that he was steered towards St John by his commanding officer, Maj.-Gen. Rupert Downes, the Director General of Army Medical Services, who was also Brigade Commissioner in Victoria 1921–45 and president of the Victorian Centre of the Association 1933–42. Christie's name doesn't appear regularly in St John records until the mid-1940s but his St John service must have been conspicuous because he was admitted to the Order as a Serving Brother in 1939. His full-time St John career after 1947 owed much to his AAMC links. It was Col. J.A. H. Sherwin, the Commissioner of the day and the wartime commander of the Heidelberg Military Hospital and president of the Victorian Centre council, who appointed him District Superintendent. He had other influential AAMC and St John connections. His colleagues included Sir William Johnston (a wartime Deputy Director of Army Medical Services; Victorian Brigade Commissioner 1951–56; Chief Commissioner 1957–62); Sir Sam Burston (Director General of Army Medical Services after Downes; a Victorian Centre council member before becoming Chief Commissioner); and Sir Frank Kingsley Norris (another Director General of Army Medical Services as well as Victorian Commissioner 1956–59 and Chief Commissioner 1962–69). Johnston and Norris were Christie's special friends, and he served each as both District Superintendent and Chief Staff Officer. After 10 years as Victorian District Superintendent (1947–57) he had another 10 (1958–67) as Brigade Chief Staff Officer. Meanwhile he had also spent 18 years (1947–65) as Victorian Centre secretary. By his retirement from these appointments he had reached his 80s and had been promoted up through the Order — to Officer (1948), Commander (1954) then Knight of Grace (1958). One of his St John obituaries described him as 'a well respected man who carried out any duty allotted to him with integrity and understanding'. Another said that 'his gentle and courteous manner endeared him to all who knew him, and hours spent in his company were a delight'.

(From two obituaries: the first in the Annual Report 1971 *of the Priory in Australia of the Order of St John, p. 37; the second by Dr Drury Clarke in The Review [magazine of the Queensland District of St John Ambulance Brigade], January–February 1971, p. 5)*



Northern Territory District first aid champions, 1991. Left to right are: John Gillatt, Joan Hunt, Scott Sly, Debbie Savill, Scott Keetch, Noel Talbot.

The field officer

I joined St John through an advertisement in the local paper. Nundah Division at that time was looking for members of the public to do a home nursing course. My husband encouraged me to do the course. I had already done a first aid course with the Queensland Ambulance Transport Brigade but I enjoyed the St John course so much I decided to join the Nundah Nursing Division. Now, almost 34 years later, I'm still a member of St John and I've enjoyed my St John life greatly. I've had many memorable experiences both in and out of uniform. Once I had one elderly lady collapse in the store where I worked and I tried to resuscitate her while waiting for the ambulance to arrive; however it was unsuccessful and the lady passed away. Another time I was travelling with members of my Division to a first aid competition when we stopped at an accident on the highway to Bundaberg. A car and a light van had collided: the van had side-swiped the car and the hood of the car had been torn off. The car driver had been scalped and was already dead. We were unable to do anything for him so we went to the van. In it was a young boy whom we had to get out so that we could help the van driver and his wife, who were each injured, The ambulance arrived about this time so we gave what assistance we could, and proceeded on our way to the competitions. We didn't win but we did get second place.

I remained a member at Nundah for 21 years, during which time I did the non-commissioned officer's course and became a corporal. Later I became treasurer, did the officer's course and became Superintendent. I held the position for 13 years. It was during this time that I got into fundraising to procure a building of our own because we were moving from place to place for our meetings. With a lot of help from our members this building at last became a reality. It was opened in July 1979. Our main fund raising activity was lamington drives, and so we used to say our building was made of thousands and thousands of lamingtons. We also ran street stalls, raffles, tupperware parties (where we raffled the gifts we received) and even a few progressive dinners. We all worked very hard for this project. I often look back at those times and wonder how we managed to get it all done and also attend public duties at weekends. At the time I was working 5½ days a week as a first aid officer and personnel manager with Coles (a job I held for 20 years) and had three children to bring up. My husband didn't have much time at home because he was a shift worker in the railways, so we used to communicate a lot by writing one another notes.

After my husband retired we moved to Bribie Island for a time. I retired from St John temporarily then, but only three months later I was asked if I would join with Mary Pauling doing recruiting and assisting in the opening of some new Divisions. I agreed to this and at the same time kept working as a volunteer in the accident and emergency department of the Royal Brisbane hospital once a week — something I'd been doing for 12 years. I eventually gave up the hospital work when I became more involved with St John as a field officer. I took on the field officer's position because as I'd travelled around Queensland I could see the many problems that some Divisions were experiencing. For example, some officers didn't really know how to run a Division, take charge of meetings, do book work and keep records up to date, handle finances properly, set out programs for training, ask for help when they had a problem or seek the support they needed. I've been in this position for 10 years now and in that time have travelled thousand and thousands of kilometres and spent much time away from home. I usually travel by train because my husband gets a concession on the fares as a result of his long career with the railways.

In doing this work I've always had the support of the Commissioners and have reported back any problems which needed to be discussed at a higher level. When doing the audit of the Divisions I usually have access to their paper work and then that gives me more time to talk to the members as I up-date their 'OB-2' [annual return of membership form], and if they have a difficulty this is when they'll usually talk to me and discuss their problems. The outback Divisions look forward to my visits and I enjoy being there for them. Conditions have been made easier for the Divisions over the years because they can now send their members to Brisbane to do their officer training courses stages 1 and 2. After they've done such training I make a follow-up visit to make sure they're putting into practice what they've learned. That also gives me the opportunity to assist with the Cadets, and so I try to meet up with the District Officer (Cadets) and help him with inspections. I also assist with the Cadets at the District level, looking after their finances and helping out with the annual District camp, where I run a canteen that helps raise funds to defray the cost of running the camp. In addition I do the casualty simulation work as required for District and national first aid competitions at both the Cadet and adult levels. I've also run 'cas sim' courses at different times but I had to give that away as I didn't have time to fit the courses in among my other duties.

St John has become a way of life with me. Because of my 34 years' service I hold the Service Medal with gold star. I'm also a member of the Order. I was admitted as a Serving Sister in 1981 and was then promoted to Officer and Commander, which I've been since 1995.

(Vera Crook, Geebung, Queensland, June 2000)

The Corps Superintendent

I was born in 1922 and joined the Hamilton Division of the St John Ambulance Brigade in 1943. At the time I was working as a porter on the railways. I was talked into joining by a couple of railways guards. In those days a lot of Brigade chaps worked on the railways, the tramways, the mines and factories — the places where first aid was needed. I remained with the Hamilton Division until 1947, when I transferred to the Police Boys Club Cadet Division. I transferred there because a friend was the Superintendent. I returned to Hamilton Division in 1948 as Divisional Officer. I took the staff training courses for promotion, then became a Corps Officer in 1949 and was promoted to Corps Superintendent in 1953. I remained Corps Superintendent for the next 25 years, until 1978. As Corps Superintendent I was responsible for one Nursing and four Ambulance Divisions plus 11 Cadet Divisions. Unlike many other Corps Officers, I hadn't worked my way up through the ranks as a corporal or sergeant; and I had no ambition to join the District staff. I didn't wish to be a District Officer because I couldn't see how that would benefit my Corps, to which I felt very loyal. In defending the Corps over the years I had many battles with District staff because I was a fiery chap. One of my biggest battles was in 1964 when the District staff abolished our position of Corps Superintendent for Cadets. It was one of those decisions made according to some grand military-style strategy by people far away who had little understanding of our local needs. After that the Cadets became my responsibility.

The Corps Superintendent has many responsibilities. These aren't well defined in the Operations Branch *General Regulations*, which simply say [in section 5.4.1] that 'Corps Superintendents are responsible to their District Superintendents for the general organisation, efficiency and discipline of the Corps'. In practice the duties include viewing the work Divisions do; processing the annual returns from Divisions to District headquarters; organising training schools; organising and conducting annual reviews; inspecting Divisions; conducting Corps first aid competitions, especially for the Cadets; oversighting the financial activities of the Divisions; and raising new Divisions.

In my years with the Brigade I had many amusing experiences. One I remember was from an annual review in Sydney. These were always big events, especially for the Cadets. We'd make a weekend of it for them, taking them down to Sydney by train on the Saturday morning for the review at Victoria Army Barracks on the Saturday afternoon. We'd stay overnight in the army barracks or at the Police Boys Club at Waterloo. After the review we'd take them to Luna Park for the evening, then next day we'd visit the zoo before getting the train back to Newcastle. On one of our zoo trips the boys were so intrigued by the antics of the monkeys in a deep enclosure they tied all their scarves together to form a rope, then dangled this into the enclosure in hope of 'fishing' one of the monkeys out. During my earlier years in St John, I was working at Lisarow near Tuggerah Lake, south of Newcastle, and while there I joined a first aid class at Ourimbah, the next town. One night the instructor didn't turn up so I took over and ran the class myself. I was always interested in the 'why' of first aid — why we do things the way we do, and how these relate to critical bodily functions like breathing and circulation — so we spent the session considering the question 'Why?' Another odd experience I had was during the great Royal Tour of 1954. I was one of the Brigade people introduced to the Queen at City Hall in Newcastle. When she got to me she asked 'How strong are you?', meaning how many members were in my Corps. My mind went blank. I couldn't recall the number so right off the top of my head I briskly said '500'. I hope she was impressed.

The biggest activities we've had to handle in this region in my years with St John were the Maitland floods in 1949 and again in 1954. Both times we arranged for Brigade members from Newcastle to be on duty in Maitland. We set up a first aid post on the high-level bridge in High Street. In one of the floods we accepted an offer from an oyster farmer for a scow [large flat-bottomed boat] to retrieve people trapped by the waters. After the floods had passed we returned for the clean-up phase, joining the working bee to remove the sludge from homes. The Newcastle earthquake in December 1989 was another large activity for St John in this region.

My St John work led me into what became my career — being an ambulance officer. I became an honorary bearer with the Newcastle district of the New South Wales Ambulance Service in 1952, doing the Sunday night shift. I left the railways to join the ambulance service full time in 1955. The qualification for entry was the St John first aid medallion. Training for the medallion — awarded for three first aid certificates in successive years — was very competitive, so people keen on obtaining it achieved a high level of proficiency. I remained with the ambulance service for the next 31 years, until my retirement in 1986. By then I'd reached the grade of station officer. There was always a great deal of cross-over between my ambulance and St John work, consequently the ambulance service and St John co-operated well together. After my retirement I worked as a training officer for St John until 1995, when I stepped down because I had to have a heart by-pass operation.

(Kelvin Smith, Newcastle, New South Wales, September 1999)

Probationary Surgeons

The Probationary Surgeons were an experiment by St John Ambulance in South Australia during the late 1950s and early 60s. The idea was to bring young medical students into St John during their long summer holidays for paid experience in ambulance work. It was probably the idea of the Transport Manager, Jock Berry, to make use of these 'doctors in training' as ambulance officers over the Christmas period in exchange for input from them into Brigade Divisions for the rest of the year. This turned out to be the best sprat to catch a mackerel that St John has ever devised. The advantages of the scheme were enormous. They included these:

- the students would receive reasonable remuneration for paramedical duties during the vacation;
- more of the regular staff would be able take their annual leave over the popular Christmas period because relief was available;
- from knowledge gained the students would be able to make recommendations to the ambulance service to better assist in the treatment of ambulance patients and if necessary conduct clinical trials, for instance in the introduction of Trilene and Air Splints;
- the up-and-coming doctors would be able to follow the treatment and recovery of some patients from when they suffered their injury or illness to their eventual discharge from hospital;
- they would learn first-hand what ambulance officers were capable of doing;
- they would be able to explain much to their ambulance officer workmates when carrying an interesting or unusual case;
- they would become very conscious of the value of first aid and know the capabilities of the paid and voluntary ambulance officers;
- they would be very conscious of the St John organisation for the rest of their lives.

When the first group of Probationary Surgeons — which included Peter Gartrell, Ian Buttfield, Glynn Davies, Robert and Andrew Black — were doing their stint of duties, there was no text book available on the training of ambulance personnel. Seeing the obvious need, this group, again probably at the suggestion of Jock Berry, decided to write a manual called *Ambulance Transport Nursing*. Although its pages were typed, the copy printed on the Gestetner hand duplicator at St John headquarters, and hand collated and bound, it was most successful and received praise for its content from throughout Australia and overseas.

Glynn Davies, who was named in the above list of first Probationary Surgeons, has since served time as a Divisional Surgeon, Corps Surgeon, District Surgeon and Commissioner of the Operations Branch, and is currently Chairman of the State Council of St John Ambulance Australia (South Australia) Inc. Robert Black, now a specialist surgeon, has returned to the Operations Branch as South Australia's District Surgeon. Notable members of later intakes of Probationary Surgeons were Brian Fotheringham, who became Brigade District Commissioner, and Villis Marshall, who went on to become District Surgeon, then national Director of Training, the Chief Commissioner for the Operations Branch and in 1999 the Chancellor for St John Ambulance Australia. How's that for repayment for holiday work?

(Ray Schilling, Glenalta, South Australia, May 1999)

Institutional name changes

In 1987 the Order of St John in Australia instituted a series of name changes. Described elsewhere in this book, they included 'Operations Branch' in place of 'Brigade'. Years later the disappearance of 'Brigade' could still arouse controversy. In 2000 the possibility of more renaming stirred old resentments when a proposal to replace 'Operations Branch' with 'First Aid Volunteers' came before the Branch Standing Committee. The proposal stalled when the committee postponed discussion of the matter indefinitely after hearing negative feed-back from members opposed to further name changes. One long-serving member even wrote to the Chancellor to object. The following are edited excerpts from his letter:

> *Name changes are a great way to lose one's identity. There seems to be an obsession about change. Why? People often tell me they remember the St John Ambulance Brigade and had a high regard for the organisation. To this day our members receive comments to the effect 'What a pity the Brigade went out of existence'. Our members at the 'coal face' must bear the brunt of these decisions, as they are the ones who have to go out and resell themselves under the new name and this is time consuming, demeaning and bad for morale. Further to all of this, the cost of new letterheads, identification on uniforms etc comes from money earned the hard way through fund raising by the members. Relevant to the present proposal to change our name yet again are the words of a Roman writer in AD 66, Gaius Petronius Arbiter. They remain as pertinent now as 2000 years ago: 'We trained hard, but it seemed that every time we were beginning to form up into teams, we would be re-organised. We tend to meet any new situation by re-organising, and a wonderful method it can be for creating the illusion of progress while only producing confusion, inefficiency, and demoralisation.'*
>
> *(David Heard, Murray Bridge, South Australia, May 2000)*

QRA, QATB, QAA, QAS and SJAB*

I first had dealings with St John Ambulance through the Queensland Railways Ambulance (QRA) in 1943, when I gained my first St John first aid certificate. In 1945 I was transferred to Charleville with the railways, and I taught the St John course to classes there. In Charleville I also joined the Queensland Ambulance Transport Brigade (QATB), for which I became an honorary bearer [voluntary ambulance officer]. I joined the permanent QATB staff as a salaried ambulance officer in 1950. In 1960 the QATB revived the Queensland Ambulance Association (QAA), a body for QATB honorary bearers first formed in 1921, in order to meet the challenge of competition with the St John Ambulance Brigade (SJAB), which the QATB leadership wrongly regarded as a serious threat. At this time I became a instructor for the QAA, which the QATB eventually phased out in 1973 after a new generation of managers realised that the SJAB was an ally rather than a rival. I came into the SJAB in 1981 during John Springhall's period as Commissioner [1977-81] as the QATB representative on District staff — in effect the District Ambulance Officer. I served nine years in that capacity, wore the St John uniform proudly, saw the change-over from SJAB to Operations Branch and then retired during Shirley Watson's time as Commissioner [1991-96]. I hope my time in the organisation helped heal the rift between St John and the QATB, called the Queensland Ambulance Service (QAS) since 1992, that had opened up during the 1950s and early 60s. That was the period when J.A. Turner [the QATB president] and F.W. Cash [QATB secretary] had dominated the QATB and had bitterly opposed the SJAB entry into Queensland.

I witnessed the QATB-SJAB struggle and knew both the principal QATB players, Turner and Cash. They were both interesting characters, and both fierce defenders of QATB interests or at least of what they saw as QATB interests. Turner was a trade unionist, an official of the Storeman and Packers Union, who'd entered State parliament as a representative of the Protestant Labor Party and then switched allegiance to the Australian Labor Party. He also joined the QATB's State board and eventually became its president. As such he also chaired the Queensland Centre of the St John Ambulance Association [Training Branch] because the QATB then controlled the Association. Cash had been the QATB superintendent at Chinchilla. In the early 1950s he moved up to become the QATB general secretary, and was replaced at Chinchilla by his son. As QATB general secretary he also became the Association Centre secretary. Between them Turner and Cash effectively ran both the QATB and the Association Centre friom the early 50s until the Association removed itself from QATB control during a bitter dispute in 1962. Both men were Freemasons and, despite their antagonism towards the SJAB, members of the Order of St John.

Eventually both Cash and Turner were eased out of the QATB. Cash went on medical grounds in 1966. By then he was in his 70s. It took longer to remove Turner. He lost his parliamentary seat of Kelvin Grove in 1963 to Doug Tooth, a Liberal, but he hung on as QATB president. Eventually he was removed from the QATB board in 1970 after Tooth had become Minister for Health. After that relations between the QATB and the SJAB improved. They improved even more during the early 1990s after a review of ambulance services in Queensland, of which the St John Operations Branch Commissioner, Peter Nicholl, was a member. The review recommended the establishment of a Queensland Ambulance Services Board. This was set up in July 1992 and at the same time the QATB was restructured as the QAS. The first QAS Commissioner, or chief executive, was Noel Gillard, who subsequently came over to St John Ambulance as Queensland general manager in 1994. By then both organisations, the QAS and St John, were working together co-operatively, complementing each other in providing the State's citizens with interlocking emergency care services.

**QRA = Queensland Railways Ambulance; SJAB = St John Ambulance Brigade; QATB = Queensland Ambulance Transport Brigade; QAA = Queensland Ambulance Association; QAS = Queensland Ambulance Service*

(Joe Pyke, Kedron, Queensland, November 1999)

Trials and tribulations of a Commissioner

I came into the St John Ambulance Brigade at a senior level about 30 years ago. I was a lecturer in veterinary science at the University of Queensland and was an officer in the army reserve. I was in the university regiment, where I spent a term as commanding officer. When my term of office finished I began looking around for something else to keep me busy. I'd previously met a senior member of the New South Wales Brigade District, Dr Neville Hoddle, at army functions. I spoke to him about the possibility of joining St John in Queensland. He gave me a letter of introduction to Dr Murray Elliott in Brisbane, the Brigade District Commissioner in Queensland. I rang Dr Elliott and arranged to see him in his consulting rooms. I outlined my past activities and indicated my interest in joining his organisation. He accepted me and appointed me to the position of District Officer (Emergency Services), with the rider that I attempt to form a Division on the university campus, an idea about which I was not particularly enthused.

I must have done a reasonable job as a District Officer because my next appointment was District Superintendent or officer in charge of all administration. That brought me into direct regular contact with a person I will refer to simply as 'Mrs E'. She was the District Secretary, District Superintendent (Nursing), storekeeper and general dogs-

body. She'd been with the Brigade since its early years in Queensland in the late 1940s and early 50s and kept a very tight hold on all matters administrative. The Brigade at this time was very poor financially. Everything was done on the cheap. Members bought their uniforms, paid their travel and gave of their time generously. The government gave a small donation towards Mrs E's salary, otherwise we had to fund ourselves. Mrs E had, perforce, learned to be frugal. She saved every piece of wrapping paper from every parcel she received, together with the odd bit of string. To some Mrs E was the founding angel, to others she was a dragon. Before my arrival in the Brigade, the majority of members had been females. She fostered the Brigade to the brim with women, and discouraged men from joining, or ensured they had such an uncomfortable time that they resigned. We lost many a good man through her efforts. Not liking me as a male, she only fed me what crumbs she chose to aim in my direction, doing her best in the meantime to obstruct and frustrate with a view to my possible resignation. She continued to rule the roost. However, I was determined not to let her get me down, and so I persevered in the position for six years. I was determined that I would out-sit her, which in the end I did. When our elderly District treasurer resigned due to her age, I talked a military colleague, Sam Harrison, an accountant, into joining the organisation. Mrs E handed him figures on the backs of Australian Comfort Fund envelopes (World War II vintage), on old scraps of paper and so on, to which Sam Harrison replied 'Well, at least I can be thankful they're not on bark'. I persevered, determined that she was not going to pull the rug from under my feet, but Mrs E remained a thorn in my side until she died.

Even having served six years as District Superintendent, I still did not fully know the workings of St John. With Mrs E influential in the background I was not encouraged to find out. After that I was promoted to Deputy Commissioner under Dr Laurie Parker [Commissioner 1975–78], an ear, nose and throat specialist, and was eventually recommended to succeed him as Commissioner for Queensland. I was the first non-medical Commissioner in Australia. As mentioned, I was a vet and perhaps having a vet as Commissioner wasn't too big a step away from having a medical practitioner in charge. After all the animal body is not too different to the human body, and I had served a term as honorary medical officer to the University of Queensland Underwater Club.

I served three years as Commissioner, 1978–81. One of my early successful initiatives in the job was to institute an after-hours oxygen canister delivery service for patients at home on self-administered oxygen. We arranged this with the supplier, the industrial gases manufacturing firm, CIG. The arrangement benefited CIG, the patients, and produced a small income for the Brigade. Organised by Les Sims, it proved a success. Soon after becoming Commissioner I 'anointed' Dr Geoff Gray as my Deputy. He'd been involved with the 1974 Commonwealth Games in New Zealand, and as we were to have them in Brisbane within a few years, in 1982, I did everything to ensure he had some staff to do it with. I inherited numerous adult Nursing and Nursing Cadet Divisions, together with just a few adult Ambulance and Ambulance Cadet Divisions. I tried to build up the numbers for Geoff Gray so he'd have sufficient 'troops' to provide the first aid services at the Commonwealth Games. I established a recruiting committee under Max Kerry, a dentist who'd recruited for the Army Reserve. He gathered a few of our members around him then set up tables at shopping centres on Saturday mornings. It worked. Another initiative was the direct entry of suitable potential officers from 'off the street'. Having recruited them, we schooled them for the task through a special training programs we introduced. Mrs E was unhelpful here. For this program I'd employed an outside lecturer. During one of his sessions Mrs E spent much of the time rummaging through her briefcase noisily, and handing out notices to class participants. Such behaviour was not becoming in a senior St John member.

I've already mentioned Mrs E's problem in accepting men in the Brigade. She was not alone here: the Brigade in Queensland had begun largely as a women's organisation and there were some who wished it to remain that way. It was in St John that I struck my first feminists, many of them militant ones. They hated trousers but strove to get into them, and were very critical of the number of ex-army officers who, like me, had joined the organisation. One of them wrote, 'St John was started by men for men.' It was a long haul trying to convince people with such views that the Brigade must be an inclusive organisation in which women and men must work together co-operatively.

Another difficulty for me as Commissioner was the attitude towards the Brigade of those then running the St John Ambulance Association [Training Branch] in Queensland. Having preceded the Brigade here by decades, the Association saw itself as the 'senior service'. It had all the money, collecting this from the St John public first aid classes. Mrs E's salary as secretary was part met by a government grant but the rest of us got nothing. It used to irk me when our Brigade officers travelled interstate for the annual Priory conferences. The Association representatives were seated up first class in the airlines and stayed at the best hotels, courtesy of St John, while we Brigade members from the Commissioner down sat in the snake pit, and stayed in the cheaper motels at our own expense. With the 1982 Commonwealth Games looming closer, I approached our Association chairman for funds. He replied that he was saving for a headquarters building, and this came first. Meanwhile we had to fund ourselves. He said he did not object to us soliciting funds for ourselves within the guidelines of the Queensland Ambulance Act, but, as he well knew, this legislation had been designed specifically to hog-tie the Brigade's fund-raising efforts. This chairman did not support the Brigade and even encouraged one of his appointees to the Queensland St John Council staff not to take any notice of us in the Brigade.

Every voluntary organisation attracts its percentage of nuts and deviants. St John received its fair share. As Commissioner they were my responsibility, and in dealing with them I had to do a juggling act in preserving the Brigade's hard-won reputation, maintaining good discipline and seeing that justice was done. The Commissioner's job had many pleasant duties, but these were counter-balanced by those less welcome. Among the latter were investigating and acting on reports of theft, paedophilia involving male and female Cadets and so on. In the end nothing would surprise me. I saw and had to deal with just about every disciplinary breach except murder. In the end three years of listening to gossip, petty grievances and so on were enough. I did not therefore seek a second term as Commissioner. I was happy to get away from it all for a while, though later I took on other St John responsibilities, including getting the new Community Care Branch going in Queensland after its inception in 1987.

I also acted as Deputy Director of Ceremonies for St John Queensland, organising St John Investitures at Government House and other functions such as the Priory church services and meetings of the Priory Chapter when it was Brisbane's turn to host them. I enjoyed the ceremonial aspects of the job, for instance carrying the sword before the Prior, the Governor General, in the capitular processions into Chapter meetings and church services. Being Deputy Director of Ceremonies had its lighter moments. The job wasn't all solemnity, as I discovered when St John Ambulance Queensland was charged with the launch of the *Outback First Aid* text book. The Governor, Her Excellency, Mrs Leneen Ford, was invited to perform this ceremony in the gardens of Brisbane's South Bank. As part of the launch we arranged a rural first aid scenario. All went well, until the Governor's husband, Angus McDonald, spotted a lifesaver he knew from Burleigh Heads. He remarked that he would like to talk to him. He was taken across to him.

'How are you Mac?' the lifesaver inquired for all to hear. 'What the **** are you doing here?'

'I came with the Governor,' Angus replied.

'How did you get that job?' the lifesaver asked.

'I'm married to her.'

'Oh ****!' the lifesaver exclaimed, lost for any other words.

(John Springhall, Yandina, Queensland, November 1999)

PART B — GRASSROOTS EXPERIENCE

'Having been infected with the St John 'disease' [since 1944] I have still not managed to shake it off 55 years later' (David Heard, Murray Bridge, South Australia, June 1999).

'I'm very proud that my efforts for St John have lifted the organisation's profile in this part of Tasmania' (Fay Reeve, Wynyard, Tasmania, July 1999).

'When I was about eight years old I was attending the fête of my local primary school. I was on the school's jumping castle when I fell and badly jarred my arm. My parents took me to the St John Ambulance post and I've never left. That was in 1991, almost ten years ago' (Simon Puckett, Latham, Australian Capital Territory, December 2000).

The eight chapters in this part of the book reflect the personal experiences of many grassroots members across many decades of St John Ambulance Brigade and Operations Branch history. In these chapters the members tell their own stories in their own words. Their accounts of their experience form a vast, variegated tapestry stretching across the organisation's century in Australia.

Chapter 6

DIVISIONS — INSTITUTIONAL BUILDING BLOCKS

Introduction

Divisions have always been the basic organisational building blocks for the St John Ambulance Brigade and Operations Branch. Analogous to the army platoon, a Division 'is usually the local unit of the Operations Branch [but] may [also] be formed in workplaces, educational institutions and the like' and should have 'not fewer than twelve members' (Regulation 3.4, *Operations Branch General Regulations 1999*). A unit smaller than a Division is the Section, a group of six to eleven members who, not numerous enough to become a Division, are 'attached' to some nearby Division, with the Section officer-in-charge being responsible to the Divisional Superintendent.

Most of this chapter consists of the contributions from particular Divisions and individuals closely associated with their development. The Divisions covered below appear in rough alphabetical order. In most cases the present author did not choose which Divisions should be covered. Instead he relied on a process of random self-selection through which Divisions chose to submit material about themselves. In the two and a half years of his research the author personally visited 101 Divisions and Sections across all States and Territories. Everywhere he went he invited members to submit material about themselves and their Divisions. More than 40 Divisions, from all States and Territories, chose to do so. The result is a cross-section of the 435 Divisions extant in 2000–01.

Unfortunately, some of the Divisions discussed below have disbanded or been amalgamated with other Divisions under new names. Some are long defunct, but recalled here in the memories of former members. Some, like Glebe in New South Wales and Footscray in Victoria, are ancient and continuing — the oldest Divisions in their States. Others are new, vibrantly enthusiastic, taking the Operations Branch in exciting new directions. One such is the Universities Division in South Australia, which handles much of its administration using the Internet and emails. Another is the South Sydney Cadet Division in New South Wales, whose 36 members in 2001 included young people from nine immigrant communities, mostly non-European.

The chapter reflects the diversity of Divisions, in all their kaleidoscopic variety over many decades. It begins with an historical account of the various types of Divisions, and their shift away from sex- and age-segregated units to groupings that brought together first the sexes and later members of all ages. It then goes on to consider a series of individual Divisions, and the work they have done. The contributions vary greatly in nature and style. Some are written in the first person and consist of the personal impressions of their authors. Some are excerpts from published Divisional histories, produced to commemorate an anniversary or, less often, by a Divisional member who understood the point that History (with a capital H) is what is published about the past. Others strive to give an accurate chronological account of a Division's foundation, growth and development. Yet others paint with a broad brush, conveying a broad summary. A couple are in verse. And then there are others whose story the present author has written up from material provided to him. Another type of account is that of Victoria's Rescue Squads, a phenomenon of the 1960s and early 1970s, written up from the recollections of former members. One notable omission from this chapter is the Molong Cadet Division in central western New South Wales. One of the most vigorous Cadet Divisions of the 1990s, it is discussed in Chapter 8.

Ambulance, Nursing, Combined, Family and Special Divisions

Until the 1950s the Divisions or local units of the St John Ambulance Brigade in Australia were gender segregated. Men joined Ambulance or all-male Divisions. They did first aid on public duty and participated in first aid competitions to sharpen their skills. Women joined Nursing or all-female Divisions, provided the nursing component of public duties and competed in home nursing competitions. When Cadet Divisions began forming in Australia in the 1920s and 30s, they too were segregated. Boys joined Ambulance Cadet Divisions, girls Nursing

Cadet Divisions; and when they turned 18 they were expected to join the adult Divisions, boys progressing upwards to the Ambulance and the girls to the Nursing Divisions.

Determining when the first breach of the wall of segregation occurred is problematic. The records at both national and District levels are incomplete. Not all registration forms for new Divisions have survived, and sometimes Divisions were up and running for months or even years before being formally registered. That is one reason why the lists maintained by national and District headquarters for the formation of new Divisions are sometimes at variance. Nor are the annual reports at District and national levels helpful in filling the gaps in the record. In some years they indicate how many new Divisions formed, in others they don't. In any case, being summaries they usually don't name individual Divisions.

Despite these constraints, it seems likely that Australia's first 'Combined' Division, or Division having both male and female members, formed at Frankston on Melbourne's southern fringes in 1952. A second followed at Swan Hill on the mid-Murray River in northern Victoria the next year, 1953. Neither Division now survives: Frankston closed in 1977 and Swan Hill in 1980. Why they formed is consequently difficult to determine. Given the prevailing community attitudes about the roles of the sexes in the 1950s, the reason is unlikely to have been any conscious decision by their members to pioneer gender equity in the Brigade. A more likely explanation is that too few recruits came forward for separate men's and women's Divisions. Better to have one Division with small numbers of men and women actively going on first aid and nursing duty among the local community than wait indefinitely until sufficient members of both sexes warranted separate Divisions.

One by one the other Districts followed the Victorian lead. Western Australia formed three adult Combined Divisions in 1956, and the same year Queensland formed three Combined Cadet Divisions. After that the idea caught on fairly quickly, more so for adults than for Cadets. By 1964 all the States had introduced adult Combined Divisions, though not all would have Combined Cadet Divisions until 1973. By 1960 14% of all adult and 4% of all Cadet Divisions were Combined. By 1970 the proportions were 37% and 12% respectively and by 1980 they were 64% and 38%. In 1990 the method of reporting Divisions changed: Districts stopped reporting how many of the different types of Divisions they maintained, and instead only indicated how many of their Divisions were either adult or youth (ie Cadet). By that time the great majority were mixed-sex Divisions. Table 1 below shows how the balance tipped in favour of the Combined Divisions between 1960 and 1990. Table 2 shows when each of the eight Districts introduced Combined Divisions.

Table 1

Australian Combined Divisions: number and proportion of total, 1960 and 1990

Year	1960	1990
Number of Adult Combined Divisions	42	293
Proportion of total Adult Divisions	14%	84%
Number of Cadet Combined Divisions	9	177
Proportion of total Cadet Divisions	4%	85%

Table 2

The first Combined Divisions in Australia: year formed in each State/Territory, and number formed

Adult Divisions			Cadet Divisions		
State/Territory	Year	Number	State/Territory	Year	Number
Victoria	1952	1	Queensland	1956	3
Western Australia	1956	3	Victoria	1956	1
Tasmania	1958	2	Western Australia	1957	1
South Australia	1960	1	South Australia	1962	1
New South Wales	1962	2	Tasmania	1966	1
Northern Territory	1963	1	New South Wales	1973	3
Queensland	1964	2	Northern Territory*	1977	2
Australian Capital Territory*	1979	3	Australian Capital Territory*	1979	3
Norfolk Island*	1985	1	Norfolk Island	–	–

** The Australian Capital Territory split from New South Wales as a separate Sub-District in 1979. The numbers of Combined Divisions shown here were those already in existence then. Norfolk Island has never had separate Divisions for men and women. Its one and only Division, an adult one, has always been Combined. The Norrthern Territory split from South Australia as a separate District in 1977. The numbers of Combined Cadet Divisions shown here were those already in existence then.*

The last segregated Divisions in Australia formed during the 1970s. All were in New South Wales. Kurri Kurri Nursing Cadet in 1975, Miller Ambulance Cadet in 1976 and North Rocks Ambulance Cadet in 1978 were the last segregated Cadet Divisions to be registered. The last new adult segregated Divisions to form were Cronulla-Carringbah Ambulance in 1973 and Western Suburbs Nursing in 1979. From 1980 all new Divisions in Australia were Combined. During the 1980s the term 'Combined' gradually changed meaning. By 1990 the word signified a Division that not only mixed the sexes but brought adult and younger members together. During the 1980s more and more Divisions across the country had realised the advantages of more strongly linking the activities of Cadet and adult members: the Cadets gained by having a body of experienced adults among them, the adults gained by being in a Division more likely to retain young people moving up from the Cadets. To emphasise the organic unity of their younger and older members some Combined Divisions took to calling themselves 'Family' Divisions. An example is the Archer Family Division in Tasmania, the subject of a separate entry in this chapter. The Family Divisions hoped to strengthen themselves by jointly involving the different generations of the same families in St John work.

The growth of the Australian Combined Divisions during the 1980s and 90s paralleled the development of similar formations in the St John Ambulance Brigade elsewhere in the world. In the United Kingdom, for instance, there were 'Quadrilateral' Divisions, with four separate sections for men, women, boys and girls. The first of these formed at New Cross in London in 1969. The UK also experimented with Australian-style Combined Divisions that mixed the sexes without compartmentalising them.

Despite the Australian trend towards Combined Divisions, a few segregated Divisions resolutely hung on in several Districts into the 1990s. By the end of the decade, however, all but one had been pushed into accepting members of the opposite sex and dropping the 'Ambulance' or 'Nursing' tags from their names. The exception was in Tasmania, where one Division alone among Australia's 471 others remained segregated. It was the Launceston Nursing Division, an account of which appears later in this chapter. Whether or not the Division could remain in unreconstructed, pristine condition was uncertain. Some within the St John hierarchy in Tasmania thought it should be allowed to continue, a quaint reminder of the St John world of half a century ago, until its aging members disappeared into retirement. Others thought they should be pressured into change, either by accepting male members or through amalgamation with a Combined Division.

Yet another type of Division not included in the permutations above is the Special Division. Regulation 3.6 provides for the Chief Commissioner to register such a Division for a set period and for a specific purpose. When that purpose has been fulfilled the Special Division is disbanded. The best recent example of a Special Division was the Training Branch Division that formed in the period before the 2000 Sydney Olympics. The specific purpose here was to enable members of the Training Branch who were not already Operations Branch members to join the first aid squad for the Games. When the Games finished and the Division lapsed, a number of its members joined regular Operations Branch Divisions. Enthusiastic for a continuing involvement in practical first aid field work rather than just for teaching the subject, they promised to become excellent Operations Branch recruits.

During the 1970s and 80s the Brigade in six Districts experimented with yet another type of Division. Variously termed 'Crusader' or 'Link' Divisions, they aimed to bridge the gulf between the Cadet and adult Divisions. Brigade leaders had long been concerned that on reaching 18 the great majority of Cadets chose not to move into the adult Divisions. This seemed to defeat the whole purpose of the Cadet Divisions, which were intended to groom young people for adult membership. District staff responsible for Cadets wrung their hands over the problem, to which the transitional Crusader and Link Divisions offered an answer. The first District to tackle the problem was Victoria, which introduced a program called 'Inter-link' in 1975 to cater for young people in their late teens and early 20s. Run by Joan Patterson, a later Chief Cadet Officer, Inter-Link worked successfully for four years before fading away. Crusader Divisions, intended to ease the abrupt transition from the Cadet to adult Divisions, hoped to appeal to young people through the Order's deeply ingrained mythology. Naming the Divisions after the supposedly ancestral Knights Hospitaller was, however, not a strategy that succeeded. Queensland had three Crusader Divisions in 1976–77, but they all soon failed. New South Wales was the next to try. It had one Crusader Division 1980–83. Over the next four years three other Districts ran Crusader Divisions — Western Australia 1982–84, the Australian Capital Territory 1984–86 and South Australia 1985–87 — but none survived more than two or three years. One might conclude that the Brigade's young people were underwhelmed by the Order's crusading myths, but the reality was probably the same as it had always been. That is, the urge to find a job, secure higher education, acquire a car and seek a partner were all stronger imperatives for young people than entering adult Brigade membership.

In Chapter 4 we saw how the Operations Branch shifted emphasis away from regarding the

Cadet Divisions as a nursery for adult Divisions towards conceiving of the Cadets as a development opportunity for Australia's youth. The changed emphasis was a realistic response to the age-old problem of youth retention. 'Revolving door' membership was a useful concept here: members need not join with the expectation of staying for life but for a short term. Members could remain in a Division as long as it met their needs and could do useful work; then they would depart. That, of course, had long been the reality for Cadets.

(Information and figures derived from material in the annual reports of the Australian Priory of the Order of St John)

Aldgate-Stirling

Our Division, Aldgate-Stirling, in the Adelaide Hills, is often called on to assist at the bush fires that periodically sweep through the hills. Our main work at bushfires is to treat injured firefighters, who suffer burns, smoke inhalation and inflamed eyes. Sometimes we have to go in and rescue the injured. The worst fires were both on a Wednesday and so came to be known as 'Ash Wednesday'. The first Ash Wednesday was in 1981, the second in 1983. One of our members, Tim Thompson lost his house during Ash Wednesday I. It was one of 56 burnt out that day. Tim was working at Kilkenny and his wife in the city. When he heard that his area was being threatened, he left work and drove home. As he drove up to Aldgate the fire was following. He picked his children up from the Mylor school then went to the Heathcote high school evacuation area. There he met a neighbour who told him his house was gone. It had been a pine log structure and took only 3½ minutes to burn, the flames shooting up 20 metres. The house just exploded, and the sound could be heard three kilometres away. The Division helped Tim clean up the site afterwards.

Another bushfire where we did good work was at Morialta. Five of us were on duty that day. We were on duty for seven hours, 2.00 to 9.00 p.m. attending the firefighters who were attempting to do a back-burn to control the bushfire. The back-burn ended up being bigger than the fire itself. Dark had already fallen when the Country Fire Service command vehicle drove up. The chap in charge said he wanted us to drive up a fire track across the next hill to bring out a firefighter with an injured knee. As we made our way up the track the burnt trees overhead were glowing in the dark. The further we went the more the track narrowed. When we got to the bottom of the hill we found our casualty in his vehicle. The wheels on one side were hard up against a cliff and the other set were hanging over a drop. We got the chap into our vehicle then had to reverse back up the track in the dark. We managed to get back up the hill without mishap, then took our patient to the first aid post for treatment.

As well as at bushfires, we're occasionally called on to help with floods. When Langhorne Creek [75 kilometres south-east of Adelaide] flooded in 1992 we sent a four-member team down to assist in rescue operations. The team consisted of Lisa Buckingham, Rebecca Raven, Tim Thompson and Jim Gifford. When we got there the only job given to us was handing out $100 bills in flood relief payments to evacuees on behalf of the Department of Community Services. We did, however, give a 'Panadol' tablet to one woman complaining of a headache. We were having dinner and thinking about returning home when we were called to a real casualty. It was one of the workers who'd suffered an epileptic fit while stacking sandbags for a flood barrier 5 kilometres out of the town. To get to him we had to drive along a flooded road. We had no idea how deep the water was so we sent Lisa ahead of our vehicle with a stick to test the depth. The water was only 70 centimetres deep, so our vehicle could handle that and we were able to get through. We found our patient half in and half out of the water, propped up against a sandbag. We got him on to a stretcher, loaded him into the vehicle and took him back into town to the Langhorne Creek hall. From there an ambulance took him to hospital at Murray Bridge [50 kilometres north-east of Langhorne Creek].

(Lisa Buckingham, Garry Coombes, Jim Gifford, Tim Thompson and Rebecca Raven, Stirling, South Australia, June 2000)

Alice Springs

The first reference to St John Ambulance in Alice Springs is in the *Centralian Advocate* of Friday 11 July 1952 under the heading 'St John's men for football'. Mr Les Poole, the report said, had volunteered his services as a 'St John's man' to the Central Australian [Rules] Football Association for the CAFA's Sunday games at the Anzac Oval. Six months later, on 14 November, the *Advocate* ran another report calling for expressions of interest in forming a local 'St John detachment'. A year later, on 13 November 1953, the *Advocate* reported that Mr Norman Bradbury had conducted first aid classes in Alice Springs. Later that month, a Brigade group formed and elected its first officers. One of the class graduates, Alf McRae, became the first Divisional Superintendent. This original Alice Springs Brigade Division was first registered in March 1954. It was not to last long, however. After a few months the work of the Division had fallen on the shoulders of just two men —Alf McRae, and Bruce McKane. The Division was formally disbanded in March 1956 after attempts to recruit more members failed.

Brigade activity recommenced in Alice Springs during 1960. Those responsible were mainly St John-trained railway employees from South Australia, where St John was very strong and had responsibility for the ambulance service. In October that year a meeting of 16 people decided to form a combined (male and female) Division in Alice Springs. Provisional officers and a committee were elected and an application for official recognition made to the South Australian District of the St. John Ambulance Brigade. The reason for the South Australian connection, rather than Darwin or Northern Territory, seems to have been the numerous railway personnel, who were all from South Australia, and the easier rail connection south to Adelaide. In June the next year, 1961, the South Australian District Commissioner, Dr Harvey Hurst, and the St John Council Secretary, Philip Ferrier, visited Alice Springs to confer with the newly appointed Divisional Superintendent, Bert Palmer. That same month the Alice Springs Show was held and members of the Division went on public duty there and later received a generous donation of £10 [$20] from the Show Society. The first formal Divisional meeting was held in the last week in June 1961 at the RAOB Hall in Todd Street.

The next month, July, the members received their grey, black and white uniforms. The women, the Nursing members, made their own uniforms under the guidance of Lila Heron; the men, however, obtained their uniforms complete from South Australia. By October, the uniform issue was complete and an inspection was held in the United Hall in Bath Street. The Northern Territory Administrator, Mr R.B. Nott, performed his first official duty as Patron of the Brigade in Alice Springs by inspecting the Division. He was accompanied by the Minister for Territories, Paul Hasluck. From then on the members of the Division were more easily distinguished at public events around Central Australia. The new Division received good publicity from the *Centralian Advocate*: every fortnight without fail an article about Brigade activities appeared in the paper. In 1962 the fortnightly articles in the *Advocate* continued, sometimes with helpful hints for the public on first aid and sometimes with Divisional news. A social club was also formed in 1961 to act as a fund-raising auxiliary for the Division. The first fund-raiser was a jumble sale stall held on Fogarty's corner on Saturday 5 August. The auxiliary continued to work hard to raise money to buy equipment and to pay for the newly acquired uniforms.

In the early years the members of the Division carried their first aid equipment to all the duties they attended because they didn't have an ambulance or a vehicle on any kind for transporting patients. Some examples of the equipment they carried were bicarbonate of soda, Salvolatile, smelling salts, potassium permanganate and methylated spirits, as well as the regular bandages, scissors, towels and stretchers etc. Whenever Divisional funds were low, members paid for such materials out of their own pockets and quite often were never reimbursed.

Once established in 1960–61, the Alice Springs Division struggled on for the remainder of the 1960s and early 70s with a membership that fluctuated between 7 and 27. The meeting venues for the Division changed many times — from the Scout Hall to the Youth Centre, to the Government Centre to a Hartley Street house, to a shed in the industrial area and to an ex-bus garage. Amidst these shifts it managed to survive. It achieved a greater measure of stability when it finally moved into the newly built Southern Regional St John Headquarters on Telegraph Terrace, which was officially opened by Prince Charles on 21 March 1983. The rest of the history of St John in Alice Springs is thoroughly recorded and documented and kept in albums and on video tape in the filing cabinet in the Divisional office of the Operations Branch in Alice Springs.

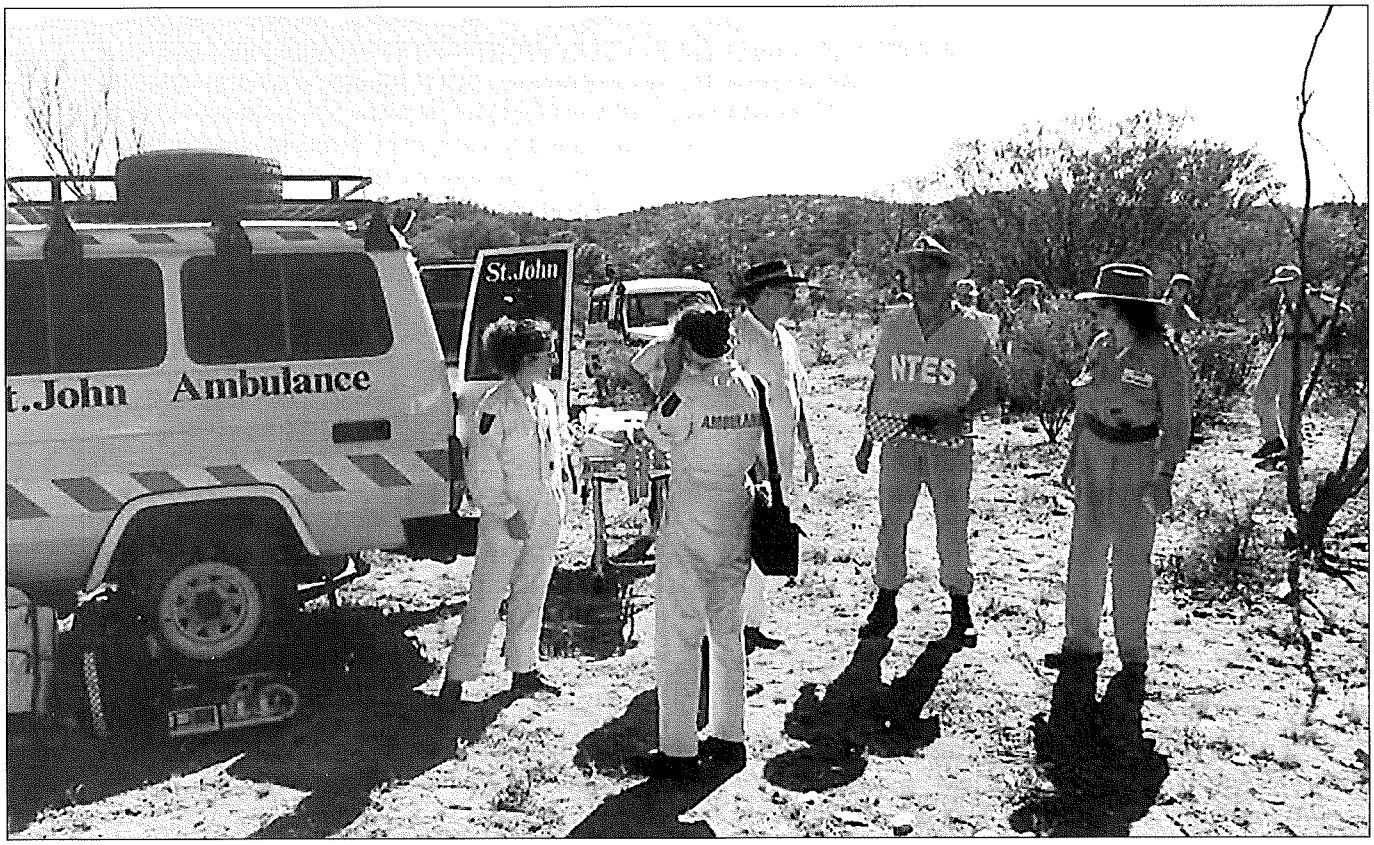
Since occupying the new headquarters, the Division has prospered. Regular duties include the annual Finke Desert Race. Run in June, this race has now nation-wide media cover, and off-road vehicles as well as motor bikes participate. Divisional members work side by side with the permanent ambulance staff to cover this duty, using helicopters along with fixed wing planes. When it began becoming popular in the late 1980s, attracting more and more riders, St John had to hire extra 4-wheel-drive vehicles to cope. In 1990 a weekend driving course for Divisional members was held in areas and under conditions ambulance officers would experience in real-life situations — long distances, night driving, using the UH radio, dusty gravel roads, wet sand roads and finding remote bush communities. 1991 was a very successful year for our competition teams as both our team and individual contestants came first in the District competition. In October 1991 we celebrated the Division's 30th birthday with a dinner and party at The Gap Motel. Many current and past members attended. The cake was in the shape of the 8-pointed Maltese cross of St John and the longest serving member, Joan Hunt, cut the cake accompanied by Barry Bohning, who was a member of the Division in the 1960s. In 1993 we held the District Weekend and competitions here. The competitions were held in the Ford Plaza in town on Saturday 24 April. We then conducted a Mess Dinner that night and the Church Parade the next day. December 1993 saw 7 members of the Division receive their Certificates in Ambulance Studies, and that same year Paul Maybank received the Superintendent's Award.

In 1997 the structure of St John in the Northern Territory changed. The Corps were phased out. Southern Corps, of which Alice Springs was part, disappeared. The Corps Superintendent's position was abolished and the occupant, Steve Peers, who is also station officer for the ambulance service, became Assistant Commissioner. Noel Talbot and Pat McQuillen became District Officers. In 1998, all members of the Alice Springs Divisions worked together to organise the 1999 national Cadet competitions and camp, and Deputy Commissioner Lesley King visited from Darwin to supervise proceedings. The camp was held at Yirara College in Alice Springs, site of the 1981 camp. Another success later that year was the Alice Springs Show. St John shared first prize for the best commercial exhibit with the

Police, Emergency Service and Fire Department. Also in 1999, for the first time we held a graduation ceremony here with Mayor Andy McNeil presenting certificates to ambulance officers in Paramedic Studies, Certificate in Ambulance Studies and Associate Diploma in Applied Science.

The 1990s also brought us into the computer age with Alice Springs becoming part of the St John network. The end of 1999 sees 38 and 20 years of community service from the adult and Cadet Divisions respectively. Our volunteers now cover a huge area from Kulgera near the South Australian border to Avon Downs near the Queensland border. For many years we had a very busy volunteer at Avon Downs who worked alongside her policeman husband at many road crashes and assisted the nurses from the Mount Isa hospital in Queensland with trauma cases. Our public duties range from the usual speedways, horse racing, football, motor sports and public displays to camel racing, train travel, motor safaris, bush rallies and dry river bed regattas. In the next century we look forward to continuing our service to the local people, whose support we cherish.

(Patricia McQuillen, Alice Springs, March 2000)



Alice Springs members assisting Northern Territory Emergency Services in Central Australia, 2000.

Archer Family Division, Launceston

Ours is a family Division — one for mums, dads and kids. We became a family Division in 1992. We developed from an earlier Launceston Division that formed over 40 years ago. We take our name from the great Dr Geraldine Archer, D.St.J., who died in 1992 after many years of outstanding service to St John Ambulance in northern Tasmania. She was a generous benefactor to the Launceston Divisions, and so we thought it fitting to commemorate her contributions to the St John cause by naming the Division after her.

We've only had four Divisional Superintendents since we were founded. Neil Dine was the first, Geoff Rundle was second, Kevin Walters was third and I'm the fourth. My name is Jim Rigby and I've been the Superintendent for 12 years now, and a member of the Brigade and Operations Branch for 25. We currently have 22 members, divided half-and-half between males and females and adults and Cadets. Our regular public first aid duties include the local air races, the national penny-farthing bicycle races at Evandale (which attract competitors from all around the world), the horse races, the speedways, the motorbikes and the cycling.

The cycling always provides a lot of work because it includes the 5-day Tour of Tasmania. My son Grant, who's also a member of the Division, always likes to cover the Tour because it usually produces a range of casualties that

broaden the first aider's experience and skills. During the 1997 Tour we had to treat a cyclist from Western Australia who's now paralysed. He crashed into a fence, slitting his face open from his mouth to his helmet. We had him bandaged securely before the ambulance arrived. Unfortunately he probably suffered brain damage from the impact of the crash. During the 1998 Tour a nasty series of falls happened on one of the stages. Altogether 12 riders fell, of whom 11 got up, remounted and finished that day's stage. Our job that day didn't finish until well after the day's racing was done. We had to go round all the motels where the cyclists were overnighting to check on those who'd been injured and apply new dressings to wounds.

Another of our regular duties is the national cart championships at Archerville. Carts come from all over Australia to compete. The event lasts for five days and there'll be anything up to 30 carts on the track. We have a crew of four members there and two ambulances attend. Despite the potential for accidents and injuries, we had a quiet time at the last event. Our only job was to apply one 'Bandaid'.

One of our most spectacular recent casualties happened during a motor bike race at Wombat Park in 1998. A young chap came off his machine during the last lap of the last race. He suffered a 'tib & fib' [broken leg: both tibia and fibula bones fractured]. He didn't realise he had a broken leg and stood up. When he did the broken bones came through his boot. Six first aiders treated him. We applied an air splint but first we had to cut away the boot. The ambulance arrived after we'd finished splinting him. It then took three hours to transport him to Launceston over rough roads.

Because of the type of public duties we do, the Division chalks up a huge tally of duty hours. For the last five years I've personally done 500 hours a year. My son Craig also notches up many hours. In 1997 he did 1067. The Launceston City Council awards certificates to volunteers who give 500 hours of community service in a year. Archer Division usually receives five of these.

Despite our good record here, not all our public duties are popular with members. Everyone wants to attend popular events like the Derwent Rock Concert but few are eager for uneventful duties like the Light Car Club meetings. We've accordingly developed an effective rostering system to ensure we have sufficient volunteers for each duty. Members who volunteer for the unpopular duties score extra 'points' that give them priority when the good jobs are being assigned.

(Jim Rigby, Launceston, July 1999)

Bankstown

Bankstown Ambulance Division of the Brigade was formally registered on 22 February 1972, with the necessary form, the 'BF/RS', signed by the Chief Commissioner, Douglas Donald that day. Our Division was now a reality. Having graduated from the Staff School of Instruction for officers just a week before this, I was appointed Superintendent.

Mrs Betty Stirton, the District Superintendent Nursing, located premises for us as our first Divisional headquarters — the old Panania St John Cadet hall. It was built on Railway property and we had to pay the Railway Department $33 a year for the lease. The hall was in need of a lot of work, including repairing broken windows and general tidying up. The grass had to be slashed and then mown. And then there was the toilet. Now that was out of this world, and also outside the hall. It consisted of a black tar coated can within a wooden structure that had natural air conditioning. The seating accommodation was also wooden but was free from splinters. My first job was to thoroughly clean the outhouse, remove the spider web curtains and bury some very dehydrated compost. One of my first Divisional directives issued to the new Division was: *'All members must attend to the dictates of nature before arriving on the premises. Any desires must be curtailed until the premises are vacated. Emergencies were given special consideration and where possible should be restricted to those of a minor nature.'* Members of the public who attended our first aid courses were also made aware of the prevailing conditions and organised their wants accordingly. My sincere thanks are still extended to all my team who adhered to this directive almost to the letter.

Our first priority was funds and uniforms. To start the funds off we decided that all members would put all the 'small change' they had in their pockets into a tin every time they were in attendance. This amounted to the $75 profit we had at the end of the year. Hence our income covered our expenses, which meant our operating procedures were on track. We were also aware that the donation of $30 received from Bankstown Nursing Division was a real boost, and we were very grateful for their assistance, but it was a 'one off' donation.

I was a firm believer that the more and varied duties we had, the busier and happier our members would be. Variety obliterated monotony and maintained interest. We were involved with soccer, junior rugby league, Australian rules, motor boats, mini-bikes, 'T'-ball, baseball, cycling, and indoor and outdoor hockey.

New, more comfortable and more presentable accommodation eventually became top priority. The Panania hall had served us well, but the new lease arrangements were unacceptable. When the previous lease ran out we had the

opportunity of renewing it at $5 a week but had to be prepared to vacate the property on one week's notice. We also had to have the sewer connected at our own cost. We were of the opinion that accommodation closer to Bankstown would be more in keeping with our name. We put the word out and someone suggested that we should approach the Trotting Club. We were given the original Trotting Club building, which was an ex-army hut. Another working bee was arranged, and we then had a reasonably presentable building which unfortunately was not to last. It was lined, painted, had heaters on the walls and above all sewered toilets. All our furniture came across from Panania.

We had a very happy time at the Trotting Club, which was always very good to us. Their manager, Noel Scanlon, was a staunch ally. One evening he organised a charity night for us. He had a program of top artists and a stack of first quality raffle prizes. He filled the auditorium and we had very good support from our members and friends in St John. Noel raised a little over $2200 on the night. The cheque was presented to our Commissioner, the late Dr George Killen, accompanied by the Deputy Commissioner, Betty Stirton, at a subsequent trotting meeting. A terrific public relations exercise for St John Ambulance in the Bankstown area! Our personal friendship with the Club lasted for many years. Even after I left the Division, Gwen and I were guests at the Max Truer inaugural memorial dinner in 1986. Another club that we had a long association with was the Deepwater Motor Boat Club. Coincidentally we had a charity night there also. We had about 20 St John members and their partners on our special tables all decked out in Black and White. The lucky door prizes were a 'Uneedit' kitchen first aid kit for the lady and a 'Trafalgar' motorist's first aid kit for the gent. (St John did not sell first aid kits in those days.)

It was my firm belief that volunteers who joined St John should not have to pay for anything from their own pockets. Therefore our Divisional funds paid for uniforms, first aid equipment, dry cleaning and reasonable out-of-pocket expenses. Any Division that is properly managed can be self-supporting. can afford anything and can put money away for a particular project. As said, my members did not have to buy anything and when I left the Division in 1980, we had given District HQ over $4000; we had $10,000 invested and approximately $5500 in our general account. Although I am a firm believer in centralised funding, sad was the day when District HQ removed the incentive for Divisions to be self supporting. We never charged for a duty but when our services were requested I always asked event organisers to make their donation cheques out to the Bankstown Ambulance Division of St John Ambulance Brigade. I recall one major sporting club ringing up on short notice and demanding six first aid personnel. I agreed to the request and when I mentioned the donation cheque they asked if I couldn't name a figure. I replied with the question, 'Would you have six people working for eight hours for $500?' The reply was 'No, I suppose not, would you be happy with $750?' I naturally said 'Yes' and thanked him very much for the offer.

(Alf Gorick, Ettalong Beach, New South Wales, September 1999)

Bloomsbury: establishing a Cadet Division in the bush

Back in the 1940s I joined the nursing profession. After a time Matron decided to have us taught bandaging so as the bandages would stay on in bed and while the patients were walking around the wards. So off we went to the local ambulance. This was in 1953. When we arrived the Superintendent welcomed us and told us we would be doing a St John first aid course. We were quite surprised as all we wanted to do was learn to bandage not first aid. We were nurses not ambulance men, so what could an ambulance man teach us? Well, that was the beginning of a long friendship between myself and the ambulance service, and I have continued to do my ambulance exams ever since. I later became the first honorary woman bearer in the Mackay area when they allowed them to officially admit women into the Queensland Ambulance Transport Brigade in Queensland. It was not until I married Les Peters, a railway man, that I became involved in the Railway Ambulance. I was asked to become a St John instructor so as I could instruct the railway men and train them in competition work. We were now living in a small bush town called Bloomsbury. I jumped at the chance as I could train the country people how to take care of themselves in an emergency. Our home then became a first aid post and I used to help with post-operative and ante-natal care for the area. This is what I had always wanted to do — be a Bush Nurse like my grandmother had been.

In 1972 the people of Bloomsbury asked me if there was anything I could do for the local children. I said, 'We could form a St John Cadet Division. I will go to Brisbane and see what we will be required to do.' We were in the middle of the bush, so we needed to know how many children we would have before we could form a Division. Could we find enough interested in coming? I then spoke to the Commissioner, Dr Drury Clarke, and the District Secretary, Mrs Dorothy Davidson, in Brisbane. They advised me on what I had to study and do in order to commence. In due course I was appointed Divisional Superintendent and began forming a Division. We had to draw children from all the small bush towns around. To our amazement we ended up with two groups, one in Bloomsbury and another in Calen, on alternate Fridays. We would then come together once every two months in Bloomsbury and our break-up parties would always be held in Bloomsbury.

As the years rolled on the children grew up and had to go away to high school so our Division started to dwindle and there were only enough Cadets left for one Division. I had two wonderful Officers to help me, namely Mrs Daphne

Allan, my Nursing Officer, and my husband Les, my Divisional Officer. Matron Dray of the Proserpine Hospital became our Divisional Nursing Officer. Our Cadets from Bloomsbury carried the baton for the 1982 Commonwealth Games as it went from town to town. Our section of the relay was from the O'Connell River to Walgaroo, a route designed to take the baton past the school children in the small rural schools. Our Cadets were so very proud to have been chosen. My son Shaun and I went to Brisbane to take part in the first aid duty at the Games. Each time I heard our national anthem being played I nearly burst with pride.

Another time I can remember taking some of the Cadets away to compete in a first aid competition. We travelled by train and as there was no dining car we had to leave the train to obtain our food. I had gone myself the first time so when the train stopped at the next station the two older girls asked if they could go and buy the food. I told them what we wanted and out they went. Not long after the train started to move, the girls were not back. What was I going to do? I couldn't believe what was happening. I thought there'd have been plenty of time to purchase the food and for the girls to return, I jumped up and off the train hurrying down the platform. I said to a railway man, 'You can't let the train go! My Cadets aren't on it.' He looked at me rather strangely. I went into the refreshment room to retrieve my Cadets. They took one look at me and said, 'Mrs Peters, where are your shoes?' I looked down to discover that I was in full uniform and stockinged feet. By now the railway man had caught up to me. He told us the train was only shunting. We had plenty of time to buy our lunch. What a fool I felt! We often laughed about this incident later.

In 1987 my husband was transferred to Mackay, where we joined the Mackay Division. I am still a member of that Division today. Duties I've been proud to take part in have been Pope John Paul II's visit to Brisbane in 1987 and the Brisbane Expo in 1988.

(Catherine Peters, Beaconsfield, Queensland, February 2000)



Members of the Broadford and Kilmore Division prepare a casualty for ambulance transport, assisted by an onlooker, March 2000. Their patient has suffered multiple fractures of the left leg following a motorcycle accident at the local speedway. The members are the Divisional Superintendent, Beverley Bullen (top), and Stacey Bennett (lower).



William Potts (bending, left) and Brian Wallis of Broadford-Kilmore Division remove a 'casualty' from an overturned vehicle during an emergency services training exercise, 1980.

Broadford-Kilmore

Kilmore and Broadford are two small towns which, 17 kilometres apart, are respectively 60 and 77 kilometres north of Melbourne. For almost 40 years, until 2001, they had a local St John Ambulance unit, known as the Broadford-Kilmore Division. The Division formed in February 1962. Its founders were workers at the APM paper mill in Broadford. The first Superintendent was Leslie J. Doe, an electrician at the mill. The first public duty attended by members of the Division was a bushfire at Strath Creek, east of Broadford. In the foundation year they attended another 46 duties — at the local football and basketball matches, the Kilmore races, the Kilmore Show, a swimming carnival and two fire brigade demonstrations. Les Doe resigned after two years and was replaced in 1964 by Albert Fletcher, who remained Superintendent for the next 15 years, until 1979. Alan Robinette took over as Superintendent and held the position until 1980. Beverley Bullen, the fourth Superintendent, retained the position for the next 20 years, until 2000. Over those decades Divisional membership had varied from as low as 12 to as many as 32.

One of Beverley Bullen's achievements as Superintendent was the publication in 1990 of an 85-page Divisional history, *The History of the Broadford-Kilmore Division, 1962–1990*. It was largely her work. This present history borrows from it and also reproduces a number of Beverley Bullen's photographs of her Division at work.

For many years Broadford-Kilmore was one of Victoria's most vigorous country Divisions. Its varied range of duties and caseload, its active social life, support from the local community and sense of camaraderie among members were the envy of other Divisions. In a typical year members of the Division would attend 155 public duties a year, that is three a week on average; their hours of public duty would top 3050; they would treat 450 casualties and another 290 'minor incidents'; they would spend 1690 hours operating their base radio, which had the call-sign 'VM3SJ Broadford'; and would drive 6000 kilometres in attending duties.

As time went on, the range of duties expanded. Two duties in particular became regular major commitments. These were the motor sports races at the Reg Hunt Speedway in Broadford and the Hells Angels Motor Cycle Club's rock concert held on a rural property owned by the club several kilometres from the town. The motor races often resulted in casualties. Unfortunately two resulted in fatalities despite the best efforts of the Division's first aiders. They were as follows:

- During a motor cycle sidecar race in March 2000 one vehicle crashed and rolled several times. It was, said Beverley Bullen, 'a crash that no first aider wants to hear'. The driver was thrown clear but his passenger was crushed beneath the machine each time it flipped over. When the St John team reached him moments later he was showing no vital signs so they began CPR immediately and kept it up until an ambulance arrived 10 minutes later. The ambulance crew continued the CPR and inserted an oxygen tube down the patient's throat but were unable to revive him. 'Sometimes no amount of training and equipment can bring someone so ill back to life,' Bullen later wrote.
- In July 1992 a motor cycle rider completing a practice circuit skidded on the track and lost control of his bike and crashed, breaking a collar bone. As the St John team were treating him several metres to the side of the track, a second rider lost control of his machine and crashed into the injured rider, causing severe head and spinal injuries plus a ruptured aorta and collapsed lungs. An oxygen tube was inserted into his lungs and he was quickly evacuated by air ambulance to hospital, where he died soon after.

The Hells Angels rock concerts, held annually over a long weekend from 1977, also generated much effort. Each concert produced anything between 100 and 300 casualties. The 1990 concert was fairly typical. Its casualty list read as follows: asthma (1 case); bites and stings (3); blood nose (2); burns, minor (3); burns, major (4); eye injuries (9); foreign bodies (4); fractures, definite (2); fractures, suspected (5); gastric complaints (22); hay fever (2); headaches (37); head injury (5); heat exhaustion (8); lacerations and abrasions, simple (34); lacerations, sutured (3); pain relief (5); redressings (14); sprains and strains (18); sunburn (9); and wound infections (1). The total number of casualties treated was 197, seven of whom had to be transported to hospital by ambulance. On average the first aiders handled four casualties an hour, though during the peak period on the Saturday evening the rate was 10.5 an hour. Little wonder that, in Beverley Bullen's words, 'by the conclusion of the long weekend our team members were weary and barely able to drag themselves home'. At the same time, 'none has ever regretted attending the concert in a first aid capacity and all have enjoyed the activities over the weekend'.

Among the many hundreds of cases handled at the rock concerts over the years, one stood out in members' memories. It was a young man who had collapsed at 11.30 at night during the 1991 concert. Beverley Bullen and Chris Wyatt reached him within a minute with their oxygen equipment. As they examined him by torchlight he stopped breathing. They inserted an artificial airway into his throat and began CPR. As they worked on him, his friends said that he suffered chronic heart disease and was awaiting a heart transplant. An ambulance called on 'Priority Code Red Emergency' arrived from its base in Kilmore within 15 minutes. As Bullen and Wyatt continued the CPR, the ambulance officer, Graeme Williams, hooked the patient to an electronic heart monitoring device. This indicated that his heart had gone into ventricular fibrillation, that is the heart muscles were quivering rather than contracting regularly to pump blood. Using an electric defibrillator to shock the muscles back into regular rhythm, Williams gave the patient seven shocks but none succeeded in re-establishing regular heart beat. A police-operated medical emergency evacuation helicopter was called. This had to land on the oval of the Broadford secondary school rather than at the concert site because the presence of police officers could have sparked an ugly confrontation with some Hells Angels 'bikies' who suspected that the police had arrived to arrest them. The helicopter's medical team had to be driven to the concert site to collect the patient. They took over his treatment but stopped it after 25 minutes when the monitoring equipment indicated that he had suffered irreversible brain death. Williams later wrote to congratulate the St John team. 'Regardless of the patient's medical history he was fortunate that he was in the right place at the right time to at least benefit from a resuscitation attempt,' Williams wrote. 'We don't win them all but we certainly have a much greater chance to defibrillate when good, effective CPR is performed, as happened here.'

Beverley Bullen took a year's leave of absence in September 2000. At the time she was writing up this case and others her Division had attended during the 1990s. Her aim was to have ready a body of material the Division could use in producing a fortieth anniversary history in 2002. Sadly, the Division did not survive for long after her departure.

Other members left in her wake. In 2001 declining Divisional strength prompted State Operations Branch headquarters in Melbourne to amalgamate the Division with one further north at Seymour. The newly amalgamated Division took the regional name Mitchell. Whether the fortieth anniversary history could still be produced after the amalgamation was uncertain. However, even if a second Divisional history failed to materialise the anecdotes she had written up demonstrated that while Broadford-Kilmore had lasted it had served its local community well.

(From Beverley Bullen, Broadford, Victoria, personal communication, September 2000; and a series of unpublished papers describing particular cases handled by the Broadford-Kilmore Division; and Beverley Bullen, The History of the Broadford-Kilmore Division, 1962–1990 [Broadford-Kilmore Division of the St John Ambulance Brigade, Broadford, Victoria, 1990])

Broken Hill: 51 years with St John

I'm the secretary of the St John Training Branch at Broken Hill in far western New South Wales. I've been doing the job for 47 years, ever since I took it on in 1953. Broken Hill has a long St John Ambulance tradition. Lady Annie Brassey, the famous 'evangelist' for St John Ambulance, visited the city from Adelaide during her tour of Australia in 1887. In the years that followed various St John Ambulance Association and Training Branch first aid classes were taught there. Being a mining town, the need for first aid was more urgent than in other, safer working environments. The St John Ambulance Brigade and Operations Branch has been present in Broken Hill since September 1937, when an Ambulance Division was registered there. A Nursing Division followed in 1939 and a Cadet Ambulance Division in 1942. Those responsible for forming the Brigade in Broken Hill were first aid teachers with the Association. The present Combined Division is quite strong, with about 20 adults and over 30 Cadets. One of my uncles was a member of the Ambulance Division and he was very keen for me to join the Cadet Division, but I joined the army and went off to the war instead. When I returned from the war I became an underground miner, which eventually brought me into St John. I took the Association first aid course in 1949 because it was important for miners to know first aid. That in turn led me into underground firefighting and first aid. In the early days many miners died as a result of fires underground, and such deaths are still common. We used an early, cumbersome form of breathing apparatus — a 42-pound (19-kilogram) contraption consisting of a cylinder containing coke and caustic soda to absorb carbon dioxide gas. We also carried a canary in a cage, the time-honoured means by which miners could tell if the air below was becoming unbreathable. The canaries were later replaced by a tube of crystals that indicated it was time to get out if they started turning green.

As well as becoming Association and Training Branch secretary in 1953 I joined the Brigade then. I remained in the Division for the next 12 years, and after that I instructed public first aid classes. I became a Serving Brother in the Order in 1956, and since then I've been promoted up through the grades to Knight. Perhaps the best reward of all for my years of service to St John is our new St John centre in Broken Hill, built by our local Apex Club and opened in July 1999. It has the name the 'Ray Mitchell Training Centre'.

(Ray Mitchell, Adelaide, South Australia, June 2000)

Darwin Cadet band

I joined St John in February 1974 here in Darwin. I used to do ambulance duty — three shifts a week, from 6.00 p.m. to 6.00 a.m. on Tuesdays, Fridays and Saturdays. I was on duty the night Cyclone Tracy blew most of Darwin away. I had a narrow escape when the pressure of the winds blew the air-conditioning unit out of the wall and it landed on my desk in front of me. I later had a few years out of the Brigade while I was having my two children. When I returned, Lionel Crompton was the District Commissioner, a position he took up in 1984. I'd once played in a Salvation Army band, so he asked me to open a Cadet band as a Division. We started off with 14 kids playing recorders, various other woodwind instruments and drums. Lionel used to teach the kids the drums and Lesley King, the District Superintendent, played piano for us. We eventually built the membership up to a peak of 60. By this stage the band was pretty good. It used to give Christmas concerts at the shopping centres around Darwin and even played at Government House and one Priory conference. We had the kids arranged into three levels according to their musical proficiency — beginners, intermediate and advanced. To encourage a team spirit we gave the kids an active social life — camps and sleep-overs, barbecues, video nights, computer games and so on. We also encouraged them to join in with the other Cadet Divisions in District activities. During the international Cadet camp and competitions in Darwin in 1992, attended by contingents from all the Australian States and Territories as well as from Canada, England, New Zealand and Wales, we ran the canteen. I stayed on as Superintendent for 10 years. The Division is still going, though it doesn't have as many members as in the peak years. Membership is now about 20. Frank Haydock is now the Superintendent and my daughter Karen is one of the Divisional Officers.

(Pat King, Darwin, Northern Territory, March 2000)

Divisions and special schools all over Victoria

I was born in 1929. I joined St John in 1948 when I was 19. I had a family interest in first aid work because during World War II my Dad served with the auxiliary ambulance service of the ARP [air raid precautions], which used vans from Myers [retail store]. Dad also joined the Hawthorn-Kew Division of the St John Ambulance Brigade at the suggestion of Dr Wishart who was the Divisional Surgeon and also surgeon to the ARP. He retired from the Division after the war, in 1947, because of his work and business interests. I joined the next year after doing a first aid course. I remained with the Division for four years, until 1952, when I transferred to the Hawthorn Cadet Division as a Cadet Officer. I became the Superintendent in 1954. I replaced Jack Platt, who had fractured his pelvis in an accident on the very first day of that year's Royal Visit. The Royal Visit gave us a lot of work. I was with the team on duty outside the Melbourne Town Hall on the day of the Queen's arrival in Melbourne. Our casualty list that day included six deaths. On another day I went to Traralgon [160 kilometres east of Melbourne] to do duty there during the Queen's visit. After the duty finished we raced back to Warragul [45 kilomtres west of Traralgon] to go on duty there, beating the Queen's train into town. Another day I went to Hamilton [300 kilometres west of Melbourne]. One of my casualties that day was a chap who'd fallen off a viewing stand with a bottle in his pocket. The bottle broke, ripping a lump of flesh from his buttock. As well as going on duty for the Brigade, I worked as a volunteer on the Melbourne ambulances at weekends and at night. I learned first aid very quickly as an ambulance volunteer. I had to, because the ambulance drivers were often just that — drivers who didn't know first aid.

I remained the Superintendent of the Hawthorn Cadets for a year, until May 1955, when I was transferred to the Ballarat special school. I was a special school teacher with the Victorian Education Deparment, working as a classroom teacher and later principal in schools all over Victoria until my retirement in 1987. Wherever I went with my job I tried to maintain my St John links. In Ballarat I joined the local Cadet Division as a Divisional Officer. I remained with the Division for 12 years. I succeeded Stan Jacoby as Superintendent when he retired in 1958. I transferred to the Geelong Hospital school in 1967. Again I joined the local Cadets as a Divisional Officer. At the end of that year I was asked to form a Cadet Divsion at Norlane [northern Geelong suburb], where I remained only a year before being transferred to the Woodend school. While in Geelong I took part in the January 1968 relief operations for the bushfires at Lara and Shelford, which killed about seven people. This work, carried out by the rescue squads that the Brigade maintained in Victoria then, was among the most satisfying of my whole St John career. Another, later, rescue squad mission was the manhunt that took place in October 1972, when two criminals kidnapped the teacher and 10 pupils of the one-teacher school at Faraday near Castlemaine [central Victoria] in the hope of ransoming them. [The teacher and pupil rescued themselves, escaping their kidnappers after 16 hours' captivity.]

When I went to Woodend at the beginning of 1969, I ran a first aid class, then formed a Division from among those who'd enrolled. I returned to Melbourne the next year, 1970, when I was posted to the Bell Street special school in Fitzroy. Back in the city again, I became a supernumerary officer with the Cadet Division at Heidelberg for a while. I then returned to my old Division, Hawthorn-Kew, which I'd been asked to revive, but it had run down too badly for that; and so I went back to Heidelberg as Superintendent of the adult Division. I remained there for the next 25 years, until my retirement. By then I'd also retired from the Education Department, after having been principal of many special schools, including the large ones at Carrambank, Jaynefield and Pentridge.

(Ian Cheesewright, South Melbourne, Victoria, September 1999)

Epping Nursing Division and Ryde School Cadet Nursing Division

In I935 first aid classes were organised at Eastwood by Mr Luke Gallard. For many years Mr Gallard belonged to the Epping Ambulance Division of the St John Ambulance Brigade, which had to be disbanded due to lack of members. Mrs Florence Hoyle was a member of Balmain Nursing Division and came along one night to talk to the class about starting up an Epping Nursing Division as she lived in Epping. There were not enough men interested to restart a men's Division. Hence Epping Nursing Division was formed from the Eastwood First Aid Classes.

The Division took over the Epping St John Ambulance Hall, which was built on the railway embankment. It was the original hall opposite the Epping post office. When we took over the Railway property we had to pay the back rent before we got the key, as the hall was on Railway land. We then had to continue to pay a small rent for the use of the gas and water. Permission was then given by St John to use the hall so the Division could be restarted. This hall was only a fibro garage with the double doors on the side instead of at the end. The only light was an old fashioned gas light from the ceiling. At times we had a hard job to get the mantles for the gaslight. We had problems with white ants and had to clear the building at one time to have it all fumigated and repainted (the white ants had come from two pepper corn trees on the Railway property beside the building). It was a case of checking under the building quite often to see that the white ants did not return. To heat water we used a gas ring. The hall contained tables and chairs of all different

makes and sizes, two wheel-type stretchers with a 'U'-type axle so stretcher-bearers could walk through the axle and leave the wheels behind. One of these stretchers is now at the St John archives at Marrickville with the name 'Ryde' on it. It was originally given to the Epping Ambulance Division by the Mosman-Willoughby Division.

While everything was stored at my house at Eastwood I went through the chest of drawers and read the minute books of the defunct men's Division. This material I found out had been thrown out as rubbish. It was not rubbish at all but history. Unfortunately, much history of St John is gone because someone did not read before destroying important papers.

The mobile stretcher had been used to collect First World War patients from the train at Epping Station and convey them along Oxford Street to the Poplars Hospital. This was quite a long and bumpy ride, with one man in front and one behind. They used to work in pairs. Those who brought the stretcher out rested while the second pair returned to the railway station and returned with another patient. That is what St John is made of — dedicated people who work for the benefit of mankind.

I was a member of Epping Nursing Division for 10 years when Miss Ambler, the District Cadet Officer, asked me if I would like to take over the Ryde School Cadet Nursing Division, which she had started at the school. Miss Ambler was the deputy head mistress at the school. The Cadet Superintendent was getting married. I became the temporary Officer of the Cadets, until the newly married Superintendent decided she would not be returning to the Division at all. I remained Superintendent until I retired. How many Cadets passed through my hands I don't know. I keep hearing from some of them even now. I hear from grandmothers, headmistresses, matrons, oodles of nursing sisters and a few doctors. It is great to hear from any of them. The training of all of those Cadets was not always strictly all St John. If I could not tackle the Grand Priory Badge subjects, I would find someone who could. I even taught left-handed Cadets how to crochet (not a Cadet subject at all). I taught the Cadets how to ride pushbikes in formation (on foot, counter marching) and I put on a demonstration for one of our Divisional inspections, in uniform too.

We also entered competitions and at one time Ryde Cadet Division held every trophy that were on offer for Cadets. A very sporting Division, we used to travel everywhere to play basketball against other Divisions on Saturday morning (early) and then return to the Ryde School for our usual St John meetings. Reviews and church parades were a must or compulsory for my Division (I am afraid not so today). Cadets went on duty with myself mainly or an adult member every second Sunday of the month at Neilson Park. We attended patriotic marches through Sydney streets with the Epping Nursing Division. I was also the Officer under Mrs Elgood (ex-Ashfield Division). When she died Mrs Bertha McKay took over the Division. I continued as Cadet Superintendent, in addition to my role as an Officer of the adult Epping Division. Epping was never a huge Division.

During the Second World War, we did Voluntary Aid Detachment (VAD) work through the army. As a VAD member I was on duty at Ryde Soldiers Memorial Hospital from 7.00 o'clock on Saturday evening until 7.00 on the Sunday morning. I did that duty for six years. St John duty was carried out by Epping at the Tivoli in Sydney. Once a month with the permission of Eastern Suburbs Division. Nelson Park was also in their area. As I was working for the war effort making shirts for soldiers, the Army took over the factory of course. Being the forewoman, I was not allowed to join other war occupations. I was awarded the 1939–45 VAD Medal for my duties during World War II. This was presented to me at an annual review in 1995.

In my second year with the Ryde Nursing Cadets my name appeared in the newspapers following the first aid I gave an injured policeman, Constable Quost of Beecroft. His motor cycle and a bus collided on the corner of Lansdowne Street and Blaxland Road in Eastwood. His right leg was almost severed and he was losing much blood. I was a passenger on the bus, so I bound his leg with my scarf, the nearest item to hand. That halted the bleeding temporarily, but I decided a torniquet should be applied. A bystanders borrowed a leather belt from a nearby shop then using a bike pump borrowed from another bystander I twisted the belt tightly around the constable's leg above the injury. The next month I received a certificate of appreciation from the Commissioner of Police for what I had done.

I retired from the Ryde Cadet Nursing Division in 1974 after almost 29 years as Superintendent but continued my Brigade service in the Gladesville Nursing Division. I am still connected to the Priory with the grade of Officer and attend the ex-members' meetings every second month. I am finding it a problem walking to St John Headquarters for meetings now. However John Spencer (a former Commissioner) provides a St John bus to assist those of us that live in the western suburbs to get to and from the meetings (not home for me as I am usually at Guildford for the weekend, not Ryde where I live). My thanks to you Mr John Spencer, Commissioner, and to the District Secretary of Operations Branch, otherwise I for one would not be able to attend the ex-members meetings and be able to meet up with other ex members.

(Constance Turner, Ryde, New South Wales, August 1999)

Esperance

St John Ambulance arrived in Esperance, Western Australia, in 1958. A meeting of local citizens in July that year voted to establish a St John Ambulance sub-centre in order to set up a local ambulance service affiliated with the St John Ambulance Association Centre in Perth. A committee formed, raised the necessary funds and obtained a 'Dodge' ambulance in February 1959. A Division of the St John Ambulance Brigade formed that year to provide the volunteers to operate the ambulance. Early Divisional Superintendents were Tom Hoey, Bert Bloxham and Harry Steinhauser. After them came Tom Reimers, who remained Superintendent for 14 years. The Division survived for 37 years. An Ambulance Cadet [boys'] Division formed in 1969 and a Nursing Cadet [girls'] Division followed in 1971. The Cadet Divisions combined in 1991 and at the time of writing [2001] this was still active although the adult Division had closed in December 1996.

The closure of the adult Division was not an isolated event but part of a wider phenomenon of the mid-1990s — the wholesale collapse of Western Australia's country Divisions. As this happened, the Operations Branch contracted into the Perth metropolitan area and several large provincial towns. By 2001 the only adult Divisions beyond Perth were in two large provincial towns, Bunbury and Geraldton, each of which also had Cadet units. The only other non-metropolitan Divisions were the Cadet units in Esperance, Northam and York.

The collapse of country Divisions occurred for a complex set of inter-connected reasons. First was a simple matter of time. The weekly Operations Branch and ambulance service training and practice meetings meant two nights out a week, not one. Second were the uniforms. Divisional members who were also ambulance volunteers had to have both the black and white Operations Branch and the green ambulance service uniforms. Most country sub-centre members only wished to wear the one, and opted for the latter. Third was the policy of the ambulance service on volunteers. The service management in Perth accepted volunteers who were not Operations Branch members. Since most people in country areas joined St John to support their local ambulance, the ambulance service rather than the Operations Branch remained their priority. If they had limited time for St John work, the ambulance service remained their first preference. Fourth, country St John sub-centres that also hosted Operations Branch Divisions had divided loyalties — to the ambulance service management in Perth and to the District Commissioner and ultimately the Chief Commissioner. Whenever these loyalties conflicted and a choice of one over the other became necessary, members generally opted for the ambulance service. Fifth was the matter of Brigade and Operations Branch leadership. Many provincial Divisions regarded District headquarters as Perth-oriented and insufficiently interested in supporting remote country Divisions. Finally, there was the requirement for members of provincial Divisions to complete a double set of training programs — the Skills Maintenance Program for the Operations Branch and the ambulance officer training program if they wished to work as ambulance volunteers, as most did. Those wanting promotion in the Division also had to undertake the Management Training Program.

The effects of these related influences could be seen in the rapid decline in the number of adult Divisions in Western Australia, which dropped from 35 in 1990 to 15 in 1999 — a 57% decrease compared with the national figure of 13% over the same period. By 2001, of Western Australia's 120 non-metropolitan St John Ambulance sub-centres, only three had Operations Branch Divisions. Ironically, though support for the Operations Branch evaporated across provincial Western Australia, support for St John's ambulance sub-centres remained strong. Esperance was a case in point. The senior managers of the State St John organisation, St John Ambulance Australia (WA) Inc., spoke of Esperance as being 'a jewel in the crown of St John'.

The way in which the Esperance St John sub-centre and Division were intertwined is apparent in the careers of three of its principal leaders during the 1980s and 90s — Billie Andrews, Brian Hampson and Mary Leeson. Andrews was a nurse from Kalgoorlie who settled in Esperance in 1963. She joined the Brigade in 1971. Over the following years she competed in both District and national first aid competitions, served as Divisional secretary, coached both adult and Cadet competition teams, was promoted to Divisional Officer, then Corps Officer and finally Corps Superintendent, instructed first aid classes, worked as a voluntary ambulance officer, served on the sub-centre committee and as its secretary-treasurer and chairperson, and also became the local and regional co-ordinator of the Community Care Branch. Hampson was an immigrant who had first joined the Brigade in England in 1957. Arriving in Kalgoorlie, he worked at the Lake View and Star mine, where he joined the mine's Division. He spent a period as Divisional Superintendent in Kalgoorlie before moving to Esperance in 1972. He then joined the Esperance Division, participated in District and national first aid competitions, and became a sub-centre committee member, a first aid instructor and a voluntary ambulance officer. Leeson was a primary school teacher from Coolgardie who came to Esperance in 1961. She joined the Brigade in 1973, served as Divisional secretary and later Superintendent, spent many years as a sub-centre committee member, and became a first aid instructor and voluntary ambulance officer. Membership of the Esperance Division was only one aspect of their St John involvements, and when the Division closed all three continued as St John volunteers in other capacities.

The Esperance Divisions were highly successful in both District and Australian first aid competitions. The team from the Ambulance Cadet Division (Robert Logan, Peter Smith and Keith Jones) won the District title in 1970, the

year after the Division formed. The Division's team (Kevin Maloney, Craig Jones and Steven Desmond) won again in 1974. That year the team from the Nursing Cadet Division (Lesley Haymes, Raelene Jones and Linda Stearne) also won the District title in the Nursing Cadet teams competition, while their entrant in the individual competition (Jillian Haymes) also took out the title. The following year, 1975, the Nursing Cadet team (Lesley Haymes, Raelene Jones and Linda Stearne) also won the national title then went on to win the Pan-Pacific championship for competition between teams from Australia, New Zealand and Fiji. In 1975, too, Billie Andrews won the District title in the individual competition. 1976 was another good year for Esperance in the District competitions: Billie Andrews won the District title again; the adult team (Jean Reimers, Pat Lenihan and Shirley Johns) also won; Grace Reimers won the individual Nursing Cadet title; and Raelene Jones and Greg Hayward won the Cadet Leader titles.

And so it continued on through the rest of the 1970s, the 80s and into the 90s, with members of the Esperance adult and Cadet Divisions often winning the District competitions and occasionally national championships. The Nursing Cadet team of Kelly-Ann and Andrea Wirth and Candess Briggs won the Commonwealth and New Zealand Cup at the national competitions in Brisbane in 1989. In 1990 Kylie Still, another Nursing Cadet, won the individual section at the national competitions in Hobart. Among these winners, Andrea Wirth (later Williams) went on to an outstanding career in the Operations Branch. She and her two sisters, Kelly-Ann and Renee, all earned the Grand Prior's Badge, an award gained by 13 other members of the Esperance Cadet Divisions 1977–98. After moving to Perth for tertiary study and a career as an occupational therapist, she became Superintendent of the Stirling Cadet Division, then District Officer (Cadets) and, for a year, 2000–01, acting Chief Cadet Officer. She thus became only the second Western Australian ever to have joined the Brigade and Operations Branch National Headquarters Staff in 60 years. (The first was the late Norma Wreford, who was Chief Nursing Officer 1987–89.)

As noted above, the adult Division survived from 1959 until 1996, when it decided to disband. For members of the St John sub-centre, most of whom had belonged to it at one time or another, this was a 'sad occasion'. They marked it with a 'wake' in a local restaurant in December 1996.

(From St John Ambulance Esperance, Too many cobwebs: A collection of memories 1958–1998, *compiled by Mrs Billie Andrews and produced by Esperance [Western Australia] Subcentre of St John Ambulance, 1998; and personal communication from Billie Andrews, June 1999, and Jeffrey Williams, June 2001)*

Footscray

Footscray is one of Melbourne's inner western industrial suburbs. Footscray is also the oldest of Victoria's surviving St John Ambulance Brigade and Operations Branch Divisions. The present (2001) Division bears the legacy of four former Footscray Divisions — two adult Divisions, Ambulance and Nursing, and similarly two Cadet Divisions. The first to form was the Footscray Ambulance [men's] Division, officially registered on 31 December 1914. It formed after a group of local men — N.J. Curwood, Ted Hatch and a local doctor, Harry Box — agreed that Footscray needed trained first aiders. It became Victoria's sixth Division, five earlier Divisions having registered in 1910. One, the Melbourne Metropolitan Ambulance Division, passed its sixtieth anniversary then the next year, 1971, merged with the South Melbourne Division. That left Footscray as the oldest of the Victorian Divisions.

As with the earlier Divisions in Sydney's inner suburbs, for instance Glebe, Newtown and Balmain, Footscray drew its strength from its location in a major industrial zone. Its members came from the industrial suburbs of Melbourne's west — Yarraville, Tottenham, Braybrook, St Albans — where it made good sense for men employed in factories to know first aid.

By comparison with the Ambulance Division, the Footscray Nursing [women's] Division was a late starter. It formed in May 1947, fully 33 years after the men's Division. The Footscray Cadet Ambulance Division had registered two years previously, in February 1945. It was Victoria's fourth, the earlier ones being Richmond in 1930, Williamstown in 1933 and Geelong in 1943. A Footscray Cadet Nursing Division followed in June 1949. With 17 members, it was Victoria's third, the first two being Williamstown and South Melbourne, which registered within a fortnight of each other in March 1947. The two Cadet Divisions combined in August 1990, but unfortunately the union was unhappy. The Superintendent appointed to lead the combined Division resigned before the year was out. A new Superintendent was not appointed until August the next year, a year after the merger. He transferred to the Reserve in 1995. The Division continued until December 1996 under the leadership of a member of the adult Division. At the time of the merger the Division had 46 girls and three boys but at the end only two Cadets remained.

The adult Divisions never combined, as most other Ambulance and Nursing Divisions in the same suburbs did in the 1980s. Instead the Nursing Division closed about 1990. Six of its members then transferred to the Altona Division. Because the word 'Ambulance' appeared in the name of the men's Division, the men guarded their original 1910 title jealously. Corps and District staff were reluctant to interfere, and initially refused to allow any member join the Division as part of a transfer from the Nursing Division. The first woman to breach this barrier of clannish male exclusivity was a former member of the Footscray Nursing Cadets, Kim McAliney, who slipped beneath and joined the

Ambulance Division in 1986. Over the next four years others followed, between four and eight annually. All, however, were new members. In the view of the men they were ritually pure, untainted by past association with a Nursing Division. Officially the word 'Ambulance' has never been removed from the title of the Division even though a dozen or more women belonged to it by the late 1990s. This enabled the men to believe in the fiction that theirs was still a 'men's' Division. The truth of course was that the Division was now 'Combined' like every other Division in Australia except the Launceston Nursing Division.

As in other Divisions, Footscray enjoyed a resurgence in the 1960s following the formation of rescue squads and Mobile Nursing Units by the Victorian District Superintendent, Max Phelan. (The work of these bodies is described later in the chapter.) Footscray's rescue squad, formed in 1962, was among the first three and over the next decade brought many recruits into the Division. The Rescue Squad also prompted the Division to acquire its first vehicle in 1963 — a Morris van purchased after members clubbed together to raise the funds. It lasted only four years. The next vehicle, a customised International van donated by the Footscray Lions Club, lasted longer and was still running as the Division celebrated its seventy-fifth anniversary in 1989. It was fully equipped as a mobile first aid and communications unit. Over the succeeding years it saw much use. Four episodes from 1969 indicate how it was used. In February that year it attended the site of the 'Southern Aurora' train crash near Violet Town, where the Rescue Squads gave excellent service. Stewart Granger of the Footscray Squad later received a British Empire Medal for his efforts there. The same month it was the forward first aid post for bushfires in five parts of the State. During the following September the unit was called out to help in the search for a light plane that crashed in the mountains beyond Yarra Glen. It remained in the area for five days, serving as a forward base for treating casualties among the search party. Then in the October it saw service at the Westgate Bridge disaster. Footscray members working at the nearby State Electricity Commission depot and Port Authority were among the first on the scene following the collapse of the bridge.

In its 87 years to 2001 Footscray had only nine Superintendents. In order they were: N.J. Curwood (1914–17), Edward (Ted) Hatch (1917–45), Charles Wright (1946–51), Harry Wilson (1951–57), Frank Doupe (1957–59), Frank O'Brien (1959–71), Ray Engblom (1971–73), John F. Crennan, (1973–89) and Stewart Granger (1989–). The longest serving of these men, Edward (Ted) Hatch, held the position for 28 years. A co-founder of the Division, he held the Service Medal of the Order with four bars and also the Red Cross Medal for 20 years' service. During World War I he was awarded the Queen Victoria Medal for 1000 hours of voluntary service in a military hospital. He instructed in first aid for many years, for which he was elected Life Member of the Victorian Centre of the St John Ambulance Association in 1936. The next year he was admitted to the Order as a Serving Brother, when that was still a rare honour. Then during World War II he supervised the first aid services in the Footscray area for the Air Raid Precaution organisation. He was also the first aid officer at the Essendon cycling track. He died because of his work there. One Saturday evening in January 1947 he was attending an injured rider at the side of the track when another rider crashed into him, inflicting fatal injuries. As far as the present writer knows, Hatch has been the only St John first aider killed on duty in the Brigade and Operations Branch's century in Australia.

The tally of Superintendents in the previous paragraph does not include the Superintendents of the other three Divisions, the Nursing and two Cadet Divisions. The Superintendents of the Nursing Division were: Hazel Parry (1947–50), Phoebe Privett (1951–53), Gladys Hulls (1954–59), Mary Shea (1960), Thelma Tipping (1961–63), Doris Kew (1963–69), Mildred White (1970–74), Lucy McDonald (1974–79) and Winifred Edwards (1980–90). The Superintendents of the Cadet Ambulance Division were: George Gilmore (1945–60), Rex O'Neill (1961–64), Barry Hein (1964–65), Daryl Hulls (1966–68), Alec Collard (1969–77), Michael Brown (1978–81), (Miss) Karen Scott (1982–85) and Roy Parker (1986–89). The eight Nursing Cadet Superintendents were: Lilian Hayler (1950–52), Glad Hulls (1953–56), Ellen Anderson (1956–65), Alva Lamprell (1966–68), Marie Trevean (1969–70), Helen Butler (1970–76), Glad Blackstock (1977–86) and Robyn Blackstock (1987–90). The Nursing Cadet Division had combined with the Yarraville Nursing Cadets in 1973 and was then known as Footscray-Yarraville Nursing Cadets. As mentioned, it combined with the Cadet Ambulance Division in August 1990. The Superintendents of the merged Cadet Division were: Roy Parker (1990–91), John S. Crennan (1991–95) and (Miss) Joanne Mesman (1996).

One Cadet who joined the Nursing Cadets in their first year subsequently went on to a distinguished St John career. This was Joan Patterson. After graduating into the adult Nursing Division she formed the St Albans Nursing Cadet Division in 1960. After 15 years as Superintendent there she joined the staff of No. 3 Corps (Western Suburbs), then moved up to District Staff. In 1985 she was appointed to National Headquarters Staff as Chief Cadet Officer. She held the position until 1993 then served as District Superintendent and finally District President in Victoria. Other former Nursing Cadets went on to professional careers in health services. The Division's alumni include many nurses, two medical practitioners and a nurse-turned-lawyer.

The Nursing Cadet Division had proved very successful in District competitions. It won the senior teams event eight times and the junior teams event nine times. In the individual events it won four senior and seven junior titles as well as five Cadet Leader titles. Another title came in 1979 when it won the District trophy for the most

improved Cadet Division. In addition six members of the Division were awarded the Grand Prior's Badge. Two of the competition winners, Marie Trevean and Helen Butler, further distinguished themselves by serving terms as Superintendent with the Division.

Over the decades the Footscray Division occupied many premises. Where they met 1914–26 is unknown but after that they met in many venues, as follows: Footscray football ground (1927–38), the Civil Ambulance depot in Buckley Street, Footscray (1939–42), the Air Raid Precautions depot in Buckley Street (1943–47), the football ground again (1948–50), premises in Buckley Street different from the depots occupied earlier (1951–69), former Church of Christ building in Raleigh Street, renamed Community Centre (1970–84), former Michaelis Bailey leather factory on the corner of Moreland and Hopkins streets (1985), St Monica's church hall in Whitehall street (1986), army drill hall on the corner of Barkly and Gordon streets (1987–88), sergeants' mess at the army drill hall (1989) and finally the Uniting Church hall on the corner of Ormond and Glamis roads (1990–2001).

Footscray members take pride in being their State's oldest surviving Division. They are the only Division the present author knows to have produced three Divisional histories — one to commemorate their fiftieth anniversary in 1964, a second for the sixtieth in 1974 and a third for the seventy-fifth in 1989. The author has cause to remember the last of these. After he spent a September evening in 1999 visiting the Division with Joan Patterson to explain to members the planning of this book, they presented him with a stoneware flagon of port, one of a batch produced to commemorate the seventy-fifth anniversary. He still offers it to St John guests who come to stay.

By 2001 only Glebe in New South Wales, Australia's first Division, was an older Division than Footscray. There were other long-lived Divisions in New South Wales, Western Australia and South Australia that had formed earlier. Some might claim to be older than Footscray, but each had experienced discontinuities when they had closed for a time or been merged with other Divisions. Footscray's survival raises the question of why some Divisions endure while others disappear and are largely forgotten. There is no single answer, but a combination of factors. The first is leadership: well-led Divisions prosper and grow; Divisions contract when the leadership is indifferent. A second is a local sense of community. Where community cohesion is strong and a Division is well integrated within, and supported by, the local community the Division is more likely to attract keen members locally. Third is local need: a Division that can fill a community need which is unlikely to be met by any other agency is one more likely to survive. Then there is the Division's ability to offer its members challenging work, to attract new members and engage them in interesting, meaningful activity. Finally there is the members' commitment to providing high quality service in the best St John traditions. Footscray is one Division that has managed to score well on all counts. That, perhaps, explains why Footscray, like Glebe, has good prospects for reaching its centenary.

(From Footscray Division St John Ambulance Brigade and Operations Branch, Fifty Years of Service: 1914–1964 Footscray Division *[1964];* Our First Sixty Years 1914–1974 *[1974];* Footscray Ambulance Division 1914–1989: 75 Years *[1989]; Footscray Nursing Cadet Division, souvenir program for fortieth anniversary dinner-dance, 17 June 1989; and personal communication from John and Glad Blackstock, Newport, Victoria, August 2001)*



Footscray Ambulance Division, 1974. Superintendent John F. Crennan is in the front row, fourth from left.



Footscray Nursing Division, 1974. Superintendent Glad Hulls is in the centre of the front row.

Geelong

Geelong, with a population of about 150,000, is the second city in Victoria after Melbourne. It is only 70 kilometres south-west of Melbourne, on Corio Bay. The city has long had a St John presence. In August 1885 Dr Reid conducted the city's earliest first aid class on behalf of the St John Ambulance Association. This was only 1½ years after the Victorian Centre of the Association, Australia's first, had formed in Melbourne. The Geelong meeting took place at the Mechanics Institute in Ryrie Street. Another class was held in October 1889 in the Geelong Town Hall, with Dr Newman lecturing. Another followed in 1899. Other St John first aid and home nursing courses were held at irregular intervals into the 1900s.

The formation of a Geelong Division of the St John Ambulance Brigade came after a series of accidents involving workers from Collins Woollen Mills on the Barwon River. Arthur Collins, whose father owned the mill, became accident-conscious when an employee was crushed in a machine. A doctor could not be obtained but a furniture van was used to go to the hospital to pick up a stretcher for the patient and return to the mill. This took 1½ hours. The incident prompted Collins into forming a committee of responsible persons, including the mayor and Dr King. To overcome this deficiency a fund was launched in 1907 to obtain an ambulance wagonette at a cost of £71-10/- [$143]. The horse-drawn vehicle was ready by August that year and was housed at Cobb & Co. (the stagecoach firm) in Malop Street.

Later, another accident happened at the Mills picnic at Torquay when a young lad alighting before the drag had stopped was thrown under the wheels and bled to death because no one knew first aid. This prompted Collins into getting Dr Bell and several other doctors to run a first aid class for a number of their employees. With the help of the local newspaper and the Mayor, a meeting was held at the Gordon College (now Gordon Institute of Technology) on 6 July 1914 to form a first aid [Brigade] Division in Geelong with Dr Piper offering to take charge of the men and Dr Bell and Nurse Judd the women. George King, who was in charge of the college, offered a room for the Division in which they could practise. In August Collins was appointed Superintendent for the men with Miss Winters in charge of the women. The Division proceeded to give demonstrations on various Saturday nights in a nearby park where the public used to gather. Collins was able to obtain free from his father khaki material which was made into uniforms with a black collar and a black band around the caps. The officers' uniforms differed by having broad dark green pointed flashes at the lower end of the sleeves and a 'Sam Brown' diagonal belt across the chest. During World War I (1914-18) Collins enlisted, as did some of the others. That weakened the Division, and it became defunct after the war.

The Division was later revived. It was re-established after Don Logan, who worked at the Collins Mill, attended an accident in Geelong. His treatment of the victim was witnessed by George King, the Gordon College principal, who was so impressed by his action that he offered to arrange for Logan to obtain a St John first aid certificate and then had him teach first aid courses at the college. With the urging and backing of Arthur Collins, who was now his boss, a Brigade Division was officially formed on 11 February 1932, with Dr Long as medical officer. The new Division attracted 24 members. In 1941 Logan enlisted in the military forces during World War II and W. Rushton was appointed in his place. In May 1945 Brigade District headquarters in Melbourne promoted him to Corps Superintendent with responsibility for St John activity at Queenscliff, Lorne, Meredith and Werribee. It was the first time any member outside Melbourne had been appointed to such a position, and the Geelong area became known as Corps No. 1. The now vacant position of Divisional Superintendent was filled by Albert Dallimore, who remained in the position until his retirement in the 1950s. He was succeeded by James Jordon.

Meanwhile a new West Geelong Division had formed on 18 October 1944 with Divisional Superintendent Harry Moss in charge. It operated from rooms at the Geelong West Town Hall. Max Taylor was in charge from 1954 until he went on reserve in 1959. He was followed by Ron Williams, who went on reserve in September 1964. The next Superintendent was Stewart Cunningham, who filled the position until the Division was disbanded and merged into the Geelong Division on 23 September 1970.

In 1958 the Geelong Division was forced to move from the Gordon Institute of Technology, where it had been based since 1932, because the Gordon wanted to expand. From 1958 the Division had temporary headquarters of a kind at the Trades Hall, but then the Corps was able to obtain some buildings from the Shell Refinery and with land from the West Geelong Council erected premises in Autumn Street. After some time and much hard work in bringing the building to the required standard, it was opened by the later Chief Commissioner, Douglas Donald, on 7 June 1964. Some time later the council repossessed the land in order to sell it for a housing development. The council moved the building free of charge to a new site reasonably close to the bottom of Baker's Oval.

On 27 February 1962 a Norlane Division was formed under Edgar Williams, but owing to a decline in members was closed by District headquarters and what was left was amalgamated with the Geelong Division. During 1972–73 the Geelong Nursing Division joined with the Geelong Ambulance Division because of a decline in membership. The Division now became known as the Geelong Combined Division.

The Corps, still requiring a home of its own, was approached by the Lions Club of Geelong, which offered to help in purchasing a building in central Geelong. After consultation with District headquarters, the TPI premises in

Myers Street was acquired and officially opened on 19 December 1982, with the Lions Club presenting the keys to the Divisional Superintendent, W.J. Smith, in the presence of the District Commissioner, Major-General Frank Poke. That same year the Division received a jubilee certificate for its 50 years of continuous operation, 1932–82.

Some changes in the leadership of the Geelong Division occurred in the early 1970s. Corps Superintendent Morris and Corps Officer Williams resigned in January 1970, followed by Divisional Superintendent Jordon. On 4th September that year District headquarters appointed Grahame Connor as Corps Superintendent, Alan Drayton as Corps Officer and William Smith as Divisional Superintendent. During 1971 Grahame Connor resigned because of work commitments. He was replaced by Alan Drayton, who continued in the position until his retirement in the late 1980s. William Smith remained Divisional Superintendent for 20 years, until going on reserve on 6 September 1990. He was replaced by Divisional Officer Henry Van Ginkel.

(William J. Smith, Geelong, Victoria, March 2001)



The Geelong Ambulance Division, 1915. The Superintendent, A.M. Collins is sitting fourth from left, middle row. The members are in the khaki uniform worn by some early Divisions. In Western Australia the khaki uniform survived until 1987.

Glebe

Glebe Ambulance Division was the first registered in Australia, in March 1903. The Division celebrated its 50th anniversary in 1953, its 75th in 1978 and will celebrate its 100th in 2003. The Division remained a men's unit until 1982, when female members were admitted and the word 'Ambulance' was dropped from the title. In 1925 Glebe sponsored the first Cadet Division, which is described elsewhere in this book.

The Glebe Ambulance Division started off with 19 members under the superintendent Mr W. J. Harris (member 1903–1919). They met in St. John's school hall, Glebe. Drill and stretcher practice was performed outside the hall. Mr John Henry Barnes who had joined Glebe Division in 1906, succeeded Mr Harris as Divisional Superintendent on 4 June 1920 and held this position until his retirement in 1950. During Mr Barnes' time first aid rooms were established at Audley, Garie Beach and Wattamolla (National Park), Parsley Bay, Watson's Bay, Yarra Bay, Jubilee Park and Wentworth Park.

The Ladies Auxiliary was formed in 1926 with Mrs R. Heaton as its first president. She held that position until 1935, when another foundation member, Mrs E. Goodrick, succeeded her. The Ladies Auxiliary ran a stall at Wentworth Park each week. As well as this they held raffles, annual concerts, social evenings, garden parties and moonlight harbour excursions. Admission to these functions was a silver coin.

Early in 1917 the Division transferred to the Forest Lodge Public School, and they continued to meet there until 1982. Mrs Elizabeth Goodrick and many that followed her paved the way for the Glebe Division to own its own hall. The present Glebe Division Hall at 90 Australia Street, Camperdown, is the product of endless years of fundraising commenced by the Ladies Auxiliary. The Glebe Hall at Camperdown was bought in 1982.

Due to Glebe's dedication and hard work, at the request of the Australian Legion of Ex-Serviceman and Women, and with the approval of Brigade District Headquarters, in 1933 Glebe members were made responsible for duty throughout the night and the Dawn Service in Martin Place, Sydney, every Anzac Day.

Glebe was responsible for the first casualty room at Yarra Bay. On Easter Monday 13 April 1914 this casualty room at La Perouse was officially opened by the Deputy Commissioner, Dr. T. Storie Dixson. Duties had been conducted at Yarra Bay since 1 January 1914. Between then and the official opening, 77 casualties were treated. The original Yarra Bay casualty room was replaced in 1933 when a second station was opened on 4th December. The Howe family of Yarra Bay donated both stations. Yarra Bay casualty room was manned each Saturday and Sunday, all public holidays and a continuous one or two week period over Christmas and New Year.

At the Glebe Divisional Annual General Meeting on February 1956, the difficulty in manning the Yarra Bay Room and the decline of public attendance at Yarra Bay was discussed. It was resolved the matter be discussed with the trustees of Yarra Bay. The matter was later solved, however, when the Yarra Bay Casualty Room was destroyed by a fire in November 1957.

In its 98 years to 2001 the Division has had only 11 Superintendents. They have been: William Harris (1903–18), John Henry Barnes (1919–50), George Goodrick (1951–59), Mervyn Wilkins (1960–62), Douglas Hewitt (1963–69), Leslie Taylor (1970–77), Sven Nilsson (1978–85), Brian Hewlett (1986–87), Sven Nilsson (1988), Ron McRobbie (1989–92), Warren Haddock (1993–96) and Brian Hewlett (1997–).

In the following paragraphs seven long-serving members of the Division recount their experiences to Betty Stirton and Loredana Napoli, the archivists for St John in New South Wales, in interviews conducted during a 'talkfest' at the Divisional hall in 2001. Their reminiscences indicate that Glebe has always been much more than a simple first aid delivery unit. It has been the centre of the social lives of its members and their families, a support network for members in times of need and a means for making lifelong friendships. Many other Divisions fulfil such functions, but Glebe has done so for a century.

Douglas Maytum (member 1939–59)

From a very young age Douglas was a welcome helper to his mother and the members of the Glebe Division Ladies Auxiliary, including Mesdames Goodrick, Heaton and Allan, in conducting a kiosk at the Wentworth Park Dog Races to raise funds for the Division. He sold bags of peanuts to members of the public from a tray and was paid 2/6 (25¢). He has great admiration for the work of the members of the Ladies Auxiliary. Their wonderful efforts in raising funds for the Division enabled the purchase of the building in Australia Street, Camperdown.

Douglas's memory of an unusual first aid case in 1958 was the opening of the first aid post at Wattamolla Beach. On arrival at the site he and another member (plus their wives, who had assisted in the preparation of the first aid post) were met by a Rover Scout waiting to inform them that one of his troop had fallen over the cliff and was wedged between rocks with the tide coming in. As there wasn't a telephone in the area a Rover Scout was sent on his motorbike, with a written note, to Audley to telephone for an ambulance. Before reaching Audley the Rover Scout saw a policeman, gave him the note, and he forwarded the message to the ambulance station at Sutherland. In the meantime Douglas and his fellow member released, treated and had the Scout ready for transport to hospital.

Amusing times involved watching the expression on the face of a policeman when some 10 members from Glebe all alighted from a 1924 red Buick car with stretchers fastened on the running-boards one Anzac Day morning. The car, owned by a fellow member, was known as the 'red terror'. Social evenings held in the Glebe Town Hall gave the members and their families an opportunity to form long standing friendships. A photograph taken at the wedding of one of George Goodrick's sons shows the wives of members who were also members of the Ladies Auxiliary.

Terence ('Pat') Prendergast (member 1942–76)

Pat Prendergast's brother John was already a member of Glebe Division and Pat was called upon to assist him and another member to convert a council hut into a first aid room at Jubilee Oval, Glebe Point. This was a Saturday morning task. Timber was purchased from Hoadleys hardware shop, near Harris Street, Broadway, and the three young men then carried the sheets of timber 2 kilometres from there to Jubilee Oval to avoid transport costs. John Prendergast joined the RAAF in 1940 and served in Singapore and Malaya before being captured in Singapore in 1942. He unfortunately died along with some 2,500 other prisoners of war.

In 1942 Pat joined the RAAF and was called up in 1943 and appointed to the medical section where he served until discharge in 1946. On discharge he rejoined the Division and again became a very busy member, attending duties and lectures given by the Divisional Surgeons and Sister Ring from the Royal Alexandra Children's Hospital. His first appointment in the Division was assistant storekeeper followed by storekeeper then treasurer in 1950. He was also appointed an Instructor of first aid and in addition attended the School of Instruction for officers, qualifying as Corporal and then Sergeant. He remained treasurer until his resignation in 1976. From an investment of $163 in 1939, over the next 25 years the investment grew to $33,000. Pat was determined to have the Division on a sound financial footing so that it could purchase its own property. His wife Una joined the Ladies Auxiliary and assisted at the kiosk at Wentworth Park as well as attending and participating in all the activities of the Auxiliary.

On one public duty at Jubilee Oval the key to the first aid room wasn't available and a footballer sustained a compound fracture. Fence posts were obtained for splints and the patient was ready when the ambulance arrived. The ambulance officers didn't want to transport the casualty with the fence posts and asked for splints to be used. After some discussion, the ambulance officers gave in and took the footballer to hospital secured with the fence posts.

Raymond Coleman (member 1946–91)

In June 1942 World War II was in its third year when Ray, aged 16 years, gained a first aid certificate and became a runner for the National Emergency Service. He gained employment with. the New South Wales Railways and there met a member of Glebe Division, who in 1946 persuaded him to join Glebe. The Division then had 150 members and was known as the best dressed in the District. On Anzac Day there would be at least 100 men attending the Dawn Service, with some returning home to change out of uniform and then participate in the march. In the early days breakfast was not provided for the members on duty at the Dawn Service, and it wasn't until the Division moved to its own premises at Australia Street, Camperdown, that the members were able to go to the hall have breakfast and then return to do duty for the march.

From 1966 members doing duty at Wattamolla Beach were able to stay overnight for the weekend duty and take their families with them. A family living in the area shared the fish they caught with the St John members. Difficulties were experienced without radio, telephone and ambulance services. The absence of these amenities were highlighted when the floor collapsed as members arrived for one particular weekend duty. Arrangements were made for the National Park Trust to supply a vehicle to meet the members at National Park railway station and then transport them to and from their beach duties at the Garie and Wattamolla beaches. At Parsley Bay members spent many hours treating people with bluebottle stings. At Wattamolla the main treatments involved cut feet, burns from barbecues and spider bites. At Watsons Bay there were always bee and bluebottle stings.

A very sad time for the Division was when Douglas Hewitt (Superintendent 1963–69) was accidentally electrocuted at his home. Douglas Hewitt used to attend the Scout Camps at Waterfall. Ray was working for a funeral director so he was able to organise six Scout leaders to carry the coffin and the St John members forming a guard-of-honour as well as a police escort of 20 policemen from Kogarah to Woronora, courtesy of an ex-member of Glebe who was in the police force.

Kevin Ward (member 1951–93)

Kevin attended a first aid course at St John House, Macquarie Place, Sydney, and gained a first aid certificate in October 1951. He attended the course after witnessing an accident to a young neighbour where he felt uncomfortable about not being able to assist. He thought the instructor and examiner were very friendly and helpful and was encouraged to join the Glebe Division.

Many unusual and amusing things can happen at a duty. Kevin cites these two at Wentworth Park as examples. First, there wasn't any great panic at the dog racing there when, after the second race, the course announcer called for the father of a six year old to go to the first aid room. The boy had been stung by an unknown insect and was starting to swell up. While Kevin and a policeman attended to the boy, the course announcer continued to call for the father. There was no response. The boy's temperature soared and breathing became difficult. The course announcer continued to call for the father but still there was no response. The announcer created panic among the punters when he further called for the father to 'start running to the first aid room because your son is ill'. People gathered around the room waiting the arrival of his father. Fortunately, by race 9 the symptoms subsided and the boy was able to leave the first aid room clutching a copy of his casualty form amid cheers from the bystanders, and accompanied by the policeman. He knew where to find his father in the gambling area, tapped him on the back and held up the casualty form. The father looked warily at his son and the policeman. The son had failed to tell everyone that his father was deaf.

The second case involved a gentleman who had dined in the Wentworth Park restaurant. He had dined rather well and on leaving the restaurant he realised his top denture was missing and thought he had swallowed it. He reported to the first aid room to see what Kevin could do for him. There was much discussion about how it would be difficult for him not to notice that he had swallowed the denture and how to retrieve the said denture. Much to the relief of the owner, and also to Kevin, the man later reported that he had found the denture wrapped in a handkerchief in his pocket. He remembered that the denture had been causing discomfort and had removed it in the restaurant.

Colin Jackson (member 1955–95)

Colin was a member of Glebe Division for forty years 1955–95. He was inspired by his father and uncle to join St John. He attended his initial first aid class at St John House, Macquarie Place, Sydney, and gained his certificate in July 1955. His father, Cyril Jackson, had joined Glebe Division the same day as his brother, Leslie Jackson, in January 1920.

Colin did many public duties involving most weekends. Being able to stay overnight in either the first aid room or the surf club made the weekend duties at venues such as National Park and Garie Beach very pleasant. Casualties at

National Park quite often involved St John members travelling by boat to assist in a rescue. Casualties fell over cliffs, drowned or sustained other injuries when not in the immediate area of the first aid post. Ambulance officers were always grateful for the assistance given by the St John members. This gratitude extended to times when the St John members were given transport back to Glebe after the casualty had been admitted to hospital. On one occasion the St John members were able to retrieve their splits and bandages after the casualty had been admitted to hospital.

Robert Poole (member 1976–91)

Robert joined Glebe Division in September 1976 and retired in 1991 due to ill health. During his years of membership he was Divisional secretary from 1979 and then the treasurer from 1985 until his retirement in 1991. Robert is still involved in the work of St John as his daughters Marcia and Leonie are the officers of the Central Coast Cadet Division. Being on public duty each weekend was the normal routine for Robert. Wentworth Park, Wattamolla Beach and Royal Prince Alfred Hospital were his favourite duties. He appreciated being accepted as 'more than a first-aider' at the hospital. Among the amusing incidents there was the night when a casualty arrived with his dog. When it was obvious that the dog needed a toilet break, Robert was given the task of taking the dog out of the casualty room. The dog must have decided that he was bored with waiting for his master and for being assigned to a person unknown to him so he led Robert to the furthest tree before he was ready to return to casualty. Something more predictable was the same drunk who would arrive every Friday and Saturday night at casualty and be placed in 'Siberia', the room set aside for these people. He knew that the local police would then transport him to a hostel for the night!

John Ward (member 1984–)

John joined the Glebe Cadet Division in 1984 as a Junior and then became a Cadet in April 1986. By 1992 he was a Cadet Leader. Like his father, Kevin, he did many hours of public duty and received the 200, 500, 800, 1000, 1200, 1500, 1800, 2000 and 2500 hours Special Service Awards while a Cadet. He was awarded the Grand Prior's Badge in May 1990. In 1990 John also gained his adult first aid and patient care certificates followed by the advanced first aid certificate in 1991. This all led to further certificates in advanced resuscitation, analgesic gas administration, semi-automatic defibrillation, advanced life support and occupational first aid. As well as all of these courses, John became very interested in the St John communications and completed the required courses, and then in 2000 was appointed the State Communications Officer. As a result of his exceptional work in helping organise and manage the first aid effort at the Olympic and Paralympic Games in 2000, he was admitted to the Order as an Officer Brother in March 2001.

(Untitled short history of Glebe Division produced by St John Ambulance Australia (NSW) Archives and Glebe Division, April 2001 including notes of interviews by Betty Stirton and Loredana Napoli with Douglas Maytum, Terence Prendergast, Raymond Coleman, Kevin Ward, Colin Jackson, Robert Poole and John Ward)



The Glebe Ambulance Division, 1931, the year their team won the Henderson Shield in the District first aid competitions. Glebe in the early 1930s was a very different place to the Glebe of 70 years hence; but perhaps a sign of the multicultural Glebe to come was the presence at the right end of the second row of the member who appears to be of Indian descent.

Glebe Cadet Division — Australia's first and oldest

As Glebe Ambulance Division was the first Adult Division registered in Australia, in March 1903, it was only fitting that the Glebe Ambulance Cadet Division would be recognised as the first Ambulance Cadet Division to be registered here. Darlinghurst Ambulance Cadet Division could have been Australia's first Cadet Division because it applied for registration in October 1925; however, as it existed only on paper its registration was cancelled by the Brigade headquarters in London. The Glebe Ambulance Cadet Division was registered on 9 December 1925 and is therefore recognised as the first Cadet Division in Australia. It was formed by a group of Boy Scouts from the St Barnabas Church, Broadway, who were introduced (seconded?) to the St John Ambulance Brigade by Mr George Goodrick, a member of the Glebe Ambulance Division. George became the Officer of the Cadet Division.

We celebrated our 75th Anniversary Dinner on 9 December 2000. Guest of Honour was the Commissioner, Ms Christine Purdie. Guests included current and ex members of the Division as well as members of the Adult Division. Mrs Joan Ward, a long-time supporter of the Division, made the celebration cake. Ron MeRobbie, a past Superintendent of the Division and Kate Prior, a current member, each spoke on the work of the Division. Music, dancing, lucky door prizes and lots of laughter made the evening a great success.

The value of cultivating support and involvement of children and adolescents in St John is evident from the documents that date back to the early days of the Brigade in New South Wales. St John Junior First Aid Certificates were issued in New South Wales from 1905 onwards. Albert 'Sam' Wilkinson obtained his First Aid Certificate in 1905, as a junior, and joined the Brigade in 1909. From that time he advanced to become the District Superintendent and District Secretary of the Brigade.

Glebe Nursing Cadet Division was registered 1 July 1931. It closed after a few years and reopened 29 March 1949 and closed again in 1960. The Ambulance Cadet Division admitted Nursing Cadets in 1981. The Glebe adult Ambulance and Nursing Divisions maintained a genuine interest in the Division and always assisted by providing examiners and adjudicators at divisional competitions. A parents and friends committee was formed to raise funds for the Cadet uniforms, awards and the annual picnic. This committee later became the Glebe Auxiliary raising funds for the purchase of premises for the adult and Cadet Divisions.

It wasn't until 1932 that a uniform for Ambulance Cadets was approved and how proud the Cadets must have felt wearing their uniform to the duties at football and picnic grounds. Duties now include Sydney Entertainment Centre, Darling Harbour and all District duties including the Anzac Day Dawn Service, Royal Easter Show and the Sydney 2000 Olympic and Paralympic Games. In the year 2000, 1662 hours of public duty were performed, 547 casualties treated and 5411 hours of other service given (training courses, competitions, paperwork etc.) All this from 24 members of the Division.

The Glebe Ambulance Cadet Annual Report for the year 1938, written by Superintendent L.E. Lewis (who joined the Glebe Cadet Division in 1926) records information that endorsed the Cadets' proficiency while admonishing District staff for not taking the Cadets seriously enough:

> *'On 26 January, Australia Day, during the 150th Anniversary Celebrations, the Cadet Division was privileged by being allowed to do Street Duty. This being the first Street Duty rendered by Cadets of this Division. Three uniformed Cadets attended, and although [this was] their first attempt at such duties, [they] proved capable of the confidences bestowed in them by the Senior Divison. The Annual Inspection of the NSW District was held on 5 November. The Parade was very unsatisfactory as far as the Cadets were concerned. During the Parade, the Cadets formed one Company and although five Cadet Superintendents were on parade, an Ambulance Officer was placed in charge. No doubt this was an oversight by the Officers on parade. I feel sure that it will not occur again'.*

Cadet Divisional meetings involved practising first aid and home nursing. Working for the Grand Prior's Badge usually meant Cadets asking their school teachers in the relevant subject areas if they would certify their competency in the subject by signing the certificate. Subjects such as Fire Fighting and Lifesaving meant visits to the fire station and the local swimming pool and these weren't organised unless the Superintendent 'had the time'. Programs at Divisional level now include topics such as Homecraft, Handicraft, Signalling, Casualty Simulation, Canoeing, Boating, Road and Home Safety, Knowledge of the Order etc, ensuring that working for the Grand Prior's Award can be fun and can be done at the Divisional meeting. The Grand Prior's Badge is worn with great pride.

Training for promotion to Corporal, Sergeant and Cadet Leader ranks has led the way for Cadets to demonstrate their leadership ability. With the State Training Centre at Blaxland, Cadets participating in these programs have the opportunity to mix with their peers from all around New South Wales and so broaden their knowledge and social skills. St John Juniors also attend the Blaxland Centre for training in their Grade Badges. It wasn't until 1950 that approval was given for 8–10 age groups to be attached to Cadet Divisions and to be known as 'St John Juniors.'

1947 saw the introduction of the Special Service Shield for Cadets performing 200 hours of unpaid voluntary service to the community. The Special Service Shield showing the number of hours of duty performed is worn with pride. When John Ward, now a District Staff Officer, was a Cadet Leader he received his Award for 2500 hours of duty.



The Glebe Nursing Division, 1927, the last occasion on which they wore their long black capes.

The Glebe Cadets have been active participants in first aid competitions at all levels — regional, State and national. Sometimes they've been highly successful other times less so. Whether winning competitions or not, their long hours of training for these events show the members' dedication to high achievement. Glebe won the 1984 Team event in the national competitions with the three members under the age of 14 years. In 1997 Sophie Masters became champion Cadet Leader and John Von Konigsmark the individual champion in the national championships for 2000. Glebe Cadets have more than just clinical qualities. Sophie Masters was also the successful recipient for 1995 of the Peter Falkland Award and was presented with the red and gold lanyard to wear when acting as aide-de-camp to the Commissioner.

(Debbie Walker, Superintendent Glebe Cadet Division, Sydney, New South Wales, January 2001)

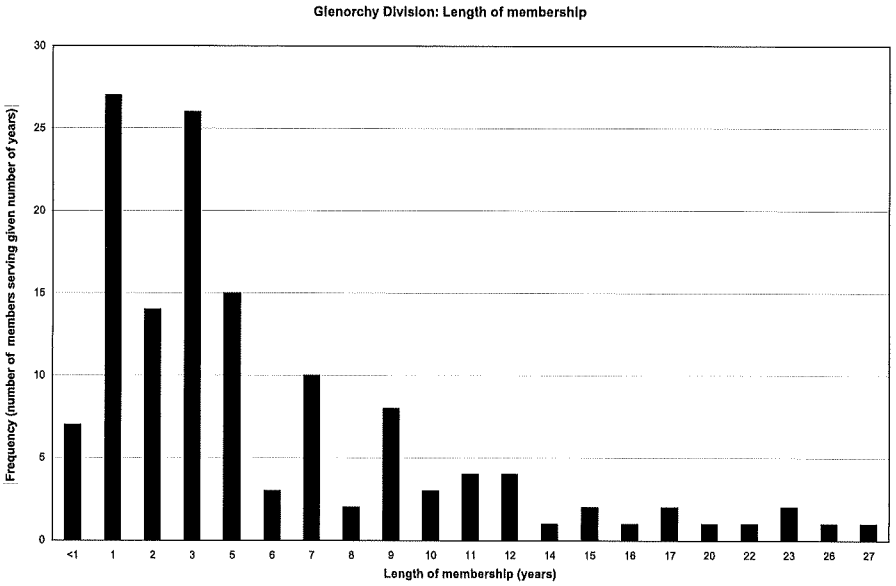
Glenorchy

Glenorchy is a north-western suburb of Hobart. It has had a St John Ambulance unit since July 1940, when a local Division of the Brigade formed with 11 members and Harold Clark as Superintendent. It began as an Ambulance (men's) Division in the period when Tasmania still comprised two separate Brigade Districts — Northern and Southern, centred respectively on Launceston and Hobart. Within a year the membership had risen to 31. That year, 1941, a Nursing Division formed. By this time, the two Districts had combined under the new national federal St John structure, the Commandery of the Commonwealth of Australia (Exclusive of Western Australia), that preceded the later Australian Priory. Numbers fluctuated over the subsequent decades. They had fallen to eight members in 1951 but had risen up to 33 by 1961. Membership stood at 30 in 1971 and at 27 in 1999, the latter figure made up of 18 adults and nine Cadets. In 1969 the two Glenorchy Divisions, Ambulance and Nursing, had merged.

In earlier decades the Division used the local Glenorchy Masonic hall as its meeting place, training centre and store, with the Superintendent and secretary using their own homes as offices. By the early 1970s these arrangements were proving increasingly inconvenient: the Division wanted its own office, a larger area for training and more room for stores. It therefore decided to obtain its own premises and formed a committee to raise the necessary funds. By 1974 the committee had accumulated sufficient funds to purchase land for a building at 295 Main Road, Glenorchy. With grants from the St John Council for Tasmania and the State government and a government loan under the Public Bodies Assistance Act, construction began. Relying on voluntary labour, the Division built its 'headquarters and training centre' over the next three years. It was opened officially in May 1978 by the State Governor, Sir Stanley Burbury, the Deputy Prior of the Order of St John in Tasmania. By this time it was a Combined Division with 20 adult members and 33 Cadets.

The next great occasion for the Division came in 1991, when it celebrated its fiftieth anniversary. To mark the occasion the Divisional president, R.T. Butler, produced a short history that was included in a commemorative brochure. This was distributed to the many members, former members and guests who assembled at the Division's headquarters and training centre. The Superintendent, P. Peterson, welcomed guests; Butler delivered the main address; the District Commissioner, Dr A.C. Grice, responded and then unveiled a memorial plaque; The Order's Chaplain in Tasmania, the Very Reverend K.N. Reardon, blessed the building; and finally Dr R. Hudson, a former Glenorchy Divisional president and District Commissioner, cut the golden jubilee cake. Butler's short history noted that up till then only six people had served as Divisional Superintendents — H. Clark (1940–46), J.T. Commane (1947–63), R. Plunkett (1964–68), K. Stansall (1969–80), D. Peterson (1981–86), and P. Peterson (1987–95). Since 1995 two others, Max Maguire (1995–98) and Wayne Taylor (1998–) have held the position.

In 1996 the Division produced a list of everyone who had ever been a member and the length of time they had stayed. It was the sort of list that is useful to historians and statisticians because it permits us to make some statistical inferences about the members. Such lists are not commonly produced, but this one is very useful because it indicates that in the 56 years to 1996 a total of 171 members had belonged to the Division. The average period for which they remained members was 5.3 years and more than half (52%) remained for five years or less. For those who remained longer than five years the average length of service was 15.2 years. Six people remained for 20 years or more, and the longest anyone remained a member was 27 years. The stalwarts in this group were K. Stansall (20 years), C. Wilson and T. McTye (each 22 years), J.T. Commane (23 years), P. Peterson (26 years) and, the longest serving of all, J. Joyce (Mrs Wills, 27 years), who for many years was Divisional secretary. The following graph summarises this information.



By 2001 the Glenorchy Division was one of Tasmania's oldest continuing Brigade and Operations Branch units. It was attending about 110 public duties a year and performing about 1040 duty hours. With 61 years of community service behind it, it was decades younger than the oldest Divisions in other States, which were approaching their centenaries. However, its annual tally of public duties, duty hours and casualties treated continued accumulating; and like the older Divisions elsewhere its proud record of service to the people of the State was both long and honourable.

(From notes of interview with R.T. Butler, Hobart, Tasmania, 26 July 1999; Glenorchy Combined Division, St John Ambulance Glenorchy Combined Division 50th Anniversary at Glenorchy Headquarters and Training Centre, 295 Main Road, Glenorchy on Saturday 6th April 1991 *[commemorative brochure]; and brochure for official opening of Glenorchy Division headquarters and training centre, 295 Main Road, Glenorchy, Saturday 6 May 1978; Divisional registration form, Form BOF1, Glenorchy Division, 4 April 1940; and annual Divisional returns, Form BF1, for 1941, 1051, 1961, 1971, 1981, 1991 and 1998; and list 'Date of joining [and] resignation or date of retirement'; in St John Ambulance Operations Branch District records, Hobart)*



Alice Springs Operations Branch members celebrate the thirtieth anniversary of a continuous St John Ambulance presence in the town, 1991. Left to right are: Bernie Kilgariff (local parliamentarian and St John patron), Noel Talbot, Steve Peers, Pat McQuillen, Des Thorton and Lesley Oldfield (the Alice Springs Mayor).

Goolwa

Goolwa is a resort town and service centre on Encounter Bay 90 kilometres south-east of Adelaide. It is the town closest to mouth of the Murray River, which flows past Goolwa and enters the sea another 10 kilometres to the south-east. Goolwa is famous for its barrages, or series of weirs that dam back the river, and now for the Hindmarsh Island Bridge, cause of recent controversies. Victor Harbour, the other main town on Encounter Bay, is 20 kilometres west of Goolwa. Both Goolwa and Victor Harbour have St John Ambulance Divisions. The Victor Harbour Division opened first, in 1964. It formed to supply the volunteers for the local ambulance centre and to undertake the first aid duties at local events. Because Victor Harbour was oriented more towards the Fleurieu Peninsula to the west, the St John people here in Goolwa decided to form their own Division to serve the communities to the east. The Goolwa Division opened in 1979. I farm locally at Goolwa but I joined the Victor Harbour Division in 1968, when I was 18. I remained with the Division for 24 years. I then spent four years as a Corps officer, and during that time kept up my first aid skills by attending the Goolwa Division. I took over as the St John Goolwa Superintendent in 1997. We currently have 15 members here, which is down from our peak strength of 30, and Victor Harbour has 10 (down from their peak of 44). The other local Division is at Strathalbyn, 34 kilometres to the north-east, which has 30 members.

Back in the 1960s we also had a St John Ambulance Brigade Rescue Squad in this district. It was modelled on the rescue squads that were then in vogue in the Brigade in Victoria. The leading figure was Keith Sweetman, a corporal in the Victor Harbour Division. The squad formed in 1964 as a section within the Victor Harbour Division. There had been a run of cliff rescues along the coast near the town, so Keith formed the squad as a specialist unit with the skills for undertaking such work. The squad did good work over the next eight years or so, but eventually St John management in Adelaide shut it down in 1973 because its activities weren't regarded as core St John work. The squad then became a unit of the State Emergency Service, which hadn't previously maintained a presence in this district. I spent nine years, 1973–82, as its controller, dividing my time between my SES and St John commitments.

When St John and the ambulance service separated during the early 1990s country centres like this one could choose one of three options. First, the ambulance service would retain its St John connections and continue to be run by Operations Branch volunteers, which is what happened for example at Strathalbyn. Second, the centre could sever its St John connection and affiliate solely with the new South Australian Ambulance Service, as for example at Wallaroo on the Yorke Peninsula. Or, third, the St John and the ambulance volunteers could separate but remain collocated, sharing the ambulance centre premises. We at Goolwa are an example of this third arrangement. The arrangement works well here. In a small community like this it has to. We work co-operatively because we each, St John and SAAS members alike, recognise that we complement each other in providing our separate services to the local community.

(Michael Scott, Goolwa, South Australia, June 2000)



The Goolwa-Victor Harbour Mounted Rescue Section, possibly the only one of its kind ever formed within the Brigade in Australia, early 1970s.

Granville Nursing Cadets, 1965–75

In 1965 my daughter Beth asked me to do a first aid course with her. She was a Cadet in the Granville Nursing Cadet Division. Their leader had just left and I was asked to get a uniform from the adult Division in order to take the Cadets of the Division to Sydney for the Cadet church parade. That was my introduction into the St John Ambulance Brigade as it was then known. Granville Hall had just been opened, so we began holding our meetings there. We recruited at the local schools and got about 60 new members, which made us a big Division for those days. First we gave them first aid classes, then home nursing and then child care. Through Beth, who was nursing at Fairfield Hospital, we managed to get some girls doing duty at the hospital and it proved so popular we had to set up a roster. The girls couldn't get their home nursing certificates quick enough so they could go on to become senior Cadets or non-commissioned officers. We met on Saturday afternoons, and as our hall was opposite the swimming pool in the summer some of the girls would see me open up the hall, come around for lessons and then go back to the pool.

Juniors were just starting up then, and many Cadets brought their younger sisters, so we soon had all three groups or age levels with the Cadets themselves taking charge of the groups. We started making up books for Juniors so they felt as important as the Cadets, and they did work for proficiency certificates, too, with District staff permission. We used the plainer of the then two certificates for them, without counterfoils. Later the District brought out proficiency badges for the Juniors, like those for the Cadets. We also started proficiency books instead of using bits of paper and cardboard that got easily lost. The books covered both St John and Duke of Edinburgh award work. Many of these books are now in St John archives. One of our Cadets, Cathy Morrissey, competed in the individual championship at the Australian home nursing competitions in Melbourne, and although she wasn't placed she gained a lot of experience.

Cadets couldn't have an ambulance officer in those days, but we had an ambulance officer, a family member of one of the girls, to help with training. Later ambulance officers were appointed to Cadet Divisions. We kept a notebook on all the competitions we entered and photos of the trophies we won. They're also in the archives. One week of the school holidays in August saw us at the St John training centre — an old ex-army hut in those days — doing proficiency subjects, with the District Superintendent and officers coming one day to examine for the badges. Throughout the year Cadets took in tins of food and the weekend before Christmas they came home and covered boxes and filled them for the local needy. Also through the year they spent spare time making toys to take to the hospital for the children there at Christmas.

(Flo Kirsten, Sydney, New South Wales, September 1999. Flo Kirsten died in September 2000. She was Superintendent of the Granville Nusing Cadet Division 1965–75 then Corps Officer from 1975 until her retirement in 1989. Her former Division survived for only four years after her transfer to Corps staff. She was promoted to Commander Sister within the Order of St John in 1986.)

Huon Division, and my private ambulance

I was born in 1922, then after school I went jackerooing on cattle stations at Longreach and Winton in Queensland. I enlisted in the AIF after the war broke out. I was a stretcher bearer but saw no active service because a bomb blast during training damaged my ears. I was demobilised as 'totally and permanently incapacitated'. After the war I had a soldier settlement farm on King Island for 13 years. While I was there I was made a Justice of the Peace, a commissioner for Scouts and a probation officer for children. I gave up the farm after I fell off the back of tractor. I'd lost my sense of balance as a result of the bomb blast. After King Island I went to Middleton for several years, where I became involved with the State Emergency Service. After Middleton I moved to Hobart for a couple of years. I'd done a first aid course as part of my army training, so I became a first aid officer with the fire brigade. My job was to do the first aid training for the outstations of the Hobart fire station and for the rural fire brigades of the region. I moved down here to Lune River in 1979. What got me here was pressure from the doctor at Southport, whom I helped with an accident he was attending. 'We could do with you down here,' he said, 'because people with your experience are scarce.' I had my own van, which I converted into an ambulance and mobile first aid unit. When Ray Cooper, the St John headquarters secretary in Hobart, heard about this he asked me to form a Brigade Division down here. I agreed, ran some first aid courses locally and then raised the Division from among the graduates. We called it the Huon Division.

Next the State ambulance service asked me to train a group of locals as volunteer ambulance officers. The volunteers came mainly from the Huon Division. The training course, mounted jointly by the ambulance service and St John, took five months — three hours every Thursday night. As part of the training we ran an outdoor accident simulation exercise one Sunday at a thermal pool near here. The ambulance was stationed in the car park, and the trainees told where a series of 'accidents' had occurred at various places in the surrounding bush. One scenario was a forester trapped under a fallen tree. The team sent there brought him out on a stretcher very neatly bandaged.

'What do you make of that?' they asked proudly as they delivered him to the ambulance.

'Not much,' I replied, 'he's dead!'

'He's got chest injuries and you've got him lying down when he should be sitting.'

(Ernie Bond, Lune River, Tasmania, July 1999)

Humpty Doo Cadets

Humpty Doo is a small town 40 kilometres south-east of Darwin, about 5 kilometres out along the Arnhem Highway after it leaves the Stuart Highway. Humpty Doo has a Cadet Division of the St John Ambulance Operations Branch. It's the youngest Cadet Division in the Northern Territory and has an interesting history of establishment. A senior first aid course was conducted at Humpty Doo in October 1997, at the local Rural Results Gym. The lecturer was Dawn Bat, an accredited first aid instructor with St John Ambulance Australia (NT) Inc. and also the Divisional Superintendent of the Palmerston Cadet Division. During the first aid course some of the participants asked Dawn whether a Cadet Division could be established in Humpty Doo. Brian and Joyce Maden, two participants in the first aid course, expressed an interest in helping out, and as a result Brian became the first Divisional Superintendent of the Humpty Doo Cadets. Brian has a long association with St John, dating back to the early 1980s as an adult volunteer. He has a military background in the British army, serving in areas such as Egypt, Jordan and Cyprus, and he ended his military career in the Parachute Regiment.

The first Cadet meeting was held on 2 March 1998, at Taminmin High School, Humpty Doo. There were 20 children at the first meeting plus a Divisional Officer, Mrs Therese Peck. Therese had been encouraged by Dawn Bat to assist in the first aid training of the Cadets and was responsible for the completion of the first preliminary first aid course and the presentation of the certificates subsequently issued to Cadets in the Humpty Doo area. Under Brian's guidance, the Humpty Doo Cadets have flourished. To their credit, Humpty Doo Cadet John Payne came third in the individual first aid event at the 1998 Territory Cadet competitions and competed in the 1999 national Cadet competitions. This year (2000) saw two Humpty Doo teams entered in the competitions. One of them achieved a respectable third place. The two teams consisted of Kathryn Ainsworth, Angela Capponi and Terri Gillet-Eurell (Team A) and Ross Jacobsen, Timothy Blott and Laurelle Brock (Team B).

Due to personal commitments Brian has retired from the Division, leaving behind an established Cadet Division and two Divisional Officers — Peter Banks and Sue Taylor. Many thanks, Brian, for all your efforts, to Dawn Bat for her continuing support, to Divisional Officers past and present, to the Cadets and parents for their commitment and to Dr Lionel Crompton (former Northern Territory Brigade Commissioner) for his ongoing support to maintain the Division. Local businesses and organisations in the Humpty Doo area must also be mentioned and praised for their ongoing support of the Cadet Division.

(Tanya Griffiths, Humpty Doo, Northern Territory, March 2000)

How to start a Division

As a St John Ambulance Operations Branch District Officer, and being from a non-metropolitan region myself, I had a particular interest in seeing Divisions established in the towns and cities of New South Wales beyond Sydney. I developed a simple but effective method of getting new Divisions going. The basic procedure went like this:

- Get a list from Training Branch of all the people in an area who have a current first aid certificate.
- Send them all letters saying a Division will form in their area soon.
- The letter should also say, 'Your participation and a current first aid certificate will help secure you a better job in the health area'.
- Call a meeting of those to whom the letter has gone, sign up as many as possible, select someone likely from among them to be the Superintendent then register the Division and hand it over to the Corps Superintendentt for the area for management and nurturing.

Using this approach I formed and registered the following Combined Divisions: Ballina, Balranald, Coffs Harbour, Cooma, Cowra, Denman, Dubbo, Forbes, Goulburn, Griffith, Hay, Kempsey, Kingscliff, Lismore, Lithgow, Moree, Mount Sugarloaf, Mudgee, Muswellbrook, Orange, Parkes, Queanbeyan, Singleton and Wagga Wagga. I also formed the Cardiff and Lambton Cadet Divisions and the Western Lake Macquarie Adult Section and Nursing Cadet Division. In addition I formed another five Divisions through local recruiting drives because of the low numbers involved if we had used the mail-out system among certificate holders. These were the Armidale, Kiama and Port Macquarie Combined Divisions and the Hills Adult Division. That made a total of 33 new Divisions across non-metropolitan New South Wales.

My excursions to distant towns to start Divisions were usually adventures, but they also had their own rewards. For example, my trip to Balranald, where the local ambulance station officer wanted a Division for back-up for the ambulance service, involved a round trip of 2400 kilometres. I arrived at the ambulance station after a two-day trip from my home in Newcastle, including a broken head-gasket at Mount Victoria in the Blue Mountains. I found that the second ambulance officer at Balranald remembered me: I had taught him first aid years previously, and it had been that course that set the chap on the path to his career as a paramedic.

(Errol Jones, Newcastle, New South Wales, September 1999)

Ipswich Nursing Division

The formation of a St John Ambulance Nursing Division in Ipswich during 1950 involved close connection with the Ipswich General Hospital. The first Lady Superintendent was Mrs Lesley Cameron and Sister Joyce Jackson, the Divisional Nursing Officer. Sister Jackson was the Tutor Sister of the hospital and meetings were held in the Nurses' Lecture Rooms. The role of Nursing Officer included the responsibility for training members in Home Nursing.

At the beginning of 1952 Sister Jackson became the Superintendent and another Ipswich General Hospital identity, Sister Eleanor Mills, took her position. Classes in first aid, home nursing and hygiene were being held at the lecture rooms. St John nurses were given permission to further their training by assisting nurses in the wards. They wore a white starched uniform with black buttons and a butterfly veil. Many entered into full time nursing training from this experience.

In 1956 a team from the Division represented Queensland in the Australian St John Nursing Championships and won the title in Hobart. This was the third consecutive time that Queensland held this title.

Sister Jackson was promoted to become the District Nursing Officer, responsible for the nursing activities of the Brigade in Queensland. She held this position 1958–69. Sister Mills became the Divisional Superintendent and Sister Margaret Boulter the Divisional Nursing Officer. Both of these sisters have since been the District Nursing Officer, Sister Boulter 1970–81 and Sister Mills in 1982.

By the 1960s the lecture room was still being used for meetings, but first aid duties were taking the time of the volunteers. The Nursing Division became a Combined Division with men joining but at the end of the 1970s and in the early 80s St John members were seen back at the hospital doing duty in the Casualty Department on Friday nights from 6.00 to 10.00 p.m. on a weekly roster.

(Nola Fairhurst, Churchill, Queensland, February 2000)

Jamestown — experiences in a country Division

Jamestown is a small country town 200 kilometres north of Adelaide and 60 east of Port Pirie. It maintains a small St John Ambulance Division. Its members also work as volunteers with the South Australian Ambulance Service, with which the Division shares premises. In 1999 the members sat down together during one of their weekly meetings to write contributions to this book. The following personal anecdotes resulted.

Small child, cried all the way to the hospital

I became interested in St John after doing a first aid course. I thought that becoming a uniformed volunteer and helping others would be something interesting. The most satisfying experience I've had was in ambulance work. Keeping your patients alive and handing them over alive to the hospital is very satisfying. The one case that distressed me greatly was a small child with a fractured arm who cried for her mother in the ambulance all the way to the hospital. It was very distressing.

(L. Wood, Jamestown, South Australia, June 1999)

'German wagon with square wheels'

I joined St John because I knew our local Division needed volunteers. The case which had the best outcome for me was transferring a midwifery case to hospital, with both mother and child arriving safely. My worst case was a patient with chronic back pain whom I transported to hospital. It was a three-hour trip. All the way my patient complained that it was like riding in 'a German wagon with square wheels'.

(A. Robinson, Jamestown, South Australia, June 1999)

'What's your full name?'

I joined St John because I felt the need to assist the local community. My best case was treating a seriously injured patient who was not expected to survive but later recovered then visited me to thank me for my help. My worst case was a couple of young people who died in tragic circumstances prior to my arrival on the scene. My most amusing case was a patient whose answer to my question 'What's your full name?' was 'Same as my sober name'.

(Viv Hector, Jamestown, South Australia, June 1999)

A real comedy

I came into St John through family involvement — other members of my family are in the organisation. My case with the most satisfying outcome was the successful resuscitation of a patient who collapsed last year at a football

grand final. It was almost a year ago and my patient is still alive today. The worst cases for me are suicides. Each one means a wasted life. My most amusing incident was delivering a patient to hospital from a vehicle accident. The patient was drunk and kept up amusing talk all the way there and into casualty. This had the ambos and hospital staff in fits of laughter. A real comedy! In my opinion first aid knowledge is a must for all school leavers. However, this would be a major load on those who teach first aid. Also, St John needs to involve younger people in St John, though I don't know how this should be done.

(Stephen Leesong, Jamestown, South Australia, June 1999)

Three 'fatals' in six weeks

Being a volunteer driver for 26 years, the next logical progression was to become a first aider and ambulance attendant. My best experience has been helping to resuscitate a patient who looked beyond help but recovered. The results of our intervention proved very positive. My worst experience was handling three 'fatals' in about six weeks, two being young people about the age of my own children. My most amusing experience was becoming a casualty myself after being cleaned up by a runaway sheep at the local agricultural show. My comments on the future? Let's enter the new millennium with as little fuss as possible. Too much is being made of the whole situation. Most corners have already been covered. Work in first aid is most rewarding for anyone willing to give a little time. Unfortunately these days people seem to me more preoccupied with their own well-being and business to think about community matters.

(Ashley Hall, Jamestown, South Australia, June 1999)

You can't seem to do enough for children

I was an instructor at the local pony club and I thought there was a need for someone to be first aid trained in case there was an accident. I did a first aid course, became interested and decided to join the Brigade. My best outcome as a first aider was resuscitating a girl who had fallen from her horse at the Tanunda Show and getting positive response. Any cases that involve children always seem harder to handle than others. You can't seem to do enough for children. I think too much fuss is being made about the change-over to the new millennium. I don't think much will change. Life will go on just the same regardless. We'll still have first aid and ambulance cases to attend to.

(C. Kerslake, Jamestown, South Australia, June 1999)

Lake View and Star

The Lake View and Star Division of the St John Ambulance Brigade formed from among workers at the Lake View and Star gold mine at Great Boulder near Kalgoorlie, Western Australia. The Division originally formed in 1911 with Mr Walter Best as Superintendent. The Division subsequently lapsed but re-formed with 32 members in June 1932, and with Walter Best as Superintendent again and Dr H.O. Irwin as Divisional Surgeon. Mr Best was still Superintendent when I joined the Division in 1949. On his retirement Roy Trewhella, one of the 1932 recruits, took over. After Roy's promotion to Corps staff Les Burford took over. Austin Carroll, another 1932 recruit, succeeded Les. I succeeded Austin and remained Superintendent until I moved to Perth in 1975. The Division then continued on until 2000, when declining membership unfortunately forced its closure after 68 years of continual existence.

As a mining Division, Lake View and Star was always very competition-oriented. Mines are dangerous work places and mining accidents are common. It's good insurance for miners to know first aid and to maintain their first aid skills. First aid competitions were the way the members of the Division kept their skills at a high level. They participated in many competitions — mine rescue competitions, intra-Divisional competitions, local inter-Division competitions, regional competitions, when we travelled to surrounding towns such as Norseman, Esperance and Bullfinch to compete, and then District competitions and the national championships. At its peak the Division had 72 members and entered 12 teams in the Chamber of Mines competition. The Division competed very successfully at the State and national levels. It won the State team championships eight times and the individual championship five times. It won the Australian team championship in Adelaide in 1965 and Sgt. Alan White took out the Australian individual championship in 1972.

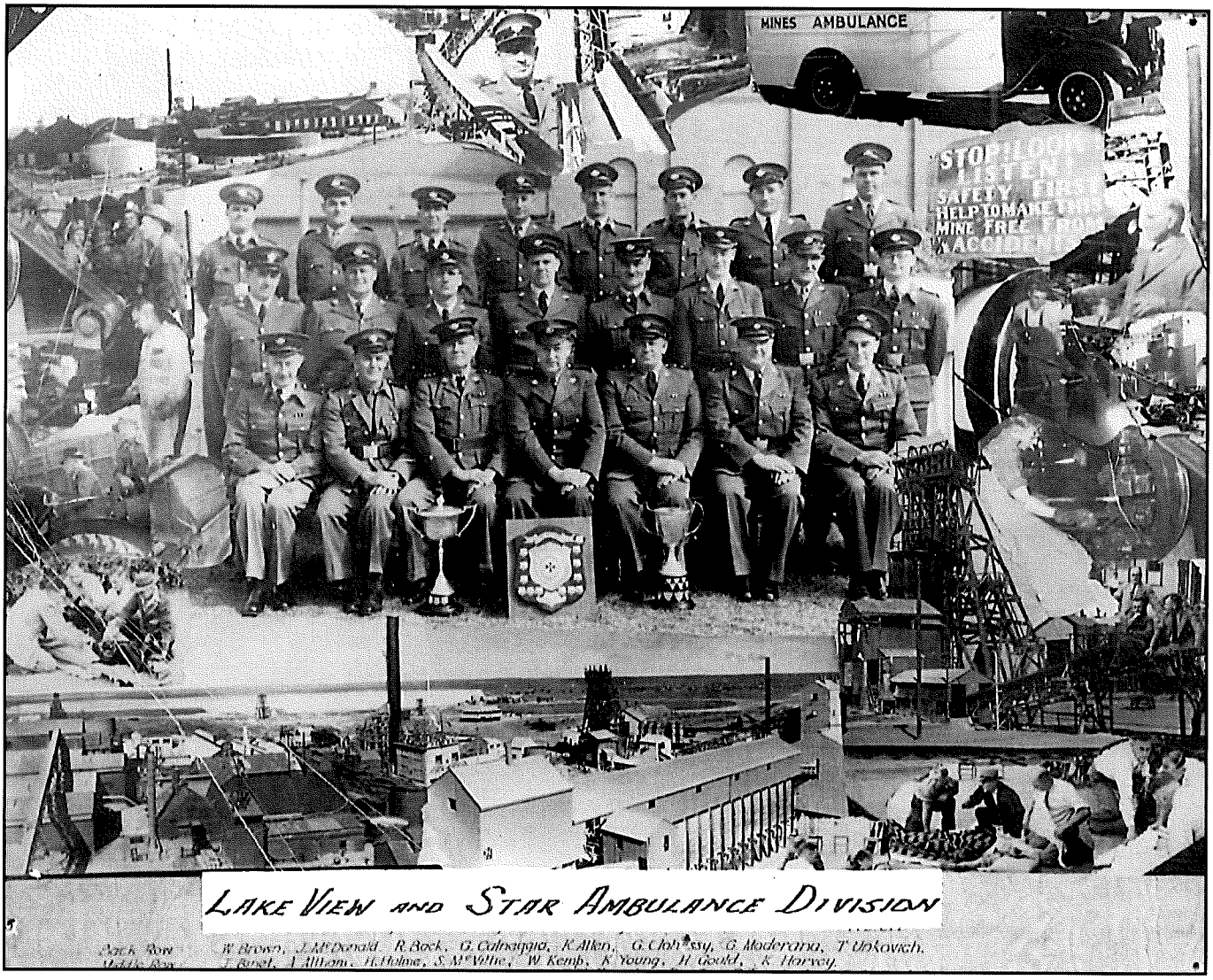
The Division was well supported by the local goldfields community. Our fundraising efforts among the community were so successful that when I left the Division in 1975 we had $20,000 in money and investments and two mobile first aid posts, including a newly acquired 23-foot caravan. All our accounts were audited. We were the envy of the other three Divisions in town. Four Divisions in one provincial city was probably an Australian record, but unfortunately they didn't last. With the downturn in mining and loss of population all but Lake View and Star closed. By 1999 Lake View and Star was struggling and, as noted, it closed the next year.

In my time as Superintendent I endeavoured to build team spirit by making the Division family conscious, for example by taking members and their families to picnics, barbecues and trips away. Our presentation social was the highlight of the year. Every member received a trophy for their efforts, whether in competitions, public duties, fundraising or in maintaining Divisional stores. Our administrative meetings were run by the officers so as not to interrupt training nights. Annual meetings and quarterly meetings were held, and no meeting was allowed to be longer than one hour.

I always encouraged our members to participate in first aid competitions. I maintained that the only way they could improve their skills was by competing and learning by their mistakes. I also encouraged them at all times to be smart in dress and to accept the discipline that Brigade membership entailed. No alcohol could be drunk while in uniform or on duty. After the completion of the duty they could change from their uniforms and drink in their 'civvy' clothes.

Unfortunately, with the decline of mining and the advent of television the Division's active membership declined dramatically. I tried every possible method to retain their allegiance — guest speakers, social nights, inter-Division visits, dances — but to no avail. The 'box' had taken over and no one could do anything to combat it. In 1969 I still had an adult Ambulance Division of 32 members and an associated cadet Division of 14 members, but there was little chance of regaining the peak of 72 members a couple of decades previously. I left the Division in 1975 after 26 years. As the numbers declined further it became a combined (male and female) Division. At the end there was only one goldfields Division, called Kalgoorlie-Lake View.

(Kevin Young, Gosnells, Western Australia, August 1999)



Lake View and Star Division, about 1950. Kevin Young is middle row, third from right; Roy Trewhella is front row, third from right. The photograph is superimposed on a collage of others depicting scenes from the Lake View and Star mine.

Launceston Nursing Division

The Launceston Nursing Division was formed 61 years ago, in September 1938. At present we have 12 members on our books, not all very active. Unlike many other Nursing Divisions or all-female Divisions, which have amalgamated with former Ambulance or all-male Divisions, we proudly remain one of the few 'Nursing' because that's our tradition. Both of us (Beryl Coker and Barbara Almond) are public first aid instructors. We locate potential new members for the Division through our classes, at the end of which we invite female participants to join the Division. Not all recruits turn out to be satisfactory. Those who expect they'll be driving round in ambulances doing rescue work and those anticipating the hyped-up drama of saving lives at every public duty usually don't stay long. In 1989 one chap who wanted to join the Division took us to the Equal Opportunity Tribunal on the grounds of sexual discrimination. He won. District headquarters then informed him that as we're a women's Division he'd have to wear a skirt because that's our uniform. He suddenly lost interest in becoming one of us at that point, much to the amusement of everyone else in the District. We actually do have one male member — our Divisional medical officer, Dr Gerard Gill.

Beryl Coker: The pair of us are sisters. We joined the Division together 40 years ago, in 1959. Our employers asked us to join. I was a telephone exchange operator, and my boss asked me to learn first aid because he wanted someone at the exchange who knew it. I said I'd do a first aid course if I could bring someone else along. I took my sister Barbara. She worked at the railways, where her boss wanted her to learn first aid too. We both did the course, for which Miss Elizabeth Kiddle was assistant instructor. She persuaded us to join this Division, of which she was Divisional Officer. We've been in it ever since, and I'm now the Divisional Superintendent. We've both been admitted into membership of the Order because of our work for the Division. I'm an Officer Sister and Barbara is a Serving Sister. Barbara probably would have been an Officer too but she had 10 years away living in Papua New Guinea.

Barbara Almond: By the time you've been a first aider in an Operations Branch Division for as long as we have you'll have treated a great variety of cases. Some of them stand out in your memory. The one I'm proudest of happened in 1961. I was travelling on a bus when a large, sweaty, smelly wharfie sitting nearby suffered a heart attack. I began giving him CPR. I worked on him until an ambulance arrived, which seemed ages later. Three months later he appeared on my doorstep to say his thanks. Somehow he'd managed to track me down through the ambulance service.

(Beryl Coker and Barbara Almond, Launceston, Tasmania, July 1999)

Marrickville

The Marrickville Ambulance Division of the St John Ambulance Brigade was registered as on 1 January 1922. Marrickville Division shoulder insignia was number 13. This Division was for men and the Divisional headquarters and meeting room were at the School of Arts, Illawarra Road, Marrickville. In 1956 due to renovations at the School of Arts, the Division temporarily began meeting in a basement room at the Marrickville Town Hall. In 1944, the members had decided to purchase their own hall. The Division eventually purchased the building at 397 Illawarra Road, Marrickville, on 20 July 1961. The first meeting held at the new Divisional headquarters was on 2 August 1961. Redevelopment of this new St John hall was carried out in stages, as the members had to raise the necessary finances required. Stage 1 was completed in 1963, Stage 2 in 1965 and Stage 3 in 1968.

The original Division consisted of 16 men. The Divisional Superintendent was Mr Edward J. Davis. The two Divisional Surgeons were Doctor John Araluen Kennedy and Doctor Roy Buckingham Trindall. The Divisional sergeant was Mr Herbert (Harry) Hunt. The Honorary Divisional Treasurer, Mr Arthur James Gilbert relinquished this appointment to Sergeant Herbert Hunt on 24 May 1923. The Honorary Divisional Secretary was Mr Edward Jones. He was required to move interstate, so this position was then filled by Mr Robert Barret on 20 April 1922. Mr Barret then relinquished his appointment on the 24 May 1923 to Mr Arthur James Gilbert. On the 1 April 1925 Mr William George Comber was appointed secretary as well as Divisional sergeant. Superintendent Davis was placed on the Reserve List on 1 April 1925 and was succeeded by Mr Arthur James Gilbert who was appointed as the Divisional Superintendent on the that date. Mr Gilbert remained Superintendent for the next 35 years until transferring to the Reserve on 12 September 1960.

In 1942 during World War II at least 17 Marrickville members were on active service with the Australian military forces. The members left behind still carried out their St John duties. Due to the fact that there were fewer sports events on weekends and the crowds were smaller at the venues, they were able to cope. Duty venues during the war years included the Enmore Theatre, Kings Theatre, Cooks River Reserve, Riverside Park, Church Grounds, Hordernians, Wolli Park, Marrickville Oval, Henson Park, Erskineville Oval, Earlwood Park, Bundeena Beach, Newington College, Frazer Park, St George's Hall Skating Rink, Bellevue Park, Mackey Park, Livingstone Oval and Steel Park. The Division attended the Victory in the Pacific Day at the end of the war as well as Anzac Day ceremonies. Duties at the Royal Prince Alfred Hospital were then attended also.

Moving forward in time to more recent decades, Ervin Haga joined the Glebe Ambulance Cadet Division in May 1965. He transferred to the Glebe Ambulance Division as a private in 1972. In 1976 he transferred to the Marrickville Ambulance Cadet Division and was appointed member in charge. He became Cadet Superintendent in July 1978. In April 1980 he transferred to the Marrickville Ambulance Division and was appointed as Divisional Superintendent. Kenneth Harrison joined the Marrickville Ambulance Cadet Division on 23 August 1976. He transferred to the Marrickville Ambulance Division in 1978. On 26 June 1980 he was appointed as Probationary Surgeon. He remained a member of the Division until 1985 when he left to pursue his medical career as an anaesthetist. Edward Caruana joined the Marrickville Ambulance Cadet Division in 1971. In 1976 he transferred to the Marrickville Ambulance Division as a private. He later qualified as a State Registered Nurse at Concord Repatriation Hospital. In November 1981 he was appointed as the Divisional Nursing Officer. He held this position until 1992 when he transferred to Auburn Division.

Others coming to the Division have also done well. Bill Katsanos joined the Division in 1983. He became a trolley porter in a hospital, then gained admission to the New South Wales Ambulance Service and has qualified as an ambulance paramedic. He was appointed Divisional Ambulance Officer on 10 November 1994. In October 1991 Maureen Phillips was appointed as Divisional Officer Grade VI assisting Cadet Divisional Superintendent Phillip Bailey. She was promoted to Officer Grade V and finally appointed to Divisional Superintendent of the Cadet Division in April 1993. On relinquishing that appointment on 25 April 1996, she was appointed Divisional Officer Grade V at the Marrickville adult Division. Janet Hayes joined the Operations Branch as an associate member of the Marrickville Cadet Division in 1995. She subsequently topped the Corps non-commissioned officer course and was appointed Divisional sergeant. Private Tori Tapuke joined the St George Division in 1995. In October 1996 he transferred to the Sutherland Division then to Marrickville in 1997. That October he was appointed Divisional sergeant then in August 1998 was appointed as the New South Wales District Sergeant-Major.

(Ervin Haga, Marrickville, New South Wales, June 1999)

Maryborough experiences

In 1956, while still at school, an adult Nursing Division of the St John Ambulance Brigade was formed in our city, Maryborough, and a month later a Cadet Division was formed. As many of my friends were joining, I, too, joined the Cadets. I remained a Cadet until with another girl I graduated to the adult Division. I'm still a member, 43 years later.

My most satisfying case outcome happened during a race at our local BMX meeting. A young lad somersaulted into the air and came down on his back. His back was covered in blood and he was holding his right arm. Everyone else was convinced that he had broken his collar bone but with the signs and symptoms he displayed I was sure he hadn't. It turned out that he had pulled the muscles between his top rib and collar bone. For a time he was in such pain that he was unable to allow anything to touch his back, but eventually he got back to the track and is now riding motorbikes in the Australian series.

My 'worst' case had others very worried. At our local show I was escorting a lady in a wheelchair to the disabled toilets. As I wasn't sure of the location I asked her to stay until I had a look. On returning I found the lady had gone. Using my radio I called our base and said, 'I've lost a patient! What should I do?' Other members heard my plea and of course put the wrong connotation on the word 'lost', assuming my patient had died.

A former Corps Superintendent once visited my house and asked if I would fill the position of Corps Secretary. He said he would get down on his bended knee for me. I said I'd attend the next Corps meeting then let him know at the end of it. After the meeting he asked me again but before I would give a decision I reminded him of his promise. And so we saw a Corps Superintendent on bended knee.

(Rhonda Lang, Maryborough, Queensland, January 2000)

Monto

In the early part of 1990 Col Harris conducted a St John Ambulance senior first aid course at Monto. At the end of the course he asked the participants if they would like to join the St John Operations Branch because he felt there was a need in our local community for extra trained personnel to supplement the Queensland Ambulance Service. At that time the QAS had only two ambulance officers and two honorary bearers, so if a disaster occurred locally they would be short staffed. The class members agreed to form a Division. As a result the Monto Division of St John began its journey with 16 registered members. Now, in May 2000, we've been operating for ten years.

(Col Harris, Divisional Superintendent, Monto, Queensland, August 2000)

Motorcycle Divisions

At least two Australian States — South Australia and Victoria — have had Motorcycle Divisions among their range of St John Ambulance Brigade and Operations Branch units. Both formed in the early 1930s from among Brigade members interested in motor sports; both performed their public first aid duties at motor racing events; and both survived into the early 2000s. The following paragraphs outline their seven decades of service to motor sport in their respective States.

Adelaide (Motor Cycle) Division

The Division was the idea of J.L. (Jack) Anear, a member of the Indian and BSA Motor Cycle Club who had decided that motorbike racing would be a safer sport if some members in each motor cycle club knew first aid. About 1932 he approached the various clubs to see if they had members willing to undertake St John first aid training. He persuaded 25 men to sign up for a course. They obtained their certificates in August 1933 then formed themselves into a unit called the Motor Cycle Club South Australia Ambulance Inc. With C.R. (Bobby) Burns as Superintendent and Jack Anear as Ambulance Officer, they met in the Hindmarsh Volunteer Fire Station. Travelling on their own motor cycles, they then did public first aid duty at motor sports meetings. They also worked as voluntary ambulance drivers with South Australian Ambulance Transport Inc., one of several ambulance services then operating in Adelaide and suburbs. This arrangement lasted for three years, until the club members withdrew their services in 1936. They changed their name to Motor Cycle Club of South Australia Ambulance Brigade and henceforth concentrated on their duties at motor sports meetings.

The motorcycling first aiders became a Division of the Brigade in 1939. This occurred after the District Secretary of the St John Ambulance Brigade, Paul Goode, invited them to transfer into St John. They accepted his offer and were registered as the Motor Cycle Division Adelaide No. 1. As well as attending the speedways, road races, scrambles and trials, members of the Division went on duty at events within the City of Adelaide. After 1951, when St John took over the Adelaide ambulance services and began building a statewide ambulance system, they also worked as volunteer crew members in the metropolitan ambulance service. This activity ended in 1989 when the South Australian St John Council withdrew the volunteers from the service.

In earlier decades, members of the Division wore the Brigade uniform, but with jodhpurs instead of trousers. Old photographs show that, dressed in uniform, they bore a strong resemblance to motorcycle police. When on first aid duty they also wore white dust coats. In later decades they wore the standard Brigade and Operations Branch uniform, with white overalls for motor sport duties.

In 1982 the Division became a 'combined' unit when it admitted a group of women from the Adelaide Nursing Division. Over the decades the latter Division had worked closely with the Motor Cycle Division, helping it with its duties at hill climbs and scrambles at Brownhill Creek and Morialta and at the races on the speedways around Adelaide. The Nursing Division had experienced a decline in numbers so its remaining members merged with the Motor Cycle Division rather than see their Division disbanded. The Motor Cycle Division also worked in close co-operation with a Cadet Division. This had formed in 1955 as the Adelaide (Motor Cycle) Cadet Ambulance Division with Max Moyle as Divisional Superintendent. The Cadet Division had begun with about 20 boys but the number soon grew beyond 40. In its earlier years the Division proved so popular there was a waiting list for boys wishing to join. Like the adult Division, the Cadet Division has continued and like all other Cadet Divisions from the 1980s it admitted members of both sexes.

In its first 29 years the Division operated out of no fewer than 11 separate premises and had 19 changes of address. (It occupied some premises on more than one occasion.) In June 1968 it finally acquired a permanent home in Tynte Street, North Adelaide. An imposing building with Grecian pillars on either side of the entrance, it had been a friendly society temperance hall. Built during the 1880s, a century hence it had acquired a National Trust classification as a building to be preserved plus an external wall plaque from the Adelaide City Council declaring it to be a place of historical significance. In time it became widely known as the North Adelaide St John Ambulance centre.

Over the decades the Division has been led by eight Superintendents — C.R. Burns (1939–50), J.L. Anear (1951–54), J.L. Edwards (1954–68), R.L. Elsworth (1969–73), R.G. Wright (1973–76), C.G. Wright (1976–85), G.L. Robertson (1985–93) and the first woman, Rosemary MacKrell (1994–). Membership remained high, and in the year of its fiftieth anniversary, 1989, it still had 30 members. At the same time, the workload also remained heavy. In 1988 the Division handled almost 2000 casualties and completed over 14,000 hours of public duty — an average of 66 casualties and 469 duty hours per member.

To commemorate its fiftieth anniversary, the sixth Superintendent, Cliff Wright, produced a Divisional history in 1989 with the title *Adelaide (Motor Cycle) Ambulance Division: 50 Years with St John 1939–1989*. The above information is borrowed from it. At the time of writing (2000) the Division had accumulated another 12 years of service, and was only a couple of years off the seventieth anniversary of the formation of its parent body, the Motor Cycle Club South Australia Ambulance Inc. In a time of declining and ageing membership for many Divisions, it still had 24 members. Recruitment remained a continuing concern, but the Division had succeeded in recruiting enthusiastic younger members.

1st Victoria Motorcycle Division

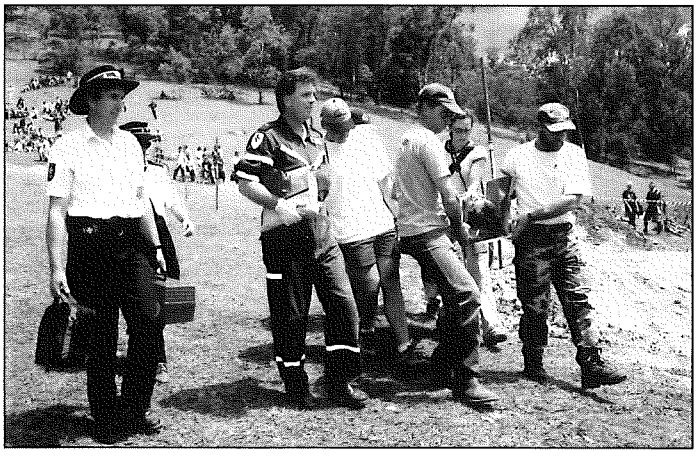
Victoria's equivalent of the Adelaide (Motor Cycle) Division is the 1st Victoria Motorcycle Division. Less is known about this Division than its Adelaide counterpart because it has not yet produced the comprehensive commemorative history of its activities that the Adelaide Division did in 1989. However, its present (2001) Superintendent, Wayne Donaldson, a 43-year veteran of the Division, has produced an outline history, '1st Victoria Motorcycle Division: Brief 68 Year History of the Division', from which this present account borrows.

The 1st Victoria Motorcycle Division predates the Adelaide (Motor Cycle) Division by two years, and unlike the latter has always been a St John Ambulance unit. It formed in Melbourne in 1931 and at first was a motor cycle mounted first aid patrol. In effect its members provided an ambulance road service, speeding to accidents more quickly than the ambulance vans of the day. To join, members had to have their own motor cycles and equip themselves with a uniform similar to the one worn by the Adelaide Division — jodhpurs, goggles, gauntlets, boots, long gaiters and a Brigade jacket. Within a year or two the Victorian Civil Ambulance Service took over the Division's road service function, and as motor sports were becoming increasingly popular its members were able to turn their attention to providing first aid services at motor cycle events throughout Victoria. Operating from its own Divisional hall in the north-eastern suburb Reservoir, the Division has maintained this role to the present. When attending motor sports duties members now wear green overalls with fluorescent strips similar to those worn by ambulance officers. At other duties they wear the standard Operations Branch uniform.

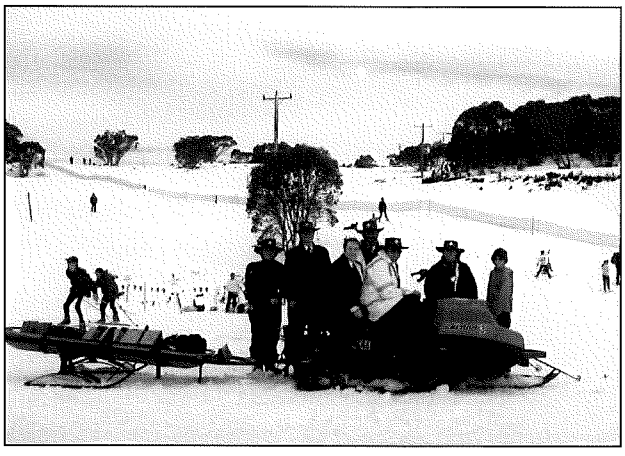
Among the Division's more recent accomplishments, its members provided trackside first aid support to the first and second 500 cc motor cycle world grand prix races held in Victoria in 1989 and 1990. In 1991 it fulfilled the same function for the first 500 cc world grand prix race to be held in New South Wales. In 1992 and again in 1998 it provided trackside first aid support for the Australian rounds of the world 'Superbike' series. In 1997 and 1998 it performed the same service for the Australian rounds of the world 500 cc grand prix, and in 1998 at the six-day international 'Enduro' world championships, held at Traralgon in Victoria. In addition the Division shares in the public duties performed by other Victorian Divisions — the Moomba parade, Anzac Day march, local, State and national Australian Rules football finals, the Royal Show, interstate and international soccer, as well as numerous other minor duties and bushfire relief.

The present writer spent a pleasant, informative evening with members of the Division at their premises in Reservoir in September 1999. Two days earlier, on 3rd September, I had observed them in action under Wayne Donaldson's supervision at the four-day international motor cycle grand prix at the Phillip Island speedway, 145 kilometres south-east of Melbourne. Their case load was fairly light on that occasion, but with some 40,000 spectators present, and perhaps a fifth of these 'bikies', the potential for a high casualty rate was ever present. Like their counterparts in Adelaide they had maintained their strength, and in 2001 the Division had 18 members.

(Cliff Wright, Adelaide [Motor Cycle] Ambulance Division: 50 Years with St John 1939–1989, *St John Ambulance Brigade South Australia District, Adelaide, 1989; Wayne Donaldson, '1st Victoria Motorcycle Division: Brief 68 Year History of the Division' [unpublished paper, 1999]; and '1st Victoria Motorcycle Division: Introduction' [unpublished notes provided to all new members, no date])*



Mount Beauty Division members escorting an ambulance officer and race officials carrying the stretcher with an injured rider in the 'Dual Compressor' section of the downhill mountain bike competitions above the town, 1998.



Members of the Mount Beauty Division on duty at the 'Kangaroo Hoppet' (cross-country ski marathon), Falls Creek, Victoria, 1997

Mount Beauty

Mount Beauty is a town at the foot of Mount Bogong in Victoria. It began as the service centre for the Kiewa hydro-electricity scheme. Development began in 1947, when the State Electricity Commission (SEC) began its engineering works for the scheme. The withdrawal of the SEC in the mid-1990s, following the privatisation of Victoria's power grid, resulted in 200 families leaving the town. As the main access point for the Falls Creek ski fields, Mount Beauty remains a popular tourist centre. The resident population is about 2300, but during holiday periods and the ski season three times that many could be present.

The Division

We're a small Division with only eight active members at present. We began as an Ambulance Division on 20 July 1953, when 11 men signed on as members with Allan Greenlees as Superintendent. Except for the Divisional Surgeon, Dr John Livingstone, most of them were SEC employees living around the town while working on the hydro-electricity scheme. Seven of them already had first aid certificates and the others were completing their courses. Over the next few years Divisional strength remained much the same, but the membership increased by 50% in February 1960 when five women joined and we became a Combined Division. Six more women joined the next year, and by 1963 total membership had reached a peak of 25. By then Rowland Wilson, one of the original members, was Superintendent, and our workload was increasing. In the early years we did few public duties — only 5 in 1956 — and treated few cases, but in 1963 we attended 128 duties and handled 53 cases. By the early 1970s membership had dropped back to about a dozen and has remained much the same ever since. The caseload, however, continued expanding. In 1972 our members attended 40 duties and treated 173 cases. At this time Ted Hamilton was the Superintendent. By 1980 he'd been succeeded by William D. Sutton, who remained Superintendent until 1991, when he stepped down to become Divisional Officer and Allan Rogers became Superintendent. Heather Blackman, our first female Superintendent, took over in 1995–96, first as Divisional administrator, then as Acting Superintendent in 1997 and finally Superintendent in 2000. For the past 19 years we've had the same Divisional Surgeon (now called Medical Officer) — Dr Mark Robinson, who joined us in 1982. We also have a Divisional Nurse now, Gloria Ryder, who joined us in 1997.

Our workload remains fairly steady. We currently do about 300 hours of public duty annually. This is not as many as in earlier years, when the figure was as high as 700, but we continue to handle well over 100 cases a year. The main duties we attend are the annual picnic races in Dederang [30 kilometres north-west of Mt Beauty], the car races at the Tawonga track [8 kilometres away], the Mount Beauty marathon, the Conquestathon (a return day walk up Mount Bogong, which at 1986 metres [6516 feet] is Victoria's highest peak, the BMX championships, the downhill mountain bike championships and the 'Kangaroo Hoppet', which is part of the international cross-country ski marathon series. The mountain bike races and 'Kangaroo Hoppet' are our two largest duties, and probably no other Division in Australia does duties like them.

The mountain bike races have been an annual event since 1995. They're run by 'Team Mount Beauty', the local mountain bike club, a member of the Victorian mountain bike federation, and are usually held over several days early in the year. The course is a rough track down a cleared section of the mountainside above the town. The races always produce an astounding crop of casualties — fractures, spinal injuries, gravel rashes, impalements and various internal injuries. The abrasions are often extreme — riders falling and scraping away half their faces or losing most of the skin from their legs. By the end of a weekend our new recruits usually come away confident they can handle any injury coming their way. 'We can do anything now!' they say. Mountain bike downhill racers are a tough, determined breed. We treated one chap who competed with his leg in a cast. He couldn't wear a shoe over the cast, which left his toes exposed. He ground them away on the rocks littering the course. We've had people coming up to us with broken arms wanting us to splint and bind them so they can compete in their next race. One time we had a chap who'd been impaled on the brake lever on his handlebars. He came up wanting a Band-Aid to seal the wound. He only approached us after his mates had examined him. 'They reckon they can see my guts through the hole,' he explained. We sent him to the Mount Beauty hospital, where he was given two external and two internal stitches. He then came back to the course and continued racing. We can always tell when injuries are happening even before we see them. Our first aid station is at the foot of the course, and from there we can hear a roar from the crowd along the track each time a rider has a spill. One time after we'd heard the roaring a woman was brought to us complaining of back pain. She had a bad pallor, so we got her to lie down in order to monitor her condition. After a while she got up, saying she was OK. She then began vomiting but wouldn't allow us to call an ambulance. After another half hour she said, 'You're right. I need an ambulance.' She spent the next fortnight in hospital recovering from a severely injured kidney: it had split in half when she fell. Another serious case was a chap who suffered suspected spinal injuries after being tossed over his handlebars on the 'dual compressor' section of the course — a place where the track narrows and turns a sharp corner. He landed upside-down, on the back of his head, neck and left shoulder. We began giving him oxygen but he soon pushed the oxygen mask away because he was snorting blood and filling the mask. Instead of trying to force him to take the oxygen, we just placed the mask next to him. After a while he picked it up and self-administered the oxygen until the ambulance arrived to take him away. In the end the race organisers changed the 'dual compressor' course at our urging because so many riders were falling there.

Our other major duty is the 'Kangaroo Hoppet' ski event. Part of the 'World Loppet' cross-country skiing series, it usually attracts 1500 participants and another 1500 spectators from far and wide, including overseas. There are three main races, over 42, 21 and 7-kilometre courses in the high country between Falls Creek and Mt Mackay. It, too, always produces its own casualties — hypothermia, blisters, sprains and occasional broken ankles. It's an all-day duty conducted co-operatively with the Falls Creek Ski Patrol, who locate and bring to us many of the patients we treat. It's probably the only ski race event regularly attended by members of an Australian St John Division. Each 'Kangaroo Hoppet' also produces its moment of drama, such as the time our first aid station — a large marquee — blew away during a gale while we were working in it. With the help of spectators we retrieved the tent but lost all our case records, which were probably scattered right across the Victorian alps.

Although we've only a handful of active members, we handle most of our duties on our own with little assistance from other Divisions. In some years a couple of members of the Wodonga Division [80 kilometres north-west of Mount Beauty] have come out to help with the mountain bike races, but usually we cover all our own duties. Attending duties always involves a cost to the Division, and this mightn't be covered by the donations the event organisers pay us. At the first mountain bike championships in 1995, for instance, we treated 77 casualties, which cost us $150 in bandages alone. The organisers, who didn't really understand that we're a voluntary organisation and must cover our costs, gave us a $50 donation that year. Theirs was a common misconception: many event organisers mistakenly think St John is flush with funds from government subsidies. Fortunately, when 'Team Mount Beauty' realised our situation, they increased the donation. Their donation is now quite generous because they recognise that without us to provide the first aid, running the event would be difficult.

We've gained a reputation among our Victorian Ops. Branch colleagues for handling difficult cases on duty. One incident shows how word about us has spread. It was during the Priory church service in St Paul's Cathedral in Melbourne 2½ years ago, in June 1998. A contingent of Ops. Branch members, including Heather Blackman, had marched to the service, where they filled most of the pews in the back half of the cathedral. During the service one of the Victorian District Officers, Kathleen Buick, reached forward and tapped Heather on the shoulder. 'There's a chap three rows in front of you who's just collapsed,' she whispered. 'You ought to check if he's alright.' Heather then scrambled over the knees of the others in her pew and made her way forward to the man, who'd collapsed on the floor. He was a frail, elderly fellow who seemed to have fainted, knocking his head on the pew in front of him as he fell. To get to him, Heather had to usher out the other occupants of his pew then slide him into the aisle, pulling him out by his shoulders. As she slid him into the aisle he regained consciousness. Meanwhile, other Ops. Branch members had come forward to assist, and as Heather looked up she could see among them one member with the epaulettes of a medical practitioner, another with an ambulance officer's epaulettes and a third with a registered nurse's. 'Why did you ask me to help when we're all qualified members present?' Heather asked Kathleen later. 'We all know what cases you handle up there in Mount Beauty,' replied Kathleen, 'so we couldn't think of anyone better to help the old chap when he fainted.'

(Heather Blackman, John Haskell, Cheryl Jarem, Shirley Christie, Leonie Macklan & Hugh Skey, Mount Beauty, Victoria, February 2001)

The Mount Cotton St John Ambulance Cadets

See girls and boys in white and black
As they go marching around the track
These are the children of St John's
A lovely sight to look upon.
First on parade to take salute
The code of chivalry by all is quote
Then dismissed and into class
Hoping, First Aid to pass.
These children learn a lot of things
Bandaging, and use of slings
Burns, and scalds, and broken bones
Road safety rules when they leave home.
Mount Cotton should be very proud
Their new Division was allowed
The school house is the place to meet
The officers are there to teach.
May God bless all St John's Cadets
And guide them through to do their best
To help the sick, and injured folk
The prayer of the Order, now all quote.

(Mrs. L. Korzenrewski, Officer, Mount Cotton Cadets)

Nhulunbuy

Nhulunbuy is 625 kilometres east of Darwin, on the Gove Peninsula at the eastern extremity of Arnhem Land. It's a mining town, built by the bauxite mining firm NABALCO during the late 1960s and 70s to service the company's huge Gove Peninsula bauxite extraction operations. In September 1980 I was transferred to Nhulunbuy in my job with Telecom Australia (now called Telstra). I'd been there earlier, from 1971 to 1972, when there was no St John Ambulance Brigade Division nearer than Darwin. There was still no Division in the town when I returned so I decided to form one. In October 1980 I wrote to the Corps Superintendent, a Mr Brennan, to seek approval to run first aid courses with a view to recruiting members to form a Division. A course was duly conducted with the assistance of Grant Wiggins, a Brigade Divisional Officer from Queenstown in Tasmania, who was working with NABALCO. On 26 November 1980 twenty candidates sat the exam and all passed. I ran a second first aid course a couple of months later, in January 1981. The next month, February, we published a newspaper advertisement calling for interested people to form a Nhulunbuy Division. We held our first Divisional meeting in the local area school on 4 March 1981. Grant Wiggins was appointed Divisional Superintendent, Margaret Annells (a previous Grade IV Brigade Officer in Unley, South Australia) became Divisional Nursing Officer and Dawn Horrocks (later Mrs Bat) became secretary-treasurer. (Dawn was a former nurse who'd trained as a teacher and was by then teaching at Nhulunbuy. She's currently Divisional Superintendent of the Palmerston Cadets.) The local community welcomed our presence and gave us good support. For example, our confidence was boosted when the production sedan car club from the local speedway helped us open a bank account with a donation of $60.

The Division had only been in existence for a month when Telecom transferred me back to Darwin. I was sorry to leave the fledgling Division but departed knowing I'd left it in capable hands. That, however, was not the end of my connection with the Division. As things turned out, Telecom once again transferred me back to Nhulunbuy a year later. Sergeant Dobbe of the Northern Territory Police agreed to run driving courses for the members of the Division so they could be assessed as ambulance drivers for St John. St John personnel at Nhulunbuy then received permission to use the Department of Health ambulance for their duties at the speedway and at various other functions. My next initiative, in April 1982, was an ambulance officer training course, using the current *Casualty Care and Transport* manual from the St John Ambulance service in South Australia. Twelve members who wished to work on the ambulance undertook the course. Other members also took the course as a training exercise. The next year, 1983, a Cadet Division formed. It lasted about 15 years, until the late 1990s. Divisions that form in mining towns commonly experience fluctuating fortunes because the mining workforce is highly mobile. People come and go all the time. That includes the Cadets, who grow up and then leave for work or further education elsewhere. The adult Division at Nhulunbuy has survived, however. With 26 members at present, it will celebrate its 20th birthday next year.

(Phillip Langdon, Darwin, Northern Territory, March 2000)



Nundah's national championship

Nundah Nursing Division, in Brisbane's inner northern suburbs, was one of the three St John Ambulance Brigade Divisions formed in Brisbane in 1950 when the Brigade began establishing Divisions in Queensland. The first, Brisbane Central Nursing Division, formed in April that year and was registered six months later in October. Nundah formed that same month, October, and was registered in April the next year. Ipswich Nursing Division also formed in 1950 but was not registered until September 1951. Nundah attained one conspicuous early goal. In November 1952 a team of five women from the Division — Nell Cole, Beth Dawson, Norma Cressy, Neta Newman and Sylvia Madsen — travelled to Sydney to represent Queensland in the Brigade Nursing Divisions' interstate competitions. This involved taking part in five events. First was doing first aid at a simulated casualty scene; next was demonstrating their home nursing knowlege and skills in another simulated scenario; third was a roller bandaging exercise; and finally oral examinations in nursing and first aid. They surprised themselves by outclassing seasoned competitors from the other States to become the national champions. The teams from the other Brigade Districts were probably surprised too, for the Nundah women were from a new Division in a new Brigade District with no tradition of District-level competition. The cartoon opposite celebrated their achievement against the odds. One of their Nundah colleagues, Wendy Keene, a commercial artist who went on to become a registered nurse, drew it then gave it to Beth Dawson as a Christmas present.

Queensland Railway Ambulance Corps

The Queensland Railway Ambulance Corps (QRAC) has never been formally a part of the St John Ambulance Brigade and Operations Branch. However, as with parallel railways ambulance corps in other States, most notably Tasmania, South Australia and Western Australia, the QRAC's ties with St John have been close. In earlier decades if not later, QARC men provided many, if not the majority, of the members of the first of the Brigade's Ambulance (men's) Divisions in Queensland. As also in other States, Queensland's early Ambulance Divisions were often QRAC units under another name. It is therefore appropriate for this history of the Brigade and Operations Branch to consider the railway ambulance movement. The following account has been provided by two QRAC members, Paul Niethe and Keiran Broad, and is based on the organisation's short 1992 centenary history. The QRAC will celebrate its 110th anniversary in 2002, the same year as the Brigade and Operations Branch centenary in Australia.

The 100th anniversary of the formation of the Queensland Rail Ambulance Corps occurred on 2 September 1992. The organisation was founded at the instigation of railway employees who recognised the need to be able to provide skilled first aid assistance to their colleagues when necessary. On 2 September 1892 a meeting between the secretary of the Engine Drivers, Firemen and Cleaners Association, Mr J.B. Sparrow and the secretary to the Railway Commissioners, Mr Prewett, was held to discuss the establishment of first aid classes to teach the skills necessary to cope with most workplace illnesses or accidents. The meeting was also attended by interested employees. During the meeting a committee was established with Mr W.C. Stone appointed as secretary. Dr John Thomson, a Surgeon-Major with the Army Ambulance Corps and the founding medical officer with Queensland Railways, offered to provide a series of free lectures to interested employees. On 12 October 1892 the Railway Commissioners formally approved the establishment of first aid classes within Queensland Railways and committed £10 to each class formed, provided the participants conformed to the rules of and joined the St John Society. The first class commenced in December 1892 and attracted 85 applications. Thirty employees from the organisation's traffic, locomotive and enginemen's branches were selected to attend.

Since then thousands of men and women have served the organisation with continued dedication, loyalty and distinction. The Corps, in conjunction with the Order of St John, the Army Ambulance Corps, and the City Ambulance Transport Brigade (now the Queensland Ambulance Service), was among the first organisations dedicated to the advancement of first aid in Queensland. By 1992 the Corps has grown from humble but enthusiastic beginnings to a membership today of nearly 650 practising ambulance attendants throughout the various groups. During two world wars, when railway personnel played essential roles on the home front, railway-trained first aiders were acclaimed by the Army Medical Corps as the best in the service.

In 1902 the name 'Railway Ambulance Corps' was adopted. In 1914 the QRAC committee was re-formed. Mr J W Davidson then became the first chairman and Mr A Price was appointed as the first ambulance officer and 'Queensland' was added to the title. At the same time as the 1914 classes, annual first aid competitions were introduced to provide the members with an opportunity to test their skills in a competitive environment. This initiative has been particularly successful and today more than 150 Corps members compete at the national and State railway ambulance competitions each year.

In 1918, an approach was made by Mr Barrett, the honorary secretary the St John Ambulance Association Queensland Centre, for the QRAC to become part of the St John organisation. Although this initiative showed early promise it failed to eventuate. Strong links between the two bodies were nevertheless maintained.

Volunteers, that is railway employees who have given up their free time to attend classes, participate in competitions and/or instruct, have over the years made up the nucleus of the Corps movement within Queensland Rail. It is as a result of their dedication and skill that the Corps has played such a prominent role in the history of first aid in Queensland. Over the past 100 years, the Corps' members have worked closely with the St John Ambulance movement and the Queensland Ambulance Transport Brigade (now Queensland Ambulance Service), resulting in the development of internationally recognised first aid standards. The appointment over the years of QRAC members as honorary or permanent ambulance bearers and officers of the Queensland Ambulance Transport Brigade and senior positions in St John Ambulance is testimony to the close relationship between the three organisations.

As stipulated by the railway commissioners at the time of its establishment, the Corps had closely tied its first aid programs to the standards and policies of the St John Ambulance Association, St John's Gate, Clerkenwell, London. Upon the St John Ambulance Queensland Centre being established in 1909, the Queensland Railway Ambulance Corps adopted the locally set standards and policies. The first aid instructors and assistant instructors who conduct today's classes hold instructional accreditation with St John Ambulance Australia (Queensland). The Corps responded quickly to St John's changes and in 1986 introduced a special first aid instructors training course to meet the new criteria. QRAC personnel who satisfactorily completed the course and were active in first aid classes were, after careful selection, subsequently appointed by St John Ambulance to the positions of Instructor in First Aid or Assistant Instructor in First Aid depending upon their experience.

Participation in team and individual first aid competitions has been a valuable means of preparing QRAC members for the practical application of first aid in the work place. Annual competitions at both regional and State levels have been held since 1914. National competitions for railways employees have been conducted annually since 1920, the competitions being hosted by each State on rotation.

(From information provided by Keiran Broad and Paul Niethe and the pamphlet Queensland Rail Ambulance Corps 1892–1992: Celebrating 100 years [Queensland Rail, Brisbane, 1992])

Remembering Leichhardt, Auburn, Parramatta and Blacktown Cadets in the 1940s, 50s, 60s and 70s

I came into the Brigade as a Cadet after going to see the Anzac Day march in 1946, when I was 14. I went with my Dad, who was a World War I veteran, and somewhat overcome by the occasion I fainted while the march was in progress. I was treated by a St John member. It made such an impression on me that I went up to the St John hall near the Leichhardt Town Hall and joined up as a Cadet. In that first year I attended seven parades and if my memory serves me correctly there was an Officer called A.J. Crandon who was in charge of the Cadets, while Bill Clutton was the Superintendent of the adult Division.

My first duty out with an adult was with Jack Doherty at Lambert Park soccer club. Jack and I have been tied together throughout our St John careers. We were together at Parramatta Division and then I transferred up to Blacktown when he started off that Division. Between Leichhardt and Parramatta I had done a stint of duty as Divisional Officer with Roy Sutton as Superintendent at the Auburn Cadet Division in 1952–53.

One of the humorous things that happened when we were forming the Division at Blacktown involved Bob Bryett, who was eventually the Divisional Officer. Bob applied his mind to the sources of money in our area and did some research. He asked that all members be in uniform at 6.30 p.m. behind the Robin Hood Hotel. We assembled, then on the stroke of the half-hour we went in and collected an amazing amount of money for that time. After the exercise Jack Doherty asked why we had to be so exact with our timing. Bob replied that we were just 10 minutes in front of the Salvation Army collectors, and the drinkers were so into their cups that they couldn't tell the difference between the uniforms.

On one occasion when we had a duty at the demolition derby, one particular daredevil was to drive his car through a concrete pipe about 3 metres long with about 5 centimetres clearance on either side of the car. He came over in all seriousness to tell us that if his car should become jammed and catch on fire we shouldn't try to rescue him. I looked around our group and all present were nodding vociferously.

The Blacktown Cadet Division was a very busy one. I can remember one night the adult Ambulance Division was having a District inspection and in the old public school in Flushcombe Road the Ambulance Cadets, Nursing Division and Nursing Cadets mounted an honour guard and there were over 100 uniformed members on parade. The inspecting officers were impressed.

Now, turning to the Cadet Division, I started the Division off in 1962 with a handful of sons of members of the adult Division — Chris and Barry Bryett, Greg Haskings etc. The Division grew quickly and we started to have some success in first aid competitions. We eventually produced two Australian champions — Greg Haskings (in 1970) and Mark Connoley (1976) — whilst I was able to compete at two Australian titles. We won many cups and took our losses with aplomb.

We had a particular affinity with Lithgow Division and spent many weekends with them in either town. We would have a sports day in the morning and a first aid competition in the afternoon with a dance on the Saturday night. The Cadets would be billeted with families in the both towns. It was a great time.

I was appointed Corps Superintendent in 1971 and was given No. 6 Corps as my area. I was aware that Penrith as a town had not had a lot of attention as far as first aid training goes, so I approached the local high school to ask for accommodation for a class. This was agreed to and so advertisements were placed in the papers and notices in the shops etc. On enrolment night we had over 200 people who enrolled and we had five classrooms in operation. We recruited well in these classes, and as a result the Penrith Division was born. I then recruited Stan Coldrick from Blacktown and he moved into the hills area and the Hills Division came into being.

While on Corps staff I had a phone call from Les Carrington, who was District Superintendent, to say that there was a Cadet camp being conducted at Blaxland and he wanted me to come with him to see if this was correct. On arrival there was one male officer in charge with what appeared to be 15 to 20 Cadets, which was in excess of what was allowed by the regulations. Les questioned him on how the Cadets were being fed. The reply was inadequate, and Les replied, 'God dammit man, you will still be making their breakfast toast at 6.00 p.m.!'

They were rich days, and 52 years have gone by in the wink of an eye.

(Paul Fisher, Blacktown, New South Wales, June 1999)

Sunshine Coast Combined Division — an ode

It was in November 1979
when 12 new members stood in line;
the enrolment ceremony then took place.
A new Division had joined the pace.
We held our meetings on a Thursday night,
and learnt first aid until we had it just right;
In scenarios we were taught by only the best,
thanks to the guys from the coast's QAS.
The duties from the past 20 years do vary:
some such as the Tom Quilty Endurance were hairy;
the crowd from the Commonwealth Games we did treat,
But the visit from Charles and Di was neat.
Down the beach we always had fun,
toes in the sand and out of the sun;
but remember the comps at Rainbow it rained,
besides being we wet were entertained.
The commune at Connondale once we did meet;
they invited many people to see their retreat;
a very interesting day by all was had,
but back to the coast and our own little pad.
Until 1990 no building was our own,
finally the New Year came and so did our home.
The second stage was opened in September '95;
our thanks go to all, for our dreams they did strive.
So here's to the St John team who care for the Coast:
keep up the good work where your help's needed most.
Congratulations are sent to you and your peers.
Be proud of the uniform and the last 20 years.
(By Penney Lang, November 1999)

Rescue squads and mobile nursing units

Rescue squads were small, mobile teams of St John Ambulance Brigade first aiders who were available for rapid deployment to disasters at any hour of day or night. They were an enterprise of the Brigade in Victoria during the 1960s and early 70s. This was a period when, in a post-war era of rapid social change, the Brigade was trying to shake off its image of a fusty if well-meaning organisation for amateurs who engaged in mundane, low-level first aid duties. It was also the period when, with peak membership of over 14,600 Australia-wide in 1969 (and 4363 in Victoria in 1970), the Brigade reached its greatest strength both nationally and in Victoria. The rescue squads did much to change the image and foster the growth.

The rescue squads were the brain-child of Max Phelan, a District Officer of the Brigade who had been a foundation member of the Victorian Police Search and Rescue Squad and had started his career as a member of the Caulfield Division. Phelan began forming the squads in 1962 after attending bushfires with Brigade teams at which the deficiencies of the State ambulance service had been apparent. The ambulance officers, he observed, were ill-prepared for such duties: they were inappropriately clothed, had little experience with bushfires and couldn't read the topographical maps for the areas where the fires had occurred. He concluded that what the State needed was a series of mobile units of skilled and appropriately equipped first aiders with highly developed vehicle navigation, map-reading, electronic communications and survival skills who could quickly find their way to wherever the bushfire victims might be. Phelan was later appointed salaried District Superintendent of the Brigade in Victoria. He spent almost six years in the job, August 1968 to July 1974. During these years in particular the rescue squads flourished.

The squads were established in association with existing Brigade Divisions. The first to form was within the Waverley Division in 1962, soon followed by others within the Footscray and Broadmeadows Divisions. The squads appealed greatly to younger Brigade members. Phelan set exacting standards of fitness and first aid knowledge for entry into the squads. Aspiring squad members had to undergo a year's training in bushfire rescue and survival techniques, field hygiene, map-reading and vehicle navigation. They also had to learn

abseiling and cliff rescue and undergo a program of rigorous physical exercise to keep fit. Those who successfully completed the training soon became an elite force within the Brigade. Phelan had them kitted out with a distinctive uniform of white overalls, black skivvy, black webbing belts and high gaiters over army-style boots, and white fibreglass hard hats. As well as the usual Brigade Maltese cross shoulder flash, they also wore their own rescue squad flash. Thus equipped, they looked more like Brigade commandos than the 'Dad's Army' of popular imagination. He also made arrangements with employers for the squad members to be released without loss of pay whenever duty called.

The work of the rescue squads expanded steadily. By 1972 there were 50 squads with a total membership of 600 men and 60 fully equipped rescue vehicles. By then the Brigade women had become involved as well. Led by Mrs M. ('Bobbie') Davenport, they formed themselves in 'mobile nursing' units parallelling the rescue squads. The function of such units was to set up mobile first aid posts to receive casualties already given emergency first aid and removed from disaster scenes by the rescue squads. They then gave whatever treatment might be necessary before transferring their cases to hospital. By serving these functions they released rescue squad members from first aid post duty for work at disaster sites. By 1972 there were 100 women, many nurses, in these units. For them, too, the entry requirements were strict. They wore white thigh-length tunics buttoned at the back, black slacks, berets and shoes — a practical, comfortable uniform allowing freedom of movement — and like the men of the rescue squads they wore both the Brigade and their own shoulder flashes.

Eventually the idea of the rescue squads and mobile nursing units caught on right across Victoria. As well as in the Melbourne metropolitan area and the major provincial centres — Ballarat, Bendigo, Geelong, Mildura, Morwell, Sale, Wangaratta, Wodonga — groups formed in many smaller towns. Eventually the list comprised a roll-call of regional Victoria, with all the following having St John squads or units: Ararat, Benalla, Boronia, Bright, Broadford, Camperdown, Casterton, Colac, Cranbourne, Daylesford, Echuca, Hamilton, Horsham, Kilmore, Koromburra, Lang Lang, Marong, Mornington, Mortlake, Myrtleford, Portland, Rochester, Sebastopol, Shepparton, Swan Hill, Warburton, Warragul, Warrnambool, Wonthaggi, Woodend and Yallourn. There were even three Cadet rescue squads at Waverley, Footscray and Sandringham. The squads and units enabled the Brigade to gain deeper penetration into the Victorian community than it had ever achieved in any State or Territory except those where St John ran the ambulance service. (In the St John 'ambulance' States the opportunity of becoming an ambulance volunteer was always a powerful inducement to potential Brigade recruits.) As the squads and units spread they almost became a cult. *White Cross*, the Brigade's quarterly magazine in Victoria, became an organ trumpeting their praises. Hardly an issue went by without an article by Phelan or letters to him from members of the public lauding the squads' and units' work and his leadership or reporting on his activities. The magazine was indeed his mouthpiece, and he and his chief lieutenant, Harry Woodall (who finished his St John career with the Brigade in Queensland), used it to promote the squads and units within St John and to the public.

A feature of rescue squad and mobile nursing unit life were regular, large scale training exercises involving simulated disasters on a grand scale. These were often held in co-operation with other interested agencies including the fire brigade, police, State ambulance service, coast guard and armed services. Some of these took place in association with weekend training camps, of which there were two annually. The training exercises were a great public relations opportunity for the Brigade. As well as the uniformed and bemedalled Brigade hierarchy, various notable public figures were usually invited along as observers. On one occasion at least the State Governor, Sir Rohan Delacombe, came along to enjoy the spectacle. The Melbourne television channels could usually be relied on to turn up and report favourably on each day's activities. In 1974 ABC television made a special documentary film of an exercise involving a crashed jetliner near Halls Gap in the Grampians, a rugged mountain range in western Victoria, and a bushfire sparked by the plane crash. This was screened under the title 'The White Knights', which invited flattering comparisons with the stirring deeds of the ancient Hospitallers. The large-scale training exercises were good preparation for the serious work of attending real life disasters. The rescue squads and mobile nursing units attended many of these. Here is a cross-section:

- many bushfires, including those at Seymour (north of Melbourne) and Swifts Creek (east Gippsland) in 1965; at Ferny Creek in the Dandenong Ranges and at Shelford and Lara near Geelong in 1968;
- floods at Seymour in 1973 that overturned the town gasometer, requiring the town to be evacuated;
- searches for missing people, including 14 teenagers lost in the snow at Mount Donna Buang in 1966 and the disappearance of the Prime Minister, Harold Holt, in the Portsea surf in 1967;
- rescues of trapped people and animals, including three injured men from beneath

collapsed wall following a fire at the Palais De Dance at St Kilda in 1968, a 273-kilogram horse from a trench at Broadmeadows in 1969, two fisherman trapped on a narrow ledge above the sea at the foot of a 100-metre cliff south of Warrnambool in 1970, and a cyclist who had fallen 15 metres down a mineshaft with his bicycle near Bendigo in 1975.

The most spectacular of the rescues was from the Devil's Den cave system near Claremont north of Hobart in 1968. The trapped person was a 16 year old caver caught by a rock fall in a narrow tunnel 30 metres below the surface. Boulders above his shoulders and across his legs had so firmly wedged him in that no one could prise him free. The Tasmanian police commissioner called for assistance to free the lad from his Victorian counterpart, and the latter asked the St John rescue squads to help. Two members of the Broadmeadows squad, Alan Smith and Edward Briner, flew immediately to Hobart with four experienced experienced speleologists. Together they located the youth, who was trapped below a vertical 'pinch' in the tunnel measuring only 25 centimetres by 46. Briner was the only one who could squeeze through to reach the lad.

After four hours' tense, carefully planned and executed manoeuvres, Briner dislodged boulders pinning the youth with 'porta-power' hydraulic jacks. Much of the time he had to operate upside down, with Smith passing equipment down to him. The youth was then eased through the pinch on a piece of canvas. He was hauled to the surface on a stretcher, some 32 hours after being trapped, and removed to hospital. Briner and Smith later received the St John Life Saving Medal for their heroism.

Other spectacular achievements by the rescue squads and mobile nursing units included rescue and recovery work at the site of the crash of 'Southern Aurora' express train, which collided head-on with another train near Violet Town on 7 February 1969. Nine people were killed and many more injured. About 70 Brigade members rushed up the Hume Highway from Melbourne to help the police and fire brigade free passengers trapped in the wreckage. Stewart Granger of the Footscray rescue squad and Valerie Greene of the Ormond mobile nursing unit later received the British Empire Medal for their efforts. The next year the collapse of the West Gate Bridge across the Yarra mouth in Melbourne on 15 October gave the rescue squads another chance to prove their mettle. Thirty-five construction workers were killed. Members of the rescue squads were among the first on the scene. They worked in close co-operation with police and ambulance officers, crawling under the tangled mass of steel and concrete to locate and treat possible survivors and retrieve bodies. Again two St John workers — Elaine Armstrong of the Ormond Nursing Division and Alan Sparks of the Ringwood-Nunawading rescue squad — received British Empire Medals for their contribution to the relief effort.

The publicity received by the rescue squads and mobile nursing units, and the glamour attaching to their reputation, soon had a noticeable impact on the Brigade's ability to recruit and retain new members in Victoria. In the nine years 1962–70 Victorian District strength grew by 24% (from 3507 to 4363). Over the same period national Brigade strength grew by only 14%. By the end of the decade Victoria was easily the largest District, its strength 32% higher than the next largest District, South Australia.

Despite the great boost they gave to Brigade recruitment, the rescue squads had their critics both inside and outside the Brigade. The internal critics, mostly members of the Brigade's 'old guard' — those who had joined before or during World War II — believed the rescue squads' 'macho' activities were a distraction from the real work of the Brigade. This, they argued, would always be attendance at the mundane and often unglamorous events that for long had given Brigade members most of their work — the Royal Show, Anzac Day marches, the Moomba procession, rock concerts and the football. They also resented the way in which the squad members, with their separate commando-style uniforms, 'hi-tech' equipment, flair for self-publicity and separate meetings and training exercises, had become an exclusive 'in-group'. Then there were allegations of financial irregularities. These centred on the centralised accounting practices that the District introduced. This scheme required Divisions raising funds to pay them into a consolidated District fund. Divisions wanting money for their own projects then had to apply for grants. Thousands of dollars, it was said, disappeared from the fund into private pockets.

Max Phelan, always the driving force behind the rescue squads, quit the Brigade in 1974. Without his impetus the squads and units lost momentum. They survived for a few more years but one by one they disbanded. They had probably run their course anyway, their functions progressively taken over by the State Emergency Service. Established to undertake search and rescue work, this agency rendered the rescue squads redundant.

(Derived from material in Millie Field, 'The Order of St John in Victoria' (unpublished typescript, 1999), pp. 206-33; and the historian's interviews with Peter Burke, John Crennan, Alan Fry, Roy Green, Alan Marshall and Max Penaluna, South Melbourne, Victoria, September-October 1999)

Rosebery

I became the inaugural Divisional Superintendent of the Rosebery Division in the wild, wet mountains of Western Tasmania. Rosebery is a mining town. I joined the Brigade and formed the Division there in 1971 after being persuaded by the Commissioner, Dr Rod Hudson, and Roy Bransgrove, who used to travel up from Queenstown to teach first aid. I remained the Superintendent for 15 years. In the early years we had over 20 members, but the numbers began dropping when the sealed road came in from the north coast. People then started going away to the beach for the weekend, and so there were fewer members available for our duties. One of our keener members was a local nun. She joined after taking a first aid class. She used to come out on public duties like the other members except that she wore her nun's habit. That was fine because, like the rest of us, she wore a black and white 'uniform'. I left Rosebery and moved up here to Devonport in 1986 because I was made redundant at the mine, where I'd been the senior time-keeper. I've continued on in St John, however, because the Commissioner at the time, Ken Milbourne, asked me to join the District staff. I've continued as a Grade 2 District Officer, my job being to manage District finances.

(Bruce Hetherington, Devonport, Tasmania, July 1999)

South Sydney — formerly and in 1999

The South Sydney Nursing Division of St John was formed by Mrs Nettleton in 1935. After passing home nursing and first aid certificates I joined the Division in 1940. We had a great group of volunteers meeting weekly and doing casualty training at Royal South Sydney Hospital and later at Sydney Hospital. We staffed first aid posts at Kingsford Smith airport, Nielsen Park, Maroubra Beach and street parades, including the Queen's visit in 1954. Members always entered the first aid and nursing competitions. Our Officer was Gwen Johnston. During the war Mrs J. Coates and myself were the Superintendent and Deputy Superintendent at the Botany school first aid post and were spending all night on duty when news of the Japanese midget submarine attack in Sydney Harbour came through. Miss Mary Banfield became Superintendent in 1947 then left two years later to marry and live in Engadine. I became Superintendent when Mary left in 1949. A Cadet Division had been formed in 1944 with Miss R. Pelling as Superintendent, and when she left to go overseas I continued her work with the Cadets, who were attached to our senior Division, running our meetings on Saturday afternoons.

(Alma Wright, Botany, New South Wales, July 1999)

A new South Sydney Division

As so many Divisions do, both the South Sydney Nursing and Cadet Nursing Divisions eventually passed into history. The Cadet Division continued until 1958. The Nursing Division lasted another 27 years after that. It disbanded in 1985, the year of its fiftieth anniversary. A new and rather different South Sydney Cadet Division formed in 1997. By then South Sydney was not the suburb it had been 50 years previously. Rather than an enclave of the old Anglo-Celtic Australian working class, it had become ethnically diverse, housing many new immigrant communities.

The Division began as the initiative of Louise Ireland, a young local mother and immigrant from England. From Kirkham in Lancashire, she had arrived in Australia in 1990. Concerned that there were few local amenities for the youth of the area, she decided to do something about it. She approached District headquarters of the St John Ambulance Operations Branch and asked permission to start up a Cadet Division. First she had to undertake the officer training course, which she completed in August 1997, then, permission granted, she set about recruiting members. She did this by inserting notices in local community newspapers and placing invitations to join on public notice boards. She also borrowed Cadets from other Divisions to arouse interest by staging first aid displays in the shopping centres. She set up a folding card table outside the shopping centres on Friday evenings and Saturday mornings, where she sat waiting for recruits to come forward. For several weeks no one approached her table and so she began wondering if she was wasting her time. Then one day Mona Amin, a slim shy young girl from an immigrant family from Iran, came forward and asked if she could join the Division. She brought friends and they brought friends, and soon there were enough for a Division.

The Division opened for business on the day it was registered, Friday 14 September 1997. Fourteen Cadets turned up at the meeting place, the Rosebery Community Centre. As membership increased the Division soon outgrew the community centre. It then moved into the junior school hall at the Gardeners Road Public School, Rosebery, only 1500 metres from Sydney's domestic air terminal. Louise Ireland also recruited an assistant — Terry Crawley, who had grown up in the Cadet movement. He transferred from the Paddington Division in November 1997, and together Louise and he continued building the Division. By 2001, with 36 members attending regularly, it had outgrown the school hall and had moved to the Maroubra Police and Citizens Youth Club.

The Division largely drew its members from recent immigrant groups. Several were from the now much diminished Anglo-Celtic community; the rest were of Chinese, French, Greek, Indian, Iranian, Korean, Malaysian, South American or Vietnamese origin. All wore the St John uniform proudly. The first induction ceremony for the new Cadets took place in the Botany Town Hall, packed for the occasion with proud parents, who had come along in their Sunday best to see their children inducted into an institution unknown in most of their homelands.

The present writer and his wife attended the second anniversary of the new South Sydney Cadets in the Gardners Road school hall on Friday 3 September 1999. We had been invited to the birthday party. After explaining why we were there — as emissaries from the Operations Branch centenary history project — we spent our time chatting to these young members of a very new St John Division. Three of them, we discovered as we ate our share of the cake that Mona Amin had baked, were national first aid champions, and not just once but twice. They were Lawrence Ioannou, Elizabeth Kennedy and Andrew von Konigsmark (from Glebe Division), all 17 and originally from the Marrickville Cadet Division. They had won the teams event at the national Cadet first aid championship in Sydney in 1998, and had then won the title again at the competitions in Alice Springs earlier in the year. All had been sergeants but in the meantime Lawrence and Elizabeth had been promoted to Cadet Leader. In 2001 only Lawrence remained at South Sydney. Andrew had stayed with Glebe and Elizabeth had moved to Adelaide as a medical student.

We came away from the South Sydney birthday party greatly heartened. South Sydney Cadets, it seemed, might be the future face of St John in Australia — a St John spanning Australia's diverse cultural communities, a St John helping newer arrivals integrate into the mainstream society. Louise Ireland, Terry Crawley and their Cadets might not have been aware that they were a promising practical experiment in the sort of multi-ethnic organisation St John could become, but by having formed their Division that is what they were.

(From information provided by Louise Ireland, Eastlake, New South Wales, August 2001)



A South Sydney-Marrickville winning combination: left to right are Sergeants Elizabeth Kennedy, Lawrence Ioannou and Andrew von Konigsmark of the South Sydney and Marrickville Cadet Divisions, 1998. The trio won the national teams first aid competition for Cadets in two successive years, 1998 and 1999.

Tennant Creek

It was not until 1953 that the first St John Ambulance Brigade unit was formed in the Northern Territory. This was the Darwin Combined Division. This Division was followed by others elsewhere in the Northern Territory over the next few years. A Division at Alice Springs formed 1952–53 and was registered in 1954. It lasted only a couple more years before being disbanded. It revived again in 1960–61, but with an entirely new cast of players. Tennant Creek, 910 kilometres south of Darwin down the Stuart Highway and 520 north of Alice Springs, was next. A 'first aid group' formed there in 1961 through the need for qualified personnel to be available in case of an accident at any of the several local mines operating at the time. Its formation followed a visit of a St John man to the Peko mine at the request of the mine manager to run a three-day first aid course, at the end of which the participants were examined and those who were successful issued with certificates. The instigators of the first aid group were Joe Zigenbine and Bill Fullwood, who each graduated from the Peko course. Fullwood had many years' first aid experience with mine first aid and rescue teams in Western Australia. He and Zigenbine enlisted the help of the local fire officer, who had been a St John secretary somewhere else, and he in turn put them in touch with St John people who might prove helpful. All the members of the group they formed had previous experience in St John activities and continued training at various residences around the town. They aimed at becoming the first Division of the St John Ambulance Brigade in Tennant Creek, but their attempts through correspondence with St John in Alice Springs, Darwin and Adelaide were apparently to no avail.

In 1963 Queen Elizabeth visited Tennant Creek. With the large crowds gathered from all surrounding areas to witness this major public event, Zigenbine's and Fullwood's Tennant Creek first aid group set up a first aid post. During the visit the Queen enquired as to why the men 'in whites' on first aid duty carried no St John Ambulance insignia. It was explained to her that the group had been unsuccessful in their attempts to become affiliated with St John. This was noted and a few months later the group was visited by the Brigade Commissioner for South Australia, Dr Harvey Hurst. His visit resulted in the Tennant Creek St John Ambulance Brigade section being registered in July 1963. It later became a fully fledged Combined Division, with Joe Zigenbine as Superintendent,

Bill Fullwood as Divisional Officer and John Tuxworth as sergeant. A shed was then purchased and erected in Noble Street for use as the training hall. This building is still there and is used for the St John Community Care program. The building also housed the ambulance, which was purchased in April 1970 from Ford Brothers for about $3,000. The Division, always staffed by volunteers, has continued providing first aid facilities for public and sporting events in Tennant Creek in most of the years ever since. By the mid-1970s the Division had fallen on hard times. Over the years its strength had fluctuated, membership never climbing above 20. Joe Zigenbine left the district several years before and with his departure the Division went into decline. Bert Pearce, his replacement as Superintendent, and Bill Fullwood soldiered on but both resigned because of ill health in 1975. After lying dormant for a few years, the Division was revived by Glenn Hogben.

On 1 July 1979 the responsibility for the ambulance service in Tennant Creek previously operated by the Department of Health was transferred to the full-time operation of St John. This required the employment of two full-time officers supported by the volunteer members of the St John Ambulance Brigade. The officers were John Hill (now a St John Training Officer in Port Pirie) and Steve Peers (now in Alice Springs as the St John Operations Superintendent for the Southern Region of the Northern Territory). In November 1980 the Division and the ambulance service moved into their new regional headquarters in Windley Street. At present there are 6 full-time officers, consisting of a Senior Centre Officer, a Centre Officer and four ambulance officers staffing four ambulances, one outpatient clinic car and a first aid Caravan. These officers are ably supported by the volunteers of the St John Ambulance Operations Branch. A Tennant Creek Cadet Division was formed in July 1981. This Division consists of boys and girls between the ages of 8 and 18 years who wish to learn first aid and other new skills while helping the community. Some of the members, hopefully, will become our future health care professionals.

The Division continued to experience difficulties. In 1990 it was inspected by the District Superintendent from Darwin, who reported to the Commissioner that its ranks had thinned to the point where it was 'apparently non-existent for all practical purposes'. Ambulance service staff were not always co-operative, the District Superintendent said, because there was 'an element of professional veto of the volunteer principle and its place in the ambulance service'. Fortunately the situation has changed since then and there is now excellent co-operation between the volunteers and the professionals. The Division at present has 15 volunteer members with 35 cadet members. They attend over 50 public functions on duty each year. They also provide back-up for the ambulance service, which currently covers a vast area of approximately 370,000 square kilometres, from Dunmurra to the north and Barrow Creek in the south.

(Alan Caust, Tennant Creek, Northern Territory, March 2000)

Two hours non-stop each way for Divisional meetings

I grew up in Weston, New South Wales, 50 kilometres out of Newcastle. I joined the St John Ambulance Brigade Cadets there in 1943. We used to meet in the local ambulance hall. I moved up into the adult Division when I turned 16, but didn't last long before quitting. More than 30 years later, in 1979, I came back into the Brigade because a young, blind friend wanted to learn first aid. I went with her to do the course in Balmain, Sydney. Debbie Nilsson, the Superintendent of the local Division at Glebe, taught it. As it was finishing she asked if anyone in the class wanted to join the Brigade. I accepted her invitation, but at the end of the year I moved up to Stanthorpe just north of New South Wales border. I wanted to continue my Brigade membership so I joined the nearest Division, which was here at Ipswich in Brisbane's outer western suburbs. I used to drive down and back by car for Divisional meetings mid-week — two hours non-stop each way. It was too hard to come down again for public duties every weekend, so I used to do double shifts of duty at the annual Brisbane Exhibitions to make up my quota of duty hours. I now live at Loganholme, a south-eastern outer suburb, and am on the Ipswich retired list. However, I'm still Divisional treasurer and welfare officer, and I still help out with most of the Division's duty hours.

(Marie Wallace, Ipswich, Queensland, November 1999)

University Divisions

Introduction

University Divisions were a phenomenon of the 1990s. Formed on university campuses, they hoped to capture and utilise the expertise of students studying a range of courses in the health and medical sciences. The first, in 1995, was the University of Sydney Division, of which Sven Nilsson, who grew up in the Glebe Division, was the Superintendent. Nilsson invited the present author to spend an evening with the Division in August 1999, describing how this book would be developed. The experience was like a university seminar, the author being quizzed for an hour and a half on a wide range of topics, from his own qualifications for the task ahead to the veracity of the purported links with the ancient Knights Hospitaller of the Order of St John. The very first question, from a medical student

was: 'In what field did you gain your doctorate; and if it wasn't in medicine how can you be competent to write our organisation's centenary history?' (I responded by explaining that one can write a history of a first aid organisation without being a first aider, but to ensure I understood first aiders' work I had an annually updated senior first aid certificate.)

The Sydney University Division was followed by another nearby — at the University of Technology, Sydney, where a UTS Division formed in 1997. This Division formed within the Faculty of Nursing and all members were either registered nurses or students. The opportunity of working at the Sydney Olympics in 2000 was a major attraction for people joining the Division. District staff welcomed the Division as a means of recruiting more nurses. The third of the university Divisions formed in Adelaide in 1998. Called the Universities Division, it drew its membership from all the city's universities. The fourth, at Edith Cowan University in Perth, formed in 1999, followed by a fifth at the University of New South Wales in 2000. (Readers wanting further information about the Edith Cowan University Division may find it in a paper by a lecturer in the School of Nursing and Public Health at the Edith Cowan University — Martin L. Rodger, 'Evaluation of the introduction of a voluntary first aid service into an institution of health education', 2001.) The following account of one of these Divisions, the one in Adelaide, is by its Divisional Officer, Mark Christie.

www.welcome.to/sjauni

Our St John Ambulance Operations Branch unit, the Universities Division in South Australia, is made up of combined Universities and Technical and Further Education colleges throughout the State. We cater for all types of students including staff. We also have non-students in our Division, for example the partners of student members. At present the Division has 35 members which includes David Schneider (Registered Nurse, Justice of the Peace), our present Superintendent, who used to be a member of the Adelaide Motor Cycle Division, and me, Mark Christie, Divisional Officer. We belong to the Metro North West Corps. Our Division is located at City East Campus of the University of South Australia.

We were registered on the 5 December 1995; we first started recruiting in June 1998; and were formed by David Schneider and Ronan Eaton. The Division was created specifically with the needs of students, academics and staff in mind, in order to allow people involved in tertiary education to become a member of St John Ambulance Australia. We have a wide selection of students studying medicine, nursing, information technology, pharmacy, science and business management, just to name a few.

Our duties are similar to those of most other Divisions, for example Corps and District duties like the Adelaide 500 motor race, the Royal Adelaide Show, the Entertainment Centre, the Adelaide Festival Theatre, sporting events such as Australian and South Australian Football League matches and the major Adelaide horse races, which are all passed on to us via our Corps rostering officer. In addition to the above-mentioned duties, we work outside of our Corps to cover any university concerts or event which that may require first aid cover.

As I'm also the duty rostering officer, I use Email a lot as to send out updates of our duties and general correspondence. Most of our members have Email available to them via their respective campuses. Cathy Gerner, our District Superintendent, tells us our Email arrangements have given us the most highly effective Divisional communication system in the State. We use the Internet, as it is a good way for recruitment, and the presentation of St John and our Division to the world. The Internet also enables us to publish an electronic newsletter informing members and a worldwide general public about our activities. For this we have our own website. Please feel free to visit it soon, and make sure to sign our visitors' book. The address is www.welcome.to/sjauni. If you look up the website you'll discover that it's connected to the St John Ambulance 'Web Ring', which enables you to quickly visit hundreds of other St John websites around the world, and thus discover what activities other Divisions in other countries are engaged in.

(Mark Christie, Flinders Park, South Australia, July 2000)



Frank Haydock, Divisional Superintendent of the Darwin Cadet Band with cadets Jonathan Haslett and Julian Gerste, 2000.

Victoria's biggest 'Division'

I've seen many changes in St John since I joined the St Kilda Cadet Division at the age of 12 in 1943. I lived in Ascot Vale on the other side of Melbourne but St Kilda was the most convenient Division for me to join. I stayed with St Kilda for the next 21 years, finishing up as the Superintendent there. I left because the Commissioner, Doug Donald, invited me to join District staff when one of his other District Officers died. He gave me No. 4 Corps plus the St John Ambulance Brigade Band to inspect. I became District Superintendent in charge of Ambulance [men's] Divisions in 1974 when the previous incumbent, Max Phelan, left. I was the first volunteer to hold the job, all the previous District Superintendents (Ambulance) in Victoria, or at least all those in living memory, having been paid a retainer. I held the position for 9½ years then stepped aside in 1983 because our Commissioner, Frank Poke, wanted my wife Monica to succeed Thelma Peverill as District Superintendent of Nursing [women's] Divisions. I didn't think it proper for a husband and wife to be parallel District Superintendents. I then did project work for the District. I also served on the Victorian St John Council for 30 years from 1969. The District Superintendents' positions changed significantly in 1989 when the national Operations Branch Standing Committee agreed unanimously that a separate District Superintendent for Nursing Divisions was no longer necessary. Instead a new position of Deputy District Superintendent was created, with responsibilities including whatever remained from those of the previous District Superintendent (Nursing).

In my time one of the biggest tasks for the District Superintendent in Victoria was to run the first aid duties at the football matches on the Melbourne Cricket Ground. In the early 1970s the MCG was a heavier duty than now. The crowds were greater (up to 110,000 people at grand finals) and liquor was sold more freely within the precincts, so there were more casualties. We'd have 120 people on duty at the MCG in those times. During one of our busiest duties there three people died within 20 minutes of each other and within a 20-metre radius. They were all heart attack victims; all died almost instantaneously; and all had their families with them. After that experience we ensured that specialist resuscitation teams were always present at the MCG.

Unfortunately, like most other Districts, we in Victoria have seen our membership numbers decline since the high point in the late 1960s–early 70s. It's therefore ironic that the number of people on District staff has multiplied as our membership has fallen. The biggest 'Division' in Victoria would now be District staff. There are now so many people there that comparatively few people are left to do the first aid.

(Roy Green, South Melbourne, Victoria, September 1999)

Comment: Roy Green's above observations on the growth of District staff in Victoria seem to be generally accurate. Thus, in 1970, the peak year for Victorian membership, there were 50 District and Corps staff for 4363 members. In 1999 there were 94 District and Corps staff for 2296 members. The number of District and Corps staff had therefore doubled while strength had almost halved. Comparisons with the other States/Territories in 1999, set out in the table below, indicate that of the five largest States and Territories Victoria had the highest proportion of its membership on District and Corps staff.

District and Corps staff as proportion of membership, 1999

State/Territory	District & Corps staff	District strength	District & Corps staff as proportion of strength
Australian Capital Territory	13	245	5.3%
New South Wales	81	2,840	2.9%
Northern Territory	17	429	4.0%
Queensland	26	826	3.1%
South Australia	101	2,532	4.0%
Tasmania	19	467	4.1%
Victoria	94	2,296	4.1%
Western Australia	13	1,164	1.1%
Australia	364	10,799	3.4%

(Figures derived from St John Ambulance Australia, Annual Report 1999, *p. 15)*

Warners Bay St John Ambulance hall

My name is Mrs Marie Mounter. I'm the president of the auxiliary of the Warners Bay St John Ambulance hall here in Newcaslte. We built the hall in 1975 after eight years of fundraising. We used to raise $2000 a year through an annual fête, princess competition and fashion show as well as tupperware parties and bingo nights. My two sons have both been Superintendents of the Warners Bay Division. Roy was the second Superintendent after Neville Phee and is now the Division's president. Ernie, who's a Serving Brother in the Order, was the third Superintendent after Roy. I'm an Officer Sister in the Order and have also been awarded the British Empire Medal. It was Ernie who obtained the land for our hall from the Lake Macquarie Shire. He arranged a 21-year lease of the land, which was then a block in the scrub.

(Marie Mounter, Warners Bay, Newcastle, New South Wales, September 1999)

I'm Nance Adams. I'm a registered nurse and was a member of the Warners Bay Division for 19 years, until 1990. For most of that time I was the Divisional Nursing Officer but was also the Superintendent of the adult Division for a short time. I also had 15 years as the St John Ambulance training manager for Newcastle. I'm an Officer Sister in the Order and have the Order of Australia Medal as well.

The Warners Bay Division started up in 1949. The founders were a Mr and Mrs Walter, who'd been with the Lysaght's Division in Newcastle, and Beth Phee. They asked Mrs Mounter for help because she had two sons, Roy, aged 12, and Ernie, 8. The Divisions begin with 40 kids meeting in the Warners Bay School. To support the Divisions there was an auxiliary of about 14 members, who used to meet in each other's houses. The local Lions Club helped with fundraising, and raised about half the cash needed to build the hall. The Lions Club and the St John auxiliary raised $8000 each. The Lions then built the hall by voluntary effort in only a year. The auxiliary's latest project has been raising money, over $2000, for a first aid caravan for the Division. That was in 1997. One of the good things about the Division is that the children of some of the original Cadets are now members at Warners Bay.

(Nance Adams, Warners Bay, Newcastle, New South Wales, September 1999)

Western Suburbs: a former Superintendent's recollections

I have been asked to relate a little of the history of the Western Suburbs Division, Sydney, as I knew it. Prior to World War I, 1914–18, and immediately after there were volunteer first aiders at Summer Hill. [A Western Suburbs Ambulance Division of the Brigade was registered on 9 September 1903. It was Australia's fourth Division after the Glebe Ambulance and Nursing Divisions and the Dickson's Factory Division, all three of which had registered in March 1903.] The Division met at Summer Hill railway station. I believe they were known as St John Ambulance. There is a plaque with the names of a number of soldiers who were the early first aiders at Western Suburbs. The plaque is now in St John archives at Marrickville. These men were the backbone of the Ambulance Transport Service which was formed by the New South Wales government in 1919. This was done because of necessity. The volunteers could not cope with the number of people dying during the pneumonic influenza epidemic raging that year. The coffins were stacked on the railway stations and people who were not affected had to wear face masks when they ventured out. With the formation of the Ambulance Transport the volunteers became a thing of the past. About 1930 the Ambulance Transport Superintendent realised that volunteers were very handy to have around, so in conjunction with Mr Charles Shales, a Tramways employee and first aider, they re-formed a Division at Burwood and called it Western Suburbs.

When I joined the Division in 1937 I had the pleasure of meeting an elderly gentleman by the name of Arthur ('Pop') Powell, who used to drive a horse-drawn ambulance in the early days in the area. We had the pleasure of his company until he passed away in his 90s. Charles Shales built up a strong Division and for a number of years we wore the uniform of the Ambulance Transport and were mistaken for the paid personnel. Charles Shales retired because of illness and the Division was then taken over by Doug White, who was clever enough not to stop for too long. John Brookfield followed him, a keen railways first aider and a gentleman. John stayed for a number of years and I replaced him about the time there was a falling out with the Transport Superintendent, so I decided it was about time for us to wear the unmistakable black and white Brigade uniform.

From then on we went from strength to strength. We won several first aid competitions and represented New South Wales in the national championships in Victoria and Tasmania. Our members carried out a great amount of work at the Blaxland camp. I remember a number of us going to Blaxland one Sunday to clear the area prior to the foundations being laid. We were very energetic and cleared an area of small trees and bush and were completely exhausted when Deputy Commissioner Noel Hayton arrived and said we'd cleared the wrong block. We also fenced the whole area, much bigger than it is today, helped in finishing the building, and were there to save it when big bush fires threatened it.

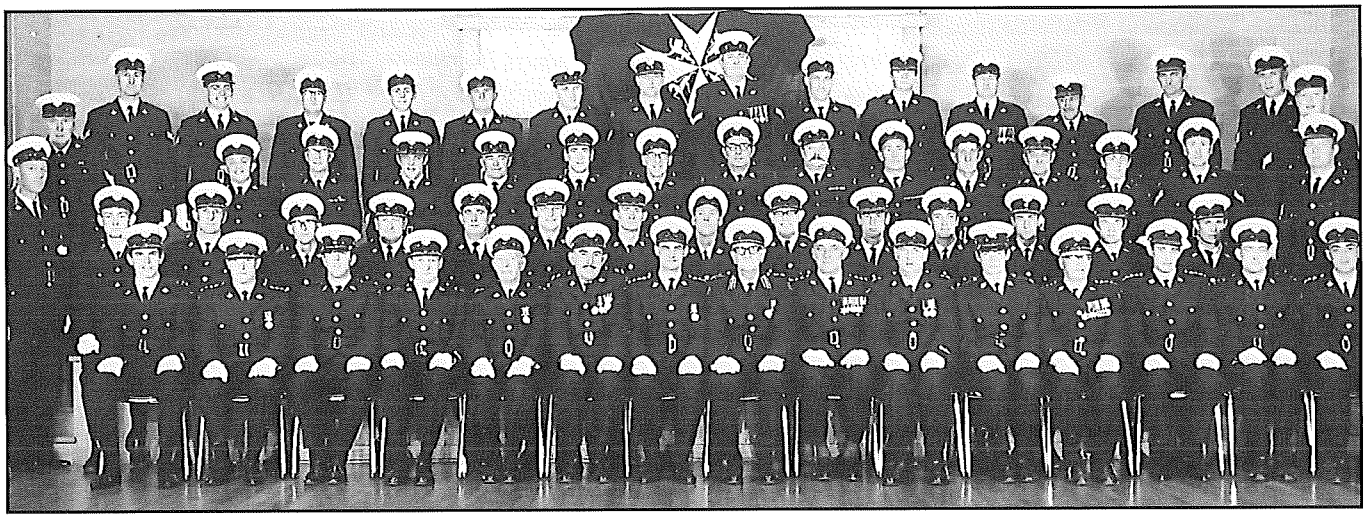
We covered a large number of sporting fields at Ashfield, Burwood, Concord, Enfield, Flemington, Haberfield, Homebush, Petersham, Summer Hill and Strathfield. Our meeting place was in Condor Street, Burwood, at the rear of the Council chambers. We were housed in a wooden shed. When it rained we had to put up umbrellas for shelter. Later the Council provided us with another room, which we cleaned and painted for our comfort. A new building was built later by the Council and a room provided for us there. I believe it is still used by the current Division. It is a palace by comparison with our earlier premises.

We started an insurance scheme to cover our members while on duty, and also travelling to and from duty. This insurance was brought about by a policeman, a chap nicknamed 'Bumper', punching one of our members at a football match. In those days the Rugby League used to give us a mighty donation of one guinea (£1/1/0 or $2.10) an afternoon at Pratten Park, Ashfield, where we'd have four men on duty to cover both the footballers and the crowd.

There were sad times and happy times. Among the best was our reunion held in the form of a dinner-dance at the Burwood Masonic Hall, with members in uniform, visitors in evening dress and all good dancers. It was ballroom dancing then, not like today where they jump up and down by themselves.

I realise that I've forgotten a lot but this is my small contribution to the history of the Western Suburbs Division.

(Victor Wright, Sydney, New South Wales, July 1999)



Marion Ambulance Division, 1967, at that time one of the largest and strongest in Australia. In the front row are no fewer than four Divisional Superintendents. The Superintendent in charge of the Division is K. Hodges (seventh from the left). In addition are the Superintendents of three Cadet Divisions — G. Bone (left end of row) and R. Pritchard and W. Gittins (respectively third and fourth from the right). Phillip Langdon is second row from front, eighth from left; his brother Peter is standing at the right end of the same row.

Williamstown

From the mid-1990s, as increasing numbers of Australians gained Internet access, Operations Branch Divisions began taking advantage of the new medium. Seeing its potential for informing the world about their activities, they acquired 'homepages'. That is, they staked out for themselves their own locations in 'cyberspace' — the enormously vast and rapidly proliferating international network of electronic 'websites' established to purvey information on every conceivable subject known to humankind. By 2000 St John Ambulance Australia had an hierarchy of linked websites and homepages extending from the National Office through the State and Territory Offices and encompassing all four main branches of the organisation — Community Care, Training, Operations and Jerusalem Eye Hospital. Not all Divisions with websites were linked into this network. Many probably preferred the autonomy and instant access that a free-standing homepage gave them.

Among the earlier Divisions to set up its own homepage was Williamstown in Victoria. Williamstown, a dockside suburb on the south-west side of the Yarra mouth seven kilometres from the city centre, was one of Melbourne's oldest suburbs. By 2001 the Operations Branch Division there was 70 years old. Among Victoria's oldest, it had a long, proud tradition. The Williamstown Ambulance Division with 21 members had registered on 9 February 1931. Henry J. Willmott was the foundation Divisional Superintendent and Donald W. Coutts the Divisional Surgeon. A Cadet Ambulance Division with 12 members and Stanley Challis as Superintendent followed on 21 June 1932. Then came an Nursing Division with 16 members, Emily Morgan as Superintendent and Dr Coutts as Surgeon on 18 July 1935. A Cadet Nursing Division — Victoria's first — formed with ten members and Rosina Hicks as Superintendent on

5 March 1947. A Rescue Squad formed in association with the Ambulance Division in 1961. The two adult Divisions combined in 1970. The Cadet Divisions combined in 1978 and survived until 1984. Like most of the early Divisions formed across Melbourne's ring of industrial suburbs, Williamstown had prospered in earlier decades. Numbers then were several times higher than the 15 members who remained in 2000.

Perhaps the decline in numbers influenced the type of homepage that the Division set up for itself. It was a simple one-page statement to tell potential members about the Division. The emphasis was on recruitment and persuading homepage readers to join. It ran as follows:

> St John Ambulance Australia — Williamstown Division
> P.O. Box 544, Williamstown, 3016, Victoria, Australia.
> Tel: 61+3+93976275, Fax: 61+3+98444140
>
> Welcome to the homepage of St John Ambulance Williamstown. We are a small division of about 15 members who give up our time voluntarily to support the community by providing First Aid at their events - either large or small. We meet each Thursday night for about one and a half hours, updating our training and or organising duty rosters for the next few weeks. Anyone interested in joining St John can come down to the St John Hall on a Thursday night which is on the corner of Garden Street and The Esplanade, Williamstown between 7.30 p.m. and 9.30 p.m., or phone: 93976275 and leave a message and your address and we will send you some information. Williamstown has two vehicles — both of them 1988 'Skateboards' as they are called, but they are basically a decapitated Ford station wagon with a very large cabin placed right over the top! We acquired them from the Victorian Ambulance Service in April and May this year. The VAS is a good site of purchase as all their vehicles have been meticulously serviced!
>
> When you join St John, we fit you with the distinctive Black and White uniform complete with a black Akubra broad-brimmed hat! We will train you in First Aid. We are particularly looking for Doctors and Nurses to join our division at the moment, and are also looking to recruit a someone to take over the position of Divisional Treasurer. Any enquiries should be directed to the Divisional Superintendent — Mr Stephen Aitken — Telephone (03) 93976275.
>
> There are many benefits extended to members of St John — free first aid training, the opportunity to meet people and also entry to events such as the Royal Melbourne Show and the most popular concerts, for example Take That, Pink Floyd, Phil Collins, John Farnham etc for free.
>
> Join now. Phone for an application form and brochure: (03) 9397-6275.

Sadly, the thrust into cyberspace and the emphasis on recruiting could not save the Division. Numbers continued declining. By mid-2001 only two members remained, both elderly and ailing. The Division, it seemed, would disappear soon after 70 years of serving the Williamstown community. One positive outcome could be retrieved from the Division's collapse. This was the conversion of its Divisional hall into an archive and museum for the Victorian St John Ambulance branch. As Victoria is the oldest St John branch in Australia, with records dating back to 1883, this was a welcome development. It also preserved the hall, a municipal council property, for continuing St John use.

(From Williamstown Divisional records held in the Operations Branch State office, South Melbounre, Victoria; and the Williamstown Divisional website <http://www.ozemail.com.au/~ryanwwgs/sjaa/index.html>)



Skye Bowey (left) and Paul Maybank dressed in old uniforms bringing in a cake to celebrate 40 years of continuous St John Ambulance service to the Alice Springs community, 2001.

Woodville

Woodville is an industrial suburb 7.5 kilometres north-west of Adelaide. St John Ambulance commenced operations in the Woodville area when an Ambulance [men's] Division of the Brigade was registered on 17 November 1934. The Ambulance Cadet Division followed on 22 June 1937. Later, the Nursing [women's] Division formed on 17 July 1943, lapsed in 1947 and re-registered in 1963. The Nursing Cadet Division was formed on 21 November 1947.

During those early years the four Divisions met at various separate locations throughout the Woodville area. The Ambulance Division commenced in a small building, now demolished, at Shearer's factory in David Terrace, then in the air raid shelter at Woodville oval and later in the Murree Smith Room at the Town Hall. The Nursing Division recommenced at St Clair House in 1963 and later met at the Town Hall, while the Nursing Cadets were sheltered at Sienna College. The Ambulance Cadets started in the air raid shelter and then moved to St Margaret's Parish Hall. In 1983 all four Divisions were then congregated together and met for the first time under the same roof at St Andrew's Church in Woodville Road. The Woodville Ambulance and Nursing Cadet Divisions were amalgamated in 1988.

In 1984, the then Woodville Ambulance Division, acquired with the aid of the Woodville Lions Club, an 'Em-Care' ambulance [a locally designed and produced 6-wheel vehicle] and fitted it out to be used as a mobile first aid unit. With the annex fitted to it, an operational multi-treatment first aid station can be set up on site.

In 1989 the former Scout Hall at 9A Bower Street came up for auction and the St John Council made a successful bid to purchase the facility. When the Council had made the necessary structural repairs and erected the security fencing, the building was handed over to the Woodville Divisions with a certain amount of paint. After nearly 1000 hours of voluntary effort by the Ambulance Division and numerous other hours by the Nursing Division and the Cadet Division, the premises was transformed into the well-maintained, spacious and utilitarian facility you see today. Without the generosity and sponsorship from our loyal supporters, this final effect could not have been achieved .

On 1 November 1993 came the amalgamation of the Woodville Ambulance and the Woodville Nursing Divisions to form the Woodville Division. This was an event which shows the progress that the St John organisation has made in just one local suburban area. During the last 12 months the Woodville adult and Cadet Divisions have put in many hundreds of duty hours and have treated some 126 casualties at various venues in the Woodville area as well as attending functions such as the Royal Show, Grand Prix, the John Martin pageant, concerts at the Entertainment Centre, Clipsal Power House and the Anzac Day parade to list just a few. From our example, you can see how in both peace and war, the long St John tradition of community service has been maintained and continues.

(from Divisional history by Jeff Herbert, Woodville, South Australia, 1995)



Townsville Nursing Division, among Queensland's earliest Divisions, 1953.

Chapter 7

JOINING ST JOHN AMBULANCE

Introduction

People join St John Ambulance for many reasons. Asking Brigade and Operations Branch members 'How did you come to join the organisation?' will produce almost as many responses as there are present and former members. Yet despite the variety of motives and circumstances their answers might reveal, there would be common themes. Eight such themes would be these:

- Some recruits are inveigled into membership by family or friends, a little reluctantly perhaps, but eventually the importance of 'the work' seizes them and their commitment is secured.
- Others come for mainly utilitarian, mercenary reasons. They need a first aid certificate as a qualification to help secure a job; but they stay on, joining Operations Branch to polish newly acquired skills.
- Some recruits are shocked into joining up. Often they have witnessed an accident in which they felt helpless to offer effective help because of their ignorance of first aid. In some cases an accidental death shamed them into learning first aid.
- Others come because they've always had an interest in medical and health studies but, having entered jobs outside these areas, see an Operations Branch involvement as a means of developing their interest further.
- Some recruits enter for altruistic reasons, driven by a sense of obligation to serve the community. Similarly, others, and often this is the case with medical and health care professionals, will see the organisation as a vehicle for extending professional competencies while giving back to the community something in return for what it has invested in their training.
- There will be others perhaps (though they might be unlikely to admit it) who view the organisation as a means for affirming their own sense of self-worth and/or for gaining status, prestige and power that might not otherwise be available to them.
- Some serve the organisation for a lifetime, often having joined a Cadet Division while still at school, and by the time their school days are done being a St John volunteer has become so much a part of their lives that they'll remain around the organisation until they die;
- And for others it is an odd, quirky chance occurrence that secures their interest.

Sixty answers to the question 'How did you come to join St John?' now follow. Many follow one or more of the themes just mentioned. Each is like a single tile. Together they occupy but a small corner in a vast, variegated mosaic sweeping on through the twentieth century.

A 'disease' that's hard to shake off

In 1944 the most of the boys I knew belonged to the Boy Scouts; however, Mr Howard ('Dutchy') Hollands started a St. John Cadet Division at Colonel Light Gardens in suburban Adelaide and my older brother Lance joined. After completing a preliminary first aid course, Lance came home with this fabulous uniform comprising a grey flannel shirt with a V-shaped double-breasted front, black trousers with a white stripe down the seam and a Tam O'shanter cap with ribbons and a pom pom. I was SOLD. Mr Hollands and his Divisional officer Mr Harry Engel managed to influence their charges so thoroughly that teams from the Division won the State competitions 12 years in a row and thus having been infected with the St John 'disease' I still have not managed to shake it off 55 years later.

(David Heard, Murray Bridge, South Australia, June 1999)

A fall from the jumping castle

When I was about eight years old I was attending the fête of my local primary school. I was on the school's jumping castle when I fell and badly jarred my arm. My parents took me to the St John Ambulance post and I've never left. That was in 1991, almost ten years ago.

(Simon Puckett, Latham, Australian Capital Territory, December 2000)

A husband-wife St John team

We're a husband-wife St John team with experience in the Brigade and Operations Branch in three State Districts. Nola was originally a Queen's Guide in Ipswich, Queensland, and loved the badge work on first aid and nursing. Her father had a St John first aid certificate he had gained through the Railway Ambulance at the Ipswich railway workshops. There was no St John Ambulance Brigade in Queensland at that time. Then in 1950 the local paper announced that a St John Nursing Division would form, but the Division did not get established until the next year. One of the Guide Leaders joined and Nola had to wait for her sixteenth birthday to come in 1952. By 1954 she was ready for competitions and in 1955 was the captain of the team to win the District competitions and in turn to represent Queensland in 1956 at the Australian first aid championships in Hobart. The training was intense and they worked hard to raise money to go. The team won the Sir James Sleeman Shield.

We met in 1959 in a peculiar way. Nola was in the church choir and three airmen came to the services from the Amberley air base. Just the usual chit-chat until one time Dick came in civvies and had a St John Ambulance mufti badge pinned on his coat. From the comment over the badge we found we had many interests in common. Dick had also been in Scouting. We married in November 1962.

Nola's personal history in St John is as follows. She joined in 1952, went up through the ranks and became a Divisional Superintendent in January 1963. When Ipswich Corps was formed she became Corps Officer in June 1965. On transfer to Victoria, she was seconded to Werribee Division 1968–70, then she returned to Ipswich Corps. She became Corps Superintendent in January 1974, District Officer in January 1986, District Officer (Cadets) in June 1986 then in June 1989 District Officer (Welfare), a position she still holds. She has had many great experiences — Captain of the Ipswich nursing competition team, followed by winning the District competitions then going further to win the Australian nursing competitions in Hobart. As Corps Superintendent she opened new Divisions and saw the Corps expand. As District Officer (Cadets) it was a thrill seeing the young members coming forward, conferring with other District Officers (Cadets) and being camp commandant of the International Cadet Camp at Tallebudgera in January 1989. Doing public duty at the Davis Cup doubles matches at the Milton tennis courts in the 1950s, the Commonwealth Games in Brisbane in 1982 and the KISS rock concert were all special experiences.

Nola's St John experiences led her to become a mature student in nursing. In the 1950s she did weekly voluntary nursing at the Ipswich General Hospital prior to attending the St John meetings. She was a secretary in the public service. After we had established our family and when Queensland introduced enrolled nurses, she joined the second group to train at Ipswich in 1973–74. She went on to train as a registered nurse 1976-1979, and was then a psychiatric nurse for 17 years. She received her Bachelor of Nursing from the University of Southern Queensland in 1998.

Dick had always been interested in first aid in Scouting. He became an honorary bearer in the Queensland Ambulance Transport Brigade (QATB) as there was no St John Ambulance Brigade in Brisbane then. After his family moved to South Australia he joined the Whyalla Division, then joined the airforce and got posted to Amberley. Dick's personal history after coming to Ipswich is, briefly, that he rejoined the QATB as an honorary bearer, helped form Ipswich Ambulance Cadets in 1965, first as Divisional Officer and then became the Superintendent before transferring to Victoria in 1967. He then became a private with the Footscray Ambulance Division. After returning to Ipswich in 1970 and discharge from the air force, he became a full-time QATB ambulance officer. He opened the Ipswich Ambulance Division then became Corps Officer (Cadets) in January 1974, and then Corps Ambulance Officer until retiring from the QATB in 1992. He then went into the Communications unit. He transferred to the reserve list in 1999 then retired from Ops Branch in 2000. He retains an interest in the Community Care Branch, however. His many rewarding experiences include training in search and rescue while in Victoria and being leader of the winning team in rescue squad competition. Forming Cadet Divisions and also an adult Ambulance Division was a highlight of his St John career. He managed the Queensland Ambulance Cadet Team in competitions in Victoria. His worst experience was when he was told by a QATB officer not to wear his St John ribbons on his QATB uniform — a hangover from the times when the QATB was paranoid about the St John Ambulance Brigade. He experienced many personal slights about his St John work during his QATB employment and was 'advised' on a few occasions that he shouldn't be in St John as well.

(Nola and Richard Fairhurst, Churchill, Queensland, February 2000)

A participating Dad

My son was recruited into St John Ambulance as a Cadet about 6 years ago when he was in primary school. As a participating Dad, I was involved in many of St John's activities, including being a patient for competitions. I used to be ribbed by some ambos who also helped out, chiding me for not being in the Operations Branch. Well, three years ago I was working in Sydney (and living in Newcastle, travelling backwards and forwards on Mondays and Fridays). I had a free night and enquired of John Spencer, the Commissioner, if there were any Divisions near me, and he put me in touch with Ryde Division. I've been a member ever since.

(Ian Uebel, Mount Sugarloaf, New South Wales, September 1999)

A life in first aid — St John, army, air force and ambulance service

I joined the Parramatta Ambulance Cadet Division of the Brigade at the age of 9 in 1944. Our Superintendent was Mr Len Scott and we had about 65 members. I soon became a very keen first aider and one year I received a book award for being the Cadet who'd done the most public duties that year. When I was 18 I became an honorary ambulance attendant with the Parramatta and Auburn district service. I spent six years 1952–58 as either attendant or driver with three district ambulance services — Parramatta–Auburn, Macarthur and Canterbury–Bankstown. During that period I also trained as a nurse at the Lidcombe State Hospital. I enlisted in the army in 1959 then spent 12 years in the Royal Australian Army Medical Corps in a series of medical units and hospitals. I spent a year 1964–65 as a medical assistant attached to commando companies fighting Communist terrorists in Malaysia. My next overseas posting was as a medical corporal in Vietnam, where I spent most of 1967. At first I was attached to the 5th and then the 7th Battallions of the Royal Australian Regiment, who were both engaged in active hostilities against the Viet Cong and North Vietnamese Army. I finished my time in Vietnam with a posting to the 1st Australian Field Hospital at Vung Tau. I was discharged from the Australian Army at the end of 1971 then moved to New Zealand, where I enlisted in the New Zealand Army Medical Corps. I spent the next 5½ years with the NZAMC and in that time renewed my connections with the St John Ambulance Brigade by serving as a Divisional Officer with the Fendalton Cadet Division in Christchurch. After returning to Australia in 1977 I enlisted in the Royal Australian Air Force as a medical administrative clerk. I was soon posted to Darwin and spent three years there, 1978–81. In that time I joined the Darwin St John Division and trained as a volunteer ambulance attendant. In 1979 I also won the individual title at the Northern Territory District first aid championships. I returned to Darwin permanently in 1987 and immediately linked up with the Darwin Division again. Over the next few years I was promoted to Corps staff and then to District staff as an administrative officer. I'm now back with my Division as its administrative officer.

(Glen Denmeade, Darwin, Northern Territory, March 2000)

A kink for medicine but no money

I've been in St John for 51 years now. I joined the St John Ambulance Brigade in 1948 when I was 17. I had a kink for medicine and had thought of becoming a doctor, but my family had no money for ambitions of that kind. Becoming a St John first aider was an alternative. It soon became a lifetime hobby. I lived in Carlton, which was then a tough working class suburb and not the 'yuppy' place it is now. The Melbourne Division was closest to where I lived, so that was the one I joined. I stayed with the Division for many years, until I went on to the staff of the Melbourne Central Corps as a sergeant-major. I eventually rose to become Corps Superintendent, a position I held for nine years, 1978–86. I then joined the District staff as the co-ordinator of major events. In my time as a District Officer I set up the first aid routines for major duties such as those at the new Victorian tennis centre and the rock concerts at the Glass House.

I wasn't ever terribly interested in gaining promotion up through the Brigade ranks because of my work as a fabric buyer for Buckley & Nunn, the Melbourne retail store. I travelled all over the world as a buyer until Buckley & Nunn were taken over by David Jones Ltd in 1982. My frequent overseas trips would have been an obstacle for anyone in moving up the St John hierarchy. Whenever I was in Britain I used to take time out to visit Brigade Divisions there. I saw St John in action in places like London, Manchester and Glasgow. In Glasgow I remember visiting a soccer match between the great local rivals, Celtic and Rangers. The match was virtually a riot between the spectators from beginning to end. It was interesting to see the first aiders there working the same system that we used at the Melbourne Cricket Ground for Australian Football League matches: in an emergency, such as a riot, the St John first aiders retreat to the first aid room until the police call on them to come out.

I learned my first aid the practical way, attending demanding public duties with the Melbourne Division. The best events for acquiring first aid skills were the bike races at Essendon and Brenock Park near Ferntree Gully. First aiders there always saw plenty of 'blood and guts' stuff. Eventually I learnt to pick a broken clavicle [collar bone] without needing to carry out an examination. A case that caused some amusement happened one Easter at Brenock Park following an horrendous stack-up of riders. We had one of our vehicles parked conveniently outside the nearby Catholic church, St Joseph's. One of our members went to collect it because we were going to need it to treat all the injured riders. The parish priest, still wearing his vestments, came back with the vehicle because he thought he might be needed to deliver the last rites to some of the worst injured. One of the bikers who was lying unconscious on a stretcher, came to just as the priest entered. That really put the wind up him because when he saw the priest he thought he'd been killed.

(Brian Carey, South Melbourne, Victoria, September 1999)

A Queensland Commissioner's life in St John

I've been a Brigade and Operations Branch member for 39 years. My membership goes back to when I was employed as a surgical registrar at the Royal Adelaide Hospital in 1962, during my training to become a surgeon. One afternoon while on duty I could hear an ambulance racing down North Terrace towards the hospital with sirens blaring through peak hour traffic. When the casualty arrived, there was a significant amount of blood on the dressings and on his head, which was coming from a small laceration in the superficial temporal artery. I indicated to the ambulance officer that all he had to do was 'put his finger on the dike' to control the haemorrhage and the drama would have subsided. He suggested that if I did not like the treatment he had given to the casualty, that I should join St John Ambulance to assist in training. Thus I became the Divisional Surgeon for St John Ambulance Hindmarsh Transport Division. This was at a time when St John ran the State ambulance service with paid staff from 6 a.m. to 6 p.m. and volunteers from 6 p.m. to 6 a.m. Unfortunately, this happy relationship progressively declined to where now in South Australia St John is not involved at all with the ambulance service which bears the name of the South Australian Ambulance Service.

On obtaining my fellowship in general surgery from the Royal Australasian College of Surgeons, I proceeded overseas for three years to train as a Paediatric Surgeon. When I was ready to return to Australia, there was no job in Adelaide but one was advertised in Queensland for which I was the successful applicant. We came to Queensland in the middle of 1967. planning to stay for 12 to 18 months before returning to South Australia. The rest is history. We remained in Queensland where I worked as an associate professor in paediatric surgery with the University of Queensland and at the Mater Children's' Hospital and Royal Children's' Hospital, Brisbane until 1998. On turning 65, I was obliged to relinquish my university post but continue as a visiting medical officer, treating the burn injured children at the Royal Children's Hospital.

In South Australia I'd been very involved with the Scouting movement and in coming to Queensland, offered my services to the local Scout group, only to be told 'We have enough leaders'. As a consequence, I moved my enthusiasm over to St John Ambulance. Initially, I was the Divisional Medical Officer for Nundah, which celebrates 50 years of continuous service next year, 2000. I later became the Metropolitan Corps Superintendent before being elevated to the role of District Surgeon. Much to my surprise and delight, in 1990 I was invited to be the Chief Surgeon for St John Ambulance Australia, a post I held until 1996. On my return to Queensland, I was appointed to District Staff as the Assistant District Medical Officer. In 1999, with the appointment of the then Commissioner Dr Vlas Efstathis as chairman of State St John Council, I was offered the post of Commissioner and with great delight, but with much humility, accepted the role to be recycled and become the Commissioner. It is wonderful to be back with people, many of whom I have known for over 30 years. It is particularly gratifying to have the opportunity to take St John Ambulance Operations Branch into the new millennium and into a new era of excellence.

I'm proud to be the Commissioner of St John Ambulance Australia in Queensland. This pride is very much justified by the superb dress, drill and demeanor of the 80 Cadets at the annual State Cadet camp and competitions held at the Bargara Uniting Church venue in September 1999. It was also evident at the annual inspection and church parade held at Government House on Sunday 3 October 1999, when over a 100 Cadets and adults marched on to parade to music provided by the Royal Australian Artillery Band. The band was dressed in their white ceremonial uniforms with gold braid and buttons, worn in deference to their colleagues serving in the East Timor crisis. The Deputy Prior, Major General Peter Arnison, accompanied by Mrs Arnison presided over the inspection, presented the awards and participated in the church service.

(Fred Leditschke, Clayfield, Queensland, October 1999)

Arm broken in two places

I joined St John after Dot Price had come to talk at Clayfield College, where I was a student. St John wanted to open up a Division at the College and were looking for members. I joined. After leaving the college I joined Nundah Division, from there I transferred to Brisbane Central No. 1 Division and then went on Corps staff. My best outcome happened after a young boy about nine years old injured his arm during a football game. The father wanted him to keep playing but I insisted he be x-rayed or I would have no responsibility for the case. The father agreed reluctantly. I saw the boy a week later, and he told me he'd broken his arm in two places. My worst case was a woman knocked over by a car. She suffered a huge gash about 35 centimetres long and 7 centimetres deep. Strangely, there was no blood. I wouldn't move her in case she started bleeding and had an ambulance called. I've often wondered what the outcome was. The times I enjoyed most in St John were the hours we spent training for competitions. We had much fun training together and were all good friends. In the end I was pushed out of the Brigade. Except for that I would still have been in it. I loved it.

(Gail Wann, Chermside West, Queensland, January 2000)

A softening of the military approach

Before I ever joined the Brigade I already knew quite a bit about St John Ambulance. My grandfather, James Dolan Dinmore, had been an honorary ambulance bearer with the Queensland Ambulance Transport Brigade at Ipswich. He went on to become superintendent of the Rockhampton QATB. My own personal link with St John dates back to July 1954, when I obtained my first St John first aid certificate as a medical student. The course was part of my studies in second year medicine after I'd completed compulsory national service military training. My certificate was signed as examiner by Dr Kenneth Fraser, Queensland's first Brigade Commissioner, and the course was taught by Dr Murray Elliott, his successor as Commissioner. I graduated in medicine in 1958 then in 1959 commenced as a resident at the Princess Alexandra Hospital, where I received training as a pathology registrar. In 1960 I joined the Serviceton Division of the Inala Corps as a Divisional Surgeon.

I qualified as a surgical pathologist in 1965 then moved to Western Australia for three years, 1965–67. I had no St John involvement in the West but my career in the reserve army continued. I returned to Queensland in 1968 then had war service as a pathologist in 1 Australia Field Hospital with the rank of major at Vung Tau in South Vietnam. After my tour of duty I continued on in the army reserve in Queensland. I came back into the Brigade in 1976 when the Commissioner, Laurie Parker, recruited me as District Superintendent (Administration). I retained the position under his successor, John Springhall. In 1981 I became Deputy Commissioner under Geoff Gray, John's successor, who had recently arrived from New Zealand as a senior St John officer.

In 1986 I took over as Commissioner from Geoff Gray. The momentum for change he'd begun continued. In Queensland the Brigade had begun as being rather militaristic in its chain of command. In my time with the Brigade the military approach softened at the top. Though some of us had military connections we at the senior level were less interested in regulation and more interested in good administration and a common sense approach to problem solving. Lower down, at the middle and lower levels of management, there was too much regulation, too militaristic an attitude, and this led to fairly rapid membership turnover among those who disliked the emphasis on regulation. During my early years as Commissioner we were anticipating the Brisbane Expo, to be held during the Bicentennial year, 1988. Planning for Expo had commenced in 1984. Expo imposed a very heavy workload on top of all other Divisional and District duties, but 1988 ended up being a very successful year for the Operations Branch, as it was now called. During Geoff Gray's and my periods as Commissioners we allowed and encouraged event organisers to make donations to Divisional and District funds, particularly where we were supporting profitable functions. This allowed equipment to be upgraded and increased. We obtained caravans and various vehicles for the District and Ipswich and Brisbane Central No. 1 Divisions during this period.

I completed my term as Commissioner in 1990. In 1993–94 I spent a period as chairman of the St John Community Care Branch in Queensland but resigned from this position because of increasing responsibilities as medical superintendent at the Princess Alexandra Hosptial. I nevertheless continued to support occasional Operations Branch duties such as the 'Ecka' (Brisbane Exhibition or Royal Show). From 1982 until the present I've been a director of St John Holdings as well as a member of the St John Council for Queensland for most of the time since 1977.

(Peter Nicholl, Brisbane, Queensland, November 1999)

Army, police, accountancy and St John

I was born in England but came to Australia with my family when I was a small child. I grew up in Bayswater, an outer suburb of Melbourne. As a teenager I developed an interest in the armed services, so when I reached 18 in 1975 I joined the army as a reservist. The following year I joined the permanent army and over the next three years, 1976–79, had postings to Toowoomba in Queensland and then Darwin. After leaving the army I joined the Northern Territory police force, where I spent the next three years, 1980–83. In the meantime I'd joined the Casuarina Division of the St John Ambulance Brigade as a volunteer in 1979. As a member of the Division I served as an ambulance volunteer for several years then in 1983 joined the ambulance service as a salaried ambulance officer. Over the next 12 years, 1983–95, I continued working as both an ambulance officer and a Brigade/Operations Branch volunteer. Seeing the need for an eventual change of careers, I trained in accountancy part time from 1990 and then qualified at the end of 1995. I began work as a chartered accountant in 1996 and am now employed in the Darwin office of KPMG, the international accountancy and management consultancy firm. Except for several years' leave to complete my accountancy course and become established in the profession, I've retained my St John connections. I was promoted up through the ranks of the Casuarina Division — to sergeant-secretary, then Divisional Officer and finally Superintendent in 1983. The next year, 1984, I became Corps Staff Officer (Administration). I then had 10 years, 1984–94 as Corps Ambulance Officer, and another year, 1995, as District Officer (Cadets). After my period of leave I returned to Ops. Branch in June 1999 when I was offered the position of District Superintendent. Other Districts have had female District Superintendents and I'm the second woman to have held the position in the Northern Territory.

(Sue Cooper, Darwin, Northern Territory, March 2000)

Bored in a Year 8 music class

My St John connections go back to when I was 13 in 1986. I joined the Merrylands Cadet Division in western Sydney that year. A chance conversation with a school mate led to me becoming involved. We were in Year 8 and were sitting together in a music class at the time. I didn't like the subject much and was bored, so I turned to my mate and asked what he was doing that Friday night.

'I'm a St John Ambulance Cadet, and that's when we have our meeting,' he said. 'Come along.'

I accepted his invitation, liked what I saw and stayed. I appreciated the St John concept of helping people. I soon became so keen that I began attending the Tuesday meetings of the Fairfield adult Division as well as the Friday meetings of the Merrylands Cadets. This worried my mother.

'Aidan, you're spending too much time with St John!' she used to warn me.

I left school at 16, then trained and worked as a wool classer for three years. By now I was so interested in health care I'd decided to enter nursing. I did my nursing training at Sydney University for three years then did my fourth year at the Royal North Shore Hospital, graduating with the Bachelor of Nursing degree. I didn't go nursing when I graduated but instead joined the St John Ambulance Training Branch as a salaried first aid instructor at the State headquarters of St John in Sydney. I soon realised that I needed a teaching qualification too, so I enrolled in the two-year Master of Education (Adult Education) program at the University of Technology Sydney, which I completed in 1998.

In the meantime my career in the Brigade and Operations Branch was moving ahead. I spent 10 years with my first Division, Merrylands Cadets, gaining promotion to sergeant, Cadet Leader, Divisional Officer and Training Officer. Then I transferred to the Western Suburbs Division as Divisional Nursing Officer and earlier this year [1999] was appointed Training Officer of the Holroyd Cadet Division, formed through an amalgamation of my old Division, Merrylands, and the Wentworthville Cadets. I've become an active participant in the Ops. Branch first aid competitions. I won the individual event at this year's State championship and then came fourth at the national championships in Perth. My present ambition is to become State Training Officer for St John Ambulance in New South Wales; but I'm also thinking about training to become an ambulance officer.

I guess I've become what you'd call a first aid 'missionary'. I'm always encouraging people to take first aid training courses and then to go on to the advanced course. I attend all our District public duties — City to Surf fun run, New Year's Eve, Carols in the Domain, Radio Triple J's 'Big Day out', and the big 'Rave' parties. It's not only my mother who worried about me becoming a first aid fanatic. I had a girlfriend once who was always afraid that when we went out together we might come across an accident because I always carry my first aid kit with me and stop to help at accidents.

You ask whether my Year 8 schoolmate, the one who brought me into St John, also became a first aid fanatic. No, he didn't. He dropped out of St John six months after inviting me along to the Merrylands Cadets, probably without ever knowing that our chance conversation in the Year 8 music class launched me on my career.

(Aidan Goldsmith, Sydney, August 1999)

Being a little helper myself

I joined St John because of my father's influence. He joined St John in Ceduna, but I was too young at that time, so I learned as much as I could until I joined the cadets when I turned 11. I saw the enjoyment that he gained from helping people and, being a little helper myself, I just had to join.

(Andrew Paues, Seaton, South Australia, August 1999)

Best dating agency in the world

I'm 24 years old now and have been in St John since I was 15. I found out about St John through a cousin who was in St John in Christchurch, New Zealand, where I was born and lived until I came to Australia when I was 13. I used to stay with this cousin in Christchurch occasionally. Every night when he came home he'd talk about his St John work. When I came to Australia I found that St John was here as well, so I decided I'd join. I rang up St John headquarters here in Brisbane to find out how to become a member. They put me in touch with the Algester Division. I joined the Cadets there but after three months I found that what we were learning about first aid wasn't enough for me so I 'graduated' to the adult Division. My interest in first aid developed fast. It led me into my present job as a pathology assistant at the Princess Alexandra Hospital. I later moved from Algester to my present Division, Moorooka, because my fiancée, who works for St John as a first aid instructor, was a member there. St John is the best damn dating agency in the world!

(Hamish Krammer, South Brisbane, Queensland, November 1999)

Brigade Member Of The Year, Female, 1983

I joined St John Ambulance Brigade on 20 September 1955. My name was then Kathleen Wright and I was a member of the Gladesville Nursing Cadet Division, which was one of the older type girls-only Divisions, and there was a Gladesville Nursing Division, ladies-only, to which we Cadets were expected, encouraged and made to go on duty with. The first duty at Ryde Pool with Miss Pluge was to make sure I could swim, rescue a lady from the pool, carry out an effective resuscitation method. When completed, I then had to walk home three miles in a semi-dried white button through dress. My mother was not impressed with that! Ryde District Hospital was another venue for duty, once you were vetted by the ladies, and this was an interesting way to discover if nursing was your career or not. Making beds and washing bed pans in the sluice room had advantages, and you met very nice people, junior nurses learning the ropes as well. The days were long, but the walk home was good for you.

If one was on duty at a parade, one stood still, no jumping around, and more importantly when one was with Miss Olive Watson, one had to be a lady of impeccable standard. Ollie, as she was known behind her back, and I were on duty on the footpath outside Hyde Park, watching the ANZAC parade wend its way along the street, in a slow drizzle of rain. After a while Ollie requested that I not move, but look into her left ear, as it felt wet. Upon looking, I made the observation that the rain was running from the crown of her hat, down the side of the turn up, and draining into her ear. Thus the water had filled up her ear and was proceeding down her limited cleavage. Of course I laughed, and was told that ladies do not laugh while on duty.

After leaving Cadets I became an Officer at the wonderful age of 19 in 1963. The next year, at 20, I became a Divisional Superintendent. Usually in those days an Officer had to be 21 years of age. In 1970 I became a first aid instructor. Teaching first aid resulted in many thank-you notes from students. One was a dairy farmer who practised his bandaging on his cows, which obligingly stood still while he bandaged them up. He later made newspaper headlines in Perth when he rescued a driver from a burning vehicle, gave him mouth-to-mouth resuscitation, pulled the driver's belongings to safety and told the police that Mrs Miller in Narooma had taught him first aid and he had practised his bandaging on his cows.

First aid duty at Taronga Zoo in the late 1960s and early 1970s is a memory mainly of fingers bitten by the cockatoo, and the smell of possum poo in the first aid post. This was shared with the zoo staff, however it was only St John who knew how to clean the floor, wash the floor and change the linen. Other memorable duties were the Hordern Pavilion with musical concerts, tennis, boxing, drama, and the Showground with Alice Cooper. I wonder if any one can remember him and his gig. ABBA was another gig St John covered, cotton wool was in great demand by the police, St John members, security and gate keepers for plugging the ears to help contain sanity and drown out the noise.

Later, after I was appointed Corps Superintendent, for many years I travelled over 1200 kilometres one-way to visit outlying Divisions. In the mid 1990s it saddened me somewhat to see some Divisions close, as with the restructure of Corps and people, no one was keen to visit these people, and the interest and enthusiasm was lost. Today one town is still anti-St John, a thing that will take a while to shift. Being able to travel around New South Wales to represent the Commissioner of the day in my portfolio on District Staff, Inspections and Administration, has been a pure pleasure. No matter how tired you are from driving hundreds of kilometres, you must smile, and listen to the members, as you are the only District person they will see for 12 to 24 months. Travel for most to annual reviews and parades is a financial burden to them and to their Division too.

In 1983 the Australian centenary of the St John Ambulance Association (now called Training Branch) took place in Melbourne, and I was nominated to enter a competition for the 'Member Of The Year' award. With the help of Betty Stirton and Margaret Hudson, I was coached in etiquette and various other things that were necessary to know, and off to the St John Priory Centenary Conference in Melbourne I did go. There followed an interesting week, as each candidate for each State, both male and female were assessed every day at all functions, a fact that I was not aware of until the Thursday. Friday came, and we were all interviewed and questioned on topics such as knowledge of the Order, the various proficiency subjects required for a Cadet Grand Prior Badge, Grand Prior appointments and then general knowledge. The winner was to be announced at the dinner-dance held in the exhibition ball room in Melbourne on the Saturday evening. The time came when the announcements were made, and Alf Gorrick, also from New South Wales, was named 'Member Of The Year, Male' while I was named 'Member Of The Year, Female'. In time we became known as 'Mr and Mrs St John', titles we still call each other in jest. The District Commissioner for Victoria at that time was the late Dr Peter Bush, and Peter and I danced the night away. Eventually my Commissioner, the late George Killen, went to the microphone to say, 'Would the Commissioner of Victoria please permit the Commissioner of New South Wales to dance with the Member of the Year?' This of course caused a few laughs.

I have so many other interesting things to recall from my life in St John that it's impossible to list them all. I'll therefore conclude by naming just a few of my personal highlights. One was carrying the Cross into the Priory church service in Melbourne in 1998 and again in 1999 in Perth. For me the years 1955–99 were 44 years of great fun and learning. The down side is the many people who die, and you look throughout the photo albums with a wistful look upon their faces, and memories drift around the room as you remember them.

(Kathleen Miller, Narooma, New South Wales, December 1999)

Buried in Albany

I was born in London, grew up in East Ham, then joined the mercantile marine in my late teens in 1947. I saw Australia for the first time later that year on a voyage here aboard an oil tanker, the British Confidence. That trip made a lasting impression on me because my mentor, an Able-Bodied Seaman called Will Hurt, age 53, and one of our apprentices, Geoff Todd, 18, were both killed aboard ship in high seas in the Great Australian Bight. We had been to Portland in Victoria and were on our way across the Bight to Albany in Western Australia when a huge wave washed across the deck and swept them against the pipes. I felt utterly helpless but came to realise later I might have been able to save them if I'd known first aid.

When our ship arrived in Albany, we brought the bodies ashore and they were buried in the local cemetery. I went back there to visit the graves 45 years later, in 1992, while attending that year's Priory conference in Perth. John Pearn [St John Director of Training] took me down there. We met the nurse who had been on duty when the bodies came ashore. She still had the trolley on which they had been wheeled to the morgue, and had placed it in the local historical museum. She had also maintained the two graves. When we visited them I found the names on the tombstones becoming indistinct so I repainted them.

I migrated to Australia in 1949, two years after my first trip, and got a job at the Mount Lyell mine at Queenstown. It was there that I got my chance to learn first aid. After completing my course I was approached by Tom Magee, Superintendent of the Queenstown Division of the Brigade, who was chief engineer at the mine. He told me I was not only going to join his Division but was going to be a member of its first aid team competing in the State championships at Campbelltown all the next weekend. We bombed out of the competitions, but I had a great time. That was the beginning of my 50-year membership of the Brigade/Operations Branch and the wider St John movement.

(Reg Graham, Strahan, Tasmania, July 1999)

Bush fire and a burnt-out fire truck

I've been a member of the Country Fire Service for many years. I came into St John because of the work I'd seen the St John volunteers doing at fires I'd attended. The incident that impressed me the most happened years ago during a bushfire around Houghton in the Adelaide Hills. I was in one of two fire fighting units that escorted a St John vehicle with two first aiders going in to save the crew of a stranded fire truck. The truck was only about 500 metres away from us, and we knew the track well, but because of the thick smoke and bush fire debris raining down on us, it was only a fluke that we found it. When we got there the four crew members were still in the cabin of the truck. Two of them had second degree burns, the driver had third degree burns and the fourth chap was on the floor. The heat was so intense the glass of the truck's windscreen was beginning to melt. We retrieved the four crew members, helped the St John chaps load them aboard their ambulance and cool them down with a fine spray. We then escorted the ambulance to a safe area. Before we left the scene the stranded fire truck burst into flames and burnt out. I spent five days on duty at the bushfire. At the end of that time the ground was still glowing red a foot deep. The heat had been so severe that in one place we found a motorbike that had melted flat. All four crew members of the burnt-out truck survived. I've kept in touch with one of them. He's badly scarred but is otherwise OK. There's no doubt the two St John chaps saved their lives. I was so impressed with what they did I decided to join St John myself.

(Mike Carmody, Woodville, South Australia, June 2000)

Casualties: baby in a hatchback, Lakeside motorway and a cross-dressing parade

I came into St John because of a casualty I had to treat. I was involved in a car accident in which a baby was flung from its seat in a hatch-back model over into the rear section of the car. The baby was knocked about and badly injured, so I carried out on it whatever first aid seemed sensible. When the ambulance arrived, the ambulance officers praised what I'd done and said it had helped the baby survive. I then joined the Nundah Division of the Brigade to learn first aid properly, but that baby remains the best and most satisfying outcome I've had in my time as a first aider.

The worst thing I've seen on duty was at the Lakeside motorway during a motorbike event. One of the bikes drove in front of another, cutting it off. The bikes collided and the rider of the front bike was thrown on to the track. The second bike then rode over his head. My heart went to my stomach as I watched it happen. Fortunately the first rider suffered only minor head injuries, but it gave me the worst feeling I've ever had.

The funniest incident I've ever seen on duty happened at a cross-dressing parade of gay people. One of the participants was a chap wearing such very high heels that he was a little unsteady on his feet. As he went past us he toppled over and injured his ankle. With us there he'd chosen the right place to fall.

(Katherine Adams, Nundah, Queensland, November 1999)

'Cut from ankle to knee': the beginning of a Chief Ambulance Officer's journey

I was at a night club at the Carlyle Hotel in Hobart early in the 1970s. I think the band that night was a local group called the Cravats. What happened that night changed my life. Luckily I had successfully completed a St John Ambulance first aid course, which sticks in my mind because the examiner for the resuscitation section was so short of breath that I thought he might collapse at any time and need resuscitation himself. The night club had a glass dance floor and late in the evening, with most present extremely excited, a young female broke the glass and lacerated her leg. The cut extended from her ankle to her knee. I had never seen such an injury but went to her aid. Initially I held the injury together — with bare hands; no precaution then — and then with pressure and towels. Patrons left and the ambulance arrived and took my first patient to hospital.

I soon became a volunteer ambulance officer with the then Ambulance Board Of Southern Tasmania and in 1976 was appointed to the permanent staff. I was asked if I would be interested in helping a St John Cadet Division that was facing closure. I agreed then met with the four Cadets and their parents. The Division, Claremont Cadet, then grew to 65 Cadets and became the largest in the state. I completed officer training and became the Divisional Superintendent. Later I was promoted to the Corps Staff and then to District Officer Cadets, probably the most enjoyable position one can hold. After six years as District Superintendent I succeeded Dr Alan Grice as Commissioner of Tasmania in 1993, being I think quite young for such a responsibility at 36.

I remained Commissioner of the Tasmania District for five years and after correspondence with the Chief Commissioner Villis Marshall, completed my term early, accepting a position on the National Headquarters Staff as National Staff Officer (Ambulance) and with a change in regulations became the inaugural Chief Ambulance Officer. I accepted without hesitation as the position had been discussed and supported by ambulance officers and health professionals throughout Australia for many years. The creation of the Chief Ambulance Officer position placed the ambulance officer on an equal plain at all levels of the Operations Branch with the medical practitioners and nurses. It was an honour for me personally, and Tasmania had a representative for the first time at National Headquarters. The ambulance officer has much to contribute to the organisation as the recognised provider of prehospital emergency care. I am involved in national training programs and represent my ambulance colleagues at the national level; I advise the Chief Professional Officer and the organisation generally on technical matters; and I liaise with other professional bodies including the Institute of Ambulance Officers of Australia. The knowledge and hands-on experience of ambulance officers places them in an ideal position to assist our members with their practical skills and education.

(Stephen Miller, Launceston, Tasmania, July 1999.)

Entrée from the Guides

My entrée to St John Ambulance was via the Guide movement. I became a Guide leader in 1962. I was then living at Boat Harbour. The area school there wanted to introduce Guiding as an activity for the students. I volunteered to help out and was appointed the captain. About 27 girls joined the group. To maintain their interest we had a mixed program of activities including outdoor pursuits. Because we took them on hikes into the bush, we saw a need for them to know first aid and home nursing. In addition, if we wanted to take them camping some of us would have become qualified in first aid. As a result I took a first aid course in 1963, after which I was asked to join the Brigade. I felt very honoured to have been asked but didn't join immediately. During 1964 I did the St John home nursing course then joined the Wynyard Division in 1965. Since then I've filled every position in the Division — private, corporal, sergeant, Divisional officer and finally Superintendent in 1983. I remained Superintendent for the next 10 years, until I retired in 1993. I'm currently Divisional treasurer. We've never been a large Division. We had about 12 members during my time as Superintendent but there are only about six now. The main public first aid duties for the Division are the national rowing titles on the lakes south of here, the air shows at local airports in the north of the State, doing the make-up for the mock disasters of the civil aviation agency and the annual Wynyard Tulip Festival, which brings 15,000 people into the town.

The highlight of my St John career came when I won the individual title at the national home nursing championships in Melbourne in 1976. That year the team from our Division came second in the teams event. The most difficult thing I've ever had to do in my St John career was to speak at the funeral of Hazel Hope, an original member of our Division, in 1994. She died a hard death from cancer. I was asked to deliver the eulogy both personally and for St John. I was retired by then but I wore my uniform. What made it so hard for me was that through her death I'd lost my dearest friend.

During the larger part of my years with St John I maintained my links with the Guides, working in both organisations side by side until 1988 when I retired from Guides. I was later presented with the highest State award for a Guide — the 'Emu'. I'm proud of that but I'm very proud that my efforts for St John have lifted the organisation's profile in this part of Tasmania.

(Fay Reeve, Wynyard, Tasmania, July 1999)

Went along with Mum as company

I joined St John because my mother did a first aid course back in 1985. I went along with her as company. The instructor thought that I was there only to be company for my mother but I wanted to do the course. Because I was only 10, he had to assess me at my house, but he passed me and I got my senior first aid certificate at the age of 10. He also suggested that I join the St John Cadets, which I did and have been in St. John ever since — a total of 14 years now.

(Simon Walter, Mitcham, South Australia, August 1999)

Dedicated St John people don' t work in expectation of rewards

My name is Monica Green. I've been a St John member for 35 years. I was born in Alexandria in Egypt in 1926. My mother was a nurse from England and my father, an Australian, represented the Dalgety company there. We lived in Egypt until I was 7, then settled in Melbourne. I began my nursing training at the Alfred Hospital here in 1943. I did well in my studies, winning the gold medal award when I completed the course. After that I continued working at the Alfred as a staff nurse. In 1951 I moved to Kenya and then England for 18 months. I joined the Brigade as the District Officer for Cadets in 1964. I came in at that level because I was an experienced nurse and already knew much about the Brigade since my husband, Roy, had already been a member for 21 years. I' d been helping him for several years with tasks like running the first aid competitions.

In 1967 the Commissioner, Sir Geoffrey Newman-Morris, appointed me as the first District Nursing Officer for Victoria. It was a technical, professional appointment, different from that of District Officer (Nursing), which was an administrative position. At the time I was working back at the Alfred again and had two young children. One of my jobs was to work with the District Surgeon, Dr R.J. Southby, to compile a standardised District first aid kit for use at our major public duties at venues like the Melbourne Cricket Ground, the Showgrounds and the Moomba parade. Another job was to institute Corps re-examinations in home nursing. Home nursing wasn't being taught to Brigade members at that time: there was no demand for it because most members saw it as unglamorous. I also became involved with the adjudication of the home nursing competitions at both the State and national levels. In addition to jobs like these I regularly attended all the major public duties, always in my practical nursing capacity rather than as a senior administrative officer. My last appointment was District Superintendent (Nursing), that is the principal administrative officer for the State's Nursing or women's Divisions. I served in this position from 1983 until 1987, when it was amalgamated with the position of District Superintendent (Administration) under the one name 'District Superintendent'. One of my concerns as District Superintendent (Nursing) was that letters of appreciation were never sent to members who'd achieved something worthwhile or who were retiring. I queried my parallel officer, the District Superintendent (Administration) about this. He took the view that he didn't have time to write such letters. 'I do!' I replied.

As well as my administrative work with the Brigade I've had various other St John involvements. During the 1960s I spent three years working as an instructor in the St John public first aid classes under Tirzer Stahl, the secretary to the St John Ambulance Association (Training Branch) in Victoria. I also became involved with national St John committees developing new training programs and manuals. I served on the committee compiling the occupational first aid course, then ran the first of these courses here in Victoria, as well as subsequent refresher days. I was also on the committee which produced the book *Nursing Care in the Home* (1979). I joined this committee after requesting our Commissioner, Dr A.W. Burton, to have me appointed to it. Until then Victoria, which at that time was the strongest Brigade District, hadn't been represented on the committee. Once on the committee, I found myself disagreeing with the majority of other members. I thought the text was too dogmatic, but my view didn't prevail. I think my overall contribution to the project was to improve the standard of the book and thus of home nursing teaching. In the end, however, I was still unhappy with the text and didn't therefore wish to have my name included in the acknowledgements. It's a pity there's no longer a demand for home nursing training because skills in that area remain as important as ever.

In addition to the national committees just mentioned, I've been a member of various State-level St John Ambulance bodies. I was an elected member of the Centre [Training Branch] committee for many years, and I spent three successive three-year terms as an elected member of the St John Council for Victoria. As a Council member it was usually me who asked the awkward questions. On one occasion I set the cat among the pigeons by asking questions about the purchase of a $74,000 4-wheel drive vehicle for the State chief executive for St John. This was something the Council chairman hadn't known about until I started asking questions. I've also been heavily involved in efforts to preserve the St John historical record here in Victoria, which has the longest continuing St John tradition of all the eight States and Territories. In this connection I chaired our historical committee for five years, and as a result of our efforts a small area of our headquarters building has been set aside as an archive. I've been well rewarded for my St John work. I've become a member of the Order and was promoted to Dame of Grace in 1988. I feel very humble to have become a Dame because dedicated St John people don't work in expectation of such rewards. For me it has always been sufficient to have been a worker striving to help the community through St John.

(Monica Green South Melbourne, Victoria, October 1999)

Finding my brother

Seven years ago my family was living in Brisbane. There were five of us in the house — Mum; me, the oldest, aged 15; my brother, 'E', 11; sister, 7; and another brother, 6. One day I was out exploring the neighbourhood by bike with our neighbour and E's best friend, 'J', who was about my age. The other three children had stayed at home watching TV with two children of another neighbour, whom Mum was baby-sitting. While we were out riding, J and I had found a chocolate factory, so we came back home to collect E to show him our discovery. I didn't know it then, but while I was away E had quarrelled with Mum over what channel the kids would watch. He'd been gorging himself on sugary sweets all morning, and as a result was probably a bit hyperactive and argumentative.

When I came home, I couldn't see E so went looking. I found him under the house, half hanging from a rafter with a rope around his neck. His feet were touching the ground but the rope was taking his full weight. How long he'd been there I don't know, but he was unconscious and blue in the face. In hindsight I guess he was close to death because he'd voided both his bladder and bowels. Without bothering about that or really knowing what I was doing, I rushed forward to relieve the pressure on his throat by lifting him. I'd never been able to lift him in any of our rough-and-tumble kids' games, but this time I somehow found the strength. I screamed out for Mum, who rushed downstairs with J. They thought I'd fallen and broken my leg because in getting to E I'd knocked out of the way some of the clutter beneath the house. Fortunately J had a pocket knife that day — something he rarely carried — so we used it to sever the rope.

After we'd loosened the noose, which was a struggle, I left Mum and J to half-carry half-drag E from under the house, then ran upstairs to ring the ambulance. The officer who took the call told me that until the ambulance got there we should sit my brother upright in a chair. We did this and waited. Two ambulances arrived very soon afterwards. While two of the officers were setting up their oxygen equipment, another got a stretcher and the fourth checked E. As he was checking he asked, 'Who found him?' 'Me,' I replied. He then glanced up, looked me squarely in the eye and said, 'You did a fantastic job, love! Your brother should be all right.' They soon had E aboard an ambulance, and as they drove away I began thinking, 'He said "should be" not "will be" so perhaps my brother's still going to die!' I nearly collapsed at the thought of it, and if J hadn't supported me I guess I would have.

My brother spent the next six months in hospital, the first month in an intensive care unit. Because his lungs kept filling with fluid, he had to be kept in an induced coma to enable the drainage and oxygen tubes to function uninterrupted. He eventually returned home after some time in a rehabilitation unit. He could talk but had to learn to walk again and to co-ordinate his other motor skills. He's fine now. He's 18, has completed school and works with his mate J as a porter at a transport terminal. He has little memory of what happened that day, and has no idea what prompted him to hang himself. The only explanation we can think of is that he was depressed about the argument with Mum and, because he'd eaten so many lollies, he'd somehow overdosed on sugar and wasn't thinking clearly.

One good outcome of our horrible day was that we drew closer together as a family. As for me, the experience changed my life. It eventually led me into my present new career by helping me realise I wanted to help other people just as the ambulance officers had helped us. At first I thought I'd like to join the police, so when I struck out on my own by coming to the Northern Territory 18 months ago I took a St John first aid course in preparation. At the end of the course the class members were invited to join the 'vollies' — the local Division of the St John Operations Branch. I did that and was soon 'hooked'. I used my holidays to undergo the training program for ambulance volunteers, and then began going out on the vans. I later applied for admission to St John's Northern Territory ambulance service as a salaried trainee ambulance officer. I was accepted and began just three weeks ago. In my spare time I continue working as a volunteer with my local Division.

('J.B.', Northern Territory, March 2000)

For my pains I was told to f*** off

I was encouraged to join the Brigade as it was then known by the late Roy Trewhella CStJ, a legendary figure in St John history in Western Australia. He came along to the Boulder Boy Scouts to coach us as a first aid team to compete in the inter-district Scout first aid competitions in 1945. I was selected as team captain, and he encouraged me to come along to his Brigade Division, Lake View and Star, to act as a patient during first aid practice. I had to wait four years until I was old enough to sit for my senior first aid certificate. After passing my initial certificate I thought about joining St John. What finally prompted me was being at a local football match, standing behind the goals, when a pack of players leapt to mark the ball. When the dust cleared a Boulder City player lay motionless. I could see his right leg was deformed and he was clutching it in pain. The players called the trainer, who slowly ambled out and began massaging the limb with turpentine. I sang out to the trainer, 'His leg is broken. Call for an ambulance.' For my pains I was told to f*** off. This confirmed my decision to join the Brigade and endeavour to become specialised in trauma and sports injuries, so on the next Monday evening, 27 July 1949, I was at the Boulder fire station at 7.00 p.m. to request an application form to join the Brigade. Now, 50 years later, I'm still with St John.

(Kevin Young, Gosnells, Western Australia, August 1999)

From bandaids to air splints: 53 years as a first aider

I joined the Thebarton Cadet Ambulance Division in 1947, when I was only 10, because a mate asked me to. I stayed with the Division for eight years, until I was ready to join the adults, then transferred to the West Torrens Ambulance Division. West Torrens used to run the police ambulance after hours, but even before transferring there I'd worked on the ambulance because the Thebarton Cadets used to accompany the West Torrens men at night and at weekends when they were operating the service. The police had no first aid training so they'd arranged for the West Torrens Division to provide volunteer first aiders for the ambulance. Traffic accidents and retrieving corpses was the main work for the police ambulance. The police and other local ambulance services were rather rough and ready. Many of the accident victims the police carried were drunks who'd fallen off trams on the journey home: they'd climb in on one side of the tram then fall off the other. The police approach to transport was 'pick 'em up, drop 'em on the stretcher then cart 'em away'. I remember one case like this, a motorcyclist killed by a tram on Henley Beach Road that we picked up and dropped off at the West Torrens morgue. The woman who used to run the Noarlunga ambulance had little first aid training or skill. She'd drive cases as slight as a bleeding nose all the way up to the Adelaide Hospital with flashing lights and sirens blaring. Sometimes we used to pick up as many as three cases from three separate accidents before reaching hospital: we'd have picked up one casualty, then would be diverted to pick up a second case and then again to collect a third. In my time on the ambulances I handled just about every type of injury conceivable — shootings, stabbings, hangings, cot deaths, drownings, people who'd jumped off buildings and others cut up by falling under trains. One case I was pleased with was another motorcyclist, a chap who hit a reversing car on the hill past Elizabeth. He flew over the car and struck the edge of the open garage door, slicing his face open from the chin to the nose and then round to the right ear. He also suffered a broken jaw and smashed teeth. When we got there we found him with the skin peeled away and hanging down in one great flap. I repositioned the skin and held it in place with a towel all the way to the Adelaide Hospital. He survived but probably with bad scarring. The arrangement between the West Torrens Division and the police ambulance lasted until St John took over the police service during the late 1950s. After the changeover, the Division continued providing volunteer crews for the after hours and weekend shifts, the main difference being that we now worked for St John rather than the police.

I had my schooling at the Marist Brothers technical college in Thebarton. After leaving school I trained as a plumber then went into business as a plumbing contractor. I gave the business up because after six of my clients all died within a short space of time I didn't get paid, the money being tied up in their estates. I then joined the railways as a plumber and was eventually posted to Port Lincoln as a works supervisor. I stayed there for 12 years, 1970–82. All that time I worked as an ambulance volunteer with St John, doing the Friday and Saturday night shifts and the Saturday afternoon football. In the meantime I'd also become a railways ambulance instructor, teaching first aid to classes of railwaymen as far away as Kalgoorlie in Western Australia and Alice Springs in the Northern Territory. In addition I used to train teams for and adjudicate at railway ambulance competitions. I've now had 53 years' continuous service with St John; I have the service medal with four gold stars; I was awarded the National Medal in 1973; I'm still a St John first aid instructor, taking both public and Ops. Branch classes; and I was admitted to the Order as a Serving Brother in 1996. I've never sought promotion because I was too busy with my work; and in any case it was the first aid and ambulance work that spurred me on, not the chance of higher rank. I'm now a Divisional Officer at West Torrens, back where I started as an adult member 44 years ago.

(George Mannix, Adelaide, South Australia, June 2000)



Ben Walker of the Sunshine Coast Division dons a life jacket before going on duty at Alexandra Headlands with the Surf Life Saving helicopter, about 1981.

Expelled from the Cubs

I joined St John because I was expelled from the Scout Cubs. After I'd spent 3 or 4 years as a Cub, the Scout leader spoke to my father at the end of the school year, 1956, and suggested that if I could not curb my behaviour, then perhaps I should not return to Cubs the next year. (Unfortunately I was a born 'Ringleader' and as a child could severely try the patience of a saint.) My father who knew that there was probably more chance of growing sunflowers at the South Pole than of me curbing my behaviour said I would not be returning. At the beginning of 1957 I enrolled as a St John Cadet, and even though I was still a 'Ringleader' and pushed my Cadet officer's patience to the limit, I survived my Cadet years, and am still a member of St John today, 43 years later.

(Tim Thompson, Aldgate-Stirling Division, South Australia, July 2000)

First District Ambulance Officer in the Australian Capital Territory

I joined the St John Ambulance Brigade in July 1961 when I had an interest in joining the Canberra Ambulance, which was stationed at old Canberra Hospital on Acton Peninsula, where the new National Museum of Australia is presently being built. (At that time there was no peninsula because it was the year before Lake Burley Griffin started filling.) I was told by Superintendent Alf Grant that I should join the Brigade and get some experience. He also suggested that I could join the Queanbeyan Ambulance over the border in New South Wales as an honorary bearer and that this would help. So my first year was spent getting a first aid certificate, joining the Brigade and becoming an honorary bearer with the Queanbeyan Ambulance, and later that year becoming a full time Ambulance Officer in Queanbeyan. In 1967 I eventually joined the Australian Capital Territory Ambulance service, with which I remained until I retired in 1994. I still remain a member of the Australian Capital Territory District of the Operations Branch.

Anyone who has spent thirty years or more as an ambulance officer like I did will have treated thousands of casualties over a working life, and even more if they've been a Brigade and Ops Branch member as well. My memory of particular cases is somewhat blurred because of my joint membership in the ambulance service and Ops Branch. But the highlights of my career included being appointed the first District Ambulance Officer for the Australian Capital Territory when that position was established. Because of that position I was able to convince the Australian Capital Territory Ambulance Service to include the Operations Branch on the Ambulance Radio Network, a practice still maintained ten years later.

An interesting part of our Brigade work in the Australian Capital Territory in former times was running the first aid post at the Cotter Reserve, a picnic spot outside Canberra near the junction of the Murrumbidgee and Cotter Rivers. This was set up and sponsored by the Department of Interior when my father William Alexander McLaren was the departmental secretary. It was later supplemented by a second first aid post at nearby Casuarina Sands, another picnic spot downstream along the Murrumbidgee. More recently I have set up a Critical Incident Stress Management Program for members of our District. This program is set up to deal with the kind of critical incidents where our members might have to deal with the sort of horrifying incidents and casualties that could lead to post-traumatic stress disorder.

(John McLaren, Watson, Australian Capital Territory, June 2001)

From Cadet to board chairman

I enrolled in the St John Ambulance Brigade on 26 June 1974, aged 13, as a Cadet in the Glebe Cadet Division. The Superintendent at the time was Les Medley and Sven Nilsson was the Cadet Leader. I joined Glebe because I lived there, a few doors away from George Goodrick, who'd been the first Superintendent of the Glebe Cadets when the Division opened in 1926. George took me along to my first meeting at the Division. I was already interested in the Brigade because my family had a St John background. My grandfather, father and uncle had all been honorary ambulance officers with the Central District Ambulance of the New South Wales Ambulance Transport Board. They were also members of the Central Sydney No. 1 Division of the Brigade. Even before I joined Glebe Cadets I used to go with Dad on duty at the Showground speedway on Saturday nights. My two young sons have kept up the family St John tradition. They're both members of the Willoughby Cadet Division. Between us all we must have more than 100 years of collective service in St John.

I didn't remain with Glebe because I transferred to the Balmain Cadet Division, which used to meet at the Balmain Police Boys Club. I worked my way up through the ranks there and eventually became the Superintendent in 1982. After a fairly short time I transferred to the staff of Northern Corps under the Superintendent, Trevor Schwalbach. At the time I was the youngest Corps officer. My next move was to the District staff as deputy to the District Officer (Cadets), Ruth Bray. When our District Superintendent, John Spencer, moved up to the national headquarters staff as Chief Superintendent in 1985 I went with him at his request, becoming staff officer to the Chief Commissioner, Peter Falkland, for two years. One of my first duties in this new position was to help John transport the national headquarters records from Melbourne to Canberra. The records had always been kept in Melbourne because most of the previous Chief Commissioners and Chief Superintendents had been Victorians, but with the 'centre of gravity' now in Canberra the records had to be kept there. The trip up the Hume Highway became a drama when our hired truck loaded down with boxes of files broke down at Euroa, only 140 kilometres out of Melbourne.

After my two years on national headquarters staff, the New South Wales Commissioner, Bruce Kinghorn, asked me to return as District Training Officer, a position I gladly accepted. I remained in the position until June 1993, when there was a reshuffling of positions on District staff. John Spencer returned to the District as Commissioner, Lynne Allen-Brown was promoted from District Superintendent to Chief Superintendent and I was appointed to replace her as District Superintendent.

I've been a member of the State St John Council for the past six years. I joined the council at the end of 1993 by virtue of having been elected Director of Marketing. When Val Grogan's period as council chair was closing I was asked if I wanted to replace her. I was elected and took up the position on 4 June 1998. In effect I'm the board chairman

for St John in New South Wales. As such I preside over council meetings, chair the executive committee and serve on the National Executive Committee of St John Ambulance Australia.

I've was admitted to membership of the Order as a Serving Brother in 1986 and was promoted through the Grades to Commander in 1997. Although my St John career has continued progressing upwards, I've retained my commitment to grass-roots Brigade and Operations Branch service. I'm on the Ops. Branch Reserve nowadays, but I still make a point of going on public duty for annual events such as the Royal Show and the City to Surf fun-run. Participation in events like these helps me keep in touch with the work of our organisation 'at the casualty face'.

(Mark Compton, Sydney, August 1999)

How we got our ambulance was how I joined St John

My St John involvement dates back almost 40 years to 1960. I was appointed principal of the district school at Swansea, a small town on the east coast of Tasmania north of Hobart, where there was no local ambulance. A couple of incidents there emphasised the need for one. First, after a worker with the Post-Master General's Department died from a heart attack his brother took the body to Hobart at night in the back of his utility truck. Three weeks later, when an old chap died from uraemia, no one wanted to take the body into town. In the end the town baker took it in the back of his delivery van. Such events left a sense of disquiet in the community.

About this time we were running a 'popular baby' competition to raise money for the school. At the presentation of the prizes I invited the town warden [mayor] to announce that the competition had raised £1000 in six weeks. In thanking the warden I said that if the community could raise the same enthusiasm for ambulance work as for the baby contest the town could obtain its ambulance. The warden responded to the challenge by saying that if I chaired a committee to train a group of voluntary drivers and attendants he'd chair a fund-raising committee to raise a target figure of £1000. The warden raised his £1000 in two days through a door-knock campaign. That forced me to get a committee together. Our first step was to invite the secretary of the St John Ambulance service, Trevor Jacobs, to come up from Hobart to discuss ways and means for training a group of ambulance volunteers. He said we'd have to start with a first aid course. We all took it and all passed, so Jacobs came back to announce that we'd be a Division of the St John Ambulance Brigade; we'd be called Glamorgan, after the local municipality, which was celebrating its centenary in 1960; and I'd be the Superintendent. We called our vehicle the 'Glamorgan Centenary Ambulance'. At first we housed it in a fowl shed, but later built a proper garage for it, complete with radio tower. I left Swansea a couple of years later when posted to Ringarooma in the far north-east of Tasmania at the end of 1962.

The Glamorgan Division continued on, though the St John presence in Swansea faded after St John withdrew from the ambulance service in 1965. The Division was unique in that it continued running the local ambulance for some time after St John's departure. However, the Division's control over the ambulance progressively weakened because most of the members sided with the ambulance service rather than with St John. This was almost inevitable because about 95% of their work was on the ambulance and only 5% on the Brigade's public duties. The Division still exists, at least on paper, but isn't very active. Its main duties these days are the local football matches and annual fishing contest, which over the years has produced three drownings. Successive Commissioners have been reluctant to close it because it maintains a St John presence on the east coast.

My own St John involvements continued after I'd quit Swansea. At Ringarooma I was promoted to District Officer with control of the Brigade in northern and north-eastern Tasmania. In 1969 I transferred south to Brighton and was appointed District Superintendent. I spent 12 years in that position before being promoted Commissioner in 1981, becoming the first non-medical man to hold it. After six years I passed the job over to Dr Alan Grice in 1987 then took over as chairman of Training Branch, which was in a mess — no one knew who the instructors were. I moved up to become chairman of the State St John Council in 1992 and then its president in 1998. I'm also a member of the Order, and moved up through its grades until being promoted to Knight of Grace in 1986. I never dreamed that my St John career would follow the path it has when, 40 years ago, I invited Trevor Jacobs to tell us how to go about forming a group of ambulance volunteers at Swansea.

(Ken Milbourne, Hobart, Tasmania, July 1999)

I realised I had no idea what to do

As a first year medical student in 1975 I drove past a person who had been struck by a car. He was clearly badly injured and was lying on the road with a circle of people just looking at him. I stopped my car thinking that I should help because I was a medical student. However as I stopped I realised that I had no idea what to do. As I opened the car door, I heard a siren and in my rear view mirror saw an approaching ambulance. I watched them pull up and go over to the patient. Feeling somewhat sheepish I drove off. A few days later a colleague and I went to St John headquarters to see about doing a first aid course. They asked if we wanted to join the organisation. We asked a few questions and one thing lead to another so we joined.

(Bill Griggs, Medindie, South Australia, July 1999)

From the Housewives' Division to the Sunshine Coast Division

I joined St John because I had a very strong desire to be a nurse. I hadn't trained as a nurse but the St John organisation provided an opportunity to gain nursing experience, and so in 1954 I joined Brisbane Central No. 1 Nursing, Queensland's first Division of the St John Ambulance Brigade. This was only several years after the Division had formed, and Minna Cross was the Superintendent. Following training, we assisted in the casualty department of the Royal Children's Hospital in Brisbane. After I'd had nine years in the Brigade, our District Superintendent of Nursing Divisions, Dorothy Davidson, asked me to form Brisbane Central No. 2 Nursing Division — the 'Housewives' Division'. That was in 1963. I was then 33 and a young housewife with four children. The idea was to give Mums like me an opportunity for Brigade service. Often such women were unable to belong to St John because being in the Brigade meant attending evening meetings, which conflicted with their domestic commitments. Our Division therefore met during the day. It was a popular idea because 28 women soon joined. Many were young grandmothers. After I'd put them through a period of intensive training I approached the matrons at the Royal Brisbane Hospital and St Andrew's Hospital to ask if our members could do voluntary work in their hospitals. They agreed. Our arrangement enabled our members to gain practical experience in both emergency and ward nursing as well as on sporting injury duty.

Eventually I was appointed Corps Officer in the Brisbane North Corps. Apart from the many tasks this position required, I organised a Cadet fun camp and competitions. With only two weeks to go before the competitions the manager walked out and we then discovered that very little preparation had been made. I had to arrange everything, which meant working day and night for the next fortnight. Fortunately it all came together, but what a challenge! In 1963 I passed my first aid lecturer's examination then, to build my confidence, I started running courses for Scouts, Guides, Rangers, students at the technical college and also at the University of Queensland. I also trained Aborigines from the outback for work with the Department of Health. With them I found it better to discard the normal pattern of teaching and instead sat in a circle on the floor without our shoes. This approach made them very receptive, and they had no trouble passing their first aid exams. Throughout the years I mostly lectured in St John headquarters, as well as in schools, industry and prisons.

In 1977 my husband died of a massive heart attack. Two years later I moved to Eumundi on the Sunshine Coast north of Brisbane, to the 16-acre block where we'd planned to retire. Only six weeks after moving I drove down to Brisbane to attend to business and visit friends. At 11.00 that night I was driving along the Bowen Bridge Road near the Royal Brisbane Hospital on my way home when a young man drove through a red light and crashed into me. He destroyed my car and caused me serious injury — multiple fractures, dislocations and internal injuries. Six months later I was having my first night out since my accident and was travelling through Yandina with my neighbour on our way home when we saw a blue flashing light on a police car further ahead. As we approached we could see three cars had collided. It was a shocking accident. Eight people out of the 12 involved had been killed. I stopped to assist. It nearly broke my heart trying to find the living among the dead. The survivors were three little boys and the wife of near neighbours. I sent my friend with two of the boys in the first ambulance and explained to her how to care for the boys. I followed in the second ambulance with the female casualty and the third boy, who had breathing difficulties. After returning from the hospital I couldn't eat, sleep or cry for 24 hours, but from my anxiety over what I'd just experienced came something positive: I decided to bring in St John Ambulance on the Sunshine Coast so as to have more people with first aid training living in the area.

It was quite a challenge. The Queensland Ambulance Transport Brigade was far from pleased to see St John extend its influence into the Sunshine Coast, unable to see we were not competing with its ambulances but were providing a community service it would not normally be involved in. I spoke on radio and to the news media, and appeared as a guest speaker at all the service clubs, asking for assistance. We formed our combined Division in Eumundi first but eventually moved it to Nambour for convenience. I then visited the schools throughout the area to promote the idea of a Cadet Division, which we soon formed. Now, 20 years later, it is very rewarding to see the Division growing in strength. As a result of the members' efforts they now have their own building in Buderim as well as a duty van — wonderful achievements. In the early 1980s I moved to Maleny. That meant leaving my Division. I left it in good hands, however, because my daughter-in-law Christine Mackiewicz (now Nielsen) took over as Superintendent. As my experience over the past 45 years shows, St John Ambulance provides an avenue for both personal growth and community service. I consequently take the St John mottoes — *Pro fide* [for the faith] and *Pro utilitate hominum* [for the service of humanity] — very seriously because St John members do serve God by caring for their fellow citizens.

(Beb Walker, Fortitude Valley, Queenland, November 1999)

From Nundah Division to National Headquarters and back again

I came into St John Ambulance because of a conversation on a train in 1951 when I was 21. I used to work for the Gibbs Bright company as a clerk, which required travelling from Nundah to Brisbane by train each day. One day one of the other regular passengers, Wendy Keene, was reading a first aid manual. When I asked her why she was reading it she said she was a member of the Nundah Nursing Division of the St John Ambulance Brigade and needed to study it continually to improve her knowledge. My mother had been a nurse and an uncle had worked in an Army Medical Corps casualty clearing station in France during World War I, so I was already aware what first aid was about. In responding to my companion's explanation I said I should learn first aid myself. She then invited me to her Division's next meeting, the following evening in the local scout hall. I accepted the invitation, turned up at the scout hall, where the 20 people present were mostly young women about my age, joined the Division then enrolled in a first aid course.

My membership of the Nundah Nursing Division enabled me to go one step further by becoming a nurse. I began my nursing training at the Brisbane Hospital, and completed the course in 1957. After graduating I spent a year nursing at the Queen Victoria Hospital in Melbourne, then returning to Brisbane in October 1958 I secured a position in the children's ward of the new St Andrew's War Memorial Hospital. I was offered a job in the maternity wing but refused it because I preferred paediatrics. In 1960 I did a 6-month course in maternal and child welfare nursing. After that I spent 15 months at the Valley child welfare clinic then joined the staff of the Brisbane Children's Hospital in July 1962. Except for two spells away undertaking courses at the Queensland branch of the College of Nursing, Australia, in 1965 and 1971, I remained at the Children's Hospital until I retired. In my 33 years there I did, however, fill a number of positions. These included senior ward sister, deputy nursing superintendent and nurse educator co-ordinating the paediatric nursing course.

All through my training and subsequent nursing career I maintained my Brigade connections. After returning from Melbourne in 1958 I linked up with the Nundah Division again and was soon appointed its Divisional Nursing Officer. I remained with the Division until 1969, when I was appointed District Nursing Officer or co-ordinator of the registered nurses in the Brigade in Queensland. The next year I became the District Superintendent (Nursing), that is the officer in charge of the Nursing [women's] Divisions. I was promoted to the Brigade National Headquarters staff as Chief Nursing Superintendent in 1979. I was the third to hold the position, succeeding Dr Frances McKay of New South Wales (who held it 1956–69) and Dorothy Davidson of Queensland (1969–76). Both were hard acts to follow. Frances McKay was an awe-inspiring character, a teacher who'd become a medical practitioner. Even the most formidable of senior medical men in the St John hierarchy feared her. Dorothy Davidson also commanded respect. She wasn't a nurse but an administrator. She'd been the wartime State controller for Queensland of the Voluntary Aid Detachments (VADs), that is the reserve force of medical ancillaries raised by the military authorities. Our foundation District Commissioner in Queensland, 'KB' [Kenneth Barron Fraser], knew her through his military connections and he invited her into the Brigade when he began raising Divisions in the late 1940s. I remained Chief Superintendent Nursing then Chief Nursing Officer for the next eight years, until 1987 when I was succeeded by the late Norma Wreford of Western Australia.

People who, like me, complete a period of service with the National Headquarters and wish to keep serving the Operations Branch in their home States and Territories can create an awkward situation for the District organisation. When they've held the most senior positions available, what to do with them back in their home Districts is sometimes a problem. In my case District headquarters tried to solve it by placing me on reserve — allowing me to remain a member but an inactive one. The Commissioner, Peter Nicholl, didn't want me back on District staff because that would have blocked the promotion of others. I accepted this reasoning. Fortunately another solution soon appeared when Vera Crook retired as Divisional Superintendent at Nundah to live on Bribie Island. At first I asked if I could return to Nundah as her interim replacement, but then I discovered the Division had no Nursing Officer so I requested that position. I was appointed then held the position for the next eight years, until my retirement in 1995. In the meantime I've held other positions in the wider St John organisation. I have been a member of the State St John Council since 1971. I'm also active in the Community Care Branch, of which I was acting State chairwoman for six months during 1996. More recently the Council appointed me as its librarian-archivist earlier this year. Like others who've spent many years working for St John, I've been admitted to membership of the Order of St John and promoted up through its grades. I became a Serving Sister in 1971 and was promoted to Dame of Grace in 1984.

(Beth Dawson, Fortitude Valley, Queensland, November 1999)

Hot in my gray flannel lancer jacket

I joined the St John Ambulance Brigade Cadets at St Kilda in November 1938 when I was 9 or 10. My Dad was a policeman. He thought it would be a good idea for me to join so he took me along to the local town hall, where the Division was being formed. In those days the Brigade used to run casualty stations at the nearby beaches — St Kilda, Elwood, Middle Park and also at Luna Park in St Kilda. We used to patrol these places through the summer. I used to feel very hot in my Cadet uniform of grey long-sleeved flannel lancer jacket and black trousers on those sweltering days when the temperature rose to 104° Fahrenheit [40° Celsius]. I went into senior uniform with the adult Division after I turned 16, two years earlier than normal and without having a senior first aid certificate. The adult Division was short of members because of the war, so it was keeping up its strength by taking in senior Cadets like me. The two big public duties of this period were VE [Victory in Europe] and VP [Victory in the Pacific] Days at the end of the war. Huge excited crowds came out into the city streets. The crush of the crowds was so great that people were being pushed through the display windows of the retail stores in Bourke Street. We treated hundreds of casualties.

I remained with the St Kilda Division for 35 years. I was promoted corporal in 1951, sergeant in 1956, Divisional Officer in 1960 and Superintendent in 1965. After eight years as the Divisional Superintendent I was appointed Corps Officer of No. 1 Corps in 1973 then Corps Superintendent in 1974. I joined District staff as a District Officer Grade III in 1975 and was promoted to Grade II in 1976. My main job as a District Officer was to run the Brigade's Public Services Group, which was responsible for organising the major Statewide public duties. This was the period when the wave of fun runs was starting to rise. Major fun runs were being conducted all over the State. The biggest were the annual Big M marathon from Frankston to Melbourne, which used to attract 6000 competitors, and the Sun Super Run from the Melbourne Cricket Ground to the Flemington Race Course across the West Gate Bridge, with over 20,000 competitors. Events like these were huge logistical exercises for the organisers and scarcely less so for us as the first aid providers because we'd have dozens of first aid teams along the course of the race and at the finish. [Historian's personal interpolation: The one time I gladly accepted treatment from a Brigade member was during the 1982 Big M, my first marathon race. While running through Mordialloc, about half way through the course, the inner sides of my thighs began chafing badly. As I ran past one of the first aid stations a Brigade chap noticed they were becoming red raw. He leapt out with a pot of 'Vaseline' and slapped a generous dollop in my hand. It enabled me to finish the race in relative comfort.] Other major public duties I organised included those for CHOGM [Commonwealth Heads of Government Meeting] when it took place in Melbourne and the State funeral at Scots Church for the former Prime Minister, Sir Robert Menzies, in 1978.

In my 61 years in the Brigade/Operations Branch I've worked under all but one of the 16 Commissioners who've led this District. The exception was Lt.-Col. George Horne, our very first, who was Commissioner 1909-21. In a St John career that long your service is recognised sooner or later. Apart from my Service Medal with eight bars I've been admitted into membership of the Order and was promoted to Knight in 1985. I've also received various non-St John awards, including the Queen's Silver Jubilee medal in 1977 and the City of Moorabbin Citizenship award in 1981, when I was declared the Australia Day citizen of the year. The one I'm most proud of was the meritorious service award I received in 1978 for saving the life of a chap who was clinically dead. His name was Frank Hanlon and he was the head trainer of the St Kilda Football Club. I was on duty at a St Kilda match one day when he suffered a heart attack. The club doctor examined him and pronounced him dead but I thought it worthwhile to try giving him CPR before accepting the doctor's verdict. I got to work on him and eventually revived him. He came to Government House later to see the Governor present my award.

(Merv Goodall, Melbourne, Victoria, September 1999)

'Go off and do a first aid course'

I've now had 35 years in the Brigade/Operations Branch. For most of this time — 30 years — I was a fireman here in Devonport, where I worked my way up to Station Officer; but when I joined the Brigade I was foreman of a local motor body shop. One day a workmate in the body shop was badly injured in a workshop accident. Without really knowing what we were doing, we patched him up as well as we could while we were waiting for the ambulance to arrive. After it had taken him away, we were sitting round in a circle discussing what had happened.

'What a pity we couldn't have done it better!' I exclaimed.

'Go off and do a first aid course, and then perhaps you'll be able to tell us what!' one of the other blokes replied.

That prompted me to obtain a St John first aid certificate. This in turn brought me into the Brigade because at the end of the course we were invited to attend the annual dinner of the Devonport Adult Division to learn more about St John work. I accepted, and was so impressed by what I heard I decided to join. I wouldn't have guessed then, when I was only 29, that I'd end up spending more than half my life in St John, or that I'd become an Operations Branch Corps Superintendent.

(Claire Smith, Devonport, Tasmania March 1999)

How could I say no?

While completing my nursing training in 1958 in the United Kingdom I was very aware of St John and its work but it was not until migrating to Australia in 1961 that I became involved with St John. My husband and I had attended a party at a neighbour's house and the next morning a stranger knocked at our front door and asked if I was the Registered Nurse who had been at the party. When I confirmed I was he said that he was the Superintendent of the local St John Cadet Division and they were desperate for a Nursing Officer. How could I say no? That was the start of my 37 years' active involvement as a uniformed Brigade officer. By 1980 I had been promoted to District Staff Officer Grade 2 and was asked by the then Commissioner to take on the task of billeting officer for the Commonwealth Games being held in Brisbane in 1982. What heartache and joy I had trying to find beds on a home-stay basis for members of St John from Canada, the UK, New Zealand, Malaysia, Papua New Guinea and the various Australian States! Through this project I made many friends at home and overseas that still to this day my husband and I are most welcome to visit. One of these was Margaret Chalmers, a Brigade officer from Edmonton in Canada, who started and runs a local St John museum there.

(Ann Demaine, Fortitude Valley, Queensland, November 1999)

I can't imagine life without St John

I joined the St John Ambulance Brigade at 10½, in 1964 as a member of the Norwood Cadet Nursing Division. It was almost inevitable that I would because my two older sisters and a neighbourhood friend were already in the Division. One of my sisters, Judy Oates, is still an Operations Branch member, too, as the nursing officer of the Blackwood Division. I was a keen Brigade member from the outset. I gained my first aid certificate within my first year, became a sergeant after four years, and then a Cadet leader. My sisters and I had some motivation to become proficient first aiders because we lived on a busy corner in Kensington Park in Adelaide's eastern suburbs. On average one traffic accident a week occurred there, and each time we heard one we'd bring out our first aid kits in case anyone was hurt. The local pharmacist did his bit by bringing out a blanket that he kept in his shop, Often there were casualties, and over the years these included seven or eight fatalities. And now, 35 years later St John has effectively taken over my life. I'm now the District Superintendent, and the time I have to spend on the job leaves me little time for anything else. Last night, for instance, was the first night I'd spent at home in three weeks. There's not much glamour in the job but the friendship and companionship built up with fellow Ops. Branch members, plus the self-satisfaction of knowing that I have the ability to save lives keeps me going. I've been in the Brigade and Ops. Branch for so long now I can't really imagine life without St John.

(Cathy Gerner, Adelaide, May 1999)

I said 'Yes' so I could get away and eat my food

I was hungry not for adventures or challenges. I was starving and it was morning tea time on the ward where I was nursing. I was at the Red Cross shop with an arm full of food — rolls, cakes, yoghurt and milk drinks. When Hazel Goldacre, another nurse and at that time the St John Ops Branch District Nursing Officer, grabbed me and asked me if I wanted to teach first aid, I just said 'Yes' so I could get away from her so I could eat my food. 'Great! Be at Melville Divisional hall at 7.30 p.m. Monday.' Under a cloud of guilt I went along thinking, 'Just one night couldn't hurt. Then I'll bail out.' Ten years later I'm the District Superintendent and I'm still hungry. As proof of this, one evening I was showing our historian (Ian Howie-Willis) around our Divisions, it was 9.45 p.m. and neither of us had eaten yet. St John volunteers are the only army that marches on an empty stomach and also when it is filled with pizza, burgers and chips.

(Terry Jongen, Perth, Western Australia, June 1999)

If I can handle this I can handle being a volunteer

I did a public first aid course in February 1971 because I had a young family and would not know what to do in an emergency. In those days the instructor, Mr Odgers, allowed the men on the course to go on the ambulances with the volunteer ambulance crews as a third man. The first job my crew got was to pick up a body and take it to West Terrace cemetery, strip it of clothing and jewellery and put it into the 'fridge at the morgue. Whilst there we observed a post mortem being performed and I thought, 'If I can handle this, then I could handle being a volunteer in St John'. Looking back I remember that after we loaded the body in the ambulance the attendant, Lee Francis, told me to sit in the back with the body and observe him and if he woke up to let him know. Whenever I see Lee I remind him about the incident, which still brings a laugh. I then joined the Adelaide Motor Cycle Division in June, 1971.

(Alan Hills, Modbury, South Australia, November 1999)

If you can't beat 'em, join 'em.

My name is Max Penaluna. (That's a Celtic Cornish name. The Priory Historian, a student of things Cornish, tells me it means 'end of the estuary'.) I was born in 1935 and I've been in St John for 30 years, so I've been in it for almost half my life. I joined because of my wife, Julia, who'd been a member since 1964. She joined because we had six children. Our youngest then were twins only six months old. Julia was nearly at the end of her tether looking after them and worrying about their health, so one day she said 'I'm going to learn first aid!' She took the St John course at a hall in Glenroy then joined the Broadmeadows Nursing Division of the St John Ambulance Brigade. After that I didn't often see her because she was always off at Divisional meetings and public duties. I thought 'If you can't beat 'em, join 'em'. At the time I was a motor mechanic working for the Royal Automobile Club of Victoria on shift-work, so I was able to do a daytime first aid course. I took it at the St Joseph's Babies Home in Broadmeadows, along with 19 women, mostly mothercraft nurses. I wasn't the only man because two of my RACV mates did the course too. When I completed it I joined the Broadmeadows Ambulance Division. Because of my mechanic's experience I was put in charge of the Division's AB120 model International panel van. It was an ex-Gilbarco vehicle that had been used for servicing petrol pumps at garages all over Melbourne so it had done a million miles. It was used as the Division's rescue vehicle. The Nursing Division also had a well-used panel van, a Morris J2 model. The Division also had a 240-volt generator, ropes and a Neil Robertson stretcher of canvas and bamboo for pulling patients up cliff faces.

The Broadmeadows Division had been set up in 1956 because there was no ambulance station out in that part of Melbourne at the end of Sydney Road. The members used to get calls from the local police and tow truck operators at any time of day and night for assistance with people trapped in vehicles after traffic accidents. They were the 'good fun' days when the Brigade was at its strongest in Victoria. The District Superintendent was Max Phelan, who'd introduced the rescue squads into the Brigade here. He had more than 4000 Brigade members sitting on the ends of their seats waiting for the call to go to some emergency.

I became a Divisional Officer at Broadmeadows in 1971 after doing an officer training course that ran for 13 weeks on Friday evenings. I was promoted to Superintendent in 1974. I held the position for two years until posted to No. 3 Corps (covering the northern suburban area) as Corps Superintendent. I remained in that job for about three years and was then appointed to District staff as 'Operations Group Co-ordinator'. This meant I was responsible for the major public duties and the Brigade's participation in 'Dis-Plan' [the State disaster plan], which involved procedures for handling situations like airport emergencies.

In 1991 I was in the UK and had the good fortune to go on public duty with the Prince of Wales District at a 'Three Tenors' concert. During the duty I saw young Brigade members operating defibrillation machines. I was greatly impressed by this because at that time in Australia only ambulance officers would use them. Another thing that impressed me was that at major duties like the 'Three Tenors' concert the Commissioner was in charge of operations. Again this contrasted with my experience in Australia, where the Commissioner is more often either a figurehead or someone who delegates many 'hands-on' responsibilities to the District Superintendent and other members of District staff.

My role on District staff changed in 1993. I joined the District inspection team, with responsibility for two of the country Corps, covering northern and north-eastern Victoria. I soon discovered that the country Divisions had big problems, especially with recruiting and funding. They were struggling to provide themselves with equipment, supplies and uniforms because they lacked the same access to resources that the metropolitan Divisions enjoy. In addition ambulance officers, the TAFE colleges and various private providers were eroding their market for first aid teaching, making it even harder for them to make ends met. After some time in the inspection team I ended up doing the inspections of all the country Corps except Gippsland. Having been retired since 1995, I've more time than others to visit the country Corps. By the way, the team now has the name 'Standards and Quality Assurance' rather than 'Inspection', which I guess is more in line with modern management philosophy. However, whatever the name the job remains essentially the same — meeting with the Corps staff and Divisional Superintendents at Corps meetings in order to plan my schedule of visits; then, on visiting the Divisions, to check the account books, review the 'troops' on parade, examine the membership and attendance registers, see that the paperwork is in place for the award of service medals and bars and attend to any matters arising from members' personal Operations Branch records. All this requires me to attend two or three meetings a week throughout the year and in most parts of the State.

(Max Penaluna, South Melbourne, Victoria, October 1999)

Joined as cadet bandsman

In 1941 my father, who was a sergeant in a country St John Division, suggested that I join the Brigade as a Cadet and learn to play an instrument in the local St John Ambulance brass band that had formed the previous year. Joining the Brigade was conditional on being taught to play an instrument. There was no Cadet Division at that time but three Cadets, of whom I was one, were duly enrolled in the adult Division.

(Keith Bradley, Dianella, Western Australia, February 2000)

Note: Keith Bradley went on to spend 60 years in the Brigade and Operations Branch. On retiring in 1991 he received the ninth bar to his Service Medal – an achievement attained by only one other Australian, the late 'Cec' Dennis of New South Wales.

Inevitable that I would join

It seemed inevitable that I would join an ambulance organisation as both my father and grandfather were members of the Hindmarsh Volunteer Ambulance and Fire Brigade. However, I had avoided thus far following in their footsteps. I was under some pressure from a young uniformed member of our local ambulance unit, which was known as the Northern Suburbs Ambulance Association. The young person trying to get me interested in joining was Peter Lafsky, who later became Operations Superintendent of the South Australian St John Ambulance Service and a Grade 2 District Staff Officer in the St John Ambulance Brigade.

I joined St John in 1950 and was a volunteer of the Northern Suburbs Ambulance Association. Adelaide at this time had several different ambulance operators besides Northern Suburbs. These were: the South Australian Ambulance Transport Corps Civil Ambulance (a police-sponsored body); a private operator, Joe Myren (a garage proprietor from Frewville); and Cole and Stevens (taxi proprietors from Port Adelaide St John Ambulance Brigade, who specialised in race meetings and sporting functions). All these services operated without co-ordination or radio control. The *Adelaide Advertiser* newspaper was highly critical of the lack of co-ordination of Adelaide's ambulances and on one occasion I attended an accident on the western side of Adelaide which had three different ambulances attending. The *Advertiser* reported that there was an accident about the same time on the southern side of the city and it was about 45 minutes before one service attended.

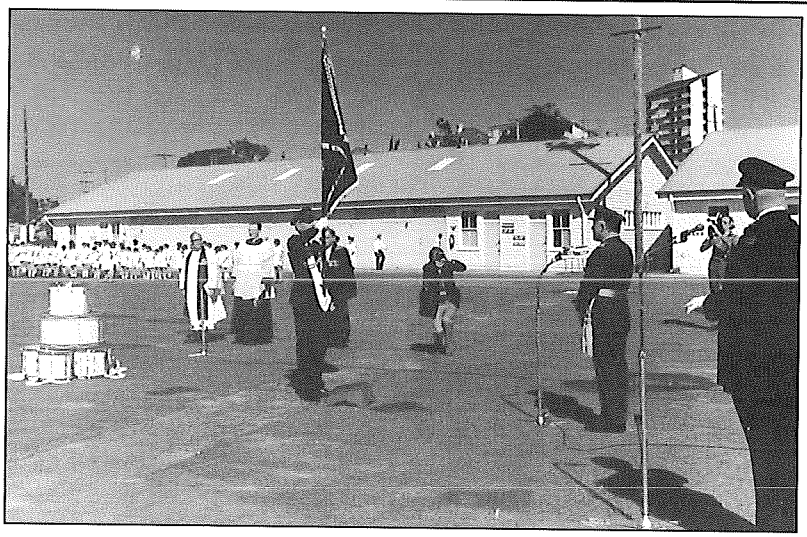
The State Premier, Sir Thomas Playford, eventually entered into a verbal agreement with St John to take control of services and to bring them under central control. Thus on 1 February 1952 I, like all other ambulance volunteers, became a member of the St John Ambulance Brigade. In July 1952 I was the first new employee to be recruited although there were seven paid employees who had previously transferred across in February. The only training required was the possession of a current St John first aid certificate.

The type of medical emergencies and trauma encountered were no different than those looked after so expertly by today's officers. You can imagine our frustrations when we asked the doctors at the hospital what we should do to relieve pain and better manage our patients only to be told to get them to hospital as quickly as possible. Yes, times were different then, emergency patients were not treated in the casualty section of the hospital but whisked away to the trauma ward. Can you imagine a time when there were no disposable syringes or squeeze packs of expander. In those days there were only glass bottles and glass syringes that had to be sterilised by autoclave. Little wonder I became interested in ambulance officer training at a very early stage of my career.

Although there were many milestones along my ambulance training career I am convinced our greatest achievement was the establishment of a national ambulance officer educational committee by the Institute of Ambulance Officers (Australia). Jock Berry, the manager of the St John service during the early 1950s, was responsible for this move. Jock by that time had moved on to take charge of the Victorian Ambulance Service and was secretary of the Institute. In 1974 all State training officers met on a regular basis and worked towards a standard curriculum for Australia. This took nearly ten years and eventually was the basis of the Associate Diploma course now undertaken by ambulance officers in most States and Territories. It is interesting to reflect on the early days when we were trying to achieve commonality. Many times we encountered such expressions as 'We don't do it that way' or 'We have different equipment and our Board would not approve any other'. Fortunately as time proceeded we eventually achieved consensus.

I retired in 1992 after 40 years' paid service. I am still a member of Operations Branch District Staff and currently the Deputy Chair of the State Council of St John in South Australia.

(Vic Kollosche, Findon, South Australia, March 2000)



Presentation and dedication of the District Colour, at Gona Army Barracks, Kelvin Grove, Brisbane, 1974. The officiating chaplains are Rev. Robey (left), Fr. B. McMullen and Rev. Bush (partly obscured). W. Diamond is carrying the colour and Sir Colin Hannah, Deputy Prior of the Order of St John in Queensland, is waiting to receive it. The District Commissioner, Dr Drury Clarke, stands right foreground back to the camera.

Kidney donation, then a blossoming career in St John

I've only been a St John member for two years but I joined through circumstances more unusual than those bringing other recruits to the organisation. I joined because I'd been a recent kidney donor. How I came to be a kidney donor, and for whom, were widely reported in the news media at the time. Here's how the *Courier Mail* in Brisbane wrote up our story:

> *In a world where more and more people are waiting for increasingly fewer available donated organs for transplants, mother of two Debbie Vandenhurk is someone special*
>
> *Last Friday at Princess Alexandra Hospital, she became Queensland's first living kidney donor from outside a family network.*
>
> *Mrs Vandenhurk's only link with the boy who now carries her kidney was her husband Ron, who is friends through work with David Jones — father of the transplant recipient, Christopher, 12.*
>
> *The two men were in the same Amberley-based RAAF mobile radar unit, but it was not until the families were transferred to Darwin last year that Debbie learned more about Christopher's problem.*
>
> *Born with a kidney blockage, and needing major surgery at six months, Christopher has been plagued by renal problems all his life.*
>
> *That did not stop him playing cricket and taking part at the RAAF children's swimming club where Mrs Vandenhurk was voluntary coach.*
>
> *But last year, when Christopher's kidneys finally failed, his father was quick to donate a life-giving kidney.*
>
> *Unfortunately, the transplant was among the 2 percent which fail, because of a renal artery thrombosis, leaving the boy dependent on dialysis.*
>
> *When Mrs Vandenhurk, 36, learned about Christopher's dilemma, she formed the idea of offering one of her own kidneys.*
>
> *'The reaction of both my daughters (Crystal, 14, and Minka, 12) was one word: "Cool". I couldn't have done it without my family's support,' she said.*
>
> *Mr Jones tried to talk her out of the idea, explaining the barrage of tests and assessments she would have to undergo.*
>
> *'I just became more determined. I still wanted to do it mainly just to be able to give him another chance in life,' Mrs Vandenhurk said.*
>
> *Donor and recipient were compatible for the swap, from which Mrs Vandenhurk is recovering well.*
>
> *Christopher's appetite had dramatically improved in recent days and his nephrologist, John Burke, said the kidney was working normally.*
>
> *Princess Alexandra Hospital renal unit deputy director Russell Rigby said that of 800 people dependent upon dialysis in Queensland, approximately 300 were on the transplant waiting list.*
>
> *(Philip Hammond, article headed 'Debbie enters donor family',* Courier Mail *[Brisbane], Saturday 22 November 1997, p. 1)*

Having donated a kidney to Christopher Jones, I'd become acutely conscious of hygiene and health care matters. Before making the donation, on 15 November 1997, I'd undergone six months of medical tests and psychiatric reviews to ensure I'd be a compatible donor and could handle the stress, which is greater for the donor than the recipient. I spent six days in hospital recovering after the donation, and was left with an incision from inside my hip around to my lower back that took 24 staples to bind together. After coming back to Darwin from Brisbane I decided to take a St John first aid course. I did the course early the next year and received my first aid certificate on 1 April 1998. I then joined the Darwin Operations Branch Division. I got the idea of doing so through one of my daughters, who's in the Cadets. Growing more interested, I took the instructor's course at the end of that year and became an accredited instructor. A couple of months later, in February 1999, I was appointed as a part-time instructor. I'd meanwhile become interested in ambulance work, so during 1999 I began ambulance officer training. I undertook Clinical Studies 1, 2 and 3 plus Driving and Communications while I was instructing for Training Branch. In the October I got my Grade 1 accreditation to work on the road ambulances. I'd averaged 88 out of 100 across these subjects, and that earned me the 'Student of the Year' award at the St John annual general meeting. In addition to all of this, I was appointed to the Operations Branch District staff during 1999.

I'm proud of what I've accomplished in St John because I never finished school. I was never a success at school, so I left before the end of Year 10. I've always been upset that I wasn't a success there. I've discovered and developed new talents through St John. St John has brought me out and helped me become successful, so I owe everything to St John.

(Debbie Vandenhurk, Darwin, March 2000)

Lives and careers in St John — in three Districts

I grew up and trained as a nurse in Tasmania then came to Darwin to work in 1970. I joined the St John Ambulance Brigade here in 1972 after it had been running a recruiting campaign. I joined as Nursing Officer with the Darwin Combined Division. Phillip and I moved to Alice Springs in October 1974 and returned to Darwin in April 1975, in the chaotic period when the city was being rebuilt after being flattened by Cyclone Tracy four months previously. I became a salaried St John officer in the Communications branch. This was in the period when the local ambulance service was making the transition from Health Department to St John control. When St John officially took command of the service in February 1976 I became a permanent 'on-road' ambulance officer — the Territory's first salaried female ambulance officer. I was subsequently promoted to Communications Officer and then to Senior Centre Officer. I also continued as a volunteer with the Brigade, and during 1976 was promoted to Corps Ambulance Officer (Northern). In my last two years with the service, 1984–86, I was a training officer. In May 1986 Phillip and I moved to Canberra so I could take up a position as St John's Centre and Training Manager for the Australian Capital Territory. In Canberra I retained my Brigade connections by becoming District Nursing Officer and Operations Manager for the Australian Capital Territory District.

After six years in Canberra we returned to Darwin, where I gained a nursing position in the accident and emergency branch of the Darwin Hospital. I continued with St John as the Superintendent of the Darwin Division. I retired from the Operations Branch in December 1997. Since then I've retained a St John connection by helping the Palmerston Cadet Division, where Phil's a Divisional Officer, with their Famil;y Care in the Home program. Although I'm no longer in uniform, I'm an official 'Honorary Member' of the Northern Territory Operations Branch District, and was the first person awarded this distinction. My current salaried employment is being a prison nurse — a position that draws heavily on my St John experience in emergency care.

(Mandy Langdon, Darwin, Northern Territory, March 2001)

I joined the Marion Ambulance Division of the Brigade in Adelaide in 1966 aged 18. Marion was then a big, vital Division of some 60 members — all keen, efficient, smartly turned out and proud to represent the Division and the Brigade. There was a strong sense of comradeship and common purpose among us, and for me at 18 a sense of pride in belonging to such a fine group of men. Something of the Division's great esprit de corps is evident in our Divisional portrait for 1967, which appears earlier in this book (page 186).

I remained with Marion for five years, until 1971, but during 1968 I undertook training in ambulance transport nursing at the Unley Division. In 1971 I was posted to Nhulunbuy on the Gove Peninsula for 12 months in my job as a technician with Telecom Australia. From Nhulunbuy, where there was no St John Division, I came to Darwin, where there was. I joined the Darwin Division, and soon became involved in ambulance training. I spent six months in Alice Springs in 1974 then in March 1975 came back to Darwin and the Darwin Division as a Divisional Officer. My next move was on to District staff as a training officer, one of my tasks being to train the Northern Territory team for the Brigade's national first aid competitions. Mandy and I married in 1976. Both our boys, Sean and Luke, were Cadets. In 1980 I was transferred out to Nhulunbuy again for another six months. There was still no St John Division there, so I started one. It's still going, 20 years later. I spent another three months at Nhulunbuy in 1984, and while there started training the members of the Division in casualty care and transport. Back in Darwin once more I opened the Howard Springs Cadet Division. This Division only lasted a short time but it re-formed as the Palmerston Cadet Division during the early 1990s.

Mandy and I moved to Canberra in 1986. After we'd established ourselves there I joined the Canberra Central Division. St John didn't run the Australian Capital Territory ambulance service, so I couldn't become involved in ambulance work there. Instead I became an instructor and turned to teaching the St John public first aid courses. I spent a year with Canberra Central Division and then in 1987 the Commissioner for the Australian Capital Territory, Peter Tedder, appointed me District Superintendent. I served in the position for two triennial terms, finishing in June 1993, when we returned to Darwin.

Back in Darwin again, I rejoined the Darwin Division early in 1994 and also successfully applied to become a Divisional Officer with Palmerston Cadets. I've continued with both Divisions ever since. Through being in Canberra for seven years I'd lost my Northern Territory ambulance qualifications so after returning to Darwin I enrolled in the Northern Territory ambulance officer training school. I gained my Diploma in Emergency Care at the end of 2000. I now have the rare distinction of having been a member of six Divisions in three Districts, of opening two of these Divisions as the Superintendent and of serving two terms as a District Superintendent — in addition to having been a public first aid instructor and a qualified ambulance officer. St John has therefore become a full career for me, paralleling my other career as a Telecom employee. For her part, Mandy can boast of a St John career during which she was the Northern Territory's first female professional ambulance officer, the first female State/Territory chief executive officer for St John, a Divisional Superintendent and the Northern Territory's inaugural Operations Branch honorary member.

(Phillip Langdon, Darwin, Northern Territory, March 2001)

Into St John through a domestic dispute

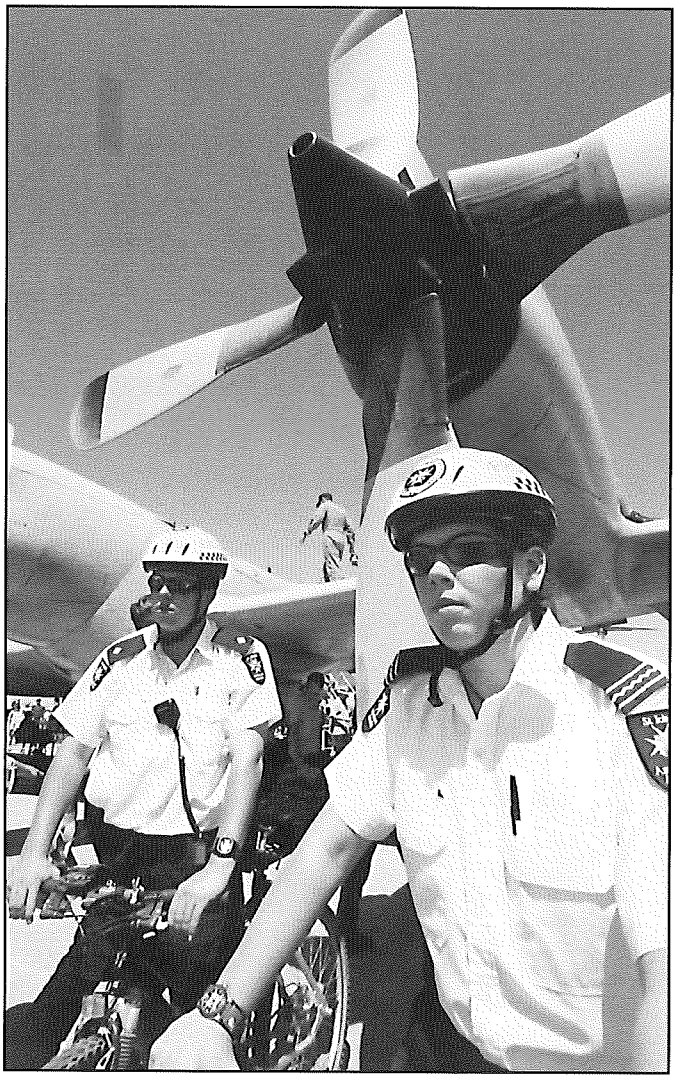
I'm a Cadet leader with the Mitcham-Colonel Light Gardens Cadet Division. I'm now 20 and I've been in St John since I was 11. I joined the Cadet Division in Whyalla then joined this Division five years ago when I moved to Mitcham. I joined St John because I realised I needed a knowledge of first aid. Two incidents had brought this home to me. The first was a domestic dispute in a neighbouring family when I was only 9. The argument happened one Christmas when our family was visiting theirs. The grand-daughter of our neighbour, a girl of about 5 or 6, was there with her mother, who gave her a beating. This shocked the grandmother greatly, so she turned to my parents for help. They invited her over to our house for a while to get away from the situation in her own house. She came over then began complaining of feeling unwell. My parents suggested she should lie down on a bed, which she did. She then started vomiting, so my parents asked me to call an ambulance. When the ambulance arrived I told the officers what had happened. They tried to talk the grandmother into going to hospital with them but she refused to go. In the end her husband came over to our place and took her back home. The second incident happened the following year. My Dad was lying on a couch at home when he started screaming with pain from a bad back. Mum came running in but Dad kept on screaming with the pain from his back. Mum got me to call the ambulance, which arrived soon after my call. Watching the ambulance take Dad away to hospital convinced me that I ought to learn first aid. Not long after this St John did a shopping centre display in Whyalla, which I saw while I was out shopping with Mum. Mum knew a couple of the women working on the display, so she asked them how I could learn. They suggested that I come along to the local Cadet Division. My first meeting was the very last one for 1990, and I've remained in St John ever since. Being a member for nine years now has given me self confidence in handling emergencies, for example attending to one of Dad's friends when he suffers epileptic seizures.

(Renée Johnson, Adelaide, South Australia, June 2000)

My wish to put something back into society

I'm fairly new to St John and have only recently joined the Mount Beauty Division. Indeed, I'm not sure that I'm really a member yet as I've had no formal feed-back from State headquarters despite my application being back in September last year. Those volunteer administrators must be run off their feet. Never mind, I shall keep attending Divisional meetings and become part of the furniture. My reasons for joining St John arise from my work. As a minerals exploration field geologist I spent many years in remote locations with no formal training in safety, occupational health or emergency recovery procedures. Thus I learnt on the job. The Royal Flying Doctor Service was the resource in an emergency and I developed much respect for its service and ethic. Later, as a manager I took progressive steps to introduce various procedures and facilities including, belatedly, a comprehensive occupational health and safety management system which incorporated first aid training amongst many other ingredients. During the last couple of years I have encountered two road accidents (one fatal) involving fallen trees and felt a desire to be more competent and confident in lending assistance. As my job had required a lot of travelling, I never found the time to undertake proper training. Since retirement, I do have the time and now want to make practical first aid (not ceremony) a priority. My mother's recent decline and eventual death has also highlighted the dedication of various participants in the health and aged care area, re-reinforcing my wish to put something back into society. St John Ambulance provides an avenue for me to do so.

(Hugh Skey, Mount Beauty, Victoria, March 2001)



The St John Ambulance bike patrol on duty at the Australian international air show, Avalon aerodrome, Victoria, 1999.

Only boys could do footie duties, but I stayed 36 years

I joined the Brigade because I was a keen collector of autographs of my favourite football team, St George. Whenever I attended matches I was very impressed with the St John Ambulance Cadets who were able go onto the field and sometimes talk to the players. I asked the 'Zambuk' on duty how to join. The following week my Dad took me down to join the St George Nursing Cadet Division. That was in October 1950. It was only after a couple of weeks that I learnt only boys could do footie duties. I nearly resigned on the spot. However, I decided to give it a go and stayed for 36 years.

The Division met at the St George Ambulance Station, Princes Highway, Rockdale. Miss Heather Christie was the Superintendent and Miss Grace Hudson the Officer. I was with the Cadet Division for 4 years, rising to the rank of Cadet Sergeant in 1953.The Division membership rose to approximately 60 Cadets and was very competitive, entering all competitions open to us. We were successful in winning many trophies. Duties that our Division covered were the Crown Street Hospital, where Cadets were allowed to work in the wards, replenishing water jugs, making beds, supplying and emptying pans and distributing meals. Senior Cadets were allowed to work in Founders Block (for babies up for adoption and those with medical problems — often abandoned). The Brigade's 'red shield' for 200 hours of public duty was earned mainly at Crown Street. ANZAC Day marches were attended and we also worked on the Anti-TB portable vehicle units.

In 1954 I transferred to the adult Division, St George Nursing, under Lady Superintendent Mrs Edyth Ormerod. Here our main duty through the summer months was staffing the Brigade first aid posts at Cronulla, North Cronulla, Gunnamatta Bay and Carss Park. Assisting local government councils in the immunisation of children, and working with the Anti-TB units also took up quite a lot of our time. This was also an important year as it was the year when Queen Elizabeth and Prince Philip visited Australia for the first time. I can remember being on duty in Cleveland Street, Redfern, from very early in the morning. Our Division was stationed there to watch over that part of the Royal route. It was an exciting time and we all tried to do as many duties as possible to see the royal party. I was fortunate enough to travel to country Dubbo where Prince Philip spoke to us, asking if due to the hot weather, had we had many casualties.

In 1957 Winifred Hepper, Superintendent of the Hurstville Nursing Cadets, was looking for an assistant to help her. I asked if I could assist and subsequently passed my Cadet Officer's qualifying exam in September 1957. Meetings were held in the Presbyterian Church Hall, Hurstville. After marrying in 1958 and moving out to Caringbah, travel to Hurstville became difficult, especially with 2 young babies, so with Margaret Hudson as Cadet Officer and myself as Cadet Superintendent, we formed the Caringbah Nursing Cadet Division. This was later changed to a Combined Cadet Division. This was a new initiative — boys and girls together in one Division. My promotion to Cadet Superintendent was made on 20 July 1960. I remember our formation well. We had booked a small local church hall, placed an advertisement in the local paper and hoped we would have enough children attend to form the Division. At the appointed time we sat with our paper and pen to take the names as the children arrived. Over 100 attended and we had to move from the small hall into the main church. Our first training session was given from the pulpit. We had 98 children gaining their certificate to officially register the Division.

In 1968 I was appointed Corps Officer Grade IV with No 3 Corps, which covered the southern and south western suburbs of Sydney. In 1973 I was appointed District Officer Grade II in charge of Nursing Cadets. In 1975 I began full time employment as District Secretary for the Brigade in New South Wales. I retained this position until 1986. I resigned as an active member of the Brigade that year but have retained my St John links by joining the Retired Members and Ex Officers' Association of St John. Although small in active membership, it is a vigorous body. Its meetings, held at St John House bimonthly, continue the St John camaraderie and provide a friendly and social outlet for people who still have the interests of St John at heart.

(Ruth Bray, West Pennant Hills, New South Wales, September 1999)

Pressure on Mum to learn first aid

By the time this book comes out I'll have been in St John for 60 years because I joined as a 12 year old Cadet in 1942. The indirect reason for joining was that my father, who worked on the tramways, was a first aider. In those days, when Australia was still coming out of the Great Depression of the 1930s, times were still tough for some families. Those living around us in Bankstown who couldn't afford medical treatment used to bring their sick children round for Dad to examine. After the Pacific War broke out at the end of 1941, Dad was put on shift work. Because he was no longer available for seeing his 'patients' in the evening, the neighbours put pressure on Mum to learn first aid so she could take over looking after the local kids. She enrolled in a first aid class at Bankstown and took me along for company. The instructor was Mrs Eve Godden, the Superintendent of the Bankstown Nursing Cadet Division of the St John Ambulance Brigade. Mrs Godden urged me to join her Division. I succumbed, then ended up staying with the Division for the next 18 years. In that time I rose through the ranks to become Superintendent myself and eventually, years later, in 1983, rose to become Deputy Commissioner in New South Wales.

(Betty Stirton, Sydney, August 1999)

Orange flavoured brownies

In early 1986, on transferring back to Brisbane from Sydney with CSR Limited, I had the opportunity to do a senior first aid course along with three of my work colleagues. We were fortunate to have as our instructor Mrs Nancy Tranby, who unbeknown to me at the time, would become a friend, mentor and Superintendent of a Division I have remained with for 14 years, Brisbane Central No 1. From that day to this I have never looked back, regarding my self-adoption into the St John family as one of my wisest decisions in life. Nancy and I always felt drawn to one another, through a regret we both had in common, stemming from our youth, to achieve medical aspirations in a professional working career. For me, it was to follow in my grandmother's footsteps as a nursing sister. However, due to parental pressure, those aspirations were soon quelled. Nancy and I both believed we never lost our individual determination to achieve the dream of doing something medical. I feel sure Nancy would agree with me, that St John gave us that lost opportunity.

I remember clearly during my instruction in first aid with Nancy, within our group of budding first aiders there was a person called Hank, an avid cook who would turn up religiously each day of our six-week course with home-made goodies for us to stuff ourselves at morning tea, much to the envy of the rest of the class. By the end of the course, the pressure was on to include the rest of the class in these culinary delights, and as a treat for everyone, he made 'orange flavoured brownies' for about 20 students on graduation day. We also 'took the hat around' and Nancy was presented with a beautiful basket of yellow roses, with sincere thanks for guiding us all on to a safer path in life.

With spare time on my hands, and looking for a suitable charity to indulge my caring nature, the flood gates were suddenly opened, and St John was chosen to fulfil my ambition to be a volunteer. I never realised how much the St John family would play in my destiny. It has made my life a richer and better because of the knowledge, experience and friendships I have developed along the way. It also led to 14 years with Brisbane Central No. 1 Division, 10 years as a first aid instructor and most recently two years as an executive officer in the secretariat of St John Ambulance State headquarters in Brisbane.

(Faye Gledhill, Fortitude Valley, Queensland, January 2000)

Pretty white dress with shiny silver buttons

I joined the Brigade, as it was then known, in Darwin in the Northern Territory in 1975, but my story begins well before then. I vaguely remember doing a first aid course, or lessons anyway, as part of my teacher training in the mid 1950s. I say 'vaguely' because most of what I learnt in teachers' college was all pretty vague. It was the year of the Olympics in Melbourne and my first trip away from my small country home town in central Victoria, so studying was just something one did the night before the exam. Many years later, after I'd become a conscientious teacher, I did a few more first aid courses to keep up with what was going on in the world of medicine. I don't know whether I was really all that conscientious or just fancied the bloke in the St John uniform. I arrived in Darwin via Victoria after 7 years travelling and working my way around the world. This was early 1975 just a couple of months after Darwin was devastated by Cyclone Tracy. I immediately began teaching in one of the few schools that was functioning and after a while decided it was time to do something else besides the usual Darwin routine of barbecuing and boozing. I heard a snippet on the radio about a first aid course going on and thought it was time to have another go at it. I got on my motor bike and off I went to a demountable building at Casuarina in Darwin's northern suburbs. I was a bit startled to see an ambulance out in front of the building with people gathered around it, but kept on walking as I knew I couldn't stand the sight of blood and sick people were something that nurses cared for, not me. As I was paying my fee and the lady in the white dress was writing out my receipt, I inquired if someone had had an accident. 'Why do you ask?' she inquired. 'Because I saw an ambulance outside,' I replied. 'Oh no,' she said, 'that's one of ours on show for the new ambulance trainees, like you.' 'Oh no!' I thought. 'What have I let myself in for and how do I get out of this one?' Coming from Victoria. I thought all ambulances had 'Civil Ambulance' not 'St John' written on the them. I then sat down to gather my thoughts when a nice friendly lady next to me said 'Won't it be great when we get those pretty white dresses with the shiny silver buttons on them?' Now I was really in a corner. Do I get up, rush out the door, get onto the Honda and ride off into the wild blue outback or sit here, say nothing and have a go? Well, that was 24 years ago and I'm still here. I still have that pretty white dress with the shiny silver buttons. It's in the historical collection now, and the lady who said those words is a great and treasured friend to this day. I am truly glad that I stayed that night and stuck it out for it has been one of the highlights of my life.

(Pat McQuillen, Alice Springs, March 2000)

Reminding my wife of who it was who convinced me to join

I first joined the South Australian Ambulance Transport Inc.(SAAT) at its Unley branch in July 1952. It was known at that time that St John would be taking over the operation of South Australia's ambulance services as from September 1952. When St John took over in September, complete with a big public parade, all existing members of the SAAT became members of St John with service for 1952 being counted as service with St John. At this time I was aged 20. Two friends of mine had been St John Cadets with the Colonel Light Gardens Division and then with the adult Division for many years, and had been so far unsuccessful in encouraging me to join the organisation. That was. until I accompanied them to several St John social functions and met a young woman member who eventually convinced me to join. Now when my wife of 45 years complains about my many hours of involvement with St John, I gently remind her of who it was who convinced me to join.

(Brian Bartlett, Warradale, South Australia, June 2000)

Some sort of genetic defect?

Why did I join St John? It was some sort of genetic defect. My father joined the Brigade soon after returning from active service in New Guinea during World War I. He went on to be Commissioner of the Brigade in South Australia from 1969 to 1973. I joined as a medical student in 1961 and thoroughly enjoyed working as a volunteer ambulance officer at the Hindmarsh depot. I learned things about sick and injured people that are not taught in the medical school. I, too, became Commissioner in South Australia (from 1987 to 1990). To my knowledge we are the only father–son combination to have been Commissioners in any one State or Territory in Australia. The only other father–son duo was in the Dawkins family. Dr Sidney Dawkins was the Commissioner for South Australia 1931–46 and also the Commissioner for the Commandery of Australia (Exclusive of Western Australia) 1941–46. His son, Dr Alec Dawkins, was the Brigade Commissioner in Western Australia 1959–66.

(Brian Fotheringham, Beaumont, South Australia, June 1999)

Starting with a wet towel and a bottle of oil

I joined the St John Ambulance Brigade after being landed with the job of trainer with a local football team after the official trainer left during the season. All I knew was what I had seen — a wet towel and a bottle of oil. During the year I met a chap who was trainer to a senior football club and also a member of the Brigade. He encouraged me to enrol in a first aid class just about to begin. After I'd passed the test he invited me to accompany him to one of their weekly training nights and introduced me to the group. This led me to becoming a member in 1950, and I was to spend the next 44 years in the organisation, including a period as Superintendent of the Geelong Division.

Regarding my best case, some years back we were on duty one night at a rodeo when one rider was thrown heavily by his horse, ending up on his back. Straight away several of us from the Division ran out to him, with myself going for his head. I discovered he wasn't breathing and was going blue When I tilted his head and opened his mouth to check his airways he immediately gave a gasp and began breathing again. That made my day.

A less satisfactory outcome happened one time when I was on duty at a local agricultural show. It was when boxing troupes were always one of the attractions of side-show alley. I was approached by a young Aboriginal boxer complaining about his hand. On examination there seemed to be a possible stress fracture, so I advised him to go to hospital. He then asked me if I would go with him and tell the 'Boss'. I did as requested. The 'Boss' was not pleased but promised he'd do something about it. The boxer later came back and asked if I could do something for his hand as the 'Boss' said he had to fight. After we'd strapped the injured hand with foam plastic, he left. Afterwards I went into the boxing tent and discovered the lad trying to box with one hand. He was soon knocked out. I was so disgusted I went looking for the 'Boss', who apparently saw me coming and disappeared.

Some years back I was approached to give a talk on CPR to a group of football umpires. I accepted the invitation and took along with me a full-size inflatable 'Resusci-Anne' manikin. About three-quarters way through my lecture I asked the St John member assisting me to inflate the manikin, not knowing he had never done this before. Shortly after I noticed the attention of my audience beginning to stray, with some whispering going on. I looked round and found that my assistant had inflated the manikin until it looked more like a barrage balloon than a 'Resusci-Anne'. It looked as if it was about to burst or float up to the ceiling. As I rushed over to let out the excess air the whole room burst out laughing. After that I never fully regained the attention of my class for that particular lesson.

(William J. Smith, Geelong, Victoria, March 2001)

Thank you for your untiring support...

My name is Dorothy Wanda Marquis. I was born on 15 July 1919, and I'm a retired officer of the St John Ambulance Brigade from Bundaberg in Queensland. I joined the Bundaberg Nursing Division when it formed at the end of March 1951 and was later promoted to sergeant. I had been a member of a Voluntary Aid Detachment early in World War II. I then enlisted in the Australian Army Medical Women's Service in June 1943, and was discharged in April 1946 after almost three years' service. When a Nursing Division of the St John Ambulance Brigade was being raised in Bundaberg it seemed natural for me to join, especially as Dr Ken Fraser, the District Commissioner, had been the wartime Deputy Director of Army Medical Services for Queensland.

Having gained my accountancy degree when barely 20 years of age, I became treasurer of the Division. When the Bundaberg Divisions combined to form the Bundaberg Corps, I became Corps Treasurer and Stores Officer — almost a full-time voluntary position. In addition I was treasurer of the Nursing Division from May 1951 and was promoted to sergeant. Because I worked for the AMP insurance firm I didn't have much time to do hands-on St John public duties. Instead I concentrated on mundane things like controlling cash flows, ordering stores, obtaining first aid manuals, uniforms, equipment etc. This left other officers free to concentrate on teaching and training the cadets and adult members for duties and competitions. I also attended our Cadet camps at the Bargara Youth Centre, and accompanied the hymn singing at the Sunday church services there. One year, owing to the unavoidable absence of the Superintendent, the late Peg Thorburn, I even conducted the church service. The theme of my address was 'Giving', stressing the giving of time to St John.

In all I had 39 years as an active St John member. During that time I received a number of honours and awards. One of my citations said that I was 'a dependable, loyal and trustworthy officer and [was] willing to assist wherever and whenever possible'. In July 1986 I was placed on the Brigade retired list — deemed too old to be an asset to the organisation. The retiring age was then 65, but has since been raised to 72. If the retirement rule had been the same then as now I could have served another five years. When I retired our Cadet parents' association made a presentation of a lovely card on which the following words were written:

'On behalf of our children and ourselves we wish to thank you for your untiring support, friendship and words of encouragement throughout the years. Your presence of a Saturday will be greatly missed and we hope you will find time to visit us.'

(Dorothy Marquis, Bundaberg, Queensland, February 2000. Dorothy Marquis died later in 2000 after submitting this contribution.)

Proud of what we do as St John first aiders

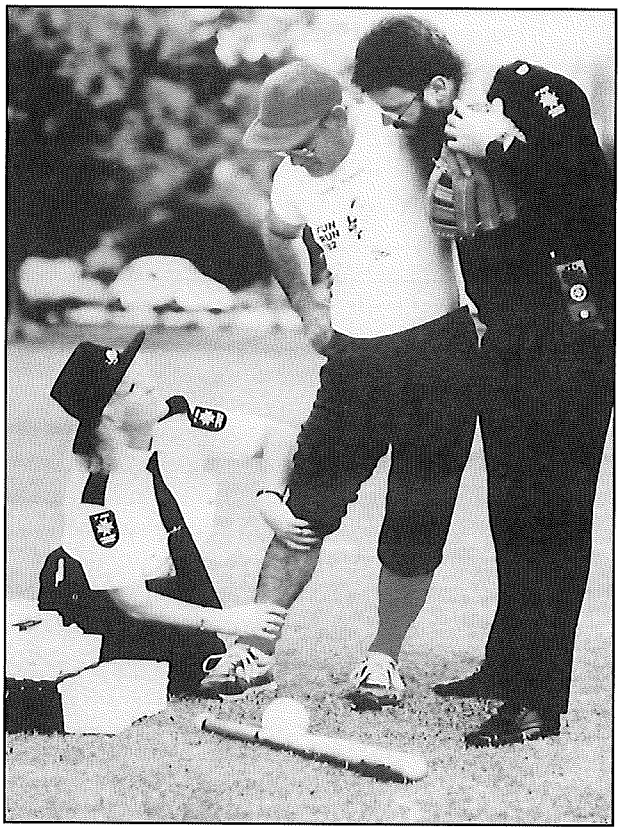
I joined the Operations Branch in February 1999 after attending our local Strawberry Festival. I saw some Ops Branch people on duty and asked how I could join their organisation. They told me how, I joined, and now I'm a member of the Cleveland Division. My daughter Sarah also joined the Division when she found how much I liked it. The public duties we enjoy include the Strawberry Festival, the Redlands Show, the St Rita's fête and the 'Sunliner' steam train excursions. As I've discovered, St John Ambulance is a good organisation to be in. We're proud of what we do as St John first aiders.

(Susan and Sarah Griffiths, Wellington Point, Queensland, February 2000)

Suddenly I knew how little I actually knew.

My name is James Singer. I joined St John Ambulance in 1994, I think. I joined in Queanbeyan then transferred to the ACT for better training. Like a lot of Johnnies I soon started to use my first aid skills. I'd been involved in basketball for years including first aid and strapping and I thought I knew about first aid. Then I started with St John then suddenly I knew how little I actually knew. Now I seem to do more admin. than first aid just to keep the Division running. I pass on my skills to other members by teaching at the Division and out on the field.

(James Singer, Woden, Australian Capital Territory, November 2000)



Janet Leslie of Melville Division and Rob McDonald, the District Officer (Cadets), treat a player injured at a baseball match, Perth, 1993.

The black spot at the bottom of our hill

My family used to live in Longlands Street, East Brisbane, near the intersection with Stanley Street at the bottom of a steep hill where many traffic accidents happened. Every time we heard an accident my sister and I ran outside and down to the street corner to watch. The police often arrived, and if anyone was injured an ambulance as well. It was always exciting for us to see the police, tow trucks and ambulances deal with the wrecked cars and injured victims, and then get the traffic flowing normally again. Eventually, after yet another accident, I said to my sister, "Instead of just gawking at the people who get injured why don't we learn first aid so we can help them?" We didn't know where to go to learn first aid, so we went back home and after looking through the newspaper for a while found an advertisement for St John Ambulance first aid classes. We both enrolled, did a Senior First Aid course, passed and received our first aid certificates. That was in 1983. I still didn't feel confident enough to treat actual injuries so I decided to join the St John Ambulance Brigade to build up my knowledge and skill. I filled out an application form and sent it to St John House here in Brisbane, Several days later Shirley Watson, the District Superintendent, called me in for an interview. After deciding that I might be a useful addition to the Brigade, she began talking of the Divisions I could join, but one of the others interviewing me said "Angie would be happier at Brisbane Central No. 1 Division, and they're in need of new members." So I was sent to Brisbane Central No. 1, where Nancy Tranby was the Superintendent. I've remained there ever since, working my way up as corporal, sergeant, officer and eventually Superintendent in 1997. I've also been working as the receptionist at St John House since 1985, so St John Ambulance has become my career. It's a vocation I owe to the traffic 'black spot' at the bottom of the Stanley Street hill.

(Angie Smeralda, Brisbane, Queensland, 7 November 1999)

My brother's lymphatic cancer

Just before Christmas in 1991 my younger brother was diagnosed with lymphatic cancer. After treatment he went into remission but several months later his cancer reappeared. He was then sent to St Vincent's Hospital in Sydney for intensive treatment, which resulted in him going back into remission. Again several months passed before the cancer returned, but this time was beyond treatment. For a seventeen-year-old, my brother took the very adult decision to just live life to the full and not have any treatment to postpone the inevitable. It was around this time I, for unknown reasons, decided to do a Senior First Aid course. At the conclusion of the course, the instructor told us about the other branches of St John and what they involved. Thinking that Operations Branch sounded interesting, I began attending meetings at the Canberra Division. I have now been an active member for six years and have risen to the rank of Superintendent, in charge of that same Division. My friends, when I told them how I came to be a volunteer, theorized that subconsciously, I joined as a way of helping others as I could not help my brother. After his death in 1996, I've started coming to a similar conclusion.

(Helen Stark, Nicholls, Australian Capital Territory, December 2000)

The enticement — a uniform

I joined St John to get a uniform! This was in 1944, during World War II, when so many people, including young lads, were wearing uniforms of all shapes and sizes. Many organisations required their members to buy their own, but my parents wouldn't have been able to afford that. The St John Ambulance Brigade, on the other hand, supplied its Cadets with long pants, a smart double-breasted shirt, a beret with a pom-pom on it, and a first-aid kit. What more could a 12 year old want? I should add that my father was ever so slightly involved with a private ambulance service which operated in Adelaide in the early 1920s and stories of some of his cases probably gave me a leaning to an organisation with the word 'ambulance' in it.

(Ray Schilling, Glenalta, South Australia, July 1999)

The first aid manual on the pavement

I joined the Brigade in 1954, when I was 16 and living in Queenstown. What prompted me was one day finding an old copy of the St John first aid manual on the pavement outside a local shop. I picked it up, and as it looked useful I took it home and began reading it. I found it so interesting I just kept on reading it. Over the next couple of days I read it from cover to cover. The next weekend I happened to be at the local football, where members of the local Brigade Division, Queenstown No. 1, were on duty. I went up to them and asked,

'How do I join your organisation?'

'You turn up at our training session on Tuesday night!' was the reply.

I attended that Tuesday, and I've remained a member ever since — 45 years of continuous Brigade/Ops. Branch membership.

(Jim Byrne, Launceston, Tasmania, March 1999)

To Chief Cadet Officer from Cadet

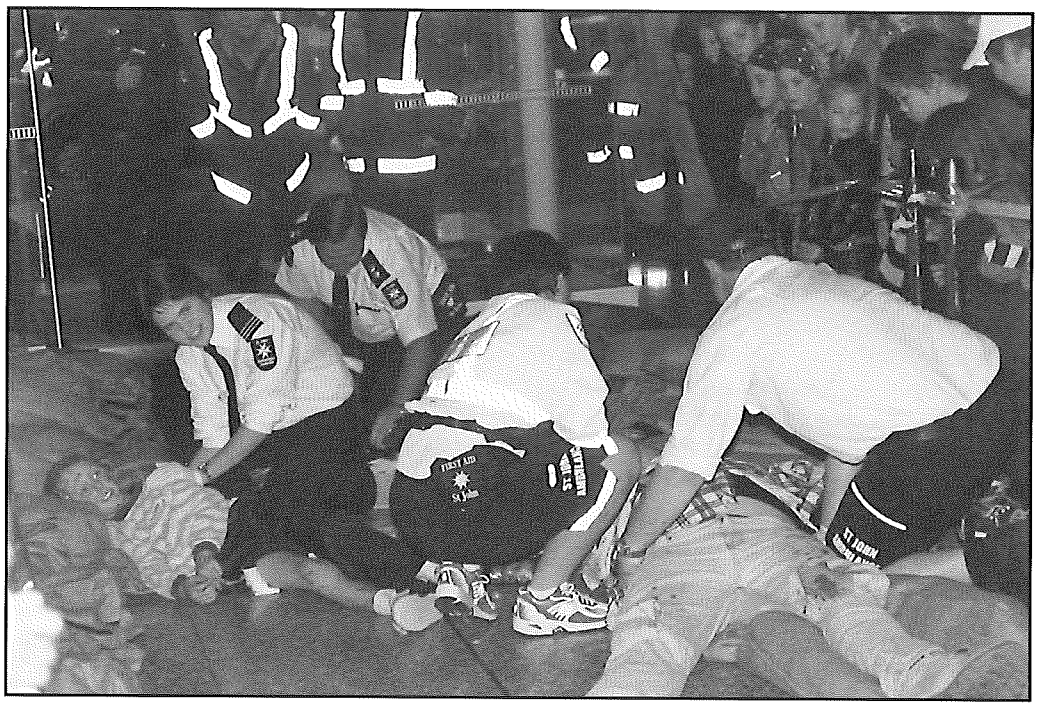
I've been in St John for 50 years now. I started in the Footscray Cadet Nursing Division at the end of 1949, when I was at the Tottenham State School. I'd seen an advertisement for the Division on a public notice board. The Division used to meet in rooms behind the library in Buckley Street. Dad used to double-dink me there on his bike. I soon became a very keen Cadet. I became a corporal in 1952, then a sergeant in 1953, and I competed in all the home nursing competititions I could. After finishing school I did a two-year stenography course then worked for an engineering firm before becoming secretary to the radiologist at the Footscray and District Hospital. The job at the hospital complemented my work in the Brigade. I was later given my own Cadet Division at St Albans, of which I was very proud. A number of my girls went on to become members of adult Divisions. One of them was Lesley Swallow, our present Deputy District Superintendent here in Victoria. Lesley joined my Division as an eight year old Junior — the first one I enrolled. I joined the Brigade's national headquarters staff as Chief Officer for Cadets in 1985. I was only the third person to hold the position. I was also the third Victorian: Ashley Mason [1975–80] and Richard Bluck [1980–84] had held it before me. I did the job for eight years [1985–93]. After that I had almost four years [1994–97] as District Superintendent, and I'm now District President. When I joined the Footscray Cadets I had no idea that my St John career path would take this direction, but I'm glad it did because in serving St John in the numerous positions I've filled I've also served the community.

(Joan Patterson, South Melbourne, Victoria, September 1999)

'Twelve nights a year only'

My wife Gladys and I joined St John Ambulance at the same time, in 1972. Gladys used to work for Sands & Macdougal, the stationery firm, which used to employ its own doctor. The firm decided to dispense with the doctor and use four St John-trained first aiders instead. Gladys had been in the Red Cross during the war, so she offered to do the St John course and become one of the four. She persuaded me to take the course with her. The course instructor was the late Jack Hulls, one of the stalwarts of the Footscray Division of the St John Ambulance Brigade. When we finished the course, he invited us to join the Division. He told us it wouldn't take much of our time — 'twelve nights a year only!' he promised. We accepted the offer but it turned out to be 48 nights not 12. Jack must have been a good judge of potential recruits because we're still in St John 27 years later. Our old Division, Footscray, is still going strong. It's currently celebrating the 75th anniversary of its formation in 1914 at the beginning of World War I, and is now the longest surviving Division in Victoria. Over the years the Division has had many adventures, such as the time when Ted Hatch, its Superintendent from 1917 until 1945, was on duty at the Essendon bike track. Poor Ted was at the side of the track when a group of cyclists crashed into each other, knocking him over. He was killed — probably one of the few times a St John first aider became the casualty.

(Jack Blackstock, Melbourne, Victoria, September 1999)



Left to right: Gemma Kelly, Simon Robson, Alison Reardon and Damien Llewellyn-Smith, Operations Branch members in the Australian Capital Territory, handle simulated casualties at the opening of the 'Awesome Earth' exhibition at Questacon (the National Science and Technology Centre), Canberra, 2001.

'Where's that body?'

Back in the 1950s I was working for Electrolytic Zinc Industries as a security officer. My shift boss there, Jock Adams was a fanatic for first aid. One day he said to me,

'There's a chap fallen off the top of the Leech Building. You'd better go and see what you can do to help!'

I hurried over to the building but as I couldn't find anything amiss there I went back to Jock Adams to check.

'Where's that body?' I asked.

'If there had been a body,' Jock asked, smiling, 'what would you have done? If you're not sure you'd better learn some first aid.'

I took his advice, enrolled in a St John course at Glenorchy — two hours one night a week for 10 weeks. I enjoyed it so much I joined the Glenorchy Division of the Brigade as soon as I had my first aid certificate. That was in 1958. In the years since then St John has become a key part of my life. After joining Glenorchy I spent several years as Divisional secretary, and was then promoted to District Officer in charge of co-ordinating the District first aid competitions. I also organised the in-house competitions at EZ Industries, where I eventually became the company's safety officer. In 1974 I was appointed managing secretary of our State St John headquarters and held the position until 1985. The next year I became secretary to our State St John Council and have held the position ever since. I've also chaired the Community Care Branch in Tasmania since its inception in 1991. I was admitted to the Order and was promoted up through the grades, becoming a Knight of Grace in 1994.

The next generation of my family has also been heavily involved in St John. In my younger days I was an active competitor in first aid competitions, and now my daughter Angela is too. Last month she won the national championship for 1999, representing Western Australia, where she's now nursing. My son John and daughter-in-law Leah are also committed Operations Branch members. John was our District Superintendent here for three years, 1996–99, and Leah has been our District Nursing Officer. Theirs has been an interstate St John romance. They first met during a Cadet camp in the early 1990s. She's a nurse and has been in St John for 27 years. She'd been a member of the Greenslopes Division in Brisbane and had then become a Corps Officer for Cadets. When she first met John she thought 'What a nice bloke!' After the camp ended she looked forward to meeting him again at the next year's camp. When she did she was devastated because this time he was wearing a wedding ring. That was that, she thought. Several years later, after his first marriage had ended, they met again and this time a romance blossomed. She moved down here to Tasmania from Queensland and they married. She's currently taking some time out from the Ops. Branch because their first baby, Lucy Kate, was born just three weeks ago.

(Ray Cooper, Seven Mile Beach, Tasmania, July 1999)

'You've missed three weeks'

When I decided to join the St John Ambulance Brigade in 1963, the first requirement was to obtain a St John Ambulance Association first aid certificate. I knew something about the Railway Ambulance Corps, which used the Association's first aid manual and taught to the Association syllabus. Graduates from its courses were accordingly qualified to render first aid but their certificate was not recognised by the St John fraternity as a first aid qualification. Be that as it may, I accepted the situation and along to a St John first aid course I went. I approached the lecturer, told him of my first aid experience and asked him if I could join the class. The reply I received was, 'You've missed three weeks.' As I had came in my mate's car and I had no way of getting home, I asked permission to sit in on the class. Permission was granted and the class began. During the theory lesson the instructor asked me if I could tell him the causes of 'insensibility'. I answered verbatim from the St John first aid manual. He immediately told me I had missed one. I strenuously disagreed and asked what one I had missed. 'Death,' he replied. I informed him that the word 'death' was mentioned nowhere in the manual. In fact I quoted the phrase, 'Artificial respiration must be continued perseveringly until respiration is restored or until a doctor pronounces life to be extinct.' The instructor made no comment but had revenge in mind because at the beginning of the practical segment he announced to the class and without my prior knowledge, 'Mr Gorick is going to demonstrate the treatment of a fractured thigh.' In those days eight triangular bandages and two long splints were required. As requested, I completed the demonstration correctly and in near record time. The instructor's response was, 'My, you have had some experience.' I then repeated my earlier request, to join the course. His reply — 'You've missed three weeks.' I was nonplussed.

My mate suggested that, since I obviously wasn't going to be allowed to join the class, I should ring Marjorie Higgins, the Association secretary, which I did the following morning. Marjorie recommended that I go over to Fairfield Ambulance Station that evening and see if I could join the course being conducted there. She added, and no doubt with a smile on her face, that I would have missed three weeks there also. When I arrived at the ambulance station I asked the instructor if I could join his class. His advice to me was to sit in on the class and see him at the end of the evening, which I did. His reply to my question 'May I join?' was 'What would you like me to lecture on next week?'. I chose the subject 'Shock'. I was now in the class and my first St John Ambulance Association first aid certificate was issued on 22 May 1963.

(Alf Gorick, Ettalong Beach, New South Wales, September 1999)

Why do you spend so much time volunteering?

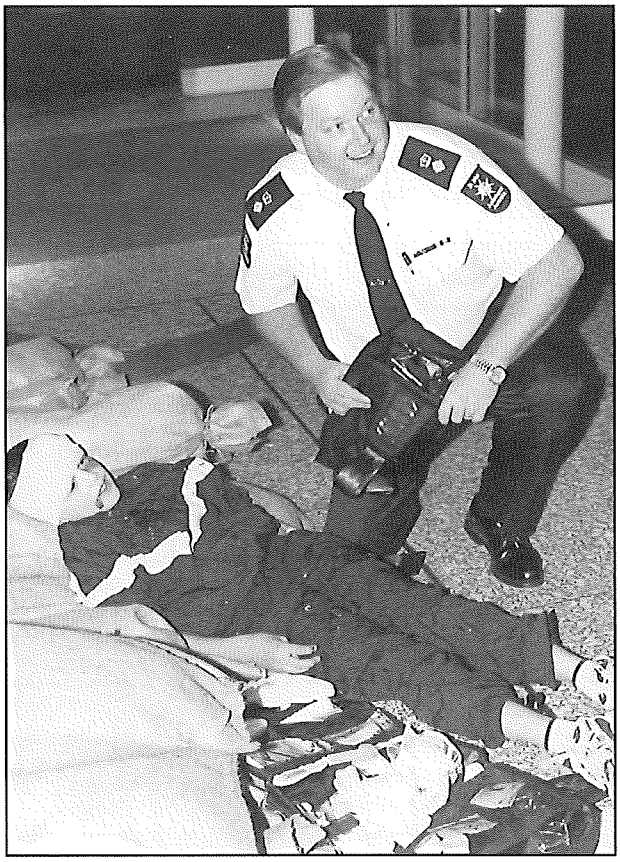
My story starts back in 1985 when my primary school arranged for Mr Bob Anderson to conduct a preliminary first aid course for our students. Bob was Canberra's salaried St John Ambulance instructor at the time. I successfully completed that course and was issued with a certificate valid for three years. Over the next three years my family attended the Hindmarsh district Cub-Scout camp down at Camp Cotter-Mouth. My father was there as a Scout leader and my Mum, sister and myself as cooks. While we were there I saw the St John Cadets on duty and spoke to them on a number of occasions.

In February of 1987 I asked Trudy Kuhn, the local St John Cadet leader, how I could go about renewing my first aid certificate as it was due to expire in May 1987. 'Just come along on Tuesday night to the Chapman primary school at 7.30. We're running a course at the moment and you can join in,' she replied. So the following Tuesday I turned up at Chapman and was immediately greeted with choruses of 'Hello cook!' I spoke to Trudy about joining the Cadets undertaking their first aid course so I could renew my certificate. But she responded by saying, 'As you still have a current certificate, Nicole, I think I'll put you in with the Cadets working for their fire-fighting proficiency badge, and when it comes time to take the test you can sit it then.' So instead of sitting the first aid course, renewing my certificate and then leaving I started with a Cadet proficiency badge. I've been with the organisation ever since. That's now over 13 years. I'm a Grand Prior Cadet and was the first Cadet in the Australian Capital Territory to be awarded the 1000-hour duty service award, gaining which took me four years. I've gone from being a member of the Woden Combined Cadet Division under Trudy Kuhn and Bart Ormay. At 18 I moved to the Canberra Combined adults with several staff changes. I then moved to the Namadgi adults under Greg Millgate and now I'm assisting the Namadgi Cadets under Cheryl Bollard.

I've also seen many changes over the last 13 years including: a name change from St. John Ambulance Brigade to St. John Ambulance Australia Operations Branch; a change in the uniform headgear to the Akubra; three changes of Commissioner in the Australian Capital Territory; the death of the seventh Chief Commissioner, Peter Falkland, in 1990 and the appointment of the first female Chief Commissioner, Lynne Allen-Brown. In addition I've seen many people come and go in the ACT District. Sadly, there don't seem to be many members still in the organisation who were there when I first joined.

When I was still at school I was often asked why I did it — why I spent so much time volunteering my time and energy when I didn't get anything in return. I always responded by saying that I did get something back: I have the satisfaction of knowing that I have helped the community.

(Nicole Gliddon, Canberra, Australian Capital Territory, January 2001)



Simon Robson, the Territory Officer (Administration) for the Operations Branch in the Australian Capital Territory, with a 'patient' during the St John Ambulance display at the opening of the 'Awesome Earth' exhibition at Questacon (the National Science and Technology Centre), Canberra, 2001.

Chapter 8

CADETS

Introduction

The St John Ambulance Cadet organisation parallels and is largely integrated with the system of adult Operations Branch Divisions. Thus, the Cadets wear uniforms similar to adult Branch members (though they haven't always done so); they are organised into local Divisions like the adults; they work under the same regulations; they are trained in first aid; and they go on public duty accompanied by adult members. At the same time the Cadets are a creature apart — part of a body that is an organisation in its own right, with its own structure, rules, procedures and activities. Founded to be a recruiting field for the adult Divisions during the 1920s, 30s and 40s, the Cadet Divisions soon took on a life of their own, then over the postwar decades the Cadet organisation emerged as a national youth movement. As explained elsewhere in this book, it was a movement serving its own members as well as the community, having become the St John contribution to youth development in Australia.

By the end of the twentieth century the Cadets comprised almost half the entire Operations Branch membership. In the later 1960s their numbers peaked at 7584, but after that there was fairly steady decline. During the 1990s the number fluctuated between about 4120 and 4880. Those figures were small by comparison with the membership of the leading youth organisation in Australia — Scouts and Guides — in which some individual States would have more members than there were St John Cadets nationally. Quality, however, is as important as size; and in that respect young people joining the Cadet movement could be assured that they would be productively engaged in personal development and community service.

Origins

The Cadet movement of St John Ambulance Brigade and Operations Branch has been the vehicle on which the Order of St John has brought its services to young people around the world. As we saw in an earlier chapter, the Cadet movement is eight decades old. The first Cadet Divisions began forming in England during 1922, after the Brigade 'At Home' developed regulations for their establishment. Much earlier than that, in the two or three years following 1903, a 'Juvenile Section' of the Sutton-in-Ashfield Division in Nottingham had proved that teenagers could administer first



Members of adult and Cadet Ambulance Divisions of the Victorian District pose for a group photograph in the Myers carpark, Lonsdale Street, Melbourne, before marching to their annual church parade, late 1940s. The Cadets are wearing the beret and grey flannel lancer jacket with black piping worn by male Cadets in Victoria and

aid as effectively as adults. The first British Cadet Divisions were as follows: Gateshead Cadet Nursing (that is girls') Division, near Newcastle in the far north-east of England, formed in May 1922; Aldershot Cadet Ambulance (that is boys') Division, in Hampshire, June 1922; Shipley Cadet Nursing Division, in Yorkshire, June 1922; Rochdale Cadet Ambulance Division and Rochdale Cadet Nursing Division, in Lancashire, November 1922.

After that, many Cadet Divisions formed. By late 1928 the number of Cadet Division members had reached 4000 in the Brigade 'At Home' (i.e. in the UK) and there were another 460 in the Brigade 'Overseas'. The first of the overseas Cadet Divisions formed in 1925. These were the Bombay Cadet Ambulance Division in India on 1 October that year, closely followed by the Bombay Cadet Nursing Division on 25 October.

Australia's first Cadet Divisions

Australia's earliest Cadet Division formed about three years after the Cadet movement was established in England. This was the the Glebe Ambulance Cadet Division, which was registered in Sydney on 19 December 1925. After that, few if any Cadet Divisions formed until the 1930s. Many Cadet Divisions then followed in the 1930s and 40s. The following table shows the first Cadet Divisions known to have formed in each District. (The list may not be accurate, because the records on the formation of Cadet Divisions have not always survived in some Districts.)

Formation of the early Cadet Divisions, by District

District	Cadet Division	Year of formation	District	Cadet Division	Year of formation
New S Wales	Glebe Ambulance	1925	Tasmania	Hobart No. 1 Ambulance	1936
	North Sydney Nursing	1930		Hobart No. 1 Nursing	1936
	Marrickville Nursing	1931		Launceston Nursing	1941
	Darlington Nursing	1931		New Norfolk	1941
	Balmain Nursing	1931		Launceston No. 2 Nursing	1942
Victoria	Richmond Ambulance	1930	Queensland	Milton Ambulance	1953
	Williamstown Ambulance	1933		Milton Nursing	1953
	Geelong Ambulance	1943		Mt Isa Nursing	1953
	Footscray Ambulance	1945		Nundah Nursing	1954
	Sunshine	1947		South Brisbane Nursing	1954
W. Australia	Fremantle Ambulance	1936	Aus. Cap. Terr.	Canberra-Reid Ambulance	1960
	Perth Metropolitan Nursing	1944		Canberra-Lyneham Nursing	1960
	Fremantle Nursing	1945	Northern Terr.	Darwin Cadet	early 60s
	Osborne Park Ambulance	1949		Casuarina Cadet	early 60s
	Perth No. 1 Ambulance	1950		Adelaide River Cadet	1979
S. Australia	Prospect Ambulance	1936		Katherine Cadet	1981
	Norwood-St Peters Ambulance	1936		Sanderson Cadet	1981
	Port Adelaide Ambulance	1936		Howard Springs Cadet	1981
	Adelaide No. 1 Nursing	1937			
	Woodville Ambulance	1937			



South Australia. Further north, in New South Wales and later Queensland, the Cadets wore a broad-brimmed hat or a forage cap, a white shirt and Scout-style triangular scarf.

How one Cadet Division began

Much time, effort and determination are required to form a Cadet Division. New Cadet Divisions keep being formed because there is someone with the required degree of commitment, and hardly a year goes by without new ones appearing. We saw in Chapter 6 how the multi-ethnic South Sydney Cadet Division came into being in 1997 through the efforts of a local woman, Louise Ireland. Fortunately for the Cadet movement, some public spirited citizen like Louise Ireland will often come forward to accept the responsibilities involved in founding a new Division and then working with it as long as necessary to see it securely established.

The following account tells of the formation of a Cadet Division as a result of the effort of one such person — Julie Deane, a secondary teacher at Molong in New South Wales. In 1994 she formed a Cadet Division at her school and became its Superintendent. Over its first six years the Division grew to 80 members, thus becoming the largest Cadet Division in the New South Wales, and possibly Australia. In the following paragraphs she describes her Division's short history and the reasons for its success:

Establishing the Molong Cadet Division

Molong is a town of 1700 people in central-western New South Wales. I'm a teacher at the Molong Central School, and I'm also the Superintendent of the Molong St John Ambulance Cadet Division based at the school. I first considered forming the Cadet Division when I was participating in an instructor-examiner training program at Bathurst in 1993. Course members who were members of the St John Ambulance Operations Branch spoke highly of their organisation and its benefits to members. However, it was the Cadet movement that seemed to suit the Molong community's needs. This would provide young people with a youth organisation, First Aid training and the development of good citizenship skills.

In the past Molong did have an 'Ambulance Younger Set' which raised money for the voluntary Ambulance service in Molong. This was predominantly a social group to support the service. But this folded with the development of the NSW Ambulance Service. After extensive consultation with Jack Ewin, the local ambulance station officer, we agreed that the Cadets would provide valuable first aid training for rural youth and that we were willing to make the commitment to run the group.

With no background and little knowledge of the St John organisation, I started the group on 27 October 1994. The first meeting was with Corps Cadet Officer Kim Gasmier and interested students and parents. Weekly meetings have been held on Thursday nights (7 to 9 pm) since 3 November 1994. Registration of the Division was in March 1995 with 15 Cadet members enrolled.

I feel the St John Ambulance Cadet movement filled a need for young people who wanted a youth group. The main reason for the success with Cadets is due to the structure and training provided for members. Public duties allow Cadets to be involved in practical first aid and community service. The latter is a very important factor in small country towns. Parents and the community have been very supportive with the development of the group and financial donations. The division started with one red Cadet manual and has worked hard to earn the resources it needed for weekly operations and public duties. We have received no financial assistance from outside our local community. Some of our specific achievements have been as follows:

- Our membership has grown in leaps and bounds — from 15 Cadets in 1994, we grew to 30 in 1995, 70 in 1998 and 80+ in 2000.
- Australia Day Awards in 1997 and 1998
- Molong Rotary Award for Services to Youth presented to Julie Dean
- Jodie Dean was Dux of the Cadet Sergeant course in 1996
- Nomination for National Community Link Awards
- Awarded the Central Western Corps Superintendent's Merit Award in 1998
- Sarah Cassell was presented with the Order of Australia Certificate of Commendation by the NSW Governor, Gordon Samuels; Sarah also received the 'Peter Falkland' Operations Branch Award in 1999
- In 1999 Katie Burchett and Andrew Clarke, the first members of the Division to earn the Grand Prior's Badge, received their awards at the Annual Review of the NSW Operations Branch District, and 35 Molong Cadet Division members attended this event for the first time

We have also received much community support, and in return we do much to strengthen community life. We also take part the wider life of the Operations Branch. Particular examples are as follows:

- We have participated in emergency training exercises with the Molong Fire Brigade and the Orange and Cudal Airports
- Senior Cadets attend major public duties of the Central Western Corps of Operations Branch in NSW, e.g. the Bathurst Car Races and the University Games
- Cadets do a weekly roster on a neuro-development program for Hayden Moffit, a boy who has cerebral palsy
- Cadets march in the Anzac Day parade every year

- We provide the first aid service for the State hockey and softball carnival in Orange, the Cudal Campdraft and the Molong rodeo
- We receive funding from the Fairbridge Farm Foundation, the Molong Bowling Club and Hazelton Airlines
- We draw on outside community resources in training the Cadets in their Proficiency Courses; for example, Steve Smith (Cabonne fire control officer) ran Communications, Nathan Croft (ambulance officer) ran Casualty Simulation, and Ruth Townsend (ambulance officer) and Mary Ewin (nurse) ran Family Care in the Home
- We designed and made a covered box trailer for the transportation and storage of first aid equipment for our public duties; this was sponsored by the Cabonne Council
- Katie Burchett has been chosen as a torch-bearer in the torch relay preceding the 2000 Olympics in Sydney; and the Division is sending 13 members to the 2000 Olympics to do duty with the national Operations Branch first aid contingent
- Julie Dean attended the national Operations Branch training Conference at Mount Macedon, Victoria in April 2000
- Molong Cadets hosted the inaugural Youth Camp of NSW District's Western Corps 27–29 April 2000 at Lake Canobolas; and we also hosted the Western Corps adult NCO training course 20–21 May 2000.

Public duties have been the key to our success as a Division. All the public duties we have attended have been well supported by the Cadets, who work hard to provide a positive role model and increase the profile of St John in the local community. The Cadets look smart, efficient and well-turned out in their distinctive uniforms. They take pride in their uniform and in the tradition of community service it represents. This has encouraged recruitment and retention of members.

(Julie Dean, Molong, New South Wales, May 2000.)

The *General Regulations*

The last chapter of the Brigade and Operations Branch *General Regulations* (described in Chapter 5 above) has customarily dealt with the Cadet movement. Thus, Chapter 14 of the 1999 edition, 'Cadets and Juniors', begins by stating the movement's objects. They include helping Cadets in seven major directions — to learn and practise first aid in a happy, co-operative environment; follow the code of chivalry (see below); enhance their own personal and social development, health and community participation; make an enterprising use of their leisure in the context of a national youth organisation; lay foundations for later membership of adult Divisions; and acquire leadership skills. Chapter 14 goes on to cover matters such as the age ranges for the different groupings within the movement (ages 8 to 11 for Juniors, 11 to 18 for Cadets and 16 to 21 for Cadet Leaders); the appointment and training of officers; the requirements for 'efficiency' (annual re-examination in first aid, satisfactory completion of duties, attendance at a minimum of 12 instruction meetings annually and at least 60 hours of community service); the award of proficiency badges and other awards; the conduct of Cadet camps; financial accounts and the Cadet training syllabus.

The *Cadet Manual*

While the Cadet movement is covered thoroughly in the *General Regulations*, the 'Bible' for the Cadet movement in Australia is the *Cadet Manual*. Produced by the National Headquarters Staff of the Operations Branch in Canberra, it was first published in 1978. After that another three editions had been produced by the end of the 1990s — in 1987, 1995 and 1997. The manual contains advice on every matter in which a Cadet or the Cadet's parent is likely to need information. The table of contents of the 1997 edition indicates the range of its subject matter:

The *Cadet Manual* sets out the standard of behaviour that Cadets are expected to conform to. Referred to as the 'code of chivalry', this set of rules parallels the code of conduct for adult members that forms an appendix of the *General Regulations*. The Cadet code has eight major points — matching the eight points of the Maltese cross — and an explanation of what each means. These major points are these:

1) *To serve God*
2) *To be loyal to the Sovereign and to my Officers*
3) *To observe the mottoes of the Order, which are: Pro Fide (For the Faith); Pro Utilitate Hominum (For the Service of Mankind)*
4) *To be thorough in work and play*
5) *To be truthful and just in all things*
6) *To be cheerful and prompt in all I do*
7) *To help the suffering and the needy*
8) *To be kind to all animals*

The Cadet movement has become an area for specialised Operations Branch publications. Apart from the Cadet Manual, there is the *Cadet N.C.O. Training Notes* (a manual for Cadets being groomed to become non-commissioned officers) and the *St John Junior Manual* (the text for Juniors [children aged 8–11]). In addition to these manuals are a series of colour-coded self-paced workbooks that Cadets and Juniors use for studying and practising first aid and patient care, and also for working to earn the 30 or more proficiency badges they may be awarded.

Proficiency badges

Cadets spend much of their time studying to be assessed in a series of 'Proficiency Certificate Subjects'. Those who can demonstrate they have reached a certain level of performance in a subject are awarded a badge that is worn on the uniform. The subjects for study currently (2001) are:

Aboriginal & Torres Strait Islander Studies
Boating
Camping
Canoeing
Caring for animals
Casualty simulation
Child careCitizenship
Clerical skills
Communication
Computer skills
Family care
Fire safety
Handicrafts
Health care
Home craft
Home maintenance
Hygienic food handling
International friendship
Interpretership
Knowledge of the Order
Library skills
Map reading

Cadets who earn 12 Proficiency Certificates over a period of at least three years are awarded the Grand Prior's Badge, which is worn on the sleeve of the uniform for as long as the Cadet (or later adult) remains an Operations Branch member. This is outlined in the next section.

The Grand Prior's award

The Grand Prior's award is the highest award a Cadet can achieve. The British headquarters of the St John Ambulance 'Brigade At Home' introduced it in 1931 to give Cadets an incentive to achieve excellence across a broad range of endeavours. The first three Grand Prior's Badges were awarded in 1933. Two went to Ambulance Cadets in England (D. Anderson and W. Lloyd of Slough) and the third to an Australian — Marion Higgins of the Marrickville Cadet Nursing Division.

Since then about 1500 Australian Cadets have earned the Grand Prior's Badge. By the 1990s 50 or more a year were being awarded. Despite being awarded so frequently, it is always a mark of distinction for the Cadet receiving it and those who wear it form a select elite. As the Divisional histories and personal reminiscences contained in other chapters suggest, Divisions are proud of their output of Grand Prior's Badge winners, the Badge having become a measure of the Division's worth. Yet not all Divisions place emphasis on training up potential Badge awardees. Most Cadet Divisions spend time helping their members acquire proficiency badges but not all push them towards the Badge; however, in Divisions that take the Badge seriously it is seen as a coveted honour.

Special service certificates for 1000 hours of duty

Another prestigious award is the special service certificate for 1000 hours of public duty. Like members of adult Divisions, Cadets go on public first aid duty and perform various other community service tasks. As in the adult Divisions, a useful measure for the amount of work done is 'hours of duty'. Many Cadets make a major commitment to such work. To acknowledge this, the Chief Commissioner introduced the Special Service Certificate in 1978. It is awarded to Cadets who complete at least 1000 hours of duty. If completed in a year, as sometimes happens, that means an average of about 19.2 duty hours a week. The first Cadet to receive the certificate was Kerry Anne Clarkson of the South Australian District in 1978. Since then about 200 other Cadets have received the award. Six Cadets have received it for the remarkable achievement of 2000 hours in a year. These Cadets were: Ben Astbury of Richmond Cadet Division in Victoria (1994), Anthony Beer of Springvale Cadet Division in Victoria (1996), Stephen Johns of Malvern-Hawthorn Cadet Division in Victoria in 1997, and in 1998 Tessa Cubillo of Darwin Cadet Division in the Northern Territory, Leanne Beer of the Springvale Cadet Division and Lisa Phillips of the Cranbourne Cadet Division in Victoria. At least one Cadet, John Ward in New South Wales, went further, achieving 2500 hours before becoming a Cadet Leader in 1992. During the 1990s an average of nine Cadets received the 1000 hours award annually, though there were more each year towards the end of the decade than earlier.

National Headquarters Staff

When sufficient Cadet Divisions had formed, each District appointed a District Staff Officer to be responsible for the Cadet activities within the District. This position is generally known as 'District Officer Cadets'. Eventually, as National Brigade Headquarters began placing more emphasis on the Cadet movement, a Chief Officer for Cadets was appointed to the national staff. The first appointment was made in 1975, and since then a total of six people have held the position (the sixth in an acting capacity while the present incumbent, the fifth, spent a period as National Youth Officer). They have been as follows: Ashley Mason (Victoria), 1975–80; Richard Bluck (Victoria), 1980–84; Joan Patterson (Victoria), 1984–93; Lynne Dansie (South Australia), 1993–99; Lynne Panayiotis (Victoria), 1999–; Andrea Williams (acting, Western Australia), 2000–01.

National Cadet first aid and nursing championships

Competitions in first aid have been an integral part of Brigade and Operations Branch life since the organisation's earliest years in England, as mentioned in Chapter 5. Similarly, competitions at the Divisional, Corps and District levels have been a part of the Cadet movement since its earliest years. National Cadet first aid and nursing

competitions began in Australia 1968. Ambulance Cadets contested the first aid competitions and Nursing Cadets the nursing competitions. The first aid and nursing competitions alternated year by year — Ambulance Cadets in the even years, Nursing Cadets in the odd years. Combined Cadet competitions began in 1985 with mixed teams competing in first aid. Cadet Leader competitions began in 1975. The national competitions are generally held in conjunction with the national Cadet camp in January. The list of winners is too long to print here. Suffice to say that in the period 1975–2001 a total of 135 members qualified to wear the coveted 'National Champion' badge on the right sleeve of their uniforms.

Cadet camps

Cadet camps have long been a feature of life in Cadet Divisions. Together with weekly Divisional meetings, training for proficiency badges and regular public first aid duties, camping became an important fixture of the Divisional calendar. Camps are held at all levels — Divisional, Corps, District, national and international. In time most Brigade Districts acquired their own permanent Cadet campsites. Examples are the Hugh Poate Camp at Blaxland in the Blue Mountains of New South Wales (named after the first Chancellor of the Australian Priory) and the Douglas Donald Camp at Yarra Glen in Victoria's upper Yarra Valley (named after the longest serving of Australia's eight Chief Commissioners up to the year 2000; Donald served for 10 years, 1969–79). The establishment of both campsites is described in the next chapter.

The camps serve many purposes. They are both recreational and educational, providing an important means of teaching new skills. They provide a venue for first aid competition. They help foster among those attending a sense of pride in belonging to a national organisation. They also encourage enduring friendships to form, and occasionally lead to interstate as well as intrastate marriages. They also provide plenty of fun, as the following stories suggest.

The springless beds at Blaxland

I'm 17 now and I moved to Molong when I was 12. When I heard about the Cadet Division being established here I thought it might be a good way to make friends and learn about first aid. As I soon learnt, it was also a good way of having fun. In July 1998 I was attending a sergeants' camp at Blaxland. A group of the other boys and I weren't getting on with our peer support leader so we played a practical joke on him. We removed all of the springs from his bed. When he jumped on it he fell right out. We also did the same thing to the officers' beds. Later in the night, when everyone was asleep, we stole the peer support leader's underwear and raised it up the flagpole for the amusement of the whole camp the next morning.

(Ryan Stewart, Molong Cadet Division, New South Wales, May 2000)

'The Order of the Blue Leek'

In earlier years at our Angaston (South Australia) Cadet camps we had a hay-fever problem because the Cadets slept on palliases filled with hay. Known hay-fever sufferers were usually billeted in an area free from hay. There was a time in the early to mid–1960s when a certain young Doctor who had joined St John as a 'Probationary Surgeon', had the chemist at the hospital where he was an Intern make up some special capsules with a blue looking powder in them. These capsules were designed for hay-fever and any other ailment, but they had a certain side effect: some time after you had taken them your urine turned blue. Imagine the consternation when first noticed!

Perhaps the best remembered of the victims of the 'hay fever' capsules was a chap called Peter, who was an entertainer brought to Camp to show the Cadets 'how to entertain'. He arrived on the Friday with the advanced party, and come palliase-filling time he was asked if he suffered from hay fever. He said he wasn't sure so he was encouraged to have not one of these capsules but in fact two of them. Everyone was watching for Peter to go to the toilet but somehow he didn't. Later, the next morning, he asked one of the chaps where the men's toilet was. With much delight he was escorted to the toilet. He was no sooner inside than he came rushing back out again.

'Where's the Doc? Where's the Doc?' he screamed, rushing down the path.

As he rushed away, he ran straight past the Doc without seeing him. He took it all in good humour after he was soothed down.

Many other people were caught with these 'blue pills' and later all were issued with a Certificate identifying them as members of 'The Order of the Blue Leek'. As for the young Probationary Surgeon, he later became a Professor of Urology, the Chief Commissioner of the Operations Branch [and later the Chancellor of St John Ambulance Australia].

(John Berry, from his booklet 'A short history, St John Ambulance Cadet camp, Angaston: 40 years, 1951–91', Adelaide 1991)

The Western Corps Cadet training weekend, 2000

It all began on the 27th April 2000 when Cadets arrived from Wagga, Broken Hill, Wellington, Griffith, Dubbo and Bathurst Cadet Divisions for the Western Corps training weekend. We all got to know each other by splitting into six groups that had been organised by Molong. (Our Division was the host.) There were about 100 people. Unfortunately I did not meet everyone, but those I did meet were really nice and I for one can say I've kept in touch with people from Broken Hill and Wellington. Katie from Molong became extremely friendly with Wayne from Broken Hill. Through the three days we did proficiency badges, screen printing and canoeing. Some of badges were Casualty Simulation, Environment, Hygiene and Camping. Everyone had a great time and made friends with lots of people. On Saturday 28th the 'Cas. Sim.' group put on a mock competition. It was very demanding. We're all looking forward to next year's training weekend at Broken Hill.

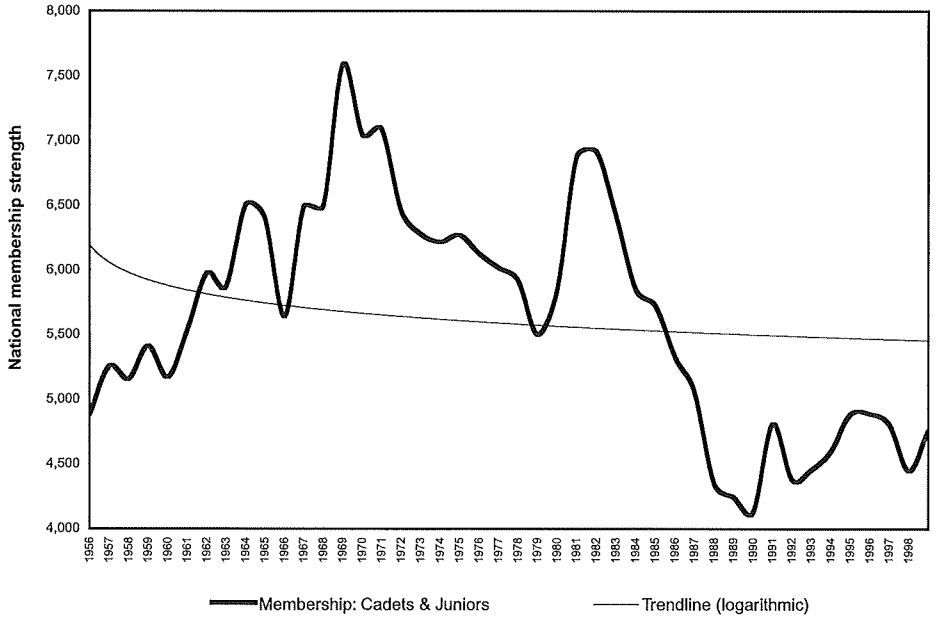
(Jennifer Cassell, Molong Cadet Division, New South Wales, May 2000.)

Growth, decline and recovery

National Cadet statistics in Australia have only been kept since 1956. The reason for gathering and publishing the statistics is to indicate what membership trends are. The critical measures here are 'strength' (the number of members) and 'establishment' (the number and type of Divisions). Such measures help the leaders at all levels — Divisional, Corps, District and National — to plan ahead and develop recruiting and training strategies.

When the national Brigade statistics collection began in 1956 there were 4880 Cadets in 191 Divisions. Sadly, as in most voluntary organisations (for example Scouts and Guides), the figures show that the Cadet movement in Australia has declined since peak membership of 7584 Cadets in 321 Divisions was reached in the late 1960s. The low point in membership came in 1990, when there were 4128 Cadets in 206 Divisions. Happily, a recovery took place during the 1990s, and by the end of the decade there were 4753 Cadets in 232 Divisions. The following graph shows the trend.

Membership levels, Cadets & Juniors, St John Ambulance Brigade/Operations Branch, Australia 1956-1999



National and District strength

The oldest and third oldest Operations Branch Districts in Australia, New South Wales and Victoria, are also the largest. Between them in 1999 they had almost half the nation's Cadets. The two newest Districts, Northern Territory and Australian Capital Territory, are also the smallest. This simply reflects the relative size of the States and Territories. At the end of the 1990s New South Wales and Victoria between them had over 60% of the Australian population while the two Territories together had only 3%. Big States with large populations were likely to have large Cadet Districts; small Territories with small populations might be expected to have small Cadet Districts. This situation is summarised in the following table, which shows the strength of each Cadet District and its proportion of national Cadet strength.

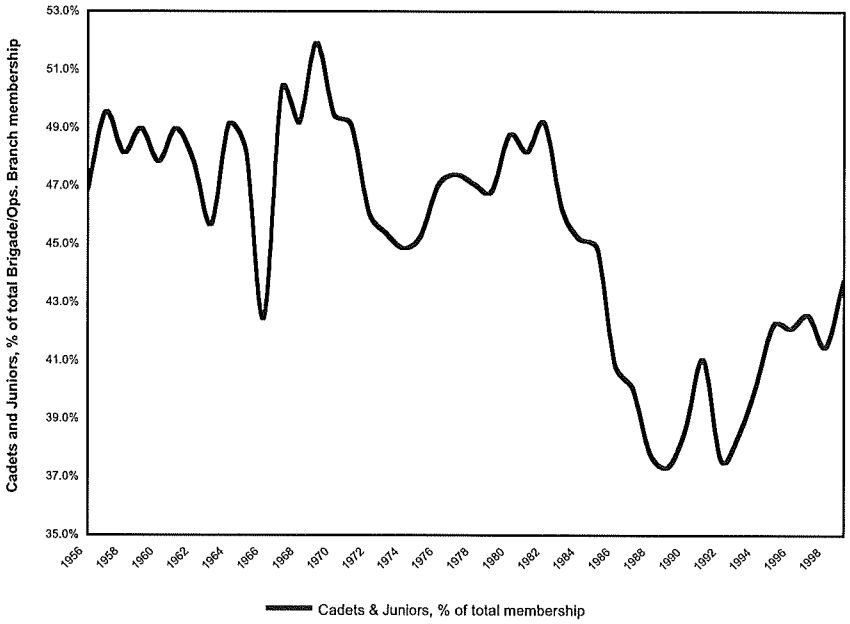
Relative strength of Australia's Cadet Districts, 1999

State or Territory	Cadets	Juniors	Total	Proportion of Australia's Cadet strength
New South Wales	936	257	1193	25.1%
Victoria	931	192	1123	23.6%
Queensland	221	74	295	6.2%
South Australia	717	174	891	18.7%
Western Australia	497	239	736	15.5%
Tasmania	126	87	213	4.5%
Northern Territory	179	4	183	3.9%
Australian Capital Territory	82	37	119	2.5%
Total	3869	1064	4753	100.0%

Cadet Division strength compared to adult Division membership

Since the 1950s, the membership of Australia's Cadet Divisions has always formed a substantial proportion of total Brigade and Operations Branch strength. At the end of the twentieth century the fraction was 44%. At the peak, in the early 1970s, it had been 52%. At the lowest point, in the late 1980s, it was only 37%. The next graph shows how the proportion has varied since 1956. Since then the Cadets have averaged about 45% of the total membership.

Cadets & Juniors as proportion of total membership: St John Ambulance Brigade/Operations Branch, Australia 1956-99



A change of emphasis, and the Australian Youth Council

For most of its history, the Cadet movement has been intended as a recruiting ground for adult Divisions. Much effort by Brigade and Operations Branch leaders went into encouraging the Cadets who reached 18 to continue on into membership of adult Divisions. Many Cadets did join adult Divisions, but the great majority didn't. New careers, further education and changing interests took most away. During the 1990s this situation prompted the Cadet leadership at District and national levels to rethink the purpose of the Cadet movement. As we have already seen in Chapter 4 under 'Youth initiatives', the result was a shift in emphasis away from regarding the Cadet Divisions as a recruiting ground for adult Divisions and towards turning Cadet Divisions into a service to youth.

As also seen in Chapter 4, the new view of the purpose of Cadets resulted in the formation of the Australian Youth Council. This body was set up in 1997–98. Its purpose is to provide policy advice to St John Ambulance Australia on all matters

affecting youth. Its membership comprises two representatives from each of the State and Territory Operations Branch Districts. Members must be aged between 15 and 25. They need not be Cadets, though most are or have been recently. (If they are not currently Cadets, they are most likely to be Cadet officers.) It meets twice a year, usually at the national Cadet camps in January and during the annual Priory Conferences in June. The period of office for membership is one year.

The council receives some material assistance from the Operations Branch national office, but is essentially an independent body. It elects its executive (president, secretary and treasurer) and arranges its own secretarial support. Among its early initiatives was the development of a policy on the wearing of jewellery by Cadets on public duty. The rising popularity of body piercing among young people meant that more Cadets were wearing rings and studs through their eyebrows, noses, lips and even tongues. As this created difficulties for Cadets performing particular first aid techniques — 'mouth-to-mouth' resuscitation for instance — the Youth Council laid down guidelines on the type of jewellery that could be worn on duty.

St John Cadets' Internet discussion forum

After St John Ambulance Australia re-designed its multi-layered Internet website in 2000, a new feature was the Members' Area. This was a secure section of the website requiring a user identification code and a password to gain access. Perhaps the most visited section of the entire website was the St John Cadets' Discussion Forum, a section within the Members' Area that allowed Cadets across Australia to voice an opinion on any matter relating to St John. The discussion forum was a form of electronic bulletin board on which they jotted their views, which instantly became available to a national audience.

When the new facility became available in September 2000 the Cadets took to it with a will. Every Cadet with Internet access, it seemed, was soon participating. They wrote on every conceivable topic — Cadet camps, uniforms, the St John websites, proficiency badges, first aid competitions, St John bands, the possibility of changing the name of the Operations Branch, the emergence of commercial first aid providers as St John rivals, the structure of the leadership hierarchy, the Cadet Manual, materials for training, censorship of contributions to the forum, and St John in relation to multiculturalism. Each new notice on the bulletin board soon attracted a series of responses, which in turn drew forth yet further responses.

As Cadet opinion poured forth the bulletin board soon demonstrated its potential for becoming the most democratic step that the generally hierarchical, gerontocratic St John organisation had taken in its 120 years in Australia. This may not have been intended, but the levelling possibilities of the bulletin board were soon apparent. The following are some examples of the correspondence that began flowing furiously across 'cyberspace' from September 2000.



Queensland District's first enrolment ceremony for Cadets, in the VAD Club, Brisbane, 19 June 1953. Left to right are: Cadet Officers M. Gleeson and G. Wilks, Cadets Anne Coyle, Christine Eyre, Madge Evans, Keith Simpson, Lily Nowan, —, and Nursing Officer G. Wellwish.



Cadet Corporal Amy Smith with the the Queensland State Governor, Maj.-Gen. Peter Arnison, and Mrs Arnison after receiving her Grand Prior's Award at Government House, Brisbane, 1999.

Uniforms

- 14 April 2001, Jasmine of Sandy Bay in Tasmania: *Okay, i dunno if i am allowed to bring this up, but being where i live, in tasmania, i am finding the uniform a little unsuitable. Due to the climate, thin shirts and jumpers arent enough to keep the cadets warm, and overalls for many arent an option. Is there any possibility of raincoats or cold weather jackets? What do other States think?*
- 14 April 2001, Emil of New South Wales: *Jasmine, in NSW at least we do have a fluorescent duty jacket (made by Carycode) and a rain jacket as well, made by another company (i.e. these do not go through St John National Supplies). I'm not sure if these are available Nation wide, but I thought they were, perhaps this is something to take up with your Officers?*
- 14 April 2001, Jasmine: *We too have similar coats, but they arent as weather proof as one would hope, but we don't have rain coats or warm weather jackets. One thing that I would like to see is ambulance jackets, the ones with the faux fur lining and weather proof on the outside. Apparently some of the officers in South Australia have them as I have worn one once. Is it possible to get them in Tassie?*
- 19 April 2001, Paul Arbon, Chief Superintendent, National Headquarters: *There are two new types of wet weather uniform available through National Supplies. You can get a fluoro yellow parka with removable faux fur lining, reflective stripes and radio pocket... .The other option is a cheaper fluoro yellow spray jacket. The spray jacket is wind and water proof and can be folded and stored in your kit. Both items are approved and in the dress regulations....*
- 20 April 2001, Jasmine: *The jacket with the fur lining is available through national store. That is great, but the cost of such a jacket, how much would that be? (and is fluoro yellow the only colour?) Thanks!*
- The discussion continued over the next two months, with new contributions and responses every few days. Jasmine, Emil and Paul Arbon made further contributions. New contributors were wally (sic) of South Australia, Lachlan of Hornsby in New South Wales, Ruth of Algester in Queensland, Mark of Sydney No. 5 Region, an unnamed correspondent from Glebe in New South Wales, Debbie who was on Reserve, Lynne Panayiotis, the Chief Officer, Cadets at National Headquarters, Nicole of Murray Bridge in South Australia, Travis of Gawler in South Australia, Dion of Dubbo in New South Wales, Darren, the Regional Staff Officer (Cadets) of Metro South Region in an unnamed State, and Tim Joseph of Carey school in Victoria. The debate widened as more took part, and so by the time it ended the Operations Branch leadership had a cross-section of Cadet opinion of the uniform.

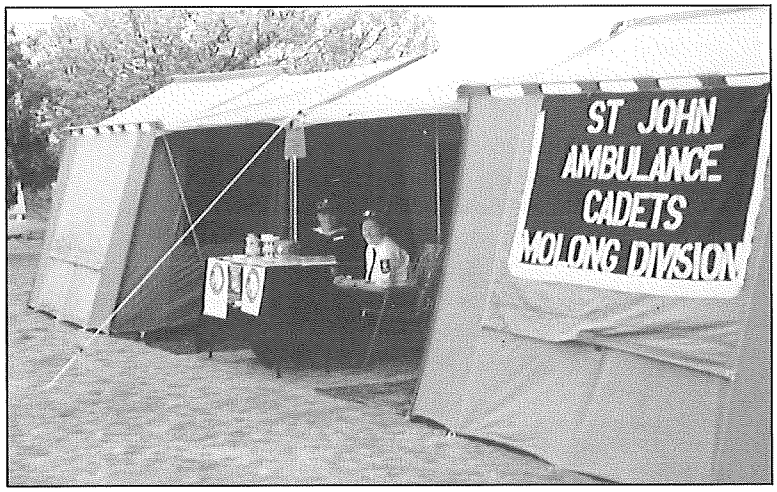
Change of name for Operations branch

- 7 May 2001, Debbie: *I was reading through the old noticeboard & noticed discussions about changing the name of Operations Branch. With everyone keen to update the image of St John, why don't we come up with some suggestions? I like the idea of something like 'Community First Aid Branch'. This could cause problems because the initials (CFA) are already used by the Central Fire Association. Any other suggestions?*
- 31 May 2001, Nicole of Murray Bridge: *what about something similar like PFA. Public First Aid. that is what we are there for, for the public.*
- 18 June 2001, Debbie: *You wouldn't even necessarily need to remove ambulance from the name. I personally like 'St John Ambulance First Aid Services' as a full name (it would probably naturally shorten to 'St John FAS'). What do other people think?*
- 16 July 2001, Tim of Carey: *I must seem old fashioned but why change? Ops is only known as such within St John and really as long as we are still out there doing first aid who cares. (Sorry if I hurt anyones feelings.) P.S. In Victoria we are still Black and White.*
- 5 August 2001, Tricia of Broken Hill in New South Wales: *I would have to agree...what is that old adage, if it ain't broke don't fix it !*

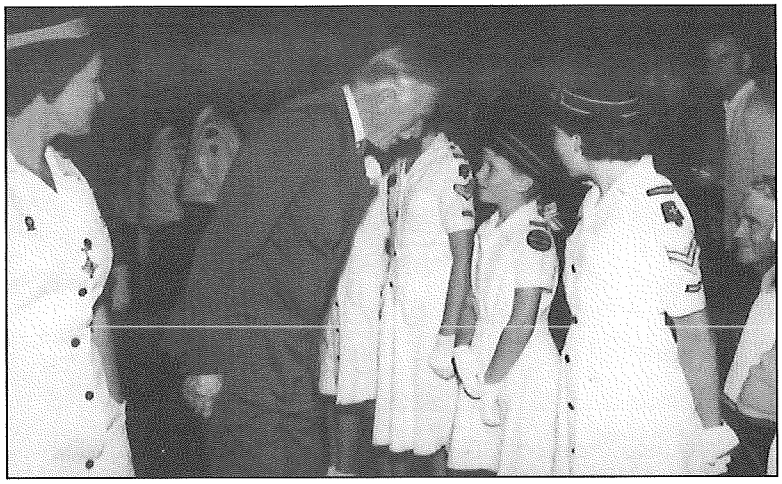


Ruth Bray (née Thompson), District Secretary of the Brigade in New South Wales 1975–86, wears her collection of Brigade badges and insignia of rank accumulated as swaps when attending Cadet camps, 1999.

One of the problems of the Cadet discussion forum was its potential for venting personal ire. This became apparent in a short exchange of views on censorship in August 2001. wally (sic) of South Australia complained that many previous messages had been deleted from the bulletin board. 'Is this St John censorship?' he asked. Answering his own question with two more he said, 'Just because some people's views are not that of senior officers/ management should they not be heard? ... What is St John scared of?' This drew a swift response from the Acting Chief Officer, Cadets, Andrea Williams, who pointed out that 'the Cadet Discussion Board is NOT an avenue to openly criticise and complain'. The exchange underlined a dilemma for the website managers: on the one hand, they wished to encourage the free expression of Cadet views and to stimulate Cadets' interest in the wider organisation; on the other hand there must be limits to what Cadets might say, otherwise the bulletin board might elicit unwelcome ventures into abuse, libel and subversion.



Two members of Molong Cadet Division, the largest in New South Wales at the end of the twentieth century, at a public duty.



Sir Henry Able Smith, Deputy Prior of the Order of St John in Queensland, inspects the Townsville Cadets, 1965. Averil Chadwick, Superintendent of the Cadet Division, is at the left.

Another difficulty was that the same few persistent contributors could dominate the debate, and these need not necessarily be Cadets. As the above exchanges suggest, those with Internet access and a strong point of view were frequently heard. Yet another difficulty was the presentation of 'official' views by members of the National Headquarters Staff. As seen in the exchanges above, three members of the National Headquarters Staff contributed to the discussions cited. While they did so to provide information, there was a danger that, if done too frequently, Cadets would see the forum as simply an 'Establishment' means for purveying its orthodoxies.

Despite such difficulties the electronic bulletin board offered much to Cadets and organisation alike. It promised to stimulate the interest of the one in the other. That in turn could only work to the benefit of them both. Further, while the phrasing and punctuation of some contributions might be erratic, the Cadets' spontaneity in speaking out and having their say was a breath of youthful fresh air wafting through the St John movement.

(from 'St John Cadets' Discussion Forum' section of the 'Members' Area' of the St John Ambulance Australia website, <http://www.stjohn.org.au/>)

Cadet discipline

In Chapter 5 we saw how the Operations Branch disciplinary procedures operate. Some of the cases referred to there involved the disciplining of Cadet officers. Cadet Divisions pose discipline of another kind — the type involved in managing children. How to maintain good discipline among Cadets without it becoming so harsh as to drive them away has always required special leadership skills. In 2000 and 2001 Western Australia made a detailed submission on discipline to two successive national meetings of the District Officers (Cadets). This called for a graduated set of punishments ranging from verbal warnings up to suspension and dismissal. At the second of the conferences, in Canberra in January 2001, the delegates rejected the Western Australian proposal, which they thought was too punitive, too sanction-ridden. They saw the matter as part of a wider problem, that of dealing with difficult people — a management issue best covered in the leadership training program. They agreed with the Chief Officer for Cadets, Lynne Panayiotis, that Chapter 6 of the *General Regulations* adequately covered disciplinary situations among Cadets. They also agreed that an approach to Cadet discipline based on a more positive self-management philosophy was preferable. The discussion ended in an agreement to consider the discipline policies of secondary schools that have adopted procedures emphasising self-responsibility among students.

Beginning a new century

By the end of the twentieth century, the Cadet movement in Australia was in reasonably good health. Nationally, the membership numbers were holding steady at over 4000. They still had a long way to go to reach the high point of the late 1960s and early 70s, when national strength had risen above 7000. But there was every chance they'd climb back. The present author is confident they will, because of their excellent service to youth. In an uncertain era of youth job opportunities and the erosion of family values, Australia's youth needed something like the St John Ambulance Cadets. Those Cadets who actively promoted the idea of membership to their friends could boast that this brought many benefits. These could be summarised like this:

- **Cadets is fun**
  Cadets follow an interesting program of varying outdoor activities, camping, competition and first aid duties at exciting events.
- **Cadets provides friendship**
  Joining Cadets is an excellent way of meeting new people, making lifelong friends and enjoying fellowship.
- **Cadets teaches vital skills**
  Cadets learn to save lives and relieve suffering; and on public duty they treat casualties where their life saving skills are necessary.
- **Cadets does useful work**
  Community service is the basis of all St John Ambulance work, and Cadet work is no exception. Cadets add value to their communities. They make a difference for the better wherever they do their work.
- **Cadets gives purpose in life**
  The Cadet movement gives its members a sense of order and habits of self-discipline. It brings structure and direction into their lives, and provides a well-proven framework for personal growth and development.
- **Cadets leads to careers**
  The Cadet movement is an outstandingly successful 'college'. Its members are learning all the time. They acquire valuable training in social and job-related skills. These prepare them well for further education and later careers, especially in the health and community welfare sectors.

The career of just one Cadet of the 1990s demonstrates the benefits enumerated above. Her name is Rachael Greentree, and in 2000 she told the present author her story in the boxed section below.

Steered into a nursing career

I'm 21 years old; I've just graduated in nursing from the Northern Territory University; and I'll soon be taking up my first permanent nursing job, in Mount Isa, Queensland. My new job means I'll have to give up being a Divisional Officer with the Darwin St John Cadet Division, in which I've spent almost half my life. I joined the Cadets in Alice Springs when I was 11, but we moved to Darwin a year later, so I transferred to our local Division here, which meets in the St John Ambulance headquarters building in Casuarina. I've come up through the ranks of the Division — private, corporal, sergeant and then officer. Having a rank encourages you to accept responsibility, as you must when you're a nurse.

Being in the Cadets steered me into my nursing career. I began thinking about becoming a nurse after three years in the Cadets. One experience in particular helped me realise that I had the potential. There was a dreadful car accident near our home in Vanderlin Drive, Wagaman. Two hoons in their early 20s in a Holden 'Commodore' had just driven past my house when their car clipped the back of another car parked near the house of my friend Tina further down the road. The car they struck was knocked at right-angles into the driveway of the house, while the roof of their 'Commodore' was sheered clean off so it looked just like a sports car. Tina and I heard the crash so we ran out to see what had happened. The two young chaps were still strapped into the front seats. They were groaning and their blood was all over the front end of their 'Commodore'. One of them looked like he might have spinal injuries so I clambered into the back seat and supported his head until the ambulance arrived to take them to hospital. Both of them died later. I had to go to hospital too, because in getting into their car I'd cut my leg badly. I also had a lot of their blood on me by this time, and had to be HIV-tested. I was also debriefed by Jenny Kirby, my Divisional Superintendent, whom Lindsay King (one of the two ambulance officers attending the accident) had called. I later received a commendation for what I had done from Peter Butler, the general manager of St John Ambulance in the Northern Territory.

Later, when I began my nursing training, the Northern Territory St John Council helped me by awarding me a Bruce Perkins memorial scholarship*, which paid me $1000 a semester throughout my course. Two other Darwin Cadets have won the scholarship — Shelley Paterson, also from my Division, and Chrissie Frampton from the Palmerston Division. All three of us have therefore been steered into our nursing careers through our involvement in the Cadets.

(Rachael Greentree, Darwin Cadet Division, Darwin, Northern Territory, March 2000.)

***Note:** The scholarships commemorate the contribution to St John Ambulance of the late V.B. Perkins, who was St John Council president in the Northern Territory 1988–92. The purpose of the scholarships, which are advertised

annually and awarded to appropriately qualified St John Ambulance Cadets in the Northern Territory, is to assist Cadets undertake university studies in health-related disciplines. Rachael Greentree, Shelley Paterson and Chrissie Frampton were the inaugural recipients. Helen Hunt, an Alice Springs Cadet, is another recipient.

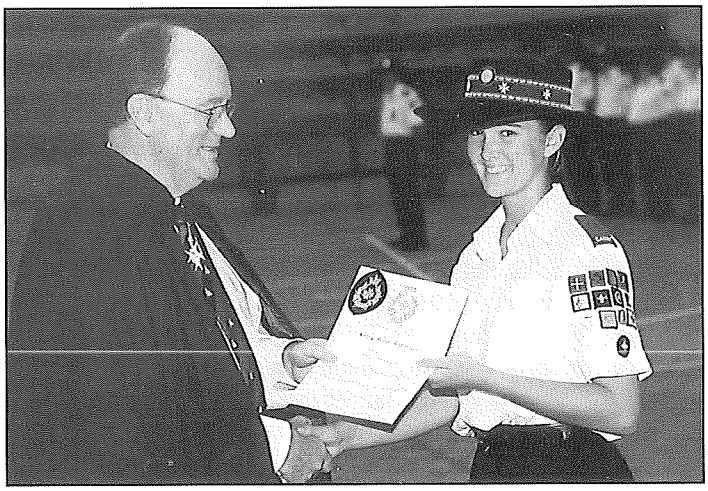
Rachael Greentree's story was one among many others from Cadets, former Cadets and Cadet officers that the present author gathered 1999–2000 as he was visiting Divisions across Australia. Others now follow in the sections below.

A three-generation family affair

I've been in St John Ambulance for 60 years now. I joined St John because I wanted a hobby. I'd been orphaned at 11, and the four children of the family had been placed in an orphanage. After a while I was fostered out, and when I began working as a boilermaker I had to put all the money I earned into my foster mother's house. Times were tough then. It was the mid-1930s, Australia was still suffering the effects of the great depression and no one had much money. I had no money for other hobbies so at 18 I joined the Thebarton Division of the Brigade. We used to meet in an air-raid shelter in Thebarton. It was quite a squeeze because there were 80 lads in the Division. I joined the Royal Australian Air Force in 1941 as a medical orderly. After returning from the war I went back to Thebarton, which now had a Cadet Division. I was asked to be the Cadet Officer, and accepted. Later I became the Divisional Superintendent for the Cadets. I remained in this job until 'Dutchy' Holland, the District Officer (Cadets), asked me to become the Corps Staff Officer. I eventually succeeded 'Dutchy' as the DOC, and spent 25 years in the job. My son-in-law, Keith Dansie, then succeeded me. He spent three years in the job and was then followed by his wife, my daughter Lynn. Lynn held the job for six years and then spent another six as Chief Officer for Cadets on the National Headquarters Staff — the top position in the Australian Cadet movement. Their three children were also Cadets, so ours is a three-generation St John family.

The big annual event for Cadets in South Australia is the Easter camp at Angaston, which has been going for nearly 50 years now. My particular contribution to the camp was the prefabricated mobile kitchen. I welded it up in easy-to-assemble sections in the backyard of my home so it could be mounted on a trailer and towed to the campsite each year for quick assembly. I've written at length about the great fun the camps were in the 40th anniversary history of the camps I produced in 1991. For us the camps were a family occasion. My wife, Maureen, always came along as the chief cook. She has never been a St John member but she has been made a Serving Sister in the Order because of the effort she put in over many years into making the camps a success. I'm a Knight of the Order, Lynn is a Dame and Keith is a Commander. For us, St John Ambulance and the Order of St John is a way of life, a family affair. We're proud of our involvement and particularly of our work in the Cadet movement. Many of our Cadets have gone on to successful careers in medicine, nursing, ambulance work and the police; and many members of the National Headquarters Staff began their St John careers in the Cadets. For example, Paul Arbon and Peter Lorimer, now respectively the Chief Superintendent and Chief Nursing Officer for Operations Branch, started off as Cadets here in Adelaide while Villis Marshall, the Chief Commissioner [and later Chancellor of the Order], began as a Probationary Surgeon with the Colonel Light Gardens Cadet Division.

(John Berry, Adelaide, May 1999)



Kelly Robinson of the Darwin Cadet Division receives her Grand Priors Badge from the Administrator of the Northern Territory, Dr Neil Conn, October 2000.

10 Grand Prior's badge Cadets; all joined adult Divisions

I joined St John in 1976 when I was 35. My Dad had been a St John member at Unley Division back in the 1930s. He was a stone mason and worked for a time at the Mundoo barrages. While he was there he delivered a baby which he then 'lost' because he placed it in a clothes basket, the only receptacle available. It then sank down among the clothes, disappearing from sight. I spent five years, 1989–93, as Superintendent of the Mitcham-Colonel Light Gardens Cadet Division but had to retire because I developed heart trouble. I'm very proud that while I was Superintendent 10 of our Cadets earned the Grand Prior's badge, and all of them went on to become members of adult Divisions.

(John Lock, Adelaide, South Australia, June 2000)

30 years with the Fremantle cadets

Way back in 1970 the Superintendent of the Fremantle Nursing Cadet Division, Mrs Hilda Golding, spoke to my mother suggesting that I should join her Division. I joined. Mrs Golding would drive past our house, pick me up and off we would go to the Divisional meetings. I've stayed in St John ever since.

The majority of my 29 years with St John has been with the Juniors and Cadets. My best experience in St John would be the joys I have shared with their progress be it winning a competition or earning a proficiency badge — any badge, from an interest subject to a Commissioner's award, the Grand Prior's Badge or District Cadet of the Year. There are special feelings for those members who struggle to grasp the principles of first aid, and I was as proud as they were when they finally got there. My pleasure continues as I meet up with ex-cadets. Some have continued in St John, developed into ambulance officers, Divisional Officers, Superintendents, first aid trainers. Others are parents, with the next generation starting to become members of Cadet Divisions. I feel proud of their achievements and bask in their reflected glory and, of course, I tell everyone that they are, or once were, Fremantle cadets.

Saying good-bye to Cadets as they leave our Division and move on to other adventures, studies and commitments is a painful experience for me. Could I have done more to keep them in the St John family? Sharing the grief my members experienced when a casualty didn't make it is also painful. This has happened three times and, interestingly enough, none happened when the member was on duty.

Being with a Cadet Division allows one to be an adult but also to get back to being a child again. Thus, I have crawled through fire drill tunnels, sung and danced on stage, gone down the slippery dip and up the climbing wall. I once drew the short straw and had to gargle the national anthem. I had to laugh when attending an international cadet camp in the Adelaide hills. I, as an officer, must supervise the cadets on the commando course. It sounds like I was supposed to be directing them but it was the boys from Newman that helped my Fremantle girls and me to go through the obstacle course. We proudly finished without mishap and with lots of laughs. I even crossed the creek walking on two ropes without falling in.

(Maria Godwell, Maddington, Western Australia, August 1999)

10,000 kilometres there and back by road for a Cadet camp

My name is Ian Johns. I've been involved with St John since 1984, when I joined as a Cadet. I'm now a Corps Ambulance Officer. (As our historian, you've probably persevered through enough 'St John speak' to know what that is.) I now wish to bring to your attention a little something that might be of interest — the Darwin Cadet camp in 1992. That year the Northern Territory District hosted an international Cadet camp for nearly 150 Cadets. Here in New South Wales a small number of us thought it might be a good idea to attend this camp. The catch was, we decided to drive and camp along the way. Basically, organisation for the event started early in 1990. Two years later we had a coach load of Cadets and their officers, 44 in all. What was really satisfying for me as the organiser of our District contingent was that these 44 people came from both the New South Wales and the Australian Capital Territory Districts along with five members of St John in New Zealand including their Chief Officer Cadets. For six days we crossed the continent to get to Darwin, some 4000 kilometres. After the camp it was nine days and over 6000 kilometres back to Sydney via Central Australia (the fabled 'Red Centre') and South Australia. This trip was one of the largest ever undertaken by the Cadet movement in New South Wales. It remains the highlight of my service to the St John organisation. Articles about the camp were subsequently printed in various St John publications, including one I wrote for *St John World* (London).

(Ian Johns, Sydney, New South Wales, April 1999)

A wild bull at the rodeo

I'm 9 years old and I've been in the Cadets for two and a half years. My Mum is one of the leaders of our Division. My big sister Katie is a sergeant and has just got the Grand Prior's Badge. Last year we were on duty at the Molong rodeo. People trying to ride the bulls kept being thrown off. There were clowns there to catch the bulls' attention when the riders were thrown off, to help the riders escape. But that didn't stop one bull goring one of the fallen riders. After that the bull tried to jump over the fence among the spectators. Our St John Ambulance people treated the man who was gored until the ambulance took him away to hospital.

(Sharon Burchett, Molong, New South Wales, May 2000)

Always the 'victim'

My Dad used to run our local St John Cadet Division so I had little choice in joining the Cadets myself. I remained in the Cadets for a few years but in the end left because I was sick of always being the 'victim' in our casualty treatment scenarios. I was the smallest Cadet in the Division so I was always chosen as the 'accident victim'. Most of our weekly Divisional meetings ended with me being wrapped from head to foot with bandages.

(Michelle Keetley, Darwin, Northern Territory, March 2000)

Every member of my District Staff was a former Cadet

I knew from an early age that I wanted to be a doctor; and I knew that St John taught first aid, which I saw as a step along the way to my career. What prompted me to join the St John Cadets was a visit I paid to my godmother in Malvern, four stations up the railway line towards Melbourne from where I lived in Hughesdale. During the visit I saw a group of people in the black and white uniform of the St John Ambulance Brigade. I asked them if I could join the Cadets. I didn't know who they were, but the group included Norman Billing [later District Superintendent then Chief Superintendent] and Alan Burton [later Chief Surgeon]. They said I had to be 11 years of age. I wasn't quite 11 so I had to wait several more months before I could join. That was in 1949. As soon as I turned 11 I joined the Malvern Cadets, travelling by train to attend the meetings. I loved it from the outset, and felt very proud of myself when I received my uniform after completing my preliminary first aid training. We had wonderful first aid duties to attend with the members of our adult Division — local Aussie Rules football matches, the matches of the Victorian Football Association and Victorian Football League, the Royal Show, Scout jamborees, the Anzac Day marches. Later on, in 1956 there were the Melbourne Olympics, where I was on duty for the track & field and the weightlifting events; in 1958 there was the first grand prix at Albert Park, in which legendary drivers like Fangio, Stirling Moss and Jack Brabham were competing; then in the 1960s there were the Sunbury Pop Festivals.

Over my years as a Cadet I progressed upwards, becoming a corporal and then sergeant. When I began my medical course at the University of Melbourne in 1956, I was appointed Probationary Surgeon, the first in the Brigade in Victoria. After graduating, I returned to Malvern as the Divisional Surgeon, spending six years in the position 1963–69. I spent the next two years, 1969–71, in Canada undergoing postgraduate training in psychiatry, then on my return I had 13 years, 1971–84 as Corps Surgeon of No. 5 Corps, covering Melbourne's south-eastern suburbs. I also chaired the Victorian centre of the St John Ambulance Association [Training Branch] for four years, 1978–81. I spent five years as District Surgeon, 1985–90, and then finally three as District Commissioner, 1990–93. Since my term as Comissioner I've served St John in other capacities. I chaired the Victorian committee for the Jerusalem Ophthalmic Hospital for six years, 1993–99; and this year I became Deputy Chairman of the Victorian State St John Council. I was admitted to membership of the Order in the late 1960s and was promoted up through the grades until becoming a Knight of Grace in 1988. St John involvements like these can be a heavy burden at times, but the sense of worth one gains from doing something worthwhile for the community transcends the discomforts. One aspect of my 50 years in St John that has pleased me greatly is that when I was the District Commissioner, every member of my District staff was a former Cadet. That runs counter to accepted wisdom that Cadets don't stay on to become adult members. Many former Cadets do remain in the organisation as productive adult members. I'm very proud that my District staff reflected this.

(Alan Mawdsley, South Melbourne, Victoria, September 1999)



Keith Simpson, the first Ambulance Cadet enrolled in Queensland, 1954.

Becoming serious about first aid

I'm 14 now and I've been a St John Cadet for three years. I joined the Midland Cadet Division in Perth. I was in that Division for two years, until we moved here to Alice Springs. I wasn't too serious about St John Ambulance when I was at Midland, but I became very serious about it in my last months there; and so I joined this Division as soon as we shifted up here. The reason I became so serious is that two of my friends were killed outside my house in Midland when driving home one day. Both were only 17. One was a boy called Travis and the other was a girl called Skye. They were driving past my place when another car suddenly pulled out into the traffic and clipped their car, knocking it into a light pole. Skye died instantly. Travis was still alive and was taken to hospital, where he had to have an emergency operation. He survived the operation and regained consciousness for a few moments. He opened his eyes and saw his mother waiting there. He told her he loved her then died.

I ran out to the accident as soon as I heard it happen. I felt totally frustrated because I couldn't do anything to help. The crowd of people who gathered there wouldn't let me do anything and wouldn't listen when I said I knew first aid. If they'd let me, maybe I could have done something to help save Travis. That was when I became serious about first aid.

(Hayley Stone, Alice Springs, Northern Territory, March 2000)

Being a Hamilton Cadet in the 1940s

I came into the Brigade in the early 1940s in Newcastle, where I joined the Hamilton Cadet Ambulance Division. I recall being asked by a neighbour, Mr Bert Goodwin, whether or not I would like to learn first aid. He was involved with the St John Ambulance Brigade Cadets. The organisation really was then in its early stages here, the Division having started in 1940. The meetings were being conducted in the open — actually in Birdwood Park, Newcastle West — being under some really large Moreton Bay fig trees. I really enjoyed it and it was not long before I joined as a St John Cadet.

In my early days I recall moving to various meeting areas before it was determined that with volunteer labour and with assistance from a builder, St John would build the Hamilton Division hall. The builder was in fact the father of one of the adult members. Funds were raised in many different ways, even involving 'button sale' days. Of course, it was necessary to gain approval from headquarters to conduct these. However, this was unfortunately not obtained. Headquarters in fact did find out about this when buttons were sold to someone from District Headquarters Staff on Broadmeadow Railway Station. You never know who is going buy a button!

The Newcastle Corps was interested in raising a Cadet Drum Band. To this end the services of the Drum Sergeant from the City of Newcastle Pipe Band were obtained. He sought a number of people to learn to play all sorts of drums — bass, tenor, snare. The members were forthcoming and were taught the art of snare drum. In fact, I became the Drum Sergeant of the Drum Band. We were a band of some eight snare drummers, a couple of tenor drummers and a bass drummer, all led by a Drum Major. We performed locally at various St John activities, but it was our big thing to accompany the Newcastle contingent for the annual Brigade inspection at Government House in Sydney. The members joined the Sydney Corps of St John, and we marched down Macquarie Street past the Sydney Conservatorium. It was a very proud thing for me and members of the Newcastle Cadet Drum Band to give a special performance before all at Government House.

The Newcastle visits to Sydney for the inspection weekend were really something. Members travelled by train, departing on the Friday night then staying at either the Woolloomoolloo or Balmain Police Boys Clubs. After the Inspection on the Saturday afternoon, members visited Luna Park, stayed over and visited the Zoo prior to returning home. Those were really things that the Newcastle Cadets looked forward to.

I can recall also the many activities whilst a Cadet in the Newcastle Corps. We had local inter-Divisional first aid competitions, in fact we also had visits between Newcastle Divisions and Sydney Divisions. These were great and good for morale.

In my days as a St John Cadet, the uniform was much different to the present Cadet uniform. The uniform consisted of black pants with white stripes down the side seam. If short pants, they were worn with long black socks with black and white tops. The white shirt was worn with a triangular scarf or neckerchief, similar to the Scouts, with a black and white woggle, topped with a black forage-style cap.

Whilst sports days were always a welcome event in Newcastle, one of the great social events in the Corps was the St John Debutante Ball. Ambulance and Nursing Cadets were selected to take part in the events. These were conducted at the Newcastle City Hall, where the stage area was transformed into ancient times with facades of the St John Knights of old. The St John Ball was at that time regarded as one of the top social events in Newcastle.

In my family it was a case of me joining as a Cadet and in due course my father joined the Brigade. He was a Divisional Officer Cadets, then Divisional Superintendent Cadets and then moved on to be Corps Superintendent (Cadets) in the Newcastle Corps. Who would believe that in the course of events that I would emulate my dad and move further on?

During the course of my involvement with St John, I was also fortunate to meet my wife, who was a former Nursing Cadet with the Hamilton Nursing Cadet Division.

I moved through the ranks of the cadets, promoted as Cadet non-commissioned officer, then moved up to the adult Division and was then promoted to both Divisional Officer and Divisional Superintendent (Cadets). After that I moved on to be Corps Officer and Corps Superintendent in the Newcastle Corps and was then promoted to District Staff, where I remained until retirement at age 65.

(Ron C. Ferrier, Newcastle, New South Wales, June 1999)

Caring for Grandpa Young

My Grandpa, Peter Young, died three years ago. He was only 53 but he had cancer, his legs had been amputated because he had poor blood circulation, and he had a class 4 melanoma. He was really sick for the two years before he died. I was only 10 then but I used to help him have his showers and then do the dressings for his wounds. That made me want to learn first aid to help other people. I joined the Darwin St John Cadet Division, where we learn how to save lives.

(Emma Young, Darwin, Northern Territory, March 2000)

Dad's car crash

My Dad was driving home from work last year when another car crashed into his. An old man of 84 was driving the other car. He was trying to slow down but put his foot on the accelerator instead of the brake. His car sped forward straight into the side of Dad's. Dad was knocked unconscious and was taken to the hospital by ambulance. The ambulance officer wanted to take the old man in the other car to hospital too, but he wouldn't get in. The police also wanted to breath-test him to see if he'd been drinking, but he wouldn't take the test either. He said his religion didn't let him take breath tests.

(Sharon Burchett, Molong, New South Wales, May 2000)

Encouraged by Mum and Dad

Both my parents work at the Alice Springs hospital, Mum as a theatre nurse and Dad in the stores branch. You could say our family has a direct interest in health services. This encouraged me to become a St John Cadet. I'm 13 now, and I've been a Cadet for three years. I joined in 1997. Even though I came from this family medical background, I wanted more knowledge. I did my preliminary first aid certificate the year I joined the Cadets. The instructor was a lady called Colleen. My best friend, Catlin Plecker, did the course too. She joined the Cadets two months later. I'm pleased with what I've learned because I'm gaining the knowledge I wanted.

(Krystle McDonald, Alice Springs, Northern Territory, March 2000)

Fractured wrist at skate park

I am James Berry from the Alice Springs Cadet Division. I am 13 years old, and I have been a Cadet for almost three years now. Recently there was an accident at the youth centre, which I will tell you about. I was at the new skate park at the youth centre, and they had just put out the new mobile ramps. Anyway I watched a heap of kids going around on skateboards and roller-blades when I saw a kid just falling off his skate board on one of the four quarter-pipes. He yelled out, 'Ah, my wrist!' He didn't sound too serious when he yelled out but I walked over to him and saw there was blood coming out of his wrist. I asked someone to go get an ice pack because the wrist was already very swollen. He had a severe fracture. He was very tough. He wasn't crying but just saying he wanted to go to sleep. I told him he had to keep talking to me and not go to sleep. He was going into shock because of his wrist. He wanted someone to call his Mum, but we called and no one answered, so I asked someone to go and get an ambulance. It took a while and the ambulance still didn't turn up. Fortunately the youth centre had a blow-up splint that we used to splint the wrist. I asked him if I could take his pulse but he refused. The ambulance still hadn't turned up so one of the adults at the centre took him to the hospital. I owe it all to St. John for teaching me the first aid skills that I have right now to help the young man out. I saw him the other day with a cast on. I don't think he remembered me though, and I didn't expect him to either.

(James Berry, Alice Springs, Northern Territory, April 2000)

Earning the Grand Prior's Badge

I'd like to tell you about my grand-daughter, Amy Louise Smith, who earlier this year received her Grand Prior's Badge from our Deputy Prior in Queensland, the State Governor, Major-General Peter Arnison, in a ceremony at Government House. Amy first joined St John in 1993 as a Junior in the Albert and Logan Division, where she received her Grade I badge. She used to accompany me on public duties even before she became a Junior. I have a lovely photo of her at the age of 2, wearing my Brigade hat one day when I was on duty at the Royal National Association's Brisbane Show. The name of her Division changed to the Beenleigh Family Division in November 1993. The next year Amy moved up to being a Cadet. She began working on her proficiency badges with the goal of winning the Grand Prior's Badge in mind. She achieved her goal five years later on 3 October 1999. Amy also wanted to learn as much as she could in St John, so when her Superintendent, Lorraine McAuley, asked who wanted to do the corporal's course, Amy put her hand up. She has always been one to volunteer for duties whenever she could. After completing the corporal's course, she wanted to do the sergeant's course. She completed that too and that's the rank she now holds. As a Junior and a Cadet, Amy has also taken part in first aid competitions in Cleveland, where she took out a trophy. Her next goal is to become a Cadet Leader, then a Divisional Officer. She'll begin the officer training program next year. I can see her becoming a Cadet Division Superintendent in a few years. This year has been a productive one for Amy. As well as her Grand Prior's Badge and sergeant's course, she also completed her Advanced First Aid and Advanced Resuscitation certificates. As a St John member myself, I'm very proud of her accomplishments.

(Marie Wallace, Loganholme, Queensland, December 1999)

Flowers for a young girl screaming

One day on my way to school in 1997 I witnessed a little girl of about 7 getting hit by a car. She and her brother had been riding their bikes to the Driver primary school, which was also my school. I rushed over to help her because I'd been a member of the Palmerston St John Cadet Division for two years and had a preliminary first aid certificate. I was 13 at the time. There was already blood everywhere, and it was not a pretty sight to see. A few other kids from the school were going past on their way there as well, so I asked them to tell the principal that one of our little girls had been hit by a car.

Because the little girl's helmet flew off when the car hit her, she had sustained a large laceration to the back of the head which was bleeding badly. I stopped the blood flow as best as I could, telling her all the time what I was doing so she wouldn't be scared. But that didn't stop her from screaming, and this is how I knew she was still alive. By the time the ambulance arrived she had stopped breathing, however, and I was well into EAR [expired air resuscitation] trying to save her life. The ambulance officers took over from me, and they were still keeping up the EAR when they left. I then went to comfort her brother, who by now was in shock and emotionally worked up. I calmed him down and took him home, where I told their mother what had happened. She took off for the hospital straight away and I went to school two hours late.

At school I had to make a statement to the police. As I was repeating what had happened, the phone rang. It was bad news. The little girl had died on her way to hospital. There was sadness all through the day at school.

The Superintendent of my Cadet Division, Dawn Bat, was a teacher at the school. She took me aside for some counselling. She said, 'Nice work! You did what you could, and it's not your fault that your patient died.' She said I could take a couple of weeks off school to get over it, but I decided I'd like to keep attending. Every year, just after Anzac Day, I put flowers at the site. I then sit there for a while and picture the scene as it was. But all I hear is the young girl screaming.

(Kirsten Spencer, Palmerston, Darwin, Northern Territory, March 2000)

Glebe Cadet to District Staff Officer

My association with St John Ambulance Brigade started on 30 May 1945, as a Cadet attached to Glebe Ambulance Cadet Division. This Division is the oldest Cadet Division in Australia. While I was a Cadet we performed many public first aid duties including football, the swimming pools, athletics, street parades and the beaches.

Training for first aid competitions was ongoing, to keep first aid skills at a high level so as to be able to assist the public when needed. Camps were also a major feature of Cadet life as it was there that most Cadets earned their various proficiency badges for the Grand Prior's Badge. On completing my time as a Cadet I transferred to the Glebe Ambulance Division (adults) in 1947. As an adult member duties increased and covered a wider area, including the National Parks at Sutherland and Audley, cricketing venues and various beaches. Transport to these events was by train, tram and eventually bus.

After promotion up through the various ranks within the Division I was promoted to Superintendent in charge of the Cadets at Glebe, a position I held from February 1959 to 1972. I transferred to Corps staff as a Corps Officer with the Western Sydney and Bankstown regions. Although this meant promotion, I was sad in leaving behind my beloved Cadet Division. I remained on Corps staff, generally enjoying the experience, until June 1981, when a further promotion, to District Staff Officer, came my way. While a Corps Officer and also District Staff Officer I performed many duties including the Royal Easter Show, the Anzac Day dawn service and march, the City to Surf fun run, motor racing and rock concerts. As District Staff (Grade 3) my main responsibilities were supervising Cadets until June 1985 then as a Grade 2 officer my main responsibilities were records management. I continued in this role until my retirement in 1995.

Even though I am now on the reserve list I still like to play an active part in the Operations Branch. With such roles as vice-president and treasurer of the Cumberland Region of the Branch, I have performed many other roles within the Cumberland Region since 1987. In October 1999 I will qualify for the eighth bar to my Service Medal after having served for 52 years in the service of St John. It has been a rewarding and fulfilling experience for me over all those years.

(Les Medley, Sydney, New South Wales, June 1999)

Mum encouraged me to join

I joined Alice Springs St John Cadets two years ago when I was 11. Mum had just done a first aid course for her work. She thought that knowing first aid was a good idea, so she encouraged me to join.

(Stephanie Will, Alice Springs, Northern Territory, March 2000)

My Grandpa's seven strokes

I'm 13 and I've been a St John Cadet for three years. I joined because I wanted to learn first aid. I was worried my Grandpa might die. He's 76 now and has had seven strokes. I wanted to know how to save his life if he has another. He has had operations to open his arteries and clear them out, but he still gets chest pains and sometimes has to go to hospital with them. The doctor says he has only two years to live

(Laurelle Brock, Humpty Doo, Northern Territory, March 2000)

Mum made me join

I'm 10 and I've only been in the Alice Springs Cadets for a few weeks. Mum made me join because she wanted me to learn first aid.

(May Loke, Alice Springs, Northern Territory, March 2000)

I was the patient

I'm 13 now and have been a Cadet for two years. Not long after I joined this Division I was hit by a bus while I was watching boats from the Darwin wharf with a friend's family. We were there to see an oil rig in the harbour. Without looking properly I stepped on to the road and was hit by the bus. It knocked the left side of my head heavily and broke my right collar bone. A chap driving past knew first aid and stopped to treat me. I was taken to hospital soon after and put into an induced coma because of increasing pressure of my head wound. When Sally, my friend's Mum, went to tell my Dad I'd been hit by a bus, he said 'I'll clobber him when he gets home!' Sally then said, 'He may not come home!'

(Tim Blott, Humpty Doo, Northern Territory, March 2000)

In my flouro-yellow St John Ambulance jacket

When I had only been in the St John Cadets for a very short time I attended a public duty at 'Floriade', the annual out-door flower and garden display in Canberra. While I was on duty an elderly woman had a heart attack and I was sent to lead the ambulance through the grounds to where our people were caring for the woman. I felt so proud in my flouro-yellow St John Ambulance jacket calling out to people to move out of the way to let the ambulance through!

(Simon Puckett, Latham, Australian Capital Territory, December 2000)

My cousin could have drowned

Five years ago, when I was 7, my 4 year old cousin, Beau, fell into the creek at the back of our house. The creek was up and flowing fast like rapids. I was having fun swimming in the creek when he fell in. He went straight under but I managed to grab him and push him up the bank to my mother. I've been in the Cadets for two years now, and I joined to learn EAR and CPR so I'd know what to do if anything like that ever happened to me again.

(Terri Gillette-Eurell, Humpty Doo, Northern Territory, March 2000)



Members of the Auburn, Sydney, Ambulance Cadet Division, about 1952. Their officers are Roy Sutton, left, and Paul Fisher, right.

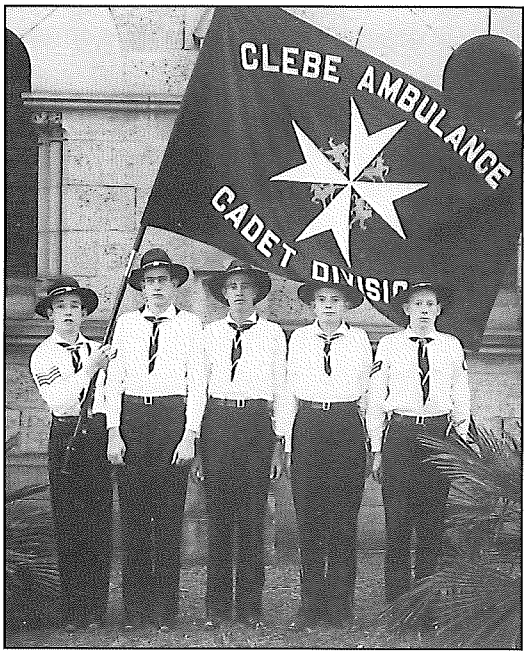


A graduation: Cadets Neil Dunkley (left) and Richard Hutchins transferring from the Alice Springs Cadet Division to the Alice Springs Adult Division, October 2000.

Whacked in the eye by a winch handle

Our names are Mark Stephenson and Josh Bracey, we're both 12, we live in Queanbeyan, attend the Telopea Park school and are members of the Canberra Central Cadet Division. Sometimes we go on public first aid duty with the adult Division. In May this year [2000] we were on duty with the Division at the four-wheel-drive competitions at the Queanbeyan showground. We were watching one event where the competitors were pulling their vehicles over logs using winches. One chap was operating his winch manually, using a handle. As he was pulling on the handle it slipped, whacking him in the eye. He kept on winching but we noticed his eye was bleeding quite badly, so we went and fetched two members of the adult Divisions — Luke from Canberra and a woman from another Division. They took their first aid kits over to where the chap was still winching. He allowed them to clean and bandage his wound. They told him he should see a doctor. He took their advice, and got one of his friends to take him to the doctor. He came back later with two stitches in his wound. We saw him and asked if he was OK. He said he was, then thanked us for fetching the two adult first aiders.

(Mark Stephenson and Josh Bracey, Canberra, Australian Capital Territory, November 2000)



Members of the Glebe Ambulance Cadet Division at the District Review, 1947.

The District Officer (Cadets)

My period as District Officer (Cadets) was one of the most rewarding portfolios that I was ever appointed to. Any officer who has been involved with Cadets will tell you that it is a pleasure to be a member of such a great group of young people. Cadets were mostly 100% honest: they told you what they were thinking. It may not have been according to General Regulations but usually was exactly what they thought or felt, and, more importantly, was said with no malice. Cadets would not stab you in the back and were not interested in getting promotions on the back of their peers.

By far my biggest challenge as District Officer (Cadets) and again the most rewarding occurred in 1987. This was the national Cadet camp and first aid championships at the Turner School in Canberra. The site chosen for our accommodation was nearby at one of the halls of residence at the Australian National University. It was Canberra's turn to run the championships, but as they did not have the resources to stage the event, Victoria was chosen to organise accommodation, meals and entertainment. New South Wales was selected to organise the competitions. I approached a friend of mine for a contact in a Mitsubishi dealer in Canberra for the use of a motor vehicle. Mr Doug Groves of Mitsubishi loaned us a Sigma station wagon for the duration of the camp. It was very generous and we were most grateful. From all accounts by those in attendance it was a 'top' camp. We certainly had a great time and made a host of new friends. If my memory serves me correctly New South Wales participated with great success.

The hints I got for running the competition were from members in various Districts who had prior experience in running national Cadet championships. These circumstances prompted me to write a publication titled 'Guidelines for Competition Managers' and I believe that these provided the basis of the current competition manual. Another writing task was to help in the revision of our *General Regulations*. As a Grade II Officer along with all Grade II's throughout Australia, I had the opportunity of contributing to the re-writing of the *Regulations*. I was delighted to have this opportunity to assist in removing anomalies and the tendencies for misunderstandings in our current model. I have a letter of thanks from Operations Branch National Headquarters for my contribution and it was very rewarding to know some of my submission was incorporated in the next edition of the *Regulations*.

(Alf Gorick, Ettalong Beach, New South Wales, September 1999)

Rock skiing

I'm 9 years old and I've been in the Cadets a year. I got injured when I went 'rock skiing' last month during our Easter Cadet camp. 'Rock skiing' means that I fell over and slid downhill over some large rocks. I tripped and fell when I stepped out of the way to let a lady go past me. I rolled down the hill and banged the left side of my head. I got a large black eye and it took two weeks before the bruises faded. The lady saw what happened to me and climbed down the hill to get me. Theresa, one of our other Cadets, picked me up and made me laugh so I'd stop worrying. They took me to the first aid station. An ambulance officer was there and he checked me out but I didn't need to go to hospital. It hurt a lot but I didn't cry. My friend Frances was there, too. She cried for me instead.

(Samantha Gray, Molong, New South Wales, May 2000)

Your hair has reached your collar!

I became a St John Cadet at the age of 8 in 1958. A year earlier I'd joined the Cubs, but Cubs didn't appeal to me: I was a homebody, I didn't like going on Cub camps and some of the bullies from school were also in the Cubs. One of my school mates, John Hickie, was in the St John Cadets. One day he took me along to one of the Cadet meetings. The Hickies were all involved in St John. John's older brother Graham, who was about five years older than us, was the sergeant-major of the Cadet Division; their older sister, Mary, about 18, was a two-star officer in the Division and their other sister, Dorothy, about 16, was a one-star officer. Both girls eventually went off to do nursing. St John appealed to me so I joined and I stayed for the next 25 years. In that time I filled just about every rank and position from junior private in Cadets to District Superintendent. The Superintendent of the Darwin Divisions, both adult and Cadet, was a chap called Jack O'Hare, an electrician at the Darwin Hospital. Jack had been a trained nurse and was qualified to give injections and do sutures. He stayed around Darwin running St John until the mid-1960s, when he took a job somewhere else as the first aid officer at a mine. Our meeting place was an old sandstone building in Chinatown. It was one of only three buildings in Darwin that hadn't been bombed during the war. It had a dirt floor and was in a bad state of disrepair. We used to hear about the early days of St John in the Northern Territory, back in the years immediately after the war. We were given to understand that a chap called George Brooks had started St John in Darwin, using an old army 'blitzwagon' for public duties. He'd disappeared long before I arrived on the scene, and was said to have quit because he was fed up with Brigade District headquarters in Adelaide, which never gave him recognition for his service.

I eventually met my wife, Rosemary, through St John, but our courtship didn't get off to a promising start. She was a student nurse at the Darwin Hospital. As part of the training she had to do a first aid course, which she was half-hearted about because the hospital had pressured her and the other student nurses into taking it. I was the course instructor. After I'd got to know her I invited her to a Cadet meeting to find out more about St John. She used to ride a motorbike, which I hated because motorbikes are dangerous; and so I offered to give her a lift. I said I'd pick her up at 6.00 p.m. sharp. I arrived at 5.58 p.m., waited till 6.01 then drove away to my meeting when she still hadn't appeared. Rosemary arrived half an hour later on the motorbike.

My proudest moment in my time in St John was when Alan Bromwich, our District Commissioner, came to my family's bus depot one day in 1978–79 to ask me to become his District Superintendent. We decided to make a special effort with the Cadets. By the end of my second year as District Superintendent the Cadets in the Territory were the largest youth organisation in Australia proportionate to population. (See discussion below.) We had no old people in our Cadet movement, so it was a youthful part of St John that attracted the young. At one stage we had 200 kids in the Casuarina Division alone — more than the present strength of the entire Northern Territory District — and about 10 Cadets a year were moving up from the Division into the adults. That in itself was an achievement because elsewhere most Cadets leave St John when they reach 18. To encourage them we used to put them on the ambulances as the third member of the crews. Many subsequently went on to careers in nursing, medicine, ambulance work or as medical ancillaries. The parents couldn't believe how keen and how spic and span their kids became after joining the Cadets. We set high standards for deportment and behaviour— 'Your hair has reached your collar so get it cut'; 'Make sure your shoes are polished when you come on parade' and so on. A few Cadets might have grumbled at first but they soon learned to take pride in themselves and in the Brigade. The parents loved it!

(Grant Keetley, Darwin, Northern Territory, March 2000)



Glebe Ambulance Cadet Division members at their first picnic, Yarra Bay (north-east corner of Botany Bay), 1927.

Note: Grant Keetley's claim that the Cadets in the Northern Territory were the largest youth organisation relative to population is difficult to assess. However, by the early 1980s, during his period as District Superintendent, the Northern Territory Cadets were by far the largest Cadet movement in Australia relative to population. The table below summarises the situation over the two decades 1980–2000. In that 20-year period the best balance achieved between the Cadets and State/Territory population was in the Northern Territory, where in 1980 there was one Cadet for every 345 citizens, that is a ratio of 1:345. The next best ratio that year was the 1:1004 in South Australia. These figures compared with a national figure of 1:2515. By 2000 the national ratio had slipped to 1:4098; the Northern Territory ratio had slipped to 1:1015 but still remained the best among all eight States/Territories.

Cadet strength in relation to State/Territory population, 20-year intervals, 1960–2000

State/Territory	1980			2000		
	Population ('000)	Cadet strength	Population numbers per Cadet	Population ('000)	Cadet strength	Population numbers per Cadet
Queensland	2,265.9	516	4,391	3,505.9	295	11,884
New South Wales	5,171.5	828	6,246	6,469.2	1193	5,423
Victoria	3,914.3	1,679	2,331	4,745.7	1123	4,226
South Australia	1,308.4	1,303	1,004	1,545.8	821	1,883
Western Australia	1,269.1	858	1,479	1,842.2	736	2,503
Tasmania	423.6	257	1,648	494.7	193	2,563
Northern Territory	118.2	343	345	185.7	183	1,015
Australian Capital Territory	224.3	60	3,738	321.4	119	2,701
Australia	14,695.3	5,844	2,515	19,110.7	4,663	4,098

Youth development

In 1998 the St John Ambulance Operations Branch in Victoria appointed a salaried Youth Development Officer. By 2001 it was the only State or Territory St John organisation to have created such a position. The salary of the Youth Development Officer was partially drawn from the capitation fees that the State levied on all its Operations Branch Divisions. Two people held the position in the two years after its creation — Victor Teoh and Rod Verrill. They have each written about their work, as follows.

Victor Teoh

My name is Victor Teoh. I'm the full time salaried Youth Development Officer for the St John Ambulance Operations Branch in Victoria. This is a three-year appointment at the District Officer Grade IV level, and I took up duty in November 1998. My main function is to support and facilitate the development of youth within the Branch in this District. In fulfilling this role I assist each of the District Officers with portfolio positions in the youth area. We have four such portfolio positions. First there's Kathleen Buick, who's District Officer (Cadets) and Youth Information Officer; then there's Anthony de Witt, District Officer in charge of youth training; next is Felicity Rolls, who's District Officer in charge of youth programs such as camps, recreation, the Victorian Youth Development Program and the Duke of Edinburgh awards; and finally there's me. In addition to these duties I also administer the Cadet proficiency badge system; I pursue all opportunities for funding the Cadets; I serve as the point of first contact for outside organisations communicating with St John on youth issues; and I manage our Operations Branch campsite at Yarra Junction.

The State government's Victorian Youth Development Program, now in its third year, takes much of my time. St John became involved after being approached by the State government with a request to participate. As a result we've introduced Cadet Divisions into eight of the government secondary and community colleges — Highvale, Koomoora, Lalor, Melton, Murrayville, Northcote, Sunbury and Warragul. At present we have about 200 students in these schools enrolled as St John Cadets. The government funds the schools for the number of Cadets put through the program, granting $450 per Cadet in the first year and $400 in each subsequent year. This compensates the schools for the cost of their involvement. Joining the St John Cadets is only one option for the students, others being the army, the air force, the coastguard, the Royal Lifesaving Society, Red Cross, Scouts and Guides. Given that range, we've done well to have Cadet Divisions in eight schools.

Another of my key duties is to support the St John Youth Councils. These were an initiative of the previous Chief Commissioner (Villis Marshall) and Chief Cadet Officer (Lyn Dansie). The Australian Youth Council was the first established, then each State and Territory set up their own District-level councils. In Victoria we've endeavoured to set up Corps-level Youth Councils. We've taken the view that that's the best means for allowing Cadets to have training and experience in the Operations Branch administrative and management processes.

Helping with the development of the Operations Branch child protection policy has been a further task. In Victoria we have a District Officer responsible for equity issues. Her name is Margaret Kentler and her primary concerns are peer support, child protection and sexual harassment. I worked with her in providing the Victorian input into developing the policy.

Even though I'd had no St John experience or knowledge until I was appointed to this job, I came from a background that helped me fit in. I got the job after answering a newspaper advertisement.

Immediately before winning it I'd been travelling around Australia for 10 months. Before that I'd worked as a freelance outdoor education officer with a group of six schools after completing a Bachelor of Arts degree in outdoor education at the Bendigo campus of Latrobe University. In the time I'll be responsible for youth development in St John, I'd like to think that some of my major 'kites' will fly. The first of these is producing a set of support materials for Cadet leaders to help them do their jobs better; the second is upgrading our campsite at Yarra Junction, for which we've recently been awarded a government community support grant of $118,000.

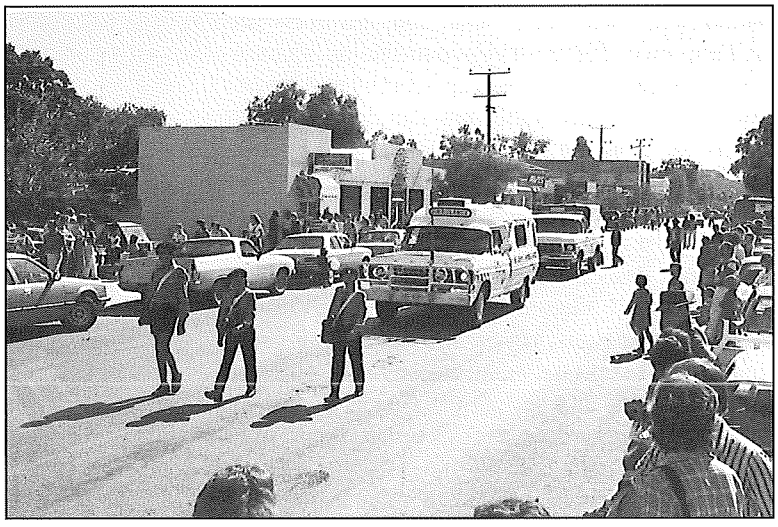
Rod Verrill

The development of youth-related activities within St John Ambulance Australia (Victoria), coupled with contemporary definitions of young people, has resulted in the organisation appreciating the positive results of investing time and energy into youth development. The position of Youth Development Officer within the Victorian St John branch is an affirmation of the organisation's ongoing commitment to the youth population.

As the Youth Development Officer, I'm a member of the Victorian Youth Development Team that is primarily concerned with issues surrounding general policy development and implementation, camping and adventure programs, youth training and education, the Victorian Youth Development Program, and the development of Junior, Cadet, Senior Cadet, and Young Adult programs. The Youth Development Team comprises six members who are responsible for particular portfolios mentioned above. Being a salaried employee of St John Ambulance Australia (Victoria), the Youth Development Officer is charged with various responsibilities resulting from each of the portfolios and effectively moves between a range of issues. There is a never ending variety of tasks involving the Youth Development Team, and although this can be at times overwhelming, we derive a great deal of satisfaction knowing that we are making worthwhile contributions to young people in St John.

The State government's Victorian Youth Development Program is an important component of my job. This program is now in its fifth year and is essentially an opportunity for students from government secondary and community schools to access community organisations in order to develop their leadership, teamwork and community potential. This is a two year program and during this time each student completes the Bronze Duke of Edinburgh Award as well as a number of components of the St John Ambulance cadet program. At the moment there are eleven schools around Victoria in our program, and this totals to about 450 youth members. In addition to St John Ambulance Australia (Victoria) the VYPD is offered by a number of other service providers, including the Country Fire Authority, Royal Lifesaving Society, Red Cross, Scouts and Guides. I hope to expand our program to 15 schools within the next two years and during this time will further develop the opportunities available for youth members in the VYDP.

As I'm a full time salaried employee of the St John Ambulance Operations Branch in Victoria, I'm located in the State headquarters and have direct access to other internal departments including recruitment and retention, public relations, marketing, training, sales and finance. This is very



Alice Springs Cadets marching in the town's annual 'Bangtail Muster', a street parade held on May Day to raise money for youth services, early 1980s.



The first graduation from the Townsville Nursing Cadet Division, Queensland, 1962. The four Cadets cutting the cake are about to leave the Cadets and become members of their local Nursing Division.

useful, as there are issues that frequently involve other departments and require the expertise of these personnel. This effectively increases the profile of youth activities and contributes to a general understanding of youth development.

From a personal angle, I came into the organisation at the beginning of 2000 with no prior knowledge of the huge variety of tasks that are undertaken by the organisation. I have completed a Bachelor of Arts (double major in psychology and sociology, an Honours degree in psychology) and a Graduate Diploma in Social Sciences (majoring in domestic violence counselling). My previous five years were spent working for a welfare organisation, Anglicare Victoria, in a variety of programs ranging from residential care, outdoor adventure programs, emergency accommodation (male and female), supported accommodation and family support. I succeeded Victor Teoh when he left St John to be a national park ranger. I've enjoyed my first year as St John's Youth Development Officer, and hope to maintain my commitment to the organisation for a number of years.

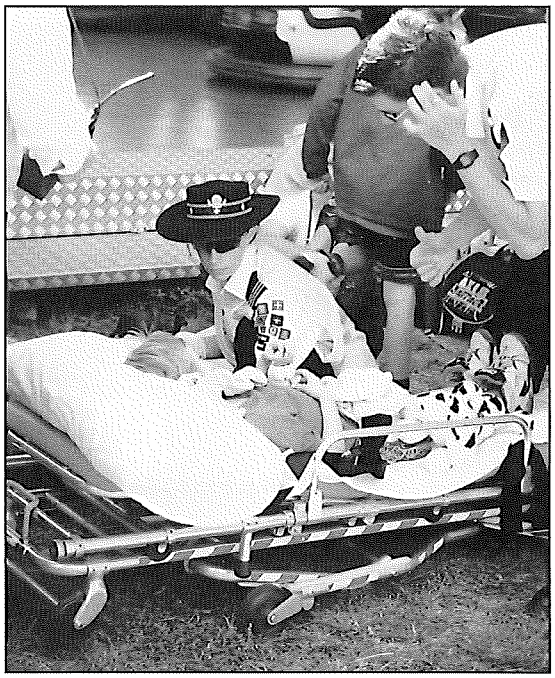
Postscript: As well as Victoria, the St John Ambulance National Office also saw merit in having a salaried officer responsible for youth issues. As seen in the section 'Youth initiatives' in Chapter 4, in late 2000 the National Office secured funds to employ the Chief Cadet Officer, Lynne Panayiotis, as its national youth development officer for six months. While filling the position, which involved negotiating federal government funding of the Operations Branch's youth programs, she stood down from her duties as Chief Cadet Officer, which Andrea Williams of Western Australia then filled. After handing over to Andrea, Lynne led a workshop at the national conference of Cadet leaders in Canberra in January 2001. After much discussion the workshop determined what 'youth development' meant in the St John context by agreeing on the following definition:

Youth development in St John provides coordinated and progressive opportunities for young people aged 8 to 25 years. It enables them to develop their social, physical, emotional, intellectual and cultural skills. By combining first aid and youth-oriented activities within St John we aim to promote young people as valued and vital members of the community.

(Sources: Victor Teoh, South Melbourne, Victoria, October 1999, and Rod Verrill, Canberra, Australian Capital Territory, January, 2001)

Conclusion

This chapter has been a brief historical and personal excursion through the Australian St John Ambulance Cadet movement.. It has tried to show something of how the movement developed and shifted its emphasis. It has suggested that while the Cadet Divisions are a key part of the Operations Branch — almost half its total strength — they are also something of a group apart. They are wholly within St John Ambulance Australia and its Operations Branch, but they also dwell in a dimension of their own.



Cadet Leader Rebecca Kopscandy, of Armadale Cadet Division, monitors a young casualty at the Royal Perth Show, 1997. Also in the picture are Courteney Graefling of Mundaring Division (right), and Alan Rimmer, Gosnells Division (partly obscured).



St John Ambulance Operations Branch Juniors Stacey Potter (left) and Kelly Hancl of Warrane display some of their fellow Juniors' handiwork at the Southern Region Cadet first aid competitions, 1991 (photograph by The Mercury, Hobart).

It may be a cliché to say so, but the Cadets really do represent the future of St John Ambulance and the Order of St John in Australia. That is not their purpose according to the Cadet philosophy developed during the 1990s. As we have seen elsewhere in this book, the Cadet Divisions are no longer regarded as an incubator for future St John leaders or as a nursery for adult Divisions. Instead the emphasis is on personal growth opportunities for Australia's young people. The policy notwithstanding, it is probably safe to conclude that many present Cadets will indeed become St John leaders in future decades.

Just as many Australian St John leaders in the early 2000s had grown up through the organisation during the 1960s and 70s, so we might expect the Cadets of the late 1990s and early 2000s to rise into leadership positions during the 2020s and 30s. The odds for former Cadets chairing State St John Councils and heading the Training and Operations Branches in the 2030s must be strong. The odds also seem good for the most able of them eventually going on to become Chief Commissioners, Chancellors and even Priors of the Order. If their organisation is to survive through the twenty-first century, they in turn must pass the baton on to the generations of Cadets still unborn.

Further reading

A general historical background to the Cadet movement in Britain is Ronnie Cole-Mackintosh's book, *A Century of Service to Mankind: A History of the St John Ambulance Brigade* (Century-Benham Ltd, London, 1986). This was the official history produced for the St John Ambulance Brigade centenary in the UK in 1987. It makes only one brief reference to the Australian Cadet movement. The book is available from antiquarian book dealers in the UK. Abbey Books in Gloucester accepts email orders. The address is: <abbeybook@binternet.com>.

The truly indispensable book for Australian readers is the third edition of the Cadet Manual. Its full publication details are: Barry Price (editor), *St John Ambulance Australia Operations Branch: Cadet Manual, 3rd Edition* (St John Ambulance Australia, Forrest, Australian Capital Territory, 1997).

Sadly, the official national and State histories of St John Ambulance in Australia do not adequately cover the Cadet movement. (The present author, to his shame, accepts a large share of the blame for this.) Fortunately, a number of individual Cadet Divisions have produced their own Divisional histories — a welcome development that should be encouraged everywhere. Some of these have been included in Chapter 6 above.



Graduation from the Thebarton Combined Ambulance and Nursing Cadet Division, Adelaide, 1953. The five graduating Cadets are, left to right, Warren Burgess, Ken Graham, George Mannix, Peter Dunlop and Des Owens. Congratulating Burgess is Dr Frank Mugford, the Commissioner. Looking on is Superintendent Tom Deane. The five Cadets are about to exchange their berets and lancer jackets for peaked caps and a tunic. At least three of the Cadets went on to distinguished St John careers. Burgess became the manager of the Northern Territory St John ambulance service; Mannix continued on in St John for the next 50 years as a first aider and voluntary ambulance officer; Owens became a medical practitioner and was later District Superintendent.



Northern Territory Cadets do their bit to keep alive the myth that the Brigade and Operations Branch had its origin in the Knights Hospitaller of crusading fame.

Chapter 9

ACHIEVEMENTS — A MISCELLANY

Introduction

Throughout its century in Australia, the St John Ambulance Brigade and Operations Branch has accumulated an annual tally of achievements of which it may be proud. Sometimes the achievement is a professionally executed public duty at a major public event. The Sydney Olympics and Paralympics in September and October 2000 were one such. The outstanding work done there is the subject of the first of the sections below. Sometimes the achievements consist of the work it does in disaster relief, as in the January 1998 floods around Katherine in the Northern Territory described below. In this category, too, is the work done in northern Tasmania during the clean-up operations after an oil spill from the tanker *Iron Baron*. Australia's annual summer bushfires are perhaps the disasters that generate most Operations Branch effort. Some of these have already been described in earlier chapters but in this chapter only the January 1994 bushfires around Sydney are covered.

The Brigade and Operations Branch's own ability to adapt to meet changing times is another achievement. Several of the sections below describe how it has done so. The sections on Sydney's 'Gay and Lesbian Mardi Gras' and the 'Big Day Out', a youth phenomenon of the late 1990s, illustrate that aspect of the organisation's accomplishment, as do several other sections in which older members reflect on how it has changed across the decades. Another achievement has been the ability of the Brigade and Operations Branch to assimilate and utilise the talents of people from Australia's non-Anglo-Celtic communities. The section on the contributions to St John of immigrants from Kastellorizo, a tiny dot of a Greek island, illustrates that aspect. The organisation's ability to attract and productively engage the enterprise of people from across a range of social classes is evident in the section 'Moonmist', which outlines the activities of one of the many St John fund-raising auxiliaries.

The sections 'One day's work at the Gabba' and 'Football grand-final, Bathurst Island' detail the sort of minor achievements that the Brigade and Operations Branch have been unobtrusively making weekly in myriad public first aid duties since Federation Day 1901, before there was a formally constituted Brigade in Australia. The work done by first aiders on Federation Day, the first of all the public duties to follow, was what gave the St John organisation in Sydney the confidence to establish the Brigade.

Another kind of achievement is the verse and songs that members or admirers periodically write in praise of Brigade and Operations Branch achievements. Two examples are in the section 'Marching songs'. Another is in the section 'Nancy Tranby Award'. Yet another is in the section 'Zambuks', which very name — an Australian slang term for Brigade first aiders — attests the affection crowds at public events soon developed for the organisation. Yet other achievements are the training and recreational facilities the organisation has developed for itself. Two of these, in New South Wales and Victoria, are described in 'Developing the Douglas Donald Training Centre' and 'Redevelopment of the Hugh Poate training centre'.

What all the topics covered below demonstrate is the infinite and variegated range of achievement that the Brigade and Operations Branch have accomplished in its first Australian century. In other chapters the present author likens the organisation to a vast tapestry or mosaic — a richly and intricately patterned series of events and personalities stretching across the twentieth century and on into the twenty-first. The metaphor is one that comes to mind again in the sections that now follow.

'Truly a gold medal performance'

During the period June to October 2000 the Olympic Games returned to Australia after 44 years. (The only previous time the Games had been staged in Australia was in 1956 in Melbourne.) The 2000 Games and Paralympics really began with the Torch Relay. Starting off at Uluru in Central Australia on 8th June, the relay took 100 days to wend its way across the nation, reaching the main Olympic Stadium at Homebush in Sydney's West just before the climax of the Games opening ceremony. The Olympics occupied world attention for the next fortnight, then a fortnight after that came the Paralympics.

St John Ambulance Australia provided the first aid services during all three phases of the Games — Torch Relay, Olympics and Paralympics. Each event was the biggest ever. Altogether St John had 3,092 volunteers on duty. (This was 28% of total national Operations Branch membership.) During the Torch Relay St John members were on duty at 174 locations. Our members then worked 1,150 separate duty shifts at the Olympics and another 345 duty shifts for the Paralympics over the two month period the Games continued. In all we handled over 15,000 casualties and worked more than 124,000 hours. This was truly a gold medal performance!

Planning and implementation

St John Ambulance was involved in the Sydney Olympics from the outset, even before Sydney's successful bid to stage the Games was announced in September 1993. St John had supported the bid process by providing detailed estimates of the personnel and cost required to provide the first aid services. The end result in 2000, however, bore little relationship to what was anticipated during the bidding and the early years of Games planning.

St John began planning in earnest in 1994. The planning effort engaged the whole St John organisation in New South Wales not just the Operations Branch. The St John steering committee for the Games therefore included representatives from all branches. Early on the steering committee appointed a series of working parties to address key issues such as the recruitment and retention of members, communications and equipment, administration, and the welfare and transport of the St John participants. The last of these, renamed Facilities and Support, was the only one that continued on until the end of the Games. With Betty Stirton as chairperson, it functioned with great efficiency in handling both its initial duties and other matters including accommodation, medical facilities, catering and St John members' welfare. *The* critical St John planning instrument was an electronic Olympics database in Microsoft 'Access' format. Developed five years before the Games, it proved an indispensable management tool.

The Olympics and Paralympics were an international event for St John as well as the athletes. The St John first aid squad for the Games eventually totalled 1,254 members, a figure that included 332 who worked at the soccer in Adelaide, Brisbane, Canberra and Melbourne. In addition to the Games squad, 1,838 members participated in the pre-Games Torch Relay. The Games squad consisted of 1,189 Australians and 65 visitors from Brigade Districts overseas (5 from Canada, 15 from Hong Kong, 35 from New Zealand, 3 from South Africa and 7 from the UK). The recruitment of the Games squad began with a call for expressions of interest in being a Games volunteer in June 1995. About 2,800 members originally registered for the Sydney duty, but only 838 eventually became accredited Games volunteers.

A critical aspect of the planning and implementation was the ongoing liaison with the agency responsible for staging the Games, the Sydney Organising Committee for the Olympics Games, better known by the acronym SOCOG. During the earlier planning stage, 1993-97, the liaison was the responsibility of the New South Wales District Commissioner, John Spencer, who was appointed Chief Operations Officer for the Games when his term as Commissioner ended. As such he became the commander-in-chief of the St John Olympics effort. During this early period St John's performance at major public duties like Sydney's Royal Easter Show and the City to Surf fun run convinced SOCOG that St John had both the personnel and ability to fulfil its Games task. In the later years of planning, 1997-2000, two specially appointed District Officers (Olympics Planning), Rosemary Hegner and John Ward, took over SOCOG liaison, representing St John on SOCOG's Spectator and Athlete Medical Committees. During the Games SOCOG operated a Co-ordinating Medical Centre to take responsibility for all medical issues. This was indeed the very nerve-centre for Games medical services. It conducted daily briefings at 7.00 a.m., with John Spencer attending on behalf of St John.

St John's own central command headquarters for the Games was St John House in Hunt Street, Surry Hills, the head office for St John in New South Wales. This building already had a fully equipped communications centre; the room next to this was already set up as a major events command centre; and the fifth floor of the building could be utilised as a 'St John Club' for participating members for the duration of the Games.

Accreditation of St John members

For security reasons SOCOG's policy on Games volunteers was very strict. Any volunteer having access to Games venues had to be duly SOCOG-accredited. In earlier planning SOCOG would only accredit particular individuals for particular events and would not accredit additional personnel above the originally agreed numbers. In effect this meant SOCOG was dictating the numbers of St John members who could be rostered for duty at the various

venues, which in turn meant that St John could not replace members unable to attend a scheduled duty and shift. Following difficulties with some pre-Games test events, SOCOG eventually accepted a St John proposal that St John roster its own members and that they be 'two-part passed'. That is the number of personnel for each venue and shift were agreed with SOCOG and those going on duty would wear both a venue access and a personal accreditation card. Our members' qualifications were an important consideration in our seeking their accreditation. At first we insisted on the advanced certificate in first aid but later relaxed this requirement to the senior certificate. Of all those accredited, 75% were qualified to use defibrillators and administer analgesic gas.

Communications

At all venues communications facilities were controlled by a Venue Communications Centre with operators keeping in touch with the venue managers, security staff, spectator services, and field of play medical (athlete) and medical (spectator) staff.

During the planning period St John kept in touch with its own members through newsletters posted out regularly. On the day before the opening ceremony, 14 September 2000, we conducted a briefing day attended by 600 members. During the Games the command headquarters in St John House was our communications centre. The St John Club established on the fifth floor of St John House was a successful innovation in communications. It allowed visitors to keep in touch with family at home by phone and email while at the same time providing a facility where members could relax when off duty or awaiting a duty allocation. The very considerable effort of St John House staff in establishing the facility and providing host staff was very much appreciated.

Preliminaries: the Torch Relay

The Games started with the Torch Relay around Australia. St John provided spectator first aid services at many of the celebration stops, of which there were usually two a day, at lunch and in the evening. The relay visited 1000 cities, towns and villages over 100 days. During the relay St John attended celebrations at 174 different locations, where 1,838 members providing 10,550 hours of service and treated 572 patients. This was the first national duty undertaken by St John in Australia and was very successful. St John was the only organisation that could have provided this service. In the words of a SOCOG official, 'We had to deal with organisations all around Australia but St John was a one stop shop.'

Venues and locations

During the Games St John sent its members to a total of 53 venues and Olympics-related locations. These included 33 competition venues, two sponsor hospitality centres, the international zone of the Olympic Village, the Sydney Olympic Park common domain (public area), the Olympic Park railway station, seven harbour headlands (for sailing events), the common domain at Darling Harbour, the central business district common domain (during the celebrations following the closing ceremony, when St John had 700 members on duty), and six central business district Olympic live sites (places where large TV screens and associated food and merchandising outlets were located).

At these places St John rostered its members to begin duty an hour before the starting time and to finish duty an hour after the competition or event had ended. In addition St John had two shifts of 10 members each day rostered at St John House as a ready reserve. As far as possible in planning the rosters we tried to accommodate members' preferences for particular events and venues, though in practice this was very difficult to achieve. Members were rostered for five continuous days of duty followed by one day off, and shifts were limited to a maximum of 12 hours.

The St John caseload

The grand total of cases treated during the Torch Relay, Games and Paralympics was 15,356. This figure was the equivalent of 16% of the national Operations Branch caseload of 95,760 in the year preceding the Olympics, 1999. It comprised the following numbers:

Event	Torch relay	Olympics (Sydney)	Interstate football*	Paralympics	Total cases
Number treated	572	12,235	549	2,000	15,356

**Preliminary matches in the Olympics soccer competition played in Adelaide, Brisbane, Canberra and Melbourne.*

The five most common complaints treated were headache/migraine (3953 cases), blister (2358), laceration (1170), abrasion (564), sprain/strain (479), nausea/vomiting (430), asthma (164), dizziness (161), foreign body in eye (160) and abdominal pain (120). The most unusual casualty, one not included in the above statistics, was a heat-stressed kookaburra that our members treated with ice. The heat-stressed kookaburra points to a direct link between temperature and our daily tally of casualty treatments. The temperature reached 35 degrees on 29 September, when we

treated 1,049 cases, the maximum number on any single day. This contrasted with the 255 on 26 September when the temperature was only 17 degrees.

Unfortunately the closing night celebrations in Sydney's central business district brought out the worst in many people. An estimated 1.53 million people flooded into the streets, effectively shutting the city down. There were many assaults and episodes of alcohol-related violence. We had 700 people on duty there and treated 700 cases, mostly serious. Of these 70 were sent to hospital, including a nose smashed in a fight and two stabbings. It was perhaps the worst night ever in St John Ambulance history in Sydney. It was even worse than the notorious riot that erupted among New Year's Eve revellers in 1979, when the crowd tipped one of our first aid caravans on its side. The huge crowds on the streets made vehicular access impossible in many areas. We could not bring ambulances to many of the patients needing hospitalisation. We therefore had to resort to other means of transport, including stretchers and even wheelchairs.

Another way of measuring the St John effort is to look at the hours of public duty that members worked. The total, 124,000, was the equivalent of 20% the Australian total of public duty hours performed in the preceding year, 1999. That much effort represents a vast achievement — nothing less than 3,100 'person weeks' or 60 'person years' of work if reduced to the time one person working a 40-hour week would take to complete it. Costed at the rate of Australian average weekly earnings in 2000, $802, it would amount to almost $2.5 million. However calculated, St John's voluntary effort saved the Games organisers a very tidy sum.

St John visitors from interstate and overseas

As seen, we had 65 visiting members from overseas and 235 from interstate and rural New South Wales who all had to be accommodated for the duration of the Games. Visiting members to Sydney were accommodated at four locations, the Glengarry Guide Camp at North Turramurra, the Mount St Benedict Centre (a Catholic convent), the Lane Cove River Caravan Park and the Charles Wentworth Private Hospital. Each of the sites was hosted by a House Supervisor and many complimentary messages have been received in respect of our handling of visitors.

Transport was another key factor in hosting the visitors. Many of our 300 visiting members were visitors to Sydney for the first time and so they had to be ferried between their accommodation and the venues where they were doing duty. Our transport difficulties were eased when the New South Wales government introduced a system of free transport by rail and both public and private buses for members of the public with Games entrance tickets and for volunteers wearing their Olympics accreditation cards. We nevertheless had to hire five coaches and three minibuses to supplement St John's own New South Wales fleet of three vehicles. Coach hire amounted to $125,000. The vehicles at our disposal enabled us to run an hourly coach service from Glengarry to Lane Cove that met a shuttle service from Mount St Benedict and then went to Central Station, allowing members public transport access to their duty venues.

Accommodation, catering and transport were the largest costs of the Games. St John was determined that members would not be asked to contribute to those costs. The Prime Minister very generously offered $125,000 grant towards those costs on the basis that the New South Wales Government matched the grant. The Premier agreed and the $250,000 in grants went a long way towards meeting those costs. While SOCOG reimbursed St John for some expenses, the net cost to St John of providing a free service to the Games was some $327,000 that included $100,000 in capital costs for equipment. The Sydney St John Headquarters Auxiliary is to be complimented on raising $100,000 towards funding that cost. The Operations Branch is undoubtedly better equipped today as a result of the Olympic Games.

Medical equipment and supplies

All our members carried their own first aid kits. We had reserve stocks available at each venue. Altogether we had to provide reserve consumables at 100 different venues. Other equipment and supplies included 60 semi-automatic defibrillators, 65 'Oxy-Viva' oxygen units, safety vests, metholxyfluorane analgesic gas and spare C-size cylinders of oxygen. As noted above, a significantly increased training effort before the Games resulted in 75% of our members on duty being qualified to use semi-automatic defibrillators. However, the Operations Branch in New South Wales lacked sufficient units to cover all the Games venues and so we asked Laerdal, one of the firms that manufactures defibrillators, to assist. Laerdal very generously agreed to loan us 60 'Heartstart' units worth $300,000 for the two-month Games period so that the public was adequately covered. Following the Games, Laerdal agreed to sell the units to St John at a 25% discount, which has meant that the units have come within the price reach of many Operations Branch Divisions.

With so much equipment being used, asset tracking was an important issue. The tracking system put in place provided for the equipment to be stored in locked shipping containers and moved to the spectator medical facility at each venue a day or two before the Games started. The system worked well, except for one mishap. This was at the Darling Harbour facility, where the medical equipment and consumable supplies have never been found. This represented a loss of $35,000, which was claimed on SOCOG insurance. Fortunately no equipment was lost during the Paralympics.

The financial aspect

St John provided the original Games Bid Committee with a budget totalling $284,700. The final cost was more than three times that much. A more realistic draft budget was put together about 1997–8 when aspects of our plans were firming up. A final revised budget was developed in January 2000. These later budgets reflected a total cost of some $750,000 and a nett cost to St John of $470,000. The actual result at the end of the Games was within the ballpark of these estimates.

In the end our receipts totalled $576,587, the main items here were grants from both the New South Wales and Commonwealth governments ($125,000 each), reimbursement of expenses by SOCOG ($284,700) and rents from the Lane Cove Caravan Park ($41,597). Our final operating costs were $803,364, the main items being accommodation ($302,762), vehicle hire ($125,900), catering costs and meal allowances ($83,906), first aid kits and supplies ($64,101), printing and photocopying ($48,579), safety vests and uniforms ($76,461), the St John Club ($24,069), equipment repairs and maintenance ($12,804), badges ($21,120), oxygen and cylinder rental ($11,417), motor vehicle expenses ($11,925), telephones and radio equipment ($9,987) and sundry others ($10,333). Capital costs amounted to a further $100,260, for radio equipment, cycles, computers, medicabs and numerous other items. The end result was that our payments exceeded receipts by $327,037, or nearly $143,000 lower than the estimate.

Recognition of St John members

We tried to ensure that our members received due recognition for their many long hours of voluntary service. First, we had an Olympics first aid badge designed and issued to all our participants at the Olympics and Paralympics, the torch relay and in the urban domain. We also arranged for all members on duty in Sydney to be issued with a free ticket to a session of the Olympic athletics, a day pass to the Olympic Park during the Paralympics and a ticket to the Paralympics closing ceremony. The final recognition of our members occurred two days after the Olympic Games finished, when a volunteers' parade was held through the streets of Sydney. Some 200 St John members in uniform led the SOCOG medical volunteers in the march. Our members proudly wore the St John uniform during both the Olympics and Paralympics and wherever else they were on duty. Displaying the uniform was seen as an opportunity to promote St John, and it was most encouraging to find that the uniform was well known by the public and that our members were easily identified. At many points along the parade route the St John contingent drew special applause.

It is also encouraging to know that our success at the Games has not gone unnoticed. Included among the complimentary messages received were ones from our Grand Prior (the Duke of Gloucester), Lord Prior (Lord Vestey) and Prior (the Governor-General, Sir William Deane). In the weeks following the Games both the Grand Prior and the Prior wrote letters of congratulations to the Chief Operations Officer. The Grand Prior said this:

> *I should like to congratulate you very warmly indeed on the huge success of St John Ambulance's part in the Sydney Olympics. It was clearly a most complicated operation, since it was spread around so many different venues, and may well have been the largest single peacetime public duty that St John has performed anywhere. It was especially generous of you to have included volunteers from half a dozen of the other parts of the St John network around the world since in a way that might have been an extra complication. But sharing in your success must have been a great experience for them; and I am sure that they will have gone home with some inspiring stories to tell. Congratulations for flying the St John flag with such panache! We are all proud of your team's achievement.*

And this is what our Prior said:

> *May I congratulate and thank you for the dedication and skill you have shown in leading the team that has organised the Olympic and Paralympic duty for St John. Australia can be proud of the magnificent success of both events, which reflects the creativity, hard work and dedication of many people working behind the scenes. I understand...this has meant an enormous planning effort, starting with the original Sydney bid. As the event drew closer you established a team around you, but your personal contribution has been the constant factor critical to the effectiveness of the organising effort. There has never been a larger nor more complex set of events at which St John has provided first aid services, anywhere in the world. Not only were there over 30 competition venues, the urban domain also had to be covered. Some 1,200 volunteers from the St John family all over Australia and overseas had to be equipped, rostered and transported to their duty sites over the month events took place. Visitors to Sydney had to be housed. Wherever the general public went in Sydney, St John was there, day and night, freely providing its care to all in the community. The depth of commitment of the St John volunteers embodies the humanitarian ethos and community service of St John, and is an inspiration to us all. Many thanks to you, and your wife Trish, for your personal effort and selflessness in making St John's contribution to the Olympic and Paralympic Games so effective and successful.*

The words of both Grand Prior and Prior were a great compliment for all the St John people involved in the Games as well as personally for the Chief Operations Officer. Further recognition of the St John effort came on 5 May 2001, seven months after the Games, at the annual general meeting of the Australian Olympic Committee (AOC). John Spencer, as Chief Operations Officer, was invited to attend to receive a trophy from the International

Olympic Committee (IOC). The IOC annually presents a trophy for each national Olympic Committee to award for distinguished service and the AOC decided to award the trophy to volunteers. The presentation took place in the Wentworth Hotel ballroom. A capacity crowd assembled there saw John Coates, the AOC president, pass the trophy to John Spencer on behalf of St John.

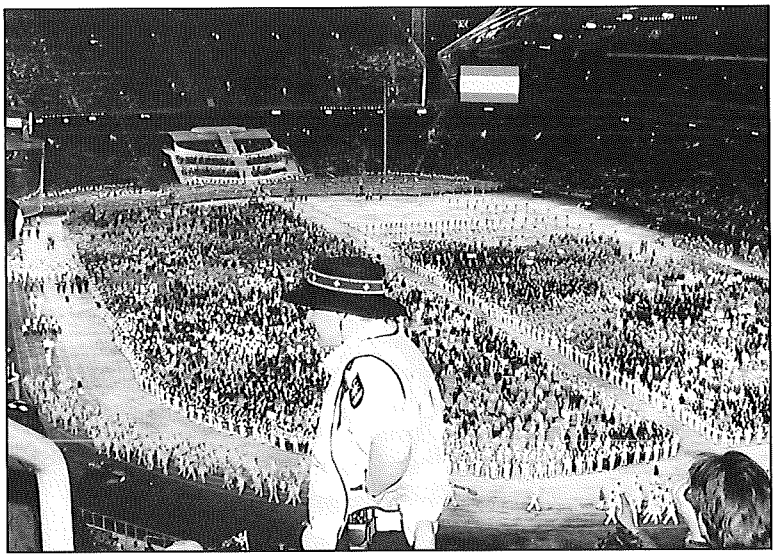
Seven members were later admitted into membership of the Order of St John for their contributions. Five women of the Logistics and Support Committee — Kathleen Bonner, Berna Buchanan, Shirley Moon, Janet Powell and Rosemary Wilson — who had also been house supervisors at the accommodation venues, became Serving Sisters. Two men were also admitted, as Officers: Albert Dixon had been responsible for obtaining supplies for the first aid posts and developing the asset tracking system; John Ward had been the State communications officer and controller of the St John command centre. They received their awards at a special investiture at Admiralty, House, Sydney, on 17 May 2001. Later (2002) John Spencer was awarded membership of the Order of Australia (A.M.) for his work as the Chief Operations Officer.

We organisers of the Games first aid services received unquestioning support over many years from the St John senior management, especially the Board of Directors of St John Ambulance Australia (New South Wales), the Chancellors of the Order in Australia (first Peter Henderson and later Villis Marshall), the Operations Branch Chief Commissioners (first Villis Marshall and later Lynne Allen-Brown) and the National Headquarters staff under the Priory Secretaries (first Charles Campbell and later Chris Thorpe).

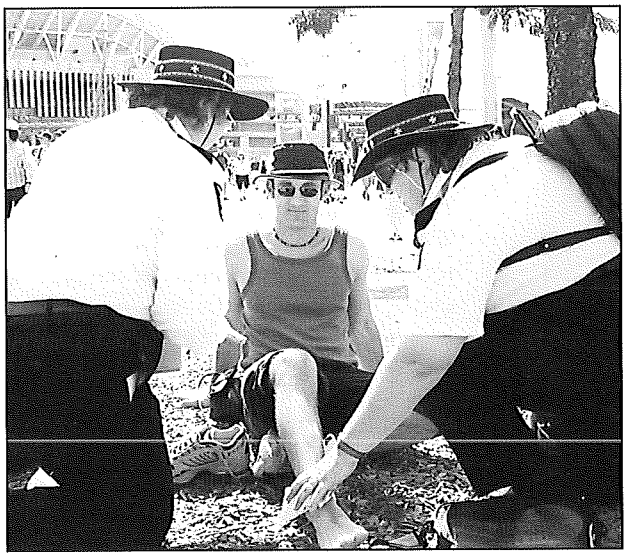
In conclusion

The Olympics and Paralympics provided a grand climax to the St John Ambulance Brigade and Operations Branch effort in Australia over the past century. Looking back on the Games, I have come to several positive conclusions about our performance. First, I was delighted with the way our members worked together. They came from nine Australian States and Territories and five overseas nations. The great majority had not met each other before the briefing session the day before the Games began but they quickly coalesced into a highly co-operative and effective team. Next, anyone who saw them in action must have been impressed by their esprit de corps. They remained cheerful and eager throughout no matter how long their shift or how oppressive the environment in which they had to work. Third, our standard of case documentation was superb, greatly facilitating the efforts of the medical and paramedical specialists who took over patients from us. Fourth, SOCOG was deeply impressed by our contribution. We had more volunteers in the field than any other organisation but we were the only ones whose task proceeded smoothly and without unforeseen glitches. Fifth, it was gratifying to see how many of our members returned after the Olympics to do duty at the Paralympics. There were advantages for those who did so: it gave them the opportunity to wind down gradually and thus overcome post-event depression, a common experience for those who participate in major events. Sixth, last and perhaps most important, we can now say 'We did it!' Few other organisations could have brought it off, but St John did. By doing so we proved something about our organisation, both to ourselves and our many clients present and future.

(John Spencer, Sydney, New South Wales, March 2001)



A St John Ambulance volunteer on duty during the opening ceremony of the Sydney Olympics, 14 September 2000.



St John Ambulance volunteers treating a casualty with a foot injury in the Olympics precinct, Homebush Bay, September 2000.

International Year of Volunteers

Over the last 25 years of the twentieth century and through into the twenty-first century, each passing year was commemorated around the world for some special cause or group of citizens. 1975 was International Women's Year, 1994 was the International Year of Indigenous Peoples, 1999 was the International Year of Older People and so on. The first year of the new millennium, 2001, was the International Year of Volunteers. For Australians in particular this was an International Year resonating with happy memories of the Sydney Olympics in September the year before. According to the retiring president of the International Olympic Committee, the Sydney Games had been 'the best ever'. If they were, one of the reasons for their great success was the contribution of the army of volunteers recruited by the Games organisers. Volunteers played a key role in helping the Games run smoothly — as ushers, marshals, guides, drivers, labourers, entertainers and first aiders. The Games and the Paralympics that followed could not have run without the volunteers.

The volunteers at both the Olympics and Paralympics included a strong contingent of uniformed first aiders of the St John Ambulance Operations Branch. There were 838 of them, from all eight Australian States and Territories, and the number also included a group of 65 from Canada, Hong Kong, New Zealand, South Africa and the United Kingdom. They did their duty at 174 locations, put in a total of 124,000 duty hours and treated over 15,350 patients. About 200 of the St John volunteers joined the thousands of others in enjoying a moment of glory when the Olympics had ended. This was the great street parade of Games volunteers through central Sydney. Huge crowds lined the parade route to demonstrate their enthusiastic appreciation of the volunteers' contribution. The applause for the St John volunteers was especially warm.

Even if the Sydney Olympics hadn't heralded the International Year of Volunteers, the news media would probably have done the job almost as well. Most major media outlets in Australia ran features announcing which International Year 2001 would be. In Australia the New Year was also the centenary of federation, which gave the media an additional 'angle' for comment. *The Australian* newspaper used the occasion for a series of individual stories about a cross-section of the nation's volunteers. One of those selected was a Western Australian volunteer with St John Ambulance, Alan Bowden of Bullaring. Though an ambulance volunteer rather than an Operations Branch member his motivation and theirs welled from the same source and found an outlet through St John Ambulance. What *The Australian* published appears in the following box.

For 30-odd years, Alan Bowden has offered the citizens of Bullaring prompt first aid and a reassuring face as the West Australian town's volunteer ambulance officer. Since being tossed the keys to Bullaring's first ambulance in the early 1970s — a 1956 Ford Customline — he has provided a 24-hour on-call emergency service.

Though the vehicle he maintains and drives has been replaced many times over the past three decades, 64-year-old Mr Bowden has remained constant in his crucial role.

'I think I got involved out of compassion for my fellow man. Also, because I live in town and am close by, I felt obligated,' he says.

'There was a need which I could fill, and I have hung in there because of that ... but it does become a part of your life. It's not really a burden.'

Like many towns scattered across Western Australia's great country plains, Bullaring, about 200 km south-east of Perth, has no hospital, nor does it have the workload of ills and accidents to command a full-time paid ambulance crew.

Instead, the townsfolk and farmers rely on Mr Bowden, who with his brother Kevin in the past and more recently his 36-year-old son Graeme, looks after the town's ambulance, provides first-aid care in an emergency and ferries patients to the nearest professional medical help in Corrigin, more than 20 km away. 'In the country the ambulance has to be a volunteer service, because you don't get enough calls to have paid staff,' he said. 'The service has to be completely voluntary otherwise it couldn't function.'

'And in the country the tradition is still there that the community pulls together to help people in a crisis. I hope it stays that way.'

The volunteer pattern is repeated across Western Australia. The state's St John Ambulance fleet covers the largest area of any ambulance service in the world — about 2.5 million sq km. The St John service maintains 20 ambulance stations in metropolitan Perth, but country services are almost solely supplied by volunteers — more than 2500 men and women at some 150 regional centres, spread across the state.

Though the work can place great demands on his time and emotions, Mr Bowden finds it often has rewards. The ordeals the St John volunteers share foster great camaraderie and a strong team spirit. Sometimes the most traumatic scenes end positively, a fact he highlights with the story of a man rescued after a train accident a few years back. Mr Bowden provided first aid for the crushed man as he was ferried to hospital — but feared his patient would die. Twelve months later, the man returned for the annual Bullaring cabaret with only a slight limp.

'He shook hands and said he would never have made it, but for us getting him into hospital so quickly,' Mr Bowden says.

(From the report by Belinda Hickman, 'First aid officer driven to service', The Weekend Australian, *30–31 December 2000, p. 4)*

Primeros Auxilios — Πρωτεσ Βοηθειεσ — Bantuan Kecemasan

Vilos ('Bill') Pavlik came to Australia in 1949, aged 19, after several years in Europe's postwar refugee camps, most recently in Italy. Born in Brno in the Czech Republic in 1930, he had been but a child when uprooted by the war; and so when his chance to emigrate came in his late teens he opted, like others before him, for Australia because it was as far away as he could go from the turmoils of the past decade. When he stepped ashore from his migrant ship in Melbourne, all he had were the clothes he stood in and a suitcase which, shared with four other immigrants, stored his meagre personal effects. After a month at the Bonnegilla migrant camp near Wodonga in north-eastern Victoria, he headed for South Australia, and there he remained, building a new life for himself. Over succeeding years he lived the early post-war immigrant's life, working in a variety of jobs in various parts of the State — shoveling concrete in a brickyard, operating a press at the 'Kelvinator' refrigerator factory, fruit-picking at Berri on the Murray River, driving a locomotive in the salt and gypsum works at Stenhouse Bay and then truck-driving for Sands & McDougal, the publishing firm. In 1957 he married an Australian nurse, Eileen, he had met as a patient in the Adelaide Hospital. Their daughter Ruzenka was born two years later, by which time he was working as a storeman at the General Motors Holden plant in Woodville.

With family responsibilities now, Pavlik began improving himself through education, first a one-year course, 'Advanced English for Migrants', at the Adelaide Institute of Technology and then a one-year course in industrial safety and accident prevention and next a two-year course in industrial supervision. These helped him realise he ought to learn first aid. He enrolled in a class at the St John Ambulance headquarters in Austin Street, Adelaide, with hopes of securing a GMH safety officer's position; but instead he found his way into the supply office. He worked his way up, eventually becoming the purchasing officer before retiring in 1985.

Pavlik was neither the first nor last refugee from a non-English speaking background to tread the tortuous Australian road upwards from penniless laborer to respectability and security in a white-collar job. In at least one respect, however, he differed from most others: he found a fulfilling part-time career as a St John Ambulance Brigade volunteer. Pleased with what he had learnt in his first aid course, he joined the Brigade's Norwood Division as a private in 1968, the only 'non-Anglo' in a complement of more than 20. He applied himself and began climbing through the ranks, making corporal in 1969, sergeant in 1970, Divisional Officer in 1972 and finally Norwood Superintendent in 1973. Promoted to Corps (regional) staff as Corps Staff Officer in 1976, he became Corps Superintendent in 1978 and after seven years in the job was promoted to the District staff in 1985. He remained a District Officer until he reached the compulsory retiring age of 65 ten years later. In the meantime he had earned the St John service medal with three bars and was admitted to membership of the Order of St John in 1980, then promoted through the grades until reaching the Commander level in 1997.

Pavlik's ascent to the upper levels of the Brigade and Operations Branch was fairly typical for talented, diligent members of his generation, and his admission into the Order and subsequent promotion were the fitting, due reward. But his best work for St John was only beginning as he neared retirement. And, unlike what he'd achieved within the formal structure of the Brigade/Operations Branch hierarchy, his great practical contribution to the organisation was in an area where its leaders agreed more should be done, without actually translating wishes into action. This was the 'Multicultural Program' Pavlik initiated single-handedly in 1992. The program is premised on two simple principles — locating Branch members able to speak languages other than English, and then having them go on public duty wearing prominent badges identifying them in their community languages (including Arabic, Chinese, Greek, Italian, Korean, Malay, Spanish and Thai) to advertise their membership of St John Ambulance and ability to help with first aid. The difficult aspect of the program is the continual, persistent campaign required to promote St John's first aid training and field services among South Australia's many ethnic community associations, and in the non-English news and information media both in that State and beyond.

The need for such a program occurred to Pavlik when, nearing the end of his active Operations Branch involvement, he reflected that after nearly 25 years there were as few first-generation 'non-Anglo' members as when he had first joined. His wish to see the organisation transform itself from an Anglo-centric enclave into a body that immigrants from a non-English speaking background would wish to join drove him on. And in his one-man crusade to bring St John to Australia's increasingly diverse range of 'non-Anglo' immigrant communities, he enlisted anyone who might listen and help. 'Anyone' included District staff, of course, but more importantly potential interpreters and the ethnic community leaders, proprietors of the ethnic news media and presenters of ethnic radio and television programs who could help immigrants understand that, first, St John Ambulance exists to help them in their hour of need and, second, is an institution deserving their support.

A few St John badges and brochures saying 'First Aid' in community languages, for instance 'Πρωτεσ Βοηθειεσ' (Greek), 'Primeros Auxilios' (Spanish) and 'Bantuan Kecemasan' (Malay), arranged by a sole former refugee in only one of Australia's eight Operations Branch Districts hardly meant that the organisation had transformed itself into a multicultural, multi-ethnic body. However, as one millennium ended and St John entered the next Bill Pavlik's initiative seemed a step in the right direction. It was one towards which further steps might profitably be taken if the Operations Branch wished its membership to embody more of the full spectrum of Australia's ethnic diversity in the next century.

(From material provided by Vilos ['Bill'] Pavlik, Modbury Heights, South Australia, May 1999)

An archivist's work is never done

In the New South Wales branch of St John we've tackled the problem of accumulating archival material systematically. Beginning 10 years ago, we established a State archive in a section of the premises of the Marrickville Division of the Operations Branch. We employed a professional archivist to establish procedures for acquiring and accessioning archival material, and for cataloguing, storage and disposal. The archive is small by comparison with those of government agencies but is significant for it methodically collects and stores documents and artefacts of historical value. Now that the archive is well established and running smoothly we find that much of our work revolves around answering queries about St John from members of the public.

To make our research easier we now have data bases for: World Wars I and II listing members from both Operations and Training Branches; Voluntary Aid Detachments (VAD's) for World War II; honours for all St John branches from the first Honorary Associate awarded in 1895 to the current awards for 1998 (1,962 people); Service Medals and Bars for both Operations and Training Branches from the first Service Medal awarded in 1909 for John Pearson, who transferred from No. 16 Division in England to Glebe Division in 1907. (His medal was No. 15; as at 31 December 2001, 1806 medals had been awarded in New South Wales.) National Headquarters now has a complete list of national first aid competition winners since competitions commenced. We are now working on the trophies that have been competed for in New South Wales.

Many of the enquiries we receive are genealogical. Recently we were asked for information on the grandfathers of two former Brigade members, Wilkinson and Cohen. Both families visited us at our Marrickville archives office to look at photographs etc. The Wilkinson connection also asked about another relative, Bray. We said we would search and let them know. Both families weren't really sure of the Divisions involved. This all coincided with our search for photographs of the first aid and nursing trophies competed for in NSW. In 1917 the Roth Challenge Shield was won by North Sydney Ambulance Division, and there in the photograph were Messrs Bray and Cohen. We've had the photo copied and forwarded to both families.

Hardly a week goes by that we aren't asked to undertake research. Traffic offenders who've appeared in court must attend a series of lectures and then do a written assignment on the lecture topic. An Ambulance Officer is one of the speakers and this results in some of these offenders seeking information on the work of St John. We've supplied the State ambulance service with brochures on St John, but it doesn't stop some of the people who either didn't collect a brochure, or thought they would do a story on the work of Red Cross and for whatever reason changed their minds about two days before the assignment was due and then telephoned us for information. The switchboard in St John State headquarters always put such calls through to Archives. We also have various school children seeking information for school projects.

(Betty Stirton, Bankstown, New South Wales, May 1999)



Betty Stirton (left), the archivist for St John Ambulance in New South Wales and former Brigade Deputy Commissioner, shows off her collection of Brigade photo albums to Ian Howie-Willis, the Operations Branch historian, and Ruth Bray, former District Secretary.

Big Day Out (1)

'Big Day Out', a rock concert on a grand scale, was a phenomenon of the 1990s and the early 2000s. By 2000, Big Days Out, were taking place in most Australian capital cities. Instead of just one stage for performers there might be five, with up to 20 rock bands playing to crowds of 50,000 and more. They usually take place at fenced, outdoor venues in the heat of summer. The event organisers provide minimal audience facilities — a row of portable toilets to supplement those already at the venue, hoses for crowd members to cool themselves, commercially operated food and drink stalls, and security staff to prevent over-enthusiastic fans from clambering up on stage among the musicians. Common to all Big Days Out are multitudes of 'hyped-up' young people sustained by junk food or no food at all, high levels of alcohol consumption, the presence of illicit drugs, throbbing cacophanous noise at mega-decibel levels and 'mosh pits'.

The last of these, the mosh pit, is the front section of the crowd, the area in front of a stage where the masses pack together most densely. When the mosh pit is sufficiently crowded, 'body surfing' begins. This involves lifting individual audience members to head height then passing them from hand to hand over the heads of the crowd towards the stage. With luck, the 'body surfer' reaches the 'no-go' zone patrolled by security guards immediately in front of the stage. Having been set down on the ground again, hopefully with shoes, clothing and possessions still intact, the 'surfer' endeavours to make it back through the crowd to her/his friends.

As the Big Days Out are public events, the uniformed St John Ambulance volunteers are usually present. We set up our first aid posts beside the major stages — those where the most popular bands will perform — and also send out two- or three-member mobile teams to patrol the crowd. During a typical Big Day Out we treat many, many dozens of casualties. The most common cases are headaches, heat exhaustion, over-consumption of alcohol and drugs, fainting, lacerations, vomiting, fatigue, emotional reactions induced by the mood and atmosphere of the occasion and sometimes fractures. Not surprisingly, many casualties come from the mosh pit, where audience members might be crushed, trampled underfoot or, if 'surfing', dropped and injured.

Two of the most recent 'Big Days Out' that we Operations Branch members in Queensland have attended were both held at show grounds last January — one on the Gold Coast and the other here in Brisbane. They were both part of a tour of Australia and New Zealand by a 70-act performance on seven stages. The performers included the 'shock rocker' Marilyn Manson (whom the press described as a rock star of 'demonic reputation with a freak show from hell') and bands with names like 'The SuperJesus', 'Soulfly', 'Jebediah' and 'Regurgitator'. The cases we handled included the crowd surfing casualties from the mosh pit, several of whom suffered broken legs.

(Pam Davidson, Logan, Queensland, June 2001)



St John Ambulance members on night duty in Sydney's central business district during the Sydney Olympics.

Given the common factors of Big Days Out — dense crowds, high temperature and humidity, poor nutrition, alcohol, drugs, over-excited young people — it is hardly surprising that these events produce exceptionally high 'patient presentation rates' (PPR). The PPR is a statistical measure introduced to the Operations Branch during 2000–01 by the Chief Superintendent and Chief Medical Officer, Paul Arbon and Franklin Bridgewater. Its purpose is to provide a standardised comparative gauge of casualties in relation to crowd size at major events, that is those attended by 25,000 people or more. It is based on a simple formula: the number of casualties treated during a major event divided by the number of thousands of people in attendance. In 2000, for instance, Operations Branch members handled 11,956 casualties at major events where the aggregate attendance was 12.04 million. Applying the formula to these figures, an average PPR of 0.99 results: 11,956 / 12,040 = 0.99. At any Big Day Out, the PPR will be much higher than that. The PPR for just one typical Big Day Out was 26.0 or 2618% higher than the average rate. This was by far the highest average PPR for any event type. A PPR of that magnitude means that the St John volunteers are kept very, very busy.

(from a research paper by Paul Arbon, Franklin Bridgewater and Colleen Smith, 'Mass Gathering First Aid: An investigation of casualty presentation rates and levels of first aid service at large public events', Adelaide, South Australia, 2001)

Big Day Out (2)

The journalist Emma Tom wrote about the St John first aiders at one Big Day Out in her column in *The Weekend Australian* in Febuary 2000. Ms Tom had donned the Operations Branch uniform and gone on duty in Perth with the first aiders on 6 February 2000. She had prepared well for her assignment, having earlier gained both the senior and advanced St John first aid certificates in Sydney. During this particular Big Day Out, the Operations Branch members treated 685 casualties among a crowd of 35,000 — a patient presentation rate of 19.6. Tom herself treated a number of these, mainly heat stroke victims. Her column recaptured both the mood of the occasion and the *modus operandi* of the St John volunteers at public events. It ran as follows:

Minced meat, one veg? First aid rocks

At first no one notices the pale bloke in black sitting down the back of the first aid room. Perth's Big Day Out is peaking (for want of a less drug-related expression) and the St John Ambulance team is reeling from a sudden rush of minced mosh-pitters.

'Check out the hand on that guy over there!' one St John cadet whispers madly to another. 'It's flapping right open!'

The pale bloke in black just sits there as a pride of P-plate practitioners gathers around the makeship operating theatre, watching with O-mouthed admiration as the sole doctor on board prepares to stitch up a crowd surfer with a severed palm. Finally, a volunteer in blood-stained rubber gloves speaks up.

'Hey listen,' she says quietly. 'Isn't that bloke down the back the guy from (insert name of massive overseas rock act here)?'

And, incredibly enough, she's right. While I am not at liberty to divulge the identity of the musician, his group or the infamous catchphrase from that song they do, I can reveal that shortly after one of the wildest, raunchiest performance at the Western Australian chapter of Australia's biggest rock festival, member X from enormously successful band Y surfaces with a young lady friend at medical HQ.

One can only speculate on the nature of his complaint. Sensational drug overdose, perhaps? Brain damage from all that microphone headbutting? A stubborn groupie embedded down his skin-tight daks? But the culprit is far more sinister than anyone could have imagined.

'Broccoli,' he announces gravely. 'I think I accidentally ate some.'

The rock star, it turns out, is allergic to the stuff. Affects his breathing. Gives him stomach-aches. Makes it difficult to. . . well, to poo, now you mention it. He hasn't experienced any actual symptoms as yet, but he does have a funny feeling in his tummy and wants to take something just to be sure....The first aiders send off their celebrity patient with a slow release anti-histamine and plenty of reassurance. The fact that no one rolls about the floor snorting hysterically shows just how professional this hard-working team of volunteers really is.

The reason I am here listening to a member of one of the biggest rock acts in the world discuss his stool is because I have signed up as one of 120 St John Ambulance volunteers at the Perth Big Day Out held at Bassendean Oval last Sunday. With many of the 35,000 punters going light on the sunscreen and water, and heavy on the drugs, alcohol and Dagwood Dogs, the remarkable thing is not that 685 casualties are treated. It's that there aren't thousands more.

I report for duty at midday and haul into the decidedly unrock uniform of white collared shirt, black pleated pants, green fluoro vest and perky little cap. I've passed both the St John senior and advanced first aid exams, but soon discover that emergency medical assistance in the real world is an entirely different kettle of corpuscles.

'Tilting the head to one side and removing any saliva or vomit to prevent choking' is just one procedure that's so much more vivid outside a textbook.

It's 37°C in the shade and already the first dehydration casualties are piggy-backing in. Their tongues are white, their hands are spasming and their skin is eerily dry and scaly, like a rat's tail. By mid-afternoon the first aid tent is bursting at the seams. There's a battalion of vomiters, as well as a long queue for sunscreen, Panadol, Ventolin and plaster tape to secure nipple rings before heavy-duty moshing (sobering warning to piercees: do not combine intimate body jewellery with any activity except lying very still. One senior St John officer recently treated a young woman who disrobed too suddenly and lost an entire labia.)

As reports of collapses increase, 'retrieval teams' of first aiders bearing stretchers inch through the crowds. We find one young bloke passed out in a grandstand, covered in so much dirt he looks like a minstrel. The only sign anyone has tried to help is a community education pamphlet unfolded over a gash on his shoulder. 'Overdose,' it reads. 'Look out for your mates. That long extended nod may mean they're dropped.'

By the time the Red Hot Chili Peppers take the stage in the evening, all three first aid posts resemble war zones. There are sliced and diced crowd surfers, Goths with chest pains, Spice Girl lookalikes with ripped eyebrow rings, bikies with necks at set-square angles, a guy in half a cow suit who doesn't feel so good and a 16-year-old chick who got trampled for 25 minutes beneath the crowd before someone thought to fish her out.

(Despite having a mangled leg, she arranges for her Dad to drop off a set of crutches. 'There's no way I'm wasting an $80 ticket,' she announces before hobbling back into the fray.)

The most amazing thing about the entire operation (apart from the fact that anyone regards the Nine Inch Nails as anything but objects of hilarity) is the first aiders' endless patience with patients suffering largely self-inflicted injuries. Sure, it may not be Jane G-String's fault someone jabs their elbow through her spleen in the mosh pit, but perhaps she should have thought twice about diving into the human equivalent of Vesuvius wearing nothing more protective than a fur bikini.

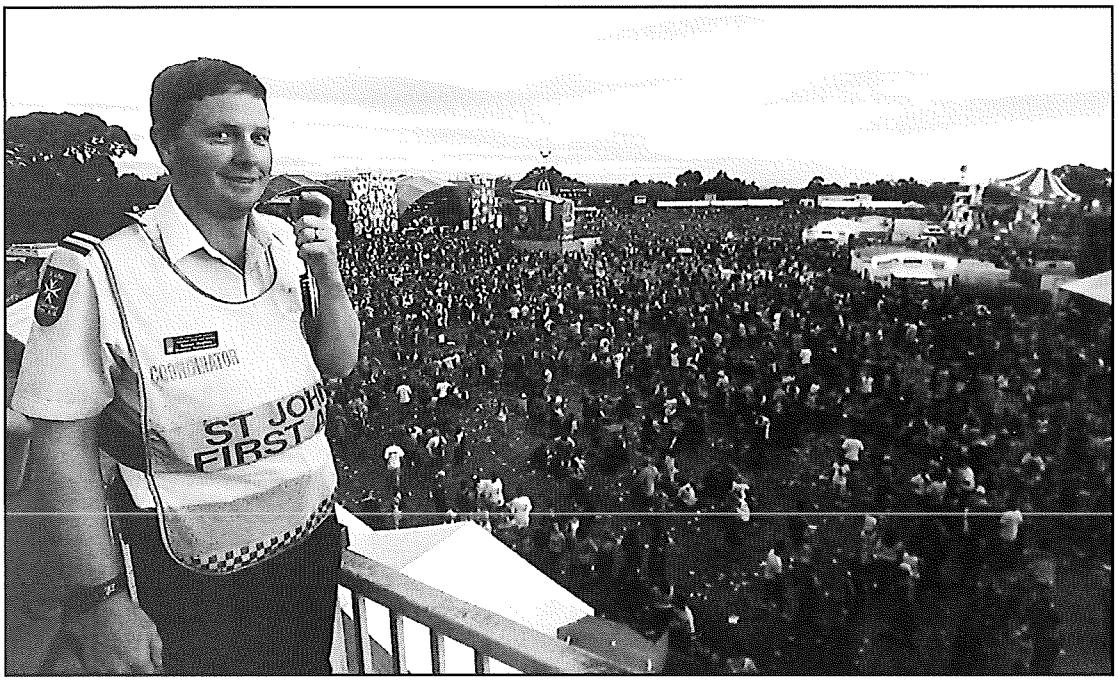
But not once in my 10-hour shift do I hear a St John volunteer say 'serve ya right' or 'what did you expect, ya bloody wacker' or even 'if you're thinking of leaving the house dressed like that again you've got another thing coming, young lady'.

And this despite the fact that people seem to think first aiders are all-seeing, all-knowing demigods, asking plenty of questions, such as 'do youse guys happen to know when Primal Scream is on?', 'can youse guys mind my bag so I don't have to carry it round all day?' and — my personal favourite — 'has anyone handed in a set of keys from the mosh pit?'

To compensate for this type of silliness, I insist that everyone sign up for first aid courses at once. Perhaps then someone will be better equipped to help out blokes like Chris, the collapsed minstrel. Covering an unconscious chap with a 'look out for your mates' pamphlet is a bold start, but effective first aid really requires a little more follow-through. After all, would you have left Broccoli Boy lying in a corner beneath a recipe for stir fry? Having seen the woman-handling this man suffered at the hands of some of his more raucous female fans, I'm sure the answer is no.

The St John management at both the State and Australian levels would have been well pleased with free publicity like this — a half-page spread at the top of page 2 in a national daily newspaper — especially if Emma Tom's evocative column set off a trickle of new recruits into the Operations Branch Divisions and the Training Branch courses. Locally, in Perth, the 121 Operations Branch members on duty at the Big Day Out on 6th February would also have been pleased by the words of praise they received from the head of the Department of Emergency Medicine at the Swan District Hospital, V.F. Turner, who later wrote to their Commissioner, Dr Ken Collins, to congratulate him for the splendid work they had done. Turner seemed impressed that, of the 685 people treated on site, only four had needed ambulance transfer to hospital. 'Such a highly organised, extremely efficient and well skilled operation deserves much praise and recognition....Our day at [the] hospital remained relatively quiet thanks to the efforts of all involved,' the letter concluded.

(Emma Tom's article, 'Minced meat, one veg? First aid rocks', was published in The Weekend Australian *newspaper, 12–13 February 2000, page 2. It is reproduced here with kind permission of Ms Tom and Martin Beesley, the Managing Editor of* The Australian. *The letter from V.F. Turner was addressed to K. Collins, Commissioner, on 24 February 2000 and is from Operations Branch records, Western Australia)*



Simon Hughes, a member of State Operations Branch staff in Western Australia, on duty at a 'Big Day Out', Perth, 2001.

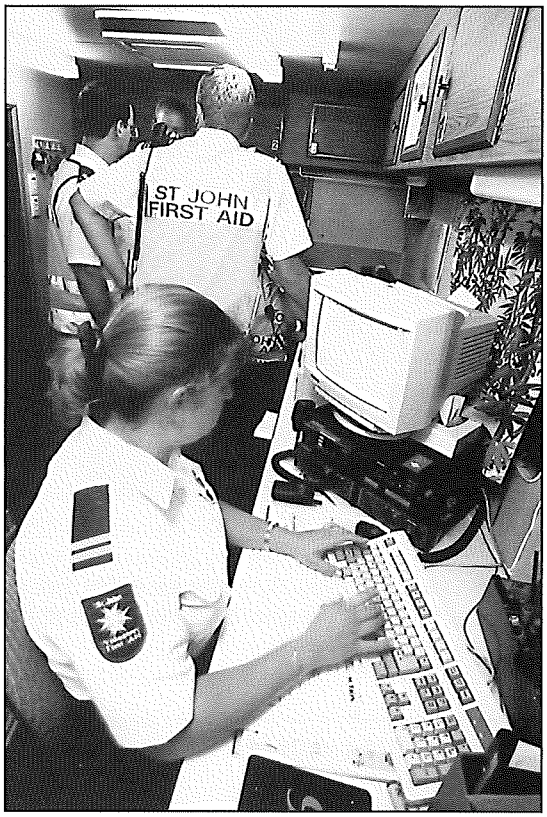
Four generations of St John

We're a four-generation St John Ambulance family. Our names are David Burns and Kath (*née* Walters). Kath's father, Henry Walters (1912–60), a boilermaker and mechanic, died young from lung cancer but was a member of the Hobart No. 1 Ambulance Division of the Brigade for five years, 1938–43, when he was in his late 20s and early 30s. Kath (born 1942) and her mother, Dorothy Walters (1913–96), joined the Brigade together in 1972 in the Claremont Division. David (born 1938) joined Claremont Division two years later, in 1974. Before starting our family, Kath trained as a nurse at the Royal Hobart Hospital. David was brought up on two family farms, the first at Coalbrook and the second at Woodbridge. After leaving the land he carted firewood for a time then worked in the survey section of the Hydroelectricity Commission. After we married he carted wood again then joined the railways and worked there for the next 28 years in a bridge-repair gang.

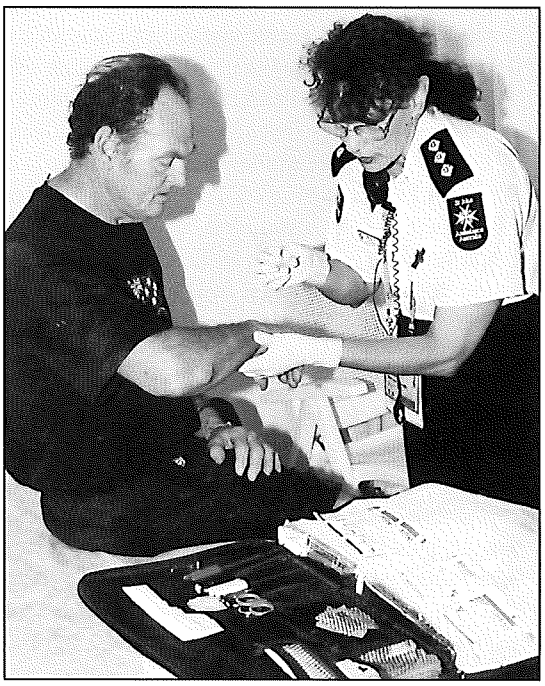
Between the pair of us we've had 52 years in St John. In that time we've held many positions in the Tasmanian District of the St John Ambulance Brigade and Operations Branch. After serving with the Claremont Division, Kath was promoted to Corps Officer and then in 1991 to Corps Superintendent, a position she held for six years. In 1997 she was promoted to the District staff as District Support Officer and again in 1999 to District Officer (Resources and Records). Later in 1999 she also took over the duties of District Officer (Cadets). David became Superintendent of the Claremont Cadets in 1980 and then in 1984 moved across to the Brighton Community Family Division when it was establised. He was then promoted to Corps Officer (Cadets), after which he spent two years, 1987–89, as Corps Superintendent, replacing Kath in the position. He, too, joined the District staff in 1999 and after a short time took over as District Superintendent.

We have eight children, all but one of whom have been Brigade or Operations Branch members. Karen (born 1961) became the inaugural treasurer of the Brighton Division when it opened in 1984; she's now a doctor's secretary in Murwillumbah in northern New South Wales. Suzanne (born 1962), Janine (1965) and Dorothy (1967) all started in the Claremont Combined Division. John (1968) began in the Brighton Cadets, where he was later Cadet Leader. Steven started in the Claremont Cadets, where he earned the Grand Prior's Badge. Simon (1977), who also has the Grand Prior's Badge, began in the Claremont Juniors but later transferred to Brighton, where he's still a member. Only one, our second child, Tracey (1962), managed not to join St John; and three of the eight, Suzanne, Dorothy and Simon, are still members. We have 11 grandchildren, three of whom are in Cadets — Suzanne's Christopher (age 9), Janine's Mark (8) and Dorothy's Sam (6). In addition, Dorothy's Jacob (only 2) is the 'Divisional Squawker': she brings him to meetings at Brighton, and when he thinks he's not getting enough attention he lets the whole Division know. That makes a grand total of 15 members across four generations and 62 years of the Walters-Burns family who've been members of St John Ambulance. Is that a record? If not, we guess there will not be too many families with our degree of involvement.

(Kath and David Burns, Hobart, March 1999)



The mobile control room at a Perth 'Big Day Out', 2001. The keyboard operator, Leanne Gordon is wearing the 'St John Volunteer First Aid' shoulder flash, which in Western Australia replaced the 'St John Ambulance Australia' flash in 2000. Also in the picture are the State Superintendent, Terry Jongen (left), Simon Hughes and Brendan Sinclair (back to camera).



An Operations branch Divisional Superintendent and casualty, Sydney Olympics, September 2000.



John Spencer, St John Ambulance Chief Operations Officer for the Sydney Olympics (second from right) and Mark Compton, Chairman of the St John Council for New South Wales (right) greet two members of the St John contingent from New Zealand arriving for duty at the Sydney Olympics.



Left to right: Ben McCullogh-Dennis, Alison Dagger and Debbie Walker with an Operations Branch buggy at the Darling Harbour first aid post three weeks before the opening of the Sydney Olympics, 2000.

2/4 and 2/14 AGH

I was born in 1917 and grew up in Macarthur in the Western District of Victoria. I attended Hamilton High School, 30 kilometres to the north, which was the closest secondary school. One of the books in the school library was a first aid text for outback families produced by Rev. John Flynn of 'Flying Doctor' fame. That was what aroused my interest in first aid. I finished high school in 1933. It was the middle of the Great Depression and jobs were scarce so I came to Melbourne looking for work. One of my aunts had a brother who had a friend who managed a clothing factory in Carlton, and he persuaded his friend to take me on as an apprentice cutter. After I'd begun work the boss asked me to do a first aid course because the factory girls were always getting needlestick injuries and he needed someone to treat them. He promised to pay me 5 shillings (50¢) extra if I learnt first aid. I enrolled in the St John course and was soon hooked. After I'd completed it I did the home nursing course as well. I had decided to keep up my skills by joining the City of Melbourne Division of the St John Ambulance Brigade. Bill Holden, who ran the Division, wouldn't accept any members who didn't have at least two certificates including one in home nursing. By gaining my home nursing certificate I met his requirements, so I was able to join the Division in 1935. I remained with the Division for the next four years until I joined the militia in August 1939, the month before World War II began. I then joined of the 2nd AIF [Australian Imperial Force, the Australian army of World War II] on my birthday in 1940.

Because of my first aid experience and Brigade background I went into the army medical services as a member of the 2/4 AGH (Australian General Hospital). Five of us from the City of Melbourne Division enlisted in the unit. We went overseas on 31 December 1940, disembarked at Port Taufiq near Suez in Egypt, then moved by train to Abdel Kader near Alexandria, where a hospital was being built. We later embarked on a ship called the *Knight of Malta* (a name pleasing to us St John men) that was meant to transport us to Barce, 630 miles [1013 kilometres] away to the west near Benghazi in Libya. After three days the ship ran aground. It had four lifeboats, two of which were inoperative, but all 350 people aboard got ashore safely. We then marched 14 miles to the nearest road, where a passing truck took news about us to Bardia just over the border from Egypt. A fleet of trucks then came out to collect us. We spent the next few days getting our gear from the ship. We were then trucked to Tobruk, 75 miles [120 kilometres] west of Bardia, which had recently [January 1941] been captured from the Italians. We relieved a unit already there. By this time the German Field Marshall Rommel and his *Afrika Korps* had begun their push to the east to try to capture Cairo; Tobruk was soon besieged, and so we were right in the thick of things.

Tobruk was hit by more than 3000 air raids in eight months. Our longest period without an air raid in that time was 25 hours. We spent so much time scurrying for cover during air raids that 'Lord Haw Haw' [William Joyce, a broadcaster of Nazi propaganda hanged for treason by the British at the end of the war] called us the 'rats of Tobruk'. For him it was a term of derision, but it stuck to us as a badge of pride. During the siege all our reinforcements and evacuations came in and out by sea. In our eight months there we handled 35,000 patients and performed 3000 operations. There were no female nurses so we male medical orderlies performed their role instead. Of those who underwent operations only 240 died — a death rate of 8%, low for the conditions we were working under. Our biggest day's work was 108 operations in eight hours, equal to about one every 4½ minutes. On one occasion a 500-pound

bomb came through the ceiling of the place where I was sleeping, but fortunately it didn't detonate. Another time I was on duty one night, in charge of an 8-table operating theatre, when we had to treat a truck load of Polish troops. Their truck had overturned, two of them had been killed and others were badly injured. None of them seemed to be able to speak English, so I asked their officer, 'Parlez vous Francaise?' He spoke excellent French, so in my schoolboy French I got him to help triage [prioritise] his injured men.

Eventually we Australians in the 2/4 AGH were pulled out of Tobruk and sent to Jerusalem to help run two hospitals there. After that we were posted to Ceylon for a few months then sent back to Melbourne in time for Christmas in 1942. After several weeks' leave we were sent to Brisbane to treat casualties from the campaigns against the Japanese in the Pacific islands north of Australia. After Brisbane I was transferred to the 2/14 AGH at Townsville. We remained there until a cyclone blew our hospital down, then we were posted further north to Atherton. In 1944 we went overseas again, to Balikpapan in Borneo. After Balikpapan we went to Lae in Papua New Guinea to do surgical clean-up work on the troops before they were repatriated to Australia. This was towards the end of the war. During this period we also did escort work, taking the wounded from Lae to Brisbane. The very last surgical case I handled was a bloke who'd been hit by a bullet. He'd been at high school with me in Hamilton more than 20 years before. Unfortunately he died soon after his operation.

In all these years I wasn't promoted beyond corporal. My reason was that I didn't want promotion because being a corporal I could remain working in the operating theatre, which I loved. When the war ended I returned to civilian life in Melbourne. I went back to the rag trade as a cutter, and continued working at that until my retirement. I also went back to the Brigade's City of Melbourne Division. Later I transferred to the South Melbourne Division, then became a Corps sergeant and eventually District Sergeant-Major. As a member of District staff I was promoted from District Officer Grade IV to Grade III and finally Grade II. My job was to run the the District parades, help with training and manage the Cadet drum and bugle band. During the 1960s I also spent much of my time instructing the District's rescue and mobile nursing squads. I was also the officer in charge of the field hospitals for these units. I remained on District staff for 25 years, and by the time I retired in 1986 I'd been in the Brigade for 52 years. I became a Knight of the Order in 1989. Now, ten years later, I'm nearing the time when I can boast about being in St John a lifetime — three-score years and ten.

(Trevor McFarlane, South Melbourne, Victoria, September 1999.)

Gay and Lesbian Mardi Gras 2000

As Australian society and culture changed over the decades, so too did the types of public duties that St John Ambulance members attended. Patriotic parades and rallies might have generated much Brigade work during World War II, but six decades on the Anzac Day marches provided the main work of that type. Other public gatherings of more recent origin generated a much larger proportion of the workload. The list included events unheard of in the 1940s — motor racing grand prix, community fun runs, rock concerts, rave parties and in Sydney the annual Gay and Lesbian Mardi Gras. By 2000 the last of these had become such an important Operations Branch duty that the Operations Branch in New South began issuing press statements before each Mardi Gras to alert participants to the presence of St John first aiders. The following, 'A Parade Participant's Guide to First Aid', was the media release preceding the Mardi Gras in 2000. As well as being distributed to the main news media outlets, it was published on the news page of the St John Ambulance Australia website, <www.stjohn.org.au>. The press release also provided a chance for some opportune marketing: the advice 'Keep your St John first aid kit handy' promoted the first aid kits sold by St John Ambulance Australia National Supplies, the organisation's commercial arm.

A Parade Participant's Guide to St John First Aid

First aid specialists St John Ambulance will be out in force during the Mardi Gras 2000, working with the NSW Ambulance Service to ensure a fun, safe and incident free parade. St John Ambulance spokesperson, Darcie Funk says, 'While St John will be there on the night there are a few first aid tips you can remember when you are on your float or out in the crowd to make sure your night is very pleasurable.'

Ankle sprains from platform shoes

If you are going to wear really high platforms try and break them in a couple of days beforehand but if you fall remember: *rest *elevate the ankle *remove the footwear *apply an ice pack for 15 minutes every 2 hours (if you are not carrying any ice on your float get someone to run into a local bar and grab some for you). Bandage the ankle firmly.

Keep your St John first aid kit handy

The contents of your kit will come in handy for any minor injury but can also double as vital material for makeup disaster prevention. The dressings can be used to help stop bleeding and can also double as a powder puff or a makeup brush. A kit should also contain cotton buds for delicate wounded areas and may also be used to clean up runny eye mascara.

First aid for nails

Always carry a nail hardener in your purse in case your nails split. The polish can also double as a protector against ladders spreading in your pantyhose.

False eyelashes, glitter and foreign objects in the eye

If your false eyelashes or glitter causes an injury to your eye or you get hit in the eye by a piece of someone's costume remember to: *support the head *try not to move the eyes *flush the eye with cool, flowing water *place a dressing over the eye *seek medical aid.

Remember — drink plenty of water throughout the night!

(from website <www.stjohn.org.au/news/indexmain.html> on 18 May 2001)

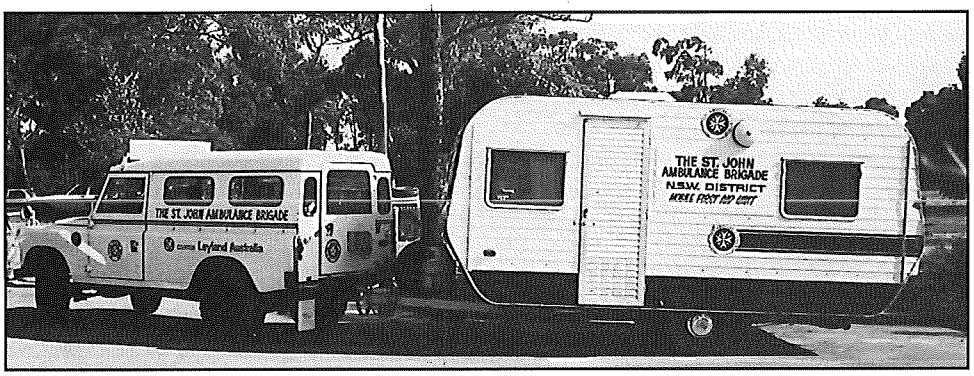
The *Iron Baron* oil spill

The St John Ambulance Divisions of northern Tasmania had their biggest combined public first aid duty in years after an oil tanker, the *Iron Baron*, ran aground at the mouth of the Tamar River in 1995. The tanker struck a reef near Gerogetown on 10th July. The resulting oil spill eventually spread up the Tamar estuary to Bell Bay and along the north-west coast. Calling it an oil spill is something of a misnomer because the oil had more the consistency and appearance of 'Vegemite'. Stiff and adhesive, it washed up on the rocks along the shore, fouling the penguin colonies. Thousands of volunteers turned out to help clean up. They were divided into three main groups — the 'rock grubbers', who cleaned the rocks; the 'sand sifters', who sieved the sand to separate it from the oil; and the 'penguin washers', who cleaned the penguins. The municipal councils of the region then disposed of the retrieved oil and waste clean-up materials.

Operations Branch Divisions across the north turned up and ran the main first aid centre for the clean-up at the Low Head Pilot Station. The centre controlled the activities of the first aiders assigned to the clean-up parties fanning out in all directions to wherever the clean-up was taking place. The clean-up continued over a period of three months — 85 days in all. There were three main zones for the operation — Rubicon River, Bakers Beach and Greens Beach. The operation became a huge logistical exercise for St John, requiring the precise co-ordination of our personnel, equipment and mobile first aid units. On most days at least six and as many as 12 of our members were on duty, with at least two at each of operational zones. Some areas in some zones were so rough and remote it took 4-wheel-drive vehicles to reach them. The St John people I [Clair Smith] was responsible for came mainly from Queenstown and the north-west coast. They were housed in hotels in Devonport. They often went on the job at 5.30 a.m., when buses picked them up to take them into the operational zones, which might be 1½ hours' drive away, and they often returned after 6.30 p.m. Some of our volunteers ended up doing 400 hours of duty as a result. BHP, the operators of the *Iron Baron*, provided all-weather protective clothing for those involved. The company also hired people for the operation through the Commonwealth Employment Service. They were paid $18 an hour. The company offered to pay the St John first aiders, but we refused the offer. Each day of the operation I spent the three hours 4.00–7.00 p.m. working with the BHP officials to co-ordinate the first aid activities in my area of responsibility.

By the time the operation ended we had treated over 400 casualties, mostly cuts and scratches from the penguins, which have sharp bills that inflict a nasty bite. The penguins didn't appreciate the efforts being made to save them, and even though badly fouled with oil still had enough energy to snap at anyone trying to handle them. We also treated quite a few hypothermia victims — it was mid-winter and the weather was often cold and wet — as well as people with colds and the 'flu. One chap we treated is hard to forget. He was a volunteer fireman hurt while the mobile toilets were being pumped out. The hose was being back-flushed to clear a blockage, when it came adrift and drenched him with sewage.

(Clair Smith, Devonport, and Beryl Coker and Barbara Almond, Launceston, Tasmania, July 1999)



A New South Wales District 4-wheel drive vehicle and mobile first aid unit at the Brigade 'open day' at the reopened Sir Hugh Poate Training Centre, 1984.

St John life then compared to now

I've been associated with St John since about 1937, both in Training Branch and Operations Branch. In my early years we covered duties in many well known areas — Royal National Park at Audley, Kurnell, Gunnamatta Bay, Cronulla North and South and later at Eloura Beach — in first aid huts provided by various organisations, for example the surf clubs, the National Parks and Wild Life Service at Bundeena etc. A great deal of time was spent getting to these duties as we had to travel on public transport to get there. The huts contained a basic table and some chairs, some cupboards and sometimes an examination bench, a wash basin, tap and very little else. They were always cold. Fortunately they were kept in good order because vandalism was unknown in the old days. The injuries treated haven't changed much, only the methods used. We used Condy's crystals, Friars Balsam, Iodine, Denco-Rub, smelling salts, the tourniquet, Tanafax for burns, Hex Collodum and cotton wool for sealing cuts (and yes it stung). All these were carried in wooden first aid kits containing about a dozen glass bottles with glass stoppers (and they leaked too). A drawer for dressings and instruments and an out-folding lid served as a 'dressing table'. Quite a compact first aid kit, and also used as a seat at football matches and other duties.

Most day duties, for example beach duty, started at 9.00 a.m. and finished at 5.00 p.m. Other duties were as required. During holiday time you just about lived on duty. Allambie House at the Royal National Park provided free accommodation for some first aiders on duty in the area. We raised our funds through chocolate wheels (one of which I built for Sutherland-Cronulla Division) and were used on special occasions such as gala days at selected sports ovals. Local councils were generous too. Lucky number games were held Thursday, Friday and Saturday at Miranda Fair. The tables for this were manned by older parents, who were given a small commission for looking after them. At all sporting events collection boxes were used to invite spectators to make donations. In the days of tin trouser buttons, many of these found their way into the collection boxes. In our Division we were told we had to collect while on duty to cover the cost of the supplies used, which, if costs weren't covered, we were expected to make up any difference out of our own pockets. Rebel we did, and the result was that the big sporting bodies started making sizable donations to St John. All collection boxes were locked, with only the Divisional Superintendent and treasurer having keys.

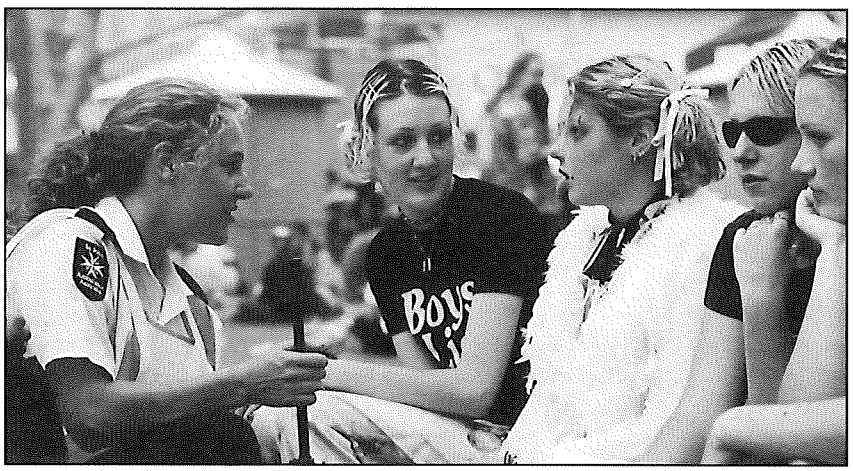
When I was at Sutherland we acquired what I believe was the first Divisional mobile first aid unit in New South Wales. We constructed it from a Volkswagen panel van, which I fitted out with bed, cupboards and a sink. It was widely used at many functions in the 1960s and early 70s.

St John training has changed a great deal since I became an instructor in 1948. The course is now run in quicker time, over a weekend, whereas we had two hours a week over ten weeks, which meant having to carry large amounts of equipment, including a mannikin, a 16-millimetre film projector, blackboard, bandages and student hand-out sheets. Examinations were usually oral, so if you knew the local doctor you passed but the accent was still on neatness and correct use of the reef-knot in tying bandages and arm slings. Training methods have now evolved into the best that can be attained, with the accent on the practical.

Divisional meeting nights are just about the same. Not much has changed. When Combined Divisions came in, not everyone was in favour and for a time the men thought they were being pushed out by the women. In some Divisions a fight for control ensued. In my time there was more emphasis on the social aspect of Divisional life. Every month members and their families met at Divisional headquarters for various forms of entertainment, including singing, dancing, films and barbecues. Everyone brought a plate of supper. These days there aren't so many social activities except at Christmas.

Unfortunately my home was destroyed by fire in 1986, and I lost all of my previous St John paperwork. I can therefore only provide the above outline of what St John life was like in the earlier years.

(Graham Engel, Woy Woy, New South Wales, July 1999)



An Operations Branch member meets potential clients at a 'Big Day Out'.

How we've changed

We've been St John Ambulance first aiders with the Brigade/Operations Branch for a combined total of 118 years. In that time we've seen many changes come over the organisation. Here are some of the changes that impress us:

- We've gone 'hi-tech'. These days we have vehicles and mobile first aid units with the latest in emergency care technology and electronic communications equipment and our first aid kits contain items like air splints, adjustable cervical collars, soft-bag resuscitators and oral pharyngeal airways. When we were Cadets back in the 1940s we caught the train to our duties and the first aid kit contained little but bandages, smelling salts and antiseptic lotion. With vehicles we made a leap forward in the mid-1950s when General Motors Holden came to our aid. During the Royal Tour of 1954 the company loaned St John a vehicle to take our members to whatever country towns the Queen was visiting. In 1956 the company loaned us a ute [utility truck] for the duration of the Melbourne Olympics. Nowadays every Division has its own vehicle and mobile first aid unit. The younger members these days are all computer literate and handle the sophisticated 'hi-tech' equipment with ease. They run rings around the people of our generation.

  The disadvantage of all the 'hi-tech' equipment is that it becomes a fascinating distraction from our real work, which continues to be giving competent first aid to casualty victims. One example of this is the hand-held radio. In the old days we had few devices like that because they were still very 'hi-tech'. Nowadays they've become a badge of rank because anyone important in the organisation carries one.
- Nowadays all our facilities and equipment for public duty are supplied to us by the District organisation. When we were junior members we bought our own. The equipment is now so sophisticated few members could afford to provide their own.
- There's greater involvement of health care professionals. Nowadays ambulance officers and nurses as well as medical practitioners from a range of specialisations play a key role in our training and in setting our first aid delivery standards. Earlier on we had Divisional and District Surgeons but theirs was more a figurehead role.
- The standard of our service has improved out of all proportion. In the early days we were truly the first aid amateurs but over the years we've become much more professional as our standards have increased. There's a problem with becoming so professional, however: if we're becoming so professional we'll become too technical for the lay people who comprise our recruits. It's becoming difficult for some rank and file members to keep up with the higher training standards, which have become a disincentive for some members.
- Our case work has also changed. In earlier years we treated many cut feet at duty venues like the beach and the Melbourne Cricket Ground. Nowadays the municipal councils keep the beaches cleaner and the MCG management has banned glass bottles. Fewer cut feet are the result. At one time we also used to treat many fainting cases. These days there are fewer, perhaps because clothing is more casual and sensible. On the other hand, we treat more heart attack cases, which probably reflects the increasing rate of heart disease in the community.
- Our uniforms have progressively changed for the better. The old uniform of belted tunic with polished buttons and stiff collared shirt and tie was hot and uncomfortable. The bomber jackets and open necked shirts the rank and file now wear are practical, comfortable, easier to have cleaned and look just as smart. I still remember the old days of doing public duty in the pouring rain at the MCG. We used to sit just inside the fence with only ex-army greatcoats for protection. The Brigade had bought these as a job lot then dyed them black. When we'd get home from a wet MCG duty the dye would have run right through our tunics, shirts and singlets. If we had to work in the rain these days we'd be wearing high quality weather proof gear in fluorescent yellow with reflector strips.

The one thing that hasn't changed is what's good about being a St John member. The organisation continues to be composed of people who want to do something worthwhile for their fellow citizens. The main benefits of membership are the opportunity for helping others, being trained to be useful to the community, the sense of comradeship you develop with other St John people, and especially the life-long friendships you form with like-minded fellow members.

(Merv Goodall and Roy Green, South Melbourne, Victoria, October 1999)

Katherine floods

Katherine is a town of about 9000 people on the Katherine River 320 kilometres south of Darwin. Another 6000 live on properties and bush settlements in the surrounding countryside. In early 1998 the town almost disappeared under floods caused by the deluge accompanying a monsoonal cyclone code-named 'Les' on Sunday evening 25 January. Some 248 millimetres of rain fell over the Katherine River catchment, an 8000 square kilometre area of escarpment on either side of the Katherine Gorge, some 30 kilometres upstream of the town. The next day, Monday 26 January, Australia Day, the rising floodwaters began cutting off substantial areas of the town. By 4.30 a.m. a torrent a metre deep had cut the Stuart Highway running north to Darwin. Several extensive sections of the highway washed away, stranding many motorists. Some had lucky escapes — for instance the family who managed to scramble free of the 4-wheel drive vehicle as the flood swept it into a trench gouged across a 90-metre stretch of the highway. By 9.30 a.m. many of the surrounding bush settlements and the low-lying areas around the town had been inundated. The town has a disaster plan integrating the activities of the police, fire and emergency service and the ambulance service. It was brought into operation that afternoon. As part of the plan, the 50 patients in the Katherine hospital were evacuated by RAAF helicopter, 8 serious cases being taken to Darwin and the remainder to the hospital at the Tindal RAAF base, 28 kilometres south-east of Katherine. The RAAF helicopters and others from surrounding cattle stations then began rescuing people from outlying settlements. Those rescued included motorists stranded on roads cut by the rising flood and the occupants of many Aboriginal camps and settlements. Many people were plucked from rooftops and even treetops where they'd clambered to stay above the rising waters. The power failed at 9.45 that night as the flood reached the high voltage lines and transformers.

Worse was to come. Another 230 millimetres of rain fell the next day, Tuesday 27 January. By 10.00 that night the central business district was more than a metre under water and all roads leading from the town had been cut. All electronic communication with the outside world — telephone, fax, mobile phones, email — had also been cut. That day produced the worst flood in living memory in Australia. It was indeed the '100-year flood' in a notoriously flood-prone region that had seen five major floodings of the town over the preceding century. This flood exceeded the 'extreme' category, that is the river had risen more than 17.5 metres above normal level at the Stuart Highway bridge at the western side of the town. Late that day it reached a high of 20.3 metres, 0.8 metre higher than the previous highest of 19.5 metres in 1897. At the flood's peak the river was 4 kilometres wide as it crossed the Stuart Highway on either side of the town and 8 to 10 kilometres wide downstream from the town. In the central business district, where the land is flat and level, the water eventually rose to a height of 1.86 metres up the walls of the buildings. Some business proprietors later painted lines on their walls to indicate the high water mark.

By Wednesday 28 January Katherine had had its greatest rainfall in 124 years. The only part of the town either not inundated or cut off from the outside world was the satellite town of East Katherine, which was on higher ground. This became the area to which most town residents were evacuated, mainly by flood boat. Rain was still falling heavily at 10.00 that night. The rains eased the next day, Thursday. Rescue operations continued around the Katherine district. Most of those rescued had extraordinary survival tales to tell. One Darwin couple on a camping trip had clambered through a hole they cut in the roof of their caravan when the pressure of rising water prevented them from escaping through the door. Not everyone could be rescued: rescue teams somehow missed them. One German tourist had climbed on to the roof of his car then, when the flood threatened to wash it away, he climbed into a tree. He perched there for several days, plagued by mosquitoes until the flood receded. He then clambered down and was eventually found sitting mournfully in the water still covering the road. Miraculously only three people died. One was an Aboriginal man who drowned trying to reach safety; the second was an elderly white man who died of a heart attack after refusing evacuation by helicopter because he wouldn't leave his dog; the third was a young station worker who drowned after capsizing while using a kayak to check flood damage. On Friday 30 January the Prime Minister (John Howard) and Northern Territory Chief Minister (Shane Stone) flew in to inspect the flood damage. The Prime Minister promised $10 million to rebuild homes and roads. The Chief Minister promised emergency cash relief of $1310 for each adult victim. By now the water had begun receding. Clean-up operations, aided by 100 troops flown in from the Robertson barracks near Darwin, began the next day, Saturday 31 January. The clean-up continued for the next week.

The evacuations, relief effort and clean-up were all mammoth logistical exercises. Helicopters were used to drop food to stranded outlying settlements. For four days four RAAF Hercules aircraft ferried in 1000 rescue and relief personnel, rescue vehicles, tents, generators, blankets, food and medical supplies. The St John contribution, from both ambulance staff and Operations Branch volunteers, was conspicuous. A total of 30 St John members were involved. The biggest contingent, 15 members of the local Katherine St John Ambulance centre — Brenton Baillie, Anton Bartolovic, Judith Burgess, Jason Callanan, Brian Carnegie-Smith, Peter Coon, Mike Cooper, Paul Derrick, Bob Fabian, Craig Garraway, Natalie Higgins, Nicola Lubbock, Neil Robinson, Lynda Smith and Alan Talbot — were on duty for the fortnight the emergency lasted. They began by setting up first aid posts at all the evacuation points around the town at 10.00 a.m. on Monday 26th, in advance of the disaster plan coming into action that afternoon. They then began helping with the evacuation of the patients from the hospital. For this they used a bus with no seats loaned

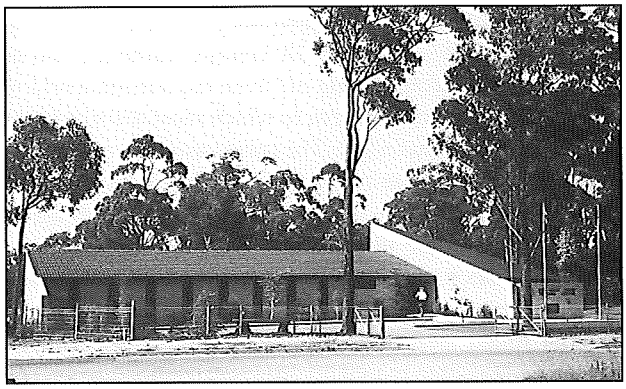
by the RAAF to move stretcher cases and a RAAF truck for the obstetrics and paediatric patients. They took the last two patients, who had been in the operating theatre, to the Tindal RAAF base by ambulance. After that the pressure eased. They moved into the police station, which had become the disaster management command centre, to play a supporting role for the police. As things turned out, they couldn't have continued operating from their ambulance station because it flooded to a depth of 1.5 metres. Soon after first light on Tuesday 26th, they were called out to treat a teenager haemorrhaging from a cut toe at an station property. They were taken there by helicopter, treated the lad, transported him to Tindal, then on the way back to Katherine rescued two people stranded on a rooftop, winching them up into the helicopter. The Katherine St John members were later joined by others from other Northern Territory centres. One member came from Tennant Creek (Martin Scaife), six from Darwin (Kevin Blake, Wayne Hunter, Ben Minchin, Tony Oxford, Stephen Plahn and Earl Richardson) and eight from Alice Springs (Paul Belman, Scott Hollingworth, Steve Peers, Mark Savill, Sheree Schneider, Trevor Sellick, Noel Talbot and Kyron Wright).

The St John people who had assisted in the relief effort later received a commendation from the chairman of the St John Council for the Northern Territory, Richard Morris, who congratulated and thanked them for their 'tremendous spirit [of service]...both at the time of the tragedy and during the difficult rebuilding'. The illuminated address he presented to them occupies pride of place in the display area of the Katherine ambulance station. The Governor-General, Sir William Deane, Prior of the Order, also made a presentation. He visited the station on 6 March 1998 with his wife to offer his congratulations in person. He presented the members with his own vice-regal shield in recognition of their contribution to the evacuation, relief and clean-up. The shield, bearing his royal lion and crown emblem of office and a short inscription recording the date of his visit, hangs alongside the chairman's illuminated address. Like the high-water marks painted on the walls of shops in Katherine's central business district, they are mementos of Katherine's worst crisis. They remind all who visit the building of the devastation wrought by 'Cyclone Les', and they commemorate the special contribution St John members made during the fortnight the crisis lasted.

(From Northern Territory Emergency Service brochure, Flooding in Katherine, *December 1999; Jane Mundy, ''Cyclone Les — Australia Day, 1998', The Drum [journal of the Northern Territory Police, Fire and Emergency Services], March 1998, pp. 10–35; an anonymous article, 'The day Katherine floated away' in* Outback Ambulance *[journal of St John Ambulance Australia (Northern Territory)], Dry Season 1998;* The Australian *and* Northern Territory News *newspapers, articles on the floods and aftermath, 26–31 January 1998; and information from Kevin Blake, Lenaire Brown and Rod Hocking of Katherine Division, St John Ambulance, March 2000)*



The partly submerged St John Ambulance centre at Katherine, Northern Territory, during the January 1998 floods, seen from the Stuart Highway.



The Sir Hugh Poate Training Centre, Blaxland, New South Wales, 1984.



Operations Branch members move a collapsed runner by stretcher, City to Surf fun run, Sydney, 1999.

Marching songs

The St John Ambulance Brigade/Operations Branch is an organisation whose members go on parade, march to martial music and are reviewed by their commanding officers. It is hardly surprising, then, that over the decades various writers and musicians have composed Brigade 'marching songs' — rallying cries set to stirring tunes with four beats to the bar. Some have been for local consumption, within the District or even Division of their composers. In this category was 'St John Nurses' written in the early 1970s by Hilma M. Lang, Superintendent of the Woodridge Cadet Nursing Division in Brisbane. She produced both the words and music in honour of Dorothy Davidson, the Brigade's Chief Superintendent (Nursing) 1969–76, the first Brigade officer from Queensland to join the National Headquarters staff. The words ran like this:

We are the Saint John nurses;
we have a task to do:
wherever crowds of people gather
we help look after you.
If accidents should happen
no need to be dismayed
for there on spot
we can help such a lot
by rendering trained first aid.

Chorus:
Faithful, alert and ready
whenever we're called upon,
wearing with pride,
for we're qualified,
the white cross of St John.

Ours is a path of service
in our community.
Whenever help is needed
that's where we want to be.
In any time of illness
don't let the case grow worse:
the girl from St John
can be called upon
to serve as a trained Home Nurse.

Lang's marching song was probably not often sung, even in Queensland, for surviving District officers from that period don't remember it well. Perhaps it was intended more as a good will gesture to Davidson than for practical use. Lang was, however, in a long tradition of Brigade songwriters, and other authors had produced similar compositions. The most famous was the romantic novelist Barbara Cartland (1901–2000, also known by her married name of Mrs Hugh McCorquodale). Cartland produced her own marching song, 'Knights of St John', with music by Jan Kerrison, in 1943, some three decades before Lang's. The *Guinness Book of Records* credits Cartland with being the world's most prolific author. She began writing books at the age of 21 and over the remainder of her very long life produced 723 books. She turned them out at an astounding average rate of one every 5½ weeks for 77 years. They sold at least a billion copies — an equally astonishing average of 1.3 million each. Cartland was also a generous supporter of her favourite charities. These included the St John Ambulance Brigade Cadets, of which she was an active serving officer in Britain during the 1940s and 50s. She was a 'Lady County Cadet Officer' or, in Australian parlance, a District Officer (Cadets).

One of Cartland's historical novels was written for Cadets to celebrate the centenary of the St John Ambulance Association in 1977. Like this novel, her marching song promoted the myth of a seamless succession of the Most Venerable Order of St John, parent to St John Ambulance, from the ancient Knights Hospitaller. Its words go like this:

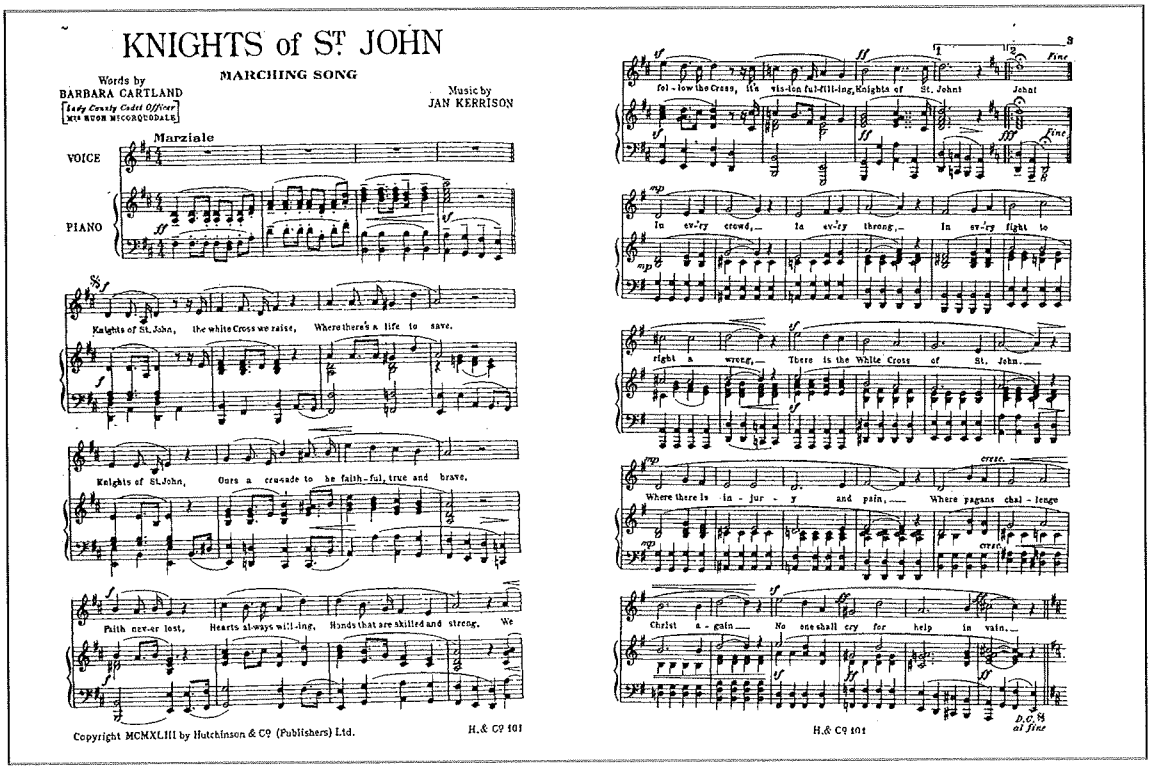
Knights of St John,
The white cross we raise
Where there's a life to save.
Knights of St John,
Ours a crusade
To be faithful, true and brave.
Faith never lost,
Hearts always willing,
Hands that are skilled and strong.
We follow the cross,
Its vision fulfilling,
Knights of St John.

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 to accompany these words appears below. Unlike Hilma Lang's marching song, Barbara Cartland's was fairly well known, even in Australia. Brigade veterans in Queensland like Beth Dawson can remember it being played in the 1950s and 60s by the military bands who provided the music for the annual District reviews. In New

South Wales Betty Stirton used it with her Bankstown Nursing Cadet Division during the early 1950s. She borrowed a copy from Alice Henson, the District Officer for Nursing Cadets, then took it to Palings, the music store, to have a copy printed for 6 shillings (60¢). 'Even though my Cadets had the reputation of being able to sing,' she recalls, 'I was very fortunate to have two people to do the training — an officer who played the piano expertly and the father of one of the Cadets who sang professionally. All I had to do was stand in front, mime the words and wave my arms around pretending to know all about conducting.'

Present-day Operations Branch members are unlikely to have heard either 'St John Nurses' or 'Knights of St John'. The post-1950s generations grew up to the sounds of other music. Marching songs, which dated from Britain's imperial era, went the same way as the Empire. But though largely forgotten they nevertheless continue to provide interest for St John historians because they do evoke the pride their authors took in the Brigade's community role. The role is nicely summed up by combining one line from Cartland's marching song with two from Lang's: 'In every crowd, in every throng, whenever help is needed, that's where we want to be.'


KNIGHTS of ST JOHN

MARCHING SONG

Words by BARBARA CARTLAND

Music by JAN KERRISON

Marziale

VOICE

PIANO

Knights of St. John, the white Cross we raise, Where there's a life to save.

Knights of St. John, Ours a crusade to be faith-ful, true and brave.

Faith nev-er lost, Hearts al-ways will-ing, Hands that are skilled and strong. We

follow the Cross, It's vis-ion ful-fil-ling, Knights of St. John! John!

In ev-'ry crowd, In ev-'ry throng, In ev-'ry fight to

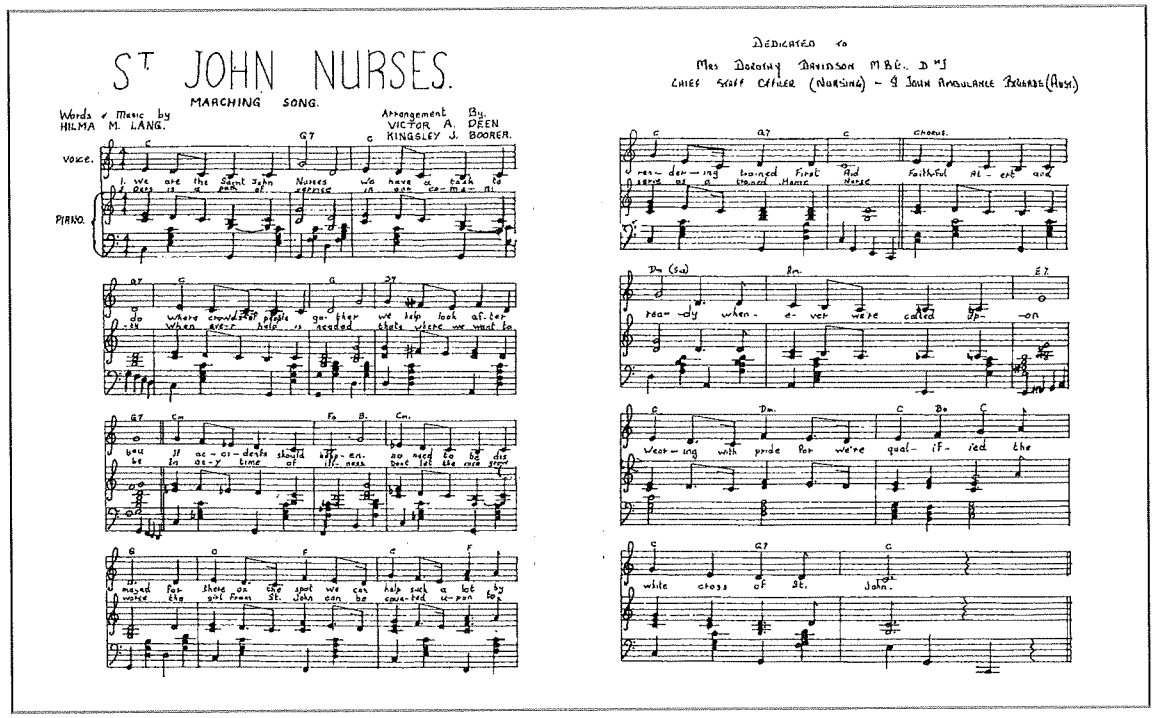
right a wrong, There is the White Cross of St. John.

Where there is in-jur-y and pain, Where pagans chal-lenge

Christ a-gain No one shall cry for help in vain.

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H.& C° 101


ST JOHN NURSES.

MARCHING SONG.

Words & Music by HILMA M. LANG.

Arrangement By VICTOR A. DEEN KINGSLEY J. BOORER.

DEDICATED to Mrs Dorothy Davidson M.B.E. D.M.J. Chief Staff Officer (Nursing) - St John Ambulance Brigade (Aust.)

VOICE.

PIANO.

1. We are the Saint John Nurses We have a call to

days in a week at exercise in our com-mu-ni-

do where crowds of people gather we help look after

when ever help is needed that's where we want to

you be In ac-ci-dents should hap-en. no need to be dis

as-y time of life ness best let the cure story

signed for-bid-ding girl from St. John can be coun-ted u-pon by

chorus.

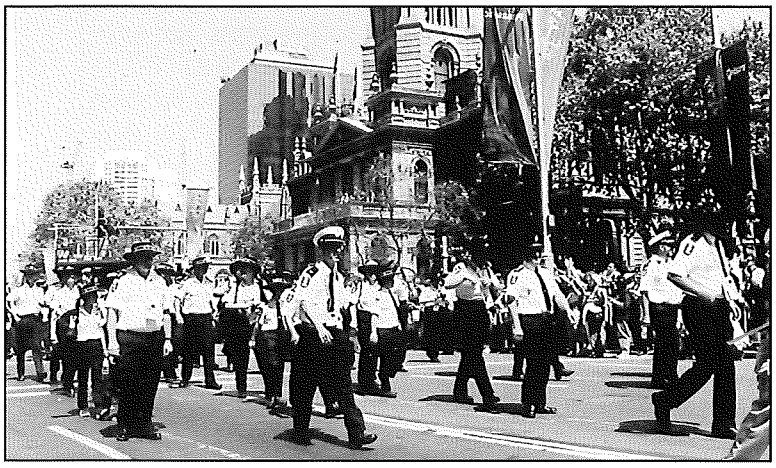
ren-der-ing trained first Aid Nurse Faith-ful At-tent and

ready when-ever we're called up-on

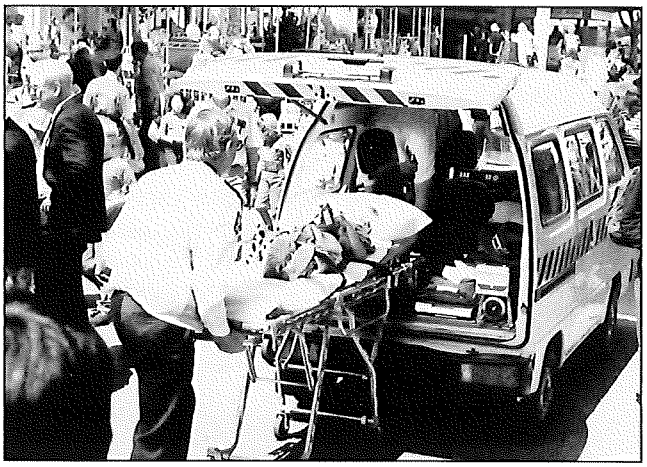
Wear-ing with pride for we're qual-i-fied the

white cross of St. John.

The Zambuks



The 200-strong St John Ambulance contingent leading the medical volunteers section of the Volunteers' Parade past the Sydney Town Hall two days after the end of the Sydney Olympics.



Alan Rimmer (outside the van) and Courteney Graefling (inside), St John Ambulance first aiders, load a patient aboard an ambulance at the Perth Royal Show, 1997.

Sons of Kastellorizo

Kastellorizo is the most easterly of the Greek Islands and the closest to Turkey. A rocky limestone outcrop, its highest point only 268 metres above the Mediterranean, it was once a promontory of the Anatolian land mass until separated by rising seas. It is six kilometres long and 2.5 wide across the broadest axis, roughly triangular in shape and only 2.5 kilometres off the south-western Turkish coast. Many Greeks nurse ancient grievances against the Turks but the Kastellorizans, living within swimming distance of their former overlords, have had to learn to be more accommodating.

In the 213-year period when the Knights Hospitaller commanded Rhodes, they built a series of fortifications on various islands of the Dodecanese archipelago, including Kastellorizo. On Megisti (the original Greek name for Kastellorizo) they raised a substantial castle. All that now remains of this is the central citadel above the island's only town, also called Kastellorizo, on the Limani harbour. Because of the colour of the huge stone blocks the Knights used, their fort was known in Italian as *Castello rosso* — the 'red castle'. Greek tongues pronounced it 'castel orizo'. The name stuck.

By 1910 the island's population had reached a modern peak of about 9,000, almost all Greek. Over succeeding decades, however, the population declined steadily as many residents emigrated. By the 1990s fewer than 500 people remained. Abroad, however, thriving communities of Kastellorizans developed. Many of these are in Australia, where some 30,000 citizens claim Kastellorizan birth or descent. In the colloquial style of Australian English the Kastellorizans proudly call themselves 'Kazzies'.

Many 'Kazzies' have done well in their land of adoption, and Australia has benefited from their presence. Some indication of their contribution is that during the 1990s no fewer than seven of the professors in Western Australian universities were of Kastellorizan descent. Many Australian social and cultural organisations have consequently profited from their initiative and energy, and few more than St John Ambulance.

The 'Kazzie' with the longest commitment to St John Ambulance Australia has been Leslie Aris of Perth, known around the organisation as 'the man with a thousand cousins' because of his ability to call on his far-flung 'Kazzie' network in getting St John tasks done. Born in 1932, he received his education in English in Catholic schools in Perth. His Greek education was in the part-time school conducted 4.00 to 6.00 p.m. every weekday at the Greek Orthodox Cathedral in North Perth. His 45-year St John Ambulance career began in 1954 when he was 22, after a fatal road accident. He had been driving along St George's Terrace, Perth, one wet, stormy night, when an elderly woman stepped on to the road between two parked buses. She walked straight into the path of his car and was killed instantly. He felt helpless at not knowing what to do, but the police and an ambulance arrived soon after and took charge. Greatly distressed, he was taken to the Perth Hospital in the ambulance. Several days later the ambulance officer called round to the Aris home in South Perth to see how he was coping. He suggested that Les take a first aid course. Les was currently working at the Midland Railway workshop, which had an active railways ambulance centre, so he took the course there and afterwards joined the local St John Ambulance Brigade Division. He remained with the Division for three years, until appointed Divisional Superintendent of the Midland Cadets. In 1959 he transferred to the Victoria Park Ambulance Cadets as Superintendent, and soon built it into the best turned-out Cadet unit in the District. With about 45 members, it was also the largest.

After three years at Victoria Park, Aris's Brigade involvement had effectively become a long-term, part-time voluntary job. Keen, committed and assertive in seeking out new possibilities for St John, he was promoted to Corps Officer Cadets in 1962. The next year he was promoted to Corps Superintendent of No. 1 Adult Corps, the area encompassing central Perth. After three years in that position he was promoted to the District staff in 1966, with responsibility for administering the Brigade's public duties system in Western Australia. He remained a District Officer for the next 27 years. Aris's special talent was for fundraising. For decades he was the key figure in organising the Brigade's annual street appeals, raffles, the 'Mother of the Year' quest and quiz nights. By the end of the 1990s he had helped raise hundreds of thousands of dollars for various St John causes. On reaching the Operations Branch retirement age in 1997, Aris embarked on a new career within St John. He accepted an invitation from Ian Kaye-Eddie, St John Ambulance chief executive in Western Australia, to chair the new Community Care Branch. He tackled his new duties with characteristic energy. Within a couple of years Western Australia was the new Branch's most vigorous outgrowth.

Les Aris was only one of a series of men of Kastellorizan descent who over the decades from the 1950s worked as St John volunteers. Others in Western Australia included George Anastasakis, the brothers Paul, Peter and Stan Gregory, Peter Kambouris, Dr Michael Lekias, Christopher Manessis and Professor John Papadimitriou. Elsewhere were Evan Papandonakis in the Northern Territory and Dr Vlasis Efstathis in Queensland. Two of these call for special comment — Vlasis Efstathis and John Papadimitriou.

Vlas Efstathis was born in Tully, north Queensland in 1944, one of five children of Eleftherios and Maria Efstathis. Both parents were born on Kastellorizo but before World War II migrated to Australia, where they worked in cafés. After schooling at Ipswich Grammar School, Vlas studied medicine at the University of Queensland, from which he graduated MB BS in 1970. That year he married a second cousin of Les Aris, Olga Columbus. He then entered private medical practice at Ipswich near Brisbane. As a member of the Greek army, Eleftherios Efstathis had been decorated for valour in the wars against the Turks in the early 1920s; and so Vlas had a family interest in matters military. He joined the Queensland University Regiment in 1963, was promoted through the ranks and commissioned as a lieutenant in the Royal Australian Infantry in 1969. In 1972 he transferred to the Royal Australian Army Medical Corps. In 1993 he was promoted to colonel and appointed Director of Medical Services for Queensland.

Vlas Efstathis's other great interest was St John Ambulance, which he joined in 1970 as Surgeon to the Ipswich Combined Division. He became Assistant District Surgeon in 1987, District Superintendent in 1990, Deputy Commissioner in 1993, Commissioner in 1996 and finally in 1999 Chairman of the St John Council for Queensland, the peak administrative position in the State's St John organisation. By then he had also been admitted to membership of the Order of St John and promoted to the grade of Commander. Another interest was history, particularly of the ancestral island. In 1993 he teamed up with Professor John Pearn, Director of Training for St John Ambulance Australia and a medical historian of note, to produce a short history of the Hospitallers' period on Kastellorizo. Their book, *The Knights' Castle on Kastellorizo*, was launched in June 1999 at the Kastellorizan Club in Perth during the annual St John Ambulance Priory Conference in Perth.

John Papadimitriou was among the highest achievers of all Australian 'Kazzies'. Another of Les Aris's second cousins, he was born in Port Said, Egypt, in 1938, one of two children of Michael and Vassiliki Papadimitriou. The family migrated to Australia in 1950 and settled in Kalgoorlie, where they ran the Monte Carlo restaurant. After attending the local high school, John studied medicine at the University of Western Australia, graduating MB BS in 1962. He went on to become a specialist pathologist with Fellowships in both the British and Australian Royal Colleges of Pathologists. He also earned double doctorates from the University — an MD in 1969 and a PhD in 1976. He rose through the academic ranks and eventually became the Professor of Pathology in 1989. Papadimitriou also had a 23-year St John career. He joined the Brigade as a Divisional Surgeon in 1971, was promoted to Corps Surgeon in 1976, District Surgeon in 1984 and then Deputy Commissioner in 1987. He spent the next six years as Deputy Commissioner. He was awarded membership in the Order of Australia (A.M.) for his services to St John and medicine in 2002.

The 'Kazzies' in the Australian St John movement could be proud that their very presence in an originally 'Anglo' organisation had helped give it something of the diversity it needed to reflect more accurately Australia's increasingly cosmopolitan population mix.

(Derived from information supplied by Les Aris and Vlas Efstathis. Information about Kastellorizo is from Nicholas G. Pappas, Castellorizo: An Illustrated History of the Island and its Conquerors, *Halstead Press, Sydney, 1994; and Vlasis P. Efstathis and John H. Pearn,* The Knights' Castle on Kastellorizo, *Amphion Press, Brisbane, 1999.)*

Moonmist

The funds of St John Ambulance bodies in most Australian States and Territories have often relied on the talents and energies of groups of women, and occasionally men, generally known as 'auxiliaries'. Such groups have come and gone over the decades, but have shared several characteristics in common. First, their members have often come from the upper strata of Australian society. Second, their fundraising ventures have often been gala events that have been well reported in the 'social pages'. Third, this in turn has boosted St John's own promotional efforts, helping convince the public that the organisation is a charity well worthy of support. Fourth, their enterprises have generally been complex logistical exercises whose success has depended on gifted leadership, careful planning, dedicated hard work and members' ability to use to St John's advantage their networks of social, professional and business contacts. And finally, the funds they have raised for St John causes have often exceeded the amounts the organisation might otherwise have raised in its own support.

One of the most durable of the St John Ambulance auxiliaries is the one founded in Sydney in 1955 to support the New South Wales Headquarters of the St John Ambulance Brigade. Its efforts over the succeeding decades illustrate the symbiosis that often develops between the 'Society' people making up the membership of such auxiliaries and charitable community organisations like St John Ambulance. The foundation president of this particular auxiliary was Sir Roy McKerihan, president of the Rural Bank. Among the 20 or so members of the Auxiliary, and one of its founding members, was Edeline Jenkyn, wife of a Supreme Court judge. She was to become the stalwart of the Auxiliary's fundraising efforts during the 1960s.

The longest surviving of the Auxiliary's major efforts were its balls. Under the title 'Moonmist', these ran every year without a break for the 27 years 1960–86. They began after Sir Roy McKerihan asked Edeline Jenkyn to organise a ball as the Auxiliary's main fundraising venture. She co-opted her married daughters, Val Grogan and Helen Booth, and together they recruited a committee of about 20 members to make arrangements. The Ball committee soon took on a life of its own as its members set to their task; and when Mrs Jenkyn succeeded McKerihan as president, it had effectively become the Auxiliary. As its determined, well-connected women and a few men established their Moonmist routines the Ball became the main source of revenue for the New South Wales District of the St John Ambulance Brigade. The name Moonmist was perhaps an unusual choice, having no connection with the Brigade's first aid mission. It was adopted after Mrs Jenkyn and her daughters had given the question of a ball title serious consideration. They wanted words to capture both the ancient history and the potential of the Order of St John. They also wanted something futuristic, in keeping with the 'space age' then gathering momentum as the USA and the USSR super-powers vied with each other for the glory of being the first to put humans into orbit around the earth aboard a rocket. The name occurred to them one evening while watching the moon rise. As they contemplated the possibility of people one day landing there, the moon seemed to symbolise human progress and achievement. Just then a thin cloud drifted across its gleaming silver face. 'Moon mist!' they exclaimed. The romantic term proved durable, lasting as long as the Balls did. By the time the Moonmists had run their course they had yielded well over $100,000 for Brigade use in New South Wales.

The first of the Moonmists raised an astonishing £5000, equivalent to about $88,000 in the values of the early 2000s. It was a memorable event. It took place in the ballroom of the old Wentworth Hotel, opposite Wynyard Park, a venue chosen because Val and Peter Grogan's wedding reception had been held there the year before. The Balls continued there until the late 1960s, when the old hotel closed, and thereafter at the new Wentworth Hotel in Phillip Street.

Edeline Jenkyn continued as president of both the Headquarters Auxiliary and Moonmist Ball Committee until 1968, when ill-health forced her to retire. Her daughter Val took her place, and continued chairing the committee until 1984. Val moved on to other St John commitments in 1984. She retired as Auxiliary president that year, when she became President of the New South Wales Brigade District, but remained an Auxiliary member. Her sister Helen became Auxiliary president in August 1986, a position she still held 16 years later. Between them, Mrs Jenkyn and her daughters had thus led the Auxiliary for over 40 years. Over those years the Auxiliary provided a large proportion of the Brigade's income. To take one year, 1970, as an example, the Moonmist Ball provided $5963 or 45% of all District income that year. This was the single largest revenue source and it went close to meeting the wages bill of $6388 for the District Secretary. A generation later the Auxiliary contributed $100,000 towards the provision of the public first aid services by the Operations Branch at the 2000 Sydney Olympics. This amounted to 12.5% of the Branch's operating costs in providing the services.

Unlike many other 'Society' people, whose St John Ambulance affiliations often go little beyond membership of a fundraising auxiliary, Val Grogan went on to a distinguished career in both the State and national St John Ambulance organisations. She served as Vice-President of the New South Wales District Cadet Divisions 1971–84, then in 1984 she became District President. The District President's uniform she wore when attending official engagements set high standards for all Brigade members. There was no precedent for such a uniform in Australia, so while visiting England she obtained the appropriate design from the UK Chief President of the Brigade, then had the uniform made when she

returned to Australia. Beyond the Brigade, she took on other St John commitments. In 1985 she became deputy chair of the State St John Council, of which she had been a member since 1969. She held the position until 1992. After that she chaired the Council. She occupied this position, among the most influential in the State St John organisation, until 1998. In 2001 she had been the only woman to have held it. As State Council Chair she joined the National Council of St John Ambulance Australia (called the National Executive Committee after restructuring in 1998), and was again the first woman to join this elite forum. Finally, in 1998 she became the National Chair of the Community Care Branch, which had been established 11 years previously to take St John Ambulance down new paths in meeting Australians' social welfare needs. She and her sister Helen might not have intended to set out on unpaid careers as community leaders when they helped their mother organise the first Moonmist Ball. Fortunately for St John and their other causes, successive Moonmist Balls had awakened their interest in other options for community service.

(from New South Wales Brigade District records, minutes and press clippings provided by Valerie Grogan and Helen Booth, 1999–2001)

Moore Park Showground

For 25 years, 1972–97, the largest regular annual public duty for the New South Wales District of the Brigade/ Operations Branch was the Royal Easter Show in Sydney's Moore Park Showground. The Show was usually a two-week event, with our members on duty every day, plus a few days beforehand setting up the first aid room in preparation for the time ahead. After the 1997 Show, the Showground and the Show moved to Homebush, near the site of the venue for the 2000 Sydney Olympic Games. The Showground duties have been an episode rich in history for the District — lives saved, fun enjoyed, romances leading to District marriages. If only the Moore Park walls could talk!

The following published account conveys something of the flavour of the Moore Park duties. It appeared in *St John*, the organisation's in-house newspaper in New South Wales, in June 1997, two months after the final Show at Moore Park. The author was Debbie Nilsson. The report, under the headline 'Farewell to the Moore Park Showground', was the front page lead story. It recalled some of the more memorable incidents occurring during our 25 years of Moore Park duties:

> *This year, the Royal Easter Show ran for sixteen days — four days longer than we are used to. Approximately 230 members provided 9842 hours of volunteer first aid services and managed 4380 casualties. The Operations Branch has been providing first aid services at the Royal Agricultural Society's Royal Easter Show since 1972.*
>
> *This year saw some excitement in the ring, with three consecutive nights of incidents. The first incident involved some rodeo riders, who sustained minor injuries. The second involved a trailer towing a hot air balloon. The trailer turned sharply and the balloon tipped over, throwing the two occupants from the basket. Both required transport by ambulance to hospital but fortunately their injuries were not serious. The third incident involved the overturning of an original Cobb & Co coach. Once again, both riders were taken to hospital by ambulance, but both recovered fairly promptly.*
>
> *The New South Wales Ambulance Service provided a liaison officer each day in the St. John command centre. This was advantageous as the liaison officer booked ambulances directly for us. It also meant that the ambulances received the exact details regarding the location at which it was required. The liaison officer was also in radio contact with ambulances arriving at the Showground and was able to provide supplementary information if required, to assist them in arriving promptly at the location. On several occasions, we were asked by the liaison officer to respond to '000' calls [telephone calls to the emergency services number] made by members of the public. In all but one case, our members were able to adequately treat the casualty. This also meant that an ambulance was not tied up when it was not really required.*
>
> *1997 was the final year of the Royal Easter Show at Moore Park. Next year, the Show will take place at the new site at Homebush. At this point in time, we are unsure of the facilities that will be provided for St. John, but they certainly won't have the same character and nostalgia of the Suttor Stand! The theme of the 1997 Show was 'Thanks for the Memories'. Those of us who have attended the Show over the past 25 years have many memories of the hours spent on duty. Some of the more notable memories include:*
>
> - *the unforgettable 'park bench' first aid posts, located inside the dog pavilion, at the end of the cattle pavilion and outside the Horse Superintendent's Office*
> - *the St John Pageant in the ring in 1971*
> - *two officers (now both on District Staff) who carried a patient (post-fitting), on a stretcher all the way down to the medical centre. Upon arrival and assessment by the registered nurse on duty, the patient got off the stretcher and left. The two officers weren't able to leave quite as quickly as the casualty did.*
> - *the Cadet sergeant who had to scale a lighting tower in the ring to assist the lighting operator who had suffered a fit*

- *the several people who have leapt out of the chair-lift mid-ride*
- *1996 — the debut of Splash Canyon;*
- *the officer who, posted in the rodeo chute, thought it would be a good idea to moo at a bull. He didn't think it was such a good idea when the bull charged towards him!*
- *an officer (now a Divisional Superintendent) who inadvertently gave two 'Laxettes' to a woman with a headache. When he discovered his mistake he said, 'At least it will take her mind off the headache'.*
- *the Cadet leader who was asked, 'Are you good at driving forward? Are you good at driving backward? Are you good at getting into tight corners?' The answer to all questions was 'Yes'. The Cadet Leader was most disappointed to be told that there was a vacuum cleaner waiting in the medical centre, which was in need of a good cleaning. The Cadet Leader thought he was going to be posted on transport.*

See you at Homebush next year!

(from St John, *newspaper of St John Ambulance Australia [NSW], June 1997, pp. 1–2)*

New South Wales bushfires, 1994

The bushfires throughout New South Wales in the first week of January 1994, especially those around Sydney, placed extraordinary demands upon Operations Branch resources and members. On Friday 7 January the District Commissioner, John Spencer, opened the St John Command Centre in Sydney, and all vehicles were checked, fuelled and equipped. At the height of the disaster 600 Branch members responded to the call-out, including 87 who flew in from Victoria. All members rendered outstanding service by performing 35,000 hours of duty, treating over 5000 casualties (mostly firefighters), caring for some 18,000 evacuees, and establishing and staffing 50 duty locations (including four emergency hospitals, 14 evacuation centres and 32 first aid stations). Members were rotated on 10 to 12 hour shifts until Tuesday 11 January, when the crisis passed and the Victorian contingent returned home. Operations continued throughout the following week, with staff serving at fire control centres in the Blue Mountains and as far as 50 kilometres north of Windsor. One of our former Chief Commissioners, Gordon Young, a resident at the Cotswolds Retirement Village at North Turramurra, was both proud and relieved on seeing the familiar black and white uniformed members in action leading the residents — including Dr and Mrs Young — to safety as quickly and efficiently as possible.

(Betty Stirton, Bankstown, New South Wales, November 2001)



The ethnically diversifying face of the Operations Branch, mid-1990s: in this group of 13 members of the South Australian District are people of 12 national backgrounds. Left to right are: Bill Pavlik (Czech Republic), Becky Gibb (Australia), Sepideh Marvasti (Iran, rear), Rose Demeo (the Philippines, front), David Boni (Italy, rear), Tarni Pascoe (Thailand, front), Jose Rosa (El Salvador), Harry Van Giesen (the Netherlands, rear), Victoria Scott (Scotland, front), Anita Williams (India), Mario Pilitsis (Greece, rear), Julie Marshall (England, front), Simon Scott (Scotland).

The 'Nancy Tranby' award

The 'Nancy Tranby' award commemorates the first aid service provided by St John Ambulance at the Brisbane Entertainment Centre, venue for major musical concerts by touring overseas artists. The concerts there, ranging from rock concerts to opera, are major public first aid duties for the Brisbane Central No. 1 Division. The Entertainment Centre employs a large staff — 30 permanent employees and 650 casuals. In 1996 the Centre management instituted a staff excellence award for its casual employees. The award acknowledges the achievement of the casual staff member who in the opinion of fellow workers has striven the most for quality, worked with the greatest dedication and provided the most outstanding customer service. In establishing the award the managers decided to name it in honour of the Superintendent of the Brisbane Central No. 1 Division, Nancy Tranby. They bestowed this honour in recognition of her Division's outstanding contribution to the success of the concerts staged at the Centre by providing first aid to concert-goers and staff alike. The winner receives a $1000 cash award while St John Ambulance also receives $1000 to help continue providing a community service.

The respect for Nancy Tranby among Entertainment Centre management and staff is evident in a poem written by Warwick Thompson, winner of the 1999 Nancy Tranby award. Written as an acrostic spelling out her name, it ran as follows:

Now many people talk about an angel or saint,
And if you see this lady she'll tell you she ain't.
Not too many people have such compassion and care,
Completely selfless of her time and knowledge to share,
Yet this very special person, Nancy Tranby by name,
gives her time, care and love to total strangers just the same.
To know this lady you'll have seen what I mean —
Round countless events her caring smile you'd have seen.
As her gentle kind manner is infectious to all
Nancy's workmates, yes her friends, all say she walks tall.
Blessed are we who know her, we call her 'dear friend.
Yes we are privileged to work with her, this Godsend.

Warwick Thompson's verses in Nancy Tranby's honour might not have won him an additional award for poetry but they did say something of how the Entertainment Centre appreciated St John Ambulance. Behind Nancy Tranby stood the 75 members of her Division, one of Australia's largest and most successful. In honouring her through the Nancy Tranby award, the Centre was therefore also thanking her Division and the wider St John Ambulance organisation.

(Nancy Tranby, Murwillumbah, New South Wales, November 1999)



Left-right: Val Grogan (National Chair of the St John Ambulance Community Care Branch), Les Aris (Western Australian Chair) and Ian Howie-Willis (Priory Historian), Perth, Western Australia, 1999.

One day's work at the 'Gabba'

Four members of Brisbane Central No. 1 Division were on duty at the 'Gabba' (Wooloongabba oval) for the cricket test match between Australia and Pakistan on Saturday 6 November 1999 — the day Australians were also voting in a referendum to decide whether or not their nation would become a republic. The test, the first in this series against Pakistan, had begun the day before. The Pakistani team, batting first, had hit up a respectable 350 runs for 7 wickets. The day was warm and sunny, and a large crowd was pouring into the ground. The referendum had certainly attracted bigger headlines in the morning newspapers than the Pakistanis' score, but for this crowd it was not Australia's constitutional future but the prospect of a good day's cricket in ideal conditions that mattered.

The St John team took their first call at about 10.15 a.m. A middle-aged woman and her daughter were about to cross the road to pass through the turnstiles when the older woman tripped over a rough patch of pavement, fell forward on to her hands and knees, spilling their picnic hamper across the footpath. Three members of the Division went out to investigate — Gail Blair, Meg Philp and Guy Robinson. The woman had badly grazed her knees, elbows and forehead as she'd pitched forward, and had jarred her left shoulder badly. They sat her upright, asked the daughter to hold her umbrella above her mother to shield her from the Brisbane sun, dressed the mother's wounds and supported the shoulder with a sling loosely binding her left arm to her chest. She was badly shaken, and readily agreed to the suggestion that she seek medical attention immediately. Gail remained with her as the daughter went to retrieve their car while Guy and Meg returned to the first aid station within the 'Gabba'.

Guy and Meg had no sooner reached the first aid station when the next call came — a young man had stubbed his toe badly while kicking a bottle top along the footpath leading to the turnstiles. This time Les Blair and Meg Philp took the call. They swiftly but thoroughly cleaned the wound, dressed it neatly and recommended that their patient have it examined as soon as possible by his doctor. The patient, a pharmacologist as things turned out, was embarrassed by what he'd done. He seemed more interested in the saline solution and dressing Les and Meg had used than in his injury. The next call came within several minutes. A young woman had suffered a seizure of some kind. Angie Smeralda and Guy took the call this time. The young woman, who had just arrived from Maryborough with two friends for the day's cricket, explained that she was feeling faint because of a 'black-out' she had just suffered. Angie laid her on her back and elevated her legs above head level to maximise the flow of blood to the brain, ensured that she was comfortable then quizzed her about what had happened. She explained that she'd experienced several 'black-outs' during the week, each lasting about 20 seconds. She had suffered one in the taxi on the way to the 'Gabba', and yet another on coming through the turnstiles. The last was the most serious: her body had gone rigid and her limbs had convulsed. After each attack, she'd been left with a strange taste in her mouth. Within a few minutes of telling Angie all this she felt well enough to stand. Rather than going into the cricket she took Angie's advice to report to the nearby Mater Hospital to be checked out. Suspecting that she might have suffered a series of epileptic seizures, Angie had quietly but firmly stressed the importance of getting the earliest medical advice possible. And, feeling sorry that the three young friends would probably miss their day's cricket, she arranged for the 'Gabba' management to issue them tickets for the next day's play.

Angie and Guy were no sooner back in the St John room than a young woman visiting Australia from Canada came in to have a bandaid applied to a blistered big toe. A new pair of fashionable but ill-fitting sandals had made walking very uncomfortable. Four casualties treated in the first 20 minutes on duty suggested that Brisbane Central No. 1 Division would be having a busy day at the 'Gabba'. As it turned out only several more patients came by, mainly people complaining of headaches, but the day ended with some excitement.

The final call-out came at 4.25 p.m. Les, who was receiving the calls, sent Gail and Guy upstairs to investigate. Guy was back within a couple of minutes to report that the case was an electrocution and that the oxygen equipment and defibrillator would be needed. Les, who is qualified to use such equipment, took it upstairs leaving Guy to watch the telephones. Before leaving Les looked into the 'Gabba' administration office next door to the first aid room to ask for an ambulance to be called. On reaching the scene of the accident he found that the casualty was a worker in one of the many fast-food stalls, a woman in her mid-40s. While cleaning a steel-topped bench, she had leaned against the wall behind the bench, carelessly placing her hand over a power point. The power point was faulty and delivered her a sharp electric shock, the current arcing through her body and earthing through the plumbing connected to the bench. She had not lost consciousness but soon began feeling severe chest pains and had difficulty breathing. Les gave her oxygen, continued monitoring her breathing and pulse and in the meantime wrote up his report on the incident. The ambulance arrived within 7 minutes. The paramedics conducted their own tests to determine the patient's condition, took a copy of Les's report and removed her to hospital.

Gail and Les returned to the first aid room to join Guy and Meg in packing up the equipment, sorting out their treatment records and tidying the room in readiness for the team rostered for the next day's duty. Saturday 6 November 1999 had been just another routine Operations Branch public duty at the 'Gabba'; yet we might guess that the Division's eight or ten patients went home grateful that 'Johnnies' had been present to help them in their moment of distress.

(Information provided by Gail and Les Blair, Meg Philp, Guy Robinson and Angie Smeralda, Brisbane Central No. 1 Division, 6 November 1999)

Developing the Douglas Donald training centre

Early in 1962 the late District Officer (Cadets), Henry (Harry) Pascoe, together with a group of enthusiastic officers, inspected various venues for the purpose of establishing a permanent camp site. For several years prior to this, annual Cadet camps had been conducted in premises owned by other organisations, but the consensus was that St John Ambulance should develop a camp of its own. Following a submission made to the Commissioner of the day, Douglas C. Donald, by officers of the Victorian Cadet section, an approach was made to the State government by the late District Superintendent, Norman Billing, resulting in a lease of land being made available for use as a training camp site.

The property was situated in Brittania Creek Road, Wesburn, 80 kilometres north-east of Melbourne in the upper Yarra valley. It consisted of 16½ acres of bushland and was leased to St John Ambulance for a period of 21 years. A camp committee was formed on 30 January 1964, its role being to plan and develop the property, which committee members first inspected on 2 February 1964. Then the hard work began.

Under the leadership of District Officer (Cadets) Ernest Madeley volunteers were 'recruited' each weekend, and often during the week, converting the bush scrub into a worthwhile training centre. The site was surveyed on 5 May 1964 by students and staff of the Royal Melbourne Institute of Technology. Ern Madeley, whose enthusiasm and personal example encouraged them, received support from hundreds of volunteers, tradesmen from all callings, together with scores of willing workers who carried out a multitude of tasks that had to be performed. By October 1964 the 60 x 20-foot dining hall had a hardwood floor completed, while an area of 40 x 20 feet had been levelled for a toilet block to be constructed, the building of which was completed in January 1965.

The camp committee was most fortunate to receive donations in both cash and kind to assist with the project. Support came from within our own organisation as well as from outside sources. When funds dried up the building of the kitchen was financed by a personal donation from Col. Douglas Donald, whose generosity is perpetuated with a small plaque on the door of the 'Commissioner's Kitchen'.

By March 1954 the dormitory was ready for occupation, and as the entrance road had been bulldozed and electricity installed, it was decided to conduct the annual Easter camp at our own training centre. On 5 April 1966, 89 Ambulance Cadets (boys) with 16 officers and helpers from 21 Divisions braved the cold and wet conditions. The lesson learned on this occasion was the need to improve the internal pathways as mud had become the enemy of all those present.

As time progressed, the camp was used by all sections of the Brigade, as well as by a number of outside organisations. It was used as a base during the Search and Rescue Squads' 'Operation Steep' on nearby Mount Little Joe, then later when a large search was organised for a lost hiker the training centre was put to good use once more. The Lord Prior of the Order of St John, Lord Wakehurst, visited the training centre on 22 February 1966 and unveiled a bronze plaque set in a stone cairn.

The annual Cadet camps were held at Easter time, while many Divisions utilised the venue for other training and recreational purposes. The 1968 Easter camp was nearly a non-event as scrap metal thieves targeted the buildings just 10 days before the opening on 10th April, removing the copper pipes and fittings. The 200-gallon water unit was split open to retrieve the copper lining. For nearly two weeks officers of the Cadet section were rostered on nightwatchman duties to prevent a recurrence.

The Commissioner-in-Chief of the St John Ambulance Brigade, Rear-Admiral Royer Dick, officially opened the training centre on 5 March 1967, the same day as the Chaplain of the Order, the Most Rev. Archbishop Dr Frank Woods, blessed the open-air chapel. The construction of the lectern, using Castlemaine stone, was the work of Mr Bill Firth, whose son was an Ambulance Cadet. Once again, material costs were provided by Col. Donald.

The first inter-District cadet competitions took place in December 1967 during a camp attended by 130 personnel. The most comprehensive gathering of cadets held in Australia took place at the training centre between 31 December 1971 and 13 January 1972. This was the Australian Cadet golden jubilee camp. The planning for the golden jubilee camp occupied a period of nearly 12 months, with an estimated 4000 person-hours contributed by work parties. Among the main items in site preparation were laying concrete paths, plumbing and electrical installations etc. In attendance at the camp were 85 officers and 227 Cadets. Brigade participants were from Fiji (2 representatives), New Zealand (23), Papua New Guinea (2), Singapore (8) plus all Districts from Australia. The camp would not have been possible without the assistance from the Australian army plus many other helpers. A local identity in Wesburn was Lieutenant-General Sir Reginald Pollard, and through his efforts the army's Southern Command Headquarters loaned equipment to the Brigade valued at $31,000 and ranging from marquees, tents, stretcher beds, blankets etc. The camp hospital was manned by medical staff from within the Brigade, ensuring the physical well being of those present.

For some time after the golden jubilee camp, progress on Wesburn appeared to stagnate. There was no single reason for this, rather a combination of conditions. First, many of the 'originals' had passed on and the enthusiasm and drive shown by that first group was no longer evident. The District headquarters failed to inject money into the camp, although rents from government and other sources were directed into general operating accounts rather than the provision of continuing maintenance of what was now a valuable asset. Every cloud, however, has a silver lining and for St John this came in the form of Corps Staff Officer Alan Fry (now District Superintendent), one of the few

remaining 'originals' who had the ability to see the potential of this training centre. The committee under Alan's leadership was fortunate to have received an offer from an organisation known as Christian Work Camps (a division of the Australian Council of Churches). They erected three new dormitory buildings and converted the old dormitory into a recreation room. All labour and technical expertise was provided by Christian Work Camps without charge.

Looking forward, the future for the training centre is bright. The Victorian government has injected funds into the facility, which should enable it to become of of the best of its kind and a great asset to St John.

(Ashley Mason, Baxter, Victoria, August 1999)

Re-opening of the Sir Hugh Poate training centre

Several State St John Ambulance organisations maintain permanent campsites that also double as training centres. (One of these, Victoria's Douglas Donald training centre, has just been described.) The oldest of these St John camps-cum-training centres is at Blaxland in the Blue Mountains west of Sydney. The New South Wales Brigade District acquired it in 1949. During the early 1980s it was redeveloped and reopened in 1983. A formal opening ceremony took place on Saturday 19 March 1983. Largely organised by the District Superintendent (Administration), Alan Sparks, it was a grand occasion. The Blue Mountains City Band provided the music; the opening ceremony was performed by the State Governor, Sir James Rowland; and the District Commissioner, Dr George Killen, and the chairman of the committee that raised the funds for rebuilding, Sir John Pagan, both made speeches.

As well as making a speech, Killen, who was Commissioner 1980–86, produced a set of historical notes that appeared on the program for the opening. These gave the background to the naming of the centre and its dormitories as well the development of the site. They ran as follows:

Sir Hugh Raymond Guy Poate

Sir Hugh Poate joined the Brigade as Divisional Surgeon of Glebe Division in 1913. In 1924 he became District Surgeon and in 1929 was promoted to Commissioner of the Brigade in New South Wales, but in 1942 relinquished this position to become the first Lieutenant of the newly formed Commandery of the Order of St John in Australia, and later in 1947 on the elevation of the Commandery to a Priory, became its first Sub-Prior. He was promoted to Knight of Grace in the Order in 1935. In 1955 he [was promoted to] Bailiff Grand Cross, thus attaining the highest honour possible for a commoner in the Order. The title Sub-Prior was at this time changed to that of Chancellor, which position he held until his death in 1961.

The Parrott dormitory

The first State District of the St John Ambulance Brigade was formed in New South Wales with Lt.-Colonel T. S. Parrott being selected to be the first Commissioner. In 1978 his son, Harrie, bequeathed his estate to the St John Ambulance Brigade in memory of his father.

The Mutton dormitory

The Mutton Dormitory is named in memory of Dr. Montagu Mutton, Corps Surgeon, Western Corps. Dr. Mutton joined the Brigade in 1968 and gave of his time and skills to help and encourage many people. He was slain by an assailant while attending patients at his surgery on 12 February, 1982.

The rebuilding program

The rebuilding of the Sir Hugh Poate Training Centre has had the generous support of many friends of St John as well as our own members and when fully completed will provide live-in accommodation and an excellent hall for training seminars. It will also provide the community of Blaxland with a modern and functional centre for community groups to use as well as an emergency centre in times of bushfires.

The Sir Hugh Poate Training Centre was established for the use of members and units of the New South Wales District of the St John Ambulance Brigade in 1949. The Centre, in St Johns Road, Blaxland, occupies an area of some 50 acres [20.25 hectares] of natural bushland which the Brigade occupied under a permissive occupancy granted by the Lands Department. In 1971 the Brigade purchased 1¼ acres [0.5 hectare] of this land.

An administration building was erected on the site in 1954 and was used by the members of the Brigade until 1980 when a public appeal was launched for $300,000 to rebuild the centre. We are deeply indebted to all the various donors who have contributed to the appeal and to the numerous suppliers of building materials who have so graciously donated their products or supplied them at low cost. This Appeal has been fortunate in having Sir John Pagan as chairman and Sir Robert Crichton-Brown and Sir Peter Abeles as deputy chairmen and their many friends who have assisted us.

(George Killen, 'Opening of the New Sir Hugh Poate Training Centre, Saturday 23 March 1983', program for opening ceremony, St John Ambulance Brigade New South Wales District, 1983)

The Order of St John Assembly (South Australia)

Following changes to the constitution governing the conduct of the South Australian State St John Council, members of the Order found that they no longer had the right to a say or a vote at the Council's annual general meetings. This caused a massive drop-out of attendees at those meetings. Consequently, the Chairman of the State Council wrote to Dr Brian Fotheringham requesting that he assist with the development of a forum for members of the Order in South Australia. A steering committee comprising Dr Fotheringham, the Rev Mervyn Norman and David Heard was appointed to address the problem and to guide the development of the forum for the triennium beginning 1 January 1992, or until a constitution for the new body had been adopted. All members of the Order in South Australia were invited to join the new forum, which took the name 'Order of St John Assembly (South Australia). The meetings were to be referred to as 'convocations' and these were to be held twice per year. The role of the Assembly includes:

- providing a forum to discuss the affairs of the Order in South Australia
- providing information to the membership on international, national and state developments within St. John
- providing support to the Foundations
- providing friendship to colleagues in need.
- providing a social milieu to enhance communications between members.
- promoting allegiance to the two great mottoes of the Order — *Pro fide* and *Pro utilitate hominum.*

Each year one of the convocations is held on the evening of the Investiture and those persons who have been admitted to or promoted within the Order are presented to the gathering. The convocations are conducted on formal lines in suitable venues reflecting the Christian values of the Order. Dr Fotheringham chaired the Assembly committee, which consisted of Peter Sperou, Merv. Norman, Lyn Dansie and David Heard for a number of years until he stepped down and Sheila Hall was elected in his place. Then David Heard failed to step back quickly enough and was elected Chairman. Among a long list of eminent guest speakers we have had Professor John Pearn (Director of Training), Professor Villis Marshall (Chief Commissioner, later Chancellor), and even the Grand Prior, HRH Richard Duke of Gloucester.

Although strictly speaking the Assembly is not an Operations Branch activity, the membership of the Assembly and the attendance at the convocations is almost completely made up of people who gained their membership of the Order through the Operations Branch. The forum gives Operations Branch members the chance to put forward suggestions and to ask questions about the affairs of the Order in South Australia.

(David Heard, Murray Bridge, South Australia, June 1999)

St John is now a long way from the organisation I joined in 1941

The St John organisation about to enter its second century is a long way from the organisation that I joined half-way through its first. Having initially joined as a Cadet in mid-194I and retiring after continuous service in 1993, I have witnessed many changes in administration, training, uniforms, duties and facilities.

Management

During World War II and the early post-war years most Divisions lived a life of their own and the only contact with District headquarters was a once yearly inspection by District Staff, the annual review and large duties such as Anzac Day. If you were lucky you saw the Corps Staff once a year. In more recent years although the inspection routine by the District is along similar lines, contact with District Staff Officers is more frequent due to the nature and number of large duties requiring District operational involvement. Corps Staff visit Divisions within their Corps at least four times a year.

Training

Once a first aid certificate had been obtained training was in the hands of the Divisional Surgeons and Divisional Superintendents, with the annual re-examination being the main criteria for efficiency. The examination has now been replaced by a Skills Maintenance Programme. First aid methods have changed dramatically over the years. In the early days most dressings applied were at best semi-sterile and in most cases were applied to be more or less permanent. Now prepacked sterile dressings are used and applied as a temporary measure until further treatment is obtained. Resuscitation methods have had probably the most dramatic changes. In the 1940s Schaeffer and Silvester methods were in vogue, then came the Eve Rocker and Holger Neilsson methods and now EAR and CPR are standard. In the early days oxygen equipment was confined to hospitals. In fact not even the Civil Ambulance cars carried it. Now we have Oxy-Viva units, heart-start and analgesic gases carried by St John members as well as by the ambulance

service. Following the horrific rail disaster at Granville in the 1970s the need arose for specialised training for all emergency services to cater adequately for such incidents. In New South Wales St John also instituted such training. The Operations Branch, which in dire emergencies like the Granville disaster functions as an arm of the New South Wales Ambulance Service, began conducting special counter disaster (major incident) training courses. Such courses teach members the handling of mass casualty situations including call-out procedures. They also instil the discipline required in the field.

Uniforms

The uniforms have really changed. Up to the late 1940s men at all times wore the heavy tunics buttoning up to the neck. These were changed to the suit-type open neck with collar and tie. In the late 1950s came the first attempt at a summer uniform, consisting of a long sleeved white shirt with tie secured with a tie bar. With minor changes this remained for the next 20 years. The heavy woollen trousers and tunics remained as the general uniform for all purposes until the mid 1970s when the cotton duty jacket and trousers (wash and wear) were introduced, these were more comfortable for duties and were far less expensive than the heavy woollen uniform, which required regular dry cleaning. The cotton trousers were also much more suitable to wear with summer uniform. As with most things a sacrifice had to be made for comfort in as much as the duty uniform was not the warmest to wear in winter however most of us managed to pad up underneath in really cold weather.

It was around this time that the women's uniform changed from the starched white dress. This had only suffered very minor changes since first introduced and was phased out as women started wearing the cotton duty jacket and black cotton skirts or optional slacks, making both men and women look like part of the same organisation. In the early 1980s in New South Wales the wearing of the tie for non-ceremonial purposes was dispensed with, adding to the comfort of members during the summer months. The tie still had to be worn with jackets. The late 1980s brought about the introduction of the broad brimmed hat for both men and women, the object being to protect the wearer from ultraviolet rays and reduce the incidence of skin cancer. The long-sleeved black jumper for winter wear was also introduced as a most acceptable addition.

Duties

The type of duties covered has changed greatly. Once we covered only local duties such as sporting fields, beaches and picnic grounds with the odd fête thrown in for a change. Most of these were covered by two members working under primitive conditions, except for the beaches where the local councils provided some sort of room. The big duties were the Anzac Day march and the odd city procession. The smaller type of duty is still carried out, however, under much better conditions and with support from the District radio network (which I had the pleasure of bringing into being in New South Wales).

Instead of there being just a couple of large duties each year we are now covering large concerts, festivals, the Royal Easter Show and New Year celebrations, which are organised on a District basis. Of course in 1999 there were also the Olympic test events in anticipation of the big year in 2000. Big duties such as for the 1988 Bicentennial celebrations required the establishment of 16 first aid posts around the foreshores of Sydney Harbour — something unheard of in the 1940s and 50s. New Year's Eve requires six first aid posts and a medical centre. The first really large duty that I can recall in my early years was Victory in the Pacific Day at the end of World War II. The next was the Royal Visit of the Queen in 1954. All duties flowing from this one were carried out without any equipment or radio support.

Facilities

With the expansion of duties came the improvement in facilities and equipment available. No longer is it a case of finding a nice shady tree and working from a first aid kit. We now have equipped caravans as mobile first aid rooms. We use additional support vehicles carrying equipment, reserve supplies and any additional materials that may be required. Having been the New South Wales District Operations Officer from 1979 to 1993, I was able to cast my mind back over what we would have liked to have had in the early days. During my term in office I was therefore able to introduce many of what I considered to be the most needed changes in the way we carried out our duties. Unfortunately equipment costs money and as a result changes had to be slow and prioritised in accordance with available funds. This situation still exists today to a smaller degree, but we are nevertheless now better trained, better equipped and better organised to perform the public duties our clients request.

(A. T. [Tom] Phillips, District Staff Officer Grade 2 [retired], member of Lane Cove Cadet Division 1941–1946, member of Mosman-Willoughby Ambulance Division 1946–1976, Corps Superintendent No. 2 Corps 1976–1978, District Operations Officer [New South Wales] 1979–1993; written June 1999)

The grand-final, Bathurst Island, March 2000

The Tiwi people take their football seriously. Football for them means 'Aussie Rules' — the home-grown code, the only sport Australians ever invented — not soccer, rugby union and rugby league, the alien codes imported from Britain. The Tiwi are the Aborigines of Bathurst and Melville Islands, low adjacent expanses of sand and mudflat, mostly covered by mangrove swamp, 20 minutes flying time north of Darwin. They've been playing the game since missionaries from southern States introduced it during the 1930s.

The grand-final of the eight-team Tiwi Islands Football League takes place on an afternoon in mid-March. It is played in Nguiu, the islands' only town, a small settlement formerly a Catholic mission, on Bathurst Island at the southern end of the narrow passage dividing the two islands. In 2000 the match was played on Sunday 12th between Tuyu (meaning 'buffaloes') and Pumuralli ('lightning'). Several thousand people ringed the ground to watch two preliminary matches and then the premiership game. Except that nearly all the faces around the ground were black and were barracking in the Tiwi language, this could have been a 'Rules' grand-final almost anywhere in Australia. There were probably several hundred whites at the match, too, because Darwin's air charter services had been ferrying them across the Clarence Strait in light planes for most of the morning. Most of them, however, didn't stand or sit around the oval in the sun like the Tiwi, but watched the football from the comfort of the Tiwi Sports Club ('Invited guests only' said the sign on the door-keeper's table), which fronts the oval.

When play began the slippery turf, well watered by several centimetres of rain in early morning showers, kept the score rate low, but it seemed that Tuyu were establishing an almost unbeatable lead. Scoreboards need not predict an outcome, however. Tuyu maintained their lead through the third term, but during the final quarter began tiring. Pumuralli steadily whittled away their lead and, after trailing all match, finally hit the front only 10 minutes before full-time. Tuyu could still have won but they squandered valuable scoring shots, kicking only behinds in the vital last few minutes. Each behind that should have been a goal drew collective moans of despair from the 'Buffaloes' sector of the crowd, while delighted Pumuralli supporters roared 'Boom-Boom' for every 'Lightning' score. The game ended with Pumuralli ahead by a one-goal margin — 8–6 (54) to 6–12 (48). The victors left the field elated, greeted as heroes by fans swarming out across the oval. The vanquished wandered off disconsolately, slumped exhausted on the turf in front of the main body of their supporters, and were then berated by fans, mostly women, irate at thinking they had snatched defeat from the jaws of victory. 'Lightning storm strikes Buffaloes,' aptly punned the headline of the report in the next day's *Northern Territory News*.

After it was all over, few spectators or players would have remembered that three members of the Darwin Division of the St John Ambulance Operations Branch — Phil Langdon, Craig Humfrey and Helen Conneely-Woergoetter — had maintained an unobtrusive St John presence at the Nguiu oval. They had come over from Darwin at the request of the Tiwi Health Board (THB), which gave them seats aboard a chartered flight. That was one of the few concessions made to them all day. They had arrived at the Darwin airport at 11.30 a.m. for a flight at 12.00. After a delay for engine trouble, the plane took on its passengers at 12.45. Having stood in the sun, its cabin had become a sauna and was only beginning to cool down as the plane approached the Nguiu airstrip. After disembarking they waited in the sun for 15 minutes, until a THB minibus arrived to drive them to the ground. There they were met by the THB doctor and ambulance driver and told that if they needed help they should contact the latter. They took up position inside the oval railing, not on the 'official' side of the ground outside the Tiwi Sports Club, but opposite, between the main blocks of Pumuralli and Tuyu supporters. They treated their first case almost immediately. It was a young woman from the Darwin women's team, whose match had just ended. She had twisted her ankle, which they soon bandaged.

It seemed that the 'Johnnies' might be in for a busy day but, as things turned out, they had only another half-dozen cases all afternoon — mainly players wanting adhesive strapping tape to support sore shoulders, knees and ankles. The rest of the time they stood in the sun at their 'station'. All the shady spots beneath the trees were occupied. No chairs were provided for them. No one offered them food or drink, so if they wanted any they queued for it like everyone else in the crowd then paid for it themselves. No one thanked them for their services, and their Division would not receive a donation for having quietly contributed to the day's success. Their afternoon at Nguiu did, however, end positively when a passing THB worker drove them to the airstrip in the ambulance, sparing them a long wait by getting them to the airstrip ahead of the hundreds of others making the return flight to Darwin.

(Information gathered with the assistance of Phillip Langdon, Craig Humfrey and Helen Conneely-Woergoetter, Darwin Division, Bathurst Island, Northern Territory, March 2000)

Zambuks

The uniformed first aid volunteers of St John Ambulance have had many nicknames in their century in Australia. Some have been names the public applied to them; others were names they used themselves. Probably the most ubiquitous has been plain 'St John's Ambulance', with an extra 'apostrophe-s' mistakenly added after 'John'. Others less common include 'the St Johnnies' and 'St Jacks'. The term used in London in the early years of the St John Ambulance Brigade in the late 1880s, 'the body snatchers', did not migrate to Australia with the organisation in the early 1900s. Another which, much later, also failed to catch on popularly was 'the Dads' Army of ambulance work' — a reference to a popular British television comedy of the 1970s that dealt with the farcical misadventures of the aged, inept members of local militia units in wartime Britain. It was the term scornfully applied to the Brigade in South Australia by the partisan John Cornwall, Minister for Health in the State Labor government in the mid-1980s, who was sympathetic to the ultimately successful campaign of the ambulance officer unionists to oust St John from the State ambulance service. Sadly, the one place where the 'Dads' Army' tag survived was in the self-perceptions of the first aid volunteers themselves. As the senior State and national staff of St John Ambulance Australia pondered the challenges facing the organisation in the early years of the 2000s, an abiding theme was the need to attract and retain youthful members. 'We must present a young vital image; we can't afford the public to see us as Dad's Army,' the members of the key forums pleaded to each other.

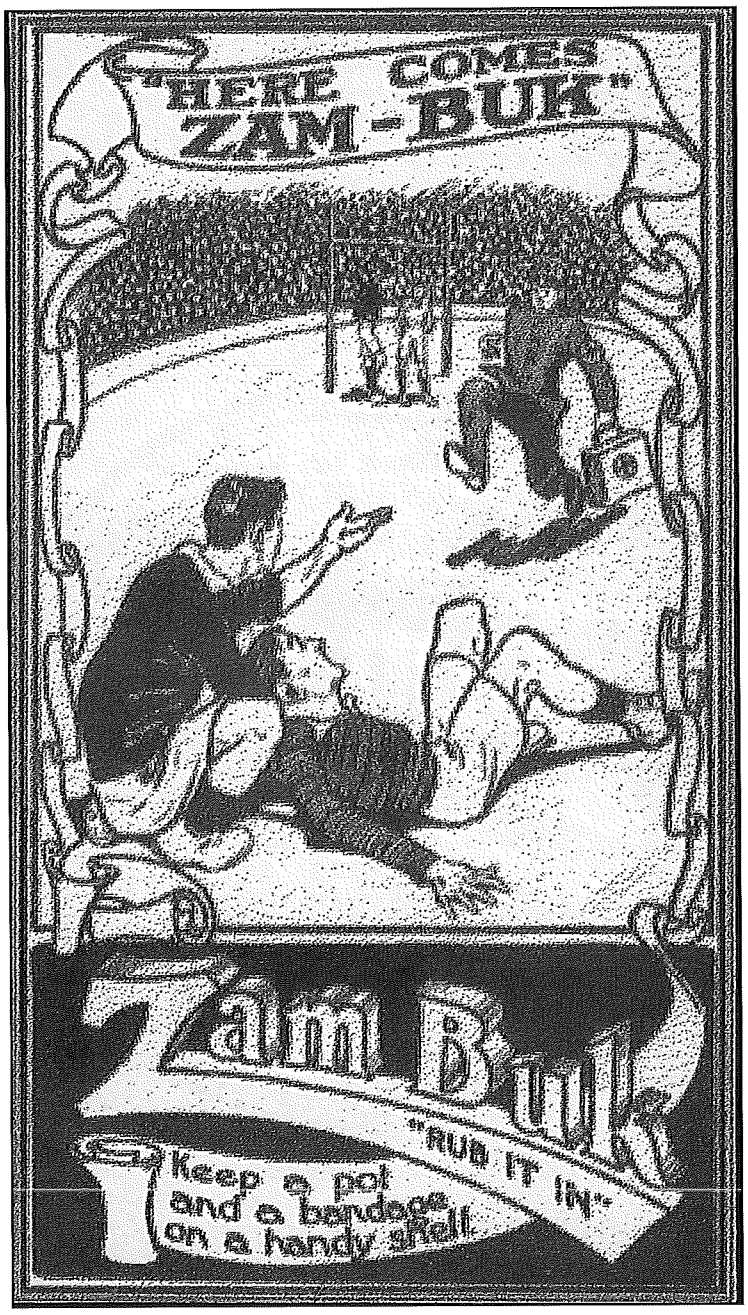
'Ops Branch' was another name used internally after 1987, when the name 'Operations Branch of St John Ambulance Australia' replaced the less cumbersome 'St John Ambulance Brigade'. A term introduced by the Chief Commissioner of the day, a former major-general in the regular army, it was one borrowed from military jargon. It never really caught on. Older, pre-1987 members in 2001 were still referring to themselves as 'the Brigade', a word affectionately remembered. Post-1987 the general membership soon abbreviated the first word to 'Ops.' Their new shoulder flash simply bore the Maltese cross and the words 'St John Ambulance Australia'. It made no reference to which of the three main branches of St John Ambulance Australia — Community Care, Operations or Training — the volunteer belonged. The organisation in at least two States eventually stopped using the official 'Operations Branch' label altogether because it did not convey any meaning to the general public. Instead they adopted the informal descriptor 'St John First Aid Volunteers', which did.

Perhaps the most distinctive of all the nicknames ever used for St John in Australia was 'the Zambuks'. The *Macquarie Dictionary* (1981) has this definition: 'zambuck, noun, colloquial, a St John Ambulance man (from *Zambuck*, tradename of ointment in a black and white container, calling to mind the black and white uniform worn by St John Ambulance men.' The *Australian National Dictionary* (1988) describes the word as follows: 'Zambuk; also zambuck, the proprietary name of an antiseptic ointment, a member of the St John's [sic.] Ambulance Brigade, especially such a person in attendance at a sporting event.' Giving examples of the way the word has been used the latter dictionary went on to quote *The Bulletin* magazine for 6 March 1984, which carried this titbit: 'If you don't know what a Zambuck is, it's someone in the black and white uniform of the St John Ambulance Brigade doing honorary duty at a sports arena ready to dash on to the field with everything from liniment to stretcher.' Taken together, the dictionaries give a proximate account of how the word arose, and why it was used for Brigade members. 'Zam-Buk' (two hyphenated words) is indeed the name of a popular antiseptic ointment. It was also a common item in Brigade first aid kits once; and, like the Brigade uniform, its lid was black and white.



The lid of a tin of 'Zam-Buk' (minus zebra) produced in Australia in 1906 by C.E. Fulford trading as The Bile Bean Manufacturing Co., presumably under licence from the UK pharmaceutical firm, Fisons.

The dictionaries could also have pointed out that, contrary to the Afrikaans sound of the word, the name of the ointment wasn't derived from some species of black and white South African antelope; nor does it seem to have a connection with the Zambesi River, Africa's fourth largest, or Zambia, the African nation occupying the Zambesi basin. The origin and meaning of the word are now unknown but it was probably football crowds who first applied the brand name to the men (and women) of the Brigade. Football spectators had come to associate the ointment in its black and white tins in the first aid kits, the brand name and the black and white Brigade uniform.



World War I era Australian advertisement for 'Zam-Buk' reproduced in Sarah Overton (ed.), *The Australian Country Diary 1996* (Simon & Schuster Australia, East Roseville, NSW, 1995). The commercial artist has wrongly identified the Zambuk as a Red Cross not a St John Ambulance Brigade first aider.

'Zambuk' is the only reference to either the Order of St John or St John Ambulance Australia in Australia's lexicographical dictionaries. Apart from 'Zambuk', St John doesn't rate a mention in either the *Macquarie* or the *Australian National Dictionary*. Red Cross fares better, with a longish, 9-line entry in the *Macquarie*. Neither St John Ambulance nor the Red Cross is mentioned in the most prestigious Australian historical dictionary — *The Oxford Companion to Australian History* (1998) — but St John Ambulance (though not Red Cross) has an entry in the earlier (1987) *Australians: A Historical Dictionary*, which is Volume 8 in the 12-volume *Australians* series produced for the Bicentenary. (I was the author of that entry and also the Volume 8 assistant editor, and was therefore able to insist that it be included.)

As a nickname 'Zambuk' was better known in some Australian States than others. Brigade veterans from New South Wales seem to be most familiar with it, from which we might infer that it originated there. Those in most other States know of it even if they themselves can't recall having been called 'Zambuks' personally. In only one State, South Australia, do they claim never to have heard it. One of my South Australian informants knew the nickname but thought it had derogatory overtones. That might have been the case in South Australia, but it certainly wasn't true for New South Wales, where the veterans remember it being an affectionate term. The affection is evident in the following poem, 'Zambuks', by one G. Pratt. It appeared in the June 1952 edition of *The Crusader*, the journal of the New South Wales Brigade District. Who G. Pratt was and how he or she came to be writing in praise of Brigade members are now forgotten. No other record of her/him exists in St John archives but the verses he/she have left behind have only positive connotations:

'ZAMBUK'

Why do they call him 'Zambuk,'
This chap in black and white?
He'll treat a case of drowning,
Or dress a cut so slight.

His value is enormous
At Holiday Resorts;
At Beaches, Races, Football,
And every kind of Sports.

At many public functions
And every sports event
He's there to treat a fracture
Or straighten up the bent.

This 'Johnny' is no 'sissy'—
And don't think him a slouch
Whene'er you see him stooping
In St John's familiar crouch.

He's treating some poor fellow
Who didn't have the sense
To look before he leaped .
When jumping o'er a fence.

A patient with a broken limb,
Or bruised and bleeding hand
Knows and trusts the First-Aid Man-
The chap with white hat-band.

Remember, when you need him,
When you are out of luck,
That he will freely help you.
His name? Ah, yes . . . . 'Zambuk'.

(G. Pratt, The Crusader *vol. 6 no. 6, June 1952)*

'Zam-Buk' might have vanished from Brigade first aid kits but it is still readily available in Australian pharmacies. These days it comes in a tube in a packet rather than a tin; it retails at $7.35; the packaging colours are green, white and red rather than black and white. The zebra emblem is now absent. The directions for use describe it as a 'herbal balm' — a 'soothing, healing and antiseptic balm for treatment of minor wounds, chapped hands, insect bites and muscular pains'. Each gram contains 50 milligrams of eucalyptus oil, 25 of colophony, 18 of camphor, 6 of sassafras oil and 5 of thyme oil. In Australia its manufacturer and distributor is Key Pharmaceuticals of Sydney, who make it under licence from the multinational pharmaceutical company, Roche, which acquired the rights to it from Fisons, the British pharmaceutical firm that first began making it in 1899. 'Zam-Buk' even has a website, <www.zambuk.co.za/zambuk.htm>, reproducing testimonies to its curative powers from satisfied users.

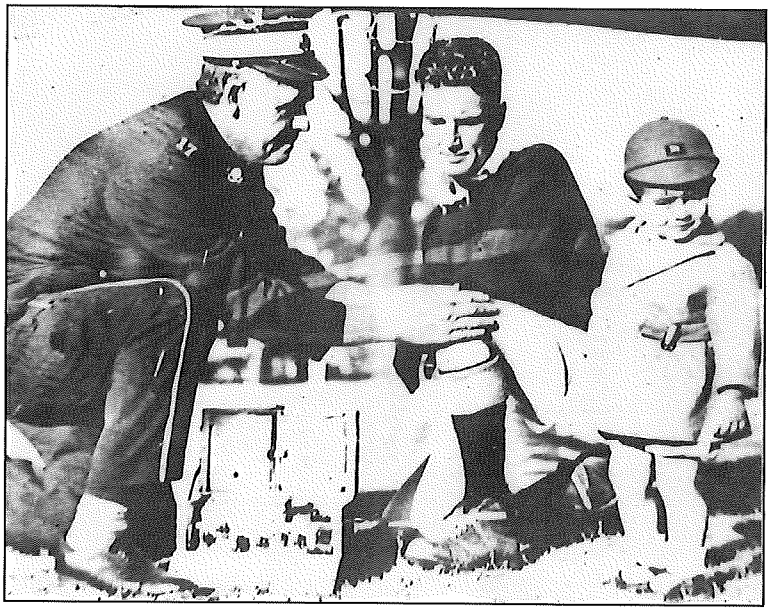
Anyone searching the Internet for information about the herbal balm will soon discover 'Zambuk' references. The word appears, for instance, in a collection of bawdy jokes as the last line of an 'A to Z' list of ribald definitions. Zambuk is also a town in Gombe, one of the 30 states making up the federation of Nigeria. Unfortunately, none of this brings us any closer to the derivation and original meaning of 'Zam-Buk'. We may conclude that these are no longer known. Key Pharmaceuticals, Roche and Fisons were interested to learn that Brigade members in Australia were once called Zambuks, but not much help in solving the problem of its derivation.

Roche's 'Zam-Buk' website contains some information about the origin of the trade name, but this is almost certainly wrong. 'The word Zam-Buk,' the website asserts, 'originated in New Zealand and was used to describe someone who administered first aid to wounded sportsmen;' then says that 'a "Zambuck" was a member of the Order of St John.' It is, however, most unlikely that the trade name arose in either New Zealand or Australia. 'Zam-Buk' went on the market in 1899, at which time the Brigade had no Divisions in Australia yet, only two in New Zealand (both in Dunedin in the far south) and was still in its infancy in Britain. First came the ointment with the odd name, we may safely surmise, then came the nickname for the first aiders using it. Moreover, if the trade name was of New Zealand origin, why did Fisons choose one that presumably had connections with Dunedin, which was then the most remote St John outpost in the world?

We might never know the answers to such questions. The ancient history of the product name seems to have been lost to the corporate memory of the pharmaceutical firms that have manufactured it. Following the franchising deals to which 'Zam-Buk' has been subject in recent decades, no one can remember how the name arose.

The 'Zambuk' nickname, too, has disappeared from popular usage. By 2000 only the older Operations Branch members — those with membership dating back to the early 1970s — could remember it. Meanwhile new descriptors had arisen. Among these was 'the Magpies' — another reference to the black and white uniform, and also perhaps to Operations Branch members' eagerness to swoop upon accident victims to offer first aid. Indeed one of the titles suggested for this book was 'The Magpies: 100 Years of the St John Ambulance Volunteers in Australia'. Instead of being tempted by such a modern nickname for the title, we have stuck with *Zambuks*. It was a name that Brigade members accepted with pride during the six or more decades in which it enjoyed popular currency. It was then a badge of honour not just an alphabetical entry in the dictionaries of Australian slang.

(Ian Howie-Willis, Canberra, Australian Capital Territory, February 2001)



A Zambuk on the job: a member of the Paddington-Woollahra Division, Sydney, tends an injured footballer, 1920.

St John

Chapter 10

'GOOD' CASES — PLEASING OUTCOMES

Introduction

Anyone spending ten years as an Operations Branch member, that is a veteran, will have attended some 500 public duties. In that time the member will treat hundreds of casualties. Many will be routine and mundane — a 'Panadol' tablet for a headache, a 'Bandaid' for a blistered toe, a bandage for a minor cut or abrasion. Periodically, however, a more critical case will occur, calling on all the first aider's knowledge, skill and ingenuity. Sometimes the first aider saves a life; at other times he or she will spare the casualty from permanent impairment. Such cases are the 'good' ones — the ones that live on in the memory, reaffirming the commitment to being a first aider. Sadly, the good cases are sometimes offset by the 'bad', those where the casualty suffers death or disability. Most veteran first aiders can recall cases of both sorts.

This chapter deals with the former kind of case — those remembered because of their pleasing outcomes. It comprises 80 anecdotes about 'best case results' from 70 first aiders from all eight Operations Branch Districts. In many cases the first aiders did save lives. In others they saved their casualties from disability. In several the 'best' case was a successful emergency birth procedure. In other cases the best was a well planned and executed public duty. For some it was seeing a student from their first aid classes save a life. And for others it was simply providing the support another first aider needed to do a job effectively. The range of experience is as wide as the Operations Branch membership, as the following anecdotes suggest.

What the anecdotes also suggest is that Operations Branch members treat many of their cases when out of uniform and not officially on duty. Of the 'pleasing outcomes' described below, more than a third occurred as the members were going about their ordinary daily activities. One inference here is that members are effectively on duty all the time in their local communities. If that is so, public health and welfare are enhanced wherever St John first aiders happen to be.



The Commissioner for the Brigade in the Northern Territory, Alan Bromwich (left) presents the trophy for the individual champion to Glen Denmeade at the District first aid competitions, 1979.



Lesley King, Brigade District Superintendent for the Northern Territory 1986–93 then Deputy Commissioner from 1994.

(1) Broken neck (2) Hole in head

Two cases stand out in my mind as my most satisfying, both involving really bad accidents. First, two trainee nurses from Newcastle who were holidaying in a campervan were on their way to visit the Hastings caves when their van hit an embankment then overturned. Both were thrown out, one cutting herself badly, the other breaking her neck. I attended the accident with my ambulance. When I got there I found I couldn't get a supporting neck collar on the girl with the broken neck without moving her, and thus causing further serious injury, so I dug the ground out from beneath her, then slipped the collar on. After making them both comfortable I took them to hospital, where it turned out that the one with the broken neck had fractured her second and third cervical vertebrae. She spent the next four months in traction in the Royal Hobart Hospital. When their mothers came down from Newcastle to visit them, they looked me up to say their thanks. I later heard that the one who'd broken her neck had returned to her studies and had graduated.

The second case involved three young chaps at the D'Entrecasteaux River who'd been out celebrating. They'd come back into town to buy some more beer when they drove off the bridge. Two members of my Huon Division, Leonie Beechey and Gloria Heather, happened to first on the scene of the accident. The young chaps' car had dropped about 5 metres into a metre of water and come to rest upside-down. Two of them had got out on their own. Leonie and GIoria got the third one out and placed him on the upturned belly of the car, between the wheels. Soon after this I arrived with my ambulance and with Mark Dunn (our local pharmacist) as my assistant. We put the young chap on a Jordan frame [stretcher for carrying spinal injuries] then set off for Southport, where he'd be picked up by a helicopter. I was driving; Mark was watching our patient and writing up the case records. He suddenly called out, 'Ernie, come quick! He's stopped breathing.' We put a tube into his airways and an oxygen mask over his face then began hand-pumping I00% pure oxygen. We got him to Southport, hand-pumping him all the way, then handed him over to the aerial paramedics in the helicopter. We later heard that the doctors at the Royal Hobart Hospital had removed a piece of bone from the back of his head to relieve the pressure on his brain. He'd suffered a compressed fracture of the skull.

Six weeks after all this the young chap came down to see us, say his thanks and assure us he was going to recover fully. He said he was still getting a few headaches, but expected them to finish after he'd returned to hospital to have a plastic plate put over the hole in his head. His speedy recovery was a bit ironic in view of the fact that he hadn't wanted us to transport him. When we'd arrived at the accident scene to collect him he'd said he was OK, but I'd insisted that he was going to hospital to have his injuries examined because you never take chances when there's a possibility of head injuries.

(Ernie Bond, Lune River, Tasmania, July 1999)

8-year-old: suspected spinal injury

The case with the most satisfying outcome for me was a suspected spinal injury of an 8-year-old boy, a sports injury. He spent one and a half months in hospital but recovered fully.

(Ian Uebel, Mount Sugarloaf, New South Wales, September I999)

18 stone, cardiac arrest

A while ago I did two 'ride-ons' with the Queensland Ambulance Service — travelling with ambulances at night for St John experience. On one of these we took a call at about 11.00 one night to attend a chap who was fitting. He was a very large chap, about 18 stone [114.5 kilograms], sitting in a 4WD vehicle outside a party. He was an amputee and an asthmatic. He'd been using all his energy to hop up and downstairs at the party when he went into cardiac arrest. I performed CPR on him and got his heart going again. He remained unconscious but was breathing on his own. Unfortunately he died four days later. Afterwards the ambo I'd been accompanying showed me the CPR strip [print-out], which showed that the CPR I'd performed had been perfect. Even though my patient had died it gave me a buzz to know that on my first job I'd achieved a 'save'.

(Hamish Krammer, South Brisbane, Queensland, November 1999)



St John first aiders on duty in the 'urban domain' during the 2000 Olympics in Sydney.

A British Empire Medal

I joined St John as a Cadet in 1957 during my first year of high school. I joined the Glenelg Field Division because I was interested in learning first aid, I wanted to help other people and I liked the uniform. Over 30+ years of ambulance transport work as a volunteer I handled many, many cases, many with very satisfying outcomes and also many with very disappointing and stressful outcomes. My most memorable was my involvement in the treatment of and subsequent rescue of a fireman trapped in the basement of a large building, the News Ltd complex, during a major fire in Adelaide in 1968. Two firefighters and I were awarded the British Empire Medal for gallantry, which the Governor presented to us in 1969. My worst was a major traffic accident at Nangwarry while I was a member of the Mount Gambier Division in 1971. Two cars collided head-on, killing four people. I also have vivid memories of many unsuccessful cardiac arrest incidents. Fortunately cases like these are offset by more personally satisfying outcomes. Then there are the amusing incidents, like the time when, years ago at our annual review, I was a member of a stretcher team. Two of us loaded a patient who had fainted on to a stretcher, and then we each walked to opposite ends of the stretcher to prepare to lift it. On lifting we fortunately realised before stepping off that we were each facing opposite directions. Very embarrassing, especially in front of all the official guests.

(Noel Hender, Highbury, South Australia, June 1999)

A senior surgeon's best, worst and most amusing St John cases

As a senior surgeon, my best cases have been those where I have been able to assist the volunteer first aider and no one 'best case' comes to mind. It is always a delight to work in the background and to give advice and assistance to the volunteers, particularly at District Duties, such as the Royal Queensland Show ('Ekka'), the Indy at the Gold Coast or to be invited to assist in specific duties by Divisions, such as the Torville and Dean skating duo's performance at the Boondall Entertainment Centre in Brisbane. Another unforgettable experience was performing St John duty at the Madonna concert at the ANZ Stadium.

My 'worst case' was at the first Indy grand prix event at the Gold Coast when one of the skimpily clad girls who entertained in the VIP area, presented with lower abdominal pain and bleeding from a threatened miscarriage. The tent cover and privacy provided by a St John first aid post was minuscule and the opportunity to adequately examine a casualty in such situations was severely restricted. I was pleased when following my administration of intravenous pain relieving drugs, the QATB ambulance arrived to transport the young lass to the Southport Hospital.

My most amusing incident occurred when I was Divisional Medical Officer for Nundah Division. I was assisting in the training of Adult members for the first aid competitions. The scenario involved a casualty with a head injury. The first aiders very neatly applied a head bandage to the simulated scalp laceration only to find that when they tried to move the casualty out of the motor vehicle, they had incorporated the seat belt under the bandage. A rapid undoing and reapplication was required, before the casualty could be extricated from the simulated wreckage.

(Fred Leditschke, Clayfield, Queensland, October 1999)

Best advice I've ever given

During the 1983 Ash Wednesday fires in Adelaide about mid-afternoon additional fire fronts broke out and others increased in ferocity. It was necessary to use all available resources and so the administrative staff of the South Australian St John Ambulance Service were dispatched to various trouble spots. We were sent to Range Road, Houghton, and instructed to seek a safe haven from the fire and await instructions. We decided on a neat house surrounded by lawn and occupied by a young mother and her two little children. On seeking permission to locate on her property she said she and the children were just preparing to evacuate by car. I assured her that her house was safe enough and she should not risk leaving. She took my advice which on reflection was the best advice I had ever given because just 20 minutes later gale-force winds roared over the house and turned the fire into blast furnace ferocity. Many persons escaping from it were burned to death as they were trapped in their cars.

Even one of our other crews located on the other side of the fire was told by police to get going and drive as fast as they could to save their lives, which they did. Meanwhile we were sent further into the hills in order to provide first aid support for the fire crews. Eventually we were positioned at Chain of Ponds in a very safe location. We were informed that although there were many volunteers now signing on to provide relief, we were surrounded by fire and no one would be able to get through for some time. Imagine our surprise when at dusk there appeared through the smoke and haze a pair of headlights. The police and fire brigade commanders assured us it wasn't one of theirs and it certainly wasn't one of ours. All watched intently as the vehicle emerged ghost like from the smokey mist. Yes, it looked like a van; yes, it was a van! Where had it come from and who was in it? Well, incredibly the person who had somehow got through when no one else could turned out to be a Salvation Army major in uniform and his van was stocked with sandwiches and tea urns. Those speechless persons assembled gave a cheer and thankfully enjoyed a well deserved break.

(Vic Kollosche, Findon, South Australia, March 2000)

Adelaide's last polio epidemic

Early in my St John life (I think 1954 and 1955) Adelaide and suburbs were in the grip of a poliomyelitis epidemic and parts of the population were quite panic stricken about this epidemic. Each volunteer ambulance duty at that time involved at least one transport of a suspected poliomyelitis patient from their home address to what was then called the Northfield Infectious Diseases Hospital, which was on the opposite side of Adelaide from where most of the patients whom I carried lived. After 5.00 p.m. there was absolutely no public transport available from the hospital for any one who accompanied the patient in the ambulance. We (the crews) understood that the relatives of the patient were fear-stricken that one of their family had been overcome by polio and we were sympathetic to their request to accompany the patient. We of course realised that the vehicle had to be fumigated on the way back to depot and that we could only carry one additional person. This was explained from the time that we arrived at the patient's home and, without exception, the relatives accepted the situation and were grateful for the opportunity. We were always able to transport the relative back to the city or, where practicable, closer to their residence. Patients and next of kin were always appreciative of this offer and I cannot recall an occasion where we had to deviate from our plans. The vehicle was under fumigation and could not be used for another patient carry for at least an hour. Being able to render this kind of assistance continually over a period of 12 to 18 months was most satisfying to me as a volunteer ambulance officer.

(Brian Bartlett, Warradale, South Australia, June 2000)

All that hard training finally paid off

In the mining industry people tend to move around quite a bit, so members come to training sessions and then are gone. A happy case for me was getting a phone call at 1 a.m. Tasmanian time from a former work mate in Western Australia. He had just successfully resuscitated a young child after a drowning incident in the local pool. He had been to visit her in hospital and she was recovering, and he felt he just had to ring me and let me know. He said, 'It was all that hard training you gave me in Queenstown, Reg, that finally paid off.'

(Reg Graham, Strahan, Tasmania, August 1999)

An angel told me I'd be all right

My best case happened when I was working as an ambulance volunteer here in Darwin. We answered a call to an accident in which a young man had been pitched through the windscreen of his car. When we got there he was lying sprawled unconscious on the bonnet. He had horrifying facial injuries. As we arrived at the casualty ward of the hospital our patient was 'phasing' between semi and total unconsciousness. The casualty ward staff were very busy, engaged in other emergencies, so I asked for clearance to stay with the patient until a doctor could see him. Purely on instinct I kept talking to him — the usual reassurance: 'You're going to be OK, Michael', 'Breathe slowly, now in, now out' etc. The wait was considerable so I continued monitoring his vital signs. I also helped myself to a sterile tray and began removing what I could of the glass embedded in his wounds, still talking to him as I did so. More than an hour later the doctor arrived. I handed over then left. Several months later I was talking to a friend in the supermarket. My conversation finished and I began to move on when I felt a touch on my shoulder and heard a voice say, 'Excuse me, but are you a nurse?' Startled, I looked around into a face I didn't know. I explained that I was a nurse but didn't work at the hospital. The young man then explained the reason for his question. He'd been in an accident some time ago, he said, and remembered what he thought at the time was an angel telling him he was going to be all right when he feared he was going to die. He said he'd just heard that voice again. It was of course my unconscious patient. And his scars were barely visible.

Another time we were called to a local car dealership where a cleaner had been found 'out to it' in the toilet. Despite the usual 'shout & shake' routine and calling her by name we could not rouse her, so we transported her to hospital on oxygen and 'verbal support' hoping for a response. She didn't oblige so we handed her over at the hospital as unresponsive as we'd found her. Three weeks later I was despatched to a car accident on Bagot Road where a young woman was trapped in the driver's seat of the vehicle. As I arrived at her side I said hello and asked her not to try to move until I had assessed her. To my surprise she replied, 'Oh, it's you again!' 'Do I know you?' I asked. 'No, but you took me to hospital a couple of weeks ago when I collapsed at work'. These experiences and others beg this question: Is there such a thing as an 'unconscious' auditory memory?

(Lesley King, Darwin, Northern Territory, June 2000)

All tiredness gone, we delivered a living patient

I came into St John when I took the job of Transport Manager for the St John Council in South Australia. After some time I found that the ambulance crews couldn't use resuscitation equipment effectively so I set up a training class which expanded to a full course. This led to training weekends in country areas and full Brigade involvement. The Victorian ambulance services, where I later worked, welcomed advanced training — as opposed to the incessant worry of St John in South Australia that if it wasn't in the 'Black Book' it may be illegal. 'A little knowledge' is less dangerous than ignorance, particularly if its limitations are spelt out. Looking back over my 40-year involvement with St John and the South Australian and Victorian ambulance services, there are two cases that immediately come to mind. I'll outline them to you:

Case 1: Baby was a nasty purple colour

One wet and cold Friday afternoon the ambulance control room rang me in my manager's office to say that all crews were deployed on urgent tasks and there was an urgent call to a traffic crash in a nearby shopping centre. Our head mechanic quickly cleaned his hands and joined me in the last ambulance on the line. At the accident scene we found two cars wrapped round each other while the injured had been moved out of the weather into surrounding shops. I went into the pharmacist's, where a woman with a bleeding scalp wound was muttering endearments to and clutching very tightly a few weeks old baby. The baby was a nasty purple colour. With difficulty and the help of the head mechanic we prised the baby from the mother's grasp. I laid it on the chemist's counter and opened its mouth, expecting to find a dummy or some object jammed at the back of its throat. I found nothing, but to my relief the baby's colour was improving rapidly, and in a few seconds it gave a welcome howl. Meanwhile another ambulance had arrived and the patients were quickly on their way to appropriate casualty facilities. On the way back to our headquarters the head mechanic asked me what miracle I had performed on the infant. I replied that I thought the great tightness of the mother's panicking grasp had prevented movement of the baby's ribs and diaphragm. I had thought that maternal instinct prevented such problems but that instinct hadn't worked that afternoon.

Case 2: Girl in early 20s with empty bottle of pills and empty bottle of brandy

During the 1973 strike in the Victoria Civil Ambulance Service the salaried officers tried to maintain an emergency service. We each took an ambulance home to meet night calls. After a 6.00 a.m. start and a non-ending flow of cases throughout the day I was heading for home shortly before midnight when I was given yet another case. The impulse to refuse was strong but I answered the call. The address was a smart flat in Toorak and the patient a girl in her early twenties sprawled in an easy chair with an empty bottle of pills and a near empty bottle of brandy on a nearby table. I could find no pulse nor detect any sign of respiration. I started to pick up the oxy-resuscitator I had brought when I saw from the attending police constable's expression that more was expected of me. With no real hope of success I inflated the patient's lungs two or three times. To my amazement her colour began improving. I asked the constable to check her pulse and, better still, he found a radial pulse. I continued to ventilate her chest while the constable drove the ambulance to the Alfred Hospital where, with pride, all tiredness gone, we delivered a living patient.

(Harold [Jock] Berry, Victor Harbour, South Australia, June 1999)

Blood clot dislodged

I joined St John after I received a letter from the Nundah Division inviting me to participate in a first aid course being conducted at the Nundah Scout Hall. After gaining my first aid certificate I was invited to join the Division. At first I declined. After all, I had my three young sons to look after. However, after discussions with my husband I decided to join. That was in 1953. It was something I never regretted.

My best case as a first aider happened when I brought back to life a three week old baby who had stopped breathing. The young mother, from across the road, had come across to me in great distress telling me her baby was not breathing. I gently turned him over and with a gentle tap on the back a clot of blood was dislodged and breathing restored. Apparently the clot had formed after an earlier operation. Much to my delight this baby is now a strong and healthy man at the age of 31 years.

The most amusing St John story I can recall is from the time we had an end-of-year Divisional break-up. We were all asked to bring along some item of interest. I wrote a poem called 'To our men folk' about how they suffered when we neglected them by going off to do public duty. It brought great laughter from all my fellow members, whose experience was similar to mine.

(Doris ['Dot'] Price, Wavell, Queensland, January 2000)

As if the hands of God had stopped my car

At 6.45 a.m. on Sunday, 10 October 1999, I was travelling to Brisbane airport, dressed in uniform, to collect a guest speaker by 8.00 am, to attend his session at the Sunday segment of our State St John annual conference, when I was confronted with a single vehicle motor accident which had just occurred. Three witnesses were already at the scene, but did not seem to know first aid and were standing over the only apparent male occupant, who had been thrown some metres from the rear of his vehicle, landing on his back. Knowing that I had to be at the conference by 9.00 a.m., after first diverting to the airport, it was as if the hands of God had stopped my car to attend this unfolding emergency. My casualty was barely conscious, suffering multiple injuries, the most major to his head, causing him severe respiratory distress. Having taken control, my witnesses were quick to respond to my orders to assist me in keeping him on his side to maintain his airway. Between us, we managed to stabilise him under difficult conditions whilst waiting for the Medivac helicopter team to arrive some 30 minutes later. Thanks to modern technology, the mobile telephone was a vital tool in alerting the emergency services, the airport and the conference venue to save the day. I often ponder over my casualty's future welfare and hope that he is still in there fighting. As a first aid instructor, the message is clear that the more people who learn first aid the more lives will be saved. To give me the most satisfying outcome to this story, it would be rewarding one day to meet my casualty under better circumstances and thank my 'witnesses', whom I never thanked at the time, for their splendid teamwork and acceptance of commands without complaint.

(Faye Gledhill, Fortitude Valley, Queensland, January 2000)

Baby in a hatchback

I came into St John because of a casualty I had to treat. I was involved in a car accident in which a baby was flung from its seat in a hatch-back model over into the rear section of the car. The baby was knocked about and badly injured, so I carried out on it whatever first aid seemed sensible. When the ambulance arrived, the ambulance officers praised what I'd done and said it had helped the baby survive. I then joined the Nundah Division of the Brigade to learn first aid properly, but that baby remains the best and most satisfying outcome I've had in my time as a first aider.

(Katherine Adams, Nundah, Queensland, November 1999)

Can Bruce take you?

This story shows something of the trust that the public has for the Brigade and Operations Branch. I was on duty with my Division at a pre-Christmas sports carnival in Rosebery during the early 1980s. A woman came into our first aid post in a dreadful mess. Her husband had bashed her. She was cut and bruised and her face bloodied. I'd started cleaning her up when she said 'Get the sergeant!' One of our members went off and fetched him. By the time he arrived I'd finished cleaning and patching her up. When the policeman came in and saw her he said he'd take her to hospital. She refused his offer. 'Can Bruce take you?' he then asked. She said 'Yes' and so that's where I took her. She'd been a real mess but in the time I'd been attending her she'd developed trust in me. I never saw her again after delivering her to the hospital, and I've often wondered what happened to her.

(Bruce Hetherington, Devonport, Tasmania, July 1999)

Broken arm at the netball

During World War II I applied to join the Voluntary Aid Detachments (VADs), some members of which had nursed overseas. A pre-requisite was proficiency in first aid and home nursing. In 1941 I gained the St John Ambulance first aid certificate. When I was called up, due to my previous office experience I was given clerical work. Later, during my marriage and raising a family, I found the St John lessons useful. When the children had grown up I was interested in doing some community work and attended a training course, then joined the Glenelg Nursing Division as a volunteer. I recall one case that occurred while a colleague and I were on duty at the netball. Players often needed treatment for injuries suffered during falls, and one night a young girl suffered what was plainly a broken arm. She was upset because she was to undertake practical exam in piano in a few days' time. We were able to calm her and apply a padded splint and sling to her arm. Her parents were able to bring their car close by to transport their daughter to the Royal Adelaide Hospital. They thanked us St John people for our assistance. A duty which still makes me smile occurred at the running of the Great Eastern Steeplechase one Easter Monday. A colleague and I from our Nursing Division were posted for first aid duty at one of the jumps. The rule we understood was that in the event of an accident, two people would go in to attend the casualty while one stands back. To my horror while watching the field of galloping horses heading in our direction, I discovered that my middle aged colleague and I were the ones to go in, while the young more athletic male was standing back. My apprehension was not lessened by the remark of a bystander, 'Someone always falls at this jump!' Saying a silent prayer, we watched the horses pass that jump three times.

(Marjorie Renfrey, Rostrevor, South Australia, May 1999)

Bringing baby Anthony back

One night in 1968 I was fast asleep in my Clapham home, when, through my dreams I could hear someone yelling, 'Get Ray Schilling! Get Ray Schilling!' It suddenly occurred to me that I wasn't dreaming but that it was an actual cry for help from our neighbour Alan Butler. I threw on an old pair of pants over my pyjamas and rushed out the front door across the lawn towards where the sound was coming from, where, through the half light, I could see Alan running towards me with the apparently lifeless body of his baby son Anthony, cradled in his arms. I grabbed Anthony from him and rushed back into my lit bedroom and put him on the bed. 'What's the point?' I thought in my barely awake state of consciousness, 'but I must do something. Alan has placed all his faith in me'. I gave a couple of puffs. 'No pulse — so cardiac compression — onto the floor on something hard — a couple more puffs — and some heart massage. That's funny! I've never seen a body blink before! God, I've got him!'.

While all this had been going on, my wife Gloria, all the time trying to calm Alan down, had rung Alan's doctor at Plympton and an ambulance. So now with Anthony's heart obviously beating, I could resort to giving a helpful breath when he needed it. Soon he didn't need any assistance at all, and soon the doctor and ambulance arrived. The doctor said there was nothing more he could do as the lifesaving had been done, but the little fellow should go to the Children's Hospital in case he got pneumonia from our efforts. A fortnight later little Anthony was running around the neighbourhood mischievously ringing door bells as good as new. Alan told us later that if I hadn't been home that almost fateful night he would have put Anthony in his car and taken him the five or six kilometres to the doctor's surgery at Plympton. But the night before this drama, I hadn't been home. I had spent the night at Lameroo, some 200 kilometres away, after having spoken to a public meeting in that town about the benefits of having an ambulance service!

Here was a very clear indication that no one must rely on a particular person to perform this skill. Everyone should know CPR. So we decided to invite all the locals to Butler's house to learn Cardio Pulmonary Resuscitation. Shortly after and as a direct result of Anthony's close call, Alan Butler became a member of the Marion Division of the St John Ambulance Brigade and did regular Saturday night ambulance duties until it was deemed that volunteers were no longer required some 23 years later.

(Ray Schilling, Glenalta, South Australia, July 1999)

Clenched fist in sternum — not St John policy

I joined St John when my best friend prompted me to come along and take a look at Aldgate-Stirling Division late in 1995. She had been a member there for a couple of years. I'd wanted to be competent in first aid skills in case of emergencies so I accepted the prompting. I liked the colourful personalities of the people I met there so I've been a member ever since. My most unforgettable duty happened at New Year's Eve at Glenelg in 1998. All of my friends, including my boyfriend, were overseas, so when I was asked to do the duty I thought, 'Why not? It might be fun!' It was certainly an experience to remember, standing on Glenelg beach with a couple of St John officers watching the fireworks after midnight. As soon as they'd finished the radios (our walkie-talkies) went frantic with casualties. I recall rushing to a casualty when I came across another casualty collapsed face down in the sand on the beach. I started going about the 'DRABC' routine [looking for danger then checking the patient's response, airways, breathing and circulation] feeling rather wary when an ambo came along. He said, 'All you do is this' then pressed his clenched fist into the young guy's sternum. The chap sprang up in a shot, to my great relief. The ambo also said that twisting ears also works well in such cases. Needless to say, I appreciate that it isn't St John policy to adopt these procedures but they worked in this instance. I am grateful that St John and the ambos are never too far from the action when needed. My worst case was myself, and it's a bad reflection on me that it was. I'd volunteered for a duty at the Adelaide Entertainment Centre for the Irish dancers, 'Riverdance', early on a Sunday morning. After a while I found the dance steps were becoming very repetitive and monotonous. I'd also had a late night; I was finding the auditorium becoming stuffy; and I think I was dehydrated. During the second half of the show I found it increasingly difficult to stand upright. I began drifting from side to side, and then I fainted. I remember being carried out by two St John colleagues, one on either side. It was so embarrassing, seeing we are supposed to be fit and stable for the public. I never want to see 'Riverdance' again! My most amusing St John story comes from when I first joined St John and was doing the introductory course to become a member. The night we were learning resuscitation I couldn't help laughing because our instructor found it difficult to demonstrate CPR to us on the manikin because he was so unfit. He looked as if he needed resuscitation himself after performing only a couple of CPR cycles.

(Georgia Pfennig, Myrtlebank, South Australia, June 1999)

Bushfires, Adelaide Hills

Our Division, Aldgate-Stirling in the Adelaide Hills, is often called on to assist at the bush fires that periodically sweep through the hills. Our main work at bush fires is to treat injured firefighters, who suffer burns, smoke inhalation and inflamed eyes. Sometimes we have to go in and rescue the injured. The worst fires were both on a Wednesday and so came to be known as 'Ash Wednesday'. The first Ash Wednesday was in 1981, the second in 1983. One of our members, Tim Thompson, lost his house during Ash Wednesday I. It was one of 56 burnt out that day. Tim was working at Kilkenny and his wife in the city. When he heard that his area was being threatened he left work and drove home. As he drove up to Aldgate the fire was following. He picked his children up from the Mylor school then went to the Heathcote high school evacuation area. There he met a neighbour who told him his house was gone. It had been a pine log structure and took only 3½ minutes to burn, the flames shooting up 20 metres. The house just exploded, and the sound could be heard three kilometres away. The Division helped Tim clean up the site afterwards.

Another bushfire where we did good work was at Morialta. Five of us were on duty that day. We were on duty for seven hours, 2.00 to 9.00 p.m., attending the firefighters who were attempting to back-burn to control the bushfire. The back-burn ended up being bigger than the fire itself. Dark had already fallen when the the Country Fire Authority command vehicle drove up. The chap in charge said he wanted us to drive up a fire track to bring out a firefighter with an injured knee. As we made our way up the track the the burnt trees overhead were glowing in the dark. The further we went the more the track narrowed. When we got to the bottom of the hill we found our casualty in his vehicle. The wheels on one side were hard up against a cliff and the other set were hanging over a drop. We got the chap into our vehicle then had to reverse back up the track in the dark. We managed to get back up the hill without mishap, then took our patient to the first aid post for treatment.

(Garry Coombes, Tim Thompson and Jim Gifford, Stirling, South Australia, June 2000)

Commissioner's commendation

I'm a member of the Gold Coast Division of St John. I'm an American, from Baltimore, but I've been in Australia since 1965. I'm in the hospitality industry and work as the 'maître d' at the Gold Coast Turf Club restaurant at the race course. Because of my St John background I'm also the club's official first aider. The club needs a first aider because race courses are dangerous places. Horses are huge, strong, fast, dangerous animals and people who work with them are liable to injury. (In fact the injuries are so frequent that people working there ought to have first aid training.) As a result I'm often called on to practise my first aid skills on the job. One of my best cases happened earlier this year, in April, when one of the race course security guards called me to attend an unconscious woman. As I got to the scene a huddle of people was surrounding the woman, who was sitting slumped face-down at a table with an ice-pack on her neck. One of the women standing nearby said that the unconscious woman had a history of heart problems. I quickly examined her and found a weak carotid pulse. I listened for her breathing but found none. She was pale and cyanosed, so I removed the ice pack (which was counterproductive because it slows the blood flow) then tipped her head back to open her airways. As soon as I'd done this she took a breath then sat up. Soon after this an ambulance officer arrived on the scene and took over. I later received a Commissioner's commendation congratulating me on the way I'd handled the case. What I'd done for the woman was so simple I was surprised that none of the bystanders had thought of doing it, and I was also surprised that none of the security guards present knew first aid. One good outcome of the case has been that the race course management is now making the permanent workers there take first aid courses.

(Frank Marino, Mermaid Beach, Queensland, November 1999)

Delivering baby Helen

The most satisfying case I've ever handled was when I had to deliver a baby at the Hobart Show in 1968. I was on duty at the Brigade's first aid station there, when the anxious partner of a very pregnant young woman brought her to us.

'She's about to have the baby,' he explained. 'She wanted to come to the Show, and thought she'd cope because she was sure she could hang on for a couple more days. But it's coming now, and she can't hold on any longer!'

I'd had children of my own, and the Brigade had trained us well, so I knew exactly what to do in cases of emergency childbirth. We managed well, and it was soon over — a text-book delivery. As we were loading mother and baby into the ambulance that had arrived in the meantime, I asked her what she'd call her baby girl.

Helen,' she answered without hesitation.

'Why Helen?' I asked, secretly hoping they might have chosen my name, 'Kath'.

'Well, her sudden arrival was a hell of a shock, wasn't it?'

(Kath Burns, Hobart, Tasmania, March 1999)

Crawling between the legs of the spectators

Back in 1959, when I was a Cadet aged 10, I carried out an emergency child birth delivery at the Melbourne Cricket Ground. I was on duty with the St John Ambulance Brigade under Merv Goodall in the old southern stand on the day of the Australian rules football grand-final between Melbourne and Essendon. There was a huge crowd of 103,500 there that day to see Melbourne win comfortably by 32 points. They were packed shoulder to shoulder. After the match had got under way a pregnant woman at the top of the stand went into labour. A call for the St John team to help came down through the crowd. The spectators were packed together so tightly that that our team couldn't make their way up through the crush of people. I was small and slight of build so Merv sent me up to investigate. I got to the woman by crawling between the legs of the spectators. When I finally reached her, she was about to have her baby. I didn't know how to handle a case like this so I called out to Merv to ask what I should do next. The members of the crowd relayed my question down to him. He called back, giving me instructions, the people in the crowd relaying these to me step by step. Suddenly the baby's head appeared and within a few minutes the rest of it had emerged. In the meantime Merv had obtained a stretcher and a blanket, which were passed up to me in relay above the crowd. The people around me helped me place the mother and baby on the stretcher, which was then carefully passed back down to Merv over the spectators' heads. The St John team carried the stretcher out to the ambulance, which took the mother and baby away to hospital. I can't remember whether the baby was a boy or girl. I often wonder what became of him or her, who would be 40 years old now. I'd like to know whether he or she knows that he or she was helped into the world by a skinny little kid who until then didn't know anything about emergency child birth.

(Terry King, Ashwood, Victoria, October 1999)

Doing my job

I have great difficulty in recalling the most memorable instances of my best case because I handled many mine accidents. I had a varied career in accident trauma in the gold mines, including seven years at the Horseshoe No. 2 shaft of the Lake View and Star gold mine group, of which my shaft had the worst accident record of the Golden Mile. I then spent 20 years as accident first aid mine rescue officer at the Great Boulder mines. I was on call 24 hours a day whilst on duty, just like a doctor. It was my job to go underground and supervise and treat injured miners, make the decision to call the doctor or have him meet us on arrival at the surface, or call at the surgery or meet at the hospital, where we did not have a casualty ward in those days like we have now.

One case of which I was very proud happened to a 53 year old miner called Ted Jollands, who was badly injured in an explosion in the Doolette shaft of the Great Boulder mine. He had been working at the 200-foot level of the mine, boring holes in the rock to take an explosive charge when he drilled into some un-detonated explosive. The end of his three-foot drill then burst into several fragments that hit him like shrapnel. He suffered terrible injuries to his legs, body and face. His left foot was blown off 4 inches above the ankle; his right leg was shattered and later had to be amputated below the knee; he suffered an enucleated (eyeball torn from socket) right eye and a penetrating wound to his left eye from an embedded foreign object and was left with only 15% eye sight; he suffered puncture wounds to his abdomen, chest and face; he had a flail chest with a collapsed left lung; his right ear was torn off; and when I got to him was in deep shock. I treated all his injuries quickly and strapped him on the Lowmoor stretcher, elevating his feet as high as possible. On arrival at the plat (lift stopping place) because the lift cage was very small I put the blanket and pillows on the floor, tipped Ted upside down, climbed up on top of the cage, tied a rope to the winding rope and stood on the 'thimble' above the cage while we were hauled to the surface. When we got to the surface Dr W.D. Roberts inserted a drip, and I then travelled with Ted in the mine ambulance to the Kalgoorlie Regional Hospital followed by Dr Roberts in his car.

Ted survived and 20 years later while I was working at the Royal Perth Hospital my mother phoned me to say Ted had been admitted to hospital to have surgery performed by Professor Constable. In my lunch time I visited Ted before he went to theatre. He was so pleased to see me. He hugged me and said he never forgot how I saved his life, and thanked me for it. He subsequently regained 75% of his eyesight. With his worker's compensation pay-out he bought some rental flats in Esperance and was able to live on the income. He died only 18 months ago, more than 30 years after the accident that nearly killed him. At the time of the accident the mine management wanted to nominate me for a Royal Lifesaving Medal but I vigorously declined because I said that, like a doctor, I had only been doing my job.

(Kevin Young, Gosnells, Western Australia, August 1999)

Founders Block, Crown Street Women's Hospital

My best case was more a duty than a case, but as a Cadet I worked at Crown Street Women's Hospital, where I always tried to work in Founders Block. This is where babies were either up for adoption or had some medical problems. I was allowed to feed, bathe and change nappies and give some tender care to these often abandoned babies.

(Ruth Bray, West Pennant Hills, New South Wales, Septemeber 1999)

Elderly woman: defibrillated, revived, survived

I joined the St John Ambulance Brigade when I was 12 years old. A school friend encouraged me to join the Thebarton Cadets. I had previously talked to my parents about joining Scouts but they were not supportive of this proposal. When I discussed with them the option of joining St John at a later date I was enthusiastic in approach and I think they could align themselves positively with the organisation. In those days I lived at Ridleyton and I had to walk six kilometres to Thebarton for meeting nights. I walked alone or teamed up with some friends to walk the distance to the training sessions. Both the Cadet and the senior Divisions held their meeting nights in an old underground air raid shelter which filled with water in wintertime. Villis Marshall, the present Chief Commissioner, was a Probationary Surgeon at the time and examined me in Preliminary First Aid. Through my membership with Thebarton Cadets I was fortunate to meet a friend who today is still my best mate. My Cadet experience eventually led me into work as a volunteer ambulance officer in Adelaide, into a nursing career and up through the ranks of the Brigade and Operations Branch. In April 1998 I joined the Operations Branch National Headquarters Staff as National Staff Officer (Nursing). In 1999 the position was renamed Chief Nursing Officer. I was the first male to hold the position since it was created in 1956.

Having been a first aider, ambulance officer and nurse over a 40-year career with St John, I have treated many thousands of casualties. A number of these were cardiac arrests that I handled in my volunteer role as ambulance officer. The most satisfying outcome was a female in her 60s who had a cardiac arrest as the result of an electrolyte imbalance. I was stationed at Prospect Centre at the time when a call came through and advised me as part of an ambulance crew to head towards Sefton Park some two kilometres away. Early in the dispatch process I was not given the full address and arriving in Sefton Park I parked at the side of the roadway. Within a short period of time I was directed by the radio operator to attend a particular address. On arrival at the house we were escorted to the front bedroom where I attended a female patient in full cardiac arrest. My partner commenced CPR with oxygen and I prepared the Life-Pak 3 defibrillator. On confirming ventricular fibrillation I defibrillated the patient at 200 joules and converted the rhythm to sinus tachycardia. After confirming a palpable pulse my partner continued to ventilate the patient. During transport to the Royal Adelaide Hospital the patient started breathing spontaneously and was placed on a CIG (oxygen) mask.. The time lapse from receiving the call to the point of defibrillation was about six minutes. The elderly patient was discharged home two weeks after recovering fully from this episode.

(Peter Lorimer, Golden Grove, South Australia, June 1999)

First real opportunity to take control of a situation

While I was at primary school some friends asked me to come along a meeting of their St John Cadet Division. I joined and stayed, and later transferred to the Port Adelaide adult Division. In all that time I haven't missed a single meeting. My best case happened when I wasn't on duty or in uniform and had no first aid kit. I assisted a member of the public, a diabetic, who collapsed while waiting in a queue in a government department. It was my first real opportunity to take control of a situation, using my first aid knowledge to good effect. It was also pleasing because my patient was so grateful for the help I'd given. My worst case happened on duty at a football park. It was a cardiac arrest and choking incident, with airways blockage and non-shockable heart rhythm. My oddest experience was during a first aid course when a man in the class asked 'What happens if the patient bites your ear?' when being shown how to check breathing when a patient has been placed in the stable side position.

(Matt James, Osborne, South Australia, January 2000)

Five year old girl, lolly stuck in throat

At the football grand final held in Monto we the St John officers on duty were watching the game when, running through the crowd came a man yelling 'Help, I have a child choking here. I need the ambulance!' We took the child, a five year old girl who was having trouble breathing, and turned her on our knees then gave her two sharp slaps to her back. That didn't work, so we told the child to cough as we did rib thrusts on either side of her body. This still didn't work. We then called the QAS, all the time trying to dislodge the object stuck in her throat — a piece that had broken off a lolly in the shape of a dummy while the child was running round and had fallen over. We had checked when the child first arrived to see if we could see the lolly down her throat, but there was no sign of it. After a time we applied ice in a suitable cover to stop the throat from swelling. While waiting for the QAS we kept trying to dislodge the lolly. No luck! We tried one more time, asking the child to cough and at the same time giving the rib thrust. This time the lolly flew out of her mouth. We asked if the parents still wanted to get the child checked out by a doctor but they said no. We then cancelled the QAS ambulance, which still hadn't arrived. The next day the girl came round to our house to say 'Thanks for saving my life!'

(Col Harris, Divisional Superintendent, Monto, Queensland, August 2000)

Four-vehicle accident

My best case was a four-car vehicle accident I attended as I was working. Out of 11 casualties eight survived, some of these through my efforts. Saving people was why I joined St John. This case was also my worst because three people died in my hands. There was nothing else that I could do to save them and I felt so inadequate until I spoke with my Divisional Superintendent, Mr Russell Dippy, who helped me through my period of post-accident stress.

(Andrew Paues, Seaton, South Australia, August 1999)

Grew into it

I joined St John because I grew into it, from being honorary secretary-treasurer of my local Division for five years before donning the uniform. None of the cases I handled stands out in particular, except the time at Mount Coottha in Brisbane while attending a national St John instructors' conference. Three of us, one from Darwin, one from New South Wales and myself from Tassie instantly teamed up to assist an assault victim outside the restaurant that was the venue for our conference dinner. The three of us, from all corners of the nation were able to deal with the issue with uniformly acquired skills. My worst case was a road fatality — an elderly gentleman with chest injuries who died on arrival at the hospital after I'd given first aid at the accident scene.

(Kieren Brown, Devonport, Tasmania, August 1999)

Gashed hand at Towlers Bay

Among various other adventures I had in my 18 years with Bankstown Nursing Cadets was the Easter camp I ran jointly with Ettie Caldwell of the Shortland Nursing Cadet Division in 1951, when I was only 21. It stands out above all my other St John experiences. I'd joined the Youth Hostels Association so I could take my Cadets on camps at various YHA hostels. This particular camp took place in the hostel at Towlers Bay at the north-western end of Pittwater. To get there we took our 25 Cadets on a bus to Church Point at the southern end of Pittwater then the ferry to Towlers Bay and finally a walk up a steep path to the hostel, which was really just a hut in the bush. There were no electric lights so we used kerosene lamps instead. We'd been there most of Good Friday and evening had come on, when Ettie tripped over with some milk bottles in the poor light. She gashed her hand badly when doing so. I bandaged it well in the approved St John style, but realised she needed hospital treatment and her hand stitched. I got the Cadets to walk down to the bay, where we could see the lights of a moored boat shining, to ask for help. The girls came back to report that the people aboard the boat wouldn't take their request seriously, so I went down there to plead with them myself. After I'd called out across the water explaining our problem, four elderly chaps came over to the beach in a row boat with a tiny first aid kit in a tobacco tin. Ettie didn't want to go away for treatment and the four old chaps were reluctant to do any more, but I persuaded them to take us across the 3 kilometres of water to Church Point, where I planned to call an ambulance from the local shop. We left our Cadets in charge of their Seniors, with strict instructions not to leave the YHA hut.

When we finally reached Church Point the shop was shut but its lights were still on. I managed to rouse the shop-owner, who recognised me. He called the ambulance, which happened to be out of contact on a call to the next bay. He then drove us round Pittwater to Newport, where the ambulance station officer lived. When he returned home from his call, the station officer inspected Ettie's bandage. 'You've done a good job,' he said to me, 'but we'll have to go to Manly Hospital.' The hospital was another 16 kilometres away, so Ettie was worrying about our Cadets back at Towlers Bay. I reassured her the Cadets could look after themselves, and their Seniors were all responsible girls. When we got to the hospital the ambulance officer took us straight through Casualty to the treatment area. The doctor there told me to go outside while he stitched Ettie's hand, but I asked if I could stay to watch because I'd never seen a wound being stitched. He not only allowed me to stay but congratulated me on my first aid skills. After Ettie's stitching was done and she'd been given a tetanus shot, the ambulance officer drove us back to Pittwater. He'd already phoned the Church Point shop-owner, who'd arranged for another boat owner to take us back to Towlers Bay. When we reached Pittwater the ambulance officer drove us straight to the water's edge then flicked his lights as a signal to the boatman to cross the bay to collect us. The boatman picked us up and sailed us across to Towlers Bay. By this time the boat with the four old chaps aboard had vanished. The boatman obligingly shone his lights up the path so Ettie and I could find our way back to the YHA hut. Our Cadets were all safe and sound, as I'd prayed they would be, and they all agreed I'd been very clever.

Various good things came from our adventure. First, none of the people who'd helped us would accept payment. Second, the camp continued happily and successfully. Third, I came away with new self-respect because I'd watched the suturing without fainting, contrary to the prediction of the doctor at Manly Hospital. Fourth, Ettie suffered neither infection nor loss of hand function; and her own doctor put this down to the first aid she'd received. And finally, I've remained in touch with many of my Bankstown girls. They continue taking an interest in what I'm doing almost 50 years after their memorable Easter outing to Towlers Bay; and I'm godparent to many of their children.

(Betty Stirton, Sydney, August 1999)

'Give her a fair go!'

I've only been in St John for a short time, so I have no exciting stories about saving lives. There's only one unusual incident I can talk about. It happened after an accident at a rugby match where our Wynnum Section members were doing duty. During the match a scrum collapsed, leaving one of the players lying on the ground, possibly with spinal injuries. Two of us ran out to help him. We had only begun doing the preliminary check when a chap came bustling up. He pushed us out of the way very bossily, saying he was in charge. He didn't tell us at the time but we found out later he was the official first aider for the injured player's club. We had no option but to stand back watching, to see if he'd handle the case properly. He seemed to know what he was doing because he was treating the injured player for a suspected spinal injury. Just then a group of the injured player's mates turned up. They began heckling the club first aider as he worked, telling him they'd 'fix' him later if their mate became a paraplegic. We could have walked away, leaving the first aider to handle the mates as well as the casualty, but even though he'd been very rude to us we didn't. Instead we did some crowd control.

'Give him a fair go!' we said to the mates, who were real yahoos and had probably had too much to drink. 'Can't you see he's doing his best for your mate? If you don't let him get on with the job there's a good chance your mate will end up being a paraplegic!'

That quietened them down, so the club first aider was able to finish preparing his patient for transport without further interruptions. Just then the ambulance arrived to take the injured chap to hospital. The ambulance officer driving the van was a very young woman, so young she must have been very new to the service. As she manoeuvred the van into position she bogged it in the soft turf. That set the yahoos going again. They began heckling the ambulance officer — 'hopeless bloody woman driver', 'should still be in kindergarten', 'have you got a licence yet?' and so on. Once again we did some crowd control.

'Give her a fair go!' She has to get your mate to hospital soon or he'll be a paraplegic, so instead of standing around jeering give us a hand to push the ambulance free!' we said.

With us doing the crowd control, the first aider and ambulance crew soon had the patient aboard and away to hospital. The incident was a useful learning experience for me. It taught me that our efforts aren't always appreciated — by other first aiders, the friends of those we treat and perhaps even the casualties themselves.

(Brenden Jansons, Wynnum, Queensland, November 1999)

Grudge match between Mt Gravatt and Sherwood

There's a story that continues going round St John circles in Queensland about how, back in the mid-1970s, I saved the life of an injured motorcyclist. According to this story, I succeeded when ambulance officers couldn't. I certainly gave the motorcyclist timely first aid, but the story doesn't give credit to the ambulance crew who attended him. What really happened was that I was on my way home to Algester from Mt Gravatt one morning after dropping my children off at school. Along the way I came across the traffic accident in which the motorcyclist had been injured. When I stopped to offer help I found him bleeding heavily from an injury in the groin. Thinking he might even have a punctured femoral artery, I took a towel, quickly rolled it into a wad then pressed it into his groin to halt the bleeding. Just then the ambulance officers arrived and took charge of the patient.

I've treated other casualties where my intervention was more critical in saving a life. The one that gave me the greatest sense of achievement happened while I was on duty with my Division at an Aussie Rules footy game in 1984 — a grudge match between Mt Gravatt and Sherwood, two teams that were old rivals. A nasty brawl erupted in the middle of play, leaving one player unconscious on the turf. As other players began shouting 'Ambulance!' I ran out to him. He was lying on his back, eyes wide open, staring. He'd been punched in the jaw and had a mouth full of loose teeth. He didn't respond in any way when I spoke to him and touched him, but he seemed to be breathing so I turned him on to his side in the recovery position. Just then an officious woman came bustling up. Claiming to be a nurse, she took over my patient. She then gave him a mighty thump on the back. This only stopped his breathing: his lips immediately began turning blue, which meant he wasn't getting oxygen, and he started frothing at the mouth. Knowing she'd lose him if she did it her way, I took over again. I cleared his mouth, which I had to continue doing every few minutes, then commenced CPR. I kept it up for the next 22 minutes, until the ambulance arrived.

Working on my patient was difficult because my mouth kept skidding off his: my lipstick and his profuse sweating made a greasy, slippery mix. In addition my knee froze under me as I was kneeling there keeping up the CPR. My patient hadn't been breathing and didn't have a pulse when I began working on him. His pulse returned and he started breathing again after a minute or two but then stopped once more. He came back then lost pulse and stopped breathing a couple more times but I just kept going. The amazing thing was that for the whole time I was working on him his eyes remained wide open, staring blankly, even though he remained unconscious.

All this time the officious woman who'd thumped my patient on the back was squatting nearby making critical comments — 'You're killing him!', 'He's swallowing his tongue!' and so on. The second of these showed her

ignorance because swallowing the tongue is impossible. I'd been keeping her distracted by getting her to check the patient's pulse and keep an eye out for the ambulance; but after a while I had to tell her to keep quiet and get out of my way. She still persisted in trying to take over the patient. 'Leave him alone!' I shouted at last, shoving her out of the way. I finally got rid of her by telling her to go out to the road to guide the ambulance to the casualty scene. Another complication was the presence of the injured player's parents. They just stood there holding on to each other, not knowing which of us two first aiders should be treating their son, who was only 16 years old. At long last the ambulance arrived. The ambos asked no questions but simply elbowed me aside and took over. My knee was still locked so I had to ask one of the bystanders to move me out of the way. After the ambulance had gone off to hospital the patient's father come over to me to thank me for keeping his son alive.

I kept calling the hospital every couple of days to check my patient's progress. He'd suffered a lacerated brain and he remained in a coma in the intensive care ward for a week. I visited him in hospital after he'd come out of intensive care.

'You don't remember me, do you?' I began.

'No.'

'Well, I met you last week at the football,' I said, then explained that I'd given him first aid after he'd been knocked unconscious.

'Will you please close your eyes?' I then asked because I remembered him with his eyes staring wide open, and I wanted to see what he looked like with them closed.

He went on to make a full recovery. A year later I saw him again. Once more he was on a footy field, and once more was playing in an Aussie Rules match. This time he was wearing a head guard.

What this story shows is the importance of persisting with a treatment you know to be correct even when you're confronted by so-called experts who 'knock' what you're doing. If you're sure what you're doing it right according to the established first aid principles set out in the St John manual, then you must persist, whatever the clamour of distraction around you.

(Joyce James, Kedron, Queensland, November 1999)

He never bought me a drink

It does seem incredible that in 42 years' paid and voluntary work on ambulances in Adelaide, I can say I have only saved one life although it is possible I have contributed in some way to saving others. During the mid-1960s I was returning to our Hindmarsh ambulance centre after teaching an afternoon session of first aid. Whilst I was in a marked vehicle it was not an ambulance and only carried a first aid kit and training stores. On approaching the intersection of Manton Street and South Road, Hindmarsh, I could see two cars had collided and as I approached I could see that a man had been partly thrown out of his vehicle and was lying ever so still and that his colour was the typical ashen grey I had seen many times on people who are deceased. I was quite convinced that this man was beyond help; however, as I proceeded to go through the basic life support treatment in vogue at the time, and in particular as I supported the jaw after clearing the airway, there was a sudden rush of air into his lungs and he continued to breathe on his own accord. I turned him onto his side in what was then called the coma position until the ambulance arrived and took him to hospital. Several weeks later I noticed him drinking at our local hotel. I found out he worked for West End brewery and although I continued to see him when I occasionally visited the local, I can say in those 15 or so years after the event he never bought me a drink. Perhaps the reason was because I never told him about that day in Manton Street.

(Vic Kollosche, Findon, South Australia, March 2000)



Nancy Tranby (front) with members of the Brisbane Central No. 1 Division on duty at the Brisbane Entertainment Centre, early 1990s.

Our patient 'died' four times

My best cases were done as a volunteer with the South Australia St John Ambulance Service. I remember one time transporting a cardiac arrest patient from the Royal Show at Wayville with a doctor on board who told me to jump any red lights. The patient 'died' four times on the way to the Royal Adelaide Hospital and it took us 8 minutes for the journey. I thought we had lost him, but later that day we had another job which brought us back to the hospital, where we met our earlier patient. There he was, sitting up in bed, large as life as if nothing had happened.

(Alan Hills, Modbury, South Australia, November 1999)

Heroin overdose; respiratory arrest

Several years ago I was at one of the local shopping centres helping with a St John public relations display and selling raffle tickets for which St John was one of the benefiting charities. Suddenly a teenager rushed up to our display and said one of his friends had just taken on overdose of some drug in the bus interchange and could we help. Another St John woman and I rushed to the friend's aid, and discovered she had overdosed on heroin and was in the first stages of respiratory arrest. Remembering a trick I had been told in passing a few weeks before while on duty at a rock concert, I started rubbing my knuckles as hard as I could on the girl's sternum. I encouraged one of her friends to call for an ambulance and at the same time reassure the group that the police wouldn't be involved. Once the paramedics arrived and took over, we returned to the PR display. About half an hour later, our patient and a few of her friends approached us and thanked us for being there. The girl then told us that this was the third time she had overdosed and that this time she had given herself such a scare that she would put herself into rehab. I don't know whether she ever did, but at the time that feeling of having saved her life encouraged me to continue volunteering with St John.

(Helen Stark, Nicholls, Australian Capital Territory, December 2000)

I had made it as a first aider

When we lived in the country my father used to be invited to lecture all sorts of groups of people. When we moved to the city, life became too busy for me to attend any of his lectures. One night he simply asked if I would like to come and listen to him speak to a group of St John Ambulance volunteers in about half an hour. My answer was 'Yes'. I went, and I listened, and I was introduced to a lady, Mrs Tranby, the Superintendent of Brisbane Central No. 1 Division of St John. She folded a membership application form and put into my pocket for me, and her next few words went like this — 'Take this home, bring it back next week. And call me "Nancy".'

I can't think of my 'best case' that I've handled, only my best duty. My Division covered the Queensland Performing Arts Complex (QPAC) every time any of the theatres were in use. Some nights all three theatres were in use, and some weeks we covered the venue seven days, with matinees each day too. Only seniors (members with sufficient experience) were allowed to cover the QPAC. When I joined I was told to set myself goals, such as completing my advanced resuscitation and driving the vehicles. My first goal, I decided, was to 'do QPAC'. One night my Superintendent phoned. 'George, would you like to do QPAC this Wednesday?' It was a great night. I turned up, picked up the radio and the keys, and walked to the first aid room, thinking 'everyone's looking at me'. I treated various cases during the night. To be allowed to do QPAC meant two things to me: first, I was trusted to represent St John and, second, I had made it as a first aider in the eyes of my colleagues and seniors. I taught my family how to use the video and continued to do every Wednesday night at QPAC for the next 9 months.

(George Meijer, St Lucia, Queensland, April 2000)

Husband and wife to hospital in the same ambulance

I joined St John because my girlfriend at the time had just joined the Tramways Division of the Brigade in Victoria and I had just moved from Brisbane knowing no one. I was asked if I would like to put into practice all the training and theory I had learnt as a first aider with the Queensland Railways. Before I knew it, I was in a uniform, going on duty at the Melbourne Cricket Ground and on steam rail trips all over Victoria. Now, 14 years later, I'm in charge of a Division and trying to answer all the new members' questions, in the same honest way that my first Superintendent and everyone since I joined has. Tramways, Prahran, Nundah Combined, Broadford-Kilmore and now back to Nundah Combined Division: it has been quite a journey through five Divisions in two States.

Superkart driver at Lakeside, last lap of the last race of the day: the karts were coming up to the finish line when the kart in third place tried to overtake the second kart when they touched, sending the third-placed kart into the armco. The kart bounced eight times off the armco. When we got to the driver he was unconscious with no real sign of trauma except that he was sitting in a junk pile which had recently been a kart. In the meantime, the driver's wife, who had witnessed the accident from the control tower, raced down the tower stairs and struck her forehead on the previous flight of stairs. Inflicting a laceration about five centimetres long and one centimetre wide. We had called an ambulance for the husband, who by now was conscious, with us maintaining his head and neck in the same position and supporting it. By this time the wife had arrived to speak to her husband. We patched her up, and we sent them both to hospital in the same ambulance for further treatment and observation. It was the best outcome possible under the circumstances, and was possible because I had a good team working with me.

I've seen a few amusing situations in my St John work, but one keeps recurring. This is the question 'What do we put on the back of our Divisional vehicle, an Isuzu FSR 15-tonne dual-cab truck?' The answer I always give when asking the question is another question: 'How many stretchers do you think we can carry on that truck tray?' The faces of my audience tell that they're thinking 'casualties by the dozen' as my question sinks in.

(Bruce Meiklejohn, Geebung, Queensland, January 2000)

Hobart bush fires, 1967

Tasmania's greatest natural disaster was the bushfire in and around Hobart in 1967. The fire started on Mt Wellington on 'Black Tuesday', 7 February, and soon spread over the area within a 40-kilometre radius of the city. Some 2025 square kilometres were burnt out in five hours. At least 54 people were killed, 1300 houses and 2000 farm buildings were burnt and 62,000 head of livestock. St John people were at the forefront of the community welfare work that went on during and after the fires.

Those of us who were in the Brigade at the time all have stories to tell about the St John involvement. This is how I remember it. I was off-duty from my police job the day the fires began and was scheduled to teach a first aid class. There was an eerie feeling in the air, and the smell of smoke, so I decided to cancel the class and go on duty, taking my first aid kit with me. I was sent to Richmond with Malcolm Brown, a police officer from Lindisfarne, because the fires had broken out down there and were burning the town out. We came to a house on fire where Malcolm saw pigs and sheep trapped by the flames. He ran behind the house with his hand pump to try to extinguish the blaze. I followed and when I came round the side of the house I found Malcolm on his knees overcome by smoke inhalation. I used the spray of his pump to force air into his mouth, got him to his feet and helped him away.

After dropping Malcolm off I went off duty with the police and on duty with St John on the eastern side of the Derwent in the area between Risdon Vale and Richmond. The army provided field dressings to the emergency treatment stations the Brigade set up at Risdon Vale and Cambridge. Wherever the fire-fighters went St John teams accompanied them. Most of the work involved treating burns, the worst cases being those of cinders in the eyes. We saw some amazing and hideous sights. Houses exploded. In several places I saw grass burn twice — once as the flames roared through the top part of the stems, the second time as the flames returned to burn the lower part. People boiled to death after clambering into farm dams and tanks to escape the flames. The worst job was going round stacking up charred corpses, many of which had the fingertips worn away through the victims having frantically tried to claw their way out of the flames. The Brigade volunteers treated over 1700 casualties on 'Black Tuesday' and over succeeding days. Without our contribution to the relief effort, the government emergency services could never have coped.

(Jim Byrne, Launceston, July 1999)

I was living at Middleton at the time of the bushfires. I was put in charge of evacuations there because I had a launch and used to work with the State Emergency Service. I evacuated all the local residents by sea. In our area 80% of the homes were lost. Mine was spared but I lost all my sheds. I came to believe in fate because of an incident during the evacuation. As I was moving people out, I found an elderly couple with their grandchildren. I got them into my car and was about to take a short cut down a track to the beach with them when something said to me, 'Don't go down that track!' Instead I drove the long way round through Middleton even though the fires were burning along the road there. When we got down to the beach at last one of the chaps there said, 'Thank God you didn't take the short cut because the bridge along the track has been burnt out.'

(Ernie Bond, Lune River, July 1999)

I felt as though I had won the lottery

I had always wanted to be an army ambulance driver but got married and had a family. I gained a first aid certificate in 1957 and became an instructor in 1974. After my second son died from a terminal illness in 1984 I helped set up the Kingscliff Division of the Brigade. This Division grew and I was now also an ambulance volunteer. However, in 1996 I became Corps Superintendent of North Eastern Corps and am now doing all the things that I had wanted to do in my teens. I'm an Officer Sister in the Order of St John and hold certificates in advanced resuscitation, analgesic gases and semi-automatic defibrillators. My best cases? At a concert with 14,000 people in the audience I was called to an unconscious heroin overdose victim who was in respiratory arrest. I ventilated the patient and got her breathing again. It was a young woman with a small child. That gave her a second chance. I felt as though I had won the lottery. Also this year I was a first aid officer at a re-enactment of the World War I recruitment march from Parkes to Bathurst — 300 hills on the road, 237 casualties — but one of the most rewarding experiences of my life. I was an army ambulance official for 14 days. My worst cases? None! I've treated hundreds of cases over the past 14 years but have always had a successful result.

(Fay Gleave, Kingscliff, New South Wales, September 1999)



Ed Harding of Woden Combined Division, Australian Capital Territory, and 'CJ' (Cheryl Jane) Gallagher pose for a 'St John Week' publicity photograph, 2000.

Kissed his wife and daughters then went into cardiac arrest

The best case I ever handled was about 1986 when I collected a chap being sent to hospital for heart bypass surgery. He kissed his wife and daughters good-bye then as I got him to the door he went into full cardiac arrest. We put the stretcher down then gave him a shot of the defibrillator. That didn't work but we got him back on the second blast from the defibrillator. We then took him to hospital; he had his operation, and recovered completely. He's still alive today. The defibrillator has been a great advance in emergency care. When we did CPR manually we used to lose patients, but when defibrillators were introduced during the early 1980s we used to save more. Another case I'm proud of was the result of a three-way motorbike crash at Port Lincoln in 1974. Three motor cyclists reached an intersection near the Lincoln South football club all at the same time, about midnight. They crashed into each other and all three were hurt seriously — head injuries, chest injuries and broken limbs. I was on ambulance duty that night. I collected them and took them to the Port Lincoln hospital. The doctor on duty, Len Long, said the injuries were so severe that the three casualties had to be flown to Adelaide by aerial ambulance. That meant three separate flights, each of which I accompanied. We started at 1.00 a.m., and as the return flight took 1½ hours with extra time for ferrying the patients between the hospitals and the airports, we didn't finish shuttling our patients until 7.00 a.m.

(George Mannix, Adelaide, South Australia, June 2000)

Launceston's BMX races

The national BMX [bicycle motor cross] races are periodically held at St Leonard's, east of Launceston. About 1000 participants arrive from all over Australia to spend a week taking part in the races, which are usually held over the Easter holiday period. They range in age from 4 to the 50s and are of both sexes. The St John Operations Branch Divisions provide the first aid services, and usually treat about 400 casualties over the week. At an average of more than 50 cases a day, this is a fairly high rate so we have a team of 14 Ops. Branch volunteers on duty each day. BMX racing involves riding at speed while jumping over various obstacles as well as performing acrobatic tricks after launching the bikes off ramps. The course is about 700 metres long. The riders are all hell-bent on winning. They go flat out from the time the gate drops and they launch themselves down the ramp at the start of the course. The surface is gravel and there are many falls. Injuries are common, including grazes, cuts, bruises, sprains and fractures. We therefore station a 2-person crew at each of the 'runs'. The worst injuries occur among the adults because they're generally more tense and fall more heavily than the kids. Among the worst casualties I've seen was a chap who landed hard after a jump during the 1989 event. He broke both arms. I supported him until the ambulance arrived 20 minutes later. Worse was another chap who landed on his head after performing a cart-wheel on his bike during the 1994 event. When I ran to attend him I found that he could hear me but couldn't communicate verbally. I therefore had to treat him as a 'fracture and spinal' case. We had to turn him over to enable him to breathe; and so, keeping his airways open, I enlisted some race marshals and a bystander to help. I gave the marshals some instant training in turning a patient over using the 'log-roll', using the bystander as a 'patient'. Together we turned him over carefully and successfully, but unfortunately he had suffered permanent brain damage, including memory loss.

(Barbara Almond, Launceston, Tasmania, July 1999)

Luckiest man alive

'Code 1 [top priority] to 'K' Flats. Man shot in the head at close range by person who has left scene, reportedly using a Magnum .35 pistol.' That was the call my ambulance crew received one day when we were on duty as volunteers in Darwin. Now it did cross our minds that there wasn't going to be much we could do for the person who'd been shot but a 'Code 1' is a 'Code 1' so we continued as directed and waited for police support at the scene. Our duty officer arrived about the same time as the police and decided he'd go in with them to assess the situation. Shortly afterwards a police officer called out to us from the third floor to bring up a stretcher. We were astounded to find the patient seated on the floor with his back against the wall arguing with our duty officer about going to hospital. A small red spot between his eyes with a trickle of blood issuing from it and running down his nose was the only sign of injury. At the hospital it was discovered that the bullet was .22 calibre, not .35 as previously reported. It had lodged in the skull instead of penetrating into the brain. We were told later that the line of impact was directly in line with the fissure between the right & left hemisphere of the brain, hence no tissue involvement. Given that his assailant shot him from across the kitchen table, a distance of less than 4 feet [1.22 metres], that man has to be the luckiest man alive. The reason that he was initially unconscious was because the impact had knocked him off the chair and he had hit his head on the wall behind.

(Lesley King, Darwin, Northern Territory, June 2000)

Many pleasing outcomes

I began my St John career in 1960 when my father came home from the Burwood Colliery one day and asked if my brother and I would like to learn first aid because the Adamstown RSL club was running classes. Fred Blackmore, who was already a member of St John and was the bathroom attendant and first aider at the colliery, had told him about this as they were both members of the Adamstown RSL club and they were starting up a Cadet Division as part of the RSL's youth club. I attended the second night the class began and have been with St John ever since. I cannot recall any particular 'best case' but there have been many pleasing outcomes. I did attend duty at Newcastle netball matches for more than 20 years and also travelled with the representative teams for the State netball titles. It was a so good to see some of the netballers who were injured during games and back playing a few weeks later after I had treated them.

(Nola Osmond, Waratah, New South Wales, September 1999)

My student did what I'd taught him and saved a life

I joined St John in 1979 after witnessing a terrible accident involving a utility truck. The ute, carrying seven teenagers between 14 and 17 years old, rolled over. Three of the teenagers were killed, the rest severely injured. Without any knowledge of first aid, we onlookers stood by helplessly. All we could do was call for the ambulance and police. Realising that if I'd known first aid I might have been able to save those who'd been killed, I came to St John, learnt first aid and then continued on to join the Brigade's Brisbane Central No. 1 Division.

I was appointed Superintendent of my Division within two years of joining. The Division was then very run down. We had no funds or equipment and had only three members. Over the course of a couple of years, and with a dedicated recruiting campaign, I was fortunate to recruit many willing young people. With care, attention and training they became devoted to the St John cause. The membership eventually grew to 70, becoming a Division and a Section, all still under my care. The Division achieved much and won many awards. Our highly successful public duties at major events brought us an income from the donations of grateful clients. One of our outstanding achievements was the purchase of five buses equipped as mobile first aid posts. Each bus was dedicated to a Chief Commissioner, Commissioner or other senior Brigade officer, for example being named 'the Peter Falkland' and so on. The Division also purchased a 'Camry' car for our Commissioner, who at that time was Shirley Watson, enabling her to visit Divisions throughout Queensland. We also funded the city-country Divisional link scheme known as the 'remote Division support program', enabling Divisions in distant parts of Queensland to keep up to date with the latest in first aid procedures. In addition we donated a computer to the Cadet movement in Queensland, the renovations to the foyer and offices of the St John State headquarters and of the Operations Branch communications room. We took pride in being able to make such donations, and when handing over the gifts we would parade in uniform for the dedication ceremony.

Over my years with Brisbane Central No. 1 Division there were many achievements of which I'm very proud. In 1993 I was awarded the Order of Australia Medal for my community work through St John, and that year, too, the Brisbane Entertainment Centre instituted its annual 'Nancy Tranby Award' (named after me) for the staff member judged to have attained the highest level of excellence in customer service. In 1995 I received a Chief Commissioner's Commendation for the outstanding work the Division did in supporting three national St John activities conducted in Queensland — the Priory conference and the Australasian regional seminar in 1994 and the national Cadet Camp in 1995 — while maintaining a heavy public duty workload (36,000 public duty hours) at venues and events like the 'Ecka' [Royal Show], Brisbane Entertainment Centre, Southbank, World Masters Games and the football finals. While I appreciated these awards, the highlight of my St John career was an achievement of one of my first aid students rather than anything I'd done myself. What happened was that my student saved the life of a work mate by performing CPR upon him. He told me later he could hear me saying over and over again, 'You can do it! Have a go! You know how to perform CPR, so have a go!' My student then did what I'd taught him, and it saved his mate's life.

(Nancy Tranby, Murwillumbah, New South Wales, November 1999)

Not too surprising that it all worked

In 1979 as a fifth year medical student I was driving from the Queen Elizabeth Hospital to my St John centre one Tuesday evening when I saw two cars collide at a major intersection ahead of me. I stopped at the scene and got out. I was wearing my St John uniform and was the only person in uniform there at that time. There seemed to be a number of injured young children being held in bystanders' arms. There were obviously some adults still trapped as well. The nearest bystander pushed a three year old child into my arms. He was blue and did not appear to be breathing. I called to all the bystanders to bring the kids off the road onto the footpath and lie them down to establish

a casualty collecting post. I took my child over and cleared some mucous from his airway and began mouth to mouth resuscitation. I checked and could not find a pulse so started external cardiac massage as well. I had no equipment with me. Although it seemed like three days in retrospect about 2 minutes later he took a spontaneous breath, and when I checked had a strong pulse. My feeling of relief was short lived as I moved to the next child in line and found this 18 month old had arrested too. He had regurgitated porridge-like material which completely blocked his mouth and nose. I cleared this and began CPR again. After another couple of minutes this child began to breathe as well.

At this stage a police officer arrived and I yelled at him to contact the ambulance headquarters and ask for at least four ambulances. The third child was quiet and groaning but a good colour and the-fourth was crying. The father of three of the children was standing by the fourth child and clearly very pale and holding his abdomen. I tried to reassure him and get him to lie down but he refused. He was tachycardic [ie had a very rapid pulse] and subsequently had his ruptured spleen removed. I quickly checked the car with the two trapped adults — the parents of the fourth child. They both had broken legs and were trapped by these. The male was drowsy but would respond. I went back to check the children, who still seemed OK when the first ambulance arrived at the 8-minute mark. I directed the crew towards the post-arrest patients and borrowed their radio to give a situation report and get more help. Eventually five ambulances attended including three from my own station. I assisted with the extrication of the two trapped adults and eventually travelled through to the hospital to assist with hand-over. Although I did not get a long-term follow up, the report I did get a few days later was that all were awake and doing well. What I'd done was very simple and just what I'd been taught. I suppose it should not have been too surprising that it all worked. In retrospect I believe that the main thing was clearing the airways. In the 20 years since then, I've been involved in many resuscitation cases, but this case still has special meaning to me. I occasionally wonder what the kids are all doing now.

(Bill Griggs, Medindie, South Australia, July 1999)

Old home remedies

In 1942, when the Second World War was inspiring everybody to join a patriotic organisation, I joined the Voluntary Aid Detachment (VAD) in Kalgoorlie. I found that most of the members also belonged to a Division of St John, so as I was spending most of my time in hospital duties, I also joined with them to gain more first aid experience. St John Ambulance work subsequently became such a way of life that I am still involved in it in 2001, and I hope I have many more years of voluntary St John activity ahead of me.

For many years I travelled from Perth with the Young Australia League as their first aid nurse, throughout the eastern states of Australia. My first trip with 150 teenage boys was most nerve-racking, as I was handed a first aid kit at the airport which on checking I found to be very ill-equipped. We transferred at Adelaide onto a tourist coach and proceeded to make our way to Thredbo in the Snowy Mountains, where I found a large number of the boys had skin infections. Having nothing to treat them with I remembered my mother's advice, and used soap and sugar poultices which cleared them up in no time. As we were constantly on the move, re-stocking my kit was not always convenient. I had to call on the old home remedies quite often. Persistent colds were a worry, but I made good use of eucalyptus and sugar which many of the boys were not familiar with. It was another satisfactory outcome.

(Norma Olsen, East Victoria Park, Western Australia, January 2001)

'Thanks for saving Grand-dad'

I handled my most satisfying case during the mid-1980s while I was still working as a fireman. We were called to a house fire here in Devonport. It wasn't a serious fire but when we took the call we were informed that the man of the house might be having a heart attack. When we got there I went to the bedroom, where I found a large chap on the bed. He was already black in the face. While the rest of the crew managed the fire I got him on to the floor and began CPR. He then vomited up his breakfast — 'Weetbix' and orange juice. Another fireman came in to help.

'Start mouth-to-mouth resuscitation,' I told him.

'Do I have to go down on *that*?' he replied.

Fortunately, oxygen gear with masks (the 'Oxy-Viva') had been introduced to the fire service so we used that. The ambulance couldn't come for another 15 minutes because it was unloading another patient at the hospital. As a result we had to keep working on the chap until it arrived. We continued the oxygen and CPR as the ambulance officers put in drips and defribrillated him several times. We kept working with the 'ambos' until they got the patient into the ambulance and were ready to take off for the hospital. It was a good team effort.

Our patient survived and went on to live for another five years. While he was recovering in hospital we received a sheaf of letters of appreciation from his family. One of them is now among my most treasured possessions. It was from a little grand-daughter and simply said 'Thanks for saving Granddad'.

(Clair Smith, Devonport, Tasmania, July 1999)

One of the sweetest rewards

As a nurse in an emergency department I've cared for thousands of people, and it gives me a lot of pride and pleasure that I've been able to do so. However, the one patient that brings a tear to my eye is a patient I have never cared for. He was a racing car driver who after a race had a cardiac arrest. There was an emergency medicine specialist in attendance but unfortunately had no defibrillator or other emergency gear and so could not do much. Our members who were on duty at the event performed basic CPR on the driver for 30 minutes. Text book perfect by all accounts, and they never even thought of giving up. It took 30 minutes for the ambulance to arrive. When the crew got there they defibrillated the driver several times and got a pulse. He left the track conscious. He's still alive today and personally thanked the first aiders after leaving hospital. Why this brings a tear to my eye is that I trained these first aiders. The joy and pride they had in themselves after saving the driver's life told me that St John offers rewards apart from saving lives. The joy of training someone like those first aiders and then seeing that their knowledge and skills make them both competent and self-assured is one of the sweetest rewards.

(Terry Jongen, Perth, Western Australia, June 1999)

Padded machete as improvised splint

My best case in my 60 years with the Brigade and Operations Branch happened when I was in New Guinea with the army in 1970. I was in charge of a group of officers who were returning from an exercise on the Kokoda Track when the truck in which we were travelling struck the side of a cliff, smashing the upper arm of one of the men who was sitting along the side of the vehicle. Using a padded machete as an improvised splint, I immobilised his arm, made him comfortable and rode with him in the back of the truck to the hospital in Port Moresby. He was from New South Wales, and after I returned to Western Australia a short time later I received a letter and Christmas card. His letter gave the following information:

> *The arm has started to knit and is pretty straight. However, my biceps were pretty pulped and I have severe muscle damage which may be permanent, so I face some weeks of physiotherapy. No doubt all would have been worse had it not been for your expertise. So, my very sincere thanks for your splendid application of your know-how. You may like to know that your calm and knowledgable presence was an immense comfort to me right from the time you took over.*

(Keith Bradley, Dianella, Western Australia, February 2000)

Paper bags over heads

I was on duty at the Southern Cross Hotel and the Melbourne Stadium for the visit by the Beatles in 1964. I'd been on duty at rock concerts before, but this was the first time we'd seen the mass hysteria that came over rock fans, particularly teenage girls, whenever they saw their favourite rock stars. The crowds infected by 'Beatlemania' seemed mad, and we nearly went mad ourselves trying to deal with the hundreds of cases of girls who collapsed after hyper-ventilating while screaming their adoration of the Beatles. 'Beatlemania' provided us with a lead-in to the huge-scale rock concerts at the Myer Music Bowl later in the 1960s. First aid duty at the Music Bowl concerts was rarely pleasant. We had some horrendous experiences. One night we were bombarded with drink cans. Another night a girl kicked a security guard in the groin. His testicles swelled up to the size of footballs, so we had to put them in a bag to support them. One of the most common casualties at the rock concerts was girls collapsing after hyper-ventilating. As during 'Beatlemania', they collapsed in their hundreds. We eventually hit on a novel way of treating them — pulling a paper bag down over their heads. That had the effect of increasing the carbon dioxide content of their inpired air, which helped restore normal breathing again, after which the bag was removed. We learnt a lot about drugs through our work at the Music Bowl. A common practice for kids was to bring along alcohol-laced fruit-box drinks and get drunk. Others smoked dope. It was common to find kids of only 13 or 14 stoned out of their minds. Wherever possible we'd ring their parents to come and collect them. Fortunately that's not so common now because concert organisers have put in place better security arrangements.

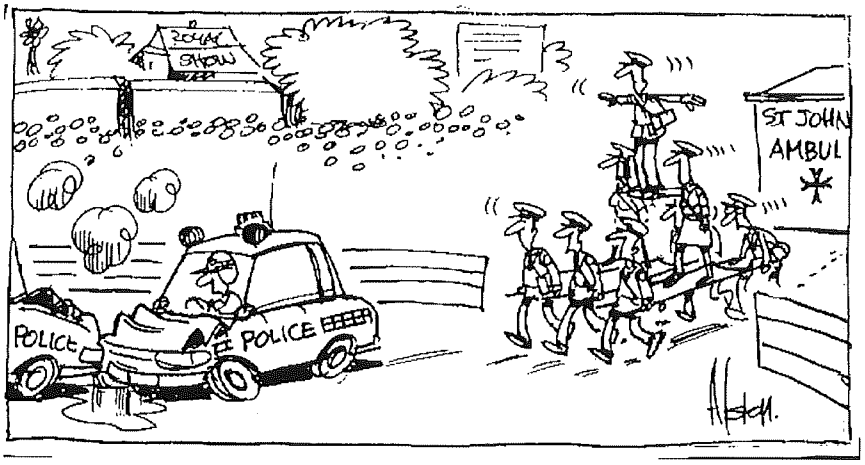
Other more recent duties on the same scale as the Myer Music Bowl concerts have included the 1987 Australian Football League grand final at the Melbourne Cricket Ground and the 1996 concert by the rock band 'Guns and Roses' at the Calder speedway. Both events took place on stinking hot days, and the spectators were dropping like flies from dehydration and heat exhaustion. Many good St John stories have come from the football. My favourite is one from the late 1980s, when the Footscray [Western Bulldogs] cheer squad took up a collection of $150 in appreciation of the unsuccessful attempts by the St John first aiders to revive a female Footscray supporter who'd suffered a heart attack at a game. The St John people had worked frantically to save her but in the end lost her. One of the cheer squad members, a girl we only knew as 'Sally', brought the money into our headquarters and to thank us for what we'd done to try to save the woman's life.

(Brian Carey, South Melbourne, Victoria, September 1999)

Police precision driving

On average St John Ambulance Operations Branch first aiders treat about 120 people a day at the Perth Royal Show. During the 1997 Show the complement included three members of the police precision driving team. The team were doing part of their routine, a 'figure-8' with the vehicles crossing in front of each other at 80 kilometres an hour, when the routine got out of synchronisation. One of the vehicles crashed into another side-on, 'T-bone' style. The two cars were totally wrecked and three members of the police team were hurt, one seriously. Three St John first aiders were on duty on the sidelines under my control. (I'm Jeffrey Williams, the District Nursing Officer.) They got to the crash within 30 seconds. They attended the pair of policemen they could reach and called the fire brigade to come and cut the third one free. He was trapped in the car he had been driving. They worked swiftly and efficiently to assess the three policemen's injuries, treat them and keep them calm and reassured until the ambulance arrived. A Channel 9 television news crew captured it all on video and the incident was reported on that evening's news. The video shows how fast and effectively our first aiders responded to the crash. Even only 10 seconds of TV footage like that is invaluable in promoting St John's public image. More favourable publicity came in a couple of days in the form of a cartoon by 'Alston' in *The West Australian* newspaper. His cartoon, reproduced with the kind permission of *The Western Australian*, appears below.

(Jeffrey Williams, Perth, June 1999)



Rapid District growth

I joined St John in Darwin in the early 1970s. I'd had my first contacts with the Brigade during the war in Britain: in 1944, when I was a medical student, I'd met some St John orderlies on an ambulance train. After I'd arrived in Darwin in the early 1960s I saw much more of the Brigade, which was becoming very active on the local scene. Eventually, early 1970s, one of my medical colleagues, the Deputy Commissioner or head of the Brigade in the Territory Sub-District, talked me into becoming one of his Brigade Surgeons. He resigned and disappeared from the scene after several years, however, having run off with someone else's wife. After he'd gone I wrote to the Chief Commissioner, Doug Donald, to explain the situation. Donald appointed me Deputy Commissioner in his place, then appointed me Commissioner in 1978, the year after the Northern Territory was raised from Sub-District status to being a District in its own right. I remained Commissioner for another six years, until 1984. In my time as Commissioner I oversaw a number of key developments. I was Commissioner when the Northern Territory hosted its first national first aid championships and Priory conference in 1984; we obtained a Brigade colour; we introduced a Corps structure based on Northern ('Top End' — Darwin-based) and Southern ('Centralian' — Alice Springs-based) Corps; and I supervised our separation from South Australia, of which we were a Sub-District, and rise to District status. In 1991 Richard Morris, our St John Council chairman, rang to ask me to return as temporary Commissioner for a few months. The incumbent Commissioner had just resigned precipitately after only a year and just a month before Darwin's next Priory conference and national first aid competitions. I told him I wouldn't accept the offer because neither he nor the Brigade wanted a pensioned-off recycled Commissioner; and instead I recruited Stephen Baddeley for the job. Stephen, who justified my faith in him by proving to be one of our best Commissioners, had been my student during Cyclone Tracy. Looking back on my time in the Brigade, I'm pleased with what we accomplished. Our total District strength quadrupled, from 211 to 857. We grew in all departments: our adult Divisional strength rose from 123 to 331, our Cadet strength grew from 79 to 500, our District and Corps staff rose from 9 to 26, the number of our adult Divisions grew from 5 to 11 while the Cadet Divisions increased from 2 to 13. This was propbably faster growth than anywhere else in the country over a similar period.

(Alan Bromwich, Darwin, Northern Territory, March 2000)

Ram-rod through chest; broken arm

The most rewarding case I've ever handled was the result of a bizarre accident at the Fairfield showground in 1994. I was on duty there with other Cadets at a Dutch festival. One of the events was a re-enactment of some ancient war with real muzzle-loading cannons where the charge had to be rammed home with a ram-rod. A ram-rod was accidentally left in one of the cannons. When the cannon was fired the ram-rod went right through the chest of one of the participants then through his humerus (upper arm bone). The poor chap suffered broken ribs and a broken humerus. He also had a sucking chest wound. I put a one-way valve over the hole in his chest, gave him oxygen and called an ambulance. I didn't discover what had happened to my patient for another two years. I was teaching a first aid class when I mentioned the incident during the discussion of penetrating chest wounds. 'That was my brother!' one of the class members exclaimed. The brother had survived but had spent six months recovering in hospital.

(Aidan Goldsmith, Sydney, August 1999)

Sergeant with a cane

Having been a nurse, a military medical NCO, an ambulance officer and a St John first aider, I've handled countless numbers of casualties. All cases that recover to full health are very satisfying, but there's one case that stands out above all others in my long career. It happened during my time in Vietnam, when I was attached to the field hospital at Vung Tau in 1967. While I was there I triaged a sergeant who'd been brought in from a personnel carrier which had hit a mine. He'd suffered major trauma to the legs and lower abdomen and was brought to us aboard the casualty evacuation helicopter. Triaging incoming casualties meant assessing them according to a 4-point order of priorities. Both his legs were broken and he had shrapnel wounds in the lower abdomen so I gave him 'Group 1' priority, the highest, then sent him into the surgical ward. Within 36 hours of stabilisation after surgery, he was returned to Australia on a RAAF 'cas. evac.' plane to recuperate in the Greenslopes repatriation hospital in Brisbane. I never expected to see him again, but 20 years later I did. It was in Sydney, where he was walking with the aid of a cane in the 'Welcome Home' march for Vietnam veterans. I'm proud of what I did for him because he'd made an almost complete recovery. Sadly, he has died in the meantime.

(Glen Denmeade, Darwin, Northern Territory, March 2000)

Retrieving my head-bandaged patient

As a young child I had a desire to go into nursing. I ended up in the arts area instead, and felt a lack of fulfilment and achievement in my interest in Biology. St John's first aid services seemed to provide the opportunity for me to balance my interests in art and science. When I lived in Perth I unexpectedly ended up with a casualty who had fallen and gashed himself above the eye while stumbling around drunk. He lost consciousness while I was treating him, but I was satisfied with the way I remained calm and focused as my colleagues assisted me. At one stage during the treatment of this casualty I had to go and 'rescue' my patient when he went off staggering down the river bank to one of the boats. He was wearing a big bandage that I'd wrapped around his head and was puzzled at what was happening. I had to retrieve him and take him back to the ambulance I'd been arranging for him when he slipped away.

(Sarah Dumuid, Aldgate, South Australia, June 1999)

Slash across face; glass in eye

The most rewarding case I ever handled was about 15 years ago when I was living in Rosebery. One night I heard a car roaring along the road then a loud crash as our lights went out. Taking a torch, I went out to see what had happened. There was a car with a large U-dent in its front end with blood everywhere. It had run into a power pole and brought the wires down. The driver, who'd not been wearing a seat-belt, had been thrown to the opposite side of the car, where he was lying slumped. He had numerous fragments of glass embedded in his face, including his eye, which he later lost. I pulled him up so that he could breathe, did what I could to stop his bleeding then stayed with him monitoring his condition until the ambulance eventually arrived. Several weeks later he came round to say thanks. He had the scar of a great slash across his face, and his eye had had to be removed. In its place was a glass eye. About this time I also received a letter from his doctor saying I'd handled the case well and had saved his life.

(Bruce Hetherington, Devonport, Tasmania, July 1999)



Canberra Central Divisions' Marissa Zeising (left) and Sonja Jefferies practise for a first aid competition, 2000.

Snake bite; fractured pelvis and punctured bladder; and a stabbing

My name is Malcolm Black. My St John Ambulance connections go back some 37 years, to the time I did my initial first aid course in 1964. I took it because I needed a first aid certificate to become an army medical orderly. After obtaining the certificate I spent three years, 1965–68, as a medical corporal with 43 Royal South Australian Regiment. I joined the Elizabeth Division of the Brigade in 1972. The next year I transferred to the Tea Tree Gully Division because we'd bought a house there. I remained with Tea Tree Gully until 1979, when I was promoted to No. 1 Corps to run the Brigade's advanced training course. I joined the paid ambulance staff in 1977, already having worked in the ambulance service as a volunteer for several years. I've remained with the ambulance service and now work for the South Australian Ambulance Service, which took over from St John in 1995. I allowed my Brigade membership to lapse in 1985 because of the atmosphere of hostility towards St John ambulance then common among my salaried ambulance officer colleagues. I remained away for 12 years. I finally returned three years ago, in 1998. What brought me back was the news that Golden Grove, one of the Cadet Divisions in my home area, was about to disband. I thought that would be a great shame, so I offered to help out. When I linked up with the Division in 1998 it had only six members. It has made a good recovery: within 12 months we'd built the membership up to 18, a level we've managed to maintain. I'm about to become the Superintendent there, and so my St John career has not only revived but is taking new direction.

People with my long experience in ambulance work can tell many stories about the many thousands of situations and casualties they handle over the years. In my case the two that stand out above all others were, first, a toddler bitten by a snake in 1979 and, second, the outstanding efforts of two teenage St John Cadets in giving first aid at a birthday party that went wrong in 1993. At the time the press published accounts of both these incidents. This is how the newspapers reported them.

Baby Dean wins race over snake bite

Trevor Austin, his wife Sharon and their two children stepped out of their Ingle Farm home in yesterday's spring afternoon weather to walk to a nearby polling booth to vote. Minutes later their son Dean, 2½, was bitten by snake and a race to save his life began. Dean stepped off a concrete path into ankle-deep grass when a snake lashed out, biting him high on the left leg. He screamed, in pain while his father and mother picked him up and ran to the family car about 50 metres away. They rushed from their Finniss Avenue home to Modbury Hospital 10 minutes' drive away, where he stopped breathing.

A doctor revived him with an injection and oxygen. Dean was semi-conscious, but out of danger by the time he arrived in an ambulance at the doors of the Children's Hospital at 4.30 p.m. A hospital spokesman said last night his condition was satisfactory, but he was tired after treatment and blood tests.

Dean is Adelaide's first snakebite victim as summer approaches. His father, Trevor, a Telecom technical officer, said from the hospital last night: 'My wife and I saw, it all happen. Dean was about 10 metres in front of us. We were on the way to vote at Ingle Heights Primary School with Dean and our daughter Clare, who is five. I suppose the snake was just having a snooze in the sun when Dean must have stepped on it. It lashed out and bit him high on the left leg. As far as we know it was a brown snake, but it's hard to tell when it happens so quickly.'

Mr Austin. said the drama was a warning to children attending the school. Many children walked to school along the path where Dean was bitten.

(by Bill Goodier, Sunday Mail *[Adelaide], 16 September 1979, p. 5)*

Girls kept their 'cool'

Nicole Schreurs, 16, and Mandy Mattingly, 17, are normal teenagers who enjoy going to normal teenage parties with their friends. The only difference between the two girls and the rest of their peers at a much publicised party at Dawesley on Saturday night is that they are trained St John Ambulance Cadets.Their quick actions and professional approach to first helping a girl who was accidentally run over and later a man who was stabbed has earned them high praise from the full-time South Australian Ambulance Service officers who attended the scene. The officers, Malcolm Black and Lyn Cavangh, were so impressed with the girls' bravery that they have recommended Nicole and Mandy for commendation of service above and beyond the call of duty. The recommendation, to St John Operations Branch, is believed to be the first of its kind.

It was after midnight when officers Black and Cavanagh were called to Dawesley to attend 16-year-old Nicole Page who was trapped with a broken pelvis and ruptured bladder underneath a car. Prior to the ambulance's arrival Nicole and Mandy had stopped people moving the patient and then crawled under the vehicle to provide life support. When the officers got there they found they were too big to get under the car so they so they had to guide the girls to perform 'equipment skills beyond their training' until rescue crews arrived. 'Their approach to the scene was very professional, cool, calm and collected,' senior ambulance officer Black said. 'These two girls are a credit to their Cadet Division and their officers.'

The last of the rescue crews had gone and Nicole and Mandy were preparing to go home when another ambulance crew was called to the Dawesley party when a young man was stabbed with a knife. Officers commended the girls for again taking control of the situation — applying pressure to the stab wound, comforting the patient then calling the ambulance again and asking for police presence. 'It was really a very tame party — your ordinary, 18th birthday party,' Mandy said on Monday night. 'First one thing happened and then something else went wrong and that was it,' Nicole added. Neither girl believes they did anything particularly brave or heroic that night. Their Cadet training helped them put aside nerves and fear and get on with the job. 'If we didn't have the training we would have just walked away,' Mandy said.

(from The Mount Barker Courier *[South Australia], Wednesday 11 August 1993)*

Nicole and Mandy were members of the Mount Barker Cadet Division, where Nicole's father, Hugh, was (and still is) the Superintendent. Despite the recommendation we two ambulance officers made to the South Australian St John management that the girls deserved some form of recognition for their conspicuous service, nothing was done. In other States the girls would probably have received at least a Commissioner's letter of appreciation or even a Chief Commissioner's certificate of commendation. Fortunately, the police who'd investigated the 'birthday party gone wrong' took up their cause. Nicole and Mandy subsequently received commendations for bravery from the Royal Humane Society. Both are now women in their mid-20s. Nicole has married and moved to Brisbane. Mandy is still in Mount Barker and remains an active member of the Division there.

(Malcolm Black, Modbury, South Australia, March 2001)



Mount Barker ambulance officers Lyn Cavanagh (left) and Malcolm Black with Nicole Schreurs (middle left) and Mandy Mattingly following Nicole's and Mandy's outstanding first aid to two seriously injured people at the 'birthday party that went wrong' in 1993. (Photograph by the *Mount Barker Courier*.)

Surgeons sewed the foot back on

Anyone spending as long as me in first aid and ambulance work will see thousands of casualties. Some you remember better than others. One that springs to mind was a parachutist I treated during one of the 'formula 1' motor racing grand prix events here in Adelaide. He fell heavily while doing a display jump between race sessions, breaking a femur, an arm, two vertebrae and suffering chest injuries. I helped retrieve him and load him aboard the ambulance, which raced him away as a 'Priority 1' case to the Adelaide Hospital. Another case I remember was one that earned me a Commissioner's commendation back in the mid-1980s. I'd answered a call to attend a woman whose car had been hit and rolled over by a train at Hove Crossing. In the process her ankle was nearly severed. I treated it by pulling the skin back over the exposed bone, wrapping a pillow around it, elevating it and padding it with more pillows. I then took her to hospital, where the surgeons sewed the foot back on. She recovered well, and the only long-term disability she suffered was a stiff ankle.

(George Mannix, Adelaide, South Australia, June 2000)

Stabbed with a broken glass

My best case happened during a beer festival in Adelaide, after there was a big fight and one person was stabbed with a broken glass, which severed his brachial artery in the armpit. We had difficulty in stopping the bleeding and he lost a lot of blood, so we had to give him intravenous fluids because of the loss of blood and the fact that he was going into shock. When the ambulance arrived he had lost consciousness, and he later had a cardiac arrest in the operating theatre. Because of the treatment that we gave him on site I am sure that we saved this young man's life.

(Simon Walter, Mitcham, South Australia, August 1999)

Thanks for my life

My best case was in October 1991, when Stephen Barnes, a St John colleague, and I saved a chap competing in the 10-pin bowling at the Masters Games in Brisbane. He was a New Zealander, Ron Head. Ron collapsed with a heart attack in the bowling alley during one of his matches. We were on duty nearby. We reached him quickly but by the time we could check his vital signs he had already stopped breathing and had no pulse. We quickly started CPR and put him on oxygen. It was the first time either of us had had to perform these procedures in a real-life situation, following routines we'd spent many hours practising during training in our Division. By the time the ambulance arrived to take Ron to the Royal Brisbane Hospital we'd already revived him. I met Ron again 10 days later, when I visited him in hospital. He was making a good recovery. 'Thanks for my life!" he said. A *Sun* photographer and reporter were also present so our picture and a story about us appeared on the front page of next day's newspaper. Ron survived for another four years. I kept in touch with him and his family, and Stephen and I had a reunion with him two years after we'd saved him. This took place in Sydney. Stephen and I were down there in October 1993 to receive national 'heart starter' awards at the launch the St John Ambulance 'Be a heart starter' publicity campaign. Ron came over from New Zealand for the occasion, and once again a story about us plus our photograph (me in my St John uniform, Ron wearing a 'Be a heart starter' tee-shirt) appeared in the newspapers. The newspapers reported me as saying that to save a life is a first aider's greatest reward for the hours spent practising. What the *Sun* reported on page 1 is true: 'the joy I get from helping people like Ron is impossible to put into words'.

(Angie Smeralda, Fortitude Valley, Queensland, November 1999)



Roy Head from New Zealand meets Angie Smeralda in the Royal Brisbane Hospital nine days after Angie and Stephen Barnes of Brisbane Central No. 1 Division had successfully performed CPR on him in a bowling alley at the Masters Games (photograph from *The Sun* newspaper, Brisbane, 31 October 1991).

The most wonderful man in the world

While working as a volunteer ambulance driver with Marion Division about 1973, I was attending a 3-year-old unconscious epileptic fit victim. We had just started our trip from Marino Rocks to the Adelaide Children's Hospital, about 20 kilometres away, when she 'arrested'. I grabbed the smaller of the two 'resusc' masks (in those days we only carried 'large adult' and 'small adult' sizes) and tried CPR [cardio-pulmonary resuscitation]. The mask was too big, so I suggested to the driver, Jack, that perhaps we had better start to 'move it along', threw the mask aside and commenced mouth-to-mouth resuscitation. The mother, who was sitting in the front seat, turned to see what was going on and started screaming that her baby girl was going to die, and how was she going to tell her husband, who was working up at Roxby Downs! (My eldest daughter was also about 3 years of age at the time.) I continued CPR nearly all the way to the hospital, until we were about half a kilometre away, when I suddenly felt the child resist my breath. I checked the pulse and — 'Bingo!' — she had a pulse! The hospital was set up to resuscitate the child and wanted to know what all the fuss was as she was starting to regain consciousness. After we'd checked our patient into the hospital, the mother ran up to me, threw her arms around my neck and between sobs told me I was the 'most wonderful man in the world'. She kept repeating it, and eventually I had to disentangle myself from her arms.

(Tim Thompson, Aldgate-Stirling Division, South Australia, July 2000)

The boat 'Cigarette' was hit by a huge wave

I came into St John as part of a school project for the children of the unemployed in 1937, during the last years of the Great Depression. My best case occurred at Easter 1972 during the Royal Motor Yacht Club race from Port Hacking River to Manly Heads. The boat 'Cigarette' was hit by a huge wave, throwing the three occupants into the water. The driver and co-driver were both 'fatals' and only the mechanic survived, and then only after about 2½ hours of CPR. I had to keep the CPR going because nine other boat crews in the race had come aboard my vessel and I was sure I couldn't swim 12 miles [19 kilometres] to shore unaided.

(Graham Engel, Woy Woy, New South Wales, April 2000)

The crowd stood back

I spent most of my working life in the Tasmania railways. I began as an engine cleaner in 1936 when I was 20 and progressed to driver of both steam trains and diesels by 1948. I transferred into the clerical section in 1953. My last position before retiring in 1976 was being general secretary of the Railways Institute, a job I'd done for 12 years. In 1956 I'd joined the Railways Ambulance Corps after doing a first aid certificate. My interest in St John Ambulance grew because it was the St John course that corps members took. I became a St John instructor soon after completing my initial certificate, then continued teaching classes regularly for the next 30 years, until 1987. Over that time I must have put in thousands of hours teaching and examining classes in various parts of Tasmania — Flinders Island, Lake St Clair, Bruny Island, the Risdon Prison, the Police Academy and many schools in the Derwent valley. One of the best classes I ever examined was at the Blind Institute in North Hobart, where the students had learnt their first aid through hearing sound tapes. They had no sight but their bandaging was outstanding.

I've never been a member of the Brigade or Operations Branch, but I've been the president of the Glenorchy Division for the past 12 years, and when I was instructing I wore a uniform similar to the Brigade one but with shoulder flashes of the Association [now the St John Ambulance Training Branch]. I've sometimes had to perform first aid in emergencies. The case that stands out in my memory happened during the mid-1970s at the Police Academy gymnasium, where an indoor bowls competition was in progress. A chap was about to bowl when he fell backwards and struck his head on the floor. A crowd of about 100 competitors and spectators was present. They did nothing for him but just stepped back and left him there. I came on the scene shortly afterwards. When I saw him lying there I went over to see what was going on. I found that he wasn't breathing, so I removed his dentures, found his pulse, began EAR and got him breathing again. He was difficult to work on because as I started EAR his neck muscles contracted and stiffened. I had to get a bystander to raise his head so I could continue the EAR. Some time afterwards an ambulance arrived and took him away. I felt greatly relieved to know I'd saved him because it turned out that he was a friend of mine. Unfortunately he died a couple of days later, not from the heart attack he'd suffered before I'd begun reviving him but from a cerebral haemorrhage. What still surprises me is that no one present in the crowd attempted to help him but just stood back waiting for the ambulance to arrive.

(Reg Butler, Hobart, Tasmania, July 1999)

The highlight of my whole St John career

I've had a long career in St John Ambulance stretching back over almost 35 years, and I'm active in all its branches. I'm currently the vice-chair of the State St John Council here in Tasmania and also of the Community Care Branch. I'm the senior instructor for the north-west region of the State in the Training Branch; I'm a training officer and member of the State executive for the Operations Branch; and I'm the treasurer for our local Division here in Wynyard. I'm the sister of Major-General Frank Poke, who was Victorian District Commissioner 1980–84, and I've just been made a Dame of the Order.

These are all attainments I am proud of, but the highlight of my whole St John career was winning the individual nursing championship at the national competitions in Melbourne in 1976. I won because I knew the first aid manual almost by heart and knew how to apply my knowledge. The manual is the basis of the contest, with all the competition scenarios being developed from it. You have to know it thoroughly because you can be questioned on any part of it. That year I knew it so well I could just about say it back to front. Competition work is a very important part of the Brigade and Operations Branch calendar because it demands that members put their theoretical knowledge into practice. It's not enough for members to hope that when they face a real life emergency they'll automatically respond correctly. Competition work keeps their theoretical knowledge sharpened and their practical skills honed, and provides an opportunity for bringing the two together.

(Fay Reeve, Wynyard, Tasmania, July 1999)

The look of relief on my casualty's face

I came into St John through an involvement with the Western Australian State Emergency Service. There was a combined regional training exercise involving the Emergency Service, the St John Operations Branch and the Volunteer Bushfire Brigade. My best experience with St John came after I'd been a member for two years. I treated a victim of a motor vehicle accident. The best part of this incident was the look of relief that came over my casualty's face when I said I was a volunteer with St John Ambulance and was able to help. My worst experience has been being physically assaulted while on duty. That was bad, but there are many light-hearted moments, for example the time a group of us were on duty at an event. We were giving each other a hard time in fun while we were transporting an elderly casualty. He joined in too. There was just a good feeling about the occasion that made us all smile.

(Heather Gregory, Leederville, Western Australia, June 1999)

The parliamentarian and the pedestrian crossing

The most satisfying case I treated involved a group of pedestrians bowled over by a car on a pedestrian crossing in Hobart in 1966. The accident happened as pedestrians were crossing Liverpool Street at the intersection with Elizabeth Street, one of the busiest intersections in Hobart. It occurred when one of our elderly State parliamentarians, who happened to be a medical practitioner, had a dizzy turn and blacked out briefly while driving down Liverpool Street. He went right through the pedestrian crossing as a crowd of people were going over. He hit five or six of them and drove right over one. At the time I was on police duty nearby. I ran down to the crossing and found the woman who'd been run over lying unconscious, blowing bubbles of blood. I got her airways open and made sure she was breathing freely then turned my attention to the others, who had various injuries. An ambulance arrived some time later, and by then I had all my patients lined up in order of the seriousness of their injuries, ready to be driven away. The chap who'd caused their troubles, the parliamentarian, then headed off to the nearest police station to surrender his driving licence.

(Jim Byrne, Launceston, Tasmania, July 1999)

The dehydrated teenage girl

I was doing first aid duty at a folk festival one hot Easter when a young teenage girl was brought to me feeling dizzy. After the usual checks and questions I treated her for dehydration. She was so impressed with what I did that she joined the St John Cadets. Within a couple of years she was a better, more experienced first aider than I am. She's now an ambulance officer, and still in St John when she has the time.

(James Singer, Woden, Australian Capital Territory, November 2000)

The thrill of saving a life

I lived in Paddington as a child, in a terrace opposite the Paddington Town Hall. One night, standing on the veranda, I saw what turned out to be a St John Cadet in uniform cross the street in front of my house and go into the Town Hall. I followed and that night joined the Paddington-Woollahra Cadet Ambulance Division. I was 11 at the time. Six months later, at the age of 12, I was the senior sergeant of a Division of 120 Cadets, the largest Cadet Division in the country. I often think of this major event in my childhood and marvel at my enterprise as I was quite a shy child.

At the Royal Easter Show this year, I assisted another member at a 'Code 2/Code 17' [cardiac arrest/drug overdose] call-out and due to our early intervention we were successful in bringing the casualty back to consciousness, to the extent that he was standing 35 minutes later and couldn't understand what all the concern was about. If this never happens again, it will be my crowning moment as a first aider as the thrill of saving a life cannot be surpassed, nor can the inner joy it brings be adequately expressed in words.

(A.C.W. [Bert] Dixon, Chipping Norton, New South Wales, September 1999)

The Riverwood Downs billy cart derby

In September 1996 a group of Warners Bay Division members accepted an invitation to do a public duty at the billy cart derby at Riverwood Downs, about 130 kilometres north of Newcastle. There were seven of us — the pair of us [Adam Heine and Colin Edwards] plus Corinne Latham, Debbie Lonergan, Matt Little, Dot Peak and Keith Reece. We were told that because nothing ever happened there we'd be having a quiet weekend. That was more or less true until the very last race, in which six carts were taking part. The course was 800 metres long with a 30° slope. Down each side was a wall made of old motor tyres stacked on top of each other. The six carts sped off downhill from the starting line, quickly gathering speed on the steep slope. Suddenly one of the carts was pushed into the tyre wall, flipped over then rolled three times. As it did, its roll-bar was bent, pushing forward the head of the 51-year-old driver, who fractured two of his vertebrae. The St John team — 'the magnificent seven' — ran out to him immediately. He was still in the cart and in great pain when we reached him. We had to cut the cart from around him. We then put a neck-brace collar on him, lifted him out and put him on a stretcher. He was complaining of pain in his elbows and finger tips. We put him on oxygen, called an ambulance and then monitored him until it arrived. The accident had happened at 5.00 p.m.; the ambulance arrived at 5.30, then he was evacuated by helicopter to the spinal unit of the Royal North Shore Hospital in Sydney at 5.45. The ambulance officers gave him two shots of morphine, but unfortunately that did little to relieve his pain. The ambulance crew congratulated us on our swift response. They said we had saved him becoming a paraplegic, and had probably saved his life as well because if we hadn't been there the crowd would most likely have yanked him from the cart, killing him in the process. After our patient was admitted to hospital he underwent spinal realignment treatment. This involved wearing a large metal halo to bring his spine back into alignment. We went to see him two months later. By then he was up and walking around. Four months later he was back at work. The organisers of the billy cart derby were so pleased with the way things turned out, they've invited us back there every year since.

(Adam Heine and Colin Edwards, Newcastle, New South Wales, September 1999)

The Tasman Bridge disaster

The Brigade provided outstanding community service after the *Lake Illawarra* knocked down two piers of the Tasman Bridge on the evening of 5 January 1975. The bridge, across the Derwent River, links central Hobart with the airport and eastern suburbs. Seven crew members died when a collapsed section of the bridge fell on them. Five more people died in cars that plunged from the bridge when the roadway disappeared. I was at home at the time. I found out about it from my brother, who rang to tell me what had happened. Straight away I put on my overalls, grabbed my first aid kit and drove down to the bridge to see if I could be of help in the rescue operations. I got there about 7.30 p.m. just after the ship had gone under. Other St John people were arriving there too, and together they soon set up an emergency treatment station at the foot of the Rosny end of the bridge. I went looking for survivors. I was shining my torch where the ship had sunk when I heard a splashing sound below me. I looked down, and there was a chap struggling ashore almost at my feet. He'd seen my torch and was struggling towards it. Rescue workers managed to get all crew members ashore except the seven who drowned. If I hadn't been standing on the bank with my torch, the chap at my feet would probably have drowned too.

We St John people spent the rest of the night at our emergency treatment station, treating the survivors, rescuers and people who'd come to watch. I eventually got home at 6.00 the next morning, cleaned up, had breakfast and was at work on time at 8.00. Three weeks later I received a letter of congratulations from Dr Rod Hudson, our Brigade District Commissionner. It thanked me for my 'long hours of public duty, initiative, devotion to duty and loyalty to the Brigade'. It went on to say I had 'acted in the highest ideals of service of the Brigade' and had 'brought great credit upon the Brigade'.

(Jim Byrne, Launceston, July 1999)

The TV news said he was still alive

Having passed my first aid badge in the Boys' Brigade I was prevailed upon by a friend to join a new Division of the St John Ambulance Brigade being created out of a wartime first aid group at the BSA Company in Birmingham where I was apprenticed. This was in September 1945. I came to Australia 27 years ago and joined the Geelong Division of the Brigade, where I was secretary for 18 years. Over the years I've had many good cases and bad cases. My best case happened in 1992 when I was out of uniform and not on duty. I was picnicking at a local beauty spot when a 13 month old boy in another group went missing. My assistance was solicited in the search. I found him after about 20 minutes face down in the lake. I did CPR with a young woman until an ambulance arrived. That night I was delighted to hear on the TV news that he was still alive. I never met him afterwards but I'm told he made a complete recovery although his development was a little retarded.

My worst case happened on the way to Kardinia Park, home ground of the Geelong football team. A motor cyclist was knocked from his machine and received terrible head injuries for which there was no possible treatment. My most amusing story involves my very first public duty, which was at a cinema. I was naturally very apprehensive about what might occur. After a time I was approached by a young boy of about 10 who spoke quite indistinctly. I thought he said 'There's a man dead down here', which gave me a moment of panic. Fortunately no one was dead. The boy had simply asked 'What's the way out of here?'

(Alf Layton, Grovedale, Victoria, March 2001)

'This kid seems to know what he's doing'

Years ago, when I was only 14 and in the Prospect Cadet Division, I was out riding a motor bike at Pelican Point up on Outer Harbour. A trailbiker there went over a jump, fell from his bike and was then hit in the head by another bike. Seeing the accident, I rode up to see if I could do anything to help. I identified myself as a first aider to the friends of the injured rider. There were four or five of them, all aged about 25. They wanted to move him out of the way, but I told them they shouldn't. He was complaining of loss of feeling in his leg and a bad pain in his back. I explained that he could have spinal or head injuries so moving him could be dangerous. 'This kid seems to know what he's doing so let's do what he says,' one of them said to the others. That persuaded them not to move him. The injured chap began complaining that he could feel a rock poking into his back hurting him. Some of his friends wanted to shift sideways so he could be free of it but I convinced them not to. An ambulance arrived a while later. I explained to the ambulance officers what had happened and told them about the rock the patient said he could feel pressing against his back. They slid a Jordan frame beneath him then lifted them. When they did they realised there was no rock and the ground was smooth. The 'rock' he thought he could feel pressing into him was a spinal injury. I found out later that he'd suffered some permanent damage, and that if his mates had moved him he probably would have become a paraplegic.

(Shaun Tidswell, Golden Grove, South Australia, June 2000)

Tooth through tongue

One case I was very pleased with happened at out local motorbike races, where our Division, Mount Sugarloaf, was on duty. One of the riders crashed, and bit his tongue as he did. One of his teeth went right through his tongue. He bled a lot and looked a real mess. I washed his face and mouth and stopped the bleeding with a cotton-wool pad, then stayed with him, reassuring him, until the ambulance arrived.

(Dayna Lang, Newcastle, New South Wales, September 1999)

Towel across the face

Several years ago, about 1996, I was able to help a chap at work. He was driving a truck that tipped over, pinning him against a log. The full weight of the truck was pressing him against the log. We got another truck, one with a crane, to pull his truck away from him. Hot oil from his truck kept dripping on to his face, so I placed a towel across his face to shield him from the oil. Fortunately, when we lifted his truck away from him we found that he had no injuries apart from a few superficial grazes.

(Garry Thomas, Mermaid Beach, Queensland, November 1999)

Transient ischaemic attack

In May 1999 about 20 members of South Australia District were on duty at the Morphetville race track for the race meeting culminating in the running of the Adelaide Cup. They were kept fairly busy at their mobile first aid post for most of the day, treating numerous minor casualties — blistered feet, sunburn, fainting, abrasions and gravel rash from falls, splinters in hands, vomiting (mainly as a result of over-consumption of alcohol), bandaids on cut fingers, and so on. In pairs they also patrolled the crowd continually, and treated more of the same. I accompanied two of them, Kylie Modistach and Kelly Moffat (respectively aged 23 and 18, and Superintendent and Cadet Leader of the Mitcham Cadet Division) on one patrol in front of the main grandstand. Just as the Cup race was about to start, a chap ran down from the crowd in the grandstand to tell Kylie and Kelly that someone had collapsed. The two young Ops. Branch women quickly moved up to where the collapsed person lay. It was an elderly woman, whose frantic husband was greatly distressed, thinking his wife was dying. The surrounding spectators were standing back, ill at ease, not knowing what to do, perhaps hoping that this incident wouldn't spoil their day out at the races.

Kylie, a trained nurse, examined the unconscious woman while Kelly comforted and reassured the husband. Finding that her casualty was breathing and had a detectable pulse, Kylie placed the woman in the 'recovery position' and continued monitoring her breathing and pulse. Within several minutes the woman regained consciousness, sat up looking a little confused and embarrassed, and asked what had happened. Kylie had already concluded that the woman had probably suffered a 'TIA' — transient ischaemic attack — or brief temporary blockage of the blood supply to the brain; so she told the woman she had had a fainting spell and should get herself checked by her doctor as soon as possible. The racecourse doctor arrived on the scene shortly afterwards, followed by a pair of paramedics from the South Australian Ambulance Service. Kylie briefly explained to them what had happened, what she believed the problem had been and how she had treated her casualty. The doctor and paramedics agreed with her diagnosis, complimented the two Ops. Branch women on how they had handled the situation and then removed the patient to the racecourse medical centre for further observation. Kylie and Kelly resumed their patrol. There were just two of them wearing the St John uniform among this huge grandstand crowd, but the spectators knew who they were. More importantly, one of them had had the good sense to fetch them as soon as the elderly woman had collapsed.

(Author's personal observations, Adelaide, May 2000)

Traumatic amputation of a 2-year-old's hand

I joined St John after I'd attended a meeting in the old Gladesville Hospital. While I was there I noticed a lot of activity going on in another area of the building. I noticed the St John Ambulance shoulder flashes on the uniforms worn by some of the people, so I asked about the organisation and found out that the Division was actively recruiting. I went to the next meeting and decided to join. My most satisfying case occurred earlier this year, when I treated a 2 year old boy who had suffered a traumatic amputation of his hand. He was transported to hospital where the doctors were able to re-attach the hand successfully. The child has regained movement to all of the hand except for the little finger. Talking of odd happenings, in August 1995 I did an away duty at Mullengandra down near Albury with four other members. It turned cold down there, the temperature never rising above 15 degrees. The surrounding hills were very steep, with only narrow sheep tracks to walk along. I was being very careful but not quite careful enough. I slipped and found myself sliding down the incline. I slid backwards, on my feet, four-fifths of the way down and ended up sitting in a culvert of ice-cold water with my first aid kit in my lap and my feet under my ears. My companions said I hugged the kit and yelled blue murder all the way down.

(Lesley McEwan, Willoughby, New South Wales, December 1999)

Two cases at the 'Ecka': crashed skydivers and a girl on drugs in side show alley

Two of the most alarming incidents I've been involved in were at the 'Ecka' — the Brisbane Exhibition [Royal Show] at Bowen Hills. The first was in 1996 when a pair of skydivers were making a descent at night. I was at one of our first aid posts, attending a woman who'd been bitten by a mouse and needed a tetanus shot, when a policewoman ran up and pointed up at the skydivers. As the skydivers were descending they'd collided. Their parachutes had then wrapped round each other about 300 metres above the ground. The crowd, seeing what was happening, fell silent. Horrified, we all watched as the skydivers hit the ground then bounced as if made of rubber. I jumped the 5 foot [1.5 metres] safety fence around the arena and sprinted out to where they'd fallen. One of them, a woman, was unconscious. The other, a man, was still conscious and was asking what had happened. Other St John people, the fire brigade (which had oxygen equipment), police and several doctors in the crowd followed me on to the arena. We handled the two casualties together, with Vince Little, our Deputy Commissioner, in charge. Both skydivers had suffered broken arms and legs. It took six of us for each patient to roll them over into the recovery position pending the arrival of an ambulance. It was a great joint effort between St John, the fire brigade, the police and the ambulance service. Both the skydivers eventually recovered, and both jumped again. A fortnight after this incident I suffered post-traumatic stress for about a week — feeling ill and lethargic as I kept thinking over what had happened.

The second incident happened in 1998. I was on duty at one of our 'Ecka' first aid posts when I was called to attend an unconscious girl in side show alley. A group of her friends, all aged about 16, were standing around. I asked them if she had a history of drug-taking. They seemed very apathetic about her but said she'd done 10 lines of speed [amphetamines] and a lot of alcohol — about half a bottle of scotch. She was going in and out of consciousness, so I put her on oxygen at 8 litres a minute. An ambulance arrived shortly afterwards, and the ambos upped the dosage to 15 litres a minute. She then started thrashing around, but we managed to get her on to the stretcher. As we were getting her into the ambulance she went unconscious again then, regaining consciousness, tore the oxygen mask off. The ambos said, 'Leave it off. She'll probably die anyway.' The police, who'd meanwhile appeared on the scene, recognised her and said she'd done it all before. She might live through it this time but she'd probably do it again. She had no identification on her, and her friends couldn't provide her address; however, just as we'd got her into the ambulance one of them asked if we wanted the phone number of the girl's Dad. They also said she'd been riding the 'Gravitron', 'Zipper' and other fast-spinning rides in side show alley, and that might have exacerbated the effects of the drugs she'd been taking. As they were saying all this, I became aware of an Asian chap who'd been standing there videoing the whole incident. I pointed him out to the police, who removed the tape from his recorder. Rosemary Moran, a fellow member of my Moorooka Division, followed the case up. It seems that the girl had been in such scrapes before.

(Hamish Krammer, South Brisbane, Queensland, November 1999)

Watching the soccer with two broken wrists

At one of the Olympic football matches played at Bruce Stadium in Canberra during September 2000, one of the Japanese supporters tripped and hurt his wrists on making his way to his seat. Not wanting to miss the game, he waited until after the match had finished to come to the first aid post. As he spoke no English, upon arriving he told us in sign language that he had fallen and hurt his wrists. Pushing his sleeves up his arms, we discovered that he had fractured both wrists. He didn't complain of any pain and had been quite enthusiastic in support of his team. As the doctor was present in the first aid post on the other side of the ground and the ambulance exit was on the same side, we took him across and organised an interpreter. On packing up the venue for the day, the team from the other post asked why we had sent him to them, at which we reminded them that that was the nearest exit to the hospital. His exploit was mentioned several times in the paper as a space filler, and so became free publicity for St John.

(Helen Stark, Nicholls, Australian Capital Territory, December 2000)



Julie Marshall and Harry Van Giesen, South Australian Operations Branch members, treat a patient with a blistered foot at the Clipsal 500 motor race, Adelaide, April 2001.

Wild bull from the rodeo and Clarrie the Clown's stunt

We had some excitement at the 'Ponde' festival three years ago, in 1997. The 'Ponde' is a musical concert for the 'Hell's Angels' motorbike club held over a weekend near Mannum on the Murray River. Our Division, Golden Grove, always does the first aid duty there, and each year we're sure to get casualties because they usually run a rodeo in conjunction with the festival and one of the events on the program consists of sticking a $50 bill on the horn of a bull, which people then chase in hope of retrieving the $50. At the 1997 'Ponde' I had a premonition that something would go wrong. I turned to Wade Emmerton, one of our members, and said, 'You're going to have some casualties soon'. I'd hardly said it when a bull in a nearby pen hit the gate, knocking out the retaining pin, and then ran into the crowd. Suddenly the bull turned and charged at our new first aid vehicle. Wade and I dived for cover beneath it. 'What do we do now?' I said to Wade. He had no time to answer before the bull butted our vehicle, It then went careering off in another direction, flipping a chap into the air with its horns on the way. Eventually a local farmer ended the stampede by shooting it. When we emerged from under our vehicle Wade and I found that a crowd of spectators had clambered on top of it to get out of the bull's way. We cleared them off then began the job of treating the spectators the bull had injured. Our vehicle was one of the casualties — the bull had knocked off the side mirror and scored a deep scratch across the paintwork — but because it had been parked between the bull and most of the spectators it had probably saved many people from being trampled or gored.

That was not the end of the excitement, however, because 'Clarrie the Clown' suffered serious injuries later in the day. Clarrie had been performing a stunt down beside the river. This involved jumping off a cliff on a motorbike then landing beside the river. Clarrie overshot his mark, however, landing in the river. He dislocated his shoulder as he hit the water. A boat then retrieved him and brought him to shore, where we treated him. Before Clarrie had made his jump we first aiders had introduced ourselves to him. Melanie, one of our members, took a photo of him talking with us as we got his medical history, asked if he had ambulance cover and measured him for a neck brace in case he should injure himself. Melanie took another photo as we were treating him. As a result she had a nice pair of 'before' and 'after' shots.

(Shaun Tidswell, Golden Grove, South Australia, June 2000)

Two two-car pile-ups on the way out fishing

One afternoon last November two mates and I were setting out on an overnight fishing trip away from Darwin. About 5.00 p.m. we came across a two-car pile-up at Palmerston, 20 kilometres south-east of Darwin. We stopped to investigate. A lot of other cars had stopped, too, and people were milling round ineffectively, doing nothing for those injured in the accident. Going up to the crashed cars, I found a woman with mild concussion in one and a chap with a dislocated or fractured ankle in the other. I treated the woman first. I laid her down, put a makeshift collar around her neck to support her head then checked her vital signs. When I was satisfied she was OK I turned my attention to the bloke. I made him comfortable then applied a constricting bandage. I then kept monitoring my two patients until an ambulance arrived, about 10 minutes later. It was a 4-wheel-drive vehicle on its way home after completing a call. The ambo gave the woman oxygen and the bloke penthrane to relieve his pain. Just then a second ambulance arrived. This was the one that had been called to the accident. It took the two accident victims to hospital. Just as we were all about to quit the scene the 4-wheel-drive ambulance got a call to go to Howard Springs, another 9 kilometres south-east, where there'd been another two-car pile-up. The ambo asked me to go with him because he'd probably need my help. I had to decide whether to continue with the fishing trip or accompany the ambo to Howard Springs. I chose the latter without hesitation, so my two mates returned to Darwin. When we got to Howard Springs we found a car with blood on its windshield but no one nearby. We then went looking for the second car, but couldn't find it so returned to Darwin. Back in Darwin again I caught up with my two mates then together we set out once more on our fishing trip on the upper Howard River about 50 kilometres out of Darwin. We eventually got there about 10.30 that night, 5½ hours after we'd originally set out.

(Shane Burry, Darwin, Northern Territory, March 2000)

White water

Our most recent large-scale public duty was at the Australian national kayaking and canoeing championships at the beginning of this year. The event was staged over 10 days, from 30 December 1998 to 9 January this year. It took place 8 kilometres up the Forth River in the white water there and on the remote upper reaches of the Mersey. The Canoe Association had an agreement with the Hydroelectricity Authority to release so many 'cusecs' [cubic metres per second] of water from its storages in order to have constant flow. About 300 canoeists from Australia and New Zealand participated. St John was on duty throughout the championships. We managed the duty by camping on site — three days on the Forth and seven on the upper Mersey. We provided a 24-hour service with three members on duty each day, each crew doing a 48-hour shift before being relieved. Getting into particular canoe runs often required an hour's drive over rough tracks. We performed a total of 200 hours' duty, treating an average of five or six casualties a day. Most of these were arm and shoulder injuries resulting from joints being wrenched as the participants paddled against the wild, white water.

(Clair Smith, Devonport, Tasmania, July 1999)

You'll have to be my 'eyes'

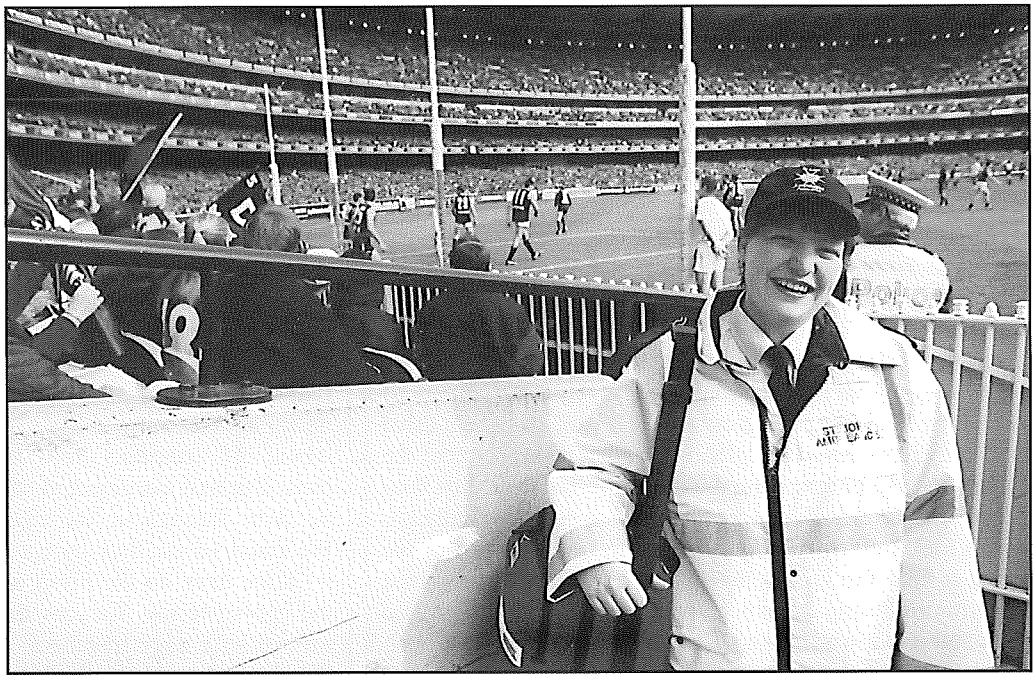
Jennifer Young was 20 when she became a member of the Operations Branch in 1993. She joined the Glenorchy Division near Hobart that year, and remained a member there for two years, until moving north to Burnie in 1995. She transferred to the Division there, but after another year moved on once more, this time to Sydney. In Sydney she joined the Paddington Division in 1996 but after a year transferred to Glebe, which, formed in 1903, is Australia's oldest and longest continuing Brigade-Ops. Branch Division, where her partner Mark is also a member.

Sadly, Jennifer suffers from very poor vision. She has severe glaucoma, which various ophthalmological operations since her childhood have failed to cure. Despite that she has become a proficient first aider in her six years with Ops. Branch. She demonstrated this during 1998 during a taxi trip to the Sydney Eye Hospital in Woolloomooloo, where she was to undergo her next operation. As the taxi was driving through Drummoyne it collided with another vehicle, a small Holden 'Barina'. The driver of the 'Barina' was a pregnant woman, whose small son, aged 3 or 4, had been sitting alongside her in the passenger seat without his seatbelt fastened. Thrown from his seat, the boy was knocked unconscious and so was his mother.

'I'm a qualified St John Ambulance first aider,' Jenny said to the taxi driver, 'so if anyone is injured I can give them first aid. But I'll need your guidance, and you'll have to be my "eyes".'

Fearing he might have killed both mother and child, the taxi driver readily agreed. First Jenny had him lead her to the 'Barina' and tell her where its passengers were and whether there were any hazards present that might obstruct her as she gave them first aid. Coming to the woman first, the taxi driver placed Jenny's hands on her. She was still breathing and had a pulse so Jenny quickly arranged her in a position enabling her airways to remain open, then turned her attention to the boy, she was alarmed to discover that he seemed to have stopped breathing and had little if any pulse. She began 'CPR' (cardio-pulmonary resuscitation) immediately, and to her great relief he revived swiftly. An ambulance and the police arrived just then. The ambulance officers removed mother and son from the car and took them to hospital. The police took brief details of the accident, then allowed the taxi to continue on its way to the Eye Hospital, where Jenny duly underwent her operation. Unfortunately, yet again, it was not a complete success.

(Jennifer Young, Sydney, August 1999)



St John volunteer Susan Fayers on duty at the Carlton-Essendon Australian Football League preliminary final at the Melbourne Cricket Ground, 1999.

Chapter 11

'BAD' CASES — CAUSES FOR REGRET

Introduction

The previous chapter set out over 80 cases in which Brigade and Operations Branch members had treated casualties with beneficial results. These were 'good' cases — those with a pleasing outcome, those that the first aider will remember with pride. The alternative case is the 'bad' one, the one that will be remembered with regret. After a bad case many first aiders will worry about it for years afterwards — 'If only I'd known more'; 'If only I'd been more proficient'; 'If only the ambulance officers and doctors had been able to do more for the casualty I handed over'. Sometimes the cases causing such guilt are those in which a life has been lost or a patient is left permanently disabled despite the first aider's best efforts. Sometimes the first aider was powerless to do anything but make the casualty as comfortable as the circumstances allowed. At other times the circumstances are so horrifying that even where he or she has done a good job the memory of the event remains deeply engraved on the psyche.

In some instances the boundary between the 'good' and the 'bad' cases becomes blurred. The horrendous traffic accident may leave some victims dismembered or incinerated, but from amidst the bloodshed and misery the first aider manages to save a life. The person saved may become grossly disabled and psychologically traumatised in the long term. Is it a good or a bad case if such a life is saved? The large-scale disaster, be it natural or man-made, may wreak huge havoc, including the loss of many lives, though some lives will be saved. Is that a 'desirable outcome' or a 'cause for regret'? The first aiders, who might themselves suffer post-traumatic stress disorder as a result of what they have witnessed, often regard their experiences as something they wish they had never been through. That is, the first aiders see these as 'bad' cases. On the other hand, if they prevented disabilities, saved lives or even made a dying casualty more comfortable, have they not done good work?

In the personal anecdotes that now follow, present and former St John members relate their experiences in cases that have caused their greatest regrets. Some of the events that they describe presented them with a situation so vast or so gruesome that knowing where to start was a quandary. However, as their stories suggest, they somehow managed to rise to the occasion, applying their knowledge and skills just as they had been trained to. One conclusion here is that ordinary citizens well trained in first aid will cope effectively with the worst injuries inflicted in the worst accidents and on the grandest scale. Another is that somewhere within the human spirit are vast reserves of strength that enable otherwise ordinary individuals to transcend themselves, briefly becoming heroes by managing apparently hopeless casualties. The chapter ends with an account in which all these strands are obvious. It is Wendy Scurr's description of her task at Port Arthur immediately after the shooting massacre there in April 1996. No one would wish a Port Arthur on any first aider, but we may be confident that, like Wendy Scurr, St John-trained first aiders would cope if faced with such a situation.

Before moving on to the cases described below, it is interesting to note that they confirm a point made in the introduction to the previous chapter. This is that Operations Branch members handle many of their casualties when not officially on duty. As with the cases described in Chapter 10, about a third of those outlined below happened as the members went about their daily lives. St John members, it seems, are rarely 'off duty': they are always available to help those in need of their first aid skills.



Graeme Owen, a member of the Darwin adult Division assists a patient at a basketball public duty, 2000.

16 miles with a severed carotid artery

I came into St John because I lived across the road from a swimming pool. Having two small children of my own, I wondered what I would do if any accident happened over there so I went to St John first aid classes. I joined the Brigade and continued to be a member for 38 years. My worst case was in 1971. I attended an injured patient from the local sawmill who had a severed carotid artery. I travelled 16 miles to the nearest hospital applying pressure on the wound. I got there with my patient still alive. He died there 10 days later. I had no regrets about how I'd handled it because I felt I'd done everything possible to save my patient. Although I have had some terrible experiences, I felt this was the most painful as I had known the patient all his life, and we had lived over the street from one another all our lives.

(Daphne Brown, Branxholm, Tasmania, July 1999)

A little pink shell-like object on the ground

I was coming back to Wynyard by car after a meeting in Hobart during the mid-1980s when I came upon a car that had overturned. It was upside down with petrol leaking everywhere. The woman who'd been driving was still inside but her children had been removed already. One of them had been killed, its body lying at the side of the road covered with a cloth. On the ground nearby was a little pink shell-like object — probably the child's skull. I was Superintendent of the Wynyard Brigade Division at the time so of course I offered to help. I wasn't needed, however, because the bystanders who'd gathered there already had the situation under control. Although I gave no first aid I look on it as the worst 'case' I've had to deal with.

(Fay Reeve, Wynyard, Tasmania, July 1999)

A decision not to resuscitate

My name is Daniel McEwen and I've been a member of the St John organisation for 28 years. I'm currently a District Staff Officer with the New South Wales District St John Cadets. Prior to that, I was the Divisional Superintendent of the Kieta Cadet Division, on Bougainville Island in Papua New Guinea, for six years, then of the Hunters Hill (now Ryde) Cadet Division in New South Wales for about twelve years. The case with the most painful memories for me happened in 1978 when I was teaching in a mission school in Kieta. A casualty, a village man, was brought in to me from a place 15 minutes away by road. He came on the back of a utility truck, having been found in a state of collapse with no breathing or pulse. The climate was hot and tropical. In my judgement, if the casualty had been without pulse and respiration for 15 minutes in those conditions then even if he survived, he would most likely be (to put it bluntly) a 'vegetable'. In all probability what would then have happened would have been that the nearest hospital, being unable to do anything for him, would discharge him into the care of his relatives; he would then have died soon after from urinary infection or some similar cause. I therefore made the decision not to attempt his resuscitation. While I had the best interests of the casualty and his family in mind, nothing in my first aid training had really prepared me for this situation and I will never be absolutely sure that it was the right decision. I now appreciate that my action was not in line with St John policy but at the time I had to make the decision that seemed to fit the circumstances the best.

(Daniel McEwen, Sydney, New South Wales, July 1999)

A fire in a humpy

My worst case happened when I was an honorary ambulance attendant in Sydney in 1955. One Saturday afternoon at about 3 p.m. my crew took a call to a house fire in Northmead. It wasn't really a house — just a tar-paper and hessian humpy in a quarry. In the mid-50s there were still poor families living in make-shift accommodation like this, and had been ever since the Great Depression 20 years previously. The fire had begun when a kerosene stove was knocked over. It took only three minutes to take off, trapping inside three little children — a baby of 8 months and two toddlers aged 2 and 3. The two parents had been in a nearby humpy having a cup of tea with a neighbour. Smelling smoke, they came out to find their humpy ablaze. The father ran into the inferno to try to rescue the children. He suffered major burns in rescuing the two older children. All three died next morning in the burns unit at Parramatta Hospital. The baby was cooked where it lay. Our ambulance arrived within five minutes. Neighbours had lain the father and two older children on the ground and covered them with wet cloths. The mother was sitting nearby staring into space, utterly traumatised. It was my first experience of shock and extreme trauma. The baby was still lying in the ashes. All we could do was pick her up and roll her in a rubber sheet then take the father and two other children to hospital. Just before we'd answered the call I'd bought a toasted ham sandwich. It was still sitting in the cabin untouched. It was going to remain that way because I'd suddenly lost my appetite. 'If you can't eat it you'll never make an ambulance officer!' the ambo remarked as we drove away.

(Glen Denmeade, Darwin, Northern Territory, March 2000)

A girl called Tracey

I was working in Alice Springs at the time Cyclone Tracy destroyed most of Darwin as it went through the town on Christmas Eve 1974. Several days afterwards, I was asked to help at a road block just north of Alice, where the service clubs were assisting people who had driven south out of Darwin. Cars needing repairs went one way, people needing clothes and bedding went another. One car pulled up, obviously ex-Darwin, and the service club member spoke to the driver. He asked him what assistance the family needed, how the car was, and so on. A little girl in the back seat wound the window down, and was listening to the conversation. The service club member turned to the girl and said, 'Hullo, what's your name?' The little girl had a big smile on her face and said, 'My name is Tracey.' Then her face suddenly clouded over and she burst into tears and cried, 'But I didn't do it.' I still can't tell that story without getting upset myself. I sometimes wonder how the little girl is today. By now she'd be in her early thirties and may even have children the same age she was when she was afraid she might be blamed for the cyclone that blew Darwin away.

(Phillip Langdon, Darwin, Northern Territory, March 2001)

A huge fur ball

I used to run my own private ambulance because this part of the world is too off the beaten track for the town ambulance to get here quickly. I used to get called out at all odd hours and to a great range of cases. Late one night in 1993 I was called out to a little boy of 7 or 8 who'd come down from Hobart to stay with people at Southport. They'd taken him to a barbecue where he became very ill after he'd begun eating. I delivered him to the hospital and thought little more about the matter until a couple of weeks later, when the police contacted me. It turned out that the boy's grandfather had been starving him as a punishment. As further punishment the grandfather had forced a piece of carpet into his mouth and put his head down the toilet. A huge fur ball had formed in the boy's throat from the bit of carpet, then passed into his gut, where it had blocked his bowel. Somehow the hospital had managed to extract the fur ball, and now the grandfather was being charged with child neglect and cruelty. He was eventually found guilty but received only a two-year good behaviour bond. It remains the worst case I ever saw in my ambulance and St John career.

(Ernie Bond, Lune River, Tasmania, July 1999)

Entangled leg

As a fireman and St John volunteer I've seen some terrible sights. The worst was back about 1969 or '70. It involved a small car that had been struck by another vehicle. It spun and as it did its back springs punctured the fuel tank, spraying petrol throughout the car's interior. The car then exploded into flame. I wasn't on duty but was simply driving past at the time. Another two bystanders and I helped four of the occupants to escape from the vehicle. They were all on fire and suffered severe burns. Other onlookers helped put out the flames. While they were doing that I attempted to get out the last of the occupants, a woman trapped in the back seat. She was tangled up there among the dislodged seating. I put my hand in through the flames and grabbed one of her legs. I then attempted to pull her from the car, but she was too heavily built and her other leg was tangled around the central pillar of the car. As I pulled, her leg suddenly contracted, almost jerking me into the car after her. I was forced to let go, and she died there. During the next year I had to appear as a witness, first at her inquest and later at the trial of the driver of the other vehicle. I seemed to spend hours going in and out of court over that period.

(Clair Smith, Devonport, Tasmania, July 1999)

A small icy body

My worst case was a 2 year old child falling down a hole in a suburban backyard which had been drilled ready to sink a spear for a bore. When we arrived on the scene there were a great many people gathered around, all in a state of hysteria, and I found it difficult to find who were the parents as nobody could speak English. I felt it was most important for me to console the family as much as possible while the firemen were trying to reach the child. After some time they succeeded and handed the child on to me, but my great regret was that all my efforts to resuscitate the little one were unsuccessful. I still have painful memories of that icy cold small body that I tried so hard to revive.

(Norma Olsen, East Victoria Park, Western Australia, January 2001)

Elderly lady, hit by car

My worst case happened when I was on flying squad duty one day and whilst driving around came across an elderly lady who had been hit by a car. She was unconscious and had multiple life-threatening injuries. After our treatment she regained consciousness, but died in hospital three days later. I was about 11 at the time, and I can still remember the big pool of coagulated blood and the woman's injuries as she lay injured on the road.

(Simon Walter, Mitcham, South Australia, August 1999)

Couldn't sleep at nights for weeks afterwards

My worst first aid experience happened in 1950, soon after I was appointed as full time first aid attendant at the Horseshoe No. 2 shaft of the Lake View and Star mine in Kalgoorlie. Prior to this I had to combine the jobs of ore sampler and first aid attendant, and so I was all over the mine workings, which ranged from the 200-foot to the 2450-foot levels. Whenever an accident occurred the skipman would bang on the pipes 12 times. This was the universal accident alarm system on the Golden Mile. I would hear it two or three miles away and immediately proceed to the shaft entrance where the skipman would have my stretcher and first aid box ready, and he would then take me to the level of the accident. One day I was working away on the mine boundary where there were huge ventilation fans which made a horrendous noise. A serious accident occurred and I was unable to hear the signals. Roy Trewhella, another miner and St John first aider, had to come down and attended, causing severe time delay. After that representations by the mining union caused me to be placed full time in the lamp room on the surface. I had to train a young fellow called Tommy Moore to take my place underground. Only three days after taking over there the accident signal went on the 1100-foot level. I was conveyed to the scene, where there had been a run of ore. Tommy had been trapped there in falling rocks. He was able to talk but struggling to breathe. I wanted the chute to be run and the dirt to fall on the level so we could then catch young Tommy as he came out. My reasoning was that some cuts and fractures were a small price to pay. However, the senior mining engineer arrived on the scene and overruled my idea. Putting it into action, he said, would be too dangerous. Meanwhile, as safety precautions were being made Tommy asphyxiated. The next day the chute was run and a couple of tons of ore was all that was there. I couldn't sleep at nights for weeks afterwards, blaming myself for not doing what I thought was right and risking running the ore onto the ground. I keep wondering whether he would still have been alive today if I'd insisted on running the chute.

(Kevin Young, Gosnells, Western Australia, August 1999)

All cases can become a 'worst result' if not treated correctly

Just after I received my first certificate in first aid, my friends where I worked invited me to join their St John Ambulance Brigade Division, Hamilton in Newcastle. That was in 1965. I'm now with the Mount Sugarloaf Division, another Division in the Newcastle area. My best case? All cases are our best cases if the casualties survive with no or minimum disability. Similarly, there is no 'worst case' as all injuries can become a 'worst result' if not treated correctly.

(Leon Leedham, West Wallsend, New South Wales, September 1999)

A member of my first aid class

Having been an ambulance officer for 31 years as well as a St John member for 53, I've seen many casualties. It's hard to think of any one that's worse than all the others; however, there was one especially horrifying case that sticks in my memory because of its unusual aspects. It occurred as a result of a road accident I was called to in the very early 1960s. A young chap had been driving an 'FJ' model Holden through Adamstown when his vehicle rolled over. As it rolled he was thrown out, coming to rest in the gutter with his head against the kerbing. He might have survived, but the car rolled after him, squashing his head against the kerb. The head split open like a ripe melon, squirting out much of the brain like pips. I was on the scene within a short time, and the first thing I saw on arriving was an hysterical woman about 50 metres down the road. I guessed she was a passer-by who had seen the accident and was distressed by what she'd witnessed; but it turned out she was the chap's wife and had climbed from the wrecked car uninjured. If I'd known that I'd have seen to her first. Turning my attention to the accident victim, I could see at once that it was pointless trying to treat him in any way because he'd lost most of his brain. However, amazing though it seemed, he was still breathing, sucking in and exhaling breath; and blood was pulsing regularly from what was left of his brain. Soon after I'd examined my patient a doctor arrived. We quickly agreed that since the chap was still breathing and bleeding we were obliged to transport him to hospital even though he couldn't survive. He was breathing and bleeding only because the portion of his brain that remained intact was the medulla oblongata, the lower section that controls certain involuntary muscular activity, including respiration and circulation. As these were still functional, we had an apparently 'live' corpse on our hands. We loaded the chap aboard the ambulance and drove to the hospital, the doctor coming too. When we arrived at Casualty we waited outside because taking our patient in would simply have wasted the time of a busy medical team. We waited for 20 minutes or so until our patient's heart and lung functions ceased, then took him inside as a case of 'dead on arrival'. I was distressed to discover later that the patient was a member of a St John first aid class I was currently teaching. I hadn't recognised him because of the mess the accident had made of his face.

(Kelvin Smith, Newcastle, New South Wales, September 1999)

Baby several metres away in a ditch

My worst case was arriving at a vehicle accident as the second (support) ambulance. On arrival I found the driver assisting his attendant in getting a casualty out of the car. I enquired how may casualties were there. The driver, an officer, said, 'I don't know, I haven't looked'. I assumed the role of casualty clearing officer, did a count, and found eight patients, one of whom was a baby, 6 months old in a ditch several metres from the accident site. I then got on the radio requesting three more ambulances. I felt for a long time after that the first car should have done its job better. I did my best for the baby, but it's hard when they can't let you know if they are in any pain. Fortunately we did not lose anyone at that incident, but it could have been worse. I always relate that case to others when discussing casualty evacuation exercises.

(Alan Hills, Modbury, South Australia, November 1999)

Could I have done more to save my patient?

I joined St John as a Brigade cadet in the United Kingdom in 1948. I came from a family of eight children where money was scarce. A school friend informed me she went to the St John Nursing Cadets, no fees involved. So I went along for a nosey and enjoyed every minute of it. In my teenage years I wanted to become a nurse but Father forbade it. He said, 'Stick with your St John work. You'll get just as much pleasure.' Consequently I'm still with St John, attaining 42 years' service. St John work has given me much pleasure in many cases, but the one that stands out in my mind was consoling an elderly citizen who was trying to cope with her dying husband. My worst experience was coming across a road accident while travelling to a public duty. The accident involved a grandmother, her daughter and the daughter's baby. The baby was in the grandmother's lap covered in blood. Both grandma and the daughter were trapped in the car. Fortunately the baby was uninjured but grandma had vomited blood over it. Grandma had a stoved in chest and two fractured femurs. I helped transport her to the local hospital. After returning from my original duty I went to the hospital to see what the situation was, only to be told that the grandmother had died. For a long time afterwards I questioned myself about this case. Could I have done more to save my patient?

(Kathleen Peach, Gawler East, South Australia, June 2000)

Even the world's top neuro-surgeon couldn't have saved our patient

On 13 April 1998 Monto Division members attended a camp draft [horse event] at the Dawes hall about 40 kilometres south of Biloela. Those attending the duty were our Superintendent, Col Harris, and our sergeant, Claire Harris. As the events started at 6.30 a.m. they had to set out at 5.30 to be there on time. All went well at the camp draft until 7.38 a.m. when one of the horses stumbled, throwing the rider over its head. Due to the apparent severity of the fall, our members already had the gate open and the vehicle started when the announcer called for the ambulance. On reaching the patient they found him unconscious, lying supine with stentorious breathing. A bystander was already supporting his head and spine. They immediately rolled him into a lateral position, began oxygen therapy and applied a stiff-neck collar. They checked his vital signs — pulse, respiration, blood pressure. The pulse rate was so fast, over 160, it couldn't be properly counted. The pupils of his eyes were fixed and pin-point. At this time an attempt to call the Queensland Ambulance Service was unsuccessful because mobile phones at that time had no service in this area. They put out a call over the UHF radio using the Channel 5 repeater network. This call was answered immediately by a station monitor, who then contacted the ambulance communications centre in Rockhampton and advised them of our patient. An ambulance unit was then despatched from Biloela. Meanwhile our members scooped up the patient and loaded him into the St John vehicle for removal from the arena. They then made a second call using UHF to the responding ambulance. They requested permission to begin transport to save some time. This request was denied so our members transported the patient to the gate of the grounds to await the arrival of the QAS van. The QAS vehicle reached the scene at 8.00 a.m. After the ambulance officers had rapidly assessed the patient's condition, arriving by the way at conclusions identical to those of the St John team, they continued our treatment. They loaded him into their vehicle then took off for the hospital at Biloela. From there he was airlifted by Royal Flying Doctor to the Royal Brisbane Hospital.

Unfortunately in Brisbane a 'cat' scan revealed that massive inter-cranial bleeding had occurred and that the brain stem had been torn from the bottom of the brain. The patient was admitted to the intensive care ward, where he died about a week after the accident. His neuro-surgeon's comment was that even if the world's top neuro-surgeon had been alongside the patient when he fell, nothing more could have been done to save him. With such injuries, he could not have survived; but, even so, without our members' skills and the treatments they had applied he wouldn't have survived to the gate of the showgrounds let alone to hospital. In saying this, our members wish to thank Heather from QAS Biloela for the prompt response of the ambulance and also for following up the patient's condition over the next week. This casualty provided a timely reminder that such injuries may also occur at football matches, BMX competitions or any other duty where a fall is possible or body contact likely.

(Jamie Harris, Divisional Ambulance Officer, Monto, Queensland, August 2000)

Daughter, mother and grandmother all killed

My worst case was a plane crash at a country air show in which a mother, daughter and grand-daughter (the pilot) were killed. The plane stalled on take-off and crashed, with one of the fuel tanks igniting. Although a doctor and I were first on the scene, because of the intense heat we could not get to the people inside, although we could clearly see them through the cabin windows. At the inquest we learned that the occupants were killed on impact, which was a relief in that we would not have been able to assist them even if they could be removed from the aircraft.

(Keith Bradley, Dianella, Western Australia, February 2000)

Drunken male with chest pains

My most frustrating case was at a local agricultural show. A drunken male had gone down with chest pains. We administered oxygen to him, and when the ambulance arrived the ambulance officers administered drugs. They told us that he probably had cardio-myopathy and diabetes. They stabilised him and were just about to transport him to hospital when one of his very drunk mates came up to him and asked what was wrong. After a few minutes' talk his mate said, 'Don't worry! I'll buy you a beer.' At this our patient pulled out the cannula, took off the oxygen mask and walked away. He's no longer with us.

(James Singer, Woden, Australian Capital Territory, November 2000)

'Ever done a body, George?'

My worst case was back in the early 1950s when I was working on the police ambulance at Thebarton. I was only in my mid-teens at the time. The police driver in charge of my ambulance asked, 'Ever done a body, George?' I said I'd never even seen one let alone transported one. 'Well, I'll get you one tonight,' he promised. Soon after that the phone rang. 'I've got you one,' he said after taking the call. We drove to an address in North Adelaide. When we got there a policeman was waiting for us. He took us through to a back room where a chap of about 40 was lying dead on the floor. He'd been there for a week and was badly decomposed. The stench was appalling. We put the body in a steel box and carted it away to the morgue. As we were driving away the police driver asked, 'Like a hamburger, George?' I said I would. 'You're OK, George,' he then assured me. 'You'll make it as an ambulance officer!'

(George Mannix, Adelaide, South Australia, June 2000)

Only two of our casualties survived

My worst case would have been in the early 1970s when we were coming back from a Brigade annual review in Sydney. We were travelling by coach when we come across a very bad car accident. Seven people were injured, five of whom, including a 10 year old boy, died at the accident site. The older Cadets and officers were out assisting at this horrific accident. Although we did all we could, only two of our casualties survived.

(Nola Osmond, Waratah, New South Wales, September 1999)



Watched by an adult Operations Branch member, a St John Cadet (right) treats a casualty with a blistered foot at an international cricket match at the Adelaide Oval, January 2000.

Head smacked against a power pole

Back in the 1960s, when the Brigade provided volunteers for the Hobart ambulance service, I was driving the van one night when we became entangled in a high-speed police pursuit. A young chap in his late 'teens had been riding a stolen motorbike when a police car saw him and gave chase, lights flashing and siren wailing. We were on a dual carriageway, with a raised median strip, and just after the young motorcyclist had gone speeding past us, his front wheel bumped against the median strip, and he lost control. The bike cart-wheeled skywards, throwing him forward. As he landed he smacked his head against a power-pole. I immediately stopped the van and ran up to investigate. Shining my torch on his face, I saw he had a bad head wound. As I got closer I could see the top of his skull had been sliced off. All that was left within the skull was an empty cavity: the brain had torn free and had landed somewhere out of sight. As I knelt there, wondering what I should do, something moving above me caught my eye. I glanced upwards. There, sliding slowly down the pole like a dollop of jelly, was the missing brain. The sight of the topless, empty skull and brain on the pole was a recurring nightmare for me over many following months.

(Euan [Ian] Edwards, Kingston, Tasmania, March 1999)

Fellow medical student, killed in a car crash

My worst case was one that involved a fellow medical student from my year who was killed in a car crash the night before our final year results came out. I was on duty at the time and saw him and examined his fatal injuries without realising who he was. It was only when one of the hospital nurses told me his name 10 minutes or so later and I went back into the resuscitation room to check that I realised the truth. It was not a good night.

(Bill Griggs, Medindie, South Australia, July 1999)

First aid unit blown 70 feet into the air

My worst case was in 1972, on 17th December, when I became the victim of a 24-inch [60-centimetre] water main that burst under the motorbike first aid unit at Kurnell. When the pipe burst it blew the unit 70 feet [31.35 metres] into the air. This resulted in a 28-week stay in hospital after suffering a severed arm and fingers, which were rejoined, head injuries and a gammy right arm, of which I still have only partial use. I wasn't eligible for compensation because the accident was deemed an 'act of God'.

(Graham Engel, Woy Woy, New South Wales, April 2000)

Fitting after being rolled on by a horse

My worst case ever happened one day when I was on duty at a polocross match. Unfortunately I was on my own for half and hour between morning and afternoon shifts, when a horse stumbled and the rider fell off. The rider fell under the horse, which rolled on top of her leaving her flat on the ground and fitting. Upon reaching her, I found her eyes rolled back in her head and in wave after wave of fits. I completely froze and the only thing that came to mind was to organise an ambulance. I had a complete blank as to the nearest street and best way of entering the field. My saving grace was one of her team members offering to meet the ambulance on the main road and guide them in. After this, the afternoon shift started arriving and took over treatment of the girl. I don't remember much of that day at all, except that when I saw her fitting, the memory of an old school friend who died from head injuries sustained in a similar kind of accident came to mind, and I think that is why I froze when I saw her.

(Helen Stark, Nicholls, Australian Capital Territory, December 2000)

'Go and see my wife and children'

As I travelled round Australia to gather material for this book I addressed over over a hundred meetings of St John Ambulance members. At most of these I invited those present to provide me with anecdotes illustrating St John work. After I'd spoken at the Priory dinner-dance in Perth in June 1999 a young man approached me to tell me about one of his recent first aid cases. Introducing himself as Chris Rogers, he said that what he was about to tell me was the worst experience he'd ever had. What had happened was that several months previously, when he wasn't in uniform and wasn't on duty, he had to give first aid at a traffic accident in an outer suburb of Perth. He'd been driving home from work one afternoon when a cement-mixing truck ahead of him had rolled over. He stopped his car and ran forward to the overturned truck to see if the driver needed help. As the truck had rolled, the driver had been thrown out. The driver was now pinned beneath the truck, its whole weight bearing down on him, crushing him. All that could be seen of him was his head, shoulder and arm.

'I knew I couldn't shift the truck,' Chris Rogers explained, 'and I also guessed that in the time it would take for a tow truck to arrive and pull it up to free the driver, he'd probably develop crush syndrome [a dangerous build-up of bodily toxins caused by crushing], even if he didn't already have serious multiple fractures and internal injuries. So I did the only thing I could think of, which was to take hold of his hand to comfort him.

'The police and fire brigade will be here soon to get this truck off you,' Rogers had said to reassure the driver, 'and the ambulance will soon arrive to take you to hospital, so hang on there. Everything's going to be all right!'

The driver looked at Rogers. 'I know I'm dying,' he said, 'but before I'm gone promise me that you'll go and see my wife and children. Tell them I'm not feeling any pain and I'm dying peacefully. Also tell them I love them and I'm thinking of them.'

'Don't talk like that!' Rogers said. 'Hang on there! The ambulance is on its way and we'll soon get you away to hospital.'

The driver died as Rogers spoke.

'It was the worst case I've ever had to handle!' he concluded.

It probably was,' I observed, 'and you'll never forget it. At the same time perhaps it was also your best case. You couldn't have saved the driver's life, but you gave him the only first aid you could. You gave him comfort and reassurance; and if you hadn't done what you did he would probably have died a frightened, lonely death.'

(Ian Howie-Willis, from information provided by Chris Rogers, Perth, Western Australia, June 1999)

Green false teeth

My worse case seems fairly trivial because it doesn't involve awful injuries or a life lost that might have been saved. It happened back in the 1960s, when I was a new Cadet and on my very first public duty — the annual Anzac Day march through Adelaide. During the march one of the old diggers collapsed and died almost in front of us. The two adult Brigade members I was assisting, a pair of St John veterans, ran forward to help him, not knowing yet that he was probably dead. After checking his pulse and breathing, they began CPR in hope of reviving him.

'Is there anything I can do to help?' I asked the St John men timidly as I stood behind them watching them working on the old digger.

'Yes, you can hold this,' one of them answered, turning round and slapping something damp into my hand.

I looked down at what it was — a greenish set of false teeth covered in fresh saliva. They'd just removed it from the old chap's mouth to help keep his airways open. I was shocked, and couldn't get away fast enough to scrub my hands clean. And now, over 30 years later, I still shudder as I remember how slimy the teeth felt in my hand.

(Cathy Gerner, Adelaide, May 1999)

Grim discovery

In 1988 I was working at the Royal Women's Hospital Foundation, the hospital's fundraising arm which consisted of the executive director, David, and myself, who were the only paid staff. One Friday evening before the opening of Expo 88 at Southbank, we were due at the Expo 88 Club, which had been set up to cater for corporate business during Expo, in order to hold a fundraising dinner. On arriving home at 4.30 p.m., I had little time to spare but to shower and change to return to Southbank by 6.30 p.m. In my rush to leave, my next door neighbour Susie arrived with her two small children aged between 1 and 5, to tell me that her 80 year old grandmother, Arma, had locked herself in the downstairs bedroom, and had been there most of the day. My immediate thought was that she may have suffered a heart attack or some other natural cause. I realised at the time it was strange that Susie didn't gain access with her own key, and discovered later that because her grandmother had a previous history of suicide attempts, she was frightened as to what she might find, and had waited for me to come home because her husband was overseas at the time. My grim discovery was that Arma had successfully hanged herself, even though her body had not cleared the floor of a room with a low ceiling. Judging by her condition, she had been dead most of the day. My only saving grace was that my body shielded what I saw from Susie's two children, who were behind me at the time. I immediately asked Susie to call '000', taking the children with her. Otherwise, had they witnessed this incident, it would have had a profound psychological effect on ones so young. I waited until the ambulance arrived before rushing to Southbank, and the only reason the fundraiser was successful was that I preoccupied myself with the success of the evening. David sensed from my body language that I had received a severe shock earlier, but I didn't tell him my sad story, until the function was over at 1.00 a.m. Some years later, after new owners had moved into that house, I never did tell them what had happened there. I thought it better to leave that buried without causing further undue stress. I have since moved from the district. The only way I was able to counsel myself over this incident, was to talk to my students about it as it was part of the teaching module in the *Australian First Aid* manual.

(Faye Gledhill, Fortitude Valley, Queensland, January 2000)

I was the casualty: complicated fractures of my tibia and fibula

About 18 months ago I became my own casualty. One afternoon as I was leaving work I stumbled on the stairs and ended up sitting in the doorway of the floor below the one where I work. On examining my ankle I realised I had dislocated and possibly broken it. Fortunately only a few seconds later, my supervisor who was returning from a late meeting came across me and fetched one of the building first aid officers to assist me. Both of them, upon seeing my ankle, started turning a little green, so I took charge and gave them tasks to do while we waited for the ambulance to arrive. I sent my supervisor to fetch some ice and to contact my parents. I got the first aid officer to support my leg. At the hospital, the X-rays showed a dislocated tibia, fractured tibia, spiral fracture and complicated fracture to the front and back of the fibula. I'd really done a thorough job of breaking my leg! My self-esteem and confidence were boosted a few months after returning to work, when a colleague from another floor saw me. She commented that as I was so calm when I was the casualty, she, and some others who had heard the story of my self-treatment, would feel confident with my treating them in the event of illness or injury to themselves. I hope they never have injuries like mine, but if they do I'd certainly be able to provide efficient aid.

(Helen Stark, Nicholls, Australian Capital Territory, December 2000)

I'm the boy who held your hand

I've carried out many duties on the road in conjunction with the Queensland Ambulance Transport Brigade and as a St John member. One I can recall was being called out by the QATB to an accident about 2 o'clock one very foggy morning. They did not know how bad it was, one car had run into the back of a truck in the fog and as I was close they asked me to go and see what I could do until they arrived. What a ghastly sight it was when I got there. I heard children screaming out and a man in a shocked state. When I got closer I realised there was blood everywhere. Where was it coming from? I shone my torch into the car, which was rammed in under the back of the trailer. It was unbelievable what I found — four people decapitated and the children's screams were coming from the back. It was a station sedan and the top had been sheered off. The children must have been asleep in the back. I first had to help these children. I was a mother myself so I knew how frightened they must have been calling out to their mother and father but getting no reply.

I knew the ambulance and police were on their way, but I needed to do something straight away. I sent a man who stopped to see if he could help over the road to a nearby farm house to ask for a crow bar or something we could prize the tailgate down so that I could slide in my hand for the children to hold. I talked to them until I was able to explain I wanted them to lie still. We were able to jam the crowbar in and drag down on it enough to get my hand in for them to hold. I can tell you I could feel them holding my hand for days afterwards. It took some time to free the children because we didn't have the equipment available today. The children were taken to hospital and their grandmother came up from Sydney to take them back. This I feel was one of my worst nightmares, but at least were able to help the children — a young 6 year old boy and a 12 year old girl.

Many years had passed since that terrible day. Years later I was teaching a first aid course at TAFE when I was asked what was the worst case I had to attend. I happened to tell the students it was the case I have just told you about. After the class had finished a young man stayed behind, I thought he wanted to ask me another question, so I asked him if he wanted to ask me something. 'Can you tell me where that accident happened?' he asked. I told him that I never use names in mentioning the cases I've treated, nor say where particular accidents took place. 'Why do you want to know?' I then asked. 'Did it happen just south of Bloomsbury?' he replied, 'because if it did I'm the boy who held your hand.'

Well, you can imagine how I felt. Goose-bumps still come out on me when I think of it. I said 'Yes' and he put his arm around me and gave me a kiss. He said he was in Mackay working for a short while. His Grandmother had told him to find out if the lady that had helped them still lived in the area. He said, 'I had to do a first aid course for my job. Little did I know you would be my tutor!'

(Catherine Peters, Beaconsfield, Queensland, February 2000)

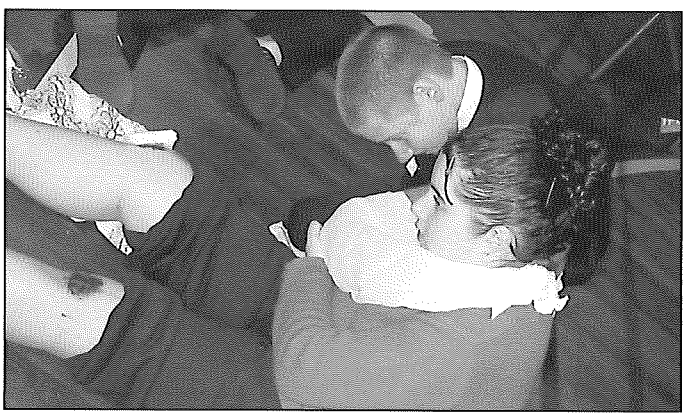
Mount Saint Canice

One of the worst disasters St John workers in Tasmania have ever had to face was at Sandy Bay, south of the Hobart city centre, in 1966. It occurred when the boiler blew up at Mount Saint Canice, a Catholic home for intellectually disabled girls. Engineers had been testing the steam pressure of the laundry boiler. The steam cock was tightened too far, the pressure of the steam built up and eventually the boiler exploded. It blew the place apart, killing about 12 people. St John people attended the disaster along with the ambulance service. The most unpleasant part of the duty was trying to retrieve what was left of the bodies. There were large wire baskets there, and some people were blown through these and shredded. The emergency workers spent days picking up the pieces.

(Jim Byrne, Launceston, July 1999)



Members of the St John Ambulance South Australian Auxiliary collecting donations during the 'Tour Down Under', January 1999.



A competitor in the South Australian State first aid competitions treats a 'casualty', St Michael's College, Henley Beach, Adelaide, August 2001.

Impaled on a tomato stake

The case that causes me most regrets occurred when, as part of a volunteer ambulance crew in Adelaide, I was despatched to an address within the Campbelltown area where a young man had fallen onto a stake. On arrival I found a young man lying on a driveway next to a shed. He was pale ashen grey coloured, profusely shocked, with tachycardia [very rapid heart beat], tachypnoea [very rapid breathing] and with a low blood pressure. His parents and bystanders at the scene told me that he was celebrating his 21st birthday and after drinking alcohol he and other members of the party had climbed onto the shed roof and had decided to jump off it. Unfortunately the patient jumped onto a tomato stake which entered an area behind his scrotum. At the time of a secondary assessment I could palpate the stake internally along its length and to the left into the thoracic region of the patient's chest. Following initial resuscitation measures that included the administration of high flow oxygen and following immobilisation of the patient's lower limbs he was placed onto the stretcher using a Jordan Frame. Unfortunately, the tomato stake extended in excess of 30 centimetres past the foot of the stretcher and as the ambulance was a Holden sedan it was going to be impossible to close the back door. A decision was made by myself to cut off the stake, with bystanders supporting it, at the level of the patient's feet. Approximately three minutes after cutting the stake the patient had a cardiac arrest and although CPR was commenced immediately the patient was dead on arrival at the hospital. The case remains vivid in my memory and I still think about it and the treatment provided by myself as the senior ambulance crew member. Should I have cut the stake? Were there any other options open to me at the time? Did I contribute to the patient's death?

(Peter Lorimer, Golden Grove, South Australia, June 1999)

Losing the snake-handler

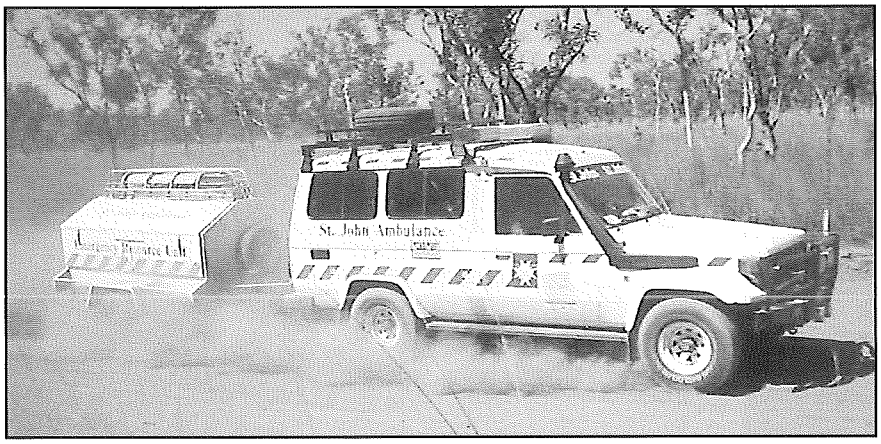
The most personally distressing case I've ever handled was one I did years ago with my husband, David, at the Brighton Show north of Hobart. We were called to one of the side shows, where a snake-handler, a chap called Kennedy, had been bitten by one of his snakes. David and I hurried there as soon as we were called, but by the time we arrived he was already unconscious and his skin was so deeply discoloured it looked black. We began giving him CPR [cardio-pulmonary resuscitation] immediately and eventually revived him. An ambulance arrived soon afterwards, and the ambulance officers gave Mr Kennedy a shot of anti-venene. Unfortunately, he later died from anaphylactic shock, which is usually caused by an extreme allergic reaction. I can't say whether this was caused by the snake venom or the anti-venene, but David and I felt we'd done a good job in reviving him and were confident we'd saved his life.

(Kath Burns, Old Beach, Tasmania, March 1999)

Run over by 14 wheels

The most horrible sight I've ever seen was in 1968 at Tarraleah, north-west of Hobart. I was working there at the time as a policeman and volunteer ambulance officer, and was called to a road accident in both my police and ambulance capacities. A left-hand-drive flat-bed truck with a bulldozer aboard had been coming down a steep hill when its brakes failed. The truck ran out of control and rolled over. As the truck tipped, the driver tried to jump free but the bulldozer blade struck him, throwing him under the truck. He was then run over by the 14 wheels of the prime mover. His head was crushed and his brain spurted out all over the road. Whether you're a police or ambulance officer, you hardly know where to start in cases like that; and you'll never erase what you've seen from your mind.

(Jim Byrne, Launceston, Tasmania, July 1999)



A Northern Territory St John 4-wheel drive vehicle towing an emergency services unit goes 'outback' to a public duty — assisting with the Variety Club 'Bash'.

Worst feeling I've ever had

The worst thing I've seen on duty was at the Lakeside motorway during a motorbike event. One of the bikes drove in front of another, cutting it off. The bikes collided and the rider of the front bike was thrown on to the track. The second bike then rode over his head. My heart went to my stomach as I watched it happen. Fortunately the first rider suffered only minor head injuries, but it gave me the worst feeling I've ever had.

(Katherine Adams, Nundah, Queensland, November 1999)

Many bad cases

Over the years I've seen many 'bad' cases, from decapitated bodies, to having patients die while I've been trying to treat them while trapped in vehicles, to having to crew 'Fleet 26' — the 'offensive bodies' vehicle. One body I had to transport was that of a man who had gassed himself in his car in the National Park, and was not found for 8 days during a heat wave in February. Another was a woman who died in bed and was then 'cooked' by an electric blanket for three days. However, I think the most gut-wrenching job was when on ambulance duty at Marion Division on a winter's evening and was sent to Coromandel Valley as the Police, State Emergency Service and Country Fire Service were looking for a lost 6-year-old girl. We arrived to learn that they had just found the body in the creek. It was only a small creek, less than a metre wide and not much more than ankle-deep. She had apparently tried to follow her brothers, who were going out to round up the cows for milking. We were told to return to base as the police would not being releasing the body for an hour or so. I had young children of around the same age myself at the time. As we headed back to the ambulance Ian, the driver, handed me the keys and said, 'I think you had better drive, mate!' Tears were streaming down his face: he, too, had children of a similar age.

(Tim Thompson, Aldgate-Stirling, South Australia, July 2000)

Paralysed from the waist down

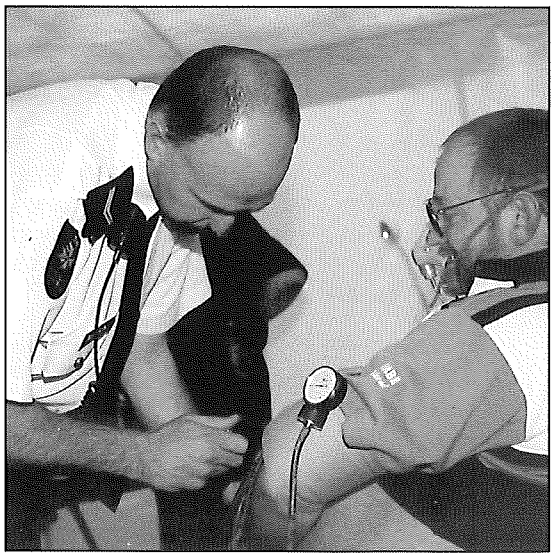
I first joined St John Ambulance back in about 1986. I was out of work and thought maybe I'd do some voluntary work. I heard about St John and joined the Speers Point Division under Les Osmond. My most pleasing case happened at a motorbike duty when there was an accident in which a man had damaged his knee. It became badly swollen so I treated it with ice and advised him to go to hospital. A few weeks later I met up with him and he thanked me as his knee could have been a lot worse without my treatment. It felt very satisfying knowing that. A less fortunate outcome was a case at another motorbike duty. A 17 year old boy had a bad accident when he came off his bike at one of the jumps. He landed on his head, bouncing several times. Fortunately he was wearing a helmet. He came to rest face down in the dirt. We made him comfortable so he could breathe then called for an ambulance, suspecting he'd suffered a spinal injury. The ambulance called for the Westpac helicopter. He was flown out to the hospital spinal unit. We couldn't do much for him, which was very upsetting. Later we heard he was paralysed from the waist down. Regarding more amusing cases, there's one that wouldn't be funny if it had been any worse. A few years ago another Ops. Branch member and I were travelling home from a duty when we lost control of my car and rolled nose first into a nearby ditch. My offsider was a larger chap, and we managed to lift the car out of the ditch. Then he panel beat my front mudguard using his bare hands. After he'd got most of the dents out we were on our way again.

(Phillip Harragon, Maryland, New South Wales, September 1999)

Looking on from a distance without being able to assist

My worst case happened in 1989 at the Torvill and Dean ice dancing show at the Bribane Entertainment Centre. I was on duty with my Divisional Superintendent, Nancy Tranby, in the upstairs section of the auditorium when a call came for us to attend a fainting case downstairs. Nancy decided she'd go down to investigate and asked me to look after things upstairs while she was gone. Several minutes later she sent back upstairs for the oxygen equipment. I sent it down then looked out through the door and window. There below me in the open car park was Nancy doing CPR and one of our other members doing EAR on a woman lying on the pavement beside the open door of a bus. I guessed the woman had collapsed while alighting. Nancy and her assistant continued the CPR and EAR for another 20 minutes until the ambulance arrived. The ambulance had been late in reaching the scene because its driver couldn't find the bus in the car park. The ambulance crew then took over from Nancy but the patient died later in hospital. It wasn't really my case but I felt utterly useless in looking on from a distance without being able to assist. I also felt very sorry for Nancy, who's an inspirational first aider, that her patient died; and I keep wondering if the woman would have survived if I'd been able to help Nancy and her assistant.

(Angie Smeralda, Fortitude Valley, Queensland, November 1999)



A St John Ambulance volunteer tests a casualty's blood pressure during the Adelaide 500 motor race, April 2000.

Scratching away at the clay with bare hands

The intersection of Glen Osmond, Portrush and Cross Roads [south-eastern Adelaide] was having major changes made to the heights and levels of the road surfaces back in the early 1960s, and the infrastructure services were raising, lowering or putting in new pipes or conduits. Included in this were adjustments to underground water mains, which necessitated deep trenches so that the workmen could get down to work on their pipes. I'm not sure whether there was no shoring or whether it was just inadequate, but one day Norm and I as an ambulance crew got a call to attend a cave-in at this work site. On our arrival we were told that several men had been trapped under the dirt in the trench. No one was sure how many or where exactly they were. We could see one man's head above the surface and decided to administer positive pressure oxygen. It didn't do him any good unfortunately because the pressure of the soil was crushing his chest and wouldn't let sufficient, if any, oxygen get into his lungs where it was required. Other rescuers were scratching away at the clay with their hands but it all took too long. We had plenty of picks and shovels but no one was prepared to wield a pick because we didn't know where the trapped men were and we could easily put a pick through a skull. What could we do? Keep scratching away was the only answer. I'm not sure of the number of poor fellows who lost their lives that day, but it went down as the most frustrating day in my ambulance life because we could do so little,

(Ray Schilling, Glenalta, South Australia, July 1999)

Scrawny two-week old baby

At about dawn one morning when I was doing 'sleep-on' duty at the Hindmarsh ambulance transport centre in suburban Adelaide, Charlie Scolyer woke me to say a child had telephoned the ambulance switchboard asking for help. Charlie manned the switchboard for many years and his calm manner soothed many an agitated caller. The address given by the girl was in nearby Croydon. In the dim light as we arrived, the house seemed obviously in need of repair and the garden was grossly overgrown. The door was opened by the young girl, who was probably scarcely five years old. Inside the house all was in darkness. The electricity had been cut off. A thin, pale woman handed me a scrawny two-week old baby without saying a word. I wrapped the baby in a blanket and held him in my arms on the trip to the Adelaide Children's Hospital. The mother remained at home. The nursing staff at the hospital were immediately concerned about the state of the baby. I learned later that the infant, despite receiving the best of care, died soon after admission. This episode undoubtedly influenced my decision to work in a paediatric setting. I later became Director of Medical Services at the hospital.

(Brian Fotheringham, Beaumont, South Australia, June 1999)

Shipboard casualty: a rotund painter and docker

Before my retirement I was a marine electrical engineer and in my spare time was a member of the Brigade's Cleveland Division. I was also the first aid officer for my ship, a dredger that worked as far away from Brisbane as the Kimberley District in Western Australia. One of the many shipboard cases I handled was a rotund painter and docker who collapsed on deck one hot Saturday morning in January 1987 while we were in dry dock in Brisbane. He'd had a heart attack. He fell in a difficult position in a confined space, with the bulkhead on one side and a set of steps on the other. I couldn't kneel to treat him, so I had to straddle him and perform CPR sideways. An ambulance arrived later, and while two other chaps and I took turns to perform cardiac compression the ambulance officers administered oxygen. Working this way we managed to revive him twice, but each time he lost consciousness again. No doctor could be found to help, so the ambulance officers decided to take our patient to hospital but he was already dead by the time they got there.

(Norman Demaine, Fortitude Valley, Queensland, November 1999)

'This one's all yours'

My worst case was just one of the first episodes on a very sharp learning curve. It was my first casualty. It was New Year's eve at Southbank. The duty started at 10 a.m., and I assisted my seniors treating a number of different complaints during the day. At nightfall, I was warned, some trouble could start. Well, it did. The police followed in a young man who had been beaten up. There was blood everywhere, and finding some of the distinguishing parts of his face was next to impossible. My superintendent stood behind me as I worked, and I was forced to ask myself, 'What the hell is she doing there?', when she said, 'This one's all yours but I am right here to help you.' I applied ice where required, cleaned my casualty up, and closed and dressed wounds over his face and hands. After we had arranged a taxi for him to go to hospital, he left the post. When he had arrived, I had felt nervous and incompetent and, I guess, just new-to-the-game. I promised myself never to feel like that again.

(George Meijer, St Lucia, Queensland, April 2000)

Taking a knife to himself, he cut into the injury

As a young teenager during World War II, I joined a first aid class not really intending to do anything more about St John. I just wanted to learn first aid. However, from the first class I was 'sold'. I joined the Norwood Nursing Division and have never looked back. After joining the Division and whilst I did many, many duties in the field, my most satisfying time came when I was asked if I'd like to try hospital duty. I accepted the offer, then worked in emergency and casualty departments in major public hospitals and also general nursing in the old private hospitals. I believe I worked well and my efforts in this aspect of Brigade work were appreciated. One of my worst cases happened many years ago at the Hahndorf Rodeo, when a rough rider incurred a huge haematoma in an accident. He considered himself tough so, taking a knife to himself, he cut into the injury. The result was horrific — a ghastly injury we could do little with. We called for an ambulance, which took him off to hospital. I never did find out what happened to him, and remain curious about what the surgeons did for him and whether he survived.

(Lorna Papple, Warradale, South Australia, May 1999)

'Thanks! You did everything you could'

In July 1998 I was on duty at the motorcross at Oxley early one afternoon. The event taking place at the time was a race for the open-age motorbike riders — mostly young chaps aged about 19 or 20. Two bikes going over the final jump together side-swiped each other. One rider fell, the other kept going. Just then another bike coming over the jump ran over the rider on the dusty ground. I ran out to him right away, with a group of club officials following me.

'Are you going to move him?' they asked.

'No!' I replied, guessing he might have spinal injuries.

The chap then started trying to take his helmet off, and one of his mates came forward to help him get it off.

'Don't move!' I shouted, supporting his head.

Fortunately the officials had stopped the race. I then noticed that the chap wasn't breathing properly — it sounded odd, as if he had a punctured lung — so I put him on oxygen, which relieved him. An ambulance arrived soon after this. The ambos and I carefully removed the chap's shirt so we could see what injuries he might have suffered. We couldn't find any signs of spinal injury, but he had bruising across his back in the shape of a tyre imprint. His girlfriend came up while we were doing this. She was panicking so we sat her down opposite him, so they could see each other, to calm and reassure them both. The ambos then put a supportive neck collar on him, got him into the ambulance and away to hospital. I gave his mate my mobile phone number and asked him to call me later on to tell me how our patient was doing. The mate rang me later that day to say he had a punctured lung.

I followed up the case with the motorcross club the next day. The club representative told me that the chap was going to be a paraplegic. That made me really sad for him and his girlfriend. Later on I received a letter from them thanking me for what I'd done for him. It went on to say I'd done everything I could to help him but I couldn't have prevented him from becoming a paraplegic because all the damage had been done in the moments he'd fallen and been run over. I've kept in touch with them. They're coping OK, but he'll never walk again.

(Rosemary Moran, South Brisbane, Queensland, November 1999)

The Brisbane floods, 1974

Australia has many natural disasters but in my case the 1974 Brisbane floods provided my worst St John experience. To get an idea of how horrific the floods were, consider the house of a friend of mine built beside the river. Usually the water is 15 feet [4.7 metres] below the house, but during the floods the river rose 6 feet [1.8 metres] above the roof-line. The Brigade did a splendid job assisting the State emergency services. For two days and nights, without sleep, I was driven around affected areas with many other Brigade members delivering assistance, doing first aid and providing counselling. Being a registered nurse, I also spent many hours giving preventative infection injections to the community. The memory of the great loss of personal property of the community through homes being completely under water and the clean-up afterwards will always remain in my mind and my heart.

A happy memory of this disaster was that one of the adult members I had taught emergency child birth to, Doris Lawler, was able to successfully deliver a baby in Inala, a suburb totally isolated from the emergency services. The baby was born on the concrete floor of the laundry, and a laundry basket served as its crib. Doris later became the Superintendent of the Brigade's Brisbane Central No. 2 Division, where I was the Nursing Officer. She later told me that as she was delivering the baby she could hear my voice, as if I was there with her, saying 'This is a natural event. Let it happen. Don't interfere!' Whether or not she was hearing voices, the natural method worked.

(Ann Demaine, Fortitude Valley, Queensland, November 1999)

The dog knew something was wrong

Last year I was on duty with the St John team at the sheep dog trials at the 'Ecka' [Brisbane Exhibition grounds]. During one of the events a chap collapsed while working one of his border collies. The dog was herding a mob of sheep around the course at the time. It knew something was wrong so it held the sheep in the one spot. One of our St John men and two Cadets ran out to do CPR on the dog owner. One of the Cadets called up our revival unit for oxygen. As other unit members began applying it, I took care of our patient's partner, who'd been brought up by one of their friends. She was very distressed, so I looked after her. She clung to me so tightly she left bruise marks all over my arms and back. Meanwhile a doctor and some nurses from the crowd of spectators had taken over the care of the chap. An ambulance arrived soon afterwards. The ambos defibrillated the chap twice before taking him to hospital, along with his partner. About an hour later someone from the hospital rang to say that our patient had died but that everyone involved in the case had handled it well. The dog trial officials cancelled the rest of that day's events. During the next day's events they held a minute's silence in memory of the dog owner who'd died.

(Rosemary Moran, South Brisbane, Queensland, November 1999)

One that still hurts

My most distressing case happened when I was working as an ambulance volunteer here in Darwin. We answered a 'Code 1' [top priority] call-out to a child having an asthma attack. It hardly prepared us for what we encountered. When we got to the house we found the front door open. It led directly into the lounge room. In the far corner was an 8 year old boy lying on the floor while his mother was frantically trying to give him mouth-to-mouth resuscitation between sobs and 'Please Gods!'. In the opposite corner a smaller boy — aged about 3 — sat still as stone, his expression frozen, eyes wide, staring at his brother. Total terror written in his small face. The older boy was very still, very pale and his eyes were glazed. There was little doubt in my mind then that it was probably too late to save him but we went to work immediately. Glenn, my partner, went to radio for a paramedic and I commenced CPR. The paramedic arrived quickly, but in the end the child was pronounced dead on arrival at the hospital. The mother was alone. The father was away on business. They had been in Darwin about 3 weeks. There were no neighbours or friends to call in. My heart ached for that mother, and still does. And I will never forget that scene or the face of the little boy who sat paralysed in the corner watching his brother die. He'd be in his twenties now. I hope life has been kind to him.

(Lesley King, Darwin, Northern Territory, June 2000)



Members of the Australian Capital Territory Operations Branch District with the Canberra Raiders Rugby League champion, Laurie Daley (back row, second from left), during St John Week, 1996.

We stopped recording cases after 400

My worst case was really in the plural. Place: North Cronulla Surf Club First Aid Room. Time: 1953, when I'd been a Cadet for three years. Number of casualties: in excess of 400. We stopped recording cases after we'd reached that many. Injuries: blue bottle [jellyfish] stings ranging from mild through to patients who collapsed from the pain and severe shock. Some were so severe they were transported unconscious to hospital by ambulance. With only two adult first aiders and myself on duty, we were pushed to the limit and were regretting that we did not have more people on duty. We all wished we could have done more, because so many of our patients were in severe pain.

(Ruth Bray, West Pennant Hills, New South Wales, September 1999)

Saddest event of my career

As a very young ambulance officer I found one of the most difficult aspects of the job was coming to terms with the distressing events in which I became involved. Trying to cope with the sadness, the feeling of helplessness and even guilt about whether I could have achieved more were things often felt after attending major traumatic events. One usually turned to discuss these concerns with more senior people, but they generally wanted to evade any discussion or offer advice other than to urge one not to think about such matters. How unprepared we were to offer any useful comfort to those who looked to us for help, perhaps even hoping we could produce some miracle. Oh, if only we could have provided more both in treatment and psychological support!

One of the most indescribable and saddest events in my career occurred one Monday morning when we were called to an accident that had happened in the driveway of a house in Adelaide's western suburbs. On arrival we were met by a very distressed mother and father who implored us to help them and directed us to a tiny person who lay lifeless under the tray of a light truck. The father was a hard-working tradesman who, having kissed his wife and small son good-bye, was backing his vehicle down the drive when this lovely little boy, unbeknown to either parent, walked out to say 'Bye' to his Daddy. That poor man sobbed and I will remember always his distress as he repeated 'I always wanted a son and now I've killed him!' How helpless we felt!

Ambulance officers throughout Australia kept on pushing unpleasant scenes like that into the back of their minds. It wasn't until 1984 that the subject of counselling was discussed at a seminar conducted by the Institute of Ambulance Officers. The question-time extended way beyond the allotted time as one after another the ambulance officers present poured out their long bottled-up emotions. The psychologist presenting the subject remarked that these people were in urgent need of proper counselling facilities. To their credit all State ambulance services quickly arranged for professional counselling services to be put in place. Part of the treatment now encourages people to discuss their feelings and not to bottle them up.

(Vic Kollosche, Findon, South Australia, March 2000)

Port Arthur

My name is Wendy Scurr. I was a St John Ambulance volunteer for 16 years, until the age of 51, when I became mixed up in the Port Arthur massacre on 'Bloody Sunday', 28 April 1996. That day a deranged gunman shot and killed 35 workers and tourists at Port Arthur, site of the ruins of the former convict settlement east of Hobart. I had been a member of the Archer Division of the St John Ambulance Brigade in Launceston for six years, and a first aid instructor for two, when my husband and I moved to a farm on the Tasman Peninsula in 1986. There was no Brigade Division locally, so I maintained my St John links by organising and teaching first aid classes for the local residents. In 1994 I took a job as a tour guide with the Port Arthur Historic Site management authority. Seeing the need for staff training in first aid, I persuaded the authority to accept a proposal I made for a continuing program of first aid training for its employees, which I then coordinated. In the year preceding the massacre 90 of the authority's 100 staff members trained under the program; and, fortuitously, just a fortnight before 'Bloody Sunday' they had participated in a large-scale disaster simulation training exercise.

On the day of the masssacre I was on duty at the tourist information kiosk near the 'Broad Arrow' café, where the massacre began at about 1.30 p.m.. Hearing the shooting, I ran to investigate but just then a bullet whizzed past, almost grazing my scalp. I froze in my tracks, and as I did a man burst through the café door shouting 'Move! Go! A madman's shooting people in there!' As I learnt later, the gunman was a disturbed young local man of 29, Martin Bryant, who used two high velocity military assault rifes for his rampage. At first the crowd of tourists outside thought it was all part of some convict era re-enactment, but more shouting soon convinced them of their peril, and they began retreating in panic. I ran with the crowd too but then, realising the police should be alerted, returned to the kiosk to 'phone them. They didn't believe my message at first, so I held the handpiece out the door to let them hear the shooting for themselves. Then, taking with me two of my co-workers, Sue Burgess and Steven Howard, I cautiously began making my way back to the café to see if anyone required help. Martin Bryant then emerged from the café and fired several shots in our direction before the crowd retreating towards the coach parking area caught his attention. As he made off in that direction, Sue, Steven and I took shelter in some nearby scrub.

As the sounds of the shooting and panic began receding into the distance, we thought it safe at last to approach the café. Coming in through a rear door, we found ourselves amidst a scene of utter, indescribable horror — 20 people dead; a group of deeply traumatised survivors, some of them hideously injured; and a sickening mess of blood, brain, hair, body parts and bone fragments splattered across the walls, floor and ceiling. Among the dead was Steven Howard's wife and Sue Burgess's daughter, both of whom had been working in the café that day. I urged Steven and Sue to leave the building and to bury their grief for the time being by taking care of the tourists, now beginning to creep back from the surrounding scrubby hills where they'd fled. After Steven and Sue had left, I co-opted another

tour guide, Paul Cooper, a recent graduate of my first aid classes, then together we hastily 'triaged' to prioritise the treatment of the injured.

The casualties confronting us were horrific. The first person I saw was a man who'd been shot in the head and was holding a rag to the wound. I told him to keep the rag firmly in place then moved on to the next victim, who was losing blood through a punctured carotid artery. I left him because I thought he was dying, and under triage principles he consequently had low priority. The next person I found was a man with his arm partly blasted away and the back of his skull blown off. He was still conscious, and his wife, who seemed uninjured, had brought his bleeding under control by bandaging him with some tea towels she'd found. He seemed alright for the time being so I moved on to a woman with a bullet wound in the chest above the heart. In exiting from her back the bullet had blasted away a chunk of her shoulder blade. 'He'll come back and kill us!' she was screaming in terror. 'Please be quiet or he will hear you and come back,' I said, noting that her bleeding seemed under control. She then pleaded with me to locate her 15 year old daughter. I quickly looked around and found the daughter dead. Unable to tell her this, I just said I hadn't seen the girl.

I kept on moving around the cafeteria triaging, and eventually worked my way back to the man with the punctured carotid artery. By now he was choking on his own blood, so I cleared his airways and placed him in the 'recovery' position. Doing this was difficult because there was so much blood on the floor his body kept slipping from my grip as I tried to move him. His name was Graham. Miraculously, he survived. He did so through his own efforts and those of other people who came to his aid. Graham had remained conscious, and had found he could slow his rate of bleeding by kinking his neck, which must have partially closed the puncture. He was also helped by a Victorian tourist, Lynne Beavis, a nurse, who used a drinking straw to suck blood from his airways, enabling him to continue breathing. Then another Victorian tourist, a policeman, sat with him, keeping his fingers in the wound and clearing his airways. In fact not only Graham but all the wounded survived, despite the terrible injuries some had suffered, whereas all those killed had died instantly. I later heard an accident trauma specialist explain that the injured had probably survived because the high velocity bullets would have had a cauterising effect, sealing off blood vessels and thus restricting bleeding.

After completing the triage, Paul and I got to work treating the casualties. Using whatever dressings were at hand, mainly tea-towels from the café's stock, we bandaged the survivors' wounds, placed the unconscious in the 'stable side position' and continued monitoring their airways and pulse, then made ready for the arrival of the paramedics, whom they guessed would eventually appear on the scene. Meanwhile several nurses and doctors from among the tourists came in to offer their services, as well as the two local general practitioners. By this stage, a couple of hours after the shooting had erupted, the police were bringing the situation under control. They had begun removing the dead, taking survivors' names and addresses and sending off batches of tourists and workers for post-trauma counselling. And meanwhile ambulance crews had begun the task of transporting the injured to hospital. As things turned out, all of the dozen or so people injured in the café survived. Several of the more seriously injured probably owed their lives to the treatment that Paul Cooper and I gave them.

By the time I'd finished treating casualties I looked like one of the victims myself. The floor was awash with blood, two or three centimetres deep, and I was covered with it. I was also flecked with body parts, and had bits of brain in my hair. These had dropped from the ceiling, where they'd been splattered during the shooting, and had been sprinkling me as I'd worked. I cleaned myself up as best as I could in the kitchen sink. I found that my feet had been cut to ribbons as I'd fled through the scrub. I also found that I'd unwittingly wet myself in fright, and that had resulted in badly scalded legs and the loss of skin on my inner thighs. After trying to clean myself, I went outside to retrieve a writing pad and pen from the information office in order to follow up a request from our local general practitioner, who had arrived on the scene and had asked me write down the names and addresses of all the injured.

My task now shifted to caring for the shell-shocked tourists, who kept coming back from wherever they'd fled. One of my duties was to determine who'd lost friends and relatives. Some tourists wanted me to return to the cafeteria to retrieve items like car keys, wallets and credit cards from the corpses. I couldn't face that, however, and several roundly abused me for refusing. One woman asked me to see if her sister was in the cafeteria, and told me what she was wearing. From the description I knew the sister was dead, but I didn't feel I could tell her the bald truth. What I said was, 'There's a woman in there fitting your sister's description, and she's dead. I can't say that it is your sister but please don't go in to see her because the sight is distressing.'

The worst case of this type was that of Walter Micac, whose wife, Nanette, and two daughters, age six and three, had all been killed. They were local residents, and Nanette, a trained nurse, was also one of our tour guides. Instead of guiding tourists that day, she'd decided to take a tour herself with the two little girls. I'd been speaking with them before the shooting started. In fact they'd come with me on the ferry tour to the Isle of the Dead, so I'd been with them for an hour before the shooting. Walter arrived on the scene at about 5.00 p.m. He'd been out playing golf, and had come home to find his wife and daughters absent. He'd come to Port Arthur to see if they were there and had then found their empty car. He told me about the empty car then asked if I'd seen them. As soon as he mentioned the car I knew Nanette and the girls were dead because I'd earlier heard someone say a woman and her two young daughters had been killed near the toll booth. I couldn't tell poor Walter that, however, so I just said I'd been to the Isle of the Dead with them earlier but hadn't seen them since.

By late afternoon the police, who had unaccountably taken hours to arrive, were in control. They began sending parties of workers away for post-trauma counselling. I refused to go because I thought there was still useful work for me to do, but about 10.30 p.m. I was forced to attend a counselling session held locally for a group of us. Eventually we were taken home by car, and by the time I'd washed my clothes, showered and got into bed it was 1.00 the next morning. Sleep was impossible: the horrors I'd seen kept churning over in my mind. In any case the phone soon started ringing with calls from journalists all over the world. They kept this up round the clock for the next two days. Another task over these days was to have blood tests for HIV, hepatitis B and C because some of the blood that had spattered me could have been infected. Fortunately it wasn't, but I spent several anxious weeks waiting for the 'all clear'.

Within a week of what I've just described I received three letters of congratulations that I greatly appreciated. The first was from Professor John Pearn, Director of Training for St John Ambulance Australia; the second was from Sir Colin Imray, Secretary-General of the Order of St John in London; the third was from Dr Peter Sullivan, Chair for Tasmania of the St John Ambulance Training Branch. The letters in effect said, 'By saving yourself in this crisis you were able to save others, in accordance with your training.' While this was true, a further important point was that the lives of the survivors were saved primarily through the application of the basic St John first aid course. I was later offered a medal for bravery. I said I couldn't accept such an award unless my fellow first aiders received similar recognition. In the end 31 of us who'd worked at the massacre sites received special awards from the Governor. Consisting of a certificate of commendation and a brooch-like badge, these were presented during a ceremony at Government House.

That was not the end of the affair. Months later some of us witnesses attended Martin Bryant's plea and sentencing hearings in the Supreme Court in Hobart. He pleaded not guilty at the first hearing, which I attended and indeed sat barely three metres from him. He later changed his plea to guilty. He received a 735-year sentence — 21 years for each murder. After the hearing, Ray Martin, TV Channel 9 network's star presenter, spoke to me outside the court in Hobart. 'Wasn't it a good sentence?' he proclaimed enthusiastically. 'No,' I replied, 'I'm sad for Martin Bryant and his awful life, and I'm sad for his mother.' I wrote to his poor mother on the first anniversary of the massacre to say I didn't blame her for his actions.

Although my anger against Bryant evaporated, like many of the survivors and witnesses I remain one of his victims. The massacre is indelibly branded on our memories, and the lives of most of us have changed forever. Many of us suffered severe post-traumatic stress disorder. I did too. I found I couldn't keep living on the peninsula, and so we left. We now live at Kempton, north of Hobart. I neither instruct first aid classes nor have a job. I'm told that post-traumatic stress disorder is a physical as well as an emotional state, induced by the massive adrenalin rush of the 'fight or flight' response to some profound crisis. I hope I'm eventually free from it. If that's not to be, I'll take comfort in knowing that six or seven of Martin Bryant's hideously injured victims survived because I'd effectively applied my first aid knowledge in their hour of need.

I'm also pleased to think that even if few St John members are ever called on to apply their first aid skills in situations like Port Arthur, we can be sure that if they ever have to they'll rise to the occasion. Ordinary people properly trained can accomplish the truly extraordinary. As with me and my helpers, the practical knowledge and skills acquired through St John Ambulance training stood us in good stead. They enabled us to save lives that might otherwise have been lost in the most horrible of circumstances.

(Wendy Scurr, Kempton, Tasmania, August 1999)



Wendy Scurr is invested as a Serving Sister in the Order of St John by the Governor of Tasmania, Sir Guy Green, a former Chancellor of the Order in Australia, 2001 (photograph by J. Barry Laurance Studio, Hobart).

Chapter 12

LINKS OVERSEAS

Introduction

Although St John Ambulance is a world-wide movement, and represented in about 50 nations, its focus is almost always internal — meeting local first aid training and delivery services. Occasionally, however, Brigade and Operations Branch members have ventured further afield to do their St John work. This chapter deals with some of the comparatively rare occasions on which this has happened. Sometimes the members have travelled away to represent St John formally, in delegations to the 'parent' St John nation, the United Kingdom. More often such delegations depart to represent Australia in international first aid competitions. In some cases the St John member goes away representing some agency other than St John but usually because of the first aid skills he or she has acquired through St John work.

The following sections cover all these possibilities. The first deals with the Australian delegation to the centenary celebrations of the Venerable Order of St John in London in 1931. One relates the experiences of the Australian Cadets who represented Australia at an international Cadet camp in Malaysia in 2000. The others relate the experiences of individual Operations Branch members whose work took them to Bougainville, Brunei, East Timor, Fiji and Sumatra. An experience of a different type was that of Lesley King of Darwin, who in 2001 made the pilgrimage to Malta, to the sites inspiring so much of the heritage that the Order claims.

Centenary of the Order, 1931 — the Australian delegation

Some Australian State branches of St John Ambulance sent delegations to England for the 1931 celebrations of the centenary of the foundation of the Order of St John. This was a decade before the State branches (with the exception of Western Australia) formed the federation that in 1946 became the Order's Australian Priory. There was no Australian delegation as such at the centenary celebrations but rather several State delegations. Except for New South Wales, we no longer know which States sent delegates, nor the names of all those making the long sea journey to London. The number cannot have been large for it was the height of the Great Depresssion, and there was little money for assisting St John members with overseas travel. Some State branches even economised by producing typewritten rather than printed annual reports that year. Under these circumstances the New South Wales delegation of seven members was surprisingly large. It consisted of Miss Isla Blomfield, Miss Ella England, Mr Thomas Hodson Henderson, Dr E. Herrick Knowles, Sir Hugh Poynter, Miss Flora Read and Miss Annie Rients. Our archives tell us quite a bit about each member but Miss Rients, for whom no information survives. Briefly, this is what we know:

Isla Blomfield was a member of the executive committee of the State Centre of the St John Ambulance Association from 1921–32. She was admitted to the Order as a Serving Sister in 1930.

Ella England was a member of the Brigade's Sydney Central Nursing Division for 52 years, 1917–69. She was awarded the Service Medal (No. 714) in 1929 and the seventh bar to her medal in 1964. She was admitted to the Order as a Serving Sister in 1939. She travelled back to the UK again in 1937 to attend the 50th anniversary celebrations of the formation of the Brigade in 1887.

Thomas Henderson was the founding Superintendent of the Brigade's Randwick Ambulance Division, which was registered 1909. He remained the Superintendent until 1918. He was then appointed District Officer and District Secretary and remained the Secretary until 1922. He became the Assistant Commissioner in 1942. He joined the executive committee of the Association Centre in 1917 and remained a member until his death in 1944. He was appointed deputy chairman of the Centre in 1927. He was awarded the Service Medal (No. 172) in 1923 and received his fourth bar in 1943, the year he was promoted to Knight of Grace within the Order.

Dr E. Herrick Knowles was a member of the executive committee of the Association Centre for the 21 years from 1921 until his death in 1942. He was promoted to Officer Brother within the Order in 1936.

Sir Hugh Poynter was a member of the Association Centre executive committee 1931–32. He was the inaugural president of St John Council for New South Wales 1943–45 and a trustee of St John House in Sydney 1945–46. He was then the Priory Director of Ceremonies for four years 1946–50 and was promoted to Commander Brother within the Order in 1947.

Miss Flora Read enrolled in the Brigade's Western Suburbs Nursing Division in 1910. In 1924 she was promoted to District Superintendent (Nursing) and held the position for the next eight years, 1924–32. She was awarded the Service Medal in 1923 and received her first bar in 1928. In 1901 she had received the Order's 'Vellum Vote of Thanks' for work with the Association. She was promoted to Officer Sister within the Order in 1928.

Several photos of the festivities in London in 1931 survive. The solemn expressions on the faces of New South Wales delegation members are far from festive, however. Does that mean they were disappointed after their long voyage to get there?

(Betty Stirton, Bankstown, New South Wales, October 1999)

Bougainville

Bougainville is the largest island of the Solomons, an archipelago of hundreds of islands, large and small, 1500 kilometres north-east of Australia. Bougainville and its close neighbours, Buka and Sohano, are the northernmost of the group. Together with about 160 smaller islands, they form the North Solomons Province of Papua New Guinea. Most of the rest of the group, the islands further south and east, belong to the Solomon Islands, another Melanesian nation that gained its independence in the mid-1970s. That Bougainville is politically within Papua New Guinea is an odd accident of nineteenth century imperial history. Bougainville was part of German New Guinea but during World War I came under Australian control and then later became an administrative district of the new nation of Papua New Guinea.

I've had a personal interest in Bougainville for the past 35 years. I began my medical career there in 1965 and in my two years on the island I served as the Government's District Medical Officer. As such I was in charge of the medical services for the province. At that time, the province's range of public services was well advanced. Between them, the Government and the Christian missions had developed comprehensive administrative, educational, medical, public works and commercial services. As a result of the public health policy, a network of aid posts staffed by indigenous Aid Post Orderlies had extended throughout the islands; the staff were generally conscientious; the supply system operated effectively; and the programs for controlling endemic diseases — like tuberculosis, malaria and leprosy — were achieving good results. Within a few years, there was even a St John presence in the district: during the 1970s a Division of the St John Ambulance Brigade Cadets formed at St Joseph's High School in Kieta, the administrative centre two-thirds the way down the east coast of Bougainville.

The situation in Bougainville changed dramatically during the late 1960s with the development of the huge Panguna copper mine in the mountains behind Kieta. The mine and its associated large-scale public works were developed rapidly in the face of some opposition from the local village communities. These villagers feared that their traditional way of life would be disrupted and that they would not be adequately compensated for the loss of their land and lifestyle, or for the extraction of the copper ore, which they regarded as their own property. The Kieta area became a centre of commerce and Arawa in particular became a thriving, bustling municipality with a population of about 15,000, being the dormitory town for the Panguna mine. Nor were all the Bougainvilleans pleased to be included in the new nation when Papua New Guinea gained its independence from Australia in 1975. They had always regarded themselves as racially, ethnically and geographically different from the rest of Papua New Guinea. In subsequent years, the large slice of royalties that the central government took from the Bougainville copper, with seemingly little return to the area, was a cause of chagrin. Revenues from the mine had made Papua New Guinea's independence economically possible; and so the Bougainvilleans believed their resources were subsidising the rest of the nation. Bougainvillean grievances against Papua New Guinea multiplied. By the late 1980s an independence movement had emerged, spearheaded by the Bougainville Revolutionary Army (BRA), a guerilla force of dissidents opposed to the arrangements that had been accepted with the central government. In the early 1990s a civil war erupted as the central government sent units of its defence force to suppress the BRA, which was beginning to exert pressure. The war divided the Bougainvilleans. Older, more moderate islanders came to see the BRA as a rabble of ill-disciplined young hotheads, agitators and malcontents. The discontent among the Bougainvilleans and between them and the central government continues, though eventually an uneasy peace was restored during 1998. Following negotiations for an end to hostilities, an international cohort — the Peace Monitoring Group — arrived on Bougainville. This presently consists of about 260 troops from four neighbouring nations — Australia, Fiji, New Zealand and Vanuatu. It was as a member of this unit that I returned to Bougainville for six weeks in 2000.

My reasons for going back were based on those same ideals that lead to my commitment with St John Ambulance Australia. I'm a fervent advocate of the principle of volunteerism. It suffuses the St John ethos and without it many key community services couldn't function. Over the years I'd become increasingly perturbed by events on Bougainville,

whose people my wife and I remembered affectionately; and so, when the opportunity of doing something practical to help them arose, I took it.

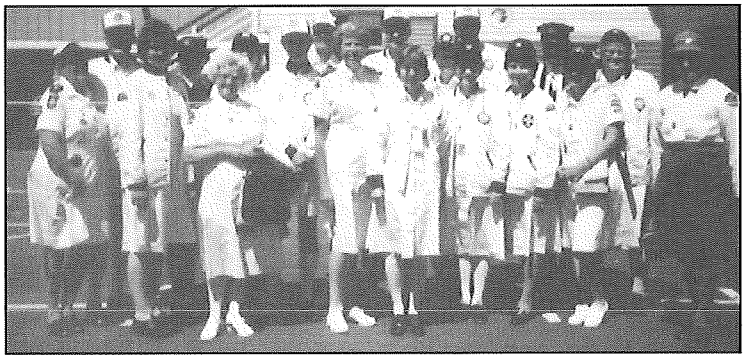
In early 1999, the Australian Army started recruiting surgeons prepared to join the Peace Monitoring Group on Bougainville. I read a notice about this in the Australian & New Zealand College of Surgeons' journal. I expressed interest to the Army but was advised that I was too old — I was beyond retirement age let alone of an age to be appointed! I pointed out that I already had a knowledge of Bougainville, spoke the *lingua franca*, Melanesian Pidgin, had extensive first aid, ambulance and administrative experience in a para-military organisation (that is St John), was a senior instructor in the management of trauma with the College of Surgeons and, above all else, as a former sergeant cook in the Australian Army Catering Corps, had prior army service. 'I am exactly what you need there!' I argued. They agreed, but my appointment had to have Ministerial approval. I was delighted to be appointed as a Medical Officer in the Australian Army Reserve in December 1999 and then in mid-June 2000 I was posted to the peace-monitoring base at Loloho near Kieta. As with all such activities, the families and partners of those involved carry a great share of the responsibilities. In her usual manner, my wife Audrey has shown extreme grace and support. She was disappointed that she would not be returning with me to the Bougainville that we had both known.

What I found saddened me. Most of the facilities in central Bougainville built up before the civil war had been destroyed. The saddest sight of all was the Arawa hospital between Kieta and Loloho. This had been a hospital with an established international reputation. Despite an agreement between the warring parties that the hospital would be left alone, it had been burnt to the ground. It is reported that a young BRA recruit had tried to impress his zeal upon his leaders by torching it. The leadership responded by arresting him, dragging him to the hospital ruins, shooting him in the belly and leaving him there to contemplate his folly as he slowly died without assistance. Since the advent of the Peace Monitoring Group, the provincial government has been trying to re-establish the hospital with assistance from AusAid.

The functioning hospitals on Buka Island, at Arawa [10 kilometres north of Kieta] and at Buin [60 kilometres south of Kieta] work under difficulty to cope with the diseases and injuries resulting from the combined effects of the civil war, the general break-down in community cohesion and the collapse of community medical services. Sadly, the medical team I joined was not there to treat the Bougainvilleans. The international mandate governing the activities of the Peace Monitoring Group restricted our activities primarily to the care of the Peace Monitoring Group members. We could care for the locals if there was a threat to life or limb. We were nevertheless called on to provide informal advice and support for the sole doctor at the Arawa hospital. We visited there once a week and saw a variety of illnesses among which were premature births, pulmonary and spinal tuberculosis, malaria, pneumonia, gastroenteritis, and anaemia arising from malnutrition. There were also machete wounds, mostly inflicted during drunken brawling. Such fights typically broke out after the people had been drinking *jay jay* — 'jungle juice' or home-made liquor concocted by fermenting bananas, pawpaws and other sugary fruits. The Arawa doctor, Dr Fayez Hanna, an Egyptian graduate, and the one at Buin, Dr Mary Jo Neustifler representing Medècins Sans Frontiéres, also sent their more difficult cases to our military hospital at Loloho — providing 'The Mandate' requirements were met! An Australian Army helicopter was usually needed to retrieve such patients and bring them back to our canvas hospital. We consequently did treat a number of the local people and two needed emergency surgery. One was a chap from Buin who had suffered a ruptured spleen when thumped with a length of timber by a companion who had been drinking *jay jay*. He needed to have his spleen removed. The other was a woman, also flown in from Buin, in obstructed labor. Even though the baby was already dead, an emergency caesarean section was needed to save the mother. Some people think of the TV series 'MASH' when they hear these stories!

My Bougainville experiences have convinced me that military medical service has significant diplomatic value for Australia. As a form of foreign aid, it is in the great St John tradition of helping meet urgent local medical needs. It also creates good will internationally for Australia. Not surprisingly, I've accepted a further deployment in the Army with the United Nations Transitional Administration in East Timor (UNTAET). I leave for Dili in five weeks. Not surprisingly, too, Audrey has decided that she no longer wishes to visit Sohano — after all our old home has been destroyed.

(Franklin Bridgewater, National Headquarters Staff, Canberra, Australian Capital Territory, January 2001)



The St John Ambulance Brigade members from Canada, New Zealand and the United Kingdom who visited Australia for duty at the Commonwealth Games in Brisbane in 1982.

Extending first aid training in Fiji

I spent 12 years 1976–88 as the co-ordinator of the mining emergency services at Queenstown. That enabled me to run St John Ambulance first aid classes in all the nearby mines. At the Mount Lyell mine all the supervisors had to do the first aid course, and so I was kept fairly busy. After I retired I was asked to go to the Renison mine to run courses there. By then I'd trained so many instructors at Queenstown they could carry on the training without me. At Renison the new manager had decided that every employee should do one 8-hour first aid training course each year. By 'everybody' he meant everyone, including himself. He'd just arrived from South Africa, where the mine he'd worked in had 11,000 employees, 8000 of whom had first aid certificates. When he came to Renison he could find only 10 out of 450 employees with certificates. A couple of years later he moved to Fiji to manage a mine there. After he'd settled in he rang me to invite me to come there and teach first aid to his mine staff. I accepted and went there for two weeks. That was in 1994. I've now been seven times, most recently in November last year.

This Fijian work really started from nothing. After I'd got there I found that there was already a St John Ambulance Brigade Division in Vatukoula. I made contact with them and persuaded one of their women to help me teach my classes. From the classes we taught I picked a dozen people, a mix of Fijians and Indians, who had the potential to become instructors. I then put them through the instructor's course. Nine of the 12 are still instructors and teach about 1000 mine employees a year from a mine staff of 2000. My work in Fiji also extended into the emergency services, particularly the rescue squad and the fire brigade. My background as a mining emergency services officer stood me in good stead. I helped the Fijian emergency services establish a 24-hours-a-day 7-days-a-week service.

(Reg Graham, Strahan, Tasmania, July 1999)

Firefighting in Lampung Province, Sumatra

In October 1997 huge forest fires swept across the island of Sumatra in Indonesia. As part of the international relief effort to help the Indonesians handle this disaster, a team of fire-fighters from the South Australian Country Fire Service flew to Sumatra to assist as part of Australia's aid to the Indonesians provided through AusAid. The team included pilots and a St John Ambulance Australia first aider, Peter Lorimer, a trained nurse who in 1999 became the Operations Branch Chief Nursing Officer. The team to which Lorimer was attached was the second Australian one sent to Sumatra, relieving an earlier team which had included another first aider, Kathryn Zeitz, the Operations Branch District Nursing Officer in South Australia, who had suggested that he join the second team. While in Sumatra Lorimer described his experiences in a series of reports he emailed home to Peter Gill, the Operations Branch District Manager in Adelaide. The following are edited extracts from his correspondence home.

Sunday, 19 October 1997

Just a short note to let you know how things are going. Arrived Friday, I7 October 1997, in Jakarta. Weather hot and humid and surrounded by a haze of smoke. Poverty of some people unbelievable. Left Saturday morning for the domestic airport. On arrival three aircraft from the American Air force with 60 support crew approximately were there receiving an official welcome. The American Ambassador, Indonesian Minister for Social Welfare and a moderate to large media contingent were in attendance. The Country Fire Service (CFS) crew and myself were invited to take place in the welcoming ceremony.

At about 1100 hours we flew out with 20 empty fuel containers in an Indonesian cargo plane to Lampung Province, Sumatra. The drums kept expanding and contracting during the flight. On arrival at Lampung I met with Kathryn who looked quite good considering her experiences. As can be expected she was glad to be going home. Our contingent commenced duty immediately and provided support to two fire bombing aircraft. Both aircraft flew a total of 26 sorties with a moderate degree of success.

Fires are still burning and the impression I am getting is the number of fires that are being extinguished are equal to or less than the number being lit. I attended my first patient on Saturday and administered two Panadeine to the interpreter attached to our group. Today, Sunday 19th October is a religious rest day which has provided us with an opportunity to get settled and visit the elephant farm. The conditions in which elephants are housed were less than ideal.

In reference to the Heartstart 911 [defibrillator], the battery charger (with the exception of the power lead) is still back at our Eastwood HQ? I will attempt to contact the Australian Embassy in Jakarta tomorrow regarding borrowing a charger from Qantas.

Thursday, 23 October 1997

Sheraton at Lampung excellent. Staff friendly and helpful (five star accommodation). Meals great and laundry on a daily basis undertaken by staff. Weather hot: 37°+ and humidity >75%. Two or three showers per day, hence the laundry comment. Today cloudy with a spit of rain.

Third team currently being discussed. Australian Embassy supporting another team? If a third team is sent it will require: a charging unit required for defibrillator, Panadol tablets, chlorhexidine skin cleaning preparation, Elastoplast dressing strips, disposable gloves, dressing trays, report forms, alcohol wipes, oral thermometer, elastic roller bandage, Betadine swab sticks.

Aircraft summary: Saturday (half day) 16 sorties, Sunday rest day, Monday 25 sorties, Tuesday 6 sorties, Wednesday 31 sorties and Thursday 31 sorties. As can be demonstrated by the number of sorties on Tuesday the major problem for the team has been the lack of fuel and water. Fuel for aircraft has to be transported by road from another province. Water is also transported by road by fire trucks from a local well.

The Australian Ambassador, John McCarthy, met and dined with the team last night and saw operations this morning. I believed he was impressed with the performance of the team. I have a photograph with him shaking my hand!

Patients treated: 18th October, headache (treated with oral Panadeine). 20th feeling flat, loss of energy and 'stomach rumblings' (oral Gastrolyte, increase in the amount of oral fluids, remain in shade). 21st, nauseated, skin action (oral Gastrolyte, oral fluid, rest). 21st old bruise evident sole of R foot — discolouration, inflamed (cold compress, alter shoes, refused analgesia). 21st bacterial infection caused by infected water (?), dehydration, temperature 38–39° (oral Roxithromycin 300 mg daily for 5–7, Panadol, Gastrolyte -, Stemetil 5 mgs, Lomotil), patient thought he was 'going to die', anxious, required close observation and necessitated me staying in his room overnight. At 2300 hours that evening had episodes of diarrhoea and vomiting. He consumed >6 litres of water to correct his dehydration. Progress at time of report: patient completed a full meal and has resumed full duties. 22nd, puncture wound to finger left hand (wound cleaned with Chlorhexidine, alcohol wipe, Bandaid applied). 23rd, foreign body in thumb L hand (wound cleaned with Chlorhexidine and wipe, splinter removed, Bandaid applied). 23rd, headache, sore throat, loss of energy (rest, oral fluids, Panadol 4 x 24). 23rd, upper respiratory infection, temperature, throat inflamed (oral Roxithromycin 300 mg daily for 5–7, Panadol 4 x 24, oral fluids).

At this current time, I am feeling tired. Overall it is a wonderful experience. The CFS group is great and very supportive. The people of Indonesia and especially those in Lampung are friendly and anxious to communicate. I have learnt a number of Indonesian words. This morning reminded me of the old days on the ambulances. Our transport to the airport on buses usually takes us 35–40 minutes. It took us only 20 minutes this morning because the Australian Ambassador, who was with us, received a police escort. The traffic here is horrifying. We take our chances each morning travelling to the airport. We now rate our 'near death experiences' out of 10.

Monday, 27 October 1997

It has been a busy and amazing week. My duties have included Infection Control, Occupational Health and Safety, Supply Officer and Security Officer. I have also been responsible for refuelling aircraft and filling hoppers with water and foam. Janet [Lorimer's wife] will be surprised that I am filthy by the end of the day including my shoes. There have been major problems with the availability of fuel for the planes which has restricted the number of sorties over the last two days. On Friday 11 flights and Saturday 15 flights were undertaken by two aircraft. Apparently 80 barrels of fuel were purchased on Thursday night but only 40 arrived on Friday with suppliers saying that monies spent were for 40 barrels of fuel only.

Tomorrow night, Monday, 72 members of the Japanese Disaster Management Team will arrive with two helicopters. Of the 72 personnel, 43 are crew with the remainder being support staff. Their role will be in surveillance and research. Interesting that they should come to Lampung! They will also be staying at the Sheraton. It is expected that in view of the Japanese and the visit to Jakarta by John Howard [Australian Prime Minister] the media presence is expected to increase.

The Americans have two Hercules Fire Bombing Aircraft flying out of Jakarta to East Java three times per aircraft daily. The possibility of a third Australian crew remains unknown. Discussion, however, has focused on the potential of bush fires back home given the high temperatures. When and if a third team is confirmed, I will contact you with a further list of resources that will be required. Thank you for the charging unit, but unfortunately it is the wrong one. I will attempt to fax you a description of the type of charging unit required for the Heartstart 911 Defibrillator.

Patients Treated: 25th, torn nail, ring finger R hand (cleaned with Mediwipe, Bandaid, prevention – wearing of gloves. 25th, bruise R bridge area of nose (eye washout with normal saline, cold compress to area). 25th, palpitations, extra systole, flushed, hypertension (a patient maintenance engineer from Adelaide arrived 25th, returning home 27th monitor, fluids, frequent rest periods, urgent appointment with his general practitioner on arrival back home). 26th, three personnel received Hepatitis B vaccinations.

I am having a quiet day (Sunday day off) by watching television and dozing in my room as you can see. Already I have 'gained' weight by eating a buffet breakfast each morning and a three course meal at night. Saying nothing about the amount of beer one consumes in this environment. I have had some problems with clothing this end. While at the elephant farm last week I bent over and ripped the bottom out of my trousers. The locals were quite impressed with my coloured underpants. The other problem I have is how I am going to convince Janet to 'iron' my socks when I get home?

Wednesday, 29 October 1997

Heard yesterday 'No third team'. The team has been advised that flights will cease Thursday afternoon. We will then pack up and prepare both planes for their flight back to Australia (after the pilots enjoy a week in Bali). It is expected that the team will leave Lampung on Friday at 1530 hours approximately. We will stay in Jakarta for the night and leave on Saturday night for Sydney, arriving 0630 hours Sunday morning. The CFS will then conduct a debrief (with a psychologist) and we will finally make our way to Adelaide in the early afternoon. The arrival time in Adelaide is tentatively 1515 hours. Times are subject to change.

The time overall has gone very quickly aided by early mornings starts at 0500 hours and going to bed at around 2200 hours. I must admit, however, that the last 24–48 hours is dragging and I am finding it hard to remain motivated. The Americans with Hercules aircraft are taking over from us with missions from Jakarta aided by Japanese helicopters. Yesterday, the Japanese flew a test run for approximately 1½ hours, but have stepped up the pace today with two flights. The Japanese are using heat sensors to pin-point 'hot spots'.

Aircraft Summary: Monday 28 sorties, Tuesday 29 sorties and, Wednesday 34 sorties.

The major problem over the last few days has been the availability of water. Other problems include pumps breaking down and or a lack of water transport.

Patients treated: 27th, diarrhoea since yesterday, bowels open x 6 today, no blood or mucous, no vomiting, no temperature, complaining of weakness and dizziness (rest, increase in oral fluids, Gastrolyte, Lomotil, review). 27th, burn L tip of ring finger (immersion in cold water, monitor). 28th, hepatitis B vaccination, one team member. 29th, gastric discomfort, feeling flat, general 'heaviness' (oral fluids, Gastrolyte, frequent rest periods). 29th, bruise L knee (cold compress x 2 to area, rest, elevation). 29th, puncture wound to tip R index finger (area cleaned with a Mediwipe, Elastoplast dressing). Busy day.

Kathryn, thank you for asking me to undertake this task. I have had a wonderful time. The team from CFS have been great, especially their humour and professionalism to the task at hand. The overall experience has been 'out of this world' and I am appreciative of the fact that I was a part of it.

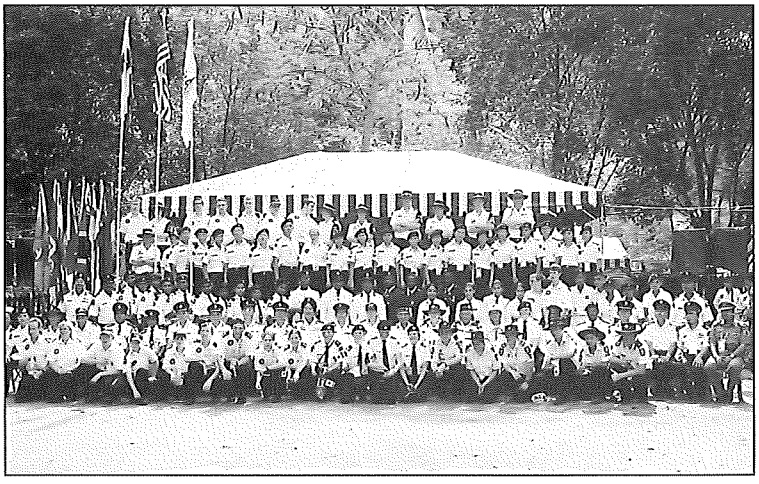
I'd better go: the time is 2220 hours. Jan: my shirt collars are starched! I love you. All my love to Michelle, Krystal and Tabby. See you Sunday.

After his return home to Adelaide, Lorimer wrote a detailed report on his 17 days in Indonesia with the CFS team. After enumerating the types of cases treated, the report concluded that:

> *the services provided by myself as medical support to members of Country Fire Service were both challenging and broad in nature. It consisted of providing early and effective treatment of patients to being proactive and adopting strategies in relation to infection control and occupational health and safety. Overall the role of medical support to members of Country Fire Service was exciting and most rewarding. The experience and comradeship of team members I will never forget.*
>
> *(Peter Lorimer, Golden Grove, South Australia, June 1999)*



St John Ambulance volunteer Kathryn Zeitz leaves Adelaide to be medical officer for the first aid team sent to Lampung Province, Sumatra, to support the South Australian Country Fire Services fire fighting team, October 1997.



Participants in the international St John Ambulance camp at Kuala Woh, Malaysia, November 2000. The Australian contingent is at the right end of the front row. Not all those wearing broad-brimmed 'Akubra'-style hats are Australians: the members of the New Zealand contingent are also wearing them.

Guards came from everywhere

I joined St John as a volunteer with the Brigade in 1978 after taking a first aid course. At the time I was a technical officer at the Community College, and before that I was a builder-cabinet maker. Within three years I'd joined the St John staff as a training officer. I retired last year after 17 years doing various jobs for the organisation — 13 years instructing, two years as a communications officer and two years in sales. I now grow mangoes at Colton Park, 60 kilometres south of Darwin. In my time as an instructor I taught many classes for Aboriginal people, usually in their settlements. I got to be recognised as someone who could communicate well with Aborigines, striking up productive rapport them. When Aboriginal health workers were arranging classes they often asked St John for me to be the instructor. Aborigines have a great sense of humour, and I found I could get on to their wave length by kidding them along, making jokes I knew would appeal to them. They knew me as 'that bloke like a bullock, the fella with his guts hanging down' — a reference to my ample waist-line.

One of the funniest things that ever happened to me in my St John career wasn't with Aborigines, however, but in Brunei in 1989. I'd gone there to run a series of first aid training courses, taking with me all the gear I'd need — bandages, first aid manuals, splints and four 'Resusci-Anne' half-manikins for teaching EAR and CPR. Coming through the Brunei airport on the return trip I caused a great commotion. My four half-mannikins, all separately packed in four boxes, showed up on the security X-ray. They looked so much like dismembered bodies they set off the security alarms. Guards came from everywhere. They thought they had on their hands a serial killer who was smuggling his victims out of the country.

(Gordon Bowman, Darwin, Northern Territory, March 2000)

Kuala Woh

The third biennial international camp for St John Ambulance Cadets took place in Malaysia in 2000. The previous camps had been in Singapore in 1996 and in New Zealand in 1998 and the next is scheduled for New Zealand again in 2002. I was privileged to lead the Australian contingent of five Cadets and three adults to Malaysia. The Cadets were Aaron White (age 17, of Victoria), Ben Farkas (16, Northern Territory), Melissa Thurston (16, Western Australia), Glenn Docherty (16, South Australia) and Mathew Lynn (15, Victoria). The adults were Alan Fry (State Superintendent for Operations Branch, Victoria), Rod Verrill (the youth development officer for Victoria) and me, Cherie Cheshire. I'm a District Officer in Victoria with responsibility for Cadet camps. I organised the January 2000 national Cadet camp at Melton, Victoria, and this may have prompted the Chief Cadet Officer, Lynne Panayiotis, to appoint me as contingent leader for the Malaysian camp. The members of the Australian contingent had never met until we congregated at the airport in Melbourne for the flight to Malaysia. Despite that we struck up instant rapport with each other, and by the time our plane landed in Kuala Lumpur, the Malaysian capital, we'd become a tight-knit little group.

The camp took place under canvas over six days, 18-23 November 2000, at Kuala Woh, a jungle campsite near the town of Tapah in the Perak Darul Ridzuan province of Malaysia, about 2½ hours' bus drive out of Kuala Lumpur. By Australian standards the camp was on a large scale. About 800 people participated, compared to the 150 who usually attend our national camps in Australia. As well as the Malaysians, the 800 included 280 from Australia, Canada, England, India, Kenya, Mauritius, New Zealand, Singapore, Sri Lanka, Tanzania and Wales. Malaysia was full of surprises for the Australian contingent. For those of us from southern States, the climate was the first. The heat and humidity are like nothing we Australians ever experience, except perhaps those visiting Darwin in the wet season. The lush green of the jungle was also a surprise to eyes accustomed to the dry, sparse vegetation of 'the wide brown land'. The bright green snakes slithering overhead among the rainforest trees startled us at first. Even when the Malaysians pointed out that they were harmless non-venomous tree-pythons, we weren't entirely reassured because at home we grow up knowing that most of our numerous snake species are highly venomous and must be treated with respect. The accommodation amenities were not what we expected, either. We all slept in tents, the Cadets on bare earth and officers having the luxury of wooden floors. There were only eight toilets for the 800 at the camp and the showers consisted of garden hoses. The greatest and most pleasant surprise, however, was the enthusiastic welcome the Malaysians gave us. We weren't quite sure how we'd be greeted, and so were delighted to discover that their kindness and generosity to us couldn't have been warmer. They constantly bent over backwards to ensure our comfort and enjoyment.

We also got on exceptionally well with the contingents from all the other participating nations. They all loved our Australian St John uniform with its Akubra hat and shield-shaped Maltese cross shoulder flash saying 'St John Ambulance Australia'. The other contingents didn't seem to wear shoulder flashes, just 'St John Ambulance' roundels on one of their shirt pockets, so we soon exhausted the supply of shoulder flashes we'd taken to swap for the badges of the other nations. I'd never particularly liked the Akubra because it tends to get in the way when you're doing first

aid; but after being in Malaysia I'm a strong Akubra supporter. It's a powerful Australian emblem that gives a morale-lifting boost to the esteem of our members whenever they're in uniform.

For us the high point of our week away from Australia was winning the international first aid competition and thus becoming the St John Cadet champions of the Commonwealth. The team was captained by Aaron, with Ben, Melissa and Glenn as the other members. They amazed themselves by winning. They hadn't met before assembling at the Melbourne airport to fly to Kuala Lumpur, but they rapidly came together to form an effective team. They were planning strategies together even before they climbed aboard the plane at Darwin, and they made good use of the flight and every other spare moment they had in Malaysia to discuss their routines. The trophy they won, the Commonwealth Shield, will share a place with their gift from Malaysia, a large oriental urn, as part of the museum display in the Priory headquarters in Canberra. The shield and urn will be perpetual reminders of the team's success against an international field.

I've come back from Kuala Woh convinced of the great value of the international Cadet camps and competitions. Participating in them is expensive. Two of our three adults paid their own fares and camp fees, yet the cost for the others in the contingent was still $6820, or $1137 each, raised through a National Office levy on the eight States/Territories. Despite the cost such camps are still worthwhile because of the international good will they promote, the mutual respect they encourage between young people of widely differing national, racial and cultural backgrounds, the pride in membership of the international St John family they foster, and the opportunity they give Cadets to be ambassadors abroad for their home countries.

(Cherie Cheshire, Melbourne, Victoria, January 2001)

Malta

Over the years various Australian members of St John Ambulance have visited Malta, source of many of their organisation's creation myths. Even if they are aware of the myths, the experience is still exhilarating. As argued in the Introduction to this book, the Most Veritable Order of St John must properly trace its origins to the confused period following Napoleon's expulsion from Malta of the Knights of St John in 1798. The Order borrowed much from the Knights — name, ritual, organisation and charitable tradition — then claimed this as its own. An Australian member of the Order who makes the pilgrimage to Malta therefore visits the source of the heritage that St John Ambulance claims.

Many go there, but few Australians visiting Malta write an account of their impressions. One who did was Lesley King, Deputy Commissioner of the St John Ambulance Operations Branch in the Northern Territory. She spent several days there in June 2001 then wrote of her experiences in a long letter to her colleagues in Darwin. It ran as follows:

Dear Friends,

I thought you may like to know something more of the Malta experience. I kept thinking of you all and wished you could have been there to share it. It is the nearest thing to a trip back in time (with the exception of 'outback' China) I've yet encountered — probably due to my focus on our part in its history. There are many new tourist facilities and hotels being built but I stayed in a small fishing village called St Paul's Bay, about 35 minutes' bus ride from Valletta. It is said that Paul the Apostle was shipwrecked there on his journey to Rome (see Acts 27 and 28). It was from St Paul's Bay that Mustapha's troops finally fled the island after abandoning the siege in 1565, so that added to the interest of the surroundings.

We landed in Malta at 1 a.m. and the bus ride to St Paul's Bay through mostly deserted roads set an impression of grey dust, stone walled 'fields' (often just bare ground with rocks strewn all over them), very old houses, and very scant vegetation. The visions of Malta portrayed in the World War II films immediately came to mind, and it isn't so different today — large areas of sparse, rocky landscape....

The city of Valetta — named after the Grand Master la Valette who was commander during the siege and who planned and built the city after that historic victory — is a stronghold in its own right. Built on a small peninsular, it is completely surrounded by stone walls of amazing proportions and fortified by a re-built fort St Elmo on its seaward point and the two strong-points, or 'Cavaliers', of St James and St John on its landward approach. The Knights also dug a huge trench 300 metres wide across the landward approach which joined the harbours on either side of the city, creating a very impressive moat. This effectively turned Valetta into an island accessible only by a draw bridge — making it almost impregnable to attack. The moat was deep enough and wide enough for their ships to be hidden there as a 'surprise' for any enemy who dared sail into either harbour, Marsamuscetto to the west and the Grand Harbour to the east. There were also further lines of defence beyond the moat so that any landward attack had at least two major battles just to get to the primary defences. La Valette wasn't a man to mess with.

Over time, and particularly since World War II, much of the outer defences and the drawbridge have gone of course, but the trench that was once the moat is still obvious. There is a roadway and parking area running

through it now, but one still has to cross a bridge to enter the city. And that bridge is on the site of the Knights' drawbridge. The original wall and gate were bombed during the war and have been replaced, but with the Cavaliers on either side it is not hard to imagine how it must have looked.

As you enter Valetta there is a bazaar-like atmosphere — street stalls, cafés, lots of activity — and to the right are the ruins of the old opera house which shared the same direct hit that took out the walls. It has been deliberately left as it was after they removed the debris. To the right of this again you will find several of the Knights' buildings — St James Cavalier, and its Bastion and Counter-guard, their first Church, an Auberge, and a little further on the bastion and counter-guard of St Peter and St Paul.

If you choose to turn to the left of the entrance, about 100 metres along you will come to St John Cavalier, which now houses the embassy of the Sovereign Military Order of Malta. This Cavalier wasn't actually built. It was dug out of solid rock and faced with the stone inside and out which gives the impression of a building. Even the bombs of World War II couldn't crack it. Its secret escape tunnels and passages are still operational and safe, and there were many points of interest relating to its use by the Knights. Two hundred men manned the Cavalier on a seven-day roster. They slept on bunks tiered along the walls of the main hall in several levels up to 12 metres off the ground, accessed by ladders. There were also six horses in the Cavalier at all times to haul the heavy equipment up to the cannon through wide ramped tunnels deep within the fort. Additionally, both Cavaliers were joined by underground tunnels for effective troop movement. And should the enemy infiltrate the secret entrance tunnel, it only needed one man to defend the fort, because the opening into the fort was just big enough for men to pass through one at a time — on their knees! Further along past the Cavalier is the bastion and counter-guard of St Michel, a mirror-image of the St Paul and St Peter bastions supporting St James Cavalier.

The streets of Valetta run in a grid pattern, making it easy to navigate. The main street is Republic Street and is directly ahead of you as you enter the gate. If you walk its length you will find yourself in front of Fort St Elmo, which is now a police academy. It was disappointing that we could not go in at the time we were there, but they do have open days every second Sunday. Unfortunately for me the open day had been on the morning of the day we arrived, and I was not aware of it. The site of the once magnificent hospital — now the Mediterranean Conference Centre — is just around the corner from St Elmo and faces eastwards to the Grand Harbour. There is only a small section of it open to the public but it is enough to evoke wonder at the scope of it. There are tableaux set up to show how treatments were done at the time, and information points which explain its function, but the main 'ward' — which is now a banquet hall, it seems — is huge even by today's standards, and their medical knowledge must have been 'state of the art' in its time. I was absolutely amazed.

There are some small parks in the centre of the city and around the St John co-Cathedral. (It is called a co-cathedral because it shares the status of the cathedral in Mdina, which was once the capital of Malta but is now virtually a ghost city. Only 400 people live there.) There are also numerous venues which have 're-runs' of the Great Siege through video documentaries or re-enactments, and walk-through tableaux depicting stages of the siege keyed to audio tapes which are activated electronically as you enter each scenario. You can even walk around the walls as the guards would have done in their time, and experience the wonderful views they command of the harbours and the town. Overall, it is still very much the city of the Knights, and their presence is almost tangible through the magnificent buildings and orderliness they established here.

Fort St Angelo's bastions still dominate the eastern side of the harbour, and are clearly visible from St Elmo. In 1998 the Maltese government leased back to the Sovereign Military Order of Malta the Chapel of St Ann within the St Angelo complex and also the original Grand Master's palace. The Order now holds both properties on a 99-year lease. We were told that in the near future the palace may again become the headquarters of the Order's Grand Master. The Order already has an embassy in Valetta. Though not so grand as St Elmo, St Angelo actually held out to the last during the siege, and even sustained the defence of Fort St Michael on neighbouring Senglea by creating a bridge of small boats across which reinforcements could be sent . Not many of the old buildings are accessible today, but I was able to stand on the bastion that blasted the Turks as they attacked St Elmo and take photos of the gunner's view across the harbour. It was gunfire from this cavalier that killed Dragut, the Turkish pirate who was the 'brains' behind the Moslem commanders.

St Angelo has a different atmosphere to Valetta, as if it is hallowed ground. The battlements lie empty and silent now, with a pervading sense of the battle that bought it a place in history. It was a very moving experience to walk its walls and passageways, reflecting on the story of those intrepid men and their deeds. Such courage! World history would undoubtedly have taken a different turn if the Turks had won the day. For a start, it would probably have meant the end of Christianity. God forbid! And I think He did.

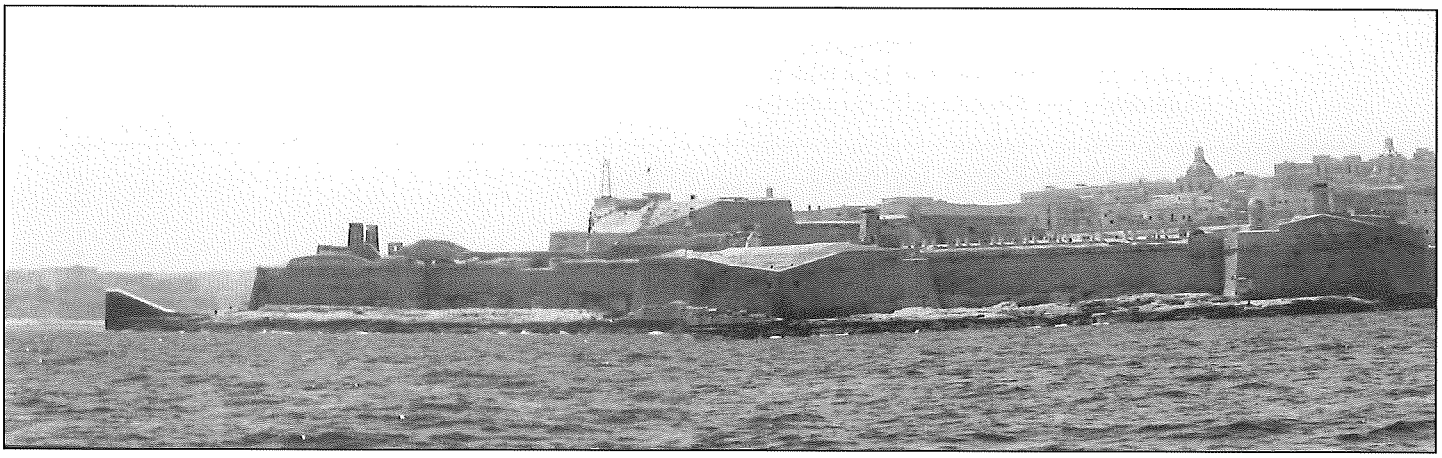
The Grand Harbour is certainly that — very grand indeed. One can see why it was valued so highly by the Knights, then Napoleon and later the British in World War II. Protected by its narrow entrance and easily defended, it offers safe anchorage and good access to shore facilities, and it is amazingly clean given the traffic it endures.

Outside Valetta and the Harbour, the fortifications of Malta continued all around its coast. The Knights built watch towers at line-of-sight intervals which were able to give early warning of approaching vessels and alert the garrison to any vessel in need of help. There were quite a few shipwrecks around their coastline. Additionally, there was a garrison at Mdina, which was mostly cavalry, and continual 'scouting' units mobile around the island. They received total loyalty and commitment from the Maltese, and there was also a very effective spy network operating not just in Malta, but throughout the Mediterranean. There would be no surprises while the Knights were in command.

The World War II veterans frequently go back, and it seems St John is about to repay the Maltese for their past loyalty and provide them with a focus for tourists. But I hope it doesn't take away too much of its character. I cannot forget the jarring intrusion of the few multi-storied modern hotels on the otherwise unspoiled native coastline while sailing around the shores towards the Grand Harbour. It seemed almost blasphemous.

That just about covers everything I think you may want to know. I have two videos and some literature of interest, and hopefully some good photos to come. I hope the Priory Conference in Brisbane goes well. I was asked by staff at St John's Gate if I would like to attend their services at St Paul's on 23rd June, so they are now trying to get an invitation to me in time. (It's by invitation only.) If all goes according to plan that's where I'll be next Saturday while you're in Brisbane at the first aid championships. What a great family this Order has created — so diverse and yet so close.

(Lesley King, London, United Kingdom, June 2001)



Valletta, capital of Malta, 2001: the city is to the right; the fortress of St Elmo is to the left. Valletta is built across a peninsular. This view is from across the Marsamxett Harbour, on the western side of the city. On the far side of the city is the Grand Harbour (photograph by Lesley King).



St John Ambulance maintains its presence on Malta: the signpost points the way to its premises in Vittoriosa, a suburb opposite Valletta on the eastern shore of the Grand Harbour. The St John Ambulance Association Centre on Malta, opened in 1882, was the first among the many Association Centres that opened outside of Britain during the 1880s (photograph by Lesley King).



The overseas participants in the international Brigade conference in London in 1980 assembled outside St John Ambulance headquarters for England, 1 Grosvenor Crescent, London. Several Brigade members from New South Wales, the Northern Territory, Queensland and Western Australia attended.

Servisu Ambuláncia Timór Lorosae

Introduction

East Timor is among Australia's three closest neighbours. Only 510 kilometres northwest of Western Australia's Kimberley district, it is about the same distance from the Australian mainland as Rockhampton is from Brisbane, Coolgardie from Perth or Moree from Sydney. The 1 hour 20 minute flying time between the capital, Dili, and Darwin is the same as that on the Sydney-Melbourne route, Australia's busiest.

The histories of the two nations have been linked for nearly two centuries, since the time Australia was just a series of British penal settlements and East Timor was Portugal's most remote colonial outpost. They suddenly drew much closer together during 1999, after the Australian Prime Minister, John Howard, encouraged the Indonesian President, B.J. Habibie, to conduct a referendum among the East Timorese people. The referendum determined whether they wanted independence or wished to remain a province of Indonesia, as they had been since the Indonesians had taken over their colony by force in October 1975. The referendum, in September 1999, produced a strong vote for independence. This result immediately plunged East Timor into a welter of communal violence as pro-Indonesian militias began a rampage of killing and destruction against citizens they accused of supporting the independence movement. If the Indonesian army of occupation did not actually sponsor the militias, it did little to restrain them. The mayhem that then ensued soon led to intervention, in October 1999, by the Australian-led 'Interfet' international peace-keeping operation. 'Interfet' remained in East Timor until peace was restored, then withdrew in February 2000 as United Nations peace-keepers took over the role.

In the period of reconstruction in East Timor following the arrival of 'Interfet', Vince Little, a St John man from Toowoomba, Queensland, personally demonstrated the humanitarian values of St John Ambulance by establishing an ambulance service in Dili, the capital of East Timor. He explains what he accomplished in the following paragraphs.

Vince Little's story

I'm the Deputy Commissioner of the Operations Branch in Queensland, but for the past 20 months much of my time has gone into helping develop an ambulance service in East Timor. I first went there in late October 1999, soon after 'Interfet' had begun restoring the peace.

My continuing involvement with East Timor arises from my lifelong commitment to the ideals and good works of St John Ambulance. My St John service began in 1956, when I joined the Randwick Division of the Brigade in Sydney as a 17 year old. I was a telephone technician, but my Divisional Superintendent, Harry Harrison, who was

a great influence in my life, awakened my interest in health care. I did two years of training in general nursing at the Eastern Suburbs Hospital in Waverley, Sydney, but became more interested in ambulance work. I became an honorary officer [part-time volunteer] with the Central District Ambulance in Sydney in the early 1960s, then spent five years, 1965–70, on the permanent staff as a salaried ambulance officer. In this period I also worked as a voluntary St John first aid instructor. After leaving the ambulance service I worked as a sales representative in the pharmaceutical industry, then in 1974 moved to Brisbane as sales manager for the pharmaceutical firm Bristol-Mead-Johnson. The next year I became an honorary bearer with the Queensland Ambulance Transport Brigade (QATB) then in 1980 joined the QATB permanent staff at Wynnum. That year I also rejoined the St John Ambulance Brigade. I remained with the QATB as an ambulance officer until 1985, when I left to return to the pharmacy industry and moved up to Toowoomba. In the late 1980s I became a District Staff Officer for the Brigade/Operations Branch. The District Commissioner, Shirley Watson, promoted me to District Superintendent. I spent two terms in the position, until the next Commissioner, Dr Vlas Efstathis, promoted me to Deputy Commissioner, the position I still hold. As well as my St John and ambulance service involvements, I had 25 years in the Army Reserve in a couple of stints between 1959 and 1993, mainly in medical units. When I retired at the compulsory age of 55 I was a Warrant Officer with 11 Field Ambulance.

My East Timor commitment arose from a conversation I had at the District Operations Branch conference in early October 1999. I was talking with our District Superintendent, Doug Raby, and District Ambulance Officer, Peter McMurtrie, when Peter said, 'I have a job for you.' Peter, who is also the technical services manager for the Queensland Ambulance Service, explained that the QAS was donating an ambulance to East Timor. This followed an approach to the QAS commissioner by a doctor from Timor Aid, a charitable agency responsible for a range of social services in the fledgling nation. The doctor asked if QAS could donate an ambulance surplus to requirements. Peter located an ambulance and now wanted someone to go with it and explain to the East Timorese how it works. Knowing my background in ambulance work, Peter said I was just the sort of chap the QAS wanted to take the ambulance to East Timor.

These days my full-time job is managing the Toowoomba medical practice of my wife, Dr Heather Fogerty, so that night I discussed with her my conversation with Peter. 'You should go,' she said. I rang Peter the next day to say I was interested. He put me in touch with the Timor Aid office in Darwin. I phoned them that day and sent them my CV. Twelve days after that I was in East Timor with the second-hand ambulance donated by the QAS, shipped there by a fast Royal Australian Navy catamaran. Officially I was there as a volunteer with Timor Aid, a non-government agency founded and run by the East Timorese, which wanted me to begin delivering patients to medical clinics right away.

What I found in Dili and the surrounding areas shocked me. People were pouring back into Dili and other towns after weeks of hiding in the mountains or in refugee camps in West [Indonesian] Timor, where they'd fled the militias' wrath. They carried their meagre remaining possessions in plastic bags. Few people, either refugees or those who'd stayed on, had homes or jobs. Many of the buildings still standing were gutted. The roads were little better than tracks through the rubble. Electricity, telephone, radio and water supply systems were either wrecked or non-existent. Little remained of whatever health services had been there previously. The Red Cross had been present in East Timor during the 24 years of Indonesian rule, and had taught first aid, but there was nothing like an ambulance system and little understanding of how one operates. Ambulance services, the subscription schemes that support them, and the humanitarian spirit that inspires them are concepts from nations with advanced economies. East Timor is very much of the 'Third World', and so such notions are alien there. In any case the militias had thoroughly trashed the Red Cross building, probably with encouragement from the Indonesian army, which wanted to leave behind none of the facilities established during Indonesian rule. Fortunately one institution that remained more or less intact was the Dili hospital. It was still functioning at a basic level and had an accident and emergency section.

I soon found an ally in the UN police commander, Alan Castles, a chap from Canberra who was keen to see the ambulance operating as part of the emerging health system. 'Get me a radio and I'm yours,' I told him. It took three weeks to get one. When it arrived it was hitched up to the CivPol [police] frequency. Meanwhile Timor Aid had also given me a mobile phone.

After I'd got the service going, my next job was to train a group of local East Timorese people to run the ambulance. I told Alan Castles I should be doing something to replace myself. He put me on to a Colonel Paolo, who had been a senior police officer under the Indonesians. Through an interpreter I told the ex-colonel I needed people over 18, of good character and good health, literate in their own language and with a driver's licence. Paolo said he'd find me some good people. A week later he turned up with 20 chaps in the back of a ute. I explained to them what I was trying to do, what an ambulance service is and what an ambulance officer does. We then set a date in December when I'd run a first aid class at the old school of nursing in Lahani. I asked them to be there at 8.00 that morning if they were interested in being trained to become ambulance officers. Eight people turned up on the arranged day, and I trained all eight, working through an interpreter and using a few phrases of Tetum [the local language] I'd picked up plus elementary sign language. The worst part of the program was having to tell them at the end of the course there was no job for them because Timor Aid couldn't provide the funds to employ them.

Two months after this, in February 2000, Timor Aid agreed to employ one of my students, Joaquim de Santos Soares, because he had proved the most persistent of the eight. He kept hanging around the office asking for work. His salary, $8 Australian a day, is now met with money raised in Australia by me and other ambulance officers who've done a tour of duty in East Timor. Since January 2001 the East Timor Transitional Administration (ETTA) Division of Health Services has reimbursed the air fares of the Australian ambulance officers who, like me, go to East Timor for a tour of duty as volunteers with the ambulance service. So far ambulance officers from New South Wales, Queensland, South Australia and Victoria have been there. Several of these, Alan Eade and Lucas Drew from Victoria and Tim Wieland from Queensland, are St John members. Another St John member, Aidan Goldsmith from New South Wales, has been to East Timor with the French relief agency Mèdicins Sans Frontières. Qantas has helped us by giving us a special deal on fares. The aim of the new service is to phase out the Australian ambulance officers by June 2002, after which the ETTA Division of Health Services will take full control. Hopefully the seven other East Timorese people I trained, who keep in touch with the service, will be employed.

The service, which is now called *Servisu Ambuláncia Timór Lorosae* (East Timor ambulance service) in Tetum, has expanded appreciably over the two years since I set it up. It now has five ambulances, donated by the ambulance services of Queensland, South Australia and Victoria. They were transported here with help from the Royal Australian Navy and the Australian freight company, TNT. At any one time we try to have five Australian ambulance officers working with the service as volunteers. Since October 1999 a total of 32 Australians have served with it. Unfortunately not all the ambulances are suitable. The F-series Fords, for instance, aren't 4-wheel drive vehicles, which are preferable for work in the countryside; they're difficult to maintain, and they're too wide to negotiate the back streets of Dili. In other words, the Ford ambulances are the wrong vehicles for the right reasons. We've been lucky to receive help from the Australian Defence Force units with the UN peace-keeping force in keeping the fleet on the road. Their informal support has been invaluable. Some units have also raised money for us.

Favourable media reports in Australia boosted our earlier efforts. When I first arrived in East Timor, the Australian news media were everywhere. When they learnt about the ambulance service they gave it good coverage on TV and radio. This made other ambulance officers interested in coming here, encouraged ambulance services to donate decommissioned ambulances and helped our fundraising efforts.

I stayed in East Timor for eight weeks the first time, and since then I've been back for two further eight-week stints. After August this year [2001] I'm returning for six months to see the ambulance service through to its natural conclusion. This will involve establishing a government-controlled ambulance authority on the Australian model. One of my tasks will be to work with Joaquim, the chap I trained to operate the first ambulance, to help him improve his skills. He has been doing reasonably good work but has much to learn. He drives faster than I'd prefer and has had a couple of accidents. In one he wrote off an F-Series Ford and in the other a Victorian ambulance officer was injured and had to return home early. Joaquim and I work well together, and he now calls me 'Aman', which means 'father' in the Tetum language. I guess that suggests he trusts and respects me.

The ambulance teams certainly work hard. They're on call 24 hours a day seven days a week. In the 20 months since the service opened it has never refused a call. How hard we work is seen in the amount of weight I lose when I go there. After my first stint I came home seven kilograms lighter than when I'd gone away. The calls we take differ from those we have in Australia, ranging from injuries arising from traffic accidents (no seat belts, and as many as five people riding on one motorbike), road rage (a scary aspect of East Timorese behaviour), domestic violence, machete fights, pay-back beatings of former militia members and, in a society that has experienced decades of tension and violence, the settling of various other old scores. Because there are no ante-natal clinics there are many obstetrics cases. These go to the hospital in Dili run by the International Committee of Red Cross (ICRC). Other cases go to Comoro, the UN military hospital, also in Dili, which is mostly staffed by Australian medical units but also Egyptian and Singaporean units. The ambulance headquarters are now at the ICRC hospital, where the doctors are mainly from Europe.

I have great faith in the future of the service. The people in the villages and urban settlements appreciate what the service is doing, and that makes the whole project worthwhile. It's that which has strengthened my commitment to it. Perhaps it was my commitment that earned me the Humanitarian Overseas Medal in January this year for what I've been doing in East Timor. When I'm back in Australia I spend much of my time fundraising to support the service. We're currently appealing for funds and have a target of $100,000 for training, employment, maintenance of the fleet, communications and the further development of the service. Rotary International has agreed to support our appeal dollar for dollar. Another useful fundraiser has been selling the ambulance service shoulder flashes. These bear a red Maltese cross on a gold field with *Servisu Ambuláncia Timór Lorosae* above and the service motto *Fo laran ba moras no kanek* ('faithful to the sick and injured') in black. Anyone donating $15 or more to the appeal receives one.

(Vince Little, Brisbane, Queensland, June 2001)

Chapter 13

THE UNUSUAL, THE ODD AND THE AMUSING

Introduction

First aiders occasionally have strange experiences. Unusual things happen to them and they see people in unusual circumstances. If they stay in St John long enough they'll witness the whole gamut of human oddity. Sometimes it might seem as if they've been caught in a hilarious scenario plotted by a writer of situation comedies. Occasionally the comedy is unintentionally of their own making. Sometimes it arises from the quirky situations in which they find themselves. At other times it is devised by their in-house practical jokers.

This chapter relates some of the unusual, odd and comical things that 65 Brigade and Operations Branch members have experienced in their years of St John work. The 65 are randomly selected. They happened to respond to a question the present author asked everywhere he went in the 2½ years he was conducting the research for this book — 'What is your most amusing St John story, the one that makes you chuckle whenever you remember it?' Another 65 would have given other answers, and a further 65 an entirely different set of responses yet again. Suffice to say that amidst the regular training, attendance at Divisional meetings and hours on public duty there are diverting moments to leaven the routine of the St John life.

A case of stone-fish poisoning, and a missing student

Many of my St John experiences make me chuckle when I think back over my years in the Brigade and Operations Branch. One was the quite elderly fisherman I once treated for stone-fish envenomation. He was in excruciating pain until I instructed him in the use of a trilene inhaler. By the time we departed by ambulance for hospital, he was pain-free. When we arrived at the hospital and I attempted to take the inhaler from him, he was not only reluctant to part with it, but was determined to buy it from me. It was, he maintained, 'the best thing I've ever seen — and I've seen a few things in my time!' (Note: 20 years ago, trilene was used as an analgesic inhalant instead of the modern-day penthrane)

I'm a school teacher, and teachers see many odd, amusing incidents. One day, when I was teaching in a boarding school, a sick student came to me in class for treatment. As there were only five minutes to go until 'play time' I told him to wait at the school infirmary. When the morning break came, I went straight to the infirmary, but he wasn't there. I checked again before going back into class. Still no one there. At lunch time, I checked again. No one there again. After lunch, I went upstairs to my room to get a book, and there he was — fast asleep in my bed. He'd misunderstood my instructions. But how did he know where to go? He'd never been inside my house before, even though it was on the school property. So as not to embarrass him, I woke him up, took him downstairs and treated him. I've never let on that he shouldn't have been in my house let alone in my bed!

(Daniel McEwen, Sydney, New South Wales, July 1999)

A horse named Charlie

On the last day of a three-day program of the Zone 9 pony club titles in September 1997, a chap brought up his horse, 'Charlie', for some first aid. Charlie had a severe laceration to his left hoof, which was bleeding freely. Two officers of our Monto Division, Jamie and Claire Harris, placed a thick pad to the laceration while applying pressure to stop the bleeding. They then bandaged the wound. Two very happy customers indeed — Charlie and his owner.

(Col Harris, Monto, Queensland, August 2000)

A half-petticoat down to the ankles

All my most amusing St John stories were my most embarrassing moments. We were very fortunate in Western Australia to do a lot of our duties working on the ambulances, which gave us excellent experience in our first aid. While on duty one day, we were called to an accident which was holding up traffic at a busy intersection. When we arrived there was a large crowd of onlookers. A police constable handed me a small child who was uninjured, and I stepped up to place him in the van. As I did this, my heel caught in the lace of my half petticoat which was then pulled down to the ankles, but still held in place on my hips by the waist elastic. It was great amusement for the onlookers until a policeman came and released it from the heel of my shoe, and I could take the next step and disappear into the van to much clapping and cheering from the onlookers. I can have a good laugh now, and my family never let me forget the 'road-show' I provided.

(Norma Olsen, East Victoria Park, Western Australia, January 2001)

A knight of love

I can't mention names in this story, which involves a previous Commissioner, a tireless St John worker who put more time and effort into the task than most who take on the job. He'd just been elevated to Knight of Grace within the Order when his wife, who attended most of the social events in local society, was at such a function — a tea party. Making conversation, one of her companions observed, 'I hear your husband has become a Knight of Grace.'

'He has; but I'd prefer a night of love!' was the instant reply.

The same Commissioner was also chairman of the St John Tasmanian ambulance service when we used to run it in the early 1960s. At one time he banned the use of the ambulance sirens because he was attending church one morning when an ambulance drove past with siren blaring. That made him think the sirens were an unwelcome disturbance to Hobart's peace and quiet.

(Stephen Miller, Operations Branch National Office, March 1999)

A nasty scare for our medical student

In the late 1950s we were starting to change ambulance designs in South Australia, and began replacing our top-heavy vehicles with low, sleek overhead-valve Ford 'Mainlines'. Car 10 was the vehicle allocated to me. This had been built at Geelong, Victoria, by Bodycraft and had been donated by News Ltd and presented to St John by the State Governor, Sir Robert George. One rainy late afternoon we were called to a traffic collision at Cheltenham. One of the crew seated in the back of the vehicle, in a small space between the door and the stretcher, was a very young medical student. We proceeded along Torrens Road with siren and flashing lights warning traffic of our approach. Torrens Road at this stage still had the last vestiges of Adelaide's street tramway system. I could hardly believe my eyes as a large old motor car emerged from a side street and slowly chugged across our path. I immediately swerved to take evasive action and braked. The wheels locked and we slewed sideways on the wet tram rails. I remember thinking that we were about to be involved in a very serious crash. Fortunately the wheels gripped solid bitumen, our speed dropped dramatically and the door where our medical student was sitting was pierced by the old vehicle's tow-bar as we slowly crunched to a stop. The damage, as it turned out, was minimal and no one was injured. I have often reflected on what may have happened to our medical student if we'd crashed. Years later he went on to become one of Adelaide's leading ophthalmologists, and also the District Commissioner of the St John Ambulance Brigade. Currently he is Chairman of State Council for St John in South Australia. Yes, all those years ago I must have given Dr Glynn Davies a nasty scare!

(Vic Kollosche, Findon, South Australia, March 2000)

A strand of fencing wire

Many years ago, back in the early 1960s, I was on ambulance duty one night when my crew answered a call to a train accident. The accident involved a chap who'd suffered multiple breakages when hit by a train. I was a young St John Ambulance Brigade probationary surgeon at the time, eager to apply my medical and first aid knowledge in practical situations, so this was a case to test my skills. When we reached the accident site it was completely dark — no lights to work under except for a couple of torches we had in the ambulance. Our patient was on the ground, lying against a wire fence. We set to work splinting and bandaging him. I was quite proud of the neat efficient job we had done until we tried to lift him on to the stretcher. It was then that we discovered that we'd bandaged a strand of the fencing wire into the dressings.

(Brian Fotheringham, Adelaide, South Australia, June 2000)

A very large urine specimen

My oddest case happened when I was asked by a doctor to get a man to save a urine specimen and take it to the doctor the next morning, bringing the man with me. As instructed, I left the bottle with the man, who was an alcoholic. The next morning when I went his house to collect him, I found he'd thrown the specimen bottle out and had a very large 'Tupperware' jug full of urine. I had a difficult time convincing him we could not take it the 16 miles to the doctor.

(Daphne Brown, Branxholm, Tasmania, July 1999)

A tiff between ancient lovers

My oddest case was here in Darwin. One Saturday night back in 1980 or '81 I was working the 2.00–11.00 p.m. shift at the Parap ambulance depot when my partner, Gordon Milne, and I answered a call to the old Railway Dam near Bennett Street, where various people lived rough in humpies. A shooting had occurred there. When we arrived the police and detectives were already there, all grinning broadly. We couldn't understand why they were so jovial if there'd been a shooting. Gordon got out of the van to investigate. When he returned several minutes later, he was grinning too. 'Go and have a look,' he said, pointing to a humpy. Two old chaps, both in their 70s, had been fighting over an even older woman. One had pulled a gun out and shot the other in the thigh. The old woman being fought over was sitting in a corner saying nothing. We took the injured bloke to hospital; the other chap and the woman were taken to the police station for questioning. We never heard whether or not they were charged, and we never heard whether the chap who'd been shot recovered. Bizarre!

(Glen Denmeade, Darwin, Northern Territory, March 2000)

A urine bottle upside down

I remember well the evening that brought me into St John. My wife and I went to a meeting to learn about first aid classes. I stayed and have had a very fulfilling time with the organisation. My most satisfying cases occurred when I was working as a volunteer on the ambulances and was fortunate to be able to deliver a couple of babies. I've had several bad cases but the worst was fatal accident when a father ran his car into a tree with his two small children aboard. There have also been many amusing incidents, including several I can't repeat on the grounds of self-incrimination. Probably the funniest I can relate was when my attendant gave a male patient a urine bottle. The problem was that the bottle was upside down. The intended contents went everywhere!

(Richard Cook, Unley Park, South Australia, June 1999)

A young singer coughing up black mucous

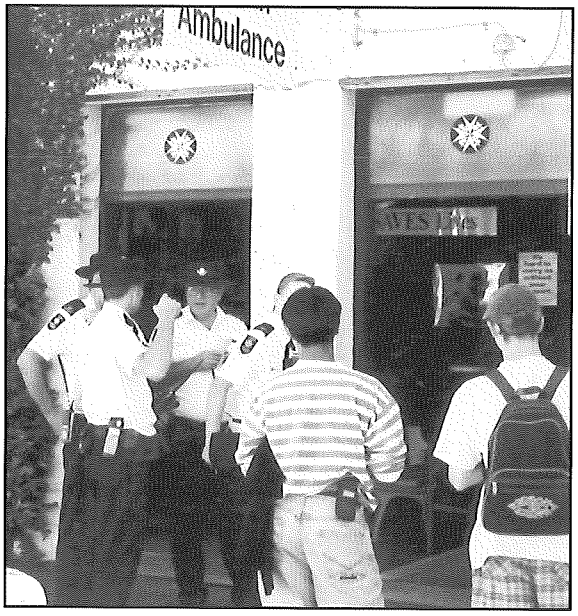
My most amusing case happened when on duty at a school choral concert with a spanking new recruit. All of a sudden a young singer became violently ill, coughing up black mucous. Anxious to show off her newly acquired knowledge, the recruit diagnosed internal bleeding. Fortunately a senior member close by came to see what was amiss. She then quietly informed the recruit that she had been watching the child scoffing liquorice throughout the evening. The recruit learnt a valuable lesson in observation.

(Kathleen Peach, Gawler East, South Australia, June 2000)

Abnormal swelling above the hip

Back in the early 1990s I was in a crew on duty at a road cycling race. There were two of us in a vehicle following the race when up ahead of us four riders collided and fell. I pulled our vehicle over to the side of the road and we then went across to the crashed cyclists. Two of them got up and rode away; the other pair were lying on the side of the road. We angled our vehicle to protect them from the on-coming traffic then took a patient each. My patient was conscious but had lost a lot of skin. I placed him in a comfortable propped-up position and was seeing to his injuries when my partner called out to me in great urgency. Nowadays she's a first aid instructor but at that time was still a new Operations Branch member. She asked me to come and check her casualty, who was conscious but distressed. She'd given him a primary examination but on doing the secondary one had found what she believed was an abnormal swelling on his back above the right hip. On checking him I found out that his cyclist's garment had large rear pockets. The swelling seemed to be beneath one of these so I reached my hand inside it to feel it better. Suddenly it moved then came away in my hand. What I had there was a pulped orange that had squashed as the cyclist hit the road. The story of the alarming swelling gained me much mileage around our Division over the next few weeks.

(Clair Smith, Devonport, Tasmania, July 1999)



St John Ambulance Operations Branch volunteers outside their first aid station, Royal Easter Show, Sydney, April 1997.

Agony to ecstasy in less than a minute

I came into our Ops Branch Division here in Mount Beauty after attending a St John first aid course. My best case was an injured unconscious casualty we handled on duty. He responded well to the treatment and the oxygen we administered then after a trip to hospital was able to come back to tell us he was OK. One of the most amusing incidents I've experienced was a young man I was attending who had a suspected broken ankle. An ambulance arrived to collect him, and the ambulance officer gave him a shot of pain killer, which soon took effect. It was magic! 'Sore ankle? What sore ankle?' our patient was soon exclaiming. He was on cloud nine — from agony to ecstasy in less than a minute!

(Shirley Christie, Mount Beauty, Victoria, March 2001)

Ambulance officer casualty

Early one Sunday morning my partner and I responded to a collapse case at Paradise at 0600 hours. As we were travelling down Newton Road in the ambulance, a Morris 'Mini-minor' came out from Hambledon Road. I attempted to avoid it but the 'Mini' kept coming and collided with the passenger side of the ambulance. After dropping off my partner at the scene of the accident to wait for the police I continued on to the collapse case. On arrival at the address in Paradise I found that our patient was suffering from hysteria. The next morning at about the same time my partner and I were again asked to respond to the same address at Paradise for a collapsed patient. On arrival at the scene and on knocking at the door my partner collapsed and fell backwards hitting his head. While he was lying on the front veranda unconscious I continued knocking on the door for assistance. During this time I maintained an airway and placed my partner in the recovery position. After some time the husband of the patient came to the front door and abused me for delaying treatment to his conscious hysterical wife. Additional transport was arranged for my partner and the primary patient. My partner remained in hospital for five days after having a CT Scan and was diagnosed as suffering from post-concussion syndrome as the result of the vehicle accident the previous morning.

(Peter Lorimer, Golden Grove, South Australia, June 1999)

An 'assault' on 'Rescusi-Anne'

Years ago, back in the mid-1960s, two of our members, Ray Watt and I, got ourselves into a spot of bother with the police while on our way to a seminar at the Royal Hobart Hospital. Our senior first aid instructor, Tony Hinton-Bayre, was demonstrating the 'kiss-of-life' there, using an inflatable life-sized 'Rescusci-Anne' mannikin. Our job was to deliver the mannikin to the hospital. It wasn't far to walk so we set off on foot with our 'Rescusci-Anne' already pumped up. As we walked along we began kidding around, pretending to be dragging 'Rescusci-Anne' away against 'her' will. We were punching 'her', and 'she' appeared to be putting up a struggle, shouting 'No, no no!' in a falsetto voice. Someone must have seen it and reported it to the police, because two police cars drove up. One pulled up in front of us, the other pulled up behind, with the aim of blocking our escape. I was a policeman myself, stationed at Tarraleah in the central highlands at the time, but this day I was wearing my St John uniform. The policemen were quite aggressive. It took Ray and me some time to convince them it was all innocent fun, and that I was one of their colleagues. After they allowed us to continue on our way there was no more kidding around with 'Resusci-Anne'. We arrived at the hospital with 'her' a little later to help Tony give his demonstration. What our audience didn't know was that the demonstration might not have taken place if two of the demonstrators hadn't just talked their way out of a sticky situation.

(Jim Byrne, Launceston, Tasmania, July 1999)

An exercise in counter-disaster management

One day my Division held a working bee to fix up our vehicles. This meant everything. All the buses were driven to one house and met by a group of keen workers. All day we super-glued, washed curtains and pillowcases and blankets, checked plumbing and lights, polished bits and pieces, and spray-and-wiped until the smell became a part of us. Finally, it was time to find every hose and every bucket and wash the outsides. Well, it was just about bedlam. There were suds and sponges everywhere! Stealing other peoples' buckets and water supplies became serious manoeuvres, and accidentally splashing mud on even the rim of a tyre of a bus you weren't working on was taken by the other team as a terrorist attack for which revenge was inevitable. I remember being on the roof of our 3-metre high Winnabago when the ladder was taken from me, and I was left up there at the mercy of two other people with high pressure hoses, and what seemed like an infinite supply of soaked sponges. If nothing else, this working bee was an exercise in counter-disaster management for our Superintendent. We can all afford to look back on it now, and laugh.

(George Meijer, St Lucia, Qieensland, April 2000)

An embarrassing initiation

I had my first experience of St John Ambulance and first aid while World War II was still raging. I'd just turned 17 and had recently passed second year medicine at the University of Adelaide. In order to pass the year we had to attend a St John first aid course, and it was compulsory to gain the first aid certificate before being passed for the year. As young medical students, this was a bore because we 'doctors' thought we would never need to use such knowledge and skills. We consequently treated the course as a bit of a joke. The best part was the practical bandaging and splinting, which provided us with an opportunity to so splint and bandage a gullible colleague as to completely immobilise him/her in the cause of serious learning. We'd then leave the 'victim' while we left for a drink at the pub across the road, only to return in a fairly jolly mood some time later to release a now very irate 'patient'.

Shortly after gaining my certificate, however, I was travelling by tram towards home, when the tram, which had stopped at a compulsory stop, did not proceed on its way as usual. I heard and noticed some commotion among the other passengers. As I looked to see what was going on, I noticed a young woman sprawled on the road between the tram stop and the footpath. Beside her was a bike with a mangled front wheel. The girl lay motionless, and she had some blood on her forehead.

It never occurred to me that I should become involved until my companion sitting beside me, a Science undergraduate, nudged me with his elbow and said, 'Go on! Go and help! You're a medical student. It's your duty!' Suddenly I realised he was right, so forth I went, making my way through the ring of bystanders, to where the accident victim lay. I felt a strange confidence (God knows why!), and began giving orders — 'You two carry the girl to the bench seat of the tram shelter; you two gather the bike from the road' and so on. Before I had gathered myself, my commands were obeyed and I found myself sitting beside the limp girl, holding her wrist and looking intently at my wrist watch. I'd actually seen doctors in films do that, so it seemed appropriate. The patient was pale, she had road abrasions to her forehead and knees, her eyes were unfocused and she wouldn't respond to my questions. I was trying to think what to do next then remembered just in time, 'Call an ambulance'. Pointing to a bystander I said with authority, 'Call the ambulance!'

Much to my surprise, the bystander said, 'No, she doesn't need an ambulance'. I was about to disagree when a tall, strong-looking man stepped forward and said to me, 'I'm an air raid warden. I have my first aid certificate and I do not agree with you. She needs no ambulance. You're incurring an unnecessary expense.' This was the first time that I found out you had to pay for ambulances. Another bystander then stepped forward and called out, 'I know this girl's parents. They live only a short distance from here, so I'll run to get them and they will take her home.'

By this time I could see the bystanders were taking up sides for and against me. The majority were for the air raid warden. In desperation not to be ridiculed, I stood to my full height and, promoting myself by four years, announced in a loud voice, 'I'm a sixth year medical student. I've seen many cases of tetanus result from road abrasions (another lie), and this girl must go to casualty, have her wounds dressed and receive anti-tetanus injections. And if none of you will phone, I will.' A phone box was next to the tram shelter, so I left my patient and rang for the ambulance to come immediately. I guess this took no longer than five or six minutes. When I returned to the patient, I could not believe what I saw. The same girl, looking quite well, was sitting up talking to some of the bystanders. Was this some sort of miracle, or a dream? I could feel the crowd's antipathy towards me and was wondering how I could explain what had happened to the ambulance men when they arrived. How I was going to meet their fee was more worriesome still.

Just as the crowd was about to disperse the injured girl's eyes rolled upward and looked vacant. I noticed a slight twitch of the corners of her mouth and she went very pale. She then slumped backwards on to the bench, obviously unconscious again. I was secretly delighted: her collapse had vindicated my insistence on an ambulance. There was loud applause for my side of the dispute, and the air raid warden slunk away. Now my anxiety focused on the whereabouts of her parents. Would they arrive before the ambulance and snatch her away, leaving me isolated to cope with ambulance officers angered at being the victims of a hoax call?

The ambulance seemed to take an inordinate time to come, but it arrived before any parents. I shoved a note of my observations into the ambulance officer's hand and with even greater haste pushed the unconscious girl into the back of the van. As I slammed the door shut I espied a man and a woman running with all their speed towards the tram shelter. I was off with even greater speed away from the scene. I turned down a side street to hide. I knew they were the parents because they took the bike. When I was certain they had turned to go home, I quietly slipped across the road, assuming a nonchalant expression. Feigning total ignorance of the episode, I walked the rest of the way home, inwardly thanking my lucky stars that my lies had remained unexposed.

Several days later I checked the admission list of the the casualty department at the hospital. From this I learnt that my patient was a young insulin-dependent diabetic, and that whilst riding her bike home had suffered a hypoglycaemic episode. This explained the apparent 'miracle' and her relapse. The experience had proved a chastening one. Having realised the extent of my ignorance, I could now appreciate the need for first aid knowledge, even among doctors. I also gained new respect for the St John organisation and its first aid courses. This eventually led me into the St John Ambulance Brigade, a period as a Commissioner and membership of the Priory's national council.

(Murray Elliott, Clayfield, Queensland, April 2000)

Baby slapped in face

Some time back I was on duty at the motorcross at Oxley when a mother brought her baby of six or eight months up to our first aid post. It was unconscious and having convulsions. I took the baby from her, rolled it on its side and began clearing its mouth with my little finger. The baby revived suddenly and bit down on my finger. With the shock of this I pulled my hand away, As I did my rubber glove stretched then came off, slapping the baby in the face. The baby squawked in outrage. The mother laughed, both amused by the comical sight and relieved that her baby was all right again.

(Hamish Krammer, South Brisbane, Queensland, November 1999)

Chap with a glass eye

The case that still gives me most amusement happened during a surf rescue at South Cronulla beach about 1966. I'd brought a drowning victim ashore and was performing CPR when another swimmer with a glass eye kept asking to help. My Superintendent kept telling him to go away. In the end the 'Super' pointed out his badge of office and explained who he was. The chap with the glass eye then asked, 'When are you going to call a doctor? I'm one and I've been here all this time but you won't accept me.'

(Graham Engel, Woy Woy, New South Wales, April 2000)

Bomb scare at the Commonwealth Games

This is a story about an incident we were involved in while on duty at the Commonwealth Games in Brisbane in 1982. The organiser of the public duties for the Games, Dr David Rossi, our District Superintendent let us choose our working partners so we chose each other — one of us, Joyce James, from Algester Divisions and the other one of us, Joan Smith, from Brisbane Central No. 2 Division. We were posted to the first aid station at Gate 13 of the Queen Elizabeth II stadium, the main venue for the athletics and the opening and closing ceremonies. We were on duty there on the day of one of the highlight events — the 1500 metre final contested by the world's two best runners over that distance, Sebastian Coe and Steve Ovett. A huge crowd was there to see these two Englishmen compete, and even the Queen was there. Another event that day was the women's 400 metres final, which the Australian girl, Raelene Boyle, later won. Because these events were so popular, the stadium was packed out.

Just before the Coe-Ovett race was due to begin the crowd began shouting at several chaps nearby who looked conspicuously out of place because they were wearing business suits. Looking around to see what the crowd were shouting at, we saw a row of police behind us, then looking at the chaps in suits again we noticed one of them had a gun. Joyce asked the police sergeant behind us what was going on. He wouldn't tell us. Eventually Joyce went back to him to say that we needed to know what was going on because we were St John Ambulance Brigade first aiders, and if anyone was going to get hurt we'd be involved. The sergeant then told her they'd been warned that a bomb had been planted under Gate 13. 'You must keep this information to yourselves because we don't want a crowd panic.' he went on; 'so don't even tell your St John mates.'

'We're sitting on a bomb!' Joyce whispered when she came back after talking with the sergeant.

'If we get blown up who'll treat the casualties?' Joan replied.

We decided that we wouldn't be much use to the casualties if we were killed so we decided to edge our way quietly from the stadium, then stand by waiting to go back in again if the bomb went off. We agreed that Joan should move to the rear with the first aid kits and that Joyce would follow in a few minutes. Eventually Joyce worked her way out through the gate. She soon found out that the bomb scare had been a hoax. It was one the police and security agents — the chaps in the business suits — had to take seriously, however, because Aboriginal activists had been threatening to disrupt the Games, and some had even said there'd be a protest against the Queen.

(Joyce James and Joan Smith, Kedron, Queensland, November 1999)

Clip-Clop

About seven years ago I was on my way to a duty at Southbank parklands and on arrival at the complex, discovered that the right sole of my shoe was coming away from the rest of the shoe. My one and only faithful 8-year old 'hand me downs', were in desperate need of first aid if they were to survive an all day event with big crowds expected. By the time I arrived at my first aid base I had a considerable limp, not unlike the hunchback of Notre Dame, my shoe making a 'clip-clop' noise like a loosely shod horse. Hopping was not out of the question to conclude the journey. After reporting to my Superintendent, who was a stickler for attending duties no matter what diversion got in your way en route, I had the presence of mind to send another member with my shoe to a bootmaker in inner city Brisbane, just across the bridge from Southbank, to remedy the situation. My old black shoes survived for a further two years, but eventually we held a mock funeral at a Divisional meeting one evening to witness their passing. They had served St John well, having carried me over hundreds of hours on duty.

(Faye Gledhill, Fortitude Valley, Queensland, January 2000)

Bailed up in a first aid caravan

My most amusing case? Probably being bailed up in a first aid caravan by an intoxicated, sexually-suggestive young lady as I was trying to treat her. This has happened several times.

(Simon Walter, Mitcham, South Australia, August 1999)

'Child sick — abdominal pains'

I was on public duty out at the Parkleigh Markets in Blacktown a while ago. We were having a quiet day there, with few cases to treat, when an Indian woman approached me with a little girl, only about 2 years of age, who was crying loudly. The woman seemed to have very little English, but managed to say 'Child sick — abdominal pains'. Being a trained nurse, I lifted the little girl's shirt and felt her abdomen. As soon as I did, she stopped crying and gave me a big grin. I then rubbed a little water on her stomach. That produced an instant apparent 'cure'. The woman and the little girl then went away very happy.

(Aidan Goldsmith, Sydney, August 1999)

'But I only had one drink'

I've had many amusing experiences in my St John work. One I remember among the many was a lady very intoxicated saying, 'But I only had one drink'. Her idea of 'one drink' was a whole bottle. Another time was after pulling up in the ambulance to cover a Government House function. We put the bonnet up to check the oil and a dozen reporters came rushing over, thinking they might have the scoop of the day. Then there was the lady I had to take in the clinic car from St Andrews to Stirling. All the way there she kept telling me about how a male nurse had helped her on with her corset. She had never been treated by a male nurse before, but kept on saying how efficient and kind he was. Finally, there was my very first casualty at a scrambles meeting — a rider who'd come to grief. I carried out the patient examination in the normal way. Imagine my surprise when I removed 'his' helmet only to discover that that 'he' was a female.

(Alan Hills, Modbury, South Australia, November 1999)

CPR for a jockey, and a car that parked itself

I joined St John because I was invited by a friend of the family, Al Graham, the Superintendent of Modbury Division, to join the cadets in 1977. When older I joined the adult Division and went on to the ambulances. I left in 1990 after volunteers were removed from the metropolitan ambulance service but rejoined in 1998, joining the Golden Grove Division. I've discovered that, like me, many past members have rejoined in the last few years. My most memorable case was a jockey incident at the Cheltenham race course. The jockey fell from his mount and when we got to him he was unconscious with no detectable heart beat. We gave him CPR until an ambulance arrived to take him to hospital. We later visited him in his ward there and he thanked all involved in saving him. Once when I was on ambulance duty my crew was called to a house at night. We had been told it was a vehicle incident, but as there was no sign of this we went to the front door to inquire further. It turned out that the patients were OK though a bit shaken. What had happened was that their car had failed to corner the bend, run up the driveway of the house we were called to, smashed through the garage door and then parked itself (wrecked) in the garage in the space between the house owner's own car and boat.

(Paul Truslove, Paralowie, South Australia, June 1999)

Do not wake the sleepwalker

It was at the 1998 Pan Pacific Scout Jamboree at Springfield, Queensland. We were sitting around the first aid post one morning when a Scout leader informed us that there was a Scout 'going off his nut and wearing his jocks and a blanket'. Immediately I thought it was either a mental disturbance, or that someone had taken something he shouldn't have. The Scout leader and I approached the boy who was sitting on a chair in the quartermaster's tent in his undies, mumbling and waving his arms around. Cautiously I approached, asking him his name. When I couldn't understand the reply I decided to check the ID tag he was wearing around his neck. Both the Scout leader and I couldn't help but laugh when we saw the message written boldly across the tag:

SLEEP WALKER
DO NOT WAKE
PLEASE RETURN TO CAMP 445

As I walked the sleep walker back to his tent we had a lengthy conversation about how bad the toilets and showers at the Jamboree were — and the whole time he was asleep!

(Andrew Scurr, Eight Mile Plains, Queensland, January 2000)

Divine protection

The Pope was visiting Darwin. As the Brigade nursing officer I'd taken great pains to set up a field hospital at the show-grounds venue to accommodate what we thought would be numerous patients. We had 20 beds and stretchers, no less! My pride took a tumble however when our District Superintendent looked at the 20 beds and murmured 'Oh ye of little faith!'

(Lesley King, Darwin, Northern Territory, June 2000)

Cross-dressing parade

The funniest incident I've ever seen on duty happened at a cross-dressing parade of gay people. One of the participants was a chap wearing such very high heels that he was a little unsteady on his feet. As he went past us he toppled over and injured his ankle. With us there he'd chosen the right place to fall.

(Katherine Adams, Nundah, Queensland, November 1999)

'Doctor talk. You'll be out of your depth'

With my commissioning in the Brigade as a District Officer Grade 2 and a Corps Superintendent, I made a conscious decision not to wear the red piping around the epaulettes of a medical officer. I did this in the belief that these were administrative positions and that the medical side was secondary. My real need, I reasoned, was to be able to deal with Corps staff, Divisional Superintendents and the general membership and gain their confidence as an administrator. Later, at a Priory meeting in Perth I went to join a group of District Surgeons of varying rank while wearing my uniform without the customary red piping. They told me quite pointedly that they were talking 'doctor talk' and I would be out of my depth. I then made my retreat to the group of my 'non-medical peers' feeling quite vindicated in my original decision not to wear the red piping.

(Dermot Foster, Bunbury, Western Australia, September 1999)

'Donations for this unfortunate soul'

We went to the Bathurst races to do duty hours over a November weekend in 1999. We went up to a post called 'Foxtrot' which was on top of the mountain. It's also known as the 'Feral Pit' because of some of the characters who congregate there. Many 'slightly intoxicated' people dwell up there over the weekend. There were some 'merry' people who were riding round on 'eski trains', and there was even a coffin full of beer being pulled around by some very, very merry people. One particular fellow was so intoxicated he was found asleep, or perhaps unconscious, in an old arm chair. Someone had placed a long bread roll inside his open fly and gently placed a cigarette in it. They'd then placed a sign against him saying "Donations for this unfortunate soul". We all laughed with them, but when we did our usual check we found that the gentleman in question had actually broken his leg but because he was so drunk he didn't feel a thing.

(Shirley Clarke, Molong Cadet Division, New South Wales, May 2000)



Commissioner Murray Elliott (second from left) with a group of Brigade members from Townsville, mid-1960s.

Don't go above 30

In my early days in the Brigade in the late 1940s, my car became the team vehicle for my Division's first aid competition team as we hurtled all over Western Australia at high speed. The team coach, Ernie Rendell, was terrified of speed but knew nothing about cars. So we used to sit him in the middle of the front seat and tell him to watch a gauge and if it went above 30 to dig me in the ribs. He would keep his eye fixed on it and at the end of each trip would say, 'You did well, Doc. You didn't go over 30 for the whole trip.' We never did tell him it was the oil gauge.

(Dermot Foster, Bunbury, Western Australia, September 1999)

Down a 6-foot drop, and other strange tales

You see many amusing things if you spend 50 or more years in St John as I've done. The three most amusing I've seen were these ones:

Down a 6-foot drop: One day back in 1974, Harry Woodall, the officer second in command of the Brigade's rescue squads in Victoria, was helping an ABC television crew make a documentary about the work of the rescue squads. They were interviewing Harry and other squad members in the Grampians [rugged mountain range in western Victoria], during one of the rescue squad training exercises. At the end of the interview Harry stepped back and disappeared from view down a 6-foot [1.8-metre] drop. It was a pity the TV crew didn't record it because it was a very spectacular way to end the interview.

The disappearing Commissioner: Back in the early 1970s when Dr Peter Bush was our Commissioner, we were conducting a rescue squad exercise in the old fortifications at Portsea. Dr Bush came along for a few hours to view the exercise taking place. 'What's that?' he asked, stepping forward to point to the lift shaft used for raising shells up from storage to the guns. He stepped too far. Suddenly he disappeared from view, down a couple of metres of empty shaft.

Lying back asleep in the landau: One of my very early memories was the visit to Melbourne of one of the Royal Dukes for the centenary of Victoria in 1934. He arrived aboard the HMS *Exeter*, and everywhere he went crowds came to cheer him because we didn't see much of Royalty in those days. I was only five at the time, but my parents took me to see the Duke ride down Beaconsfield Parade, Albert Park, in his landau. His biographer later wrote that 'he had a reputation in some quarters for insobriety'. This was one occasion when he lived up to it because he seemed to be lying back asleep in his open carriage oblivious of the crowds lining the road to watch him pass by. He later served over 30 years as the Grand Prior of our Order. I have his signature on the documents admitting me to membership.

(Ian Cheesewright, South Melbourne, Victoria, September 1999)

'Em-Care' ambulance rolling downhill driverless

During my period as a volunteer ambulance officer in Adelaide an odd incident occurred on the New Norton Summit Road, where there was a traffic accident. On arrival at the scene my partner and I were directed to a private residence and had to drive our 'Em-Care' vehicle up a hilly and meandering driveway. Both my partner and I went into the house to treat the occupants involved in the accident. I needed additional resources and I went outside to see the ambulance sliding down the driveway. I yelled out to my partner who came out of the house and started running towards the ambulance. Of concern was the downhill driveway that ended at the road that bordered on a sheer drop into a ravine on the opposite side of the driveway. My partner chased the ambulance down the hill and managed to jump into the driver's seat and turn the vehicle on entering the main roadway. This avoided the possibility of disaster where both my partner and the ambulance could have been lost over the edge of the roadway. Fortunately the patients that were being treated and the bystanders at the accident scene were unaware of the potential disaster.

(Peter Lorimer, Golden Grove, South Australia, June 1999)

Found 'dead' in the forest

At our local show we did a duty. We did a casualty simulation scenario. I was a 'casualty' and I had a 'head injury'. I was wearing my Cadet shirt and the 'blood' ran down the inside of my collar. It was very sticky. Afterwards I had to go home to wash my shirt then have a shower to get the sticky stuff off myself. One other time we were doing a casualty simulation in a forest. A friend and I travelled in a van with a man from the fire service. He was supposed to know where we were going, but we got lost. We had to drive round the forest three times before we finally found where we were supposed to be. We were then made up to look as if we'd been in a car accident. My friend's role was to be found lying on the ground. The guy that had driven us to the site then came along. His role was to find us. He examined us carefully, then pronounced my friend 'dead'. We were trying to act our parts seriously but couldn't stop laughing at him. He was very serious too, but after the farce of finding the site we found it all too much to keep straight faces.

(Lisa Murray, Molong Cadet Division, New South Wales, May 2000)



A member of the St John Ambulance bicycle patrol on duty during the 2000 Sydney Olympic Games.

Flattened by a backhander

David (my husband) and I have done a lot of first aid competition work. I've been a national champion twice. The first time was at the nursing championships in Canberra in 1978, when I was a member of the team from the Claremont Division that won the teams' contest. The second time was here in Hobart in 1981, when I won the individual title. As a result I'm allowed to wear two badges on the right sleeve of my uniform showing I'm a national champion. When we won the teams event we couldn't believe it at first. In announcing the results the Chief Commissioner, Dr Douglas Donald, said 'The winners are from a little place that holds the big place up.'

We stood there dumbfounded, not quite realising that he meant us. Just then our Commissioner, Dr Large, threw his hat in the air and it was then that we knew we'd won. We became competition winners because of the coaching David gave us. When he took over our training Claremont began winning. He made our training exercises realistic. For example in the shooting scenario he made sure we used a real shotgun not a broomstick and in the one for a car crash it was a real car body not just chairs piled together. He made us do the exercises in the dark without a torch, and so in the end we could have worked blindfolded. He worked us in the rain, the frost and heat of summer; and when we had to react to a simulated accident in which a drunk driver had run over two children David's truck was the main 'stage prop'.

The unforeseen can turn up in any competition. We had one unexpected moment of drama and comedy in our State championships back in 1985. It involved an accident scenario in which one of the 'patients', a girl of 15 or 16, had to make a pest of herself by getting in the way of the competing first aiders. One of the competitors, a chap from Savage River, didn't realise she was part of the scenario. Instead of taking appropriate action to check her out and then distract her by giving her something useful to do, he thought she was just an interfering passer-by who was making a nuisance of herself. When she ignored his requests to get out of his way he became angry. In the end he gave her a backhander that flattened her. One of our District Officers, a policeman, was so incensed by his action that he wanted to arrest him. Others thought he should have been disqualified from the competition immediately. That didn't happen, however. He was reprimanded instead. He claimed he hadn't really struck her but had only tried to push her out of the way.

(Kath Burns, Hobart, Tasmania, July 1999)

Football fainting spells, and a pretty face

Our first aid duties at the football ('Aussie Rules' of course) have provided many amusing incidents. One I remember was back in the old days when the VFA [Victorian Football Association] finals matches were played on the Junction Oval at St Kilda. There was a spectator in the outer ground who always suffered a fainting attack. Eventually we came to recognise him as one of our 'regulars'. He used to faint frequently, and whenever he did our first aid team would take him into the members' stand, where our first aid station was located. After we'd treated him he'd be allowed to sit nearby under observation in the comfort of the members' stand, from where he had a bird's eye view of the match. In the end we realised his 'fainting' spells were a ruse to get a prime seat for free. We told him that if he ever fainted again we'd have him ejected from the ground. That ended the 'fainting'.

Back in the late 1970s we treated a young woman at one of the VFL [Victorian Football League] finals matches on the Melbourne Cricket Ground. She came to our first aid station with bad lacerations across her face. The doctor we had on duty that day, Norman Mellor, was an eye surgeon. He decided she'd need stitches and that he'd do them himself because he had some very fine thread that would leave no scar. He guessed that if the stitching was done at the casualty ward of a hospital coarser thread would be used, leaving scars on her very pretty face. When Norman had finished he told her she was unlikely to suffer any scarring. She threw her arms around him and gave him a big kiss. Norman thought that was a better reward than knowing he'd done a first rate job with the stitching.

(Merv Goodall, Melbourne, Victoria, October 1999)

Glass eye popped out

Living in a remote place, a Brigade member not only practises first aid, he also teaches it. At one class a student, whose face and speech testified to an earlier accident, was the most enthusiastic student in a class which contained some rather indifferent people who were required by their employer to attend. The subject being taught was CPR, and it was time for class practice. First off his seat to volunteer was this man I shall call 'X'. His vigour exceeded his keenness so much that, whilst doing compression, his glass eye popped out and bounced across the floor boards towards the astonished and now wide awake class. 'X' kept going manfully, saying later, 'I've got another glass eye at home, but you can't afford to lose a life, can you?'

(Reg Graham, Strahan, August 1999)

Green as grass

I joined St John because looking after 30 Girl Guides at their weekly meetings plus hiking and camp weekends necessitated a higher degree of first aid and home nursing skills than I held, especially as the girls were other people's children. There have been several cases that stand out as good ones over my 40 years of service. A 2½ year old in convulsions, holding his breath etc, then seeing it come to life pink instead of grey in colour, then letting our a lusty yell for Mummy. Another a year ago was a 16 year old approaching me in the garden to stop the bleeding of his arm after a fall from his roller blades. I had to push the flesh back on to the bone and bandage the arm as pre-hospital treatment. My worst case was a patient with a burst ulcer in the stomach. Parts of the lining were sloughing away in continued almost non-stop vomiting. So much distress and shock, and very little chance of her seeing home again. One amusing story about my St John work was from when I was newly trained and as green as grass with another even greener member with me. We were on duty at a well known maternity hospital in Western Australia. Public ward babies were being given to their mothers for feeding. 'Sister, Sister, was the call, how many times on each side?' There was nobody else to ask but us greenhorns. 'Just see which way baby likes it,' we replied. 'Five minutes, ten minutes? Let's just see.'

(Mirren Duncan, Rivervale, Western Australia, August 1999)

'Have you seen my missing dentures?'

You have many quaint experiences when you work for St John. One I recall was the first case on the first duty of one of our new members. Proudly wearing her new uniform, she treated an elderly lady who was vomiting. The lady stayed with us for quite a long time but eventually she said she was feeling better, then thanked us and left. She returned a short time later. 'When I came in here I had my top and bottom dentures,' she whispered, 'but now I only have the top set. Have you seen the missing set?' The new member, with our help, had to sift through all the rubbish until she found them. The elderly lady was very grateful and happy. We presented our new member with an award for the 'best denture retriever'. Another comparable experience happened during a sporting function we were attending. We were very busy there, working out of a tent. One of our patients was a young woman who was vomiting into a brown paper bag. When she'd finished we were still so busy we had no time to dispose of it properly, so we sealed the bag then placed it inside the tent, on the ground and at the back until we had time to remove it. We kept working. As we did, one of our members noticed a hand appear under the tent, grab the bag and take it. We could only speculate on what the thief said when he opened the bag later.

(Nancy Tranby, Murwillumbah, New South Wales, November 1999)

Head resting on the shoulder of a pretty blonde

Late in the 1970s I was teaching a first aid class at the St John Ambulance headquarters in Hobart when something odd happened. I was lecturing on the circulation of the blood when I glanced at the students and noticed a young chap with his head resting on the shoulder of the pretty blonde girl sitting beside him. 'What's going on here?' I thought to myself, then asked the girl if everything was all right. It turned out that the chap had fainted. We took him into a side room and laid him down. He came to a few minutes later then asked what had happened. I told him he'd fainted and should therefore see a doctor — something he said he hadn't done in years. The next week, back in the class again, he thanked me. He'd been to the doctor, who'd discovered that he was anaemic. I was relieved to hear it because I'd thought his fainting spell had been a ruse for making up to the girl.

(Reg Butler, Hobart, Tasmania, July 1999)

Horse not recorded as a casualty

Upon returning from a duty at a polo-cross carnival my wife asked me if we had treated any casualties. I replied 'Only one — a horse.' It came about thus. A female competitor brought her horse over to me to explain that it had received a large cut above its eye a week previously and after treatment from the vet she had not been able to get back to him to have the sutures removed. She asked me if I would remove the sutures before she played in the next chukka. I duly removed them but did not record the horse as a casualty.

(Keith Bradley, Dianella, Western Australia, February 2000)

How much do you get paid?

Over the years I have treated lots of patients, mostly out of uniform. Some have recovered and some have not.

A kid I knew once asked me, 'How much do get paid to do first aid at a football game?'.

'You could not pay me enough to get up before dawn, stand on a frosty oval for hours and treat footballers who can't even wear protective gear, I replied. 'I do it for the service of mankind, which is the motto of St John Ambulance.'

That sums up what I do and why.

(James Singer, Woden, Australian Capital Territory, November 2000)

How slippery newborn babies are!

As well as the sickening cases there are the comical ones. One of mine was a baby I delivered in a house off Sturt Road, Sturt. As I pulled up outside the house in the ambulance a woman came out. 'Quickly, quickly,' she called out, 'my daughter's having a baby!' I thought a doctor was in there so I waited in the ambulance. A couple of minutes later the woman came running back out. 'Quick, the baby's coming!' she said. I told her the doctor would take care of things, and when he'd delivered the baby I'd take them to hospital. 'But the doctor isn't here yet,' she said. I went inside to the daughter. The baby's head had already appeared, so I took hold of it to ease the baby out. Suddenly it popped out and slid on to the bed. I couldn't hold it because it was so slippery. Anyway, I cut the cord, cleaned the baby and gave it to its mother. The doctor arrived just then. I showed him what I'd done. 'You can remove the placenta now,' he said. I'd missed that, too, because it was so slippery. After I'd removed it I told the doctor that we ought to amend the first aid manual by adding a sentence or two explaining how slippery newborn babies are.

(George Mannix, Adelaide, South Australia, June 2000)

'I saw the big first aider in action'

What was my most humiliating St John experience in retrospect is also my most amusing. One of my first public duties as a Cadet was at Newcastle Show in the early 1960s. We were called to the area where the wood chopping events were being run. I was with a Divisional Officer. Our case was an elderly man who had hurt his ankle and was unable to walk so he needed to be stretchered back to the first aid room. Being the Cadet, I was sent on the mission to arrange for a stretcher party to carry the casualty back to our room. Three other adult members were organised with a stretcher to come with me. They also brought their first aid kits and water bottles, which were not required, so they gave them to me to carry. I had four water bottles around my neck and four first aid kits, one in each hand and one under each arm. They were the old wooden ones. I also had to lead the stretcher party through the crowd. I was up behind everyone when they lifted the casualty, then they asked me to go to the front. As I tried to get to the front fully loaded with all my equipment there was a wooden window propped open with another piece of timber. As I tried to get past I knocked the timber out and the window shut on me, jamming my head in the window. So the stretcher party had to lower their casualty back to the ground and rescue me before moving off again. To make matters worse my brother was standing in the crowd watching all this. When I arrived home that night there was a note left out saying 'I SAW THE BIG FIRST AIDER IN ACTION'.

(Nola Osmond, Waratah, New South Wales, September 1999)

Improvisation

Wally was born in the mid-1920s and was brought up on a country farm where he learned at a very young age how to fix machinery and motor cars. He was a master at improvisation, being able to fix things with a piece of fencing wire, and always seemed to be able to get any car started and sent on its way. All St John Ops Branch members know how important the Divisional annual inspection is, and Wally was no exception. Superintendent Allan Lewis of Hindmarsh Division wanted a full turn out of immaculately uniformed members. Wally had arrived straight from work with his uniform neatly folded in a suitcase. Imagine his concern when he found his wife had not packed his black socks. How could he go on parade in brightly coloured socks? Well Wally did go on parade and District Superintendent Bert Grimshaw gave a very high rating for the inspection. Those in the know quickly sought out Wally after the dismissal and asked where he obtained his black socks. To their great surprise, he lifted his trouser leg to show a pair of ankles that had been blackened with boot polish. Improvisation that had successfully escaped the Inspecting Officer's eagle eye.

(Vic Kollosche, Findon, South Australia, March 2000)

Innocent, impressionable 19 year old

I joined St John as a youth after a neighbour invited me to come and help out and learn in the local Cadet Division. I ended up as the Divisional Officer before going on to the adult Division. My best case came when I was on duty at a triathlon. I had to treat a fracture at the side of the road, using my newly acquired Level II skills to relieve my patient's pain. My worst experience was treating a hurt child who needed observation and further treatment. The parent, apparently uninterested in the child's health, dragged it away. I couldn't believe that a parent could so callously disregard a child's well being. My most unusual case happened at a speedway when I was treating one of the drivers, who had a buttock injury. When he stripped off his leathers for me to treat him, he was wearing no underwear. I was an innocent, impressionable 19 year old.

(Carol Schelfhout, Glen Forrest, Western Australia, December 1999)

Just because a patient has his coat on back to front doesn't mean his neck is broken

I joined St John in 1937 after attending a first aid class at Eastwood conducted by Mr Luke Gallard, who was from the Epping Ambulance Division. Mrs Florence Hoyle wanted to start a Division at Epping where she lived. I joined, and the rest is history. I enjoyed every one of the 38 years I remained in the organisation. My case with the most satisfying outcome came in 1947, when I saved a policeman's life. He had collided with a bus on which I was a passenger. He suffered a broken leg — both bones in his lower leg broken. I treated him where he lay on the road. I used my scarf and bike pump to apply a tourniquet until the ambulance came. Unfortunately he lost the leg. I visited him in hospital, as he'd requested, so that he and his wife could thank me personally for my help. A case that still causes me regrets happened when I was on duty at the Ryde Hospital years ago and had to sit monitoring the condition of a dying patient. There was nothing I could do to help but sit, observe and report. Nowadays there's an intensive care ward with electronic monitoring devices to register every change in the patient's condition. Way back then there was no such equipment. The ebbing of life was monitored through observation by someone like me. No matter how scientifically it might have been done, it was very distressing to sit and watch someone die without being able to intervene. One of my more amusing incidents involved an instructor who made the point that just because a patient has his coat on back to front doesn't mean his neck is broken, Examine your patient carefully, he said. Observe everything! If you don't examine your patient carefully you could be held responsible for breaking his neck! Good advice, but the idea of anyone rotating a patient's head through 180 struck me as comical.

(Constance Turner, Ryde, New South Wales, January 2000)

Luckless MG

I was working with my wife (to be) as a road ambulance crew when we were sent to an explosion in a petrol station. We arrived with lights flashing and sirens blaring. My wife was driving. After getting out it became apparent that the 'explosion' was a ruptured radiator and that no one was injured. However, we did not realise that our spectacular arrival had caused a patron driving slowly through the petrol station to swerve and hit a parked MG sports car in the nose. The MG driver, who was an off-duty police officer, had talked with the other driver and the two began to back their cars away from each other. At the same time my wife began to back up the ambulance in preparation to leaving. I had my head down filling in paper work. Suddenly — 'Crunch, tinkle, tinkle!' As we had backed turning slightly left, the MG had backed turning slightly right and our rear corners collided causing the tail light cover on the MG to be knocked off and smash on the ground. My wife froze. I called up on the radio and said there would be a short delay and then got out of the ambulance. The MG driver was jumping up and down shouting 'But I'm a policeman! I'm a policeman!' Eventually he calmed down and we exchanged details. Following this I got back in the ambulance, whereupon the communications officer called us and gave us another urgent case. So on went the lights and sirens and off we went back the way we had originally come. I often wondered what a bystander would have thought — an ambulance comes screaming into a petrol station causing an accident; the crew gets out and wanders around chatting to a few people; they get back in and back the ambulance into another car; they get out again and chat some more; then they get back in, turn on the lights and sirens again and scream off back the way they came.

(Bill Griggs, Medindie, South Australia, July 1999)

Magic spray

I was out doing Junior Football; the very little kids were playing. One kid went down, got up crying and holding his groin. I called him over to the sideline, to which he walked without too much trouble. I assumed he needed a bit of attention more than first aid. So I set about a great spiel on the magic spray I had in a bottle. I shook the bottle and the child listened to every word I said, then I pulled the front of his shorts forward and sprayed some cold water on a red mark on his groin. Just then as I was checking my treatment I noticed that the child did not have what I expected to see. It was a little girl, not a boy as I thought. She ran off as happy as Larry. I turned around embarrassed, as the parents were all laughing at my reaction to what I hadn't noticed.

(James Singer, Woden, Australian Capital Territory, November 2000)

Many men — all naked

My funniest case occurred a few years ago when we were at the Performing Arts Centre for a production of 'Pirates of Penzance' starring John English. I was called backstage because one of the actors had been accidentally hit on the head by a sword. When I got there I found the bloke had a small cut on the top of his head and needed a 'Band-aid'. I was diligently putting it on when I glanced up and noticed for the first time that there were many other men in the room — all naked. 'My God!' I gasped in horror, to their great amusement. I was a very shy young woman then, and I'd never seen naked men before.

(Angie Smeralda, Fortitude Valley, Queensland, November 1999)

Meat pies missing, and a car that strayed into the oncoming lane

One Saturday evening my partner and I were asked to respond as a second ambulance to a vehicle accident involving a head-on collision outside the Adelaide Children's Hospital. On arrival at the scene a volunteer crew from West Torrens was providing care to a male patient in the driver's seat. We were directed to a female patient in the passenger's seat. A third ambulance had also been called to assist occupants of the second car, who had minor injuries. Although conscious, the female patient was affected by alcohol and on beginning my primary survey I saw that her dress was open and both breasts were visible. After getting over this initial shock I covered her with a sheet and continued both primary and secondary surveys. She had suffered concussion with no other injuries and was placed on a stretcher for transport to hospital. During this time my partner had gone to the ambulance belonging to the West Torrens crew and found a number of pies and pasties in the linen compartment of the vehicle. He subsequently retrieved them to our own ambulance for safe-keeping. After placing my female patient in the ambulance I helped the other crew by assisting them place the male patient onto the stretcher. At this time I noticed that his belt was undone and that his trousers were below his knees. There was no reason for the other ambulance crew to remove his trousers. At the hospital it was concluded that the female occupant of the car had been giving oral sex to the driver, who, during orgasm, had wandered onto the wrong side of the road and collided with an oncoming car. During discussion on the circumstances of the accident my partner was eating a pie and the West Torrens crew approached us and complained that while they were attending the scene of the accident someone had taken their pies and pasties. They were unaware that the pie being eaten by my partner was in fact one of their missing pies.

(Peter Lorimer, Golden Grove, South Australia, June 1999)

Neat, white rubber gloves

Late one night, when we'd first started using gloves for protection on the St John ambulance service in Adelaide, my crew was called to a stabbing. Upon arrival at the scene we found an accountant who was bleeding profusely from multiple stab wounds. For such a case we needed gloves, so I took a box of them with us. All the gloves were large. Every time I tried to tear off a piece of elastoplast to secure the dressings over our patient's wounds, the tip of my glove would get stuck to it. About seven pairs of gloves later, all the wounds were dressed and we loaded the patient for a 'Priority 1' trip to hospital. Upon our arrival at the casualty department all the staff were at the ready with all the necessary equipment for urgent treatment. On wheeling in our patient, the head of the department asked me, 'What's this? Some new sort of treatment we haven't heard about yet?' When I looked to see what she meant I realised she was referring to the neat white rubber gloves carefully attached to each stab wound.

(Cathy Gerner, Adelaide, South Australia, May 1999)

Needle and cotton hastily called for

In May, June & July in 1992 members of St John in Tasmania, under the guidance of the Southern Corps Superintendent, a Cadet Superintendent and myself, were busily preparing for the ceremony of 'Receiving and Dedication of the Colour'. The team practised every weekend for a couple of months. On the morning of the day that the Colour was to be presented to the Commissioner by the Governor of Tasmania, a final rehearsal was held at St John Headquarters in Fitzroy Place, Hobart. After the rehearsal we were all getting into our vehicles to go to the City Hall for the ceremony, when the Southern Corps Superintendent sheepishly approached me and told me that he would not be attending. After speaking with him I found that after the rehearsal he had squatted down to do something and had split his pants, tearing them open them right along the seam. Needle and cotton were hastily called for and after some thread and needle were produced, urgent repairs were carried out. All concerned arrived on time for the handing over and dedication of the Colour.

(James Byrne, Launceston, Tasmania, June 2001)

Obese lady suffering asthma attack

When I was a bit younger and hadn't filled out much, I was on duty at an Anzac Day parade with my Divisional Superintendent, Ian Johns. We were called to attend an obese lady having an asthma attack. She was very, very large. Ian, who's an ambulance officer, decided to give her oxygen. To do this he needed me to prop her up securely. The easiest way of doing so was to support her from the rear, taking her weight against my thighs. Ian began giving her the oxygen, but within a few minutes her weight against me was so heavy she began crushing me. I began fainting with the weight of her pressing against me, but Ian was so busy with the oxygen he didn't notice that by now I needed it as much as she did.

(Aidan Goldsmith, Sydney, August 1999)

'Not you, the patient!'

Once I was helping to carry a patient on a stretcher. I was at the 'heavy end', the head, and for some reason was at that end all by myself. One of the two bearers at the feet of the patient asked, 'How are you going now?'

'Oh, not that bad; I'll make it,' I replied.

'Not you,' he said, 'I was asking the patient.'

(Kieren Brown, Devonport, Tasmania, August 1999)

Murphy's Law at the Brisbane first aid championships, 1964

Decades ago, during the Vietnam War, I was District Surgeon for the St John Ambulance Brigade in Queensland. One of my duties was to set the problems for the Brigade's Australian first aid championships when these rotated to Brisbane with the annual Priory Conference in 1964. I also had to set up the competitions and judge them. What happened was a case of 'Murphy's Law' demonstrably proved: whatever could possibly have gone wrong did. This is best understood by considering my tale under the following headings:

The problem: Being an obstetrician-gynaecologist, perhaps I subconsciously steered the problem to be solved into my own area of expertise. I envisaged the following scenario. A young pregnant woman is nearing full term. Her husband, a soldier, is an in-patient at the military hospital at Yeronga, used very actively during this time as it received serious casualties from Vietnam. The patient is waiting near the front gate of the hospital grounds until the wards were open for visitors. The seat that is used for visitors is beside the front gate, which leads to a relatively steep path up to the orderly room of the hospital about 50 metres distant. The patient sits with some other visitors.

The action: A visitor notices that the pregnant 'patient' is restless, and is holding her head between clasped hands. When asked if she is all right she replies that she has a severe headache and sees some lightning-like streaks before her eyes. On hearing this the visitor rises to seek help when the patient begins to have spasmodic movements of her limbs, and then some 60 seconds later has a major fit (eclampsia) and falls forwards on to the ground, still fitting. After two minutes she ceases the seizure and passes into a post-fitting deep coma. At this stage she is breathing slowly, lying supine, with her hands above her extended neck and blood is oozing from her mouth (simulated by a 'blood capsule').

Timing: The competing teams would see all this happen at their time of commencement of competition. They had access to witnesses for information.

Pre-arrangements: The patient's condition was simulated by a large cushion pushed up under her skirt and partially covered by her jumper.

Precautions: I briefed the commanding officer of the hospital about the competition, telling him that I hoped that one of the competing teams would inquire of his staff about the nearest telephone and/or their help from any uniformed army medical officers. I asked the CO to tell the staff they could advise, but not actively talk the case over with the competitors as they worked on their problem. The CO understood and said he would promulgate my wishes.

The patient: It is not the easiest part of such a competition to induce a person to become a patient, particularly a female. In this case, and after considerable brain-washing, I induced a nubile-looking woman of 25 years to agree to act for me. She was my instrument theatre sister at St Martin's Private Hospital. She was a registered nurse and a midwife. She had seen two real life cases of eclampsia so knew how to play her appointed role. We were good friends and she had 'done my instruments' for three years or so. I constantly reassured her that she would come to no harm: she was simply a passive actress and it was for a good cause.

The day: It was a typical Queensland winter day, except that there was a chill factor, and most people were rugged up.

The first team: I think they were from Tasmania. All went well with the acting. The patient turned on a spectacular fit, and the team and the visitors saw her fall (still fitting) on to the neat white canvas sheet on the ground, stop fitting and start 'bleeding' (from the blood capsule), the blood gradually oozing from her mouth.

The competitors were struck dumb. I think the pregnant state was something that they had never experienced, but one member went running up the path to the orderly room. As he ran he encountered an army captain, a medical officer, walking along the path and asked where the nearest phone was. The captain replied, 'Why?' The competitor informed him of the 'seriously ill pregnant woman', whereupon the medical officer rushed down the path, pushed aside the competitors and, seeing the blood oozing from the 'patient's' mouth and the half dissolved capsule beside her, became rather confused himself. However, he organised a stretcher party, who arrived some minutes later, loaded the patient (still pretending to be comatose) on to their stretcher, and had her officially admitted to their intensive care ward for observation. The medical officer had obviously not received the CO's message, but his action of course had negated the competition and I had lost my patient for the next team, or at least until I got her discharged from hospital.

The second team: Everything was being rearranged when the patient said to me, 'I can't really enact the epileptic-like fit. My bra is too tight.' So I said, 'Well, slip it off.' This she did.

The second team got off to a better start and everything was going according to plan until one conscientious member of the team decided to check for possible fractured ribs, by slipping his very cold hands under the patient's jumper, whereupon he came across her bare breasts. I don't know which of the two got the greater shock — the investigator, who in his surprise withdrew so quickly he knocked over one of his team mates and his open medical kit, strewing the contents all over the place, or the patient, who from a comatose state screamed aloud, sat up and became extremely conscious, thus terminating the whole scenario. This made it hard to award competition points.

The third team: After reassuring my doubting patient that the palpation of her breasts would most likely not be repeated, she agreed to continue to act for the next team.

Once again the next team were doing well and were nearing the end of their competition time when one observant member noticed a moist patch on the canvas when the patient was being treated. (The moisture on the canvas, unnoticed by me, had resulted from spillage of water from the first aid kit from the previous team.) From his knowledge the team member understood that a person with epilepsy, as distinct from a hysterical patient simulating a serious medical condition, is most often incontinent. In his enthusiasm to establish a correct diagnosis he thrust his hand up the patient's skirt to ascertain if her knickers were wet. Well, that was just too much for the patient. She told me she had never been touched there before, especially not by an unknown stranger with an icy cold hand.

Conclusions: (1) As a judge I had to make my decisions on less than what is normally considered evidence of efficiency in first aid. (2) I lost the friendship of my favourite instrument sister. (3) The official record of competition winners could contain no reference to Murphy's Law in the championship that I organised.

(Murray Elliott, Clayfield, Queensland, June 2001)

One Finger Jack's wonky knee

During my daily work routine as a mining first aid officer, all sorts of characters would visit the first aid room for eye drops, headache tablets, something to help them through a hangover or a sore back and so on. One of these characters was called 'One Finger Jack' because he had only one finger and a thumb on one hand. He had lost the other fingers in an explosion. One day he came to me and asked, 'Can you give me something for my wonky knee?'

'No problem,' I replied. 'Put your leg up on this stool and rub this into it.'

I handed him a bottle of 'Penetrene', a green alcohol-based liniment. He massaged it into his knee vigorously for a few minutes then went off to work his shift. When 'One Finger' got out of the cage at the 2650-foot level, one of his workmates, who was affectionately known as 'The Ferret', saw him limping and asked what was wrong.

'The Doc says I've got the screws,' One Finger' replied.

'What did he do for it?' 'The Ferret' asked.

'He put some "Penetrene" on it.'

'That does no good,' 'The Ferret' said. 'He's put the wrong stuff on it.'

Being a pipe-fitter, 'The Ferret' promptly produced a can of the petroleum-based fluid which, also called "Penetrene", was used for loosening nuts and bolts. 'The Ferrett' then applied his 'Penetrene' to 'One Finger's' knee and rubbed it in.

At the end of the shift 'One Finger' appeared at the door of the first aid room. 'You're a bloody witch-doctor! You put the wrong "Penetrene" on my knee. It's much better since "The Ferret" treated it with his "Penetrene".'

(Kevin Young, Gosnells, Western Australia, August 1999)

'Neville', our Divisional mascot.

Here at Golden Grove we have our very own Divisional mascot. His name is Neville and he's an Aborigine. That's him standing over there in the corner. You can see that he's Aboriginal because of his features and complexion. He's only a metre tall and he's made of concrete reinforced with stout lengths of wire. He possibly began life as a garden ornament — perhaps the Australian equivalent of a garden gnome. We found him a couple of years ago at the St John bushland camp while we were on an orienteering exercise. He was lying in a creek bed under half a metre of water when we discovered him. As you can see by the missing chunks of concrete in both his lower legs, he had severe 'fractures' — 'tib and fib' [broken tibia and fibula bones] in each leg. As he seemed to have been in the creek for some time he also needed resuscitation. Four of us — Scott Brown, Ryan Ogilvie, John Kennisson and I — decided to rescue him from what seemed like very imminent death. We fished him from the creek, carried him back to the camp then 'treated' him. It was a very efficient job of work because he soon made a complete recovery. He's overjoyed at having become our mascot. He's so delighted at being rescued and treated that he's content to stand there in the corner, year in year out, silently watching us as we conduct our meetings.

(Shaun Tidswell, Golden Grove, South Australia, June 2000)

'Pardon me, but are you wearing a G-string today?'

In 1999 I was doing a public duty with our Division at the 'Bathurst 1000' car races in New South Wales. I had to help my Divisional Superintendent put up some posters, then I did a crowd patrol with some of the ladies of the Division. So there I was, patrolling through the crowd with the ladies, when a guy in his mid-twenties came up to us. He asked me if I had a G-string on. He said he couldn't see my 'undie-line' so was curious to know if I was wearing a G-string instead. To me and my friends in the Division it was very funny. We might have expected a question about first aid but not one about my underwear.

(Therese-Maree Williamson, Molong Cadet Division, New South Wales, May 2000)

'Only a bus driver'

An unfortunate aspect of voluntary community organisations like St John Ambulance is that personality clashes often afflict them. People committed to voluntarism and who work hard at being a volunteer often invest huge amounts of their emotions, personalities and aspirations in the voluntary work they do. The organisation for which they volunteer therefore tends to take over their lives. It becomes the source of their self-esteem; they know it intimately; they identify with it closely; they love it dearly; and they'll defend it almost to the death. Voluntary organisations need people with such commitment, but the 'down-side' of strong commitment is that the committed often think they're right and get into disagreements with other equally committed members who have another point of view. I know all this from personal experience because I spent 25 years of my life as a deeply committed Brigade member, from the time I joined as a Cadet of 8 until I walked away from the organisation in disgust at 33, by which time I'd become District Superintendent. I was never afraid to make a stand on principle, and that led me into a series of bitter disputes on various matters. These included my support for the Brigade volunteers against the hostility of the permanent salaried ambulance officers, who regarded us as interfering amateurs; my belief that the funds we volunteers had raised were being spent on projects other than those we had raised them for; my opinion that several senior officials were morally suspect because of financial dishonesty, sexual promiscuity and paedophilia; and my belief that the minutes of one national committee meeting had been falsified to reflect a different decision to the one delegates actually agreed upon. Disputes like these are a gut-wrenching experience but you persevere against all the odds if you know you're in the right. I love being crucified when I'm right!

There's often a comical side to disputes between the deeply committed. One like that was a disagreement I had with one of my fellow District Officers at a District staff meeting where we'd taken opposing sides. I've forgotten what matter was in contention, but in the heat of debate he blurted out, 'What would you know, Grant Keetley? You're only a bus driver!' This put-down was a reference to my family's tourist coach firm. There was also bad blood between us on another score: several years earlier, during Cyclone Tracy, we'd jointly crewed an ambulance that took a late night call at great risk to ourselves when the winds were reaching peak velocity. As the driver of our van, he later won a bravery award for our actions, without ever admitting that I'd partnered him that night. Anyway, several weeks after our run-in at the District staff meeting, we happened to meet down at the Darwin wharf. I was there collecting a party of tourists. He, too, was there to pick up some people he was showing around. He couldn't find them so he came over to ask me if I'd seen them. 'I wouldn't know,' I replied; 'I'm just a bus driver!'

(Grant Keetley, Darwin, Northern Territory, March 2000)

Pauline Hanson

While doing the research for this book I visited about 50 Cadet Divisions to explain the centenary history project and invite the participation of the members. When talking with the Cadets, I usually tried to explain how they fit into the wider structure of St John Ambulance Australia. Through question-and-answer I'd establish that:

- St John is a world-wide organisation specialising in first aid training and delivery
- in Australia St John is organised federally, with a national governing council and head office called the Priory
- St John work is done through three main branches — Training, Community Care and Operations
- the uniformed first aid volunteers belong to the Operations Branch, which is organised into local Divisions that may be either adult, Cadet or combined
- each of the eight States and Territories has an Operations Branch Commissioner or commanding officer, while federally there's a commander-in-chief known as the Chief Commissioner and sometimes the Priory Commissioner.

This discussion would then lead to the point that since the federal Priory structure was established in the 1940s Australia has had nine Chief Commissioners, of whom only one, the current office-holder, has been a woman.

'Who can tell us the name of the present Chief Commissioner?' I'd then inquire. It was a question I'd often have to answer myself, for Chief Commissioners seemed beyond the ken of most Cadets.

In one Cadet Division in Canberra, however, there was one bright lad of 11 or 12 who had no doubts. As soon as I asked the question his hand shot up eagerly.

'Very good,' I said, pleased that some one knew. 'Can you tell your friends the answer?'

'Pauline Hanson!' he replied with great self-assurance.

The meeting collapsed into laughter. None of his fellow Cadets knew the correct answer but they knew it certainly wasn't Pauline Hanson. The eager Cadet looked a little crestfallen, so I reassured him that his answer had been a good one because Pauline Hanson had been an important figure in federal politics even if she wasn't our first female Chief Commissioner.

(from the historian's meeting with Cadet Divisions in the Australian Capital Territory, November 2000)

Our first appearance in an interstate first aid competition

Lance and David Heard, Gordon Ortmann and I entered the 1953 State first aid competitions in South Australia representing the Colonel Light Gardens Division and scooped the pool, winning the Shaw Cup for provided materials, the Faulding Shield for improvised first aid, and the St John Ambulance Association Cup for the aggregate. This resulted in us representing South Australia at the Australian Championships, or as it was officially termed, the 'Interstate Brigade First Aid Competition', in Hobart on Saturday 28 November 1953. Training not only continued, it hotted up. We practised every meeting night and almost every weekend, firstly at the homes of some of the Divisional members and then at Commissioner Harvey Hurst's home at Hilton. The Colonel Light fellows who could be of particular help, like Reg Jolley, had had success both in earlier state Brigade competitions and also in railways competitions which were then considered to be superior to Brigade standard. The last couple of Sunday mornings were spent practising on the lawns of the Commissioner's tennis court.

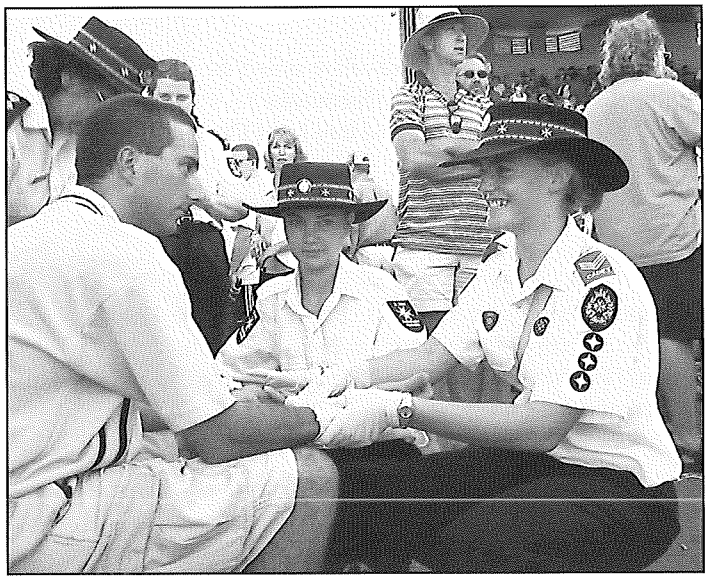
To further strengthen our awareness that we were going interstate to represent South Australia, District headquarters footed the bill for a new tailor-made uniform for each one of us. This was 1953, only eight years after World War II, and even less since rationing had ended. Interstate holidays were rare, so to go interstate for this great occasion was thrilling from that one point of view alone.

Unfortunately we weren't successful in Hobart even though we won two of the five sections of the competition and came second in another two. Unfortunately, too, we lost that many marks in the provided materials section that we came last in the aggregate. We maintained we were robbed, because how could a team win the improvised section and yet lose that much in the provided materials?

Inspection of the uniform was one of the sections we won in the Hobart City Hall that Saturday afternoon. As mentioned above we all had new uniforms made for us before we left South Australia and were resplendent on parade at rigid attention while every aspect of the St John uniform and its wearing were being minutely examined. The inspecting officer eventually advised us that he had completed the inspection and that team leader, Lance Heard, could dismiss us.

Lance decided not to dismiss us in full view of the audience but rather to march us 'off stage'. So he commanded, 'South Australiaaaa.. Right TURN!' David and Lance knew he meant 'Left Turn' and turned that way. Gordon and I obeyed our leader's command and turned to the right, even if it seemed the wrong way. 'Quick MARCH!'. Lance and David couldn't see that we two weren't following them and we couldn't see that they weren't coming the same way as us. The actual dismissal once we realised the mistake was then pointless. Just as well the calculation of marks didn't include a drill segment!

(Ray Schilling, Glengowrie, South Australia, July 1999)



Operations Branch members handle a casualty with an injured wrist at the Adelaide Oval during a one day international cricket match, January 2000.

Outranked

I came into St John after meeting a Brigade member, Mr Wal Gearside, at the Metro drive-in theatre. He was on public duty there. I already had a first aid certificate so he invited me to join. The case that causes me most regrets was one where I was called to a man who'd collapsed at a football game. When I arrived on the scene he was having a heart attack. I tried to revive him through mouth-to-mouth resuscitation. This was back in the early 1960s when that form of resuscitation was still new and we'd just begun learning it. For my effort to save my patient I got a mouthful of vomit. I kept on trying to revive him, however, but by the time the ambulance arrived he was dead. Another time at another football match I was attending in Gosford, a player fell and fractured his leg. I was called out to attend him. The coach of the other team, Gosford, came out too. He was critically watching what I was doing so I asked him who he was. He answered that he was the superintendent of the Gosford ambulance station. Outranked, I let him take over my patient.

(R. Cartwright, Charlestown, New South Wales, January 2000)

Policewoman on a stretcher

Once I was asked to provide first aid coverage for the Miss Tasmania Quest Entrants. The quest was being held in the new Centre Point shopping centre, which had not yet opened but was complete enough to be used for the show. We were located in one of the shops with a large curtain covering the front to give us some privacy. There were four in the St John team and we were collocated with the police.

The police were enjoying a few glasses of wine; and here it should be pointed out that no St John member consumed any alcohol at the duty. A young policewoman after a while got quite drunk. So drunk in fact we placed her on the stretcher, where she slept soundly. While the members were moving about outside keeping an eye on the public, I stayed with the police at our base in the shop.

I was attempting to move some equipment from behind the policewoman on the stretcher and while leaning over her she moved and I accidentally fell on top of her. She sighed, and just as this happened a very well known radio identity came into the room to offer the group a bottle of wine. When he saw the drinks and me on top of the policewoman he turned and as he was leaving remarked, 'I can see you've already been seen to!' It was useless trying to explain my predicament because that would have made things worse. It has been my most embarrassing experience in my 25 years in St John. Unfortunately it was also embarrassing for St John because the radio chap would have gone away with a poor opinion of our moral and ethical standards.

(Stephen Miller, Launceston, Tasmania, May 2000)

Right vice-regal reviews

Most of the annual Brigade/Operations Branch reviews produce their moments of drama and comedy. Two that stand out in my mind were years apart and each involved Royalty. The first was in November 1946. It was our first big postwar review. The day was a real Melbourne 'scorcher' — temperature in the 90s on the old scale, about 32° on the new. Some 3000 Brigade people were on parade at Government House, from the very young to the elderly, all lined up outside and waiting to be inspected by the Governor-General and State Governor. We waited and waited, growing increasingly uncomfortable in our heavy black uniforms. The perspiration poured from us. Cadets were fainting. Eventually the two-man inspection team emerged from Government House into the sunlight, each Governor held up by an aide. They made their way towards us unsteadily, and somehow managed to proceed up and down the rows of assembled Brigade members without falling over. Lunch that day at Government House must have been a very long one! Meanwhile two little boys, the Governor-General's sons, were playing around on their tricycles, doing 'wheelies' outside the front door, probably with no comprehension of the strange ritual unfolding before them.

The second was in October 1974 during Princess Margaret's Australian tour. This time 1500 Brigade members were on parade, again at Government House. No hot sun that day; instead about 3 inches [7.6 millimetres] of rain was dumping on Melbourne. Because it was so wet, the review took place in the Government House ballroom. Very wet, we somehow managed to cram ourselves into the space available without making too much of a mess of the furnishings and floor. Again we had a long wait because the Princess arrived late. As we waited the steam rose from our soaked uniforms. In the confined space, even of a room so large, the atmosphere was soon like that of a sauna. The Princess had been to the horse races, where she'd had to wade around in galoshes through ankle-deep water and mud. It was hard to say who was the more drenched or the more uncomfortable — her or us. She was the worldwide Officer in Command of Brigade Cadets, so perhaps she was used to Royal reviews under all conditions. She carried this one off with rather more dignity than the two Vice-Regal gentlemen had done 27 years previously.

(Roy Green, Melbourne, September 1999)

Our first real casualty

Our Molong Cadet Division had been going for a year before we had our first real casualty to treat. Up until then all our 'cases' had been 'treating' each other at our regular training sessions and sometimes during casualty simulation exercises. Our first real casualty happened at the Manildra Show in 1995 when a young woman came off her horse at one of the jumps. When it happened the Cadets began falling over each other in their excitement at being able to do some real first aid at last. 'It's a real one! It's a real one!' they were shouting. The 'casualty' had only winded herself, but all the young chaps of the Division wanted to help when they knew there was a nice looking young woman who needed help.

(Kerry Burchett, Molong Cadet Division, New South Wales, May 2000)

The 'S**t' word

An amusing incident? Managing an unconscious patient in a wet and muddy car park, when suddenly deluged with mud and water. I got such a fright I uttered the 'S__t!' word as I asked 'What was that?', only to be told a large dog running through the car park had belly flopped in the mud hole, showering us with mud and water. It did relieve the tension of the situation.

(Fay Gleave, Kingscliff, New South Wales, September 1999)

Severe pain in a patient's hand

I was on ambulance duty one Saturday night and returning back to the Campbelltown Ambulance Centre when the street lights went out. Both my partner and I came to the same conclusion that our next case had just occurred. Within a few minutes the radio operator directed us to a vehicle accident at Campbelltown. On arrival at the scene we found a man lying on the ground in tall grass outside a damaged motor vehicle. He was conscious and I followed the primary survey with a secondary survey. As I was examining him he complained of pain in his hand. At that stage I was attending to a laceration on his head and I told him that I would look at his hand in a few minutes. He kept complaining about the pain in his hand but I continued to ignore his complaints of discomfort in the short term. Finally, I said to him, 'What's wrong with your hand?' His reply was 'You've got your bloody foot on it!'

(Peter Lorimer, Golden Grove, South Australia, June 1999)

She's OK — she's seen it all before'

I'm a relatively new member of St John, having joined in 1997. I joined initially for selfish reasons. I needed a Level II First Aid Certificate for a job application. At the end of the course, the instructor spoke of how they needed people to do volunteer work in the community. I thought it would be a worthwhile thing to do as well as further enhance my job application. However, I found the people to be so warm and friendly and the work they did so worthwhile that I've now forgotten about the job I was interested in and have continued as a first aid volunteer. St John people seem like a special breed, different and apart from everyone else. My young 8 year old daughter now shares my interest and has recently joined as well.

Although I don't have any heart-wrenching stories to tell that bring a tear to the eye, I do remember quite clearly and enthusiastically my first time out as an Observer. It was at a martial arts tournament with lots of grazing, bruising, lost teeth etc. One fellow came over complaining to my Sergeant of tenderness to his stomach and tops of his legs. 'Serg' asked the fellow to drop his pants so he could get a look at what was going on with his legs. The guy looked at me, then back at 'Serg'. 'Serg' said 'Don't worry, she's OK — she's seen it all before'. So there and then, this hunk of a guy dropped his pants and stood there in only his jocks. He had the best body I had seen in a long, long time, so I had a great deal of trouble looking at the whole situation in a professional manner. As a first timer on the job I thought 'I could really get to like this St John volunteering! No problems getting me back to another duty!' Unfortunately, nothing so pleasing to the eye has happened since but I still live in hope!

(Jan Dachs, Calwell, Australian Capital Territory, November 2000)

Sleeping bag, 2 metres long

My most amusing story about my St John work comes from 1984, when I was District Officer (Nursing Cadets). That year I attended an international Cadet camp and competition in Victoria, where we struck very inclement weather. Water ran through the tents, wetting gear and in particular the sleeping bags. The small camp laundry had a clothes drier so I volunteered to dry off the gear. It all went well until one sleeping bag went into the drier measuring about 2 metres long but came out shrunk to a size a 2 year old wouldn't fit into. There was a lot of explaining to do to the owner, much to the mirth of all present.

(Ruth Bray, West Pennant Hills, New South Wales, Septemeber 1999)

Sprayed from cap to shoes

My most amusing case happened during a duty at a bull-riding competition. At the time I was accompanied by a senior Corps Officer. I was handing over a casualty to an ambulance officer and was away from the ring area for about 5 minutes. When I returned the Corps Officer was not present, and remained away for about 30 minutes. On his return, I chided him for being away. His explanation was a bull had backed into the safety rail with such force that it had a sudden attack of diarrhoea, spraying him from cap to shoes. He'd been in the toilet block washing and drying his clothes under the hand drier.

(Ian Uebel, Mount Sugarloaf, New South Wales, September 1999)

Suspended for going through a red light

Many years ago, back in the 1940s and 50s, Brigade members used to work as volunteers in the State ambulance service. I was one who did. The Brigade provided the ambulance service with a list of its members who were willing to work as volunteers. We volunteers were known as 'ambulance jockeys' because we used to ride up front with the driver. Sometimes we even used to drive the vans ourselves. Whenever the ambulance service was short staffed it would ring us to ask us to come on duty. We covered all the ambulance depots, at least in the metropolitan area. The system worked well because of the links the Brigade had with the ambulance service: the Brigade's District Superintendent, Fred Raven, was also the superintendent of the ambulance service. On one occasion I had the dubious distinction of being suspended as an ambulance officer for going through a red light after picking up a patient. I'd been called out to the Coburg lake to retrieve a child who had drowned there. I thought it was an emergency that warranted running through the red light. Unfortunately Fred Raven happened to be out driving in that area at the time. He saw me go through the red light. When he got back to the depot he suspended me for driving dangerously.

(Merv Goodall, South Melbourne, Victoria, October 1999)

'Thank you for offering'

On Sunday 29 July 1947 I was taken by a Dr Lawson-Smith, for whom I was to do a locum, to meet some people he thought I should meet. He took me to an ambulance shed in the local railway yards used by the Bunbury Railways Division of the St John Ambulance Brigade, and there I met seven men. After my mentor left one of them said, 'Thank you, Doctor, for offering to do what you have.'

'And what was that?' I asked.

'To be our instructor,' was the reply.

I was stuck with it. They were the Division competition team and in 1948 won both the State and national St John and Railways Ambulance competitions, and many others. They became my very close friends but, with the usual laxity, forgot the paper work and so I did not officially become their Divisional Surgeon until 1951.

(Dermot Foster, Bunbury, Western Australia, September 1999)

The best part of being an Ops Branch member — fun nights together

I joined the Operations Branch because I did a St John first aid course. Volunteers were mentioned, so I attended an Ops Branch meeting to have a look then stayed on to become a member. After being a member for a while I became a volunteer on the ambulances, then trained to become an ambulance officer. The worst case I ever had to handle was as a trainee ambo. It was a suicide — a hanging — the first death I had witnessed. The best part about being a Branch member is the fun nights we have together doing the Skills Maintenance Program and playing practical jokes on each other. I love my involvement with Ops Branch. The most important present and future task for the Branch is to entice and keep volunteers.

(Contributor's name not provided, Northern Territory, March 2000)



Frank Oakley Simmons of the Northern Territory District of the Brigade is congratulated after being invested as a Serving Brother within the Order of St John. Simmons had suffered a broken ankle when he had fallen from the Casuarina cliffs, Darwin, during a training exercise. So that he could attend the investiture, his Brigade friends wheeled him to it on a stretcher from hospital.

The impostor

Things are not always what they seem. We in St John in this State had that truism brought home to us several decades ago when we appointed a bright, personable young man from another State as our chief executive officer. We made him secretary to the St John Council, secretary of the State Centre of the St John Ambulance Association [now Training Branch] and District manager of the St John Ambulance Brigade. He was only in his mid-20s but he had a wide knowledge of first aid theory and practice, and his record with the Brigade in his home State, where he'd been Superintendent in command of a strong, flourishing Division, seemed excellent. He also seemed highly qualified, with a doctorate in psychology from a university in his home State and another in adult education from one in Canada. Perhaps we should have checked on his qualifications for it should have occurred to us that it would be unusual for someone so young to be a Ph.D. twice over. But we didn't for he seemed to be the answer to all our problems. At that time St John in this State was at a low ebb. At his interview he was very impressive, demonstrating a firm grasp of the organisation and a host of good ideas on what we needed to do to revive it. He soon justified our faith in him because he was a good administrator, an excellent first aid instructor and travelled the State tirelessly rallying our members in all the far flung outposts. He had a few odd habits, for instance he carried all the key St John records around in his car wherever he went, he loved dressing up in uniform and formal robes, he was a stickler for military-style ceremony, and he was deeply fascinated with ancient era of chivalry in which Knights Hospitaller arose. We later learnt that in his home State, he'd run up surprising Divisional expenses, for instance an expensive tailored uniform, leather gloves, even a swagger stick. A later examination of the Divisional cash books showed that he'd helped himself to whatever he could. In this State, however, he performed his salaried duties well, and was an outstanding practical first aider. He even married one of our young Brigade surgeons, with a guard of honour of uniformed Brigade members as they left the church.

His undoing came after he'd applied for a Churchill Fellowship to take him on a tour of Europe and the Middle East, where he planned to visit Hospitaller sites and study the first aid training and delivery services of the various Orders of St John. Such applications are considered by the officials at Government House. It was they who alerted us that our CEO was not quite the person he seemed. Our Brigade Commissioner, who was referee for his application, was called to Government House and told that his records didn't quite tally: neither of the universities from which he claimed a Ph.D. had ever heard of him. The Commissioner came back to St John headquarters in a rage. He called a hurried emergency meeting of the St John Council. After we'd assembled he rose to speak. As he did he thumped the conference room table with his walking stick, raising the dust. 'The man's an impostor!' he shouted. The council then called the CEO in to explain himself. Over the next 20 minutes he was sacked three times — first by the council, then by the Association and finally by the Brigade. He hung around our State for a while longer but eventually departed. After he'd gone we discovered that our collection of medals and the ceremonial sword had disappeared from the display cabinet.

Several years later we heard that our former CEO had appeared at the Priory headquarters in Canberra. He'd arrived in a chauffeur-driven limousine, wearing the uniform of a Peruvian admiral, to present his credentials to the Priory Secretary. He was, he said, the honorary consul for Peru, which entitled him to wear an admiral's uniform. We also heard he'd later been gaoled in another State after using the admiral's uniform as a 'prop.' to gain money under false pretences. Our last experience of him was when he rang one of our senior council members to announce that Prince Charles would soon become the governor-general of Australia and that he would be the Prince's aide-de-camp. He would, he assured the council member, take every opportunity the new position afforded to bring the St John organisation to its knees.

(Derived from information provided by people who knew 'the impostor')

The last school bus

I'm a bus driver. On Friday afternoon just as the last school bus was due to leave the bus interchange the bus inspector climbed the steps to speak to the driver. He hit the top step and had a heart attack. The driver called for help and I was there is seconds. Together we did CPR on him on the footpath for what seemed forever. We now had a bus-load of kids watching us as we worked. The ambulance came and after drugs and defibrillation they took the inspector away. The other driver was very upset as were some of the kids, so I took over from him. I jumped into this bus I had never driven to drive 40 kilometres on a dirt road I had never travelled to take the kids home. I'm sure I crunched every gear for the 80-kilometre round trip, which was the eeriest I have ever driven.

(James Singer, Woden, Australian Capital Territory, November 2000)

The terror of the first duty

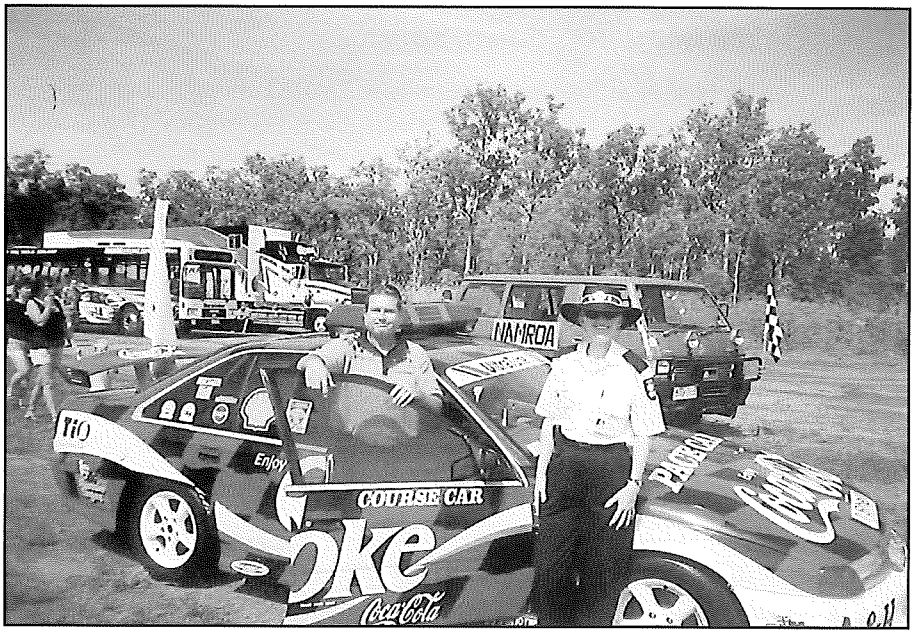
Resplendent in our new uniforms, Ray Schilling and I set forth on our first public duty as adult Brigade members at the Belair National Park. We had only walked a short distance, when from across the creek running through the park came a shout, 'Hey, St John,..St John!'

Ray and I froze. 'Er yes?' we managed.

'Would you like a cup of tea?' came the response.

Still in shock, we managed 'No thank you' and on shaky legs walked on.

(David Heard, Murray Bridge, South Australia, June 1999)



Darwin Adult Division member Rosemarie Robinson on a public duty at V8 Supercars, May 2001.

The shark attack victim

Last year we were attending the rugby union knock-out competition in Orange. One of the players came to our first aid station and asked 'Can you pad me up?' He wanted us to put some padding over an old injury. He pulled up his shirt to show us a huge, fresh scar above one hip. He had a large hole there, thinly covered with skin, all still pink and purple. 'What have you done to yourself?' we asked in amazement. 'It's a shark bite,' he said. We were even more amazed. Here he was, nowhere near the sea and 200 kilometres from the nearest water, telling us a shark had bitten him. He explained that he'd recently been snorkelling in Queensland when a shark had taken a chunk of his flesh. We did him up with a thick padded abdominal dressing, then he went off to play his match. 'What a spunky chap!' our girls said. 'We hope we get another one like him!'

(Kerry Burchett, Molong Cadet Division, New South Wales, May 2000)

The tattooist

One of the casualties I've treated was a female tattooist. My involvement with her began when my 14 year old son came home with a heart tattooed on his arm, which had cost him $20 to have done. My husband and I were angry that a tattooist would perform on a teenager without the parents' permission, so my husband rang her and left a message on her answering machine to say how displeased we were. We didn't hear back from her but months later I met her by accident at the Geelong Show. I was on first aid duty there when she came up to our first aid post wanting treatment for a cut hand. She was dishevelled, very much the worse for wear, so I guessed she might be a heavy drug user. She said she was a tattooist and had cut her hand in a fight with another tattooist. I guessed she might be the woman who'd tattooed my son, so I steered the conversation round to tattooing.

'Do you ever tattoo children?' I asked.

'No, I'm a professional,' she replied. 'Tattooing a child would be unprofessional.'

'That's interesting,' I said, 'because my 14 year older was recently tattooed by a woman calling herself a professional!'

'You're not the wife of the chap who left a message about his son on my answering machine?' she asked.

I said I was, so she began making excuses, saying my son must have had a forged authority from us or from a pharmacist, which was how some minors persuaded tattooists to work on them. I didn't want to pursue the argument, even to defend my son against her allegations of forgery, so I just patched her up. I nevertheless felt some satisfaction in knowing that poetic justice had been done in her having been fated to come to me, the mother, for treatment.

Fate dealt the tattoist another hand that afternoon. A couple of hours later she came back to me with cut and bleeding lips. She'd been in another fight and had been punched in the mouth. Once again I patched her up. As she went away the second time I was hoping she'd learnt her lesson and would give up tattooing children.

(Terry Plunkett, Lara, Victoria, October 1999)

'Tie me kangaroo down, sport'

I've been in St John for 50 years now. I joined in England in 1949 after Mr Duffield, our biology teacher, ran a first aid class. He had recent war service in the Army Medical Corps, and ran the class as an extra-curricular activity for us. This kindled my interest in first aid and so I bought the British Red Cross junior first aid manual. Taking it further, I decided to become a Red Cross Cadet. The lady in charge of the local cadet unit was very nice but told me that they didn't take boys. She nevertheless wrote down my name and address on a postcard and said she would let me know. I am still waiting. Fortunately I mentioned what had happened to a schoolmate, Ed. He said to me, 'I'm a St John Cadet, so come with me to my Division.' I did and I joined. Ed is still a Brigade member in England and I'm still in Ops. Branch in Australia. I suppose that between us Ed and I have given a century of service to St John Ambulance.

I visit the UK on a regular basis, and when I do I try to go on public duty with a Division there, wearing my Australian St John uniform. On one occasion I went on duty at a soccer match. British soccer crowds always sing, traditionally 'You'll never walk alone', but this time it was 'Tie me kangaroo down, sport'. It was obviously for my benefit as I was the only one there wearing an Akubra.

(Tony Harrison, Southport Division, Queensland, August 2000)

Uniform cap tossed into the air — on TV

As Divisional Superintendent at Unley I required members to do 'field' duties as well as the more popular transport duties. I had to do them too. One Saturday afternoon I was on duty at a football match between Sturt (my team) and arch rivals Port Adelaide. With less than a minute to go the ball went out of bounds immediately in front of me. As the umpire put the ball back into play, the siren went and Sturt won by a point. I rejoiced by tossing my hat (uniform cap) into the air. When I watched the football replay that night on TV, to my horror, there it was in black and white — Bartlett throwing his uniform cap into the air at a football match. Within 5 minutes of the replay the General Manager, Phil Ferrier, rang me to say that it was most inappropriate and 'Don't do it again!' At least it proved to my members that I was willing to do the kind of duty that I was asking them to do.

(Brian Bartlett, Warradale, South Australia, June 2000)

Very, very weak tea

Back in the 1960s, when I was a Corps Officer for Nursing Cadets, my senior officer, the District Officer for Nursing Cadets, was a formidable lady, Miss Elizabeth ('Ruby') Ambler. When Ruby came to do her Divisional inspections, everything had to be very proper — the meeting hall spick and span, the uniforms spotless, the Cadets on their best behaviour and every routine performed to perfection. On one such occasion I was accompanying her on an inspection of Panania, one of the Divisions within my Corps. That evening the Cadets were working for their proficiency certificate in cookery. They used to do their cooking at home then bring it along to the meeting for assessment. You had to be prepared to see some truly woeful examples of the culinary arts, but at such times I always made a point of eating a small portion of whatever was offered rather than offend the would-be chefs. At this particular inspection we were offered tea. The only beverage that Miss Ambler would touch was very weak tea, which was what she now asked for. What she didn't know was that there was no teapot, so the girls had made the tea in the electric kettle. They certainly succeeded in making the tea very weak, but it wasn't weak enough for Miss Ambler, who asked for some more water in hers. I had to distract her attention, ushering her away to inspect the amenities of the meeting hall, while the girls hurriedly emptied the kettle of tea-leaves, boiled the kettle again and turned Miss Ambler's very weak tea into very, very weak tea.

(Betty Stirton, Sydney, August 1999)

'Vice-regal' wave from the back seat of a Humber

In his younger days as a Divisional Surgeon with the Colonel Light Gardens Division in Adelaide, Villis Marshall (who later served as Chief Commissioner 1990–99) acted as camp doctor at the annual Cadet camp held at Angaston. One year the State Governor was to visit the camp, and it was decided to form the Cadets up into a guard of honour running some distance from the main gate to the grandstand where he would address the youngsters. That year I had taken a group of Cadets to the camp from Murray Bridge in my car, which was a large black Humber Snipe. Just as the Cadets were forming up, Villis ran over to me with a St John flag and asked to borrow the Humber and me. Attaching the flag to the front of the car, Villis had me drive out the back gate, around to the main gate from where we proceeded slowly through the guard of honour with Villis giving the vice-regal wave from the back seat. The Cadets were highly amused; however, some of the Brigade hierarchy didn't seem to approve.

(David Heard, Murray Bridge, South Australia, June 1999)

What are you doing? What about your patient?'

We were doing a training exercise with a local ambulance officer down by the river. The Ambo had placed a manikin in the river face down and told me to go and do what I could. I asked what equipment I had. 'Just what you're wearing' was the reply. At that I suddenly ran off away from the river as fast as I could, a couple of minutes later I was back totally out of breath. The ambulance officer, who seemed upset, yelled at me 'What are you doing? What about your patient?' To which I replied, through gasps of breath, 'I've rung the police and State Emergency Service because I can't swim!'

(James Singer, Woden, Australian Capital Territory, November 2000)

'Why did you run off like that?'

Back in the 1970s the members of the Rosebery Division used to travel down to Queenstown to help the Division there do the duties at local sporting events. On one of these visits I was on duty at the football with Reg Graham. We were standing at the side of the oval when one of the players was struck a heavy blow and laid out. The pair of us grabbed our first aid box and ran out to where he was lying. As we approached, he stood up suddenly then ran off. Puzzled by his action, I spoke to him after the match.

'Why did you run off like that when you could see we were coming out?' I asked.

'I wasn't really hurt but I wanted to see how long it would take you to reach me,' he replied.

There's no explaining the odd behaviour of some patients you have to treat.

(Bruce Hetherington, Devonport, Tasmania, July 1999)

Wisey's missing attendant

Back in the 1970s we had a very committed Brigade member we called 'Wisey'. His real name was Walter Wysckie. Walter was a man of mystery. He'd been born in eastern Europe and had come to Australia as a refugee after the war. He didn't want to talk about his previous life in Europe, so we didn't ask. We just accepted him for what he was — a good first aider, a keen Brigade member and a reliable voluntary ambulance officer. One night Wisey and another volunteer answered an urgent call to a road accident several suburbs away, Wisey doing the driving. He was so keen to get there he did a fast U-turn out of the ambulance station at Fanny Bay. When he got to the accident he discovered the passenger door was swinging open in the breeze. His attendant was missing. Wisey had been so intent on getting to the accident fast he hadn't noticed the door swing open or his attendant fall out as he'd made the U-turn.

(Grant Keetley, Darwin, Northern Territory, March 2000)

'We did treat an echidna'

This incident happened at the Olympic Mascot Parade in front of Old Parliament House, Canberra, after the announcement that Australia had won the right to host the Olympics. It must have been round about 1995 or 96, when the newly chosen Olympic mascots were being displayed to the public. 'Millie the Echidna' tripped while doing a dance on the makeshift stage. Unsure of who was under the costume, two of us Johnnies, one male and one female, headed off to help. We took Millie, still in costume, off the stage and to the dressing room. The crowd all gave us a cheer as we left. Out the back of the stage we had to undress this six-foot echidna. Underneath the elaborate costume we found a young lady with a sprained knee. I still can't see why our District Nursing Officer was upset with the casualty report form we submitted. It simply stated the truth: we did treat an echidna.

(James Singer, Woden, Australian Capital Territory, November 2000)



Operations Branch volunteers Raelene Denham and Keith Dansie in Rundle Mall, Adelaide, with 'Commander St John', a futuristic 'robot' used on fund raising occasions, this one being the annual Badge Day for the St John Ambulance Auxiliary in August 2000.

'You can put this wherever you like'

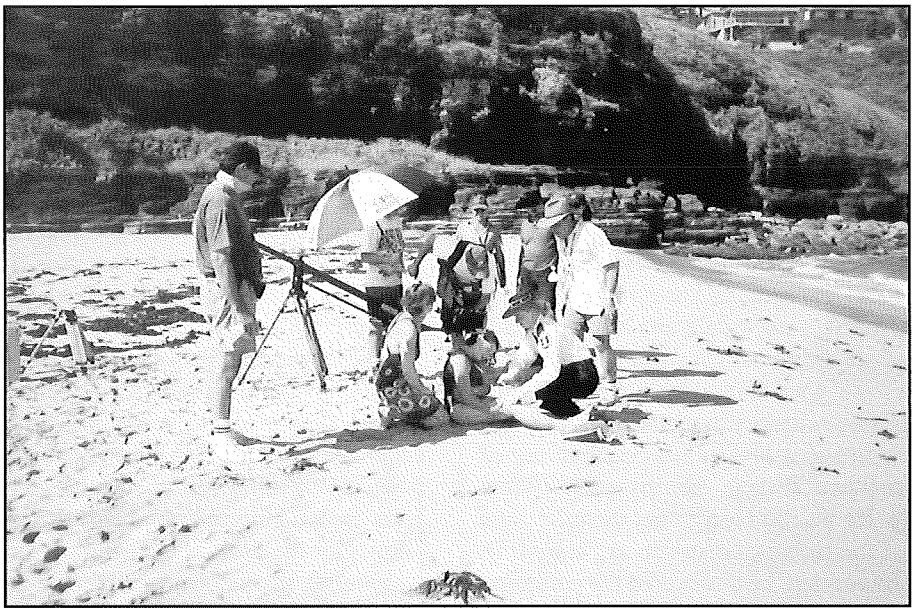
A while ago I was on duty at the motorbike arena track at the Suncorp Piazza on Southbank when one of the bike riders crashed through one of ramps, shattering it. He then rolled off his bike, both hands clutching his groin. He'd obviously whacked his 'nads'. I ran up to him asking 'Are you OK?' 'I'm fine thanks,' he replied in a weak voice although he was still in pain. I had some ice with me, so I gave him some. 'You can put this wherever you like,' I said. The whole crowd, realising what had happened and overhearing our brief conversation, erupted in laughter.

(Rosemary Moran, South Brisbane, Queensland, November 1999)

Young lady having hallucinations

Once I attended a motor vehicle accident at Hectorville involving a young lady who had driven her Volkswagen car into a stobie pole. As I approached the girl who was sitting in the driver's side of the car she grabbed me and said, 'Give me sex!' She had taken a number of drugs, was delusional in behaviour and having hallucinations. With the help of the police she was placed in the ambulance on a stretcher. During transport to hospital the patient kept grabbing me and asking me for sex. My partner, who was driving the ambulance, had the rear vision mirror directed at us. He couldn't contain his laughter.

(Peter Lorimer, Golden Grove, South Australia, June 1999)



A St John Ambulance volunteer handles a 'casualty' on a Sydney beach as a camera crew get ready to take publicity photographs, late 1990s.

EPILOGUE

LOOKING BACK OVER ONE CENTURY AND FORWARD INTO THE NEXT

St John Ambulance history, it seems, has no end. If we believe the creation story of the Order of St John, St John Ambulance has direct lineal connection with Brother Gerard's hospice in Jerusalem in the late eleventh century. The record then sweeps on seamlessly through the present and into the future. If one is a sceptic like the present author, the centuries-long break in continuity in the record of the ancient Hospitallers in England discourages full acceptance of the story. And even then the circumstances of the Order's birth in London in 1831 demands a leap of faith that few professional historians would take. What is not in doubt is that St John Ambulance has proved most resilient since the Order sponsored the establishment of the St John Ambulance Association in 1877 and then of the St John Ambulance Brigade ten years later. As the early chapters of this book showed, St John Ambulance was being transplanted around the British Empire even before Queen Victoria granted the Order its coveted Royal Charter in 1888.

In Australia and the other dominions — Canada, New Zealand and South Africa — the St John Ambulance foundations, Association and Brigade, acclimatised rapidly. Meeting local health care needs, they prospered, developing into national institutions by the end of World War II if not earlier. In Australia's case it was later rather than earlier. Parochialism, interstate rivalries and the 'tyranny of distance' ensured that full federation of the Australian St John bodies occurred only in 1946–47 when the Australian Priory of the Order was finally established.

Federation within the Priory enabled St John Ambulance to emerge as a national institution in the decades following World War II. The organisation's own consciousness of its growing and potential strength as an Australian national institution lay behind its decision in 1987 to adopt the simple public name 'St John Ambulance Australia'. In the Australia of the closing years of the twentieth century, the previous unwieldy formal title, 'Priory in Australia of the Grand Priory in the British Realm of the Most Venerable Order of the Hospital of St John of Jerusalem', had become an impediment. Not only was it difficult to remember and hard to explain to outsiders, it added to printing bills. Worse for an organisation cultivating an all-Australian image, it suggested that St John had loyalties that were not wholly Australian. In 2001 the Order's supreme governing council in Australia, the Priory Chapter, took other steps to emphasise the organisation's national status and its Australianness. Thus, it renamed both its National Office in Canberra and its National Executive Committee, replacing the word 'National with 'Australian' in both cases.

Along the way towards national status the St John organisation in Australia had experienced its share of triumphs but also more than its share of disasters. The triumphs came year by year. They ranged from the minor unsung efforts of Divisional members saving a life at some local event to spectacular successes such as taking over the Northern Territory ambulance services in 1975–77 and the provision of the spectator first aid services at the 2000 Sydney Olympics and Paralympics. The disasters included a rancorous decade-long feud with the Queensland Ambulance Transport Brigade and the loss of the State ambulance transport systems in Tasmania and South Australia.

As St John entered the twenty-first century the threat of other disasters loomed. One was in the area of governance. In asserting its national status, as it began doing via its Structure Review Committee in 2000–01, the Priory faced the possibility of alienating those States and Territories that retained their St John ambulance services — Western Australia and the Northern Territory. The Structure Review Committee conducted its inquiries to the accompaniment of mutterings in some Western Australian and Northern Territorian quarters about the possibility of either seceding from St John altogether or forming a Priory of their own. Other grumbles of discontent came from people beyond Canberra who thought that the St John national headquarters there had grown too large, powerful and costly. There were even murmurs to the effect that the headquarters should be shut down and

its functions farmed out among the States. Those doing the murmuring were perhaps unaware of the possibility that, if they had their way, future generations of St John workers would condemn them for tearing down an amenity that previous generations had toiled to erect.

Another potential disaster lay in the failure of the Operations Branch in several States to hold its membership numbers steady. Two at least experienced significant decline after the mid-1990s so that by 2001 their survival as separate self-governing Districts was in doubt. Losing a District through dearth of members after more than six decades of there being Districts in all six States would be a severe blow to institutional esteem. Further, it would nullify St John claims that the Operations Branch was a truly national institution. Recruitment, retention and the identification and training of leaders were therefore priorities more urgent than ever before. The contraction of the Operations Branch to the capital cities was another danger. It was not only in Western Australia, where most non-metropolitan Divisions collapsed during the mid–to–late 1990s, that this had become a problem. By 2001 other Districts that had once boasted Divisions in all their major country towns were finding it difficult to maintain their networks of country Divisions.

Yet another challenge was increasing competition from the commercial providers of the services in which the St John Training and Operations Branches had once enjoyed near monopolies. Their entry into the first aid market had begun with training then extended to the public duties that had been almost exclusively an Operations Branch preserve. Commercial providers made serious inroads on Operations Branch territory during the 1990s, winning some key income-generating duties from the Operations Branch.

Fortunately for St John, the reforms put in place during the 1990s had imparted a new momentum that promised to carry the Operations Branch well into the first decades of the twenty-first century. The recent process of reform ensured that the organisation entered the new century in reasonably robust health. It was perhaps better led, better managed, better planned, better trained, better co-ordinated, better equipped, better funded and more vigorously youthful than at any time previously. Further, it was less parochial, less set in its ways, less preoccupied with questions of status and precedence, and less content with doing things as they had customarily been done. The odds for continuing on for another century might have been long, but survival into the coming decades was a safe bet.

Historians, whose world is the past, should be wary about speculating on the future. The present author nevertheless hopes that the St John Ambulance Operations Branch (or whatever name it might subsequently adopt) will survive at least another century. Perhaps, he imagines, round about the year 2097 the St John organisation in Australia will begin thinking of ways to celebrate the Operations Branch bicentenary. Perhaps a bicentennial history will then follow in 2102. St John, he trusts, will still have a charitable role at the turn of the twenty-second century as it did at the beginning of the twenty-first. If casualties still occur at public events in 2102, the need will remain for a first aid delivery organisation very much like the Operations Branch of 2002.

Ian Howie-Willis
Canberra and Tawonga (Victoria)
September 2001

APPENDIX

Contributors to this book

Many people made written contributions to this book. They did so either by writing material for it, granting the author an interview that was later written up for inclusion or allowing the author to use material they had already published elsewhere. A total of 272 people from all Australian States and Territories made contributions in this way. The District with most contributors, 58, was New South Wales. This was perhaps to be expected, given that New South Wales is the oldest and largest District. The other Districts followed in this order: South Australia (53 contributors), Queensland (52), the Northern Territory (36), Victoria (30), Tasmania (19), Western Australia (14) and the Australian Capital Territory (9). In addition, two articles were reproduced from *The Australian* newspaper. The list of contributors is as follows:

SURNAME, First name	State/Territory*
ADAMS, Katherine	Qld
ADAMS, Nance	NSW
ALLEN-BROWN, Lynnette	NSW
ALMOND, Barbara	Tas
ANDREWS, Billie	WA
ANONYMOUS	NT
ARBON, Paul	SA
ARIS, Les	WA
BADDELEY, Stephen	NT
BARTLETT, Brian	SA
BERRY, Harold (Jock)	SA
BERRY, James	NT
BERRY, John	SA
BLACK, Malcolm	SA
BLACKMAN, Heather	Vic
BLACKSTOCK, John (Jack)	Vic
BLAIR, Gail	Qld
BLAIR, Les	Qld
BLAKE, Kevin	NT
BLOTT, Tom	NT
BOND Ernie	Tas
BOWMAN, Gordon	NT
BRACE, Josh	ACT
BRADLEY, Keith	WA
BRAUND, Jaclyn	NT
BRAY, Ruth	NSW
BRIDGEWATER, Franklin	SA
BROAD, Keiran	Qld
BROCK, Laurel	NT
BROMWICH, Alan	NT
BROWN, Daphne	Tas
BROWN, Kieren	Tas
BROWN, Lenaire	NT
BUCKINGHAM, Lisa	SA
BULLEN, Beverley	Vic
BURCHETT, Kerry	NSW
BURCHETT, Sharon	NSW
BURKE, Peter	Vic
BURNS, David	Tas
BURNS, Kath	Tas
BURRY, Shane	NT
BUTLER, Reg T.	Tas
BYRNE, Jim	Tas
CAREY, Brian	Vic
CARMODY, Mike	SA
CARTWRIGHT, Raymond	NSW
CASSELL, Jennifer	NSW
CAUST, Alan	NT
CHEESEWRIGHT, Ian	Vic
CHESHIRE, Cherie	Vic
CHRISTIE, Mark	SA
CHRISTIE, Shirley	Vic
CLARKE, Shirley	NSW
COKER, Beryl	Tas
COLEMAN, Raymond	NSW
COMPTON, Mark	NSW
CONNEELY-WOERGOETTER, Helen	NT
COOK, Richard	SA
COOMBE, Gary	SA
COOPER, Ray	Tas
COOPER, Sue	NT
CRENNAN, Jon	Vic
CROOK, Vera	Qld
DACHS, Jan	ACT
DAVIDSON, Pamela	Qld
DAWSON, Beth	Qld
DEAN, Julie	NSW
DEMAINE, Ann	Qld
DEMAINE, Norman	Qld
DENMEADE, Glen	NT

SURNAME, First name	State/Territory*
DIXON, A.C.W. (Bert)	NSW
DONALDSON, Wayne	Vic
DUMUID, Sarah	SA
DUNCAN, Mirren	WA
EDWARDS, Colin	NSW
EDWARDS, Euan (Ian)	Tas
EFSTATHIS, Vlassis	Qld
ELLIOTT, Murray	Qld
ENGEL, Graham	NSW
FAIRHURST, Nola	Qld
FAIRHURST, Richard	Qld
FERRIER, Ron	NSW
FISHER, Paul	NSW
FOSTER, Dermot	WA
FOTHERINGHAM, Brian	SA
FRY, Alan	Vic
GERNER, Cathy	SA
GIFFORD, Jim	SA
GILLETTE-EURELL, Terri	NT
GLEAVE, Fay	NSW
GLEDHILL, Faye	Qld
GLIDDON, Nicole	ACT
GODWELL, Maria	WA
GOLDSMITH, Aidan	NSW
GOODALL, Merv	Vic
GORICK, Alf	NSW
GRAHAM, Reg	Tas
GRAY, Geoff	Qld
GRAY, Samantha	NSW
GREEN, Monica	Vic
GREEN, Roy	Vic
GREENTREE, Rachel	NT
GREGORY, Heather	SA
GRIFFITHS, Sarah	Qld
GRIFFITHS, Susan	Qld
GRIFFITHS, Tanya	NT
GRIGGS, Bill	SA
GROGAN, Valerie	NSW
HAGA, Ervin	NSW
HALL, Ashley	SA
HARRAGON, Philip	NSW
HARRIS, Col	Qld
HARRIS, Jamie	Qld
HARRISON, Tony	Qld
HASKELL, John	Vic
HEARD, David	SA
HECTOR, Viv	SA
HEINE, Adam	NSW
HENDER, Noel	SA
HERBERT, Jeff	SA
HETHERINGTON, Bruce	Tas
HICKMAN, Belinda	*The Australian*
HILLS, Alan	SA
HOCKING, Rod	NT
HODGES, Andrew	NT
HODKINSON, Laurie	WA
HUMFREY, Craig	NT
IRELAND, Louise	NSW
JACKSON, Colin	NSW
JAMES, Joyce	Qld
JAMES, Matt	SA
JANSONS, Brenden	Qld
JAREM, Cheryl	Vic
JOHNS, Ian	NSW
JOHNSON, Renée	SA
JONES, Errol	NSW
JONGEN, Terry	WA
KEETLEY, Grant	NT
KEETLEY, Michelle	NT
KERSLAKE, C.	SA
KHANGURE, Edith	WA
KILLEN, George	NSW
KING, Lesley	NT
KING, Patricia	NT
KING, Terry	Vic
KIRSTEN, Flo	NSW
KOLLOSCHE, Vic	SA
KORZENREWSKI, L.	Qld
KRAMMER, Hamish	Qld
LANG, Dayna	NSW
LANG, Hilma	Qld
LANG, Penney	Qld
LANG, Rhonda	Qld
LANGDON, Mandy	NT
LANGDON, Phillip	NT
LAYTON, Alf	Vic
LEDITSCHKE, Fred	Qld
LEEDHAM, Leon	NSW
LEESONG, Stephen	SA
LITTLE, Vince	Qld
LOCK, John	SA
LOKE, May	NT
LORIMER, Peter	SA
MACKLAN, Leonie	Vic
MANNIX, George	SA
MARINO, Frank	Qld
MARQUIS, Dorothy	Qld
MARSHALL, Alan	Vic
MARSHALL, Villis	SA
MASON, Ashley	Vic
MAWDSLEY, Alan	Vic
MAYTUM, Douglas	NSW
MCDONALD, Krystle	NT
MCEWAN, Lesley	NSW
MCEWEN, Daniel	NSW
MCFARLANE, Trevor	Vic
MCKRELL, Rosemary	SA
MCLAREN, John	ACT
MCQUILLEN, Patricia	NT
MEDLEY, Les	NSW
MEIJER, George	Qld
MEIKLEJOHN, Bruce	Qld
MILBOURNE, Ken	Tas
MILLER, Kathleen	NSW

SURNAME, First name	State/Territory*	SURNAME, First name	State/Territory*
MILLER, Stephen	Tas	SKEY, Hugh	Vic
MITCHELL, Ray	NSW	SMERALDA, Angie	Qld
MODISTACH, Kylie	SA	SMITH, Clair	Tas
MOFFAT, Kelly	SA	SMITH, Joan	Qld
MORAN, Rosemary	Qld	SMITH, Kelvin	NSW
MOUNTER, Marie	NSW	SMITH, William J.	Vic
MURRAY, Lisa	NSW	SPENCER, John	NSW
NAPOLI, Loredana	NSW	SPENCER, Kristen	NT
NICOLL, Peter	Qld	SPRINGHALL, John	Qld
NIETHE, Paul	Qld	STARK, Helen	ACT
NILSSON, Debbie	NSW	STEPHENSON, Mark	ACT
OLSEN, Norma	WA	STEWART, Ryan	NSW
OSMOND, Nola	NSW	STIRTON, Betty	NSW
PAPPLE, Lorna	SA	STONE, Hayley	NT
PATTERSON, Joan	Vic	TEOH, Victor	Vic
PAUES, Andrew	SA	THOMAS, Garry	Qld
PAVLIK, Vilos (Bill)	SA	THOMPSON, Tim	SA
PEACH, Kathleen	SA	TIDSWELL, Shaun	SA
PEARN, John	Qld	TOM, Emma	*The Australian*
PENALUNA, Max	Vic	TRANBY, Nancy	Qld
PETERS, Catherine	Qld	TRUSLOVE, Paul	SA
PFENNIG, Georgia	SA	TURNER, Constance	NSW
PHILLIPS, A.T. (Tom)	NSW	UEBEL, Ian	NSW
PHILP, Meg	Qld	VANDENHURK, Debbie	NT
PLUNKETT, Terry	Vic	VERRILL, Rod	Vic
POOLE, Robert	NSW	WALKER, Beb	Qld
PRENDERGAST, Terence	NSW	WALKER, Debbie	NSW
PRICE, Barry	ACT	WALLACE, Marie	Qld
PRICE, Doris (Dot)	Qld	WALTER, Simon	SA
PUCKETT, Simon	ACT	WANN, Gail	Qld
PYKE, Joe	Qld	WARD, John	NSW
RAVEN, Rebecca	SA	WARD, Kevin	NSW
REEVE, Fay	Tas	WILL, Stephanie	NT
RENFREY, Marjorie	SA	WILLIAMS, Jeffrey	WA
RIGBY Jim	Tas	WILLIAMSON, Therese-Maree	NSW
ROBINSON, A.	SA	WOOD, L.	SA
ROBINSON, Guy	Qld	WRIGHT, Alma	NSW
ROGERS, Chris	WA	WRIGHT, Cliff	SA
SCHELFHOUT, Carol	WA	WRIGHT, Victor	NSW
SCHILLING, Raymond	SA	YOUNG, Emma	NT
SCOTT, Michael	SA	YOUNG, Gordon	Qld
SCURR, Andrew	Qld	YOUNG, Jennifer	NSW
SCURR, Wendy	Tas	YOUNG, Kevin	WA
SINGER, James	ACT		

**ACT = Australian Capital Territory; NSW = New South Wales; NT = Northern Territory; Qld = Queensland; SA = South Australia; Tas = Tasmania; Vic = Victoria; WA = Western Australia; The Australian = article reprinted from The Australian newspaper*

INDEXES

There are three indexes — for Names, Topics and Contributions. These are as follows:

1) The Names are those of people mentioned in the main body of the text. Other names are found in the Acknowledgments.
2) The Topics are those covered in the book. The list is not exhaustive but consists of topics of direct relevance to St John Ambulance.
3) The Contributions are those provided to the author by other people, mainly St John Ambulance members. These reflect on the contributors' first aid experiences. The entries in the contributions index generally use the same phrasing as the subheadings under which each contribution appears in the text.

Name Index

Abbott, Matron, 34
Abeles, Sir Peter, 275
Adams, Jock, 218
Adams, Katherine, 196, 287, 322
Adams, Nance, 185, 350
Ainsworth, Kathryn, 164
Aitken, Jean, 26
Aitken, Stephen, 187
Allen, Daphne, 144–5
Allen-Brown, Lynne, 53, 76, 77, 81, 90, 92, 99, 110, 122, 124–6, 219, 250
Almond, Barbara, 168, 260, 297
Ambler, Elizabeth ('Ruby'), 149, 366
Amherst, Lord, 12
Amin, Mona, 180
Anastasakis, George, 268
Ancell, Dr Brian, 78, 98, 99
Anderson, Bob, 219
Anderson, D., 224
Anderson, Ellen, 152
Andrea, Dr B.M., 38
Andrews, Billie, 150–1
Anear, J.L., 170
Annells, Margaret, 174
Arbon, Dr Paul, 82, 90, 99, 100, 229, 231, 254
Archer, Geraldine, 142
Aris, Les, 267–8, 272
Armstrong, Elaine, 179
Arnison, Maj.-Gen, Peter and Mrs, 228, 236
Astbury, Ben, 224
Austin, Dean, 303
B., J. (Northern Territory), 199
Baddeley, Dr Stephen, 98, 101, 301
Bailey, Philip, 169
Bailey, Warren, 97
Baillie, Brenton, 263
Banfield, Mary, 180
Banks, Peter, 164
Barnes, J.H., 155, 156
Barnes, Stephen, 305
Barret, Robert, 168
Barrett, Albert, 37
Bartlett, Brian, 214, 285, 366
Bartolovic, Anton, 263
Bat (née Horrocks), Dawn, 164, 174, 237
Beechey, Leonie, 283
Beer, Anthony, 224
Beer, Leanne, 224
Bell, Joseph, 37
Bellingham, C.W., 38
Belman, Paul, 264
Bennett, Stacey, 145
Berry, Harold (Jock), 208, 286
Berry, James, 236
Berry, John, 225, 231
Berry, Maureen, 231
Best, Walter, 166
Billing, N.A.W., 99, 234
Binney, Sir Hugh, 48
Birch, Ruth, 70
Bjelke-Petersen, Joh, 111
Black, Andrew, 130
Black, Malcolm, 303–4
Black, Robert, 130
Blackall, Dr M., 38
Blackman, Heather, 172, 173
Blackstock, Gladys, 152, 217
Blackstock, John, 153, 217
Blackstock, Robyn, 152
Blair, Gail and Les, 273
Blake, Kevin, 264
Blevins, F.T., 66, 99
Blomfield, Isla, 230
Blott, Tim, 164, 238
Bloxham, Bert, 150
Bluck, Richard, 99, 217, 224
Bohning, Barry, 141
Bollard, Cheryl, 219
Bolton, C.A., 24, 98
Bond, Ernie, 163, 283, 296, 315
Bone, G., 186
Boni, David, 271
Booth, Helen, 269, 270
Boucher, R.K., 98
Boulter, Margaret, 165
Bowden, Alan, 251
Bowdler, Cyril W., 13, 22
Bowen, R. Griffiths, 47, 48
Bowey, Skey, 186
Bowman, Gordon, 336
Box, Dr Harry, 151
Bracey, Josh, 239
Bradbury, Norman, 36, 35, 140
Bradley, Keith, 112, 207, 300, 318, 353
Bransgrove, Roy, 179
Brasier, William Church, 10, 11, 12, 111
Brassey, Lady Annie, 147
Bray, Ruth, 201, 212, 229, 253, 290, 326, 362
Brecknock, Marjorie, Countess of, 105
Brennan, Mr, 174
Brentnall, Dr E.W., 98
Brett, Dr P., 28
Bridgewater, Franklin, 82, 85, 99, 100, 254, 331–2
Briggs, Candice, 151
Briner, Edward, 179
Broad, Keiran, 176
Brock, Laurelle, 164, 238
Bromwich, A.F., 98, 102, 240, 282, 301
Brookfield, John, 185
Brooks, George, 240
Brown, Daphne, 314, 344
Brown, Kieren, 76, 292, 356
Brown, Lenaire, 264
Brown, Malcolm, 296
Brown, Michael, 152
Brown, Richard, 37
Bruce, P., 38
Bruce, W., 38
Bryant, Dr. H., 28
Bryant, Martin, 327–9
Bryett, Bob, Barry and Chris, 176
Buckingham, Lisa, 140
Buick, Kathleen, 241
Bulcraig, S.N., 25
Bullen, Beverley, 145, 146, 147
Bulman, R.V., 30, 31, 32, 60, 98
Burbury, Sir Stanley, 160
Burchett, Katie, 222, 223, 233
Burchett, Kerry, 361, 365
Burchett, Sharon, 233, 236
Burford, Les, 166
Burgess, Judith, 263
Burgess, Sue, 327
Burgess, Warren, 60, 244
Burke, Peter, 179
Burkitt, Dr O., 23
Burn, Joan, 116
Burnett, Wally, 110–1
Burns, C.R., 169
Burns, David, 257
Burns, Kath, 257, 289, 322, 356
Burry, Shane, 311
Burston, Sir Samuel, 34, 48, 52, 53, 98, 99, 124, 127
Burton, Dr A.W., 98, 99, 198, 234
Bush, Dr J.P., 98, 99, 195
Butler, Helen, 152, 153
Butler, Peter, 232
Butler, Reg, 160, 161, 306, 353
Buttfield, Ian, 130
Byrd, Sydney, 112
Byrne, James, 216, 296, 307, 308, 321, 322, 346, 356
Byrne, Ross, 98
Caldwell, Ettie, 292
Callanan, Jason, 263
Calneggia, G., 103
Cameron, Lesley, 165
Campbell, Charles, 70, 79, 85, 122, 123, 250
Campbell, Lt.-Col. J.A., 23

Campbell, Dr R.D., 25
Capponi, Angela, 164
Carey, Brian, 191, 300
Carmody, Mike, 196
Carnegie-Smith, Brian, 263
Carrington, Leslie, 112, 176
Carroll, Austin, 166
Carter, John, 26
Cartland, Barbara, 265, 266
Cartwright, R., 360
Caruana, Edward, 169
Cash, F.W., 34, 131
Cassell, Jennifer, 226
Cassell, Sarah, 222
Castles, Alan, 341
Cathcart, Lord, 15
Catt, Col., 118
Caust, Alan, 182
Cavanagh, Lyn, 303–4
Challis, Stanley, 186
Chalmers, Margaret, 206
Chan, Harry, 36
Chan, Philip, 76
Chaney, F.C., 36
Charles, Prince of Wales, 141
Cheesewright, Ian, 148, 351
Chelmsford, Lord, 22
Cheshire, Cherie, 336–7
Chinnock, Allen, 112
Christie, Alex, 99, 106, 126–7
Christie, Heather, 212
Christie, Mark, 183
Christie, Shirley, 173, 346
Clark, Sir Ernest, 26
Clark, Harold, 160
Clarke, Andrew, 222
Clarke, Dr C.G.Drury, 98, 144, 208
Clarke, Dr M.deC., 98
Clarke, Shirley, 350
Clarkson, Kerry Anne, 224
Clutton, Bill, 176
Coates, J. (Mrs), 180
Coates, John, 250
Coats, Graham, 60
Coker, Beryl, 160, 260
Coldrick, Sam, 176
Cole, Nell, 174
Coleman, Raymond, 157
Collard, Alex, 152
Collins, Arthur, 154, 155, 256
Collins, Dr Ken, 81, 98
Colyer, Dr Noel, 98
Comber, William, 168
Commane, J.T., 160, 161
Compton, Mark, 201–2, 258
Conn, Dr Neil, 232
Conneely-Woergoetter, Helen, 278
Connoley, Mark, 176
Connor, Bentley, 29
Connor, Grahame, 155
Conrad, Clarence, 37
Cook, Richard, 345
Coombes, Garry, 81, 98, 140, 289
Coon, Peter, 263
Cooper, Angela, 218
Cooper, John, 218
Cooper, Leah, 218
Cooper, Mike, 263
Cooper, Paul, 328
Cooper, Ray, 163, 218
Cooper, Sue, 116, 193
Cornwall, John, 68, 69, 71, 279
Coutts, Donald, 186
Coyle, Anne, 228
Crandon, A.J., 176
Crawley, Edward, 37
Crawley, Terry, 180–1
Crennan, John F., 152, 153, 179
Cressy, Norma, 174
Crichton-Brown, Sir Robert, 275
Croft, Nathan, 223
Crompton, Dr L.J., 98, 147, 164
Crook, Vera, 128
Cross, Minna, 203
Cubillo, Tessa, 224
Cumpston, Dr L.G.B., 98
Cunningham, Stewart, 154
Curwood, N.J., 151, 152
Dachs, Jan, 362
Dagger, Alison, 258
Daley, Laurie, 326
Dallimore, Albert, 154
Dalton, Maj.Gen. James, 12, 42
Dansie, Keith, 231, 367
Dansie, Lynne, 91–2, 93, 99, 116, 224, 231, 276
Davenport, M. ('Bobie'), 178
Davidson, Dorothy (Mrs E.C.), 33, 34, 99, 116, 144, 203, 204
Davidson, Pamela, 254
Davies, Dr G.A., 98, 122, 130, 344
Davis, Barbara, 82, 99, 116
Davis, Edward, 168
Davis, Michelle, 92, 94
Dawkins, Dr Alec, 98, 214
Dawkins, Dr Sydney, 31, 32, 47, 51, 52–3, 98, 99, 124, 214
Dawson, Beth, 99, 116, 118, 125, 174, 204, 265
de Witt, Anthony, 241
Dean, Jodie, 222
Dean, Julie, 222–3
Dean, P.L., 36
Deane, Sir William, 249, 264
Degoey, Daniel, 38
Demaine, Anne, 205, 325
Demaine, Norman, 325
Demeo, Rose, 271
Denham, Raelene, 367
Denmeade, Glen, 191, 282, 302, 314, 345
Dennis, Cecil, 112, 207
Derrick, Paul, 263
Desmond, Steven, 151
Dick, Dr J.Adam, 46
Dick, Rear Admiral Royer, 274
Dine, Neil, 142
Dippy, Russell, 292
Diro, Brig.-Gen. Ted, 40
Dixon, A.C.W. (Bert), 307
Dixson, Dr T. Storie, 19–20, 25, 31, 32, 42–3, 44, 52, 98, 156
Docherty, Glenn, 336–7
Doe, Leslie, 145
Doherty, Jack, 176
Donald, Dr Douglas, 53, 98, 99, 106, 117, 118, 124, 154, 184, 274, 301, 351
Donaldson, Dr J.R., 98
Donaldson, Wayne, 171
Douglas, Mrs Percy, 21
Doupe, Frank, 152
Downes, Maj.-Gen. Rupert, 45, 46, 98, 127
Dray, Matron, 145
Drayton, Alan, 154
Drew, Lucas, 342
Drew, Vera, 70
Driver, W., 28
Duff, Sir Robert, 17
Dugan, Sir Winston, 48
Dumuid, Sarah, 302
Duncan, Mirren, 353
Dunkley, Neil, 238
Dunlop, Peter, 244
Dunn, Mark, 283
Eade, Alan, 342
Eaton, Ronan, 183
Eburn, Michael, 76
Edward VII, King, 22, 111
Edwards, Colin, 307
Edwards, E.C. (Ian), 98, 308
Edwards, J.L., 170
Edwards, Dr R.M., 98
Edwards, Winifred, 152
Efstathis, Dr Vlas, 98, 268, 341
Elgood, Mrs, 149
Elizabeth I, Queen, 1, 2
Elizabeth II, Queen, 129, 148, 181, 212
Elliott, Dr Murray, 98, 131, 347, 350, 357–8
Elsworth, R.L., 170
Emmerton, Wade, 311
Engblom, Ray, 152
Engel, Graham, 261, 305, 319, 348
Engel, Harry, 189
England, Ella, 330

Evans, Madge, 228
Evans, Dr P.J.A., 98
Ewin, Mary, 223
Eyre, Christine, 228
Fabian, Bob, 263
Fairhurst, Nola, 165, 190
Fairhurst, Richard, 190
Falkland, Maj.-Gen. Peter, 53, 75, 81, 99, 120, 123, 124, 201, 219
Fargie, L., 28
Farkas, Ben, 336–7
Fayers, Susan, 312
Ferrier, Philip, 36, 60, 61, 62, 72, 73, 141
Ferrier, Ron, 235
Field, Millie, 179
Finn, Maj.-Gen. Henry, 23
Fiori, Len, 99
Firth, Bill, 274
Fisher, A.E., 109
Fisher, Paul, 176, 238
Fletcher, Albert, 145
Floyd, J., 103
Flynn, Rev. John, 258
Fogerty, Dr Heather, 341
Ford, Gov. Leneen, 133
Foster, Dermot, 350, 363
Fotheringham, Dr Brian, 66, 70, 98, 130, 214, 276, 324, 344
Fotheringham, Dr James, 98, 214
Fowler, Dr F.B., 38
Fox, Rod, 64
Frampton, Chrissie, 232
Francis, Lee, 206
Fraser, D.L., 98
Fraser, Sir Kenneth, 33, 34, 98, 193, 204, 215
Fry, Alan, 117, 179, 274, 336
Fullwood, Bill, 181
Furley, Sir John, 11, 12, 111
Gallagher, 'C.J.', 296
Gallard, Luke, 37, 148, 355
Galway, Sir H., 31
Garball, Peter, 130
Garraway, Craig, 263
Gasmier, Kim, 222
George V, King, 12, 17, 22
George, Sir Robert, 344
Gerard, Brother (The Blessed), 2, 369
Gerner, Cathy, 116, 206, 320, 356
Gerste, Julian, 183
Gibb, Becky, 271
Gierke, Mrs F., 64
Gifford, Jim, 140, 289
Gilbert, Arthur, 168
Gill, Dr Gerard, 168
Gill, Peter, 333
Gillard, Noel, 131
Gillett, John, 127
Gillett-Eurell, Terri, 164, 238
Gilmore, George, 152
Gittins, W., 186
Glasson, J., 106
Gleave, Fay, 296, 361
Gledhill, Faye, 213, 287, 320, 348
Gleeson, M., 228
Gliddon, Nicole, 219
Gloucester, Henry, Duke of, 48
Gloucester, Richard, Duke of, 249, 276
Goddard, Dr Tom, 25, 47, 48, 98
Godden, Eve, 212
Godwell, Maria, 233
Goldacre, Hazel, 98, 116, 206
Golding, Hilda, 233
Goldsmith, Aidan, 194, 302, 342, 349, 356
Golland, F., 28
Goodall, Merv, 112, 205, 262, 290, 352, 363
Goode, C., 29
Goode, R. Paul, 51, 62, 170
Goodier, Bill, 303
Goodrick, Elizabeth, 155
Goodrick, George, 156, 159, 201
Goodwin, Bert, 235
Gordon, Leanne, 257
Gorick, Alf, 143–4, 218, 239
Gove, Dr William, 98
Gowrie, Lord, 46, 47
Graefling, Courteney, 267
Graham, Ken, 244
Graham, Reg, 196, 285, 333, 352
Granger, Stewart, 152, 179
Grant, Alf, 201
Gray, Dr Geoffrey, 98, 110–1, 132, 193
Gray, Samantha, 239
Gray, W.L., 38
Green, Sir Guy, 79, 123, 329
Green, Monica, 184, 198
Green, Roy, 179, 184, 262, 361
Greene, Valerie, 179
Greenlees, Allan, 172
Greentree, Rachel, 231, 232
Gregory, Heather, 306
Gregory, Paul, Peter and Stan, 268
Grice, Dr A.C., 98, 160, 197, 202
Grieve, Dr P.W.H., 98
Griffiths, Dr E.R., 98
Griffiths, Sarah and Susan, 215
Griffiths, Tanya, 164
Griggs, Bill, 202, 298–9, 319, 355
Grimshaw, Bert, 62
Grogan, Valerie, 201, 269–70, 272
Grope, Maxine, 64
Grounds, Dr Arthur, 26
Grove, Dr John, 26
Groves, Doug, 239
Guise, Sir John, 40
Gurner, Maj.-Gen. Colin, 38, 98
Habibie, B.J., 340
Haddock, Warren, 156
Haga, Ervin, 169
Hall, Ashley, 166
Hall, Sheila, 276
Hamilton, Ted, 172
Hampson, Brian, 150
Hancl, Kelly, 243
Hanna, Dr Fayez, 332
Hannah, Sir Colin, 208
Hanson, Pauline, 359
Harding, Ed, 296
Hare, Pastor R.E., 39
Harragon, Phillip, 323
Harris, Claire, 317
Harris, Col, 169, 291, 317, 343
Harris, Jamie, 317
Harris, W.J., 155, 156
Harrison, Harry, 340
Harrison, Kenneth, 168
Harrison, Tony, 366
Haskell, John, 173
Haskings, Greg, 176
Haslett, Jonathan, 183
Hasluck, Sir Paul, 141
Hatch, Edward, 151, 152, 217
Hawkins, Eleanor, 25
Hayden, Bill, 120
Haydock, Frank, 183
Hayes, Janet, 169
Hayler, Lilian, 152
Haymes, Jillian, 151
Haymes, Lesley, 151
Hayton, Noel, 185
Hayward, Sir Edward ('Bill'), 58, 62, 71
Hayward, Greg, 151
Head, Roy, 305
Heard, David, 112, 130, 135, 276, 360, 365, 366
Heard, Lance, 360
Heath, A.R., 51
Heather, Gloria, 283
Heaton, Mrs R., 155
Hector, Viv, 165
Hegner, Rosemary, 246
Hein, Barry, 152
Heine, Adam, 307
Henchman, Dr David, 38
Hender, Noel, 284
Henderson, Peter, 250
Henderson, T.H., 46, 330
Henry VIII, King, 1
Henry, Dr David, 38
Henson, Alice, 46
Hepper, Winifred, 212
Herbert, Jeff, 188
Heron, Lila, 141

Hetherington, Bruce, 179, 287, 302, 367
Hewett, Sir John, 34, 434
Hewitt, Douglas, 156
Hewlett, Brian, 156
Hickie, John, 240
Hickman, Belinda, 251
Hicks, H.C., 109
Hicks, Rosina, 186
Higgins, Marion, 224
Higgins, Marjorie, 218
Higgins, Natalie, 263
Hill, John, 182
Hills, Alan, 206, 294, 317, 349
Hinton-Bayre, Tony, 346
Hocking, Rod, 264
Hoddle, Neville, 56, 131
Hodges, Alan, 90
Hodges, Andrew, 81, 98, 101–2
Hodges, K., 186
Hodkinson, Laurie, 116
Hoey, Tom, 150
Holland, Howard ('Dutchy'), 189, 231
Holland, Dr J.J., 98
Hollier, Thelma, 38
Hollingworth, Scott, 264
Holmes, F.E., 46
Hooke, P.F., 25
Hope, Hazel, 197
Horne, Surg.-Maj. George, 27, 28, 30, 98, 205
Howard, John, 263
Howard, Steven, 327
Howie-Willis, Dr I., 57, 123, 206, 253, 272, 319, 370
Howse, Sir Neville, 13
Hoyle, Florence, 148
Hudson, Dr Rod, 98, 160, 179
Hudson, Grace, 212
Hudson, Margaret, 195, 212
Hughes, Simon, 256, 257
Hulbert, J.E., 125
Hull, Frank, 38
Hulls, Daryl, 152
Hulls, Gladys, 152, 153
Hulls, Jack, 217
Humfrey, Craig, 278
Hunt, Helen, 232
Hunt, Herbert, 168
Hunt, Joan, 127, 141
Hunter, Wayne, 264
Hurst, Dr Harvey, 98, 141, 181, 360
Hurt, Will, 196
Hussey, George F., 31, 32, 61, 48
Hutchins, Richard, 238
Imray, Sir Colin, 329
Ioannou, Lawrence, 180, 181
Ireland, Louise, 180–1
Irwin, H.O., 166
Jackson, Colin, 157–8
Jackson, Dr H.H., 98
Jackson, Joyce, 165
Jacobs, Trevor, 202
Jacobsen, Ross, 164
Jacquier, Don, 63, 64
James, Dr John, 38
James, Joyce, 293–4, 348
James, Matt, 291
James, Dr T.C., 98
Jansons, Brenden, 293
Jarem, Cheryl, 173
Jefferies, Sonja, 302
Jeffreson, J.O.K., 28
Jellis, Don, 73
Jenkins, K., 103
Jenkyn, Edeline, 269
Johns, Ian, 233
Johns, Shirley, 151
Johns, Stephen, 224
Johnson, Renée, 211
Johnston, Gwen, 180
Johnston, Joan, 102
Johnston, Sir William, 53, 98, 99, 129
Jollands, Ted, 290
Jolley, Reg, 360
Jones, Christopher, 209
Jones, Craig, 151
Jones, Edward, 168
Jones, Errol, 164
Jones, Keith, 150
Jones, Raelene, 151
Jongen, Terry, 206, 257, 300
Joseph, Tim, 229
Judd, Nurse, 154
Kambouris, Peter, 268
Katsanos, Bill, 169
Keake, M.G., 40
Keene, Wendy, 174, 204
Keetch, Scott, 127
Keetley, Grant, 240, 359, 367
Keetley, Michelle, 233
Keevil, H.V., 109
Kelly, Gemma, 38, 215
Kelly, Dr Vandeleur, 16
Kelly, Dr W. Ryton, 32
Kennedy, Elizabeth, 180, 181
Kennedy, J.A., 168
Kerry, Max, 132
Kerslake, C., 166
Kew, Doris, 152
Kiddle, Elizabeth, 168
Kilgariff, Bernie, 161
Killen, Dr George, 98, 125, 144, 195, 275
King, Dr, 154
King, Dr A.J., 98
King, George, 154
King, Lesley, 116, 141, 147, 282, 285, 297, 326, 337–9, 350
King, Lindsay, 232
King, Patricia, 147
King, Terry, 289
Kinghorn, Dr B.E., 98
Kirby, Jenny, 232
Kirsten, Beth, 163
Kirsten, Flo, 163
Knowles, Dr E. Herrick, 330
Knox, Sir William, 70
Kollosche, Vic, 208, 284, 294, 327, 344, 354
Kopscandy, Rebecca, 243
Korzenrewski, L., 173
Krammer, Hamish, 194, 283, 310, 348
Kuhn, Trudy, 219
Lawler, Doris, 325
Lafsky, Peter, 60
Lamprell, Alva, 152
Lamprell, Brian, 60
Lang, Dayna, 309
Lang, Hilma, 265–6
Lang, Penney, 177
Lang, Rhonda, 169
Langdon, Mandy, 210
Langdon, Peter, 186
Langdon, Phillip, 38, 174, 186, 210, 278, 315
Langsford, Dr W. ('Spike'), 36
Large, Dr J.M., 98, 104
Latham, Corinne, 307
Lavarack, Sir John, 48
Lawlor, Di, 76
Layton, Alf, 308
Lechmere, Sir Edmund, 11
Leditschke, Prof. Fred, 78, 81, 85, 48, 99, 100, 108, 192, 284
Lee, Gothard, 63
Lee, Maj. J.H.A., 19
Leedham, Leon, 316
Leeson, Mary, 150
Leesong, Tony, 165–6
Lekias, Michael, 268
Lenihan, Pat, 151
Lesghen, Dr H.A., 23
Leslie, Janet, 215
Lewis, Danny, 97
Lewis, L.E., 159
Lewis, Martin, 106
Lilley, H.W., 23
Lindsay, A.S., 29, 30, 32, 98
Little, Matt, 307
Little, Vince, 310, 340–2
Livingstone, John, 172
Llewellyn-Smith, Damien, 217
Lloyd, W., 224
Lock, John, 232
Lodge, M., 28
Logan, Don, 154
Logan, Robert, 150

Loke, May, 238
Lonergan, Debbie, 307
Long, Dr, 154
Long, Dr Len, 297
Lorimer, Peter, 82, 99, 231, 291, 322, 333–5, 346, 351, 356, 362, 360
Lubbock, Nicola, 263
Lund, Sir Otto, 35
Lynch, J.R., 23
Lynn, Mathew, 336–7
MacCormac, Sir William, 11, 12
Macklan, Leonie, 173
MacKrell, Rosemary, 170
Madalena, G., 103
Madeley, Ern, 274
Maden, Brian and Joyce, 164
Madsen, Sylvia, 174
Magee, Tom, 196
Maguire, Maj.-Gen. F., 48
Maguire, Max, 160
Maloney, Kevin, 151
Manessis, Christopher, 268
Mannix, George, 106, 200, 244, 297, 304, 318, 354
Marino, Frank, 289
Markham, Ron, 65
Marquis, Dorothy, 215
Marshall, Alan, 179
Marshall, Gladys, 25
Marshall, Julie, 271, 310
Marshall, Prof. Villis, 52, 75, 76, 80, 81, 82, 83, 86, 87, 89, 90, 91, 92–3, 99, 100, 120, 121–4, 126, 130, 197, 231, 250, 276, 291, 366
Martin, Ray, 329
Martin, Dr T. Morgan, 98
Marvasti, Sepideh, 271
Mary I, Queen, 1
Mason, E. Ashley, 99, 118, 217, 224, 274–5
Masters, Sophie, 120, 160
Mattingly, Mandy, 303–4
Mawdsley, Dr J.A., 98, 112, 234
Maybank, Paul, 141, 187
Maytum, Douglas, 156
McAliney, Kim, 151–2
McAlister, John, 97
McArdle, L., 39
McAuley, Lorraine, 236
McCaskill, R., 38
McCullogh-Dennis, Ben, 258
McDonald, Angus, 133
McDonald, Krystle, 236
McDonald, Lucy, 152
McDonald, Rob, 215
McEwan, Lesley, 309
McEwen, Daniel, 314, 343
McEwin, Sir Lyell, 57, 68
McFarlane, John, 63
McFarlane, Trevor, 112, 258–9
McGowen, James, 22
McInerney, Bevan, 81, 98
McKane, Bruce, 140
McKay, A., 23
McKay, Bertha, 149
McKay, Dr Frances, 81, 82, 99, 99, 106, 116
McKerihan, Sir Roy, 269
McKinley, J.M., 28
McLaren, John, 201
McLaren, W.A., 201
McMullen, Fr. B., 208
McMurtrie, Peter, 341
McQuillen, Patricia, 141, 142, 161, 213
McRae, Alf, 140
McRobbie, Ron, 156
McTye, T., 161
McWilliams, Dr George, 22, 23, 29, 30, 98
Mead, Dr Gertrude, 24
Meadows, T.W., 109
Medley, Leslie, 112, 201, 237
Meijer, George, 295, 324, 346
Meiklejohn, Bruce, 295
Micac, Nanette and Walter, 328
Milbourne, Ken, 81, 98, 179, 202
Miller, Kathleen, 195
Miller, Stephen, 82, 84, 98, 99, 197, 344, 361
Millgate, Greg, 219
Mills, Dr C.G., 37, 98
Mills, Eleanor, 165
Milne, Gordon, 345
Minchin, Ben, 264
Miners, Jack, 112
Mitchell, Sir James, 48
Mitchell, Ray, 147
Moderana, G., 103
Modistach, Kylie, 309
Moffat, Kelly, 309
Montgomery, E., 28
Moore, Robert J, 32, 33
Moran, Rosemary, 325, 326, 368
Morgan, Emily, 13
Morgan, W.H., 13
Morris, Richard, 264
Moss, Harry, 154
Mounter, Marie, Ernie and Roy, 185
Mowll, Archbishop Howard, 47, 48
Moyle, Max, 170
Mugford, Dr F.W., 98, 244
Muir, Nellie, 112
Mullins, Dr George L., 18–19, 21, 29, 30, 32, 52, 98
Mundy, Jane, 264
Murphy, Dr G.J., 98
Murray, Lisa, 351
Mutton, Dr Montagu, 275
Myren, Joe, 58, 59, 208
Nalder, Anne, 76
Napoli, Loredana, 156
Nelson, Dr Selwyn, 98, 112
Nettleton, Mrs, 180
Neustifler, Mary Jo, 332
Newell, Dr L.J., 98
Newman, Dr, 154
Newman, Neta, 174
Newman-Martin, G., 81, 98, 198
Newman-Morris, Dr G., 98, 99
Newman-Morris, Sir John, 47, 48
Nicholl, Dr Peter, 98, 131, 193, 204
Nielsen, Christine, 203
Niethe, Paul, 176
Nilsson, Debbie, 182, 270–1
Nilsson, Sven, 156, 182, 201
Norman, Mervyn, 276
Norrie, Sir W., 48
Norris, Sir F. Kingsley, 53, 98, 99, 106, 124, 127
Northcott, Sir John, 48
Nott, R.B., 141
Nowan, Lily, 228
O'Brien, Frank, 152
O'Hare, Jack, 240
O'Neill, Rex, 152
O'Rourke, J.C., 109
Oates, Judy, 206
Odgers, Mr, 206
Oldfield, Lesley, 161
Olsen, Norma, 299, 315, 344
Ormay, Bart, 219
Ormerod, Edyth, 212
Ortmann, Gordon, 360
Osborn, Dr Sam, 11, 12, 111
Osgood-Cannon, H.G., 28
Osmond, Nola, 298, 354
Owen, Graham, 313
Owens, Dr Des, 122, 244
Oxford, Tony, 264
Pagan, Sir John, 275
Palmer, Alan, 12
Palmer, Bert, 141
Panayiotis, Lynne, 91, 93, 94, 99, 116, 224, 229, 230
Papadimitriou, John, 268
Papondanakis, Evan, 268
Papple, Lorna, 325
Parker, Douglas, 76
Parker, Sir Douglas, 98
Parker, Harriet, 24
Parker, Dr Laurie, 98, 132, 193
Parker, Roy, 152
Parrott, Lt.-Col. Thomas, 275
Parry, Hazel, 152
Paschal II, Pope, 2
Pascoe, Henry (Harry), 274
Pascoe, Tarni, 271
Paterson, Shelley, 232

Patterson, Joan, 99, 116, 139, 152, 217, 224
Paues, Andrew, 194, 292
Pauling, Mary, 128
Pavlik, Vilos (Bill), 252, 271
Peach, Kathleen, 317, 345
Peak, Dot, 307
Pearce, Bert, 182
Pearce, Dr R.L., 98
Pearn, Prof. John, 34, 35, 100, 123, 268, 329
Peck, Therese, 164
Pedler, Dr J.M., 35, 98
Peers, Steve, 141, 161, 182, 264
Penaluna, Julia, 207
Penaluna, Max, 179, 207
Pengel, Mrs, 70
Perkins, V. Bruce, 232
Perriman, H.L., 28
Perrott, Sir Herbert, 12, 111
Peters, Catherine, 144–5, 321
Peters, Les, 144–5
Peters, Shaun, 145
Peterson, D., 160
Peterson, P., 160, 161
Peverill, Thelma, 184
Pfennig, Georgia, 288
Phee, Beth, 185
Phee, Neville, 185
Phelan, Max, 152, 177, 179, 184, 207
Phillips, A.T. (Tom), 276–7
Phillips, Harold, 30
Phillips, Lisa, 224
Phillips, Maureen, 169
Philp, Meg, 273
Pilitsis, Mario, 271
Ping, Dr I., 98
Piper, Dr, 154
Plahn, Stephen, 264
Playford, Sir Thomas, 57, 208
Pluge, Miss, 195
Plunkett, R., 160
Plunkett, Terry, 365
Poate, Sir Hugh, 34, 35, 46, 47, 48, 51, 52, 98, 118, 275
Poke, Frank, 53, 81, 98, 99, 155, 184, 306
Poole, Les, 140
Poole, Robert, 158
Porter, Sir J., 13
Potter, Stacey, 243
Potts, William, 145
Poulton, Benjamin, 30
Powell, Arthur, 185
Poynter, Sir Hugh, 48, 331
Pratt, G., 280–1
Prendergast, John, 156
Prendergast, Terence, 156
Prewett, Mr, 175
Price, A., 175
Price, Doris (Dot), 192, 286
Price, Dr Barry, 76, 83, 85, 86–7, 93, 99, 100, 123
Prior, Kate, 159
Pritchard, R., 186
Privett, Phoebe, 152
Probert, N.E, 28
Puckett, Simon, 135, 189, 238
Purdie, Christine, 98, 116, 159
Putnam, R.D., 56
Pyke, Joe, 131
Quintal, Bonnie, 39
Raby, Doug, 341
Rainsford, B.R., 21, 25, 30, 46
Rance, Jamie, 92
Raven, Rebecca, 140
Read, Flora, 17, 46, 331
Reardon, K.N., 160
Reece, Keith, 307
Reeve, Faye, 135, 197, 306, 314
Reimers, Grace, 151
Reimers, Jean, 151
Reimers, Tom, 150
Rendell, Ernie, 350
Renfrey, Marjorie, 287
Revitt, Jack, 61
Richardson, Earl, 264
Ridgway, Eric, 60
Rients, Annie, 330
Rigby, Grant, 142–3
Rigby, Jim, 142–3
Rimmer, Alan, 267
Roberts, Dr W.D., 290
Robertson, G.L., 170
Robertson, Margaret, 70
Robey, Rev., 208
Robinette, Alan, 145
Robinson, A., 165
Robinson, G.H., 17
Robinson, Guy, 273
Robinson, Kelly, 232
Robinson, Mark, 172
Robinson, Neil, 263
Robson, Dr A.G., 38
Robson, Mary F., 26
Robson, Simon, 217, 219
Rockey, Eve, 38
Rodger, M.L., 183
Rogers, Alan, 172
Rogers, Chris, 319
Rolls, Felicity, 241
Rosa, Jose, 271
Rossi, Dr David, 110
Roth, Brig.-Surg. Reuter E., 18, 20
Rowan, Denis, 97
Rowland, Sir James, 275
Rundle, Geof, 142
Russell, Dr E.A.H., 98
Russell, Dr W.V., 38
Ryan, Charles, 63
Ryder, Gloria, 172
Samuels, Gordon, 222
Savill, Mark, 264
Saville, Debbie, 127
Scaife, Martin, 264
Scanlon, Noel, 144
Schelfhout, Carol, 354
Schilling, Raymond, 57–74, 130, 216, 288, 324, 360, 365
Schmidt, Otto, 63
Schneider, David, 183
Schneider, Sheree, 264
Schreurs, Nicole, 303–4
Schultz, G., 103
Scolyer, Charles, 63
Scott, Karen, 152
Scott, Michael, 162
Scott, Simon, 271
Scott, Victoria, 271
Scurr, Andrew, 349
Scurr, Wendy, 327–9
Sellick, Trevor, 264
Shales, Charles, 185
Shapter, Ken, 60, 62
Shea, Mary, 152
Sheather, Irene, 112
Sherwin, Dr J.A.H., 98, 127
Shields, George, 26
Shirdee, H., 28
Simmons, F.O., 363
Simpson, Keith, 228, 234
Sims, Les, 132
Sinclair, Brendan, 257
Sinclair, Dr E.P., 46
Singer, James, 215, 307, 318, 353, 355, 364, 367
Skey, Hugh, 173, 211
Sleeman, Sir James, 26, 34, 44–5
Sly, Scott, 127
Smeralda, Angie, 216, 273, 305, 323, 355
Smith, A.A., 38
Smith, Alan, 179
Smith, Amy, 228, 236
Smith, Clair, 205, 260, 299, 311, 315, 345
Smith, Colleen, 254
Smith, Sir Henry Able
Smith, Joan, 348
Smith, Kelvin, 129, 316
Smith, Lynda, 263
Smith, M.G., 39, 40
Smith, Peter, 150
Smith, Steve, 223
Smith, W.J., 154, 214
Soares, J.de S., 342
Southby, R.J., 198
Sparks, Alan, 179
Sparrow, J.B., 175
Speers, Norman, 65

Spencer, John, 7, 8,0, 81, 98, 99, 118, 120, 149, 190, 201, 246–50, 258
Spencer, Kirsten, 237
Sperou, Peter, 276
Sperry, Admiral, 27
Springhall, Dr John, 81, 98, 131–3, 193
Stack, Dr Ella, 36
Stansall, K., 160, 161
Stark, Helen, 216, 295, 310, 319, 320
Stearne, Linda, 151
Steel, Dr R.S., 98
Steinhauser, Harry, 150
Stening, Sir George, 37, 98, 106, 118
Stephenson, Mark, 239
Stewart, Ryan, 225
Still, Kylie, 151
Stirton, Betty, 112, 116–7, 118, 143, 144, 156, 195, 212, 246, 253, 266, 271, 292, 236
Stodart, R.M., 47
Stone, Hayley, 234
Stone, Shane, 263
Stone, W.C., 175
Storey, Kristen, 38
Storey, Megan, 38
Stout, A.E., 109
Strahan, Rod, 38
Street, Sir Philip and Lady, 46
Strickland, Francis, 38
Sullivan, Peter, 329
Sunley, Dirk, 92
Sutton, Roy, 176, 238
Sutton, William, 172
Swallow, Lesley, 117, 217
Talbot, Alan, 263
Talbot, Noel, 127, 141, 161, 264
Tapuke, Tori, 169
Tayler, Lloyd, 28
Taylor, Leslie, 156
Taylor, Max, 154
Taylor, Sue, 164
Taylor, Wayne, 160
Tedder, Col. Peter, 38, 98
Teoh, Victor, 241–2, 243
Thackeray, Col. E.T., 12
Thomas, Gary, 309
Thompson, Dr Edgar, 98, 118
Thompson, Tim, 140, 200, 289, 305, 323
Thompson, Warwick, 271
Thomson, Dr John, 175
Thorburn, Peg, 215
Thorpe, Chris, 250
Thorton, Des, 161
Thurston, Melissa, 336–7
Tidswell, Shaun, 308, 311, 358
Tilly, Liz, 76
Tipping, Thelma, 152
Todd, Geoff, 196
Tom, Emma, 255–6
Tooth, Doug, 131
Townsend, Ruth, 223
Toyne, Howard, 123
Tranby, Nancy, 110, 213, 216, 271, 294, 295, 298, 323, 353
Tranby, Roy, 110
Trethowan, Dr W., 24, 98
Trevean, Marie, 152
Trewhella, Roy, 166, 167
Trindall, R.B., 168
Truer, Max, 144
Truslove, Paul, 349
Turner, Constance, 148–9, 355
Turner, J.A., 131
Turner, V.F., 256
Tuxworth, John, 181
Tymms, Dr H.G, 24, 43, 46, 98
Uebel, Ian, 190, 283, 362
Vandenhurk, Debbie, 209
Van Giesen, Harry, 271, 310
Van Ginkel, Henry, 154
Van Senden, Eric, 29
Verrill, Rod, 241, 242–3, 336
Vestey, Lord, 249
Vickers, Dr Wilfred, 47, 98
Victoria, Queen, 2, 12, 111
Von Konigsmark, Jon, 160
Von Koningsmark, Andrew, 180, 181
Wakehurst, Lord, 274
Wales, Murdoch, 34, 35
Walker, Beb, 203
Walker, Ben, 200
Walker, Debbie, 159–60, 258
Wallace, Marie, 182, 236
Wallace, Robert, 25
Wallis, Brian, 145
Walter, Mr and Mrs, 185
Walter, Simon, 198, 304, 315, 349
Walters, Dorothy and Henry, 257
Walters, Kevin, 142
Wann, Gail, 192
Ward, Claude, 37
Ward, Ivan, 92
Ward, Joan, 154
Ward, John, 158, 159, 224, 246, 250
Ward, Kevin, 157
Warren, Dr R., 28
Wassertheil, Jeff, 100
Watson, Olive, 195
Watson, Shirley, 98, 116, 130, 351
Watt, Ray, 346
Weigall, Dr G., 28
Wells, Dr R.G., 38
Wellwish, G., 228
White, Aaron, 336–7
White, Doug, 185
White, Mildred, 152
Wieland, Tim, 342
Wiggins, Grant, 174
Wilkins, Mervyn, 156
Wilkinson, Albert, 46, 159
Wilkinson, Margaret, 116
Wilkinson, W.B., 29
Wilks, G., 228
Will, Stephanie, 237
Williams (*née* Wirth), Andrea, 44, 151, 224, 230, 243
Williams, Anita, 271
Williams, Edgar
Williams, Graeme, 146
Williams, Jeffrey, 301
Williams, Ron, 154
Williams, Sir William D.C., 17, 23
Williamson, Therese-Maree, 358
Willmott, Henry, 186
Wills (née Joyce), J., 161
Wilson, C., 161
Wilson, Dr Charles, 148
Wilson, Harry, 152
Wilson, Rowland, 172
Winters, Miss, 154
Wirth, Kelly-Ann, 151
Wirth, Renee, 151
Wise, F.J.S., 36
Wise, R.A.G., 25
Wolter, Ernie, 32, 33
Wood, L., 165
Woodall, Harry, 178
Woods, Archbishop Frank, 274
Woods, Kaye, 116
Woollams, W., 103
Woolley, R.N., 25
Wreford, Norma, 99, 116, 151
Wright, Alma, 180
Wright, C.G., 170, 171
Wright, Charles, 152
Wright, Kyron, 264
Wright, R.G., 170
Wright, Victor, 186
Wyatt, Chris, 146
Young, Emma, 235
Young, Dr Gordon, 53, 75, 98, 99, 106, 118–9, 120, 123, 124, 271
Young, Jennifer, 312
Young, Sir John, 70, 122
Young, Kevin, 103, 166–7, 199, 289, 316, 358
Zeising, Marissa, 302
Zeitz, Kathryn, 333–5
Zigenbine, Joe, 182

Topic Index

A Century for Australia (book), 57
Alliance Orders of St John, 2–3
Ambulance Employees Association, 68
Ambulance officer trade unionism, 68–9
Ambulance services, St John:
  air ambulance, South Australia, 63–4
  in Melbourne, 26–7
  in the Northern Territory, 36–7, 369
  in South Australia, 56–74 *passim*
    ambulance officer industrial militancy within, 68-9
    benefits to St John of, 71–3
    Cadets in relation to, 70–1
    country services of, 61–4, 70
    disputes between salaried and voluntary staff, 64–6
    extablishment of, 57–61
    factors militating against continued success, 73
    loss of, 369
    Priory–State government joint venture in, 69–70
    Probationary Surgeons in, 130
    recruitment and appointment of staff, 64
    St John Council for South Australia, role in, 68
    success of, 71–4
    trade unions representing ambulance officers, 68–9
    transition to control by South Australian Ambulance Service, 70, 72
    withdrawal of volunteers from, 66–7
  in Sydney, 20, 24
  in Tasmania, 57, 369
  in Western Australia, 1, 369
Army medical services, 17, 23, 28, 45, 53
Ash Wednesday bush fires 1983, 56, 284
Australian Labor Party, 68, 69
Australian Priory of Order of St John, *see under Order of St John, Australian Priory*
Australia, Commonwealth of, 21
  inauguration of, 17
Australian Government Workers Association, 68
Ausyouth, 94
Auxiliaries, fundraising, of St John Ambulance, 269–70
Bath and West Agricultural Show, 10
Balley Brandenburg, Die, 2–3
Bathurst Island football grandfinal, public duty, 278
'Big Days Out', 245, 254–6, 257, 261
Border Star (newspaper) 33
Bordertown and District Ambulance Service Inc., 62
Bougainville, 331–2
Boys Brigade, 56
Brigade Circular, The (journal), 12
Brisbane floods in 1974, 86, 235
British Empire, 1
Brixton Ramblers Cycling Club, 10
Brunei, 336
Bushfires, around Sydney in 1994, 271
Cadet movement, St John, see *St John Ambulkance Brigade, Cadet movement of*
Care International, 1
cave rescue, Tasmania, 1968, 178–9
Ceduna, 62–3
Central St John Council for Australia, 42–4
Challenge Cup (UK), 12
Chivalric Alliance of Hospitallers of St John of Jerusalem, 3
Church of England Young Men's Society, 10
City to Surf fun run, 264
Clerks Union, 68
Cole and Stevens (ambulance service), 58
Commandery of the Australian Commonwealth (Exclusive of Western Australia), 45–7
Commandery of Western Australia, *see under Order of St John, Australian Priory*
Commonwealth Games, Perth, in 1962, 56
Commonwealth Games, Brisbane, in 1982, 56, 348
Coolangatta, 32
Commonwealth of Australia, inauguration of in 1901, 17
Conference of Australian Youth Organisations, 93
Crusades, Christian against Islam, 2, 4
Cyclone Tracy 1974, 37, 56, 315
Dili, 340
Douglas Donald Training Centre, 245, 274–5
Douglas Shield, 21
East Timor, 340–2
'Ecka' (annual Brisbane Show), 284, 310, 326
'Em-Care' ambulances, 351
Emergency Management Australia, 89–90
Emergency services, links with St John Ambulance, 89–90
Federal movement among St John Ambulance bodies in Australia, 42–9, 369
Fiji, 333
First aid (journal), 12
First Aid to the Injured (instruction manual), 14
First Aid Volunteers' Association, 27–8
First in First Aid (book), 34, 35
Flying Doctor services, 13
Forum on Recognition of Skills Gained by Young People, 94
'Gabba' (Wooloongabba Oval), duties at, 273
Gay and Lesbian Mardi Gras, Sydney, 245, 259–60
Girls Brigade, 56
Goods and Services Tax, 80–1
Great White Fleet (of USA Navy), 27
Greece: people of Greek descent in St John Ambulance, 267–8
Guide Association, 56
Hewett delegation to Australian St John bodies 1928–29, 43–4
Hindmarsh Volunteer Ambulance and Fire Brigade, 208

Hobart bush fires 1967, 56, 296
Holy Land, 2
Hospitallers, Knights, 1, 2, 4, 14
English *Langue* and Priory of, 1, 2
Invalid Ambulance Corps, 10
International Year of Volunteers 2001, 251
Iron Baron oil spill, Tasmania, 56, 245, 260
Jerusalem, Crusader Kingdom of, 2
Joe Myren's ambulance, Adelaide, 58, 59
Johanniter Orders of St John, 2–3, 5
Kastellorizo, immigrants from in St John Ambulance, 267–8
Katherine floods 1998, 56, 245, 263–4
'Knights of St John', marching song, 265–6
Kuala Woh, 335, 226–7
Lampung Province, Indonesia, 333–5
Leopold Ambulance Corps, 10
Maitland floods in 1949 and 1954, 56
Malaysia, 226–7
Malta, 14, 337–9
Margate Ambulance Corps, 10
Médicins Sans Frontières, 1
Mine Ambulance and Rescue Corps, 24
'Moonmist' balls, as St John Ambulance fund raisers, 269–70
Moore Park Showground, 270–1
Most Venerable Order of the Hospital of St John of Jerusalem, The, *see Order of St John*
Nancy Tranby Award, Brisbane, 245, 272
National Forum of Youth Sector Organisations, 94
National Medal, controversy over, 111
National Youth Development Conference in 1999, 94
National Youth Round Table, 94
National Youth Strategy, 94
New South Wales Ambulance Service Board, 20
New Year's eve riot, Sydney, 1979, 56, 218
Northern Suburbs Ambulance Association, 58, 208
Olympic Games, Melbourne 1956, 3, 56
Olympic and Paralympic Games, Sydney 2000, 7, 9, 246–50, 257, 258, 310, 369
Order of St John, 1, 4
Associated Bodies of, 1
Bailiff Grand Cross, grade of, 121
Commanderies of, 1, 44, 48
Grand Council of, 1
Grand Prior of, 48
Maltese Cross badge of, 2
membership grades of, 31
mottoes of, 2
Ophthalmic Hospital of, in Jerusalem (also called Jerusalem Eye Hospital), 47
origin of, 1, 2
Priories of, in Australia, Canada, England, New Zealand, Scotland, South Africa, United States of America and Wales, 1
National Councils of, 1
Royal Charter of, 2
Sovereign Head of, 2
St John's Gate, London, headquarters of, 43, 45, 46, 47, 48
treaty of mutual recognition with Sovereign Military Order of Malta, 3
Order of St John, Australian Priory
Chancellors of, 48
Chapter of, 47, 48
charitable principles of, 2, 79–81
Commandery of Western Australia of, 48
establishment of, 35, 48–9
portfolio appointments in, 47, 48
Priors of, 48, 49
Priory conferences of, 100
Priory headquarters of, 48, 369
restructures of, 49, 369
Sub-Priors of, 48
Order of St John Assembly (South Australia), 276
Orders of St John, 'recognised' and 'non-recognised', 2, 3, 5
Papua New Guinea, 39–40
Police Ambulance, Adelaide, 58
Port Arthur massacre in 1996, 56, 327–9
Priory, *see Order of St John, Australian Priory*
Protestant Labor Party, 131
Protestant Reformation, 1
QATB, *see Queensland Ambulance Transport Brigade*
Queensland Ambulance Association, 131
Queensland Ambulance Service, 131, 283
Queensland Ambulance Transport Brigade
dispute with St John Ambulance, 33–5, 57, 131, 321
Queensland Railways Ambulance Corps, 131, 175–6
Railways Ambulance Corps (South Australia), 131
Railways Ambulance Corps (Tassmania), 306
Red Cross Society, 1, 27, 56
Repatriation Department ambulance, Adelaide, 58
Rhodes, 2
Roth Challenge Shield, 21
Royal College of Surgeons, 11
Royal National Association (Queensland) 284, 310, 326
Royal tour of Australia in 1954, 3, 56, 148
Scout Association, 56
self-styled Orders of St John, 2, 3
Service Medal of St John Ambulance, *see under St John Ambulance Brigade*
Seventh Day Adventist Church, 39
Sir Hugh Poate Training Centre, 260, 264, 275
Sleeman delegation to Australian St John bodies 1935–36, 45–6
South African War, 13, 18
South Australian Ambulance Service, 70, 72, 303–4
South Australian Ambulance Transport, 58, 214
South Australian Country Fire Service, 333
South Australians and St John Ambulance (book), 58
Southern Aurura derailment 1969, 56
Sovereign Military and Hospitaller Order of Malta, 1, 2, 4
St Andrew's Ambulance Association, 11
St John Air Ambulance (South Australia), 63–4
ST JOHN AMBULANCE ASSOCIATION, 1, 9
see also Training Branch
expansion overseas, 2, 14
foundation of, 2
Centres of:
Overseas, 14
In Australia:

Australian Capital Territory, 16
Hobart (Southern Tasmania), 25, 43
Launceston (Northern Tasmania), 15, 43
Mount Gambier, 15
New South Wales, 15, 19, 43
Northern Territory, 16, 35–6
Queensland, 15, 34–5, 43
South Australia, 29–30, 43
Tasmania, 15, 43
Victoria, 15, 26, 43
Western Australia, 15, 43
Director of Ambulance (head) of, 48
growth in enrolments in first aid courses, 14, 49–50
Medallions of, 28
name changed to Training Branch, 16, 49
Sub-Centres of:
Brighton (Victoria), 28
Australian Gaslight Company, 20
Clyde Engineering Works, 20
CSR Pyrmont and Broadwater, 16, 20
Dalgety and Company, 20
Fresh Food and Ice Company, 20
Glebe, 20
Kauri Timber, 20
Lithgow Coalfields, 20
Mort's Dock, 50
Sydney Meat Preserving Company, 20
ST JOHN AMBULANCE AUSTRALIA
see also Order of St John
archives of, 253
Chancellors of, 48, 121, 122
Community Care Branch, 49
Council of, 48
federal nature of, 42–9
Fellowship Branch of (later Community Care), 49
National Executive Committee of (later Australian Executive), 49
OPERATIONS BRANCH of, 7
adoption of name, 9, 49
Australian Youth Council, 92–3, 227–8
auxiliaries, fund raising, of, 269–70
cases with beneficial outcomes, 283–312 *passim*
cases that were unusual and/or amusing, 343–368 *passim*
cases with unwelcome outcomes, 313–329 *passim*
'Big Day Out' public duties, 254–6, 257, 261
Boards of Inquiry into disciplinary matters, 109–10
capitation fees within Victoria, 117–8
casualties treated, 114–5
changes between earlier decades of the Brigade and the present, 261–2, 276–7
Chief Ambulance Officer of, 82–4, 99, 197
Chief Medical Officer of, 12, 81, 82, 83
Chief Professional Officer of, 82, 83
Chief Superintendent of, 99
commercial competitors of, 88–9, 370
competitions, first aid, reform of, 106–9
competition trophies, 106
conferences of District Commissioners and Superintendents and National Headquarters Staff, 100
cost recovery, policy on, 79–81, 110–11
discipline within, 109–10
District Headquarters Staff, 97–8; in Victoria, 184
District presidents of, 269
District staff as proportion of strength, 184
Divisions, types of, 137–40; *see also under St John Ambulance Brigade*
Dress Regulations of, 102, 104, 111
ethnic diversification of, 252, 271
Field Officer of, Queensland, 128
first aid kits of, 123–4
fitness for duty, policy on, 84, 85
future tasks of, 124
General Regulations of, 102–3, 121
hours of public duty, 114–5
links with emergency services, 89–90
Management Training Program of, 76–7
Medical Standards Committee of, 100
military orientation, lessening the emphasis on, 193, 122
multilingual initiatives in first aid delivery in South Australia, 252
national committees of, 100
National Headquarters Staff of, 96–9
National Manager Volunteers, 99
National Youth Officer of, 94
Olympic and Paralympic Games 2000, duty at, 79, 246–50, 257, 258
overseas links of, 330–42 *passim*
performance indicators, use of, 116
policies on child protection, fitness for duty and sexual harassment, 84–5
Professional Officers of, 81–4
rank structure of, 85–6
reasons for joining Operations Branch, 189–219 *passim*
reform process during 1990s, 74–94 *passim*, 121–2
reform program in the Northern Territory, 87, 100–2, 370
regionalisation of within Victoria, 117
Research Ethics Committee of, 100
Service Medal of, *see under St John Ambulance Brigade*
sexual harassment, policy on, 84
Skills Maintenance Program of, 77–9
Standing Committee of, 100
statistical trends within, 113–6, 226–7, 240–1, 254; *see also under St John Ambulance Brigade*
strategic planning by, 90–1
training centres of: Douglas Donald (Victoria) and Sir Hugh Poate (New South Wales), 245, 260, 261, 264, 274–5
strength (number of members); *see under St John Ambulance Brigade*
uniforms of, 104, 105, 123, 229, 262, 277
women, advancement into senior management positions within, 116–7
Youth Councils of, 92–3, 227–8
youth initiatives by, 91–4
Ophthalmic Hospital (also called Jerusalem Eye Hospital) Branch of, 47
TRAINING BRANCH of:
see also St John Ambulance Association

adoption of name in place of St John Ambulance Association, 16, 49
Australian First Aid (manual), 123
Director of Training (head) of, 100, 121
Outback First Aid (manual), 133
Science of First Aid, The (text book), 123
ST JOHN AMBULANCE BRIGADE:
see also St John Ambulance Australia Operations Branch
Ambulance Divisions of, 11, 12, 137–9
Bearer Companies of, 13
Brigade 'At Home', 12–13
Brigade 'Overseas', 12–13, 99
Bicycle Divisions of, 10
CADET MOVEMENT of, 3, 75, 220–44 *passim*
Australian Youth Council, connection with, 92–3, 227–8
benefits of membership of, 231, 234
Cadet Manual of, 223
Cadets' Internet discussion forum, 228–30
camps of, 225–6, 229, 231, 233
change in purpose of, during 1990s, 75, 207–8, 244
Chief Cadet Officers, 99
code of chivalry of, 223
discipline within, 230
District Officers (Cadets), 92, 230, 232, 239
first aid competitions in, 224–5
first Cadet Divisions in Australia, 221
General Regulations and, 223
Grand Prior's Award, 224, 232, 228, 236, 237
membership trends within, 226–7, 240–1
origins in the UK, 13, 220
National Headquarters Staff of, 99, 224
proficiency badges of, 224
special service certificates of, 224
statistical data on, 226–7, 240–1
strength (number of members) of, nationally and by District, 240–1
Youth Development Officers of, in Victoria, 241–3
camps of instruction of, 10, 11, 231
cases with beneficial outcomes, 313–329 *passim*
cases that were unusual and/or amusing, 343–368 *passim*
cases with unwelcome outcomes, 283–312 *passim*
Chief Commissioners of, 3, 12, 52–3, 118–9, 120, 121–4, 124–6
Chief Nursing Officers of, 81, 82, 83, 99
Chief Officer (Cadets) of, 99
Chief Staff Officers of, 99, 126–7
Chief Superintendents of, 12, 99
Chief Surgeon of, 12, 99
Combined Divisions of, 137–9
Commanding Officers of, 86
Commissioner for Australia of, 19, 31–2
Commissioners of, 98, 131–3
competition from commercial rivals, 88–9
competitions (first aid) of, 21, 106–9, 306, 352, 3578, 360
competition trophies, 106
Corps of:
Bristol (UK), 10
Civil Ambulance Transport Brigade (Sydney), 20, 24
Metropolitan (Adelaide), 62
Metropolitan No. 1 (St John's Gate) [UK], 11
North Eastern (South Australia), 59
Southern (South Australia), 59
Transport Corps (South Australia), 59–60
Western (South Australia), 59
Corps Superintendents of, 129
Crusader Divisions of, 139
discipline, maintenance of within, 109–10
Districts of:
Australian Capital Territory, 37–8
Canterbury-West Coast (New Zealand), 29
Coastal (Western Australia), 24
Goldfields (Western Australia), 24
New South Wales, 19–22, 143
Northern Tasmania, 26
Northern Territory, 35–7
Papua New Guinea, 39–40
Queensland, 32–5
South Australia, 29–32, 43
Southern Tasmania, 25–6
Tasmania, 25–6
Victoria, 26–9, 43
Western Australia, 22–5, 43
Divisions of:
1st Canberra Ambulance, 38
1st Canberra Nursing, 38
1st Victoria Motor Cycle, 170, 171
ACT Ambulance No. 1, 38
Adelaide (Motor Cycle), 170–1
Adelaide No. 1 Nursing, 30, 31
Adelaide No. 1 Nursing Cadet, 221
Adelaide No. 2 Nursing (YWCA), 30, 31
Adelaide Railway, 30, 32
Adelaide River Cadet, 221
Albert and Logan, 236
Aldgate-Stirling, 140, 289
Adamstown Cadet, 298
Algester, 194, 348
Alice Springs, 36, 140–2, 181
Alice Springs Cadet, 236, 238, 242
Ararat, 29, 178
Archer Family, 26, 142–3
Armadale Cadet (Victoria),243
Armidale (New South Wales), 154
Ashfield, 54
Auburn, 176
Auburn Cadet, 238
Balaclava, 29
Ballarat, 178
Ballarat Cadet, 148
Ballina, 164
Balmain Cadet, 201, 221
Balmain Nursing, 148
Balranald, 164
Bankstown, 143–4
Bankstown Nursing Cadet, 212, 292
Benalla, 178
Bendigo, 178
Blacktown Cadet, 176

Blackwood, 206
Bloomsbury Cadet, 144–5
Bordertown, 62
Boronia, 178
Brighton (Tasmania), 257
Brighton (Victoria), 28, 29
Bright, 178
Brisbane, 32–4
Brisbane Central No. 1, 192, 213, 216, 294, 298
Brisbane Central No. 2, 203, 325, 348
Broadford-Kilmore, 145–7, 178, 295
Broadmeadows, 207
Broken Hill, 117, 147
Brunswick, 29
Bundaberg Nursing, 215
Camberwell, 29
Camperdown, 178
Canberra Central, 181, 216, 302
Canberra Central Cadet, 239
Canberra-Griffith, 38
Canberra-Lyneham Nursing Cadet, 38, 221
Canberra-Reid Ambulance, 38
Canberra-Reid Ambulance Cadet, 38, 221
Cardiff Cadet, 164
Carlton (New South Wales), 21
Casterton, 178
Casuarina, 193
Casuarina Cadet, 221
Ceduna, 61, 94
City of Melbourne, 258, 259
Claremont Cadet, 197, 257
Cleveland, 215, 324
Coffs Harbour, 164
Colac, 178
Colonel Light Gardens Ambulance, 58, 59
Colonel Light Gardens Cadet, 57, 189, 211, 214
Commonwealth Portland Cement Company, 21
Cooma, 164
Cootamundra, 21
Cowra, 164
Cranbourne, 178
Cronulla-Carringbah Ambulance, 139
Darwin, 36, 181, 191, 209, 210
Darwin Cadet, 36, 221, 232, 235, 240
Darwin Cadet Band, 147, 183
Daylesford, 178
Denman, 164
Devonport, 26, 205
Dixson's Tobacco Factory, 20
Dubbo, 164
Dulwich Hill, 21
East Malvern, 29
Echuca, 178
Edith Cowan University, 183
Epping Nursing, 148–9
Esperence, 150–1
Esperance Cadet, 151
Essendon, 29
Eudunda, 61
Fairfield, 29
Fendalton Cadet [New Zealand], 141
Fire Brigade, 59
Footscray, 29, 151–3, 179, 217
Footscray Ambulance Cadet, 151–3, 178, 221
Footscray Nursing, 151–3
Footscray Nursing Cadet, 151–3, 278
Forbes, 164
Frankston Combined, 138
Fremantle Ambulance Cadet, 221
Fremantle Nursing Cadet, 221, 233
Gawler, 59
Geelong, 154–5, 178, 214
Geelong Ambulance Cadet, 221
Gladesville, 309
Gladesville Nursing, 21, 195
Gladesville Nursing Cadet, 163, 195
Glamorgan, 202
Glebe, 14, 20, 21, 37, 153, 155–8, 182, 213
Glebe Cadet, 159–60, 201, 221, 237, 240
Glenelg, 30, 32, 61, 284
Glenorchy, 160–1, 218, 312
Gold Coast, 289
Golden Grove, 311
Golden Grove Cadet, 303, 358
Goodwood Park Nursing, 59
Goolwa, 162
Gosnells, 243
Goulburn, 164
Great Northern, 32
Griffith, 164
Hamilton (New South Wales), 235
Hamilton (Victoria), 178
Harbour Trust, 21
Hawthorn, 28, 29
Hawthorn Cadet, 148
Hawthorn-Kew, 148
Hay, 164
Heidelberg, 148
Hills, 164
Hindmarsh, 59, 192
Hobart No. 1 Ambulance, 25, 257
Hobart No. 1 Ambulance Cadet, 26, 221
Hobart No. 1 Nursing, 25
Hobart No. 1 Nursing Cadet, 26, 221
Hobart YMCA, 25
Horsham, 178
Housewives, 203
Howard Springs Cadet, 210, 221
Hume, 88
Humpty Doo Cadet, 164, 238
Huon, 163, 283
Hurstville Nursing Cadet, 212
Ipswich, 34, 165, 182, 190
Islington Railway, 30
Jamestown, 61, 165–6
Katherine Cadet, 221
Kempsey, 164
Kiama, 164

Kieta Cadet (Papua New Guinea), 314
Kingscliff, 164, 296
Koromburra, 178
Kurri Kurri Nursing Cadet, 139
Lake View and Star, 103, 166–7, 199, 316
Lambton Cadet, 164
Lang Lang, 178
Launceston No. 1 Ambulance, 26
Launceston No. 1 Nursing, 26
Launceston Nursing, 168
Launceston Nursing Cadet, 221
Leichhardt, 176
Leigh Creek, 61
Lismore, 164
Lithgow, 164
Mannahill, 61
Mannum, 61
Marion Ambulance, 186, 210
Marong, 178
Marrickville, 37, 168–9
Marrickville Cadet, 169, 181, 221
Maryborough, 169
Melbourne, 191
Melbourne and Metropolitan Gas Company, 29
Melbourne CWC, 29
Melville, 206, 215
Mentone, 29
Merrylands Cadet, 194
Metropolitan (Melbourne), Ambulance and Nursing, 28
Middle Park, 29
Midland Junction, 24
Mildura, 29
Mile End, 30
Miller Ambulance Cadet, 139
Milton Ambulance Cadet, 221
Milton Nursing Cadet, 221
Mitcham, 59
Mitcham-Colonel Light Gardens Cadet, 232
Mitchell, 147
Modbury, 349
Molong Cadet, 222–3, 230, 239, 350, 351, 358, 361
Monto, 169, 317
Moonee Ponds, 29
Moorabbin, 29
Moorooka, 194
Moree, 164
Mornington, 178
Mort's Dock, 20
Mortlake, 178
Morwell, 178
Mosman-Willoughby, 37
Motor Cycle, 170–1
Mount Barker Cadet, 304
Mount Beauty, 171, 172–3, 211, 346
Mount Cotton Cadet, 173
Mount Isa Nursing Cadet, 221
Mount Sugarloaf, 164, 309
Mudgee, 164
Muswellbrook, 164
Myrtleford, 178
Namadgi, 219
New Norfolk Cadet, 221
Nhulunbuy, 174, 210
No. 1 (Stoke Newington) [UK], 11
Norfolk Island, 38–9
Norlane Cadet, 148
Northern, 59
North Ryde Cadet Nursing, 148–9
North Sydney, 37
North Sydney Nursing Cadet, 221
Norwood, 252
Norwood Cadet Nursing, 148–9, 206
Norwood-St Peters Ambulance Cadet, 221
Nundah, 34, 174, 192, 196, 204, 284, 286, 287, 295
Nundah Nursing Cadet, 221
Orange, 164
Ormond, 179
Osborne Park Ambulance Cadet, 221
Paddington and Woollahra, 21, 37
Palmerston Cadet, 21, 37
Parkes, 164
Parkville, 29
Parramatta, 78, 176, 191
Perth Ambulance, 22–4
Perth Metropolitan Nursing Cadet, 221
Perth Nursing, 24
Pinnaroo, 61
Police, 59
Port Adelaide Ambulance, 30, 59, 291
Port Adelaide Ambulance Cadet, 221
Port Adelaide Railway, 80
Port Macquarie 164
Portland, 178
Prahran, 29, 295
Prospect, 59
Prospect Ambulance Cadet, 221, 308
Queanbeyan, 164
Queenstown, 196, 216, 367
Randwick, 21, 340
Richmond Ambulance Cadet, 221
Ringwood-Nunawading, 179
Rochester, 178
Rose Park, 30
Rosebery, 180, 367
Ryde, 190
Sale, 178
Sanderson Cadet, 221
Sandringham Cadet, 178
Sebastopol, 178
Shepparton, 178
Shortland Nursing Cadet, 292
Singleton, 164
Snowtown and Brinkworth, 32
South Brisbane Nursing Cadet, 221
South Sydney Cadet, 180–1
South Sydney Nursing. 180
Southport, 34, 366
South Yarra, 29

Speers Point, 323
St Albans Cadet, 217
St George Nursing, 212
St George Nursing Cadet, 212
St John Ambulance Band, South Australia, 95
St Kilda Cadet, 29, 183, 205
St Peters, 59
Strathalbyn, 162
Sunshine Cadet, 221
Sunshine Coast, 177, 200, 203
Sutton-in-Ashfield (UK), 13
Swan Hill, 138, 178
Sydney Central Nursing, 340
Sydney Gasworks, 20
Tea Tree Gully, 303
Tennant Creek, 36, 181–2
Thebarton, 59, 231
Thebarton Ambulance Cadet, 200, 231, 291
Toowoomba, 34
Townsville Cadet Nursing, 230
Townsville Nursing, 188
Tramways, 295
Universities (Adelaide), 183
University of New South Wales, 183
University of Sydney, 182–3
University of Technology, Sydney, 183
Unley, 59, 210, 232
Vaucluse, 21
Victor Harbour, 162
Wagga Wagga, 164
Walkerville, 59
Wallaroo, 61
Wangaratta, 178
Warburton, 178
Warners Bay, 185, 307
Warragul, 178
Warrnambool,178
Water and Sewerage Department, 21
Waverley Cadet, 178
Werribee, 190
West Geelong, 154
West Torrens, 59, 65
Western Lake Macquarie, 164
Western Suburbs, 20, 21, 185–6
Western Suburbs Nursing, 139, 331
Whyalla, 63, 190
Williamstown, 29, 187–8
Williamstown Ambulance Cadet, 221
Woden, 296
Wodonga, 76, 178
Wollongong, 21
Wonthaggi, 178
Woodend, 148, 178
Woodville, 188
Woodville Ambulance Cadet, 59, 221
Wynnum, 293
Wynyard, 197
Yallourn, 178
YMCA Melbourne, 29
efficiency, requirement for, 12, 22, 77, 78, 103, 276
established in Australia, 16–41 *passim*
expansion overseas from the UK, 12
Divisions, types of, 11, 137–9
Family Divisions of, 137–9
Field Officer of, Queensland, 129
foundation of, in the UK, 2, 9–14
fund raising by, 269–70
fund raising in Queensland, legal barrier to, 110–11, 132
General Regulations of, 11, 102–3
growth in membership, 11, 24–7, 50–1
insignia of rank, 86, 87
Inter-link experiment, Victoria, 139
'Knights of St John' marching song, 265–6
Link Divisions, 139
marching songs of, 265–6
membership trends, *see 'statistical information' and 'strength'*
military connections of, 18, 53, 258–9
Military Home Hospital Reserve of, 13
Mobile Nursing Units, 177–9
'Moonmist' balls of, 269–70
Moore Park Showground, duties at, 270–1
name changed to Operations Branch, 9, 130, 229
New South Wales Headquarters Auxiliary of, 269–70
Non-commissioned officers of, 86
Nursing Divisions of, 11, 137–9
Officers of, 86
overseas excursions by Australian members, 22
Probationary Surgeons, South Australia, 130
Professional Officers of, 81–4
Quadrilateral Divisions [UK], 139
ranks within, and rank structure of, 85–6
regulations of, *see under 'General Regulations'*
Rescue Squads, 177–9, 351
reviews, annual, of, 11–12
Royal Naval Sick Berth Reserve of, 13
Royal reviews of, 12, 22
public duties of, *see under 'St John Ambulance Australia, Operations Branch, hours of public duty'*
Service Medal of, 12, 111–13
Special Divisions of, 139
Standing Committee of, 100
statistical information on, 11, 24–5, 37, 40, 50–1, 55, 113–4, 226–7, 40–1
strength (number of members), 11, 24–5, 37, 40, 50–1, 55, 113–4, 240–1
uniforms of, 13, 23, 49, 104, 105, 262, 277
Voluntary Aid Companies of, 13
St John Ambulance Gazette (journal), 12
St John ambulance services, *see under 'Ambulance services, St John'*
St John Commandery of the Australian Commonwealth (Exclusive of Western Australia), 45–7
St John Councils, State and Territory, 49, 51–2
St John Council for South Australia, 68
St John's Gate (Clerkenwell, London, headquarters of Order of St John), 42, 43, 45, 46, 47, 48
St John House, Adelaide, 60

'St John Nurses', marching song, 265–6
St John Ophthalmic Hospital, Jerusalem (also called Jerusalem Eye Hospital), 47
St Luke's Hospital, Sydney, 125
Sumatra, 333–5
Sydney bush fires 1995, 14, 56
Sydney Olympics and Paralympics in 2000, 7, 9, 246–50, 257, 258. 310, 369
Tasman bridge collapse in 1975, 256, 308
Tax avoidance scheme 1979–80, 57
Transport Workers Union, 68
Union of Ambulancers, 17
United Nations Transitional Administration in East Timor, 341, 342
Upper Eyre Peninsula Ambulance Service, 63–4
Valetta, 337–9
Voluntarism:
  St John Ambulance beliefs on, 1, 7, 79–81
  decline in during twentieth century, 56
Volunteer Medical Staff Corps Reserve, 17
Voluntary Aid Detachments (VADs), 24
Western Suburbs Ambulancers, 17
West Gate bridge collapse in 1969, 56
Westgate-on-Sea, Kent, UK, 10
Whyalla Ambulance Service, 63
World War I, 24, 29, 50, 53
World War II, 4, 25, 45, 46, 50–1, 53
Young Australia League, 299
YMCA and YWCA organisations, 93
Young People's Industrial Exhibition, 17
Youth Pathways Action Task Force, 94
'Zambuk', poem, 280–1
Zambuk(s), as nickname for St John Ambulance first aiders, ii, 9, 279–81
Zam-Buk, liniment, ii, 9, 279, 280

Contributions Index

(1) Broken neck (2) Hole in head, 283
10 Grand Prior's Badge Cadets; all joined adult Divisions, 232
10,000 kilometres there and back by road for a Cadet camp, 232
15-inch hemline, 105
16 miles with a severed carotid artery, 314
18 stone, cardiac arrest, 283
1st Victoria Motorcycle Division, 171
2/4 and 2/14 AGH, 258–9
30 years with the Fremantle Cadets, 233
8-year-old, suspected spinal injury, 283
A 'disease' that's hard to shake off, 186
A decision not to resuscitate, 314
A fall from the jumping castle, 186
A fire in a humpy, 314
A girl called Tracey, 315
A huge fur ball, 315
A life in first aid — St John, army, air force and ambulance service, 191
A little pink shell-like object on the ground, 314
A member of my first aid class, 316
A participating Dad, 190
A Queensland Commissioner's life in St John, 192
A senior surgeon's best, worst and most amusing St John cases, 284
A small icy body, 315
A three-generation family affair, 231
A wild bull at the rodeo, 232
Abnormal swelling above the hip, 345
Adelaide (Motor Cycle) Division, 170
Adelaide's last polio epidemic, 284
Agony to ecstasy in less than a minute, 346
Aldgate-Stirling, 140
Alice Springs, 140–2
All cases can become a 'worst result' if not treated correctly, 316
All that hard training finally paid off, 284
All tiredness gone, we delivered a living patient, 286
Always the 'victim', 232
Ambulance officer casualty, 346
An angel told me I'd be all right, 284
An archivist's work is never done, 253
An embarrassing initiation, 347
Archer Family Division, 142–3
Arm broken in two places, 192
Army, police, accountancy and St John, 193
As if the hands of God had stopped my car, 287
Assault on Resusci-Anne, 346
Baby Dean wins race over snake bite, 303
Baby in a hatchback, 287
Baby several metres away in a ditch, 317
Baby slapped in face, 348
Baby was a nasty purple colour, 286
Bailed up in a first aid caravan, 349
Bankstown, 143–4
Bathurst Island grand-final, March 2000, 278
Becoming serious about first aid, 234
Being a Hamilton Cadet in the 1940s, 235
Being a little helper myself, 194
Best advice I've ever given, 284
Best dating agency in the world, 184
Best part of being a member — fund nights together, 363
Big Day Out (1), 254
Big Day Out (2), 255–6
Black spot at the bottom of our hill, 216
Blood clot dislodged, 286
Bloomsbury: establishing a Cadet Division in the bush, 144–5
Boat 'Cigarette' was hit by a huge wave, 305
Bomb scare at the Commonwealth Games, 348
Bored in a Year 8 music class, 194
Bougainville, 331–2
Brigade Member of the Year, Female, 1983, 195
Bringing baby Anthony back, 288
British Empire Medal, 284
Broadford-Kilmore, 145–7
Broken arm at the netball, 287
Broken Hill: 51 years with St John, 147
Buried in Albany, 196
Bushfire and a burnt-out fire truck, 196
Bushfires, Adelaide Hillis, 289
But I only had one drink, 349
Buttons and bows, 87
Caaring for Grandpa Young, 235
Cadet to board chairman, 201–3
Can Bruce take you?, 287
Casualties: baby in a hatchback, Lakeside motorway and a cross-dressing parade, 196
Centenary of the Order, 1931 — the Australian delegation, 330–1
Chap with a glass eye, 348
Child sick — abdominal pains, 349
Clenched fist in sternum, 288
Clip-clop, 348
Commissioner's commendation, 289
Controversy over the National Medal, 112
Could I have done more to save my patient?, 317
Couldn't sleep at night for weeks afterwards, 316
CPR for a jockey, and a car that parked itself, 349
Crawling between the legs of the spectators, 290
Cross-dressing parade, 350
Cut from ankle to knee: the beginning of a Chief Ambulance Officer's journey, 197

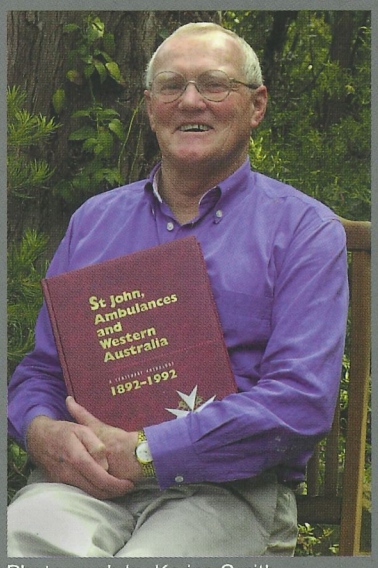
Dad's car crash, 236
Darwin Cadet Band, 147
Daughter, mother and grandmother all killed, 318
Dedicated St John people don't work in expectation of rewards, 198
Dehydrated teenage girl, 307
Delivering baby Helen, 284
Developing the Douglas Donald training centre, 274–5
Divine protection, 350
Divisions and special schools all over Victoria, 148
Do not wake the sleepwalker, 349
Doctor talk: you'll be out of your depth, 350
Doing my job, 290
Don't go above 30, 350
Donation for this unfortunate soul, 350
Down a 6-foot drop, and other strange tales, 351
Drunken male with chest pains, 318
Earning the Grand Prior's Badge, 236
Elderly lady, hit by car, 315
Elderly woman: defibrillated, revived, survived, 291
Em-Care ambulance rolling downhill driverless, 351
Encouraged by Mum and Dad, 236
Entangled leg, 315
Entrée from the Guides, 197
Epping Nursing Division and Ryde School Cadet Division, 148–9
Esperance, 150–1
Establishing the Molong Cadet Division, 222–3
Even the world's top neuro-surgeon couldn't have saved our patient, 317
Ever done a body, George?, 318
Every member of my district staff was a former Cadet, 234
Exercise in counter-disaster management, 346
Expelled from the Cubs, 200
Extending first aid training in Fiji, 333
Fellow medical student, killed in a car crash, 319
Finding my brother, 199
Firefighting in Lampung Province, Sumatra, 333–5
First aid manual on the pavement, 216
First aid unit blown 70 feet into the air, 319
First Chief Ambulance Officer, 84
First District Ambulance Officer in the ACT, 201
First real opportunity to take control of a situation, 291
Fitting after being rolled on by a horse, 319
Five-year old girl, lolly stuck in throat, 291
Flattened by a backhander, 352
Flowers for a young girl screaming, 237
Football fainting spells and a pretty face, 352
Footscray, 151–3
For my pains I was told to f... off, 199
Found 'dead' in the forest, 351
Founders Black, Crown Street Women's Hospital, 290
Four generations of St John, 257
Four-vehicle accident, 292
Fractured wrist at the skate park, 236
From bandaids to air splints: 53 years as a first aider, 200
From Nundah Division to National Headquarters and back again, 204
From the Housewives' Division to the Sunshine Coast, 203
Gashed hand at Towlers Bay, 292
Gay and Lesbian Mardi Gras 2000, 259–60
Geelong, 154–5
Girl in early 20s with empty bottle of pills and empty bottle of brandy, 286
Girls kept their cool, 303–4
Give her a fair go!, 293
Glass eye popped out, 352
Glebe, 155–8
Glebe Cadet Division — Australia's first and oldest, 237
Glebe Cadet to District Staff Officer, 237
Glenorchy, 160–1
Go and see my wife and children, 319
Go off and do a first aid course, 205
Goolwa, 162
Granville Nursing Cadets, 163
Green as grass, 353
Green false teeth, 320
Grew into it, 292
Grim discovery, 320
Grudge match between Mt Gravatt and Sherwood, 293
Guards came from everywhere, 336
Half-petticoat down to the ankles, 344
Have you seen my missing dentures?, 353
He never bought me a drink, 294
Head resting on the shoulder of a pretty blonde, 353
Head smacked against a power pole, 318
Heroin overdose; respiratory arrest, 295
Highlight of my whole St John career, 306
Hobart bush fires, 1967, 296
Horse named Charlie, 343
Horse not regarded as a casualty, 353
Hot in my grey flannel lancer jacket, 205
How could I say no?, 206
How much do you get paid?, 353
How slippery newborn babies are, 354
How to start a Division, 164
How we got our ambulance was how I joined St John, 202
How we've changed, 262
Humpty Doo Cadets, 164
Huon Division, and my private ambulance, 163
Husband and wife to hospital in the same ambulance, 295
Husband-wife St John team, 190
I can't imagine life without St John, 206
I felt as though I had won the lottery, 296
I had made it as a first aider, 295
I realised I had no idea what to do, 202
I said yes so I could get away and eat my food, 206
I saw the big first aider in action, 354
I was the casualty: complicated fracture of my tibia and fibula, 320
I was the patient, 238
I'm the boy who held your hand, 321
Identical twin sisters divided, 67
If I can handle this I can handle being a volunteer, 206
If you can't beat 'em, join 'em, 207
Impaled on a tomato stake, 322
Improvisation, 354
In my fluoro-yellow St John Ambulance jacket, 238

Inevitable that I would join, 208
Innocent, impressionable 19 year old, 354
Institutional name changes, 130
International Year of Volunteers, 251
Into St John through a domestic dispute, 211
Ipswich Nursing Division, 165
Iron Baron oil spill, 260
Jamestown — experiences in a country Division, 165–6
Joined as Cadet bandsman, 207
Just because a patient has his coat on back to front doesn't mean his neck is broken, 355
Katherine floods, 263–4
Kidney donation, then a blossoming career in St John, 209
Kink for medicine but no money, 191
Kiss: how a rock group changed Brigade fund-raising in Queensland, 110–11
Kissed his wife and daughters then went into cardiac arrest, 297
Knight of love, 244
Knights of St John (marching song), 265–6
Kuala Woh, 336–7
Lake View and Star, 166–7
Last school bus, 364
Launceston Nursing Division, 168
Launceston's BMX races, 197
Lives and careers in St John — in three Districts, 210
Look of relief on my casualty's face, 306
Looking on from a distance without being able to assist, 323
Losing the snake-handler, 322
Luckiest man alive, 297
Luckless MG, 355
Magic spray, 355
Malta, 237–9
Many bad cases, 323
Many men — all naked, 355
Many pleasing outcomes, 298
Marching songs, 265–6
Marrickville, 168–9
Maryborough experiences, 169
Meat pies missing, and a car that strayed into the oncoming traffic, 356
Monto, 169
Moonmist, 269–70
Moore Park Showground, 270–1
Most wonderful man in the world, 305
Mount Beauty, 172–3
Mount Cotton St John Ambulance Cadets, 173
Mount Saint Canice, 321
Mum encouraged me, 237
Mum made me join, 238
Murphy's Law at the Brisbane first aid championships, 1964, 357–8
My brother's lymphatic cancer, 216
My cousin could have drowned, 238
My Grandpa's seven strokes, 238
My student did what I'd taught him and saved a life, 298
My wish to put something back into society, 211
Nancy Tranby award, 271
Nasty scare for our medical student, 344
Neat, white rubber gloves, 356
Needle and cotton hastily called for, 356
Neville, our Divisional mascot, 358
New South Wales bushfires, 1994, 271
Nhulunbuy, 174
Not too surprising that it all worked, 298–9
Not you, the patient!, 356
Nundah's national championship, 174
Obese lady suffering asthma attack, 356
Old home remedies, 299
One day's work at the Gabba, 273
One Finger Jack's wonky knee, 358
One of the sweetest rewards, 300
One that still hurts, 326
Only a bus driver, 359
Only boys could do footie duties, but I stayed 36 years, 212
Only two of our casualties survived, 318
Orange flavoured brownies, 213
Order of St John Assembly (South Australia), 276
Order of the Blue Leek, 225
Our first appearance in an interstate first aid competition, 360
Our first real casualty, 361
Our patient 'died' four times, 294
Outranked, 360
Padded machete as improvised splint, 300
Paper bags over heads, 300
Paralysed from the waist down, 323
Pardon me, but are you wearing a G-string?, 358
Pauline Hanson, 359
Police precision driving, 301
Policewoman on a stretcher, 361
Port Arthur, 327–8
Pressure on Mum to learn first aid, 212
Pretty white dress with shiny silver buttons, 213
Primeros Auxilios — Πρωτεσ Βοηθειεσ — Bantuan Kecemasan, 252
Probationary Surgeons, 130
Proud of what we do as St John first aiders, 215
QRA, QATB, QAA, QAS and SJAB, 131
Queensland Railway Ambulance Corps, 175–6
Ram-rod through chest; broken arm, 302
Rapid District growth, 301
Reform in the Northern Territory, 101–2
Remembering Leichhardt, Auburn, Parramatta and Blacktown, 176
Reminding my wife of who it was who convinced me to join, 214
Re-opening of the Sir Hugh Poate training centre, 275
Rescue squads and mobile nursing units, 177–9
Retrieving my head-bandaged patient, 302
Right vice-regal reviews, 361
Riverwood Downs billy cart derby, 307
Rock skiing, 239
Rosebery, 180
Run over by 14 wheels, 322
Saddest event of my career, 327
Scratching away at the clay with bare hands, 324
Scrawny two-week old baby, 324
Sergeant with a cane, 302
Servisu Ambuláncia Timór Lorosae, 340–2

Severe pain in patient's hand, 362
Shark attack victim, 365
She's OK — she's seen it all before, 362
Shipboard casualty: a rotund painter and docker, 324
Slash across face; glass in eye, 302
Sleeping bag, 2 metres long, 262
Snake-bite; fratured pelvis and punctured bladder; and a stabbing, 303–4
Softening the military approach, 193
Some sort of genetic defect?, 214
Sons of Kastellorizo, 267–8
South Sydney — formerly and in 1999, 180–1
Sprayed from cap to shoes, 362
Springless beds at Blaxland, 225
St John Cadets' Internet discussion forum, 228–30
St John is now a long way from the organisation I joined in 1941, 276–7
St John life then compared to now, 261
St John Nurses (marching song), 265–6
Stabbed with a broken glass, 304
Starting with a wet towel and a bottle of oil, 214
Statistics: performance indicators, 116
Steered into a nursing career, 232
Stone fish poisoning, and a missing student, 343
Strand of fencing wire, 344
Suddenly I knew how little I actually knew, 215
Sunshine Coast Combined Division — an ode, 177
Surgeons sewed the foot back on, 304
Suspended for going through a red light, 363
Taking a knife to himself, he cut into the injury, 325
Tasman Bridge disaster, 308
Tennant Creek, 181–2
Terror of the first duty, 356
Thank you for offering, 363
Thank you for your untiring support, 215
Thanks for my life, 305
Thanks for saving Grand-dad, 299
Thanks! You did everything you could, 225
The 6th Chief Commissioner — the obstetrician and gynaecologist, 118–9
The 7th Chief Commissioner — the soldier, 120
The 8th Chief Commissioner — the urologist, 121–4
The 9th Chief Commissioner — 'the Skirt', 124–6
The Brigade in South Australia and its role in the ambulance service, 57–74
The Brisbane floods, 1974, 325
The Corps Superintendent, 129
The crowd stood back, 306
The District Officer (Cadets), 239
The dog knew something was wrong, 326
The 'S..t' word, 361
The enticement — a uniform, 216
The field officer, 128
The first Chief Staff Officer — military connections, 126–7
The impostor, 364
The parliamentarian and the pedestrian crossing, 307
The tattooist, 365
The thrill of saving a life, 307
The TV news said he was still alive, 308
The value of women, 116–7
This kid seems to know what he's doing, 308
This one's all yours, 324
Tie me kangaroo down, sport, 366
Tiff between ancient lovers, 345
To Chief Cadet Officer from Cadet, 217
Tooth through tongue, 309
Towel across the face, 309
Transient ischaemic attack, 309
Traumatic amputation of a 2-year-old's hand, 309
Trials and tribulations of a Commissioner, 130–3
Truly a gold medal performance, 246–50
Twelve nights a year only, 217
Two cases at the Ecka: crashed skydivers and a girl on drugs in side show alley, 310
Two hours non-stop each way for a Divisional meeting, 182
Two two-car pile-ups on the way out fishing, 311
Uniform cap tossed into the air — on TV, 366
Universities Divisions, 182–3
Urine bottle upside down, 345
Very large urine specimen, 344
Very, very weak tea, 366
Vice-regal wave from the back of a Humber, 366
Victorian innovations: capitation fees and regionalisation, 117
Warners Bay St John Ambulance hall, 185
Watching the soccer with two broken wrists, 310
We did treat an echidna, 367
We stopped recording cases after 400, 326
Went along with Mum as company, 198
Western Corps Cadet training weekend, 2000, 226
Western Suburbs: a former Superintendent's recollections, 185–6
Whacked in the eye by a winch handle, 239
What are you doing? What about your patient?, 367
Where's that body?, 218
Why do you spend so much time volunteering?, 219
White water, 311
Why did you run off like that?, 367
Wild bull from the rodeo and Clarrie the Clown's stunt, 311
Williamstown, 186–7
Wisey's missing attendant, 367
Woodville, 188
Worst feeling I've ever had, 322
You can put this wherever you like, 368
You'll have to be my eyes, 312
You've missed three weeks, 218
Young lady having hallucinations, 368
Young singer coughing up black mucous, 345
Your hair has reached your collar, 240
Youth development, 241–3
Zambuks, 279–81

The St John Ambulance Operations Branch (called the St John Ambulance Brigade in Australia until 1987) arrived in Australia in 1901–02. Since then its members in their distinctive black and white uniforms with the Maltese Cross emblem have become a familiar sight at public events. Wherever crowds gather they are present — at sporting events, street parades, pop concerts, festivals and Royal Shows — making their first aid skills freely available to the ill and injured.

In any year, Australia's 11,000 Operations Branch volunteers will contribute over 600,000 duty hours in serving their fellow citizens' health and welfare needs. In that time they will treat 100,000 casualties. Over their first century in Australia they have cared for many millions of their fellow citizens in an hour of need. Without their unobtrusive ministrations, Australia would be much the poorer.



Photograph by Karina Smith

Ian Howie-Willis is a professional historian who has written previous books about St John Ambulance. Born in Melbourne in 1937, he began his working life there as a cadet journalist on the *Sun News-Pictorial* newspaper. Turning to teaching, he later taught in schools in Victoria, Papua New Guinea, England and the Australian Capital Territory. In 1975 he settled in Canberra, where he completed doctoral studies in history at the Australian National University. He now divides his time between Canberra and Tawonga in north-eastern Victoria. In 2002 he was awarded the Medal of the Order of Australia for his work on St John Ambulance history.

Front cover photographs: *Latter-day Zambuks on public duty — top to bottom are Susan Fayers of Victoria at the Melbourne Cricket Ground, 1999; Laurie Knight of New South Wales on a crowd patrol in the Olympic precinct at Homebush Bay during the 2000 Olympic Games; Kathryn Zeitz of South Australia leaving Adelaide for first aid duty at the bushfires in Sumatra, 1997.*