

St John History

JOURNAL OF THE ST JOHN AMBULANCE
HISTORICAL SOCIETY OF AUSTRALIA

Preserving and promoting St John heritage

VOLUME 22, 2025



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St John History is the annual journal of the Historical Society, and is provided to all financial members of the Society. Any enquiries should be directed to the Journal Editor, Matthew Glozier, priory.librarian@stjohn.org.au

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Information about the Historical Society may be obtained from the Executive Officers:

President	David Fahey — history.president@stjohn.org.au
Secretary	Elizabeth Ellis — history.secretary@stjohn.org.au
Dep. Secretary	Brodie Taylor
Treasurer	Paul Copeland — chook126@bigpond.net.au
Membership	Bob Devere — history.membership@stjohn.org.au
Journal Editor	Matthew Glozier — priory.librarian@stjohn.org.au

MEMBERSHIP

Queries about membership to the Historical Society should be sent to the respective State/Territory Membership Officers:

Overseas and Australian Capital Territory

Ian Howie-Willis
iwillis@ozemail.com.au

New South Wales

Matthew Glozier
priory.librarian@stjohn.org.au

Northern Territory

Dawn Bat
belfrynt@gmail.com

Queensland

Bob Devere
history.membership@stjohn.org.au

South Australia

Peter Gill
peter108228@gmail.com

Tasmania

Jon Cooper
jon.cooper@police.tas.gov.au

Victoria

Allan Mawdsley
mawdsley@melbpc.org.au

Western Australia

Edith Khangure
egk@iinet.com.au

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St John Ambulance Australia Ltd
6/3 Sydney Avenue, Barton ACT 2600
www.stjohn.org.au

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Introduction

Welcome to this twenty-second volume of *St John History* – a compilation of most of the papers delivered at the annual seminar of the St John Ambulance Historical Society of Australia in Canberra, November 2024.

This edition of *St John History* continues the trend of recent years with one of the papers authored by an international scholar: Todd Skilton, the Order's Librarian. This contribution sits well alongside those of our local, regular heritage leaders, including David Fahey, Ian Howie-Willis, John Pearn, and Allan Mawdsley. I welcome the inclusion of the paper by Finlay Macneil, a seasoned St John researcher. Unusually, the Seminar included the launch of no fewer than three St John history books in a session chaired by David Fahey: *A Formidable Man* by Allan Mawdsley (launched by John Pearn); *Symbols of Hope* by Matthew Glozier (launched by Ian Howie-Willis); and *Order from Chaos: A century of the St John Ambulance Service in Western Australia 1918–2018* by A.J. Ahern, I.L. Kaye-Eddie, E. Khangure, and H.F. Oxer (launched by Ian Howie-Willis). *St John History*, Volume 21, was also launched by its editor, Matthew Glozier.

Val Dempsey presented the Seminar plenary session on 'Nursing in the pages of St John history', but I am sorry to note she did not wish to include the text of her speech in this volume.

As ever, the subject matter presented at the seminar is varied and interesting. Subjects range across medical practice (history of mechanical CPR devices), phaleristics (Service Medal of the Order of St John), operational activity (Who remembers when the tourniquet became a villain?), historical context (Chivalry of 'the Other'), and a heavy dose of prominent member biography (Dr Katie Ardill-Brice; John William Springthorpe; the Priory Librarians; Dame Nellie Melba). We are delighted that the Historical Society website (history.stjohn.org.au) provides another platform on which to publish the many histories of and related to, the Order of St John. Seminar papers not published in the Journal will be hosted online.

My thanks to Elizabeth Ellis (Hon. Secretary) for gathering the papers together ready for editing, and to Gabrielle Lhuede who has now edited and produced this, her 13th edition of *St John History*.

Dr Matthew Glozier OStJ FRHistS FSAScot

Journal Editor

Addenda to *St John History*, volume 21, 2024

Re: 'In search of the Australian Priory Stones' by Pam Heiermann. *St John History* 21, pp 157–59, 2024

Joy Burgess MStJ clarifies that the Northern Territory has a Priory Stone (from Clerkenwell) in addition to the Australian-quarried stone referred to in the article, which is from Naval Headquarters in Darwin.

The fleur-de-lys came from England, which was organised by Warren Burgess OStJ, Manager for St John in the Northern Territory at that time.

Sir Zelman Cowen sadly died at the age of 92. As Governor General he was very much a friend to St John in the Northern Territory, laying the Clerkenwell Stone in 1978 and opening the Casuarina Headquarters in 1980. Having followed the controversial Sir John Kerr he was called 'the healing Governor General', a name he lived up to.



Sir Zelman Cowen and the formal laying of the Clerkenwell Stone, the fleur-de-lys, in 1978.



And at the opening the Casuarina Headquarters in 1980.

Photos courtesy of Joy Burgess MStJ.

Awards of the Service Medal of the Order of St John for Conspicuous Service

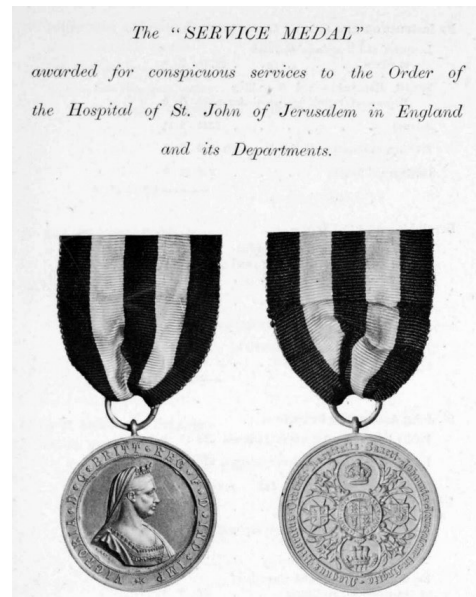
Professor Brett Delahunt ONZM KStJ FRSNZ and Todd Skilton CSTJ ED J

The Service Medal of the Order of St John is an interesting award. The medal is by no means rare but is highly prized by its recipients as a mark of dedicated service. The design was approved in 1898 by the Prince of Wales and the first medals were presented on 6 January 1899.

The St John Ambulance Association's Annual Report of the Central Executive Committee for that year stated that 'the SERVICE MEDAL [is] awarded for conspicuous services to the Order of the Hospital of St John of Jerusalem in England and its Departments'.

It appears that from the outset the medal was primarily intended for members of the St John Ambulance Brigade. The initial announcement of the award designated it as a long service medal, although there was no mention of length of service qualification. However, the criteria for the award seem to have rapidly morphed into an award for 'conspicuous service' with the ambiguous title of Service Medal.

This would suggest that the intention was to also award it to non-Brigade personnel. The first group of recipients included two who were not members of the Brigade, but who had given outstanding and long service to the Order. The remaining eight recipients were all Brigade members with the majority having senior leadership roles. This pattern of award continued, with the vast majority of awards going to Brigade personnel.



The Service Medal for Long and Conspicuous Services

Regulation 54A of the 1926 *Regulations* reiterated

'The Service Medal may be bestowed on those who have rendered conspicuous services to the Order and any of its Departments or Foundations. The Service Medal may also be bestowed on those members of the St John Ambulance brigade who have served actively and efficiently in the Brigade for the number of years laid down in General Regulations of the Brigade.'

In the Annual Report of Chapter General published in the same year (1926) there was a section in the annual Honours List which stated that the Service Medal had been awarded to Robert Dumbleton, Thomas Oswald Mein, Captain George Jackson, and James Page for 'distinguished service to the Ambulance Department of the Order'.

This appeared immediately after the list of recipients of the Fifth Class of the Order and was well separated from the numerous awards of the Service Medal to the Brigade for long service which appeared some pages later. A note later in the report confirms that these four received the award for conspicuous service to the Association extending over a period of between 36 and 47 years.

This is a departure from previous custom and in subsequent Annual Reports similar lists of awards appeared that were included in the announcement of appointments and promotions to the Order. This pattern continued up until 1939.

Analysis of auction sales show that several of these medals have appeared on the market, with not all of them being listed in the Chapter-General Reports.

On 20 August 2020, the medal group to Colonel Sir Edward King, which included his St John Service Medal, was sold by Noonans Mayfair Auctions. The naming on the Service Medal is 'COLONEL EJ KING CMG ADC for Long and Conspicuous Service 1935' clearly indicating that this was a special award. King was Order Librarian at the time his award was made.

In the same auction as the King group, a medal awarded to 'HENRY W. FINCHAM, For Long and Conspicuous Services 1922' was sold. Fincham was Assistant Librarian at the time his award was presented. This award is not included in the report, but being a 1922-dated award, it shows the practice of these special awards was occurring before the 1926 update of the Order *Regulations*.

Another medal with this inscription was that named to 'Colonel Francis W Pixley, V.D., For Long and Conspicuous Services 1929' which was sold by Noonans Mayfair on 13 December 2012. Pixley was Receiver General of the Order and Hon. Treasurer of the St John Ophthalmic Hospital.

With Palm Leaf

In 1944 steps were taken to more strictly formalise the award of the Service Medal for exceptional service. It was noted in the Annual Report of Chapter General that

The Statutes and Regulations of the Order lay down that the Service Medal may be bestowed on those who have rendered conspicuous service to the Order or any of its Departments or Foundations. It is already well known that members of the Brigade who have served actively and efficiently in the Brigade for a specified number of years become eligible for consideration for the award of the Service Medal, and in order to distinguish between members of the Brigade who thus earn the Medal, and those others to whom it is awarded, it has been decided that when the Medal is awarded for conspicuous service to the Order as distinct from service in the Brigade, a palm leaf in silver shall be worn on the medal ribbon."

No award was made in 1945, but in 1946 the following appeared in the annual St John Honours list following the list of appointments as Serving Sisters of the Order and under the heading 'Service Medal with Palm Leaf': 'In recognition of outstanding and devoted service to the Order, the Service Medal with Palm Leaf has been awarded to the following',

The Lady Louis Mountbatten DCVO CBE
H H Greenwood

In 1947 the status of the award was clarified in a statement in the Priory of Australia's Report to Chapter General. It was noted that

advice had been received that the Service Medal with palm leaf could be awarded only in exceptional circumstances and that the award of the Service Medal, other than to members of the St John Ambulance Brigade qualifying for it was not practicable at present.

Further awards were made in 1948; however, it appears that the use of the palm leaf had fallen into abeyance as the list of names in the Honours List was headed 'Service Medal' and it was announced that 'In recognition of outstanding and devoted service to the Order, the Service Medal has been awarded to the following...', with no mention of a palm leaf.

This pattern continued, with an award made in 1950 to New Zealander, Sidney Langstone, with no palm leaf. The medal is impressed 'SIDNEY EDWARD LANGSTONE 1950' without a preceding number. It appears no awards of the Service Medal in this category were made after 1950.

There was no formal provision for those who had previously been awarded the medal for Long and Conspicuous Service to add a silver palm leaf to the ribbon of their Service Medal. As noted, the medals to Page (1926), Richards (1927) and King (1935) are known and no palm leaf has been added to the ribbon. Despite this, some recipients did choose to do so. The medal to Fincham has on its ribbon a silver palm similar to that worn on the French Croix de Guerre.

By the early 1950s it was apparent that the provisions relating to the award of the Service Medal to non-Brigade personnel were inadequate. The conditions of the award of the Service Medal for Conspicuous/Devoted Service, while not formally stated, appeared too stringent and as a consequence members of the St John Association were being unfairly overlooked. The matter was rectified in the 1958 *Statutes and Regulations* when the Service Medal award was opened up to the Executive Officers of the Order, as well as their Deputies and Assistants, and Chairman and Secretaries of the St John Ambulance Association, after 15 years service.



While the Service Medal of the Order of St John is commonly seen, the awards of the medal for special service—sometimes known as the Conspicuous Service Medal of the Order, are rare. Review of the Annual Reports of the Order have revealed 25 verified awards prior to 1944, and two medals (Fincham and Pixley) which, while not contained in published records, appear to be genuine additional awards. Added to this are eleven awards for Outstanding and Devoted Service made between 1946 and 1950, four of which were awarded with a palm leaf.

Dr Katie Ardill-Brice (1886–1955). A trailblazer for Australian St John women

Ian Howie-Willis KStJ

Dr Katie Louisa Ardill (1886–1955) was a Sydney medical practitioner who specialised in gynaecology. After her marriage to Charles C Brice in 1921, she was often known by the hyphenated surname Ardill-Brice.

Katie (her given name) was the first of three children and the only surviving daughter of George Edward Ardill (1857–1945) and his wife Louisa (née Wales, 1853–1920). George was Sydney-born; Louisa, a Londoner, had migrated to Sydney in 1883. Both Baptists, they married in the Baptist Church in Bathurst Street, Sydney, in 1885. George and Louisa were ecumenically inclined evangelical Protestants who were deeply committed to taking Christianity to the largely unchurched and often disadvantaged inhabitants of Sydney's inner working-class suburbs.

Evangelisation for George and Louisa Ardill meant social work among the destitute through a series of specific-purpose institutions they were either associated with or established. These included the Sydney Rescue Work Society, the Crusade to Women, the All Night Refuge, the Home of Hope for Friendless and Fallen Women, the Society for Providing Homes for Neglected Children, Our Babies' Home, Our Children's Home (at Liverpool) and Our Boys' Farm (at Camden). George was a director of a dozen such organisations. Louisa supported him in these endeavours.

Louisa also became the superintendent and matron of a hospital in Stanley Street (later renamed Gilpin Street), Newtown, which opened in 1890 in association with the Home of Hope. Louisa had received training in midwifery and held a diploma of the London Obstetrical Society. The hospital occupied an ornate treble-storeyed Italianate building on the south-eastern corner of Stanley and St Mary's Lane. The Ardill family lived at the hospital. Under Louisa's direction, the hospital became a midwifery training centre. In 1905 it was renamed the South Sydney Women's Hospital. Specialising in the provision of maternity services for poor and unmarried women in Newtown and surrounding suburbs, it survived for the next 71 years, until its closure in 1976. (The building was then demolished and replaced by townhouses.)

Coming from such a background, Katie was strongly influenced by her parents' practical humanitarian activism, if not their religiosity, in improving the living conditions of Sydney's poor. Further, having grown up in her mother's hospital, she knew about obstetrics and gynaecology from an early age. She later told a journalist that she was determined she would be a doctor from the time she was three.

Katie was born on 3 August 1886 in Knox Street, Chippendale, in Sydney's inner west. Her younger brother, George Edward Jnr. (1889–1964), was born three years later in Darlinghurst. He later settled at Gunning (between Goulburn and Yass), where he ran businesses, was a preacher in the Methodist Church, was active in community groups and municipal politics and became a Nationalist Party parliamentarian, representing Yass (1930–1941). Katie and George also had a short-lived younger sister, Gertrude, who was born and died in Newtown in 1891.

Katie attended Wellesley College, a private girls' school in the North Kingston area of Newtown, near her mother's hospital. Wellesley had been established by its principal, a Miss Agnes Mary Stonier (1862–1945), who ran it until 1904,



The South Sydney Women's Hospital about 1930.



The young Katie Ardill, probably in her mid-to late teens, early 1900s.

when she left to establish a new girls' school, Addison College from the historical record about this time, but Katie would have Girls. Katie and Miss Stonier must have become friends, because in 1926 Katie attended her farewell.

After Wellesley, Katie entered the medical course at the University of Sydney in 1913 with the double MB, ChM (Bachelor of Medicine, Master of Surgery), becoming the only woman in her graduating class of 58 students. Following graduation, she was a resident at the Royal Prince Alfred Hospital, only a kilometre from (Gilpin) Street. She was the only female resident that year.

Now known as Dr Ardill, her next position was as an anaesthetist at the Sydney Women's Hospital, where her mother was still the superintendent during the war service (1915–1919), Katie would remain associated with it.

After the outbreak of World War I in late July–early August 1914, Dr Ardill joined the Australian Imperial Force (AIF) for voluntary overseas service. The next day Dr Ardill attempted to enlist as a medical officer but was rejected because the Medical Corps only accepted male officers.

Determined to use her medical training and skills to support the war effort in England at her own expense to offer her services there. She boarded the ship on her arrival she obtained a position at a military hospital in northern France being conducted jointly by British Red Cross and the Order of St John (of which the St John Ambulance organisation was an integral part). Her first task there was to help manage an epidemic of typhoid among Belgian soldiers in Belgium.

After a year at the hospital, Dr Ardill returned to England, where the Royal (i.e. British) Army Medical Corps accepted her as a medical officer. Appointed as a captain, she was posted to the County of Middlesex War Hospital at Napsbury, 26 kilometres north-west of London near St Albans in Hertfordshire. She was among the first female doctors whom the RAMC recruited as medical officers. Her next posting was to the Duke of York's Military Hospital in Dover. Among her tasks there was conducting a clinic for the dependent wives and children of permanent Army personnel. This experience gave her the idea of doing something similar on her return to Australia. Her final posting was to the Citadel Military Hospital in Cairo, Egypt, where she spent 18 months. She remained there beyond the end of the war until her return to Sydney late in 1919.

Dr Ardill resumed her duties at the South Sydney Women's Hospital in early 1920. As seen, she retained her links with the hospital for the next 30 years. That year she also set up a gynaecological practice in Macquarie Street in Sydney's central business district, where many of the city's leading medical specialists had their rooms. She also became an honorary consultant gynaecologist at the Royal Prince Alfred Hospital.

The next year, 1921, Dr Ardill took two life-changing steps. On 1 June she married Charles Christie Brice (1889–1964) in St Andrew's (Anglican) Cathedral, Sydney. Henceforth she used the hyphenated surname Ardill-Brice, as mentioned. He was then a law student but later became a solicitor, accountant and chartered secretary. The marriage would remain childless.

Charles Brice had enlisted in the AIF in January 1916. At first he was based at the Liverpool Army Camp south-west of Sydney, and was promoted to sergeant. He also underwent officer training at the Duntroon Army College in Canberra. In January 1917 he was sent to England with reinforcements for the 20th Infantry Battalion. Once there, he was promoted to lieutenant. In July 1918 while serving with this



Dr Katie Ardill the medical graduate: probably her 1913 graduation photo. Image: NSW State Archives and Records, Series 9873.



Dr Katie Ardill at age 30, as a Royal Army Medical Corps captain in England in 1916.

unit in France he was gassed near Villers-Bretonneux. That ended his active service. He then spent the rest of that year recovering in military hospitals in England. He was repatriated to Australia at the end of the year. After their marriage, Katie and Charles lived in a large and gracious two-storeyed Victorian era home at 59 Albemarle Street, Newtown, two blocks away from the South Sydney Women's Hospital. They remained there for over 23 years. They later moved to a large single-storey Federation-style home on an expansive block at 24 Trafalgar Street, Roseville, on Sydney's affluent leafy upper north shore. That enabled Katie to pursue her hobby of growing flowers. Her other hobbies were golf and piano playing. On the outbreak of World War II in 1939, Charles re-enlisted in the Army. Promoted to captain, he served for the next four years in administrative positions in Sydney.

In 1921, too, Dr Ardill-Brice put into practice her idea of running a free weekly clinic for the wives and children of ex-servicemen. Assisted by the Returned Services League (RSL: the war veterans' organisation), she opened it in Bankstown. Now a populous southwestern suburb, Bankstown was then a recently established soldier settlement estate of 56 small poultry or market-garden farms. She continued running the clinic for the rest of her life. Not surprisingly, Dr Katie was a heroine for the ex-service fraternity generally, and particularly so in Bankstown.

In 1939 Dr Ardill-Brice's work at the clinic earned her the OBE (Officer of the Most Excellent Order of the British Empire) in the imperial honours system used in Australia until 1975. (Among others, the OBE gave public recognition for notable contributions to the activities of charitable and welfare organisations.) It was roughly equivalent to the present-day AO, Officer of the Order of Australia, i.e. a high-level, prestigious award.

Apart from her clinic and gynaecological practice, Dr Ardill-Brice's chief interest was her voluntary activity within St John Ambulance. She was among the organisation's chief pioneers in Australia and the first of its women to hold high office. She joined the St John Ambulance Association, or training branch, soon after her graduation in 1913 and then taught and examined its public first aid and home nursing classes for the rest of her life. In 1914 she also joined the St John Ambulance Brigade, the organisation's uniformed field service, as the Divisional Surgeon (medical adviser) for one of its Nursing Divisions (local female units). She was the first woman in Australia to hold such a position. In 1938 she joined the executive committee of the St John Ambulance Association in New South Wales, of which she remained a life-long member. She became its Deputy Chair in 1946 and Chair in 1949, the first woman to hold the position since its establishment in 1890. Within the Brigade, in 1940 Dr Ardill-Brice was promoted to state headquarters staff as District Officer (Nursing), i.e. head of all the Brigade's women's units. As such, she oversaw the rapid expansion of the Nursing Divisions during World War II.

After the Bankstown division of the Brigade formed, she took particular interest in it. She would have been pleased that one of its members, Betty Stirton (née Wellfare, 1930–2023), who started as a 12-year-old cadet in 1942, spent the rest of her long life in the organisation, rising to be deputy head of the Brigade in New South Wales by 1983.

During the 1940s Dr Ardill-Brice also championed the cause of St John Ambulance federation in Australia. Until the 1940s, the various state branches of the organisation had no over-arching national peak body. (Since 1888 the Most Venerable Order of the Hospital of St John of Jerusalem — Order of St John for short — has been a British royal order of chivalry. St John Ambulance, which has meanwhile spread around the globe, is one of its 'working' charitable foundations.) Against resistance, in New South Wales Dr Ardill-Brice pushed for her state to join the Australian Priory or national federal body of the Order of St John during the period 1941–1947. She then represented the state's St John Ambulance Association branch on the Priory council until her death.



Dr Katie Ardill-Brice wearing her St John Ambulance Brigade uniform, 1940s.

The Order of St John amply rewarded Dr Ardill-Brice's efforts. Her first honour came in 1929 when she was appointed a Life Member of the St John Ambulance Association. In 1938 she was admitted to the Order's select membership as a Serving Sister. She was subsequently promoted to Officer (1943), Commander (1947) and Dame of Grace (1952). She also received the Service Medal of the Order with two bars.

Dr Ardill-Brice died at the age of 68 in St Luke's Private Hospital, Potts Point, Sydney, early on 3 January 1955. She was cremated after a service at St Andrew's Church of England, Roseville. For probate, her estate was valued at £25,506 or about \$984,000 in current values.

Various photographs and portraits of Dr Ardill-Brice survive. Among them is a portrait by the artist Henry W Minton now held by the Art Gallery of New South Wales. This was one of 185 entries in the 1944 Archibald Prize. (Images of the portrait are unavailable. The Art Gallery of New South Wales no longer has the portrait and has no record of what has become of it; and so we have no idea what it looked like.)

Katie Ardill-Brice succeeded in accomplishing what no other woman in Australia had previously achieved. As *Smith's Weekly* stated back in 1950, 'Dr Brice was the first woman to penetrate into fields formerly held sacred to men'. She demonstrated to Australian St John women that where she had gone, they could follow, that senior St John management positions need not be the exclusive preserve of their male confrères. We can all be grateful to her for that!

Dr Ardill-Brice was of forceful personality. An imposing figure, she stood out in any company. Her biographer, the late Heather Radi, alluded to her management style. 'With a stentorian, brash and husky voice, smoking perennially,' Dr Radi wrote, 'Katie Ardill-Brice handled meetings with authority and was willing to debate any question with fire and gesticulation'. Whatever Dr Katie's personal foibles, we can be grateful to her for her achievements for St John, and particularly for showing St John women the way forward.

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A formidable man. The life of Dr John Springthorpe (1855–1933)

Allan Mawdsley OAM KStJ

Dr John William Springthorpe, is an important Victorian physician of the late 19th century whose achievements covered a range of areas, which are briefly discussed here. They include his work with St John, his professional career, his prickly personality and various conflicts, and his linkages with the Arts, including his extraordinary monument to his first wife.

Springthorpe joined St John Council for Victoria in 1886 (just three years after its commencement) at the age of 31 when he was already a prominent physician. He remained on Council for the next 45 years, the second longest-serving member in its history. The first Chairman was the famous architect, Lloyd Tayler, and other members included Dr James Edward Neild, and Professor Henry Martyn Andrew who had been one of the founding teaching staff and later Headmaster at Wesley College. Springthorpe had been a Wesleyan student just prior to his entry to Melbourne University.

Council was joined shortly afterwards by Dr William Snowball, a famous Melbourne paediatrician, and Dr Dan Greswell, the Victorian Government Chief Health Officer. In 1903 it was joined by Surgeon-Major George Horne, then in charge of the Medical Militia at Victoria Barracks (later to become Victoria's first St John Ambulance Brigade Commissioner), and by Surgeon General Sir William Williams who was the first Australian Commonwealth Government Chief Health Officer and the first person in Victoria to be invested as a Knight of St John in 1904. St John Council was a very powerful group in those days.

Short, dynamic, an amusing companion, lively in mind and action, Springthorpe was appropriately known as 'Springy'.¹

In 1907 Springy became Council Chairman for two years. He was succeeded by Dr Charles Bage when, in 1909, he was elevated to President of St John Council and admitted as an Associate of the Order of St John. He remained President until 1916 when he was away on overseas military service. While President in 1912 he was promoted to the grade of Knight of Grace in the Order of St John, the second person in Victoria to be so honoured.

It was during his term of office that St John bought its first motor ambulance and faced a financial crisis as the costs were not met by the voluntary donations for the service. This led to the formation of Victorian Civil Ambulance Service which was a corporate organisation able to charge fees to recover its costs and thereby saved St John Ambulance from imminent bankruptcy. It was also in his term of office that Theodore Roosevelt's Great White Fleet paid its official visit to Melbourne in 1908. This visit led to the formation of the First Aid Volunteer's Association and the subsequent commencement of St John Ambulance Brigade in Victoria.

After the war Springy resumed his involvement in St John but at a much lower key. With the retirement of Lt-Col. George Horne in 1921, Colonel Rupert Downes was appointed Commissioner and remained so for a record 25 years. Springy retired from Council in 1930 just three years before his death.

To sum up his early life and professional career I can do no better than a direct quote from the first two paragraphs of his entry in the *Australian Dictionary of Biography* (ADB):



Springthorpe was born on 29 August 1855 at Wolverhampton, Staffordshire, England, second son of John Springthorpe, mercer, and his wife Hannah, née Newell. Brought in infancy to Balmain, Sydney, he was educated at Fort Street Model School, Sydney Grammar School and, from 1872, at Wesley College, Melbourne. He was a brilliant student at the University of Melbourne, winning several exhibitions and graduating Master of Arts., Bachelor of Medicine and Surgery in 1879 and [the higher degree of] Doctor of Medicine. in 1884. After working as a medical officer at Beechworth Asylum, he went to England and became in 1881 the first Australian graduate admitted to membership of the Royal College of Physicians.

Returning to Melbourne in late 1883, Springthorpe obtained posts as pathologist to the Alfred Hospital and out-patient physician to the Melbourne Hospital. His election as an in-patient physician in 1887 caused a storm in medical circles which provided copy for the newsmongers: he was alleged to have breached professional ethics by using an unsuitable election circular, but was vindicated. In 1887 he also became university lecturer in therapeutics, dietetics and hygiene; his Collins Street practice as a physician flourished; he wrote numerous articles for medical and other journals, and published a two-volume textbook, *Therapeutics, Dietetics, and Hygiene* (1914).¹

Other snippets from the ADB include :

He led in setting up a training and registration system in dentistry, and was the first dean of the faculty; he helped to found the Royal Victorian Trained Nurses Association, becoming its first president in 1901. He was first chairman of the Masseurs' Registration Board. Ambulance work, child welfare, mothercraft nurses' education and amateur cycling were other fields for his enthusiasm. [Tweddle]

In medicine, apart from his private practice, his university and hospital work, Springthorpe was frequently an official in congresses, being president of the Victorian branch of the British Medical Association in 1891 and president of the Melbourne Medical Association in 1900.

In 1914 he enlisted in the Australian Army Medical Corps and, with the rank of lieutenant-colonel, became senior physician to No. 2 Australian General Hospital. Springthorpe returned to Melbourne in 1916, but was posted again to France and then to England where he worked with soldiers suffering from nervous disorders.

Returning home in 1919 with, he considered, little recognition of his war service, he found that his university and hospital appointments had lapsed; he resumed his post of visitor to metropolitan asylums, recommenced private practice and worked for repatriation and the infant welfare movement. His contributions again became prominent in the press.

Springthorpe was aware of Freudian psychoanalytic theory and practice and although he maintained strong emphasis on biological aspects of mental disorders he nevertheless incorporated psychotherapeutic aspects in his treatment of affected soldiers.² He published articles in the *Medical Journal of Australia* on war neuroses and psychology. In one such article in 1919 titled 'War Neurosis and Civil Practice' he said,

Finally, a few words on the civil treatment of disabled soldiers. Many went under strains for which they were untested and into environments for which they are unfitted, largely without any guiding or suitable treatment. Many are still in an unsatisfactory condition, partly because their future remains still unsettled, but more for want of recognition of their psychology and continued neglect of their requirements.



SCENE IN THE HALL OF MEDICAL INFALLIBILITY.

Dr. Springthorpe.—"THERE, THERE, MY POOR FELLOWS; DON'T TAKE ON SO. YOU WERE NOT TO KNOW, OF COURSE. HOW COULD YOU? IN YOUR ZEAL TO SLAY ME, YOU HAVE KILLED YOURSELVES. I FORGET WHAT THE PENALTY IS FOR UNPROFESSIONAL CONDUCT. SOMETHING HUMERUS, I KNOW. SOMETHING WITH BOILED OIL IS IT, OR MOLTEN LEAD; LINGERING BUT HUMERUS. BUT PERHAPS IT WILL BE SUFFICIENT PUNISHMENT FOR YOU TO WRITE THE LETTER IN REPLY TO THE ROYAL COLLEGE OF PHYSICIANS. I DON'T WANT TO BE TOO HARD ON YOU. THERE, THERE, RUN AWAY, AND DON'T TRY AND BITE ANY MORE TILL YOU'RE QUITE SURE YOUR TEETH ARE SOUND."

Appointed Lecturer in Therapeutics and Dietetics at the University of Melbourne Medical School, Springthorpe stood for election as one of the Senior Honorary Physicians of the Melbourne Hospital despite his young age and short previous tenure. This greatly upset the old guard, who accused him of breach of ethics in advertising his qualifications for the appointment. However, despite his public defence of his actions against authorities, he won his election amidst great newspaper coverage. *Punch* magazine also joined in and upheld Springthorpe's ethics.

It is thought that Springthorpe's advocacy was the main reason why the death penalty was never given to Australian soldiers for alleged cowardice or desertion.³ His work on post-war repatriation and psychiatric care of veterans is recalled by the name of the Springthorpe housing estate that sprang up on the site of the old Mont Park/Bundoora Repatriation Hospital area.

Springthorpe strongly advocated for inclusion of psychology in the medical school curriculum, in hospital departments and in the necessary skills of every medical practitioner.² He was not only an advocate for psychological treatment of mental disturbance, he was also willing to appear in court to advocate for mentally-ill people who committed crimes, something new in those days.⁴

The *ADB* did not say much about his personality but scattered comments in other publications give some glimpses. He was a man of short stocky build, as depicted in this caricature from the Australian War Memorial. He was described as a highly intelligent man, energetic and enthusiastic, good company, but highly driven. What the *ADB* didn't say, but which doubtless had a profound effect on his personality, was that when he was 22 years old, and half-way through his medical studies, his parents and younger siblings returned to England, leaving Springy and two brothers to be responsible for their own future progress. Central to this self-determination was a deep connection with the Inglis family and their circle of friends, about which I will have more to say when I comment on his links with the Arts.

Central, also, was his strong Methodist faith. The Methodist movement, derived from the teachings of John Wesley, was particularly strong in the early 19th century. Wikipedia says,

Methodism is characterised by its emphasis on helping the poor and average person, its systematic approach to building the person and the church and its missionary spirit. These ideals are put into practice by the establishment of hospitals, universities, orphanages, soup kitchens and schools to follow Jesus's command to spread the Good News and serve all people.

The Springthorpe family were devout Methodists. John had been to Wesley College, was a regular church attender, his weddings and funerals were in Methodist forms, and there is no doubt that his social behaviour was deeply influenced by this philosophy.

Felix Meyer (fellow Wesleyan and Dux) said of him,

Throughout his career, independent thought and action and outspoken criticism were marked characteristics. With his independent spirit went a tenacity of purpose which made him formidable for those who did not see eye-to-eye with him. Anything like an abuse or misuse of authority roused his fighting spirit. And having espoused a cause, he threw himself wholeheartedly into it. He had great humanity. The pain and suffering of others touched him and moved him to action.³

This basic humanitarianism and stubborn single-mindedness was also tinged with a certain sense of entitlement. If you respect other people they should also respect you. For someone with a degree of 'born to rule' mentality this is a potent invitation for conflict. Several classic conflicts are on record.

The first and most important of these was his allegation that the Australian Red Cross Society was negligent in its administration of the distribution to Australian soldiers of comforts that had been donated by the Australian public. This resulted in a commission of enquiry with considerable criticism of, not only Red Cross, but also of Sir James Barrett, the commanding officer of the Australian forces in Egypt. The enquiry found, however, that Red Cross was not at fault and that the delays were due to



On the outbreak of World War One, Springy enlisted and was assigned to No.2 Australian General Hospital. He spent 1915 in Egypt during which his diaries are filled with examples of his concerns for the wellbeing of soldiers and the shortcomings of the military. After the withdrawal from Gallipoli, he was eligible for return home and discharge, but after a brief visit he re-enlisted and was sent to England to look after soldiers shipped back from the Western Front. His major pre-occupation was with 'shell shock' and other psychiatric conditions related to combat.

Sir James not having sufficient time to quickly attend to the Red Cross items because of pressure of military tasks.

A second conflict was around Springthorpe's dissatisfaction with having been compulsorily retired from his University posts without notice whilst he was away on overseas military service. Another was his somewhat petulant posthumous criticism of the work of former Director-General of Army Medical Services, Sir Neville Howse. This was seen as unfair and drew indignant defensive responses from a number of people, including his fellow St John Council member, Rupert Downes.⁵

Springy was one of a small group of friendly and art-loving outsiders who joined in the soirees of the Yorick Club and the Victorian Artists' Society. The Yorick Club began as gatherings of literary men in Marcus Clarke's rooms and later in Nissen's Café, leading to a formal assembly from 1868, modelled on London's Savage Club. Its membership remained for many years the most varied and mixed of any of the Melbourne clubs, being composed of the bohemian set interested in literature, visual arts and science. A hundred years later, in 1966, it amalgamated with the Melbourne Savage Club.⁹

Others members of the Yorick Club included Dr Felix Meyer, Professor Baldwin Spencer (the first Professor of Biology at the University of Melbourne), Professor George W Marshall-Hall (the eccentric foundation Ormond Professor of Music at the University) and Theodore Fink. He was friends with many of the up-and-coming artists of the day, including Tom Roberts, Charles Conder, Bertram Mackennal and John Longstaff.³

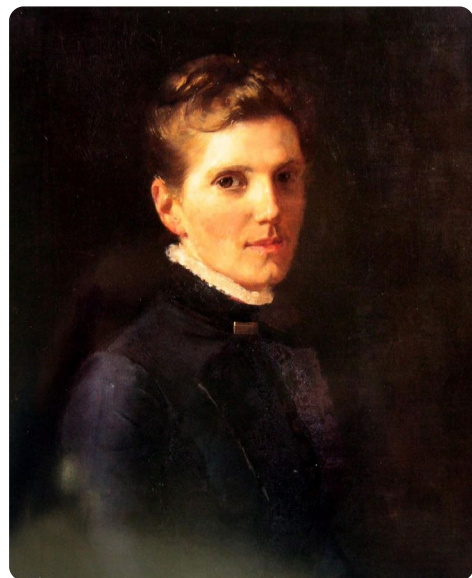
While he had been at Wesley he had befriended Edgar Inglis who would also go on to study medicine at the University of Melbourne. When his family returned to England, Springy often visited the wealthy Inglis family at their city house in Kew and their country property in Gippsland. The Inglis' were the first cousins of the well-connected a'Beckett family. Emma à Beckett was attending the National Gallery School along with Arthur Merrick Boyd (her future husband), Emmanuel Phillips Fox, Rupert Bunny, Frederick McCubbin, Gia Follingsby, Tom Roberts, Charles Richardson and Bertram Mackennall.³

In January 1887, Springy married Annie Constance Inglis, Edgar's younger sister. Together they moved into a new house called 'Camelot' at 83 Collins Street. Immediately he started to build an art collection. He commissioned Tom Roberts to paint his portrait in 1886 and his wife's in 1887. He gave financial support for Mackennall to travel to England, and in 1895 commissioned another portrait of himself by John Longstaff. He was secure in his university and hospital appointments and his practice was thriving.

They had three children and a fourth was on the way when, just as life seemed to be perfect, Springy was plunged into despair. On 26 January 1897, on the day of his 10th wedding anniversary and his wife's 30th birthday, she died in the childbirth of their fourth child. Guy Springthorpe survived and went on to become a doctor and respected psychiatrist. As a newborn he was placed in the care of his mother's sister, Florence Inglis, in Kew whilst the older three children went to live with their maternal grandparents in Gippsland. Springy, himself, underwent a four-year process of intense grief during which he sponsored two remarkable items.



Springy advocated for lay people to undertake the St John Ambulance first aid classes to help with pre-hospital care of the sick and injured. He joined the St John Council just a few years after its formation and remained a member for the next 45 years. He was the second person in Victoria to become a Knight of the Order of St John.



Tom Roberts' portrait of Annie, 1887.

One was an 'In Memoriam' book compiled by Springthorpe and designed by John Longstaff containing poems, photographs, drawings and idealised memories of Annie and their life together.¹¹

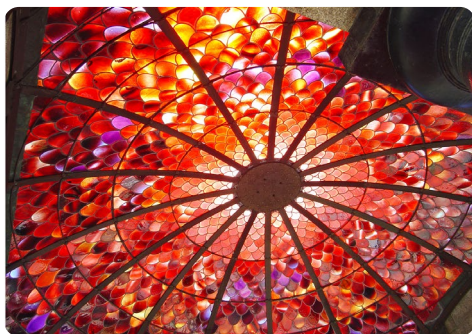
The other was the Springthorpe Memorial in Boroondara Cemetery. Of it he said he had, 'planned a tomb that, without her name on it, will appeal to all true lovers who will see it for a long time to come'. Unveiled in 1901 just five days after the death of Queen Victoria, it rapidly became a major public attraction. Crowds would travel by tram to the cemetery at weekends to view the memorial.

The Greek temple-like tomb with black marble columns and granite pediments was designed by Harold Desbrowe-Anneer. There are bronze gargoyles, railings and bronze inscriptions, a hand-painted ceramic-tiled floor, and a rose-red stained glass domed ceiling. The sarcophagus over Annie's tomb and the marble sculptures were by Bertram Mackennall.⁴

The dead woman lies cold and serene on a formal bier. The Immortal Angel, compassionate but remote, bends lovingly over her, placing a wreath above her head. At the foot of the bier is a haunting, crouching, veiled female figure holding a lyre : she represents Human love and grief.⁴

Just about every flat surface in the memorial has something written on it. Around the pediment are verses from the *Bible* written in Greek and translated by Springthorpe's friend, Professor Tucker. On the floor there are quotations from poems by Robert and Elizabeth Browning, Dante Gabriel Rossetti and Lord Alfred Tennyson. Nowhere is her name, just the words,

My own true love,
Pattern daughter perfect mother and ideal wife,
Born on the 26th January 1867
Married on the 26th day of January 1887
Buried on 26th day of January 1897.



Officially unveiled in the week of Queen Victoria's death, the tomb was so remarkable that crowds came by tram from Melbourne to see it. Much has been written about it, and it remains one of Australia's most impressive memorials.

The memorial was originally surrounded by gardens designed by William Guilfoyle, curator of the Melbourne Botanical Gardens. Just over a decade later, Springthorpe decided to extend the memorial with relandscaping of the grounds, including the creation of a rectangular pool, two seats, a sundial and the commissioning of two sculptures. He sought the advice of a horticulturalist, Charles Loughman, and engaged the young sculptor, Charles Web Gilbert, to produce the two works. One of these was of a brolga defending her chicks against a snake rearing up to strike, and the other of a monk carved as a relief on a block of marble based on the Tibetan master in Rudyard Kipling's *Kim*.⁸

These sculptures are not at the memorial and it is unclear whether they were ever placed there because they were later in the garden of Springthorpe's new house. Also, most of the memorial gardens have been subsumed back into the cemetery after Springthorpe's death.

Around this time, in 1909, Springthorpe had moved house. A horticulturist friend, Margaret Tuckett and her husband, decided to subdivide and sell their property, Omama Gardens, in Murrumbene. Springthorpe bought the house and garden and two adjoining blocks, totaling four and a half acres.⁸ He moved in with three of his children.

The property is close to the route of the Outer Circle Railway and the railway line to Gippsland, and only a few miles from the Talbot Epileptic Colony at Clayton which he had helped to found in 1907. In 1910 the management of the Melbourne Hospital gave Springthorpe the magnificent entrance gates of the old hospital. These were installed at his new house which he renamed 'Joyous Gard' after Sir Launcelot's castle of the Arthurian legend.³

A few short years later the War intervened and Springy spent several years overseas. While briefly back in Melbourne from his work at military hospitals in Egypt, Springy re-married in 1916. His new wife, Daisy Evelyn Johnstone, was a nurse who was the daughter of his housekeeper.

After the War, having been deprived of his university and hospital appointments, he resumed his post as an official Visitor to Metropolitan Asylums. In 1924, at the age of 69, the University appointed him inaugural Dean of the newly-established Faculty of Dental Science.³

Springthorpe died at Richmond on 22 April 1933 after a short illness and was buried in Boroondara Cemetery, Kew. He left an estate valued for probate at £8280. His second wife and three of the four children of his first marriage survived him. Much of his art collection and the house and gardens at 'Joyous Gard' were sold. The house and great garden were demolished in 1935 to make way for suburban blocks. The great gates of the old Melbourne Hospital now form the entrance to the Springthorpe Park, which is opposite the Boyd Reserve in suburban Murrumbene.³ The memorial plaque on the gates recall Springthorpe's wife's gift but not the reason for the Hospital gates being there. Were it not for the splendour of Annie's memorial there is little else to remind us of the contributions of a quite remarkable man.



The great gates of the old Melbourne Hospital at the entrance to the Springthorpe Park, Murrumbene. His work on post-war repatriation and psychiatric care of veterans is recalled by the name of the Springthorpe housing estate that sprang up on the site of the old Mont Park/Bundoora Repatriation Hospital area. He is remembered as one of the pioneers of the mental health field, but most of all for the splendour of Annie's memorial.

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Why did the tourniquet lose favour in St John in the 1960s?

Finlay Macneil CStJ

‘More limbs have been lost by the use of tourniquets than have been saved’. This statement was made in the 1952 edition of Watson-Jones’ *Fractures and Joint Injuries*.¹ Yet the author of this paper has a clear recollection of being taught the use of the tourniquet in his initial St John First Aid course in 1968. Whilst this might be a false memory, the details were clearly etched in his memory, the more so because he had to teach the opposite in 1973 when he started teaching first aid for St John NSW in the Hunt Street headquarters.

The recent change in guidelines on the use of tourniquets for major haemorrhage is well documented, including the reasons for these changes based on the ‘Consensus on Science and Treatment Recommendations’ of the International Liaison Committee on Resuscitation (ILCOR) in 2020.² These reasons have been well presented to this Society by its president in the Historical Society Seminar in 2023. Fahey’s paper discusses the use of the tourniquet for the control of haemorrhage starting with Galen, up to and including the recent changes, although does not examine the reasons for the recent changes in his comprehensive paper.³

To recap, there was a rise in the proportion of preventable battlefield deaths in various theatres of war in the Middle East due to exsanguination. The deaths due to preventable exsanguination were always there, but increased as a proportion of total mortality with the introduction of more effective body armour, reducing death from projectile wounds of the trunk. This mandated a change in doctrine in the military, with the adoption of tourniquets as self-aid and buddy-aid in the field at the point of wounding.⁴ Hence, as with many advances in trauma surgery, the battlefield spawned this change. The civilian world then started to look again at the use of tourniquets, and ILCOR issued a treatment recommendation for the use of tourniquets in the civilian setting in 2020. That recommendation was a ‘weak recommendation, with a very low certainty of evidence’ in the arcane language of GRADE.[†]

The disappearance of tourniquets and pressure points from St John texts and teaching was a gradual process. Early texts in use in St John on first aid for bleeding contained a number of methods of controlling external haemorrhage. These included not just pressure on the bleeding point and tourniquets, but also pressure applied to the main artery of the limb proximal to the bleeding point at ‘pressure points’. The 1894 edition of *First Aid To The Injured: Being the Hand-Book describing Aids for the Cases of Injuries or Sudden Illness*,⁵ contained advice on tying a knot in ‘a triangular bandage’ and the use of a pressure point for the brachial artery (Fig. 1). Figure 2 shows the use of this knot in a bandage over the brachial artery as well as the pressure point for the subclavian artery. This figure also shows a windlass in the bandage. The chapter also contained other injunctions on the control of haemorrhage, such as ‘The plan of trying to stop haemorrhage with tobacco must never be used, as there is great danger of the patient becoming poisoned’.

The 1911 Manual⁶ stated:

Arterial haemorrhage is, when practicable, to be arrested by pressure, position of the body, and elevation of the bleeding part ... Pressure may be ... (a) on the wound (b) on a spot called the pressure point.

However, the flyleaf contained a diagram of arteries with pressure points noted as shown in Figure 3. The 1957 Manual⁷ contained this advice on page 98 and following pages:

If bleeding is not controlled by direct pressure, apply a firm bandage round the limb a few inches above the wound. It is preferable to use a rubber bandage about four feet long and about 2½ inches wide ... At the end of every 20 min the bandage must be relaxed; and if the bleeding has not ceased, the bandage must be re-tightened. This **constrictive** (bold by author) bandage when used should never be covered by subsequent bandages ...

[†]GRADE is a framework used to evaluate the quality of evidence and the strength of recommendations for clinical practice. For further information, see https://www.ilcor.org/data/GRADE_guidelines_Diagnostic_Test.pdf

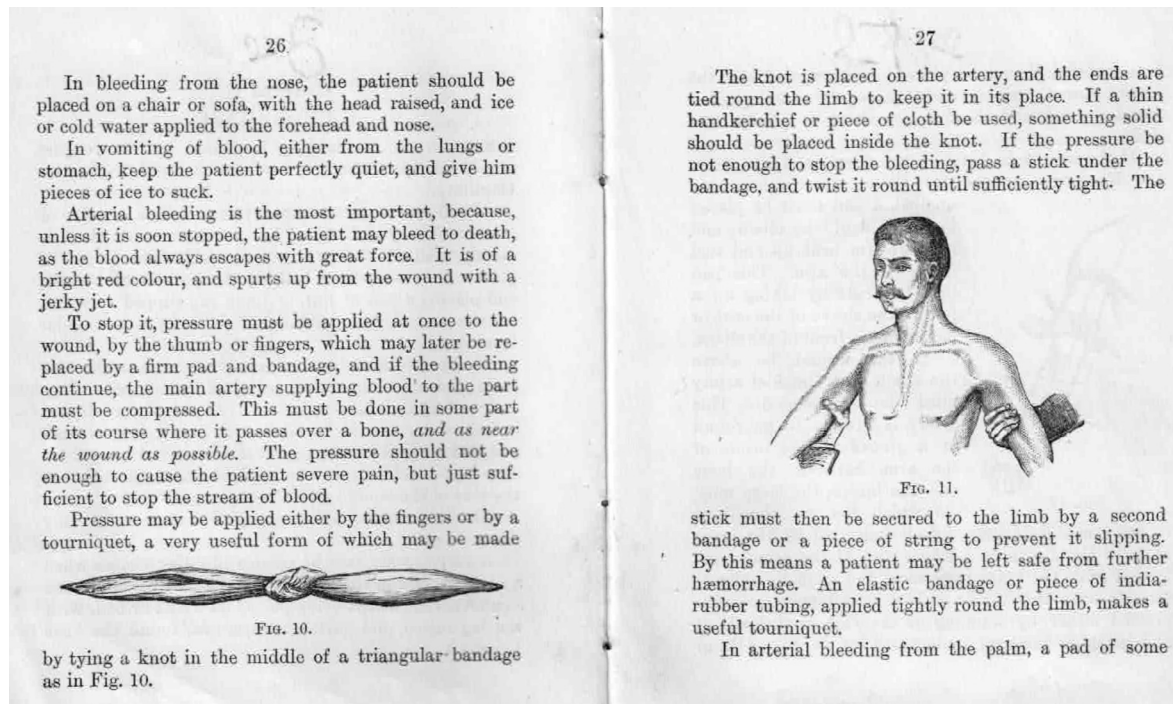


Fig. 1. Knot in triangular bandage to create pressure at a pressure point from 1894 Manual¹

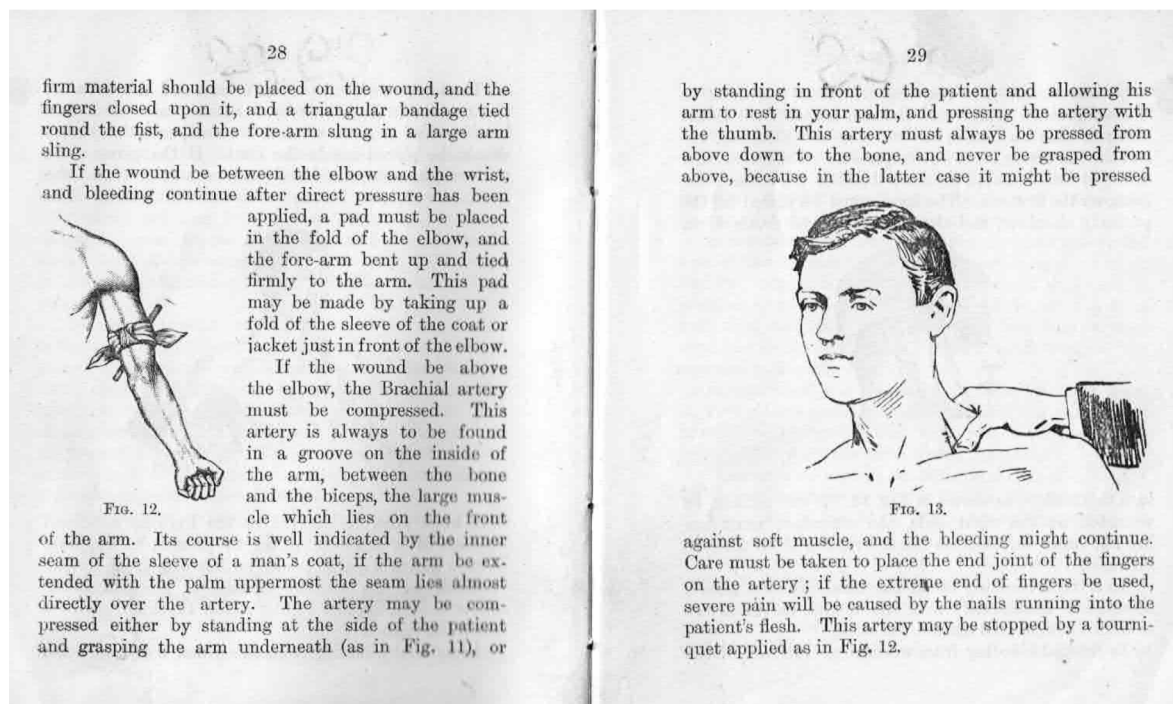


Fig. 2. The knot in a triangular bandage over the brachial artery as well as the pressure point for the subclavian artery.¹

This is followed by the advice:

Where a limb has been amputated, no time should be wasted in attempting to apply direct pressure, but a constrictive bandage should be immediately applied a few inches above the stump wound. (Fig. 4)

This constrictive bandage is later referred to as a tourniquet, with the instruction to record the time of application. The manual goes on to advise:

When it is impossible to apply direct pressure for the arrest of arterial haemorrhage, and when the constrictive bandage cannot be used, apply **indirect pressure** (sic) to the appropriate pressure point (see page 100).

The pressure points are illustrated in the fly leaf at the front of the book and in more detail on pages 100–105.

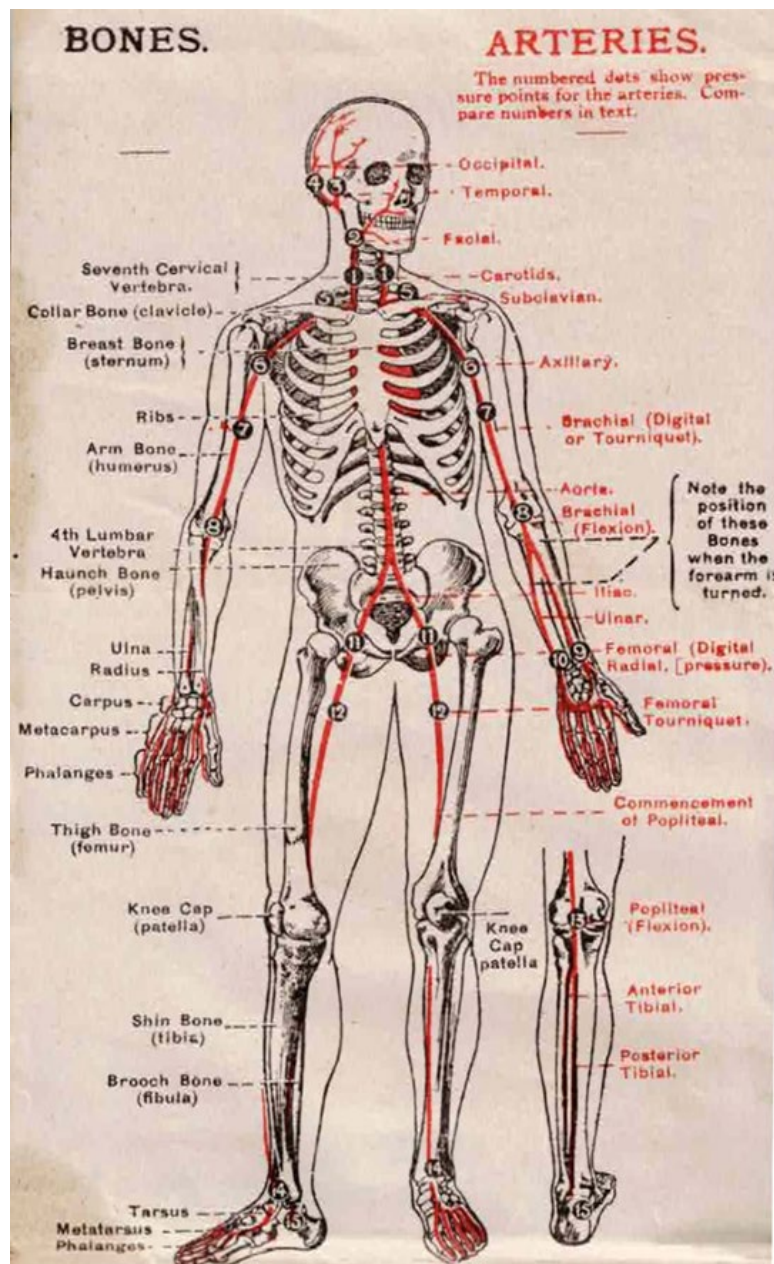


Fig. 3. Flyleaf from 1911 Manual showing arteries and suggested pressure points.²

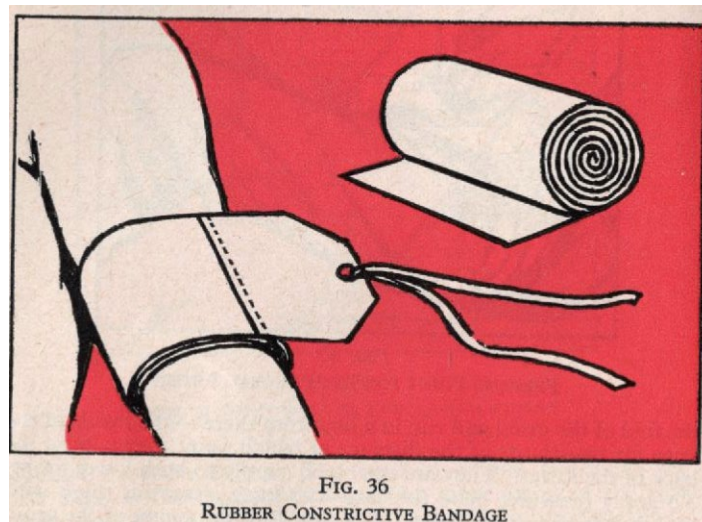


Figure 4. Constrictive bandage from 1957 Manual.³

The 1965 edition of the First Aid manual used by the St John Ambulance Association, the St Andrews Ambulance Association, and the British Red Cross Society⁸ advised direct pressure on page 74, but later referred to tourniquet and constrictive bandage application in its instruction to label a patient's forehead with a 'T' if one had been applied. The same manual contained the advice:

If a tourniquet or constrictive bandage has been applied, the time of application should be indicated on the label. (It is now generally accepted that there is little or no place for the use of tourniquets in First Aid).

The move away from tourniquets was also apparent in Proctor and London's text in 1968⁹ which included the advice:

In the authors' opinion there is no place for the use of the tourniquet in First Aid practice, apart from three exceptions mentioned in Chapter 3: bleeding traumatic amputation, severe crush injuries and poisonous bites.

The author of this paper was taught the use of pressure points and improvised tourniquets for the control of bleeding in his initial St John First Aid course in 1968 in Sydney. As an aside, he was also taught the Sylvester and Holger Nielsen methods of resuscitation 'in case they were needed because mouth-to-mouth was not possible', nearly 10 years after Peter Safar's research was published and 8 years after Bruce Clifton's demonstration of the efficacy of mouth-to-mouth at the World Life Saving conference in Sydney in 1960. The method of application of a tourniquet he was taught involved the use of a narrow bandage with a stick as a windlass. He was also advised not to use fencing wire.

By 1973, tourniquets and pressure points had disappeared from the manual in use at the time—*First Aid. The Authorised Manual of the St John Ambulance Association in Australia*.¹⁰ The first edition of this manual included the following in the section on the control of haemorrhage: 'The tourniquet is NOT RECOMMENDED as a first aid measure for haemorrhage. It is often ineffective and frequently harmful'.

However, advice to use the tourniquet for major haemorrhage persisted even beyond this text in parts of St John in Australia. The ambulance service in South Australia was run by St John in 1975 when their manual *Casualty Care and Transport* contained advice to use a 'constrictive bandage' for control of major haemorrhage.¹¹ This was really a manual for an ambulance service, but it was staffed by volunteers, some of whom would train at a level today described as advanced responders—that is a facet of first aid. Further, *The Science of First Aid* published in 1996 contained these words: 'the tourniquet has been abandoned, except for controlling otherwise lethal bleeding when direct pressure methods have failed'.¹² Thus, although the tourniquet had disappeared from the official teaching of first aid in St John, it persisted in some areas.

The justification for the advice against the use of the tourniquet in First Aid is difficult to find. A search of Pubmed (National Library of Medicine USA) back to 1950 yielded only one paper—specifically in the out-of-hospital setting for the control of bleeding by tourniquet or pressure points. This was a paper published in Dutch by Bouma in 1966¹³, reporting on two cases. The first was an inappropriate use of

tourniquets at the wrist. The summary stated it was: 'In response to two patients who were admitted to a surgical outpatient clinic with the diagnosis of arterial bleeding' and who had primarily been treated incorrectly; it discussed the disadvantages of the toggle bandage. It also included the advice that 'Non-medical professionals should not be advised to use it ... Any bleeding should be treated primarily with a local pressure bandage'. The second case gave the details of a case involving an attempt to apply an arterial tourniquet which did not 'block' the artery, but did increase the bleeding due to venous obstruction and caused 'further panic'. The Bouma paper cited six other papers in support of this position, but nearly all related to in-hospital use of the tourniquet. One review by Klenerman¹⁴ does contain advice against the use of the tourniquet by 'non-medical professionals' in First Aid. He repeated the statement 'More limbs have been lost by the use of tourniquets than have been saved' from Watson-Jones text: *Fractures and Joint Injuries*.¹ This statement was attributed by Klenerman to the 1952 4th edition of the text. However, the only copy of this text that the author has been able to find, is in the Health Museum of South Australia and in 'very poor condition,' and has not been sighted by this author.

Most of the papers found in the search on the use of tourniquets in the out-of-hospital setting relate to snake bite and orthopaedic procedures for in-hospital setting, including the phrase in one editorial in 1973: 'the tourniquet is a device, the use or abuse of which gives rise to some anxiety'.¹⁵ All of these publications, with the exception of the case report of the two patients by Bouma,¹⁶ are opinions without published evidence to justify these opinions.

The paucity of published evidence for the reason to cease the use of the tourniquet for the control of bleeding, led to this attempt to obtain oral history from St John members at the time of the change, whilst it was still available. The results of the preliminary interviews in this attempt are presented in the following table.

Table 1. Personal recollections

Interviewee	Summary of recollection
Trevor Mayhew	'... because it was causing tissue damage. The tourniquet was often a plastic tube that caused damage. It's a last resort'.
Margaret Vincent	'I don't remember much about the change ... They were in kits, rubber tubing and a metal T piece. They were perished and were being used incorrectly'.
Geoff Ticehurst	'The argument at the time was that people would wrap on their tourniquet using belts and whatever material, and wind up a windlass causing loss of a limb. St John got nervous about winding up tourniquets and teaching something that might cause harm'.
Peter McMurtrie	Joined in 1967, Preston Division. Did First Aid course in 1967, teacher was Joe Cue. Doesn't recall being taught about tourniquets and pressure points during that course.
Margaret Vincent Jan Powell David Czerkies	All agreed that the use was discontinued because of incompetent and inappropriate use. Also, of course, the fact that they sat in kits for unknown periods and perished.
Allan Mawdsley	Did his first SJA FA course in 1955. Recalls being taught to use a tourniquet. Became an examiner in 1962 and recalls expecting direct pressure to control bleeding.

In summary, most members do not have a clear memory of the change, possibly because they did not have the impetus provided to the author. However, a pattern emerged in these interviews. Most elaborated:

Tourniquets were removed from treatment because of:

- damage to tissues or the loss of a limb
- incompetent or inappropriate use
- perished tourniquets which were ineffective.

The sparse published evidence suggests that the change in opinion on the use of the tourniquet in First Aid occurred as early as 1952, although not in St John until the mid-1960s, which goes some way to explaining the poor recall by members of St John, of the reasons for the change. The other possibility is the fact that anybody alive now would have been very junior in St John at the time of this change, and certainly not involved in deciding First Aid protocols.

In retrospect, it is clear that the tourniquet had fallen out of favour for the First Aid control of haemorrhage during the 1950s, but that pockets of teaching and out-of-date manuals were in use at least during the 1960s in Sydney, as evidenced by the teaching on 'artificial respiration' and control of haemorrhage.

This author would be very interested to hear from any members he has not interviewed, who may have further insights to share about the change in the use of tourniquets over the years.

I also thank Allan Mawdsley for his help in finding the relevant first aid manuals and John Pearn for his advice.

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Anaphylaxis. Historical perspectives[†]

David Fahey AM CStJ

Introduction

Anaphylaxis is a medical term that is now embedded in the everyday vernacular. Most people have heard of an EpiPen, and these devices can even be found in emergency kits mounted alongside AEDs. In restaurants, we are accustomed to being asked if we have any food allergies. Many people wear a bracelet if they have a serious allergy. Most of us also know that in Western societies, the incidence of allergies is increasing. Anaphylaxis—like CPR—is now such a familiar medical term, it is easy to overlook the pioneering work which led to the modern understanding of this complex syndrome. The history of anaphylaxis and its treatment is the subject of this article.

Early history

Allergic diseases are described in the early medical literature of various cultures like Egypt, China, Greece and Rome. Terms like idiosyncrasy, asthma and eczema are derived from these sources. The Egyptian Pharaoh Menes is regarded as the first documented case of lethal anaphylaxis. He died in 2641 BC after being stung by a wasp—this is suggested by the hieroglyphs on his tomb. Perhaps the most famous allergic individual of antiquity was Roman Emperor Octavianus Augustus—he had eczema, and seasonal asthma and rhinitis.

The *Princess Alice* and the Portuguese Man-O-War

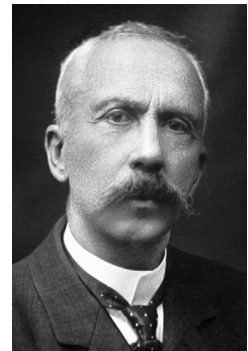
In the summer of 1901, Prince Albert I of Monaco invited two scientists, Charles Richet and Paul Portier, to spend two months with him sailing aboard his yacht, the *Princess Alice*. Albert was the monarch of Monaco from 1889, and he had a keen interest in science and oceanography. The yacht was named *Princess Alice* after his second wife.

Charles Richet was born in 1850 in Paris, into an affluent and socially prominent family. His father was a Professor of Surgery. Charles had a quest for knowledge in a wide range of subjects from classical literature to sailing. He qualified as a doctor, and then undertook research in physiology. He also became interested in hypnosis. He became a professor of physiology aged only 37 years. With high academic and social connections, Richet was on Prince Albert's guest list in 1901.

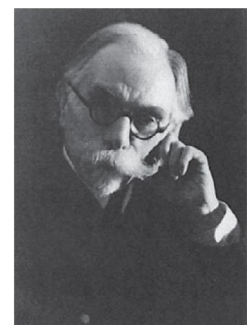
Paul Portier was born in Bar-sur-Siène in France, in 1866. He initially entered the government public service as a clerk, but later commenced a medical degree aged 31 years, and followed this with a doctor of science. Portier worked in the physiology department at the University of Paris, through which he met Prince Albert. He had been attending the annual scientific cruises since 1898.

On the 1901 cruise, Prince Albert wanted to study the tentacles of the *Physalia physalis*, commonly known as the Portuguese man-o-war because it resembles a boat of the same name. Prince Albert was interested in how the tentacles immobilised fish, and also how they caused pain and other symptoms to unwary humans. Richet and Portier were able to extract a toxin from the tentacles, and they showed that it had a paralysing effect on a variety of animals.

After the cruise had ended, Richet and Portier decided to continue collaborating on the toxin research. Initially, their idea was to build up tolerance to the toxin by administering progressively larger doses in a series of experiments on dogs. They were unable to obtain any *Physalia*, so they substituted sea



Charles Richet
(1850–1935).



Paul Portier (1866–
1962).

[†] Presented at the 2021 online seminar.

anemone toxin instead. The results were astonishing, and were the opposite of what was expected. All dogs collapsed and died, not on the first injection of toxin, but on a second or subsequent dose, even when only a fraction of the initial dose was given. The initial dose appeared to sensitise the animal to the subsequent dose. These landmark findings were published in 1902.

To describe this phenomenon, Richet proposed the term 'aphylaxis' from the Greek 'a' meaning 'without', and 'phylaxis' meaning 'protection'. He decided that 'aphylaxis' didn't sound appealing, so it was amended to 'anaphylaxis'. No doubt they had hoped the toxin experiments would have provided 'prophylaxis', meaning 'with protection'.

Richet received a Nobel prize for this work, in 1913. (Unfortunately, Portier was not included as a recipient.) In his acceptance speech, Richet said 'the discovery was not at all the result of deep thinking, but of simple observation, almost accidental'.

In 1952, Monaco issued a stamp to commemorate the discovery of anaphylaxis. On it, Prince Albert, Portier and Richet are pictured, along with a *Physalia*, and the yacht, *Princess Alice*.

Cases of anaphylaxis had been occurring sporadically at the turn of the 20th century, in association with injections of various antitoxins, obtained from the plasma of horses. Diphtheria antitoxin was the first to be developed in 1894. A number of these cases are summarised in an article in 1924 which used the term 'anaphylaxis' to describe the syndrome.



The 1952 Monaco stamp commemorating the discovery of anaphylaxis.

Histamine and mast cells

The next step along the road to understanding anaphylaxis relates to the discovery of histamine, and of mast cells.

Sir Henry Dale was born in 1875 in London. He was a medical academic in physiology and pharmacology, and was awarded a Nobel prize in 1936 for work on acetylcholine (a neurotransmitter that plays a role in brain and muscle function). Together with Patrick Laidlaw, a Scottish scientist, he described the clinical effects of β -iminazolyethylamine, or Beta-I, especially hypotension. They isolated the substance from mould, but subsequent work identified the substance in body tissues and it was then named histamine: 'histo' meaning 'tissue', and 'amine' referring to its chemical structure. Progressively, the role of histamine as the main mediator of allergic reactions became understood. The first useful anti-histamine drug was Antergan®, released in 1942.

In 1953, mast cells (a type of white blood cell) were identified as the exact source of histamine. Mast cells had been first described by Paul Ehrlich in 1878 in Germany. He saw that the cells were filled with granules but he thought these might be for nourishing the surrounding tissue, so he named them Mastzellen – with 'mast' being from the German 'to fatten'. Then, in 1953, James Riley, a Scottish doctor, and Geoffrey West, a pharmacologist, showed that the granules in mast cells were the repository of histamine, and that this was implicated in triggering anaphylaxis. Later research has revealed that many other chemicals are also stored in mast cells, all of which contribute to triggering anaphylaxis.

Immunoglobulin E (IgE)

Exactly how mast cells are triggered to degranulate (i.e. release the contents of their granules) was the next major piece in the puzzle. This required the discovery of antibodies, and that a specific type of antibody, called IgE, coats the outside of mast cells. IgE antibodies are formed after exposure to a specific antigen (e.g. peanuts or bee venom). This is why the initial exposure causes sensitisation, and the subsequent exposures cause anaphylaxis. Why this only happens in some people and not everyone is not understood. IgE was simultaneously discovered in 1966 and 1967 by two independent groups. Kimishige Ishizaka and his wife, Teruko, at the Children's Research Institute in Denver, Colorado; and Gunnar Johansson and Hans Bennich in Sweden. Their joint paper was published in April 1969.

Adrenaline

The two small blobs sitting above each kidney, known as the adrenal or supra-renal glands, were a mystery to early anatomists. In 1895, George Oliver, a general practitioner in North Yorkshire, and Edward Schäfer, a London physiologist, showed that an extract derived from the adrenal glands caused

an increase in heart rate and blood pressure. (Schäfer is better known to us as the inventor of one of the manual methods of artificial respiration.)

John Jacob Abel, an American biochemist and pharmacologist at Johns Hopkins University in Baltimore, identified the active ingredient as epinephrine, in 1899. The purity of his isolated epinephrine was challenged by Jokichi Takamine, a Japanese biochemist. In 1900, Takamine, successfully isolated the 'pure, stable, crystalline form' of epinephrine, which he named 'adrenaline'. Large scale synthetic production was made possible by Friedrich Stolz, a German chemist.

By 1903, Bullowa and Kaplan had described the successful treatment of asthmatics with subcutaneous injections of adrenaline. They believed that the success was due to vasoconstriction—the discovery that adrenaline leads to bronchodilation was still some years away. James Graeser and Albert Rowe were the first to suggest inhalations of adrenaline to treat asthma.

In 1923, Carl Bodon published an article describing the use of intracardiac adrenaline for a range of conditions. He concluded the article by saying that he could find no citations in the literature of adrenaline being used for anaphylaxis, but that its use would be promising. In the ensuing years, there was a marked increase in the use of adrenaline for anaphylaxis, including by subcutaneous and intravenous injection.

In the early to mid-20th century, glass ampoules containing adrenaline became mass-produced. These began to be issued to adult patients with anaphylaxis, or to parents of anaphylactic children. However, drawing-up the correct dose and administering the injection was a real challenge for non-medical people in the stress of an emergency.

An alternative was patented by Sheldon Kaplan. In the early 1970s, during the Cold War, he had designed a Combo-Pen for the USA military, which enabled the self-injection by a soldier of two antidotes against nerve gas agents. The device was a pre-filled plastic syringe with spring loaded needle that fired when pressed against the body.

A daughter of one of Kaplan's work colleagues suffered anaphylaxis to bees. Kaplan had the idea to develop an adrenaline filled auto-injector, and this was first marketed in 1980 as the EpiPen. Instructions on using an EpiPen were first included in *Australian First Aid* in 1998.



Sheldon Kaplan
(1939–2009).



An early EpiPen design.

Conclusion

Our modern understanding of the biology of allergy and anaphylaxis began with a chance discovery using the venom of sea creatures, over 120 years ago. Adrenaline was discovered in 1895, and in the 1920s it was recognised as being potentially useful for treating anaphylaxis. Based on the design of a military antidote kit, the EpiPen is now widely available, both to patients and first aiders. Exactly why the incidence of allergies continues to increase in the Western world, is yet to be fully explained.

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A history of mechanical CPR devices

David Fahey AM CSTJ

Since the Renaissance and the industrial revolution, humans have increasingly used machines and technology to perform manual work—whether to try to do it more accurately, or with less physical exertion. It is, therefore, not surprising that a variety of mechanical devices have been invented since the 1960s to perform chest compressions—because this is a physically exhausting procedure, which not infrequently causes trauma. This paper provides an historical overview of these inventions, including several examples in current use.

Mechanical devices in the pre-CPR era

In resuscitation history, fireside bellows (Fig. 1) were used for artificial ventilation of drowned persons from the 1500s.^{1,2} This preceded the manual methods of artificial respiration, introduced sporadically during the 19th and 20th centuries.³ One of these techniques became mechanised in 1932: the so-called Eve's rocking method.⁴ The stretcher, straps and rocking frame would have been stored beside beaches, or carried on fire engines (Fig. 2). Rocking the patient up and down was meant to move the diaphragm to produce lung ventilation.

In the 20th century a range of elaborate oxygen-powered resuscitators were developed. The first of these devices was the Dräger Pulmotor, introduced in 1907 (Fig. 3),⁵ followed by the E&J Resuscitator in 1927 (Fig. 4).⁶



Fig. 1. Artificial ventilation with fireside bellows c.1500.



Fig. 2. Eve's rocking method using specific stretcher and frame.⁴



Fig. 3. Dräger pulmotor, 1907.

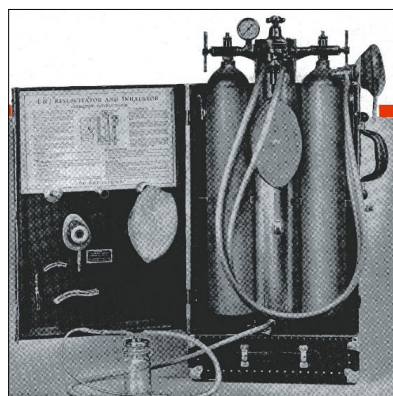


Fig. 4. E&J Resuscitator, 1927.

Cardiopulmonary resuscitation

CPR as we know it, has a surprisingly recent history. Expired air ventilation was adopted in the late 1950s,⁷ and external cardiac massage was described in 1960.⁸ Peter Safar combined those techniques in 1964 into a drill (known by the initialism 'ABC') to facilitate training,⁹ but this was not immediately accepted for teaching to the lay public—chest compressions were not included in the St John manual until 1969. Prior to 1960, cardiac arrest was managed by internal cardiac massage, requiring that the chest is cut open. Obviously, this restricted its application to the operating theatre.

Although ventricular fibrillation (VF) was a recognised complication of myocardial infarction, the real driver for an advance in cardiac resuscitation came from the large number of electrocutions occurring among linesmen who were wiring up cities and towns with electricity in the 1950s. There was a need to develop a defibrillator which could be applied immediately that electrocution occurred. This work was being undertaken in the USA by Kouwenhoven and Knickerbocker (both engineers), and James Jude (a cardiac surgeon).^{8,10,11,12} The problem was that within only a few minutes of VF, brain and heart damage occurred, making survival unlikely.

That is, until serendipity intervened. This team had been conducting dog experiments, where VF was induced by an electric shock, followed then by external defibrillation. One day, when Guy Knickerbocker pressed the paddles firmly onto the dog's chest, he noted a rise in the arterial blood pressure being recorded directly in the femoral artery. Pressing up and down on the chest with the defibrillator paddles produced a blood pressure similar to that produced by a beating heart.^{8,10,11,12} The implications of this landmark discovery were obvious not only in cases of electrocution, but also for patients with myocardial infarction, who with CPR could be kept oxygenated until a defibrillator was obtained. Although at that time hospitals probably only had one defibrillator, and it was massive, requiring AC mains power.

Mechanical CPR devices

It is widely acknowledged that performing external chest compressions is exhausting.¹³ Furthermore, at the time of adopting this novel technique, the medical profession was understandably cautious about inevitable injuries such as fractured ribs. These concerns prompted early enthusiasts to develop mechanical CPR devices which appeared quite rapidly in the 1960s, in an era which preceded the requirement for clinical trials.

The first device described in the literature was the Harkins-Bramson electropneumatic machine,¹⁴ manufactured by Hallikainen Instruments in California in 1961. The patient needed to be placed on a special bed, to which the device was then bolted in place (Fig. 5). The piston was driven by compressed gas. The following description and justification was given (although without evidence):

In the past, external cardiac massage has been applied only by hand. When compared to proper mechanical application however, the manual method is distinctly inferior. Application by hand tends to be uneven; too little force will lead to poor circulation and jeopardize success, whereas, too exuberant on application may lead to unnecessary trauma to the thoracic cage or abdominal organs. External cardiac massage by hand is exhausting, frequently requiring the services of several operators. Mechanical application is more convenient and more apt to result in a successful outcome. The force applied can be delicately controlled.¹⁴

Interestingly, this machine could be timed to synchronise with the ECG to work as a 'cardiac assistor' (Fig. 6) although its use on a conscious patient would not have been well tolerated.

In 1962, Nachlas and Seidband in Baltimore, Maryland, described a device which could be mounted onto the bed rails of a standard hospital bed (Fig. 7), avoiding the problem of needing a specific bed as with the Harkins-Bramson. Their device was also driven by a compressed gas source.¹⁵ In 1963 the Rodriguez-Tocker Automatic ECM Machine was described (Fig. 8).¹⁶ This incorporated more technology to synchronise the machine to the ECG so that compressions were automatically started if either bradycardia or ventricular tachycardia (VT) were detected. It was combined with a Bennet's respirator to deliver positive pressure ventilation by mask. This machine was neither portable nor practical.

Bailey and colleagues in Warwickshire in the UK devised a machine intended to be portable and simple.¹⁷ Their device was mounted to a backboard which could be slid beneath the patient, and was powered by an oxygen cylinder (Fig. 9). Its use in an ambulance was not described in the literature, although this would certainly have been possible.

Another machine with a built-in back plate that slid beneath the patient was introduced in 1965 (Fig. 10). Controls managed the rate and depth of compressions.¹⁸ It can be seen within the design of the

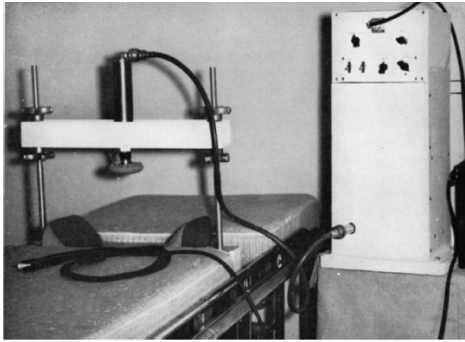


Fig. 5. Harkins-Bramson device, 1961.¹⁴

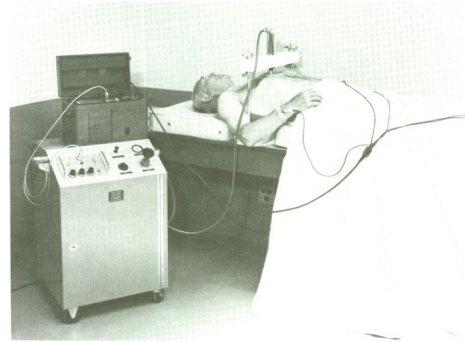


Fig. 6. Harkins-Bramson device shown with a defibrillator typical of 1961.¹⁴

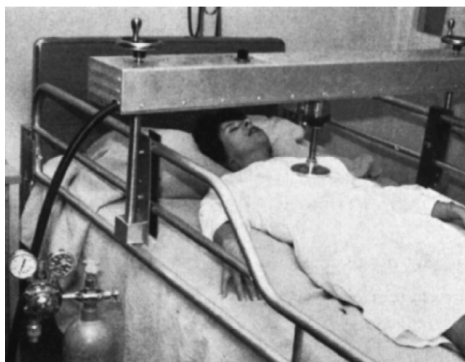


Fig. 7. Nachlas and Seidband's device, 1962.¹⁵

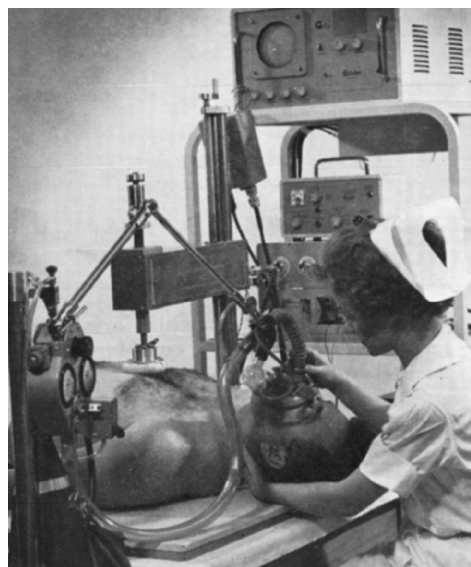


Fig. 8. Rodriguez-Tocker machine, 1963.¹⁶

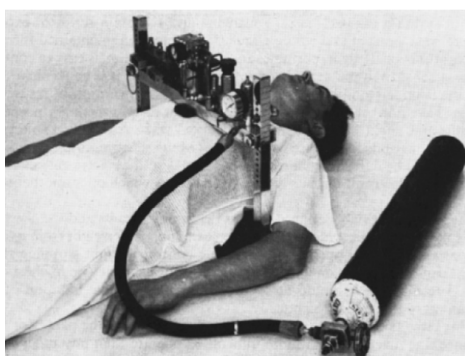


Fig. 9. Bailey Cardiac Massage Unit, 1964.¹⁷

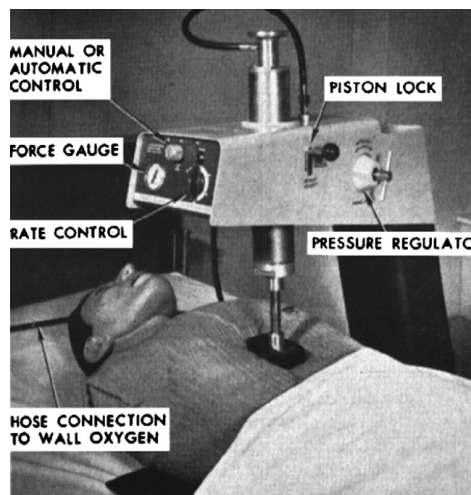


Fig. 10. Hospital Mechanical Pump, 1965.¹⁸

above two machines an obvious shift towards portability and practicality—they are the forerunners to the machines in use today.

Ultimately, all of the devices described to this point were found to be too cumbersome and time consuming to set up, and much too expensive. They could not compete with the immediately available hands of any trained rescuer.

However, one device did emerge as somewhat successful—the ‘Thumper’, (Fig. 11) first manufactured in Michigan in 1965.^{19,20} Although heavy, it was simpler and more portable than other devices. Thumper’s development began in 1959 in Grand Rapids Michigan, where Larry Birch, a cardiac surgeon was working with Clare Barkalow, an engineer in the Lear-Sigler Corporation, to invent a pneumatic device that could be applied internally around the heart to perform internal cardiac massage. But when the Koeuwenhoven paper was published just a year later in 1960, their efforts turned to developing an external heart massage machine. Oxygen was connected to the Thumper to power the chest compressor, as well as positive pressure ventilation. It was adopted by ambulance services, including the Mobile Intensive Care Ambulances (MICA) in Melbourne in the 1970s. Barkalow subsequently founded Michigan Instruments, which still manufactures a modern version of the Thumper.



Fig. 11. Thumper (Michigan Instruments, USA).¹⁹

Simultaneously with the introduction of the gas-powered piston-driven devices described above, a number of simple lever-powered devices were also developed (Fig. 12).²¹ Although simple, they did not confer any advantage over manual compressions, and they are only described in the medical literature in the 1960s.

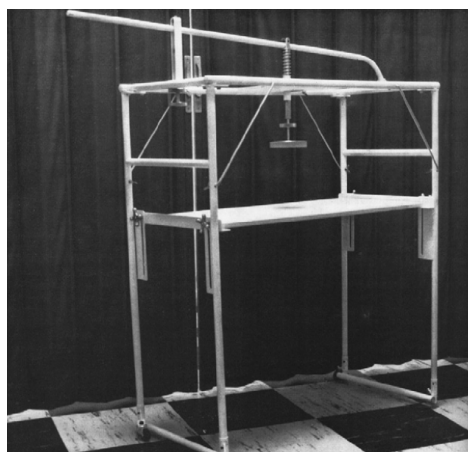


Fig. 12. Lever-powered compression device, 1963.²²

Another group of devices can be classified as vest-CPR (Fig. 13).²¹ They are based on the thoracic pump model of blood flow during CPR^{23,24,25} in which blood flow is generated by changes in intrathoracic pressure. (This was shown when Guy Knickerbocker produced a pulse of blood pressure when he applied the paddles to the sides of a dog’s chest!) The thoracic pump model was first investigated in the 1980s,²³ but further studies using ultrasound have demonstrated that blood flow during CPR is created both by changes in intrathoracic pressure, as well as direct cardiac compression.^{24,26}

The thoracic pump idea led to the development in 1993 of a pneumatic vest that squeezed the whole chest intermittently to produce a cardiac output.²⁵ One example in current use is the Auto-Pulse manufactured by Zoll (Fig. 14), which was first introduced in 2003. It works by mechanically squeezing the chest straps, rather than by inflating the vest.²⁶

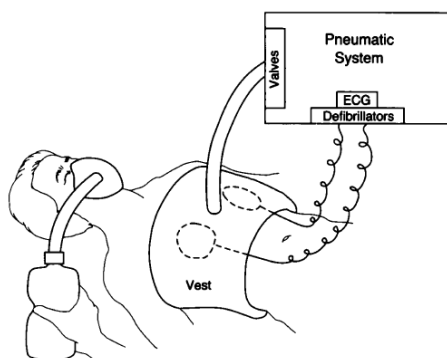


Fig. 13. Pneumatic vest-CPR device, 1993.²⁵



Fig. 14. Battery powered vest-CPR (in current use).²⁶

A number of active compression-decompression devices have also been developed. This idea emerged from a case report where a toilet plunger (Fig. 15) was used by a bystander to perform CPR.²⁷ In addition to downward compressions, suction between the plunger and the chest wall may have actively re-expanded the chest to promote venous return back to the heart (and possibly also some lung ventilation). This concept led to the design of a number of devices which were operated manually (Fig. 16).²⁸

During the 1980s, CPR machines had all but fizzled out. That changed substantially with the introduction of LUCAS, a battery powered piston driven device which also provides active decompression.

LUCAS stands for 'Lund University Cardiac Arrest System'.²⁹ In 1992, Willy Vistung, a Norwegian paramedic and inventor, became frustrated with prolonged CPR especially in a moving ambulance. One of Vistung's medical colleagues knew Professor Stig Steen (Fig. 17) of Lund University Hospital in Sweden, an academic cardiac surgeon who ran an animal laboratory. He approached Steen to discuss a prototype mechanical CPR machine, and preliminary work on pigs showed that the device outperformed manual compressions. Steen had a professional relationship with the entrepreneur Lars Sunnanväder, serving on the Board of his company, Jostra, which manufactured heart-lung machines. Steen suggested that Jostra consider developing Willy's device into a commercial product, which they subsequently did.³⁰ Unfortunately, Willy died soon after from a heart attack. But work continued through the 1990s and 2000s, until a pilot study was published in 2011.³¹ Initially LUCAS was gas-powered by oxygen, but this was superseded by battery-powered models (Fig. 18). The piston has always had a suction cup designed to incorporate active decompression.

Conclusion

In the short space of time since closed-chest cardiac massage was described in 1960, a raft of mechanical CPR devices have been developed through trial and error, and improvements in design and technology. The impact of these devices on patient outcomes remains uncertain.³²



Fig. 15. Type of toilet plunger used for CPR in 1990.²⁷

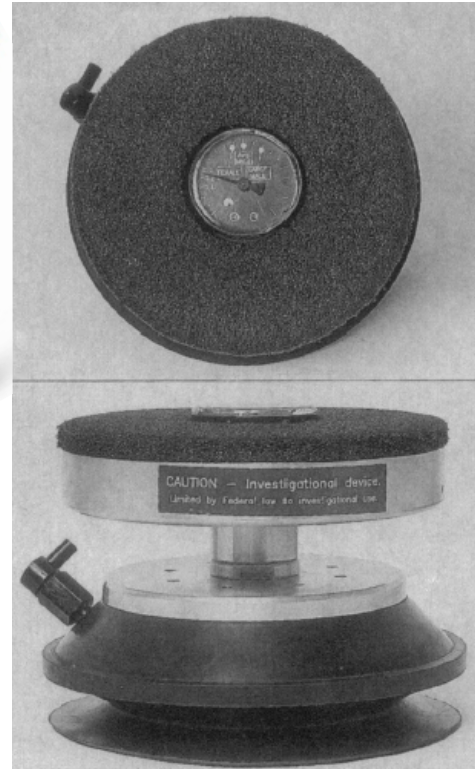


Fig. 16. Manual compression-decompression device, 1992.²⁸



Fig. 17. Professor Stig Steen, cardiothoracic surgeon.



Fig. 18. LUCAS device (in current use).

Acknowledgments

I thank Professor Stig Steen, the Victoria Ambulance Museum, and Stryker Corporation.

Conflicts of interest

None declared.

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The chivalric traditions of the ‘Other’

Elizabeth Ellis OStJ

Who is the ‘other’? In the simplest terms, they are not us. *Other* people have accents, look different, have differently coloured skin, values and ways of life. In cultural studies, the people of the West have traditionally viewed people of their colonies, and the broad regions of the south and east as ‘others’. Different to and inherently lesser than those of the western empires.

Pope Urban’s II call for a holy war against the ‘infidel’ who at that time had control of Jerusalem—not at that time Muslim but still referred to as the ‘antichrist’ and ‘a people ... alien to God’. Without an actual immediate threat or any appalling atrocity to draw upon, Pope Urban demonised the enemy of his proposed ‘crusade’ (Asbridge 2012, p. 36)

In the Victorian era, it can be reasonably argued that Christian self-identity was forged in part by its sense that it was always on the verge of being overwhelmed by the ‘other’ of Islam (Almond 2003). In the April 1888 *Contemporary Review*, MacColl reiterated the position that Islam was ‘essentially and historically incompatible with civilisation’. (Almond 2003, p. 54) Sir William Muir claimed that Islam was Christianity’s mortal foe. (Muir 1861)

Western Chivalry was of the highest order epitomised by the Knights of the Order as expressed by Sir William Hillary in his pamphlet *An Address to the Knights of St John of Jerusalem, on the Christian Occupation of the Holy Land, as a Sovereign State under their Dominion*. (Hillary 1841)

The Knights of St John were, in all nations, not only a standing militia formed of the noblest blood and highest impulses of the Christian world, but *they were the embodiment* of that active and generous principle in social ethics which, in all ages and climes, has been the real and true soul of Chivalry—that soul, ever antagonistic to immobility and repression—which sees no wrong without seeking to redress it, which hears of no suffering without hastening to relieve it. ‘The religion of Chivalry’, as has been well said, ‘is that of the motives of the heart. It is love, faith, hope, gratitude, joy, fidelity, honour, mercy. It is the devotion of the mind and strength of the whole man, of his soul and body, to the discharge of duty, and the sacrifice of every selfish and dishonourable feeling’. *Of this religion, the chivalry of St John have ever been the elder brothers*, and their English representatives in our own day will as worthily assert the same lofty birthright.

Hostile and demeaning attitudes to the inhabitants of the Middle East, were carried on through the 20th century, with only slightly more politically acceptable terms. After the establishment of the State of Israel in 1922, Lord Arthur James Balfour, British foreign secretary said,

In Palestine we do not propose even to go through the form of consulting the wishes of the present inhabitants of the country ... Zionism, be it right or wrong, good or bad, is rooted in age-long tradition, in present needs, in future hopes, of far profounder import than the desires and prejudices of the 700,000 Arabs who now inhabit that ancient land. As quoted in (Chomsky 2000, p. 90).

In 1937, Winston Churchill said, in the spirit of Social Darwinism,

I do not agree that the dog in a manger has the final right to the manger, even though he may have lain there for a very long time. I do not admit that right. I do not admit for instance, that a great wrong has been done to the Red Indians of America, or the black people of Australia. I do not admit that a wrong has been done to these people by the fact that a stronger race, a higher-grade race, a more worldly-wise race, to put it that way, has come in and taken their place. (Editorial 2001, p. 9)

Following this British leadership, successive Jewish Prime Ministers stated:

‘Palestinians do not exist’—Gold Meir

‘Two legged beasts’—Menachem Begin

‘“grasshoppers” who could be crushed’—Yitzhak Shamir

These comments have been made as public statements from heads of state throughout the history of Israel, not even from the ordinary people of Israel or the United Kingdom.

I do not wish to get bogged down in the current international political debate around Israel and Gaza, or Israel and Lebanon, or Israel and the West bank, or Israel and Iran. However, modern politics everywhere is not above labelling the enemy ‘monsters’ or ‘sub-human’ (Netanyahu, ABC News 2024) or even just terrorists to permit unfettered aggression or retribution.

No one denies that the same has been caste upon the Jewish people down through time as well but we will go back now to even before the time of the Crusades and the Kingdom of Israel. Care for the sick and injured is said to have originated with the Greeks and in particular the father of medicine, Hippocrates. The Roman, Galen, continued to study the lessons of Hippocrates and extend them (Campbell 2013, pp. 2–20) However, with the fall of the Roman empire in the 5th century the West largely lost its interest in studying medicine.

However, during the Islamic Golden Age from the 9th to the 13th centuries in Persia there was a period of scientific and medical progress that both preserved the medical teachings of antiquity, and added new contributions that would be taught to physicians for centuries (Edriss 2017, p. 2). Some of the great written works of that time became the foundation for the study of medicine in the West when it was rekindled during the Renaissance (Conrad 2009, p. 93).

1. Notable authorities include al-Razi (865–925 CE) who wrote the *Kitab al-Hawi fi al-tibb* (*The Comprehensive Book on Medicine*), a 23-volume textbook that provided the main medical curriculum for European schools into the 14th century.
2. Ibn Sina (980–1037 CE), an extraordinary Persian polymath, wrote *al Qanun fi al-Tibb* (*The Canon of Medicine*), an encyclopaedic treatment of medicine that combined his own observations with medical information from Galen and philosophy from Aristotle (Edriss 2017, p. 2).
3. At the same time, scholars like Ibn al-Nafis and Mansur ibn Ilyas laid the groundwork for advancements that led to a more modern understanding of physiology and anatomy.
4. *Mansur’s Anatomy* by Mansur Ibn Ilyas is an atlas of the human body and provides a systems-based compilation of anatomic images. Although not the first anatomy text produced in Islamic Persia, *Mansur’s Anatomy* stands out due to the incorporation of color into the images and to the introduction of embryology.^{5, 7, 8} Of all the preserved western medical literature, *Mansur’s Anatomy* is one of the earliest books that incorporated anatomic illustrations.

Islam also has a strong tradition for care of the sick and injured. Muhammad himself, is said to have ordered the establishment of a tent for wounded soldiers during the Battle of the Trench in 627, for their care (Edriss 2017, p. 3). Over time, doctors and pharmacists were included in what became travelling *bimaristans*. A bimaristan literally translates as a ‘house for the sick’.

The first hospitals to be built were with the spread of Islam. Umayyad Caliph, Al-Walid ibn Abd al-Malik is said to have built the first bimaristan in Damascus in 707 AD. This bimaristan had a staff of salaried physicians and a well-equipped dispensary. It treated the blind, lepers and other disabled people, and also separated those patients with leprosy from the rest of the ill. The first true Islamic hospital was built during the reign of Caliph Harun al-Rashid (AD 786–809). It quickly achieved significant fame and led to the development of other hospitals in Baghdad.



The Nur al-Din Bimaristan, a hospital and medical school in Damascus, was founded in the 12th century. Today it is the Museum of Medicine and Science in the Arab World. (Image: madainproject.com)

The following is the translation of a young Frenchman's letter from a Córdoba hospital in the 10th century:

You have mentioned in your previous letter that you would send me some money to make use of it in my medicines costs. I say, I don't need it at all as treatment in this Islamic hospital is for free. Also there is something else concerning this hospital. This hospital gives a new suit and five dinars to every patient who has already got well lest he should find himself obliged to work in the period of rest and recuperation.

Dear father, if you'd like to visit me, you will find me in the surgery department and joints treatment. When you enter the main gate, go to the south hall where you will find the department of first aid and the department of disease diagnosis then you will find the department of arthritis (joint diseases). Next to my room, you will find a library and a hall where doctors meet together to listen to the lectures given by professors; also this hall is used for reading. The gynecology [sic] department lies on the other side of the hospital court. Men are not allowed to enter it. On the right of the hospital court lies a large hall for those who recovered. In this place they spend the period of rest and convalescence for some days. This hall contains a special library and some musical instruments.

Dear father, any place in this hospital is extremely clean; beds and pillows are covered with fine Damascus white cloth. As to bedcovers, they are made of gentle soft plush. All the rooms in this hospital are supplied with clean water. This water is carried to the rooms through pipes that are connected to a wide water fountain; not only that, but also every room is equipped with a heating stove. As to food, chicken and vegetables are always served to the extent that some patients do not want to leave the hospital because of their love and desire of this tasty food.

The Islamic Scientific Supremacy. Ameer Gafar Al-Arshdy.
1990, Beirut, Al-Resala Establishment.

The hospital shall keep all patients, men and women, until they are completely recovered. All costs are to be borne by the hospital whether the people come from afar or near, whether they are residents or foreigners, strong or weak, low or high, rich or poor, employed or unemployed, blind or signed, physically or mentally ill, learned or illiterate. There are no conditions of consideration and payment; none is objected to or even indirectly hinted at for non-payment. The entire service is through the magnificence of God, the generous one.

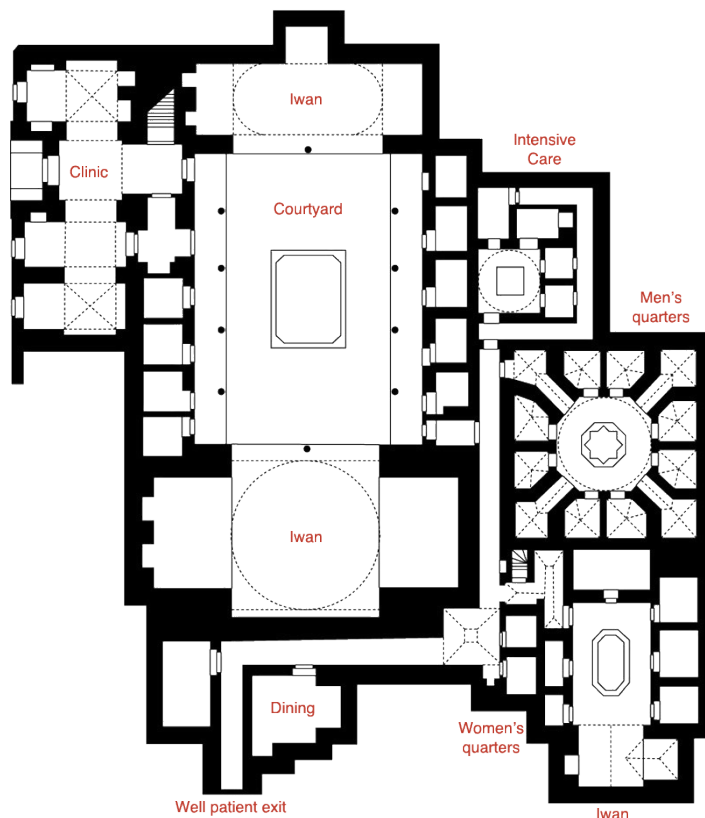
Policy statement of the bimaristan of al-Mansur Qalawun in Cairo, c. 1284 CE



In Egypt, the al-Mansur Qalawun Complex in Cairo includes a hospital, school and mausoleum. It dates from 1284–85. (Image: Egypttoursportal.com).

Another key aspect of critical importance to both students and teachers, was the presence of extensive medical libraries within the hospitals. By the 14th century, Egypt's Ibn Tulun Hospital had a library comprising 100,000 books on various branches of medical science. This was at a time when Europe's largest library, at the University of Paris, held 400 volumes (Tschanz 2017, p. 7).

These mirrored the Christian concept of care for all, and creating circles of care between cultures and over time. The Amalfitans who rebuilt their hospital in Jerusalem in 1023, built it in the Muristan, named



(Tschanz 2017, p. 6) An 'iwan' is a rectangular hall or space, usually vaulted, walled on three sides, with one end entirely open.

after the *bimaristan* which had held an ancient Persian hospital dating back 500 years. These Amalfitans had come from working in a hospital in Constantinople operating in the tradition of Byzantine charitable institutions which dated from the 5th century (*Jerusalem* 2023, p. 8).

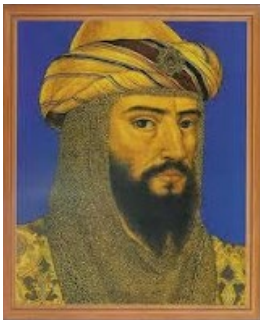


The commemorative plaque within the old city of Jerusalem marking the site of the original hospital during the 12th and 13th centuries. (Photo take by the author.)

Islam has within its pillars of wisdom, charity to the poor and the needy such as travellers. Zakāt consists of spending a portion of one's wealth for the benefit of the poor or needy, such as debtors or travellers. A Muslim may also donate more simply as an act of voluntary charity (*sadaqah*), rather than to achieve additional divine reward. Also, Muslims are required to give back to the poor, specifically through financial support on the streets, in addition to the Zakāt.

Beyond the care for the sick and injured, were demonstrated acts of chivalry from some of its most powerful leaders. As early as 1071, after the army of the Byzantine Emperor, Romanus IV Diogenes, was defeated by the Seljuk leader, Alp Arslan 'treated him handsomely' and sent him back under escort to Constantinople (Norwich 2016, p. 28).

However, the two most famous leaders were, of course, Saladin of the 12th century and Suleiman of the 16th century. These two leaders are used here as examples of acts of chivalry by the 'Other'.



Ayyub ruler Saladin
(1137–1193).
(Image whfpdubai.com)



Ottoman leader
Suleiman
(1494–1566).
(Image Pinterest.fr)

Saladin was an Ayyub ruler within a violent and difficult political environment, and could not always rule with nobility, honour, clemency and justice. Few if any of history's great leaders could claim to do so, nonetheless, he was regarded as 'honest, brave, chivalrous to a fault, he was devoted to children, and invariably generous and hospitable—as is shown by his treatment of captives, as well as by his many gifts to Richard Coeur de Lion.' (Bradford 1972)

It is believed that in order to maintain Islamic unity after the destruction of the Latin armies in 1187, Saladin adopted a policy of clemency and conciliation to diffuse Christian resistance (Asbridge 2012, p. 354). This included generous terms of surrender. The ability for Christians to remain in the towns, safe and sound or leave within 40 days with their wives and children and goods.

After the defeat of the Western armies at the Horns of Hattin, King Guy, fearing for his life, was brought before Saladin. However Saladin is reported to have said 'Real kings do not kill each other' (Carr 2016, p. 141). It would appear that not many others were spared.

In September 1187, Saladin granted Balian of Ibelin safe passage from Tyre to Jerusalem to escort his wife, Maria Comnena, and her children to safety. The conditions were that Balian would only stay one night however, he was persuaded to renege on this agreement and stay and organise the resistance (Asbridge 2012, p. 356).

On approximately 2 October 1187 Saladin entered Jerusalem after terms of surrender were agreed with Balian. The facts surrounding this entry are attested by Western and Muslim sources and irrefutable. While there are some disputes over the motives, the method of the taking of the city was peaceful and without blood spilled (Asbridge 2012, p. 357). Whatever the motives, the entrance of Saladin and his troops into Jerusalem was in stark contrast to the First Crusade in 1099 just 88 years previously. Runciman is quoted as writing 'The victors were correct and humane. Where the Franks ... had waded through blood of their victims, not a building now was looted, not a person injured' (Runciman 1952, p. 466). The residents were given 40 days to depart and only horses and weaponry had to be left behind. Balian of Ibelin was forgiven for breaking his promise and an escort was provided for Maria Comnena to Tyre. The widow of Reynald was also released without any demand for ransom (Asbridge 2012, p. 360).

The custom of medieval warfare for both Frankish Christian and Levantine Muslim was to show no mercy on the inhabitants of a besieged city who held out until their walls were breached. Acting contrary to this, demonstrated the capacity for temperance and human compassion which Saladin insisted upon with discipline.

After the treaty of Ramla in 1192, Saladin allowed pilgrimages again to travel to Jerusalem. Those who remained in the Holy Land set about rebuilding their kingdom from Acre (Hodge 2013, p. 177).

Suleiman's life in the 16th century, had unparalleled distinction. He was known throughout Europe as Suleiman the Magnificent and by his own people as Suleiman the Lawgiver.

He initiated a period which has been described as 'the most glorious in the history of Islam'. In his day, Turkey attained the summit of her political and military power, for Suleiman was a brilliant statesman as well as an excellent general. A poet in his own right, he was no simple Turkish warlord but ... a man of culture and intelligence (Bradford 1972, p. 109).

As a young Sultan at the end of the second siege of Rhodes in 1522, he offered peace with honour. When Suleiman entered Rhodes he dismissed his guards at the gates of Rhodes and is reported to have

said 'My safety is assured by the word of the Grand Master of the Hospitallers, which is more sure than all the world' (Norwich 2016, pp. 67–68). He famously allowed all of those Knights and inhabitants who wished to leave to go safely and take all their precious relics. He also did not tax the local population, but spared the city and did not conscript the Christian children (Norwich 2016, pp. 67–68). He paid tribute to their resistance and it is even said that he offered them ships to travel away when their own ships were unseaworthy or insufficient (Bradford 1972 p. 119).

When L'Isle Adam made his formal submissions at the end of the seige, Sulieman treated him with courtesy and respect (Norwich 2016, pp. 67–68). Sulieman is oft quoted as saying to his Grand Vizir, 'It saddens me to be compelled to force this brave old man to leave his home' (Bradford 1972 p. 119). Ernle Bradford commented in *The Shield and the Sword* that this quote is not unlikely as 'In those days, as indeed in the days of Saladin, a spirit of chivalry and courtesy could still veneer the harsh canvas of war' (Bradford 1972 p119).

In December 1525, John Frangipani was sent as the French ambassador to Constantinople and given 'the warmest of welcomes'. Pascha was required to return many precious items from Bosnia which Sulieman agreed to all but one minor request (Norwich 2016, p. 28)

In 1526, when Suleiman's troops advanced through Sophia and Belgrade along the Danube to Buda, they were under very tight discipline. Soldiers were executed on the spot if they trampled sown fields or failed to respect the townspeople and villages (Norwich 2016, pp. 90–91)

Suleiman was described as the 'scourge of heaven', 'the antichrist' and the 'Beast of the Apocalypse' (Norwich 2016, p. 188)—the terms that were introduced at the beginning of this paper. And yet he enjoyed widespread recognition for piety, with his regular observance of the call to prayer. Everything he built was devoted to utilitarian or religious purposes. His leadership was characterised by 'tolerance and instinctive respect for the beliefs of others, and readiness to allow them their own customs, traditions and forms of worship' (Norwich 2016, p. 257).

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Dame Nellie Melba, Sir Neville Howse, and Sir Isaac Isaacs.

Early Australian celebrity members of the Most Venerable Order of the Hospital of St John of Jerusalem

Matthew Glozier OSTJ

This paper examines the early days of the Order of St John in Australia and its relationship with three Australians who can justifiably be described as high-profile, popular, and famous. But was their celebrity status the reason they received the insignia of this royal order of chivalry? This paper will argue that this triumvirate of well-known Australians each (perhaps rather surprisingly to us today) received admission to the Order of St John on their own merits and for works closely associated with the aims and ideals of the Order.

Dame Nellie Melba

It is fair to say that most people today have no idea that Dame Nellie was admitted to the Order of St John. Dame Nellie Melba GBE was an Australian operatic soprano who became one of the most famous singers during a career spanning the late Victorian era into the early 20th century. She was the first Australian to achieve international recognition as a classical musician.

Dame Nellie was a 'Lady of Grace' which is the term once used for what is now called 'Dame of Grace' (DStJ), i.e. Grade 2 membership of the Order. At the time, this position in the Order was equivalent to Knight of Grace (KStJ), but one step down from knights and dames 'of Justice' because in the early 1900s the category of 'Justice' was considered higher than that of 'Grace' due to it requiring proofs of noble status in the form of confirmation that all four grandparents of the 'Justice' member had to have possessed a coat-of-arms in their own right. Today members in the category of 'Justice' simply have to be armigerous themselves and both 'Justice' and 'Grace' members enjoy equal status within Grade 2.

So why was Dame Nellie Melba admitted to the Order of St John? In times past the honours of the Order were bestowed on prominent people deemed worthy of recognition by its leadership. An early female member of note was Florence Nightingale who became a Lady of Grace in 1904 (her insignia is held in the collection of the National Army Museum in Chelsea, London).¹ For this reason it is tempting to categorise Australians so honoured as 'celebrity' early members of the Order, including Dame Nellie, Sir Isaac Isaacs, and Sir Neville Howse VC.

Interestingly, Dame Nellie's great-grandson, the Right Honourable the Lord Vestey (who had many Australian interests and almost regarded himself as at least an honorary Australian), was the Lord Prior of the Order during the 1980s and 1990s. Sam Vestey was thus the administrative head of the entire international operations of the Order of St John.

Dame Nellie Melba became a Lady of Grace in January 1916. That is the date her name—'Helen Porter (Madame Melba)'—appeared in the *London Gazette* alongside five other recipients of the same honour (three of them actually bearing the aristocratic title of 'Lady').² Dame Nellie's good fortune had been public knowledge since December 1915, when it was reported she would become a Lady of Grace 'in recognition of her magnificent services on behalf of the



The insignia of a Lady of Grace, of the Order of the Hospital of St John of Jerusalem in England. The Order was presented to Florence Nightingale OM RRC DSTJ in 1904, six years before her death aged 90. Nightingale was famous for her work at the Military Hospital at Scutari in Turkey during the Crimean War (1854–1856). The 'Lady-in-Chief', as Florence was called, carries the reputation for having improved medical and sanitary arrangements, set up food kitchens, washed linen, and clothes, wrote home on behalf of the soldiers, and introduced reading rooms. She prompted a redefinition of the public's perception of nursing, transforming it into a respectable profession.

Red Cross'.³ Mid-way through the Great War, Melba had used her considerable international fame in support of the fund-raising efforts of the international Red Cross which, at the time, was partnered with the Order of St John based on a formalised understanding that saw the two humanitarian bodies operate as one cohesive war-relief organisation.⁴

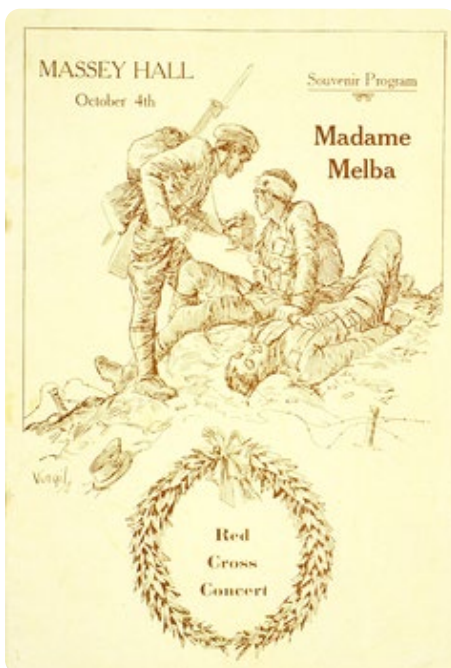
It is worth exploring Dame Nellie's war effort in-depth. When war broke out in Europe in August 1914, Melba was in Australia visiting her father. Unable to return and realising her beloved Belgians and then the French and British needed support, she launched herself into organising a range of concerts and fund-raising efforts. The concerts started in Sydney in late-1914, before progressing on to Victoria in 1915, and then continuing around Australia, America, and Canada. She initiated a 'Melba Gift Book' in June 1915 to raise money for Belgian soldiers specifically.⁵

In mid-1915 she held a farewell concert in the Melbourne Town Hall in aid of Lady Stanley's Red Cross Fund for sick and wounded Australian soldiers. Margaret, Lady Stanley, had become the first President of the Australian Red Cross in Victoria in 1914. Dame Nellie's concert was a magnificent success, raising £3,000, with an eventual total of £30,000 raised by 'Madame Melba' in aid of patriotic funds.⁶ This was hailed as a 'wonderful achievement' and the Governor-General, Sir Ronald Munro Ferguson GCMG PC, called for three cheers in her honour at the close of her final concert.⁷ One newspaper proclaimed:

By her efforts and influence, and above all by her superlative talents, she has put up the greatest individual result in the Commonwealth. True, the public rallied 'round her nobly, but who else could command a concert exceeding £3,000. And this last one without any auction sales [raffles] whatever!⁸



The Rt Hon the Lord Vestey GCVO GCSJ DL, Lord Prior of the Most Venerable Order of the Hospital of St John of Jerusalem from 1991 to 2002. He was Chair of the Eye Hospital Group (2002–2009) and its Patron thereafter. Portrait in oils by Sophie Gilbert-Denham. © Museum of the Order of St John (accessed 5 February 2021).



Nellie Melba's fundraising concert programmes: (left) for the Red Cross Concert at Massey Hall, Toronto, Canada, 4 October 1915; and (right) for Monster Patriotic Concert featuring 'Madame Melba' at the Town Hall, Sydney, 26 September 1914.

Melba had indeed done great things for Australia. One local newspaper said:

She was the first native born Australian to command the homage of the world [and] she still remains the only Australian who has figuratively speaking, made every monarch of the universe become her patron.⁹



The extremely rare Great War Order of the British Empire, Lady of Grace of the Order of Saint John, and Dublin Easter Rising 1916 Trinity College Defender's Order of Saint John Lifesaving Medal in Bronze group to Mrs Dorothy Eleanor Augusta Hignett, Deputy Head of the Central Irish War Hospital Supply Depot and of the Irish Branch of the British Red Cross Society, decorated 'for great gallantry during the Sinn Fein rising in Dublin'. Product Code: CMA/19568 @ The London Medal Company (accessed 5 April 2017).

By December 1915 Melba was in Canada, where she was a guest at Government House in Ottawa.¹⁰ While still a Vice-Regal guest, after the Christmas festivities, she was decorated with the Order of a Lady of Grace of St John of Jerusalem. The decoration was conferred by the Duke of Connaught, Grand Prior of the Order, in recognition of her magnificent services for the Red Cross Fund.¹¹ Soon afterwards she was in Boston, Massachusetts, even though it would be another year before America joined the war. Melba and fellow Australian, Percy Grainger, gave a joint recital in aid of war funds and some Australians in the audience 'coo-eed' during the concert. Further patriotism was expressed by the presentation of a Commonwealth flag and flowers. It is clear that Americans were keen to support the war effort because another recital given at Pittsburg, Pennsylvania, realised a large sum.¹² A concert for the Allies' patriotic funds, the largest in San Francisco's history, raised £4,000 with Madame Melba personally contributing £100 of her own funds. The United States declared war on the German Empire on 6 April 1917, so it is significant that, just a few days beforehand, at the close of the concert General Franklin Bell, of the American army, joined Melba on the platform and thanked her in the name of the officers and men of the Allied nations and also in the name of the officers and men of the American army.¹³

Melba appeared to be everywhere and was surprisingly mobile given the threat posed to shipping by German U-boat torpedoes. In May 1917, she was in New Zealand, by which time she had raised £60,000 for the soldiers. By this time, she was nick-named the 'empress of pick-pockets' in recognition of her prowess in extracting money from the public for the various war funds.¹⁴ She declared 'that until the war ends she will take no money for singing in a British country; all her receipts will go to the patriotic funds'.¹⁵ By the closing months of the Great War, Melba's efforts were ripe for further formal recognition:

Lady Davidson, wife of the Governor of New South Wales who already possesses the Order of the Lady of Grace of St John of Jerusalem, and the Coronation Medal, will travel to Melbourne about the end of this month to receive the investiture of Dame of the British Empire. Madame Melba will also receive hers at the same time.¹⁶

It is useful at this point to focus on Dame Nellie's honours and the public perception of them. When she became a Lady of Grace in 1916, Australia's *Bulletin* produced a surprisingly well-informed overview of the Order of St John and the significance of Melba's membership of it:

Melba has been created by King George a 'Lady of Grace' of the Order of St John of Jerusalem in England, but the distinction does not entitle her to print 'Lady Melba' on her visiting-cards. This is one of the minor orders, though a very ancient one, and is used for recognising the services of people who have done good work for the Red Cross and the hospitals. Melba is enrolled in gratitude for the thousands of pounds she raised for the Red Cross in Australia, Canada and elsewhere ... The Order was originally Roman Catholic, and its 'Grand Priory,' or headquarters, is still in the rooms above St John's Gateway, Clerkenwell—all that is left of a splendid monastery that flourished there in pre-Reformation times. The R.C.'s continue to maintain an Order of St John of Jerusalem [commonly called the Order of Malta], which they hold to be the only orthodox one, regarding the Royal [British] one to which Melba has just been admitted as a usurpation.¹⁷

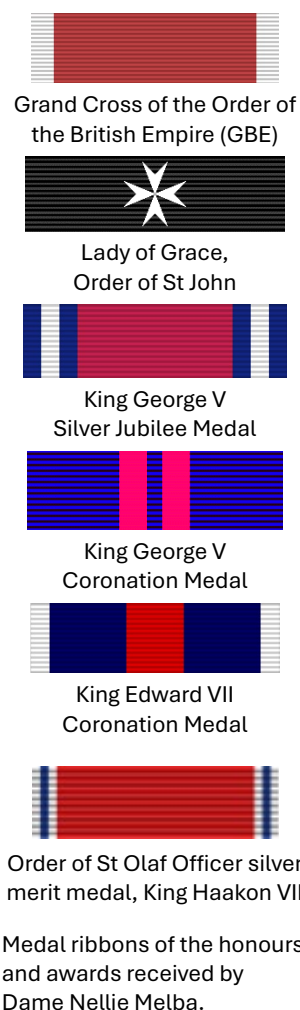
Almost amusingly, the article added:

Incidentally the [song] bird has a grievance against the careless compositor who set her up in the Official Gazette, where she was printed as 'Helen Porter (Madame Melba)'. Her full style is Helen Porter Mitchell, but old dad's name was dropped out.¹⁸

Other publications did not mince words. The *Leader* called her admission to the Order of St John ‘a well-deserved honor [sic], for she has been working most nobly for the Red Cross’.¹⁹

Given the social limitations of the Order of St John (i.e. it granted no title, precedence, or post-nominal letters to members), it is no wonder Melba’s more substantial Dame of the British Empire (DBE) received greater attention.²⁰ However, she received in her lifetime a variety of honours, awards, and recognitions throughout her life:²¹

1889	gold medal of the Brussels Conservatoire (Belgium).
1890	Silver Medal of the Paris Conservatoire (France).
1891	a second Silver Medal from the Paris Conservatoire (France).
1894	Order of Literature and Art (Litteris et Artibus) (Sweden).
1915	Life membership, Canadian Red Cross (Canada).
1916	Lady of Grace, Order of St John (UK).
1918	Dame Commander of the Order of the British Empire (DBE) (UK)—for services in organising patriotic work.
1919	Medaille de la Reine Elisabeth (Belgium).
1920	Royal Medal of Merit in gold (Norway).
1921	Order of Polonia Restituta (Poland).
1927	Grand Cross of the Order of the British Empire (GBE) (UK)
1928	Life Governor, Queen Victoria Memorial Hospital (UK).



What did Madame Melba think about her Lady of Grace insignia?

Historically, far fewer women than men received formal recognition in the form of orders, decorations, and awards. In Australia, just under 2,000 such awards have been made since 1901, only slightly over four per cent of those have been received by women.²² No woman at all received an honour carrying a title before 1917, because the initial such distinction came with the creation of the Order of the British Empire which was the first such award open to women. The first damehood granted to an Australian was awarded to Nellie Melba, in 1918. Significantly it was explicitly for her ‘Patriotic work during the war’ and this citation reflected the original purpose of the Order of the British Empire—honouring war work. Melba’s second titular honour in 1927 appears to have been awarded in recognition of her operatic achievements, although the citation read simply ‘Services to Australia’. For context, by the time that recommendations for Imperial British honours ceased in 1986, 67 damehoods had been awarded. In all that time only two women—Melba and Enid Lyons—had each received two titular honours.

It needs to be emphasised that this numerical gender-based inequality in the award of titles was amplified by the continuing exclusion of women from some awards, particularly that of Knight Bachelor, for which there was no female equivalent. Even after other honours gradually opened up to women during the twentieth century, the title of Knight Bachelor continued to exclude women by definition. The exclusion of women from the widely distributed title of Knight Bachelor was a particularly significant inequality in relation to honorific awards. To remedy this, in 1932 Sir Herbert Samuel, Home Secretary and leader of the Liberal Party in England, proposed that a title of ‘Dame’ be created to be given as a generalised honour, outside of any specific order of chivalry.²³ The idea of awarding an honour termed ‘Lady of Grace’ was dropped in 1933.²⁴ Interestingly, the usage of ‘Lady of Grace’ (which was never established) recognises the importance of the Order of St John because it was one of the earliest among

just a handful of British chivalric orders that encompassed women.²⁵ Not surprisingly the others were royal orders of chivalry created personally by Queen Victoria, including the Order of the League of Mercy and the Royal Victorian Order.

Mid-war in 1916 it was suggested that the Military Medal might, in exceptional circumstances, on the special recommendation of a commander-in-chief in the field, be awarded to women who displayed bravery and devotion under fire.²⁶ This led one observer to reflect:

Rewards for public service or decorations for women have hitherto rarely been conferred on women. In England there were none till Queen Victoria initiated the Royal Order of Victoria and Albert, the Imperial Order of the Crown of India, the Royal Red Cross, and the Order of St John of Jerusalem. The latter was recently conferred on Madame Melba. Florence Nightingale was the only woman on whom the Order of Merit has been conferred. Foreign countries are far more generous.²⁷



Dame Nellie Melba wearing her Lady of Grace Maltese cross. It was secured to her gown by an English flag pin made of rubies and sapphires, a personal gift from King George V (c. 1917). Image reproduced from 'Dame Kiri Te Kanawa to play Dame Nellie Melba on Downton Abbey', Press Association (14 August 2013) @ News Ltd (accessed 5 February 2024).

Melba was conscious of the honour paid to her by inclusion in the Order of St John. She was one of only twenty woman to be so honoured at that time.²⁸ She wrote in a letter from Government House, Ottawa: 'My cup of Hapiness [sic] is full, for yesterday HRH the Duke of Connaught pinned on my breast an order which is very rarely given to women, and which is one of the oldest in the world'.²⁹ She went on to write: 'I am now a Lady of Grace of the Order of St John of Jerusalem. The order itself is very beautiful, a white Maltese cross with black ribbon at the back, and a black bow'.³⁰ Melba wore her insignia consistently over the course of the following few years. It was much remarked upon in America. For example, during her visit to Ohio in January 1916, it was noted:

Nellie Melba, the opera singer, is proudly exhibiting a decoration bestowed upon her by the Duke of Connaught, Governor-General of Canada, in recognition of her work in raising money for the British Red Cross.³¹

A Californian observer recorded in March 1917:

Mme Melba's vivacious and genial personality was even more charming when in the green room she gave the history of the beautiful Maltese cross which she wore. It is the Lady of Grace of St John of Jerusalem, sent her last Christmas by King George of England. She was the guest at the time of the Duke and Duchess of Connaught and Christmas morning the Duke pinned it on her in the name of the King. It is a decoration of which she is very proud as only 22 other women are so honored. Last night it was secured to her gown by a pin in the form of an English flag made of rubies and sapphires. This too was a gift from King George.³²

Alongside Melba, other observers agreed that the honour she had received was a signal one:

The musical world will be delighted to hear of the return to Australia of Mme Melba ... the diva is very happy about her latest decoration. ... an order, which is very rarely given to women, and which is one of the oldest orders in the world.³³

Another political commentator was adamant that

She has done infinitely more to exalt and dignify Australia in the eyes of the world than the scores of pettifogging[†] politicians who, through ministerial log-rolling and Masonic wire-pulling, have been made Knights and Companions during the past 30 years.³⁴

[†] Pettifogging: placing undue emphasis on petty details; petty or trivial.

The same journalist wondered: 'Is it not time some royal honour was conferred on Madame Melba?'.³⁵ As has already been mentioned, Madame Melba did not have to wait long for further honours as she received her damehood (DBE) in 1918. This crowning achievement prompted her to seek a grant-of-arms from the College of Arms in London, which resulted in her receiving beautiful armorial bearings in the colour of the Australian flag (blue), with a golden song bird, the symbol of the Red Cross, and two lozenges reflecting her Scottish Mitchell paternity.

Dame Nellie received Belgian, Norwegian, and Polish decorations in the 1920s, a decade that culminating in her elevation to Grand Cross of the Order of the British Empire (GBE) in 1927. Her pride in all these honours is evident in the many images of her wearing them, selectively, based on her appearances and performances in varied jurisdictions.



Left: Armorial bearings of Dame Nellie Melba, granted in 1920. Sadly this official emblazonment of her armorial bearings does not include her Order of St John badge (College of Arms, London; MS Grants 87, fol. 200), 1920: The Order of the British Empire, accessed 11 April 2017). Centre: Photographic portrait of Dame Nellie Melba, wearing her other honours and awards, c.1920, © NLA. Right: Dame Nellie Melba wearing the Grand Cross of the Order of the British Empire, 1927, © Yarra Ranges Regional Museum.

The sole image of Dame Nellie adorned by all her accumulated honours appears to come from her prominent role singing the National Anthem, 'God Save the King', on the steps of Parliament House (now Old Parliament House), in Canberra at its official opening in 1927.



Dame Nellie Melba singing the National Anthem at the official opening of Parliament House, Canberra (1927). The Order of St John insignia is mounted second from left on her miniature medal bar. Left © Yarra Ranges Regional Museum. Insert, film still © NFSA.

Other celebrity Australians

Sir Neville Howse VC and Sir Isaac Isaacs are two other Australians who lived around the same time as Madame Melba and were internationally well-known members of the Order of St John. Each man was famous for a different reason, but the temptation in both cases is to assume their celebrity status in some way swayed their admission into the Order of St John. However, like Melba, it becomes clear on deeper investigation that both men were well-deserving candidates in their own right based on considerable humanitarian endeavour.

Major-General Sir Neville Reginald Howse was born in 1863 at Stogursey, in Somerset, England. He was educated at Fullard's House School, Taunton, before studying medicine at London Hospital. Howse migrated to New South Wales, establishing his first practice in Newcastle before moving to Taree. After undertaking postgraduate work in England, Howse returned to Australia in 1897 and settled in Orange, New South Wales. In January 1900 he was commissioned as a lieutenant in the New South Wales Medical Corps and sailed for the Boer War in South Africa. He was serving with a mounted infantry brigade at Vredefort where, on 24 July 1900, he rescued a wounded man under heavy fire. For this he was awarded Australia's first ever Victoria Cross. This remarkable honour ensured his fame internationally, in addition to making him a figure of national celebration in his adopted homeland of Australia. An effective summary of his many achievements is contained in the following biographical sketch, published in a local newspaper in 1928:

When the South African war broke out, he secured a commission a lieutenant in the NSW Army Medical Corps. That was in January. Proceeding to South Africa, he was promoted captain for service on the field, and he distinguished himself on several occasions. On returning to Orange on the cessation of hostilities, he settled down to his practice and took a keen interest in the affairs of the town. There he married his wife, being the eldest daughter of the late Mr G. de Vial Pilcher, of Newstead, and they have two sons and three daughters. When the Great War broke out he was Mayor of Orange, and he resigned in order to take up the appointment of Principal Medical Officer, Naval and Military Expeditionary Force, and proceeded to New Guinea. As soon as the occupation of German New Guinea had been effected he returned to Australia, but almost immediately left for service abroad, this time with the first Division Australian Imperial Force. In December, 1914, he was appointed Assistant Director Medical Services, and in September, 1915, he received the appointment of Deputy Director Australian and New Zealand Army Corps. A few months before he was selected for the post of Director of Medical Services, the highest medical appointment in the A.I.F., and he held this position during the remainder of the war. From honorary Major he was promoted to Major-General, and was thrice knighted for service in the field, gaining the KCB in 1917, the KCMG in 1919, and being made a Knight of Grace of the Order of St John of Jerusalem.³⁶



Nine miniature medals of the honours and awards received by Sir Neville Howse. Left to right: Victoria Cross; Knight Commander of the Bath; Knight Commander of St Michael and St George; Knight of Grace of St John; Queen's South Africa Medal; King's South Africa Medal; 1914-15 Star; War Medal; Victory Medal. © Australian War Memorial.

It is worth noting that Howse's admission to the Order of St John as a Knight of Grace came after all his considerable honours gained in the course of two wars. His honours from the Great War came in rapid succession—Knight Commander of the Order of the Bath (KCB) in 1917 and then Knight Commander of the Order of St Michael and St George in 1919. Howse became a Knight of Grace of the Order of St John of Jerusalem on 16 May 1919.³⁷ A clue as to why he was admitted to the Order of St John is to be found in his wartime appointment as Director of Medical Services, the highest medical appointment in the Australian Imperial Force. His significant leadership in this role qualified him post-war for appointment on return to New South Wales as Director-General of Medical Services.³⁸

Sir Isaac Alfred Isaacs GCB GCMG PC KC was the 9th Governor-General of Australia, serving between 1931 and 1936. He became an Associate Knight of Grace of the Order of St John in 1931. The 'associate' status of his award was due to his Jewish faith, which precluded full membership of this Christian order of chivalry.³⁹ This is the first remarkable aspect of Isaac's joining the Order of St John. The second lies in the fact it would be a decade before the creation of an Australian Priory of the Order of St John, meaning that in Isaac's era it was unusual for Australian Vice-Regal representatives to be admitted into the Order of St John. Even more unusual is Isaac's receipt of an Imperial honour during the government of Prime Minister James Scullin, leader of the Australian Labour Party between 1929 to 1932. A clue as to how and why Sir Isaac was honoured by the Order's leadership can be found in the way it was described in the Australian press, which was at pains to call it an 'humanitarian honour'.⁴⁰ The following report explains the significance of this to Scullin's government, which was generally hostile to Imperial honours:

In addition to being the third Australian to have the Order of St John of Jerusalem conferred upon him the Governor-General (Sir Isaac Isaacs) is the second Australian to receive a decoration from the King since the Scullin Government assumed office. The other honour was that of Privy Councillorship, which was bestowed upon the Prime Minister (Mr J.H. Scullin) shortly after the last elections. Inquiries yesterday as to why the Government approved of this latest honour being conferred, elicited the reply that the decoration was acceptable to the Australian Labour Party only 'because it was humanitarian and not national in character'. The Chief Justice of New South Wales (Sir Philip Street)† and the late Sir Charles Ryan‡ were the only other Australians to receive the Order of St John of Jerusalem.⁴¹



Medal ribbon bars of the honours and awards received by Sir Isaac Isaacs. From left to right: Knight Grand Cross of the Order of the Bath; Knight Grand Cross of St Michael and St George (previously Knight Commander); Knight of Grace of St John; King George V Coronation Medal.

A different report confirmed that the reason why the Government permitted the Governor-General to accept the Order of St John from the hands of the King was because it was humanitarian. Otherwise, it was explained, it would not have been acceptable to the Labor Party, which disapproved of what it termed 'Imperial baubles'.⁴²

Beyond the political considerations, those of religion also made this a remarkable award for Isaacs. Sir Isaac's Judaism received much attention when HRH Prince Henry, Duke of Gloucester, was appointed 11th Governor-General of Australia, serving from 1945 to 1947. Because the royal duke was also Grand Prior of the Order of St John, a position he held from 1939 to 1974, his appointment was a talking-point, particularly among Jewish members of the order. Sir Isaac Isaacs loomed large in these considerations. Before his departure for Australia, the Duke of Gloucester received a letter from Harry Louis Nathan, 1st Baron Nathan, PC TD, a British Liberal politician who from 1934 onwards represented the Labour Party. Lord Nathan was also an Associate Commander-Brother of the Order of St John and he numbered among the leading members of British Jewry.⁴³ He conveyed to His Royal Highness the 'respectful good-wishes of the Jews of the British Commonwealth of Nations and Empire', at least of those few who were Associate Members of the Order of St John:

†The Hon. Sir Philip Whistler Street KCMG, Chief Justice of NSW, Lieutenant-Governor of NSW, Knight of Grace (1929).

‡Sir Charles Snodgrass Ryan (1853–1926), Surgeon-General of the Australian Military Forces in WWI, was never in fact a member of the Order of St John. However, his daughter Maie, Lady Casey (1892–1983), was awarded the Kaiser-I-Hind Medal, the Africa Star, and the Amelia Earhart Medal, and became a Commander-Sister of the Order of St John of Jerusalem, a Fellow of the Royal Society of Arts, and a Companion of the Order of Australia (AC) in 1982.

British Jews ... who like myself are Associates of the Order of St John, follow with a keen interest the activities of the Grand Prior of the Order, and they reflect with pride upon the fact that one of Your Royal Highness's predecessors as Governor-General of Australia, Sir Isaac Isaacs, was a fellow Jew and a Knight Associate of the Order'.⁴⁴

Lord Nathan was well-aware of the significant place held in the Order by himself and by Sir Isaac. When Nathan was promoted to the grade of Associate Knight of Grace in 1945 it was said: 'He is the only Jew in England to hold the rank. The only other in the Empire is Sir Isaac Isaacs'.⁴⁵ In fact, when Lord Nathan visited his cousins, who lived in the Sydney suburb of Killara, it was remarked that one of the most extraordinary things about him was that 'like Sir Isaac Isaacs, Lord Nathan is an Associate Knight of the Order of St John of Jerusalem'.⁴⁶ These strong links between British and Australian Jews, and the Order, help explain why Sir Isaac had greeted the royal duke with so much enthusiasm during his tour of Australia ten years earlier.

This paper has established that three prominent early Australian members of the Order of St John received admission to the Order on their own merits and for works closely associated with the aims and ideals of the Order. Although they can justifiably be described as high-profile, popular, and famous, the celebrity status of Melba, Howse, and Isaacs was not the main reason they received the insignia of this royal order of chivalry. In fact, it is timely and appropriate to remember their humanitarian efforts, recognised by admission to the Order, because their good works have been so much overshadowed by more celebrated aspects of their public lives. This fact is the reason we might today be rather surprised at the depth and breadth of their interests and activity. Let us celebrate their humanitarian efforts and take joy in remembering their membership of the Order of St John.

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Sir Isaac Isaacs (left) with HRH the Duke of Gloucester, future Grand Prior of the Order of St John, during the Duke's visit to Australia, Government House, Melbourne (1934). ©NLA.



Governor-General Sir Isaac Alfred Isaacs in ceremonial uniform (1930). Portrait in oils, John Campbell Longstaff (1861-1941) © Parliament House Art Collection.

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‘Seldom on the shelf’. The Priory Librarians of St John Ambulance Australia, 1941–2022

Ian Howie-Willis KStJ and John Pearn GCStJ

Within the Most Venerable Order of St John, people who have the title ‘Librarian’ (with a capital-L) do not generally perform the duties of a ‘small-l’ librarian. Accessioning, cataloguing and placing books on shelves are not among their duties. Instead, they must advise the Order on matters relating to its ‘History and Heritage’ (‘H&H’). The position title is really a misnomer because the duties are those of an historian.

Somewhat disconcertingly, the Order’s current statutes fail to mention Librarians. The Librarians have been consigned to the vague and residual category of ‘other Honorary Officers [which] the Grand Council may deem expedient from time to time’. Similarly the 2019 *Constitution* of St John Ambulance Australia does not specifically refer to the position of Priory Librarian. To find out what the Librarians are meant to do, we must step back to earlier documents.

Thus, Regulation 8G of the Order’s *Statutes and Regulations 1936* spelt out the Librarian’s responsibilities as they had evolved in the half-century since Queen Victoria’s grant of a Royal Charter to the Order in 1888. This regulation specified that he (no ‘she’ then or now) was in charge of the Order’s Library and Museum at St John’s Gate. As such, he must maintain up-to-date lists of what was in the collection, what was acquired, and what the acquisitions had cost. He would also chair the Order’s Library Committee, which would support him in his duties; and he must report annually to the Order’s supreme governing council, the Chapter-General, on his activities. His principal role within the Order was defined in this clause:

[The Librarian] is the technical adviser of Chapter-General on all matters that concern the history, customs and traditions of the Order. All the Order’s publications involving such matters should [accordingly] be referred to him for his opinion and advice.

As in the Grand Priory of the Order at St John’s Gate, so in its various Priories around the world: the function and duties were similar. In Australia, for instance, Part 14 (6) of the *St John Ambulance Australia Rules* of January 1999, page 10, stated that:

The Librarian is responsible for the supervision of objects of historical interest of the Priory and for technical advice to the [Priory] Chapter on all matters that concern the history and traditions of the Order.’

That remains the situation today. In effect, the Librarians have become the guardians of the Order’s historical legacy and traditions and the custodians of its cultural heritage.

In the Australian Priory, if not elsewhere, the duties of the position have evolved over the decades since 1946, when the Priory emerged from its forerunner, the Commandery of the Commonwealth of Australia (Western Australia excepted), 1941–1946. And so the Priory Librarian is now responsible for the following functions:

- a. advise the Priory’s Chapter and Directors on matters relating to the Order’s history and traditions
- b. take appropriate action to protect and preserve Priory’s Heritage Collection—library, regalia, art, museum and archival holdings
- c. promote interest in the Order’s history and heritage and pride in its achievements
- d. cooperate with the St John Ambulance Cadet movement to increase Cadets’ knowledge of the Order’s history
- e. research and publish material on the Order’s history
- f. support the work of the St John Ambulance Historical Society of Australia and its State/Territory branches
- g. uphold the Christian and humanitarian values of the Order expressed in its ancient Latin mottoes, *Pro fide* and *Pro utilitate hominem*.

The two Directors of Ceremonies who chaired the Library Committee

After the eastern St John states federated as the Commandery of the Commonwealth of Australia in 1941, 'H&H' became the responsibility of the Library Committee, which was chaired by the Director of Ceremonies. The task of the Library Committee was to collect items of historical and heritage interest, principally books, pictures and museum exhibits. In the six-year period of the Commandery, 1941–1946, the Library Committee had two chairmen:

Dr Thomas Herbert Goddard (1885–1967) of Tasmania, was the Commandery's first Director of Ceremonies 1941–1945. As such, he chaired the Library Committee. He was a Newcastle-born, Sydney-trained medical practitioner but spent most of his working life in Hobart, where he became one of the best-known local doctors. His service to medicine in Tasmania was extensive. Among others, he was medical officer to the Mount Bischoff Mine (1914), medical superintendent of the Hobart General Hospital (1915–1917), officer in charge of the Quarantine Station (1919), founder of the Hobart Chest Clinic (1937), and president of the British Medical Association (Tas.) (1946). In my first St John book I called him 'a figure of heroic proportions'. He had been Chairman of the Tasmanian Centre of the St John Ambulance Association, Commissioner of the St John Ambulance Brigade, and Director of the state Red Cross branch. He was also a great advocate for St John Federation, first through the Commandery of the Australian Commonwealth, and then through the Priory.

Goddard's entry in the 1945 edition of *Who's Who* noted that he had been identified with the St John Ambulance Association since 1916 and had become a Knight of the Order in 1944. He published only two papers, both in 1947: 'An investigation of wives and dependents of tuberculous ex-soldiers' and 'Control of tuberculosis in Tasmania'. His many involvements in public medicine, however, more than made up for his lack of scholarly output.

Sir Hugh Edward Poynter (1882–1968) of New South Wales, was the Commandery's second Director of Ceremonies in 1946. Sir Hugh, 3rd Baronet Poynter, was an English business manager who lived in Sydney for 19 years (1927–1946). He came to Australia as chairman of the local branch of Baldwin's and J.C.M. (Aust.) Pty Ltd., a British steel and hardware manufacturing firm. He was a first cousin of the former British Conservative Prime Minister, Stanley Baldwin, who had begun his working life in this family firm. A long-serving member of the management committee of the NSW St John Ambulance Association Centre, Sir Hugh was its President 1943–1945.

The nine formally titled Australian Priory Librarians

A new position, Priory Librarian, was created at the inception of the Priory in late 1946. Apart from advising the Priory Chapter on matters relating to 'H&H', the first six Librarians also chaired the Library Committee. The Library Committee was abolished in 1998 during a restructure of the Priory management.

Nine men—no women yet!—have held the Librarian's position in the 78 years since 1946. In chronological sequence they have been the following.

Dr Charles Ernest Cameron Wilson (1875–1951), South Australia, was the inaugural Priory Librarian 1947–1950. He had been Chairman of the South Australian Centre of the St John Ambulance Association 1934–1948. As Chairman, he had overseen the huge upsurge in first aid training effort during World War II; and he had been another of the chief promoters of St John Federation.

Dr Ernest Albert Harold Russell (1885–1969) of South Australia was the second Priory Librarian during most of the 1950s (1951–1959). He had been the state St John Ambulance Brigade Commissioner 1947–1951 and had earlier formed the first Cadet Divisions in South Australia. He had served with



Dr CEC Wilson (left) and Dr EAE Russell (right), respectively the first and second Australian Priory Librarians.

distinction as a medical officer in World War I during the campaigns in Gallipoli, Egypt and France, and had ended the war as a lieutenant-colonel. A highly influential St John throughout the 1920s–1940s, he had been one of the chief figures in the St John takeover of South Australia’s ambulance transport facilities in 1951.

Dr Russell was known for his compassionate and caring medical roles. He was the medical officer for the Children, Welfare and Public Relief Department in Adelaide and was the Prison Doctor for the South Australian gaols. He brought a literary flair to the role of Priory Librarian and was Vice President for the section of Medical Literature and History at the Australasian Medical Congress held in Adelaide in 1937.

Dr Frank Kenneth Mugford (1899–1963), the third Priory Librarian and third from South Australia, held the position, 1959–1963. During World War II, he commanded Army hospitals in Gaza, Western Australia and the Northern Territory; he ended the war as a lieutenant-colonel.

Like his predecessor as Librarian, Dr Mugford was the Assistant medical officer for the Children, Welfare and Public Relief Department. He began his St John career as the Divisional Surgeon for the Thebarton and Torrensville Division of the St John Ambulance Brigade. He succeeded EAH. Russell as the St John Ambulance Brigade Commissioner and held the position 1951–1960. He was Commissioner during all the decade when St John took over the South Australian ambulance services, and was instrumental in giving the Brigade pre-eminence within the St John service.

Dr Trevor Claude James (1903–1983) from Tasmania held the Librarian’s position, 1963–1975. When he took on the position he was simultaneously the Chair of the Tasmanian St John Ambulance Association Centre and the Tasmanian Commissioner of the St John Ambulance Brigade. At his instigation, St John took control of the state’s ambulance services in 1958. Under St John control, a unified statewide service developed; however, various difficulties forced St John to withdraw from it seven years later in 1965.

Dr James had served throughout World War II as the Medical Superintendent of the Lyall District Hospital in Queenstown. He was a leading Tasmanian ‘GP’. He served as Provost of the recently established Tasmanian Faculty of the Australian College of General Practitioners.

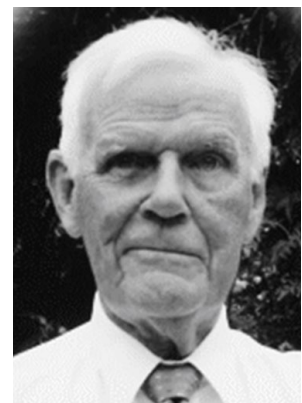
Dr Murray W Elliott (1921–2019) was one of Queensland’s leading obstetricians-gynaecologists. Elegant, suave and respected by all his colleagues, he really had four careers—obstetrician, career Army officer, St John Ambulance, and patronage of the arts. As a young Army medical officer, Major Elliott served in the British Commonwealth Occupation Force (BCOF) in Japan in 1946 and 1947. He went on to serve as the Regimental Medical Officer in the Queensland University Regiment, commanded the Reserve Casualty Clearing Station before being promoted to colonel and appointed as the national consultant in obstetrics and gynaecology for the Australian Defence Force.

Dr Elliott served with distinction (1962–1970) as the second Commissioner of the St John Ambulance Brigade in Queensland. As Commissioner, he was largely responsible for helping the Brigade prosper in Queensland despite the hostility and the legislative stranglehold over first aid delivery maintained by the former Queensland Ambulance Transport Brigade during the 1950s–1960s. He went on to hold the Priory Librarian’s position a record 15 years, 1975–1990.

Dr Brian James Fotheringham (1941–), the fourth Priory Librarian from South Australia, held the position for the 13 years 1990–2003. As St John Ambulance Brigade Commissioner, and the son of a previous Commissioner, ‘Foth’ had a major interest in ‘H&H’. He was a founder of the South Australian



Dr FK Mugford (left) and Dr TC James (right), the third and fourth Australian Priory Librarians.



Dr MW Elliott, the fifth Australian Priory Librarian.

St John Historical Society, Australia's first, and of Adelaide's St John Museum. We can also thank 'Foth' for this national Historical Society. That's because when the Priory management restructure of 1998 abolished his Library Committee, he responded in 1999 by forming the 'Priory History Group', which rapidly evolved into the present St John Ambulance Historical Society of Australia by 2001.

Under Dr Fotheringham's leadership and guidance, the Historical Society's historians achieved high levels of professionalism in writing about the Order's heritage. His Library Committee had been 'terminated', but in its place he developed a highly active and effective historical research branch of St John Ambulance Australia.

Professionally, Dr Fotheringham was a leading medical administrator in South Australia. A Fellow of the Royal Australasian College of Medical Administrators, he was the Medical Superintendent of the Children's Hospital of South Australia from 1979 until his retirement 20 years later. He brought his organisational skills to bear on St John Ambulance Australia as Priory Librarian, and as foundation President of this Historical Society. We owe him much!

Dr Ian James Howie-Willis (1937–) from the Australian Capital Territory was Priory Librarian for the nine years 2003–2012. Before that he had been the Deputy Librarian for 20 years. Sir Hugh Poynter excepted, Ian was the first non-medical practitioner to hold the position and the first professional historian. Starting with *A Century for Australia* in 1983, Ian has been the author of a series of commemorative histories of St John in Australia, including in South Australia and Western Australia as well as *The Zambuks*, the centennial history of the St John Ambulance Brigade in Australia. Most recently, with Matthew Glozier and John Pearn, he co-authored *A Beacon of Hope*, the 140th anniversary history of the St John Eye Hospital Group. Meanwhile, beyond St John he established himself as an innovative military historian.

One of us (John Pearn) notes Ian's seminal role in three domains of the work of the Order. First, he has served in virtually a full-time second career as a national and international ambassador for St John Ambulance Australia. His research and publications on the history and heritage of St John in Australia have preserved and reawakened interest in much of our history which would otherwise have been lost. This indefatigable work has resulted not only in the preservation of much of the Australian history of St John, but internationally as well. Second, it was his unrelenting advocacy, promoted over more than a decade, which resulted in the timely (as it transpired) publication of *A Beacon of Hope*, a title which he composed in consultation with his two co-authors. Thirdly, Dr Howie-Willis has mentored, taught and encouraged a generation of St John colleagues in the discipline of historical research. His selfless role in this domain has seen the flowering of St John history and heritage throughout Australia, and beyond.

Professor John Hemsley Pearn (1940–), the second Priory Librarian from Queensland, held the position for the three triennia 2012–2021. He was the second professionally-trained historian to have been Priory Librarian. As well as being an eminent paediatrician and doctor-soldier, John qualified as a historian by successfully completing the coursework and thesis for the M.Phil. degree. He is the author of some 50 books and pamphlets of history in a wide range of subjects.

Professor Pearn enlisted in St John as a Divisional Surgeon in the St John Ambulance Brigade in 1967. He progressed to Corps Officer and then District Surgeon for the Brigade in Queensland.

Professor Pearn subsequently served for three triennia, 1989–1998, as the Priory's Director of Training. During this time he led the distinguished editorial team which compiled and published *The Science of First Aid* (1996), an authoritative St John publication exploring the theoretical and experimental foundations of first aid. His next book, co-authored with the late Murdoch Wales, was *First in First Aid* (1998), the official history of St John in Queensland.

In addition to these achievements, Professor Pearn is also a previous Surgeon General of the Australian Defence Force. Still active professionally, he is Professor Emeritus in Paediatrics at the University of Queensland.

Dr Matthew Robert Glozier (1972–) is the first Priory Librarian from New South Wales, where he is also the official St John Archivist and Historian. A senior history master at Sydney Grammar School and a senior officer in the Air Cadets, he is also President of the Scottish History Society of NSW. Librarian for the past triennium, since 2021, he has also been the inaugural Deputy Order Librarian since 2023. Like his two predecessors in office, he is a professionally trained historian.



Dr BJ Fotheringham, the sixth Australian Priory Librarian.



The last three Australian Priory Librarians at the 2022 launching of their jointly authored book, *A Beacon of Hope*. Left to right: Ian Howie-Willis (7th Librarian), Matthew Glozier (9th Librarian) and John Pearn (8th Librarian).

Supported by his two co-authors, Dr Glozier took the leading role in the production of *A Beacon of Hope* (2022) the 140th anniversary history of the St John Eye Hospital Group. He wrote more than half the chapters for this pioneering work and compiled all the many appendices.

In July 2024 Matthew followed up on this work by publishing *Heraldry in the Holy Land: The St John of Jerusalem Eye Hospital Group—Ceremony and Symbolism 1882–2022*. Meanwhile, he continues as the editor of *St John History*, the Historical Society’s journal, and of *One St John*, the Order’s international online historical journal.

Concluding observations

Until Ian Howie-Willis’s appointment in 2003, the Librarian’s position had been one means through which the Priory management could ensure that each State/Territory had its own designated Priory Officer. The Librarian’s position was accordingly given to a State representative whether or not he (never a ‘she’) had any actual interest in History and Heritage matters. His main ‘H&H’ task was to chair the usually short formal annual meeting of Library Committee during the yearly Priory Conferences. The actual work of the committee—receiving new items into the collection—was done by the Priory Secretary. Occasionally the Librarian would be called on to provide ‘H&H’ advice to the Priory Executive Council (forerunner to the Board of Directors), otherwise his role on the Council was to represent the interests of his State.

As seen, that was the situation for the 57 years until the 1997–1998 reorganisation of the Priory, during which the Library Committee was abolished and the Librarian (as well as the Director of Ceremonies and the Sub-Prelate) were removed from the newly constituted Board of Directors, which replaced the former Priory Executive Council.

At that point, Brian Fotheringham, fearing that the ‘H&H’ function might be lost, formed the Priory History Group with the support of his Deputy Librarian (Ian Howie-Willis). The History Group became the Historical Society within two years.

In recent times, the Librarians have had a greater international focus. For instance, and as mentioned, between them Matthew Glozier, Ian Howie-Willis and John Pearn and brought into being the Order’s annual online historical journal, *One St John*. This triumvirate also conceived and carried through to successful completion the 140th anniversary history of the St John of Jerusalem Eye Hospital Group, *A Beacon of Hope*, which was launched in London and Canberra two years ago. And as seen, Matthew Glozier has been appointed Deputy Librarian for the Order—a huge honour for him and this Priory. Meanwhile, as mentioned, he has published *Heraldry in the Holy Land: The St John of Jerusalem Eye Hospital Group—Ceremony and Symbolism 1882–2022*, his fourth major St John history. Another important development has been the emergence of the ‘St John Heritage Group’, an international online discussion forum for Priory Librarians and heritage managers introduced by Todd Skilton, the present Order Librarian.

Finally, some Librarians served longer and/or accomplished more than others. Collectively, however, their achievement has been that the Priory and its members are nowadays more critically aware of and better informed about the Order's rich historical legacy than would otherwise have been possible. Low-profile though most Priory Librarians have been, they have accordingly served the Order well.

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