



St John

HISTORICAL SOCIETY

Celebrating 25 years.

28th Annual Seminar

Saturday 10 October 2026

Realm Hotel, Canberra

Preserving and promoting the St John heritage

~ THE ORDER OF ST JOHN ~
THE PRIORY IN AUSTRALIA



Seminar schedule

It would be appreciated if you would please resume your seat 5 minutes before each session.

SESSION 1 CHAIR: DAVID FAHEY, PRESIDENT

0900	David Fahey — Welcome, introduction, and Knowledge of the Order (KOTO) announcement.
0910	KEYNOTE SPEAKER Matthew Glozier — 1831. Revival or re-ignition?
0940	Presentation of the Oration Medal
0950	Allan Mawdsley — History of St John Training.
1010	Matt Cannon — A decade of modernisation and innovation. St John Papua New Guinea, 2015–2025 (pre-recorded).

1030–1055 Morning tea

SESSION 2 CHAIR: PETER GILL, SOUTH AUSTRALIA

1100	Ian Johns — St John Ambulance hospital in Étapes, France.
1120	David Fahey — Asthma. Historical perspectives on the disease and its management.
1140	Paul Copeland — From the garage radio to the digital Operations Centre. The evolution of St John communications in Australia.
1200	Bruce Caslake — Ambassadors.
1210	BOOK LAUNCH. Ian Howie-Willis' <i>Shell Shock to PTSD: The hidden cost of war for Australian soldiers</i> . With Allan Mawdsley, John Pearn and Paul Copeland

1230–1255 LUNCH

and opportunity to view displays

**SESSION 3 CHAIR: JACK DUNCAN, ESQUIRE, &
CO-CHAIR: LEAH COOPER, TASMANIA**

1300	Francis Maloney — A potted history of defibrillators.
1320	Nicole Gliddon — Behind the badge.
1340	HISTORY BITE. Fin Macneil — The truly nauseating story of the treatment of ingested poisons.
1350	HISTORY BITE. Paul Copeland — From field dressing to IFAK. The battlefield history and revival of the tourniquet.
1400	Damian Kawshik — The Sovereign's Award.
1420	HISTORY BITE. Elizabeth Ellis — Ayaiga and Johns in the Northern Territory.

1430–1455 Afternoon tea
and opportunity to view displays

SESSION FOUR CHAIR: BILL BUNTON, NEW SOUTH WALES

1500	Andreas Loewe — The Last Turcopolier (pre-recorded).
1520	Ian Howie-Willis — Chaplains, Sub-Prelates and Deans
1540	John Pearn and Ian Howie-Willis — Is the Most Venerable Order a religious organisation?
1600	Daniel White — Sir Edmund Lechmere's Legacy (pre-recorded).
1620	FOCUS SESSION. Chairs: David Fahey and Elizabeth Ellis
1655	Service Award presentation and Closing.

Seminar abstracts

SESSION 1 CHAIR: DAVID FAHEY

0910 Matthew Glozier—1831. Revival or re-ignition?

What exactly occurred in 1831 remains a topic of debate. Those involved hailed the ‘revival’ of the English Langue of the ancient Knights Hospitaller. When it comes to the validity of the ‘revival’, there is perhaps no definitive answer. What we have instead is an astounding complex background of international events variously happening between Britain, France, Italy, and Russia, all set against a shell-shocked, disorganised, incompetently led, and directionless Order of St John leadership in Italy still trying to find its footing after the traumatic events of the Revolutionary and Napoleonic eras; while in London there emerged a variegated cast of competing characters with differing understandings of chivalry, charity, and tradition. One thing is certain: the British ‘revivers’ of 1831, led by the Rev. Sir Robert Peat, thought of their actions as the refoundation of the spirit or ethos of the Knights Hospitaller tradition on English soil, after more than 270 years in abeyance. They re-ignited a tradition of chivalric-inspired humanitarian care, which took root and grew slowly but surely over time, in an unbroken line that continues to this day in the form of global care services offered in 44 countries around the world in the name of St John.

0950 Allan Mawdsley—History of St John Training.

Peter Shepherd’s 1878 little black book, *Aids for Cases of Injuries or Sudden Illness*, set the pattern for First Aid training ever since. Of course, it underwent many subsequent changes. This presentation looks at those changes, alongside the many other changes in teaching First Aid to the public and the changes to the training of volunteer first-aiders. Peter Shepherd would be amazed.

1010 Matt Cannon—A decade of modernisation and innovation. St John Papua New Guinea 2015-2025 (pre-recorded).

In 2015, after more than 58 years of service, St John Papua New Guinea faced possible closure. Governance and property arrangements required attention, audits were outstanding, historical financial information was incomplete, and legacy tax liabilities added to severe financial and operational pressures.

These pressures were compounded by the need to meet the emergency-care needs of a growing population.

This presentation examines the collective renewal of a much-loved community service in a country of more than 10 million people, spread across an area nearly twice that of Victoria and spanning islands, tropical lowlands and high-altitude mountain communities. Reliable emergency care required more than ambulances.

The first three years focused on rebuilding the institution and modernising its core systems: national board and clinical governance, financial management, ICT, policies and procedures, media and stakeholder engagement, and training. Together, these reforms created the foundation for a professional service capable of responding to changing demands and health priorities.

Major events in Port Moresby between 2016 and 2018 gave St John an opportunity to build enduring capability. Commercial, government and grant income was invested in equipment, training and systems, while repeated experience in emergency management strengthened the service's ability to scale during major emergencies, like COVID-19.

This paper argues that sound governance, responsiveness to need and constructive engagement sustained the renewal. These changes heralded confidence in St John. The decade showed what committed people could achieve together, giving young Papua New Guineans pride and purpose in service to a simple principle: the ambulance stretcher never discriminates; it helps people in their greatest time of need.

SESSION 2 CHAIR: PETER GILL

1100 Ian Johns—St John Ambulance hospital in Étapes, France.

This paper examines the political, social, scientific, and organisational evolutions that enabled the establishment and clinical capability of the St John Ambulance Brigade Hospital at Étapes, France, in 1915. Rejecting narratives of voluntary aid as reactive charity, it argues that this fully voluntary, civilian-funded Base Hospital—the only such institution serving the British Expeditionary Force (BEF)—represented the structural maturation of a state-integrated imperial asset. The study traces how the Association's instructional landscape, forged amid late Victorian industrial risk, produced a disciplined and uniformed workforce increasingly legible to the state. This foundation became critical after the creation of the Royal Army Medical Corps

(RAMC), which lacked the depth required for large scale conflict. The Second Boer War (1899–1902) marked an inflection point: more than 1,800 St John volunteers staffed base hospitals, hospital ships and hospital trains during a campaign defined by severe logistical and epidemiological weakness—principally enteric fever—which catalysed national efficiency debates centred on imperial survival.

In the Edwardian era, administrative, political, and scientific reform reshaped British military medicine. The rise of New Liberalism expanded state welfare networks, while the RAMC operationalised Major General Macpherson's three-zone evacuation system. Concurrent scientific breakthroughs assisted and equipped medical personnel to manage unprecedented casualty flows of industrialised warfare. Étaples Hospital emerged from this convergence of voluntary service, community trust, organisational maturation, and Edwardian reform. Staffed by St John personnel within a modern military framework, it demonstrated how a civilian organisation evolved into an effective clinical hub capable of meeting the demands of industrialised imperial war.

1120 David Fahey—Asthma. Historical perspectives on the disease and its management.

Episodic shortness of breath, often with coughing or wheezing, but with normal breathing in between attacks, has been described for millennia. The ancient Greeks called it 'asthma', meaning 'panting'. From the 1800s, scientific discoveries have revealed that asthma is due to bronchospasm, airway inflammation, and mucus—although the immunology of asthma is still incompletely understood. Unfortunately, asthma has also been described as a psychological disorder; and the risk of death due to asthma was poorly appreciated until well into the 1900s.

Early treatment options focused on diet and general health; together with strong coffee and even stramonium cigarettes. Adrenaline was used as a bronchodilator until salbutamol was introduced in the 1970s. The benefit of corticosteroids was evident since the 1950s, but these drugs had a very limited role until the development of metered dose inhalers. Asthma did not receive much attention in first aid courses until relatively recently—improvements in community and patient education was in large part driven by groups such as the Asthma Foundation. Currently, asthma continues to affect 1 in 10 Australians, with 400 deaths reported last year.

1140 Paul Copeland—From the garage radio to the digital Operations Centre. The evolution of St John communications in Australia.

Effective communications have always been essential to St John Ambulance operations, although their history has received considerably less attention than developments in first aid, clinical practice and ambulance vehicles. This paper examines the evolution of St John operational communications in Australia, from locally coordinated public duties and early telephone arrangements, to amateur radio, conventional two-way radio, statewide networks and contemporary digitally-supported command systems. The history includes the use of an amateur radio transmitter operated from a Victorian member's garage; the introduction of two-way radio into South Australian ambulance operations during the 1950s; and the later development of dedicated communications officers, control centres, portable repeaters, radio-equipped vehicles and mobile command facilities.

Contemporary arrangements differ between Australian jurisdictions. In Western Australia and the Northern Territory, communications support statutory emergency ambulance operations, including emergency call-taking, computer-aided dispatch and vehicle coordination. Elsewhere, St John communications principally support Event Health Services, patient transport, emergency management and major public gatherings. Current capabilities include VHF and UHF radio, government radio networks, digital encrypted systems, computer-aided dispatch, automatic vehicle location and Radio-over-Internet Protocol.

The paper argues that these developments did considerably more than improve communications range. They transformed St John operations by enabling coordinated tasking, responder safety, clinical escalation, patient confidentiality, resource accountability and interoperability with other emergency services. Communications have consequently become an integral, although often unseen, component of contemporary patient care and operational command

1200 Bruce Caslake—Ambassadors.

For the past eight years the St John Ambassador program has been running in Victoria. During our visits to Divisions, we are not only delivering our Ambassador Presentation but we are looking for the quiet achievers, who may have been overlooked for recognition for one reason or another. We see that the recognition process is acted on. Nearly a third of the Order nominations

in Victoria can be attributed, in some way, to the Ambassador Team. In the last three years we have visited nearly every Division in Victoria—the goal is to keep these visits occurring on a four-year rotation basis. The presentation covers the following points: what is the Order of St John and how do they fit in; what other services does St John Ambulance perform; the award system of the Order, service medals and commendations, and the History of the Order, both Modern and Ancient.

The Ambassador Presentation is also helping the public to understand more about St John and its services in the community.

My offer to you is, would you like a group of dedicated Order Members helping you in your State or Territory with the same or similar goals? What you could do next is to find a keen Order Member who has the necessary drive to establish the program. Then contact me, and we will assist in establishing your Ambassador team.

SESSION 3 CHAIR: JACK DUNCAN, ESQUIRE, & CO-CHAIR: LEAH COOPER, TASMANIA

1300 Francis Maloney—A potted history of defibrillators.

This illustrated 20-minute talk traces the remarkable history of the defibrillator, from early experiments with electricity to the sophisticated life-saving devices now found in hospitals, ambulances, aircraft and public places throughout the world.

The story begins in the 18th century, when scientists, such as Luigi Galvani, demonstrated the extraordinary effects of electricity on animal muscle. During the 19th and early 20th centuries, researchers gradually discovered that the heart was itself an electrical organ and that certain lethal disturbances of its rhythm might be reversed by an electrical shock. The presentation follows the pioneering experiments of Jean-Louis Prévost and Frédéric Batelli and the development of practical cardiac defibrillation. Particular attention is given to Claude Beck, who in 1947 achieved the first widely-recognised and successful defibrillation of a human heart during surgery. The subsequent development of closed-chest defibrillation, portable machines and direct-current defibrillation transformed the treatment of cardiac arrest.

We will also examine the important contributions of Paul Zoll, William Kouwenhoven, Bernard Lown and others, showing how defibrillation developed alongside electrocardiography, cardiac monitoring, cardiopulmonary resuscitation and modern emergency medicine. Finally, the story moves from

the operating theatre and hospital into the community with the automated external defibrillator, or AED: a remarkable machine capable of analysing cardiac rhythm and guiding an ordinary bystander through potentially life-saving treatment.

Combining medical history, physiology, engineering and human ingenuity, this presentation explains how centuries of scientific experimentation transformed electricity from a fascinating laboratory curiosity into one of modern medicine's most dramatic and effective methods of restoring human life after sudden cardiac arrest.

1320 Nicole Gliddon—Behind the badge.

As one of a small group of active long-term ACT members, I believe there is a place to record my Zambuk journey. Initially, I am hoping to inspire other long-term members to record their journey. Inspiring others to record their story is not easy, as the process may seem daunting at first. However, with clearly identified steps undertaken, to change the jumbled mess of memories into a book worthy of publication, the process will not be as intimidating and members may feel they can do this as well.

Some of the key steps identified includes; collating and fleshing-out key events and memories, developing the tile, consider your audience, having it reviewed, receiving organisational clearance, editorial review, publish, launch and relax. It also identifies some of the important but easily forgotten aspects to consider such as the need for images to enhance/support the text, seeking permission for the use of images, developing the reference list early, and the copyright statement.

While acknowledging the importance of our history as well as our future direction, if we are going to survive, clinicians, our grass-root members, and historians need to work together as we all have something valuable to bring to the table. Finally, if others record their journey, we have a better chance of collating the individual stories into a colourful tapestry demonstrating the differences between jurisdictions, our history and future.

1340 Fin Macneil—The truly nauseating story of the treatment of ingested poisons.

St John Ambulance has had treatments for poisoning in its first aid manuals for at least 144 years. The 1882 Manual (*Handbook Describing Aids for Cases of Injuries or Sudden Illness*) contained, in part, 'to get rid of the poisoning by

encouraging vomiting'. The following paragraph contained an explanation of how to do this:

EMETICS—Emetics are remedies used for the purpose of causing vomiting. The safest and readiest are—irritating back of the throat with the finger or a feather; large draughts of tepid water combined with a tablespoonful of salt or mustard; one or two tablespoonfuls of ipecacuanha wine (emphasis added); and twenty grains of sulphate of zinc in water.

Ipecac then disappeared from the 1894 manual to be replaced by 'give an emetic' which is variously described as 'a tablespoonful of salt in a tumbler of warm water, or one teaspoonful of mustard in the same quantity of water'. Ipecac only appeared once in the Australian manual in the 1984 first edition of *Australian First Aid*. But by the second edition (1989) it had disappeared again to be replaced with an injunction not to induce vomiting. The reasons for the use of ipecac are as much a salutary lesson on the problems of evidence-free medicine, as the cessation of its use is a triumph of evidence-based medicine. This talk examines those reasons and some other aspects of the treatment of oral poisoning outside St John.

1350 Paul Copeland—From field dressing to IFAK. The battlefield history and revival of the tourniquet.

This paper traces that history and examines the Australian Army's field-dressing era. From the late 1970s into the 1990s, soldiers commonly carried a shell or first field dressing on their webbing for gunshot, explosive and other battlefield wounds. The tourniquet remained exceptional. Tactical Combat Casualty Care, introduced in 1996 after lessons learnt in Somalia and then validated in Iraq and Afghanistan, reversed that priority.

The Individual First Aid Kit placed emergency trauma equipment with each soldier for self-aid and buddy aid. Its commercial Combat Application Tourniquet—now represented by the CAT Gen 7—provided rapid control of catastrophic limb haemorrhage while evacuation systems sought to deliver casualties to surgical care within the operational 'Golden Hour'.

This paper concludes by following these lessons into civilian trauma care and recent St John training in life-threatening bleeding, wound packing, haemostatic dressings and arterial tourniquets. This evolution demonstrates that equipment saves lives only when supported by realistic training, sound doctrine, documentation, reassessment and timely definitive care.

1400 Damian Kawshik—The Sovereign's Award.

The Sovereign's Award occupies a unique place within the St John Youth movement. Sitting above the Grand Prior's Award, it recognises outstanding young members whose service demonstrates personal development, benefit to St John, and wider community impact. Yet despite its significance, uptake of the Sovereign's Award in Australia has been remarkably limited, with only a small number of recipients since its introduction.

This presentation will explore the origins and purpose of the Sovereign's Award, its development within St John International's youth recognition framework, and the historical and symbolic importance of its connection to the Sovereign Head of the Order. It will then consider the award's place in Australia, including its introduction, rarity and relationship to the broader development of youth leadership within St John.

The presentation will highlight key milestones, including the first recipient internationally, the first Australian recipient, and the significance of the second Australian recipient following the award's introduction in Australia. Through these examples, the paper will consider the Sovereign's Award not simply as an individual distinction, but as an expression of St John's continuing commitment to service, leadership and the development of young people.

1420 Elizabeth Ellis—Ayaiga and Johns in the Northern Territory

There's a story from the Northern Territory which tells of the heroism of an Aboriginal man, Ayaiga, who rescued his captor Constable William Johns from a flooded river on 1 February 1911. This is only one of hundreds of stories of Aboriginal rescue or heroism towards the colonisers which stretch from Bennelong at the time of the early colony to present day (Cahir). However, this one is particularly special for St John Ambulance in Australia. It is special for several reasons: Johns was so impressed by Ayaiga's selflessness that he called him Neighbour, in the tradition of the good Samaritan; Ayaiga is one of only 10 Australians to be awarded the Albert Medal for Gallantry in Saving Life on Land, and the only Aboriginal Australian; and Johns went on to establish two St John Ambulance brigades within the South Australian police force in the 1900s.

SESSION FOUR CHAIR: BILL BUNTON, NSW

1500 Andreas Loewe—The Last Turcopolier (pre-recorded).

Sir Richard Shelley (c. 1513–1587), the last Turcopolier of the Order of St John, occupied a unique position at the intersection of English Catholic identity, Tudor diplomacy, and European military-religious culture. Appointed to one of the Order's highest offices during the brief Marian restoration of the Order's English Langue in 1557, Shelley's tenure spanned four Tudor reigns and three decades of continental exile, during which he sought to maintain simultaneous loyalties to the Catholic faith, the Spanish crown, and Elizabethan England.

This paper traces Shelley's career from his early diplomatic service under Henry VIII and Edward VI through the Marian re-establishment of the English langue to the papal annexation of the Turcopoliership to the Grand Mastership in 1583. It argues that the loss of the Turcopoliership represented more than the decline of the English Langue of the Order: it reflects the distinctive cessation of English participation in the military and religious structures of Europe.

1520 Ian Howie-Willis—Chaplains, Sub-Prelates and Deans.

Ever since the Australian Commandery of the Order was founded in 1941, followed by the Priory in 1946, the St John national federal organisation has most often had a 'Senior Ecclesiastical Officer' supervising its religious life. The name of the position has been variously called 'Chaplain', 'Sub-Prelate' and most recently 'Dean' and the position has been intermittently filled; however, the nine distinguished Anglican clerics who have held it during the past 85 years have always been influential senior Priory Officers. In helping the Australian Priory fulfil the 'Pro Fide' aspect of its corporate life, they have all served the Order with distinction. The paper will argue this case through reference to the careers of each of the nine incumbents who have held the position since 1941.

1540 John Pearn and Ian Howie-Willis—Is the Most Venerable Order a religious organisation?

The extent to which the Most Venerable Order of St John can be considered a 'religious' and 'Christian' organisation may be debated. In any such discussion, the 'affirmative' argument would be that the Order is a Christian royal order of chivalry which is suffused with the notion of practical Christianity. Further, it cannot be separated from its Christian traditions; and in any case its customs,

rules, statutes and symbology formally define and identify it as an overtly Christian institution.

The countervailing 'negative' case would be that despite the Order's Christian origins it has become an effectively secular institution which specialises in humanitarian outreach into the community. That, rather than religion, is its core business and major preoccupation. Moreover, although the Order undeniably does have a 'religious' life, this is minimal and tokenistic, amounting to little more than an annual church service and a prayer before significant gatherings such as Chapter meetings.

What both sides to any such debate might agree on is that, in contrast to its fraternal Johannine Orders of St John, the Most Venerable Order is ecumenical and non-denominational; and that it accepts into its membership people of all religious faiths and also of no religious faith at all. Both sides will also agree that whatever creeds its individual members might profess, the Order collectively expresses its Christian faith through its 'acts of mercy'—the practical humanitarian work it undertakes in the community.

1600 Daniel White—Sir Edmund Lechmere's legacy (pre-recorded).

This article examines the life and enduring humanitarian legacy of Sir Edmund Anthony Harley Lechmere, 3rd Baronet Lechmere of Worcestershire. A statesman, philanthropist and prominent Freemason, Sir Edmund played a pivotal role in the development of organised humanitarian aid during the nineteenth century. He co-founded the National Society for Aid to the Sick and Wounded, later the British Red Cross, and served as its inaugural secretary during the Franco-German War of 1870–1871.

Together with his wife, Lady Louisa Katherine Lechmere, Sir Edmund supported international medical relief efforts and helped establish the St John of Jerusalem Eye Hospital in 1882. His restoration and donation of St John's Gate in Clerkenwell also provided the Most Venerable Order of the Hospital of St John of Jerusalem with its enduring spiritual and administrative home. The paper further considers Sir Edmund's parliamentary service, contributions to civic and charitable institutions, and distinguished leadership within Freemasonry. His efforts helped extend the Order of St John's humanitarian mission internationally, including its eventual development in Australia.

Sir Edmund's life exemplifies the principles of universal charity, benevolence and public service, leaving a legacy that continues through St John organisations and humanitarian institutions worldwide.

The official website of the St John Ambulance Historical Society of Australia

<https://history.stjohn.org.au>

The Society's website is a treasure trove of news, stories, biographies, histories and so much more. We are continuously adding to the wealth of information on the site. Make history.stjohn.org.au your starting point in your studies of St John Ambulance and the Order of St John.

Membership of the St John Ambulance Historical Society of Australia

<https://sjaa25.tidyhq.com/>

Become a member or renew your annual membership to the Historical Society at the membership website—<https://sjaa25.tidyhq.com/>

The membership website also lists forthcoming Historical Society events, and provides an opportunity to donate to the Society.



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