

St John History

THE JOURNAL OF THE ST JOHN AMBULANCE
HISTORICAL SOCIETY OF AUSTRALIA
VOLUME 16, 2016





'Preserving and promoting
the St John heritage'

St John History is the annual journal of the St John Ambulance Historical Society of Australia. It is provided gratis to all financial members of the Society.

Correspondence about articles in *SJH* should be directed to the Editor, Dr Ian Howie-Willis.

Queries regarding distribution of the *SJH* should be sent to the National Membership Officer (Mr Garry Harris) or the Editor (Dr Ian Howie-Willis).

Volumes 1–16 of *SJH* are available online in PDF format, on the St John Ambulance Australia national website: stjohn.org.au/about (click on 'History').

Information about the Historical Society may be obtained from the executive officers:

President: Dr Allan Mawdsley, mawdsley@melbpc.org.au

Treasurer: Mr Gary Harris, garylharris@optusnet.com.au

Secretary: Mr James Cheshire, jmmc@cheshire.net.au

Deputy Secretary: Dr Edith Khangure, edith.khangure@ambulance.net.au

Editor: Dr Ian Howie-Willis, iwillis@ozemail.com.au (Deputy Editor: Mr Tim Wieland)

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

Overseas and Australian Capital Territory

Dr Ian Howie-Willis

Priory Librarian

St John Ambulance Australia

PO Box 292, Deakin West ACT 2603

iwillis@ozemail.com.au

Dr Brian Fotheringham

Chair, St John Historical Society of SA

St John Ambulance Australia (SA)

85 Edmund Avenue, Unley SA 5066

brian@foth.net.au

New South Wales

Mrs Betty Stirton

St John Ambulance Australia (NSW)

9 Deane Street, Burwood NSW 2134

betty_stirton@stjohnnsw.com.au

Tasmania

Ms Roxy Cowie

Chief Executive Officer

St John Ambulance Australia (Tas)

57 Sunderland Street

Moonah TAS 7009

roxy.cowie@stjohn.org.au

Northern Territory

Mrs Dawn Bat

Historical Society Membership Secretary

PO Box 72, Nyah VIC 3594

(Mrs Bat's Victorian postal address)

belfryvic@bigpond.com

Victoria

Mr Gary Harris

Historical Society Membership Officer

St John Ambulance Australia (Vic) Inc.

PO Box 573, Mount Waverley VIC 3149

gharris@optusnet.com.au

Queensland

Ms Beth Dawson

Chair, History and Heritage Committee

St John Ambulance Australia (Qld)

PO Box 1645, Fortitude Valley QLD 4006

beth.dawson@stjohnqld.com.au

Western Australia

Dr Edith Khangure

Librarian and Archivist

St John Ambulance Australia (WA) Inc.

PO Box 183, Belmont WA 6194

edith.khangure@ambulance.net.au



© St John Ambulance Australia, National Office
PO Box 292, Deakin West, ACT 2600
(10–12 Campion Street, Deakin, ACT 2600)
stjohn.org.au

St John History

Proceedings of the St John Ambulance

Historical Society of Australia

Volume 16, 2015–2016

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

Contents

Introduction	<i>St John History</i> , about Volume 16, 2016	1
Papers of the Society's 2015 History Seminar, Brisbane, Queensland		
Timothy M Wieland	Dr Samuel Thomas Knaggs. Australia's other St John founding father	3
David Fahey	Shock. An historical perspective illuminated by the St John Ambulance first aid manuals	12
Brian J Fotheringham	'Sporting Mac'. Hector Rundle Barker Macarty, founder of the Hindmarsh and Coorong Ambulances	19
Ian Howie-Willis	Sir Hugh Poate: 'Father' of the Priory in Australia of the Order of St John	24
Vincent Little	The pharmacy of first aid: 'When it stings or froths it's working'	38
J Allan Mawdsley	'Springy'. Dr John Springthorpe, versatile St John pioneer in Victoria	43
Trevor Mayhew	Thomas Samuel Parrott and George Lane Mullins. Australia's two first St John Commissioners	50
Bruce Caslake	900 years of the Order of St John. The Knights Hospitaller, the Knights of St John	57
James Cheshire	'Return to Sender'. The Letters Patent of Queen Mary I reinstating the Order of St John in England in 1554	67
Heather Fogerty	Architecture of the Knights of St John	73
Edith Khangure	The St John Ambulance Historical Society of Australia. A history	78
John H Pearn	Australian iconography of the Good Samaritan	83
John H Pearn	Occasional paper: What St John means to me	89

Introduction

St John History: about Volume 16, 2015

This edition of *St John History* publishes papers presented to the 17th annual history seminar of the St John Ambulance Historical Society of Australia, held in Brisbane on Friday 1 May 2015. In accordance with long established precedent, the leading article, 'Dr Samuel Thomas Knaggs — Australia's other St John founding father' by Tim Wieland OStJ, was the keynote paper at the seminar.

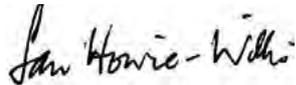
A one-day seminar yielding twelve articles such as the following self-evidently requires a huge amount of organisation and coordination. The seminar in question was again organised by the Historical Society's Secretary, Mr James Cheshire JP, OStJ. It was, arguably, the best of the 17 seminars the Society has now conducted.

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

In one important respect, however, in this edition we depart from precedent by omitting the customary State and Territory reports submitted to the Historical Society's Annual General Meetings (AGM). The main reason for the omission is that copies of the State/Territory reports are sent out with our quarterly newsletter, *Pro Utilitate*, and are also distributed at the AGM.

Although Volume 16 is consequently slimmer than recent editions, I trust that you its readers will agree with me that it maintains the high standard of the fifteen preceding annual editions.

For this, of course, we must thank the contributors, whose presentations to the Society's seminars are the raw material from which *St John History* is produced. We must also thank Gabrielle Lhuede, the National Publications Manager for another superb job of work in designing and managing the production of this edition of *St John History*.



Ian Howie-Willis
Editor, January 2016



The presenters of papers at the Historical Society's 17th annual seminar in Brisbane on 1 May 2015. Left–right are: Vincent Little, Brian Fotheringham, Ian Howie-Willis, Bruce Caslake, Tim Wieland, Heather Fogerty, David Fahey, Trevor Mayhew, James Cheshire, Edith Khangure, Allan Mawdsley, John Pearn and Fred Leditschke (seminar chairman).

Dr Samuel Thomas Knaggs. Australia's other St John founding father

Timothy M Wieland OStJ

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



Introduction

Dr Samuel Thomas Knaggs was the Irish-born and trained medical practitioner who taught Australia's earliest officially approved public St John Ambulance first aid course in 1881. The group he taught, railway workers at the Eveleigh Railway Workshops in Redfern, Sydney, was, in current St John terminology, a 'detached class' — a 'one-off' taught and examined without being 'attached to' (i.e. provided by) a permanent local St John 'centre' as part of its public training effort.

At much the same time that Knaggs was teaching the Eveleigh railwaymen first aid, at least one other course based on the St John syllabus was taught in Melbourne. This, however, was not a public class but was restricted to members of a militia medical unit.

Nine years passed until a Sydney St John centre was established. Meanwhile permanent St John centres had been established in Melbourne and Adelaide as well as in Launceston (which did not survive). Although Knaggs was one among the group who brought the Sydney centre into being, his earlier initiative in organising and teaching Australia's first St John course is not given sufficient credit in St John histories. This article aims to redress the balance by demonstrating what a remarkable innovator Knaggs was. It also argues that Knaggs should be considered as one of Australia's St John 'founding fathers and mothers'.



Dr ST Knaggs (1842–1921) — the photograph accompanying his obituary in the Medical Journal of Australia.

Parents and early education

Knaggs was born in either July or August 1842 in Thurles, County Tipperary in the south of the present-day Republic of Ireland (the records differ on his birth date). His parents were Robert Corbert Knaggs and his wife Phoebe (née Maiben).

Little is known of the details of Knaggs's early life and childhood. In 1848, when he was about six years old, the family migrated to Australia. They arrived in Sydney but later moved to Newcastle, where he had his schooling. In 1855 his father was registered as a medical practitioner, but seems to have worked in Newcastle as a pharmacist (or 'chemist and druggist' as the records indicate).

Medical training

After completing his schooling in Newcastle, when he was about 19, Knaggs returned to Ireland to study medicine in Dublin. At first he was a pupil and assistant to a Dr Robert C Knapps, under whom he studied for five years, 1861–1866. In 1868, age 26, he entered the School of Physic at the Ledwich



The Adelaide Hospital, Dublin. Established in 1839 as a hospital for Protestants, this was where Knaggs spent a period as a resident medical officer.

School of Medicine, Dublin, where he was a student for four years, 1868–1871. At that stage in the evolution of medical training, many doctors trained in medical schools which, like Ledwich, were outside the university system. Following the completion of his studies at Ledwich, Knaggs enrolled in the University of Aberdeen in Scotland, from which he graduated with honours in Medicine and Surgery (MB, ChM, 1872).

Knaggs's training was thorough. As well as the practical experience he had gained under Dr Knapps, his formal studies

at medical school and university had included these subjects: Chemistry, Botany, Materia Medica, Anatomy, Practical Anatomy, Comparative Anatomy, Surgery, Clinical Surgery, Practical Chemistry, Clinical Medicine, Physiology, Practice of Medicine, Midwifery, Medical Jurisprudence, Zoology and Ophthalmology. By the time of his graduation at Aberdeen at age 30, he had been a student of the King and Queen's College of Physicians of Ireland (the Royal College of Physicians of Ireland after 1890) and had passed the examination for the Fellowship of the Royal College of Surgeons (FRCS, 1871). After his return to Australia, Knaggs was awarded the degree of Doctor of Medicine (MD, 1873) of the University of Aberdeen. In the meantime, he had worked as a resident medical officer at the Adelaide Hospital in Dublin and had visited both Paris and Vienna, where he had studied in some famous clinics.

Interestingly, while Knaggs was studying medicine in Ireland, his father was also doing so. Knaggs Snr qualified as both a Member of the Royal College of Surgeons of Ireland and a Licentiate of the Society of Apothecaries of Dublin. Presumably this was in order to give him formal qualifications to make and dispense medicines in his Newcastle practice.

Medical practice in Newcastle

Following his ten years of overseas studies and experience, Knaggs returned to Newcastle about the end of 1871. On 8 January 1872 he was registered as a medical practitioner in New South Wales. He then entered general practice in Newcastle and worked there as a GP for the next nine years, until the end of 1880. In that time he gained a reputation for being 'one of the most able and reliable medical practitioners in New South Wales outside the capital city' and one whose 'popularity among his patients was immense'.

In 1874 Knaggs married at the age of 32. His bride was Helena Charlotte Read, who bore him seven daughters. She predeceased him, dying in the family home at 5 Lyons Terrace, Hyde Park, Sydney, on 2 November 1898. He married a second time the next year, at age 57, to Amy Elfreda Bolekman (also called 'Volckmann').

In 1881 the University of Sydney enacted by-laws to introduce *ad eundem gradum* (Latin: 'at the same level') degrees. Such degrees are 'courtesy' qualifications granted by a university to recognise that training qualifications received elsewhere are of comparable status to that of the university's own degrees. Many New South Wales medical practitioners with English, Irish, German and Scottish medical degrees took advantage of the university's by-laws to seek and obtain Sydney degrees of equivalent standing to their overseas qualifications. Knaggs was one of twenty medical practitioners who obtained *ad eundem gradum* doctorates in medicine (MD) between 1881 and 1900.



The Newcastle Hospital — as it was when Dr Knaggs was a salaried medical officer there.

In the meantime, Knaggs had expanded his range of interests. In 1874 he was appointed as a government medical officer and in 1875 he became a salaried medical officer at the Newcastle Hospital. Interested in public health and workplace safety, he regularly contributed articles on these subjects to two local newspapers, the *Newcastle Chronicle* and the *Newcastle Morning Herald and Miner's Advocate*. In 1875 he unsuccessfully attempted to establish a public health advocacy organisation similar to

Melbourne's Australian Health Society; and that year he became the editor of the *New South Wales Medical Gazette*. His interest in medical journalism also found expression in a short-lived quarterly journal, *The Australian Practitioner: a quarterly journal of medical, surgical and sanitary science for the Australian colonies*, which he publishing during 1877–1978. In 1878 he was appointed as a Fellow of the Royal Society of New South Wales. He later chaired its medical section in 1888–1889.

The move to Sydney and an expanding range of interests

Knaggs moved to Sydney and began practising there about 1883 after returning from a visit to Europe. By now he was about 41. He resumed private practice, but his public interests multiplied appreciably. He became an honorary surgeon at St Vincent's Hospital, a lecturer in clinical surgery at the University of Sydney and an honorary surgeon at the Prince Alfred Hospital. He held the latter two positions for the next ten years, until 1893. In 1885 he became a member of the New South Wales Board of Health. He served as an examiner in anatomy and physiology for the Board of Technical Education 1887–1892.



Fleet Surgeon ST Knaggs in his uniform as commander of medical services in the New South Wales Naval Brigade.

A constant advocate for the establishment of a ministry of public health, Knaggs also became involved in medical politics. He was active in the New South Wales branch of the British Medical Association and served a term as its president 1887–1888. In 1892 he was joint honorary secretary of the Intercolonial Medical Congress of Australasia, which was held in Sydney.

Other involvements were as a medical officer for the Department of Public Instruction and as a member the Railways Medical Board. Re-entering medical journalism, he edited the *Australasian Medical Gazette*, 1895–1901.

In the colonial armed services, he had become a surgeon in the New South Wales Naval Brigade in 1872. Promoted within this service, by the time the brigade was transferred to the new Australian Navy at Federation in 1901, he was the Fleet Surgeon.



Dr Knaggs in Kobe, Japan, September 1904.

Retirement and last years

By the time of Federation, Knaggs was 58. That year, 1901, he visited Japan, a nation that remained a mystery for most Australians. He spent several years there. After gaining registration, he practised medicine in Kobe. After returning to Sydney, he gradually withdrew from medical practice and public affairs.

In retirement, Knaggs continued contributing articles to medical journals. At the age of 75 in 1917 he emerged from retirement to take a short-term appointment as a medical officer at the Collarenebri Hospital in northern New South Wales, where he helped combat an outbreak of meningitis which had killed four people in the district. He probably did so because of a shortage of doctors caused by World War I, during which many younger, able-bodied medical practitioners were serving overseas with the Army Medical Corps.

Knaggs died in Paddington, Sydney, on 6 April 1921 and was buried in the Anglican section of Waverley cemetery. He was survived by his second wife and five of his seven daughters by his first wife, Helena.

Knaggs's obituary in the *Australian Medical Journal* was magnanimous. He was, the article said, 'generous to a fault, a wise counsellor, a staunch friend, honourable, upright'. No one, it went on to say, 'showed more kindness and help to his juniors than Dr Knaggs'; and, finally, his family's grief would be 'shared by a very large section of the medical profession in the Commonwealth'.



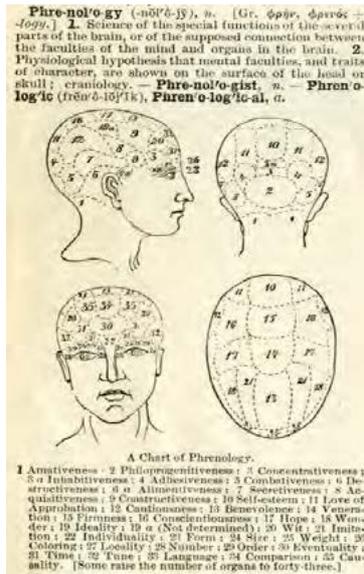
Dr Knaggs's now-neglected grave and toppled tombstone in the Waverley Cemetery, Sydney.

Knaggs's crusade against medical quackery, pseudo-science and spiritualism

In his own lifetime, Knaggs was probably better known for his crusading against medical quackery, pseudo medical science, clairvoyance and spiritualism, all of which he regarded as the unconscionable, fraudulent exploitation of human ignorance and gullibility. He became a prolific producer of tracts and pamphlets exposing the dishonesty and unscientific misinformation purveyed by practitioners in these areas. Objects of his particular ire were phrenologists, spiritualist mediums, clairvoyants and medical charlatans.

Knaggs also became a skilled conjurer. He performed conjuring tricks in public to raise money for charity. He used these performances to demonstrate the trickery behind so-called 'spiritual feats' such as levitation. To expose such trickery further, in 1895 he published a novel under the *nom de plume* Maiben Brook (Maiben was his mother's maiden name). It had the title *Dr de Lion, Clairvoyant: Confessions of a Vagabond Life in Australia, as Narrated by Maiben Brook*.

Knaggs published at least four other books under his own name. Their titles suggest his range of interests: *Recreations of an Australian surgeon* (1888); *Human fads, foibles, fallacies, fallibilities* (1898); *Common complaints and simple remedies with plain instructions for the use of the universal household medicine cabinet* (1906); and *Vaccination* (1913).



*A particular Knaggs *bête noir*: the pseudoscience of phrenology, which asserted that intelligence, personality and character could be assessed by 'reading' head shape and facial features.*

Another related cause for which Knaggs campaigned was the revision of legislation on the registration of deaths to ensure that only duly qualified medical practitioners could certify the cause of death. This was 'to prevent unqualified persons from amateur dabbling in medicine and surgery'.

Knaggs was also an accomplished and probably self-taught artist. At least one of his paintings has survived and is now held in the collection of the Newcastle Region Library. Clearly influenced by the style of the great nineteenth century English painter of ships and seascapes, JMW Turner, it depicts the wreck of the ship *Lismore* near Newcastle in 1866 and the rescue of the crew.



Knaggs's painting of the wreck of the ship 'Lismore' near Newcastle and the rescue of its crew on 13 July 1866. Knaggs could not have witnessed this event because he was studying medicine in Dublin at the time.

Knaggs and St John Ambulance

We now come to Knaggs's involvement in St John Ambulance. Before considering this phase of his very diverse 45-year career in medicine and public health, however, let us place in historical context his first aid class at the Eveleigh Railway Workshops in 1881.

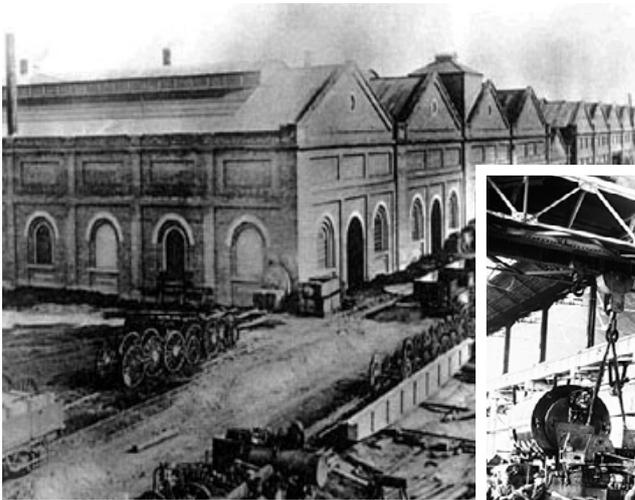
In 1881 Queen Victoria had been the monarch for 47 years; her grandson George (later King George V) toured Australia; and the 'Father of Federation', Henry Parkes, called for an intercolonial council to examine the issue of a Federal Constitution for an independent Federal Parliament. In sport, 'Zulu', ridden by J Gough won that year's Melbourne Cup, the twentieth Cup race since the first in 1861; and the first women's lawn bowls match in Australia was held in Stawell, Victoria. In education, the University of Sydney admitted its first female students; and in Melbourne the working Mens' College (later the Royal Melbourne Institute of Technology) was founded. In industry and technology, the first 'Otis'-style passenger lifts were installed in Sydney; drilling for oil began at Salt Creek, South Australia; gold was discovered in the Kimberley district in Western Australia; and the Sydney–Albury railway line in New South Wales, the Maryborough–Gympie line in Queensland and the Fremantle–Perth–Guildford line in Western Australia were all completed.

How Knaggs came to be conducting an officially sanctioned St John Ambulance first aid class in Redfern in 1881 is uncertain. There is some evidence, however, that he had recently returned from London armed with St John first aid teaching materials. What possibly happened was that while in London he heard about the success of the St John Ambulance Association first aid course in equipping

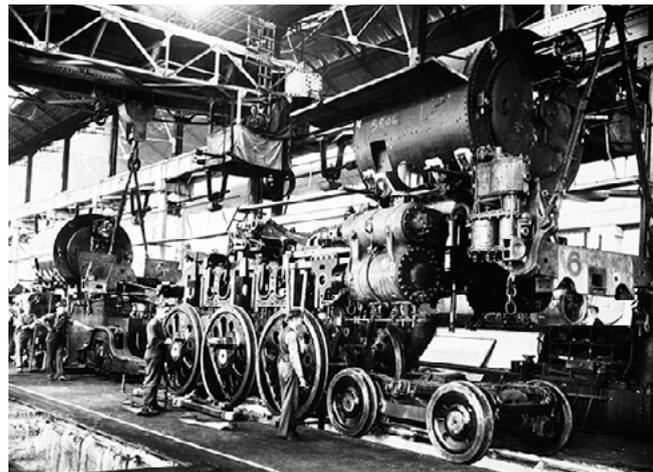
lay people with first aid skills, made inquiries about the course at the Association's headquarters in St John's Gate, obtained permission to conduct a class in Australia, and then returned home with the requisite materials — copies of the 'Little Black Book' manual of instruction (*First Aid to the Injured*, which had been published for the first time in 1879) plus a supply of triangular and roller bandages. Given Knaggs's demonstrated interest in promoting public health and hygiene, this would seem to be the most likely scenario.

As mentioned, the course that Knaggs organised and taught was at the Eveleigh Railway Workshops in Redfern. But why Redfern and the Railway Workshops? The answer almost suggests itself.

The Eveleigh Workshops, which opened in 1880, the year before Dr Knaggs's first aid course, employed hundreds of blue collar workers. They were engaged in hazardous trades in which the risk of injury was high. First aid was useful knowledge that workers were keen to acquire for their own and their workmates' mutual protection. The workshop staff worked in a discrete location in which a class



The Eveleigh Railway Workshops, Redfern, Sydney, as they were in 1881 when Dr Knaggs taught a first aid class there.



Railway workers in the USA demonstrate first aid techniques as a promotion for the Johnson & Johnson Company's first aid kits. Dr Knaggs's St John Ambulance class in the Eveleigh Railway Workshops would have learnt similar procedures to those being demonstrated here.

could be readily organised. And the railway authorities were keen to promote occupational health and safety — as seen by the establishment of the Railways Medical Board, of which Knaggs was a member, and the Railway Ambulance Corps, a railways first aid service.

As seen, the first aid class Knaggs organised was a ‘detached class’. This means it was a ‘one-off’ class conducted according to the St John Ambulance Association’s syllabus and examination procedure but not in or by an established Association Centre. Many such classes were run annually, not only in the UK and the British Empire but also in various foreign nations in which someone had taken the trouble to organise classes.

Unfortunately, the names of the railwaymen who joined the Eveleigh Workshops class are unknown; and as far as known none of the first aid certificates awarded to those successfully completing the course have survived. We do, however, know that Knaggs retained his interest in the St John course because he subsequently became involved in the Newcastle Centre of the St John Ambulance Association.

Exactly when the Newcastle St John Centre was established is uncertain, but it was certainly in business, organising public classes of instruction and issuing first aid certificates by March 1884, nine months after the foundation of the Melbourne Centre, Australia’s first. We know this because of the oldest known surviving Australian St John first aid certificate. It was issued by the Newcastle Centre on 24 March 1884 to one D Melville, who had successfully completed a course in which Knaggs had been the ‘Surgeon Instructor’. The Melville certificate is proof-positive that there was a Newcastle St John Ambulance Association Centre at least six years before the New South Wales Centre formed in Sydney in 1890. Though eventually superseded by the New South Wales Centre, the Newcastle Centre was the second Association Centre in Australia, beating into third place the Adelaide Centre, which did not form until the end of 1884.



The earliest known surviving Australian St John Ambulance first aid certificate. It was awarded on 20 March 1884 to D Melville, a member of a class organised by the Newcastle Centre of the St John Ambulance Association and instructed by Dr ST Knaggs. Knaggs’s signature appears at the bottom right of the certificate.

Lady Brassey and the establishment of the New South Wales St John Ambulance Centre

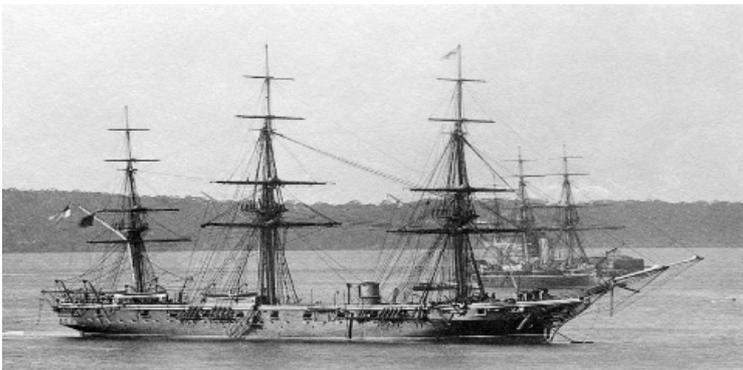
After moving to Sydney, Knaggs became one of the key figures instrumental in founding the New South Wales Centre in 1890. The events leading up to its establishment were complex. The catalyst for the establishment was Annie, Lady Brassey (1839–1887), the first wife of the first Lord Brassey (1836–1918), a wealthy British parliamentarian (and later Governor of Victoria). Lord Brassey owned a large, ocean-going yacht, *Sunbeam*, in which the Brasseys toured the world. Lady Brassey, a fervent ‘evangelist’ for St John first aid training, preached the first aid ‘gospel’ wherever they travelled. In 1887 *Sunbeam* toured Australia. Despite being increasingly ill, Lady Brassey conducted public meetings to promote first aid training in many of the cities and towns they visited. She actually died, probably of the combined effects of malaria and pneumonia, and was buried at sea soon after leaving Darwin on the voyage home.



Annie (née Allnutt) Lady Brassey (1839–1887), fervent 'evangelist' for the St John Ambulance first aid course, who toured Australia for four months in 1887 promoting first aid training.

In Sydney in July 1887 Lady Brassey had convened two public meetings, one in Government House and the other in the Town Hall, which had voted to establish a St John Centre in Sydney. After her departure, little happened to implement this resolution. It was Knaggs, who had met Lady Brassey and attended her Sydney meetings, who eventually took the action that led to the Centre's coming into being.

Some two years after the Brassey visit, Knaggs called a meeting in the Randwick Town Hall to form a local Randwick branch of the St John Ambulance Association. This meeting, in November 1889, agreed with his idea. Those attending subscribed £10 to enable the branch to be registered at St John's Gate. The meeting also agreed to form a local first aid class for women, which was duly held and for which Knaggs was the examiner. Twenty women joined the class; all passed the exam; and their certificates were presented to them by the Governor's wife, Lady Carrington, at a ceremony in Government House in July 1890. By that time, the long-awaited New South Wales Centre had been founded, probably about April 1890. Knaggs, who became a member of its management committee, had continued advocating its formation.



HMS Wolverine, a ship gifted to the Colony of New South Wales by the Royal Navy in 1881. In Australia the vessel was known as HMCS Wolverine. In Sydney, the Wolverine usually berthed at Fort Macquarie, the later site of the Sydney Opera House. Naval Surgeon ST Knaggs served aboard the Wolverine, which carried 14 cannons and had a crew of 208. During their visit to Sydney in 1887, Lord and Lady Brassey inspected the Wolverine in company with the Governor and his wife, Lord and Lady Carrington.

Strangely, considering that Knaggs had done more than anyone else over a nine-year period during the 1880s to ensure that St John Ambulance achieved permanency in New South Wales, he received no honours or awards from the Order of St John. Life membership of the New South Wales Centre? Admittance into the Order as an 'Honorary Associate' or Serving Brother? An illuminated address thanking him for introducing first aid training into Australia? No such distinctions ever came his way. Why they didn't is impossible now to say, although we might agree that he deserved them. Indeed, if our Priory ever introduced posthumous awards, Dr Knaggs would be first in line for a KStJ.

Samuel Thomas Knaggs MB, ChM, MD, FRCS was a general practitioner and specialist surgeon who had undertaken an extended period of the most rigorous practical and theoretical medical education and training available in his day and age. In doing so, he attained the highest levels of academic and professional achievement.

Applying his knowledge and skills in practice after his return to New South Wales from studies abroad, Dr Knaggs had a rich and varied professional career in both Australia and Japan. If he had ever produced a *curriculum vitae*, this would have been a most impressive document. It would have included his long experience as a general practitioner, surgeon, university lecturer and senior public sector medical officer in hospitals, public utilities and the defence force. It would also have included his contributions to medical journalism, medical profession administration, the authorship and dissemination of literature promoting public health and his zealous campaign to rid medicine of quackery.

Finally, from the St John Ambulance perspective, his initiatives in introducing first aid training to Australia and in establishing a permanent St John presence in New South Wales place him among our most respected 'founding fathers and mothers'. Each of the six Australian colonies had such people of vision who toiled to ensure that St John Ambulance 'seedlings' were planted and flourishing in the colonial 'soil' by the time of Federation in 1901. ST Knaggs was at the very forefront of this select company.

I must therefore hope that the foregoing article serves to remind the present generations of St Johnnies what their organisation owes to Dr Knaggs and his fellow St John pioneers in Australia.

Shock. An historical perspective illuminated by the St John Ambulance first aid manuals

David Fahey CSTJ

Dr Fahey is a consultant anaesthetist at the Royal North Shore Hospital in Sydney. He is also a clinical senior lecturer in anaesthetics at the University of Sydney and an examiner for the Australian and New Zealand College of Anaesthetists. Within St John, he is the Historical Society's Deputy President and the Assistant Commissioner (Clinical) for St John Ambulance in New South Wales.



Have you ever wondered why we ended up with the term 'shock' to describe acute circulatory failure? It seems like such a poor choice of words. Regular misuse of the term 'shock' is not surprising when you consider the everyday uses of the word. Do we mean a severe fright or emotional reaction? Do we mean a physical force such as electricity? Too often, we hear that a person was 'treated for shock' when what is really meant is that a distressed person was comforted.

Even in modern critical care textbooks, definitions can be less than precise. But the basic definition of the condition I am referring to is a state of inadequate tissue perfusion resulting in abnormal cellular metabolism.

Galen to William Harvey

In order to understand the history of shock, we need to realise that, prior to William Harvey's description of the circulatory system in 1628, there was no basis for understanding the reason for death in the setting of trauma and haemorrhage. For the first 1600 years AD, Western medical thought was dominated by the works of Galen (129–c. 200/216 AD; a prominent Greek physician, surgeon and philosopher in the Roman empire). Although Galen studied anatomy extensively, many of his conclusions were incorrect, and he believed that blood was formed continuously in the liver.



The arms of the Australian & New Zealand College of Anaesthetists. The supports comprise Vesalius (left) and William Harvey (right). Vesalius is holding bellows, signifying respiration. Harvey holds a book opened at a diagram of the heart, representing circulation. The Latin motto on the scroll, 'Corpus spiritumque curare', is translated as 'To care for the body and its breath of life'.

It was not until 1543 that Galen's anatomy was corrected, when Andreas Vesalius published *De Humani Corporis Fabrica*. This knowledge then paved the way for William Harvey to describe the circulatory system in *De Motu Cordis* in 1628. This link between Vesalius and Harvey is shown nicely on the arms of the Australian and New Zealand College of Anaesthetists. Harvey realised that the heart functioned as a pump, which drove blood around in a circle. Harvey realised that the volume of blood pumped by the heart could not possibly be manufactured continuously by the liver. Therefore, he deduced that there is a finite blood volume, which moved forwards in the arteries, and returned to the heart via the veins. This landmark discovery formed the basis on which an understanding of shock was able to gradually emerge, over the following 300 years.

Shock. Early theories, 1740–1920

The first medical use of the word 'shock' in the context of trauma appeared in the English translation of the French surgeon LeDran's 1740 treatise on gunshot wounds. The translator used the word 'shock' on seven occasions. On three occasions, it is used to translate the word '*saïssment*', which means 'fright' or 'astonishment'. In three other instances, it is used to translate '*commotion*', meaning 'agitation'. On one occasion, 'shock' is used



Dr Samuel Gross (top) and Dr Julian Chisolm, who each wrote about shock in the manuals of military medicine they produced during the American Civil War.



*Dr Charles Mansell-Moullin, who in 1880 published a book with the title *On the Pathology of Shock*. It mistakenly asserted that shock was a nervous system phenomenon.*

in place of ‘*coup*’ which refers to a violent blow. It is evident that LeDran was describing a syndrome, resulting from a violent blow, where the patient looks frightened, or agitated. LeDran considered that ‘*shock*’ was a neurological response to the blow itself.

Early in the American Civil War, Samuel Gross published a manual for military surgeons, in 1861. He gave the following description:

the symptoms of shock ... [are] apparent at first sight from the excessive pallor of the countenance, the weakened or absent pulse, the confused state of mind, the nausea... and excessive bodily prostration.

Of course, he had no understanding of the underlying physiology. Gross described shock as ‘the rude unhinging of the machinery of life’ and ‘a momentary pause in the act of death’.

Julian Chisolm made similar observations about the nature of shock in his 1863 manual for the military surgeons of the Confederacy. He expanded on the idea that shock is a neurological syndrome:

nervous shock accompanies the most serious wounds ... It is recognised by the sufferer becoming cold, faint and pale ... A drink of water and a few encouraging words may be sufficient to dispel it.

The supposed healing power of reassurance is unfortunately still with us today. Both Gross and Chisolm recommended stimulants such as alcohol, ammonia, and turpentine, as well as hot packs and wrapping the patient in blankets.

Despite the texts written by Gross and Chisolm, and the clinical experience gained at the expense of 600,000 deaths in the American Civil War, most military surgeons were not familiar with the concept of shock, and the term does not appear in other military texts at the time. Following the war, shock was still described as an ‘obscure subject’, until the publication of *A Practical Treatise on Shock* by Edwin Morris in 1868. Morris was working at the Union Infirmary in London. His book seems to have been widely read, and resulted in the use of ‘shock’ as a common medical term.

Charles Mansell-Moullin was a surgeon in London, and he wrote *On the Pathology of Shock*, in 1880. By that time, the sphygmomanometer had been invented, and it was possible to measure the hypotension which accompanied shock. Unfortunately, Mansell-Moullin continued in the belief that the features of shock were a nervous system phenomenon. He wrote that the hypotension is ‘primarily due to the power of inhibition which is one of the inherent properties of the nerve centers’. He believed that the splanchnic or intestinal nerves caused splanchnic vasodilation in response to shock.

Various theories of vasomotor collapse became widely accepted. Sheen, Cushing and others suggested that an early phase of arterial vasoconstriction in shock was eventually superseded by ‘depressor impulses’ resulting in vasodilation, with fatal pooling of blood in the portal and splanchnic veins. The notion that hypotension in shock was caused by ‘missing blood’ pooled



Dr Walter Cannon, the American physiologist who wrote a major textbook on shock, Traumatic Shock, in 1923. He wrongly believed that blood pooled within the body in response to shock.

in the splanchnic veins formed the basis of the understanding of shock which prevailed for the first half of the 1900's.

EM Cowell introduced the concept of 'wound shock' based on his experiences on the battlefields of France in World War I. Cowell described primary shock, caused by the wound itself, where the patient is hypotensive on arrival; and secondary shock, where vital signs are initially normal, but deteriorate later. He assumed that secondary shock was caused by as yet unidentified toxins liberated from the wounded tissue. Cowell persisted with the belief that shock was primarily a neurological condition. He felt that 'excitement, cold, fatigue and possibly loss of sleep become important prewound factors in the initiation of wound shock.'

Walter Cannon, a Massachusetts physiologist, wrote a major text titled *Traumatic Shock* in 1923, following research conducted in World War I. Cannon persisted with the 'missing blood' idea, and he believed that blood pooled within the body in response to shock. It is interesting to note that Cannon considered shock to be an inadequate term, and he tried to introduce the term 'exaemia' instead. Incredibly, Cannon concluded his 300 page thesis by recommending a three blanket wrap as 'the most efficacious treatment for traumatic shock'.

St John first aid manuals. Phase 1

How is all this reflected in the early first aid manuals?

The inaugural St John manual was written by Surgeon-Major Peter Shepherd in 1878. On page 33, Shepherd included a section titled 'Shock or collapse':

Causes Injuries to nervous system by blows, fright, grief, etc, and

Symptoms Face pale, pulse almost imperceptible etc.

It's obvious that Shepherd made no correlation between haemorrhage and shock. Instead, he is describing a kind of sudden nervous insult. Given his military experience, it is puzzling that he doesn't include wounds among the causes of shock. It's reasonable to assume that Shepherd had read the work of Edwin Morris. He may also have been familiar with Gross, Chisolm, *et al.* From the outset, Shepherd describes shock as an injury to the nervous system. This definition persisted across all St John manuals until 1990.

Following Shepherd's untimely death, the revised edition of *First Aid to the Injured* was edited by Robert Bruce. In the 1896 edition, Bruce makes no mention of shock at all. Perhaps he sided with those of his contemporaries who thought shock was an 'obscure' subject — perhaps too vague to be of relevance in a practical manual for lay people.

With the authorship of James Cantlie, shock reappeared in *First Aid to the Injured*. In the seventh edition in 1905, shock was included in the chapter on 'insensibility' (i.e. unconsciousness). Which makes it quite clear that shock was regarded as primarily a neurological condition, being grouped together with apoplexy and concussion. Cantlie described the signs as follows:

the patient complains of feeling cold and may actually shiver with cold. The face is pale, the skin cold and clammy, the pulse is weak, the breathing is scarcely perceptible.

Cantlie adds 'in some cases of shock the patient may keep quiet, but in other cases a marked, unreasonable restlessness prevails'. This is a direct link to LeDran's original descriptions of '*saissment*' (dazed), and '*commotion*' (agitated). The treatment suggested by Cantlie places great emphasis on warming the patient — covering with blankets, moving to a warm room, hot water bottles, warm drinks. Undoubtedly, Cantlie would have seen casualties become deathly cold before they succumbed to shock, and so it would have made perfect sense to him that adding warmth would help sustain the 'machinery of life'.

In the eleventh edition of 1908, shock remains in the chapter on 'insensibility', but is expanded in detail. Causes of shock now include: 'injury in the region of the abdomen, extensive wounds and burns, fractures and severe crush ... haemorrhage or heart weakness ... some poisons also cause shock'.

Written by accident, here we see a glimpse of the classification system which would emerge 63 years later! However, Cantlie also includes fear and fainting, thereby combining all causes of 'collapse', and reflecting the limited physiology understood at the time. For the first time, the treatment included arresting haemorrhage, and the patient was to be placed in a head-down position, perhaps to encourage some of that 'missing' splanchnic blood to drain back to the heart. Sal volatile was recommended as a stimulant.

A reorganisation of the chapter on 'insensibility' occurred in the 38th edition of 1936. Causes of unconsciousness were divided into: (i) injuries of the head; and (ii) constitutional causes. Among the constitutional causes, were shock, collapse, and syncope (fainting).

Here, the author defines shock as 'a condition of sudden depression of the nervous system ... occurring immediately after injury or haemorrhage'. Collapse 'is a condition resembling shock, but comes on gradually ...'. The descriptions of shock and collapse given here, reflect the notion of primary and secondary shock proposed by Cowell in 1918. Treatment included sprinkling the face with cold water.

In the 39th edition of 1938, shock was no longer included in the chapter on 'insensibility', but was promoted to the status of having its own chapter. However, shock was still defined as 'a sudden depression of the nervous system', which 'in many cases will be overcome by rest and warmth'. Rather than placing the patient head down, it was recommended to 'raise well the lower limbs', and of course to 'use encouraging words to the patient'.

Although a significant expansion of the shock chapter occurred in the 40th edition of 1957, the condition was still being described in the outdated manner of previous editions. Here, the definition was 'a condition arising from sudden exhaustion of vital activities'. The author lists injuries as being among the conditions producing shock, as well as emotion. The types of shock were stated as: nerve, haemorrhagic, and toxic. Despite the persistent adherence to the idea of nerve shock, including the other categories does inch somewhat closer to the correct classification already proposed by Blalock in 1934, some 24 years earlier.

Modern era

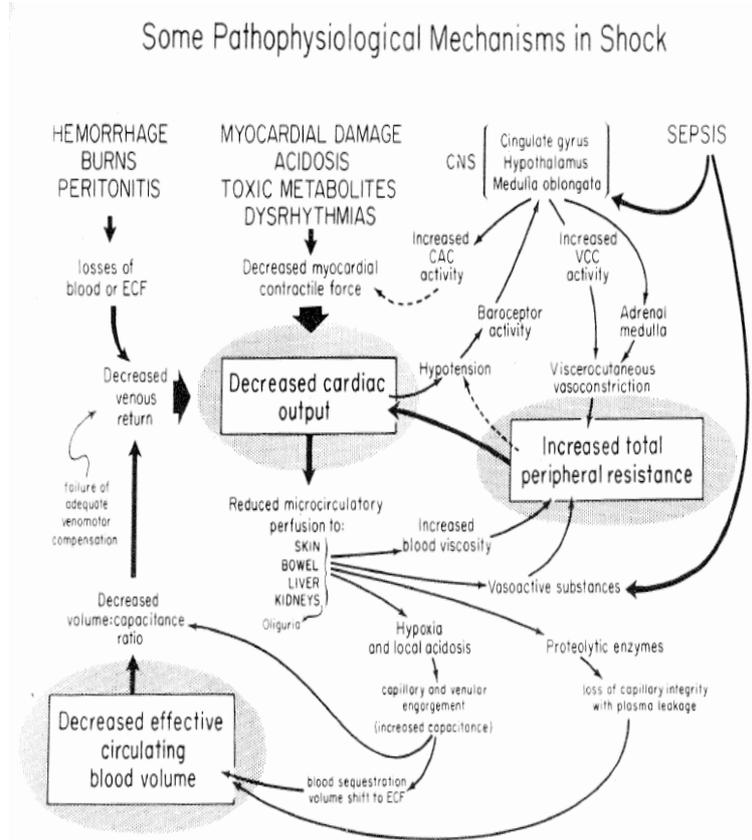
And so we return to the shock pioneers, and we enter the modern era with Alfred Blalock. He was an American cardiac surgeon, who was the first to correctly conceptualise shock as a disorder of blood volume. Blalock conducted experiments to disprove the 'missing blood' theory of shock. Further, he excluded the central nervous system as the primary cause of shock. In a paper from 1927, Blalock shows remarkable physiological understanding—not many of his colleagues would have thought in terms of novel flow diagrams such as displayed on page 16.

What emerged from Blalock's research was a classification system which he published in 1934, grouping shock into five physiological categories: haematogenic, neurogenic, vasogenic, cardiogenic and 'unclassified conditions'.

Surprisingly, Blalock's classification was not universally accepted. The dogma of primary and secondary shock persisted within surgical textbooks well into the 1960s. Like Cannon before him, Blalock attempted (unsuccessfully) to replace the word 'shock' with a better term. He favoured 'acute circulatory failure'.



Dr Alfred Blalock, the American cardiac surgeon who in 1934 proposed that shock should be classified into five physiological categories. He described shock in his flow chart, opposite.

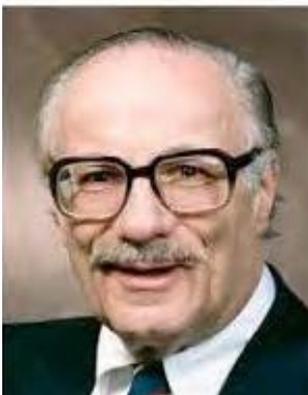


In 1957, Dr Frederick A Simeone, an American surgeon, defined shock as occurring when the cardiac output is insufficient to fill the arterial tree with blood, under sufficient pressure, to provide organs and tissues with adequate blood flow'.

This is perhaps the first accurate definition ever given.

A second paper, in another anaesthesia journal from 1966, further demonstrates a physiological approach to the problem. The authors lament that shock is an inadequate term, but then go on to produce a remarkable diagram showing the inter-related processes of shock. This was the thinking which inspired the beginnings of intensive care.

Building upon Blalock's classification, Max Weil proposed seven shock categories in 1971, but later simplified this to the four categories we see in common use today: hypovolaemic, cardiogenic, distributive and obstructive.



Professor Max Weil, who spent much of his professional career researching shock. He proposed a four-fold classification of shock that remains the basis of present knowledge of shock.

Weil produced remarkable concept diagrams to help clinicians understand what was happening in the patient. Professor Weil dedicated a professional lifetime to researching shock. He established the Shock Unit at the University of California in 1955, and was a pioneer of intensive care medicine in the USA. Current research into the mechanisms and treatment of shock build on the work done by Weil, and are aimed at the cellular and microcirculation level.



The second, 1979, Australian St John first aid manual, titled simply First Aid, inexplicably made no mention of shock.



Chapter 5 of Australian First Aid, the rewritten Australian St John first aid manual, dealt solely with shock. First published in 1984, it has gone through numerous editions and revisions.

St John first aid manuals. Phase 2

What was the impact of all this on the more recent St John manuals?

The manual of 1965 was a significant improvement, with the causes of shock listed as: severe bleeding, burns, heart attack, loss of body fluid, and bacterial infections. Unfortunately, 'emotional shock' is also listed. Good detail about signs and symptoms are given, including the progression of signs as blood loss reaches 30% and then 40%, of blood volume. This detail was lost in all subsequent editions.

The first Australian manual was published in 1973. The list of the causes of shock is almost identical to the 1965 British manual, and includes 'nervous reaction after an injury or a severe fright.' Shock was completely omitted from the second edition of the Australian manual in 1979. There seems to be no sensible explanation for this omission.

A completely rewritten manual, now titled *Australian First Aid*, appeared in the late 1980s. Shock reappeared in this manual, and was given its own chapter. The authors explain the physiological mechanisms of shock as loss of blood or fluid; damage to the heart by a heart attack; or widening of blood vessels throughout the body (e.g. spinal cord injury or severe infections).

Unfortunately, severe pain was also listed as a condition causing vasodilation. Of course, the treatment included reassuring the casualty, elevating the legs, and covering with a blanket.

This basic structure persisted throughout the second and third editions. In the fourth edition of 2006, the causes of shock have been oversimplified to just a list of conditions, with no explanation about the underlying mechanism. It is unfortunate that pain continues to appear as a cause of shock. But, for the first time, allergic reactions were included as a cause of shock in this manual, and there is a detailed paragraph addressing gastroenteritis in children.

It has been a fascinating journey for me to answer the question 'why do we call it shock', and track the development of our understanding of shock through the first aid manuals. Can we use this historical knowledge to look to the future? I think so. If we use an evidence-based medicine approach, we can see that there are three so-called 'treatments' for shock that should stop being propagated from one manual to the next. They are:

1. reassuring the patient, because including this only reinforces the misconception that shock is a nervous disorder
2. covering with a blanket, because although preventing hypothermia is important, a blanket doesn't treat shock
3. leg elevation, because with many injuries this is harmful, but it's also ineffective. It is useful for fainting, but not for hypovolaemic shock

References

- Bickell W et al. 'Immediate versus delayed fluid resuscitation for hypotensive patients with penetrating torso injuries'. *NEJM* 1994, 331: 1105–9.
- Blalock A. 'Acute circulatory failure as exemplified by shock and haemorrhage'. *Surg Gyn Obstet* 1934, 58: 551.
- Blalock A. 'Shock and haemorrhage'. *Bull NY Acad Med* 1936, 12: 610–616.
- Bloch J. Theories on the production of shock. *Brit J Anaes* 1966, 38: 224–49.
- Cannon W. *Traumatic shock*. New York: Appleton and Co, 1923.
- Chisolm J. *A manual of military surgery*. Richmond: West and Johnson, 1861.
- Cowell E. 'The initiation of wound shock'. *JAMA* 1918, 70: 607–10.
- Gaffney F. 'Passive leg raising does not produce a significant or sustained autotransfusion effect'. *J Trauma* 1982, 22(3): 190–3.
- Gross S. *A manual of military surgery*. Philadelphia: JB Lippincott, 1861.
- Guthrie G. *Treatise on gunshot wounds*. London: Burgess and Hill, 1827.
- LeDran H. *Traité ou Reflexions Tirées de la Pratique sur les Playes d'armes à feu*. 2nd ed. Paris: Charles Osmont, 1740. (English translation.)
- Malcolmb J. 'A lecture on the condition of the blood vessels during shock'. *Lancet* 1905, 166: 573–6.
- Manji R, Wood K and Kumar A. 'The history and evolution of circulatory shock'. *Crit Care Clin*, 2009, 25: 1–29.
- Mansell-Moulin C. *On the pathology of shock*. London: HG Saunders, 1879.
- Morris E. *A practical treatise on shock after surgical operations and injuries*. Philadelphia: JB Lippincott, 1868.
- Sheen W. 'The nature of surgical shock'. *Lancet* 1906, 167: 1825–6.
- Simeone FA. 'Some issues in problems of shock'. *Fed Proc* 1961, 20: 3.
- Vincent JL, Ince C and Bakker J. 'Clinical review: Circulatory shock—an update: A tribute to Professor Max Harry Weil'. *Crit Care* 2012, 16: 239–43.
- Weil M. 'Proposed reclassification of shock states with special reference to distributive defects'. *Adv Exp Med Biol* 1971, 23: 13–24.

‘Sporting Mac’. Hector Rundle Barker Macarty, founder of the Hindmarsh and Coorong Ambulances

Brian J Fotheringham AM, KStJ

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



If dead ducks could talk they would tell a few things.

(The Mail, 27 February 1932).

Hector Rundle Barker Macarty (1888–1943), better known as ‘Sporting Mac’ for his accurate shooting ability, founded two ambulance services. One was in the Adelaide suburb of Hindmarsh and became the largest ambulance centre in South Australia. The other was at Policeman’s Point in the Coorong, many miles from other medical services. He was unique in his day as a non-medical Honorary Life Member of the St John Ambulance Association in South Australia. His inspirational story deserves to be told.



Hector ‘Sporting Mac’ Rundle Barker Macarty shown here in the St John Ambulance Brigade uniform.

HRB Macarty’s background

In the Annual Report of the St John Ambulance Association in South Australia for the year 1935, Mr H McArty (as his name is spelled) is listed as a Life Member. This may imply that he donated five pounds or more to St John in that year. Maybe not! In the following eight years (1936–1943) he is listed as an Honorary Life Member of the St John Ambulance Association. Amongst those members he is unique! In 1936 there were just 16 other Honorary Life Members. They were all doctors who had lectured or examined first aid classes over several years. Their names are listed in alphabetical order, and McArty’s name tacked on at the end. By 1943 there were 22 doctors in the Honorary Life Members list; all in alphabetical order with ‘H McArty’ tacked on at the end! So why was Mr McArty given this Honorary Life Membership honour, even though he was treated as if his name started with ‘Z’?

Mr Hector Rundle Barker Macarty (and this is the correct spelling of his name as advised by his grandson, John Mate) was born in Mount Barker in the Adelaide Hills on 22 September 1884.¹ His parents were William and Grace (née Rundle) McCarthy (note the then spelling of name). From 1896 until 1909 he lived in Broken Hill and claimed to have shot the first fox in the area while out duck shooting one night in the nearby Stephen’s Creek. He left Broken Hill in 1909 to live in Adelaide where he worked in the timber industry. He was connected with the Trades Hall, and was for a time President of the Timber Workers’ [Union’s] Board.² He married Olive Brown in 1907 and they lived in the Adelaide suburb of Hindmarsh, where he worked in a petrol station on Port Road.

Macarty was also involved with the Australian Natives’ Association (ANA), a Mutual Society offering sickness, medical and funeral benefits.³ The Society was formed in Melbourne in April 1871 and soon became national. Macarty was Chairman of its South Australian Board for three terms and was captain of the State’s ANA Rifle Club. It is probably through Macarty’s influence that the ANA was active in endeavouring to improve ambulance services in Adelaide. Nationally, the ANA had been involved in heavily promoting federation in Australia. Despite its name, the Australian Natives’ Association, its membership was restricted to Australian-born men, excluding Aborigines!



Mac's and Olive's wedding party, 1907.

Macarty and the Hindmarsh Ambulance

Macarty gained his St John Ambulance first aid certificate on 22 October 1915 and immediately joined the Adelaide No. 1 St John Ambulance Division. At that time there were several small uncoordinated ambulance services in Adelaide. He sought to establish an ambulance service in the Adelaide suburb of Hindmarsh. There already was a Volunteer Fire Brigade at Hindmarsh. It had been established in 1885. In July 1920 Macarty was part of a group agitating to set up an ambulance service there. They approached the local Council and the mayor called a public meeting. As a result the Hindmarsh District Council agreed to purchase an ambulance.

Hector Rundle Barker Macarty and a St John colleague, Bert Hall, were appointed to operate the ambulance; however the task was too much for them and after nine months they approached Mr George J Plenty to see if the ambulance service could link with Plenty's organisation, the Hindmarsh Volunteer Fire Brigade. [There is a counter-claim to the Macarty story to the effect that George Plenty had received 100 pounds to start an ambulance service before Macarty arrived on the scene, but it seems Plenty had done no more than receive two 50 pound donations.⁴] Fortunately for Macarty's effort, (but not for a certain volunteer Fire Brigade member) a volunteer fireman was injured while on duty but there was no ambulance available to transport him to hospital. This prompted the firemen to raise money for a second ambulance vehicle at Hindmarsh and this was officially handed over by Lady Weigall, wife of the South Australian Governor Sir William Archibald Weigall KCMG in June 1921. The ambulance service was initially called 'Hindmarsh Volunteer Ambulance' but changed its name to the more impressive 'South Australian Ambulance Transport' in 1923. It shared space with the Volunteer Fire Brigade at a depot in the quaintly named 'Piccadilly Place', now simply called 'Hindmarsh Place'⁵.



Hector Macarty as the Hindmarsh ambulance officer.

Macarty stayed on at suburban Hindmarsh for another eight years until 1925 but then went to live in the Coorong—a move prompted by five years of ill health, said to be 'blood pressure and heart trouble'.⁶

Sporting Mac's move to the Coorong

The Coorong is a narrow strip of land formally called the Younghusband Peninsula, which, comprising mainly sandhills and lakes, extends for almost 100 kilometres in a south-easterly direction from the mouth of the River Murray. The name 'Coorong'⁷ was given to the area by James and Thomas Dodd who named their pastoral lease 'Coorong' in 1851—adapted from the aboriginal word 'kurangh', meaning 'the neck'. The Coorong is aptly named as it is a neck-like long strip of land and water.

More precisely, Sporting Mac settled at Policeman's Point⁸ midway along the Coorong and once the domicile of a police trooper, probably George Ezekiel Mason (1811–1876), who was one-time Protector of Aboriginals. A police station was erected there in 1840.

As distances play a part in this story, it is worth recording that Policeman's Point is some 200 kilometres south east of Adelaide; it is 53 kilometres south east of the Meningie, the nearest town towards Adelaide and 92 kilometres from the next town, Kingston, in the general direction of Melbourne.

Duck shooting in the Coorong

Since 1966, the Coorong has been a national park of 467 square kilometres and is now a magnificent sanctuary for birds and other wildlife—note: wildlife there is protected. When Macarty moved to the Coorong he set up a Sportsman's Club and became well known as 'Sporting Mac'. The main sport was duck shooting!

It was duck shooting on a large scale. In the year 1932 it was reported that 50 parties of men, 30 men at a time, stayed at Sporting Mac's camp. One group of just four men brought down 397 ducks in just four days. Sporting Mac personally shot 50 ducks in 50 successive shots. Mac could imitate the quack of a duck and could lure them within shooting range. It is said he first went duck shooting at the age of just 12 years. Macarty was certainly a good marksman. He won two out of three shooting championships at Buckland Park, a shooters' club, and secured second place on the third occasion.⁹

There are too many stories of large numbers of ducks being shot by clients of Sporting Mac in the 1930s to detail them all here. Many people in today's society do not approve of duck shooting on a large scale, or indeed on any scale. They may smile at the painful irony suffered by a Mr S Terrill of the Adelaide suburb of Goodwood Park, who, while staying at Sporting Mac's camp, 'had an arm blown to pieces in a shooting accident in February 1932'. Sporting Mac's ambulance training was reported as 'useful'.¹⁰



Sporting Mac's store at Policeman's Point in his earlier years there (the proprietor is at the left) supported duck shooting on a large scale; and (right) some of the dead ducks and the shooters who bagged them while camping at Sporting Mac's establishment.



Sporting Mac's Coorong first aid service

In the following year the State Government was urged by the Timber Workers' Union (remember Mr Macarty used to work in the timber industry) to install a telephone at Sporting Mac's fishing camp 'as he is the only person capable of administering first aid in that long stretch of country between Meningie and Kingston'. That is a distance of about 150 kilometres. 'Mr Macarty is willing to pay the rental of the telephone, but could not meet the initial cost'. It is not known if the phone was installed at that time. His camp grew to take 60 residents at a time.

In the *Barrier Miner* newspaper published in Broken Hill on 11 June 1938, Macarty is reported as being known to hundreds of people throughout Australia as either Sporting Mac or as 'the Doctor of the Coorong' and that he is 'one of the most interesting personalities in South Australia'.

He was highly respected in the Coorong region because of the first aid service he provided for residents and travellers. As he could not retain St John Ambulance Brigade membership in the Coorong, St John's Gate personnel suggested he be attached to the St John Ambulance Association in South Australia. (The Brigade provided uniformed first aiders from its various Divisions at public events while the Association taught first aid to the public. There was no Brigade Division in or near the Coorong.) Thus Macarty was made a Life Member of the St John Association. In addition he was supplied with first aid requisites by the Association.¹¹

Although in poor health when he went to live in the Coorong in 1925, Macarty managed, with the help of friends, to build a shack, then later a camping ground and then an ambulance room. It was really an ambulance station as he used his own private vehicle to transport casualties. His vehicle was a Dodge utility designated 'floating power' and could take three stretchers,¹² although the patients were at the mercy of the weather, and of the road.

The so-called Princes Highway, the main road through the Coorong, was then just a rough track over limestone and sandy ridges. Famously, in 1939, Sporting Mac treated six people, one of whom apparently stayed unconscious, in a road accident in which a touring car overturned and was wrecked some 18 miles (about 30 kilometres) from his camp. He drove the victims in his own vehicle over those rough roads, firstly to his private ambulance station for first aid and then all the way to both the Royal Adelaide Hospital and the Adelaide Children's Hospital. The round trip was of 150 miles or about 240 kilometres. The casualties were the car driver, Mr Patrick Sutton, who had a severe head injury and who was unconscious, and a Mr and Mrs A Haynes and their three sons, aged 11, 10 and 7, all five of whom were suffering from abrasions and in some cases concussion.¹³

On another occasion that illustrates the bumpiness of the road, a Miss Chewing was in the back of a car that had a rifle in the boot. The car went over one of the many bumps and discharged the rifle, shooting Miss Chewing in the back.¹⁴



Sporting Mac with shotgun at Sporting Mac's Camp, in front of 'the' car. Was this the 'Dodge' vehicle he equipped as an ambulance to transport accident victims 120 kilometres away to Adelaide?

Sporting Mac's work was not restricted to humans. He is quoted as saying 'as a fair sample of a day's work [!] treated five travellers, including one with blood poisoning, put stitches in a dog's wound and set the broken leg of a magpie'.¹⁵ Remember, this veterinary activity is from someone who shot hundreds if not thousands of ducks!

In 1940, Sporting Mac received a congratulatory message from Brigadier General Sir Joseph Byrne, Director of St John Ambulance in England, which stated, in part, 'The fact that you have been able to treat more than 500 cases at your ambulance station during the past 11 years is a tribute to your work'.



Sporting Mac (wearing hat) and Olive (left) with friends, during their last years together at Policeman's Point, probably early 1940s.

The passing of HRB Macarty

Mr Macarty died on 28 October 1943 aged 60 years, leaving Olive (who survived him by 30 years), a son and daughter. The 1944 St John Annual Report for South Australia makes no mention of his passing. Despite this, he holds a unique place in the history of St John Ambulance in South Australia.

Sir Hugh Poate: ‘Father’ of the Priory in Australia of the Order of St John

Ian Howie-Willis OAM, KStJ

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



Dedication

This article is dedicated to the memory of the late Private Robert Hugh Poate (1988–2012) of the 6th Battalion, Royal Australian Regiment, seconded in Afghanistan to the 3rd Battalion, Royal Australian Regiment Task Group, who was killed on active service in Afghanistan on 29 August 2012. Private Poate was a great-grandson of Sir Hugh Poate, the subject of this article.

Who was Sir Hugh Poate?

Group Captain Sir Hugh Raymond Guy Poate (1884–1961) Kt, MB, ChM, FRCS, FRACS, GCStJ was an eminent Sydney surgeon. We in St John Ambulance Australia remember him for having been the instigator-in-chief and leader of the first viable federal organisation for the various State-level St John foundations in Australia. This was the Commandery of the Australian Commonwealth of the Order of St John (Exclusive of Western Australia), established in 1941. (There had been earlier, failed attempts at federation, most notably through the Central St John Council, which existed briefly and inauspiciously [1924–32].) Poate became the Commandery’s chairman of council and administrative head.

In the five years of its existence, 1941–46, the Commandery acquitted itself well, providing the St John Ambulance foundations in the eastern States with an effective collective and — Western Australia excepted — national decision-making forum. It proved so successful that that the Grand Priory of the Order in London elevated it to Priory status in 1946. As such, it became a fully autonomous national organisation of the Order. Western Australia then joined the Priory as a subsidiary Commandery. Poate supervised the smooth, seamless transition from Commandery to Priory, continuing as the Chancellor or council chairman for the next 15 years until his death.

What many St Johnnies might not know is that Sir Hugh’s life away from St John Ambulance was just as distinguished as the life he lived for the Order. Thus, his service with the Army Medical Corps during World War I and as the Consultant Surgeon to the Royal Australian Air Force (RAAF) during World War II was exemplary. He was a founding Fellow, councillor and eventually President of the Royal Australasian College of Surgeons. He conducted much medical research and published no fewer than 57 articles in medical journals. And apart from these and his St John commitments, Sir Hugh Poate had many community involvements, usually in leadership positions.

Family background

Hugh Poate was born in Summer Hill, an inner western suburb of Sydney, on 16 January 1884. His father, Frederick Poate (1855–1935), had arrived in Sydney in 1877 to work as a surveyor for the Lands Department. Born in Hampshire, England, he had qualified as a licensed surveyor in 1873 then spent four years in Hong Kong, where he took charge of the Ordnance Survey, before moving to Sydney.

Frederick Poate worked as a field surveyor around New South Wales. Increasingly entrusted with the responsibility for major surveys, he rose through the Lands Department hierarchy. In 1911 he was appointed Surveyor-General, a position he held for the next five years until his retirement in 1916.



*Frederick Poate (1855–1935,
father of Hugh Raymond Guy
Poate.*



Hugh RG Poate at age 2.

Frederick Poate married Frederica Elvina Rooke in St Paul's Church, Sydney, in February 1882. (Which St Paul's is not quite clear at this stage: it could have been St Paul's in Canterbury or St Paul's in Burwood, each of which is near Hugh's Summer Hill birthplace.) Hugh was the first of their five surviving children.

The unusual, rare surname 'Poate' occurs mostly in Hampshire. It has two possible derivations: first, from Anglo-Saxon 'polt', meaning a pit or hollow; second, a corruption of 'port', originally the Latin word portus, meaning a harbour.

Education

Where the young Hugh Poate received his primary schooling is uncertain at this stage, but his secondary education was at Sydney Grammar School, which he attended for six years (1896–1901), from age 12 to 17. Sydney Grammar is a school of grand tradition. Established in 1854, it is one of only a handful of Australian schools to have celebrated a sesqui-centenary. Its alumni include Sir Edmund Barton, Australia's first Prime Minister; 'Banjo' Paterson, the poet who gave us 'Waltzing Matilda'; Sir Harry Chauvel, commander of the Australian Light Horse Brigades during World War I; Fred Spofforth, the Test cricketer; Boy Charlton, the Olympic swimmer; Malcolm Turnbull, the present Prime Minister of Australia — and dozens of others equally famous.

After entering the University of Sydney in 1902, Poate spent his first year there studying Arts but switched to Medicine in 1903. He graduated Bachelor of Medicine and Master of Surgery (MB, ChM) in 1907, winning the prize for practical biology and a scholarship. He spent his vacations in the physiology laboratory investigating the pituitary and thyroid glands. He was secretary then president of the University Medical Society and edited its journal. He also played baseball and joined the Sydney University Scouts, forerunner of the Sydney University Regiment.

Post-graduate studies and marriage

After his graduation, Poate became a resident at the Royal Prince Alfred Hospital (RPAH), Sydney. While there, he took a special interest in pathology and continued his studies of ductless glands. At the end of that year, 1908, he travelled to London for further study, which led to the award of the Licentiate of the Royal College of Surgeons (LRCS). He was then the first Sydney graduate appointed FRCS.

After a year in London, Poate returned to Sydney in late 1909. He set up practice at 225 Macquarie Street, where the leading specialists kept their rooms. At this time he became a demonstrator in anatomy at the University, later becoming an examiner. He also became an honorary surgeon at RPAH, a position he held for 17 years (1911–38).

Poate married within a year of returning to Sydney. His bride was Beatrice Ellis. Their marriage took place on 14 September 1910 in St Andrew's Cathedral, Sydney, a church with which Poate would maintain lifelong links. Sadly, she died in childbirth the next year, 1911, leaving Hugh a widower at the age of 27 — with Betty, a baby daughter, to care for. How he managed being a single parent is uncertain, but presumably his family and friends rallied around him.

Joining the Army

As seen, Hugh Poate served in the Sydney University Scouts, a part-time militia unit, during his student years. He served in the unit for five years, i.e. all his time as a medical student, and reached sergeant's rank. On 9 August 1912 he joined the Army Medical Corps (AMC), in which he served for the next two years as a captain of the 8th Field Ambulance. He was still serving with this part-time militia unit when the Australian Prime Minister, Joseph Cook, declared war against Germany on 5 August 1914.

Poate was an early recruit for the Australian Imperial Force (AIF) established for service overseas. He enlisted in the AIF on 25 August 1914, ten days after the AIF formed following the outbreak of World War I. He was immediately posted to the 1st Field Ambulance as a captain. His AIF enlistment form described him as being of medium height and solid build — 5 feet 9 inches (1.75 metres) tall, 11 stones 7 pounds (73 kilograms) in weight, chest measurement 37 inches (94 centimetres) — with dark brown hair, brown eyes and dark complexion. His only distinguishing feature was a small quarter inch (6 millimetre) scar over his right eye.



Captain Hugh Poate (right) with three medical officer colleagues, in Cairo, March 1915, the month before the Gallipoli landings.

The day he enlisted in the AIF he went into training camp in Sydney. His first task was to help select the men who would become the 1st Field Ambulance's personnel. He spent the next seven weeks helping train the unit until its embarkation aboard the troop transport ship *Euripides* on 19 October 1914. After a slow, seven-week voyage via Albany in Western Australia and then across the Indian Ocean and through the Suez Canal, the unit disembarked in Egypt on 3rd December. They spent most of the next five months in training at the Mena Camp, in the shadow of the Pyramids, west of the Nile River outside Cairo. In April 1915 they were sent to Gallipoli.

Gallipoli

In March 1915, on the eve of the Gallipoli campaign, the 1st Field Ambulance was commanded by 58-year-old Lieutenant-Colonel Bernard James Newmarch, who, like Poate, was a 'Macquarie Street surgeon'. Under Newmarch were two majors and six captains, one of these being Hugh Poate. Though Newmarch was 28 years older than Poate, they probably knew each other well; and indeed Newmarch would most likely have handpicked Poate as a member of his unit. The two majors of the unit were men in their mid-40s and the six captains were all in their late 20s or early 30s.

A typical Australian field ambulance was a unit of about 110 men, including nine medical officers and 100 other ranks, under the command of a lieutenant-colonel. Field ambulances were essentially small mobile tent hospitals. They were usually divided into three main sections: stretcher-bearers, who brought in the wounded from the regimental first aid posts just behind the line of battle; a hospital section which, based in tents or dugouts, treated those sent back from the aid posts; and a transport section, which earlier in the war used horse-drawn ambulance vans and later motorised ambulances.

During battle, surgeons like Poate worked frantically, treating the wounds of the injured as they were brought in. After treatment, they were dispatched to the hospital ships waiting just offshore, ready to

ferry them back to Lemnos, the Greek island 80 kilometres south of the Gallipoli Peninsula that served as the staging camp for the campaign, and from there to the military hospitals in Alexandria on Egypt's Mediterranean coast.

Captain Poate went to Gallipoli with the 1st Field Ambulance, the third medical unit to go ashore that dreadful first day of the campaign, 25 April 1915. They reached the beach at 9.30 am, where they joined the 3rd and 2nd Field Ambulances, which had come ashore four and three hours earlier respectively. Poate probably worked around the clock, operating on the wounded Diggers as they were brought to the tent hospitals hastily set up on the beach at Anzac Cove. It was at Gallipoli that he acquired the nickname 'Lightning Poate' because of his swift, sure surgical technique.



Major Hugh Poate (right, wearing rucksack) supervising the loading of a patient aboard a donkey cart at Gallipoli, 1915.

After two days operating on the beach, on 27th April Poate was assigned to the hospital ships transporting the wounded away from Gallipoli. The evacuation voyage enabled the surgeons to perform the prolonged and complicated procedures that were impossible in the makeshift tent hospitals at Gallipoli. Operating aboard the hospital ships was Poate's life for the next 16 weeks, until he was transferred to the 3rd Field Ambulance and posted back to Gallipoli on 10th August. During this period he was promoted to major. He remained on Gallipoli with this unit for almost four months, until withdrawn to the Mudros military base on Lemnos in early December, and from Mudros he joined the general evacuation from Gallipoli, sailing for Alexandria on 12th December.

Later service in World War I

Back in Egypt, on 24 December 1915 Poate was assigned briefly to the 2nd Australian General Hospital at Ghezireh, Cairo. He then spent eight months attached to the AIF's Middle East headquarters in Cairo. On 1 August 1916 he was posted to the 3rd Australian General Hospital (3AGH) at Abbassia, Cairo, as senior surgeon with the rank of lieutenant-colonel. He remained with the 3AGH for most of the remainder of his time in the AIF, moving with it to England at the end of September 1916, then to Abbeville, France on 25th November.

The period that Lieutenant-Colonel Poate (as he now was) spent at 3AGH in Abbeville was one of intense activity. Heavy fighting in the Ypres sector of the Western Front ensured that a huge volume of patients continued arriving at the hospital. Poate and his fellow surgeons operated for 16 hours a day for weeks on end without respite. Despite two spells of sick leave back in England, Poate's health eventually broke down. Diagnosed with rheumatic fever, he was suffering painful swollen joints, a pulse rate of 120 with palpitations and severe shortness of breath. The symptoms subsided after a month in hospital.

Perhaps to give him some relief, in June 1917 his superiors ordered Poate back to England, where he was attached to the No. 12 British Casualty Clearing Station. He worked as a member of the surgical team there for the next two months. Guessing that the best of his Army service was behind him, he applied for repatriation to Australia and discharge from the AIF. This request was granted, but



Major Hugh Poate (standing 2nd from right) with staff of the 1st Australian General Hospital, Cairo, 1916.

he was given leave without pay to return home and was obliged to pay his own fare. He left England aboard the Canadian steamship *Niagara* on 13th September. He reached Sydney on 27th October and was formally discharged there on 10th November.

Return to civilian life

After his demobilisation, Poate returned to a busy private practice. He operated mainly at the Royal Prince Alfred Hospital. He also undertook regular country tours in a chartered Tiger Moth aircraft to see clients who could not easily travel to Sydney.

As he re-established himself as one of Sydney's leading surgeons, Poate's research and writing continued. As in his pre-war career, he continued to pioneer new methods and therapies. Although skilled in orthopaedic, cranial and thoracic surgery, he became an international authority on thyroid surgery and was the first Australian to introduce medical treatment for hyperthyroidism, using 'thio' drugs. In the 34 years 1915–1949, he published 57 journal articles — an astonishing achievement for a surgeon running a busy private practice, operating in major hospitals and maintaining many community involvements.

Among other writing tasks, Poate was commissioned to write the long essay on 'Gun Shot Wounds of the Brain' for the official medical history of the war. The essay extends over 22 pages of *Special Problems and Services*, the third of the three volumes in the series. It was a characteristically thorough and well-written summary of the subject. Not published until 1943, some 73 years later the essay still gives present-day lay readers a riveting account of a major surgical problem of the battlefield.

Second marriage

By the time Poate resumed private practice he had remarried. His second wife was Aida Diacono, the 20-year old daughter of Italian parents living in Egypt. He would have met her while stationed in Cairo. They wed in the British Consulate there on 30 March 1916, while he was still a major attached to AIF headquarters there. According to British overseas marriage records, the service was conducted according to Catholic rites by a priest of the Cairo Catholic Chaplaincy. This was because Aida's parents, being Catholics, insisted on a religious ceremony. After she moved to Sydney she did not practise her Catholic faith. As occasion demanded, she attended church with her husband, who remained at least a conventionally devout Anglican. She also allowed her five children to be educated in Anglican schools.



Major Hugh Poate and his bride, Aida Diacono, leave the British Consulate in Cairo after their marriage there on 30 March 1916.

Aida's parents were Roberto Octave and Mary (née Losco) Diacono, who had married in Egypt in 1877 and were members of a large extended Italian-Maltese family with business interests in Egypt. Aida was born on 7 August 1895, the oldest of her parents' six surviving children. Despite the 12-year disparity in their ages, Hugh and Aida had a happy 36-year marriage. She bore him five children: Robert Frederick (1918–1981), Marcelle Mary (1920–1991), John Hugh (1922–2004), Jeanette (born 1925) and William James (born 1930). Aida died on 26 April 1952, aged 56. Sadly, she would not know of the significant honours and awards granted her husband during the last nine years of his life, although she did live through his rise to leadership of the Order of St John in Australia. One Diacono family genealogist has wistfully opined that although she died four months before her husband was knighted, she should be remembered as 'Lady Poate'.

The Poate family had three addresses. The first was Hugh's consulting rooms at 225 Macquarie Street, which some members of the family cited when signing documents. This was also the address of the Australian Commandery and then the Priory of the Order of St John for four years, 1944–1948. Commander R Griffiths Bowen, successively the Commandery and the Priory Secretary, maintained an office there within Dr Poate's rooms.

The second address was 38 Victoria Road, Bellevue Hill, the family home in one of Sydney's most prestigious and most affluent eastern suburbs. And the third was 'Semiramis', the family holiday home and rural retreat on 22 acres of land in Burradoo Road, Bowral, in the tablelands south of Sydney. The property was sold in 1950 but in the previous two or three decades it had been where the family had spent their happiest times and where they entertained their special guests. It was also where Poate pursued his horticultural hobbies, including the growing of orchids, daffodils, tulips and roses. Among his many community involvements, he was president of both the Orchid Society and the Royal Horticultural Society of New South Wales.

As well as horticulture, Poate's hobbies and recreations included philately and golf. He was a member of two of Australia's most prestigious clubs, the Australian Golf Club (Australia's oldest) in Rosebery and the Royal Sydney Golf Club in Rose Bay. Another sport he loved was Test cricket. His grandson and namesake, Hugh Poate of Canberra, remembers that when he was a child he used to watch the cricket with his grandfather on a little black-and-white TV set in the study of his Bellevue Hill home. Sir Hugh would be writing his research articles for medical journals while watching the cricket at the same time.



'Semiramis', the Poate holiday home at Burradoo near Bowral, seen here after a fall of snow.



Dr Hugh Poate as St John Ambulance Brigade Commissioner for New South Wales, 1936.

The St John Ambulance Brigade

Dr Poate had begun his long, 48-year association with St John Ambulance and the Order of St John in 1913. That year he was appointed Divisional Surgeon to the Glebe Ambulance [Men's] Division of the St John Ambulance Brigade. Glebe, Australia's first Brigade Division, had been registered ten years before Poate became its Surgeon. Overseas Army service interrupted Dr Poate's Brigade membership, but he returned to his Division after his discharge from the Army in 1917.

Poate's first major step upwards in St John occurred in 1924, when, at the age of 40, he was appointed to the District staff of the Brigade in New South Wales as the District Surgeon. After two years in that position, in 1926 he became the Commissioner. He held that position for the next 16 years — a New South Wales record that is unlikely ever to be broken. In that time he emerged

as one of the most able and dynamic of St John leaders anywhere in Australia. As Commissioners go, Poate was among the truly great. Brigade strength grew steadily under his direction; new Divisions were established; old Divisions were revitalized; and the first Cadet Divisions formed.

Hugh Poate greatly impressed the two emissaries from the Grand Priory of the Order at St John's Gate who conducted extensive tours of inspection of the State St John branches in Australia during the 1920 and 30s. The first to arrive was Sir John Prescott Hewett, the Bailiff of Egle, one of the Great Officers of the Order, who toured Australia and New Zealand in 1926–27. The Second was Colonel Sir James Sleeman, the Commissioner-in-Chief of the St John Ambulance Brigade Overseas (i.e. outside the UK), who toured nine years later, in 1935–36.

The Australian and 'Kiwi' St John foundations imagined they were simply being accorded the honour of goodwill visits by Hewett and Sleeman; however, the real purpose — the hidden agenda — of both visitations was to assess the readiness of the Australian and New Zealand St John foundations for Commandery status within the Order. Hewett and Sleeman were charged with determining whether or not the Australians and New Zealanders could be relied on to maintain viable national St John organisations.

Hewett concluded that the Australians were not yet ready for a Commandery, but Sleeman's advice to the Grand Prior, the Duke of Connaught, was that things had changed in the intervening nine years. St John work in Australia had developed sufficiently well, and there was now a rising generation of vigorous, capable, far-sighted leaders such as Hugh Poate to carry the Order forward. The Australians, he said, could be entrusted with running their own Commandery. Planning for the inception of the Commandery now began in earnest, with the Secretary-General of the Order drafting a constitution for the State St John branches in Australia to adopt.

Establishment of the Commandery and the transition to the Priory

Planning for the Commandery proceeded apace, or as expeditiously as the deteriorating world situation and the outbreak of World War II allowed. Another delaying factor was the refusal of the Western Australian St John foundations to enter the federation. The 'Westralians' wished to be a Commandery in their own right; they were convinced they had more to gain by dealing directly with the Grand Priory at St John's Gate in London than with their counterparts in the eastern States; and they feared domination by the 't'othersiders'. Those keenest on the Commandery were the New South Wales, Victorian and South Australian St John branches, but, try as they might, they could not persuade their Western Australian confrères to join them.

Bringing the Commandery into being was eventually a team effort between the Governors of the eastern States, the Governor General, Lord Gowrie, who agreed to become the Knight-Commander (ceremonial head), and the heads of the St John Ambulance Brigade and St John Ambulance

Association branches in the eastern States. They worked as a committee to finalise the constitution drafted at St John's Gate. After they had reached agreement, Lord Gowrie received permission from St John's Gate on 11 November 1941 to proceed with the Commandery's establishment.

Hugh Poate was an obvious choice as the Commandery Lieutenant, i.e. administrative head and board chairman. He had been the most prominent of the State St John officials during the five years of negotiations; he was held in high respect by the Order's leadership at St John's Gate; and he had been Lord Gowrie's chief adviser during the past two years of negotiations. He also knew St John Ambulance very well. A 28-year veteran of St John in New South Wales and a Knight of the Order since 1936, invested by none other than Sir James Sleeman, he was the long-established and experienced Commissioner of the largest of the five Brigade Districts in Australia. He had also served three terms as the Vice-President of the New South Wales Centre of the St John Ambulance Association during the 1930s.

The inaugural meeting of the institution now formally called the 'Commandery of the Australian Commonwealth of the Order of St John (Exclusive of Western Australia)' took place in Admiralty House, Sydney, on Monday 19 January 1942. Poate remained Commandery Lieutenant during the Commandery's five-year life. Under his leadership throughout that period, the Commandery gained the respect of the frequently fractious and often mutually antagonistic St John foundations in the States. Backed by the Governor-General, the State Governors and St John's Gate, the Commandery grew in stature, prestige and authority.



The 3rd meeting of the Commandery Chapter, 1944. Group Captain Poate (Commandery Lieutenant) sits, far right. Also at the table are (left-right), Lord Wakehurst (Governor of NSW, the Deputy Knight Commander), Lord Gowrie (Governor-General, the Knight Commander) & Archbishop Hugh Mowll (Chaplain).

After the end of World War II, in 1946 the Grand Priory of the Order rewarded its Commanderies in the 'white' Dominions — Australia, Canada, New Zealand and South Africa — for their magnificent wartime efforts in supporting the Allied cause. It did so by conferring Priory status upon them. In Australia the change from Commandery to Priory formally occurred on 18 September 1946. Western Australia now joined the national St John federation as a Commandery in its own right, albeit a Commandery *within* the Priory rather than apart from it, as some Western Australians had hoped for. Poate travelled to Perth in April 1947 to preside over the ceremonies inaugurating the new Commandery.

In Australia, the transition from Commandery to Priory occurred smoothly and seamlessly. Except for two or three changes, the board membership remained much the same, with most of the Commandery's portfolio holders retaining their positions as Priory Officers. The only change for Poate was that he became the Sub-Priory instead of the Commandery Lieutenant. In 1954 the title was redesignated 'Chancellor', the term still in use 62 years later and a title used by all eight distinguished men who have now held the position.



Group Captain Hugh Poate, Consultant Surgeon to the RAAF, about 1941.

Group Captain Poate

Hugh Poate's critical role in shepherding the Commandery into existence was played out against a background of tumultuous events as World War II spread into the Pacific region. The inauguration of the Commandery took place only six weeks after the eruption of the Pacific War. The Japanese had begun their rapid advance through South-East Asia and into the Pacific islands to Australia's near north as soon as they had bombed Pearl Harbour on 7 December 1941. On 23 January 1942, four days after the first Commandery meeting, they captured Rabaul, the principal town in Australian New Guinea. They took Singapore on 15 February 1942 and bombed Darwin for the first time on 19 February. Australia was facing the gravest threat of its entire history.

During this period Poate carried heavy responsibilities unrelated to his St John commitments. Since 1938 he had been the lecturer in postgraduate surgery and the director of the surgical unit at Prince Henry Hospital. He also became a consultant to the new Concorde Military Hospital, which had opened in 1941 as the negotiations over the establishment of the Commandery were reaching a climax.

In the months ahead, during 1942–1943, a rising tide of casualties would flow into Concorde following the series of epic campaigns being fought on Australia's northern doorstep in Papua New Guinea — the battles for Kokoda, Milne Bay, Wau, Buna, Gona, Sanananda, Salamaua, Lae and Finschhafen.

Poate's major military commitment during World War II, however, was as Consultant Surgeon to the Royal Australian Air Force (RAAF). He had held the position since 1928, initially as a wing-commander, a RAAF rank equivalent to that of an Army lieutenant-colonel. During World War II, however, as his responsibilities multiplied, he was promoted to group-captain, the RAAF equivalent of an Army colonel.

After the Director General of Medical Services, the Consultant Surgeon was among the two or three most senior of the RAAF medical officers. The horrendous injuries suffered by RAAF air-crew who survived crashes were such that only a surgeon of Poate's consummate knowledge, skill and experience could hope to perform the reconstructive surgery that was usually necessary.

Honoring Hugh Poate

The 1940s and early 50s were the period when Hugh Poate was at the peak of his professional and his St John Ambulance careers. During this period he was the recipient of many honours and awards. In 1947 he was appointed as a Member of the Royal Victorian Order (MVO), an award personally granted by the British monarch to signify distinguished service to him/her, to members of his/her family or to any viceroy.

In Poate's case the award was for being the host-in-chief of Lady Edwina Mountbatten, the Superintendent-in-Chief of the St John Ambulance Brigade and the wife of Lord Louis Mountbatten, the Viceroy of India, who toured Australian St John Ambulance and Red Cross facilities during 1946. Lady Mountbatten's tour was a resounding success, reflecting great credit upon Poate.

1947 was also the year when Poate's portrait by the artist Joshua Smith was entered in the Archibald Prize competition. It didn't win, but it eventually found its way into the Priory Heritage Collection in Canberra, where it is now one of the most treasured exhibits. (The elaborate St John Commissioner's tunic that Poate is wearing in the portrait is also in the collection.)

A second painting of Poate was produced about this time. This was his official portrait as the eighth President of the Royal Australasian College of Surgeons, a position he held for two years, 1945–1947. He had been a foundation Fellow of the College in 1927 and had served as one of its Council members.

In 1952 Poate was knighted, becoming a Knight Bachelor, an award usually made for public service.

Unlike other forms of knighthood, e.g. Knights of the Order of the Garter and Knights of the Order of St Michael and St George, Knights Bachelor are not within one of the royal orders of chivalry. Their simple post-nominal is 'Kt.' Poate had served the public conspicuously well in many guises and so his knighthood was an honour he was always likely to receive.

Another honour that Poate received during the 1950s was the Distinguished Service Medal of the New South Wales Ambulance Board, of which Poate was a member. In 2014 Poate's DSM came up for public auction. The Priory Heritage Collection made the winning bid, with the result that the Collection now contains one extra item in a growing accumulation of 'Poatiana'.

Incidentally, another of our valued items of 'Poatiana' is Sir Hugh's Coat of Arms reproduced in a stained glass window. The window was formerly within his home at 78 Victoria Road, Bellevue Hill. The Arms have a single-word Latin motto, '*Conabimur*', which means 'We will try to'. A very appropriate motto for a chap who spent his life trying to attain further goals!

Perhaps the honour most pleasing to Poate himself was his promotion to Grade I membership in the Order, that is to Bailiff Grand Cross (GCStJ) in 1955. He was the first of only nine Australians so far honoured in this way. He presented his signed portrait in his regalia to the Priory soon after his investiture. It has now been framed and it, too, hangs in the Priory Heritage Collection.

Poate's achievements and failures as Chancellor

Poate's entry in the *Australian Dictionary of Biography* comments on his achievements as Chancellor. 'Under his direction,' the entry notes, 'St John rose to national prominence as a voluntary agency specialising in health care and training St John Councils.' That is certainly true, but it doesn't mention particular achievements and failures.

The major achievement was to begin the process of welding the separate and often mutually hostile Brigade and Association organisations in the States into a cohesive national whole. It was not an objective accomplished in his lifetime and indeed still remains a major objective under the present-day 'One St John' catch-cry. Poate took a major step towards achieving the 'One St John' ideal by requiring each State to form a single 'St John Council' comprising representation from both the Association and Brigade as well as from the local supporters of the St John Jerusalem Eye Hospital. The St John Councils then became the legal entities responsible for the work of the Order's foundations within the six States and later the Territories.

On the other hand, Poate's one great failure as Chancellor was his inability to preserve the peace between the Brigade and Association in Queensland. There, the Queensland Ambulance Transport Brigade (QATB, now called the Queensland Ambulance Service) had taken firm control of the Association during World War I. The QATB thereafter used the Association as its ambulance officer training wing and as a means for granting QATB members honours and awards. Separating the QATB and the Association was problematic because the officials of the one organisation were simultaneously the office-bearers and managers of the other. Fearing rivalry from the St John Ambulance Brigade, the QATB secured a legislative monopoly over fund-raising for ambulance work that effectively kept the St John Brigade out of Queensland for 30 years.

The story of how the Association eventually escaped the QATB's grip and of how the Brigade secured a Queensland toehold has been told in the official St John histories. Suffice to say here that when the Association-QATB split occurred, during the last year of Poate's life, it was rancorous in the extreme. Poate's action in telling the QATB officials that their behavior was an unconscionable affront to the dignity of the Order did much to inflame the situation. He rightly believed the split must occur, but perhaps he could have managed it more diplomatically and less painfully. He died with the matter unresolved, leaving his protégé and successor as Chancellor, Dr (later Sir) George Stening, to expel the QATB from the Association, clean up the fall-out and get the Brigade and Association working co-operatively together in a State St John Council. To be fair to Poate, he was already dying as the dispute moved towards its climax. Whether or not the ructions in Queensland hastened his death is a moot point.

Poate's other community involvements

As earlier sections of this paper suggest, Sir Hugh Poate was above all a public-spirited citizen of Australia who strove to do his civic duty by using his great leadership skills in community service. His huge personal investment of time and effort in building St John Ambulance into a greatly respected national institution is evidence enough for that. Poate, however, had many community involvements, four of which have already been mentioned:

1. the Royal Australasian College of Surgeons, which he helped found and later served as the eighth President
2. the New South Wales Ambulance Board, of which he was a member and which awarded him its Distinguished Service Medal
3. the Orchid Society of New South Wales, of which he was president
4. the Royal Horticultural Society of New South Wales, of which he was president.

As well as these involvements, Poate chaired the Medical Board of New South Wales, the State authority which registers medical practitioners and oversees the guidelines, codes of conduct and standards of the medical profession. The Medical Board chair's was a critical 'gate-keeping' role because the Board determined who could or could not practice medicine. An important part of the role was disciplining wayward members of the medical profession. In 1957 Sir Hugh also became the foundation chairman of the Old People's Welfare Council of New South Wales, a position he retained for the four years until his death in 1961.

Poate's personality

I was the author of Poate's 1988 entry in Volume 11 of the *Australian Dictionary of Biography*. In that brief (784-word) profile I described his personality in these terms:

Poate was a man of great integrity, committed to the highest standards in all he attempted. His bustling energy and insistence on prompt, efficient service might have led some to think him brusque, but most colleagues admired his kindness and hospitableness, his encouragement of junior associates, concern for his patients, courtesy, lively sense of humour and personal charm.



Sir Hugh Poate as Australia's first Bailiff Grand Cross of the Order of St John, 1955. The framed original of this portrait, signed by Sir Hugh, hangs in the St John Ambulance Australia Priory Heritage Collection.

I was assigned the task of contributing Poate's *ADB* entry because I had written about him at some length in my 1983 centenary history, *A Century for Australia: St John Ambulance in Australia, 1883–1983*. Among my informants were various people who had known him well. Chief among these was his protégé and successor as Chancellor, Sir George Stening. Stening had been one of Poate's students and Poate had recruited him into the Brigade, hand-picked him to succeed him as District Commissioner and then chose him as his successor in the Priory Chancellor's position. Stening accordingly knew Poate better than most other people. It was he who described Poate's personality to me in the terms of the above quotation.

While I was researching *A Century for Australia*, the late Charles Campbell (Priory Secretary, 1975–97), told me various Poate stories. He had heard them from his friend Sir Murray Tyrell (1913–94), who had been secretary to six Governor-Generals (1946–73), including the four who held office while Poate was Priory Chancellor: Henry Duke of Gloucester, Sir William McKell, Field Marshal Sir William Slim, and Viscount Dunrossil. According to Tyrell, Poate used to ring up the Governor-Generals and boss them around over their duties as Priors. Because Poate was such an eminent surgeon, authoritative senior citizen and leader of the medical 'Establishment' in Sydney, the 'G-Gs' didn't dare disagree.

Final years and obsequies

In the last five years of his life, Hugh Poate was increasingly beset by ill-health. A life-long heavy smoker, he contracted lung cancer, which eventually killed him. Perhaps because of the treatment he received, he gained weight, his face became puffy and his thinning hair turned silvery white. By the mid-1950s he was no longer the trim, taut figure he had been a decade earlier. The portrait photograph (opposite page) of him, following his investiture as a Bailiff Grand Cross in December 1955, shows something of his decline—his waistline had expanded, his hair had thinned and, in appearance if not in spirit, he had become an old man.

Poate died at his home in Bellevue Hill ten days after his 77th birthday. His death occurred on Australia Day, 26 January 1961. Survived by his daughter from his first marriage and his two daughters and three sons from his second, he was cremated with Anglican rites.

A week after his death, on 2nd February, the Priory conducted a memorial service in Poate's honour in St Andrew's Cathedral. The Sub-Prelate of the Order in Australia, the Most Reverend Dr Hugh Rowlands Gough, Archbishop of Sydney and Anglican Primate in Australia, conducted the service. The Deputy Prior for New South Wales, Sir Eric Woodward, the State Governor, attended. So, too, did most of the Priory Officers and many members of the Priory Chapter. The Capitular Procession of senior members of the Priory must have been among the most solemnly spectacular of any ever conducted in Australia.

The service itself was fairly simple. The Capitular Procession entered the Cathedral as the congregation sang one of the all-time favourite hymns for such occasions, William Walsham How's 'For all the saints who from their labours rest' to Ralph Vaughan Williams's rousing tune 'Sine Nomine'. The Sentences (several short scriptural verses) were then read. Two more hymns were sung. The Deputy Prior read a scriptural excerpt from *Ecclesiasticus* 44: 1–15, a famous passage beginning with these words: 'Let us now praise famous men ... such as did bear rule in their kingdoms, men renowned for their power: leaders of the people by their counsels, and by their knowledge'. The Sub-Prelate delivered the Address (sermon). The Assistant Chaplain of the Priory, the Venerable Eric Arthur Pitt, the Dean of the Cathedral who was also a later Prior Secretary, recited the prayers. Finally, after the Blessing, the Capitular Procession from the Cathedral took place as the congregation sang the popular John Ellerton recessional hymn 'The day thou gavest, Lord, is ended' to the tune 'St Clement' by Clement Cotterill Scholefield.



The Poate memorial in St Andrew's Cathedral, Sydney.

That year's Priory *Annual Report* paid tribute to Poate in a special obituary. Probably written by Dr Stening, it spoke of him in these words:

[He was] a great man who devoted part of his many capabilities to the Order of St John. He showed great kindness, thoughtfulness, approachableness and a keen sense of humour, and above all complete personal integrity, and he was an indefatigable worker.

Many of us were privileged to know him, and to follow his wise counsel in the work of the Order of St John. Again there are also many others who have been affected by his influence in other walks of life.

We will remember him as the one who gave so much to us and who watched the way and led this Order, being predominantly responsible for its advancement over the last 20 years, to have become its first Sub-Prior, the first Chancellor, and the first Australian to be honoured with the Bailiff Grand Cross.

Poate memorials

Sir Hugh's name is perpetuated in various ways. As mentioned, he is enshrined in Volume 11 of the *Australian Dictionary of Biography*. He is similarly remembered in various biographical profiles published online, including by the University of Sydney and the Royal College of Surgeons of London. His digitalised war service record is easily accessible online. Generous obituaries were published in the *Medical Journal of Australia* and, as mentioned, the 1961 *Annual Report* of the Priory. He also receives obligatory and honourable mention in the various official Australian commemorative histories of St John Ambulance.

Because he was cremated, Sir Hugh Poate doesn't have a grave that St John pilgrims can visit. What they have instead is a commemorative plaque on an interior wall of St Andrew's Cathedral in Sydney. A plain bronze tablet inscribed with white and crimson lettering, it also displays the white Maltese Cross Badge of the Order and the Poate family Arms. It doesn't say much: it simply gives his name, post-nominals and a brief summary of his St John career. It is, however, a tangible memorial to a great servant of the Order.

A very appropriate memorial to Sir Hugh in 'bricks-and-mortar' is the Sir Hugh Poate Training Centre of St John Ambulance Australia (NSW) at Blaxland in the Blue Mountains west of Sydney. He officially opened the Training Centre named in his honour on 8 December 1956. Extended and redeveloped since then, it now includes dormitory accommodation, training rooms, a main hall, parade ground and bushland. The centre is much used for Cadet camps, volunteer training, leadership courses and disaster and major incident training exercises. During the famously memorable 2000 Sydney Olympics, the centre housed many of the hundreds of overseas and interstate St John volunteers who came to assist the local St Johnnies on public duty at all the Games venues.

What we owe Sir Hugh Poate

Although they might not know it, present-day St Johnnies in Australia enjoy the legacy that Sir Hugh left them. Public opinion surveys regularly place St John Ambulance among the top two or three most respected and most trusted of national institutions. As a CEO of another major charity once observed enviously, St John Ambulance is 'a blue chip charity'.

We have Sir Hugh Poate to thank for that. Without his management of the process through which 11 separate State St John foundations federated between 1941 and 1946, there might well have been no St John Ambulance Australia and no national body to provide direction for the thousands of St Johnnies who daily deliver its charitable health and welfare programs to the Australian public.

The direction Sir Hugh gave the Commandery and Priory across the first two decades, 1941–1961, was critical. As his St John obituary observed, St Johnnies should 'remember him as the one who ... led this Order, being predominantly responsible for its advancement over the ... 20 years [of his Chancellorship]'.
[1]

A sad post-script



As my note at the beginning of this history indicates, I have dedicated this article to the memory of the late Private Robert Hugh Poate (1988–2012). Private Poate, a great-grandson of Sir Hugh, was killed on active service in Afghanistan on 29 August 2012 at the age of 23. He served with the 3rd Battalion, Royal Australian Regiment Task Group.

Sir Hugh, who as a 31-year old major spent four months under enemy fire on Gallipoli in 1915, never knew his great-grandchildren, but he would have understood Robert Poate's wish to serve his nation militarily despite the risk to life and limb which that entails. He would have appreciated the dangers that Robert willingly faced in choosing an Army career; and I am sure he would have been very sad but proud that this particular great-grandson lost his life whilst on active service.

In saying this, I also express to Robert Poate's parents, Hugh and Janny Poate of Canberra, and his sister Nicola the sense of grief that we in St John Ambulance Australia feel in knowing that, in words which Sir Hugh might himself have used, Robert made 'the supreme sacrifice' in his nation's service.

References

- 'Aida Diacono' in *Our Diacono Family — an understanding of why and where, how and what took place*. A genealogical history published at <http://www.fawcetts-mackays.info/fawcetts/html/diacono.html>.
- Atchison J. 'Poate, Frederick (1855–1935)' in *Australian Dictionary of Biography*, Volume 11 (1988).
- Howie-Willis I. 'Poate, Sir Hugh Raymond Guy (1884–1961)' in *Australian Dictionary of Biography* Volume 11 (1988).
- Howie-Willis I. *A Century for Australia: St John Ambulance in Australia, 1883–1983* (1983).
- Order of St John in Australia, *Annual Reports of the Commandery* (1942–1946) and the *Priory* (1947–1961).
- Poate H. *Pers. comm.* with I Howie-Willis, February 2015, recollecting his memories of his grandfather, Sir Hugh Poate.
- Poate, HRG, 'Gunshot Wounds of the Brain' in AG Butler (ed.), *Official History of the Australian Army Medical Services, 1914–1918: Volume III — Special Problems and Services* (1943).
- 'Poate, Hugh Raymond Guy (1884–1961)' in *Encyclopedia of Australian Science*, www.eoas.info/biogs.
- 'Poate, Hugh Raymond Guy (1884–1961)', biographical entry in 'Plarr's Lives of the Fellows Online' Royal College of Surgeons, England, <http://livesonline.rcseng.ac.uk/biogs/E005284b.html>.
- 'Poate, Hugh Raymond Guy' in *'Book of Remembrance' of the 'Beyond 1914'*, University of Sydney, <http://beyond2014.sydney.edu.au/profile/3839/hugh-raymond-guy-poate>.
- 'Poate, Hugh Raymond Guy', 1st AIF personnel file no. W-1806, National Archives of Australia, Canberra; control symbol: 'Poate, Hugh Raymond Guy'; item barcode 8019174; <http://recordsearch.naa.gov.au/>.
- Stirton BE, 'Sir Hugh Poate Training Centre', typescript summary of the history of the Training Centre, 7 November 2011.
- Stirton BE, *Pers. comm.* with I Howie-Willis, February 2015, reporting on archival research on Sir Hugh Poate in the records of St John Ambulance Australia (NSW).
- The Life and Work of Hugh RG Poate*, privately published biography produced for Poate's children (1949).

The pharmacy of first aid: ‘When it stings or froths it’s working’

Vincent Little, KStJ

Mr Little is a retired ambulance officer. He is also a professionally qualified adult educator and counsellor who works as a training consultant. His many St John involvements have included a period as Deputy Commissioner of St John Event Health Services in Queensland. He is the founder and curator of the Highfields Pioneer Village Ambulance Museum near Toowoomba.



At the early age of eight years I acquired a first aid kit from an army disposal store in Sydney. This was to be the beginning of a life-long passion for anything ambulance or first aid. Several years later my family moved to a new suburb where we met a neighbour who was an honorary ambulance officer at the Eastern Suburbs Ambulance Station of Sydney’s Central District Ambulance Service. This man would often allow me to look at his ambulance box and examine the contents. There were about eight small glass stoppered bottles that contained an assortment of liquids, varying in colour and aroma.

I became fascinated with the ambulance box and the first aid experiences shared by its owner. In later years I joined the Randwick Division of the St John Ambulance Brigade, whose members met at the Eastern Suburbs Ambulance Station. This paper examines the more commonly used antiseptics and stimulants used by St John first aiders from the beginnings of ‘the Brigade’ to the 1960s when the pharmacy of first aid was undergoing major changes and the little glass bottles and their contents began to disappear.

Little official guidance for the contents of a St John first aid kit

There is little evidence within St John to support the use of various products found in first aid kits prior to the late 1960s and early 1970s. Officially, neither the St John Ambulance nor Brigade laid down guidelines on the contents of the St John first aid kits.

A search of the standard manual of first aid reveals no mention of any product apart from Sal Volatile, also known as Spirits of Aromatic Ammonia. However the 37th edition (Cantlie, 1917), reveals mention of the requirements for first aid boxes in factories and workshops. The document governing the contents of these boxes was quoted from Orders of The Home Office for Factories and Workshops. The list mentions items such as Iodine, Sal Volatile, and lint impregnated with Picric Acid for burns.



An old-style first aid kit of the kind carried by some St John Ambulance Brigade Divisions when on public duty. Really portable medicine cabinets, they were usually beautifully crafted wooden chests with fold-out compartments and drawers for the various antiseptic potions in glass-stoppered bottles, ointments, tourniquets, scissors, tweezers, kidney bowl and bandages that might be used on duty.

Further examination of the 37th edition also shows the contents of First Aid Outfits sold by St John. As well as Iodine and Sal Volatile these kits also contained Bicarbonate of Soda and Boric Acid Powder. The 38th edition of *First Aid to the Injured* contains a description and illustration of the ‘St John’ Iodine Application Bottle, sold in two sizes (Cantlie, 1928). The total number of products encountered would result in a small pharmacopeia and a small *Materia Medica* of pharmacy for first aiders — so, only a few of the more widely used products contained in the field equipment of St John first aiders is discussed in this paper. Most of the discussion will be based on anecdotal evidence supported with some research based evidence.

The most commonly encountered agents were: Friar’s Balsam, Acriflavine, Methylated Spirits, Sal Volatile, Mercurochrome, Iodine, Witch-hazel, Tannic Acid Jelly, and antiseptics such as Dettol, Solyptol and latterly, Cetrimide. Most of my readers would be familiar with all of these preparations but in the interest of time, brevity will be the order of the day and I will briefly discuss the use of the more common preparations with which I have found to be more widely used. It is interesting to note that no rationale for their use can be found in the St John material used to research this paper. In my experience as a young member of a division, one learned through oral history and learning, and most first aid boxes contained provision for six to eight very nice small glass stoppered bottles.



In earlier decades, Brigade first aiders carried water bottles and pouches of first aid materials on their belts. Later these were carried in white haversacks slung over the right shoulder.

The preparations



Friar’s Balsam: an antiseptic solution daubed on to grazes and at one time an indispensable part of every Brigade first aid kit.

Friar’s Balsam

This formulation is a synonymous with Jerusalem Balsam, designated as ‘Compound Benzoin Tincture,’ which according to Ansel *et al.* (1995, cited in Moussaif, 2011), originated in the fifteenth or sixteenth century and through the years probably has acquired more synonyms than any other official preparation, and are as listed: Turlington’s Drops, Turlington’s Balsam of Life, Persian Balsam, Swedish Balsam, and Commander’s Balsam.

Tincture of Benzoin is a pungent solution of benzoin resin in alcohol. Compound Benzoin Tincture (USP) contains, in addition, Cape Aloes and storax (liquid ambar resin), said to be an invention of Dr Joshua Ward around 1760. However Jerusalem Balsam takes its name from the Franciscan Monastery in the old city of Jerusalem, and was formulated in 1719, in the pharmacy of the Franciscans (Moussaif, 2011), hence the name, Friar’s Balsam.

There is no reference in any of the St John literature, researched for this paper, to say when it was introduced for use by first aiders. It was used widely, and the author gained experience in its use in

the mid-1950s. Friar's Balsam was usually dabbed onto a previously cleansed wound or in the case of grazes, applied in conjunction with a cotton wool wafer. Please note that this was the era before the use of latex gloves. Hand washing was usually carried out by using water from a water bottle or a dressing room tap if available. Some first aid rooms did not have running water. Sometimes first aiders would cleanse their hands with methylated spirits before attending to a wound. One of the notable properties of Friar's Balsam was its propensity for stinging when applied. It always gave a first aider perverse pleasure to apply it to tough footballers!

Sal Volatile

It can be described as a preparation versatile enough to be used as smelling salts as well as a panacea for nausea, headache and any feelings of general unwellness. In a letter to the *Sydney Morning Herald* of 8 March 1844, a reader recommended Sal Volatile as a Simple Remedy for Mosquito Bites. The contributor was offering the advice as a new arrival to the colony of New South Wales and wished to share 'the Remedy,' with other new arrivals. The treatment is thus described:

Take of Sal Volatile, say one ounce more or less, to two of olive oil, shake both well together, first pouring the oil on the salt, when it will assume a whitish appearance — it is then ready for use.

Apply the mixture to the affected part with the end of a feather, two or three times, when the inflammation will immediately after subside, and all irritation cease.

The letter signed, 'Your obedient servant, LTD', also recommends the use of light gauze curtains as a defence against the mosquitos.



Sal Volatile: a versatile preparation at one time found in all Brigade first aid kits.

The usual active compound of Sal Volatile is Ammonium Carbonate, and according to various sources, Sal Volatile, also known as Smelling Salts, has been used since Roman times, and evidence exists for its use in the 13th century. During the 17th century the distillation of an ammonium solution from hart's (deer) horns and hooves, gave smelling salts the alternate name of Spirit or Salt of Hartshorn. The British Red Cross and St John Ambulance widely recommended Sal Volatile and included some in all of their first aid equipment. Many a fainting woman received a whiff and/or a dose of Sal Volatile. It is interesting to note that I was advised not to administer smelling salts in cases of head injury or to revive an

unconscious casualty who had suffered a head injury, because it was said the sharp reaction of the smell produced may aggravate the injury.

During this time a solution of Castor Oil and Ammonium was being used in Sydney beach casualty rooms, manned by St John Ambulance First Aiders, as a treatment for Blue Bottle stings. The lotion was applied generously to the affected area, and when the Blue Bottles were 'on', hundreds of cases would be treated, in one day's work. All of these cases were recorded in the treatment record books. In my experience, ambulance transport to a hospital was seldom required, and the treatment was most successful in relieving pain and localised symptoms. The evidence for the use of Sal Volatile is almost overwhelming, from online and official St John Ambulance sources.

Witch Hazel



Witch Hazel: another versatile solution, which Brigade first aiders applied to bruises.

The beginnings of Witch Hazel are rather vague apart from sources that lead one to think that the origins of this preparation are steeped in folklore, and it was commercialised by enterprising chemists. According to Martindale's Extra Pharmacopoeia (Martindale, 1941), Witch Hazel comes from the bark of *Hamamelidis Cortex*, probably known in America as the Witch Hazel bush, and contains about 6% of Tannin. It is, according to Martindale, imported from the United States. The various forms of Witch Hazel are useful for

a wide range of conditions including piles, epistaxis, bleeding tooth sockets and bruising (Martindale, 1941). It was for the latter condition, that it was carried in the St John Ambulance kits used by members of the Randwick Division (Sydney).

Acriflavine

Online sources suggest that Acriflavine was extracted from a dye from coal tar. It was introduced in 1912 by Paul Ehrlich, a German research worker, and used during World War I to kill a parasite that caused sleeping sickness. It was also used in the treatment of gonorrhoea before the introduction of antibiotics. Acriflavine dyes the skin a yellow-brown colour and according to Martindale (1941) had a place as an effective antiseptic agent. However in 1919, an article in the form of a letter to the editor appeared in the *Journal of the American Medical Association*. The author Maxwell Quackendos MD, described his



Acriflavine: a widely-used antiseptic applied to small wounds such as abrasions and gravel rashes, which it stained a distinctive yellow. Another indispensable lotion in Brigade first aid kits.

experience with Acriflavine, stating that 'this agent had no special virtue compared to the usual nontoxic antiseptics'. In St John we were using Acriflavine quite freely in small wound management, and on meeting nights, first aid kit bottles were replenished from a large Winchester of Acriflavine. On one such occasion, I noticed a rather conspicuous substance that appeared to be growing in the Acriflavine. For small wounds such as abrasions or gravel rash, a cotton wool wafer was often used after the wound was cleansed with an antiseptic such as Dettol or Solyptol.

Dettol

The active ingredient in Dettol liquid is an aromatic chemical compound known as chloroxylenol, which makes up 4.8% of Dettol's total solution. The remainder is a mixture of pine oil, isopropanol, castor oil soap, caramel and water. Launched in 1933 Dettol has become widely used and to say well known would be to understate the case.



Dettol: much loved by Brigade first aiders, but always used in diluted form, mainly as a solution for cleaning wounds.

However the product was always recommended to be used diluted and never concentrated because of a tendency to produce allergic reaction when used undiluted. Therefore, in the St John setting it was carried (diluted) in a small bottle in the first aid kit. There is not much more to be said about this product but it is of interest to know that it is toxic to the introduced cane toad.

Solyptol

Is an antiseptic agent which utilises the medicinal and antiseptic properties of Eucalyptus Oil. Pharmacist Francis Faulding started his shop in Adelaide in 1841 and formed a partnership with a physician, L Scammel in 1861. Faulding & Co pioneered the distillation of eucalyptus oil in South Australia in 1887, when the firm erected a plant on the Punyelroo property of Ernest Arthur Scammel on the River Murray about five kilometres downstream from the Swan Reach (Donovan, 1992). According to Donovan, Ernest continued to supply oil to the firm until about 1896 when he quit the property. Soon afterwards farmers on Kangaroo Island began to distil the oil and the firm received most of its supplies from there. This eucalyptus oil became important to Faulding. The primary derivative, eucalyptus, formed the basis of the antiseptic, which was marketed as Solyptol.



Solyptol: the Faulding firm's eucalyptus oil-based antiseptic favoured by some St John first aiders.

The firm first made this in the late 1880s in the small laboratory adjoining the Clarence Place warehouse. Luther Robert, who first produced the antiseptic, coined the name from the contraction of 'soluble eucalyptus oil.' Used in a similar way to the previously mentioned product there is little more to be said about Solyptol in the context of first aid.



Cetavlon and Savlon, the easy-to-use antiseptic creams produced by Imperial Chemical Industries from the 1950s. One or the other were soon to be found in most St John Ambulance Brigade first aid kits.

Cetavlon; Savlon

The difference between these products lies in one being Cetrимide (Cetavlon) and the other being a combination of Cetrимide and Chlorhexidine (Savlon), manufactured by Imperial Chemical Industries (ICI). The author recalls that these products were introduced in the late 1950s. Two ICI representatives came to Randwick Division to distribute samples and product information. The representatives alleged that they had been visiting brothels around east Sydney and Kings Cross to market these antiseptics in the interest of personal and occupational hygiene. Cetrимide and Savlon became popular within the context of first aid, mainly because they did not require dilution before application. I always carried a bottle of Cetavlon in the first aid kit.

Anecdotal evidence about the use of products such as Friar's Balsam, Acriflavine, Iodine and Mercurochrome suggested that any antiseptic that dyed tissue should not be used on wounds that may require suturing as it may be difficult for the doctor to see the area clearly. In the case of creams, it was suggested that these may cause the skin to macerate if used in conjunction with a bandage or dressing strip and left on more than 24 hours. Friar's Balsam and Acriflavine cotton wool wafers could seal dirt and bacteria into a wound if it was not properly cleansed before application

Many more products could have been mentioned but there was neither time nor space to do so, and perhaps therein, lays an opportunity for further research and another paper on this topic.

References

- Cantlie J (1917). *First Aid to the Injured* (37th ed). London: The St John Ambulance Association.
- Cantlie J (1928). *First Aid to the Injured* (Thirty-Eighth ed). Clerkenwell: The St John Ambulance Association.
- Donovan P (1992). 'Storekeepers or Professionals' in B Dickey (Ed.), *William Shakespeare's Adelaide 1860–1930* (pp. 27–41). Adelaide: Association of Professional Historians.
- Martindale (1941). *The Extra Pharmacopoeia* (22nd ed. Vol. One). London: The Pharmaceutical Press.
- Moussaif A *et al.* (2011). 'Jerusalem Balsam' in *Journal of Ethnopharmacology*, 101(2005), 16–26.

‘Springy’. Dr John Springthorpe, versatile St John pioneer in Victoria

J Allan Mawdsley OAM, KStJ

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



Dr John Springthorpe (1855–1933), known affectionately to his many friends as ‘Springy’.

The subject of my presentation, Dr John William Springthorpe (1855–1933), was an important Victorian physician of the late nineteenth and early twentieth centuries whose achievements covered a range of areas. I will talk about four main themes: his work with St John, his professional career, his prickly personality and conflicts, and his linkages with the Arts, including his extraordinary monument to his first wife.

St John Work

Dr John William 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 Chairman at first 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 where Springthorpe had been a 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. (Williams was also the Australian Army’s first Director-General of Medical Service — the principal officer in the Army Medical Corps.) 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 Chairman of Council 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, which 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 Lieutenant-Colonel 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.



Two innovations during Springthorpe's presidency of the St John Ambulance Association Council: the organisation's first motor ambulance (left), added to its fleet of horse-drawn ambulances and Ashford litters; and the formation of the first St John Ambulance Brigade Divisions in Victoria. Among the first of the Divisions were the Metropolitan Ambulance (Men's) and Nursing (Women's) Divisions (right), both of which formed in 1910.

Professional career

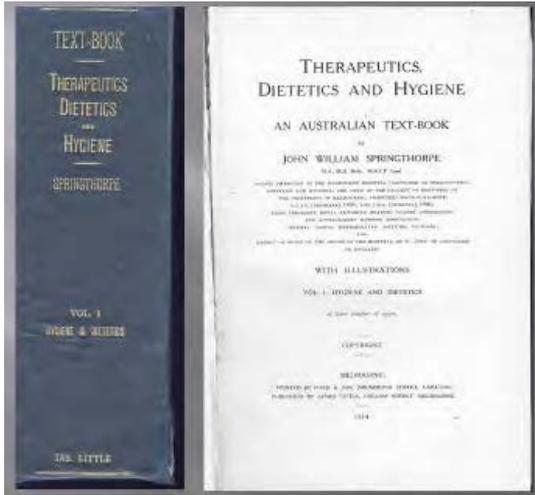
To sum up Springy's early life and professional career, I can do no better than a direct quote from the first two paragraphs of his entry in the *Australian Dictionary of Biography (ADB)*,¹ which runs as follows:

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.



Volume 1 of Springthorpe's major publication, *Therapeutics, Dietetics and Hygiene*, published in 1912.

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.

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.



At the age of 59 in 1914, Springthorpe enlisted for overseas service with the Australian Army Medical Corps during World War I. For the next five years he served as a Lieutenant-Colonel in Egypt, England and France. He is pictured here in 1915 with staff of the Army's 2nd Australian General Hospital in Cairo.

Springthorpe strongly advocated the 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. [Damousi/ Deeming trial; Freud in Antipodes]



'Springy', a 1918 sketch of Springthorpe in his Army uniform by DMcN. A caricature, it captures its subject's essential characteristics — 'Short, dynamic, an amusing companion, lively in mind and action,' as Springthorpe was described.

Springthorpe's personality and beliefs

The *ADB* did not say much about Springy's personality but scattered comments in other publications give some glimpses. He was a man of short stocky build, as depicted in a caricature held by 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 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 nineteenth 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. Springy 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 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 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 his 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 VC. This was seen as unfair and drew indignant defensive responses from a number of people, including his fellow St John Council member, Colonel Rupert Downes.⁴

Cultural interests and influences

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 his fellow Wesleyan Dux, 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 Condor, 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 Inglises were the first cousins of the well-connected a'Beckett family. Emma a'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 Mackennal.³



The 1887 Tom Roberts portrait of Annie Springthorpe (née Inglis).

Marriage

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 Mackennal 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 tenth wedding anniversary and Annie'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.

The Springthorpe memorial

After his wife's death, Springy underwent a four year process of intense grief during which he sponsored two remarkable items. One was an 'In Memoriam' book designed by John Longstaff containing poems, photographs, drawings and idealised memories of Annie and their life together. The other was the Springthorpe Memorial in Boroondara Cemetery.

Springthorpe said of the memorial that 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-Annear. 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 Mackennal.⁴



The Springthorpe memorial in the Boroondara Cemetery, Kew, Melbourne: perhaps the most elaborate and grandiose tomb anywhere in Australia.

Annie 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, translated by Springthorpe's friend, Professor Tucker. On the floor there are quotations from poems by Robert and Elizabeth Browning, Dante Gabriel Rossetti and 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.

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, re-landscaping 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 a brogue 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 Murumbeena. 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 to 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



'Joyous Gard', the house in Murumbeena, where Springy and his family lived for the last 24 years of his life, 1909–1933. 'Springy' and his second wife, Daisie (née Johnstone), are in the centre of the photograph at the left end of the grass embankment.

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, in 1916 Springy remarried. His new wife was Daisie Evelyn Johnstone, 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



Dr JW Springthorpe KStJ, late in life. Promoted to Knight in 1912, he was the second Victorian to achieve that honour.

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 Springthorpe 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 Murrumbeena.³ The memorial plaque on the gates recall his 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 remarkable man to Melbourne society generally and St John Ambulance in particular.

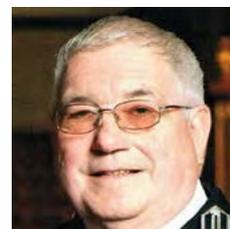
References

1. Egan B. 'Springthorpe, John William (1855–1933)' in *Australian Dictionary of Biography*, Vol. 12, Melbourne University Press, 1990.
2. Sanders A. 'Springthorpe, John William (1855–1933)' in Chapman C. (ed.) *Inner Worlds: Portraits & Psychology*, National Portrait Gallery, Canberra 2011.
3. Sanders, A. 'Inner Worlds: Less than six degrees of separation', National Portrait Gallery Video transcript of lecture, 28 May 2011.
4. 'Sorrow at Sills Bend: Statuary' Friday #4, www.allordinary2.blogspot.com/2005/04/statuary-friday-4.html
5. Howie-Willis I. *Surgeon and General: The life of Major General Rupert Downes*, Australian Military History Publications, Australia 2008.
6. The Resident Judge of Port Phillip. 'Love and Death: The Springthorpe Memorial at Boroondara Cemetery', <http://residentjudge.wordpress.com/2013/01/03/love-and-death-the-springthorpe-memorial>
7. Wikipedia: 'Methodist Movement'.
8. Sanders, A. 'Response to internet discussion of Love and Death', 30 December 2013.
9. 'The Yorick Club' , www.emelbourne.net.au/biogs/EMO1671b.

Thomas Samuel Parrott and George Lane Mullins. Australia's two first St John Commissioners

Trevor Mayhew OAM, KStJ

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



The Order of the Hospital of St John of Jerusalem was established in Britain on 29 January 1831, as a philanthropic organisation inspired by the 12th century Order of St John of Jerusalem. In 1872 the Order of St John supported the creation of Britain's first 'ambulance', modelled on the two-wheeled litters used by the Prussian Army in the Franco-Prussian war. By 1875 the Order had developed its own two-wheeled patient transport vehicle, which, known as the 'St John Ambulance', also became the name of the Order's first aid training branch, the St John Ambulance Association. The first St John Ambulance Association centre was opened in Australia in 1883. In 1887 the Order established a first aid delivery branch, the St John Ambulance Brigade. A Royal Charter conferring the status of a Royal Order of Chivalry was granted to the Order by Queen Victoria on 14 May 1888

The St John Ambulance Association New South Wales Centre

An understanding of the background to the establishment of the Centre will help the reader appreciate the part played by TS Parrott and GT Lane Mullins in the early development of the St John Ambulance Brigade in Australia. The story begins with Dr Samuel T Knaggs, whose life and works are the subject of the first article in this edition of *St John History*.

As seen in Mr Wieland's article, in 1881 Dr Knaggs obtained permission from the St John Ambulance Association headquarters at St John's Gate, London, to train railwaymen from the Eveleigh Railway workshop in Sydney in first aid. In 1883 he followed on that success by conducting a first aid class in Newcastle. Mr Wieland also described how Dr Knaggs encouraged the formation of the NSW Centre during 1890. As a result of this effort, a Sydney (effectively NSW) Centre of the St John Ambulance Association was then registered.

Among the high-profile members of the Executive Committee of the NSW Centre was an army officer, Lieutenant-Colonel Thomas Samuel Parrott. Parrott served on the Executive Committee from 1890 until 1902 as Deputy Chairmen. He was made an Honorary Associate (a grade roughly approximating to that of the present-day Officer) of the Order of St John in 1897. As we will now see, Parrott became the first Commissioner of the St John Ambulance Brigade in Australia.

Lieutenant-Colonel Thomas Samuel Parrott

Thomas Samuel Parrott (1842–1917) was born in Bedford, England and was educated at Bedford School as a boarder and later at Henley. Parrott trained in civil engineering and then migrated to Australia in 1860. He had been commissioned by the Duke of Portland to carry out pioneering surveying work in western Queensland.

Parrott's engineering career in Australia

After the completion of that project, Parrott remained in Australia as a contract surveyor in Queensland. He then moved to Victoria, where he became a government surveyor for the Melbourne district in 1870 and also conducted a private business there, Parrott & Bryson, Civil Engineers & Surveyors.



The badge of the NSW Volunteer Engineer Corps, the militia unit in which TS Parrott served from 1872.

On 4 June 1870, at Christ Church, Hawthorn, he married Alice Matilda Butcher.

In 1872 Parrott joined the survey branch of the New South Wales Department of Lands and also the New South Wales Corps of Engineers (Volunteers), a colonial militia unit. He joined this unit as a sapper. On 20 August 1874 he was commissioned as a Lieutenant. That year he invented a new signalling device which he called a sematrope, an instrument based on using the reflected rays of the sun and the full moon; it was later superseded by the heliograph. In 1879 he submitted a plan for a bridge across Sydney Harbour.



Lieutenant-Colonel TS Parrott (1842–1917), about the time of his service in the Anglo-Boer War of 1898–1902.

Parrott's military career

Parrott was promoted to Captain in 1884 and served as engineer officer on the staff of the New South Wales Contingent to the Sudan in 1885. For his service in the Sudan, he was awarded the Egyptian Medal and Suakin Clasp and Khedive' Star. Parrott had been eager to see active service and had applied for a year's leave of absence and accreditation to join any force which might be dispatched from India to operate in the Sudan so that he could increase the value of his training to the Corps of Engineers.

In 1886, at the invitation of the NSW Colonial Secretary, Parrott visited Europe and North America to report on coast and harbour defences. He presented his report in July 1887. He was then a partner in Parrott & Cameron, Sydney mining and civil engineers.

Two years after his service in the Sudan, Parrott was made a Brevet Major in July 1887. ('Brevet' was a courtesy title, conferring on an officer a higher rank title for meritorious service without the authority or additional salary for the higher rank. Thus, as a Brevet Major, Parrott could use the title 'Major' while retaining the pay and authority only of a Captain.)

By 1894 Parrott was commanding No. 1 (Field) Company, Engineers, and was employed on military survey duties in the Illawarra district. In September he was confirmed as Major and in November was awarded the Volunteer Officers' Decoration (VD).

Parrott's next experience of active war service came in the Anglo-Boer War of 1898–1902. He was appointed as a Brevet Lieutenant-Colonel on 29 March 1899 and embarked for South Africa as a special service officer on 17 January 1900. He arrived in Cape Town on 18 February and was attached to the Royal Engineers, that is, in the British Army rather than a colonial unit.



Lieutenant-Colonel TS Parrott, seated left, and fellow Australian officers in South Africa, c. 1900.

The Royal Engineers employed Parrott on engineering works in the Orange River Colony. At Bloemfontein in March–April 1900 he formed the so-called 'Australian Pioneers', nicknamed the 'Flying Sappers' because as mounted engineers they could keep up with the mounted infantry. This unit formed in the Cape Colony at the direction of Major-General Elliott Wood, Chief Engineer. It comprised a squadron of two troops with a total of four officers and 72 other ranks. Its members came from Hutton's 1st Mounted Infantry Brigade (a unit made up of about 45 Australian soldiers from the 1st NSW Mounted Rifles, the Victorian Mounted Rifles, the South



Among projects on which Lieutenant-Colonel Parrott worked during the Anglo-Boer War was the repair of the Norval's Pont Railway Bridge across the Orange River, which retreating Boer troops had dynamited in March 1900. A temporary pontoon bridge was put in place by the Pontoon Troop of the 47th Company of the Royal Engineers, enabling foot soldiers to cross the river.

Australian Mounted Rifles and the Western Australian Mounted Infantry with the remainder drawn from the Royal Engineers, British Regular Mounted Infantry and the Canadian Mounted Rifles). Commanded by Parrott, the 'Flying Sappers' served in the Cape Colony, the Orange Free State and the Transvaal.

Parrott left Cape Town for Sydney in the troop transport *Orient* in December 1900, and for his war service received the Queen's Medal with two clasps. On 11 October 1900 Parrott had been promoted substantive Lieutenant-Colonel and appointed to command the two field companies of New South Wales Engineers. That was only three months before Federation, when the colonial army units transferred into the newly established Australian Army.

Parrott continued serving in the Australian Army for the next 20 months. He was placed on the retired list on 1 September 1902. He then migrated to South Africa, where he spent the remaining 14 years of his life. During World War I he served as an army transport officer in South Africa. His four sons and a daughter also served in World War I. His daughter died on active service. Survived by his wife and remaining children, Parrott died at Johannesburg, South Africa, on 22 February 1917 and was buried there.

Parrott's St John Ambulance career

In St John Ambulance, Lieutenant-Colonel Parrott is remembered mainly for his twelve years 1890–1902 as the Deputy Chairman of the NSW Centre of the St John Ambulance Association. Towards the end of this period, at the request of the NSW military authorities, the NSW Centre provided 160 Association-trained first aiders to go on public first aid duty at the temporary ambulance stations along the route of the great Federation Day street parade through Sydney on 1 January 1901.

Following the success of the Centre's contribution to that event, the Centre Committee decided to establish a NSW District of the St John Ambulance Brigade. It began by appointing District Headquarters Staff Officers, who then had the task of raising working Divisions of the Brigade, the first of which, in Glebe, did not form until March 1903. The District Staff officers selected to bring the Brigade into being in NSW were Lieutenant-Colonel TS Parrott (Commissioner), Major RE Roth (Medical Officer in Chief), Major JHA Lee (Deputy Commissioner) and Captain GT Lane Mullins (Chief Superintendent). Exactly when these appointments were made is uncertain, but it was during the three-month period June–September 1901.



Lieutenant-Colonel TS Parrott in later life, probably after he settled in South Africa.

Parrott was a fairly obvious choice as Commissioner. He had been an army officer for 27 years; he had seen active service in two campaigns; and he had commanded army units in the field. At the time, the Brigade was intended to serve as a voluntary, disciplined organisation that could supplement the medical units of the armed services in times of war as well as undertaking public first aid duty in peacetime. Someone with Parrott's background, maturity and experience would have been seen as the ideal choice.

At the most, Parrott could only have served as the Commissioner for 15 months before retiring from the Army and emigrating to South Africa. He departed six months before the registration of the Glebe Ambulance (Men's) and Nursing (Women's) Brigade in March 1903. He consequently did not remain in Australia long enough to see the

Brigade in action in NSW. Parrott was succeeded as Commissioner by his Chief Superintendent, Lane Mullins, who will be discussed in the next section.

Parrott retained his St John Ambulance affiliations after settling in South Africa. He formed a St John Ambulance Association Centre in the Transvaal in 1906. He also became an Assistant Commissioner for the St John Ambulance Brigade in South Africa.

Dr George Thomas Lane Mullins

George Lane Mullins (1862–1918) was born in Sydney, one of the sons of Irish immigrant parents, James Mullins, a clerk, and his wife Eliza (née Lane). He was educated first at St Mary's College, Lyndhurst, a school run by the Benedictine Order, and later at Sydney Grammar School.

Mullins's medical training

Of Irish Catholic descent, he opted to undertake his medical education at the University of Dublin, where he graduated in both Arts and Medicine (MA, MD). In 1890, at the age of 28 he was awarded the degree of Doctor of Medicine (MD) at the university. The University of Sydney subsequently granted him its MD degree *ad eundem gradum* on the basis of his Dublin doctorate.

On his return to Australia, Mullins worked as a specialist physician. At St Vincent's Hospital, Sydney, he successively filled the positions of assistant physician, honorary physician, consulting physician, and medical officer-in-charge of the electrotherapeutic department. He also became the honorary director of the department of special therapeutics at the Sydney Hospital in Macquarie Street, Australia's oldest hospital (founded 1788).



Lieutenant-Colonel George T Lane Mullins as Commanding Officer of the 4th Australian General Hospital, Randwick, about 1916.

Mullins's military career

Mullins had a long association with the Australian Army's medical service. Because he was already a Captain when he was appointed Chief Superintendent of the St John Ambulance Brigade in 1901, he must have joined the service soon after the creation of the Australian Army in 1901 — even if he wasn't already an officer within the colonial militia. He then held a series of positions of increasing responsibility within the Australian Army Medical Corps (AAMC, formed 1903). His appointments included Adjutant Staff Officer for Medical Services, acting Principal Medical Officer, Chief Instructor within the Officers' School of Instruction, Examiner in Military Sanitation and finally Commanding Officer (CO) of the Randwick Military Hospital, formally called the 4th Australian General Hospital (4AGH) in Army terminology. He held the last of these positions as a Lieutenant-Colonel for the last two and a half years of his life before his sudden death from a heart attack at the early age of 56 on 19 March 1918.

Mullins was CO of 4AGH at a critical period in its history. At the time it was the principal military hospital in NSW. When he took up his appointment there, about September 1915, the Gallipoli campaign was underway and the great August offensive at Gallipoli had produced thousands of casualties. As Mullins was taking over at 4AGH, hundreds of the wounded from Gallipoli would have begun arriving there. And then during 1916, 1917 and 1918 many hundreds more wounded from the battles on the Western Front in Europe and the Sinai-Palestine campaigns in the Middle East, would have flooded into the hospital. Did the stress of his job at 4AGH contribute to his unexpected death? The answer is probably 'Yes'.

The diverse interests and involvements of Dr Mullins

Apart from his professional and military commitments, Mullins had a diverse range of interests and involvements. In 1913 he was a co-founder of the Red Cross Society in NSW, of which he served as the Director from 1914. He was also a Life Member of the Red Cross Society of Japan.

Another major interest was the Voluntary Aid Detachment (VAD) movement, of which Mullins was a pioneer in NSW. During the absence overseas on World War I service of the VAD's NSW Director, Colonel Reuter E Roth (who, as seen, was also the Medical Officer in Chief of the St John Ambulance Brigade in NSW), Mullins served as the acting director.

Mullins's other involvements included an appointment as consulting medical officer at the French Consulate in Sydney. In 1894 and 1899 he was Vice-President of the Intercolonial Medical Congress (later the Australasian Medical Congress), the major periodic conference for the medical profession in Australia and New Zealand. He was the consulting medical officer for the French Consulate in Sydney. In 1900 he joined the executive of the Australasian Catholic Congress and took an active interest in the Sacred Heart Hospice for the Dying. A keen traveller, his overseas excursions took him across much of Europe. He was also the author of various books and pamphlets, the titles including *Tuberculosis and the public health* (1898), *A brief history of smallpox and vaccination in New South Wales* (1898), *Camps and camp hygiene* (1908), *A junior course of first aid* (1910) and *Medical Electricity* (1915).

Mullins's family life

I have been able to learn little about Mullins's private life. I have discovered that at the age of 29 he married Miss Mary Burke, a daughter of one Patrick Burke of Orange, NSW, in St Mary's Cathedral, Sydney on Tuesday 28 April 1891. The wedding ceremony was conducted by none other than the Cardinal Archbishop of Sydney, Patrick Moran. After a wedding breakfast at the Hotel Metropole, the couple departed by train for Melbourne and then took a ferry to Tasmania, where they spent their honeymoon.

George and Mary Lane Mullis appear to have had three sons: James, George Jnr and Meldan Lane Mullins. ('Lane Mullins' was not a hyphenated name at that stage. 'Lane' was simply a family name bestowed on various descendants of George's parents, James and Eliza Mullins (née Lane). Later generations of the family took to hyphenating it as 'Lane-Mullins'.) From George's obituary and the report of his funeral in the *Sydney Morning Herald* I surmise that James, George Jnr and Meldan were the only surviving children of the marriage.

The *Sydney Morning Herald* also tells us that one of George's older brothers was John Lane Mullins (1857–1939), a prominent Sydney solicitor and Sydney City Council Alderman. John Lane Mullins was the brother-in-law of another prominent solicitor-politician and Catholic layman, Sir Thomas Hughes (1863–1930), whose grandson is Tom Hughes (born 1923), the barrister and former Australian Attorney General and father-in-law of Malcolm Turnbull. Stating all this another way, we can say that George T Lane Mullins was a brother of a great-great-uncle by marriage of the present Australian Prime Minister.

Admittedly, that is an obscure connection, but it does indicate that both the Lane Mullinses and the Hugheses were leading families in Sydney's Catholic community. It also helps us realise that we cannot appreciate GT Lane Mullins's life and work unless we understand that the Catholic Church and Catholic faith were major reference points in his life.

Mullins's funeral

We do know quite a bit about Mullins's death, obsequies and burial, because they were reported at length in the *Sydney Morning Herald*. As mentioned, he died unexpectedly of a heart attack on 19 May 1918. Two days later, he was buried with full military honours after a requiem mass in St Joseph's Catholic Church, Woollahra, on Thursday 21 March 1918. His coffin was then ceremonially taken to the Waverley Cemetery on a gun carriage pulled by six black horses and escorted by 300 soldiers from the Liverpool Army Camp.

It was a large funeral, probably with hundreds present in the crowded church. They included representatives of the armed forces, the State government, the Army Medical Corps, Red Cross, St John Ambulance, the Randwick Military Hospital, St Vincent's Hospital, the VAD movement, the French Consulate, the British Medical Association and Catholic organisations.

As the funeral procession departed the church, the Liverpool Army Depot Band played the 'Dead March from Saul'; and then 'Chopin's Funeral March' as the cortège neared the cemetery. Three trumpeters from the Liverpool Army Depot played the 'Salute' and 'Last Post' at the graveside, where four priests shared in performing the burial rites. Quite a send-off and probably the largest so far for any St John Ambulance member anywhere in Australia up until that time and for a long time afterwards!



Lieutenant Colonel George T Lane Mullins, in dress military uniform, 1918, the year of his death. In this pencil portrait by Herbert Beecroft, Mullins is wearing his insignia of a Knight of Grace of the Order of St John.

Dr Mullins's St John Ambulance career

Mention at last of St John Ambulance, brings us now to Mullins's St John career. As already seen, he had spent a little more than a year as the 'Chief Superintendent' of the St John Ambulance Brigade's NSW District, 1901–1902, before succeeding the inaugural Commissioner, Lieutenant-Colonel ST Parrott, when the latter quit Australia to live in South Africa. At that stage Mullins was age 40. He then spent about eleven years in the position, 1902–1913. In his first three years in the position, Australia's first five Brigade Divisions were formed: Glebe Ambulance (Men's), Glebe Nursing (Women's) and Western Suburbs Ambulance Divisions in 1903; Sydney Central Ambulance in 1904, and Wollongong Ambulance in 1905. Another ten Divisions followed over the next eight years: Vaucluse Ambulance, Vaucluse Nursing in 1908; Western Suburbs Nursing and Rockdale Ambulance in 1910; Paddington Ambulance, Newtown Civil Ambulance Transport Corps, and Woollahra–Waverley Ambulance in 1911; and then North Sydney Ambulance, Marrickville Ambulance and Marrickville Nursing in 1913. By the time of the outbreak of World War I in 1914, the Brigade in NSW was well established, with 15 Divisions actively functioning.

Commissioner for the Commonwealth

The Brigade's leaders at St John's Gate in London must have been impressed by Mullins's leadership of the NSW District because in 1904 they appointed him as the Brigade's 'Commissioner for the Commonwealth', i.e the equivalent of the Chief Commissioner of St John Ambulance Australia in the post-World War II era. He held the position simultaneously with his District Commissioner's appointment in NSW.

As Commissioner for the Commonwealth, Mullins was expected to foster the growth of the Brigade in all six States, provide advice and support to District Headquarters staff in each and coordinate overall Brigade effort in Australia. It was an impossible brief to follow and no one, no matter how talented, hard-working and dedicated to the task, could have succeeded in such a position. It was one created 40 years before its time. In an era before modern air transport and electronic communications, remaining in regular contact with the Brigade Districts in the four States that then had them, was a time-consuming and difficult task. Mullins had no funds or support staff with which to fulfil his duties and, moreover, St John Ambulance in Australia had no national federal structure for managing St John business nationally — an innovation that would have to wait until the 1940s and the establishment of, first, the Commandery (1941) and then the Priory (1946) of the Most Venerable Order of St John in Australia.

Mullins seems to have tried valiantly to fulfil his Commonwealth Commissioner's role for several years; however, probably realising it was an unworkable position, he seems to have given up the effort. Instead, he concentrated on his Commissioner's position in NSW, in which there was more than

enough to do. Indeed, when the Civil Ambulance Transport Corps came under the Brigade's control in 1911, Mullins became responsible for the administration of an organisation that rapidly evolved into Sydney's metropolitan ambulance transport service. (The Corps remained under the Brigade aegis until 1922, when the State government took it over.)

Perhaps it was the mounting workload imposed by both his St John and Army appointments that prompted Mullins to resign as both NSW Commissioner and Commonwealth Commissioner in 1913. After that he appears to have withdrawn from St John. Meanwhile, in 1914 he was succeeded as NSW Commissioner by Dr Thomas Storie Dixson, who held the position until 1923.



Sergeant Jack Neilson of the Paddington–Woollahra Ambulance Division team, the 1928 winners of the Lane Mullins Shield for First Aid competition.

Mullins's honours and awards within the Order of St John

Mullins was admitted into the Order of St John and promoted to the grade of Knight of Grace, becoming one of the first St John members in NSW to become a 'KStJ'. He was also awarded the Service Medal of the Order. He was the first St John member in Australia to receive the Service Medal.

Another honour, albeit posthumously, was the 'Lane Mullins Shield' for the winning team in annual District-level Brigade first aid competitions between Ambulance Divisions over the 13 years 1923–1935. Glebe won it on five occasions, Paddington–Woollahra four times, Sydney Municipal Council three times and Marrickville once. In the years the shield was awarded, it commemorated Mullins's achievement in establishing the Brigade in NSW.

The first two St John Ambulance Brigade Commissioners appointed in Australia were both senior Army officers and each was a Lieutenant-Colonel. One, TS Parrott, was an engineering officer; the other, GT Lane Mullins was a medical officer. Both were men of wide experience and were greatly respected figures in turn-of-the-century Sydney. Through their knowledge and skill, the Brigade was well established in NSW by the time of the outbreak of World War I in 1914. Present-day 'St Johnnies' have cause to be grateful to them because they built an organisation that has survived, providing successive generations of St John first aiders with the means through which they may use their training and skills to benefit the Australian community.

Acknowledgements

The assistance from the following individuals and organisations are gratefully acknowledged: Dr Ian Howie Willis (Editor, *St John History*) Mrs Betty Stirton (Honorary Archivist, St John Ambulance NSW), the Institute of Surveyors NSW Inc.; the Institute of Civil Engineers UK, and the Australian War Memorial.

References

- Australian Dictionary of Biography*: 'Thomas Samuel Parrott'.
- Report of the wedding of GT Lane Mullins and Mary Burke, *Sydney Morning Herald*, 2 May 1891. Trove, National Library of Australia.
- Obituary for GT Lane Mullins, *Sydney Morning Herald*, 21 March 1918. Trove, National Library of Australia.
- Report of GT Lane Mullins's funeral, *Sydney Morning Herald*, 22 March 1918. Trove, National Library of Australia.

900 years of the Order of St John. The Knights Hospitaller, the Knights of St John

Bruce Caslake OStJ

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



This article will trace the ancient history of the Order of St John of Jerusalem from the early 11th century before the Crusades in Jerusalem. It seeks to explain why the Hospitallers (the popular name for members of the Order) started, how the Order evolved, and why it is still around today and has not disappeared like other similar contemporary Orders such as the Templars and the Teutonic Knights.

The Hospitallers' leading role in the Crusades continues inspiring students of history in the present era. In reviewing that role, here we examine why and how the crusades came to be and how the politics of the era influenced the way the Hospitallers developed as a crusading Order.

The Knights of St John also became master seafarers, more especially after their departure from the Holy Land. The article will accordingly examine the impact they had on Rhodes and Malta. In showing how the Knights changed the course of history in Malta, it will demonstrate what impact their 268-year sojourn in Malta had on world history.

The article also gives an overview of the differences between the Most Venerable Order of the Hospital of St John of Jerusalem and the Sovereign Military Order of Malta. In doing so it looks at the part King Henry VIII played setting in train events that ultimately led to the development of the present-day St John Ambulance movement.

Amalfi

The history of the Knights of St John goes back over 900 years. We cannot be exactly sure how the Order of St John started. The following is what I believe is the most plausible explanation of our beginnings. In around AD 1023 an Abbey of Benedictine monks in Amalfi started to look after their local parishioners if they became sick or injured. After some years their healing talents became well known in the area.

In around AD 1080 a very rich family of merchants in Amalfi approached the monks and asked if they would go to the Holy Land and set up a hospice to look after the Christian pilgrims arriving there from Europe as the trek was quite arduous and mistreatment by the Muslim officials and bandits en route was invariably a hazard.



The Cathedral of St Andrew, Amalfi, Italy, and the flag of Amalfi. The cathedral dates to the ninth century. Amalfi claims to be the birthplace of the Blessed Gerard, founder of the Order of St John, one reason why the Order adopted the Amalfitan Cross as its emblem.

Jerusalem

Under the leadership of Brother Gerard, the first leader of the Hospitallers, the brethren set up their first hospice in Jerusalem, just near the church of the Holy Sepulchre in a disused Greek Orthodox church of St John the Almoner. As monks they wore a black habit with a white cross of Amalfi embroidered on their left breast to remind them of their home land and to be pure of the heart

The Amalfi Cross to this day must be white for purity. The four arms of the white cross representing the Order of St John symbolise the cardinal virtues of prudence, justice, temperance and fortitude. The eight points of the cross, which stem from the four arms, represent the qualities of a good Knight: to live in truth; to have faith; to repent of sins; to give proof of humility; to love justice; to be merciful; (vii) to be sincere and to endure persecution.

The First Crusade

In AD 1094 an unknown priest was visiting Jerusalem. He was appalled by the way the Christian pilgrims were being treated by the Muslim authorities, so he took this information back to Europe and eventually informed Pope Urban II of the situation (this priest would become well known in later years as Peter the Hermit who led the Peoples Crusade in AD 1096). In Europe, Christian princes were fighting each other over lands and riches, placing the whole of Europe was in turmoil. The Pope needed something to unite Christian Europe, and the information provided by Peter gave them a common goal and foe. The chance to save the Holy Land from the Infidels and Christian evil doers in Europe would have opportunity to gain remission for their sins by fighting united under the Cross.

On 27 November AD 1095, in the fields outside Clermont in the South of France, the Papal throne was set up. The word had been spread far and wide that the Pope was going to deliver a very important message to all the people of Europe. After speaking to those who assembled, Pope Urban II started the First Crusade by urging those assembled at Clermont to free the Holy Land from the Saracens infidels, i.e. Arab Muslims.



Pope Urban II preaches the Crusade in Clermont, France, on 27 November 1095.

Pope Urban told his audience 'God Will It' and that slogan became the Crusade's rallying cry. The crusade was considered holy work, and therefore in God's name no wrong could be done. This of course left the door open for mass murder and destruction, not only in the Holy Land but on all paths leading there!

Peter the Hermit also started to inspire the common folk to 'take up the Cross', the expression used for going on Crusade. On 8 April AD 1096 he set out with 40,000 followers for the Holy Land. It was an untrained and uncoordinated rabble doomed to fail. In October of that year the Turkish Army near Constantinople wiped them out with ease. Peter the Hermit survived the action to later join the First Crusade.

The capture of Jerusalem

After accepting Urban II's invitation to 'take up the Cross', the Kings of Europe despatched armies to the Holy Land. Some marched overland; others travelled by sea. In December AD 1096 the last of the four armies arrived in Constantinople. The total number of forces was around 100,000. Little did they know what was in store for them: three year of marching, gruelling sieges, ferocious battles, several periods of famine, and months of pestilence — only 20,000 would make it to their goal of Jerusalem.



The capture of Jerusalem by the First Crusade on 15 July 1099. This 1847 painting, by the French artist, Émile Signol, gives an idealised, sanitised version of the occasion. It fails to portray the savagery and scale of the bloodshed that followed as the Crusaders occupied the city.

On the 15 July AD 1099 Crusaders under Godfrey of Bouillon and Count Raymond of Toulouse captured Jerusalem. This also led to a huge blood bath. Many of the occupants of Jerusalem in the city when the crusaders breached the walls were slaughtered regardless of sex, age or religion. In all an estimated thirty to forty thousand people perished. That set the tone for later events.

The Hospitallers and the First Crusade

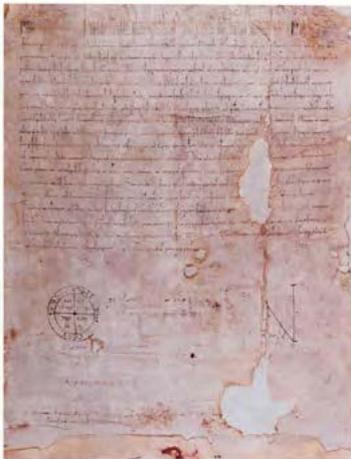
The Hospitallers were already inside the walls of Jerusalem as the Crusaders besieged the city. They had continued running their hospice, looking after the poor, the sick and the injured of all faiths. The Muslim leader Ifkhar, the Egyptian governor of Jerusalem, had allowed them to stay out of respect for their work.

It is said that Gerard threw loaves of bread over the walls of Jerusalem containing important information about the military disposition of the city; and this helped the Crusaders in gaining access to the city.

After the Crusaders had taken Jerusalem, the Hospitallers were well rewarded by none other than Godfrey de Bouillon, Duke of Lorraine, who made over generous endowments to them. Thus began the Hospitallers' accumulation of wealth. Their dedication to the poor, sick and injured was also rewarded by those they treated, many of whom were knights who showed their appreciation by way of donation. Over time many more gifts and endowments helped the Hospitallers become one of the most powerful and richest of religious orders in Europe. This wealth fully funded the Hospitallers well into the future.

Separate status as the Order of the Hospital

On 15 February 1113 Pope Paschal II recognised the Hospitallers in a Papal Bull as a separate and independent monastic order. The Bull, *Pie Postulatio Voluntatis* ('A pious request and desire'), made the brethren answerable only to the Pope and gave them the right to elect their own leader. Gerard became the Rector. (During the reign of Gerard's successor, the title changed to Grand Master.)



Pie Postulatio Voluntatis, the Bull of Pope Paschal II which, issued on 15 February 1113, granted the Hospitallers authority to be a separate religious order.

The Hospitallers used their growing wealth to set up further hospices to help care for the pilgrims on the way to the Holy Land. Their fame and fortune spread far and wide throughout the Holy Land and Europe. Their increased wealth and responsibility transformed them from a small group of monks into an international brotherhood. They changed the 'Rule' (regulations for governing a religious order) from that of the Benedictine order to that of the Augustinian order, which gave them more scope for their community-oriented endeavour and which required them to engage in charitable work, looking after the poor, sick and injured.

In time the Order's good works helped its brethren become respected throughout Europe as well as in the Holy Land. As the Order of the Hospital of St John of Jerusalem, the Hospitallers became prominent among the religious orders of Catholic Christendom. Meanwhile, they adopted St John the Baptist as their patron saint.

The Templars

In AD 1118 a group of eight knights led by Hugh de Payens, a knight from Champagne in France, took up the sword to protect the pilgrims travelling up to Jerusalem from Jaffa, the nearest port to Jerusalem for pilgrims sailing from the west. The 65-kilometre route inland to Jerusalem required the pilgrims to run the gauntlet of bandits determined to rob, maim or kill them.

The group of knights led by Hugh de Payens, like the Hospitallers before them, soon became a separate order of monks. Because of their vows of poverty, they were known as the Poor Knights of Christ, but they became better known as the Order of the Temple and the Order of Templar Knights. This was because they made their headquarters in the Al Aqsa Mosque on the Temple Mount in Jerusalem, mistakenly believing that the mosque was the ancient Temple of Solomon.

In time, the Templars and Hospitallers would become fierce rivals as well as knightly brothers-in-arms.



Fighting men of the Order at various stages in the Hospitallers' evolution as a military monastic order.

A military role for the Hospitallers

In AD 1120 Raymond du Puy, a French nobleman, succeeded Gerard as the Rector of the Hospitallers. He adopted the title of Grand Master of the Order. He also transformed the Order of St John into a military monastic order. The change helped attract other noblemen from Europe into the Order. In the process, knights took over from religious monks as the dominant force within the Order. Henceforth, the Order was run by 'professed' knights, that is knights who were also monks because they had taken vows of poverty, chastity and obedience.

In this form the Order continued in the Holy Land until 1291, then in Cyprus until 1306, in Rhodes until 1522 and in Malta until the Knights' expulsion by Napoleon in 1798. Through all that time they remained Hospitallers because they retained their devotion to the poor, sick and injured in addition to fulfilling their military function of protecting Christendom against militant Islam.

Together, the two major military Orders, Templars and Hospitallers, played a key role in maintaining the security of the Crusader states in the Middle East.

The resurgence of Islamic forces and the Crusaders' loss of the Holy Land

The Crusaders' numbers were small compared to those of the Muslims. The only way that the Military Orders could maintain a hold on their lands in the Middle East was to build a network of strongly fortified castles. From their 'Crusader Castles', many of which remain more than 800 years later, they could send out raiding parties to attack Muslim strongholds in their area and then retreat back into the safety of their castles. One of the best examples of a Hospitaller castle is Krak des Chevaliers in Syria, just north of the border with Lebanon. This network of Crusader Castles maintained the security of the Crusader states for over 100 years while the various Muslim rulers of the region were fighting amongst themselves.

It took 18 years for Saladin, a Kurdish-born prince who became the sultan or ruler of Egypt, to unite the Islamic states into one force. He realised that to push the 'Franks' (European Christians — Crusaders) out of the Holy Land would take a united front. In the end his empire stretched from North Africa to the frontiers of Persia.

On 4 July 1187 Saladin defeated the Crusaders at the Battle of Hattin, fought on the 'Horns of Hattin', a twin-peaked extinct volcano above the western shore of the Sea of Galilee. This battle was the first phase of the Muslim fight-back for the Holy Land. Around 200 Hospitallers and Templars were beheaded after the battle as they were considered to be too great a threat to be left alive. It is said that if any of them had renounced their faith they would have been spared, none did. Saladin swiftly went on to recapture most of the Holy Land for Islam. Jerusalem surrendered to him on 2 October.



The Battle of Hattin, 4 July 1187, was a crushing defeat for the Crusader army and a turning point in the history of the Crusades. In this photograph participants in the fifth annual re-enactment of the battle, scheduled for 3–5 July 2016, rehearse on the flanks of the 'Horns of Hattin' in January 2016.

What unfolded next was the preparation of the Third Crusade. Saladin's victories set alarm bells ringing throughout Europe. For the first time not just one but three kings personally took up the cause of the Cross. They were King Henry II of England, and when he died his son King Richard 1 of England otherwise known as Richard the Lionheart; King Philip Augustus of France and Emperor Frederick of Germany. King Henry's preparations for the crusade started early in 1188. When he died on 6 July Richard took over and decided that his army would be transported by sea to the Holy Land.

About a year later in 1189 Richard I joined King Philip in Sicily for the winter before heading to Cyprus in 1191. In Cyprus he was also wed to Princess Berengaria on 12 May. Emperor Frederick of Germany did not make it to the Crusades; he drowned in the river Goksu in Turkey on 10 June 1090. King Richard finally arrived in Acre, a northern port in present-day Israel, on 8 June 1191 to find the city of Acre was held by Muslim forces while another Muslim force headed by Saladin held the surrounding land with King Phillip's army caught between the two.

In a very short time King Richard's forces tipped the balance and defeated the Muslim forces in the city and scattered Saladin's army on the outside. He then took up residence in the Hospitallers' fortress to plan for his next move to recapture Jerusalem. After some three months, because of treachery and distrust within the crusader forces, King Philip and his army left for Tyre and then returned home to France, leaving King Richard to continue the fight for the Holy Land.

Three months after that, Richard marched south from Acre, heading along the coast towards Jaffa and then onto Jerusalem. On the way at Arsuf on 7 September 1191 the Hospitallers finally retaliated by leading an attack on Saladin's army. (The Hospitallers were bringing up the rear of Richard's advancing army.) Richard saw what was taking place and sent the whole army to assist the Hospitallers. Saladin's army was caught off guard.

A great victory was won by the Crusaders and Saladin's army was defeated in this battle but this action reduced Richard's forces. When he finally reached Jerusalem he realised that he could win the battle to capture the city but he did not have the numbers to hold the Holy City. He accordingly negotiated a truce with Saladin. The provisions of their agreement allowed unhindered access to Jerusalem for Christian pilgrims. On the 9 October 1192 Richard I sailed for home, ending the Third Crusade.

The Third Crusade was the last 'high water mark' in the Crusading period. Henceforth a slow deterioration in the Crusaders' fortunes ensued, continuing until 1291, when Muslim forces drove the remaining Crusaders from Acre, their last bastion in the Holy Land.

The Hospitallers in Cyprus and Rhodes

In AD 1259 Pope Alexander IV decreed in a Papal Bull that the habit of the Hospitallers should be a black mantle in peace time with the white Amalfi Cross on the left breast to represent purity of the heart. In time of war they should wear a blood-red surcoat with white cross to signify their blood sacrifice on the battlefield.

Women were also admitted into the Order of St John in 1259 to help nurse the poor, sick and injured. They were known as the Sisters of St John.



Kolossi Castle, west of Limassol, Cyprus. The castle and its surround estate were held by the Knights Hospitaller from 1210. The present castle was built in 1454 by the Hospitallers, who by then were known as the Knights of St John of Rhodes. After their expulsion from Acre in 1291, Kolossi remained their main base until they took full control of Rhodes in 1309.

With the fall of Acre in 1291, all that remained of the Hospitallers in the Middle East were the Grand Master and a few remaining knights who retreated to Limassol in Cyprus. They took up residence in Kolossi Castle for the next 18 years. This was the end of the Crusades in the Holy Land.

At Kolossi, the knights started to rebuild their Order. Among their activities was the establishment of a sugar refinery and the production of wine. Wine is still made in the Commandaria region of Cyprus today, at the Keo St John winery. 'Commandaria' is a very fine dessert port and well worth the trouble of obtaining it, which is possible in Australia.

On 15 August 1309, after over two years of campaigning, the island of Rhodes surrendered to the Knights. Rhodes had been occupied by pirates. The Knights of St John would use this island to keep up the fight for the Holy Land but now by sea. The Knights became master sailors during this period, attacking the Ottoman Empire trade routes in the Mediterranean.

This tactic was not only very successful but also very profitable for the Knights. It kept the campaign going, helped the Knights defend their organisation, financed their navy and funded a large-scale construction program. Their sea-borne campaigning was so successful and devastating to the Ottoman Empire that the Turks launched an attack on Rhodes in 1480 to exterminate the Order of St John. This was unsuccessful. Pierre d'Aubusson was the Grand Master at the time.

After his father's death AD 1522, Suleiman the Magnificent began the campaign to conquer Rhodes, which, begun by his father, aimed to rid the world of the Knights Hospitaller forever. This time the Knights were defeated. Suleiman the Magnificent allowed the now homeless Knights to take all their possessions with them, out of respect for the Order and courageous way the Knights had fought in this siege.

Malta

In hindsight, allowing the Knights to evacuate Rhodes was a tactical mistake of Suleiman because the Hospitallers would never give up their fight against Islam. Just 43 years later the Ottoman and Hospitaller forces would again oppose each other on the battlefield, this time in Malta. As we shall see, the outcome of Suleiman's Great Siege of Malta in 1565 would mark the start of the decline of the Ottoman Empire. The decline continued over succeeding centuries, until 1923 when the empire was dissolved following its defeats during World War I.

The Knights Hospitallers were given Malta in AD 1530 by King Charles V of Spain for the price of one hunting falcon per year. (This was the origin of the expression 'Maltase Falcon', a title immortalised in modern history by the 1941 movie of the same name starring Humphrey Bogart. The film actually had little at all to do with Malta.)

At the time the Knights took over the rule of Malta. At the time, the capital of island group was Medina. The first thing the Knights did was to change the capital city to the shores of the Grand Harbor near Birgu. They reformed the city by improving the forts of St Elmo, St Angelo and St Michael.

The Great Siege of Malta in 1565 by Suleiman's Ottoman forces proved to be a turning point in history. Against all odds the Ottoman Empire was turned back after suffering huge losses. It is said that if the Ottoman Empire had wiped out the Knights at Malta their next target would have been Rome and

then the whole of Europe, forcibly converting all conquered regions to Islam. If that had occurred, the world would have been a very different place. As it was, a weakened Ottoman Empire was still able to besiege Vienna in 1683!

The other major noteworthy point about the Great Siege of 1565 is the way the Maltese people fought to defend their homeland against Ottoman–Muslim aggression. The Knights of St John were so impressed by the courage of the locals during the siege that they let their eight-point cross be named after them, hence the term ‘Maltese Cross’, an emblem forever associated with Malta though not originating there.

With the Knights’ keen support, the naval war against the Ottomans continued. Five years after the Great Siege, on 7 October 1571, in the seas off the northern edge of the Gulf of Corinth (western Greece), near the Ottoman naval station of Lepanto. The Knights of Malta participated as a member of the Holy



League, an alliance of Catholic nations the Mediterranean. The Holy League’s fleet engaged the Ottoman navy in this historic battle, the last fought mainly by galleys. The battle, which lasted five hours, was a signal defeat for the Ottomans, who lost 210 of their 251 vessels. (By contrast, the Holy League lost only 50 of its 212 ships.) This Ottoman defeat effectively ended the Ottoman Empire’s period as a naval power.

The Battle of Lepanto, 7 October 1571, as depicted by an unknown contemporary artist.

The Hospitallers in England

The traditions of our Most Venerable Order are a modern outgrowth of the 400-year history of the Hospitallers’ Grand Priory of England before its suppression during England’s religious reformation between the 1530s and 1560s. During the mid to late 1100s, the Hospitallers began acquiring estates in Britain and Ireland. As years passed three centrally located priories became the Knights’ headquarters in the British Isles — Clerkenwell in London, Torphichen near Edinburgh and Kilmainham in Dublin.

The Knights also had many commanderies or lesser regional houses, for example the Commandery of Maplestead in Essex, Coningsby in Hereford and Swingfield in Kent. Eventually there were more than 40 such Commanderies, each holding extensive lands. In time the Priors of England, Ireland and Scotland possessed such vast estates they were among the greatest of landowners.



Now a museum, Coningsby hospital and chapel was occupied by the Knights Hospitaller from the thirteenth century. One of the museum’s ‘exhibits’ comprises the skeletal remains of a Hospitaller who was entombed beneath the floor and can now be viewed through a glass panel set in the floor.

Over some four centuries, the Order’s priory at Clerkenwell grew into a town of its own. As every Cadet who wears the ‘Knowledge of the Order’ proficiency badge will know, all that survives are the crypt of the Grand Priory church, built about 1185, and the gatehouse constructed in 1504. (The crypt is now a chapel of the Most Venerable Order while the gatehouse, now called St John’s Gate, has become the Order’s ceremonial headquarters and museum.)

In the end the Hospitallers’ great wealth in England was their undoing. Their downfall followed King Henry VIII’s long dispute with the Pope over his divorce from Queen Catherine of Aragon and remarriage to

Anne Boleyn. His motive for divorcing Catherine was to sire a male heir to ensure the perpetuation of his Tudor dynasty. Excommunicated, he split the English church from Catholic Christendom and appointed himself as its head. Coveting the wealth of the religious orders, in 1536 he began abolishing them and confiscating their estates — a process remembered as the ‘dissolution of the monasteries’. In the process, Hampton Court, once a Hospitaller Commandery but more recently the palace of Cardinal Wolsey, also came under crown control as one of Tudor palaces. In the subsequent sell-off, the Knights lost everything in Britain and Ireland without, of course, any compensation.

Those members of the Order who resisted its suppression and the confiscation of its estates, or who simply remained loyal to the Catholic faith, were accused of treason and executed.

The suppression of the Hospitallers continued under Henry’s Protestant son, Edward VI. His successor, his older Catholic half-sister Mary I, restored the Order in 1557; however, her successor, her Protestant half-sister Elizabeth I, Anne Boleyn’s daughter, confirmed the suppression after her accession to the throne in 1558.

The loss of Malta

The Knights retained Malta for 268 years, 1530–1798; however, after the Ottoman naval threat receded during the late 1500s their influence waned. They developed Malta and its principal town, Valletta, into a vast system of fortresses. Despite that, their military function diminished, tending to become ceremonial rather than strategically important for Western Christendom. Increasingly, they became an anachronism.

There were many reasons for the Knights’ decline during the seventeenth and eighteenth centuries. Among others were these:

1. they lost their main purpose after the military decline of the Ottoman Empire because there was no one for them to fight
2. they were not allowed to fight other Christians; and so they could not perform their military function anywhere in Christian Europe
3. the French Knights and their Pories and *Langues* (linguistic groupings) had always been the strongest influence within the Order, but that influence was lost with the outbreak of the French Revolution in 1789. The French Pories were suppressed, as in Britain and Ireland more than two centuries earlier; and that deprived the Order in Malta of its chief source of revenue
4. the Knights lost the art of warfare. Their ceremonies might have been colourful displays of military splendour, but not much else — all show with little substance.
5. some Grand Masters provided little leadership. For example, the 71st Grand Master, Ferdinand von Hompesch, the last to serve on Malta, was a weak, indecisive man. He disregarded advice to prepare Malta against an expected invasion by Napoleon Bonaparte’s navy.
6. out of touch with the Age of Enlightenment sweeping Europe, at the end the Knights were a ‘mediaeval fossil’ within Europe. For instance, they had become one of the Mediterranean’s main slave-trading states — an anathema to Napoleon, who was a product of Revolutionary France.

The Knights continued ruling Malta securely for another two centuries after Lepanto, but in 1798 their almost impregnable stronghold of Malta was surrendered to Napoleon, virtually without a fight. Expelled by Napoleon and their treasury plundered, the Knights dispersed. Some returned to their homelands and others were offered refuge in Russia. Paul I, the mentally unstable Russian Tsar, was crowned the Grand Master of the Order in 1799 but this was not recognised by the Pope.

The Sovereign Military Hospitaller Order of Malta

The Order remained in disarray for another three decades after the Knights’ expulsion from Malta. Stability returned after 1834, when the Order became permanently domiciled in Rome.

In Rome the regrouped Order was able to re-establish itself in new headquarters, in the ‘Palazzo Malta’ at no. 68 in the Via Condotti, previously the residence of the Order’s ambassador to the Holy See. The revived organisation is now known as the Sovereign Military Hospitaller Order of Malta.



Palazzo Malta, 68 Via Condotti, Rome, the base of the Sovereign Military Hospitaller Order of Malta since 1834.

Despite the word 'Military' in the title, that was a function surrendered after the expulsion from Malta. Though the Order remains without territory of its own, it retains 'Sovereign' in its title because it functions as a state.

The Order's purpose in the modern era is encapsulated in the word 'Hospitaller' of the title. The organisation now concentrates on charitable work, ambulance service provision and disaster relief around the world. The Order also focusses strongly on its continuing religious function as a Catholic order that embraces both both professed and lay members.

Through treaties between our Most Venerable Order and the three *Johanniter* Orders of Lutheran and Reformed tradition, the Orders of St John maintain fraternal links with each other. Together the four Orders comprise the 'Alliance' of non-Catholic Orders of St John. The Alliance Orders also have treaties of mutual recognition with the Catholic Order of St John, nowadays known familiarly as the Sovereign Military Hospitaller Order of St John of Jerusalem of Rhodes and of Malta.

'Recognised' and 'non-recognised' Orders of St John

Each of these five mutually recognising Orders of St John accepts the legitimacy of the other four. None of them, however, accepts the legitimacy of the dozens of self-styled, 'bogus' or 'Shickshinny' 'Johannine orders', all of which sprang up during the twentieth century.

For convenience, we may refer to the mutually recognising Orders of St John as the 'recognised' Orders; and indeed all five of them enjoy government recognition in the nations where they are active. The others, the self-styled Johannine orders, may collectively be referred to as 'non-recognised' because the 'recognised' Orders do not acknowledge their claims to legitimacy; and no government anywhere in the world accepts their claims. At the very best, the 'non-recognised' orders may be considered as fraternal, collegiate associations whose members mistakenly imagine they are 'Knights Hospitallers' and/or 'Knights of St John'.

The Most Venerable Order

The final point that needs to be made is that our Most Venerable Order is not the original Order of Hospitallers founded by Gerard and his brethren 900 years ago. Nor is it the mediaeval Grand Priory of England suppressed by Henry VIII. We do, however, claim to maintain the best of the traditions of the ancient Order.

Briefly, our origins date to 1831, when a group of Englishmen attempted to revive the ancient Hospitallers' defunct *Langue* of England. The story of this 'revival' is so often told that I need not dwell upon it now, other than to say that in 1858 the Sovereign Military Hospitaller Order in Rome rejected the 'revived' body's request for recognition as the duly reconstituted *Langue* of England. (My confrère James Cheshire has dealt with this matter in detail in the next article in this edition of *St John History*.)

Our Order then decided to strike out on its own. In 1888 it was granted a Royal Charter by Queen Victoria, which conferred on it the status of a British royal order of chivalry. With that, the 'revived' *Langue* became an Order of St John in its own right.

By then, of course, our Order had acquired St John's Gate (1874) and then the adjacent Church of St John. It had also established the St John Ambulance Association (1877), the St John Eye Hospital in Jerusalem (1882) and the St John Ambulance Brigade (1887); and from 1882 a series of overseas St John Ambulance outposts had been established, including Australia's first in Melbourne in 1883.

In conclusion I'll say that Most Venerable Order of the Hospital of St John of Jerusalem is not directly descended from the ancient Knights Hospitallers as, say, the Sovereign Military Hospitaller Order is. We nevertheless maintain many of the Hospitaller traditions, including our patron saint St John the Baptist, our emblems the Amalfi Cross and the white-on-red cross of St John the Baptist, our ceremonial garb of black mantles with white Maltese Cross of the left breast, our ceremonial nomenclature ('Grand Prior', 'Priory', 'Commandery' etc), our formal governing structure (the Priory Chapter) and our membership grades ('Bailiffs', 'Knights', 'Commanders' etc).

Even more important, our tradition of providing aid to suffering humanity without heed of race, creed, culture or class keeps alive the legacy of the Hospitallers. It is through that tradition that we share history with our spiritual forebears, the Hospitallers.

Let us be very proud of that!

References

- Battle Castles with Dan Snow*. DVD coproduced by Discovery Channel & Parallax Film Productions Inc, 2012.
Fra. Divall, R. *Pers. comm.*
Howie-Willis I. *A Century for Australia: St John Ambulance in Australia 1883–1983* (1983).
Kostick C. *The Siege of Jerusalem: Crusade and Conquest in 1099* (2009).
Nicolle D. *The Third Crusade: Richard the Lionheart, Saladin and the Struggle for Jerusalem* (2006).
Riley-Smith J. *The Knights of St John in Jerusalem and Cyprus, c. 1050–1310* (1967).
Wikipedia: articles on the Crusades, the Hospitallers, the Templars and related subjects.

‘Return to Sender’. The Letters Patent of Queen Mary I reinstating the Order of St John in England in 1554

James Cheshire JP, OStJ

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



My readers might be interested in knowing how I come to be the author of such a recondite article so apparently remote from the workaday concerns of the average St Johnny on public duty somewhere in Australia. I will accordingly explain briefly.

It happened because, yet again, I was corralled by the Historical Society’s Editor (Ian Howie-Willis) and talked into producing it. As is my wont, I met him for dinner in Canberra during one of my working visits there soon after his return from his 2013 trip to England. He was fresh from his experience of delivering a presentation to the quadrennial seminar of the London Centre for the Study of the Crusades at St John’s Gate in September 2013. While there he had seen on display in a black velvet-covered glass case one of our Order’s most treasured possessions — the original elaborately illuminated Letters Patent of Queen Mary I and her consort, King Philip of Spain issued in 1557 to re-establish the English *Langue* of the ancient Order of St John. As any aspiring St John historian will know, the *Langue* had been suppressed by Mary’s father, King Henry VIII, eighteen years earlier, shortly after the beginning of the religious reformation in England.

Agog with excitement at his personal viewing of this rare historic document, our Editor told me he’d viewed the Letters Patent in company with several English Knights of the Sovereign Military Hospitaller Order of Malta. They were of the strong opinion that the Letters Patent rightly belonged to *their* Order of St John, not ours.

Perhaps by way of reaffirming our right of possession, our Editor suggested that I should apply my recently acquired legal qualifications to the task of revisiting the vexed issue of whether or not our legitimacy as an Order of St John rests on Mary I’s Letters Patent of 1557 as well as on Queen Victoria’s Royal Charter of 1888.

Letters Patent

Letters patent (always plural) are legal instruments, that is a Letters Patent is a formal document that records and sets out in writing a legally enforceable act, process, contractual duty, obligation or right.

Letters patent are customarily issued by a Head of State. In a monarchy, for instance Australia or the UK, the monarch of the day may issue Letters Patent to grant an office, a title, an honour, a privilege or a monopoly to a person or group. In such cases, the Letters Patent serve as a public statement in which the monarch announces the granting of such favours.

A good example here is the Letters Patent issued by Queen Victoria to Surgeon-General William G.N. Manley VC in December 1875, conferring on him the right to produce and market an ‘improved ambulance litter’ or detachable stretcher mounted on a frame attached to two cartwheels — the famous ‘St John Ambulance’ from which our organisation takes its name. At the time, Manley VC was the head of the Ambulance Department of the Order of St John; and so the Letters Patent for the ‘St John ambulance’ were effectively granted to him, and through him his Ambulance Department, as the Order’s key co-stakeholders in the new litter.

Backtracking historically — a reminder of events and issues to Mary I's 1557 Letters Patent

What now follows is *not* a quiz for Cadets working towards the KOTO ('Knowledge of the Order') proficiency badge. Instead, it's a recapitulation of historical developments forming the background to Mary I's 1557 Letters Patent re-establishing the abolished *Languae* of England of the Order of Hospitaller.

To appreciate the effect of Mary's Letters Patent, let us briefly consider ten key events in Hospitaller history over the preceding five-and-a-half centuries. These may be summarised as follows:

1. 1099: capture of Jerusalem by the First Christian Crusade to the Holy Land. English knights took part in this Crusade.
2. Even before the Crusaders took Jerusalem, a hospice for pilgrims was being run there by a Benedictine monk, Gerard Thom, and a small group of his brethren. The hospice received support from affluent pilgrims and, after the First Crusade, from Crusaders returning home to Europe. Support for the brethren came in the form of bequests of funds and real estate.
3. 1113: the Papal Bull *Pie Postulatio Voluntatis* — in effect Letters Patent — of Pope Pascal II confirmed the hospice as an Order in its own right and appointed Fra. (Latin — *Frater*: 'Brother') Gerard as Rector (head) of the new Order.
4. c. 1144: an English branch (later termed *Languae* or 'Tongue', i.e. linguistic grouping) was established as a Priory of the Order at Clerkenwell, London.
5. 1187: victory of the Muslim forces under Saladin over the Crusaders in the Battle of Hattin, followed by the loss of many Crusader-held castles and towns, including Jerusalem. The Crusaders retreated to their last bastion in the Holy Land, Acre (Akko), a port city in northern Palestine.
6. 1291: Muslim forces conquered Acre. In retreat, the Order moved to the Crusader kingdom of Cyprus, where it based itself at Kolossi Castle.
7. 1309: under the Grand Master Fulk (or Foulques) de Villaret, the Order acquired Rhodes, which became its base in the eastern Mediterranean for the next 213 years, until expelled by the forces of Suleiman the Magnificent, the Ottoman (Turkish) Emperor, in 1522.
8. 1312: establishment of the formal administration of the Order through eight *Languae*, a system of governance based on linguistic groupings. In the case of the *Languae* of England, the *Languae* comprised the three English-speaking Priors of England, Ireland and Scotland.
9. 1330: under the English Grand Prior of the Order, Fra. Philip Thame, the Grand Priory of England continued acquiring estates. Eventually the Order owned some 50 manorial estates in the British Isles, where it was among the major landowners.
10. 1539–41: religious reformation in England and the dissolution of the monasteries. The property of the Order was sequestrated and membership of the Order forbidden within the realm.

Suppression of the Order in England

To elaborate on the last of these events, the abolition of the Order in England in 1539–40, the course of the suppression of the English *Languae* may be conveniently summarised by reference to relevant legislation enacted during the reign of King Henry VIII, the father of Mary I.

During the last decade of Henry's long (38-year) reign, 1509–47, five key Acts of Parliament were the legal instruments through which the Order lost both its property and the right to exist in England. They were as follows:

1. *Act of (Henry VIII) Supremacy 1534*, which made Henry VIII (rather than the Pope) the head of the Church in England.
2. *Dissolution of the Lesser Monasteries Act 1536*, which suppressed 536 minor religious houses, e.g. the smaller provincial abbeys and priories, and sequestered their property.
3. *Dissolution of the Greater Monasteries Act 1539*, which suppressed 200 major religious houses and sequestered their property. The Hospitallers' Grand Priory at Clerkenwell fell under this category.

4. *Suppression of Monasteries Act 1540*, which transferred to the Crown ownership, i.e. into the possession of Henry VIII, the property surrendered by the closed religious houses.
5. *Hospital of Saint John of Jerusalem (Possessions, etc.) Act 1541*, which confirmed the transfer to the Crown of all the property of the Order of St John in the realms of King Henry VIII.

Hospital of Saint John of Jerusalem (Possessions, etc.) Act 1541

I will now briefly consider the last of these five acts, which singled out the Order of St John for exemplary abolition. The preamble described it as ‘An Act concerning the Lands and Goods of the Hospitals of St. John of Jerusalem in England and Ireland, to be hereafter [placed] in the King’s Hands and Disposition’.

The 1540 Act provided that wherever Henry held dominion and his law was in force the Order of St John and its establishments ‘by whatsoever name or names they be founded, incorporated or known, shall be utterly dissolved and void to all intents and purposes’. That’s another way of saying that henceforth the Order was wholly suppressed within Henry’s kingdoms.

No one anywhere, in England, Ireland, Scotland, Rome or Malta, could be in any doubt that Henry had entirely extirpated the English *Langu*e within his realms.

This statement requires some qualification, however. First, Henry VIII was not the King of Scotland; and so he had no power to abolish the Order there. ‘King of Scotland’ was a title belonging to his nephew, King James V of Scotland (1512–1542), the father of the ill-fated Mary Queen of Scots. James V was the son of King James IV and Margaret Tudor, Henry’s sister. His maternal Tudor ancestry notwithstanding, James V was no friend of either Henry VIII or England. Indeed he died in 1542 soon after an English army defeated his army at the Battle of Solway Moss on the Scottish–English border.

The Henrician religious reformation in England nevertheless impacted on Scotland and the Scottish Hospitallers, whose headquarters or Preceptory had been at Torphichen (near Bathgate, midway between Edinburgh and Glasgow) for the 400 years since 1140. When the religious reformation spread into Scotland, the last of the Scottish Preceptors of the Order, Fra. James Sandilands, surrendered the Preceptory lands to the Crown in 1564.



King Henry VIII suppressed the Knights’ Hospitallers’ Grand Priory of England in 1539–1541. His second daughter, Queen Elizabeth I, confirmed the suppression on acceding to the throne in 1558.

And then, second, Henry VIII might not have succeeded in destroying the Order completely within his realms. There were continuing reports that the English *Langu*e continued operating ‘underground’ throughout the seven years of Henry’s remaining reign, during the six-year reign of his Protestant son King Edward VI and then into Mary I’s reign. If, as likely, these reports were true, the *Langu*e continued in secret for at least 12 years despite the *Hospital of Saint John of Jerusalem (Possessions, etc.) Act 1541*.

The Letters Patent of Queen Mary I and King Philip

Queen Mary I, unlike her father, half-brother (King Edward VI) and half-sister (Queen Elizabeth I), was never a Protestant. She was first and foremost a devout Roman Catholic who was intent on restoring England to the Roman Catholic fold. She was also married to a devout Catholic, King Philip II of Spain, a champion of the Catholic cause in Reformation-era Europe. Re-establishing the English *Langu*e of the Order of St John was therefore in keeping with Mary’s wish to ‘re-Catholicise’ her kingdom.

Mary and Philip issued their Letters Patent restoring the *Langu*e on 2 April 1557, almost four years after Mary’s accession and 19 months before her death. They were issued jointly in both Mary’s and

Philip's names. Like other Letters Patent of the era, it was a hand-crafted illuminated manuscript, written in Latin on parchment in a neat Tudor era script, with the margins elaborately and colourfully illustrated. The loop of the initial letter, 'P', of the opening phrase, '*Philippus et Maria...*', forms the frame of a portrait of Mary and Philip seated side-by-side on their throne.



The illuminated Letters Patent issued on 2 April 1557 to re-instate the Order of St John in England. The elaborately decorated initial letter 'P' in the Letters Patent includes a detailed portrait of King Philip and Queen Mary sitting side by side on the throne of England. The Letters Patent were promulgated under their joint names.

Force and effect of the Letters Patent

But what did Mary's–Philip's Letters Patent actually say? Essentially, they authorised the Archbishop of Canterbury (the principal cleric in England), Reginald Cardinal Pole, to restore the Order. They did so in characteristically verbose manner. In translation, the two key sentences read as follows (with the critical phrases emphasised here in bold, italic):

For that purpose, recollecting and calling to mind the Hospital of St. John of Jerusalem, which was lately suppressed in England, its revenues diverted into the hands and possession of King Henry VIII, the beloved father of our aforesaid Queen, and which, after the death of the said Henry VIII, father of our Queen, have in a similar manner come, by the hereditary rights said Queen, into our hands; furthermore, having most easily and clearly recognized and perceived the fact that before the above mentioned Hospital was dissolved, the great part of its possessions and revenues were wont to be employed, devoted to, and expended on ***the defence of Christianity, and for warring against the Turks and Infidels, and others who openly annoyed the Catholic faith of Christ and our Mother the Holy Church***, by the Prior and military brethren of the said Hospital; which Prior and military brethren not only have renounced this world with all its vanities, but have also been wont, when time and occasion called for it, with their utmost strength and aid to expend wealth, blood and life itself, in fighting against the Turks and Infidels all over the world;

Therefore we are most earnestly desirous, having carefully considered the measure, with the fervent piety which we owe towards the defence and extension of the Catholic faith, ***to renew, restore, create, institute and establish the sacred Order and religion of the English brothers of St. John of Jerusalem in this our Kingdom of England***, with their accustomed titles, style and dignities; and also to adorn and decorate the said religion, or Order, with all the old manors, lands, tenements, possessions, hereditaments, privileges and prerogatives which formerly belonged to the said Hospital, and which have come to, and now remain in, our hands, for the support of the dignity of the said Order.

In short, the Letters Patent sought to return the Order of St John to its previous pre-1539 standing in England.

But how much weight did the Letters Patent carry? Well, it had the full force of the law because it was lawfully granted; and Mary as Queen had the power to issue Letters Patent like this. Further, in the Tudor era, before the rise of the present notion of the constitutional monarchy, the royal prerogative included the power to institute religious orders without an act of parliament. We may therefore conclude that Mary was acting within her rights and that her Letters Patent was accordingly a valid legal instrument.

Unfortunately for the Order, however, its English *Langue* could not be fully restored. As seen, Mary I died the year after issuing the Letters Patent; and by coincidence Cardinal Pole died the same day, 17 November 1558. Meanwhile, the Order in England had long since been dismembered. Moreover, its former estates had been sold off; and whether they could be restored to the Order was problematic. In any case, Mary was succeeded by her Protestant half-sister, Elizabeth I, who quickly ordered the enforcement of the previous Henrician legislation in relation to the Catholic Church and its adherents.

At the same time, the English *Langue* had not yet disappeared entirely. Its Scottish Preceptory continued for another six years, until 1564, when the Prior in Scotland surrendered the Order's property to the Crown. In the meantime, both English and Scottish Knights continued serving within the Order in Malta.



The Hospitallers in England lost everything during the dissolution of the monasteries. Confiscated by the Crown, their estates were sold off and their buildings diverted to other uses. For example, under private ownership their Commandery at Swingfield, Kent, became a farm building.

Shown here in an 1807 copper engraving, it had become a dilapidated barn. Swingfield was a former Templar property granted to the Hospitallers after the Templars' suppression in 1306. The central front section of the building section was eventually restored and survives to the present.

Did the *Langue* remain extant post 1558?

The short answer to such a question is that of course it did. From the Order's point of view, while there were still professed English Knights, the *Langue* continued in fact and by custom, regardless of the anti-Order legislation enacted by the English parliament. By virtue of Queen Mary's and King Philip's Letters Patent of 2 April 1557, the *Langue* also remained a legal entity in England and Ireland. And as that Letters Patent was never rescinded, either by Elizabeth I or her successors, it is possible to argue that the *Langue* continued on in England as a legal entity, in theory if not in practice.

That was an argument favoured by the late Professor Anthony R. Mellows (1936–2016), Lord Prior of the Most Venerable Order of St John 2008–2014 and an eminent legal scholar who, among other appointments, was Dean of the Faculty of Laws in the University of London. He argued along these lines in an article in Volume 12 of this journal in 2012. He wrote that the parent Order, based in Malta from 1530 (i.e. before the Henrician Reformation in England), 'could treat the *Langue* of England as continuing to exist notwithstanding that the [Order's] corporation in England [i.e. the former English Grand Priory] came to an end'.

The Mellows argument depends on seeing the *Langue* and Grand Priory of England as different entities. The former, Professor Mellows argued, was a *religious* entity made up of monks who were also professed Knights. The latter, he argued, was a *property-owning* corporation. The *Langue*, according to Professor Mellows, continued in existence, both 'in fact and in law', even though the Grand Priory had been abolished, first in 1539–41 by Henry VIII and again in 1558 by Elizabeth I.



The late Professor Anthony Mellows (1936–2016), argued that the Order has directly and legitimately descended from the Hospitallers' Langue of England 'in fact and in law'.

The 1831 'revival' of the *Langue* of England

The Mellows argument also depends on the assumption that the men who 'revived' the *Langue* of England in 1831 were within their rights in doing so. Whether or not they had the power and authority to resuscitate a legal entity that had been dormant for over 270 years is a moot point.

I won't dwell on this matter, because it has been much written about previously. All I need say is that the French Knights and their English accomplices who 'revived' the *Langue* of England in the period 1827–1831 relied on an argument much the same as that of Professor Mellows. The *Langue*, they believed, was in abeyance not abolished; and so as Knights of the Order they were able to reactivate it.

The rest, as the saying goes, is history. In the period 1831–1858 the 'revived' *Langue* sought recognition from the parent Order. When that was denied in 1858, its members chose to establish their organisation as a separate Order in its own right. Within three decades, the new Order's good works through its St John Ambulance and Jerusalem Eye Hospital foundations brought it into favour with Queen Victoria. She conferred official status upon it through her Royal Charter of 1888. The Charter made it *both* a royal order of chivalry *and* a 'recognised' Order of St John.

Is there an 'ancient relationship' between the Most Venerable Order and its 'parent', the Sovereign Military Hospitaller Order of Malta?

Professor Mellows would have answered this question in the affirmative. The 1831 'Revival', he believed, was a legitimate act by a group of Knights of the Order acting in good faith in the sincere belief that that they had the authority to take the action they did. At the time, the Order was in disarray, still seeking to re-establish itself after its ejection from Malta, still searching for a permanent home and still rediscovering itself after its bizarrely anomalous sojourn in Russia under a Grand Master who was not only a Romanov Tsar but was neither Catholic (he was Russian Orthodox) nor a celibate monk-knight. Under the circumstances, the 'revived' *Langue* could legitimately claim direct descent from the ancient Knights Hospitaller.

Not all students of the history of the Most Venerable Order would agree with this summation of the situation. Most of those I know are perturbed about the 273-year period between 1558–1831, when the *Langue* was non-operational if not actually defunct. 'Can any entity, legal or otherwise, be resuscitated after such a long period of dormancy?' they ask.

I won't canvass all the viewpoints 'pro' and 'con'. Instead, I'll conclude by citing the views of just two members of the Most Venerable Order who together have previously pondered this issue: Professor Jonathan Riley-Smith, the Librarian of our Order, and myself. (We discussed the matter at length in 2006–2007 as I was preparing my first article for this journal — 'Origins and continuity: how the Most Venerable Order developed in the period before the 1888 Royal Charter', which appeared in *St John History* Volume 7, 2007–2008.) We have each used the analogy of the family to explain our viewpoints:

1. Jonathan regards the Most Venerable Order as the illegitimate offspring of the old Hospitaller family — *'A wayward son sired an illegitimate offspring in the village.'*
2. I myself prefer to see the Most Venerable Order as an adopted adolescent member of the family — *'No biological link to the parents or their ancestors, but accepted as part of the family.'*

There's also a third viewpoint — that of the Editor of this journal, Ian Howie-Willis, who states the situation like this:

3. 'Someone with the same surname as that of an ancient noble family discovers he has a remote and indirect genealogical connection with it; and, assuming he's a member of the family, convinces its other members of the validity of his claim to be one of them'.

What do *you* think? Whatever it is, we can be fairly sure that St John historians will continue debating the origins of the Most Venerable Order for as long as there are people who become St John historians!

Architecture of the Knights of St John

Heather Fogerty OStJ

Dr Fogerty is a retired medical practitioner who lives in Toowoomba, where she conducted a large private practice for many years. She has also lectured in anatomy and general practice at the University of Queensland. Her St John Ambulance involvements have included 20 years as the Divisional Medical Officer of the Toowoomba Division of Event Health Services.



Castles stir our imagination. Many are still to be found across Britain, continental Europe, the islands of the Mediterranean and the Middle East. Castles are built by conquerors to establish ownership of the conquered land and as a defence against invasion.

For this reason, the Knights of St John built their 'magnum opus', the castle Krak des Chevaliers, in a break in the mountain range that stretches from Antakya (Biblical Antioch) in modern Turkey to Beirut in Lebanon. From this vantage point the Knights were able to control the whole of Syria.

Anyone fortunate enough to visit this massive fortress, or even see it in photographs, will quickly realise that the ancient Order of St John helped develop the architecture of mediaeval fortification, raising it to the level of an architectural art form. Beyond that, the Knights contributed greatly to the development of other forms of architecture. As well as castles, the range included hospitals, churches, cathedrals, forts (as distinct from castles), priories and even cities (as at Rhodes and Valetta).

This article cannot cover this entire architectural field in the space available here. Instead, it aims to give an impressionistic overview, showing how the Knights adapted building design to suit the particular needs of the various functions their Order existed to serve.

The article is based largely on my personal experience of the Order's architecture during the excursions I have made with my husband (Vincent ['Vince'] Little KStJ) to explore the Knights' historical legacy. Because the Krak des Chevaliers is such an imposing structure and so dramatically communicates the Knights' determination to defend Christendom's stake in the Holy Land, I will begin this discussion by considering this castle first.



Krak des Chevaliers, Syria, before its damage by bombing during the civil war in 2014.

Krak des Chevaliers

Krak des Chevaliers was one of a series of castles that the Knights of St John constructed in the Middle East. Others were Belmont (west of Jerusalem), Belvoir (south of the Sea of Galilee) and Bethgibelin (Bayt Jibrin, northwest of Hebron). After the Crusaders were driven from Palestine in 1291, they built other major castles, at Rhodes, Bodrum (southwest Turkey) and Malta.

The Knights Hospitaller did not build the original castle of Krak des Chevaliers but were given it in 1142 by Raymond II, the Count of Tripoli (one of the Crusader States). The Knights, however, began rebuilding and greatly extending the castle about 1150. The rebuilding took a century to complete. Severe damage by earthquakes in 1170 and 1202 impeded this task.

Meanwhile, in 1188 Saladin had led an army against the castle but withdrew when he guessed that it was too well defended by its 400 Hospitaller troops to capture. The castle finally fell to the Egyptian Sultan Baibars in 1271.

The castle's architecture reflects its defensive function. As one writer has observed, it was essentially a 'fighting machine'. Unlike many castles in Europe, which, like, say, Dover Castle and Edinburgh Castle, are often really multi-purpose towns surrounded by defensive walls, the massive limestone

walls of the Krak des Chevaliers enclosed structures primarily designed to repel attackers and keep the defenders secure.

There are actually two walls, each containing a series of huge round towers from which the defending troops could fire missiles down upon attackers. The inner wall surrounds an area known as the 'inner ward' — a complex of connected buildings around a courtyard and including living quarters, chapel and stables, all of which comprise immense vaulted chambers. The only adornment is delicate stone tracery in the contemporary Gothic style in the chapel. The outer or curtain wall enclosed the 'outer ward', an area without buildings in which people from the surrounding countryside could seek shelter when marauding armies were in the vicinity.

After the departure of the Knights, the castle fell into ruins. Local people occupied these, turning the site into a village. During the French occupation of Syria under a League of Nations mandate 1923–1946, the French government resettled them elsewhere and undertook restoration work because of the castle's historic significance. In 2006 UNESCO declared the castle to be a World Heritage Site.

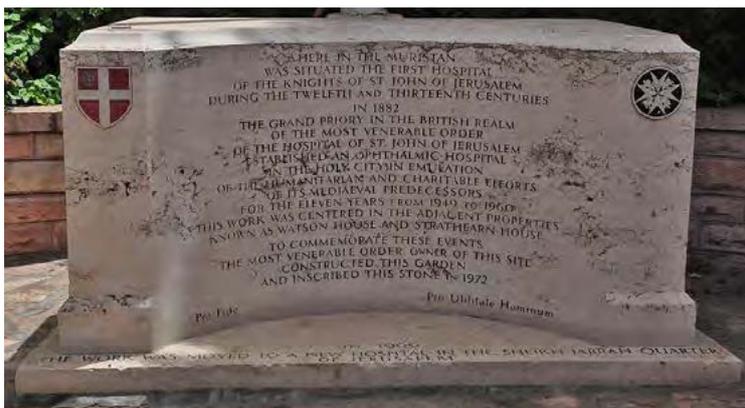
Unfortunately, since then the castle has suffered serious damage during the civil war in Syria. After rebel troops had been occupying the site for two years, in 2014 government forces bombarded the castle, killing over 90 rebels.

Hospitals

As the care of the sick and injured was and still is the *raison d'être* of the Order, hospitals were of prime importance in its efforts to alleviate suffering. Wherever the Knights of St John were based, they accordingly constructed large-scale hospitals of distinctive design in Jerusalem, Acre, Rhodes and Malta. These great hospitals were known as the Order's 'Sacred Infirmaries'.

The first hospital the Knights constructed was in Jerusalem in an area later known as the Muristan in the Christian quarter of Old Jerusalem. Vince and I discovered this by accident when we were wandering around the area in our visit to Israel in 2012. On this site the Blessed Gerard had commenced his work among sick and travel-worn pilgrims before the First Crusade.

The Knights took over a pre-existing building and greatly enlarged it so that eventually it could accommodate as many as 1000 sick and injured. After the recapture of Jerusalem by the Saracens (Muslims), the Knights were forced to leave and eventually the building was destroyed. A memorial stone placed there by our Most Venerable Order now marks the site. This is maintained by a group within the American Priory of our Order.



The stone monument erected in the Muristan area, Jerusalem, by the Most Venerable Order of St John, on the site of the hospital developed there by the ancient Order of St John.

Next to the Muristan site stands the present German Church of the Redeemer. While visiting the building, I noticed a poster advertising a forthcoming concert to be given in the church. So we enjoyed the first performance of an oratorio, 'David', by a German composer, performed by an amateur German choir for the first time outside Europe.

After the loss of Jerusalem by the Crusader forces in 1187, the Knights were forced to move further north to the ancient port town of Acre now known as Akko. Here they established their second major hospital in 1210. For reasons of space, however, they moved to the northwestern side of the town,

where a church, hospital and extensive living quarters were constructed. Documents confirm the completion of the building in 1249. This building was 'state-of-the-art' for the time. It had a toilet block with separate stone bowls connected to a sewerage tunnel which took the refuse out to the sea. In recent times the building has been extensively stabilised and restored and is open to the public. (The Australian St John History Tour of 2013 visited the building; and the 2017 History Tour plans to visit it as well.)



The fort of the Knights of St John, Kastellorizo, Greece.

Forts

As well as the castles mentioned above, the Knights of St John constructed lesser defensive structures which may be referred to as 'forts'. Often these consisted of a single tower. Examples are the tower on the Greek island Kastellorizo, off the southwest coast of Turkey, and the watchtowers around the coast of Malta.

In their centuries on Rhodes and Malta, the Knights built many such forts. During their sojourn on Rhodes they built and occupied forts on some of the neighbouring islands of the Dodecanese Group as well as their castle on the Turkish mainland at Bodrum. Indeed the island of Kastellorizo takes its name from the fort there: 'Kastellorizo' is derived from Italian 'castello rosso' or 'red castle'.

Undoubtedly the Order's two most famous forts were on Malta. These were Fort St Elmo and Fort St Angelo, which each played a critical role in the Knights' defence of Malta during the Great Siege of 1565.



Courtyard of the Sacred Infirmary (great hospital) of the Order of St John, Rhodes, viewed from its surrounding cloisters.

The Knights on Rhodes (1306–1522) and Malta (1530–1798)

After fleeing Acre, the Knights moved first to Cyprus, where they occupied the Kolossi Castle, west of Limassol. Wanting territory of their own, they began occupying the island of Rhodes in 1306. After resistance by the local population, they finally secured the island in 1309.

They turned the main town on the island, also called Rhodes, into a massively fortified citadel, within which they developed a city containing hospitals, churches, Grand Master's palace and

auberges ('inns') or halls of residence for the Knights, one for each *Langue*. In addition, because they now became a maritime power, they constructed wharf and port facilities as well.

The fortified citadel of Rhodes was necessary because of the ever present dangers of raids by the seafaring Muslims, among whom the ships of the Ottoman (Turkish) Empire were a continual threat. In 1480 an Ottoman fleet besieged Rhodes but eventually withdrew because of the Knights' determined defence of the city and island. In 1522 an armada of the Ottoman Sultan Suleiman the Magnificent again laid siege to Rhodes. Despite holding out for six months the Knights finally surrendered in December of that year.

Driven from Rhodes, the Order remained homeless for eight years until granted Malta in 1530 by the Spanish King Charles I, whose possessions included the island. As noted, in 1565 they withstood a siege by an Ottoman armada sent by Suleiman the Magnificent. They then retained the island until 1798, when Napoleon Bonaparte expelled them.

In their 268 years on Malta, and as on Rhodes earlier, the Knights developed a mighty walled citadel. This encompassed not one city but several — Medina, Birgu, Senglea and Valetta. The last of these, built after the Great Siege of 1565 contained port facilities, churches, hospitals, auberges, palaces and a cathedral.

The typical walled city of the Order had an architectural style of its own. That of Rhodes, for example, could be described as 'late mediaeval'. Those on Malta, especially the capital, Valetta, were in the baroque style. The differing styles reflect the historical era in which the cities were developed.



Church of St John the Baptist, Little Maplestead, Essex

Chapels, churches and cathedrals

As the Order of St John was not only a military order but also a religious order, one of many within Catholic Christendom, it built churches in various places in Europe where it established a permanent presence. Good examples are the churches it built in association with its Priors in England (at Clerkenwell, London) and Scotland (at Torphichen, near Bathgate), parts of each of which have survived. Another surviving Priory church is that of the Priory of Bohemia in Prague in the Czech Republic, which has continued into the modern era as a church of the Sovereign Military Hospitaller Order of Malta.

The Order also built many chapels or smaller churches, often in association with the Commanderies and Preceptories within its Priors. An excellent example is the charming mediaeval round chapel at Little Maplestead, Essex. In the gothic style and now called the Church of St John the Baptist, in the present era it is a local parish church for which our Most Venerable Order retains the advowson (i.e. right to nominate the vicar).

The only cathedral ever constructed by the Knights of St John was built after the siege of 1565, when the Knights established Valetta and developed this new town into their capital. Here they erected an edifice officially known as the Co-Cathedral of St John the Baptist.

Probably many of my readers will have been to Malta and will have visited this extraordinary building. Quite unprepossessing from the outside, it is a magnificent example of the emerging baroque style of the era. Indeed some observers regard it as the most grand and elaborately decorated building of any built in that style. The interior is magnificent: the barrel-vaulted ceilings are almost entirely covered with a series of huge frescoes depicting scenes from the life of St John the Baptist painted by Mattia Preti, a Calabrian Knight of the Order. The cathedral also contains many priceless works of art, including a famous Caravaggio painting, 'The Beheading of St John the Baptist'. Caravaggio was also a Knight of the Order, albeit briefly. Also available for inspection are a number of large beautifully bound volumes of what we would call hymn books. The notation is ancient and the hymns are in a musical style now known as Gregorian chant.



The barrel-vaulted nave of the Co-Cathedral of St John the Baptist, Valetta, showing the Mattia Preti frescoes on the ceiling. These depict scenes from the life of St John the Baptist.

Priories

A Priory for the ancient Knights Hospitaller was a major, national-level administrative structure within the wider Order. I have already mentioned three such Priories: those of England, Scotland and Bohemia. Others were the Priories of Ireland, Venice, Sicily, France, Castille, Navarre, Aquitaine, Hungary, Poland, Rome, Lombardy, Dacia (Denmark), Austria and Germany.

In time, many of the Priories developed headquarters that grew into extensive campuses encompassing many buildings. The Priory of England's famous estate at Clerkenwell on the outskirts of the city of London was one such. Added to over a period of 400 years, it contained numerous buildings of varying architectural styles, from early gothic (e.g. the crypt of the church) to early Tudor (St John's Gate). At its peak in the early 1500s, the campus contained the church, a hospital, Grand Prior's residence, administrative buildings, Knights' and chaplains' quarters, stables, workshops, workers' accommodation, the iconic gatehouse (St John's Gate) and even a school.



Ruins of the Church of St John the Baptist of the Knights Hospitallers' Slebech Commandery ('Priory'), Wales.

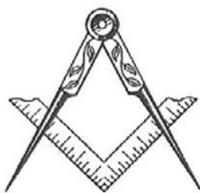
When in Wales late last year (2014), Vince and I were able to visit Haverford West in South Wales. Here we met some members of the Pembrokeshire Historical society who took us to visit Slebech, a short distance away. Here we visited the ruins of the original priory on the site. Though popularly called a 'priory', Slebech was actually a Commandery of the Knights Hospitaller. Among others, it cared for pilgrims travelling across Britain to the holy site of the Cathedral of St David just a few miles west.

Architects

Architecture is the science and art of designing buildings and other 'built' structures. All architecture requires an architect. When we look at ancient buildings such as the Krak des Chevaliers we wonder at the skill of the original builders, given that they had only basic tools and lacked the knowledge of advanced mathematics, physics and engineering theory that underpin modern architecture.

Buildings such as the Order's castles, hospitals and churches were constructed by masons. While their tools of trade were simple, the mediaeval masons had to undergo a long period of training, often up to 10 years. Each mason passed on his knowledge and expertise to those in training. Architecture, as distinct from the work of masons, evolved as a later profession. Specialist architects probably emerged initially in France, where the earliest gothic cathedrals were constructed. Architects were responsible for the drawings upon which was based the construction of a building by the master masons.

It is uncertain whether or not there were architects or master masons working within the Order as 'serving brothers' or, instead, whether the Order employed such specialists as occasion required. Whatever was the case here, those who designed and built the Order's castles, churches, hospitals, palaces and priories were master craftsmen. The survival of so many of the ancient Order's buildings across many centuries attests to that.



The symbol of the compass and the square is of course a familiar one, as an emblem of both stone masons (i.e. craftsmen working with stone) and of the freemasons (the international men's organisation). Just as the Order of St John has its famous eight-pointed Maltese cross, so the compass and square is a proud symbol representing the architectural and trade skills without which the wonderful buildings of the Knights Hospitaller could never have been constructed.

References

- Edmunds RM. *Architecture: An Introductory Survey*. Sydney Dymock's Book Arcade Ltd, 1938.
- Lewis B. *The Middle East: 2000 Years of History. From the Rise of Christianity to the Present Day*. Phoenix Giant, 1995.
- Macaulay R. *Pleasure of Ruins*. Thames and Hudson Ltd, London, 1964.
- Buttidgeig GG. 'The Baptist Cult and the Order of the Hospital' in *Journal of the Monastic Orders*, Issue 4, 2012, Malta Institute of Cultural Studies, 2012.

The St John Ambulance Historical Society of Australia.

A history

Edith Khangure CStJ

Dr Khangure is a retired professional librarian. She is the Historical Society's Deputy Secretary and the manager of the 'Ian Kaye-Eddie' heritage centre of St John Ambulance in Western Australia.



It may seem somewhat premature to be talking about this Society's history when we have not yet reached two decades of existence. However, past experience reminds us that St John people are so busy doing things that they do not have time to write about them. Hopefully this will not happen to us.

The St John Ambulance Historical Society of Australia was formally established on the 22 June 2001. Its own history however commenced some 4 years previously.

After 58 years, the Priory Library Committee was closed following the 1997–98 restructuring of Priory committees. The Priory Librarian, Dr Brian Fotheringham, was left with no national forum for the discussion of matters relating to St John, either historical studies generally, or in particular, the establishment and maintenance of repositories for library, archival, museum and other heritage materials.

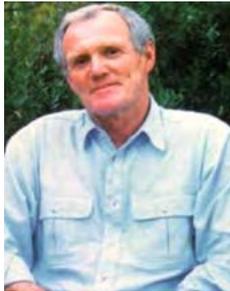


Dr Brian Fotheringham, Priory Librarian at the time of the closure of the former Priory Library Committee in 1998, who decided to form a 'Priory History Group' to continue promoting the 'history and heritage' cause within St John Ambulance Australia. In 2001 he became the Historical Society's inaugural President.

Dr Fotheringham was not without resources, however. He had made contact with various state and territory St John Librarians and Archivists during previous years developing collaborative efforts. Now, in consultation with the Priory Historian, Dr Ian Howie-Willis (who was also the Assistant Priory Librarian) and others interested in St John history, he decided to institute an informal Priory History Group to meet during annual conferences.

By August 1998 Dr Fotheringham was in contact with Kevin Young, The WA Commandery Librarian, and the group met for the first time in Perth on the 17 June 1999. It was allocated a two-hour time slot and about 30 people from most states and territory St John branches attended. Although only one paper was presented — Ian Howie-Willis spoke on the *Origin of the St John Ambulance Brigade in England* — the group agreed it had been a success and should become an annual event at the National Conferences. The group met for the second time in Adelaide in 2000 with Brian urging all of us to 'come and be historical'. Again it was successful with some 60 attendees listening to 2 papers, and, during its closing session, those present voted to establish the St John Ambulance Australia Historical Society. The meeting then approved a motion to appoint a small working group to draft a suitable constitution for the Society. This task was undertaken by Drs Fotheringham and Howie-Willis, Mrs Betty Stirton, Ms Beth Dawson and Dr Edith Khangure.

At the 2001 Brisbane meeting, attended by some 70 people who enjoyed four papers, the draft constitution was endorsed by the Priory History Group. Dr Fotheringham then took the proposal to the St John Ambulance Australia National Executive Committee. The Board of Directors approved both the formation of the Society and its draft constitution. Three months later, Professor Willis Marshall accepted an invitation to become the inaugural patron in September 2001. Since then, the Society has



Dr Ian Howie-Willis, Assistant Priory Librarian (informally known as the 'Priory Historian'), who helped Dr Fotheringham organise the first meeting of the Priory History Group in Perth in 1999. In 2001 he became the Historical Society's inaugural Secretary.



Mrs Betty Stirton (above) and Ms Beth Dawson who, with Dr Edith Khangure, joined the Priory History Group's working party which drafted a constitution for the proposed Historical Society.



Dr Harry Oxer (above) and Dr Allan Mawdsley, respectively the Historical Society's second and third Presidents.

never looked back. It has become a very active body, strengthening the appreciation of, and support for, the heritage of the wider St John Ambulance movement in both Australia and overseas.

There have of course been many changes over the years including managing the membership database and subscriptions. Office bearers have also changed. Dr Harry Oxer succeeded Dr Brian Fotheringham as President in 2005, and Dr Allan Mawdsley took over in 2011. The Society has had three Priory Librarians over the last 17 years: Dr Fotheringham until 2003; Dr Howie-Willis serving for the three triennia 1903-2012 and currently Professor John Pearn since 2012.

Up to 2007, the Society was a stand-alone entity responsible only to ourselves and largely dependent on our own resources. Having proved we were a viable concern, on 1 December 2007 we became a formal part of St John Ambulance Australia and the Society's constitution was changed to allow it to function as such. The Society's name now became the St John Ambulance Historical Society of Australia.

The numerous advantages flowing from these changes have included greater access to the Australian and state/territory offices, stronger support of our endeavors at all levels and in all branches of the organisation, more stable finances, more assured support for our publications, plus better recognition everywhere of the importance of the history and heritage cause we exist to advocate. One example of this was the expansion of allocated time for the Society at annual meetings. Initially we had some difficulties in having more than half a day for the seminar. We now command a full day without too much dissent. There have also been some rare disappointments, such as the commissioning of a working party from the Historical Society to investigate a possible lapel pin for members. The subsequent report, *Pinning Things Down*, was prepared and presented at the Society's meeting in 2009. For a number of reasons the National Office was unable to support this at the time. Whilst it has taken until 2015 to progress this, an end is in sight.

Society highlights have included visits to various St John Museums and Archives including Victoria, South Australia, Queensland, New South Wales and Western Australia where members attended the official opening of the Ian Kaye-Eddie Heritage Centre in 2006. In 2010 a special treat was a visit to the St John Museum at Williamstown and two of Victoria's medical museums. Perhaps our greatest highlight however was the international meeting during the conference in Sydney in 2012. As the Priory meeting coincided with the international Grand Council meeting, the Society was able to organise a two-day meeting, the first day being made up of presentations from representatives from a number of other Pories, whilst the second day was devoted to domestic contributions.

The papers presented at all meetings are extremely varied. They include numerous subjects such as biographies, first aid topics, equipment, art work, histories of divisions, numismatic and philatelic issues, Alliance and other Johannine orders as well as various other diverse areas of research.



The Historical Society's logo, designed by the Society's second Secretary, Mr James Cheshire. 'Borrowed' from the 1907 version of the Arms of the Commonwealth of Australia, it displays the shield of the Australian Priory of the Order of St John surrounded by the shields of the eight States and Territories. Immediately above the shield is the logo of St John Ambulance Australia; and immediately below is the seven-point 'Federation' star. It replaced an earlier informal logo depicting the 'red bar' logo of St John Ambulance Australia surmounting a boomerang.



St John History, the Historical Society's annual journal, publishes the papers delivered at the Society's annual seminars. Volume 1 was published in 2002; the present edition, Volume 16, was issued in 2016. The edition illustrated here in Volume 7, published in 2008. The front cover depicts the 2008 portrait by Evert Ploeg of the retiring Priory Chancellor, Professor Villis Marshall, who is also the Patron of the Historical Society.

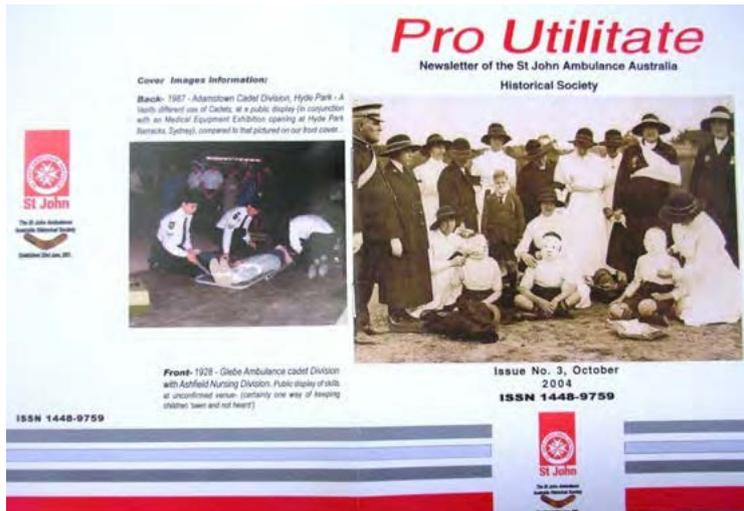
One of the most significant additions to the Society's role in pursuing our educational function has been fostering Cadet interest in St John history. The award of the Knowledge of the Order prize to cadets was one of our earliest goals and commenced modestly in 2004. The subsequent generosity of Professor Mark Compton has allowed the Knowledge of the Order (KOTO) prize to flourish since 2006. It does much to stimulate interest in the Order's history among younger St John members.

Our most successful achievement since inception has been in publishing history. Assistance from Cheryl Langdon-Orr, as Publications Officer between 2003 and 2007, and subsequently from the National Office, has been a great part of this success. We thank Shirley Dyson (2008–2011) and Gabrielle Lhuede (2011–2016) for their professional expertise in producing the printed works from 2008, and, maintaining our history on the St John website.

The first purpose of the Society as set out in the constitution is to 'promote and encourage the discussion, study, research and writing of the history of St John Ambulance Australia and the Order of St John'. The growth and interest in history, which we have subsequently fostered, has witnessed a steady increase in both the number of papers presented at annual meetings and the number of Australian St John books, many of which have been launched at our seminars. A quick browse through the newsletters keeps members current with the expanding library of St John monographs. From 2002, the Priory of Australia's *Annual Report* has also included an Historical Society report summarising events and progress. One other noteworthy initiative in publishing St John history was the series of articles which Loredana Napoli and Betty Stirton produced in 2008 to commemorate the 125th anniversary of St John in Australia.

Whilst attendance at the annual history seminars during the Priory meetings is open to anyone, over 250 Society members enjoy the benefits of our numerous publications which keep us informed of relevant developments. The most significant of these is the annual *Proceedings* of the seminar, published under the title *St John History*. These include copies of all papers presented, some occasional papers and brief summaries of the work from participating states and territories. Whilst our premier publication is the annual journal *St John History*, the less formal quarterly newsletters are also a veritable treasure trove of current news, historical features, interesting issues, dialogue and articles, all of which contribute to our own history. It should also be noted that our publications are sent to the National Library which by now has a substantial St John history collection.

The newsletters commenced as circulars to committee members in July 2001 but were renamed *St John Heritage* and made available to all Society members in February 2008 following the revision to our *Constitution & Rules*. By the end of that year they were renamed again as *Pro Utilitate*. (Some members may remember the original publication of this name — 3 small booklets on glossy paper with coloured illustrations in 2003–2004 — a quality product we were unfortunately unable to maintain). The newsletters also



Pro Utilitate, the Historical Society's quarterly newsletter. The edition depicted here was No. 3 in 2004, produced by Cheryl Langdon-Orr, who was then the Society's Publications Officer. By the end of 2015 a total of 54 separate editions had been produced and distributed to the Society's members.

include some humour (described by the author/editor, Ian Howie-Willis, as 'PU's most popular insert — a miscellany of whimsical humour, quaint facts and folksy wisdom for all who are patient enough to persevere'). They are available in hard copy or by email since 2008, and are very important as we can only meet in person at annual meetings and communication needs to be more frequent.

Our future is exciting. I believe we have some challenges to meet such as recruiting new members, establishing policy and procedure for capturing relevant email correspondence, developing our photographic library, publishing the three presentations from 1999 and 2000, and, archiving the KOTO material.

Current developments include the spearheading by Australia, via Dr Ian Howie-Willis and Professor John Pearn, of the formation of an international Historical Society by means, initially, of the production of an on-line journal. The formal title will be *One St John: the International Historical Journal of the Most Venerable Order of St John*.

In addition, a proposed new avenue to study Australian St John history for adults has been made. This will involve a syllabus for a national training package, which could lead to an accredited Certificate or Diploma in Order of St John Historical Studies — an adult version of the Cadets' Knowledge of the Order badge.

In summary, all Society members can reflect on an excellent start in our endeavors to research and write about St John personalities, topics and events, and, a very promising and broader future.



Members of the Historical Society's executive in 2012. Left-right are John Pearn (Priory Librarian), Brian Fotheringham (inaugural President), Ian Howie-Willis (Editor), Edith Khangure (Deputy Secretary), Allan Mawdsley (President) and James Cheshire (Secretary). Absent from this group was Gary Harris (Treasurer; inset). The picture was a gift card presented to Edith Khangure by John Pearn to commemorate the Society's highly successful International Symposium in Sydney in 2012.

Bibliography

- Fotheringham B. (2000). 'A Fabulous Beast associated with St John'. Unpublished paper presented at the 2nd Priory History Group, 21 June 2000, Adelaide.
- Fotheringham B. (21st June 2002). 'First Annual Report of the St John Ambulance Australia Historical Society, 2001–2002' in *Proceedings (of the SJAHS) for 2001–2002*, Volume 2, 2003, 2–5.
- Howie–Willis I. (1999). 'Origin of the St John Ambulance Brigade in England: transition from practice classes to uniformed first aid field service'. Unpublished paper presented at the 1st Priory History Group, 17 June 1999, Perth.
- Howie–Willis I. (2000). 'The Modern Orders of St John: making sense of Who's Who'. Unpublished paper at the 2nd Priory History Group, 21 June 2000, Adelaide.
- Howie–Willis I. *Pro Utilitate: newsletter of the St John Ambulance Australia Historical Society*. Issue No. 1, October 2003; Issue No. 2, April 2004 and Issue No. 3, October 2004.
- Howie–Willis I. *St John Ambulance Heritage*. 2008, Issues 1–3.
- Howie–Willis I. *Pro Utilitate*. 2008–14 ongoing.
- Howie–Willis I. (Editor) *Proceedings of the St John Ambulance Australia Historical Society*, Volumes 1–2, 2002–2003.
- Howie–Willis I. (Editor) *St John History; Proceedings of the St John Ambulance Australia Historical Society*, Volumes 3–6, 2004–2007/2008.
- Howie–Willis I. (Editor) *St John History: Proceedings of the St John Ambulance Historical Society of Australia*, Volumes 7–14, 2007/2008–2013/2014
- St John Ambulance Australia. *Annual Report*. 2002–2014.
- Napoli L. and Stirton B. (2008) *One St John: the magazine of St John Ambulance in NSW*.
- St John Ambulance Australia Historical, The Society. (2001) *Constitution and Rules*.
- St John Ambulance Historical Society of Australia, The. (2007) *Revised Constitution and Rules*.
- Working Party of the St John Ambulance Historical Society of Australia. (2009) *Pinning Things Down*.

Australian iconography of the Good Samaritan

John H Pearn AO, GCStJ

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



It's a safe bet that whenever the Most Venerable Order of St John conducts a church service, the homily will make reference to the Parable of the Good Samaritan. That is hardly surprising because the ethic of the Good Samaritan underlies all of the Order's charitable endeavour. More widely than in St John Ambulance, however, the notion of helping others in need with no expectation of personal gain exemplified by this parable is one deeply embedded in Western culture.

In this nation, too, the Parable of the Good Samaritan has a profound influence on contemporary Australian life. Delivered by Christ, *ex tempore*, in response to a lawyer's question, 'Who is my neighbour?',¹ the parable was recorded some four or five decades later by the Jewish physician, Luke.² Its seven verses encapsulate a text that is unquestionably one of 'The Great Speeches of the World'.



The Good Samaritan, a painting by Aimé Morot (1880) — one of countless thousands of depictions of the parable by artists over the centuries.

One exhortatory message in the Parable is that even the most insignificant, perhaps even the most marginalised members of society have an ethical duty to help others in need; and, by doing so, are an influence for good. Christ used the example of a Samaritan to make this point. The Samaritan religion was outside mainstream Judaism. Who were the Samaritans? They were a mixed-race northern Israelite tribe dating from the eighth century BC. Their original religion had its geographic centre on their sacred mountain, Mount Gerizim.³ Their religion evolved and differed from mainstream Rabbinical Judaism in several important ways. They opposed the rebuilding of the Jewish Temple, following its destruction by King Nebuchadnezzar II of Babylon after the Siege of Jerusalem of 587 BC. Their religion and culture became modified by Hellenistic influences after their subjugation circa 331 BC by Alexander the Great (356–323 BC). For example, they dedicated their second religious centre, at Shechem, to the Greek God, Zeus Xenios. To mainstream and conservative Judaism, perhaps exemplified by the lawyer who asked Christ 'Who is my neighbour?', the Samaritans were a despised minority who followed an unorthodox and heretical sect.

The message of the Parable of the Good Samaritan is the basis of proactive bioethics in the secular world of civilian society today. Every charitable and philanthropic society working in healthcare in Australia, every rescue and lifesaving association, every civilian ambulance and paramedic service — all have their basic terms of reference, their mission, based on the Parable of the Good Samaritan.

Since medieval times, when the great majority of the population could neither read nor write, the message of the Parable of the Good Samaritan was portrayed in pictorial form. This tradition has continued, indeed intensified, and is encountered today in the names and iconography of both religious and secular organisations. Paintings, statuary, medallion art and stained glass windows tell the story of the Good Samaritan by direct visual communication. This medium of advocacy, example and exhortation can be seen in numerous domains in Australia. One of the most aesthetic media is that of

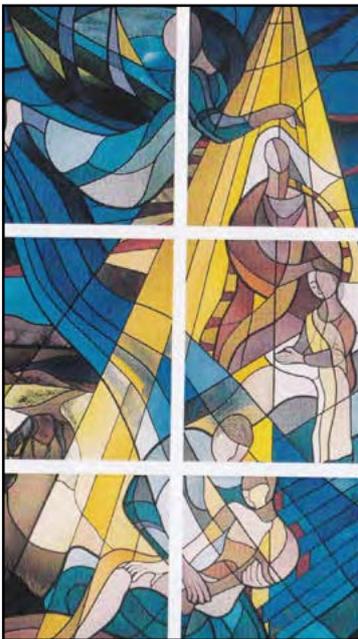
the stained glass window, where artists and glaziers have their work illuminated by back-light. This adds a lustrous sensate component to the primary message of practical compassionate care for the stricken. This paper records some Australian examples of this work.

The art

The Australian stained glass 'gallery' of the Good Samaritan is diverse in style and content. Some windows portray a single scene, in effect a metaphor for the Parable's message. Others depict a tableau of sequential images, taking the viewer along the sequence from the moment of cowardly assault on the traveller, on the Jerusalem-to-Jericho road; to the point where the Good Samaritan gave what was in effect an open cheque to the innkeeper for any necessary care and sanctuary for the injured man.⁴

Because of its complexity, the Parable of the Good Samaritan is sometimes described as an allegory, a more complicated account than a parable. The theological scholar, John Welch, wrote that in contrast to a parable,

an allegory portrays a larger picture, puts numerous pieces of an intricate structure into place, and helps to define relationships between various parties or human affairs...the typology prefigures, or is a shadow of a deeper reality that stands behind the simple verbal construct.⁵



'The Good Samaritan' stained glass window in the Chapel of the Royal Adelaide Hospital.

The style of the Good Samaritan windows in Australia varies enormously from neo-Renaissance styles, through Victorian hyperbole to semi-abstract portrayals of the scene. Some modern secular Samaritan windows adopted an abstract or semi-abstract style. Others employ a reductionary modern, reductionary treatment of faces and bodies. One such is the Good Samaritan window in the Chapel of the Royal Adelaide Hospital, 'a place of quiet retreat'.⁶ It was created by Cedar Prest and unveiled on 14 July 1982.⁷

The figures which portray the story of the Parable have an amorphous physiognomy; with angular faces in high-contrast chiaroscuro, in the figurative style popularized by the artists' group known as the 'Antipodeans' — Charles Blackman, Arthur Boyd, John Molvig and particularly Robert Dickerson (b. 1924).⁸

Some Australian Samaritan windows contain anachronisms. Some beautiful windows portray the metaphor as an Australian scene. One, in the Chapel of Cromwell College at the University of Queensland, portrays the Good Samaritan as an Australian outback drover.⁹ Another, the fine window in Northbridge Uniting Church in Sydney, also depicts an Australian Samaritan scene.¹⁰ Another, a memorial window to the philanthropist George Henry Bosch (1861–1934),¹¹ shows the victim bandaged with the most sophisticated St John Ambulance scalp bandage with herring-bone format, a technique first portrayed in Dr Peter Shepherd's '*Little Black Book*' of 1879.¹²

Many of the Australian windows are memorial windows to those whose lives have reflected the central ethos of the Parable. In practice, because of the *centrum* of emergency healthcare entailed in the Parable, a number of Australian Good Samaritan windows are memorials to doctors. One fine example is the Memorial Window to Dr William Hull Lewis (1806–1875) in St George's Anglican Church in Gawler, South Australia.¹³

The most beautiful, even inspiring examples of the Parable embody Ruskin's ideal: 'The true perfection of a painted window is to be serene, intense, brilliant, like flaming jewellery, full of energy, legible, with quaint subjects, and exquisitely subtle, yet simple in its harmonies'.¹⁴



'The Good Samaritan' stained glass window in the Chapel of Cromwell College, University of Queensland, which unusually depicts the Samaritan as an Australian drover and his patient as an Aboriginal stockman.



'The Good Samaritan' stained glass window in the St George's Anglican Church in Gawler, South Australia, a Victorian era memorial to a local medial practitioner, Dr WH Lewis.

The Samaritan windows in Australia are also permanent memorials to those who have crafted them. Artists at the Melbourne firm of Ferguson and Urie were an example of specialists in stained glass windows; and have their legacy in scores of Samaritan windows in Victoria. One of the best-known artists in the genre was John Radecki (1855–1955) of Wollongong. As a boy, he and his destitute immigrant father were taken in by strangers, fed and sheltered and given money. He repaid this Samaritan act in later life, as a skilled artist in glass, by the crafting of windows with the Samaritan motif.¹⁵

Whatever form or style the Good Samaritan windows take, most observers never fail to be moved by their imagery, especially when one sees the motif back-lit by the sun.

An Early Australian 'Good Samaritan' Window

An early window and the first 'secular' window to depict the Good Samaritan in Australia was an intricate window donated to the Melbourne Hospital in 1878 by the controversial surgeon, Dr James Beaney (1828–1891).¹⁶

James Beaney, born in Canterbury in Kent, emigrated to Melbourne and became, it is believed, Australia's richest doctor. He wrote the first medical text-book in Australia. He was a founder of family planning in Australia and a pioneer of paediatric surgery. Ahead of his time in the context of extreme medical conservatism in the Melbourne of his day, Beaney was a flamboyant, unrepentant promoter of innovation in medical education and social healthcare. He presented medals to medical students who showed enthusiasm and diligence in attending his surgical demonstrations. One example of these, the Beaney Medal, has survived and is held in the medical museum attached to the Brownless Library at the University of Melbourne.



The 'Beaney' Good Samaritan' stained glass window. One panel within an elaborate larger window, it was originally displayed in the old Melbourne Hospital on Lonsdale Street. Since then the window has changed location twice. It is currently displayed in the Food Court of the Monash Medical Centre in Clayton.

Australia's first medical medal

Beaney was a philanthropist, albeit one with a narcissistic streak in his personality, in the context of art and social welfare. His memorial in Canterbury Cathedral is the largest personal artefact in that famous church. In Australia, Dr Beaney commissioned a beautiful Victorian-style Good Samaritan window and donated it the Melbourne Hospital where he worked. It was fabricated by Ferguson and Urie at the enormous cost of 150 pounds. Using an index of the buying power of money and a measure of inflationary trends from that era to the present day, one estimates that Beaney's bequest was equivalent to a legacy in excess of \$100,000 today.¹⁷

Beaney's Good Samaritan window was originally installed in the West Wing of Melbourne Hospital, then located on Lonsdale Street in central Melbourne. Subsequently (1913), it was moved progressively to the Hospital Chapel when this was rebuilt in Russell Street. It remained at this site when the institution was replaced by the Queen Victoria Memorial Hospital (1946–1988). Following the closure of the 'Queen Vic', the Beaney window was transferred to the Food Court at the Clayton Campus of the Monash Medical Centre.¹⁸

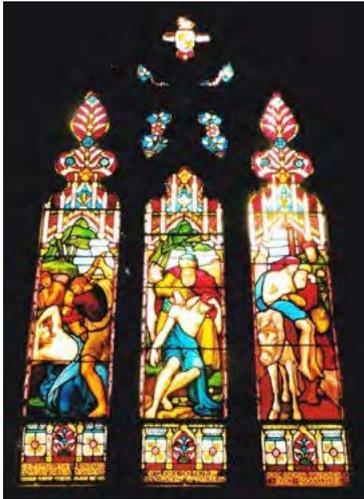
Nineteenth Century Good Samaritan windows

Besides the Beaney window, a number of other early church windows in Australia both preserve and promote the Parable. One such is a fine window to Mr Phillip Scott (d. 1817), in Saint Stephens Church in Portland. In 1856 Phillip Scott was among a number of Portland townspeople who offer a reward of \$3000 for the discovery of a workable gold field within a defined distance of the town.

In 1856 Scott was an influential figure in the establishment of the first Portland Municipal Council, on which he acted as Clerk for seven years.¹⁹ It was recorded that, as a solicitor, he was known as: 'the peacemaker — advising people to make private settlements of difficulties and on no account to go to law... when he died, Portland's grateful appreciation took the shape of a stained glass window raised by public subscription, representing our Lord's word picture painting of the Good Samaritan'.²⁰

Twentieth Century Good Samaritan windows

The Melbourne art historian, Bronwyn Hughes, completed a Masters' research thesis on twentieth century stained glass in Melbourne churches. She identified 60 separate themes in Melbourne's religious stained glass windows, of which the one depicting a Good Samaritan, 'a well-tried old favourite',²¹ was one of the eighth most common. More than 40 Good Samaritan windows were installed in Melbourne churches between 1923 and 1966.²² A fine example is the Samaritan Window in the Gallery of the Wesley Uniting Church in Melbourne.²³



The 'Good Samaritan' window in the Soldiers' Chapel of the Cathedral Church of St Saviour, Goulburn, New South Wales.

A military extension of the Good Samaritan theme is that portrayed in the ANZAC iconography of Simpson and his donkey. Here the connecting link is the carriage of a wounded man on a donkey, supported by an army stretcher-bearer. One of Australia's most beautiful Samaritan windows is fittingly in the Soldier's Chapel of the Cathedral Church of St Saviour in Goulburn. In fact, there are two Samaritan windows in Goulburn Cathedral — a second one, supported by public subscription and crafted by Lyon Cottier and Company, as a memorial to a Goulburn politician, the Honourable John Campbell MLC.²⁴

The primary ethos of all St John ambulance work, that of the Good Samaritan, is one shared with associations and societies throughout the community. When the former Prussian surgeon-general, Friedrich von Esmarch (1823–1908) first coined the phrase 'Erste Hilfe', or 'First Aid', he did so in the name of the Samaritan Society which he founded.

The extended metaphor of the Good Samaritan is one of general voluntary service in any professional domain, not just that of pre-hospital healthcare. Individual families in particular memorialise their loved ones by the commissioning and installation of a Good Samaritan window. The scenes depicted become a metaphor for a secular life which features unconditional and dedicated voluntary service to others.^{25, 26} It would be difficult to image a more fitting memorial.

Acknowledgements

This work was made possible only by the help and encouragement of Mrs Jenny McLachlan of Brisbane and Dr Ian Howie-Willis OAM of Canberra, to whom are accorded most sincere and grateful thanks.

References

1. *Holy Bible*. The Gospel of St Luke 10: 30–7.
2. Pearn J. 'St John and St Luke. The foundation and influence of the Good Samaritan in contemporary Australian life' in *St John History* 2003, 3: 23–25, St John Ambulance Australia, Canberra.
3. Rajak, T. 'Samaritans' in *The Oxford Classical Dictionary*. Fourth ed. Eds. S Hornblower, A Spawforth and E Eidinow. Oxford, Oxford University Press, 2012: 1313.
4. *Holy Bible*, The Gospel of St Luke 10: 37.
5. Welch, JW. 'The Good Samaritan: A type and Shadow of the Plan of Salvation'. *BYU Studies* 1999; 38(2): 51–115.
6. Anon. Pastoral Care at the Royal Adelaide Hospital, p. 24. Accessed at www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resourses.adelaide+hospital. Accessed 17/3/2015.
7. Hetzel P, 1982. Renewal and Compassion. (Address delivered at the fourth Foundation Day Ceremony held at the Royal Adelaide Hospital on 14 July 1982; including the dedication of the stained glass window, the Good Samaritan by Cedar Prest.). Accessed at <http://www.healthmuseumsa.org.au/foundation-day-addresses-1979-2014/1982-renewal-an>. Accessed 8/3/2015.
8. Anon. 'Stained Glass Windows in the Chapel. The Good Samaritan' in *Chaplaincy at the Royal Adelaide Hospital*. Accessed at rahmoodle.net/moodle/mod/resource/view.php?id=2324&redirect=1. Accessed 17/3/2015.
9. Anon. 'The Good Samaritan Window' in *The Stained Glass Windows of Cromwell College Chapel*. Accessed at www.cromwell.uq.edu.au/_/Griffith_Memorial_Chapel_Windows. Accessed 10/3/2015. (The Good Samaritan Window was the first to be installed in the Chapel at Cromwell College, University of Queensland at St Lucia, Brisbane. The window was designed by Mr Frank Wesley and crafted and installed by Mr Tony Vaughan.)
10. Watson, B. 'The Stained Glass Windows in Northbridge Uniting Church'. Accessed at www.northbridgecastlecraguca.org.au. Accessed 10/3/2015.
11. Anon. [MA]. 'Bosch, George Henry (1861–1934), merchant and philanthropist' in *Australian Dictionary of Biography*. Volume 7: 1891–1939. Gen. eds. B Nairn and G Searle. Melbourne, Melbourne University Press, 1979: 352.
12. Pearn J and Howie-Willis I. 'Surgeon-Major Peter Shepherd and his 'Little Black Book'' in *St John History* 2013; 13: 22–7, St John Ambulance Australia, Canberra.

13. 'Bunyip' [Newspaper journalist]. 'Memorial Window' [To Dr William Hull Lewis (1806–1875)]. *South Australian Register* [Newspaper] 1877; Monday 11 June: 5.
14. Ruskin J. Quoted in *The South Australian Register* 1877; Monday 11 June: 5.
15. National Trust of Australia (NSW) Illawarra Shoalhaven Branch. John Radecki: Stained Glass Artist, Wollongong Works Tour. Accessed at <http://shellharbourlocalhistory.blogspot.com.au/2012/08/john-radecki-stained-glass-artist.html>. Accessed 12/3/2015.
16. Pearn JH. 'Dr James George Beaney (1828–1891): A Pioneer Australian Paediatrician and Paediatric Surgeon' in *J Paediatr Child Health* 2004; 40: 702–6.
17. Stapledon N. 'Trends and cycles in Sydney and Melbourne House Prices from 1880 to 2011' in *Aust Economic Hist Rev* 2012; 52: 203–17.
18. Melbourne Hospital Archives. Beaney Windows. Accessed at http://www.mh.org.au/royal_melbourne_hospital/the_beaney_leagacy/w1/11037871. Accessed 12/3/2015.
19. [Editor]. *Portland Guardian and Normanby General Advertiser* [Victoria newspaper] 1870; 11 August.
20. [Anon]. Scott, PS. Accessed at <http://monumentaaustralia.org.au/themem/people/legal/display/101517-phillip-scott>. Accessed 16/3/2015.
21. Hughes, B. Twentieth century stained glass in Melbourne churches. Masters Research thesis, Faculty of Arts, The University of Melbourne. Accessed online (Minerva Access) at <http://hdl.handle.net/11343/36702>. Accessed 12/3/2015.
22. *Ibid.*: 63. [Bronwyn Hughes noted that the artists at Brooks Robinson, the Melbourne stained glass studios and factory, 'simply had a coy sense of humour that likened their mass production of windows [170 versions of the Good Shepherd and 40 of the Good Samaritan] to Sears Roebuck [a US mail order firm specialising in mass production]'].
23. [Anon.] Wesley Church Melbourne. The Gallery Windows. Accessed at <http://wesleychurchmelbourne.org.au/history-architecture>. Accessed 10/3/2015.
24. Stegemann WC. *An Ornament to the City. A History of the Cathedral Church of St Saviour*, Goulburn, 1874–1988. Canberra, the Anglican Diocese of Canberra and Goulburn, 1989: 148.
25. [Editor]. 'The windows of St Mark's Dromana'. Accessed at <http://www.dromanaanglicanchurch.org.au/the-windows>. Accessed 10/3/2015.
26. [Editor] Memorial Window. *The Argus* (Melbourne) 1932; Friday 7 October: 5.

Occasional paper

The following paper was presented to a plenary session of the National Members' Convention of St John Ambulance Australia in Brisbane on 2 May 2015.

What St John means to me

John H Pearn AO, GCStJ

In the world of St John, we usually meet in small groups, or in training sessions or on duties which range from fun runs and football matches to community care outreach at public hospitals. On this annual occasion, we meet as part of the big picture — as Australians; and in an even bigger perspective, we see ourselves as members of the family of St John throughout 44 nations of a contracting world.

Our service in the world of St John means different things to different people. We are all unique, as our Conference theme attests: 'The Difference is Yours'.

What does St John mean to me? I'd like to answer this question personally!

Team membership

Firstly, St John means friendships. In the spirit of this Gallipoli Centenary Week, it means mateship. Historians have shown that soldiers on operational service value mateship above all else. Furthermore, although we pride ourselves on what we believe is an especial Australian characteristic, it transpires that German soldiers, Russian soldiers and French soldiers, in the First World War, also listed mateship as the most important theme of their operational service.

The work of, and service in St John, is all about teams — committees, groups, service units, divisions and philanthropic teams, to name but a few. Working to build teams, to engender mateship, is the most enjoyable aspect for me; but in any volunteer organisation, preserving high team morale is the greatest challenge for all. This theme, 'Social Connection', was listed in the top five reasons, in a 29,000–person survey conducted by Volunteering Australia, why Australians volunteer for charitable service.

The Good Samaritan ethic

Our Australian society is underpinned by two fundamental themes — the Good Samaritan ethic and the rule of law. Bystander first aid is something we now take for granted; but all who travel to other countries know that the impost to help a stranger, especially one acutely sick or injured, is not universal. St John to me means not just being a Good Samaritan, but a trained Good Samaritan. As a paediatrician, now for 50 years, one continues to advocate: 'Every parent a first aider'.

As a doctor, I feel confident about my first aid skills, but doctors generally are not good first aiders. First aid is a profession in its own right. Skills are new and distinct; and change frequently as new knowledge updates the science which underpins the profession of first aid. The skills inherent in our senior first aid courses, give me, and I know you, a sense of purpose in our membership of St John.

Current and new skills

'Using skills I already have' is also in the top five reasons why Australians volunteer. Personally it is also a reason why I enjoy St John work. Here, I stress that whatever our trade, skill-set, vocation or profession, we bring vitality and enrichment, and certainly experience to the wider work of St John. Plumbers bring skills and experience of drainage and the preservation of health through safe water. Electricians bring concepts of safety. Secretaries bring organisational skills. Teachers bring the skills of their profession. Every first aid class, every uniformed first aid duty, and every committee meeting is enriched by the perspective and experience of members from diverse backgrounds and experience.

My own role has been perhaps to bring some special skills and training; but one takes away much more from the knowledge and experience of one's peers — many of whom have traits which are role models for us all.

Organisational structure

My wife says that one of the important things for all uniformed St John members is the uniform. This may be so; and each of the four branches of St John proudly identifies with the symbols of our organisation. Uniforms don't appeal to everyone; but all commercial firms know the importance of a corporate livery —such is a signal of both standards and of professionalism. Uniforms communicate confidence, as everyone knows who sees the senior pilot of their aircraft; and for a uniformed 'St Johnny' to be at sporting or other public events, gives a confidence that all will be well.

I close with a rank list of why Australians volunteer, borrowed from Volunteering Australia's 2011 National Surveys:

1. Differences one makes to the community.
2. Sense of purpose it gives me.
3. Differences one makes to the organisation.
4. Social connection.
5. Using skills I already have.
6. New skills.
7. Experiencing new things.

Each of us can identify with these, albeit with our own personal ranking. Six million Australians volunteer for community outreach, each year.

In St John, whatever our motives, we can be trained Good Samaritans, enjoy mateship and be part of new experiences.

What could be better?



'Preserving and promoting the St John heritage'

The front cover of *St John History* Volume 16 displays a portrait of Dr Samuel Thomas Knaggs MD (1842–1921), who in 1881 taught Australia's first officially-sanctioned public St John Ambulance Association first aid class.

The other image on the front cover is from the 1880s and depicts the Eveleigh Railways Workshop in Redfern, Sydney. Dr Knaggs taught the earliest Australian first aid course to a class of railwaymen at this locomotive workshop.

Dr Knaggs has been somewhat overlooked by St John Ambulance historians. He is duly included in the histories they have written, but cursorily — as a footnote before they move on to focus on other St John 'founding fathers and mothers', mainly those who worked to establish permanent St John Ambulance 'centres' in Australia during the 1880s and '90s.

Knaggs did that too, but some years after the centres in Melbourne, Adelaide and Launceston were founded. Because these centres preceded the Sydney centre which Knaggs was instrumental in establishing, their founders have been given a pre-eminence in the histories of St John Ambulance Australia, denied to Dr Knaggs.

Dr Knaggs was the subject of the keynote paper presented by Mr Tim Wieland OStJ to the Historical Society's 17th annual seminar in Brisbane in May 2015. It is therefore appropriate that the front cover of this edition of the journal should feature Dr Knaggs and a railways theme.

We must hope that Mr Wieland's article on Dr Knaggs has the effect of restoring him to his rightful place as one of the principal pioneers of the Order of St John in Australia.