

JOINT COMMITTEE

ORDER OF ST. JOHN OF JERUSALEM

Grand Prior :

H.R.H. THE DUKE OF GLOUCESTER, K.G.

BRITISH RED CROSS SOCIETY

President :

HER MAJESTY THE QUEEN



St John History

THE JOURNAL OF THE ST JOHN AMBULANCE

HISTORICAL SOCIETY OF AUSTRALIA

VOLUME 10, 2010-2011

This is *Gwendolyn Pittard*
of *17 Gwendolyn Pittard*
has attended a course of *10* lectures, as prescribed by the Victorian State Emergency Council for Civil Defence, has satisfied the examiner of *her* knowledge of Civilian First Aid, and is considered suitable for appointment to First Aid Posts or Parties.

Dated this *5th* day of *March* 1942

No. *55, 2190*

J. Booth

Honorary Instru

For the *St John Ambulance Association* *Victorian Centre*
Society *War Service*

X.245/L46-407.





'Preserving and promoting the St John heritage'

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

Correspondence about articles in the journal should be directed to the Editor, Dr Ian Howie-Willis. Information about the Historical Society may be obtained from the executive officers.

The President: Dr Harry Oxe
E hoxer@westnet.com.au
T 08-9457 0499

The Secretary and Editor: Dr Ian Howie-Willis
E iwillis@ozemail.com.au
T 02-6231 4071

The Deputy Secretary: Mr James Cheshire
E james@cheshire.net.au
T 0407 529 289

Queries about membership and distribution of the journal should be sent to the State/Territory Membership Officers.

Overseas and Australian Capital Territory

Dr Ian Howie-Willis
 Priority Librarian
 St John Ambulance Australia
 PO Box 3895
 Manuka ACT 2603
E iwillis@ozemail.com.au

South Australia

Dr Brian Fotheringham
 Chair, St John Historical Society of SA
 St John Ambulance Australia (SA)
 85 Edmund Avenue
 Unley SA 5066
E brian@foth.net.au

New South Wales

Ms Loredana Napoli
 Information Management Coordinator
 St John Ambulance Australia (NSW)
 9 Deane Street
 Burwood NSW 2134
E loredana_napoli@stjohnnsw.com.au

Tasmania

Ms Roxy Cowie
 Chief Executive Officer
 St John Ambulance Australia (Tas)
 57 Sunderland Street
 Moonah TAS 7009
E roxy.cowie@stjohn.org.au

Northern Territory

Ms Gwyn Balch
 Secretary, Operations Branch
 St John Ambulance Australia (NT)
 PO Box 40221
 Casuarina NT 0811
E gwyn.balch@stjohnnt.asn.au

Victoria

Mr Gary Harris
 Historical Society Membership Officer
 St John Ambulance Australia (Vic) Inc.
 PO Box 573
 Mount Waverley VIC 3149
E gharris@optushome.com.au

Queensland

Ms Beth Dawson
 Chair, History and Heritage Committee
 St John Ambulance Australia (Qld)
 PO Box 1645
 Fortitude Valley QLD 4006
E 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
E edith.khangure@ambulance.net.au

St John History

Proceedings of the St John Ambulance
Historical Society of Australia
Volume 10, 2010–2011

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

CONTENTS

INTRODUCTION

<i>St John History: About Volume 10, 2010–2011</i>	1
--	---

PAPERS OF THE SOCIETY'S 2010 HISTORY SEMINAR, Melbourne, Vic.

<i>Allan Mawdsley</i>	The Red Cross: The St John Ambulance link	2
<i>Vincent Little</i>	The New South Wales Railway Ambulance Corps, 1885–1935	7
<i>David Fahey</i>	The use of carbon dioxide in resuscitation	12
<i>John Pearn</i>	The philately of the Order of St John	18
<i>Gary Harris</i>	Links between the Heidelberg Military Hospital and St John Ambulance	23
<i>Heather Fogerty</i>	Caravaggio: The artist of the Order of St John	28
<i>Ian Howie-Willis</i>	The VAD Movement: An historical outline	30
<i>John Talbot</i>	The foundation of the St John Eye Hospital, Jerusalem	35
<i>Jaan Butler</i>	The Bendigo Combined St John Ambulance Division: A short history	49
<i>Mervyn Goodall and James Cheshire</i>	'All Tied Up'—'The Ties That Bind': Neckwear of the Order of St John	53
<i>Ian Howie-Willis</i>	St John the Baptist: Patron Saint of the Order of St John	55

REPORTS FROM STATES AND TERRITORIES

The Ian Kaye-Eddie Heritage Centre, Western Australia	<i>Edith Khangure</i>	61
History and Heritage Committee, Queensland	<i>Beth Dawson</i>	62
St John Ambulance Historical Society, Northern Territory Branch	<i>Gwyn Balch</i>	63
St John Ambulance Archives, New South Wales	<i>Loredana Napoli and Betty Stirton</i>	65
St John Historical Society of South Australia	<i>Brian Fotheringham</i>	67
St John Ambulance Historical Society, Victorian Branch	<i>Shirley Moon</i>	67
Australian Capital Territory and the Priory	<i>Ian Howie-Willis</i>	68

INTRODUCTION

St John History: About Volume 10, 2010–2011

Volume 10 of *St John History*, otherwise known as the *Proceedings or Journal of the St John Ambulance Historical Society of Australia*, covers the year 2010–2011. The Journal appears annually and aims to report on the Society's important developments and events. As the Society's principal publication, it is distributed to all financial members.

Included in each edition of the *Journal* are the papers delivered to the Society's most recent history seminar, in this case those from the twelfth annual seminar, which took place in the Sebel Albert Park Conference Centre, Melbourne, on Friday 25 June 2010. Also included are the reports from the Society's State and Territory branches that were tabled at the ninth Annual General Meeting of the Society. The AGM was held in the same venue as the history seminar but on the previous day, Thursday 24 June (St John the Baptist's Day), after the Society's members had toured the Museum of Anatomy, the Medical Museum and the Brownless Medical Library at the University of Melbourne.

Volume 10 is a milestone in the life of the Historical Society. The journal has appeared annually since 2000–2001 and has survived the vicissitudes of the past decade. It started unpretentiously and unambitiously as a simple photocopied compilation of only 20 pages with just two articles and brief newsletter-style reports of history and heritage developments in several States and Territories. The survival of *St John History* across a decade reflects the fact that both the journal and the Historical Society that produces it fulfil important functions within St John Ambulance Australia.

ARTICLES

Included in this section of the Journal are the eleven papers delivered to the Society's most recent annual history seminar, the twelfth, which took place in Melbourne on 25 June 2010. The first of the following articles, by Dr Allan Mawdsley, was the keynote paper at the seminar. In addition to Dr Mawdsley's article, this section of the journal contains articles by the ten other authors who presented at the seminar. In order of presentation they were: Mr Vince Little, Dr David Fahey, Professor John Pearn, Mr Gary Harris, Dr Heather Fogerty, Mr John Talbot (the Hospitaller of the Order and the Chair of the board of the St John Eye Hospital in Jerusalem—our international guest), Dr Ian Howie-Willis (who presented two papers because another speaker had to withdraw from the program shortly before the seminar), Mr Jaan Butler and Messrs Mervyn Goodall and James Cheshire (who prepared a joint paper which Mr Cheshire presented on behalf of them both).

Acknowledgments

Thanks again to Ms Shirley Dyson, the former National Manager Publications in the National Office of St John Ambulance Australia, now retired, for her copy-editing work on the manuscript of this edition. Thanks again, too, to Shirley's successor, Ms Gabrielle Lhuede, for her design and typesetting work and production supervision of this milestone volume of the journal.

The Red Cross: St John Ambulance Link

Allan Mawdsley, KStJ

*Dr Mawdsley is a retired psychiatrist who lives in Melbourne. He has spent 62 years continuously in St John, having first joined as an 11-year-old Cadet in the Malvern division. In the intervening years he has held most positions available to a St John volunteer in Victoria. He is a former Victorian Commissioner and is a long-serving member of his State St John Council. He is also a past Chair of the Victorian branch of the Historical Society, which runs a first rate St John museum at Williamstown. An accomplished medical historian, Dr Mawdsley has been a frequent contributor to the Historical Society's annual history seminars. He is the author of the book *In Ages Past the centenary history of the St John Ambulance uniformed branch* launched during the 2010 National St John Conference.*

In 1859, Henri Dunant, a Swiss businessman with agricultural trading enterprises in French-occupied territories, travelled to Solferino in present-day northern Italy between Milan and Verona to meet with Emperor Napoleon III to discuss his business. He arrived on St John's day, 24 June, 151 years ago and inadvertently witnessed a monstrous battle. The Austrian Army of Emperor Franz Joseph I, which had occupied much of northern Italy, fought with the combined armies of Napoleon III and the Sardinian Army of King Victor Emmanuel II in what was later called the Second Italian War of Independence.

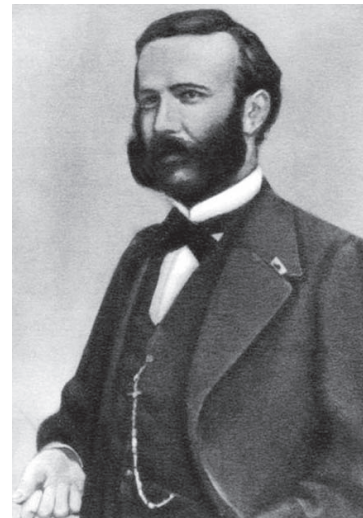
Each side had about 200,000 troops and at the end of the day there were about 40,000 dead and wounded soldiers on the battlefield with little or no help for their injuries. Dunant was appalled at the carnage. On his return home he published a book in 1862 called *Memories of Solferino*. He proposed a permanent relief agency for humanitarian aid in times of war, and a government treaty recognising the neutrality of the agency and allowing it to provide aid in a war zone. The former proposal led to the establishment of Red Cross, and with the help of friends, the so-called 'Committee of Five', he arranged an international conference in 1864 which resulted in the first Geneva Convention. This was signed initially by twelve nations but in the years since then it has gradually been extended by further Geneva Conventions and become firmly established in International Law.

These events in Europe were contemporaneous with the attempts to revive the Order of St John in England. 'The Sovereign and Illustrious Order of St John of Jerusalem: Anglia' was founded in England in 1831 as an attempt to revive the English Langue of the Order of St John which had been suppressed by King Henry VIII in the dissolution of the monasteries. In the latter part of the nineteenth century, when Sir William Drogo Montagu, Seventh Duke of Manchester became Grand Prior, the organisation re-discovered its *raison d'être*.

The Duke of Manchester and his trio of associates Sir Edmund Lechmere, Sir John Furley and Major Francis Duncan, in 1877 founded the St John Ambulance Association, which set up ambulance transport services and began teaching First Aid to the public. These activities, together with the founding of the St John Ophthalmic Hospital in Jerusalem and the formation of St John Ambulance Brigade for providing first aid at public events, led by the Royal Sir Edmund Lechmere, an influential and wealthy landowner, who became Secretary General and Treasurer. He was an active promoter of the development of ambulance transport services.

Major Francis Duncan had been a professional soldier in the Royal Artillery deployed in Nova Scotia during the American Civil War and after his return to Britain became the Superintendent of the Royal Artillery Regimental records. After his release from the army he was made Director of the newly-formed Ambulance Department.

Sir John Furley was a voluntary militiaman, Captain in the 29th Ashford Battalion in Kent but not allowed on overseas service for health reasons. However, he had a life-long humanitarian involvement in military medical matters and designed a stretcher and the wheeled version known as the Ashford litter. He attended Geneva conferences as a delegate of the Order of St John. Although the British Government ratified the Geneva Convention it declined to create a British Red Cross Society at that time, so Furley together with Lechmere and the Duke of Manchester formed the British National Society for Sick and Wounded, which had the Prince of Wales as its first President. They continued to lobby the government until eventually official recognition enabled the National Society for Sick and Wounded to transform into the British Red Cross Society in 1905.



Jean Henri Dunant (1828–1910), founder of the Red Cross organisation.



(L–R) *The 7th Duke of Manchester, Sir Edmund Lechmere, Major Francis Duncan and Sir John Furley—the co-founders of St John Ambulance.*

Britain had recently emerged from the Boer War. During that war volunteers from the St John Ambulance Brigade, which had only been formed twenty years earlier provided almost a quarter of the army medical services. The campaign proved to be hugely more difficult than the British military services had been prepared for. The lesson was not lost on the military planners and as the situation in the Balkans deteriorated, the likelihood of a major war became more imminent. The British War Office called on the newly-formed British Red Cross Society to organise volunteer helpers for the medical services. They quickly added St John volunteers as helpers of equal standing, and administered the resultant organisation of Voluntary Aid Detachments through a Joint Central Council of delegates from Red Cross, St John and the Defence Forces.

St John Ambulance has had a close association with Red Cross from its earliest days in Britain and also in Australia. St John in Australia closely followed the developments in Britain. Nine days after the outbreak of World War I, the Australian Red Cross was established as a Branch of the British Red Cross Society following a meeting called at Government House in Melbourne by Lady Helen Munro-Ferguson, wife of the Governor-General.

Dr Arthur Sherwin, later to become Commissioner of St John Ambulance Brigade in Victoria, represented St John at that meeting. Dr Sherwin had been a volunteer with British Red Cross medical field units in the Balkan wars in 1912. Turkey went to war against Serbia, Bulgaria, Greece and Montenegro. Dr Sherwin was attached to the Montenegrin unit, whose activities were directed around Lake Sentani and Northern Albania. For this he was awarded the Red Cross volunteer medal. Sherwin was a strong supporter of Red Cross and after serving in the First World War he became comptroller of Voluntary Aid Detachments in Victoria. He joined the Victorian Division of the Red Cross Society in 1916. From 1930 he was Member of Divisional Council and was Chair of several committees including Handicraft since its inception in 1943 until his retirement in 1950. He was one of the medical professionals who helped set up the Red Cross Blood Transfusion Service in 1929, and planning of Red Cross Emergency Service Companies 1938–1939. For this contribution he was made an Honorary Life Member in 1951. Dr Sherwin's contribution began a long series of overlapping involvements of senior office-bearers between Red Cross and St John which reached its peak with Sir John Newman-Morris and his son, Geoffrey.

Dr Arthur Sherwin attended the inaugural meeting of Australian Red Cross and maintained life-long links with the organisation. He served as the St John Ambulance Commissioner in Victoria 1945–51. Earlier as Colonel JA Sherwin, he had been Commandant of the Heidelberg Military Hospital 1941–44.



Sir John Newman Morris was an Honorary In-patient Surgeon at St Vincent's Hospital. He was a member of St John Council from 1931 to 1956, and a Knight of the Order of St John. At one time he held the position of Receiver-General at Priory Headquarters. He was on the Australian Red Cross Executive from 1937, was Victorian Division Chair in 1938, and National Chair in 1944. He was leader of the Australian delegation to the meetings of the world's Red Cross Societies in Oxford in 1946 and again in Stockholm in 1948. He was active in the development of the blood transfusion service with Australia as the first country to deliver such a service nationwide.



Sir John Newman-Morris (1879–1957) was the national Receiver-General for the Order of St John in Australia 1941–57. He chaired Red Cross in Victoria 1938–48 and then led the national organisation 1944–57. He is pictured here with his wife, Eleanor

Sir Geoffrey Newman-Morris was a long-serving member of St John, becoming Commissioner of the Brigade in Victoria from 1966 to 1969 and Chief Surgeon at Australian Headquarters from 1969 to 1972. He was a Knight of St John and a member of St John Council from 1950 to 1976. He was Chair of Australian Red Cross Society National Council for 20 years from 1958 to 1978, then Honorary Vice-President. In 1965 he was elected a member of the Standing Commission of the International Red Cross. In 1973 he became its Chairman, a role he held until 1978. He was Vice-Chairman of the League of Red Cross Societies and Chair of the Finance Committee from 1969 to 1978. In 1979, the International Red Cross awarded him its highest and seldom given honour, the Henri Dunant Medal.



Sir Geoffrey Newman-Morris (1909–1981), son of Sir John, was Victorian St John Ambulance Commissioner 1966–69 and then National Chief Surgeon 1969–72. He was National Chairman of Australian Red Cross 1959–78.

Lady Helen Munro Ferguson, daughter of the viceroy, the Marquess of Dufferin and Ava, was president and founder of the Australian Branch of the British Red Cross Society. The wife of Sir Ronald Munro Ferguson (1860–1934), Governor-General of Australia 1914–1920, she established the Australian Branch of the British Red Cross Society on 13 August 1914. During World War I the ballroom of Melbourne's Government House was taken over by Lady Munro Ferguson's work for the Society. In 1918 she was appointed Dame Grand Cross of the Order of the British Empire (GBE) for her work during World War I.

Soon after the establishment of Australian Red Cross in 1914 approval was given for the establishment of Voluntary Aid Detachments (VAD). As in Great Britain, the VAD organisation was administered by a Joint Central Council at Commonwealth level, with joint State Councils comprising representatives of the Navy, Army and Air Force, the Red Cross Society, St John Ambulance and other relevant organisations. The Commonwealth appointed a Chief Controller, each State Council a State Controller, with Commandants in charge of detachments. St John Ambulance in Victoria had a heavy involvement in VAD work during World War I and many members continued with St John after the war.

In 1914, the Australian Red Cross was largely involved with providing relief services to the Australian Defence Force with headquarters located in Melbourne coordinating the international relief services. It immediately formed Divisions in each of the six States. The Divisional Presidents, who were the wives of the State Governors, were instrumental in the creation of the Australian Red Cross State Divisions. As these Presidents traversed the country and launched appeals through local organisations and the press, the Divisions soon had a vast number of rural and metropolitan branches.

Directly appealing to women, they became the great majority of members. The publicity machine made the most of their comforting roles. Several high-ranking women were appointed to governing committees, and Australian women took leading positions throughout the organisation. Red Cross women volunteers, however, were in two distinct cohorts—those who worked in the support services and those who worked in the Voluntary Aid Detachments.

Recognised by the Military, the Voluntary Aid Detachments were at their peak in World War I and World War II, providing first aid, nursing assistance, comforts, domestic assistance and other supports for returned and wounded soldiers. Recruits were drawn from the local area by invitation from a serving member. Members received instruction in first aid and home nursing from the St John Ambulance Association. Initially they worked without pay in hospitals and convalescent homes alongside doctors and nurses. Those who volunteered in this way were eligible for the St John War Service badge. After the war the voluntary service continued.

In 1927, the Australian Red Cross Society gained recognition as an independent National Red Cross Society and ceased being a branch of the British Red Cross Society. In 1941 the Australian Red Cross Society was incorporated by Royal Charter. In between the two World Wars, they continued their care for ex-soldiers and their families, raised funds, and moved into civil hospitals, homes and health associations. In 1928, they became a technical reserve of the Army Medical Corps, administered under the Minister of Defence through a Joint Central Council.

In Victoria at that time the Comptroller of VAD was Dr Arthur Sherwin, District Surgeon of the St John Ambulance Brigade (SJAB), and his Deputy was Mr Frederick Raven, a District Officer in the Brigade and Superintendent of the Victorian Civil Ambulance Service. In New South Wales the Deputy Commissioner, Colonel W Vickers was the Comptroller and the Lady Superintendent, Dr Frances McKay was on the VAD State Committee. Annual inspections by the Governor were held at Government House.

During World War II the VADs were again very strong. After World War II, they extended their civilian service which included the assistance of new immigrants. Those who gave service during World War II were eligible for the VAD Badge. In January 1948, direct control of the Voluntary Aid Detachments was returned to the Australian Red Cross and St John Ambulance. In most states the Voluntary Aid Detachments folded as time went on and states withdrew from this area. Staff worked in a range of other Australian Red Cross or St John services. In New South Wales however, the Red Cross Voluntary Aid Detachments were re-named and re-vamped as the Voluntary Aid Service Corps in 1967 and continued to serve long after other States had ceased.

Although Australian Red Cross was involved in a range of activities during World War II, including the establishment of agencies overseas dedicated to supplying families in Australia with information about wounded and missing soldiers, it is probably best known for its success in mobilising volunteers to create the much appreciated and eagerly anticipated 'comfort' parcels that were sent to servicemen overseas. From the date of its inception until the armistice the ARCS dispatched 395,695 food parcels and 36,339 clothing parcels. Thousands of women contributed their time and money to make this possible.

The Red Cross Headquarters Principal Commandant of women volunteers during the war was Mrs Alice Creswick. After the war she was made a Dame of the Order of St John and served for one year on St John Council for Victoria



Mrs Alice Creswick, Principal Commandant of Red Cross volunteers during World War II.



The late Millie Field DStJ in her Australian Army Medical Women's Service (AAMWS) dress uniform, 1995. She had joined a Red Cross Voluntary Aid Detachment (VAD) during the 1930s then transferred from her VAD to the AAMWS after the latter was established in 1942.

before retiring. The Commandant of the Victorian Division was Mrs Lilian Scantlebury who was made a Commander of the Order. The investiture of these Red Cross members with St John honours is a reflection of the closeness of the two organisations in those days. It is not so surprising when you read the list of office-bearers in the Red Cross Annual Reports and see the number of high-ranking St John members there.

Sir John Newman-Morris was national chairman. Dr William WS Johnston was principal medical advisor. Dr Sherwin, Sir Samuel Burston and Sir Geoffrey Newman-Morris were also listed. St John members were also heavily involved in the development of the Blood Transfusion Service.

The closeness diminished gradually over the years so that by the time I became Chair of the Association Centre committee St John and Red Cross were competitors in the training marketplace. They have remained so ever since; and indeed they now compete with various commercial enterprises as well because many of the latter have entered the field and first aid training has consequently become an open market. As Centre Chair, I was responsible for St John's first aid training program. I did not believe that the St John and Red Cross certificates were equivalent. In a 1979 meeting with a senior St John man who was then also Chief Executive Officer of Red Cross in Victoria, I pointed out that we had gone through an expensive process of curriculum development and instructor accreditation to meet rigorous educational standards but Red Cross had not. I said I would be happy to agree to equivalence if he could assure me that Red Cross would also implement a training standards and accreditation process. He could not give me that assurance. The stand-off was resolved by internal discussion with a senior Red Cross office-bearer who also happened to be a former St John Chief Commissioner. He gave an assurance that the two certificates were equivalent without actually discussing the matter with his advisers. Red Cross did subsequently introduce an Instructor Accreditation program.

In preparing this paper I contacted a number of members of the St John Historical Society in other States to ask if there were noteworthy matters about the relationship of St John to Red Cross in their States. I am indebted in particular to Beth Dawson who gave a detailed account of members with dual affiliation and of failed attempts to have reciprocal delegates to their Councils, as well as a lot of information about Voluntary Aid Detachments. I am indebted, also, to Loredana Napoli and Betty Stirton for their meticulous search of annual reports for information about joint organisational actions. What emerged from reading this material was a shared historical background and a shared pursuit of the same goals. Different players in different places did pretty much the same work. There are too many to mention individually, but it is encouraging to know that we have been singing from the same songbook. It is also chastening to know that we walk in the footsteps of some truly wonderful people.

The New South Wales Railway Ambulance Corps, 1885–1935

Vince Little, KStJ

*Mr Little is a frequent contributor to the Historical Society's history seminars. A former Deputy Commissioner for St John in Queensland, he has first degrees in education and psychology and an MA degree in counselling. Before his retirement he was a professional ambulance officer with the State Ambulance Services in both New South Wales and Queensland. For many years he was also a member of the Royal Australian Army Medical Corps. His book, *Candle of Hope* (2008), tells the story of his efforts to establish an ambulance service in the newly independent East Timor in the early 2000s. He has a special interest in St John 'collectibles' and as such is the Australian authority on the history of first aid training manuals. Vince is married to Dr Heather Fogerty, whose article on the painter Caravaggio also appears in this volume.*

The New South Wales Railway Ambulance Corps celebrated its golden jubilee in 1935. It was founded in 1885 by Charles Augustus Goodchap, the Commissioner of the New South Wales Railways 1878–1888. Goodchap resigned from the New South Railways on 27 October 1888, and had a brief encounter with politics in 1892 when he was nominated to the NSW Legislative Council. After a long illness with diabetes, he died at his home in Potts Point, Sydney on 20 October 1896 after succumbing to pneumonia and was buried at the Waverley cemetery. Research did not reveal Mr Goodchap's motivation for forming an ambulance corps nor is there any mention of him having any background or qualification in medical or ambulance matters.

Born in England in 1837, Goodchap arrived in Sydney in 1853, having accepted a position in the Land and Works Department, later joining the NSW Railways in 1875. As commissioner for railways it is reasonable to assume that Goodchap had some contact with Railways in England and Australia's railways were designed and built on the British system. Mention of Railway Corps existing in England in 1879 can be found in Corbet Fletcher's *Annals of the Ambulance Department of St John in England* and it is further reported that by 1908 most of the big railway companies had ambulance corps established as centres of the St John Ambulance Association.

According to Garfield (2002), workers building the Liverpool to Manchester railway, a distance of just 48 kilometres, were subjected to horrific injuries due to accidents. It was claimed that they could almost lay the entire line on sleepers made from the legs of injured men.

By 1935 the membership of the New South Wales Railway Ambulance Corps had risen from 191 in its founding year to 16,085. The Tramways Ambulance Corps became a separate organisation in 1934, thus removing 2937 members from the rolls of the Railway Ambulance Corps.



Charles Augustus Goodchap (1837–1896), a photograph by an unknown photographer held by the State Library of New South Wales, ref. no. GPO 1—08229.

TEXT BOOKS

The first text book, compiled by Commissioner Goodchap in 1882, began as a small book of seventeen pages, made available to railway staff before the founding of the Railway Ambulance Corps in 1885.

The preface of the first enlarged edition (now 184 pages with illustrations) of the New South Wales Railway Ambulance Handbook, describes not only the contents of the book but also the beginnings of the Ambulance Corps in these words —

People in Sydney are, I think, pretty generally aware of the existence of a Railway Ambulance Corps, and may be interested in some information on the working of the Corps, branches of which are now being successfully formed throughout the Colony.

Candidates must attend a course of lectures and practical instruction in arresting haemorrhage, 'putting up' broken limbs so as to prevent further injury before surgical aid can be procured, moving injured or sick people, improvising tourniquets, splints, pads, stretchers, stretcher drill, reviving the apparently drowned, first treatment of burns, scalds, &c., &c. Examinations, written and practical are then held by two or three medical men (by invitation of the Ambulance Committee). To ensure uniformity, examination papers are issued by the committee. Each candidate must obtain two-thirds of the maximum number of marks to 'pass' and obtain his certificate of competency. Such certificate entitles the holder to be enrolled in the Corps, if he so wish, when he receives an Ambulance Badge—silver cross and blue ribbon; this he is expected to wear when on duty (on left breast). Ambulance drills are held monthly by the drill instructors,

and all members must attend, unless unavoidable prevented when a certificate to that effect must be sent to the secretary of the Corps. Each drill instructor is required to keep a roll-book and accurate record of the attendance of each member under his care. In the event of any member absenting himself from three consecutive drills he is liable to dismissal from the Corps.

When instructing the men of my classes I recommended the study of Shepherd's 'First Aid' but the book is now out of print (as is also a very handy little pamphlet on 'Accidents and their treatment' prepared by the Commissioner, and formerly issued to railway employees). I know of no other which to my mind so fully meets the requirements of ambulance students; I have, therefore (at the request of the Commissioner for Railways), compiled this work, as an extension of the one previously issued by the Department; extracting largely from Shepherd's and other authors, and have introduced much matter, which may, I think, prove useful to public servants, and others residing in lonely country districts, where circumstances may call for the performance of duties such as fall usually only to the lot of medical men. The book is very fully illustrated by woodcuts, copied from the best standard works, which will facilitate its study, not only by members of the railway Ambulance Corps (for whom it is primarily attended), but by all others into whose hands it may fall.

There only remains for me to offer my acknowledgment to Mr Goodchap (Commissioner for Railways, and President, Railway Ambulance Committee) for the interest he has taken in the Ambulance Movement. It originated at his suggestion. He offers every facility and inducement to the railway employees to attend the lectures, drills &c, &c and otherwise furthers its development in many ways. I wish also to admit my indebtedness to the Vice-President Mr Read (Traffic Manager), and to Messrs Kirkcaldie, A Richardson, D C McLachlan and Scott, Members of the Committee, all of whom have most cordially assisted me, both by many valuable and kindly suggestions, and also by their unvarying cooperation and support in all my duties connected with the Railway Ambulance Corps.

G P M Woodward, MD, FRCSI
Railway Medical Board NSW
167 Macquarie Street North
Sydney December 1887

The second and revised edition of this handbook was published in 1892, the author still being Dr GPM Woodward. The preface makes mention of a steadily increasing number of 600 of men in the Corps, many of whom are stationmasters and running staff. The continuing development of the Corps is described in these words:

Every accident van is now furnished with three stretchers and an ambulance chest fully equipped and qualified men told off to attend any emergency.

The brake vans of all passenger trains traveling outside the suburban district are fitted with a St John Ambulance stretcher and chest containing all the surgical appliances for first aid.

Fifty of the principal stations and workshops are similarly equipped.

The department is now in good and efficient condition:

225 St John Ambulance stretchers
90 Ambulance chests
1 Ambulance wagon
5 Hand-wheel litters
40 Ambulance hampers.

As far as I am concerned no such complete Railway Ambulance System exists in any other country.

GPM WOODWARD, MD, MRCP, FRCSI
Railway Medical Office
1 September 1892

Not only did no other complete Railway Ambulance system exist but civil ambulance services in Australia were only just beginning.

Queensland's Railway Ambulance Corps began on 2 September 1892 and the Queensland Civil Ambulance transported their first patient on 5 November 1892 (Bradley 1992), and according to Deeth (1976) the Civil Ambulance Transport Brigade of New South Wales was formed in 1895. It should be noted that an Ambulance Corps was formed by the Prince Henry Infectious Diseases Hospital (the Coast Hospital, Sydney) in July 1881 for 'The disinfection of infected premises, the removal of patients from infected houses, the making of coffins and the burying of those dead of disease' (Boughton 1963).

The fourth edition of the Corps handbook was published in 1903. There is a brief summary of the membership numbers increasing from 191 in 1888, to 1750 at the time of this edition. Of further interest is the mention of a commissioner's shield for first aid competitions:

In 1900 a handsome silver shield was presented by the Commissioners to be competed for annually and, in addition, gold, silver, and bronze medals are given to each man in the three best squads who compete for the shield, and, as an extra inducement to the members, small sums of money are distributed amongst those who prove their efficiency by undergoing annual examination.

The preface to the fifth edition 1904, adds nothing significantly to that reported in the previous edition. However it is noted that the Corps strength has now increased to 1938 members.

The sixth edition of the Ambulance Corps Handbook published in 1910 was titled *New South Wales Government Railways and Tramways Ambulance Corps Handbook*, the author being GH Taylor, Medical Officer. Reference is made to the late, former medical officer, Dr Woodward whose death was reported in the *British Medical Journal*, 9 January 1909. He died in early October and his funeral was held on the sixth. The specific date of death is not reported nor the cause. The Railway Ambulance Corps had now become the Railways and Tramways Ambulance Corps with a total membership of 3949.

FIRST AID AND AMBULANCE ASSOCIATIONS 1885–1902

The following timeline summarises the formation of the principal first aid and ambulance organisations in the three eastern mainland States—New South Wales, Victoria and Queensland.

Date/Year	Event
July 1881	Prince Henry Hospital Ambulance Corps founded in Sydney.
June–July 1883	St John Ambulance Association Centre established in Victoria.
19 August 1885	Formation of the NSW Railway Ambulance Corps.
1890	St John Ambulance Association Centre established in NSW.
2 September 1892	Formation of the Queensland Railway Ambulance Corps.
12 September 1892	Formation of the City Ambulance Transport Brigade in Brisbane.
1 April 1895	Formation of the NSW Civil Ambulance and Transport Brigade.
February 1902	Brisbane's City Ambulance Transport Brigade becomes the Queensland Ambulance Transport Brigade.
April 1902	The Australian Army Medical Corps formed. In 1948 it became the Royal Australian Army Medical Corps.

FIRST AID CLASSES

According to the jubilee report, the first classes in first aid were held in 1885 at the Wesleyan School Hall in Chippendale and then St Paul's School Room in Cleveland Street. The first examinations were held in March 1886 and of the 33 candidates who passed, about half were mechanics the remainder were Station Masters, clerks, train drivers, a signalman and a conductor. At about the same time first aid instruction began in Newcastle.

COMPETITIONS

Anyone who has had any association with first aid competitions held by railway first aid organisations will be aware of how seriously participants approach the given exercises. There has always been a strong emphasis on improvisation and it was not uncommon to see competitors ripping their singlet to make improvised bandages and ties for stretchers. The first recorded competition was in 1891. Nineteen squads (a squad consists of 4 men and a patient), took part with the first prize being awarded to a team from the Darling Harbour Goods Station. Second and third prizes went to Armidale and Everleigh respectively. By 1900 the Commissioner's Challenge Shield had been introduced and the first team to win the shield came from Bathurst. By 1903 the Corps had grown so much in numbers and were so widely scattered throughout New South Wales that it was decided to appoint a permanent General Secretary and Instructor to administer to the needs of the Corps, the first appointee being Mr JJ De Putron. By 1935 there were 300 instructors throughout the Corps.



*Badge for winners of NSW Railways and Tramways
Challenge Shield for competition in first aid.*

Interstate competitions were started in 1920, and with few interruptions have been carried on ever since. It was considered that Interstate Competitions would allow for an interchange of ideas that would lead to an advancement of first aid knowledge throughout the railways of Australia. Competitions were decentralised in 1923 to allow them to be set up at different locations throughout New South Wales.

AWARDS

In the beginning the awards consisted of Shields and Cups for the winners and place getters in the first aid competitions. The Woodward Memorial Medal was introduced after his death in 1908. A system of awards was extended to include silver and gold badges and bars and at the end of 11 years of continued proficiency a gold life medal was awarded to those who qualified. Several examples of these awards are contained in the author's collection. All gold and silver awards carry a proof mark found on the reverse.

THE TEXTBOOK

The *New South Wales Railways Ambulance Corps Textbook* is unique and as a collector's item has retained its uniqueness. Early editions are becoming quite rare and when found they are usually inscribed with the previous owner's name and marginal notes. This beautifully produced textbook was used by the Corps for about thirty years and then the revised edition of Cantlie's *First Aid to the Injured* was again adopted. The main reason for this was the Interstate Competitions as the *St John Manual* was the textbook in use by Railway Ambulance Corps in all of the other states. In the jubilee report the reason for adopting the *St John Manual* is given in these words:

Squads chosen to represent New South Wales in these competitions, although trained on the Dr Woodward book, had to be acquainted also with the somewhat different but equally effective methods laid down in Dr Cantlie's book.



RAILWAY FIRST AIDERS IN THE GREAT WAR

At the outbreak of war, many members of the Corps enlisted in Field Ambulances and other units and there were special requests from the Army Medical Corps for the services of the Railway Ambulance men. Competitions were suspended during the war years, but the regular work of the Corps went on.

*A three-man team participates in the interstate
Railway Ambulance first aid competitions in the Lane
Cove National Park, Sydney, in October 1956.*

CONCLUSION

Although railways have a significantly lower accident rate than occurs on the roads, a significant number of employees have lost their lives or been severely injured in work-related accidents on the New South Wales Railways since 1854. Data collected on these accidents demonstrates that the highest proportion of lives lost arose from shunting accidents, while there are also many fettlers who were killed by an unexpected train movement or accidents associated with their trikes. It is reported that some train drivers, firemen and guards have been killed in dramatic railway accidents, more often fatalities have occurred as a result of a more mundane accident, such as being hit by and unexpected line side object or a shunting movement at a lonely wayside stop.

Although no statistics were available at the time of preparing this article, there is sufficient anecdotal evidence available to suggest that quite a number of passengers have also received the benefit of the Corps' skills and dedication in times of sickness and injury.

References

- Boughton, CR, 1963. *A Coast Chronicle: The History of the Prince Henry Hospital*. Board of the Prince Henry Hospital, Sydney.
- Fletcher, C, 1949. *Annals of the Ambulance Department: Being the History of the St John Ambulance Association and Brigade*, 2nd edition. St John Ambulance Association, London.
- Garfield, S, 2002. *The Last Journey of William Huskisson*. Faber & Faber Limited, London.
- New South Wales Government Railways Ambulance Corps (1936). *Jubilee 1885–1935: Historical Review*. Sydney.
- Taylor, GH, 1910. *Ambulance Corps' Handbook*, 6th edition. New South Wales Government Railways and Tramways, Sydney.
- Woodward, GPM, 1892. *Ambulance Handbook*, 2nd edition. Government Printer, New South Wales Railways, Sydney.

The use of carbon dioxide in resuscitation

David Fahey, OStJ

Dr Fahey is a specialist anaesthetist working at Royal North Shore Hospital in Sydney. He is also the State Medical Officer for St John in NSW. He joined St John in 1983 as a 13-year-old Cadet in Goulburn Division, and during his 28 years of membership has held Divisional, Regional and State positions in both NSW and Queensland. He moved to Queensland in 1999 to study medicine, and then undertake postgraduate specialist training in anaesthesia. In 2009, he spent six months working with the CareFlight rescue helicopter in Brisbane, and is currently completing an additional qualification in aeromedical retrieval. Dr Fahey has been a frequent contributor to the Historical Society's seminars.

INTRODUCTION

Anyone with even the most basic understanding of human biology would question the title of this paper. Surely it's a mistake! We all know that it's oxygen which is needed for resuscitation. Carbon dioxide is a 'waste gas' produced by the human body. Surely therefore it's the last thing you would consider administering to a patient who is close to death. However, that is exactly what was done for several decades of the 1900s. This dubious treatment even found its way into several editions of the St John textbook. Several key misunderstandings about respiratory physiology led to this treatment being recommended. Carbon dioxide was administered via a number of novel devices—one of which was produced by a company whose main business was manufacturing soda siphons.

CARBON DIOXIDE

Carbon dioxide (CO₂) is a trace gas which comprises 0.04% of the Earth's atmosphere. It is colourless, and at low concentrations it is also odourless. At higher concentrations it has a sharp, acidic odour. At temperatures below minus 78°C the gas deposits directly to a solid, commonly known as 'dry ice'. It is interesting that CO₂ only has a liquid phase at pressures above 5.1 atm.¹

Carbon dioxide is a by-product of the aerobic cellular respiration of animals, and many other organisms. Fortunately, plants and algae are able to convert CO₂ into sugars, using the energy of sunlight in a process known as photosynthesis. The by product of photosynthesis is oxygen. The annual exchange of CO₂ between aerobic respiration and photosynthesis is about 100 gigatons², and is one of the most important recycling processes in nature.

The Earth was formed about 4.5 billion years ago, and the earliest atmosphere was comprised mainly of CO₂ and steam. There is good evidence for the existence of photosynthesising blue-green algae by 2.7 billion years ago. These simple organisms enabled the beginnings of oxygen in the atmosphere. Oxygen and carbon dioxide levels have fluctuated considerably throughout the life of our planet.²

THE DISCOVERY OF CARBON DIOXIDE

During ancient times, certain places were thought to have mystical powers due to the bubbling and 'living' water which came out of the ground.¹ These bubbles are carbon dioxide gas, which dissolves minerals from the bedrock and creates mineral water. The ancient Greeks built temples to Aesculapeus (their god of healing) at many of these springs.³ Throughout the ages, mineral waters have been prescribed for the healing of every conceivable ailment. To this day, we derive pleasure from beverages which sparkle with thousands of tiny bubbles—perhaps without even realising that these bubbles are CO₂.

Johann Baptista van Helmont (1577–1644), a Flemish scientist, was the first to realise that there are different types of gases as distinct from ordinary air. Indeed he was the first to use the term 'gas', which is derived from the Greek word for chaos (meaning empty space), van Helmont identified that a gas was given off by burning charcoal, because the mass of the ashes is less than the original charcoal. He termed this gas 'spiritus sylvestre', meaning 'spirit of the forest'.³ However, van Helmont did not actually identify this gas as carbon dioxide.

Joseph Black (1728–1799) was the first to formally identify and study the chemical properties of carbon dioxide gas.^{3,4} He made these discoveries while a medical student in Edinburgh. He described the initial experiment in a letter to one of his old teachers:

It was, indeed, an experiment that amused me, in which I had mixed some chalk and vitriolic acid at the bottom of a large cylindrical glass; the strong effervescence produced an air or vapour, which, flowing out at the top of the glass, extinguished a candle that stood close to it; and a piece of burning paper immersed in it, was put out as effectually as if it had been dipped in water.⁴

What Black described was the reaction of calcium carbonate and sulphur dioxide, which liberates carbon dioxide gas. He termed this gas 'fixed air'. Further, he demonstrated that when 'fixed air' was passed through a clear solution of lime water (calcium hydroxide), this caused a white precipitate of calcium carbonate to form. This reaction is still used in chemistry to detect the presence of CO₂ and would be familiar to any high school chemistry student. Black went on to show that 'fixed air' was present in the expired air of humans, and that it could not sustain the life of an experimental animal.^{3,4} Joseph Black became Professor of Medicine at Edinburgh University in 1766. He is credited with a number of other scientific discoveries, including the concepts of latent heat and specific heat, the invention of an ice calorimeter, and the chemistry of alkalis (the basis of his doctoral thesis).^{3,4,5}

In 1782, Antoine Lavoisier identified the 'fixed air' as being made up of oxygen and carbon. He called it 'gaz acid carbonique' or carbonic acid gas.³

THE REGULATION OF BREATHING

In the second century AD, Galen recognised that the brain controlled breathing via the phrenic nerves, based on his observations of gladiators with cervical spine injuries.² It was not until the 18th century that location of the respiratory centre was identified in the brainstem by the French physiologist Antoine Lorry. He showed that all parts of an animal's brain above the brainstem could be removed before respiration ceased.⁶

The chemical control of breathing was determined in the 1800s, when techniques for analysis of gases in the blood were developed. In 1868, Pflüger performed a study in dogs which showed that both oxygen lack and an increase in carbon dioxide stimulated respiration.² Then in 1885, Meischer-Rush investigated the carbon dioxide response in humans, and showed that this was the predominant chemical stimulus which controlled breathing.²

In 1905 Haldane and Priestley published their landmark paper which precisely quantified the chemical control of breathing, and the interactions between oxygen, carbon dioxide and exercise.⁷

'The experiments...indicate clearly that under normal conditions the regulation of the lung-ventilation depends on the pressure of CO₂ in the alveolar air. Even a very slight rise or fall in the alveolar CO₂ pressure causes a great increase or diminution in the lung-ventilation. Thus we found that a rise of 0.2% of an atmosphere in CO₂ was enough to double the ventilation...'⁷

Haldane (1860–1936) was a formidable respiratory physiologist of his time. He described how deoxygenated blood has an increased capacity for carrying CO₂ (the 'Haldane effect'), and he invented a gas mask which was used in the First World War.

It is now understood that the partial pressure of CO₂ in arterial blood is detected by central chemoreceptors located in the medulla, as well as peripheral chemoreceptors in the carotid bodies. These receptors relay messages to the respiratory centre in the medulla, which determines the rate and depth of breathing. There are, of course, many other influences on ventilation, including hypoxia, blood pH, blood pressure, temperature, etc. However, it is CO₂ which has the greatest influence.

Voluntary hyperventilation will lower the PaCO₂ (PaCO₂ is the medical symbol for partial pressure of carbon dioxide in the blood). It is possible to reduce PaCO₂ below the 'apnoeic threshold', so that there will be no desire to breathe until the PaCO₂ rises back to a normal level (the CO₂ rises because it is being continually produced as a by product of aerobic metabolism). Below the apnoeic threshold for CO₂, hypoxia does not stimulate breathing to any great extent. Hence, the well known dangers of hyperventilating prior to a prolonged underwater dive, because hypoxia can supervene and cause loss of consciousness and drowning.

THE USE OF CARBON DIOXIDE FOR RESUSCITATION

In the early 1900s it was revealed that certain conditions caused hypoxaemia, and low PaCO₂ (due to secondary hyperventilation). This is classically seen in pneumonia, and is known as Type I respiratory failure. This revelation, coupled with the knowledge that voluntary hyperventilation could induce a period of apnoea, led to an erroneous conclusion which then formed the basis for administering carbon dioxide to these patients.⁸ Haldane *et al.* erroneously thought that the rapid shallow breathing seen in pneumonia was the primary cause of the hypoxia, and therefore, administering carbon dioxide would correct hypoxia by stimulating deeper breathing.⁹ At that time, the concept of ventilation/perfusion mismatch was not yet understood.

A landmark paper on resuscitation in 1934 staunchly defends the use of CO₂.¹⁰ It proposes a classification of asphyxia which reinforces the false logic described above.

'Acarbic Asphyxia ... is exemplified in those cases in which sublethal atmospheres of carbon monoxide have been breathed for several hours ... In such cases artificial respiration is often not needed, as breathing has not stopped ... But restoration of oxygen alone does not cure it or cures it only very slowly ... for rapid restoration of normal conditions the effective means ... is inhalation of carbon dioxide.

Apneic Asphyxia — Brief but intense asphyxia, under complete deprivation of oxygen, is exemplified in drowning. Its outstanding feature for treatment is apnoea ... The vital machine is little damaged. It is merely stopped. It is restarted by means of artificial respiration. Inhalational treatment is secondary; although it is often of critical value for the saving of life'.¹⁰

Like many physicians at that time, Henderson was fixated on low PaCO₂ as the root of the problem. He even went so far as to call it 'acardia':

In all such states, overbreathing and the development of a deficiency of carbon dioxide are among the conditions inducing the final depression and failure of respiration.¹⁰

This misunderstanding was taken even one step further by Davies in 1927:

When ordinary atmospheric air is mixed with five per cent, of carbon dioxide, the oxygen percentage falls from only 21 per cent, to 20 per cent and, when this mixture is breathed owing to the greatly increased pulmonary ventilation, the percentage of oxygen in the alveolar air of the lungs is actually raised.¹¹

In collaboration with Sparklets Ltd in London, Davies was responsible for the design of the 'Sparklets Resuscitator' described below.¹¹

Despite the false logic of giving CO₂ to a spontaneously breathing (dyspnoeic, exhausted and cyanosed!) patient, it is at least understandable when viewed in the light of the limited knowledge of respiratory physiology available at the time. However, what is impossible to understand is that CO₂ was used in apnoeic patients, as an adjunct to artificial respiration. In cases of respiratory arrest (such as suffocation, drowning, drug overdose, etc.) by the time artificial respiration is started, the PaCO₂ is already very high. Patients with respiratory illnesses like pneumonia and asthma may initially have a low PaCO₂ due to their increased respiratory rate, but for patients who are *in extremis*, the PaCO₂ progressively rises as their muscles of respiration succumb to exhaustion. Therefore, the notion that giving a severely hypercarbic patient even more CO₂ would somehow 'kick-start' breathing, was seriously flawed. Yet, the teachings of Haldane and Henderson would prevail for over three decades, and physicians at the time continued to assume that the PaCO₂ was abnormally low at the moment breathing stopped.

Despite Haldane's advocacy for administering CO₂, he deserves great praise for also being an advocate of oxygen therapy. Indeed, he raised oxygen therapy from being regarded as a novel therapy with purely palliative applications, to a treatment with real therapeutic value.¹² Others soon began to observe the value of oxygen. It could immediately abolish cyanosis, and reduce respiratory distress.⁸ However, the perceived need for giving CO₂ as a respiratory stimulant was quite entrenched and, to this end, various mixtures of oxygen and carbon dioxide were manufactured from the 1930s onwards. This gas was called 'carbogen', and the usual combinations were 95% oxygen, 5% CO₂ and 93% oxygen, 7% CO₂. The supposed value of carbogen is summarised thus:

In the type of anoxia *due to* rapid shallow breathing, oxygen therapy, best combined with carbon dioxide, will break the vicious cycle of shallow breathing which the oxygen want itself aggravates.¹³ (emphasis added)

Carbon dioxide was administered for an astonishing range of medical conditions. These included drowning, suffocation, carbon monoxide poisoning, drug overdose, electrocution, shock, asphyxia neonatorum, and even hiccoughs.^{14,15}

Carbon dioxide was also used as an adjunct to anaesthesia.¹⁶ For open drop ether via a Schimmelbusch mask, CO₂ could be insufflated under the mask to speed up induction and emergence. Respiratory arrest due to ether overdose was managed using CO₂ plus artificial respiration. Advances in anaesthesia led to the development of the Boyle's machine, with its calibrated vapourisers, and closed breathing circuit. Many of these machines were fitted with CO₂ cylinders, so that the anaesthetist could 'dial in' the desired degree of respiratory stimulation. When curare was introduced in the 1950s, supplemental CO₂ was seen as essential to keep the patient breathing spontaneously while partially paralysed! At that time, the breath-by-breath gas analysis which is mandatory in anaesthesia today, was not even dreamed of. Even the laboratory measurement of arterial blood gases was laborious and not widely available. However, as this technology became more available in the 1960s, anaesthetists were shocked to discover exactly how hypercarbic they had rendered many of their patients. One author describes a PaCO₂ of 240 mmHg in a patient having a laparotomy.¹⁶ Carbon dioxide cylinders were finally banned from anaesthetic machines in the United Kingdom in 1989.¹⁷



The back bar of a 1950's Boyle's machine — the CO₂ rotameter is second from the left.

The Medical Research Council in the UK finally recommended in 1952 that 100% oxygen should be used for all apnoeic patients.¹⁸ However, even this advice was challenged by the Industrial Medical Officers' Association, who felt that carbogen was still useful for managing carbon monoxide poisoning.^{15,18} They argued for retaining carbogen equipment in factories and gas works, where carbon monoxide poisoning was apparently common.

Largely as a result of the respiratory physiology research undertaken by anaesthetists in the 1950s and 1960s, the dangers of CO₂ administration became better understood. It was recognised that hypercarbia caused unconsciousness, hypertension, arrhythmias, and even cardiac arrest. This was summarised in a review of the subject in 1955:

Individuals who are in need of resuscitation are already in a state of respiratory insufficiency ... They are already in a state of hypercapnia and respiratory acidosis ... How then can exogenous CO₂ (as 5 per cent CO₂ in oxygen) be expected to stimulate respiration? ... The simultaneous administration and vigorous removal of a therapeutic agent is treatment reduced to absurdity.¹⁹

EQUIPMENT

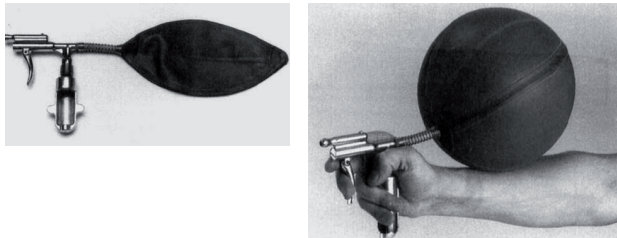
Sparklets Resuscitator

In collaboration with Sparklets Ltd. in London, Davies devised a small portable apparatus for giving CO₂. There were two designs: the 'C' and the 'J', named according to the size of the CO₂ bulb which was inserted into the device. The Sparklets company was perhaps the obvious choice, because it already manufactured small CO₂ bulbs for use in soda siphons (a device which makes carbonated water). The Sparklets Model 'J' resuscitator utilised a bulb containing 25 grams of liquid CO₂, able to provide about 12 litres of gas.^{11,20} This was inserted into a metal holder, and when the handle was screwed down, the top of the bulb was punctured, thereby producing a flow of about 2 L/min of CO₂ gas.¹¹ This could be administered via rubber tubing placed directly beneath a Schimmelbusch (open anaesthesia) mask, or through a funnel placed over the mouth.¹⁴ A more elaborate set up comprised a rubber reservoir bag, flowmeter, and mask. This is shown being used together with Schaeffer's method of artificial respiration in the illustration. Note that the mask does not create a seal with the face, so that positive pressure ventilation is not possible. CO₂ would only have been inhaled by the actions of the artificial respiration.¹⁴ This procedure relied on room air entrainment into the mask to ensure that some oxygen was provided (albeit a very small amount!).



The Sparklets 'J' resuscitator and a box of CO₂ bulbs.

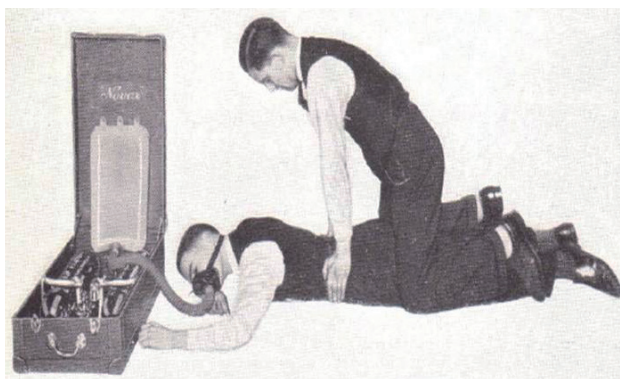
The 'C' type Sparklet utilised a smaller CO₂ bulb, the contents of which were discharged into a 4 litre rubber reservoir bag. A flow of CO₂ was activated by squeezing the trigger, and the stream was directed over the patient's mouth and nose.^{11,20} This device was specifically mentioned in the 1938 edition of the British Red Cross first aid textbook.²¹ It was recommended for the treatment of a wide variety of respiratory emergencies. One general practitioner described the use of his Sparklet on three occasions in the one day—to revive a chloroformed patient after delivery, to resuscitate the neonate, and to increase the blood pressure of an injured victim in a car accident.²²



Operation of the 'C' Sparklets Resuscitator.

The Novox Apparatus

The Novox apparatus was manufactured by Siebe-Gorman, and utilised cylinders containing 95% oxygen and 5% CO₂. This was designed to use the gas supply more economically, via a 'lung-governing mechanism'. Gas was fed from the cylinders into a reservoir bag, and from there to a mask. During expiration, the slight expansion of the bag acted on a lever to shut off supply from the cylinder. On inspiration, the supply recommenced to ensure the reservoir bag remained sufficiently inflated.¹⁴ However, this device was not capable of positive pressure ventilation. If breathing was absent, artificial respiration had to be performed.



The Novox combined with Schaeffer's method of artificial respiration

USE BY FIRST AIDERS

Carbon dioxide equipment was certainly used by first aiders and ambulance officers, although somewhat sporadically, and without any clear guidelines. CO₂ (both with and without oxygen) was recommended in Appendix 1 of the St John textbook *First Aid to the Injured*, throughout the 39th edition (1938–1952).²³ All references to CO₂ were dropped in the 40th edition, and the recommendation was to use pure oxygen. An illustration showing a Sparklets Model 'C' resuscitator was included in the 1938 edition of the British Red Cross Manual.²¹

The use of the Sparklets resuscitator can be gleaned from other sources. The Annual Report of the Bilinga Surf Life Saving Club (Queensland) in 1942/43 states that they acquired a Sparklet for the first aid room, at a cost of £2.²⁴ The boats operated by the Thames Police were all equipped with carbon dioxide resuscitators, according to a 1937 article.²⁵ First aiders in factories and gas works seem to have been commonly provided with CO₂ apparatus in the 1930s and 1940s.¹⁸

CONCLUSION

In pre-hospital care today, oxygen is used routinely; indeed it is hard to imagine an ambulance without oxygen equipment. Today, we would regard administering CO₂ to an apnoeic patient as unthinkable. Yet in the 1930s, there was great support for using CO₂ to treat a wide range of respiratory emergencies. This is not as ridiculous as it first appears, when viewed in the light of the respiratory physiology which was known at the time. We must remember that technology such as pulse oximetry and end-tidal capnography is really very recent. In the 1930s, measuring arterial blood gases would only have been possible in the research laboratories of large universities. This was certainly not available to an anaesthetist in the operating theatre. First aid and resuscitation practise will continue to evolve as research unravels the mysteries of disease and trauma. In 50 years from now, who knows which of the treatments we currently hold as dogma will be the subject of a Historical Society seminar?

Acknowledgments

Geoffrey Kaye Museum, Australian and New Zealand College of Anaesthetists; Harry Daly Museum, Australian Society of Anaesthetist, and the Queensland Ambulance Service Museum.

References

1. Carbon Dioxide, http://en.wikipedia.org/wiki/Carbon_dioxide, accessed 21 Jan 2010.
2. Lumb AB. *Nunn's Applied Respiratory Physiology* (6th edition). Edinburgh: Elsevier Butterworth Heinemann, 2005.
3. Almqvist E. *History of Industrial Gases*. New York: Kluwer Academic, 2003.
4. Forriger R. 'Joseph Black and the identification of carbon dioxide'. *Anesthesiology*, 1957; 18: 257–64.
5. Author not stated. 'Joseph Black and the discovery of carbon dioxide'. *Med JAust*, 1957; 44: 801–802.
6. Proctor D. 'A History of Breathing'. *Physiology*. New York: Marcel Dekker, 1995.
7. Haldane JS, Priestley JG. 'The regulation of the lung ventilation'. *JPhysiol*, 1905; 32(3-4): 225–66.
8. Leigh JM. 'Ideas and anomalies in the evolution of modern oxygen therapy'. *Anaesthesia*, 1974; 29: 335–48.
9. Haldane JS, Meakins JC, Priestley JG. 'The effects of shallow breathing'. *JPhysiol*, 1919; 52: 433–39.
10. Henderson Y. 'Resuscitation'. *JAMA*, 1934; 103: 750–54.
11. Davies HW. 'A simple portable apparatus for the therapeutic administration of carbon dioxide'. *BrJAnaes*, 1927;4: 148–53.
12. Haldane JS. 'The therapeutic administration of oxygen'. *BrMedJ*, 1917; 1: 181–87.
13. Katz L. 'Observations on oxygen therapy'. *JLabClinMed*, 1934; 19: 1164.
14. Campbell A, Poulton EP. *Oxygen and Carbon Dioxide Therapy* (2nd edition). London: Oxford University Press, 1938.
15. Donald KW, Paton W. 'Gases administered in artificial respiration, with particular reference to carbon dioxide'. *BrMedJ*, 1955; 1: 313–18.
16. Morris LE. 'Carbon dioxide and anaesthesia'. *Int. Congr. Series*, 2002; 1242: 145–55.
17. Safety Action Bureau 'Carbon dioxide flowmeters on anaesthetic machines'. SAB 1989; 36. *Anaesthesia*, 1989; 44: 878.
18. Lane R, Dingwall-Fordyce J. 'Oxygen or carbogen in first aid resuscitation in industry'. *OccupMed*, 1960; 10: 26–28.
19. Merriman J. 'The role of carbon dioxide in anaesthesia'. *Can Anaes Soc J*, 1955; 2: 273–80.
20. Wrigley M, Nandi P. 'The Sparklet carbon dioxide resuscitator'. *Anaesthesia*, 1993; 48: 148–50.
21. Buxton S. *British Red Cross Society First Aid Manual* (8th edition). London: Cassell & Co, 1938; 233–35.
22. Burnet G. 'Carbon dioxide and general practice'. *BrMedJ*, 1934; 1: 233.
23. St John Ambulance Association. *First Aid to the Injured* (39th edition). St. John Ambulance Association, London, 1938; 245.
24. Bilinga Surf Life Saving Club Annual Report 1942–43.
25. Brown J. 'The work of the Thames police'. *Public Admin*, 1937; 15(2): 144–49.

The philately of the Order of St John

John Pearn, AM KStJ

Professor Pearn is a Professor Emeritus of Paediatrics at the Royal Children's Hospital campus of the University of Queensland. A retired major-general, he is also a former Surgeon General to the Australian military forces. John is a former Director of Training for St John Ambulance Australia, one of his major projects during his term of office being the milestone publication The Science of First Aid: The theoretical and scientific bases of modern first aid practice (1996), of which he was editor-in-chief. With the late Murdoch Wales, he co-authored another milestone book, First in First Aid: A history of St John Ambulance in Queensland (1998). A very eminent medical scientist and medical historian, he is greatly in demand as a lecturer at national and overseas medical symposia. He is currently the President of St John Ambulance Australia (Queensland). In 2009 he was awarded the postgraduate degree of M.Phil. of the University of Queensland after completing a program of research and a thesis in history. He has frequently made presentations to the Historical Society's annual seminars.

Abstract

Nations issue postage stamps to promote and highlight themes of national pride and importance. The philatelic record becomes a cumulative archive of a nation's history. In the international context, the many hundreds of thousands of different postage stamps which have been issued comprise a history of humankind and its endeavours.

In this context, the philatelic collection of St John stamps is one repository, a selective archive, of the work of St John in all its forms. These comprise portrayals of St John charity and philanthropy, rescue and resuscitation, ambulance transport, hospital care, welfare of those with visual disabilities, and first aid training. All these themes are encapsulated in the ethos of the Good Samaritan.

The stamps of St John are primarily identified by the emblem of the Crusader Cross, the metaphor for charitable work in the emergency, medical and health support professions. The first stamp portraying the Crusader Cross was that issued in 1860 by Malta, then a British colony. In the twenty-first century, St John stamps are issued to highlight the voluntary service of those who, as trained responders, teachers and philanthropists, give their skill and care in the enduring spirit of the Good Samaritan.

Nations issue postage stamps to portray themes with which the nation identifies. Charitable works generally and volunteer service specifically, are common themes portrayed in the philatelic medium. In this context, the role, service and heritage of the ambulance and philanthropic work of many St John organisations form an extensive philatelic record.

The work of St John Ambulance, indeed that of all bodies connected to pre-hospital care of the sick and injured, has as its underlying ethos, the example of the Good Samaritan.¹ The Good Samaritan himself was portrayed on three stamps issued by Vatican City in 1964, issued to commemorate the Centenary of the Red Cross.²

There exist five legitimate Orders of St John and more than thirty fraternal and collegiate societies or associations which identify with the healing and charitable ethos of the Good Samaritan.³ All are derivative of the Catholic Sovereign Military and Hospitaller Order of St John of Jerusalem, called of Rhodes, called of Malta. That Order was established as an offshoot of the Benedictine Order,⁴ prior to the mid eleventh century AD in the era before the First Crusade (1096–1099).⁵ The emblems of all the St John medical and charitable bodies incorporate the Crusader Cross, or its later derivatives including the Cross Patée and the Cross Patée Formée, the latter often called the Maltese Cross.⁶ In turn, all are derivative of the Amalfitan Cross. These crosses, as metaphors for emergency and pre-hospital care, appear extensively on postage stamps commemorating the work of both the Sovereign Military Order of St John and the Venerable Order of St John; and of secular ambulance services.

The philatelic record thus forms a parallel archive, albeit a selective one, of the important place of the professional work (both as volunteers and salaried members) of St John in many countries.

THE CROSS OF ST JOHN

The unifying symbol of the St John philatelic collection is the Crusader or St John cross. This striking symbol has become a metaphor for medical care and philanthropic support for the sick and injured. It is displayed as such both in the religious and secular contexts.

The St John cross was originally the emblem of a religious guild of the Maritime Republic of Amalfi. In or about 1050 Amalfitan merchants of that guild (of whom one Pantaleone Di Mauro Comite was prominent) obtained permission from



First Day Cover of stamps issued in 2002, to highlight the insignia of the Sovereign Military Order of St John, Rome. Courtesy of Associate Professor Stephen Gatt, OAM.

the Caliph of Egypt to build a church and a monastery and hospital in Jerusalem. The Benedictine Order of Crusader monks had long had a tradition of caring for travellers. The Benedictine Rule of 530 AD had mandated the acceptance for shelter of anyone seeking such at a Benedictine monastery, irrespective of their social or religious status, and whether friend or foe. In many ways it was a natural progression to extend the spirit of the Benedictine code to that of the shelter and care of Crusader pilgrims, especially those in need of medical aid. It was from this ethos that a new religious Order, the Sovereign Military Order of St John, was established by Fra Gerard Sasso, one whose birthplace is claimed by the town of Scala from the mountains in the hinterland of Amalfi. The new religious Order adopted the Amalfitan cross as its emblem. I believe that that cross was earlier derived from the cross of St Andrew, the Patron Saint of Amalfi. The Duomo (Cathedral) of St Andrew was decorated with early Amalfitan crosses cast in its 10th century bronze doors. They were embossed with silver, traces of which remain on the cathedral doors of the Duomo at Amalfi today.⁷ I believe that was the origin of the white Crusader cross. The St Andrew's cross, a saltire 'X', has oblique arms, and the reverse-obverse background space is an eight-pointed cross—known heraldically since medieval times as a Cross Patée.⁶ If this interpretation is correct, it establishes the origin of many St John, Crusader and Maltese crosses of today as derivative from that of the complementary background of the Amalfitan cross of St Andrew.

THE STAMPS OF THE SOVEREIGN MILITARY ORDER OF ST JOHN

The Headquarters of the Sovrano Militare Ordine Ospedaliero di San Giovanni di Gerusalemme di Rodi e di Malta are to be found in the Via Condotti in Rome. The Sovereign Military Order has issued several thousand postage stamps, used for legal postage if posted from the Sovereign Military Order's Letterbox, but if so deposited then recognised for postage throughout Italy and beyond. The Order's philatelic centre issues stamps with the widest variety of pictorial themes. These range from portraits of the Grand Masters of the Order, scenes from the history of the Order as a dominant fighting military and naval force in the Mediterranean (from 1099–1798), to beautiful portrayals of religious art.

Recent issues of the Sovereign Military Order have included both religious and secular works of art from the great galleries of the world, especially those of the Vatican (Rome), the Louvre (Paris) and from the Hermitage Museum in Russia. All portray the St John Cross.

ST JOHN AMBULANCE—THE PHILATELIC RECORD

Pre-hospital care of the sick and injured includes response, rescue, control of the accident site, on-site paramedic and medical care and transport. These roles of St John Ambulance are portrayed on stamps of a number of the 80 nations in which St John Ambulance operates.

The first postage stamps to portray the Crusader cross were those of Malta. As a British colony in 1860, it issued a five shilling red stamp portraying the profile head of a young Queen Victoria, surrounded by four Crusader Crosses.⁸ By 1899, a further eight Maltese stamps had been issued all portraying the Crusader Cross. These emblems were used as national metaphors, not as symbols of the Hospitaller or charitable work of St John.

The first stamp portraying a Hospitaller Knight of St John was an omnibus issue of 11 stamps, issued by Malta in 1922. Perhaps the most beautiful of all St John stamps is the two-penny Maltese issue of 1964, a commemorative stamp issued on the occasion of the 1st European Catholic Doctors' Congress, held in Valletta in that year.⁹

Advocacy for the issue of St John stamps came relatively late in the history both of St John and of philately itself. Postage stamps were invented by Sir Roland Hill and the first stamp, the Penny Black, was issued in Great Britain in 1840. The world's first stamp portraying a medical theme was a one-penny stamp issued by the British colony of Nevis, in the Caribbean, in 1861.¹⁰ It portrayed Hygieia, the Greek goddess of Health, offering healing water to a patient, the figures standing beside a medicinal spring on the island of Nevis. The world's first charity stamp, in which a surcharge was made at the point of sale in post offices, was medical or charitable work, was the 1897 Queen Victoria Diamond Jubilee issue of New South Wales.¹¹

By the middle of the twentieth century, there were extensive collections of Red Cross stamps, stamps commemorating Boy Scouts, Girl Guides, refugee organisations and stamps commemorating the fight against specific diseases such as leprosy and malaria.¹²

The St John philatelic collection is a phenomenon of the second half of the twentieth century. One of the first issues, as a specific acknowledgment of the work of charitable organisations, was the German (West Germany) 'Malteser Hilfsdienst' ('Welfare Organisation') issue of 1969. That single stamp issue was a 30 pfennig red and black stamp featuring the Crusader Cross.¹³



An essay of the short listed series of Australia's first postage stamps to be issued in 1912. This proposed stamp portrayed King George V with the neck decoration of the Order of St John (Venerable Order of the Hospital of St John of Jerusalem). The stamp was never issued, Australia's first postage stamps being the well-known 'kangaroo' series.



A 31 pence stamp, one of four issued to commemorate the work of St John Ambulance in the United Kingdom. This stamp features a first aider attending a participant who has fainted at a public demonstration event.



Two postage stamps of the Centenary (1987) of St John Ambulance Brigade in the United Kingdom with a special First Day of Issue Cancellation. The stamps portray two aspects of casualty transport. The 18 pence stamp features an Ashford Litter (a 'gurney'); and the 22 pence stamp a motor ambulance of the inter-war period.

Two nations have issued stamps portraying living, uniformed colleagues of St John Ambulance. In 2007, Post Papua New Guinea issued a six-issue series of stamps portraying the rescue, transport, resuscitation and educational role of St John, in addition to its work in hospitals and its outstanding work in both running the St John Blood Service (a 20 toya stamp) and the St John Blind Service (85 toya). The 5.35 Kina stamp featured Mr Douglas Kelson, Chief Commissioner of St John Ambulance Papua New Guinea, an esteemed colleague who has transformed the St John Service from a one-ambulance organisation into a major health support system in Papua New Guinea, running blood transfusion services, ambulance transport services, the St John Blind Service as well as its educational and training volunteer service.

On the 27 June 2008, the Norfolk Island Philatelic Bureau issued a four-stamp series, again portraying the work of rescue, transport, charitable and training work of St John on Norfolk Island. This series of stamps, with its First Day Cover, featured Mrs Bonnie Quintal, MBE another esteemed member of the international St John community.

PHILATELIC OUTREACH

The philatelic medium has been used extensively to promote health campaigns. The 1962 multi-national omnibus issue to promote the World Health Organisation's Anti-Malaria Campaign saw 4.1 billion stamps licked and applied to mail in that year. The annual New Zealand Health stamps and the Belgian Pro-Juventute series are other classic examples of the philatelic medium's significance influence in raising awareness of health issues.

Besides postage stamps, a number of nations have issued St John Ambulance Christmas and Easter seals. These both support and promote the emergency medical care and the charitable work of St John Ambulance. They continue a long tradition of such seals, known as 'Cinderella stamps'. One of the first St John Cinderellas was issued by the Lord Mayor of London's Red Cross and St John Fund, and sold at the Stamp Centenary Exhibition in London from 6–11 May 1940. That beautiful issue portrayed both the Red Cross and a Crusader Sword.

Postage stamps are works of fine art. As such, they form one cumulative heritage archive of the art and science of pre-hospital care, in all its forms.

Acknowledgments

I thank particularly Associate Professor Stephen Gatt, OAM, MOM, MD consultant anaesthetists and philatelist, Knight Commander of the Holy Sepulchre of Jerusalem, and Knight of the Sovereign Military Order of the Hospital of St John, of Sydney. I thank also Dr Ian Howie-Willis, OAM, KStJ, historian, author and co-founder of the St John Ambulance Historical Society of Australia, Miss Beth Dawson, AM, DStJ and Dr Mervyn Cobcroft, OAM, OStJ, RFD all for much encouragement.

References

1. Pearn J, 2003. 'St John and St Luke. The foundation and Influence of the Good Samaritan in contemporary Australian life'. *J St John Amb Aust Hist Soc*, 3: 23–25.
2. Stanley Gibbons. *Stamps of the World 1976*. 1976 Edition. A Stanley Gibbons Catalogue. Forty-first Edition. London, Stanley Gibbons Publications Ltd., 1975 [sic]. Vatican City. Stamps 436–38: 1353. [NOTE: This series of three stamps (10 lira brown; 30 lira blue; 300 lira sepia) feature the Good Samaritan comforting the assaulted traveller on the Jerusalem-Jericho road ('Samaritanus Misericordia Motus Est'). The stamps feature the painting of the Good Samaritan scene by a student(s) of Emilio Greco. The original work is held in the Vatican Museum, Rome.]
3. Howie-Willis, Ian. *A Century for Australia. St John Ambulance in Australia 1883–1983*. Canberra, Priory of the Order of St John in Australia, 1983. Introduction: xxiv–xxv. [NOTE: The three primary Orders of St John are The Sovereign Military and Hospitaller Order of St John of Jerusalem, called of Rhodes, called of Malta ('The Sovereign Military Order of St John'); the Johanniterorden (a series of Protestant, primarily Lutheran Orders of St John in such countries as Sweden and Germany); and The Most Venerable Order of the Hospital of St John of Jerusalem ('The [Venerable] Order of St John'), this latter a secular Royal Order of Chivalry established by Queen Victoria in 1888.]
4. Saintry, Guy Stair. *The Order of St John: The history, structure, membership and modern role of the five Hospitaller Orders of St John of Jerusalem*. New York, American Society of the Most Venerable Order of the Hospital of St John of Jerusalem, 1991: 1.
5. Pearn, John. 'The Crusades. A Conduit for Medical Knowledge'. *Medicinal Herbs and Woundworts*. Brisbane, Amphion Press, 1993: 3: 11–14.
6. Pearn, John. 'Crosses: Symbolism and heritage'. *J St John Amb Aust Hist Soc* 2007; 7: 39–43.
7. Magi, Giovanni. 'The Cathedral'. *Amalfi*. Florence, Casa Editrice Bonechi, 2005: 15.
8. Stanley Gibbons. Op. cit.: See Ref 2: 821.
9. Ibid.: 822.
10. Stanley Gibbons. *Stamps of the World*. [Annual publication, as catalogue—e.g. 41st Edition]. London, Stanley Gibbons Publications Ltd., 1976: 897. [Nevis (W.I.) (Br.)]. [NOTE: Nevis published six stamps in this first issue—1 penny red; 1 penny rose; 4 penny rose; 4 penny orange; 6 penny grey-lilac; and 1 shilling green. Because of their primacy, they are of special significance to medical philatelists].
11. Pearn, JH. 'Phthisis and philately: An account of the Consumptive Home stamps of New South Wales. The world's first charity stamps. *Med J Aust* 1987; 147: 575–78.
12. Pearn, John. *Medical Philately of Australia*. Sydney, Winthrop Laboratories, 1978.
13. Stanley Gibbons. Op. cit.: See Ref 2: 495.

Links between the Heidelberg Military Hospital and St John Ambulance

Gary Harris, OStJ

Mr Harris began his working career in a bank but later switched to nursing. He undertook his training at the Heidelberg Repatriation Hospital, where he eventually rose to be an Associate Nurse Unit Manager and Nurse Educator. He has had a long career in St John Ambulance and is a member of long standing in this Historical Society and its Victorian branch, of which he is treasurer and membership secretary. He originally came into St John via the Broadmeadows Division of the St John Ambulance Brigade, eventually rising to become the Divisional Superintendent. He is currently the Divisional Nursing Officer with Banyule Division.

Over the years the St John Ambulance Brigade in Australia has undergone various name changes. Eventually it became the St John Ambulance Australia First Aid Services of today. Similarly, the Heidelberg Military Hospital in Melbourne, widely known as 'The Repat', has been renamed both officially and unofficially. The original official name, the 115th Australian General Hospital, seems to have been changed almost immediately by some to the 115th Heidelberg Military Hospital, even at a high level, so much so that that is the name inscribed on the front entrance and on the commandant's chair in the board room.

When handed over to the Repatriation Commission by the Army in 1947, the hospital became The Repatriation General Hospital (Heidelberg). On the 1 January 1995 the hospital was transferred from the Commonwealth to State Government control within the Victorian health system and became known as Heidelberg Repatriation Hospital. After only three months it was amalgamated with the Austin Hospital and Royal Talbot Rehabilitation Centre to become the Austin and Repatriation Medical Centre (ARMC), Repatriation Campus. The global ARMC institution was later renamed Austin Health, with its constituent campuses reverting to their previous names; but to every veteran and every taxi driver in Melbourne the campus that was The Repatriation General Hospital (Heidelberg) has always been 'The Repat'.

The origins of The Repat date back to the early months of World War II in late 1939 and early 1940. Rumours started in early 1940 that the Spira family, who owned the dairy farm in Heidelberg, had come into some money. They had packed up and left without a word. Rumours continued when the yellow Mont Park/Kew bus changed its route to include a bus stop at the Spiras' vacant land. Within weeks, earthmoving equipment moved in, along with workmen who began alighting at the new bus stop. The local children were peeved because they could not go yabbing in the dam anymore, as the perimeter of the farm was now patrolled by military police.

Then the locals realised that the new military hospital to be built 'somewhere near Melbourne' was on their doorstep. At the time the hospital site was on the outskirts of the suburbs, with houses to the south towards Ivanhoe and other dairy farms to the north over the track that was Bell Street.

A 1947 map of the completed hospital shows the St John Hall/Theatre and the bus stop. On the 53 acre (21 hectare) site Colonel Arthur Sherwin, the commandant, and a skeleton crew of officers marched in on 3 December 1940, before construction had been finished, camping on the verandah of a duckboard ward till their quarters were finished. Looking almost south, you would see the west end of Nurses Home 1 and the east end of the 'glass house', so called because of the new use of reinforced concrete in its construction, allowing more and larger windows to be used.

The hospital was built because of the efforts of Major-General Rupert M Downes, the second St John Ambulance Commissioner of Victoria. Downes was also the Director General of Medical Services for the Army. He argued successfully for the initial building of duckboard wards (of the approved and proven design) for the housing of injured soldiers from overseas, who were soon due back in Australia after becoming casualties in the Middle East and South-East Asia. Downes argued for permanent brick buildings to follow the temporary duckboard ones.

Staffing for the 115th Army General Hospital was provided by the Australian Army Medical Corps, the Australian Army Nursing Service, the Australian Army Medical Women's Service and the Voluntary Aid Detachments.

Lodger units were permitted by the army, No. 2 Facio-Maxillary and Plastic Surgery Unit and No. 6 RAAF Hospital marching in on 16 November 1942. Once built, the hospital functioned like a small town, being self-sufficient in housing, entertainment, fire services and of course medical services.

By the end of the war, the landscaping and gardening works were changing the appearance of the grounds. Instead of an assortment of raw new buildings rising starkly from bare paddocks, the hospital campus had begun looking more park-like as the trees and shrubbery grew. By then, of course, the hospital had treated many thousands of military personnel who had become casualties of the war through injury or illness in far-away places, including the UK, Libya, Egypt, Palestine, Syria, Malaya, the Netherlands East Indies (present-day Indonesia), Papua, New Guinea, the Solomon Islands, India, Burma, Thailand and Japan—indeed practically anywhere and everywhere Australia had



The hospital after its completion and landscaping — the main entrance in 1946.

sent its servicemen and women. Towards the end of the war and in the months that followed there was a flood of new patients as thousands of Australian prisoners of war were released from POW camps in Europe, South-East Asia, the Pacific Islands and Japan itself. Many had survived appalling hardship and ill-treatment and needed months in hospital before they could be rehabilitated.

The hospital itself became a reminder of one of the worst atrocities of the war, when a wing was named the 'Centaur' building. This was in honour the 2/3rd Australian Hospital Ship, the Centaur, which was sunk off Brisbane by torpedoes from the Japanese submarine I-177 on 14 May 1943. Of the 332 people aboard, mostly Army Medical Service personnel, only 64 survived. The wreck was discovered on the seabed 56 kilometres east of Moreton Island only in December 2009.

In its day and age, and as a military hospital, The Repat was a very large hospital indeed by Australian capital city teaching hospital standards. As the 115th Australian General Hospital it experienced its peak bed state on 6 January 1946 with 2921 patients in more than 40 wards. Even by present-day standards, that number of beds was huge. By comparison, present-day bed capacity at the Royal Melbourne Hospital is 2900; at Royal Prince Alfred Hospital in Sydney and Royal Brisbane & Women's Hospital the figure is 750, at Royal Perth Hospital 690, at Royal Adelaide Hospital 680, at Royal Hobart Hospital 550 and at Canberra Hospital 500.

As a repatriation hospital from 1947, the role of the hospital changed. Instead of treating mainly casualties from the fighting in the various theatres of war, the emphasis became the care of service personnel being treated under their health care entitlements through the Commonwealth government's repatriation scheme. By the time I started working there 36 years after the war's end, in 1981, it had the reputation of being a glorified nursing home for old diggers. The reputation was inaccurate and undeserved because in the meantime it had in fact developed into an acute-care teaching hospital.



The hospital corridors, with and without nursing staff and patients.

The hospital campus also became the site where other colocated institutions were developed. Over the years what was once been solely Commonwealth property has now other cohabitants. These included the MFB, the Sir William Hail Hostel, the Moreland Hall Drug & Alcohol Rehabilitation Centre and, in existing buildings, the Northern CASA, units of the University of Melbourne and others.

We come now to the St John Ambulance connection with the Repat. I have already mentioned how Major-General Rupert Downes was the instigator behind the hospital's construction. Away from his job as head of the Army Medical Corps, he had an enduring commitment to St John. As noted, he became the second Victorian St John Commissioner in 1921. He was still the Commissioner at the time of his death on Army duty in a plane crash in March 1945. His 24 years as Commissioner has only ever been equalled by one other Australian—Dr H G Tymms, who was Commissioner in Western Australia 1915–39.

The first military commandant at Heidelberg was Major-General Downes's successor as Commissioner in Victoria, Colonel J. Arthur H. ('Bull') Sherwin (1881–1961). Bull Sherwin was commandant of 115th Australian General Hospital—i.e. The Repat—for three years from early 1941 until his retirement and discharge from the Army in early 1944. He probably owed his appointment to Downes, his close friend. He and Downes had graduated together from the University of Melbourne in 1907; he was later best man at Downes's wedding and they served together in the Medical Corps during World War I. It seems that Downes probably hand-picked Sherwin as the hospital's inaugural commandant.

Bull Sherwin was really only the first of many military-medical officers with St John connections who served at The Repat. Among many others was the great plastic surgeon, Major (later Sir) Benjamin K Rank (1911–2002), who served as Chairman and then President of the St John Council in Victoria 1977–88. As head of the Army's 2nd Facio-Maxillary and Plastic Surgery Unit at the hospital until 1945, he reconstructed the badly damaged face of the future Prime Minister, John Gorton, among many other cases. Another St John surgeon who worked there was Flight-Lieutenant (later Group Captain) Allan M Beech (1921–2007) of No. 6 RAAF Hospital. Dr Beech, who later served as a Brigade District Officer, State Training Branch chairman and then as the St John National Director of Training 1978–80, joined the hospital staff in 1945, soon after enlisting in the RAAF.



Major (later Sir) Benjamin Rank operating in the Facio-Maxillary and Plastic Surgery Unit at Heidelberg.

In a later generation, another 'St Johnnie' who worked there as a surgeon was the late Professor Jeffery Wassertheil (1953–2008). Early in his medical career he was a surgical registrar at the hospital, then spinal registrar at the Austin Hospital before continuing his medical career elsewhere. Another prominent brigade/operations/first aid services branch member with Repat links was Major-General Frank Poke, who in 1980 became the first non-medical State St John Commissioner. (Previously all Commissioners had been medical practitioners.) Major-General Poke, a professional Army officer, was the Patron of the TPI (totally and permanently incapacitated military personnel) Artists' Group at the hospital.

Mention must also be made of the many women with St John connections who worked at The Repat as either nurses or ancillary medical staff while members of the Army Nursing Service (ANS), the Australian Army Medical Women's Service (AAMWS) or the Red Cross Voluntary Aid Detachments (VAD). The members who did so, far outweighed those of the St John medical officers who were posted there. The AAMWS and VAD women fulfilled an important role at the hospital because in its early years The Repat provided no nursing training. The ancillaries therefore filled a gap in the

hospital workforce by undertaking many of the duties that would have been performed by student nurses in the civilian hospitals. Colonel Sherwin had a soft spot for the VADs. Before his appointment as Commandant he had been the head of the Victorian VAD organisation. He is said to have stood up for the VADs against the Matron, who, like other senior officers in the ANS, tended to look down on the VADs as menials.

Other than the Commandant, the Matron was always one of the most important appointees at the hospital. The Matrons ruled the wards strictly, allowing the nursing staff no laxity either on the job or away from it. Unlike the medical officers, the nurses were not allowed to have a 'wet' mess though the Matron did allow alcohol to be served at Christmas Dinners. This tradition carried through to the early 1980s, when I was training at The Repat. By then the Matron and Nursing Coordinators served the ward nursing staff drinks at the dinner.

St John in Victoria, however, did much more for The Repat than simply provide staff members. Early in the life of the hospital, St John paid for the construction of a 400 seat assembly hall costing £6000, an amount equivalent to about \$400,000 in present-day monetary values. This money was raised mainly through the first public fundraising appeal conducted by St John in Victoria. Opened officially on 24 June 1942—St John's Day of course—by the Governor, Sir Winston Dugan, the hall was called the 'St John Theatre'. Many concerts, receptions and other gatherings were subsequently held there to entertain both patients and staff. Many important visitors attended these events; and many prominent theatrical, radio and television personalities cut their teeth as entertainers in the concerts held there.

Among the VIP visitors over the years were the Duke and Duchess of Gloucester in 1945, during the Duke's term as Governor General. At the time, of course, he was also the Grand Prior of the Order of St John. The next to come was Lady Mountbatten, the Superintendent-in-Chief of the Brigade, who was given a reception at the hospital after touring the wards in 1946. Her cousins, the present Queen and Duke of Edinburgh, also toured the hospital during the great Royal Tour of 1954. Prince Philip was back there again in 1956 when in Melbourne to declare the Olympic Games officially open. All the successive State Governors from Sir Winston Dugan on also visited The Repat.

A second St John public fundraising appeal, two years after the first, raised another £6681, which enabled the theatre to be refurbished and extended to 700 seat capacity with additional space for wheelchairs and even beds. The expanded theatre was officially opened, again by Sir Winston Dugan, on 21 July 1944. *Corroboree*, the hospital's in-house newspaper, usually reported such events taking place in the theatre, often illustrating the news articles with photographs. Many of these show the theatre packed to capacity. Six plaques were placed along the walls to record the St John contributions that had made the theatre possible. These were made by a member from Richmond St John Ambulance Division. They survived until the theatre closed years later, after entertainment needs changed following the introduction of television. Probably some St John people souvenired the plaques when the theatre was closed. The plaques that were not commandeered then would have been unfortunately lost when the theatre was eventually demolished during the 1980s.

The St John Theatre also housed the Army Education Service (AES), which maintained a presence at the hospital during the war and for some years later. The equipment of the AES was donated, scrounged or made and maintained by patients and staff. The AES broadcast its programs, these being piped through the hospital to every bed. The aim was to increase the patients' skills, help rehabilitate them and relieve the boredom often experienced, especially among bed-bound patients. The AES also managed the scheduling of performances at the St John Theatre.

After The Repat introduced nursing training, the hospital conducted annual graduation ceremonies. A VIP guest would usually be invited along to present the graduating nurses with their certificates. Often the guest would be a distinguished nurse. In 1966 for example, the inaugural Chief Nursing Officer of the Victorian Nursing Council, Miss Avery, was the guest. Kevin McMahon, himself a graduate of School No. 4 at The Repat, later served as the third last Chief Nursing Officer of the Victorian Nursing Council. His successors, the second last and last Chief Nursing Officers, attended The Repat's last two graduation ceremonies in 1988 and 1989.

A number of nurses with St John Ambulance links undertook their training at The Repat. They include:

- **Lenny Henderson** started in St John as a Cadet at Richmond Division, joined the Army Medical Corps during World War II, returned to Richmond Division, rising to the rank of Divisional Superintendent. After the war he started his nursing training in School No 5 at The Repat then rose through the ranks to several Charge Nurse positions.
- **Andrew McMaster** started as a Cadet, rising to District Officer. He trained in Group 1/77, completed the Staff year, left the hospital to further his nursing career and then became an Ambulance Officer.
- **Alan Penaluna** started as a Cadet at Broadmeadows Division, and then moved up to the Adult Division. Already a State Enrolled Nurse, he started his Registered Nurse training in Group 2/80, rising to Deputy Charge Nurse. He too pursued a career as an Ambulance Officer, being awarded the Emergency Services Medal a few years ago.

- **Gary Harris** started as an adult in Broadmeadows Division, rose to Divisional Superintendent and is now Divisional Nursing Officer with Banyule Division. After working in a bank, he started training in Group 2/81, completed the staff year, then rose to Associate Nurse Unit Manager, with some higher duties as Nurse Educator.
- **Julie Boothroyd** began as a cadet in Lara Division then transferred to the Adult Division. She began her nursing training in Group 1/82, completed the staff year, then moved elsewhere to further her career.

Over the years since its inception The Repat and now Austin Health have employed many other St John members as health care professionals and in other positions at their campuses. The St John Repat links therefore continue to the present day.

I'll finish this account of The Repat with an entertaining story about one of its most famous patients—Private Edward ('Ted') Kenna, VC (1919–2009).

Kenna had won the Victoria Cross during the fighting at Wirui Mission, Wewak, Papua New Guinea, on 15 May 1945. He was wounded in that action, but the injury that brought him to Heidelberg was a gunshot wound to the mouth and jaw about a month later. He was admitted to Major Benjamin Rank's ward because he had to undergo facio-maxillary surgery. He was still there on 6 September, when his VC was gazetted in London.

When the Commandant received official notification that one of his patients had won the VC he summoned Kenna to his office. Kenna, however, was not in his bed in Benny Rank's ward. Another patient, suspecting where he probably was, said Kenna was in the shower, so he scooted off down the duckboards to find him. Kenna was actually escorting a nurse to her quarters, which was against the rules. They had got to know each other when she had been nursing him. When his patient friend found him, he said 'goodnight' to his nurse then reported to the Commandant's office.

The Commandant had worded-up his secretary that he must salute Private Kenna VC and then congratulate him. That was the first Kenna knew of the award. He was soon the toast of the hospital. The next edition of *Corroboree* gave his award the full treatment—page one story with a photo showing Kenna, his head still swathed in bandages, receiving the congratulations of his fellow patients and the nurses. The nurse he had been escorting when news of his VC came through, Marjorie Rushberry, later became his wife. They married in 1947 after his discharge from The Repat, where he had spent more than a year. At his death two days after his 90th birthday in 2009 he was the last living Australian VC recipient of World War II.



Corroboree newspaper announces the award of the Victoria Cross to 115th Australian General Hospital's most famous patient, Private Edward Kenna, VC.

Caravaggio: The artist of the Order of St John

Heather Fogerty, MStJ

Dr Fogerty is a medical practitioner who lives in Toowoomba, where for many years she conducted a large and busy private general practice. Having sold her own practice, she now works on contract for St Andrew's Primary Health Care Centre, the firm that took over her practice. Dr Fogerty also lectures in anatomy and general practice at the University of Queensland. She is the medical officer for the Toowoomba St John Ambulance Division, a position she has held for 15 years. Dr Fogerty is married to Vince Little, whose article on the NSW Railways Ambulance appears earlier in this journal. She has many interests beyond St John, including medical history, literature, quilting and ikebana. This is the third of her articles to be published in St John History.

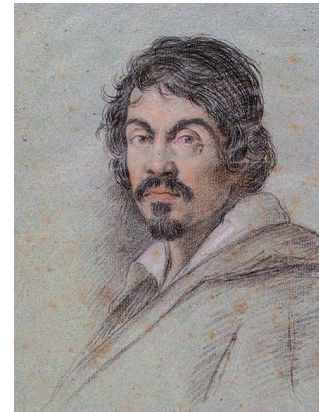
My original intention in writing this paper was to give a broad coverage of the works of the great artists who have created paintings with the theme of the Order of St John and its Patron Saint, John the Baptist. This proved to be too extensive to cover in a single presentation with a 20 minute time limit so I have concentrated on one painter whose significance is two-fold. Firstly he painted many masterpieces with the Saint as the theme and secondly, and somewhat surprisingly, he was for a very short time a Knight of the Order. The artist in question was Michelangelo Merisi da Caravaggio (1571–1610).

Caravaggio was born Michelangelo Merisi on 29 September 1571, probably in Milan in northern Italy. He took the name Caravaggio from the name of his home town, some 43 kilometres east of Milan. Using one's home town as a surname is not uncommon even in recent times. (Dame Nellie Melba took her name from her home town of Melbourne and June Bronhill from Broken Hill. There may be others more recent.) He had an older half-sister and a younger brother and sister; and after his father's death he was brought up by his mother. He attended a Grammar school up to age 13 and on completion returned to Milan and was apprenticed to the painter Simone Peterzano. His apprenticeship lasted four years and he learnt the basics of both fresco and painting. At the age of 21 after his father's death he left for Rome and never returned to his home town.

Initially Caravaggio struggled in Rome both domestically and artistically, however, his fortunes were to change as Rome had a new Pope, Clement VIII, who presided over a period of economic expansion as well as attempts to 'clean up' the city both by removing from churches paintings that were considered indecent and by removing or at least relocating the large prostitute population. At this time Caravaggio began an eight month association with the well known artist Cesari. This association brought him commissions and one of his earliest religious works is 'Penitent Magdalen'. This beautiful work would have pleased the Pope as there is minimal exposure of flesh!

In 1599 Caravaggio began the first of two major commissions, entitled 'Martyrdom of St Matthew'. Painted in oil on canvas, it was more than 3.5 metres wide and 3 metres high. The central characters are the only ones well lit and the onlookers are in shadow. Towards the centre in the upper left of the painting Caravaggio included a small self portrait.

Caravaggio's first painting of St John the Baptist was done for a private commission and portrays a young man who appears very unlike the traditional images of the saint. Firstly he is naked, revealing very surprisingly non-Jewish genitals and secondly he is holding or rather caressing a ram in a rather erotic way. In the second Caravaggio painting of the Saint we see a change in that he appears



Caravaggio, a chalk portrait by Ottavio Leoni, about 1621.



Caravaggio's second painting of St John the Baptist — an older, brooding figure with a reed cross.

to be brooding perhaps with some foreknowledge of his fate at the hands of Salome and Herod. In this painting the symbols of the reed cross and the lambskin clothing are evident.

Not long after completing his second St John painting, life changed dramatically for Caravaggio. On 28 May 1606 on a tennis court in Rome he killed a man, Ranuccio Tomassini, in a duel. It is uncertain what the duel was over but an incorrect call at tennis has been considered a possibility. The duel must have been ferocious as Caravaggio sustained a severe head wound. However, the outcome was more serious as a warrant was issued for his arrest and as murder was an offence punishable by death Caravaggio fled south to Naples then further south to Malta in 1607. On Malta he sought and was granted admission into the Order of St John in July 1608, as a 'Knight of Obedience'. He now briefly became Fra Caravaggio, i.e. Brother Caravaggio. ('Fra', from Latin *frater*, meaning brother, was the common title of members of the Order.) One of his first paintings as a Knight of the Order was a portrait of the Grand Master, Alof de Wignacourt.

Caravaggio then painted what is undoubtedly his artistic masterpiece, entitled 'Beheading of St John the Baptist'. This now hangs in the Oratory of St John in the Co-Cathedral of St John in Valletta, Malta. This is the only painting that Caravaggio signed and is replete with powerful imagery. Study the painting and you will observe the cold and calculating features of both the executioner and the jailor. Salome, on the left holding the golden platter that will receive the severed head, has an almost clinical demeanor, though the elderly lady by her side appears distressed.



*Caravaggio's great painting,
'Beheading of John the Baptist'.*

After painting this extraordinary work Caravaggio must have done something seriously wrong. In 1608 he was thrown into gaol in the fortress of St. Angelo. Perhaps he had brawled or dueled with a fellow knight—a serious crime punished by imprisonment and excommunication. Somehow Caravaggio nevertheless managed to escape and sought safety, this time in Sicily. The Knights were furious and ordered a Commission of Enquiry. After he had failed to appear to give evidence, the Knights symbolically defrocked him as a monk of their Order by placing a habit on a chair and stripping it from it its Maltese Cross insignia.

In Sicily Caravaggio was under the protection of Spain and so he continued to receive commissions and paint works mostly with religious themes. In 1609 he returned to Naples but was attacked and seriously injured by armed thug—possible a 'pay-back' in retaliation for his previous crimes. Here he painted another, though not his final work on the theme of St John the Baptist. This time the portrait shows Salome with the Saint's head on a golden platter. Finally he painted the Saint once more—this time as a young man.

In July 1610 Caravaggio embarked for Rome but died on the journey on 18 July, possibly of malaria. He was just short of 39. No stone monument marks his last resting place but he has left an extraordinary legacy of painting, especially of our Patron Saint, John the Baptist, for which as members and historians of the Order we must be thankful.

The VAD Movement: An historical outline

Ian Howie-Willis, OAM, KStJ

Dr Howie-Willis is a professional historian. He joined St John 31 years ago, recruited by the late Charles Campbell, AM, GCStJ (the Priory Secretary) to produce the centenary history, A Century for Australia: St John Ambulance in Australia 1883–1983. Since then he has produced five other commemorative St John histories. He is currently the Priory Librarian, having previously been a long-term Assistant Librarian. He is also the foundation secretary of this Historical Society, in which capacity he edits the Society's quarterly newsletter, Pro Utilitate, as well as this journal. His current major history-writing project is a biography of the inaugural Chief Commissioner of the St John Ambulance Brigade in Australia, Major-General Sir Samuel Roy Burston (1888–1960). This biography will be published during 2011 under the title A Medical Emergency: Major-General 'Ginger' Burston and the Army Medical Service in World War II.

The Voluntary Aid Detachment (VAD) scheme was a means adopted by the military medical authorities of the British Empire during World Wars I and II for staffing the military hospitals, hospital ships and trains and convalescent homes that proliferated as battlefield casualties escalated. A VAD was a unit analogous to the army platoon or the St John Ambulance Brigade division. But 'VAD' also referred to the individual members of the units, who were widely referred to as 'VADs'.



A contingent of St John Ambulance Brigade members assembled at Clerkenwell, London, 1900, before embarking for service as medical auxiliaries in the Boer War.

The VAD scheme was established in the years before World War I. As the 'Boer' or South African War (1899–1902) had shown, the availability of a ready reserve of trained volunteers prepared to undertake lower level nursing and hospital duties was advantageous for the armed services. In that war the St John Ambulance Brigade had provided the army with its volunteer medical auxiliary service.

The VAD scheme was established in Britain in 1909 by the Royal Army Medical Corps with assistance from both Red Cross and St John Ambulance. It soon spread to the overseas dominions. Wherever the scheme operated, it ran as an autonomous entity governed by an over-arching council but administered through an hierarchy of regional and local committees managed by people called 'commandants'.

The VAD committees were generally chaired by high level Army Medical Corps officers. The committees also had Navy, Air Force, Red Cross and St John Ambulance representation, but there was much overlap and often the distinctions were blurred. The commanding officer in each State was known as a 'Comptroller'.

At the grassroots level, the VAD units were regarded as Red Cross formations, hence the Red Cross uniforms that VAD members wore. The St John input was via the sources of membership, which typically was drawn from St John Ambulance Brigade divisions and St John Ambulance Association training classes; and it was also through the first aid training that VAD units received, which was usually provided by St John Ambulance instructors.

Both men and women could serve as VADs; however, women always comprised the great majority. Except for the State Comptrollers, most other VAD officers were also women. They wore a Red Cross uniform, one featured a large square red cross on a white background worn prominently upon the breast. On duty, the women wore a nurse's veil and pinafore but there was also a smart 'marching out' uniform of blouse, skirt, belt and brimmed hat with hat-band.



Melbourne Metropolitan Woman's VAD unit, 1917 — a St John Ambulance Brigade division, which had registered as a VAD.

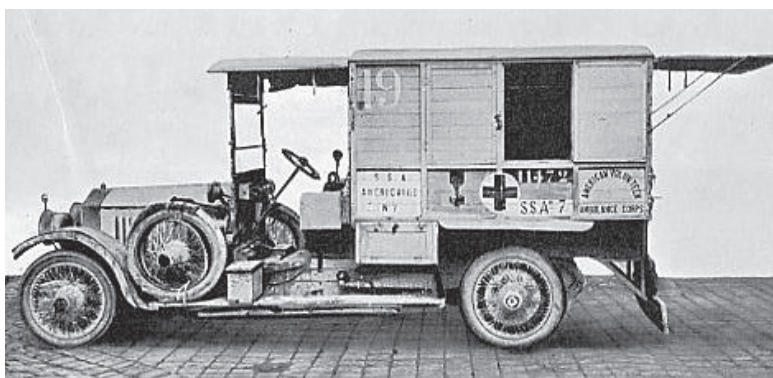
During World War I the VAD scheme soon proved its worth. Over the four years the war lasted, 1914–1918, some 38,000 volunteers worked for the scheme in various roles: nursing aides, cooks, ambulance drivers, clerks and in a multitude of generally menial but essential positions, from writing letters for soldiers too ill (or illiterate) to write their own to assisting in canteens, working as kitchen maids or laundresses, scrubbing floors, sweeping, dusting, cleaning bathrooms, bathing patients and emptying bedpans.

Even though many such duties amounted to drudgery, service with the VADs enabled women to 'do their bit' to aid the allied cause actively in uniform and relatively close to the military action. Women who were not trained nurses within the Army Nursing Service (ANS) were debarred from military service; however, by joining a VAD unit they could still experience something approximating active military service.

Earlier in World War I, VADs in Australia were not allowed to travel overseas on service. Many young Australian women got round this restriction by paying their own fares and then enlisting in British VAD units. They subsequently served in various theatres of war, including Egypt during the Middle Eastern campaigns, in France and in Britain (where the VADs even ran their own military hospital. The number who did this was certainly high. At just one hospital, the 1st Australian Auxiliary Hospital at Harefield, Middlesex, 120 VADs, mostly Australian, were working as members of British VAD units.

Overseas service by VADs became possible in 1916. The first contingent of officially sanctioned Australian VADs, 30 young women then departed for overseas service in September 1916. Others followed, and in time Australian VADs could probably be found working at all the major Australian military hospitals overseas.

Meanwhile, various famous women had served as VADs during the war. One was the best-selling author of murder mysteries, Agatha Christie, who had been a VAD nursing aide in a military hospital. She later included several VADs among the characters of her crime novels. Another well-known VAD was Lady Cynthia Asquith, the daughter-in-law of the wartime UK Prime Minister. Her wartime diaries later became the basis of an episode in the popular long-running TV series, 'Upstairs, Downstairs', in which the socialite Georgina Worsley becomes a VAD after seeing a trainload of wounded soldiers arriving in London.



World War I Rolls Royce ambulance. Some Australian women travelled to the UK to enlist in VAD units to drive such vehicles

The VAD scheme remained in place during the inter-war decades of the 1920s and 30s. In Australia its leadership included prominent St John Ambulance personalities like Major-General Rupert Downes, St John Ambulance Brigade Commissioner in Victoria and head of the Army Medical Corps. Another was Dr John Donaldson of Perth, who was simultaneously the Commandant of VADs in Western Australia, the St John Ambulance Commissioner there and a lieutenant-colonel in the Medical Corps. Similar overlap could be seen in Queensland, where the chairman of the State VAD council, Brigadier RM Stodart, also chaired the State branch of the St John Ambulance Association; while the State Comptroller was Captain ERB Pike, who was secretary to the State branch of the Association. There was similar overlap in South Australia, where Dr HHE Russell was the State Comptroller of VAD units. He and his brother, Dr EAH Russell (among my predecessors as Priory Librarian) were both senior officers within the Army Medical Corps and St John Ambulance. 'EAH' was also a State St John Ambulance Commissioner.

At the grass-roots level, there was also much overlap between the VADs and St John Ambulance. Many St John Ambulance Brigade members also served in VAD units and in some cases entire Brigade divisions registered as VAD units. At the local level, VAD units were numbered serially according to their location and time of formation. For example, 'Q145 Gympie (No. 2)' signified that the unit was the 145th formed, was in Queensland in Gympie and was the second one formed there. Other VAD units took the names of famous patrons of the VAD movement. For instance in New South Wales during World War II there was a 'Mountbatten' unit, named for Lady Edwina Mountbatten, the charismatic and forceful World War II promoter of St John Ambulance, Red Cross and the VAD movement.

Immediately after World War I, the worldwide pandemic of 'Spanish' or pneumonic influenza kept VAD units very busy but as might have been expected, VAD membership fell away sharply during the early inter-war years. During the mid-1930s, as war threatened again VAD strength increased steadily, passing 5150 in 1938–39 before reaching a peak of 5400 in 1942–43.

As in World War I, during World War II membership of a VAD gave to women who were not trained nurses in the ANS their most direct chance for wartime experience in uniform. Women accordingly flocked into the VAD movement, with many new units or 'detachments' forming to absorb them. About a quarter of the units (47 or 26%) were also either St John Ambulance Brigade divisions or composed of instructors of the St John Ambulance Association.

Many VADs saw overseas service, in the Middle East (at the military hospitals in Cairo and Gaza), in Ceylon (Sri Lanka), on hospital ships, in the military hospitals in Papua, New Guinea, Bougainville, Borneo and Morotai as well as in the war zones of northern Australia (the Northern Territory and north Queensland). At the end of the war one of their major activities was assisting with the repatriation of prisoners of war released from Japanese camps across south-east Asia.

In 1942 a re-organisation of the Australian army was undertaken to reorient the army services towards repelling the Japanese thrust into Papua and New Guinea and elsewhere in the near north. As part of the restructure, the Australian Army Medical Women's Service (AAMWS) was created to provide staff for the proliferating range of new military hospitals. The AAMWS members, most of whom were former VAD members, were paid, came under army discipline through the Defence Act and wore khaki army uniforms as well as their Red Cross nurses' working garb. The AAMWS role was expanded to include skilled specialisations such as radiographers, dental orderlies, storekeepers, clerks, ambulance drivers and seamstresses. Meanwhile, the VADs remained in business as a voluntary force providing the low-level ancillary services in the military hospitals and convalescent homes that had always been its forte.

The creation of the AAMWS drew public attention to a particular source of tension and friction for the VAD members—the attitude of the professionally trained nurses within the Australian ANS. The ANS members generally regarded the VADs as unskilled, poorly trained, amateur interlopers who could be treated condescendingly because they were qualified for little else than the menial tasks assigned to them. The ANS members generally resented the establishment of the AAMWS, which they saw as a threat to both their professional standing and military career opportunities. They feared that professionally unqualified VADs would use the AAMWS as a ladder for climbing into military hospital management positions, where they would compete with ANS members for the few senior jobs then available to women in the army.

For their part, many VAD members resented the superior, disdainful attitudes of their ANS sisters. They also resisted the pressures for them to enlist in the AAMWS, which they saw as an attempt by the military 'brass' to regiment them. Some of their defiance here was evident in an informal marching song that Western Australian VAD women used to

sing when they had to march in training exercises at the Swanbourne army camp near Perth. They sang it to the tune of 'The old gray mare' and the words went like this:

We don't want to ride with the Cavalry,
March with the Infantry,
Or fight with the Army;
We don't want to sail with the Navy,
'Cos we are the VADs.

At the heart of the ANS-VAD/AAMWS rivalry was an industrial issue very similar to those that later emerged in the 1960s and 1970s between salaried and volunteer ambulance officers in Australia's state ambulance services. We in St John Ambulance understand these issues particularly well because they have been a source of severe conflict wherever St John has had an involvement in ambulance transport.

Meanwhile, some former VAD-AAMWS members did take advantage of post-war reconstruction training opportunities to pursue nursing careers. One who did was Dr Joan Godfrey, who during her teens joined the Girl Guides VAD unit in Brisbane. She had then served as a VAD and later an AAMWS member at the Greenslopes Military Hospital. The Commonwealth government, fearing a post-war shortage of nurses, then introduced a scheme for allowing AAMWS members to train so as to become registered nurses. Joan Godfrey joined the first school of AAMWS women to become registered nurses under this scheme. After completing her training she went on to become a tutor sister and eventually the Queensland branch principal of the College of Nursing of Australia. Continuing her academic career, she became head of the Department of Nursing Studies at the Queensland Institute of Technology. An impressive career path for someone whose nursing career had begun as a lowly teenage VAD hospital 'help-maid'!

The VAD movement continued on after World War II. Australian VADs, for instance, remained active in prisoner of war repatriation and rehabilitation. In the post-war era the VAD movement eventually became subsumed within the Australian Red Cross organisation as the Voluntary Aid Service Corps (VASC), one of the various specialised Red Cross community services. The VASC has continued as such to the present. The VASC members are now in direct competition with St John Ambulance Operations Branch. Ironically, an agency which in its earlier VAD incarnation had relied heavily on its strong St John Ambulance ties has become one to bite the hand which had fed it for 60 years or more.

There was always a two-way flow between the VAD movement and the St John Ambulance Brigade. Such cross-fertilisation occurred in all States where the St John Ambulance Brigade had been established. The one State where this could not occur was Queensland, in which the Brigade was absent. The reasons for this situation lay in the history of the legislatively backed monopoly of first aid delivery services vigorously exercised by the Queensland Ambulance Transport Brigade (QATB), which operated Queensland's ambulance transport system.

Despite the QATB stranglehold, the St John Ambulance Brigade succeeded in gaining a foothold in Queensland during the early 1950s. When that happened it came about through the combined efforts of three doughty former VAD officials: Captain ERB Pike, Sir Kenneth Fraser and Mrs Dorothy Davidson. During World War II, Pike had been the State VAD Comptroller and was jointly secretary to both the QATB and the St John Ambulance Association. Fraser, a Brisbane paediatric surgeon and senior Army Medical Corps Officer, had represented the army on the Queensland VAD governing council. Davidson, a Brisbane housewife, had earlier joined a local VAD unit and had become its commandant. She later became secretary to the State VAD council and Assistant Comptroller of VADs in Queensland.

The move to establish a St John Ambulance Brigade presence in Queensland probably began with Pike, who, despite his QATB affiliations, was a loyal member of the Order of St John. He would have come under some pressure from both, the Priory Chancellor, Sir Hugh Poate, and the inaugural Chief Commissioner of the St John Ambulance Brigade in Australia, Sir Roy Burston, to allow Brigade divisions to form in Queensland. He accordingly began moves to establish Nursing (women's) divisions in certain towns where the QATB did not run a service.

Meanwhile Fraser had been appointed as the inaugural St John Ambulance Commissioner in Queensland. He had been identified and appointed with the cooperation and strong support of Burston, who had been his commanding officer throughout World War II. Soon after, Dorothy Davidson was appointed State Superintendent of the St John Ambulance Nursing Divisions, the first of which, Brisbane Central, formed in 1950.



Thelma Peverill, DStJ (left) and Millie Field, DStJ (right) in their AAMWS dress uniforms for the Anzac Day march, Melbourne, 1995. Both were lifelong St John members. The woman between them wears the AAMWS 'battle dress'. They marched under the AAMWS banner carried by St John Ambulance Cadets.

We don't have the time to consider the long-running saga of the tumultuous conflict that ensued during the 1950s and early 1960s as Kenneth Fraser and Dorothy Davidson together battled Pike's combative successors in the QATB for the right to establish not only Nursing but also Ambulance (men's) and Cadet Divisions of the St John Ambulance Brigade in Queensland. Suffice to say that by 1969, at the end of Dorothy Davidson's 19 years as State Superintendent, St John Ambulance Brigade divisions had been planted across much of Queensland.

Thanks to the pioneering efforts of Kenneth Fraser, Dorothy Davidson and their successors, the Operations Branch has become a permanent part of the first aid services delivery system in Queensland. One way of looking at this achievement is to see it as a St John Ambulance triumph. We can also see it as the VAD bequest to St John. Either way, St John Ambulance effectively succeeded the VADs in Queensland.

When I began my career as a St John Ambulance historian in 1980, there were still former VAD members in St John Ambulance. Some of them still proudly wore their old VAD and AAMWS uniforms at the annual Brigade reviews until they were too old and arthritic to go on parade. Two who did, were the late Thelma Peverill and Millie Field. That they wished to march in their VAD uniform in Anzac Day parades suggests that they were very proud of their contributions to the wartime effort via their VAD service. They had supported their nation's armed services during Australia's greatest peril. They had done so in uniform, under military discipline and for little reward other than knowing that their menial assignments had been essential to the allied victory that came with the end of the war in August 1945. We can be grateful that so many of them, like Thelma and Millie and Dorothy Davidson, found later careers in St John Ambulance.

The foundation of the St John Eye Hospital, Jerusalem

John F Talbot, KStJ

Mr John Talbot FRCS, FRCOphth is a leading consultant ophthalmologist and ophthalmological surgeon in Sheffield, England. He is also the Chairman of the Board of the St John Ophthalmic or Eye Hospital in Jerusalem and the current Hospitalier for the Order of St John worldwide. As chairman of the Eye Hospital Board he is at the centre of the Hospital's dealings with the Israeli government and the Palestinian Authority. As might be expected, the on-going conflict between the Palestinians and Israelis inevitably generates much work for the Hospital. The scale of that work is evident in the figures for 2009, when the Hospital saw and treated 84,329 patients and performed over 3000 major operations.

Mr Talbot is only the second international visitor to have addressed an annual seminar of the Historical Society in the 12 years such seminars have been running. It was therefore a special privilege for the Society that he could be present to speak in person on the Eye Hospital's early history. In presenting his paper Mr Talbot expressed his grateful thanks to Ms Pamela Willis, CStJ, Curator of the Museum of the Order of St John at St John's Gate, Clerkenwell London, and to Ms Sylvia Holmes of the St John Eye Hospital, whose assistance and advice enabled him to produce this article.

On 28 September 1901, the Rt. Rev. Dr George Blyth, the Anglican Bishop of Jerusalem from 1887 to 1914, wrote:

[The hospital] is known far and wide as the work of charity and philanthropy by men who do the work for the sake of Christ. It is neither mixed up with proselytism (as our missions have been much) nor with politics (as foreign institutions are), but it has done fine work in breaking down prejudice, and it is real and thorough.

This is a remarkable statement about a medical institution. How did such an eminent man in Jerusalem society arrive at such a conclusion? And how did the Order of St John come to found a hospital which, whatever the merits of its medical achievements, also attracts comment regarding its apolitical and multinational approach to the society that it served?

This article aims to chart the steps of its foundation and rapid progress over the previous two decades, and tries to provide some of the answers, as well as to document some of the personal dramas that underlie the story.

The Grand Priory of England was refounded in 1831 and had as its main concerns, eye injuries and disease as well as industrial injuries and the many conflicts around the world and the alleviation of suffering that arose as a consequence. The St John Ambulance Brigade was founded during this period. However, the Order was conscious of its foundation as the Order of the Hospital of St John of Jerusalem, and its establishment in a hospital in the old city in the 11th Century. The ensuing tale of the identification and purchase of a suitable site is complex and reveals surprising rivalry between the various langue of the Order as well as shrewd opportunism by the British Government who were aware of the relative weakness of the British presence in the Holy City.

AN ESTABLISHMENT OF PUBLIC UTILITY

The first mention of the determination to see the Order re-established in Jerusalem was in 1879 in the Records of the Order, noting that a 'memorandum (was) presented to Sir H Eliot by the Secretary, Sir Edmund Lechmere Bart, MP in December 1876 on behalf of the Order of St John, respecting the acquisition of a site for an English Hospital in the City of Jerusalem, (which) was communicated to the Porte (the Imperial Court of the Ottoman Sultan in Constantinople), which caused inquiries to be made, when it was discovered that the land which the Order wished to acquire did not belong to the Turkish Government but to the Greek Convent at Jerusalem.'

Sir Edmund Anthony Harley Lechmere (1826–1894) was a figure of great importance in the Order, being at one time Secretary and Chancellor, and in particular in the foundation of the hospital. He was the third Baronet and came from a family whose fortunes were made first in the sixteenth century, established at Hanley Castle, although his address was at Rhydd Court, Worcestershire. He was MP successively for Tewkesbury (1866–68), Worcestershire West or Bewdley Division (1876–85 and again 1885–92), and finally for Worcestershire South or Evesham from 1892 until his death. He was eminent in local society, playing a leading role as President or Chairman of various associations, including the Freemasons of which he was the Provincial Grand Master. He was one of the founders in 1870 of The National Society for the Sick and Wounded in War, later the British Red Cross.

He married Louisa Katherine Haigh, the wealthy only daughter of John Haigh of Whitwell Hall, York. As a couple, they were remarkably energetic and generous in support of the causes they espoused, particularly the hospital in Jerusalem.

The 1881 Records of the Order include the following from the committee:

'Your committee congratulates the Order on being able to report that the prospects of establishing a British Hospital at Jerusalem are brighter now than they ever have been before; and that they have every hope that ere long the English Langue will obtain a pied à terre in the Holy City, the birth-place of the Order ...'

Application was accordingly made by the Embassy to the Œcumenical Patriarch in Constantinople, who communicated with the Greek authorities in Jerusalem, but without result. The land in question, very near to the site of the ancient Hospital of St John, had been given by the Sultan to the Prussian Johanniter, and was of great importance and reserved for further works proposed by the Greek Community in Jerusalem, 'in order to maintain with dignity, the rights of their nation at the Holy Places...'

Mr Noel Temple Moore CMG, who was the British Consul in Jerusalem, considered that the 'Meidan' between the city walls and the Prussian buildings to the Westward, would be the most favourable site for the object purposed, and thought that the present would be a good time for making an application for such a site, and that if supported by the English Government it would be favourably received. He further considered that 'a small Dispensary for natives, if it could be attached to the Hospital, would be very valuable.'

Sir Edmund Lechmere wrote to Sir Austen Layard, British Ambassador in Constantinople, 'to ask him if he thought the Porte could be induced to make a grant of land at the spot designated by Mr Moore ... pointing out more especially the grants made for similar objects belonging to other Nations, and in particular to the Prussian Order of St John'. Sir Austen replied 'that the Porte had applied to the 'Mutissarif' (the Governor of the Holy Places) of Jerusalem for information...'. Many further inconclusive letters were exchanged and in 1880 Sir Edmund Lechmere, a man of astonishing energy, visited Jerusalem.

He came to the conclusion that, looking to the extensive prevalence of affections of the eye amongst the working population of Jerusalem and its neighbourhood, it would be impossible to find an object the value which would be more immediately felt and appreciated than a dispensary for ophthalmic cases' although he found no alternative site at that time.

The Jerusalem Hospital Committee was formed, chaired by the Earl of Glasgow, and whose vice-chair was Sir Edmund. Included in its membership were many eminent men and peers as well as, importantly, Mr Noel Temple Moore and Dr Chaplin MD, 'an English physician of many years' standing in Jerusalem'.

One of the first acts of the Chapter was to write to the Prince of Wales who 'undertook to convey to the Sultan through the Turkish Ambassador in England, Musurus Pacha, his own personal request that a suitable site might be granted for the purposes...'

As a consequence, the Report of the Chapter of the Order of St John of Jerusalem on St John Baptist's Day 1882 published:

FIRMAN TO REOUF PASHA, MY NOBLE GOVERNOR OF THE SANDJAK OF JERUSALEM, BEARER OF MY IMPERIAL ORDERS OF THE MEDJIDIRJE OF THE SECOND CLASS AND OF THE OSMANIZE OF THE FOURTH CLASS.

On the arrival of my Imperial Emblem, be it known to you that the British Embassy has reported and requested as follows: The Prince of Wales, son of the Queen of England, manifested the wish that my Imperial Government should be pleased to concede as a gift, a piece of ground of ten thousand square 'Ziras' approximatively for the establishment by the English Members of the Society of St John at Jerusalem a Hospital and a place for tending gratuitously poor invalids. Such an establishment being one of public utility, it was decided in my council of Ministers that a piece of ground of the extent required should be granted in the same manner and under the same conditions as the one which was previously granted there to the Prince of Prussia for the foundation of a similar establishment by the German Branch of the said Society, and at a place free of all local objections, upon this, my Imperial sanction having been besought, I was pleased to grant it and to convey it through this my noble Firman emanating from my Imperial Divan, and delivered to whom it may concern. You, therefore, who are the above-mentioned Governor, here to provide for the required piece of ground of ten thousand 'Ziras' approximatively, and one which may not give rise to local objections and to shew and offer the said ground to the aforesaid English Society while taking care that it should be employed in the manner, and under conditions identical to those under which the grant of such a piece of ground to the German Branch of the Society was previously made.

1229, DJEMAZIL LAKHIR 5 (24th April, 1882)

The British Council in Jerusalem were accordingly asked to take steps for the identification of a site, although it was not to be found until the representatives of the Order took matters into their own hands. Meanwhile the Records expressed frankly political sentiments:



The St John Jerusalem Eye Hospital, also called the Order of St John Ophthalmic Hospital. This is the 'new' building, constructed in 1961.

Almost every nation has at Jerusalem a pied à terre in the form of a Hospice, or some similar establishment, the administration of which she shares with the British Government. This want in a city, in which England in common with the other great powers in Christendom has so deep an interest will now, we trust, be soon supplied; and the Committee cannot but feel confident that the appeal to the public for funds to carry out the work will meet with a ready and liberal response.

This somewhat vain hope was the start of a prolonged and difficult discourse regarding funding that persists to this day.

Most importantly, the committee were commissioned to enlist the sympathy of all, and especially of those who would wish to see England represented as other nations are, by some ostensible work of humanitarian character, devoid (as was the case in the ancient hospitals of the Order) of all ideas of proselytising or sectarian agency, but carried out in the truest principles of Christian philanthropy.

This latter theme turned out to be crucial to the success of the hospital and is a leitmotiv throughout the history of the St John Eye Hospital. Much sympathy was evinced, for instance from Lady Isabel Burton (1831–1896), wife of Sir Richard and author of *The Inner Life of Syria, Palestine and the Holy Land* (1875) who wrote in August 1881:

Nowhere are there are such beautiful eyes, and nowhere so eaten up with dirt and disease, without hope or remedy, as in Syria. A good English Oculist would be God's own blessing out there, the whole country would swarm to him.

She goes on to describe the clinical picture of trachoma:

The disease begins from birth, with dirt, neglect, flies and sun. You will find old peoples' eyes, say at fifty, gone incurably. Youths and girls may still be saved, and parents trained to wash the babies' eyes, and keep flies off which settle on offal, and then on the eyes, and nobody drives them away.

Perhaps more influentially, William Bowman FRS, one of the greatest ophthalmologists the United Kingdom has produced, wrote in June 1882:

... there being no doubt whatever that untold misery results from the inherent and well nigh ineradicable filth, squalor, indolence and ignorance of sanitary laws, pervading the whole population of the Levantine countries ...

The Annual Report stated firmly:

... the English Langue should have a home in the earliest chef lieu of the Order, where the Johanniter, the French, and the English Roman Catholic Association of the Order of St John are more or less represented ...

and

... not only is the position of the English Langue asserted in the East as a veritable branch of the ancient Order, but the name of our country is raised in the estimation of the population of Palestine and Syria, and though we do not aspire to any political influence, yet British interests may be more or less advanced by the presence of an organisation, presided over by Her Majesty's representative, supported by the Turkish Government and cordially approved of by the Ecclesiastical and Civil authorities of the land.

An initial estimate of the capital cost of the project was £2500, with £400 per annum for running costs, including a 'medical attendant, dispenser and nurse.' The Committee decided that, failing the purchase of a permanent hospital, a house should be rented 'in order that no time may be lost in organising an institution which is so much needed.' On 7 July 1882, there was a committee meeting in the Jerusalem Chamber of Westminster Abbey, chaired by the Earl of Shaftesbury and attended by members of the general public; throughout the meeting very hearty sympathy was evinced. A committee was appointed to raise the necessary funds, although ominously it was reported that they hesitated to undertake the responsibility of the maintenance of the Hospice at Jerusalem, with the aid then promised. However, the liberality of Lady Lechmere, in guaranteeing £100 to meet the deficiency, enabled the Committee without delay to appoint a Medical Officer. 'The Committee have also to record the liberality of Messrs Thos, Cook & Son, who very handsomely undertook to send out our Surgeon at net cost, and to see that on arrival in Jerusalem suitable quarters were provided for him.'

TEMPORARY ACCOMMODATION

Dr JC Waddell, assistant surgeon to the Shrewsbury Eye and Ear Hospital, was duly dispatched in November 1882 and found temporary premises for a Hospice next to the ThoMAS Cook depot outside the Old City walls, near the Jaffa Gate. With commendable energy, Dr Waddell commenced the beneficent work of the Order on 4 December 1882. The 1st Annual Report of the Hospital recorded:

Being quite aware of the unsectarian nature of the objects of the Order of St John, and the entire absence of any proselytising intention, the poor of all nationalities and religions flock without any scruple or hesitation to the English surgeon, many of the patients coming from places far distant from Jerusalem ... The Governor of Jerusalem, Raouf Pasha, who has from the first given it his hearty cooperation, pronounces it to be the most practically useful of all the Institutions founded by Europeans at Jerusalem.

Indeed, Dr Waddell worked very hard. By the end of the first six months he was seeing an average of 80 patients a day, and sometimes as many as 140. The total attendance was 6318 and he claimed at least '1000 cures have been effected'.

A LARGE HOUSE, EXTREMELY WELL BUILT

Sir Edmund and his wife revisited Jerusalem in February 1883 determined to sort out the matter of a lack of a permanent building, particularly urgent as the number of patients was already outstripping the meagre facilities available.

A local committee was formed whose members were Mr Moore the Consul, Dr Thomas Chaplin and Mr John Mason Cook of Messrs Thomas Cook and Son. Mr Kayat, the Chancellor of the Consulate, acted as secretary. Also closely involved was Mr Samuel Wiseman, Dr Chaplin's assistant, although his contribution was not credited until the 2nd Annual Report: '... [who] first indicated to Dr Waddell the advantages of the site selected, and who conducted the negotiations for its acquisition with so much skill and circumspection.'

Dr Waddell described the property they found:

The property is situated about eight minutes' walk from the Jaffa Gate, on the Bethlehem Road, and consists of a piece of ground amounting to more than six acres; on it there is a large house, extremely well built of the best materials, containing eighteen chambers, with an abundant water supply. On one side it is bounded by the Valley of Hinnom, on the other by the Bethlehem Road. The house stands at the West end and narrowest part of the ground, so that there is no possibility of its being built in by the erection of any other houses.

Now that the purchase is known everyone is greatly astonished at the bargain we have made. The price is certainly remarkably low, and I had no idea we should have got it for the money. In fact, the price was £1,050 but they received a promise of £T900 (Turkish lire) from the Sultan, equivalent at that time to £813. The internal repairs, alterations and fittings will cost about £300, ... the whole of which will be covered by the result of the recent successful concert, and the handsome donation of the Duke of Westminster, and further benefactions in aid of providing a ward of some four to six beds for in-patients, have been offered by Lady Lechmere and Mr MacLean. It now remains for the Order of St John, with the assistance of the public, to provide the necessary income for the maintenance of this truly hospitalier work.

Despite their triumph, there were still problems to be solved: 'A Turkish regulation requires hospitals at Jerusalem to be attached to a specific Church to enable them to receive drugs, etc, free of import duty'. The Council were 'unanimously of opinion that the cosmopolitan character of the Order of St John rendered this a most undesirable course to adopt.' Mr Moore wrote on 11th April 1883 that it was '... inconsistent with one of the principles upon which



Mr John Talbot, Hospitaller of the Order of St John (left) with Australian friends at the Historical Society's seminar 25 June 2010, Melbourne. From left are: Beth Dawson, Ian Howie-Willis, Fred Leditschke, John Talbot, Vince Little, Vlas Efsthatis, Malcolm Anderson, John Pearn and Margaret Leditschke.

the Institution is stated to be founded, and might compromise its position in the eyes of the authorities and the Moslem and Jewish populations, whilst the advantage to be gained is of a trifling nature.' Mr Windham, the Chargé d'Affaires in Constantinople was asked to intervene, with the result that: '...the work at Jerusalem has so commended itself to the Sublime Porte...that the privilege of receiving medical stores, free of duty, has been granted...'

AN UNUSUAL PROPORTION OF DISEASES OF THE EYE-BALL

Sir Edmund described the methodical work undertaken by Dr Waddell:

... [who] was assisted by a servant, who kept order in the waiting room. The age, residence, nationality and ailment of every patient was carefully entered in a register and numbered, and a card containing the number given to secure easy reference and identification, and on each succeeding visit the progress made by the patient was noted. Although most of the patients came from the immediate neighbourhood of Jerusalem, many travelled a considerable distance, some from as far as Nablous in Samaria.

He considered the types of disease differed little from those of Europe, although there was an unusual proportion of diseases of the eye-ball, blindness and impairment of vision, the consequence of purulent ophthalmia, which prevails to a greater extent in the summer and autumn months. In some cases, native remedies of the most rude and violent description had been applied. Blue stone powder and other injurious substances had been used in many cases, and occasionally men came whose foreheads were seared with burn marks, hot irons having been applied as a cautery to draw off the inflammation from their eyes. He was describing trachoma, a form of severe infectious conjunctivitis which also causes inflammation of the cornea (keratitis), and may compromise vision as a result. Furthermore, the disease is notably recurrent and causes progressive scarring of the inside of the eyelids. This, in turn, by contraction of the scar tissue, inverts the lid so that the eyelashes abrade the cornea. The infection is caused by *Chlamydia trachomatis*, an organism that is notorious for not stimulating an immune response in the host, and allowing reinfection without triggering any defence by the body. That, the severity of the keratoconjunctivitis and the secondary infection of the eyes by bacteria, is responsible for the progressive and blinding nature of the disease. Of course, this was not understood at the time, and modern treatment with antibiotics was not available. Even so, it must be realised that the disease is still an important cause of pandemic blindness.

Whenever Dr Waddell suspected patients of being able to make some payment their cases should be reported to the Local Committee for investigation and that if their means appeared to justify the demand, a contribution in aid of the funds of the Hospice should be required as a condition of further treatment.

THE RED FLAG AND EIGHT-POINTED WHITE CROSS

Whilst Sir Edmund was in Jerusalem, he hoped to meet the Governor, Raouf Pacha, but the latter was concerned with the impending visit of Prince Frederick Charles of Germany. [His] ship was delayed ... At last the Prince arrived and entered Jerusalem in some degree of state ... dismounted at the Jaffa gate, the mantle of the Johanniter Order was

thrown over his shoulders, and he went on foot to the Muristan, to inspect the ruins of the old Hospital of St John, which had been given to the German Emperor by the late Sultan. Before he entered Jerusalem, the Prince's attention had been attracted by the red flag and eight-pointed white cross, which floated over our little Hospice ... a very respectable one made by a Greek tailor, and it appeared for almost the first time in all its freshness on the day of the Prince's arrival. He immediately claimed the building as belonging to the Johanniter, and expressed much surprise when he was told that it was the Hospice and Dispensary of the British Branch of the Order of St John.

An anonymous visitor to the Hospital in December 1883 recorded that it was:

... thoroughly oriental in style ... of substantial character ... in a splendid situation. It was massive and square ... with large windows heavily ironed ... with regular parapets and a castellated tower. It was surrounded by a large orchard full of olive, fig, walnut, innumerable vines ... over the door, carved in stone, is a shield with a similar device (a white Maltese cross on a crimson ground) ... A ring at the door brings a turbanned and baggy-trousered attendant with a heavy moustache to the gate ... We descend a short flight of steps and find ourselves in a large courtyard surrounded on all sides by buildings and overlooked by terraces. On one side ... extends a series of rooms opening from it, which belong to the out-patients department ... We enter the wards which have been set aside for male patients. There are six in number ... intended for 10 only, except in the case of emergency ... a small room is pointed out as the disinfecting chamber, where by means of intense moist heat, all clothing and bedding are purified ... three wards [are] set aside for female patients ... [which] can receive a larger number in an emergency. The water supply is obtained for drinking and cooking purposes from a large cistern, as is usual in this country, while for domestic purposes a never failing supply is had from the aqueduct of Solomon which runs through the estate close behind the house.

He provided a valuable description of the way the Hospital worked:

Next morning ... at 8 o'clock, we appear, making our way to the gate through a dense and motley crowd of all nations and classes — Christians, Jews from all parts of the world, Moslems, Bedouins, and Fellaheen ... One of the greatest difficulties which has had to be overcome was how to keep the patients in order: naturally unruly, turbulent, and unaccustomed to anything like discipline, the entrance of a crowd such as this was found to be merely a question of physical force — the weakest going to the wall.

Men and women were sorted by cards into groups of five each, and were admitted to the doctor in turn. This arrangement is found to work extremely well, and perfect order is maintained without difficulty, as any turbulence, noise or disobedience, is punished by the Doctor himself, who deprives the offender of his turn, and places him among the last to be seen.

Eventually, Sir Edmund did have an audience with the Governor who, as well as commenting on the practically useful virtues of the Hospice, also 'said that he could give us as much land as we required at Gaza, to which place he hoped our operations might at some future day be extended; inasmuch as eye diseases were very prevalent there.' Gaza also drew the attention of Mr Moore in 1884: 'From personal observation at Gaza, I should judge that fully 50% of the people of that town suffer in one form or another from that class of disease, and it is distressing to see the number of blind or monocular persons in the street.'

The 1884 Annual Report included a letter from Lt Gen Sir Dighton Probyn VC, KCSI, CB, Comptroller and Treasurer to the Prince of Wales:

His Royal Highness desires me to say that he is much pleased with the work which is being done by the recently established Hospice and Ophthalmic Dispensary of the English Order of St John of Jerusalem, and has no objection to your publishing in the public press, as you would wish to do, a part or the whole of Mr Moore's Report. His Royal Highness also desires me to say that he gladly accedes to your request that he would give his Patronage to the Hospice.

REGULATIONS

The 1st Annual Report published a complete list of regulations governing the Hospital. The following are extracts:

III. A Medical Subcommittee was to be appointed, consisting of: Sir William MacCormac, Dr Lionel Beale, Dr EH Sieveking and Dr Michael Laseron. Suggested names for an Honorary Consulting Surgeon were: Mr William Bowman, Mr Brudenell Carter, Mr Nettleship and Dr Andrews of Shrewsbury (all except the latter were eminent ophthalmologists at the time). (Mr Robert Brudenell Carter, an eminent ophthalmologist with an interest in neurological diseases, was also appointed in due course but there is no evidence that the Medical Subcommittee was ever convened.)

VII. Dr Waddell's salary was set at £100 per annum, paid in quarterly instalments. This meagre sum became the centre of a considerable dispute in the following years.

X. 'If the out-patients are irregular in their attendance or neglect the directions of the Surgeon they shall be discharged ...'.

XII 'The Hospital shall be opened on Mondays, Wednesdays and Fridays at 9.00 am in the spring and summer months, and 10.00 am in the winter months, for the relief and treatment of the native poor suffering from diseases of the Eye, who shall be admitted gratuitously'.

XIII. 'The Dispensary shall also be opened at the same hours on Tuesdays and Saturdays for the admission and treatment of such special cases as the Surgeon shall deem necessary'.

XIV. 'The Hospital and Dispensary shall not be connected with any Mission or Religious sect ...' and '... the English Branch of the Order of St John, though itself a Religious as well as a Hospitaller body, to recognise no difference of nationality or creed in its work of philanthropy'.

XV. 'The Hospital and Dispensary being intended solely for the poor, those who have been admitted as patients and are able to aid its funds, shall be required ... to pay such amounts for their treatment as may be considered suitable, the amount to be paid to be applied to the use of the Hospital ...'

XVI. '... the services of the Surgeon are retained for one year'.

DR WADDELL

Dr Waddell remains a somewhat shadowy figure in the available records. As already noted, he was a very hard worker. The second Annual Report (1885) notes that the total number of attendances for the first year was 11,343, that is nearly double those seen in the first six months even though there must have been a period of considerable disruption during the move to the new hospital. He was plainly moved by the plight of the people he treated— ... these poor people freely and thankfully avail themselves of the means offered for escape from that gloom and physical suffering which has hitherto marred their lives ...

However, all was not well, as Mr Moore wrote to Sir Edmund on 19 December 1883:

We have again had to postpone our monthly Committee meeting, Dr Waddell not being ready with his report and accounts, and for this he pleads indisposition. Apparently, the climate of Jerusalem does not agree with Dr Waddell. I have more than once expressed my high sense of the capacity, efficiency, and zeal of this gentleman, and it is therefore with very great reluctance that Dr Chaplin and myself now feel compelled to suggest the desirability of his recall to England.

Despite the generous praise, the asperity expressed in this letter from a long-standing resident of the city, despite its climate, is evident.

There are no further clues as to what was wrong with Dr Waddell. Sir Edmund wrote to Dr Waddell on 18 January 1884 in generous if somewhat abrupt terms:

... as your health appears to suffer from the climate of Jerusalem you should be recalled. I feel sure that your wish would be to do what may be considered best for the ultimate success of the good work of which you have been a Pioneer and that you will be prepared to hand over the Hospital to any successor when the Committee in England may decide upon sending to relieve you.'

... we should secure if possible a Medical man whose health would enable him to stand the peculiarities of the climate, and who would be able to devote himself without risk of interruption to the very laborious duties.

You have I am sure earned the credit of having laid the foundation of what may become a great National work and one which the state of your health alone has prevented your carrying on ... your friends in the Order will do their best to further your future interests on your return.

In the event, he returned to England in May 1884 and the Hospital had to close pending the appointment of his successor.

Two sad postscripts to the episode were recorded, the first on 22 May 1884, after Dr Waddell had asked for a testimonial from the Order:

This application was fully discussed ... to send him a few copies of the Annual Report, in which his work for the Order was fully described, and which might be useful to him as showing the estimation in which his services were held at that date, but it was felt that great reserve and caution should be exercised in giving any further testimony.

The second was on 29 July 1884 when Sir Edmund:

... having read a letter received from the late Medical Officer, Dr J.C. Waddell, commenting on the circumstances attendant upon his dismissal, it was agreed, after some discussion with explanatory comments from Sir Edmund Lechmere, that no official notice should be taken of the same.

The Committee's views sit uncomfortably with Sir Edmund's personal undertaking to Dr Waddell, and may betray deeper reasons for the termination of his contract.

MR JOHN HOVELLE OGILVIE

There was considerable urgency to make the appointment of Dr Waddell's successor. In the hand-written minutes of 18 March 1884, Mr Brudenell Carter suggested a candidate from his own hospital, Moorfields Eye Hospital, whom the committee accepted on the condition, presumably the candidate's, that he should be able 'to take private practice'. Nothing further was heard from him. The post went to advertisement but the five candidates, who included the doctor who was eventually successful, were too inexperienced and were qualified to act as House Surgeons only under the supervision of a more experienced Surgeon.

Whilst the post went to re-advertisement with a wisely strengthened statement that 'the gentleman appointed would be in sole charge and actively responsible for the treatment of patients', a letter was also written to Mr Moore '...in connection with the candidature of any local applicant, authorising him to use special care not to select anyone—even as a temporary measure—who was in any way connected with any local mission or religious sect.'

There was also the problem of the doctor's salary. Some candidates jibbed at £100 per annum, one wanting £150 increasing by £50 annually to £300. Lady Lechmere stepped into the breach again, guaranteeing £50 per annum for five years, supplemented by an additional £50 per annum for two years from Mr Tyssen Amherst, bringing the salary to £200 per year. By 22 May 1884, there were eight candidates together with enquiries from several other gentlemen. After further haggling in the committee, Mr Brudenell Carter on 21 June 1884 'favourably reported his opinion as to Mr Ogilvie's fitness for the recent post at Jerusalem'. Mr Ogilvie himself expressed his willingness to practically study Ophthalmia in London for the next three months ... subject to his producing a certificate that he has attended the practice of a Metropolitan Eye Hospital. There are few facts available about Mr Ogilvie prior to his appointment, although he turned out to be an energetic if contentious character. All that is known is that he was from Auchtermuchty, Fife and that he held the MRCS from Edinburgh.

Mr Ogilvie's contract included the following terms:

4. ... [he] shall devote his time primarily ... to the charitable work of the Order ... but he will be allowed to attend private patients as a general practitioner at their own homes (Ophthalmic cases amongst the subjects of H.I.M the Sultan excepted) ... so as not to interfere with the work and efficiency of the Hospital'. (The unusual requirement about the Sultan's subjects was formally withdrawn in a minute of 13 May 1885.)
7. ... to make investigations as to the extent and nature of Ophthalmic disease in Palestine ...
11. 'That this agreement shall remain in place for a period of three years ... if within three years ... he resign or be dismissed for incompetence or misconduct the London Committee will not engage to pay his passage from Jerusalem to England.

NEVER SHALL WE FORGET THIS THY LOVING KINDNESS

Mr Ogilvie's time in Jerusalem was marked by consolidation of the work of his predecessor. Apart from one brief spell of ill health in May 1885 which necessitated a return to London, but which spontaneously improved, he did not suffer the effects of the climate that had apparently incapacitated his predecessor. All was well, apart from this, throughout 1885, with a gradually increasing throughput of patients to a scarcely credible number in 1886:

Year	Number of consultations	Admissions
1883	11,343	0
1884	1174*	43
1885	13,462	121
1886	17,052	124

* The hospital was closed for much of this year.

The work was such that, in 1886 when Mr Gilman, the son of the American Consul in Jerusalem, offered his services as an Assistant Surgeon without salary, the appointment was made without delay.

An endowment was started for a six bed ward to be known as the Gordon Memorial Ward 'after one whose heroic memory we all revere', the General who was killed, some believed martyred, in Khartoum in 1885.

He also suggested that Ear and Throat diseases should be added to the work of the Hospital and introduced modern concepts of hygiene to his patients:

It is even amusing to see some children, mostly fellaheen, brought to the dispensary, whose faces have probably made acquaintance with water for the first time, but with a thick black mark round them, showing distinctly where the cleaning process had stopped.

He kept up to date with current clinical management, introducing a new operation for treating trachoma and for in-growing eyelashes.

The 1885 Hospital Report noted the public meeting in the Jerusalem chamber of Westminster Abbey. Its Chairman, Sir Austen Henry Layard, archaeologist and Ambassador in Constantinople from 1877–80, a notoriously vehement man, gave an address notable for its timing in the light of the crisis in Khartoum, praising:

... the civilising influence of the Association, a matter of no mean importance. We wish to give the Arabs and especially those wild tribes on the borders of Syria—the wildest in the East—an idea of European civilisation, and especially that of Englishmen.

This message was translated at the request of the Turkish Ambassador, Musurus Pacha, being forwarded to HIM the Sultan, and to the Governor of Jerusalem, Raouf Pacha, and 'has been most courteously acknowledged.'

In 1886 there was a note of a problem that has dogged the institution in Jerusalem ever since:

It cannot be denied that the distance of the Hospital from the sphere of other humanitarian works, which command the support of the charitable public, militates strongly against its receipt of the necessary support ...

That year, the cash balance was '... barely £200'.

Sir Edmund visited Jerusalem in November of the same year and met the Chief Rabbi who addressed a most gratifying and characteristic letter ... [which] fully evinces the gratitude locally felt for the benefits conferred. It is worth quoting this letter in full both for its content and the beauty of its language, even in translation:

From Zion and Jerusalem may the Lord send blessing and life to the Excellent Baronet, who pursueth virtue and loving kindness SIR EDMUND LECHMERE, the Lord protect him.

We greatly rejoiced when we saw thee, honoured Sir, during thy visit to the mountain of Zion, for we know full well all the kindness thou purposest doing to the in-dwellers of Jerusalem in opening for them an Eye Hospital and placing therein an experienced Physician to heal the sufferings of the poor of Jerusalem. Our hearts are deeply moved with gratitude towards you honoured Sir for this good work which thou hast established, being prompted thereto by goodwill without any reference to creed or form of faith, and without grieving the hearts of those who are stretched on the couch of suffering. Never shall we forget this thy loving kindness.

We have now heard that thou hast the intention to seek permission from our Sovereign the Sultan (May his glory increase) and to speak with the excellent Baroness Coutts with reference to the water supply of the Holy City, so that the poor thereof may no more suffer the pangs of thirst.

What shall we say unto thee, honoured Sir, and how shall we thank thee for this thy great goodness? Our tongue faileth us, adequately to express unto thee our feelings. Our prayer is offered up unto Heaven that He may recompense thy work sevenfold, that He may remember the benevolence thou exercisest towards the poor of the Holy City and that He may bless thee and thy house for ever. Amen.

This is the prayer of him who honoureth and esteemeth thee.

RAFAEL MEIR PANISEL HAHAM BASHI Chief Rabbi of Jerusalem

Minuted at the same time, and possibly inspired by the warm tone of the Chief Rabbi's letter, it was noted that:

An effort had been made, which it is hoped may prove eventually successful, to interest the leading members of the Jewish Community in the working of the Hospital ... Lord Rothschild, Mr FD Moccatta, Mr Sebag Montefiore, Rev Dr (Hermann) Adler (the Chief Rabbi of Great Britain) and others have already generously contributed their funds ...

There was reason for optimism in this initiative; Mr Ogilvie kept meticulous records, including the religious background of his patients which showed that during 1886, for example, more Jews than Muslims were seen at the Hospital:

Protestant	26
Greek and Armenian Christian	1114
Latin Christian	384
Jews	989
Mahomedans	725

I CANNOT LONGER SACRIFICE MYSELF

Also in 1886 began the start of a long series of letters from Mr Ogilvie that have been preserved. These are increasingly prolix and at times it is clear that he became obsessed with the question of his salary.

His letter of 9 August 1886 to Sir Edmund is typically impassioned and incoherent:

I know that it is now the practice to place medical service at a very low value, why I am sure I cannot tell unless it be from the congestion caused by the extraordinary number of men entering the profession. But of this I am certain that no properly qualified and suitable man has ever come out here to take the very responsible position of Surgeon to this Hospital and feel that he is sufficiently (illegible) at under £500 a year at the very least. I am not aware of any position more responsible; for the Surgeon absolutely alone, can apply to no one in a difficulty because no one has the knowledge to help him. Among the other medical men they can have a consultation of the other doctors, and at home Oculists can have the same, as I have seen several times at Moorfields, but here there is no such thing, and the responsibility sometimes feels very heavy where the case is difficult and requires urgent treatment. It is true that I came out but I had a special (illegible) in view to find a more suitable climate than England was for my delicate wife but at the end of my agreement if the Committee desires my services longer a very great change must take place in the terms for I cannot longer sacrifice myself. And I have made great sacrifices for this place ... Now it seems that the Committee was unprepared for the expenditure in the past year! Why? ...

The Committee on 5 October 1886 took a cool view of this letter:

...at present the Committee were unanimously of the opinion that at present their funds did not justify them in exceeding a maximum salary of £300—especially having regard to the fact that the Resident Medical Officer also practised privately.

Despite Mr Ogilvie's contentious insistence on an increased salary, he was well thought of, to the extent that in a minute of 16 February 1887:

... Mr Ogilvie had named a salary of £400 per annum as a suitable remuneration ... Having regard however to the value now placed upon Mr Ogilvie's services, Sir Edmund Lechmere suggested the desirability of retaining his services if possible, and it was decided that at the termination of his present engagement an endeavour should be made to offer Mr Ogilvie sufficient inducement to retain his appointment for a further term.

But the saga continued. In a letter from Mr Ogilvie on 23 August 1887:

When Sir Edmund Lechmere was here in November he made me an offer on the part of the Committee of £300 a year. Probably he remembers that I told him I could not entertain such a proposal ... I am amazed that they can offer £50 more (than £200 a year) after 3 years' work. I beg to think I have been unwise in always placing the Committee's interests before my own ... Are they aware that it is such an unhealthy place on account of the malaria, the abominable filth everywhere rotting & poisoning the air, and the frequent and very great changes of temperature. The cost of living is greater than in London and the kind of food offered is very inferior ... Then the Surgeon here runs an extra risk. I have now had ophthalmia six times ... and my eyes are becoming weak in consequence.' Of private (sic) there is next to none and most of what there is—is divided among the other practitioners who have very carefully spread the report that I am only an Oculist. I do not think the Committee have acted very justly towards me in the past. At this moment I am the lowest paid Surgeon in Jerusalem and with three exceptions I am the oldest and have just been made the President of the local Medical Society. However if the Committee decide upon looking for another gentleman perhaps my experience may be of use in selecting the most suitable. There are two things which are *sine qua non*.

1. He must be an Oculist of experience and a very able operator on the eyes and not one who is coming out here to gain his experience. Everything is changed in eye affairs since I came out. At that time no doctor

pretended to know much about the eyes or ventured to operate except on very rare occasions. But so great is professional jealousy in Jerusalem that every one now calls himself an Oculist and never refuses to operate when he gets a chance. Unless the Surgeon to the Hospital can do all these better than the Gentleman here there will soon be no need for a special hospital.

2. He must be a married man and his wife must be the head of the whole household. It will also be a great advantage if she is willing to take some interest in the nursing so as to keep the nurse in order. I think he should be a graduate of a University.

This was too much for the Committee and on 26 November 1887:

... a discussion ensued as to whether it would be possible, and advisable, to comply with the terms demanded by Mr Ogilvie as the basis of a re-engagement, but the Secretary having submitted a statement shewing that the financial position of the Hospital was such as to render compliance with Mr Ogilvie's terms impracticable, it was unanimously resolved that the Committee's agreement with Mr Ogilvie should be terminated at the expiration of three months from the 24 December next ...

On 20 December 1887, Mr Ogilvie wrote:

The Committee have judged rightly in supposing that I will make no change one way or another in the maintenance of order and in the treatment of the cases. I could have hoped that it was unnecessary even to mention such a thing.

When my successor arrives I will do all that I can to make things smooth for him ... I believe it might be a bad thing for him if he was sent out a short time before I leave that he may benefit as far as possible by my experience. 'I am not going far away and if the Committee wish to make me Honorary Consulting Surgeon I will gladly accept and do as much as I can to further their interests.

On 16 January 1888, Mr Amherst, now the London Committee's Secretary, wrote to Sir Edmund:

... we are fortunate in having Ogilvie's real reason for demanding a certain sum per annum as a minimum. I felt there was something in the background and that has now come out, viz. that he can do better by having a Hospital as his own, and taking fees. Perhaps he may, but this confession leaves us perfectly free and we must arrange our Hospice matters and send out a new man ...

Not surprisingly, the Committee differed from Mr Ogilvie, recording two days later:

... but having regard to the position taken up by Mr Ogilvie, and to his statements that he proposed instituting other dispensaries or Hospitals, which, if established could only be looked upon as in opposition to this Hospital, it was not deemed advisable to comply with his request.

There then followed a long dispute, entailing numerous passionate letters from Mr Ogilvie, about money that he owed the Order, which was finally settled on 11 July 1888: '...a suitable letter was directed to be written to Dr Ogilvie, expressing the Committee's approval of the manner in which he had finally concluded and settled his report and Accounts.' At around this time, he wrote an undated letter to Sir Edmund:

I have had a second attack of pleurisy and now my right lung has become affected. I have been advised...to take a long voyage ... but I have had no influence with any of the Shipping Companies who could give me a place as a Surgeon to a ship. I now regret that I left Jerusalem but then I did not expect this. The Jericho scheme (a private dispensary) looked very promising for a long time but now I doubt it will fall through if I give it up. If the scheme could be carried out as I propose it would greatly benefit the Bedouin population. It would also have benefitted you and me and others. It would have succeeded & would have done nothing but good ... I have no ill feeling toward the Committee. I can never keep up ill feeling, but my opinion of them is no better than you say is theirs of me. I have been offered the Medical Superintendship of a Hydropathic in Harrogate but I am afraid to take it. I fear my temper is too hot to put up with people if they come complaining to me.

Whatever may be thought of Mr Ogilvie from this remarkable correspondence, he had sufficient insight at least partly to understand his own failings. He was undoubtedly greedy, but did not appreciate the financial difficulties of the Hospital. He was respected, very hard working, naïve, paranoid and emotional. However, this episode illustrates the ease with which barriers between the administration of the Hospital and those working in it, separated by a great distance, can be raised, and how difficult it is for the two groups of well meaning people to reconcile their mutual distrust.

Dr WE Cant

Two candidates for Mr Ogilvie's replacement were interviewed on 26 November 1887. The salary was increased modestly to £250 a year. Dr WE Cant FRCS, from the Central London Ophthalmic Hospital, was appointed.

A new problem now arose. The minutes of 23 October 1887 recorded a message from the Governor of Jerusalem, via Mr Moore:

Orders have been received from the Ministry of the Interior to enforce the regulation which requires that all persons exercising the profession of Medicine, Surgery, Pharmacy, and Midwifery, and every other branch of the Medical Profession, should be prohibited from doing so unless they be provided with a Diploma or Certificate from the Medical Council; consequently Physicians, Surgeons, Apothecaries and Midwives residing at Jerusalem must proceed to Constantinople and procure for themselves such Diploma or Certificate. For this purpose a period of three months to commence from September 30th is assigned, such as do not do so proceed to Constantinople within the period above mentioned will not be allowed to exercise their profession. This intimation having been made to all others whom it concerns, I have to request that you will also apprise of it all persons exercising the profession in question, who are British Subjects.

Mohammed Raouf, Governor of Jerusalem and its Dependencies.

This stringent requirement belied the standard of medicine practised by expatriates and lends support to remarks that had been made by Mr Ogilvie. The response of the Committee was characteristic of British sentiments at the time: '... the English ambassador at Constantinople (Sir William White) should be written to'.

However, despite protests, Dr Cant showed commendable energy and travelled directly to Constantinople, 'obtained a Diploma from the Medical Council ... , authorising him to practice in the dominions of H.I.M the Sultan' within five days, doubtless expedited by the Embassy, and went from there to Jerusalem in March 1888. His trip was subsidised by Mr John Cook.

At last, the Committee had appointed the man they needed to ensure the future of the Hospital. Dr Cant's correspondence has also been preserved and shows him to be another exceptionally hard worker, somewhat unimaginative and dull, but consistent and reliable. From now on, the minutes and correspondence become concerned mainly with day-to-day matters, and notably finance.

From the 1889 Annual Report, noting Dr Cant's remarks:

The Latin Church and the Russian and French nations have many fine buildings which make us somewhat jealous for our own country, which is very poorly represented here ... With this (increased income) not only might the Hospital assume more importance both in its work and appearance, and become a fit representative institution of its country and its parent Order, but it would be feasible to extend its work in the form of branch Out-patient departments in other large and populous towns in Southern Palestine, as Bethlehem and Hebron, scarcely of less interest than Jerusalem itself. It is greatly to be hoped that the Committee will be enabled to complete the Fund necessary for the erection of the long contemplated Gordon Ward, which would give the Hospital a commodious ward, or wards, and form a new and imposing range of buildings overlooking the Bethlehem road.

There are now two endowed beds in the Hospital, one supported by the Orthodox Greek Patriarchate of Jerusalem, the other by the Rt. Rev. the Anglican Bishop in Jerusalem.

The Hospital featured as one of the tourist attractions of Jerusalem mentioned in the *Cooks Tourist Handbook for Palestine and Syria* in 1891: 'The best time for visiting the Institution, with a view to seeing patients under treatment, is between 7 and 10 am on any Monday, Wednesday, or Friday; but the Institution is open daily, and patients received at all hours.'

By 1896, Dr Cant was able to report:

When we recommence in the Spring we shall have added another ward of two beds, so that we may be said now to take twenty patients, a fairly respectable number for a special Hospital...I find that, by devoting three days a week to out-patients, and three days to operations, I am not quite able to keep pace, as far as operations go, with our admissions ... the Hospital, which had had the whole of my attention, as I have found more than sufficient to do in it, without private practice.

During the past seven-and-a-half years ... we have spent about £1,000 in additions and improvements: £500 of this has come from private donations, and the other £500 we have been able to save out of the monthly expenditure, which the Committee wished we would not materially exceed, of £30 per month. We ... have no housekeeper's and skilled nurse's salaries to pay, owing to voluntary help. Thus we have added a new out-patient block, with valuable

storage accommodation beneath, the latter as much needed in the premises as the out-patient department itself; a new large cistern, an expensive and very valuable and also absolutely necessary adjunct to the premises, where we have to store water for a nine month's supply; a new day-room for the patients in connection with the wards, and where meals are taken in the cool months; a new kitchen; and a new room on the terrace in connection with the Surgeon's residence: besides greatly improving the condition of the pre-existing premises.

The cost ... per month for seven and a half years comes out exactly at an average of 30 guineas or 360 guineas a year.

He documented the workload in the 1895 report:

	1888*	1889	1890	1891	1892	1893	1894	Total
Outpatients	4916	7383	9187	9447	12,216	12,614	13,625	69,379
Operations	138	327	494	680	1001	971	1212	4823
Admissions	117	237	286	340	430	459	510	2379

*8½ months from the date of his arrival in Jerusalem

By 1900, the Hospital was overwhelmed, with 23,000 outpatients and '... [it] had been necessary to exclude patients during the annual epidemic of ophthalmia ...'.

In 1899, an anonymous donor had allowed '...the engagement of a second Surgeon for the season during which ophthalmia is especially prevalent in the country. For this purpose they were fortunate in obtaining the services of a distinguished Edinburgh graduate, Dr MacKellar ...'.

In 1900 a Mr Martineau donated £1000 on condition that a new ward was furnished and occupied and that a second Surgeon should be made permanent; Dr Jelly was appointed for three years as Assistant Surgeon.

The careful husbandry paid off; in 1899 there was a surplus balance in the bank for the first time, although the following year there was again a deficit of £175.

A DEEP SENSE OF GREAT LOSS

On 18 December 1894 Sir Edmund Lechmere died. Mr Brudenell Carter, by now the vice-chairman of the Committee, moved the resolutions:

That the Committee of the British Ophthalmic Hospital at Jerusalem, desires to express its deep sense of the great loss which the Order of St John of Jerusalem in England, and the Committee of the British Ophthalmic Hospital have sustained by the death of Sir Edmund AH Lechmere Bart, MP, the late Chairman of the Hospital to whose zeal and liberality so much of the best success of the Institution has been attributable.

That the Members of the Committee further desire to offer to Katherine, Lady Lechmere, their sincere condolences in the bereavement which she has sustained.



Jerusalem Eye Hospital medical staff performing eye surgery.

The tribute was certainly deserved. Sir Edmund and his wife travelled to Jerusalem four times in 14 years, not a trivial undertaking at the time for a couple in the latter part of their lives. Sir Edmund's drive, together with the couple's generosity had been the most important factors in the institution of the Hospital that continues to provide for the poor people of Jerusalem and surrounding territories to this day. He was the archetype of a Victorian philanthropist who made it his life's work to help those less fortunate than himself, not only through his work for the Order, but in many other organisations as well.

A Memorial Endowment Fund was set up which, in the first nine months had raised £722, and which was supplemented with £1,000 from Lady Lechmere herself. A memorial tablet was erected in the Hospital.

THE NEW BUILDING WILL BE A GREAT ADVANTAGE

Finally, we return to the Bishop of Jerusalem, Dr Blyth, on 28 September 1901

... Dr Cant's name is one of note here. He performed an operation for cataract on me last year, quite painlessly and quite successfully. I must have resigned otherwise, but now I can see forty miles of distance and read 'diamond type'. I heard of him in England as one of the first men of the day, to whom anything might have been open at home. I only got the same attention that he gave an old bedridden woman who was his patient before me. He is in every way a good man, but very retiring. The new building will be a great advantage ...

The Bendigo Combined St John Ambulance Division: A short history

Jaan Butler

Mr Jaan Butler is a full-time student of history and politics at the Australian National University in Canberra, where he is also a Cadet Leader in the Namadgi St John Ambulance Division. He was born and grew up in Bendigo, Victoria, where he was a Cadet member of the Bendigo Combined St John Ambulance Division. His historical research on that Division began in the writing of an essay that he submitted to a competition for secondary school students conducted by the Bendigo Historical Society during 2008. The essay won the prize in the 'research' category and was later published in The Bendigo Miner. It was reprinted as an 'Occasional Article' in Volume 8 (2008–2009) of St John History. The following is a redeveloped version of the original essay which Mr Butler prepared as a presentation to the Historical Society's seminar in Melbourne on 25 June 2010. Because of technical difficulties in reproducing Mr Butler's photographs, we are unable to use them with this article, for which we apologise to both Mr Butler and readers.

MAIN THEMES

This presentation is on something very local—the history of Bendigo Combined Division in Victoria, a short 160 kilometre trip up the Calder Freeway from Melbourne. I started researching this history in my spare time in 2005, when I realised that the division was about to reach 50 years of service, and yet there was very little knowledge within the division of what it had achieved over those years. Most of what I am going to tell you comes from interviews with past members of St John, supplemented by bits and bobs I found in the divisional hall and at the Williamstown museum. I hope to not only tell the story of my local division, but also provide an insight into how a local division was started, how it operated, and how it achieved success in the 1950s and 1960s.

The big question that was in my mind when I was researching this history was 'what is it that makes a St John division tick?' I was vaguely aware that Bendigo division, like any division, had at different points in time been large and small, successful and unsuccessful, well-organised and chaotic, civil and vicious.

For the benefit of our visitors, Bendigo is a regional city of about 80,000 people, about 130 km, or two hours by train or car, north of Melbourne. It was founded during the gold rush and is today, depending on who you talk to, the third or fourth largest city in Victoria. For the benefit of Victorians here, it is not famous for being the home of Sovereign Hill, that's in Ballarat, which is a completely different city.

FORMATION

It seems that St John has been running first aid courses in Bendigo since it began in Victoria. At the turn of the previous century, St John were running courses in Bendigo for police and some other organisations. By the 1950s, the courses were being run by Dr William Straede. Dr Straede had grown up in St John; he claimed that the Northcote High School Cadet Division was started after he impressed them by administered first aid at a school football match. He had undertaken his medical training after the war, and coming to Bendigo had become the fourth doctor to live in his grand home in Mitchell Street. So it was that Bendigo division, like so many in St John, emerged from a first aid course. The registration document was submitted, not to Melbourne but to London in 1956. It shows ten members, all with various degrees of medallions, with Dr Straede as Divisional Surgeon. It is honestly hard to say, though, when or where the division started meeting—most likely it was already training before the documents were submitted.

EARLY STRUGGLES

When I say that it is hard to trace the origins of the division, I am referring to what I found was a common theme in the divisional history. St John has always been good at producing meticulous regulations about dress, drill and first aid—I think that gave us the mistaken impression that St John was once a wealthy and highly disciplined organisation. In contrast, Bendigo in the 1950s and 1960s simply limped along as best as it could. Members had to pay for their own uniforms but hand them back when they left. Most simply wore black and white, or else sewed their St John badges onto similar uniforms such as blue firemen's uniforms. There were no vehicles—members would simply arrive at a duty in their haphazard uniforms, with their personal first aid kits and set themselves up under a shady tree. Nonetheless, the division did some interesting duties. Perhaps the favourite was the Princess Theatre, where the St John members, in return for their first aid service, had reserved seats in the theatre. The division met in the ANA hall in View Street. Although I don't really have reliable information, it seems there was very little supervision from Melbourne, making the division the fiefdom of its Superintendent.

CADETS

It is worth noting that at this point in time, St John was largely gender segregated, and Bendigo division was unusual in always being mixed, and never being segregated. In Victoria in the 1950s not only did cadets meet in separate divisions to adults; there was no way that St John was going to let girls and boys (or nursing and ambulance cadets) mix at the same meeting. Thus in 1957, Bendigo Ambulance Cadet Division was registered. William Murley was the Superintendent and the members were—you guessed it—his sons and Dr Straede's sons. The Murleys came from Sebastian northwest of Bendigo, and the division may have met there presumably in the Murley's lounge room, in its early years. It took a few more years for the nursing cadet division to get going, but it was active by the 1960s.

BUILDING THE HALL

In the early 1960s, in one of Bendigo's worst episodes of heritage vandalism, the ANA hall was demolished and replaced with a cream brick motel. The new building was so good that it was demolished just over 30 years later. Thus the division becoming bigger and the demolition of the ANA imminent, attention turned to the acquisition of a building. It was decided to build a hall on a piece of crown land at the corner of Cedar and High Streets, Golden Square. A target of £9000 was set and fundraising began. The 1st International Science Exhibition was held at the Bendigo Town Hall for a week with much success, followed by another exhibition at the YMCA. The obligatory raffle also took place, and was an utter debacle—a member, (whom) contemporaries have chosen not to name, forgot to collect the prizes from sponsors. A second raffle was therefore held to make up for the first. These efforts were supplemented by significant private donations. In my journal article I said that there were 'significant private donations'—what I meant was that Dr Straede probably paid for a great deal of the construction. The hall was designed by the brother of Bob Coakes (Divisional Officer) and wired by Bob himself.

The first sod was turned by a St John dignitary, and warranted a *Bendigo Advertiser* photo of the crowd. The opening took place on the 10 July 1966, with Col. Douglas Donald, then Victorian Commissioner, presiding. Divisions from the area gathered for a march-past before the ceremony. A photo of Dr Straede was hung to recognise his role in building the hall, and an Australian flag and portrait of the Queen were presented to the division.

EARLY ISSUES—STABILITY AND INSTABILITY

What is notable about the division in the 1960s is that it was not at all stable. Up until 1967, Superintendents came and went with alarming regularity, and for all the division's success in gaining a hall, it appears to have not numbered more than about a dozen. Thus in 1967, White Cross noted that the division was '... working well together, but there is still room for improvement.' This was written by Bob Beasy (eventually OStJ), a foundation member who became Superintendent in 1967 and held the post for twenty years. Under Bob the division seemed to stabilise at around 20 members. In fact, you could almost say that the division 'matured'. In particular, the cadet divisions were beginning to earn their keep. Many of the cadets, people like the Perkins, Wyatts and Barklas, who went through in the 1960s, went on to become adult members and would become leaders in the cadet and then adult divisions in the 1980s and 1990s. There is no doubt that the existence of a stable core group of members contributed a lot to the success of the division over this time.

SEARCH AND RESCUE

One of the largely forgotten functions of St John in the 1960s was its Search and Rescue operations, which would eventually be taken over by the modern SES. In 1967, Bendigo formed its own Search and Rescue squad and began to fit it out; Rotary provided a Ford F500 van. As part of one memorable Easter Fair, one member climbed up the Cahill Chambers using suction pads, whilst a hapless Alec Burns was lucky to survive (slide) being winched down the building, because one of the straps had broken. However, the existence of the squad appears to have coincided with the instability mentioned above. The upshot was that a group of members split from the division and formed a division at Marong, a small town about 17 kms from Bendigo. (At this time, Bendigo was ruled by a number of local councils.) At about the same time, a group of ten or so started meeting at Eaglehawk, a suburb ruled by its own Borough Council. The Eaglehawk group quickly folded, but the Marong Division secured Dr Peter Kirby as Surgeon, and survived until the 1990s.

VEHICLES

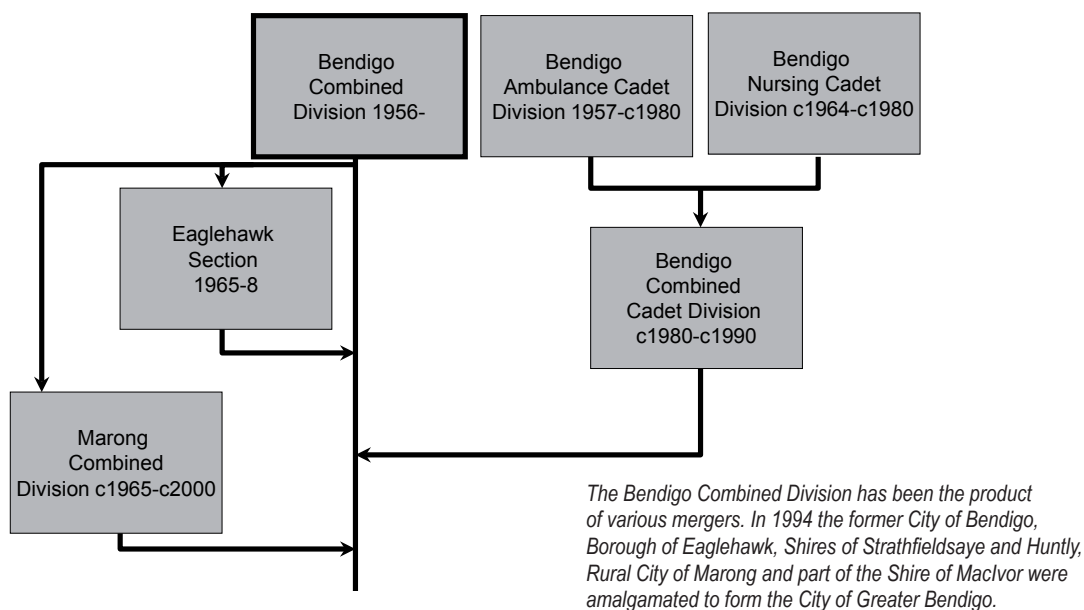
Eventually, the division was able to acquire vehicles. Its first vehicle was a Kombi van which was fitted out as an ambulance complete with a white cross in woven into the carpet on the floor. The vehicle was temperamental and unsuitable for travelling any distance. Later on, the division became the owner of a Dodge—a vehicle that was no doubt a saviour in its early years, but which became a source of embarrassment to self-conscious cadets many years later. More recently, the division began to acquire ambulances secondhand as they were retired from state ambulance services. At its peak in about 1990 the division had five vehicles. Over the years, it seems that many vehicles have also been, perhaps unofficially, used by St John. The division also had two motorbikes, complete with St John badges that were used at motocross events in the 1980s. I have also heard that the division used a motorboat at Lake Eppalock for regular events there.

LATER DUTIES

So what sort of duties has the division done? From early on, the division developed a lean towards car and bike events. For most of its life, the division was a regular at the Ravenswood motocross, and has attended drag racing at Tooleen, Heathcote and Bagshot. Perhaps the most iconic duty was the Bendigo Easter Festival. The festival is held over easter and includes a number of street parades that in particular show off Bendigo's Chinese heritage. For almost fifty years, St John members from all over the state would come to Bendigo, staying in any spare bed or even on the hall floor, to set up first aid posts all over town. The division also participated in memorable duties elsewhere, such as the Hell's Angels concerts at Broadford, the Sunbury Pop Festival and bushfires.

THE BIG BUST-UP

Thus the division cruised through the 1970s and 1980s seemingly without incident. Eventually, in 1987, Bob Beasy retired and a new generation of St Johnnos took over. They had already taken over the cadet division, which had been combined in the early 1980s. Gordon Isaacs became Superintendent, whilst the Ross Barkla and Gary Wyatt ran cadets. What happened next represents, I think, the very worst of what can happen in a voluntary organisation. The division by this point included at least 50 adult members and 30 cadets, had five vehicles and was covering duties every day of the week. But in 1994, Isaacs, along with half the division resigned. I decided not to try to find out why this happened for fear of becoming involved myself, but the dispute involved personal clashes within the division. The result



was that the division 'blew its brains out', losing not only everyday members, but also the long serving senior members who were undoubtedly the foundation upon which it was built. The division had to start again from scratch, something that it clearly cannot do without the emergence of a new generation of patient, long-serving leaders.

CONCLUSION

And that is the story of my local division. So what is it that makes a St John division tick? All I can say is what I am sure to all of you is the bleeding obvious. For all its formalities, the success of the division has always relied on the patience and commitment of a small group of people, who build the division around them. This is, I think, both heartening and disheartening. It means that a St John division can fail disastrously under the wrong person, but that a struggling division can be enlivened with the right people in charge.

In conclusion, I would encourage all you St John members to take an interest in the history of your local divisions. You might be surprised and encouraged at what you find.

‘All Tied Up’—‘The Ties That Bind’: Neckwear of the Order of St John

Mervyn Goodall, OAM, KStJ and James Cheshire, MStJ, JP

Mr Goodall joined St John Ambulance as a Cadet in 1937. He has the singular distinction of being the longest continually serving active volunteer in St John Ambulance Australia. In 2005 he was awarded the Medal of the Order of Australia (OAM) for his lifelong contributions as a St John Ambulance volunteer. Mr Goodall has served St John in many capacities during his 74-year involvement in the organisation. He was a Divisional Superintendent and State Officer in the St John Ambulance Brigade and Operations Branch for many years, but nowadays one of his main interests is managing the St John Library in Melbourne. He has also been a Victorian representative on the Historical Society’s management committee since it was established in 2001. Mr Cheshire presented the following paper to the Society’s 2010 history seminar on Mr Goodall’s behalf.

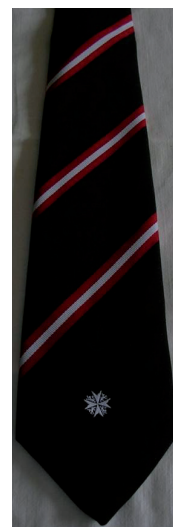
Mr Cheshire is the Deputy Secretary of the Historical Society. As such, he organised the Society’s 12th annual history seminar, which generated the articles appearing in this edition of St John History. He was a member of the St John Ambulance Brigade and Operations Branch in Victoria for many years. Away from St John, he is a member of the Australian Federal Police, in which he is a Federal Agent in Crime Operations in Melbourne. He is also studying law part-time. His paper on the neckwear of the Order of St John, made on behalf of Mr Goodall, was his third presentation to one of the Society’s seminars.

This article summarises the presentation to the 12th annual history seminar of the Historical Society by James Cheshire, the Society’s Deputy Secretary. Mr Cheshire made the presentation on behalf of his veteran St John colleagues in Victoria, Mervyn Goodall. Mr Goodall’s long-time hobby has been collecting the various neckties of the Order of St John. Such ties continue to proliferate. The Order has a range of such ties itself. For example, there’s a ‘Members of the Order’ and another for ‘Friends of the Order’. The eight Pories and two Commanderies within the Order and the numerous branches of St John Ambulance around the world also have their own range of ties, produced at different times for different purposes. In Australia alone there are ‘Old’ and ‘New’ Pory ties, a generic ‘St John Ambulance Australia’ tie, at least four different ‘State’ St John ties plus various other ties produced for commemorative occasions such as centenaries. Mr Goodall’s large collection contains all these types and more, as the following paragraphs make clear.

Mr Goodall began collecting St John ties when he first joined the St John Ambulance Brigade as a Cadet in Melbourne 72 years ago. At the time of writing, his collection contained 43 different ties. Eventually, in 2008, he published a pamphlet cataloguing them all: *The Necktie Collection of Mervyn Goodall, OAM, KStJ*. As the collection continued growing, a second edition had to be published in 2010. In both editions the photography was done by James Cheshire. Each separate tie was photographed and captioned to indicate the source and purpose of each tie in the collection.

As *The Necktie Collection of Mervyn Goodall, OAM, KStJ* makes clear, there are basically eleven main types of ties.

1. Those with plain diagonal bands or stripes (usually red and/or white) on a dark background.
2. Those combining diagonal bands with a single Maltese Cross placed at the tie’s broad end.
3. Those with plain white Maltese Crosses on a dark background, the crosses unembellished with the Queen’s Beasts (lions and unicorns) between the arms of the cross, and with the crosses arranged geometrically so that they are in both vertical and diagonal rows.
4. Those with Maltese Crosses on a dark background, as in (3) above, but with the Queen’s Beasts in either gold or white between the arms of the cross.
5. Ties of Pories and Commanderies of the Order, which usually have alternating diagonal rows of Maltese Crosses (usually with Queen’s Beasts) and a device representing the Pory or Commandery concerned. For example, the red rose for the Pory of England, the Springbok for the Pory of South Africa, the Red Hand of Ulster for the Commandery of Ards (Northern Ireland), the Black Swan for the Commandery of Western Australia and the Southern Cross Constellation for the Australian Pory; such national devices may appear alone (as in the case of the South African Springbok) or at the centre of the Shield of the Order (as in the case of the Western Australian Commandery’s Black Swan).
6. Ties of national branches of St John Ambulance in nations where St John does not (yet) have Pory or Commandery status, e.g. the various ties produced by St John Ambulance and the Order in Singapore and Hong Kong, which usually have a distinguishing local emblem such as the lion head of Singapore.



‘Member of the Order’ tie — Type 2.



The 'St John Ambulance Australia' tie — Type 8.



The 'St John Fellowship' (UK) tie — Type 10.



The 'St John Bequest' tie — Type 11.

7. Ties of regional St John Ambulance branches. For example, the State ties in Australia, such as the alternating red diagonal bands, Maltese Crosses (with Queen's beasts in gold) and waratah of St John in New South Wales; others of this ilk are the Yorkshire and the London District ties of St John in England.
8. Veneric corporate St John ties, a good example of which is the 'St John Ambulance Australia' tie with its alternating diagonal bands of red and white on a black background with the single 'red-bar' logo of St John Ambulance Australia at the broad end.
9. Commemorative St John ties, usually produced to celebrate the passing of a major historic milestone such as a centenary, e.g. the 1985 South Australian and 1992 Western Australian centenary St John ties.
10. Plain ties, usually of a dark shade, with a single emblematic device midway down the length of the tie below the knot; e.g. the 1987 centenary tie of the St John Ambulance Brigade in England and the ties of the St John Fellowship and the St John Historical Society in the UK.
11. Various 'other purposes' ties, of which there are quite a few, including for instance those produced and distributed by the Jerusalem Eye Hospital, 'Overseas Relations', 'St John Bequest Society', 'First Aiders', and 'St John Ambulance Association'.

Not all the ties in the Goodall collection are still extant. Some, for instance, the commemorative centenary ties are probably worn several times, then not again. In addition, corporate ties come and go as new chief executive officers and/or board chairmen decide that it's time to project a more modern corporate image. Then, too, fashions in neckwear also vary. At the time the Australian St John Centenary tie was produced in 1983, narrow ties were fashionable. A decade earlier very wide ties had been the rule. Currently the fashion in neckwear is for ties of medium width. Thus, the current 'Member of the Order' and 'New Priory of Australia' ties are both 9 centimetres wide at the broad end, some 3 centimetres wider than the narrow centenary ties of the early to mid 1980s.

St John ties have been an important means by which members of St John affirm their own pride in their membership of a great worldwide organisation. The ties also enable St John members to be recognised as such by others. Thus, a member of the Order from anywhere in the world who sees an Historical Society member wearing the 'New Priory of Australia' tie in some public place—the London Underground, an airport terminal or a shopping plaza—will probably make contact with the tie-wearer. They will quickly establish their mutual interest in St John and its work and, that in turn helps strengthen the ties [no pun] between St John members and friends around the globe.

Mr Goodall's collection of 'Ties That Bind' is a wonderful historical resource for St John Ambulance Australia. Please help him develop it further. If you have a St John tie that might not be in Mr Goodall's collection, he would like to hear from you. His may be contacted through the Victorian state office of St John Ambulance Australia.

St John the Baptist: The Patron Saint of the Order of St John

Ian Howie-Willis, OAM, KStJ

Dr Howie-Willis's biographical profile appears above in his article on the Voluntary Aid Detachment (VAD) movement.

Any St John Ambulance member who ever attends a Priory church service should be able to answer these two related 'Trivial Pursuits'—type quiz questions—'Which famous Biblical character lost his head when the dancer Salome asked for it on a platter?' and 'Which national first aid provider is named after him?' Getting the answers right, is something we might expect of almost everyone reading this article!

Yes, we all should know that John the Baptist is the 'St John' we're named after because in this organisation there's no escaping him. Our famous eight-point badge is most properly called the 'St John Cross'. We wear it on our uniforms, fly it on our flags, use it on our stationery, collect ornaments on which it is imprinted and brand it upon our commercial products. And then there's our heraldic device, the St John shield or Arms of our Order, the square white cross on scarlet background that we use on our ceremonial accoutrements—banners, wall plaques, ties and sundry other knick-knacks through which we promote our cause.

And then there are those annual Priory church services. The chances are that one of the hymns we sing will be 'The Baptist's Hymn', the 'Baptist' here being St John, which is why we sing it. The first verse goes like this:

On Jordan's bank the Baptist's cry
Announces that the Lord is nigh;
Come then, and harken, for he brings
Glad tidings from the King of Kings!

It's a safe bet that the preacher will deliver a sermon that refers to John the Baptist and draws parallels between his sacrifice in a righteous cause and the self-denying nature of the work that St John Ambulance first aiders do. For example, two Priory church services ago in Adelaide, the preacher was our Sub-Prelate, Archbishop Roger Herft, who preached one of the best sermons I've ever heard. It had the title 'Losing one's head for a good cause'—and that suggests what it was about.

The first thing to be said about John is that he hasn't always been our patron saint. The Order has always been called 'The Order of the Hospital of St John of Jerusalem' but in the early years the 'St John' in the title was St John the Almsgiver. This John was a Cypriot who became Bishop of Alexandria, where he became famous for spending the church's wealth in aiding poor refugees. His boast was that 'I found the treasury of my church full but left it empty'. The early boast of our Order in its pre-military days was something similar. The Blessed Gerard, founder of the Order, and his brethren used to say that the Order existed to serve 'Our Lords the Sick and Our Lords the Poor'. John the Almsgiver was therefore an excellent role model for the Order, a most appropriate patron saint!

Some of Gerard's monks disagreed, however. As their Hospital became more influential and powerful after they were reconstituted as a separate Order in 1113, they believed a more prestigious patron saint was required. And, so one Saint John was dropped in favour of another—the Baptist in place of the Almsgiver. John the Baptist was the most prestigious of all the vast array of Christian saints. Not only was he Christ's cousin, he was the baptiser of Christ himself.

It wasn't just a matter of institutional upward mobility that caused the change of patrons for there was a good practical reason. After the First Crusade captured Jerusalem, the brethren occupied the former Greek Orthodox monastery of St John the Baptist. Perhaps it was less confusing for everyone if the patron of the Order and the namesake of its monastery were the same St John.

Let's now consider where John the Baptist fits into Christian hagiology, which means the study of saints. John the Baptist was nothing less than a Biblical superhero, but unlike the superheroes of comic book fame—Superman, Spiderman et al.—he was a real historical figure rather than the fictional creation of an artist or writer. And as Jesus himself said in Luke 7:28 'I tell you, among those born of women there is no one greater than John'. At this point I must admit my bias. I'm a great fan of John the Baptist because I've spent the last 30 years of my life being a St John Ambulance historian. You can't spend 30 years of your life in an institution named for a saint without pondering who the saint was and what he did.

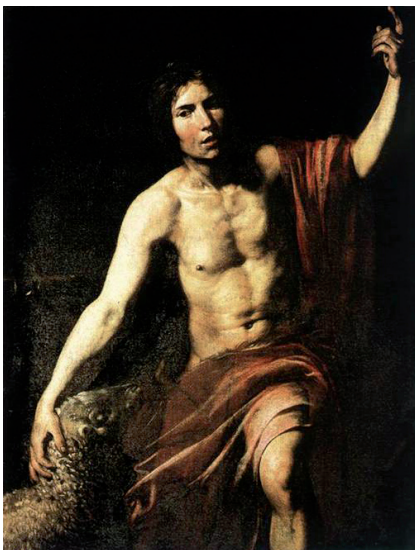
Apart from Jesus himself, John the Baptist is the megastar of the New Testament. He appears in all four Gospels and the Acts of the Apostles. If you're staying in one of the conference hotels, you'll have a Gideons' Bible in your room, so you can read for yourselves what the Gospel writers say about John. As you'll soon discover, it is John who

announces the arrival of Jesus on the Gospel scene; and it's his act in baptising Jesus in the River Jordan that initiates Jesus's ministry. But what else do we know about John?

First, there's the hagiology and the iconography—the traditions about John and his representations in art. Because the Gospels tell us he lived frugally in the wilderness, dressed in a camel skin and living on wild honey and locusts (plague grasshoppers!)—that's how he has often been represented. In many icons he is also shown holding a staff and a scroll inscribed with the words 'Behold the Lamb of God' ('Ecce Agnus Dei' in Latin). This is a reference to his role as the herald who announces the arrival of the Christ. It's also why he's often shown with a lamb. In Greek Orthodox icons he is often depicted with angel's wings because Mark's Gospel calls him 'angelos', which means both 'angel' and 'messenger' in Greek.

Second, there's the historical knowledge, which comes from three main sources. On the one hand there is the Bible and on the other is the first century history of the Jews by Flavius Josephus, a Romanised Jew, which generally supports the Biblical accounts. And then there are certain traditions about the Baptist. Here now are 17 points about John that these sources tell us:

1. John was miraculously born to a childless elderly couple, Zechariah and Elizabeth, through divine intervention at the time of John's conception after the angel Gabriel had announced to them the forthcoming pregnancy.
2. John was of the priestly class because Zechariah was a priest and Elizabeth was also a descendant of Aaron, the brother of Moses and the first Jewish high priest.
3. John, meaning 'God has favoured' in his native Aramaic, was a cousin of Jesus because his mother, Elizabeth, was Related to Mary, Jesus's mother.
4. Mary and Elizabeth were pregnant together; and during their pregnancies Mary came to stay with Elizabeth. When Mary arrived Elizabeth proclaimed that the baby she was carrying had just leapt for joy within her womb because it knew which baby was within Mary's womb.
5. John was born six months before Jesus, which is why his Saint's Day is celebrated on 24th June, six months ahead of Christmas. That's why we hold our annual national St John Ambulance conference and church service in June. As John is our patron saint, we hold our conferences at the time of his birthday.



John's historic function was to announce the arrival of Jesus, which is why artists often depict him with a sheep, a symbol of 'the Lamb of God', i.e. The Christ. This painting, 'Saint John the Baptist' by Jean Valentin de Boulogne (c. 1591–1632) is of that genre.

6. John became a prophet whose main purpose in life was to announce to the world the arrival of the Messiah, the Christ, the long promised redeemer of the Jewish people. This is why he is often referred to as the 'Herald' and the 'Precursor' to Christ—not the Messiah himself, as many of his fellow Judeans believed, but someone called by God to proclaim the coming of the Christ.
7. John was an ascetic. He led a Spartan life of self-denial and privation in the Judean desert. He had no yearning for 'la dolce vita', a soft easy life of comfort and luxury. He dressed simply, in a costume made from camel hair; and his diet was whatever he could scrounge.



John became an itinerant preacher who attracted a huge following, as shown in this 1667 painting by Mattia Preti, 'St John the Baptist Preaching'.

8. About the year AD 27 John became an itinerant preacher. His message was repentance. To avoid God's wrath, he said, the Jews must repent the way they had turned away from their faith. He was scathingly critical of the Pharisee sect in particular for its legalistic interpretation of the scriptures. The Pharisees, he said, were a 'brood of vipers' whose poisonous influence was corrupting the faith.
9. John also baptised. That is, he ceremonially dunked people in the River Jordan, this ritual immersion representing the washing away of the past life of sin followed by the emergence from the waters of a person made whole and pure and, through repentance for the past life, set into a new relationship with God in a new life. The Gospels tell us he baptized at two places—Bethabara (also called Bethany) and Aenon on opposite sides of the Jordan near Jericho.
10. John attracted a huge following. Like Jesus later, he had his own set of disciples and a horde of people who followed him around the countryside to hear him preach. He was widely accepted as the latest in a long line of Jewish prophets; and many regarded him as the reincarnation of the great prophet Elijah, who according to the Old Testament had never died but had ascended to Heaven in a fiery chariot and would later return to earth to announce the Messiah's arrival.
11. According to Josephus, John's great popularity among the people was the reason why Herod Antipas, the ruler of Galilee and Perea (the region east of the Jordan), had him executed in the Machaerus fortress, east of the Dead Sea in present-day Jordan. Herod feared that John was so popular he might lead a rebellion to overthrow him and his regime.



As the baptiser of Jesus, John has always had a special place in the Christian iconography, as this modern stained glass window in the Gloria Dei Lutheran church, Illinois, USA, attests.

12. According to the Gospels, the reason for John's execution was the enmity of Herodias, Herod's second wife. Herod had divorced his first wife to marry Herodias, who had divorced her first husband, Herod Philip, the brother of Herod Antipas. John the Baptist had condemned the marriage as illegal under Jewish law because Herod Philip was still alive, and that made the marriage both adulterous and incestuous. To avenge herself against John, Herodias took advantage of Herod's foolish promise to her daughter Salome to give her anything she wanted for having danced seductively. When, at her mother prompting, Salome asked for John's head, Herod could not renege on his promise without losing face. As the great St Augustine later observed 'an oath rashly taken was criminally kept'.
13. In the meantime John had baptised Jesus, and had proclaimed him as the Messiah. Jesus had then begun his ministry; but soon afterwards John sent some of his own disciples to check up on the progress of Jesus's ministry and ask if Jesus really was the Messiah. Jesus had then sent them back to John to report that 'the blind receive sight, the lame walk, those who have leprosy, are cured, the deaf hear, the dead are raised, and the good news is preached to the poor'.
14. John's disciples continued his ministry after his execution but the Bible indicates that after Jesus's crucifixion they merged into Christianity.
15. In addition to all of the foregoing, in his debates with his opponents, Jesus often referred to John to win a point. For example, in Matthew 21, when the priests at the temple in Jerusalem demanded that Jesus tell them who had authorised him to preach and perform his miracles, he responded by asking whether or not John's ministry of baptism had been God-ordained. The priests could not answer without compromising themselves. If they had said 'God-ordained', Jesus would have responded by asking, 'Why didn't you believe him then?' but if they had replied 'not God's work' they'd have provoked a riot among John's fervent followers. Game, set and match to Jesus.
16. In the post-Biblical centuries John was so greatly venerated that many Christian churches were named in his honour. These include the Cathedral of St John the Baptist in Valletta on Malta. The cathedral was built by the Knights of St John that is; the crusading Knights Hospitaller from which the modern Orders of St John, including St John Ambulance, later emerged. The Knights not only built churches and hospitals named for St John the Baptist but their most precious possession was a relic of John—his mummified right hand, which they kept in a gold, jewel-encrusted case. The hand, now kept in the Cetinje Orthodox monastery in Montenegro, was especially significant to the Knights because they believed it was the self-same hand that had baptised Jesus. Like all such relics, the provenance of the hand is dubious. Here we can note that various Catholic churches claim to hold nothing less than the preserved head or skull of John the Baptist; and they obviously can't all have the genuine article.
17. And finally, John is also a prophet of both the Bahai faith and Islam, in which he is known as 'Yahya' while in Mandæanism, another ancient faith of the Middle East, John is the principal figure of veneration, occupying a similar to that held by Jesus in Christianity.

Well, what can we learn from the life and death of John the Baptist? Let's begin by considering the interaction between John and Jesus. This starts when Jesus travelled south from Galilee to Bethany, where John was preaching and baptising in the Jordan. Jesus asks to be baptised. John at first refuses. He has already told his followers that he's unworthy even to tie up the sandal strap on Jesus's foot. The problem for John in baptising Jesus is this—how can a sinful mortal baptise God, symbolically washing away God's sins? It's a nonsense because God is sinless! Instead, John protests, Jesus should be baptising him. But Jesus insists. Though he does not need it, he wishes to be purified so that he can begin his ministry in the right and proper manner. And so John baptises Jesus; and immediately Jesus is transformed. He now knows he has received the blessing of God his Father to begin his ministry. The Gospels tell us this metaphorically—'As Jesus was coming up out of the water, he saw heaven being torn open and the Spirit descending on him like a dove. And a voice came from heaven—"You are my Son, whom I love; with you I am well pleased".'

This exchange between Jesus and John tells us something about the two cousins. For Jesus it is the point at which he is finally confirmed in the knowledge that he is indeed the Son of God and that he must accordingly begin his ministry. John is the first human to recognise who Jesus really is—the long awaited Messiah, the Christ, the redeemer of Israel foretold by the prophets, the very Son of God, God made flesh, God in human form. Having publicly acknowledged who Jesus is, John, we may therefore conclude, is the first Christian. But then some uncertainty enters his mind. From prison he sends several of his disciples to see how Jesus is performing in his ministry. He also wishes to be reassured that Jesus really is the Messiah. As we have already seen, Jesus sends them away, saying, 'Go back and

report to John that the blind can now see, the lame can walk, the lepers are cured, the deaf can hear and the dead are raised'. John is executed soon afterwards. Reassured, he could die feeling fulfilled, knowing that he had accomplished his chief purpose in life, which was to announce to the world the arrival of the Christ.

Jesus, however, doesn't let the matter rest there. He tells his followers that John was certainly the prophet they believed he was. Yet John was more than just a prophet in the Biblical tradition because he had announced the Messiah's arrival as predicted in the scriptures. 'What did you go out into the desert to see?' Jesus asks them 'A reed swayed by the wind'? 'a prophet'? Yes, I tell you, and more than a prophet. This is the one about whom it is written: 'I will send my messenger ahead of you [to] prepare your way'. Jesus then rounds off his comments on John with a final enigmatic observation, 'There is no one greater than John; yet the one who is least in the kingdom of God is greater than he'. What does he mean by saying that 'the one who is least in the kingdom of God is greater than John'? Jesus, I suggest, is telling his audience that for all John's greatness he was really only a man; on the other hand, anyone who believes in Christ is accepted into the Kingdom of God that is; they are transcendently lifted above their human, mortal condition.

Regarding John the man, he was a person whose focus was entirely on the human relationship with God. So focused was he that he didn't need life's comforts. He lived rough, out in the wilderness. He didn't seek company—he had God. When he did meet others, he preached repentance to all comers—the high and mighty as well as the lowly—because he knew that it is repentance that brings humans back into the right relationship with God.

And this was what brought about John's downfall. John stood uncompromisingly on principle. He confronted evil head-on. When he saw that someone had fallen short of what God expects, he said so. He said so even when that someone was the highest in the land, someone with power of life and death like Herod Antipas, the ruler of Galilee. According to John, Herod had committed incestuous adultery by marrying his brother's divorced wife. This was wrong in law and it went against God's will so John condemned the marriage. Herod himself might have been able to ignore John's attack as the ravings of a crazy mystic wandered in out of the desert; and because John had a large following among the citizens it might also have been politic to let him go ranting on about repentance and righteousness. Behind Herod, however, was Herodias, a vengeful woman who could not accept John's criticism of her private life. She waited her opportunity to silence permanently the odd chap who dared condemn her marriage. The opportunity came when Herod rashly offered Salome anything in his kingdom. At her mother's prompting, Salome asked for and was given the head of John the Baptist on a platter.

This was a disturbing, horrifying event. It has always bothered those who have contemplated it, including many of the great artists who have painted the scene to express their alarm at what the morally compromised Herod, through his vainglorious folly, allowed to happen. Caravaggio, Tiepolo, Titian, Bellini and Rubens are but some who have attempted to depict the grisly ghastliness of the collusion between Herodias, Salome and Herod. How much different it might have been if Herod had had the good sense to say to Salome—'there are some things in my power to give you and others that I may not. John's life is of the second kind'. But Herod did not say that; and so his story is one of gross moral failure, of power abused outrageously. Knowing it was wrong, he ordered the capricious, malevolently conceived



John stood uncompromisingly on principle as suggested in this 1665 painting, 'St John the Baptist before Herod' by Mattia Preti. He was therefore a worthy example for a military monastic order like the Knights Hospitaller to emulate.

murder of a wholly innocent man, the most righteous man of the age. Satisfying his wife's thirst for vengeance, keeping his foolish promise to his stepdaughter, and thus preserving face before his cronies were the priorities of Herod Antipas. Instead of demonstrating his greatness as a king, he proved to history that he was both foolish and as evil as Herodias.

Finally, the fate of John the Baptist presages that of Jesus Christ himself. Just as John's preaching heralded Jesus's own ministry, so is John's politically contrived, expedient execution the prelude to Jesus's own trumped up trial and crucifixion at the hands of vengeful, conniving and morally bankrupt enemies. The parallels between the two cousins, John the Baptist and Jesus the Christ, are close. Little wonder that John has always occupied a preeminent place in Christian iconography through all its ages.

To return now to our Order and its veneration of John across the past 900 years, it's hardly surprising that the Fathers of the Order in the early twelfth century opted for the Baptist over the Almsgiver. He was a saint whose principled stand on the moral and political issues of his day was bold and uncompromising. May he and his example continue to inspire all who work for the Order that proudly bears his name!

REPORTS FROM THE STATES AND TERRITORIES

Following are the reports from the State/Territory branches of the Historical Society, tabled at the Society's ninth Annual General Meeting on 24 June 2010 at the Sebel Albert Park Conference Centre, Melbourne.

THE IAN KAYE-EDDIE HERITAGE CENTRE, WESTERN AUSTRALIA

Edith Khangure, OSTJ, Librarian and Archivist

General Status: The general status of the Heritage Centre is satisfactory but a major change in its scope occurred this year with the closure of the Information Resource Centre. The St John Museum and Archives continue and details are given in this report. We continue with our membership of Museums Australia.

Information Resource Centre: Following changes in the training of Ambulance Paramedics from an in-house training program to a University-based degree course, usage of the Resource Centre declined. This had been monitored since 2005. A decision was made to donate the bulk of the multi-media collection to Edith Cowan University where it can be accessed by all Paramedic students. A small reference collection of books and journals was re-housed in a new resource room in the Ambulance Training Centre to be managed by the Training Centre administrative staff. This was completed in October 2009 and I retired as Librarian at the end of that month. I continue as a volunteer in the Heritage Centre working in the Museum and Archives.

Donations to the Museum: Donations this year include photographs, books, ambulance equipment, trophies and shields and associated manuals and documents. A significant donation was the Cohen table and chairs from the Australian Priory.

The table and three chairs were initially donated to Priory by Mrs Olga Cohen, a Western Australian Dame of the Order, when the new Priory building opened in the late 1960s. When this building was sold and the Priory moved to new premises in the Hotel Realm, there was no room for this furniture and it was committed to storage. Thanks to the efforts of Ian Howie-Willis, Len Fiori, Peter LeCornu, Chris Mason and Tony Ahern the furniture was shipped to WA for use and display here. The FAST Resource Department also donated a range of Laerdal manikins and a number of old 'Annies' for display purposes.

Donations from the Museum: The museum donated photographs of ambulance to an Ambulance Historian in Sydney. Some 500 assorted history books were donated to every cadet division in WA.

Acquisitions by purchase: Three display wall panels on the original Order of St John, the Recognised Orders of St John and the St John Eye Hospital were purchased. The three new panels match the seven existing panels which were purchased in 2006.

Ceremonial Regalia: Dr Oxer has continued with refurbishing ceremonial regalia and purchasing two new banners.

Loans: Material was loaned to Len Fiori for his presentation at the Friends of St John meeting in August 2009, A uniform was loaned to Beverley Sub Centre for their 75th anniversary.

Research Work: Requests for information on sub-centre history and SJA personnel have been met this year. The Women in St John project is underway with both myself and Faye Morgan assisting with contributions from WA. Information was also supplied to Dr Allan Mawdsley regarding the relationship between SJAA and ARC in WA.

Cataloguing: The MOSAIC cataloguing program is working well and we have updated our version. I attended a refresher course in May. There is a substantial backlog with cataloguing but this will be tackled in the near future.

Digitisation and binding: The SJAA Annual Council Report for 2008–2009 has been copied in a digital format for archival purposes. The hand copy has been bound and housed in our fire proof, secure room in Central Records. The annual SJAA national (Priory) reports 1946–2005 have been sent for binding.

Restoration: Significant restoration projects have been undertaken. The Cohen table and chairs as well as the original Commandery bookcase have been sent for repair and repolishing. Repairs were made to some history panels. One metal first aid box was repainted. The wall mounted Levenson clock, originally donated in memory of Mrs Harriot Emma Parker in 1942, was repaired/restored and mounted in the museum this year.

Museum Promotion: Material from the museum was provided for the annual sub-centre conference in August. One shopping centre display was arranged at Claremont for the opening of a new shopping centre complex. Both Dr Oxer and myself, presented papers at the Friends of St John meeting in November 2009 and were guest speakers at meetings of the Fellowship of St John. Work is currently underway on the next sub-centre conference display. It will feature the 50th anniversary of Resusci Anne. The commemorative ceramics display has been changed to one of old wood, vinyl, cardboard and metal first aid kits and their contents. The war and St John display has been updated.

A new display of Resusci Anne: Museum volunteers: Irene Simpson, John Ree, Barbara Franklin, Des Franklin, Frank DiScerni, George Ferguson and Betty Dyke are all working on material in the archives. In addition they clean the museum displays and change them as required. Assistance is also received from Terry Walton in London. Our thanks go to these volunteers without whose help we would not be able to achieve so much.

Security: We have not had any losses this year and are grateful to WAAS for providing our security system and insurance.

Visitors: The centre has been delighted to receive visitors from the general public, four schools, country and metropolitan sub centres, depots, Canada, USA and the UK. The self-guided tour brochure is working well.

Publications: 'The History of Ambulance Services in Western Australia' finally appeared in the *Historical Encyclopaedia of Western Australia*. It was officially launched on 24 June 2009. A copy was purchased for our Archival Library. An item on St John in WA appeared in the *Annual Report*. Dr Oxer's paper on ceremonial swords appeared in the *SJAHSA Proceedings* and along with my Recognised Orders of St John was included in the *Friends of St John Papers*. I provided a history of the Order of St John for a new staff induction book, *Projects 2010–2011*.

Other: Cataloguing, restoration work as funding permits, meeting reference request and sorting archival documents are ongoing. The Women in St John project will continue through 2010–2011. One new display on the 50th anniversary of Resusci Anne will be completed.

Summary: A year of great change as well as significant progress in new displays and restoration work.

HISTORY AND HERITAGE COMMITTEE, QUEENSLAND

Beth Dawson, AM, DStJ, Chair

This Report, although officially covering the period from 1 July 2009, includes reference to the Committee's involvement at the 2009 St John National Conference, held at the Gold Coast in late June 2009.

St John National Conference: The History and Heritage Committee was pleased to participate and welcome members of The St John Ambulance Historical Society of Australia to the Conference. The display and stall promoted the history and heritage of St John Ambulance Australia, which was viewed by many Conference participants. The committee acknowledges the History Quiz, included in each conference participant's satchel, was not as widely attempted as anticipated. The sale of the Priory Tie and Priory Scarf raised funds for The St John Ambulance Historical Society of Australia.

Displays: During the past months displays have been held at St John House (Brisbane) and the St John Training Centre (Townsville) in conjunction with Queensland Heritage Festival 2010, themed 'Celebrating Your Story'. Her Excellency, the Governor of Queensland extended invitations to numerous community organisations to participate and celebrate Queensland Day on 6 June 2010 with stalls and displays in the grounds of 'Fernberg', the vice-regal residence since 1910. St John Ambulance (Old) accepted the invitation, which included the committee's involvement. Displays such as these are beneficial through the networking opportunities provided.

Research Work: Research requests continue to be received, these are sometimes demanding of one's imagination while others are readily answered. Assistance has been provided for:

- St John Ambulance Belconnon Division, ACT—St John Ambulance uniform buttons and badges, identification and era when worn.
- St John Ambulance Townsville Cadet Division, QLD—Early Divisional history including names of Divisional Superintendent for the celebration of Division's Jubilee Certificate presentation.

Members of the public continue to request information about family members' involvement with St John Ambulance. Opportunities for presenters at this year's History Seminar to use the St John Library for research were provided.

Trophies: Trophies have been donated/presented to numerous St John Divisions over the years; the committee is establishing a Trophy Register to record the essential details including the location. To date the response from Divisions has been limited. These items, the committee believes, are an essential part of our history and heritage. All state awarded trophies are now displayed and maintained at St John House in Brisbane to ensure their safety and preservation.

Grants: Applications were submitted with limited success during the past year. A successful Volunteer Grant provided funds for a desktop computer and printer/scanner; both items will help the committee's work.

Restoration/Conservation: Funds continue to enable restoration/conservation of items, namely: Miss Peg Thorburn's medals and case; a case for the Dorothy Davidson Trophy; frame/update four State Commissioners' photographs; binding of the St John Ambulance Australia (Qld) Annual Reports (1984–1993) and The St John Historical Society of Australia, History Seminar Papers prior to 2006. Dorothy Davidson's photograph has been reframed and this will be displayed in the Dorothy Davidson Room, which was dedicated to her memory in October 1985.

Donations: Both material and financial donations have been received during the year. The Committee was very appreciative of Dr and Mrs Murray Elliott's generous donation following their successful 'Open Garden Scheme' weekend. A splendid silver trophy was donated by Mr. Bob Fleming of HGP Finishing Services. This trophy is to be used for the Max Simkin (Youth Leadership Award); the first presentation will be made this year. Several small silver trophies were donated by HGP Finishing Services and these will be used for Cadet Division purposes; two of which will be awarded to a St John Junior and St John Cadet for projects associated with the ANZAC badge. Professor Pearn has agreed to these trophies bearing his name.

Committee: Quarterly committee meetings have been held as well as frequent working bees at which some members of the Historical Society have assisted. Margaret Lutz was appointed the Bundaberg area Corresponding Committee member following the death of Margaret Wilkinson, whose contribution to the Committee since its inception was considerable. Margaret was well-known to many of you. Two committee members assessed the Queensland St John Cadet projects for the Mark Compton Award again this year whilst other committee members prepared and submitted history items for Queensland's quarterly One St John newsletter. Without the enthusiasm and support of each individual committee member and staff at St John House the achievements of the year would not have been possible.

ST JOHN AMBULANCE HISTORICAL SOCIETY—NORTHERN TERRITORY BRANCH

Gwyn Balch, MStJ, Membership Secretary

Promotions: Northern Territory Investiture and Graduation Ceremony: The Northern Territory was delighted to welcome the Lord Prior, Professor Anthony Mellows, OBE, TD, KStJ and Mrs Mellows, DStJ when they visited Darwin for a short visit. The Lord Prior attended the Investiture and Graduation Ceremony at Government House and presented members with their Admissions and Promotions in the Order of St John. Two special presentations were made: Peter Poole, promoted to Knight of St John and Lesley King, Dame of St John.

Promotions were also presented to David Baker, CStJ, Kevin Blake, OSU and Lenaire Keatch, OStJ. Members admitted to the Order of St John were Rosie Ballinger, Mark Cullenane, Kimberlee McKay, Kelly Raven, Sue-Ellen Skinner, Adrian Rossiter Sheryl Rossiter, Lee Payne and Arun Mahajani. It was a very special occasion as, in addition to the current Deputy Prior, His Honour the Administrator Mr Tom Pauling, AO, QC, KStJ there were four previous Northern Territory Administrators, St John Chancellor, Neil Conn, AO, KStJ, Austin Asche, AC, QC, KStJ, Ted Egan, AO, KSU and John Anictomatis, AO, KStJ were present.

Membership: We currently have 23 financial members in the Historical Group in the Northern Territory with another three renewals still to be received. Two financial members have transferred to other states: one to NSW, the other to South Australia. I'm confident that both members will continue their membership.

Reunion Lunch: Thanks to our very generous sponsor sixty former and current members were invited to attend the Member Reunion Lunch at the Casuarina Club in August last year. It was terrific to see so many 'old' faces reliving past memories, looking over old photos trying to remember names and telling some tall tales. Once again Pat King and Arthur Simmons put in many hours coordinating the lunch and scanning photos. Our thanks go to Pat, Arthur and our sponsor for making it possible. Another lunch is planned for later this year.

St John Ambulance NT farewells Bernie Kilgariff, KStJ: St John Ambulance NT farewelled a man of true community spirit after a life time of unwavering support for the work of St John Ambulance NT Volunteers across the Territory. This was the late Bernie Kilgariff, AM, KStJ. Adding to a lifetime of outstanding community contribution in the Northern Territory, Mr Kilgariff joined the Council of St John Ambulance as a Board Member in 1987 and was later promoted to Commander within the Order in 1999. His involvement has been central to building the profile and volunteer capability of the organisation in the Northern Territory over the last 20 years.

More recently, Bernie Kilgariff's commitment to St John Ambulance in the Northern Territory and in particular to the Alice Springs Region was recognised and he was formally invested as a Knight into the Order of St John in October 2008, in recognition of outstanding contributions to the work of the Order of St John. This was indeed a high honour for Mr Kilgariff, and one which was thoroughly deserved.

Bernie leaves behind a legacy to be proud of with his significant contribution to the Territory community. He was recognised in 1989 when he was awarded the Order of Australia Medal (OAM) in the Queen's Birthday Honours, and awarded Member of the Order of Australia (AM) in the 1996 Queen's Birthday Honours. In 2001 he was awarded by Parliament the Centenary Medal for service to Australian society, and in 2004 he was awarded Senior Australian of the Year for the Northern Territory.

Primarily representing the Council of St John Ambulance in Alice Springs, Mr Kilgariff consistently provided strong support to the cadet and adult volunteers of St John Ambulance. Even into his 80's, Mr Kilgariff regularly volunteered his valuable time to teaching St John Ambulance Cadets about the historical aspects of the Order of St John and the ANZAC tradition, whilst continuing his role on Council.

Bernie will continue to be honoured as the inspiration for the St John Ambulance NT Trainer Award. This award aims to recognise the significant contribution of St John Ambulance First Aid Trainers to the development of individuals across the Northern Territory community every second year.

St John Ambulance NT has recognised the significant contribution of Bernie by naming an ambulance in his honour which will be permanently based in Alice Springs.

St John Chairman, Mr Michael Mooney said:

Board Members, Management, Staff, Volunteers and Cadets of St John across the Territory will dearly miss Bernie Kilgariff and his passion for the work of our volunteers in the community. Our heartfelt sympathy is extended to all family members and his enormous network of close friends and colleagues.

A tribute to Bernie Kilgariff, AM, KStJ

Many of our volunteers may not have known Bernie, but his support and dedication to our organisation is in many ways unheralded. 'Bernie' as we always knew him, was a Member of our Order and a Member of our NT St John Council and his support to all of us in our early years in the NT was nothing but significant. Just recently, Bernie was promoted within our Order to Knight of Grace at a ceremony in Alice Springs and a more worthy recipient of one of our highest accolades could not be found. He leaves us a Legacy as a Gentleman and Scholar, a ready wit and a true supporter of the aims of our Order and also leaves us with his daughter Fran Kilgariff as a member of our NT St John Council. Fran was until recently the Mayor of Alice Springs.

It was late at night when I received a call from the Alice Springs Old Timers Home, asking if I might 'come in' as a nurse to 'special' a new patient. As soon as I realised it was Bernie I called our Commissioner Steve Peers, OAM, KStJ (a great friend and colleague of Bernie over many years) and asked a special favour. Bernie was disorientated in his new surroundings and Steve granted permission for me to wear our uniform. It worked and our Bernie soon settled over several shifts upon recognising the familiar black and white uniform that for so many years he had unselfishly supported. This was a real privilege to me as a nurse. Rest in Peace Bernie!

Alan Caust OSU JP, Alice Springs

ST JOHN AMBULANCE ARCHIVES, NEW SOUTH WALES

**Loredana Napoli, MStJ, Information Management Coordinator
and Betty Stirton, OAM, DStJ, Honorary Archivist**

New premises for St John Ambulance (New South Wales): From 2 January 2010 St John in NSW officially commenced working from the new St John House located in Burwood. The new premises accommodate over 70 staff, Fleet and Communications Centre for First Aid Services, Training facilities, NSW Business (Sales and Services) and Archives.

On 3 March 2009 during the visit to NSW of the Lord Prior, Professor Anthony Mellow, the Lord Prior visited the premises at Burwood and unveiled a new building plaque. On 24 May 2010 St John House (NSW) was officially opened by Her Excellency Ms Quentin Bryce, AC, DStJ Governor-General of the Commonwealth of Australia, Prior of the Order of St John Ambulance Australia.

We have set up display cases on the third and fourth floors, depicting the history and work of Training, First Aid Services, Community Care in NSW and Ophthalmic Hospital.



The 'heritage' display cabinets in the new Burwood headquarters of St John Ambulance (NSW).

National adult first aid competitions: The National Adult First Aid Competitions will be held for the final time at the 2010 National Conference. A request for images and video of Adult members competing in First Aid Competitions was received from St John Victoria for a historical DVD which will be collated and distributed to each conference attendee. NSW Archives provided images ranging from 1950–2004, as well as information about Adult competitions.

The Sir James Sleeman Shield was awarded for female teams. Individual trophies were awarded to each member of the team and their manager. The shield now forms part of the Priory Heritage Collection in Canberra.

Information about National Adult First Aid Competitions and Trophies provided below.

Donations—St John Ambulance NSW Archives: These include: Minute Books dated 1949–1993 (Division closed), Minute Books dated 1955–1978 from a Divisional Secretary moving house, Uniforms, medals, badges and first aid kits for male and female members covering years 1930 to 1970 donated by families.

St John Ambulance Association qualifications: We receive many enquires relating to St John medallions, labels and pendants. The following information relates to these qualifications:

- 1879—The St John Ambulance Association in London established a register of First Aid certificate holders and introduced a re-examination each year stating 'no individual is deemed properly qualified to render first aid beyond a year from date of certificate'. The second First Aid Certificate was called a 'Voucher'.
- February 1892—It was resolved in the Minutes of the St John Ambulance Association NSW that '3 dozen Medallions be procured from England'. By April Certificates and Medallions had commenced being presented.
- 1908—Home Nursing Certificate could be taken before that in First Aid and that lectures in Hygiene were now approved, these certificates being recognised in the award of the Medallion. No candidate to obtain more than one award in any particular subject between 1 January and 31 December in any one year.

- Candidates with a Medallion passing further annual examinations in First Aid were entitled to a 'Label'.
- Candidates with a Medallion passing further annual examinations in Home Nursing and Hygiene were entitled to a 'Pendant'.
- 1993 in Australia—The Medallion certificate course ceased and became the Advanced First Aid Certificate.

Visit of the Prelate of the Order of St John to Sydney: On Sunday 16 May 2010, the Prelate of The Order of St John, The Right Reverend, Jack Nicholls, Bishop of Sheffield (UK), conducted a Church Service at St James Church, King Street Sydney. Dr Douglas Sturkey, the Priory Director of Ceremonies, processed the Emblems of the Order into and out of St James Church.



The Right Reverend Bishop Richard Hurford, State St John Chaplain, and Reverend Douglas Parker, Deputy State Chaplain at the church service at St James for the Prelate of The Order of St John, The Right Reverend Jack Nicholls.

Australian championship competitions in First Aid for adult St John members: The following table summarises the competitions held and the trophies awarded to the winning teams and individual competitors.

Year	Competition
1947	The first Team National Championship Competitions were held. This was for male members only.
1950	The first National Team Championship Competitions held for female members only.
1951–1979	Between these years the competitions were held on alternate years for male and female competitors.
1965	Competitions for Individual members were introduced with male and female members on alternate years.
1980	Competitions commenced with male and female members in the same teams.
1981	Competitions for individual competitors commenced, with either male or female competitors allowed to represent their States/Territories.

Year	Trophy
1947	The Herald Cup for Ambulance (male) Teams. The Cup was presented by the Melbourne Herald and Weekly Times Ltd. for annual competitions between one male team from each State (later territory) of the Commonwealth. The Cup now forms part of the Priory Heritage Collection in Canberra.
1950	The Sir James Sleeman Shield for female teams. The Shield was presented by the Priory in Australia in honour of Sir James Sleeman, who was Chief Commissioner of the Brigade Overseas from 1942–1949. The shield now forms part of the Priory Heritage Collection in Canberra.
1965	The Sir William Johnston Memorial Trophy was presented by Chief Commissioner Sir Kingsley Norris, as a memorial to the late Sir William Johnston who was Chief Commissioner from 1957–1962. The Trophy awarded to the winner of the Individual event and held by either a male or female member.
1978	The Douglas Donald Trophy awarded to the winning Team of the Australian Adult Championships. The Trophy commemorates the service to St John Ambulance by the late Colonel Douglas Donald who was Chief Commissioner from 1969–1978.

- 1979 The Sir George Stening Trophy awarded to the winner of the Individual event of the Australian Adult Championships. It was instituted in recognition of the service of Sir George Stening to the Order of St John who was Chancellor from 1961–1982.
- 1985 The Gordon Young Trophy awarded to the State/Territory recording the highest aggregate marks combining the Team and Individual Events. It was instituted in recognition of the service of Brigadier Gordon Young who was Chief Commissioner from 1979–1984.

THE ST JOHN HISTORICAL SOCIETY OF SOUTH AUSTRALIA

Brian Fotheringham, AM, KStJ, Chairman

Our society has had another successful year judging by the continuing good attendances of members at our monthly meetings and the willingness of those members to carry out the various and necessary maintenance tasks. A steady stream of donations to us of St John memorabilia continued throughout the year and an increase in the number of enquiries about aspects of the history of St John Ambulance was noticed.

The stewardship of the Society has been in the hands of Cliff Wright (Deputy Chairman), Lyn Dansie (Secretary) and David Heard (Treasurer), supported by all members of the Society. Special thanks go to Joy Heard who has supplied supper enjoyed by all at the end of each meeting. This is a time when reminiscences flow seemingly without end.

During the year we farewelled Peter Gill from his position of CEO of St John Ambulance in South Australia. Peter, we thank you sincerely for your interest in our Society and for your support, together with that of the Board, by providing us with an annual grant.

Our thanks go also to the Retired and Reserved Members Association for their kind monetary donation which has been transformed into a handsome, glass-fronted bookcase.

Something serendipitous happened during the year. Lee Hayes, who was undertaking a course at the University of South Australia, asked if she could use our Museum as a subject for an assignment she had to prepare. We were glad to agree, and the result was a 24-page document containing some 18 recommendations to further improve our facility. The recommendations in retrospect appear simple and practical, but we had not previously addressed them. Examples are the need for an emergency call-out procedure should the Museum and its contents be threatened by fire, water or other adverse events and, the need to place in priority order the items we most value in our collection. This last exercise is proving more difficult than at first thought, and brings out the need to develop criteria to determine the best outcomes. Other St John collections around Australia may be able to give us guidance if they have tackled the same issue.

For the first time in our experience, the St John Museum was opened (and advertised to be so) in South Australia's History Week. The result was a pleasing interest from various members of the public and from some other organisations. Special thanks go to Lyn and Keith Dansie who, with others members of our Society, put a great deal of effort into the History Week exhibition.

ST JOHN AMBULANCE HISTORICAL SOCIETY—VICTORIAN BRANCH

Shirley Moon, OStJ, Chair

What was once the Library/Museum Committee has now been successfully operating for two years as the Victorian Branch of St John Historical Society. The Victorian Branch has forty members who are financial members of St John Historical Society and another three or four members who attend the local meetings without belonging to the National Society.

Papers: The local Branch has quarterly meetings at which business of the Library/Museum is dealt with, and there is a presentation of a paper on historical matters. In the past year there have been three papers by Dr Allan Mawdsley on the administrative periods of three Commissioners: Dr Edward Brentnall, Colonel Lawrie Newell and Dr Mawdsley himself; plus a paper by David Evans on the St John Ophthalmic Hospital in Jerusalem. Papers have also been presented by members at the St John Historical Society segment of the annual Priory Conference. I think it is fair to say that historical interest is alive and well in Victoria,

Renovations: The Museum itself has undergone considerable renovation. This is mainly due to the Victoria University Community Initiatives program. A group of unemployed persons undertook employment training supervised by

University staff in which the building was repainted, the kitchen renovated, a disabled persons wheelchair access ramp built at the front entrance and garden flower beds created at the front fence line. A Priory Vote of Thanks was very appropriately awarded to the University for this major contribution.

Other works that have been undertaken include repairs to outside walls damaged by lacrosse balls from the nearby Lacrosse Club, and the replacement of a large window frame and glass at the western end of the hall.

Archives: Improvements are continually being made to the displays, such as obituary notes on eminent past members of St John, and our collection of memorabilia and archival material is constantly being improved by gifts from members and their families. We express our gratitude for this support of the work of the Museum.

Promotion: In closing, we acknowledge with great pride the promotion of Professor Jeffrey Rosenfeld, CStJ to the rank of Major-General in the Australian Defence Forces. This is the highest rank attainable by a volunteer in peacetime and is due to his appointment as Surgeon-General of Defence Health Reserves. We congratulate Professor Rosenfeld for this wonderful achievement.

AUSTRALIAN CAPITAL TERRITORY AND THE PRIORY

Ian Howie-Willis, OAM, KStJ, Priory Librarian

This report covers both the ACT St John History and Heritage Society and the Priory Heritage Collection, which is held at the National Office of St John Ambulance Australia (also known as the Priory Headquarters) in The Hotel Realm, Canberra.

ACT St John History and Heritage Society: The Australian Capital Territory St John History and Heritage Society was formally constituted during 2008 but is currently quiescent. The reason for this is largely due to the fact that the ACT is the smallest St John Ambulance Australia jurisdiction. With a small potential membership and the heritage function already being effectively served in the ACT by the Priory, there appears to be little scope for the Society to engage in independent activity. In the meantime, the historian of St John in the ACT, Mr Richard Caesar-Thwaytes, continues his research and has produced a valuable extended account of his subject. When he is ready for this to be published, the ACT St John Council should be urged to facilitate its publication in an appropriate format. If and when necessary, the ACT History and Heritage Society can be readily reactivated.

Priory Heritage Collection: The display of the Priory Heritage Collection—Library, Regalia, Memorabilia—at the National Office premises at the Hotel Realm is now in place. At the end of 2008 the National Office moved to The Realm after the former Priory Headquarters Building was sold. Since then a major task of the Priory Librarian has been to ensure that the collection is appropriately displayed. This task was completed during May 2010. Museum quality display cabinets were installed and selected items from the collection have been placed on display in a series of 'themed' exhibits, all of which are duly labeled. In addition, a guide-book to the items on display has been produced for visitors. Supported by the Chancellor and the Board of Directors, the display at The Realm was set in place through the co-operative effort of Mr Peter Le Cornu (the Priory Secretary), Mrs Betty Stirton (Honorary Archivist, St John Ambulance NSW) and Dr Ian Howie-Willis (Priory Librarian). The display is one of outstanding quality as well as being one worthy of the Order and its venerable traditions. [Postscript: on 27 November 2010 the collection was formally named 'The Chancellor's Priory Heritage Collection' and officially declared open by the Chancellor, Dr Neil Conn, in a short ceremony during a meeting of the Board of Directors of St John Ambulance Australia.]



The Ashford Litter. The late 1880s model was one of six purchased by St John Ambulance in Victoria in 1887 for use at street accidents in Melbourne.



'Preserving and promoting the St John heritage'

Front cover

In keeping with the theme of the leading article in this edition of St John History, 'The Red Cross–St John Ambulance Link', the cover displays various items that illustrate the connection between the Red Cross and St John Ambulance organisations.

Top: masthead of a First Aid certificate issue of the St John Ambulance–Red Cross Joint War Organisation in the UK during World War II; members of the Melbourne Central Division of the St John Ambulance Brigade in their Red Cross Voluntary Aid Detachment (VAD) uniforms during World War I.

The badges (L–R): the badge issued to Australian St John Ambulance members who had worked as Red Cross VADs during World War II; the cap badge of a World War II VAD member; the badge presented to Australian members of the St John Ambulance Brigade who had served as VAD members during World War I.