THE ROLE AND FUNCTION OF REMOTE AREA NURSES AT BIRDVILLE 1923-1953

J. A. KLOTZ
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THE ROLE AND FUNCTION OF REMOTE AREA NURSES AT BIRDSVILLE 1923 - 1953

Jeanette A Klotz

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Faculty of Arts, Health & Sciences
School of Nursing and Health Studies
Central Queensland University
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Abstract

This dissertation examines the way in which the role and function of remote area nurses (RANs) employed by the Australian Inland Mission (AIM), was established and developed during the years 1923 to 1953 at Birdsville in far south-west Queensland. In a geographically remote and technologically isolated environment, registered trained nurses in the absence of any other on-site medical or allied health personnel, provided the only formal health service to the people of Birdsville and the surrounding district.

A unique feature of the AIM's nursing service is that it was designed to meet the holistic health needs of isolated white people and apart from strictly clinical services, did not include the local indigenous population. In effect, the nurses' role and function developed within a framework of institutional racism. Free of the rigid hierarchical constraints and structures experienced during this time period by their metropolitan colleagues, the RANs at Birdsville developed their role and function within the broader context of this remote community's culture. In such a small community as Birdsville, community dynamics and politics based on the concepts of class, religion and ethnicity were considerably heightened. Within this environment, the ability of the nurses to
effectively carry out their role and function for all of the community, was at times severely challenged and restricted.

Essentially, the nurses shared with the community harsh climatic and living conditions which were exacerbated at times by the AIM’s inability to raise sufficient funds to adequately support their nursing staff. The nurses’ professional isolation although apparent throughout the period under study, was most acute in the first few years prior to the installation of a pedal radio transceiver at Birdsville. During these early years their extended scope of clinical practice was established. However, it is demonstrated within the dissertation that even with improved communication and aviation technology, a high degree of autonomy in their clinical decision-making was maintained and incorporated into a culture of remote area nursing.
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Declaration

I declare that all material used in this thesis has not previously been submitted for any other degree and that the main text of the thesis is an original work. Also, I declare that to the best of my knowledge, all sources used have been acknowledged.

Signed: [Signature]

(J.A. Klotz)
Introduction

In the year 2001 Frontier Services, which was formerly the Australian Inland Mission (AIM), a department of the Uniting Church of Australia, provides the only physical on-site health service to the residents of Birdsville and the surrounding district. This dissertation explores the events leading up to the establishment of the health service and will identify the role that nurses played in its first thirty years. Today, the Birdsville Hospital is staffed by two registered nurses who are supported via radio and telephone communication links with the Royal Flying Doctor Service at Charleville and Mount Isa. Birdsville is one of the most geographically isolated communities in Australia. It is situated on the edge of the Simpson Desert in Queensland, near the South Australia and Northern Territory borders. Appendix A provides the geographical location of Birdsville.

The Birdsville nurses are expected to be highly competent clinicians, preferably qualified in both general and midwifery nursing, with expertise in accident and emergency nursing, health education, health maintenance and illness prevention, rehabilitation and palliative care. In addition, a sound knowledge of public health and a commitment to
community development are prerequisites for this somewhat unique nursing role. The nurses at Birdsville identify themselves as remote area nurses (RANs).

The term remote area nurse is fairly recent in Australian nursing history and is used to describe nurses practising in remote and isolated locations across Australia and her territories. The most recent definition of a RAN, proposed by the Council of Remote Area Nurses of Australia (CRANA) and adopted by the Australian Health Ministers Advisory Committee (AHMAC) Nurses’ Group is:

a registered nurse whose day to day practice encompasses all or most aspects of primary health care. This practice most often occurs in an isolated or geographical remote location. The nurse is responsible, either solely or as a member of a small team, for the continuous coordinated and comprehensive health care in that location.¹

Further, the philosophy of CRANA which underpins the practice of many of Australia’s RANs places emphasis on the holistic nature of their care and identifies that:

most remote situations involve interaction between Aboriginal and non-Aboriginal people and demand skills in cross cultural communication and awareness.²
The definition and philosophy of RANs and their practice aptly describes the role and function of Frontier Service nurses at Birdsville in their current context.

When considering the value of the contribution that nurses in remote settings such as Birdsville make to the health care of isolated Australians, it is worth noting that, to date, there is little commensurate recognition in terms of the legitimisation of this role by governments at both State and Federal levels. Mansell suggested that “in order to prepare oneself for the future, one must have an understanding of one’s past”. Therefore the purpose of this study is to explore the way in which the role and function of remote area nurses at Birdsville was developed between 1923 and 1953, in order to provide current and future RANs with historical evidence of their past practice.

**Review of Literature**

The lack of recognition and undervaluing of the role and function of RANs is perhaps not surprising given that little historical attention has been paid to the role of women generally in the European settlement of outback Australia. Aside from the genre of the popular romantic novel, it was not until the nineteen seventies and the emergence of feminist historians that the role of women in Australian society came under
closer scrutiny. De Vries identified fifteen notable Australian women who achieved prominence in colonial society in her work *Strength of Spirit: Pioneering Women of Achievement from first fleet to Federation.*

Interestingly, De Vries included a chapter on Aboriginal women and one dedicated to Lucy Osburn, one of the first Nightingale nurses to arrive in Australia. Generally, both Aboriginal women and nurses have been given very little attention by contemporary writers of Australian history.

Whilst some attention has been given by feminist historians to unpaid women's work, for example Dixon's *The Real Matilda: woman and identity in Australia 1788 to the present, and City Women Country Women: crossing the boundaries*, edited by Scutt, in the main these efforts have been directed towards labour history and the role of women in the workforce. Two notable editions in this genre, *Women at Work and Gentle Invaders: Australian women at work*, whilst providing an overall view of the role of women in the Australian workforce, fail to pay much attention to outback women and nurses in particular. More recently, the work experiences of Queensland women during World War Two have been highlighted in the edited publication *Queensland Women in War* which identifies the importance of both paid and unpaid employment during this period of time. Whilst twelve stories were presented, only one related to nursing. Harper wrote succinctly about
the role of civilian nurses, whom she suggested are usually overlooked by historians in favour of the more dramatic experiences of nurses who served their country overseas.\textsuperscript{9}

Scant attention has been paid by feminist historians to the history of nurses and nursing, which is surprising given that nursing was and still is a predominantly female occupation. Mansell highlighted a parallel situation in the development of women’s history in Canada and described nursing as having been “relegated to the back seat.”\textsuperscript{10} To date, the history of nursing in Australia appears to have been clustered around several key themes which include prominent individual nurses, nursing and labour organisations, individual hospitals and nursing in a particular State.

O’Rourke provides some valuable insight into the role and function of a country nurse and midwife in the Queanbeyan district of New South Wales during the first half of the twentieth century; however this work tends to be in the main, descriptive.\textsuperscript{11} Wilson on the other hand, moves beyond the realm of purely narrative account in exploring Elizabeth Kenny’s views about nursing.\textsuperscript{12} The gathering of histories of less prominent individual Australian nurses whilst still at an embryonic stage, has at least begun. Notably, the Royal College of Nursing
Australia, Tasmanian Chapter, has undertaken and printed several oral histories of Tasmanian nurses. In addition, oral histories from remote area nurses have been obtained and committed to compact disc by the Centre for the History of Remote Area Nursing at Central Queensland University.

In Australia only two comprehensive and critical histories of nursing union activities have been undertaken, although several other nursing history works include small sections on labour history and professional organisations. In relation to particular institutions, Gregory and Brazil provide information about nurses and nursing at the Royal Brisbane Hospital during the period 1888 to 1993, whilst Longhurst identified the work of nurses at the first Catholic hospital in Brisbane. Longhurst’s work is interesting in that he addressed the vocational aspect of nursing within a church run institution. Similarly, the role and function of nurses employed by the AIM at Birdsville was shaped to some degree by a strong Christian missionary ethos.

More recently, Madsen examined the way in which nurses’ work was organised at the Rockhampton Hospital between 1930 and 1950. However much attention in these works is focused on trainee nurses in large metropolitan or regional institutions. Likewise Russell, whilst
providing a comprehensive view of the development of nursing education in Australia, because of nursing's history of apprenticeship-style hospital-based training, focuses upon pre-registered nurses. Alternatively, Curry utilised a particular institution to highlight the broader issue of the medicalisation of mental health nursing in New South Wales, which goes beyond the realm of the work of trainee nurses.

In an attempt to provide a more comprehensive overview of Australian nursing history, one writer, whilst providing extensive and painstakingly collected and collated data, has done so at the expense of much critical analysis. Madsen suggested that this is not uncommon in Australian nursing history literature and is due in part to the fact that:

nurses who have attempted to write their own history, have not usually been skilled in historical methodology.

Further Madsen stated that this has resulted in a "myriad of accounts of particular hospitals or prominent persons". Nowhere is this more evident than in the work of Burchill who writes passionately, though with some bias, about the role of AIM nurses at Innaminka during the early 1930s. Burchill's account of the time she spent at Innaminka, whilst providing a valuable social insight into this remote community, merely serves to strengthen a romantic and idealised view of nursing.
More recently, Griffiths, the third superintendent of the AIM, utilising appropriate archival records and anecdotes, has produced a collection of stories from AIM nurses.24 One chapter is dedicated to the Birdsville nurses. Unfortunately, some significant misinterpretation of the data gathered is apparent.25 Once again an idealised view of nurses has been presented at the expense of historical accuracy.

A notable departure from this approach is demonstrated by Wilson, who provides the only chapter on nursing in a collection of mainly medical history.26 Wilson identified the important role that bush nurses played in the development of the Australian cottage hospital industry. His work demonstrates good use of archival material and a high level of historical analysis. More recently and specifically in relation to the history of remote area nursing in Queensland, Yuginovich’s thesis identified the hidden nature of this practice in terms of legitimacy, power and determination of practice rights.27

Finally Mona Henry, who was one of the last of the nurses included in this thesis, produced a book about her recollections of the time she spent at Birdsville, some forty one years after the event.28 When comparing this work with the archival records, some discrepancies are apparent.29 After such a long period of time and in light of changing society values,
this is perhaps not surprising and the work in some other areas proved to be helpful in filling in some gaps in the original information. Regardless of the depth of analysis, all of the literature reviewed in relation to the history of women and in particular nurses in Australian society has provided this researcher with valuable background and contextual information.

Given the paucity of critical historical analysis relating to the role and function of RANs in the Australian context, a literature search of relevant international works was undertaken. The shared remote geographical and colonial history of Australia, Canada and South Africa dictated the parameters of this search.

From the Canadian experience, Stuart’s work relating to public health nurses in Ontario during the early decades of the twentieth century provided some insight into the autonomous, decision making role of nurses in small rural community settings. However this study focused specifically on the nurse’s role in infant welfare, thus narrowing the target population to women and children. Alternatively, Rousseau, Daigle and Saillant identified the role that nurses played as physician substitutes, employed by the Medical Service to Settlers (MSS) scheme established in 1936, to provide health services in remote areas of
Quebec. These authors highlighted the fact that since physicians refused to practise on a permanent basis in remote and isolated locations, bereft of road, electricity and telephones, the government reluctantly hired nurses in a medical substitute capacity. Some strong parallels exist between the MSS nurses and the AIM nurses at Birdsville.

Marks, in her work *Divided Sisterhood: race, class and gender in the South African Nursing Profession*, explored the tension which existed between white nurses and their black patients in colonial South Africa. Once again, strong parallels in actions and attitudes can be drawn between these nurses and the AIM nurses employed at Birdsville in relation to their treatment, inclusion and exclusion of the indigenous population in all aspects of their nursing work. Marks highlighted in the South African experience that the white nurses were more concerned with the physical illness of the indigenous population than with the social causes that gave rise to their condition. The diaries and letters of the RANs at Birdsville echo the same sentiments. Several of the nurses commented on the living conditions of elderly Aboriginal people at the town camp but no significant actions were taken to address this issue.
Review and Discussion of Primary Sources

Archival material utilised in the development of this thesis was accessed at the John Oxley Library, the Queensland Nurses Union of Employees Library and the Australian National Library (ANL). In particular, the John Flynn and the Australian Inland Mission collections housed at the ANL in Canberra, provided significant primary sources. In order to manage the data collection phase, the following themes were identified as broad categories in the data search. They were: background of the organisation, the target population, community dynamics and politics, communication and transport, living and working conditions and finally, nursing work.

Within these broad categories, several key themes emerged from the primary sources which essentially set the parameters for this thesis. In the first instance, the organisational culture and background of the AIM in the era prior to the establishment of nursing services at Birdsville, to a large extent dictated the nurses' role and function. This is particularly apparent in the informal or unwritten policies and expectations which the AIM had of their nursing staff in relation to the inclusion and exclusion of indigenous people in the health service.
With respect to the formal policies of the AIM identified in the nursing services constitution, several key features were apparent. The policy of sending out in pairs nurses who were friends and colleagues prior to their appointment to Birdsville significantly contributed to the AIM’s inability at times to staff the Birdsville operation. The seemingly constant effort to secure appropriate nursing staff ensured that for many, orientation to the job was either minimal or non existent. Few of the nurses in the study had the luxury of an appropriate hand-over period from the preceding nurse or nurses. This meant that much of their initial time and effort was spent in trying to work their way through an unfamiliar system without the assistance of a more experienced colleague. In addition, for a brief period after World War Two, when unable to attract a ‘pair of nurses’, the AIM trialled the use of paid companions as nurse substitutes, which was not successful.

Secondly the issue of exactly who constituted the community was an important factor in determining the nature of the services which the nurses provided. In fact the primary source material revealed that there were several communities with which the nurses had to successfully interact. These sub-groups were essentially determined by ethnicity, class and religion. The information gained from the correspondence which passed between the nurses and the AIM head office revealed that
tension existed both within the community and between the nurses and the community, which was firmly entrenched in Christian denominational differences apparent during this era. Thompson’s work on the history of religion in Australia was most useful in providing an overall context for the analysis and discussion of this phenomenon.\textsuperscript{35}

In relation to class, the data revealed that the white community was roughly divided into the pastoralists who resided on the outlying properties and the Birdsville town dwellers. Essentially all of the nurses at Birdsville during the period of time under study came from middle class, urban backgrounds. They therefore, unsurprisingly, developed a closer affinity with the pastoralists who in turn became key supporters of the nurses and the health service. However the most obvious demarcation in the community related to classification by ethnicity, specifically indigenous and non indigenous people.

The nurses’ relationship with the indigenous community, so evident in their letters and reports, was defined by historical influences and ideology inherent within the wider, white Australian society of that time. In particular the works of Dubow, Markus, Hollinsworth, Hunter, Reynolds and Marks provided rich sources of information which contributed to the analysis of this complex relationship.\textsuperscript{36} Successful
negotiation with and between all sections of the Birdsville community, was not always achieved by the nurses. In addition, the community’s expectations of the nurses’ ability and what they could achieve, had a considerable impact upon the way in which their role and function developed. This was most apparent in the latter years when a regular air link was established between Birdsville and Charleville where attention from a doctor was readily available. Even given this opportunity to seek attention from a medical officer, the community still chose to access the service provided by the nurses.

The third key theme is the nature of the work which the nurses undertook. Aside from their obvious clinical role, the primary sources provide evidence of the nurses’ wider role in public health, community development and pastoral care. From this evidence the fourth key theme emerged, namely the extended and autonomous nature of their clinical practice. Whilst initially their extended scope of practice could be attributed to geographical and professional isolation, eventually the extraordinary became common practice for the Birdsville nurses. Thus the data revealed the way in which a culture of remote area nursing practice was established and developed. A key feature of this culture is demonstrated in the way in which the nurses interacted with their medical colleagues. Wicks, whilst in the main analysing the nature of
the working relationship between doctors and nurses in a contemporary context, provided some interesting comparative data to further investigate this theme. This enabled the identification of a shift in the power sharing arrangements between the Birdsville nurses and the flying doctors, which became an important aspect of their nursing culture.

The fifth key theme is that of the nurses' living and working conditions. Identifying these conditions enabled comparisons to be made with their metropolitan colleagues during the same time period. In order to highlight any similarities and differences in wages and working conditions, Strachan's work on the history of the Nurses' Association in Queensland and similarly Dickenson's work in relation to the New South Wales Nurses Association, in conjunction with archival information, were particularly helpful. Also embedded in this theme is the way in which the nurses organised their work to accommodate local culture. In particular, the nurses' letters revealed that their ability to adapt to the more leisurely pace of life in Birdsville was an important determinant in fulfilling their contract period of two years. In support of this concept, Davison highlighted the measurement and use of time as significant indicators of the difference between urban and rural culture.
In addition the condition of the nurses' personal accommodation and clinic facilities, is identified as a factor in the way in which they were able to carry out their expected role and function. Not until 1953 when a new hospital was built did they ever have access to a reliable, permanent source of clean water or power supply. Lack of a cooling system during the hot summer months increased the level of discomfort for both patients and nurses alike. This was important in terms of their being able to cool down patients with fever or have the ability to keep food fresh for any length of time.

Other factors revealed in the primary sources, which compounded the difficulties under which the nurses lived and worked, included: climatic conditions of heat, dust, flood and drought, plagues of vermin and other wildlife and most seriously, the destruction of their accommodation and clinic by fire. Also because of the fact that the AIM was primarily privately funded from non-government sources, financial constraints, especially during the years of the Great Depression, had a direct impact on the nurses' living and working conditions, as no money could be raised to replace the by now seriously dilapidated building.

The final key theme emerging from the data relates to the technological environment in which the Birdsville nurses practised. In particular, the
nature of available communication systems and transport options largely dictated their degree of personal and professional isolation, which in turn impacted upon the development of their role and function within the community.

**Limitations Identified in Primary Sources**

During the period 1923 to 1953, the main source of communication between the AIM head office in Sydney and the nurses at Birdsville was in the form of monthly hand-written, or typed correspondence and nursing reports. The external validity of these documents, in the view of the author, is not in question, as most of the correspondence was signed. In addition, oral histories were obtained from three of the nurses included in the study which substantiate their written reports. Of concern however in relation to the archival material is the personal information and insights into the realities of living and working in Birdsville, which the nurses who were interviewed left out of their written communication. Examples of this are the romantic liaisons carried on between at least two of the nurses and local men which were not referred to in their correspondence until they announced their engagements to be married. The nurses’ desire to protect their privacy from the head office is understandable given that by the nineteen thirties the AIM had informed them that their correspondence would be used for
propaganda purposes in order to raise badly needed funds for the mission work.

Also of concern are the reports which the nurses prepared for the head office, prior to their submission to the Queensland Government for funding purposes. There is a demonstrated inconsistency in the nurses’ reporting formula, especially in relation to outpatients. In the earlier reports at times it is not clear whether the figures relate to actual clients attended to or the number of occasions of service which occurred. However, there is sufficient documentary evidence to provide at least a fair indication of the nurses’ workloads. The in-patient figures are more clearly identified and often these events were referred to in the nurses’ general correspondence. This not only substantiated their validity but also provided additional information.

Thirdly, throughout the period under study there does not appear to be much consistency in the identification of Aboriginal clients. No evidence of any directive from the AIM could be located which would indicate that these people were given their own distinct statistical category. The identification of Aboriginal clients seems to have occurred or not occurred, depending upon which nurse or pair of nurses was employed in a given period of time. At times additional
information was able to be gleaned from the nurses’ general correspondence. Similarly, as Aboriginal persons were not included in government population statistics during the period of time under study, only a general idea of their number and movement between the outlying cattle stations and the township of Birdsville could be identified. This information was essentially gained from the nurses’ letters and reports.

Methodological Considerations and Chapter Organisation

The AIM nurses at Birdsville were chosen as the focus of this study for several reasons. In the first instance, at no time since 1923 had there ever been any medical or allied health personnel permanently residing in the town. This fact allowed the researcher a unique insight into and focus upon the work of nurses. Secondly, the geographical and technological remoteness of Birdsville between 1923 and 1953 ensured that any similarities and differences in the role and function of the Birdsville nurses and their metropolitan colleagues in the same time period could more clearly be identified. In support of this approach, Austin suggested that in terms of nursing history research, the subject chosen should be one which can be conveniently isolated from the mainstream of nursing history. The third and perhaps most compelling reason in choosing the AIM nurses at Birdsville for this historical
analysis, is that the AIM had the foresight to keep their records and place them in the hands of the Australian National Library. This ensured an adequate and accessible primary source database which is fundamental to the process of nursing history research.

Sarnecky suggested that the selection of a theoretical framework helps to "unify and clarify the complex, varied past under investigation." She suggests for example "biography, women's issues, political influences, diseases or religious contributions" as being a few of the possible theoretical frameworks in which to organise the study. However the issue of choosing a theoretical perspective in which to examine the role and function of RANs at Birdsville, becomes problematic because of the complexity of the role, and the internal and external forces which to a large extent, shaped this role. In 1837 Michelet, a French historian seemed to have articulated this dilemma well when he wrote:

if I had introduced only political history into my narrative, if I had taken no account of the diverse elements of history (religion, law, geography, literature, art, etc.) my procedure would have been quite different. But a great vital moment was needed, because all of these diverse elements gravitated together in the unity of the story.
A more contemporary view as this relates to nursing history, is held by Wood and Paul who suggested that a good historian "interprets events in light of the situation as a whole." Therefore, in considering exactly what constituted the nature of the role and function of the nurses at Birdsville, an holistic approach has been taken. Holism is defined as a philosophical concept in which an entity is seen as more than the sum of its parts. This approach has been taken with some trepidation or, as in the words of Mansell "with methodological and epistemological caution and humility" and the recognition that even when the data gathered is reconstituted into the final report, nothing more than a glimpse may be gained of the reality of these nurses' lived experience at Birdsville.

Whilst essentially a chronological approach has been taken in the presentation of this thesis in order to follow the various nursing appointments to Birdsville, the identified key themes are presented in the chapters according to their prominence in various eras. Stuart suggested that:

history is not the story of inevitable progress, nor continuity; conflict and discontinuity are rather the rule.
This is apparent for example in relation to the technological environment in which the nurses practised. Whilst some attention is given in each chapter to radio communication, throughout the thirty year period of the study, this medium remained either non-existent or unreliable. At times therefore, the importance of access to a radio transceiver varied considerably. It was an important determinant in the development of remote area nursing culture at Birdsville which was neither gradual nor lineal. This theme however is most prominent in the final chapter, in which a comprehensive examination of the nurses' extended scope of clinical practice and the way in which they used the radio to support their practice is undertaken.

Similarly, major events such as the Great Depression and World War Two had significant though differing impacts on the recruitment and retention of nurses at Birdsville. Highlighting this issue in chapters four and five is therefore appropriate, whilst for example in chapters one and two, it is not as important. In chapters two, three and four, prominent key themes emerge within the framework of the appointment of the successive 'pairs' of nurses. Chapters five, six and seven however present thematic information under discrete headings because of various interruptions in the staffing profile.
**Chapter one** of this dissertation provides the background for the establishment of AIM nursing services at Birdsville and identifies the culture of the organisation. Key issues addressed include the employer’s expectation of the nurses’ role at both formal and informal levels, some insight into why this was to be a mission for white people and the initial difficulties encountered in establishing the service.

**Chapter two** is concerned with the period 1923 to 1925 and focuses on the first appointed nurses, Grace Francis and Catherine Boyd. Key issues addressed include identifying the target population, community dynamics and politics, and the impact of geographical, professional and personal isolation on the nature of their role and function.

**Chapter three** covers the rest of the decade 1925 to 1930 and continues to explore the issues and themes identified in chapter two. A key feature of this period was prolonged drought and this is examined in relation to its impact on the nurses’ living and working conditions.

**Chapter four** is focused on the period 1930 to 1938. Key issues addressed include the impact of the Great Depression on recruitment and retention of nursing staff and the ability of the AIM to raise funds to build a new hospital.
Chapter five deals with the period 1938 to 1948 and identifies the impact of World War Two on nursing staff recruitment and retention as well as a changing community profile. In addition, communication and aviation technologies as they related to the nurses' role and function, are identified as key issues during this era.

Chapter six is concerned with the post war period 1948 to 1950. Key issues addressed include the difficulties of recruiting and retaining staff during this period and the AIM's subsequent use of paid non-nurse companions to fill the shortfall. In addition, improvements in aviation, communication and medical technologies are identified and examined for their impact on the nurses' role and function. The concept of institutional racism is introduced in this chapter as the framework in which the nurses related to the indigenous community.

Chapter seven examines the period 1950 to 1953. Two key features of this period are that of severe, extensive flooding in the district and a subsequent plague of rats. These events are examined in relation to their impact on the nurses' living and working conditions. Also in this period, the hospital was destroyed by fire and this event is discussed in relation to the continuing viability of the service. In addition, an in-
depth analysis of the nurses' extended role and scope of practice is undertaken. Finally, evidence that a culture of remote area nursing practice at Birdsville was by now well established, is identified.

In conclusion, given the current debate on the nature and cost of health services in remote parts of Australia, this analysis of the work of the nurses at Birdsville between 1923 and 1953 identifies clearly a way forward that has indeed stood the test of time. It is certainly a system which is cost effective and, more importantly, meets the health needs - physically, culturally and socially - of this still remote community. Because serious historiography is still a relatively new and emerging field of nursing research, this work will add significantly not only to the history of remote area nurses but also to Australian nursing history in general. Finally, it is hoped that this work will be used to make some comparisons in nursing history with other countries that share some of our remote geographical features and colonial past, thus adding to an international body of nursing history knowledge.
End Notes - Introduction


9. ibid., p.9.


22. ibid.


25. ibid., p.174. Griffiths refers to Jean Auld as Sister Auld when in fact she was a paid non nurse companion to Robertson - see Chapter Six in thesis.


29. ibid., p. 84. Henry’s recollection about a collection of Aboriginal artefacts and her attitude towards Aboriginal people in general is not reflected in her original correspondence with the AIM - see Chapter Seven of thesis.


34. ibid., p.8.


42. ibid.


Chapter 1

Establishing the AIM Nursing Service at Birdsville

This chapter begins by identifying the circumstances under which the Australian Inland Mission (AIM) established a nursing outpost at Birdsville in far south-west Queensland. Factors relating to the underlying ethos of the AIM, the target population for whom the health service was established and funding arrangements to support the service will be analysed as they relate to the proposed role and function of the nurses. In addition, it will be demonstrated how the ambiguity of guidelines established by the AIM for nurses employed in remote locations such as Birdsville, significantly contributed to a beginning culture of extended and autonomous clinical nursing practice.

AIM policies, both formal and informal, which set the parameters for the employment of nurses will be evaluated in relation to the expectations which the AIM and the community at Birdsville had of their nursing work force. In particular, the policy of sending out nurses in ‘pairs’ will be identified as a key strategy in the AIM’s attempt to encourage staff retention. Though not formally identified by the AIM, the policy of excluding Aboriginal people from all but the most basic of clinical services clearly identifies the nurses’ target population. This
policy will be examined in the context of the wider, white Australian sentiments and beliefs about Aboriginal people in the early decades of the twentieth century.

Six nursing outposts had been established by the AIM in northern and central Australia prior to the Brisbane Home at Birdsville in 1923. They were - Oodnadatta (1912), Port Headland (1915), Maranboy (1917), Halls Creek (1918), Beltana (1919) and Victoria River Downs (1922).¹

Birdsville was the AIM’s first nursing outpost in Queensland. Prior to the Federation of the Australian States in 1901, Birdsville had been an important and thriving centre for the collection of excise duties placed upon goods, in particular cattle and sheep, passing between the colonies of Queensland and South Australia.² However, after federation when there was no longer a requirement to collect these taxes, Birdsville experienced a significant decline in its European population. This tiny township surrounded by some of the largest cattle and sheep properties in the nation and situated in the far south-western corner of Queensland, represented one of the most geographically remote and technologically isolated communities in Australia. Therefore, it may initially appear surprising that isolated communities such as Birdsville were identified
by the Presbyterian Church of Australia as targets for the establishment of a physical, spiritual and social health service.

During the early years of the twentieth century there was a widely held belief that unless the European population gained a firm foothold in northern and inland Australia it would eventually be overrun by Asiatic peoples. Concurrently, it was also believed that the Aboriginal population, so decimated since colonisation, would naturally die out. It was then for this handful of white people, that the AIM nursing outpost at Birdsville was established. In geographically remote areas where single males far outnumbered women and families, Flynn, an ordained minister of the Presbyterian Church, understood that Christian registered nurses with the qualification of midwifery could supply the kind of health service and moral support which would encourage permanent white settlement.

**Background and Ethos of the AIM**

The AIM was established as a discrete department within the Presbyterian Church of Australia in 1912. It was established to serve the physical, moral and spiritual needs of isolated white Australians. John Flynn was appointed the first Superintendent. McKay, who was later to succeed Flynn as Superintendent of the AIM, in commenting on
Flynn’s life and work, revealed that at the age of fifteen Flynn was profoundly affected by his father’s failed business venture in the Victoria River area of the Northern Territory. This event raised Flynn’s consciousness as to the difficulties faced by isolated white settlers in outback Australia. Flynn was fascinated by the sinister “unknown-ness” of the vast north of Australia. In 1912, one year after his ordination as a Presbyterian minister, he was charged by the Church’s General Assembly with the task of preparing a report on central and northern Australia. McKay states that this report was not a “sociological treatise but a quickly assembled analysis of the needs of the isolated white people.”

According to McKay, Flynn’s interpretation of the needs of these Australians included the establishment of medical services, nursing homes, patrolling bush padres and library services. Finally, Flynn realised that his scheme would not be complete without a radio communication system enabling the scattered people of the inland to be bonded together in a secure community, able to call up flying doctors in times of emergency and sickness. Before any of this could take place however, Flynn identified the pivotal role that would be played by nurses in his grand vision to bring civilisation to the outback. The nurses would have to be “in place” providing at least a “skeleton”
service, before radio communication systems and flying doctors were added to the scheme. In essence, the nurses would provide the foundation upon which all other aspects of this outback mission would rely.

In 1914 Flynn’s report to the church’s General Assembly listed suggested definitions of the aims of the mission, which included the establishment of hospital and nursing facilities to be located within a hundred miles of every place in Australia where women and children resided. For nurses, the qualification of midwifery was deemed to be essential. Flynn anticipated that he would be challenged by the church’s Assembly in relation to the costs associated with the employment of so many nurses, and that insistence on the midwifery qualification would mean further difficulty in recruiting suitable candidates. His response to this suggestion was aimed directly at the social conscience of the Assembly when he wrote:

should one woman, who is bold enough to accompany her husband far beyond the habitations of other women, who sacrifices all the ordinary privileges of community life, be allowed to pay the price of suffering and death, or watch her children pay it instead, for the privilege?... are we to send forth “nurses”, except in dire emergencies, who are not thoroughly qualified to attend women during childbirth?
Seven years later in 1921, Flynn in a letter to Ramage, the General Secretary of the AIM, commented on the misgivings that certain sections of the Church still had in relation to the question of spending so much money on nurses. Flynn pointed out that far from wasting the money raised for preaching on nursing, it could be said that the nurses attracted more donations than the preachers. By 1922 Flynn was still arguing the case with the General Assembly for the employment of nurses when he identified that the inland population, and therefore church income, was unlikely to grow until a greater number of women and children became permanent residents. He wrote succinctly; “no nurses, no women: no women, no church!”

McKay noted that Flynn developed “outstanding abilities as a propagandist, pamphleteer and cartographer” in his quest to reach “the ears and purses of the public, the Church and Government”. The following extracts though unsigned, are in Flynn’s style. In a 1923 article entitled The AIM and the Nation, the writer refers to the loyal nurses of the AIM as being “Bush Nightingales” and “disciples of Florence Nightingale” who carry the finest nursing traditions into Australia’s harshest environments, and further that:
each is a “Lady with a lamp” who stands where shadows are sometimes very deep, and cheers real fighters for our nation to strive after fresh health, fresh courage, and more conquests.  

In the same article and in order to draw on the public’s strong patriotic spirit evident in post World War One Australia, the writer describes these isolated bush pioneers as “soldiers of a nation” and “national assets” entitled to receive care equal to that of “wounded soldiers” and concluded with; “the flag is worth fighting for after all! And they will return to their trenches with new fire”.  

The ‘battle’ in the inland and north of Australia was not one restricted to the conquest of a harsh environment, sickness and loneliness. This, according to the writer, was a battle for settlement by the white races as evidenced by the following:

the North is not attracting our own people... Can the white race live there? They are living there. Can the white race thrive there... Many have thus thrived, but the majority have taken the first boat they could catch so as to be alongside the racecourses, theatres, cathedrals and shops... the north of this island continent is “hot stuff” as compared with other well known spots of the white race’s homes... The Bush Nightingales are doing their bit: if others can do as much, there will some day be history to write about “The White Conquest of North Australia”.  

Clearly identified here, is the important role that nurses would play, not only in helping to establish the church’s inland mission but also their
role in nation building by providing support for families and child bearing women. The same article reveals another agenda for the AIM nurses. The writer, in relating a conversation between a member of the AIM Board and a State Premier, noted that the Premier thought the business of sending nurses into the outback was a waste of time and money, as in all likelihood they would get married as fast as they could be sent there. The Board member in reply exclaimed "get married! Isn’t that what you want?" Though certainly not a formal AIM policy, there was at least some expectation that because the nurses were women, there was at least a chance that some would marry and remain in the outback, thus increasing the white population. Appendix B, the pamphlet/map "Is it nothing to you," provides a good example of the AIM’s rhetoric regarding nation building in this era.

The Target Population

From the outset, Flynn made it quite clear that the AIM was established to serve the needs of white Australians even though the indigenous population in remote areas was far greater. McKay suggested that Flynn justified this because a separate department within the Presbyterian Church had already been established to oversee the management of Aboriginal missions. Further McKay suggested that:
Flynn was a man of his generation and lived at a time when social philosophies in relation to Aboriginal self-determination were not developed. 

Whilst this statement holds some historical truth, nevertheless at Birdsville there was no Aboriginal mission to serve the needs of this section of the population, most of whom lived and worked on cattle stations in the district or as fringe dwellers on the edge of the town. Flynn, as the driving force behind the development of AIM policies, knew this and yet chose to limit the mission’s main activities in health, social and spiritual services to the ‘white’ inhabitants of the district.

Although McKay rightly placed Flynn within the philosophical and social context of his era, he ignored the historical scientific racial influences that led to Flynn’s remarkable decision to essentially exclude Aboriginal people from all but the most basic clinical services that the AIM had to offer.

As with many of his contemporaries, Flynn, at least in the early years of the AIM, was no doubt influenced in his thinking by the concepts and ideology which underpinned scientific racism. This is most evident in the article, “The AIM and the Nation”, which is attributed to Flynn. The rhetoric regarding race in this article had its roots in the scientific debate of the late eighteenth and early nineteenth century relating to the racial
origins of humankind. Dubow, in discussing scientific racism in South Africa, claimed that in the 100 or so years before Charles Darwin, the search to establish the lower limits of humanity was expressed in terms of searching for a missing link between anthropoids and humankind. "Hottentots, and later Australian aboriginals, were commonly seen as the 'lowest' of the savage races." Darwin's theory of natural selection and later Herbert Spencer, who first used the phrase 'the survival of the fittest,' contributed to the enshrining of scientific racism within the wider Australian population. Thompson argued that:

    the influence of Darwinian ideas, however, was more complex than merely the enhancement and legitimation of racism. People who already believed in the inferiority of Aborigines certainly used these ideas to justify ignoring Aboriginal rights in the exploitation of their land.

and further that:

    paternalism, certainly, was the main contribution of Darwinism to the 'Aboriginal problem' as conceived by Australian missionaries and other Christians.  

Darwin's theory of evolution revolutionised scientific thought in the nineteenth century and challenged the biblical assumption of the common descent of humankind from Adam and Eve. Within the Presbyterian Church, evidence of the intensity of this debate can be found when in November of 1883 Charles Strong, a Darwinian
supporter and minister of Scots Church in Melbourne, was expelled for holding such liberal views.\textsuperscript{24} Thirty-one years later Flynn’s own views on the racial superiority of whites although somewhat more ambivalent, still echoed these sentiments. In the 1914 AIM Report of the Superintendent to the General Assembly, he stated that:

also the A.I.M. can lift the whites to no great height unless the blacks living around or near them are assisted somewhat to better things. Take the extreme materialistic position, and assert that the black man has no soul - he is still of human form, and men cannot continue to look on the human form brought low in physical health, and marred by careless living, without loosing in some degree their own highest heritage of character. \textsuperscript{25}

Flynn, whilst acknowledging that Aborigines may be of human form, obviously thought that their social and health status was largely their own fault through ‘careless living’ but by totally ignoring their plight, the white races would be morally diminished. Thus there would be some inclusion of Aboriginal people in the clinical services offered by the nurses but their social and spiritual needs would not be catered for.

Thompson expressed the view that “Aboriginal people were not part of the Protestant vision for a Christian Australia” and further that, “in the late nineteenth century there was a common view that Aborigines were an inferior people and a dying race, and that this was a natural course of events.”\textsuperscript{26} Given the prevailing philosophy that Aboriginal people
would eventually and naturally cease to exist, Flynn and the AIM had only to seek a temporary solution to their moral dilemma of how, and to what extent, Aborigines should be included in their mission for ‘whites’. The compromise was to include Aborigines in the sickness service first offered by the AIM nurses and later through access to the Flying Doctor Service.

In establishing a mission predominantly for whites only, Flynn would later draw criticism and be labelled as a racist. In 1934 Dr Charles Duguid questioned Flynn about the mission’s neglect of Aboriginal people in the Alice Springs area. Flynn admonished Duguid by telling him that he was “wasting his time among so many dammed, dirty niggers.”27 If indeed, as reported by Thompson, these were Flynn’s actual words then it is little wonder that the sentiments which permeated the culture of the organisation, in turn impacted upon the attitude of the nurses towards the indigenous population.

From 1923 to 1953 successive Birdsville nurses demonstrated this influence by their use of what are now recognised as paternalistic, derogatory, racist words and statements. It should be noted however that the societal and organisational frameworks in which their interactions occurred with the indigenous community, were considered
to be the ‘norm’ by white Australians in the first half of the twentieth century. From the inception of the AIM in 1912, the non-formal policy of excluding Aboriginal people from anything other than a basic sickness service was established. By the time that the first nurses arrived in Birdsville in 1923 they would have been in no doubt as to whom they should direct their services and attention, even though this AIM policy was largely unwritten.

**Funding Arrangements for Birdsville**

As a church based organisation, the initial funding arrangements for the proposed health service at Birdsville were contingent on donations raised from the private sector. Later some financial support was sought and gained from the Queensland Government in terms of a small annual grant and reimbursement for actual patients treated. As Birdsville and the surrounding district had only a small white population from whom donations could be raised, it was evident from the outset that an ‘all of Queensland’ approach must be taken in order to secure sufficient funding to establish and maintain the service. To this end the AIM hospital and nursing service at Birdsville would be called the Brisbane Home. Flynn envisaged that the adoption of this name would result in a greater sense of ownership, financial loyalty and commitment by a
wider section of the Queensland population, thus securing a broader funding base.

Whilst the AIM espoused in the Brisbane Home constitution its commitment to a community controlled health service, in examining the power structure and funding arrangements within the organisation there is little evidence of this being the case. Indeed, there was recognition of the fact that until there was “increased local development: vastly improved communications: and a greater population” full community responsibility for the Home would not take place. Throughout the years 1923-1953 the health service at Birdsville never attained full community responsibility status. Ongoing lack of funding impacted upon many organisational issues for the health service. In particular, the living and working conditions of the nurses remained substandard throughout this period in relation to the experiences of their metropolitan counterparts. However, it is a testament to Flynn’s understanding of remote community politics and the necessity of local participation to enhance funding and support for the Home, that he sought to bring the community ‘on side’ before establishing the centre.

In 1917, Flynn first raised the issue of establishing a health service at Birdsville with George Lee, the manager of “The Bluff” station. Flynn
stated that he “had long had a wish to see something done for [that]
lonely corner” and had nominated Birdsville to the AIM Board as a
possible site for a nursing outpost.31 In this communication, Flynn
mentioned that he had a meeting with Sidney Kidman (the owner of a
number of large pastoral properties in central and northern Australia),
who had promised “a big cheque to hurry things up” with the Birdsville
proposal.32 As a major beef industry employer, Kidman’s support, far
from being altruistic, was no doubt based on the fact that the provision
of health services would aid in the recruitment and retention of the
district’s non-indigenous work force. Flynn suggested to Lee that as a
preliminary step he should talk to the local people to ascertain the
degree to which they would be willing to support the endeavour.33

Following this initial contact with the Birdsville community, a period of
two years elapsed before Flynn contacted McLeod, the Shire Secretary
at Birdsville, for an update on the nursing home proposal. Flynn related
that although the Birdsville fund now had a total of 558 pounds, this was
insufficient to proceed with the proposal. More money had to be raised
locally. He stated:

if the good folk of Birdsville are anxious to see a hurry-up in their
direction, it will be well for them to organise a bit locally. As you can
understand, we cannot embark on a real move until there is earnest action
among your local people who will be benefited.34
The manner in which the local money was to be raised was also of concern to Flynn. In responding to a suggestion from Afford of Birdsville that funds could be donated from the annual picnic races, he replied that some of the church Elders "would jerk their hair skywards if there were annual races for the A.I.M.!!" Flynn, who did not care for betting in any shape, was however a realist, less concerned with where the money came from and suggested that if the activity were undertaken for philanthropic reasons, then it would likely meet with the Church's approval. This early justification for using the annual races as a fund raising event was to become a significant factor in the financial survival of the AIM at Birdsville.

During the years 1914-1918, many of the young men employed on cattle stations in the district departed to participate in World War One. A depleted population base was finding it increasingly difficult to raise local funds. However, by 1921 the people of Birdsville and surrounding district had raised some six hundred pounds towards the establishment of an AIM nursing post. During 1921 the area was gripped by drought and local fund raising came to a standstill. Flynn in a letter to Ramage the AIM general secretary in October that year stated that:

Mr Brooks has promised two bullocks. He remarked this week that they were now not worth giving.
Unable to carry the project further, the local AIM Birdsville committee sought to hand over all financial matters to the head office in Sydney. Kidman’s promised big cheque, turned out to be twenty-five pounds per year for each of two stations. Given Kidman’s wealth and holdings in the area, this was a paltry donation.

Lack of funding was not the only impediment to establishing the Birdsville nursing home. As early as 1917 Lee had pointed out to Flynn that although Birdsville had once been a “thriving place”, it had now “slipped back terribly... There being only five families in resident of Birdsville and police officer and wife.” There was no longer any suitable building in Birdsville for a hospital and one would have to be built. Lee stated “in that line of business the price is sky high as the material has to be carried on camels 300 miles from Hergott Springs S.A.” The suitable material required for the construction was galvanised iron, as wooden constructions were highly susceptible to destruction from white ants. Flynn consulted with Sidney Kidman, who explained that all the buildings in Birdsville had been sold for the sake of the iron and removed from the township.

Neither the local community nor the AIM in general were financially able to construct a new building. In December 1921, a solution was
proposed by Dorothy Gaffney, the local hotel and general store keeper. Gaffney suggested that the old, now closed Royal Hotel could be sold to the AIM as a suitable site for the new nursing home. Gaffney stated that “the price will be right and suitable I think, and cheaper than the cost of a new building.” However this suggestion was rejected in favour of the cheaper option of leasing the Royal Hotel from Afford the owner in February of 1923, at a cost of sixty-five pounds per annum. The initial lease was taken over two years with the option of extending for a further six months. It had taken from 1917 to 1923 for the AIM and the Birdsville community to raise sufficient funds and find a suitable location for the Birdsville nursing home. A severe labour shortage both during and immediately post World War One, combined with prolonged drought in the district, contributed to the length of time it took for the project to become a reality.

**The Nurses' Role and Scope of Practice**

The AIM nurses' role and function, both within the organisation and the community, appears complex from the outset. At a macro level, from the organisation’s viewpoint, they were to contribute to nation building by bringing a civilising presence to remote communities. They were also to play a strategic part in the plan for the development of a radio network and system of fly-in, fly-out doctors. As the only on site health
care personnel they were to care for the sick, comfort the lonely, encourage healthy community activities and importantly, provide expert care for women in childbirth. Finally, to use an outback expression, they were viewed as a possible source of fresh 'breeding stock'. In an unsigned article produced by the AIM in October 1924 for publication in the *Queensland Courier*, the writer suggested that "the nurses give greatest help not so much by what they do but by what they are." The AIM certainly expected these women by virtue of their high moral character and nurse training, to provide the type of stable and safe environment which would encourage settlement by white women and families in remote locations across Australia. Whilst Flynn and the hierarchy of the AIM would have understood this overarching framework for their role, nurses recruited to the AIM would more likely have been concerned with their job description at the micro level. To be precise, their function within the community and the scope of their nursing practice. However, even at this level, their duties were complex and ill defined.

A memo from the AIM head office at Sydney in July 1924 revealed that a constitution governing the activities of the nursing homes, the nursing staff and local management committees needed to be ratified in order to provide some uniformity of standards across all AIM outposts. It
could therefore be deduced that activities in the existing Homes prior to 1924 had been carried out in an ad hoc fashion, dependent upon local community needs. Indeed the writer states that a constitution for nursing homes had been to that point “largely unwritten”. 47

Although written instructions may have been given to the Birdsville nurses prior to their departure for the field, this evidence could not be identified. Therefore, the proposed AIM Nursing Service Constitution of 1924 gives the reader a reference point for the AIM’s expectations of the nurses’ responsibilities and scope of practice, even though the document was not produced until some nine months after they arrived in Birdsville. Whilst specific instructions relating to wages, hours to be worked, and nursing tasks to be performed are not provided within the document, nevertheless some important guiding principles are identified.

The AIM Board in Sydney was to retain responsibility for the appointment of the nursing staff, who would look to the Board for “necessary instruction”. 48 This is an important factor in that clearly the local AIM management committee would have little power over the appointment and dismissal of nursing staff, or their day to day nursing activities. The local management committee was to restrict its activities
to the raising and management of local funds.\textsuperscript{49} Therefore the nurses’ accountability was to be to an employer located in Sydney, over a thousand miles away from the nursing home at Birdsville. The AIM Board exercised authority over the nurses’ activities by ‘remote control’. This unusual arrangement ensured that a framework for the autonomous and extended practice of AIM nurses was established in the absence of ‘on site’ management, medical practitioners, or any significant system of regular and reliable verbal or written communication.

For their professional conduct the nurses were to be “accountable to the Health Authorities, and to the respective Nursing Associations by whom their diplomas [had] been awarded.”\textsuperscript{50} The AIM made no attempt here to prescribe the extension or limitation of the nurses’ role in relation to nursing work. In a subsequent adaptation of the constitution, designed specifically for Birdsville, the following information was provided in relation to professional conduct issues and the expected scope of nursing practice.

\textbf{CALLING IN OF DOCTOR WHEN AVAILABLE}

It is a condition of admission to the Home that, if available in the neighbourhood, a doctor shall be summoned to advise in such cases as require his attention. The relations between the Sister and the Doctor shall be those recognised elsewhere by the Medical and Nursing professions.
The sister shall decline any further responsibility for a patient who, in her opinion, needs medical advice, yet does not take advantage of opportunity to obtain it.

ADMISSION AND REMOVAL OF PATIENTS

For maternity cases, where it may be impossible to procure a Doctor, the Sister will do everything in her power: but the public is reminded that she acts in the capacity of a nurse, not as a medical practitioner.\textsuperscript{51}

This section of the Brisbane Home constitution provided the nurses with an ambiguous legal and ethical framework in which to practice.

Certainly prior to the invention of the pedal radio, being able to call on a doctor’s help or advice, especially in emergency situations, was unrealistic and for most isolated inhabitants including the nurses, impossible! Therefore, regardless of the rhetoric relating to accepting or relegating medical decision making responsibility, the reality was that for most of the community, the nurses would be the first and often only point of contact with medical help. Knowing this, the nurses would have to decide for themselves when it was appropriate to refer patients to a doctor in order to both serve the interests of the patient and their own professional responsibility.

Given the geographical isolation of their situation, the Birdsville nurses would of necessity have to extend the boundaries of their clinical practice in order to provide any meaningful on-site health care to the
community. There is little evidence here however, that the AIM as the employing body was willing to accept any vicarious responsibility for the legal aspects of the clinical decision making framework which they provided, or rather did not provide, for the nurses. Indeed it would appear that this responsibility was to be shared and negotiated between the patient and the nurse.

In addition, the constitution decreed that the Sister in Charge or Nurse Manager of the Home would retain at all times the right to admit, transfer and discharge patients at her own discretion. This clause further underpins the fact that the AIM expected the nurses to exercise considerable autonomy in the discharge of their duties. As a further extension to their scope of practice, their duties were not confined to the hospital environment. Also included was a component of home and district nursing which could be undertaken at the discretion of the nurse provided that it was "within easy walking distance." The Brisbane Home - Birdsville constitution in recognition of the geographical and demographic peculiarities of the district amended this statement to "within reach".

By not including in the constitution highly prescriptive role and professional responsibility statements, the AIM either demonstrated
considerable faith in the ability of the nurses to exercise their professional judgment or else they wished to absolve themselves of any responsibility in the event that anything went wrong. However, this may in part have been due to the fact that the AIM’s expertise lay in matters of a religious nature rather than a sound knowledge of nursing work.

The AIM nurses, unlike their metropolitan counterparts, were to enjoy considerable autonomy in their sphere of practice, even though this autonomy was necessitated by virtue of their isolation. Conversely, in the early twentieth century, the roles and responsibilities of the trained nurse in metropolitan hospitals were strictly prescribed and dictated by the medical profession. Trembath and Hellier in discussing the nature of the professional relationship existing between medicine and nursing in the early 1900s suggested that a nurse:

- did not enjoy the power of independent decision-making in her work
- situation... a nurse was taught during her period of training to obey without question the instructions of the doctor attending the case. A nurse did not initiate; she responded. 55

A further consideration in relation to the issues of autonomy and extended practice is the fact that a number of the early AIM nurses including Grace Francis, one of the first Birdsville nurses, undertook
The army nurses, whilst still under the control of the medical doctors, had to apply at least some initiative and exercise some independent decision-making in their work because of the ratio between the high number of casualties attended and the few nurses and even fewer doctors available to attend them. It could therefore be surmised that the autonomy factor, with the challenge and freedom this engendered, contributed to their willingness to undertake nursing in the hostile, lonely and isolated environments in which the AIM established its nursing homes. The combination of geographical and professional isolation, the AIM’s failure to provide a clear job description and the willingness of the nurses to accept extended clinical practice as a professional challenge, all contributed to the establishment and entrenchment of remote area nursing culture. Culture in this sense means more than shared values and mores but also the shared acceptance of what was and was not legitimate nursing practice in geographically remote and isolated communities.

Other AIM Nursing Policies

Aside from the clinical aspects and expectations of the Birdsville nurses’ role and function, several early AIM nursing policies impacted upon the way in which their role developed, their work was organised, and determined how the nurses would live in, be a part of and yet not part of,
an isolated community. These policies related to idealistic appointment, living and working conditions and the expected interaction that the nurses would have with the community. The most significant of these policies was that of employing and sending out registered nurses to the field in ‘pairs’.

The draft AIM Nursing Service Constitution of 1924 indicated that two nurses, holding recognised diplomas in both general and obstetric nursing and who “because of firm comradeship established during earlier association” would be appointed to each nursing home. Each pair of nurses were expected to act in all things as “friends and colleagues.” The writers of the constitution reveal here some insight into the social conditions, dynamics and politics of small, isolated communities. The nurses could not be seen to be entering into local community politics or partaking in community gossip as this would eventually undermine their standing with some sections of the community. They were to keep their own counsel and had each other to talk to about both personal and professional matters. In addition, by employing nurses in pairs, the AIM anticipated and envisaged a built in, off duty relief system for the nursing staff. Although the ‘pairs’ policy was an expressed ideal, in reality during the period 1923 to 1953 at Birdsville, this policy became increasingly difficult to implement. As a
consequence, there were considerable delays in replacing nursing staff. For some nurses this meant lengthy periods without relief and at times caused the closure of the Brisbane Home.

Apart from the pairs policy, the AIM Board also showed considerable foresight when they determined that new appointments should be made some months in advance in order to allow the new appointees time to “correspond” with the incumbents, prior to taking up their positions “before the end of the cool season.” Aside from the fact that overland travel in the hot, wet season was at times impossible, implicit here is a recognition that the almost unbearable heat of an inland or northern summer would undoubtedly create for the new nurses a most unfavourable first impression, perhaps leading to their rapid departure. A further consideration would have been the need for some kind of orientation or ‘hand-over’ period from the departing to the new nursing pair.

Ideally, the AIM proposed that if they employed two nurses who already had demonstrated that they could live and work together, had sufficient time to correspond with the incumbent pair of nurses in the field, and arrived at Birdsville in the cool season, then staff retention would not be an issue. However, given the paucity of transport options in the early
years, the replacement staff were likely to have one or two days at most to ‘learn the ropes’ from the departing pair. Subsequently, because of the difficulties faced in recruiting new staff, orientation at times would become non existent.

In relation to the nurses’ working and living conditions, the constitution identified that their period of employment was for two years. All expenses incurred travelling to and from the posting would be reimbursed if this time requirement was fulfilled. No leave would be granted to the nurses during their two year period, however two months leave would be paid for at the end of their term. Relaxation after periods of “continuous overstrain” could be undertaken locally but only by one nurse at a time, except in exceptional circumstances. The other nurse would have to stay within call of the Home “in the event of a sufferer being brought in from a distance.” The nurses would be allowed to entertain visitors and guests within the Home as long as this did not “hinder necessary work.” Whilst the stringent living and working conditions placed upon the nurses by the AIM ensured their ready access by the community, these conditions also ensured that the nurses would never enjoy any clear time off from the job. In essence, always living in and being part of the community was a part of their role and function, which encompassed physical, social and spiritual care.
Whilst the AIM Nursing Homes Constitution does not specifically address the question of the religious responsibilities of the nurses, this matter is raised in the Brisbane Home - Birdsville Constitution. The nurses were not required to be Presbyterian themselves and were free to enter into social and religious activities, subject to the following conditions:

(a) They shall be required to act in the interests of the general community, and not to force on others their own denominational views.

(b) While serious nursing is at hand, other activities shall be suspended.

(c) There must be no “interference” with patients. The advantages of the Home shall be available to all, without respect to creed: just as freely, in fact, as if the institution were already vested in the District Hospital Committee to which the A.I.M. hopes eventually to transfer the management. ⁶⁶

Of note here is the statement relating to creed. McKay suggested that Flynn’s background of Anglican, Roman Catholic, Methodist and Presbyterian influences fashioned his ecumenical outlook and vision for the AIM. ⁶⁷ In reality, for the nurses posted to Birdsville throughout the years 1923-1953 (all of whom were Protestant), there is evidence that tension existed at times between themselves and the Roman Catholic sections of the community. ⁶⁸ In addition, the guidelines under which the AIM nurses would practise made no mention of discrimination based
on race. It was however an unwritten policy of the AIM to extend their nursing and social health services only to the non indigenous section of the population. The AIM nurses who served at Birdsville between 1923 and 1953 made their own interpretation of this policy and subsequently did include Aboriginal people not only in the sickness aspects of their service but also in some social and religious activities.69

In conclusion, as a Christian mission largely dependent on private donations for funding support, it took the AIM six years to bring the proposal for a nursing outpost at Birdsville to fruition. Although Birdsville was the AIM’s first nursing endeavour in Queensland, six other nursing outposts had already been established across Australia and the culture of the organisation was already evident. The organisation’s culture and purpose had largely been fashioned by John Flynn who demonstrated concern for the moral, spiritual and physical needs of isolated white Australians. The Birdsville enterprise was a catalyst for formalising the role and function of the nurses within an AIM nursing home constitutional framework. The ambiguity of the parameters set within the constitution ensured from the outset that the nurses’ scope of practice would indeed be broad and extended, in order to serve the holistic health needs of this small community.
The AIM’s choice of the word ‘home’ rather than ‘hospital’ is a further indication of the fact that the nurses would undertake more than clinical nursing work. Improving social amenities, contributing to the social and moral life of the district in a Christian home environment managed by nursing sisters, underpinned the AIM’s belief that their services would encourage white women and families to the outback. The support of white women in childbirth, child and family health was a key element of the nurses’ role. In the absence of other health and medical professionals, nurses would provide what was for most, the only medical advice available within hundreds of miles. They would of necessity become diagnosticians and initiators of treatment in an era when this was strictly the role of the medical doctor. Isolation, by distance, transport options and poor communication systems, also contributed to the extended nature of their nursing work. Unrestricted by the clinic walls, their practice was holistic in nature and had both an individual and community focus. Whilst living in and becoming part of the community, they were at the same time not to become involved in community politics, in order to maintain their professional status. This latter task was perhaps the most difficult to manage for these ‘two year visitors’.
In 1923, the isolated ‘white inhabitants’ of Birdsville and surrounding district were about to receive into their midst two of the AIM’s ‘Bush Nightingales’. With perhaps little idea of what they were going to or what was required of them, the first nurses departed Brisbane on 7 September 1923 en route to Birdsville.
End Notes - Chapter 1


3. J.F. McKay, “Flynn, John (1880-1951)” MS 5574, ANL

4. J.F. McKay, “Flynn, John (1880-1951)” MS 5574, ANL

5. J.F. McKay, “Flynn, John (1880-1951)” MS 5574, ANL also in Flynn to S.V. Stead 16/8/23, MS 3288, ANL

6. J.F. McKay, “Flynn, John (1880-1951)” MS 5574, ANL

7. J.F. McKay, “Flynn, John (1880-1951)” MS 5574, ANL

8. Flynn to Rawlins 14/9/22 MS 3288, ANL


10. ibid.

11. ibid.

12. Flynn to Ramage, (General Secretary of the AIM), 14/10/21 MS 3288, ANL

13. J. Flynn *Special Report of the Superintendent: AIM* (to General Assembly of the Presbyterian Church of Australia) 28/4/22 MS 3288, ANL

14. J.F. McKay, “Flynn, John (1880-1951)” MS 5574, ANL

15. Unsigned article “The AIM and the Nation” p.3, 1923, MS 3288, ANL

16. Unsigned article “The AIM and the Nation” p.8, 1923, MS 3288, ANL
17. Unsigned article “The AIM and the Nation” p.3, 1923, MS 3288, ANL
18. Unsigned article “The AIM and the Nation” p.10, 1923, MS 3288, ANL also J.F. McKay, “Flynn John (1880-1951)” MS 5574, ANL
19. J.F. McKay, “Flynn John (1880-1951)” MS 5574, ANL
20. J.F. McKay, “Flynn John (1880-1951)” MS 5574, ANL
22. Dubow op.cit. p.121.
27. Thompson. op.cit. p.83.
28. Draft Constitution of the Brisbane Home Birdsville 1924, the Queensland Government offered 2000 pounds towards the establishment of the building as well as a pound for pound subsidy on local subscriptions towards maintenance costs, MS 5574, ANL. Further information relating to Queensland Government funding is identified in Chapter 4.
29. Draft Constitution of the Brisbane Home Birdsville 1924, MS 5574, ANL
30. Flynn to Lee 3/9/17 MS 5574, ANL
31. Flynn to Lee 3/9/17 MS 5574, ANL
32. Flynn to Lee 3/9/17 MS 5574, ANL
33. Flynn to Lee 3/9/17 MS 5574, ANL
34. Flynn to McLeod 8/8/19 MS 5574, ANL
35. Flynn to Afford 13/1/20 MS 5574, ANL
36. Flynn to Afford 13/1/20 MS 5574, ANL
37. Flynn to Ramage 13/10/21 MS 3288, ANL
38. Flynn to Ramage 13/10/21 MS 3288, ANL
39. Flynn to Ramage 19/11/21 MS 3288, ANL
40. Lee to Flynn 28/9/17 MS 5574, ANL
41. Lee to Flynn 28/9/17 MS 5574, ANL
42. Flynn to Lee 26/3/18 MS 5574, ANL
43. Gaffney to Jackson 22/12/21 MS 3288, ANL
44. A.I.M. General Secretary to Afford 27/2/23 MS 5574, ANL
45. Unsigned article “The Sentimental Factor in Pioneering - Some A.I.M. Theories” October 1924, MS 3288, ANL
46. Memo attached to preliminary draft The A.I.M. Nursing Service Constitution 25/7/24 MS 5574, ANL
47. Memo attached to preliminary draft The A.I.M. Nursing Service Constitution 25/7/24 MS 5574, ANL
48. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
49. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
50. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
51. Draft Constitution of the Brisbane Home, Birdsville MS 5574, ANL
52. Draft Constitution of the Brisbane Home, Birdsville MS 5574, ANL
53. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
54. Draft Constitution of the Brisbane Home, Birdsville MS 5574, ANL
56. Funeral address of Sister Grace Francis M.B.E. 1959 MS 5574, ANL
57. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
58. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
59. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
60. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
61. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
62. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
63. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
64. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL
65. Preliminary draft The A.I.M. Nursing Service Constitution MS 5574, ANL

66. Draft Constitution of the Brisbane Home, Birdsville MS 5574, ANL

67. J.F. McKay, "Flynn John (1880-1951)" MS 5574, ANL

68. G. Francis, The Diary of Sister Grace Francis M.B.E. 1923-1925 Brisbane, 1957, p.32 also see Chapter 5 which again highlights this issue.

69. For examples of some nurses’ inclusion of Aboriginal people in other than purely clinical activities see Chapters 6 and 7.
Chapter 2

The Pioneers - Grace Francis and Catherine Boyd 1923-1925

By 1923, to a large extent, Flynn and the AIM had already identified the role that the nurses would play in establishing a health service at Birdsville. However the tasks they would need to perform to achieve the AIM’s overall goals, were not clearly defined. An initial examination of the community’s dynamics will be undertaken in order to identify the difficulties the nurses faced in adhering to the AIM’s policy of living in, being part of and yet remaining aloof from small community politics. Additionally, the first pair of nurses sent to Birdsville were largely responsible for establishing the ongoing relationship that the nurses would have with both the indigenous and non indigenous communities. The degree to which their nursing care was extended to the Aboriginal population will be analysed in light of both the AIM’s unwritten policy of exclusion and their own professional sense of obligation as nurses to care for all, regardless of race, creed or colour.

Several factors dictated the complex, extended and autonomous nature of the nurses’ scope of practice which set them apart from their metropolitan colleagues. In particular, it will be demonstrated that their
professional isolation (largely due to environmental factors including geography, climatic conditions and the nature of transport and communication systems available in far south-west Queensland during this time period) directly impacted on their role as diagnosticians and healers as well as carers. In addition, the conditions under which they lived and worked will be identified in order to provide some comparison with other nurses and women employed in Australia during the early decades of the twentieth century. Finally, humour will be highlighted as a key coping strategy employed by the nurses as they came to terms with the unique and sometimes harsh reality of their role and function at Birdsville. The chapter begins with some background information about Francis and Boyd, their preparation for the role they would undertake and a brief description of their journey from Brisbane to Birdsville.

The First ‘Pair’ for Birdsville

Grace Francis and Catherine Boyd were recruited as the first ‘pair’ of nurses for Birdsville. Francis had been approached by Flynn to establish the nursing home. She in turn selected Boyd to go as her companion. They were friends and colleagues prior to their departure for Birdsville. Of their friendship it was stated at Francis’ funeral that the relationship between the two women was "well nigh perfect", and that it remained intact until "death separated them". Francis was the senior member of
this team as evidenced by the fact that she was responsible for all written reports and formal links between themselves and the AIM head office.

Francis' personal history revealed that she commenced her general nurse training at the Gympie General Hospital in 1909 at age seventeen. She volunteered for nursing service with the Army during World War 1 and served for two years in England and France. Francis, at thirty-one years of age, was quite an experienced registered nurse when she undertook with Boyd the task of pioneering the AIM nursing service at Birdsville. Little personal or professional information could be located relating to Boyd, other than the fact that she was both friend and colleague to Francis.

As was the tradition for AIM nurses, Francis and Boyd attended a special church service to be 'set apart' and blessed by the congregation, prior to their departure for Birdsville. In 1914 when Flynn had first set out his vision for the AIM he had described the nurses as "deaconess nurses", thus confirming their missionary as well as their nursing role. The 'setting apart' service was public acknowledgment of this fact.

James Walker from St Paul's Presbyterian Church in Brisbane in a letter to Ramage, the General Secretary of the AIM in Sydney wrote:
our two nurses are being farewelled on Sept. 7. We are going to try to

gather a gramophone, either to be taken with them or to be sent after them.

Everybody is delighted with the nurses and one of them has been attending

at the Dental Institute for weeks, and has acquired quite a lot of useful

knowledge.  

\[5\]

The use of the possessive ‘our’ in the above citation indicates the close
tie which existed between the nurses and the congregation, who together
with the AIM accepted spiritual, moral and financial support for these
nurses. Queenslanders and in particular the Presbyterian congregations
of Brisbane are identified here as key stake holders in the Birdsville
operation. They adopted this centre, the first AIM endeavour in
Queensland, as their special project. The AIM hierarchy recognised the
importance of this link when they named the establishment the Brisbane
Home. \[6\]

Francis’ attendance at the Dental Institute suggests that at least the pair
knew that dentistry skills would be required of them in their extended
practice. However, no other specific role preparation appears to have
been undertaken. Equipped with little more than the blessing of the
church, a basic knowledge of dentistry, general and midwifery nursing
registration and perhaps most importantly, confidence in their own
ability, Francis and Boyd departed Brisbane on 7 September 1923 for
Birdsville.
Travelling by motor vehicle, there was little room for anything other than their basic personal effects. The journey of some 1100 miles took them sixteen days. The equipment and supplies required to establish the nursing home arrived in Birdsville by camel train on Christmas Eve 1923, three months after their arrival. Their initial lack of equipment had an impact on the settling-in period and the nature of the work they were able to undertake. With little technological support in the way of equipment or medicines, learning to ‘live in’ and be ‘part of’ the community became their first and most challenging task.

From Charleville to Windorah they travelled in the mail lorry, stopping off at small settlements along the way. At Adavale they encountered Dr Howson who had been in the township for only two weeks. He showed them over the hospital, a very small tin house which was managed by an “uncertified woman” who was undertaking the nursing duties. In her diary entry, Francis’ comments leave little doubt as to what she thought of a non registered person doing nursing work. Francis trained under the Nightingale apprenticeship system of nursing for four years and was one of the first nurses registered by the Queensland Nurses Registration Board (QNRB). She was no doubt proud of this fact and drew a clear
distinction between trained and untrained persons calling themselves nurses.

In 1912 the QNRB was established in an attempt to regulate, control and legitimise the training and certification of nurses in that State. Queensland was the first State in Australia to apply uniform standards for the registration of its nursing workforce. Prior to this, training had been carried out in a more ad hoc fashion and was largely governed by individual institutional rules. The graduates, after a period of apprenticeship style training were required to seek registration through the Australasian Trained Nurses Association. Russell, commenting on the conditions of nurse training in Australia during the early 1900's stated that:

although conditions for general nurse training in the early twentieth century varied considerably throughout Australia, all nurses worked long hours, were poorly paid and were obliged to obey strict regulations at work and in their off-duty time.

During the 1920s, because of the difficulty in attracting registered nurses to isolated areas in the west and north of the State, it was not uncommon to find uncertified nurses and midwives still practicing as the only providers of nursing and midwifery care. Indeed, mature, sensible and business-like women without certification were sometimes actively
sought by community based Hospital Committee members to fill their Matron positions, rather than younger, less experienced certificated nurses. Francis, who had suffered the rigours and hardship of training in the early decades of the 20th century, gained her registration and served as an army nurse in Europe during World War One, did not take kindly to anyone whom she thought might tarnish a newly emerging professional nursing image and status. Her comments relating to the uncertified woman at Adavale, attest to a high degree of confidence in her ability to handle most situations competently.

Unfettered by the strict hierarchical power structures then evident in the larger metropolitan hospitals, Francis and Boyd began to experience the autonomous nature of their role on their journey out to Birdsville. At Windorah, Francis applied her newly acquired dentistry skills by undertaking three temporary dental fillings and an extraction. In addition, her services were called upon to attend to another twelve patients including the four year old son of the Police Sergeant. Francis made a preliminary diagnosis of typhoid fever and advised that the child be taken to Jundah some sixty miles away for attention by the doctor there. The following day as the boy’s condition worsened, Francis escorted him to Jundah and the diagnosis of typhoid fever was consequently confirmed.
On another occasion whilst in Windorah awaiting onward transport to Birdsville, Francis was called out to Old Galway Station some twenty miles distant over rough bush tracks to attend a women whom she subsequently also escorted to the doctor at Jundah. Francis demonstrated on these occasions her ability to identify those conditions which she felt confident in managing and those that were in need of medical attention. She had begun to exercise her discretionary power in treatment and referral. The Windorah community seemed to have no hesitation in accessing the service of nurses rather than travel sixty miles to Jundah in order to consult the doctor. This suggests a confidence in and respect for the ability of nurses to provide a primary point of contact for health care, not withstanding the difficulties of travel which they otherwise would have faced.

In the nine days that Francis and Boyd spent at Windorah they were kept busy attending to the health care needs of the community and in so doing quickly established reputations as capable nurses and diagnosticians. Reese, who drove them by car from Windorah to Birdsville, made the following comments:

we turned up just after they had wired and I am well pleased we did as two such girls were worth going after. After being about a week in their
company I do not hesitate to say they are champions. We got an idea of their nursing ability in Windorah and a lead on their dispositions on the trip out, and if ever angels came on earth I'd say these were two...Everybody has been favourably impressed with them, and I think they are the right girls in the right place, and you ought to consider yourself lucky in getting two such women to start with.  

Francis and Boyd were thankful to see the arrival of Reese in Windorah as they had been anticipating the last 250 miles of their journey to be by horse drawn coach. Soon after leaving Windorah they passed the coach driver who had “just boiled his quart pot and changed the horses.” They were pleased to have escaped this long and uncomfortable method of travel. Their journey by car however seems not to have been much of an improvement on the coach. Francis described the roads as “exceedingly bad” with sand hills and gibber stones, an endless monotony of “timberless stony plains”. The best that could be said for their long and at times uncomfortable journey, was that at least they were introduced slowly to their geographical isolation and had time to form a beginning relationship with one key Birdsville community member.
For ‘Whites Only’ - the Real Target Population

On their journey to Birdsville at ‘Appa Munna’ station some thirty-eight miles from the town, Francis recorded that they were well received as they were the first white women visitors to the station. They also created some excitement for the four “household gins” who filed in to examine the faces of “two fella white women.”21 Francis seems to have enjoyed the novelty of the situation and appears to accept without question the assumed right of dominance by non Aboriginal Australians over the indigenous population. In subsequent diary entries, by adopting the common terminology used by white Australians during that era, Francis demonstrated her acceptance of the right of station owners and managers to ownership of ‘their’ Aboriginal people.

Throughout the Francis diary, the term ‘gin’ is used for Aboriginal women whilst ‘black boy’ is used to describe Aboriginal men, denoting a ‘parent/child’ relationship. In general, she identified the maternalistic and patronising framework in which they operated. In one diary entry she wrote:

the Glengyle blacks returned to the station today. The four little piccaninnies are so sweet, we gave them a celluloid doll (tiny ones) each, and a bundle of old clothes. Kitty is quite the cleanest and most civilised gin I have ever met.22
However, any preconceived notions Francis had about Aboriginal people, were constantly challenged. In August 1924, Francis seemed genuinely surprised that "the black gin called Dolly Hughes" was able to splint and bandage a fractured limb before the patient was brought in to Birdsville for attention by the nurses. She stated "Indeed I have never seen first aid done better."\textsuperscript{23}

On another occasion Francis noted that a thousand head of cattle from the Northern Territory had been handed over to a droving plant consisting "only of blacks".\textsuperscript{24} The emphasis in her diary which she placed on the word 'blacks' suggests that she was quite surprised by this. Even though Aboriginal stockmen and women constituted a major part of the cattle industry workforce, they were usually in the charge of a white head stockman.\textsuperscript{25} Indeed, Aboriginal men and women provided a cheap labour force across a range of employment situations in outback Australia. For example, Francis and Boyd were quite willing to have their wood chopping attended to on occasions by Aboriginal men, even though no mention is made of remuneration for this service.\textsuperscript{26} In subsequent years the AIM nurses became increasingly dependent on the cheap labour that Aboriginal people provided for domestic and general duties about the Home.
Francis and Boyd were not completely blind to, or uncaring of, the perceived material poverty of older Aboriginal people camped near the outskirts of Birdsville. In May of 1925, when a visit to the camp was undertaken, Francis was concerned that these people had no clothes and very little food. Twelve days later they returned with some fruit and old clothes, however the entry concluded with “and took some lovely snaps.”27 The outing seemed to have been more of a novelty and recreational diversion than any attempt to come to terms with the physical and social condition of the Aboriginal people in the Birdsville area.

In the first half of the twentieth century Aboriginal people were not included in census information and therefore no statistics exist which would indicate the number of Aboriginal persons residing in the Birdsville district. It could be surmised however, that there was a significant population working and living on the surrounding cattle stations with a few older people camped in the area designated the Aboriginal Reserve, located next to the Pound Reserve, some distance from the town. Markus, in discussing the diversity of Aboriginal life in Australia between 1900 and 1940 wrote that:
some lived on the margins of ‘White Australia’, in camps on pastoral properties, or on the outskirts of missions or country towns, frequently near the garbage tip, generally in material poverty.  

This appears to have been the situation for Aboriginal people in the Birdsville area. Appendix C provides a town map of Birdsville which identifies the location of the Aboriginal Reserve.

That the AIM nursing service was intended to be for the support of the white people of the district was made quite plain by Flynn. However there is evidence to suggest that Francis and Boyd included the Aboriginal population in their ‘sickness service’ using the disease process as criteria for treatment. Francis recorded that of three patients admitted to the Home between October 1923 and December 1924, one was an Aboriginal person. Given the overall low number of patients admitted in this time period, it could be suggested that Francis and Boyd were prepared to provide nursing services for an Aboriginal person when hospitalisation was required. Their services also extended beyond in-patient care to out-patient care. Francis’ diary also confirms that dental treatment was given to Aboriginal patients on at least two occasions. From the outset, the nurses’ professional sense of responsibility dictated the degree to which they would include the Aboriginal population in their health care service.
Commenting on the same time period in colonial South Africa, Marks described the tension which existed between commonly held colonial beliefs about white supremacy and a professional creed in doctors and nurses when she wrote:

\[\text{at the level of practice this discourse was frequently at odds with a liberal ideology that demanded of the doctor and nurse that they provide health care 'regardless of race, colour or creed'.}\]

More specifically, these sentiments were adopted by nurses in the Nightingale-inspired nurses’ creed, to which all nurses aspired on gaining their registration. Nightingale’s influence on modern nursing was powerful and far-reaching. Her ideas regarding indigenous peoples permeated nurse training in early twentieth century Australia. As early as 1864 Nightingale addressed the relationship between black and white Australians and stated that:

\[\text{very few of the human race are lower in the scale of civilisation than these poor people: excepting indeed, those who trample upon and oppress them, who introduce among them the vices of European (so-called) civilisation.}\]

Nightingale’s philosophy of non-interference or at least doing no harm, seems to have underpinned the ethical and professional relationship that existed between the nurses and the Aboriginal community.
Whilst Francis and Boyd freely offered their professional advice and treatment to any Aboriginal person who was either sent by their employer or presented themselves at the clinic door, there is little evidence to suggest that they included indigenous people in the work that could be designated as non clinical nursing. They did not socialise with the indigenous community, inside or outside of the Home. Indeed, as single white females, to have done so would have jeopardised their moral reputation in the white community. Conversely, the same was not true for single white men whose abuse of Aboriginal women and children was noted by AIM staff, though not until 1949.\textsuperscript{33} The Aboriginal children were not included in such activities as the annual Christmas tree function when gifts were distributed to the white children in a party atmosphere.\textsuperscript{34} The Sunday School and sewing classes also appear to have been for the children of the white inhabitants of the Birdsville community.\textsuperscript{35}

In an holistic sense, the community which Francis and Boyd served did not include Aborigines and they had, at best, minimal contact with these people. Apart from any preconceived notions which they carried with them, it is most unlikely that either Francis or Boyd had any insight into the culture or history of the Aboriginal people in the Birdsville district. In retrospect the AIM and the nurses’ policy of non-interference or
exclusion of Aboriginal people from their social and spiritual care may have to some degree minimised further trauma in the cultural clash between black and white Australia. The nurses' attention was firmly focused on the white community.

On their arrival at Birdsville on 24 September 1923 the townspeople gathered to welcome the new nurses. Francis was surprised by the number of women who were there to greet them. There were nine women present and these did not constitute all of the white women in the district.\(^{36}\) Although no statistics could be located to indicate the number of Europeans living in or around Birdsville at the time of the nurses' arrival, Francis indicated that there were 64 men, women and children in December 1923.\(^{37}\) The evening of their first day, a dance was held which lasted until 12.30 a.m., indicating that their arrival was a significant event for the Birdsville people.\(^{38}\) Soon after their arrival Francis and Boyd, who like Flynn did not subscribe to gambling, avoided participation in the horse race meeting. They did however attend the dance at night which provided them with an opportunity to meet folk from the surrounding district.\(^{39}\) They also participated in the children's foot races held in conjunction with this event and Francis recorded that she came second in the wheelbarrow race.\(^{40}\) Seven pounds was raised in the town during the race meeting and donated to
the Home. Francis' diary entries during this period indicate at least initially, a high level of acceptance by the community of themselves and the AIM nursing service they had brought to Birdsville.

Their first task in the town was to meet all the residents and visit the school where there were twenty-eight children attending daily. With the blessing of Griffin, the young male schoolteacher, they undertook to give the girls weekly sewing lessons. Subsequent diary entries reveal that Griffin became a regular visitor to the Home and established a firm friendship with the pair and in particular shared numerous outings with Boyd. On October 28 they began a Sunday School for the children, seven of whom attended. Given that at this time there were twenty-eight children at the primary school and only seven attended the Sunday School, it is apparent that an ecumenical approach to Christian teaching was not acceptable perhaps either to the nurses or the Roman Catholic section of the community. They also commenced Sunday evening hymn singing and prayer service for the adults but no indication is given as to whether the Roman Catholic and Protestant sections of the community joined together in this activity. This is the first indication that even within the white community there was some division and demarcation in relation to creed when it came to the non clinical, social and spiritual activities of the nurses.
A more positive example of their socialising and ecumenical role was the organisation of the first Christmas Tree function held in Birdsville in 1923, which sixty-four people from the town and surrounding district attended.\textsuperscript{45} The large number of people in attendance suggests that this event was not limited to those who were supporters of the Protestant Church. The children had never seen a Santa Claus in Birdsville prior to this and the evening was a social success. Gifts were distributed to the children and supper was served. The men had a hat trimming competition and a toy dog was awarded to the winner. The diary entry for 24 December 1923 concluded with “a beast was killed in the township and Xmas meat distributed.”\textsuperscript{46} Successive AIM nurses continued the tradition of the annual gathering for the Christmas Tree function and together with the picnic races, these events became and still are highlights on the Birdsville social calendar.

\textbf{Community Dynamics}

Francis and Boyd whilst establishing themselves in Birdsville demonstrated their own strict code of ethics and values which put them into opposition fairly quickly to some sections of the community. In particular from the outset a certain antipathy seems to have existed between themselves and Mrs Gaffney, the hotel proprietress. Whether
this was because Gaffney was in charge of the hotel or because she was a Roman Catholic is unclear. However three of Francis’ diary entries indicate that their relationship was not a cordial one. In April 1924, Francis related that she was visited by Gaffney to discuss the religious activities in the town and noted this negative encounter. She wrote:

as far as we are concerned they will have to wrangle amongst themselves.
I refuse to have anything to do with the squabbles which are, I suppose, to be expected amongst a handful of people like this living so long and close to each other.  

In November 1924, Francis recorded that she visited Gaffney at the hotel and concludes with the word sickness in brackets to ensure that the reason for the visit is understood and not mistaken for a social call. In February 1925 Francis referred to Gaffney as “madam” when she recorded that “Madam has come to light with goods I ordered before leaving Brisbane in 1923.” The implication here is that Gaffney had withheld goods which belonged to the Home, which considerably annoyed Francis.

To place the antipathy which existed between these two women into context, it could be noted that the position of hotel keeper at the only hotel in a small isolated centre, was and still is, a position of influence and power within a community. The hotel offered the only public
accommodation as well as meals, liquor and social entertainment. Likewise the nurses, by virtue of their position as the only on-site representatives of both organised health care and the Christian Church, exercised their own sphere of power and influence within the community. Francis may well have simplistically viewed this power struggle as one between the forces of good and evil, or indeed between those who drank alcohol and those who did not.

Francis, an avowed prohibitionist, recorded soon after she arrived in Birdsville that she was very indignant at their not being able to register a vote in the Federal election of 1923 because they were not issued with postal votes. That meant that there were “two less in favour of prohibition” and concludes the entry with “it makes me wrathful to think of it.” During the years 1923 to 1925, the nurses were confronted by a significant degree of alcoholism and binge drinking in the white, mostly male population. Hodges discusses the phenomenon of binge drinking or the “outback spree” and suggested that a lack of white women, seasonal work and the custom of work and bust, contributed to this ritual in outback life. No doubt Francis and Boyd viewed the hotel keeper as being part of the problem and certainly not part of the solution.
On 19 November 1923, an intoxicated person came “staggering in” to the Sunday evening hymn singing. They took him back to their cottage and made him a cup of coffee, thus displaying a certain compassion regardless of their strict anti-alcohol convictions. No such compassion was evident however when in June 1924 Francis, in company with three other women, came across a man who had fallen from his horse. Describing him as “being the worse of drink” the horse was brought back to town, leaving the man to “stagger in” after them.

The prevalence of alcoholism amongst the white population is further evidenced in an entry dated 7 January 1925 in which she describes a fancy dress ball at which the accordion player “had to be taken to the hotel for a drink between each dance.” In June 1925 Francis refused admission to a patient because he was intoxicated. Later in the day after sobering up, he returned to the Home and was subsequently admitted with a severe gastro intestinal disorder. An amusing highlight occurred for Francis when later in that month the Birdsville Hotel had run so short of alcohol that they substituted fruit salts for alcohol and served it at one shilling a glass. Francis recorded that although this was a much healthier alternative it was “profiteering pure and simple.”

Again it would seem that Gaffney the hotel keeper could not be redeemed in Francis’ eyes, and is perhaps a further indication of an on
going, underlying power struggle between the two women. A consequence of this was the creation of general disharmony in this small community.

Organising a range of healthy alternative social activities to those held at the hotel was not always welcomed as part of the nurses’ role by the entire community, some of whom probably viewed these activities as interference. On one occasion when the nurses tried to arrange the building of a tennis court to promote a sporting activity in the town, they were met with resistance by some sections of the community. Thompson, the overseer of the Mitchell Rabbit Fence, offered wire netting which he alone had access to, for use as a tennis net. Francis recorded that she was quite surprised that some of the town’s people were not agreeable to this suggestion and that there was subsequently quite a deal of ill-feeling in the community. She wrote:

rumours and more rumours of ill feeling re netting so we (few of us)
intend to let those opposed to accepting the netting, have their way
altogether, we do not feel very happy about things.  

On this occasion Francis demonstrated that even though they were prepared to give way in order to diffuse community disharmony, they resented having to do so. Francis acknowledged the difficult social
dynamics associated with living in a small isolated community and yet this did not seem to make their task any easier. It was for this reason that the AIM had adopted the policy of sending the nurses out in pairs so that individual nurses would not be completely socially isolated. Although they tried to avoid siding with any particular faction in community squabbles, there is enough evidence in the Francis diary to suggest that at times this was difficult and of considerable frustration to them in their perceived nursing role.

**Scope of Nursing Practice**

Although Francis and Boyd had been in the town since September 1923, their household goods, clinical equipment and stores did not arrive until Christmas Eve of that year.\(^{58}\) Their supplies arrived on a long camel train which had travelled up the Birdsville Track through South Australia. Their next few days were occupied with unpacking goods and organising the Home, which they did without assistance. This was a considerable task in the heat of summer. Durdin suggests that tasks such as making curtains, marking linen, scrubbing floors and general housekeeping duties relating to the establishment and maintenance of a health institution, were common nursing duties in both country and metropolitan hospitals during this era.\(^{59}\) After almost three months of living in their makeshift lodgings, Francis and Boyd were pleased to
undertake these duties and gather about them some of the comforts of home.60

From this point on, the nurses would take it in turn week about to act as either the sister on duty or the housekeeper, who was responsible for maintaining and cleaning the Home, cooking the meals and attending to the laundry. In this way, one would always have primary responsibility for nursing work whilst the other attended to cooking, cleaning and other domestic chores. That at least was the ideal. One suspects however that all duties were shared when required and that this system did not relieve the nurses of the tension associated with unremitting call and continual access by the community. This was especially true for Francis who was the only one of the pair with any expertise in dentistry.

Although some work of a medical, dental or nursing nature had been undertaken by the nurses prior to the arrival of their equipment, Francis recorded on 3 October 1923 that they were working under difficulties without drug supplies.61 Regardless of this, numerous dental fillings and extractions were performed for a grateful population. After dental treatment Roy Khan, an Afghan cameleer, donated a case of apples and one pound to the Home.62 On another occasion, Francis described the
difficulty of undertaking this work without the benefit of a dental chair or adequate pain relief for the patient. She wrote:

Mrs McAuley came in with a toothache, could not manage to extract as she pulled away and only having her sitting on a box without support for the head it was a difficult job. I hate to let her go with the tooth not out. She has suffered great pain. 63

Whilst waiting for their clinical supplies to arrive and in common with the rest of the community, the nurses learned how to make do with what they had. Aside from dental interventions, a variety of other minor conditions were treated by the nurses during their first three months at Birdsville. They included - dressings for boils, dressings for a septic finger, care of infected ingrown toe nails, treatment for conjunctivitis, upper respiratory tract infections, fevers, dehydration in an infant and incision of a facial abscess. 64 In relation to the facial abscess, Francis described laying the patient down on two boxes, incising the abscess with a pair of scissors, as that was all she had available, and applying a hot foment to the infected area. The patient was so relieved after the event that he "went to sleep for an hour or so." 65

Even after the arrival of their drug supply, in a pre antibiotic era, Francis and Boyd used little more than common sense and sound aseptic principles in their nursing care. Non indigenous women in the outback
had traditionally provided health care for their families and probably utilised many of the same methods and remedies as the nurses.\textsuperscript{66}

However Francis and Boyd were frequently sought out for their advice in health matters, even if as only a means of reassurance for other women about maternal and child health issues. Providing ‘health safety’ in settlement for white women was after all, one of the nurses’ core roles and functions.

In the two year period of their stay in Birdsville, Francis recorded that they attended at only two births. One of these events resulted in a stillborn infant, which did not breathe at birth, causing them considerable anxiety.\textsuperscript{67} However, the diary entry relating to this episode is brief and one suspects a certain acceptance by them of the infant’s demise in the context of anticipated birthing outcomes during this era. Francis also recorded that three other women in the district gave birth outside the community in larger centres during this time. It is not known however if this number is a true representation of women who may have left the district to give birth. Therefore, no conclusions can be reached about any influence that two registered midwives resident in the community may or may not have had on Birdsville’s white population profile. There certainly appears not to have been a population explosion in Birdsville as a result of the nurses being there. Aside from the neonate
death in the community, the nurses encountered only one other death during their two-year stay at Birdsville.

Francis recorded this event and commented in her report that the patient had “symptoms of acute heart and kidney disease and was in a dying condition on admission.” Francis’ diary entry regarding this event gives some insight into the holistic and sensitive nature of their nursing care.

He died at 11 p.m. after a struggle for 8 hours. I had to let him have his mattress on the ground, he just begged to have it there as the wire mattress was too soft for him. These poor old bushmen are so used to the ground for sleeping that they are uncomfortable on a bed. He managed to sign his will before he died. It was a happy release for him from the pain and breathlessness... I read the burial service. Could not procure timber to make a coffin so the body was sewn up in cloth and then in white calico. I have written to his wife who lives in Adelaide.

It is interesting to note that on this occasion, the event of death did not require a series of interventions by a variety of people. Francis and Boyd delivered care that addressed the bio-psychosocial and spiritual needs of their patient. Ensuring that a will was prepared, reading the burial service and writing to the next of kin were not considered to be a normal part of the role and function of nurses working in metropolitan hospitals during the same time period. Their duties were usually
restricted to preparing the body for burial and comforting relatives. As nurses and representatives of the Christian Church, they willingly accepted these responsibilities. Also, in the absence of cold morgue facilities and in a hot climate, preparation for and burial of the dead was a public health issue and therefore also part of the nurses’ role.

Francis provided other evidence of this role when she recorded on 17 March 1924 that a dead horse on the edge of the town water hole was burnt by “five of us women... even though the men tell us that the flood waters will not reach it.”70 Their actions were vindicated the next day when water began to flow into the water hole.71 On this occasion, Francis and Boyd were able to motivate other women who shared their concern for the general health and well being of the community. Their concern for women and women’s issues was further demonstrated by instigating the establishment of a branch of the Country Women’s Association at Birdsville in April 1925.72

After the arrival of their equipment and drugs in early 1924, Francis and Boyd applied their diagnostic skills and undertook primary medical and surgical interventions on numerous occasions. Francis’ patient reports reveal that they had provided care on 2,827 out-patient occasions of service during their time at Birdsville.73 Of this number 1,893 are listed
as ophthalmic. Apart from the removal of a foreign body from Griffin's eye on 29 January 1924, most of these appear to be conjunctivitis or trachoma. The high incidence of eye disease in the community was most likely related to the prevalence of dust storms during a period of prolonged drought, severe water shortages for personal hygiene and a general lack of fresh fruit and vegetables in their diet.

Sixty-eight occasions of service are listed as being dental which included both temporary dressings and removal of teeth. The remaining 866 are listed under the heading of miscellaneous. Of this number, thirteen conditions are listed below in table form in order to give some indication of the range of conditions that the nurses' diagnosed and treated. All the following are taken from Grace Francis' diary with their corresponding dates.
<table>
<thead>
<tr>
<th>Date</th>
<th>Condition</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>05.03.24</td>
<td>Bullet wound to foot</td>
<td>Patient sent dressings</td>
</tr>
<tr>
<td></td>
<td>Clear entry and exit</td>
<td>advice re care</td>
</tr>
<tr>
<td>28.04.24</td>
<td>Lacerated arm</td>
<td>Sutured</td>
</tr>
<tr>
<td>19.05.24</td>
<td>Sprained ankle</td>
<td>Hot foments (packs) applied</td>
</tr>
<tr>
<td>15.07.24</td>
<td>Tumour on toe</td>
<td>Blue stone (sulphur crystals) applied</td>
</tr>
<tr>
<td>10.08.24</td>
<td>Fractured radius</td>
<td>Aligned and plastered</td>
</tr>
<tr>
<td>14.09.24</td>
<td>Cystitis/bladder infection</td>
<td></td>
</tr>
<tr>
<td>01.10.24</td>
<td>Pneumonia</td>
<td>Mustard poultice applied daily</td>
</tr>
<tr>
<td>13.12.24</td>
<td>Lacerated leg</td>
<td>Sutured</td>
</tr>
<tr>
<td>23.02.25</td>
<td>Fractured shoulder</td>
<td>Aligned, plastered and supported</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaporative lotion applied to head.</td>
</tr>
<tr>
<td>23.04.25</td>
<td>Synovitis/knee</td>
<td>Hot foments applied</td>
</tr>
<tr>
<td>04.05.25</td>
<td>Infected finger</td>
<td>Bilateral incision of finger. Second hourly cleansing and application of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>heat during day time hours for 3 days.</td>
</tr>
<tr>
<td>14.06.25</td>
<td>Bullet wound to foot</td>
<td>Minor exploration of wound. Cleaned/dressed.</td>
</tr>
</tbody>
</table>
The above list, whilst certainly not comprehensive, clearly indicates that the traditional medical functions of diagnosis and treatment were incorporated into the extended role of the nurses in this isolated setting. No mention is made of the nurses seeking medical advice for treatment options in any of the above cases, except for the patient with the tumour on the toe.

Of the incidents noted by Francis, two require some further explanation. In order to reach the patient with the head injury at Cordillo Downs Station, a sheep property of some 40,000 square miles running over 100,000 head of sheep and located one hundred and forty miles from Birdsville, Francis undertook a two day journey by motor vehicle over rough bush tracks, escorted by local men. The patient had regained consciousness prior to her arrival at the station at 11.30 a.m. and she noted the following in her diary:

he must have been hit on the head very hard but as far as I can see the skull is not fractured although he complains of severe pains in his head and cannot bear much moving. Mr Burt who has had instruction in first aid had cared for the patient very well. 78

The next morning she assessed the patient to be satisfactory after a fair night. Following twenty two hours of observation, Francis and her escorts departed for Birdsville at 2 p.m. leaving the patient in the care of Burt. Francis noted that the homestead had a reasonably well equipped
two bed clinic facility and recorded that Sister Leverick who was usually in charge of nursing at the Station was away on two months leave, hence the requirement for her to attend the case. Leverick was the successor to Sister Minnie Kinnear, the first Boarder Nurse appointed by the AIM to serve four large properties including Cordillo Downs, in an area which crossed the State boundaries of New South Wales, South Australia and Queensland. This explains the reasonable health care facility which Francis encountered at Cordillo Downs.

In relation to the accidental bullet wound to the foot recorded on 14 June 1925, Francis was unable to locate the bullet which puzzled her somewhat. She described the wound as “through and through”. However the patient assured her that it was still in his foot. Two days later the bullet was found to be in his shoe, left behind at Roseberth Station in the rush to get the patient to the clinic. Francis trusted her own instincts and ability on this occasion and made no attempt to send the patient for further medical advice or attention.

Living and Working Conditions

Francis’ first impression of the old Royal Hotel, now to be the Brisbane Home, was that it was a comfortable looking building, consisting of two large and four medium sized rooms. The building was constructed of
rough hewn stone, finished inside with mud plaster and kalsomine. Floors were of dirt and stone, with only one area having wooden floorboards and the roof was sheet iron. The building had been long uninhabited and having no furniture, they stayed initially at the town’s only operational hotel. This accommodation option was unsuitable to Francis, an avowed prohibitionist, especially with the influx of people into the town for the local race meeting. Gaffney, the proprietress, loaned the pair camp stretchers, mattresses and linen. They moved into the Home nine days after their arrival, still however taking their meals at the hotel. Francis stated that; “we have made boxes into tables etc. and made the room as comfy as possible.” In addition Mrs Brook loaned them a kettle, teapot and cups in order that they be able to make themselves a cup of tea.

Even though their furniture consisted of a meagre collection of boxes, the Home soon became the centre for social evenings of card playing, ping-pong and musical entertainment on an old disused piano. Their pastoral and socialising role in the town provided an alternative for activities other than those held at the hotel. Later, a library service was established at the Home which consisted of a public collection previously held by Mr Brook, and AIM donated literature which was made freely available to the community. In effect, the nurses first
influence in the community was perhaps the civilising role which Flynn had anticipated that they would bring to the outback.

Francis' and Boyd's first favourable impression of the Brisbane Home building was somewhat changed during the two years of their appointment. On numerous occasions they experienced severe dust storms which required them to "shovel the dust" out of the building. They were generally uncomplaining of a situation which they shared with the rest of the town's inhabitants. However, inches of dust in the clinic particularly challenged their standards of hygiene and asepsis and no doubt constituted a considerable frustration for them in their clinical work. Asepsis was and still is a fundamental principle of nursing care and for Francis and Boyd, it was paramount. In October 1923 Francis recorded that the school teacher had cut out a cyst from Mr Brook's arm with little regard for asepsis. She was angered by this "foolhardiness" and commented that she hoped that there would be no ill after-effects because "I will have the worry of their rash act." In the absence of medical help, or sophisticated antibiotic drugs, Francis and Boyd recognised the necessity of preventing disease and limiting its effects.

By the end of October 1923 Francis noted that the temperature was rising to 104 degrees Fahrenheit (F) in the shade. There was recognition
that a cool change in the weather followed the dust storms, making both the dust and heat at least tolerable. Early in 1924 they adopted the local habit of sleeping under the stars and shifted their beds outside in an attempt to get some rest during the summer nights.

The number of times that Francis’ diary entries include comment on the extreme heat is an indication of the influence and impact this factor had on their living and working conditions. For example, on 8 February 1924 she wrote; “the heat is very trying today and we did not venture out at all.” In February 1925 she recorded temperatures of 118 degrees during the day and at night 114 to 116 degrees F. Without recourse to any type of cooling system other than wrapping themselves in wet sheets, little if any nursing work was undertaken. Part of learning to live and work in Birdsville required that these nurses relinquish any regimented notions of work which they would have acquired in their training years. This reason alone dictated that the heat factor was a considerable frustration for Francis and Boyd in carrying out their nursing role and function during the summer months between October and April.

Another environmental factor which impinged on the nurses’ living and working conditions was that of water, or rather lack of it. From mid
March 1924 until the beginning of November, no rain fell in the township. The Home tank was empty and although the town water hole contained water, it was unfit for drinking. They carried a can of water up from the main river channel each day, which had to be boiled for drinking purposes.²³ By mid April they were unable to get the hospital washing done as there was "not enough water in the tank."²⁴ Again this is an important factor, as clean hospital linen and bandages were and still are essential tools in preventing cross infection. On 7 May, Francis recorded that they were right out of water and that they had enlisted the aid of Mr. Brook to cart water from the river to the Home.²⁵ This situation continued throughout June, July, August and September of 1924. In October, Francis described the district as being "very dry and barren everywhere."²⁶

Three new water tanks were ordered for the Home and these arrived by camel train on 17 October 1924 and were temporarily erected in time to collect a rainfall of 78 points two days later. The AIM General Secretary noted in a letter to the Birdsville Committee on 4 March 1925 that the three new water tanks had been erected and commented that this extra capacity would be a "boon to the sisters, who, we understand, use a considerable amount of this commodity in their work."²⁷ However, by
30 March the tanks were once again dry and river water had to be carted once again.98

Francis’ diary reveals that 1924 and 1925 were drought years in the district. The expected summer rains did not eventuate. An article published in the *Brisbane Courier Mail* in October 1926 about Francis and Boyd’s experiences at Birdsville revealed that they were never able to spare more than half a small milk bucket of water for their daily bath.99 Coming from the wetter coastal regions of Queensland, the nurses would have been unused to such severe water restrictions. The number of occasions on which Francis made reference to water, or lack of it, indicates the importance of this issue to them and the impact it had on their work and personal lives. The natural and built environment in which the nurses carried out their role and function helped to shape the way in which they organised their work. Emphasis was placed on cleanliness, which took a considerable amount of time to maintain. In addition, in order to survive harsh climatic conditions, they were forced to take a more flexible approach to a strict daily routine of work.

Whilst heat, dust and water were major influences, their lack of communication with the outside world was the most significant contributing factor to the types of clinical decisions and interventions
which the nurses made. In essence, their enforced isolation determined from the outset that their scope of practice would involve a high degree of autonomy and be extended in nature beyond what would normally be expected of nurses practicing in metropolitan settings.

In the years 1923 to 1925 the nearest telephone and telegraph facility to Birdsville was located some 264 miles distant at Boulia. On 9 March, 1925 Francis recorded that a telegram lodged in Brisbane on 11 February, finally reached her on 7 March. Mail to and from Birdsville was transported by motor vehicle, pack horse or horse drawn coach and came via Windorah or Boulia in Queensland or up the Birdsville Track from Marree in South Australia. The mail service was highly erratic and depended upon prevailing road and river conditions.

The frustration engendered by poor communications was highlighted by Francis in an entry dated 27 March 1924 in which she described receiving mail which was two months old. She wrote; “it appears that the mailman stopped at Beetoota for the races... mail seems to be only a secondary consideration.” There is an indication here of the relaxed attitude which the local population had to time and events. The nurses, as outsiders, obviously found it difficult to come to terms with these attitudes. There was however a more serious side to their unreliable
mail service and the impact this had on their nursing duties. When the
mailman eventually arrived in March 1924, Francis dispatched a parcel
of medicine for a patient at Beetoota who had accidentally shot himself
in the foot. She noted that she had been trying to send him some relief
for the past six weeks but was unable to because this was the first time
that the mailman had been to town since the accident.\textsuperscript{102}

The communication factor had a further impact on their nursing
practice. Placed in the context of extreme isolation, the notion of calling
a doctor when available became almost meaningless. Although the
number of people whom Francis and Boyd recommended to see a doctor
or dentist is not recorded in the Francis diary or patient reports, it could
be anticipated that this was a rare event. In addition, there is no
recorded visit by a doctor to Birdsville between 1923 and 1925. On
only one occasion Francis noted that she sent a letter to the doctor at
Boulia for advice regarding a patient's condition. In this case it was
about the on-going treatment for a tumour on the toe, which was hardly
a life threatening condition.\textsuperscript{103} It could therefore be assumed that in
most other cases, the nurses undertook both diagnosis and treatment of
their client population. This was a significant departure from the
normally accepted nursing practice in metropolitan hospitals at the time.
They were in effect both healers and carers. Recognition of this fact is not often accorded to nurses.

Francis and Boyd, whilst accepting of this situation, recognised the benefits that a visiting medical officer and radio communication would bring to this isolated community. Later in 1926 after leaving Birdsville, Francis commented that:

there are two things this township should have. The benefits of a visiting doctor and a wireless set, to bring a little cheer to the solitary inhabitants.\(^{104}\)

In August 1925 Francis and Boyd were visited by Flynn and Towns who had come to try out a radio transceiver, the first of the pedal radios. After setting up the aerial in their yard, the initial attempt to send a message was unsuccessful. However, the following evening they were able to receive a broadcast from Melbourne. A small group of friends and neighbours gathered in the store room where the transmitter was located, and all enjoyed the treat of listening to a concert and news broadcast. Francis recorded that “it seemed very real when the paper report was read out.”\(^{105}\) The next day contact was established with Barcaldine and three telegrams were sent.\(^{106}\) Flynn and Towns moved on after this initial experiment, taking the equipment with them.
significance of this event left an impression on some of the town’s children who “erected their own wireless staff and played the game in good style.”

Permanent radio communications were not established in the town until 1929. The importance of this fact is that between 1923 and 1929, without the support of radio communications, the tradition and culture of extended nursing practice was well and truly established at Birdsville. In the first instance, Francis and Boyd laid the foundation and set the standards for successive Birdsville nurses, who regardless of their relatively poor working conditions, embraced the autonomous and extended nature of the job.

In relation to their conditions of employment, an expenditure statement submitted by the AIM Birdsville Committee lists the wages for Francis and Boyd in November 1924 as being ninety-one pounds, thirteen shillings and four pence each. As this was the only locatable reference to wages for Francis and Boyd, it is unclear if this amount was from the time of their arrival or for the year of 1924 to November, and if it included their outbound expenses. By 1928, the AIM conditions of service included a wage of one hundred and twenty pounds a year, all expenses incurred travelling to and from the location of service and one
month’s furlough for each twelve months of service, which was to be taken at the end of the two year period.\textsuperscript{110} Francis and Boyd were given free board and lodging at the Home which was also the case for nurses employed in Australian public hospitals during that time.\textsuperscript{111}

By comparison, in 1927 sisters employed in public hospitals in New South Wales were paid one hundred and four pounds per annum, a dressmaker one hundred and forty-three to one hundred and fifty-six pounds per annum, a laundry worker one hundred and nineteen to two hundred and thirty pounds per annum, whilst the annual fixed wage was one hundred and twelve pounds for females and two hundred and thirteen pounds for males.\textsuperscript{112} The Queensland Hospital Nurses’ Award - State, gazetted 23 June 1921, listed an annual wage for nursing sisters at one hundred and twenty to one hundred and sixty pounds with an annual increment of ten pounds. The wage was set in accordance with the level of duties that were to be carried out and the number of beds in the employing facility. Ordinary working hours were not to exceed one hundred and twelve a fortnight. One and a half days off a week were allowed for nurses working in hospitals of not less than twenty-five beds.\textsuperscript{113} In July 1925 the working hours had been amended to eighty-eight hours per fortnight exclusive of meal times.\textsuperscript{114}
These award provisions did not cover any hospital having a daily average of less than six occupied beds and therefore did not extend to the AIM hospital/home at Birdsville, a situation of which the AIM certainly seems to have taken advantage. Even with the incomplete salary figure of ninety-one pounds, it is clear that Francis and Boyd, who had to accept a great deal more responsibility than their metropolitan colleagues, certainly earned less than registered nurses employed in Queensland public hospitals.

Their hours of work were dictated by the presence or absence of in-patients. In addition, clinic hours for out-patients were an ad hoc arrangement because of the nurses’ requirement to be on twenty-four hour call to the community. They frequently entertained visitors to the Home in the evenings as a part of their socialising role as well as conducting Sunday School and song services on Sundays. They took their time off when their services were not required and whilst they were able to undertake short excursions out of town, one was always to remain in the near vicinity of the Home.

Tankey, the Honorary Secretary of the Birdsville AIM Committee, sought clarification of the issue of award provision for the nurses in April 1926. In reply he was reassured that there was no need for the
AIM to comply with the Award and suggested that on average the nurses did not work more than 88 hours per fortnight unless they had two or three patients at one time.\textsuperscript{116} Obviously the housekeeping work was deemed to be women’s natural work and therefore not worthy of pay. It would also appear that although the AIM stressed the importance of the multi-functional role of the nurses in relation to their community, pastoral and social activities, their output worth was measured only by their clinical nursing. The AIM placed very little value upon the many activities which the nurses were required to undertake in order to fulfil their mandate of providing a civilising and Christian presence in Birdsville, thus encouraging white settlement.

Francis’ diary reveals in detail the multi-functional nature of the Birdsville nurses’ role. They set about delivering holistic care within a framework that was acceptable at least to the white community. The Aboriginal community did not rate highly in their provision of care although they did not completely exclude them. As time passed they became more comfortable in this isolated community whose culture had as its foundation, a certain acceptance of whatever situations they were presented with in life. On one occasion Francis described feeling concern for an elderly man who lived some way out of town. After visiting the man, she described him as being a typical hermit with a
shelter of boxes for his home and a small vegetable patch. She recorded "he is a pensioner and looks very frail, old and dirty, but appears quite happy." No attempt is made to force him to come into the Home for care which may have undermined his sense of independence.

In their nursing work, they exercised considerable power and autonomy as the only on-site registered health care practitioners. Their autonomy exceeded that of their metropolitan counterparts even though Harloe, in discussing early nursing in North Queensland, suggested that:

\[
\text{as medical knowledge increased, nurses assumed the mores of the medical model and adopted an attitude of power and authority within the hospital environment.}^{118}
\]

In addition, their authority as health care providers was not limited to the hospital environment as they undertook a variety of community enhancing activities. Within the Birdsville community, their power seems to have stemmed not only from a model of medical/nursing dominance but also from their moral and religious influence. At times this caused the nurses their greatest frustration and stress and certainly brought them into conflict with some sections of the community.
Severe water restrictions, intolerable energy sapping heat, frequent dust storms and the vagaries of the mail service all added to their frustration. In order to successfully complete their two year term, Francis and Boyd drew on an inner strength stemming from strong Christian beliefs, the companionship of a few new friends at Birdsville and support from Presbyterian congregations across the country through the medium of letters and parcels sent to them.

They also experienced periods of relaxation, joy and happiness in the simple recreational diversions they were able to undertake. Francis’ diary revealed that the pair enjoyed horse and camel riding, swimming in the water hole, picnics by the river and short visits as guests on nearby cattle stations. Throughout the diary, glimpses of Francis’ humour shine through and one suspects that her good humour was a valuable self preservation tool. An example is given when on 17 May 1925 she described an outing that she shared with Boyd and Griffin the school teacher, in a loaned motor car which they affectionately called “Lizzie”. She wrote:

immediately we turned old Lizzie’s head for home she went on strike and the three of us are promising mechanics (I don’t think) but on this occasion we turned every screw and bolt in Lizzie, the only result being a back-fire like a dozen machine guns... the only part that worked was the brake and it refused not to. We eventually got it going, our Rolls Ford
giving a gallant demonstration of fireworks in the coil box and shell fire from the engine. Just as we got to the Hospital gate Lizzie again stopped of her own accord, we showed our independence by leaving her there. 119

This adventure was obviously a rare treat as both motor vehicles and the fuel to run them were scarce in Birdsville during this era.

Near the end of their term, and after a visit by Reverend Cohen and Mr Proud who had brought them a load of goods by lorry from Charleville (which included the long awaited gramophone promised at the time of their departure from Brisbane), Francis revealed something of the social isolation which they had endured. She wrote; "we have to part with our friends today...we have enjoyed having visitors but oh! the awful blank when they go."120 In a letter to Flynn in which she described this event, Francis wrote that they felt the same way after Flynn’s departure and were only consoled by knowledge of the fact that they would soon be going themselves.121

In conclusion, as representatives of the Presbyterian Church, they established a Sunday School, evening prayer and song service in the town. They observed the rituals of the Christian calendar by initiating a Christmas Tree function that crossed denominational boundaries. They were able to balance their missionary role with an extended clinical
nursing role and offered their care to all who sought it. They supported the role of women and children in the district. It is doubtful however that they had anything other than a temporary impact on increasing the white female population. Their success as pioneer nurses to the Brisbane Home lay not so much in what they did, but what they were. Their value to the Birdsville community and the AIM was certainly not reflected in the wages they were paid to undertake this task.

They departed Birdsville in September 1925. Francis stated in 1926 that they had shared and tried to lessen the hardships experienced by the Birdsville community. Their service as AIM pioneer nurses to Birdsville was acknowledged in the *Brisbane Courier Mail* in October 1926 which identified that a grateful community, some of whom had travelled for many miles across rough country, gathered to thank and farewell them before their departure. The article concluded with; “in that isolated township, there could be no greater token of appreciation.”122
End Notes - Chapter 2

1. Funeral Address of Sister Grace Francis M.B.E. 1959 MS 5574, ANL

2. Funeral Address of Sister Grace Francis M.B.E. 1959 MS 5574, ANL

3. Interview with Alice Barclay nee Anderson 27 October 1993, by Jeanette Klotz, in Centre for the History of Remote Area Nursing, Central Queensland University

4. J. Flynn Australian Inland Mission, Report of the Superintendent 1914, MS 3288, ANL

5. Walker to Ramage 27/8/23 MS 5574, ANL

6. See Chapter 1 for further discussion on the link between funding arrangements for Birdsville and the naming of the Brisbane Home.

7. Funeral Address of Sister Grace Francis M.B.E. 1959 MS 5574, ANL


9. Ibid., p.5


11. Ibid.

12. Ibid., p.p.23-24


15. Francis. op. cit. p.p.7-8
16. Ibid., p.8
17. Ibid., p.10
18. Reese to Flynn, 27/9/23, MS 3288, ANL
19. Francis. op. cit. p.10
20. Ibid., p.12
21. Ibid., p 13
22. Ibid., p.67
23. Ibid., p 45
24. Ibid., p.63
25. H. Reynolds, With the White People- The crucial role of Aborigines in the exploration and development of Australia, Victoria, 1990, Ch IV and Ch V provide in-depth discussion of the role of Aboriginal people in the pastoral industry and the value of their labour.
26. Francis, op.cit. p.47 and p.74
27. Ibid., p.77
29. Patient Reports for the Brisbane Home, Birdsville, 1 October 1923 - 30 June 1925, MS 5574, ANL
30. Francis, op. cit. p.25 and p.66
32. F. Nightingale "Note on the Aboriginal Races of Australia", London, 1865, Ferguson Collection, ANL
33. Nuttall to Hughes 2/10/49 MS 5574, ANL

34. Francis, op. cit. p.22 and p.57

35. Ibid., p. 19

36. Ibid., p. 13

37. Ibid., p.22

38. Francis, op. cit., p.13

39. Ibid., p.p.16-17

40. Ibid., p.17

41. Ibid.

42. Ibid., p.14

43. Ibid., p.18

44. Ibid.

45. Ibid., p.22

46. Ibid.

47. Ibid., p.32

48. Ibid., p.53

49. Ibid., p.64

50. Ibid., p.15


52. Francis. op. cit., p.20

53. Ibid., p.40
54. Ibid., p.59
55. Ibid., p.79
56. Ibid., p.61
57. Ibid., p.p.29-30
58. Ibid., p.22
60. Francis, op. cit., p.23
61. Ibid., p.22
62. Ibid., p.17
63. Ibid., p.18
64. Ibid., p.p.14, 15, 17, 18, 19, 20
65. Ibid., p.18
66. A. McGrath, "Women, Colonialism, Birth: Black Stumps of Australian History", in Royal College of Nursing Australia, Second National Nursing History Conference Papers, Canberra, 1995, p.11.
67. Francis, op.cit., p.73
68. Patient Reports for the Brisbane Home, Birdsville, 1 October 1923 - 30 June 1925, MS 5574, ANL
69. Francis, op. cit., p.p.65-66
70. Ibid., p.30
71. Ibid.
72. Ibid., p.73
73. Patient Reports for the Brisbane Home, Birdsville, 1 October 1923 - 30 June 1925, MS 5574, ANL

74. Patient Reports for the Brisbane Home, Birdsville, 1 October 1923 - 30 June 1925, MS 5574, ANL

75. Patient Reports for the Brisbane Home, Birdsville, 1 October 1923 - 30 June 1925, MS 5574, ANL

76. Patient Reports for the Brisbane Home, Birdsville, 1 October 1923 - 30 June 1925, MS 5574, ANL

77. Francis, op. cit., p.p. 29, 35, 37, 41, 45, 48, 49, 56, 63, 71, 73, 74, 78.

78. Ibid., p.71

79. Ibid.


81. Francis, op. cit., p.p.78-79

82. Ibid., p.13

83. Report on Birdsville Property, 21/5/34, MS 5574, ANL

84. Francis, op. cit., p.14

85. Ibid., p.15

86. Ibid., p.67

87. Ibid., p.15

88. Ibid., p.p.17-18

89. Ibid., p.17

90. Ibid., p.24
91. Ibid., p.27
92. Ibid., p.63
93. Ibid., p.30
94. Ibid., p.34
95. Ibid., p.36
96. Ibid., p.48
97. General Secretary of the AIM to Brook, Honorary Secretary, AIM Birdsville Committee, 4/3/25, MS 5574, ANL
98. Francis, op. cit., p.67
99. Unsigned article “Mission Work in the Outback: Pioneer Sisters at Isolated Birdsville,” Brisbane Courier Mail, October 1926, MS 5574, ANL
100. Francis, op. cit., p.p.82-83
101. Ibid., p.31
102. Ibid.
103. Ibid., p.54
104. Unsigned article “Mission Work in the Outback: Pioneer Sisters at Isolated Birdsville,” Brisbane Courier Mail, October 1926, MS 5574, ANL
105. Francis, op. cit., p.p.82-83
106. Ibid., p.83
107. Ibid.
108. Lewis to General Secretary AIM, 9/9/29, MS 5574, ANL
109. Expenditure Statement for Brisbane Home, 19/11/24, MS 5574, ANL
110. General Secretary AIM to Edgar, 19/12/28, MS 5574, ANL

111. Russell, op. cit., p.28

112. Ibid.

113. Hospital Nurses' Award-State in The Queensland Industrial Gazette, Brisbane, 1921, p.553.


115. Tankey to General Secretary AIM, 28/4/26, MS 5574, ANL

116. General Secretary AIM to Tankey, 26/5/26, MS 5574, ANL

117. Francis, op. cit., p.76


119. Francis, op. cit., p.76

120. Ibid., p.85

121. Francis to Flynn, 2/9/25, MS 3288, ANL

122. Unsigned article "Mission Work in the Outback: Pioneer Sisters at Isolated Birdsville," Brisbane Courier Mail, October 1926, MS 5574, ANL
Chapter 3
Building on the Tradition 1925-1930

After the initial hopeful start, the rest of the decade (1925-1930) saw a maintenance of the service Francis and Boyd pioneered, the continuity of which was achieved at some considerable personal cost to the nurses. Francis and Boyd were succeeded by the following ‘pairs’ of nurses: Mulvay and Mercer; Sherlock and Grimison; Gilbert and Pearson. In this chapter, the recurring themes of the nurses’ living and working conditions, the extended and autonomous nature of their practice and their relationship with the community will be identified and analysed.

Towards the end of this decade, a radio communication link was established between Birdsville and the newly formed Aerial Medical Service (AMS) based at Cloncurry. The introduction of this form of communication will be assessed for its impact on the nurses’ role and function; their personal, and more importantly, professional isolation. In this chapter it will be demonstrated that regardless of access to radio communication, the nurses remained self-reliant. Therefore, in conditions no less arduous than those which their predecessors had experienced, the nurses in this era of the study further contributed to the
entrenching of a culture and practice of remote area nursing at Birdsville.

Throughout the years 1925 to 1930 a severe and prolonged drought was experienced in the district. This phenomenon will be highlighted as it had a direct impact on the nurses’ personal and professional lives and their ability to effectively meet both community and employer expectations. In particular the relationship between drought, the client population and the financial viability of the Home will be investigated. For the sake of chronological flow, this chapter has been organised into sections which cover the experiences of each ‘pair’ of nurses and begins with Sisters Federal Mulvay and Eve Mercer who replaced Francis and Boyd.

**Mulvay and Mercer**

Mulvay and Mercer arrived in Birdsville on 25 September 1925 to replace Sisters Francis and Boyd. Following on from the pioneering pair, they had the advantage of coming to an established practice. However, the standards set and reputations gained by Francis and Boyd in some ways made their task more difficult. They underwent close scrutiny by the Birdsville community who continuously drew comparisons between themselves and their predecessors. Those in the
community who had thought Francis and Boyd to be saints, thought little of their replacements. Alternatively, the anti Francis/Boyd faction seemed to have welcomed the new pair with open arms. Their time in Birdsville appears not to have been particularly pleasant for them and they remained for only one year.

Little written evidence exists of their Birdsville experiences other than their brief nursing reports, a description of their journey out to Birdsville and several letters written by community members to the AIM either praising or damming the pair. Their reports do not indicate either the inclusion or exclusion of Aboriginal people in the client population. Therefore, no conclusions can be drawn from these documents as to their interaction with this section of the community. Mulvay and Mercer’s travelling itinerary from Brisbane to Birdsville is attached as Appendix D.

Mulvay and Mercer recorded the experiences they shared on their trip from Brisbane to Birdsville. Their account of this journey brings acutely into focus the difficulties of transportation in outback Queensland in 1925. Departing Brisbane by train on 11 September, they travelled six hundred and forty miles to Quilpie arriving at 1.30 a.m. on 13 September.² At Quilpie, they continued their journey in Larkin’s
International mail truck, sharing the available space with six other passengers, a load of corned beef, onions and mail. Of the other passengers, they noted the presence of an Aboriginal man and his new wife, returning from their honeymoon. The fact that the new bride was dressed in a white frock with pastel shaded trimmings and indeed that the couple had undertaken a European style wedding at all, seems to have somewhat bemused the pair. Certainly, the experience was confronting enough for them to record the event in a letter to the AIM head office.

The presence of the newly wedded couple obviously challenged any stereotypical view of Aboriginal Australians as noble savages, which Mulvay and Mercer may have had. The situation they encountered confirms a degree of enculturation in Aboriginal rural workers in south-west Queensland during the mid 1920s. This view is shared by Reynolds who identified that in the exploration and development of Australia, many Aboriginal people “sought security in a difficult and threatening world and in doing so made many adaptations to, and compromises with, European society.” Mulvay and Mercer’s encounter with the Aboriginal couple highlights the visible presence of this section of the community who were not included in the AIM’s mandate to provide holistic health care.
As they proceeded further west, the dawning realisation of their geographical remoteness came more keenly into focus. They stayed overnight at Tampoon, an isolated way station which consisted of a wood slab and iron hut. The proprietors provided meals, accommodation and liquor to passing travellers, of whom there were very few. The next morning their journey continued but was interrupted when it was discovered that some of the mail had fallen off the truck and they had to back-track to Tampoon to recover it. On the rough gravel track they experienced several delays due to punctured tyres which had to be repaired on the spot and eventually arrived in Windorah at 5 p.m. A journey of eighty miles had taken them the entire day. From Windorah their mode of transport was a privately owned Dodge car which was subject to numerous mechanical failures and frequently became bogged in sand and creek beds. Twenty miles out from Beetoota, when once more the car succumbed to engine failure, Mulvay described the situation with good humour when she wrote:

the engine crooned a plaintive melody “I Shall Not Stray” and there stood stately on the road and its little wooden whistle wouldn’t whistle. A heavy day was spent repairing the engine even hair pins were used, we kept at it hard until sun down when we gave up hope.
Forced to camp on the ground overnight, their only food was week-old corned beef and pickled cabbage. Thick muddy water from an almost dry water hole was used to make tea in an old black billy-can and the driver walked twenty miles back to Beetoota overnight to get help. The remainder of their journey is described by Mulvay as being mercifully uneventful and they arrived in Birdsville on 25 September 1925. Their subsequent trip report, submitted to the AIM in February 1926 concluded with "here endeth the newsy section. Tickets please" and was signed, "Little Sisters of the Dust". Unfortunately, a keen sense of humour was not enough to sustain Mulvay and Mercer during their time at Birdsville.

No evidence could be located regarding the nature or length of any hand-over period between the pioneering pair and Mulvay and Mercer, other than the fact that Francis and Boyd departed Birdsville in late September and were glad to go. No doubt Francis and Boyd would have given the new arrivals at least their version of the political dynamics at work within the community which seemed to follow class, race and religious lines. The influence that this type of information would have on the new nurses' ability to successfully 'live in and be part of' the community should not be underestimated. Whatever they were told or not told, it would appear that Mulvay and Mercer sought at least to
establish a better relationship than Francis and Boyd had been able to achieve between themselves and the town community. In so doing, they automatically brought themselves into conflict with the pastoralists, several of whom were part of the local AIM committee and therefore significant fund-raisers for and supporters of the Brisbane Home.

The loss of support from this section of the community is evidenced in the first instance by an examination and comparison of the outpatient figures recorded by Francis and Boyd and those recorded by Mulvay and Mercer, which reveal a significant drop in the rate of persons attending the Brisbane Home clinic. In the first instance, Francis and Boyd attended to patients on 2827 occasions whilst Mulvay and Mercer attended patients on only 232 occasions. Given that Mulvay and Mercer were at Birdsville for only one year, this is still a significant drop in the number of times they were called upon to render out-patient occasions of service. There are several possible reasons for this which include the following.

- Francis and Boyd as the pioneering pair of the AIM service, experienced not only a high level of interest in themselves as newcomers to the district but also a desire from the community to measure what the extent of their skills might have been. This ensured a steady stream of outpatients;
• a major portion of Francis and Boyd's work involved rudimentary dentistry (mainly removal of teeth) for a population who had not hitherto had access to this service locally. In their two years at Birdsville the most urgent needs of the population in the area of dentistry had been served. Given the small population, Mulvay and Mercer were unlikely to have experienced the same level of need for this service;

• prolonged drought in the area meant a significant reduction in the work force on the outlying cattle stations, thus limiting the total possible patient population.

Whilst all these factors were important, the most likely explanation for the rapid decline in their patient statistics is that the district population, which comprised permanent town's people, itinerant service personnel, surrounding pastoralists and a mobile indigenous population, had differing expectations of and interactions with the nurses. In addition, each nurse and pair of nurses employed at Birdsville brought with them their own personal philosophies, belief systems, personalities and nursing ability. The success or otherwise of their time at Birdsville was determined by these largely unknown factors. Even trying to measure the concept of 'success' become problematic because this depends upon whose perspective is taken, the community (and if so which
community), the employer or the nurses themselves. In the case of the former, the variables might include, nursing ability, cheerfulness, stoicism and an ability to 'fit in'. For the employer, there was an expectation that the good reputation of the AIM would be upheld and that the nurses would stay for a two-year period. One suspects that the nurses would be chiefly concerned with positive patient outcomes and their ability to overcome professional and personal isolation.

In relation to Mulvay and Mercer, Tankey, the local Secretary of the Brisbane Home Committee reported to the AIM Head Office in January 1926 that the new pair were "getting along O.K. but, quite naturally, find the place slow." However, in a subsequent letter to the AIM in April of that year, he stated that although Mulvay and Mercer were well, he was afraid that they were "getting tired of Birdsville." By May of 1926, Tankey had been notified by the AIM that Mulvay and Mercer would not be staying on for the second year of their term. In correspondence to the AIM General Secretary he offered the following by way of explanation:

they were unfortunate in being here for the climax of the worst drought on record,
they had practically to live (the same as the rest of us) on tinned stuff all the time
and there was nothing in the way of entertainment for them. As all the stations
were working short-handed very few people came into town. Ever since their
arrival the President of the Local Committee has been unable to get into town to
meet them. The place at its best would not appeal to most town girls and they
happened to strike it at its worst. It is a pity they are leaving because they were
always willing and capable of doing anything which was wanted.18

Aside from the drought, lack of fresh food and general boredom, Tankey
reported to the AIM that the wall of the storeroom had fallen in and the
roof timber of the Brisbane Home was riddled with white ants.19 No
doubt these elements contributed to frustration with their poor living and
working conditions. Whilst it would be easy to identify boredom and
climatic conditions as the main reasons for their not fulfilling their two
year contract, this is an incomplete and somewhat simplistic picture.

Although Mulvay and Mercer shared many of the hardships experienced
by their predecessors and were, by the townspeople at least, well
regarded, their competence when measured against Francis and Boyd
was called into question by sections of the population. Even though
Francis and Boyd did not interact well with everyone, in particular the
publican, because they pioneered nursing services at Birdsville, criticism
of their competence was minimal and certainly not committed in writing
to the AIM head office.20 However, there was no such reticence to
criticise the work of Mulvay and Mercer.
Mr. and Mrs. Brook, the local storekeepers, together with Griffin the school teacher had provided Francis and Boyd with their main 'in town' social support system. From the outset, the Brook’s support was not offered to Mulvay and Mercer. Although now residing at Boulia, Brook made clear to the AIM his dissatisfaction with Mulvay and Mercer when he wrote; “to speak plainly of the new girls, the artist who picked them for the Wayback was a boob.” Brook goes on to list the number of pastoralists including Reese, the president of the local AIM committee, who had “turned away” from the Brisbane Home which he felt sure would be reflected in a downturn in donations to the Home.

Brook highlighted a clear social class distinction between the pastoralists, whom he considered to be the backbone of support for the Brisbane Home and the Birdsville town residents, whom he described as “the thirty bob town lot” whose interest would vanish “immediately their own gain is cut out”. His low opinion of the town population further substantiates a denominational as well as class division which existed between the pastoralists and the town population as identified in Grace Francis’s diary. It would appear that these underlying factors were the chief reason that some sections of the community called into question the nursing ability of Mulvay and Mercer.
Mulvay and Mercer were however not without their supporters who were quick to defend their reputations in writing to the AIM head office. In particular, Everitt denounced the rumours that the pair were unwilling to receive maternity cases into the Home by explaining that of the three maternity cases in the past twelve months, one required specialist medical care in Adelaide, whilst the other two had made the choice to deliver their babies away from Birdsville. Everitt was particularly concerned that any local rumours relating to the nurses’ abilities should not adversely affect their future job prospects and cited several examples of their worth and in particular Mulvay’s nursing competence when he wrote:

ask the father of the baby whose life she could not save; ask the man whose skull was fractured in addition to a cut from brow to nape of neck, and the doctor at Boulia who saw her work on it; ask the mother of the two babies whom she wrested from death; and know that the man who died in the Home recently as a result of malaria on top of an ulcer of the stomach, know that he died satisfied and happy...

And that does not touch the multitude of lonely bushmen who have been encouraged to revive a belief in human nature from the passing association with these pure and cheerful personalities.

Everitt, also a member of the local AIM committee, highlighted the importance of a sense of community partnership as a primary factor influencing the success or otherwise of the role and function of the Birdsville nurses. His letter to the AIM concluded with “my attitude is
that of 90% of the population of the district, and we do not want our
Sisters to be victimised by idle scandal.” Everitt’s letter to the AIM is
dated 26 September 1926 almost one month before Mulvay’s and
Mercer’s delayed departure (due to an in-patient in the Home) on 30
October 1926. It is evident that even with such support, the Birdsville
community was unable to persuade Mulvay and Mercer to stay for a
second year.

The AIM’s response to Mulvay and Mercer’s early departure from
Birdsville is identified in a letter of reply to Gaffney, in which the
nurses’ health was cited as a primary reason for their leaving, rather than
any dissatisfaction with either the job or the community. The AIM
acknowledged Gaffney’s comments relating to the good work that
Mulvay and Mercer had undertaken at Birdsville and lamented the fact
that rumours bereft of full understanding by the local population
regarding maternity cases had been circulated in the district. At least it
can be said that the AIM as employer supported their nursing staff, even
at the risk of upsetting the pastoralists and their real and potential
funding support.

The impact on Mulvay and Mercer’s health or their future career
prospects resulting from their supposed ‘failure’ to measure up to
Francis and Boyd’s standards or ability to stay the expected two years in Birdsville, cannot be measured from existing written records. However, the impact of their early departure on the community can be ascertained from correspondence between Tankey and the AIM head office. Tankey had been forewarned by the AIM about the lack of replacements for Mulvay and Mercer in August 1926 and the repercussions of this for the community. The AIM general secretary wrote:

> we feel that it will be rather unfortunate to have a vacancy at the home, and although this has never occurred in our experience before we have learned that fate
> seizure such an opportunity to play rather curious tricks so that our Convenor and Board are rather concerned at the prospect of cases coming from a long distance
> after the present nurses have left and before the arrival of the new ones.  

The AIM seems to be suggesting here that discontent expressed by some sections of the community regarding Mulvay and Mercer, which in the main had been responsible for their departure, had now left the district without any on-site health care. The point was made fairly clearly that this situation had put the health of the entire community in jeopardy, in particular those on the outlying cattle stations.

An alternative perspective on the nurses’ ability can be gained from the four quarterly reports submitted by them in the twelve and a half months they spent at Birdsville. A doctor did not visit the town during this time and aside from the patient with the head laceration which Griffin
identified as having later been seen by a doctor at Boulia, it can be assumed that they successfully managed a wide range of medical and surgical conditions. The following is a precis of their submitted nursing reports to the AIM head office.

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Inpatients</th>
<th>Outpatients</th>
<th>Conditions Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 1925</td>
<td>Nil</td>
<td>40</td>
<td>Dental extractions and temporary fillings; conjunctivitis; sprains and lacerations; colds and sore throats.</td>
</tr>
<tr>
<td>December 1925</td>
<td>1</td>
<td>63</td>
<td>Dental extractions; conjunctivitis; lacerations and sores; bronchitis; influenza; spontaneous abortion.</td>
</tr>
<tr>
<td>March 1926</td>
<td>1</td>
<td>36</td>
<td>Conjunctivitis; fractured leg, cuts and abrasions; colds and headache.</td>
</tr>
<tr>
<td>June 1926</td>
<td>1</td>
<td>36</td>
<td>Sores; lacerations and a cold.</td>
</tr>
<tr>
<td>September 1926</td>
<td>6</td>
<td>57</td>
<td>Fractured skull; malaria; pneumonia; accident; maternity (mother and babe)</td>
</tr>
</tbody>
</table>
Included with the patient reports are two notations relating to donations of food to the sisters. In the first quarter there is a gift of meat and eggs. In the final quarter there are gifts of meat, cream and butter. This substantiates Tankey's comments that they did indeed live substantially on 'tinned stuff' with very little fresh food in their diet. If Mulvay and Mercer wrote to the AIM head office explaining why they could not stay for the second year, then these records have not been kept. They appear to have been socially isolated, relying on only the town's people for company. In addition they experienced harsh climatic conditions and were for most of the time without fresh food. That they were not happy in their posting is self evident and they departed Birdsville at the end of October 1926.

**Sherlock and Grimison**

Sisters Sherlock and Grimison, the replacements for Mulvay and Mercer, finally arrived at Birdsville on 12 January 1927. The Birdsville community had for the first time since 1923 been without the services of the nurses for a period of just over two months. Tankey noted in a letter to the AIM General Secretary that by the end of January, Sisters Grimison and Sherlock "appear[ed] to have settled down to the place already and should get on well here." In terms of community politics and their general interaction with the community,
this pair had a relatively uneventful period of service in Birdsville. No written evidence, except that which was positive and praising of the nurses, exists to suggest otherwise. Indeed, Reese, who had not come to town in Mulvay and Mercer’s period of service, made the comment that at the last hospital meeting all he spoke with seemed quite satisfied with the new nurses and that it was “quite a change from their predecessors.” This was a bold statement, given that Reese had not spent any time with Mulvay and Mercer and his judgement was guided only by rumours. The AIM seems to have been right in its assertion that even a temporary loss of the service might remind the community of how important it had become to them.

With the arrival of the new nurses, Tankey also noted that the AIM venture at Birdsville had at last been placed on the list of the Golden Casket Committee for an annual grant of one hundred pounds. This was an important event for the local committee as continuing drought in the area impacted negatively on the amount of funds they could raise locally to support the Brisbane Home. In the first instance during periods of drought station workers were laid off, thus depleting the possible patient and therefore contribution base. Secondly, struggling for financial survival, the remaining population both on the stations and in the town had little money left over to donate to the support of the
Brisbane Home. However, the drought not only had a significant effect on the prosperity of the district, but also directly affected the nurses’ living and working conditions.

By August 1927 the AIM General Secretary noted from the financial statements that the nursing home was yet again paying to have water carted “which means that the sisters are working under a big handicap.” Indeed, of all the resources required by the nurses to provide an effective health service, a clean and reliable water supply was paramount. Water carted from the town water hole had to first be boiled before it could be used for either human consumption or clinical purposes. In the absence of electricity, this was undertaken inside the building on a wood combustion stove. In the summer months, one can only imagine how unpleasant this must have been.

A further impact of the drought was the loss of ground vegetation over a wide area of the district. This ensured that dust storms would be frequent and severe. As the nurses’ chief weapon against infection, maintaining cleanliness in the clinic was essential. For Sherlock and Grimison, this must have been a tiresome, energy sapping and never ending task. The Brisbane Home was a hot and uncomfortable building and the addition of a cane grass summer shed for the benefit of the
nurses as a cool retreat was suggested. Tankey commented that even this measure was unable to be undertaken as there had not been sufficient rain in the district to “make any decent growth”.40

Although their living and working conditions remained difficult throughout their time at Birdsville, Sherlock and Grimison were able to continue to provide a fairly comprehensive and efficient nursing service. Other than maintaining the Sunday School and organising the annual Christmas Tree function, no mention is made in their reports of much in the way of other social or community development activities. However, their very presence in the district and the clinical work which they performed engendered in the community a sense of well being.

In July 1927 Everitt took over the position of Hon. Secretary Tankey, who left the district in June of that year. He remained in this position, a strong supporter of both the Brisbane Home and in particular the nurses, until October 1927 when he was replaced by McRae. Of particular note is Everitt’s final correspondence to the General Secretary of the AIM in which he captures something of the importance and complexity of the role and function of the nurses and what they meant to the district. It is worthy of a lengthy quote:
your Hostel has been an inestimable boon to me during my two years term in Birdsville. Before the establishment of the Hostel, a young man appointed here as teacher, became so disgusted with the place from his constant brooding over its defects that he simply locked up the school and caught the next mail back to Brisbane. I can readily realise how he could reach such a condition without the companionship and sympathy (in the true sense of that word) of the Sisters. It is my great privilege and joy to have the use of the Hostel and the assistance of the Sisters in conducting Sunday School and a tiny service on Sundays. What difference they (Sunday School and service) have made to the life of the town, I am too close to judge. But that is not the limit of the Hostel’s beneficent influence. The feeling of security engendered from the fact of its presence is probably more helpful even than the actual attention received in time of sickness.41

The General Secretary of the AIM in reply supported Everitt’s comments and noted that the nurses “meet hard conditions without a murmur, and we can easily realise what their influence must be in isolated districts.”42

The health care influence that Sherlock and Grimison had on the district population can be further evidenced in the patient reports submitted by them between March 1927 and June 1929 which attest to the high level of competence required of these women in their diagnostic and curing roles. The following precis of their reports give some indication of the nature and range of conditions which they diagnosed and competently treated.
For the quarter ending 31 March 1927:
1 in patient - an accident victim
63 out patients - minor conditions and dental extractions

For the quarter ending 30 June 1927:
4 in patients - chill; ulcerated leg; cold; bilious attack
85 out patients - minor conditions and dental extraction

For the quarter ending 30 September 1927:
4 in patients - ulcerated leg; burns; cold; bilious attack, ophthalmic
50 out patients - minor conditions and dental extractions

For the quarter ending 31 December 1927:
1 in patient - teething, vomiting and diarrhoea
52 out patients - minor conditions and 5 dental extractions
1 home visit paid covering a distance of 220 miles.

For the quarter ending 31 March 1928:
2 in patients - shock from near drowning; obstetric case (14 days)
101 out patients- minor conditions including 2 dental extractions
1 home visit paid covering a distance of 220 miles.

For the quarter ending 30 June 1928:
1 in patient - on two occasions for influenza and pleurisy
56 out patients - minor conditions including 1 dental extraction

For the quarter ending 30 September 1928:
1 in patient - obstetric (15 days)
46 out patients - minor conditions including 4 dental extractions
2 home visits covering a distance of 152 and 220 miles respectively for a spontaneous abortion and congestion of the liver

For the quarter ending 31 December 1928:
2 in patients - rheumatoid arthritis; threatened abortion (7 days)
43 out patients - minor conditions including 3 dental extractions
1 home visit covering a distance of 300 miles for fractured clavicle

For the quarter ending 31 March 1929:
2 in patients - threatened abortion (same case as noted in the previous month); general breakdown
53 out patients - minor conditions including 3 dental extractions
For the quarter ending 30 June 1929:

2 in patients - burns; septic foot
52 out patients - minor conditions including 16 dental extractions.43

Whilst there is no record of any of the above patients treated being referred to a medical practitioner, this possibility cannot be dismissed. They were visited by Dr Simpson, an honorary doctor for the AIM investigating the establishment of a flying doctor service, between 5 and 7 August 1927.44 However, in a pre antibiotic era, Sherlock and Grimison still displayed remarkable clinical nursing skills. No deaths were recorded in this period, even though they undertook primary care for some serious medical, surgical and midwifery cases.

Sherlock and Grimison’s two-year period of service at Birdsville was due for completion in January 1929 and the AIM was once again experiencing difficulty in securing nurses to replace them. In correspondence between the AIM General Secretary and McRae at Birdsville it was suggested that this difficulty related to their inability to attract “suitable nurses” because the AIM’s standards were very high and they did not wish to lower them.45 Grimison departed Birdsville in January leaving Sherlock to carry on alone until May 1929 when she was relieved by Sisters Gilbert and Pearson.46
Throughout their period of service, Sherlock and Grimison continued their pastoral and community development roles, so well noted by Griffin. However, for many in the community, their role as curers as well as carers was of paramount importance in the era prior to radio communications and a flying doctor service. Lewis commented on this in a letter to the AIM General Secretary. With the rest of the community, he was pleased to know that Sherlock would remain until relieved because there had been “quite a number of cases needing attention by the Sister, so we appreciate the services rendered here”.

On May 24 1929, a grateful Birdsville community presented Sherlock with a parting gift of ten pounds, which was the equivalent of one month’s salary.

At a national level, during 1927 Flynn and the AIM continued to pursue the issues of an inland radio network and a flying doctor service. Now that the nurses were in place in isolated communities, his vision for a mantle of safety over the outback could not progress further until these two endeavours had been achieved. Flynn, ever the entrepreneur, in applying to the Post Master General’s Department for radio licences, suggested that they be issued in the name of the Inland Radio Relay League. To support this title he wrote that:
if you have no objection, I think it would help if you could allow us to speak of a
“League” - thus enabling us to strengthen sentiment and patriotism. An “Inland
Radio Relay League” should appeal strongly both to bushmen and to those who
furnish our funds, and especially to amateur experimenters who are assisting us so
generously. 49

Flynn suggested that the functions of the scheme should be considered
progressively. In the first instance the radios would be used only in life
and death emergencies. Secondly, they could be used as a feeder for
commercial services and finally as a social boon. 50 In relation to the
latter, he asked if there could be any objection to innocent “gossip” in
the outback as a means of breaking down social isolation. 51 In later
years with the increasing number of radio facilities in small isolated
communities and on pastoral properties, the potential of this form of
communication lived up to Flynn’s expectations. For successive nurses
at Birdsville and in other similar situations, the ‘innocent gossip’ was
not always experienced as innocent, and confidentiality of a patient’s
medical condition transmitted via the radio was either compromised or
totally lost.

In March 1928, the AIM General Secretary wrote to McRae identifying
the importance they placed on securing a wireless transmitter for
Birdsville so that the sisters could carry on conversations and arrange
medical visits for critical cases with the soon to be appointed flying
doctor at Cloncurry. McRae in reply noted that the transmitting set
would be a great boon in that "moribund township." Neither McRae
nor Sherlock and Grimison experienced the excitement or relief that
either the radio or the flying doctor service would bring to the district,
and a radio for Birdsville was not realised until 1929.

The Aerial Medical Service commenced operations at Cloncurry in May
1928, initially on a trial basis. Dr. K. St. Vincent Welch was
appointed the first medical superintendent. The AIM contracted
Qantas Airways to supply the aircraft. Although the trial period of one
year was considered by the Convenor of the AIM to be successful, he
noted that in that year they were "not entirely free from minor accidents,
however it was fortunate that "news of these did not reach the Press, so
that all through the year we kept up our propaganda and additional
money came in". By the end of the second year the AIM considered
that the scheme should be put on a permanent basis and sought financial
assistance from State Governments. However, no government funding
was available due to the Great Depression of the late 1920s and early
1930s. Thus the experimental stage of the new organisation lasted for
eleven and a half years but did eventually became an incorporated body
with the title of the Flying Doctor Service and much later, the Royal Flying Doctor Service.\textsuperscript{59}

The local committee at Birdsville began to plan for their inclusion in the flying doctor service and in September 1928 McRae notified the AIM General Secretary that:

\begin{quote}
a landing place has been formed for the convenience of planes that might possibly arrive and I am sending a plan to Headquarters, Cloncurry in order that they may know the whereabouts, and can alight without any trouble.\textsuperscript{60}
\end{quote}

Unfortunately, McRae died suddenly at Birdsville in December 1928, some nine months before the first visit from the flying doctor in September 1929.\textsuperscript{61} Lewis, the police sergeant, took over the function of Secretary of the local committee.\textsuperscript{62}

**Gilbert and Pearson**

Gilbert and Pearson arrived the day before Sherlock left Birdsville, in May 1929. The total physical hand-over period and orientation for the new sisters was one day. It is not known however if Gilbert and Pearson, as suggested by the AIM, communicated with Sherlock in writing prior to their arrival in Birdsville. In any case, it is unlikely that Sherlock would have given them much in the way of negative
information, given that she was waiting to be relieved after twenty-nine months of continuous service!

The importance of a decent hand-over period between the departing and arriving nurses cannot be overstated. Aside from any persons with on-going clinical conditions which the new nurses needed to be appraised of, there was the matter of introducing them to the local residents, current work systems and available equipment. In addition, an introduction to the physical environment in which they would have to live was also important. Most of the nurses employed at Birdsville between 1923 and 1953 came from the more populated coastal areas of Australia. They would have been used to permanent electricity and water supplies, as well as many other amenities. Much of the nurses’ energy would initially be taken up in coming to terms with their new environment. Unfortunately, during the time period under study (1923-1953), the AIM was rarely in the position to make new appointments in time to facilitate an adequate hand-over period for the nurses.

When Gilbert and Pearson arrived, the area was still in drought and must have presented a bleak picture to the new pair. The drought continued to have an impact upon the nurses’ personal and professional lives throughout the years 1929 and 1930. Scott, a Patrol Padre with the AIM
who was in the Birdsville district between December 1929 and January 1930, commented that he could now well understand why it was difficult to procure nurses for Birdsville as “the conditions and climate are awful, we average about four days a week with dust storms and the balance cleaning up after them, it is heart breaking for the womenfolk.”

Obviously this was not considered at that time to be men’s work!

To further add to Gilbert and Pearson’s discomfort, the old hotel which was now the Brisbane Home was beginning to fall down around them. In a report to the AIM, Scott revealed the extent to which the building had fallen into disrepair. He described the Home as “somewhat dilapidated, and very hot” and suggested that a new modest building of galvanised iron or some other easily transportable material be built.

In July 1929 Lewis, the local AIM secretary, warned the AIM head office not to consider extending the lease on the building and to certainly not undertake any repairs because “if you could only see the building, it would make you smile or wonder.” Lewis was ‘wondering’ why the AIM was spending any money at all on leasing the building and how in good conscience, the owner could accept this money. In the same correspondence, Lewis also commented on the severity of the drought and the dust storms that this would undoubtedly
With the continuous shortage of water, frequent dust storms and the building disintegrating around them, working and living conditions must have been very difficult for this pair.

Two events at this time broke the monotony for the community and the nurses. The first was the arrival of two aeroplanes and their occupants from Melbourne who stayed in the town for four days. The rarity of this event and the excitement it engendered are captured in Lewis’ comments that they were "a sight for out these parts". In 1929, aeroplane flight was not a commonplace event in Australia’s outback. There were few airstrips or petrol dumps to support what was still a very dangerous endeavour over vast uninhabited areas. The second cause for community celebration was heralded by an announcement in the *Brisbane Courier Mail* that the Country Women’s Association of Bundaberg was donating a wireless set for the Brisbane Home at Birdsville. In September 1929 Lewis noted that the radio transmitter was now installed at the Home and that it was proving to be a boon "locally and to the district in general”.

During this difficult drought-stricken period, the nurses managed to continue with their clinical nursing and some community development activities. In August they had three patients in the hospital. This in
itself would have been a challenge, given the need to keep themselves, their patients and their environment clean. However, Lewis noted in relation to water that the nurses were very careful and economical in its use.\textsuperscript{71} Gilbert's first quarterly report for the period ending 30 September 1929 reveals that they had cared for seven in-patients whose conditions were listed as - injured foot; varicose veins; scurvy; radial paraplegia; high blood pressure and albuminuria; malignant throat; two abscesses on the face and worms.\textsuperscript{72} In the same quarter, they saw one hundred and forty-one out-patients and noted that one patient was transferred a distance of seven hundred miles.\textsuperscript{73}

The transfer of this patient via Marree to Adelaide gave rise to another unfortunate incident and letter of complaint from an AIM supporter, resident on one of the outlying cattle stations. Lewis noted that the sisters held a picnic on 6 September 1929 but that neither he nor Gilbert were able to attend as they had to urgently transport a patient down to Marree.\textsuperscript{74} En route they passed by Mt. Leonard station and failed to stop there to attend to a dental complaint. Richards of Mt. Leonard wrote a scathing letter to the AIM head office, in which he interpreted the outing by Lewis and Gilbert to be a "joy trip" and complained bitterly that as a long term supporter of the AIM he was entitled to better treatment.\textsuperscript{75} In
addition he would now have to transport his two boys some 800 miles to
the nearest dentist for treatment and concluded with:

I am writing you in the hope that you will have such a matter as this looked into
and see if something cannot be done as in my opinion Sister Gilbert is not a fit
person to be in the position in which she is. 76

The Acting Superintendent of the AIM provided a swift response to this
letter of complaint, regretting any misunderstanding that may have
occurred and pointing out that Gilbert after consultation with the flying
doctor via wireless was “accompanying a very sick patient to medical
help about the time you mention.” 77 In addition he wrote:

personally, I regret very much that anyone suffering from toothache should not be
relieved at the earliest possible moment, but, knowing our Sisters as I do, I am quite
ready to believe that some urgency must have been responsible for Sister Gilbert’s
action.
P.S. When we have received a statement from Sister Gilbert we will communicate
with you again in the matter. 78

The rumours engendered in the district by Richards’ complaint would no
doubt have caused Gilbert and Pearson considerable angst, even though
the truth of the matter would have been known to the local Birdsville
community. Although on this occasion a seriously ill patient was
transferred out of the district for medical care, this was a rare
occurrence. For example, Gilbert and Pearson were able to provide at
least some of the women with ‘in-town’ maternity services. No doubt those women with an appropriate maternity history would have preferred this service as opposed to the long and arduous journey needed to be undertaken if medical help was required.

The value of the nurses’ work in providing maternity services for isolated women is revealed in the quarterly report submitted for the period ending 31 December 1929 in which a successful confinement was noted. In addition, sixty-five outpatients were attended to in this time including five persons requiring dental extractions. What is not noted in this report is the fact that Gilbert was taken to Cloncurry Hospital on October 16 with acute appendicitis and subsequently died there on 2 November 1929. In a subsequent letter to Richards at Mt. Leonard Station, the AIM Secretary informed him of this fact, noting that the rough car ride probably contributed to her condition and subsequent demise. In conclusion, the AIM Secretary acknowledged that on Richards’ express wish no further action would be taken regarding the incident relating to his sons’ dental needs.

Pearson was left to carry on alone, though at the time of Gilbert’s death she received spiritual support from the Reverend Shackleton, a visiting padre in the district. This was however short lived, as Shackleton on the
day following Gilbert’s death, drowned in a local water hole. Lewis noted that Pearson tried to revive him but was unsuccessful in her attempt.\textsuperscript{84} These two incidents bring acutely into focus the very real dangers experienced by the isolated inhabitants of the district, which included the AIM nurses. Gilbert paid the ultimate price. Even though antibiotics were not available at this time, the distance and therefore time taken to reach medical/surgical attention greatly increased the risk of death.

Of importance here in relation to Shackleton’s death is the fact that even though Birdsville now had radio communication with the doctor in Cloncurry, the radio in itself could not save his life.\textsuperscript{85} The immediate medical intervention was the responsibility of the nurse and in this instance she was unable to save him. Regardless of the technology available, in the absence of on-site medical support, it was still the nurse who would have to physically instigate the primary intervention.

One can but wonder at the mental toughness required of Pearson in order for her to carry on. To her credit, Pearson continued at her post though she did have some domestic help and the support of the community. In December 1929 following Gilbert’s death, Lewis noted in correspondence to the AIM Secretary that:
Sister Pearson is carrying on with the local work at the Hospital and as there is a patient in the Hospital, we have managed to get a suitable domestic gin... during the time the patient is in hospital; owing to the scarcity of suitable labour, it is impossible to obtain assistance to the Sister but the best is done to relieve in every way.

In response, Baird commented that the AIM was pleased that “a gin [had] been secured to assist with the rough work at the Home” and that they hoped it would be “possible to keep her there”. There is nothing in the above communications to suggest that this Aboriginal woman was employed by the AIM, only ‘secured’!

Even though using the labour of Aboriginal women was a common practice throughout Western Queensland, it had not hitherto been the practice of the AIM at Birdsville. Reynolds, describing this situation in the early part of the twentieth century stated that:

> women and girls made a significant contribution as workers in and around the station homestead both as de facto managers of all-male households or as the invaluable assistants and companions to the wives of owners and managers. They performed innumerable tasks around the homesteads... Few stations could have possibly paid for white servants to perform the same tasks, which were frequently labour intensive. Like their male counterparts the women were rarely paid.

Although during the time of Francis and Boyd an Aboriginal man had been ‘engaged’ to chop wood, this is the first notation of the contribution which an Aboriginal woman had made to the continued
maintenance of nursing services at Birdsville. This was not an insignificant contribution, considering that Pearson would have been kept busy providing twenty-four hour nursing care to an in-patient as well as attending to the daily outpatients. Little time would have been left for cooking, cleaning and washing. There is a suggestion here however that the community was mindful of Pearson's workload and in consideration supported her and assisted where they could. In such situations the benefits of working with, living in, being part of and accepted by the community are highlighted. Pearson was finally relieved between April and May of 1930 by Sisters Campbell and Fanshaw.⁸⁹

Throughout the period 1925 to 1930 apart from one short break, the AIM nurses provided continuous primary nursing and medical care as well as spiritual leadership and community development activities for the people of Birdsville and the surrounding district. The nurses shared with the community harsh climatic and living conditions which would have made their life at times almost unbearable. They were however uncomplaining of their situation. This in itself is not remarkable given the sense of duty which was the norm for all nurses at this time. Durdin highlights this point when discussing nursing at country hospitals in South Australia in the same time period. She stated that:
nurses in country hospitals contended with minimal equipment, irregular and often excessive demands on their time and energies, and a multitude of roles, which they generally accepted as the norm.

In conclusion, the nurses’ autonomy in clinical decision making remained essentially unchallenged during the 1920s. The first recorded visit by a medical doctor during those years did not occur until August 1927. The next visit was not until October 1929, which was preceded only slightly by the installation of the first pedal radio in Birdsville. The arrival of the radio transmitter and the instigation of a flying doctor service, though important events, do not negate the fact that they continued to make daily decisions relating to medical diagnosis, treatment and nursing care in the absence of any other on-site health care personnel.

During this period a prolonged drought was evident in the area. For the nurses this meant continual water shortages, severe heat and frequent dust storms. Neither the townspeople nor the nurses had much energy left over for social activities. As stockmen were laid off, less money was available in the district to support the Home, which by the beginning of 1930 was literally falling apart.
Both the positive and negative aspects of living in and being part of the community are highlighted in this era. Mulvay and Mercer's experience of the impact that community politics can have on one's job satisfaction, or lack of it, stand at one end of the spectrum. At the other is the appreciation and thoughtfulness shown to Sherlock and Pearson by a grateful community. The stoicism displayed by Pearson, staying on after the death of her friend and companion to maintain the continuity of the service, borders on the heroic, although she would most likely have seen this as her duty as a nurse. Finally, these women contributed significantly to the holistic health of this isolated population just by being there and sharing in their hardships. Building on the traditions that Francis and Boyd first established, these nurses provided a solid foundation for health services at Birdsville.
End Notes - Chapter 3

1. Sisters Mulvay and Mercer, Travel Itinerary Brisbane to Birdsville MS 5574, ANL

2. Sisters Mulvay and Mercer, Travel Itinerary Brisbane to Birdsville MS 5574, ANL

3. Mulvay to AIM 28/2/26 MS 5574, ANL

4. Mulvay to AIM 28/2/26 MS 5574, ANL


6. Mulvay to AIM 28/2/26 MS 5574, ANL

7. Mulvay to AIM 28/2/26 MS 5574, ANL

8. Mulvay to AIM 28/2/26 MS 5574, ANL

9. Mulvay to AIM 28/2/26 MS 5574, ANL

10. Mulvay to AIM 28/2/26 MS 5574, ANL

11. Mulvay to AIM 28/2/26 MS 5574, ANL

12. Mulvay to AIM 28/2/26 MS 5574, ANL

13. Mulvay to AIM 28/2/26 MS 5574, ANL

14. Mulvay to AIM 28/2/26 MS 5574, ANL

15. Patient Reports for Brisbane Home Birdsville, September 1925 - September 1926 MS 5574, ANL also see Ch. 2 for patient statistics for Birdsville 1923-1925.

16. Tankey to General Secretary AIM, 26/1/26 MS 5574, ANL

17. Tankey to General Secretary AIM, 26/4/26 MS 5574, ANL
20. See Ch.2 for discussion relating to Francis and Boyd's interaction with the Birdsville community.


32. Patient Reports for Brisbane Home Birdsville, September 1925 - September 1926 MS 5574, ANL

33. Patient Reports for Brisbane Home Birdsville, September 1925 - September 1926 MS 5574, ANL

34. Tankey to General Secretary AIM, 28/1/27 MS 5574, ANL

35. Tankey to General Secretary AIM, 28/1/27 MS 5574, ANL

36. Reese to Flynn, 3/7/27 MS 3288, ANL
37. Tankey to General Secretary AIM, 28/1/27 MS 5574, ANL
38. Reese to Flynn, 3/7/27 MS 3288, ANL
39. General Secretary AIM to Everitt, 9/8/27 MS 5574, ANL
40. Tankey to General Secretary AIM, 28/1/27 MS 5574, ANL
41. Everitt to General Secretary AIM, 17/9/27 MS 5574, ANL
42. General Secretary AIM to Everitt, 8/10/27 MS 5574, ANL
48. Scott to General Secretary AIM, 26/12/29 MS 5574, ANL
49. Flynn to Secretary Post Master General’s Department, 16/7/27 MS 3288, ANL
50. Flynn to Secretary Post Master General’s Department, 16/7/27 MS 3288, ANL
51. Flynn to Secretary Post Master General’s Department, 16/7/27 MS 3288, ANL
52. General Secretary AIM to McRae, 9/3/28 MS 5574, ANL
53. McRae to General Secretary AIM, 18/4/28 MS 5574, ANL
54. Convenor AIM Board, “Historical Note on the Early Relation of the A.I.M. to the Flying Doctor Service”, MS 5574, ANL
55. Convenor AIM Board, “Historical Note on the Early Relationship of the AIM to the Flying Doctor Service”, MS 5574, ANL
56. Convenor AIM Board, “Historical Note on the Early Relationship of the AIM to the Flying Doctor Service”, MS 5574, ANL
57. Convenor AIM Board, “Historical Note on the Early Relationship of the AIM to the Flying Doctor Service”, MS 5574, ANL
58. Convenor AIM Board, “Historical Note on the Early Relationship of the AIM to the Flying Doctor Service”, MS 5574, ANL
59. Convenor AIM Board, "Historical Note on the Early Relationship of the AIM to the Flying Doctor Service", MS 5574, ANL

60. McRae to General Secretary AIM, 5/9/28 MS 5574, ANL

61. Lewis to General Secretary AIM, 2/10/29 MS 5574, ANL

62. Lewis to General Secretary AIM, 1/1/29 MS 5574, ANL

63. Scott to General Secretary AIM, 26/12/29 MS 5574, ANL

64. Scott to General Secretary AIM, Patrol Padre's Report, 29/1/30 MS 5574, ANL

65. Lewis to General Secretary AIM, 19/7/29 MS 5574, ANL

66. Lewis to General Secretary AIM, 19/7/29 MS 5574, ANL

67. Lewis to General Secretary AIM, 22/8/29 MS 5574, ANL

68. Lewis to General Secretary AIM, 5/8/29 MS 5574, ANL

69. Lewis to General Secretary AIM, 9/9/29 MS 5574, ANL

70. Lewis to General Secretary AIM, 22/8/29 MS 5574, ANL

71. Lewis to General Secretary AIM, 8/8/29 MS 5574, ANL

72. Patient Reports for Brisbane Home Birdsville, September 1929 - March 1930 MS 5574, ANL

73. Patient Reports for Brisbane Home Birdsville, September 1929 - March 1930 MS 5574, ANL

74. Lewis to General Secretary AIM, 9/9/29 MS 5574, ANL

75. Richards to General Secretary AIM, 13/9/29 MS 5574, ANL

76. Richards to General Secretary AIM, 13/9/29 MS 5574, ANL

77. Barber to Richards, 27/9/29 MS 5574, ANL
78. Barber to Richards, 27/9/29 MS 5574, ANL

79. Patient Reports for Brisbane Home Birdsville, September 1929-March 1930 MS 5574, ANL

80. Patient Reports for Brisbane Home Birdsville, September 1929-March 1930 MS 5574, ANL

81. General Secretary AIM to Richards, 2/11/29 MS 5574, ANL

82. General Secretary AIM to Richards, 2/11/29 MS 5574, ANL

83. General Secretary AIM to Richards, 2/11/29 MS 5574, ANL

84. Lewis to General Secretary AIM, 1912/29 MS 5574, ANL

85. Lewis to General Secretary AIM, 9/9/24 MS 5574, ANL

86. Lewis to General Secretary AIM, 11/12/29 MS 5574, ANL

97. General Secretary AIM to Lewis, 28/12/29 MS 5574, ANL


89. Lewis to General Secretary AIM, 1/4/30 MS 5574, ANL also Campbell to General Secretary AIM, 16/5/30 MS 5574, ANL

Chapter 4

Economic Depression, and a New Hospital

1930-1938

Australia in the late 1920s early 1930s, in common with many other Western societies, experienced an economic downturn of such severity that it would become known as the Great Depression. In this chapter, the depression will be analysed in the first instance for its effect on the AIM’s ability to recruit and retain its nursing workforce at Birdsville.

Secondly, the relationship between the depression, the AIM’s inability to secure funding for the building of a new hospital and the impact this had on the nurses’ living and working conditions will be investigated.

Communication and aviation technology slowly improved during the years 1930-1938. The significance of these technological advancements will be analysed in relation to the way in which the AIM nurses were able to carry out their role and function at Birdsville. In particular the impact that these technologies had on the nurses established and expanded scope of practice, as well as their personal isolation, will be highlighted.
Throughout this time period the nature of the nurses’ interaction with the indigenous community remained essentially driven by both the AIM’s unwritten policy of exclusion from all but clinical services, as well as wider white Australian attitudes towards Aboriginal people. However, it will be demonstrated that towards the end of this period, with the advent of a new hospital building, hitherto informal policies of segregation by race now became formalised. Two further recurring themes are also identified within this chapter. In the first instance severe drought, which had a direct impact on the nurses’ working and living conditions, persisted in the district during this period of time. Secondly, the nurses’ ability to draw on humour will be highlighted as a key tool for overcoming the many difficulties which they faced.

Historically, the many influences which impacted on the role and function of the Birdsville nurses, occurred both gradually as well as randomly throughout the period 1930-1938. As with chapter three, this chapter is also presented in chronological order according to the ‘pairs’ of nurses employed by the AIM at Birdsville during this time. Justification for this approach is gained from Lillian Cooper, one of the last of nurses in this era, who suggested that Birdsville people measured significant historical time and events according to which pair of nurses were present in the community.¹ The pairs of nurses employed at
Birdsville between 1930 and 1938 were; Campbell and Fanshaw, Suggate and Armour, Bishop and McLean and finally, Anderson and Cooper. The chapter begins with Sisters Campbell and Fanshaw who arrived in Birdsville on 8 May 1930 to replace Sherlock who departed the following day.2

**Campbell and Fanshaw**

Once again the hand over period between the departing nurse and the new arrivals was limited to one day. This situation however appears to reflect more on the limited transport opportunities available in and out of Birdsville as well as the AIM’s desire to facilitate relief for Sherlock, rather than on any AIM policy in relation to hand-over. In the absence of an established regular air link with Birdsville, transport options were limited to a combination of rail and road systems. Birdsville had to be approached from either Brisbane in Queensland or Adelaide in South Australia.

From the South Australian side, a train service was in operation from Adelaide to Marree. From there, the journey had to be undertaken on the mail truck, up the Birdsville track which took approximately ten days.3 Starting out from Brisbane, rail travel was available to Charleville and from there, four different road coaches via Adavale,
Windorah and Moorabberri were used to transport mail, goods and passengers to Birdsville. Again, this was a long and uncomfortable trip and as Birdsville in both cases was the end point of the journey, there was only a one-day turn around period. The significance of this is that unless the incumbent nurse or nurses were able to stay for a further period of two weeks, then the time available for an effective hand-over would be restricted to something less than twenty-four hours.

Campbell’s application form to the AIM was dated 7 April 1930, indicating that there was little time taken between her application and subsequent arrival at Birdsville. When the time of approximately ten days for travelling to Birdsville is factored into this situation, it is obvious that Campbell was not able to correspond with Sherlock prior to her arrival. It is also unlikely that she had any time to acquire any additional skills such as basic dentistry before leaving for Birdsville.

Campbell indicated that prior to taking up a position at Birdsville, she had been receiving an annual wage of one hundred and thirty pounds per annum but was now willing to accept one hundred and twenty pounds plus travelling expenses in order to gain employment with the AIM. On application, she also identified that although she had not hitherto undertaken any Christian work she was now willing to do this.
Whether or not Campbell had been employed in the period immediately prior to her joining the AIM can only be a matter of speculation. However, Durdin in discussing nursing in this period suggests that nurses in both the hospital and private sphere considered themselves to be fortunate to have employment in the face of an "economic disaster which touched all Australians." Strachan supports this adding that "maintaining a job as a nurse meant receiving accommodation and food and an income which provided the necessities of life." By a strange twist of fate, the economic depression which caused hardship for so many Australians actually helped the AIM to secure the services of nurses for Birdsville throughout this period of time.

The fact that Campbell, who had not previously been involved in any Christian missionary work, was willing to accept a significant drop in salary and prepared to immediately go out to this most isolated of nursing outposts, suggests that there was an element of economic necessity in her decision to seek employment with the AIM. Campbell as a city woman probably had little first hand knowledge of the isolation which awaited her in Birdsville and yet she actively sought out this job opportunity. However, as a Presbyterian, Campbell probably had some knowledge of Flynn and the work of the AIM, which may have been a further influence on her choice of
employment. Fanshaw, Campbell's chosen companion, was an English-trained nurse and midwife then residing in Australia. Having no relatives in the country, her reason for going out to Birdsville seems to be that of seeking adventure, rather than one of pure economic necessity. In a letter to the AIM in December 1931 she stated that she was "very grateful to the AIM for allowing [her] to see the back-blocks of Australia." 

Further insight into why the AIM was able to attract nurses for Birdsville during the years of the Great Depression can be gained from an examination of the comparisons which existed between the employment conditions of AIM nurses and their counterparts in Queensland public hospitals at this time. Table 1 below sets out the AIM's conditions of appointment for registered nurses in 1930.

**Table 1: Conditions of Appointment**

1. Salary, 120 pounds p.a., paid in monthly instalments at the end of each month.

2. One Month's furlough salary for each year of service paid on completion of term. No temporary absence from duty beyond three days without reference to the Board.

3. Travelling and incidental expenses to field centre paid by Board.

4. Return fares from field centre to home port or immediate destination, provided term has been fulfilled.

5. Living provided at field centre during term.
6. Duration of term usually two years.

7. Two nurses appointed to each station, preferably those who are already friends, one of whom should hold a double certificate.

8. The Board, in compliance with the Workmen’s Compensation Acts in each State, has taken out a policy covering all its workers. Premiums are paid by the Board at Headquarters. This policy covers sickness, accident, and death by accident during performance of duties.

9. The Board reserves the right, in circumstances of which it alone shall be the judge, to recall each nurse or terminate her engagement summarily without any notice other than such notice (if any) as may be required in the circumstances then existing by any award of a Court or Board applicable to the said employment. 

Registered nurses employed in Queensland Public Hospitals prior to 1930 enjoyed better wage and working conditions than their AIM counterparts. However, in the face of a national economic disaster, this situation changed somewhat. In 1930 nurses employed in Queensland State public hospitals had their annual wages decreased by five pounds for most trainees, to twenty pounds for matrons of large hospitals. At the same time, their hours of work were increased from eighty-eight to ninety-six per fortnight. Other award changes included a reduction in sick leave entitlements and annual leave was reduced from four to three weeks. By the end of 1930 the disparity in wage and working conditions for Queensland State employed hospital nurses and the AIM nurses at Birdsville was less apparent. Therefore during the years of the Great Depression, a job with the AIM as a registered nurse, purely in terms of wages and conditions, was not as unattractive
as it had been in the past. There remained however a significant
difference in the living conditions experienced by the AIM nurses at
Birdsville and their metropolitan counterparts.

Even though Campbell and Fanshaw arrived at Birdsville in the cooler
months of the year, their living and therefore working conditions were
not pleasant. There is evidence that the prolonged drought in the area
was continuing and the state of the Brisbane Home was deteriorating.
Campbell highlighted this when she wrote in May 1930:

we have had dust storms which is unusual in the Winter and
the sand pours in through the holes in the roof, it is a good
thing for us rain does not happen along as we should all be
drowned. One of the gentlemen guests went through the
kitchen floor last night, he is coming to mend it sometime
today.\textsuperscript{18}

By August 1930, Scott, a visiting AIM padre to the district, noted
that the hospital water tanks were dry, however the town water
supply had been connected to the hospital, thus providing a
saving of some fifteen pounds a year for the AIM in water
purchase and cartage fees.\textsuperscript{19} In addition, he suggested that this
would allow the sisters to have a small garden.\textsuperscript{20} Scott also made
the observation that Campbell and Fanshaw had by now settled
down and were doing well. This was despite the fact that the Brisbane Home was literally falling down around them.

The second major impact which the Great Depression had on the AIM and therefore the nurses at Birdsville, was an inability to raise money for repairs to the existing building and plans for a new building had to be put on hold. Whilst in the district during September 1930, Scott convened a conference of the AIM local committee to encourage support for the building of a new hospital. He informed the committee that in March of 1930 the AIM Board in Melbourne had recommended that “arrangements be made for the Hospital to be built in 1931.” The local committee instructed him to ask the Board to treat this matter as urgent adding that; “the present building in use as the Hospital is in a bad state, and to carry on much longer in this building would entail a large expense for repairs.”

The commitment by the AIM to a new hospital by 1931 is strange in light of the following. In February 1930, Barber, the Acting Superintendent of the AIM, made an approach to the Queensland government seeking 2000 pounds or fifty percent of the anticipated costs of erecting a new hospital at Birdsville. In reply, the Home
Secretary's Office refused this request based on the following information:

the total number of patients’ days for last year was 70 and the cost of maintenance 526 pounds, 8 shillings and 8 pence. The daily average cost per patient not including outdoor patients was therefore approximately 7 pound 10 shillings, which is a very high cost. In these circumstances, it does not appear that the erection of a new hospital at a cost of 4000 pounds is warranted.\textsuperscript{25}

A hand written note by Barber on the above correspondence suggests that this letter should be filed under “nearest Storking distance,” presumably to register his opinion of the government’s failure to recognise the value of having midwives on hand in the district.\textsuperscript{26} In addition Flynn, having been informed of the response from the Queensland government, noted that “so far everything in Queensland seems based on actual cases: our affairs are hard in need to ensure a feeling of security for families.”\textsuperscript{27} In any case, by August of 1930, it must have been recognised by Scott and the AIM Board that securing funding for a new hospital would not be an easy task and that this was unlikely to occur in 1931.

At a time of fiscal restraint and economic hardship, the Queensland government was not prepared to deviate from their funding for
hospitals formula, citing the low number of in-patients and the high
cost of servicing this area as reasons for not supporting the AIM
endeavour at Birdsville. The AIM was unable to convince the
government of the worth of providing nursing and community care in
this isolated corner of the State. Later in 1933, the Queensland
Government offered to subsidise the AIM hospital at Birdsville at a
rate of ten shillings in the pound but only on local subscriptions
raised, thus severely restricting any possible government
subsidisation.28

Being a private, charitable, church-run organisation and thus not part
of the Queensland Public Hospital system had both positive and
negative implications for the AIM. On the one hand, they were
unable to secure public funding at a time when this support would
have greatly helped in their quest to build a new hospital.
Alternatively, they were exempt from applying to the AIM nurses
any State award conditions which would have been applicable to
nurses in the public sector. Both Barber and Flynn were not happy
that the Government based its refusal for funding of the new hospital
on the grounds of the actual number of patients cared for at the
Brisbane Home. However, when it came to calculating an
appropriate remuneration for the nurses, the AIM were no doubt
relieved not to have to pay either the award wage or include in their calculations the hours worked when the nurses were engaged in their community development role. In effect this was a clear statement of the undervaluing of those aspects of the nurses' role and function which could be described as non clinical. In any case, the failure to secure funding for a new hospital impacted directly on the nurses' poor living and working conditions. However, even with this background, the AIM had no trouble in filling nursing positions at Birdsville up until 1940 and no further action on a new hospital building occurred until January 1933.

The extended nature of the nurses' role at Birdsville was only ignored at times when it suited the AIM to do so, however this was not generally the case. In August 1930 Fanshaw, in a letter to Baird at the AIM head office, related that she and Campbell were giving the children sewing lessons, whilst helping the mothers to cut out and make clothes for the children. Baird in reply stated that:

it would be fascinating to make a list of the things accomplished by A.I.M. sisters. Teaching sewing lessons seems to be a new venture altogether, and we can imagine what a great boon it will be to the mothers to have the girls
taught to make their own clothes. That is what one could well term "practical help".\textsuperscript{30}

In fact, this practical help was not a new feature of the nurses’ role as this had been begun in the first instance by Francis and Boyd in 1923. Not only did Campbell and Fanshaw continue this tradition but in addition were now required to make up and sew hospital gowns for their patients.\textsuperscript{31} The AIM felt that this was best left to the nurses to undertake as they knew "the exact method required."\textsuperscript{32} Underlying this statement is the inference that this was also a cost-saving measure for the AIM. However, any extension to the nurses’ domestic duties would have been unremarkable and accepted as the norm by these women. Durdin suggested that at this time, not only in country hospitals but also in mental hospitals in Adelaide, it was accepted that "nurses would undertake a wide range of housekeeping duties."\textsuperscript{33} No doubt their housekeeping tasks in a dusty and dilapidated environment, together with community and clinical nursing duties, kept this pair busy.

Perhaps because of their many and varied tasks or else their lack of a clear job description from either the AIM or their predecessor, during their first year of service Campbell and Fanshaw restricted their activities to the Birdsville township. It was not until the quarter
ending June 1931 that the first home visit some thirty miles outside of the township took place. Following this, Fanshaw sought to clarify their position in relation to undertaking home visits in the district if for whatever reason the patient could not be brought in. Fanshaw wrote to the AIM head office stating that; “I must be honest and say that if anyone comes for a nurse, I’ll just pack my bag and go with them.” Baird took this to mean that the nurses wanted more patients and were bored. She described this as being a natural phenomenon! However, Baird suggested that the AIM had always taken the view that the prevention or containment of illness was preferable to actually nursing people when they became ill. This small notation clearly identifies the AIM’s expectation that illness prevention was an important aspect of the nurses’ role.

Although health promotion and illness prevention were not unusual fields of nursing service, these activities usually took place in discrete working environments. For example, Durdin noted that there had been nurses working in the fields of occupational health and safety, public health, maternal and child health and school nursing in South Australia since the beginning of the century. At Birdsville, in addition to clinical care, all of these roles were combined and added to the complexity and comprehensive nature of
the health care service the nurses provided. They were in essence to be unrestricted by the clinic walls. This was a defining aspect of the nurses’ role and function, a key feature of which was the expectation that they would make and be responsible for decisions relating to both individual and community care. Other than the nurses’ right to control admissions and discharges at the hospital, which was identified in the AIM Nursing Homes Constitution, this expectation was largely unwritten.  

That at least some of the Birdsville nurses were unclear about their professional boundaries and autonomy in decision-making is evidenced by Fanshaw, who sought to clarify the rights of the nurses to decide whether a patient should be nursed at home or in the hospital environment.  

Baird, from the AIM head office, replied that she had:

always been under the impression that the nursing of patients in the Nursing Home or in their own home was left to the discretion of the nurses themselves... The nurses themselves, we consider, are the only ones to decide whether a patient should be moved or not.  

Baird’s reply, based on an ‘impression,’ hardly provided Campbell and Fanshaw with a clear-cut instruction, but it does provide an indication of
how historical traditions led to the development of the culture of autonomous and extended nursing practice at Birdsville.

Throughout their time at Birdsville, Campbell and Fanshaw both continued and further developed the nurses’ extended scope of practice. In a two year period of service they were visited on only three occasions by the Flying Doctor from Cloncurry. Far from being threatened or challenged by their face to face contact with a doctor, they were pleased and grateful for the visits as they offered the opportunity for consultation and professional support. Campbell related to Brodie at the AIM head office in October 1930 that; “it was so nice to have the plane over again, next time Dr. comes he will be doing some Tonsils and Adenoid operations.”

This second visit occurred sometime in the quarter ending 30 December 1930 and indeed a tonsillectomy was performed. At this point the nurses’ role and function was yet again extended. By implication, at least one of the pair would have been responsible for administering an ether anaesthetic. Whilst this would have been carried out under the doctor’s instructions, nevertheless it was an additional duty and combined with the post-operative care of the patient, added a further dimension to their role.
The third visit by a doctor was undertaken at their request, to transfer a patient with internal injuries to Cloncurry.\(^{44}\) This was undertaken by Dr Alan Vickers, who was the fifth doctor appointed to the Flying Doctor service since its inception in May 1929.\(^{45}\) It would appear that recruiting and retaining nurses at Birdsville was not as difficult as retaining doctors in the much larger centre of Cloncurry!

The range and nature of conditions diagnosed and treated by Campbell and Fanshaw is revealed in a precis of their quarterly reports to the AIM head office. Of note is the fact that the outpatient figures from the quarter ending 30 December 1930 are now expressed as ‘occasions of service’, which provides a more realistic picture of their clinical workload. Unfortunately, little information is given in the reports about the nature of conditions seen and treated by the nurses in the outpatient figures.

<table>
<thead>
<tr>
<th>Quarter ending 30 June 1930</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in-patient (Aborigine) with skin disease</td>
</tr>
<tr>
<td>69 out-patients</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarter ending 30 September 1930</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 in-patients - injured knee; septic wound on thigh (Aborigine)</td>
</tr>
</tbody>
</table>
54 out-patients including 2 dental extractions

Quarter ending 30 December 1930

4 in-patients - appendicitis (died of pus); rheumatic fever; tonsillectomy; malnutrition (Aborigine)

115 out-patient occasions of service including 9 dental extractions; dislocated shoulder reduced with good results; a child whose eyelids were treated twice a day for two months

Quarter ending 31 March 1931

2 in-patients (both Aborigines) abdominal pain/colic referred to Adelaide for surgical intervention; smoker's heart

157 out-patient occasions of service

Quarter ending 30 June 1931

no in-patients

41 out-patient occasions of service

1 home visit - distance 30 miles

Quarter ending 30 September 1931

2 in-patients - scalds to foot and rheumatism; possible fractured ribs

17 out-patient occasions of service

Quarter ending 31 December 1931

2 in-patients - dislocated knee; stroke victim (Indian) subsequently deceased 6/12/31

30 out-patient occasions of service

Quarter ending 31 March 1932

2 in-patients - sunstroke; internal injuries transferred to Cloncurry by Dr Vickers

17 out-patient occasions of service (207 miles covered in bringing in patient with internal injuries)
There is a significant decrease in the number of outpatient occasions of service from mid 1931 to March 1932. This period coincides with Fanshaw’s letter to Baird about going out of the township on home visits. Campbell commented to Baird in October 1931 that the local hospital committee would now meet every three months because there was “so little sickness they nearly forget they have a hospital.”\textsuperscript{47} It is more likely however, that during this time, at the height of the depression, that there was a significant decline in the cattle industry workforce, thus a decrease in the possible total patient population. A decrease in the number of patients seen also meant a decrease in local subscriptions raised and donations to the hospital; a significant aspect of the Home’s funding base, thus further delaying the new building plans.

In addition, the quarterly reports provide the first significant indication of the number of Aboriginal in-patients cared for at the hospital. There is no evidence that categorisation of in-patients by ethnicity or race was a directive from the AIM head office. It would appear that this was an innovation thought necessary by Campbell and Fanshaw. Something of their empathy with the local Aboriginal people’s situation is revealed in a letter from Campbell to Baird in April 1932.
Since commencing this I had to go to the Black's Camp about 4 miles away. A poor old woman is very ill, too sick to move and I felt quite miserable about leaving her there. I am going down again this afternoon. I often wonder if you all realise just how much your efforts mean to these people out here. ⁴⁸

What one cannot be sure of is whether Campbell's use of the term 'these people' referred only to the indigenous community or was inclusive of the whole community. In any case, at least the physical needs of the local Aboriginal community seemed to have taken a much higher priority with this pair of nurses, than was previously the case.

The patient whose death was noted in the quarterly report of December 1931 was later suspected of dying in suspicious circumstances, which caused Campbell and Fanshaw considerable concern. Their comments on this incident reveals their dread of having to give evidence in a Court of Enquiry, a duty which would normally be undertaken by a medical doctor, and something of the use of 'nursing humour' when faced with difficult situations. The incident is worthy of a length quote. Fanshaw wrote:

when the Constable returns - about the 20th, he and Mr Morton from the “Bluff” have to hold a Court of Enquiry

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into the death of Charles Sanasse. Sister and I have to give evidence. I feel quite sick about it, as we do not know anything about that kind of thing, and there is no one to ask advice from. Charles appears to have written a letter before his arrival in Birdsville in which he said, he feared he was being poisoned, he certainly did not have any signs of poisoning when in hospital - he was suffering from the effects of having drank two bottles of brandy during the heat wave, on the way up from Marree - he was cook to “Said Ali” who is a hawker and has a camel team. I only hope they don’t dig Charles up, the heat wave has left me a bit flat and I am sure I could not stand anything unpleasant just now. ⁴⁹

Campbell and Fanshaw appear to have enjoyed their time at Birdsville and established a harmonious relationship with the entire community including some of the indigenous inhabitants. In October 1931 when learning that a Sister Ingliss was joining up for a second term with the AIM she commented to Baird that she was; “not surprised...there is something very fascinating about the inland, of course we have no hardships to put up with here.” ⁵⁰ Not only did Campbell and Fanshaw find the experience fascinating but they obviously were pleased to have employment in an environment
where they were relatively sheltered from the worst effects of the depression. Campbell and Fanshaw were replaced after their two years service at Birdsville by Sisters Suggate and Armour in May 1932.

**Suggate and Armour**

A common characteristic displayed by all of the nurses who spent time in Birdsville was their keen sense of humour. This is evident in the Grace Francis diary and correspondence from successive nurses to the AIM head office. Suggate and Armour also used humour as a way of dealing with what must have been at times, very trying living and working conditions. In June 1932, a month after their arrival, they admitted an Aboriginal man from the “Bluff” station who had suffered a compound fracture of the ankle. This necessitated a flight evacuation to Cloncurry, which was effected by Dr. Vickers and Pilot Donaldson. The evacuation coincided with the first good rain in the district since 1926. Given the state of the Brisbane Home building this posed a significant problem for them but they met this situation with good humour which is worthy of a lengthy quote.

> It was foggy the next morning, which delayed the plane for a time, but it lifted sufficiently for Dr. Vickers to leave. It was fortunate they left when they did as the fog thickened
and then rain followed, 141 points in half an hour. The parlour room and kitchen were flooded and the other rooms not so bad. We had the mother and family with an umbrella over them, and an out-patient whose finger was in a bath with an umbrella over her. Sister and I were running in all directions with things and then we saw the humour of it all so put on hats and coats and had a cup of tea with an umbrella over the tea tray. When the rain abated we had a busy time putting things back, and drying and cleaning, but as the last good rain was in 1926 we are not expecting another whilst we are here. We are hoping the wireless is alright - we put a waterproof sheet over it, and, fortunately, the piano was under a good piece of roof. There has been 3 inches of rain since our arrival, and it is lovely to see the smiles on the faces of the residents when they talk about the rain. Birdsville is the only place I have been in that rain is welcomed by all.52

Whilst their expectations of what they would encounter at Birdsville are not known, any difficulties that they thought they might encounter paled into insignificance when Armour made her first successful loaf of bread.53 Suggate commented to Brodie that they now felt that their greatest difficulty has been overcome.54
By June 1932 Suggate and Armour were rapidly coming to understand that life in an isolated outback town necessitated a change in their priorities and the way in which they approached life. On receiving their first mail from home Suggate commented that whilst the news was interesting, no one discussed the subject they were most interested in, which was national politics. However there was a growing realisation that in another month or so they would probably lose interest.55 Effectively cut off from frequent and regular news they settled down to the slower pace of life in Birdsville. Learning to live in, be part of the community and accept its culture was a necessary survival strategy for the Birdsville nurses. Mulvay and Mercer had been unable to do this and returned to the city after only one year’s service.56 Suggate and Armour on the other hand seem to have adjusted well. In May 1933 Suggate in a letter to Brodie commented that; “there is never any hurry in Birdsville, no trams or trains to catch. I think that is what adds to the charm of the inland, the casual way time is treated.”57

Davison explored the concept of time and its relative importance in both city and country areas of Australia. He suggested that “the clash of timetables, and the need for punctuality and synchronisation, were greatest in the cities.”58 At Birdsville, there were no planes,
trains or trams to catch and in the absence of a permanent supply of electricity, the working day was largely governed by the available daylight hours. Adjusting to life in the outback for these city based nurses was an important determinant in their ability to serve out their two-year posting.

During Suggate and Armour's time at Birdsville there were some notable changes in their radio communication system. The first wireless transmitting set installed at Birdsville in 1929 had proven to be fairly unreliable. Suggate noted in May 1932 that the wireless set had been out of order for "about a year." In addition, there was no provision with the earlier sets to transmit directly by voice and neither Suggate nor Armour initially had much expertise in the use of morse code. Suggate commented that; "we have learnt the morse code and tap words to each other at meal times, we are rather slow at the receiving of the code but hope to improve with practice." However by August 1932 an automatic key board had been installed which greatly enhanced the ease and accuracy of messages sent and received. In October 1933 they were visited by Alf Traeger, the inventor of the pedal radio transmitting set, who upgraded their set to allow for direct voice transmission and reception on the short wave frequency. Traeger also installed these sets at the "Bluff", "Pandy
Pandy” and “Clifton Hills” stations, as well as the hotel.\textsuperscript{63} This innovation greatly increased their opportunities to keep in contact with the outlying stations as well as the Flying Doctor base in Cloncurry. Suggate captured what a joy this was to the district when she wrote that they were “all talking to one another; quite a display of talent has been given over the air, mouth organ solos, songs, gramophone records, and even Hi Diddle Diddle was recited.”\textsuperscript{64}

Improved radio communications had an impact on their professional as well as personal lives, as they were now able to visit more widely within the district, both for work and pleasure. On the occasions when two sisters were required at the hospital, the one visiting could be contacted and return fairly quickly. In September 1933, Armour spent time at “Mount Leonard” station providing home care to the station manager’s wife.\textsuperscript{65} Suggate made an extended visit to Bedourie, one hundred and twenty miles from Birdsville, to care for the daughter of a woman there who was “in a very nervous and run down state of health”.\textsuperscript{66} Whilst there was a nursing care basis for these visits, they were in a very real sense opportunities for a holiday away from Birdsville. Such visits in the past by their predecessors had been restricted to the near vicinity of Birdsville.
Further evidence of their increased district nursing activities is contained in their quarterly reports. In addition, during their time at Birdsville they were visited on at least two occasions by Dr Vickers, the Flying Doctor from Cloncurry.

<table>
<thead>
<tr>
<th>Quarter ending 30 June 1932</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 in-patients (an Aboriginal man with compound fracture of the ankle - transferred to Cloncurry); 36 hour old babe with colic (90 miles travelled to escort the mother and babe to Birdsville)</td>
</tr>
<tr>
<td>Out-patients: 144 surgical dressings; 21 local medical visits (district nursing); 5 dental treatments; 7 patients seen by Dr Vickers.</td>
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<tr>
<th>Quarter ending 30 September 1932</th>
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<tbody>
<tr>
<td>2 in-patients - fracture of superior condyl set by Dr Vickers at Birdsville and nursed at Birdsville; one Aboriginal man with vesicular mole.</td>
</tr>
<tr>
<td>48 out-patient occasions of service</td>
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<tr>
<th>Quarter ending 31 December 1932</th>
</tr>
</thead>
<tbody>
<tr>
<td>No in-patients</td>
</tr>
<tr>
<td>55 out-patient occasions of service</td>
</tr>
<tr>
<td>220 miles travelled to visit a man with a fractured fibula (aligned and plastered).</td>
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<tr>
<th>Quarter ending 31 March 1933</th>
</tr>
</thead>
<tbody>
<tr>
<td>No in-patients</td>
</tr>
<tr>
<td>25 out-patient occasions of service</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Quarter ending 30 June 1933</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 in-patients - dysentery and muscle cramps; abscessed tooth.</td>
</tr>
<tr>
<td>47 out-patient occasions of service including 2 cases of measles nursed in their homes at Birdsville.</td>
</tr>
</tbody>
</table>
Quarter ending 30 September 1933

No in-patients

197 out-patient occasions of service

110 miles travelled to visit a patient and one visit noted to “Black’s Camp” (patient died at camp)

Quarter ending 31 December 1933

2 in-patients - influenza; hepatic disturbance

32 out-patient occasions of service

1 visit to Bedourie - distance travelled 240 miles

Quarter ending 31 March 1934

1 in-patient - abdominal injury resulting from accident

76 out-patient occasions of service including 4 dental extractions.

Once again these brief patient reports reveal the diversity and range of illness conditions managed by the nurses. Of note here is the home birth recorded in the first quarter. The mother and babe were subsequently brought into the hospital. No further information is given surrounding the circumstances of this birth, therefore whether the home birth was by choice or accident is not known. However the opportunity to access post-natal services locally is demonstrated.

In relation to the recorded visit to the “Black’s Camp,” Suggate noted that two young Aborigines had been brought in from “Clifton Hills” station and that they had communicated by radio with the doctor for
advice. They were subsequently nursed at the camp, however the girl died. No indication is given in either the nurses’ reports or correspondence as to why these young people were nursed at the camp as opposed to the hospital. Suggate wrote:

I was feeding the girl with food that I had prepared for her and evidently it was not appreciated she said “wantem some decent tucker” but her condition was too low to give her the meat and damper that she liked but had not the power to eat.

Whilst Suggate appeared to be disappointed and perhaps not understanding of the situation, her attitude was supported by Brodie at the AIM head office, who in reply stated that it was a “pity the aboriginals leave it so late before they seek treatment for their illness.” That the Aborigines were responsible for their own poor circumstances was a widely held view by white Australians and one shared by Flynn. Markus suggested that at this time:

the federal government refused to acknowledge the true nature and impact of its policies. Given Australians’ views of themselves as a just and humane people, it could not be admitted openly that a set of double standards operated in the administration of the law and that Aborigines were being left to die from malnutrition and untreated disease.
In January 1934 the number of Aboriginal people either living on the outskirts of Birdsville or surrounding pastoral stations was not known as they were not included in census statistics. However Hey, the Honorary Secretary of the local AIM Birdsville committee, noted that “the entire population of the Diamantina Shire is only 214 persons; 155 males and 59 females. The area of the shire is 36362 square miles.”73 At least for this section of the population, Suggate and Armour continued, and to some extent, expanded nursing and health services in the district.

Throughout the years 1932 to 1935 drought continued in the district. Suggate and Armour experienced rain on only one occasion during their two-year period at Birdsville. A severe water shortage, associated dust storms and the general deterioration of the Brisbane Home provide a bleak context for their personal and professional lives. Hey described the weather conditions in January 1934 as being very trying with “calm, sultry, stifling days” and “dry thunder storms all around us, which do not cool the air.”74 By mid January he noted that the town water supply was exhausted and everyone was limited to two gallons of water per person, per day and that the temperature ranged from 110 to 115 degrees Fahrenheit!75
Despite their living and working conditions Suggate's and Armour's period of service at Birdsville seems to have been both successful and rewarding for themselves and the general community. Hey commented that:

everything is going very nicely at the Hospital. We will be sorry to say goodbye to Sisters Armour and Suggate in April; they are both very popular and will leave the district with the best wishes of the whole community. 76

Suggate and Armour were each presented with a leather travelling case as a farewell gift from the community and departed Birdsville on 14 April 1934, one day after the arrival of their replacements, Sisters Bishop and McLean. 77

**Bishop and McLean**

McLean described their hand over period from Suggate and Amour as being a half a day, in which time they asked as many questions as they could. 78 Her recollections of their first weeks at Birdsville focus on attending to housekeeping, meeting the town's people and entertaining visitors as well as conducting the Sunday School, for which Bishop played the violin. 79 In addition she noted that they continued the sewing classes for the girls on Thursdays and had open house on Saturday evenings if there were no patients in the wards. 80
The pair appear to have settled in well to the pace of life in Birdsville fairly quickly and by June described some of the non clinical aspects of their role. With other members of the tennis club, they gave tennis lessons to the children and on Saturday nights organised games and singing for them. On Sundays they conducted Sunday School in the afternoon and evening hymn singing at night.\textsuperscript{81} McLean also noted that with all their activity they had “no time to be lonely.”\textsuperscript{82}

Further examples of the extended practice tasks carried out by these nurses are described by McLean, who recorded that she had written out her “first medical certificate” for the school teacher.\textsuperscript{83} This act was certainly not common practice for nurses in metropolitan areas at this time and it was a significant enough event for McLean to note it in her personal diary. The second example relates to the death and burial of a child in August 1934. The child was Alisa Gunther, the four and a half year old daughter of the Gunther family of “Monkira” station via Winton.\textsuperscript{84} About this incident McLean wrote:

- on Wednesday 22nd August we admitted a little girl to hospital, she seemed very ill then and gradually got worse,
- on Sunday 26th we got Dr Russell down to see her and found she was suffering from Pneumonia (we had been
treatng her for same). Her condition did not improve and on Thursday evening 30th August she passed away...The coffin was put in a galvanised iron box and sealed down...

We covered the iron with calico to make it look as good as possible. 

There are several issues in the above correspondence. Firstly, Bishop and McLean correctly diagnosed pneumonia in this child and commenced treatment. Secondly, they were able to contact the Flying Doctor via radio and he visited but saw little point in evacuating the child to Cloncurry. Prior to the development of the sulphonamide drugs, little other than continuous, expert nursing care could be offered to people with serious infections such as pneumonia and the death rate was high. In this instance, isolation from more readily available medical care made little difference to the outcome. Hey, the local Honorary Secretary at Birdsville wrote the following to the AIM head office:

although the Flying Doctor visited her on the 26th, and Sisters McLean and Bishop were untiring in their efforts both day and night, the child could not be saved... Sister McLean by special request of Mr Gunther, read the service at the grave side.
No doubt this was a tragic event for the nurses as well as the family but an indication of the esteem in which these nurses were held is evidenced by the father’s request for McLean to officiate at the burial. This event also brings into focus the completeness or holistic nature of their role which has been well demonstrated to extend beyond mere clinical nursing duties.

In terms of their diagnostic, curative and clinical nursing functions further insight can be gained from their quarterly nursing reports to the AIM head office. A precis of their reports appears below.

<table>
<thead>
<tr>
<th>Quarter ending 30 June 1934</th>
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<tbody>
<tr>
<td>1 in-patient - tonsillitis</td>
</tr>
<tr>
<td>90 out-patient occasions of service including 10 dental treatments and 17 ophthalmic treatments</td>
</tr>
<tr>
<td>N.B. donations: 1 coat and shirt for the Aboriginal hospital handyman</td>
</tr>
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<thead>
<tr>
<th>Quarter ending 30 September 1934</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 in-patients - including 2 Aboriginal patients with colds and beri-beri; bruised knee and beri-beri (white) pneumonia (died); 3 patients for removal of tonsils and adenoids by Dr Russell; Aboriginal patient with digestive upset and cough; acute conjunctivitis; abdominal pain and slight fitting attack; influenza.</td>
</tr>
<tr>
<td>127 out-patient occasions of service including 14 dental and 16 ophthalmic treatments</td>
</tr>
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<tr>
<th>Quarter ending 31 December 1934</th>
</tr>
</thead>
</table>
5 in-patients - fractured clavicle; anorexia and general debility (advised to see doctor); 3 patients with conjunctivitis

92 out-patient occasions of service including 10 dental extractions and 2 temporary fillings

**Quarter ending 31 March 1935**

3 in-patients - otitis media; cut across head; strain

81 out-patient occasions of service including 9 dental extractions; 7 temporary fillings; 11 ophthalmic treatments

**Quarter ending 30 June 1935**

2 in-patients - anaemia and dyspepsia (probable cancer of the stomach) temporarily relieved and advised to see a doctor; severe cold (is being treated for tuberculosis by doctor)

84 out-patient occasions of service including 3 dental extractions and 9 temporary fillings; 11 ophthalmic treatments - 240 miles covered in visiting 1 distant patient.

N.B. list of donations include papers and books from Rockhampton and Yeppoon and a gramophone and 2 boxes of records from a private donor in South Australia.

**Quarter ending 30 September 1935**

4 in-patients; miscarriage and pneumonia (Aboriginal woman); pneumonia (Aboriginal person); miscarriage (white woman); sapraemia (second admission following miscarriage)

75 out-patient occasions of service including 5 dental extractions; 4 temporary fillings; 10 ophthalmic treatments. One home visit distance travelled 100 miles.

**Quarter ending 31 December 1935**

2 in-patients - acute conjunctivitis; gastritis

113 out-patient occasions of service including 11 dental extractions; 13 temporary fillings

**Quarter ending 31 March 1936**

6 in-patients - acute conjunctivitis; Aboriginal patient with query appendicitis (relieved); acute gastritis (2 admissions); strained muscle in back; discharging ears
93 out-patient occasions of service including 2 dental extractions; 2 temporary fillings; 1 gum treatment; 21 ophthalmic treatments

Quarter ending 30 June 1936

4 in-patients - rest; digestive upset; dysentery; injured knee (transferred to Adelaide)

110 out-patient occasions of service including 20 dental and 27 ophthalmic treatments.

From Bishop and McLean’s nursing reports a number of issues arise including the high number of ophthalmic treatments. Due to the prolonged drought, little if any fresh vegetables could be grown locally thus contributing to poor general nutrition in the local population, including the indigenous community. In addition, frequent dust storms and a general lack of water for personal hygiene would also have contributed to the high incidence of eye infections, in particular trachoma, commonly known as ‘Sandy Blight’.

Bishop and McLean continued the practice of identifying the Aboriginal patients admitted to the hospital in their quarterly reports. Of thirty-eight patient admissions during this period, six were identified as being Aboriginal persons. Numerous other patients were noted to be nursed in the ‘Black’s Camp’. In June 1934 McLean noted in her diary that she had visited the camp on the
outskirts of Birdsville and described these people's social circumstances. She wrote:

blacks living in little bush humpies about 3 foot high just to sleep in, sitting about in the dirt. Very few clothes and very dirty, one old chap had a shirt with very little back and another one an old curtain tied round the waist and a coat on. The people here say they only put them on when someone is coming.  

Bishop and McLean obviously passed on the message to the AIM about the Aboriginal people's lack of clothing, which posed a serious threat to their health in the cold winter months. Birdsville is located on the edge of a desert and winter temperatures can be as extreme as summer temperatures. No doubt their communication resulted in the donation of clothes for the hospital handyman.

Later in February 1936, Bishop noted that the "blacks" were having a hard time obtaining food because of the bad season and that "they missed the big supplies of fresh meat that they were used to." These fringe dwelling people were more than likely the elderly who could no longer work and live on the outlying cattle stations and because of the prolonged drought found local bush tucker difficult to obtain. In addition, during a time of economic depression only the fittest of workers would have been kept on by the stations, even
though they were frequently paid with little more than food and clothing rations. It did not occur to Bishop or McLean to take them food, except perhaps when they were sick. The AIM’s policy of not interfering with the indigenous people continued throughout this period, although there is ample evidence that they were included in the sickness service which the nurses provided.

Radio communications throughout this period continued to improve and an insight into the impact this had on the nurses’ personal and professional isolation can be gained from their correspondence with the AIM head office. In July 1934 Bishop noted that they “heard a good deal of the Test Matches over the wireless” and commented that the policeman, a keen cricket follower, remained until stumps had been drawn for the day.91 In addition Bishop related that they also heard some of the broadcasts and announcements relating to the death of the King although “the statics were rather bad sometimes and one could not get the full impression of the services”.92

Enhanced radio communication in the district also meant that the nurses could now take more frequent breaks away from the township. In October 1934 Bishop commented that she had spent 12 days at the “Bluff” station with Mr and Mrs Moreton. She greatly
enjoyed this holiday and was invited to go out mustering, an experience which she found “exceedingly interesting.” Later in 1935 Bishop noted that she was:

having a few days at “Pandy Pandy” station. We are eighteen miles from Birdsville, and as there is one of the AIM wireless transmitters here we speak to Birdsville twice a day, so I can hear almost immediately if Sister McLean needs me owing to the arrival of patients. The wireless makes a tremendous difference to lonely places like this.

In January 1936, McLean took the opportunity of attending the Bedourie races over a three day period and commented that she also had; “a very nice time.” She also noted that this was the first occasion away from the hospital when she did not have to attend to any patients. Therefore whilst they were able to take advantage of an increasing number of visits away from Birdsville, these were usually combined with nursing work. This situation was not encountered by their metropolitan nursing colleagues, whose time off from their employment, was their own. Whilst the Birdsville nurses now had some opportunity for social activities outside of the town environment, this did not relieve them from the sense of being on twenty-four hour call to the community during their two year period of service.
During the period 1934 to 1936 transport in and out of Birdsville remained difficult and infrequent, especially in relation to the way in which goods were transported. In July 1934 Bishop described the following:

a long, long string of camels came into town yesterday afternoon in the charge of two Afghans and a black man. There were nearly fifty camels loaded with several tons of goods for the hotel and store - boxes and packages of all descriptions, even bundles of timber about 12 feet long, while one animal was carrying a large enamel bath.\(^97\)

Given the difficulties and cost of transporting goods as well as the economic hardship of the time, it is little wonder that the new building project was put on hold.

In 1933 Flynn, in a letter to Sir David Hardie, Chairman of the Queensland AIM executive, suggested that the building project be taken over by the Queensland section as it would be easier to organise the matter from there.\(^98\) Flynn related that:

the building at present being used as a nursing home is totally unsuitable, and worse than that, is practically unfit for occupation... You will agree, I am sure, that the conditions
described are not what we should expect our devoted Sisters to work under. 99

Even given Flynn’s communication to the Queensland executive, it was not until some eighteen months later that Partridge was commissioned to prepare a comprehensive report on the state of the Brisbane Home. Partridge also commented on the fact that the AIM had imposed long enough on the goodwill and dedication of the nurses who had been “handicapped in their work, both social and medical, by the inconvenience and disrepair of the present structure.” 100

Partridge’s description of the building at this time is worthy of a lengthy quote as it provides a clear picture of just how appalling the nurses’ living and working conditions really were. He wrote:

the kitchen is a large room 16’ x 28’ floored for the most part with either kerosene or beer cases. The walls are rough, being composed of unfinished stone cemented with mud plaster inside, and finished with kalsomine, and do not so much continually weep as howl dirt down... Meals are served in this room, and seeing that there is an absence of gauze to either windows or doors in the whole place, summer repasts with their attendant flies can best be imagined. The sitting room is 12’ x 16’ with the same type of walls and a dirt floor... The nurses bedroom 18’ x 16’ has
an improvement on this in that the floor is roughly stoned, the stones being cemented together with dirt. Three doorways lead from this room, but they only boast one door between them. The dispensary is similar... Only half the windows in the whole place are able to be opened with safety, and all doors are unworthy of the name. The whole place is unceiled, and with the exception of the ward, lets the wet in. The verandahs have roofs but are dirt floored, excepting part of the front which is parqueted with beer bottles! There are four rain-water tanks, three of which do not operate.\textsuperscript{101}

Whilst it was obvious to the AIM that the building was not worth repairing, almost another two years passed before any further action could be taken. In March 1936 arrangements were made to purchase two allotments in Birdsville for the purpose of building a new hospital.\textsuperscript{102}

Regardless of their living and working conditions, Bishop and McLean were uncomplaining of their situation. Towards the end of their term at Birdsville, the weather caused them more concern than their living quarters. In February 1936 Bishop noted that there had been a heat wave for the past six weeks, with temperatures reaching 117 degrees Fahrenheit.\textsuperscript{103} Hey suggested to the AIM in March of that year that visiting hours to the hospital, except in an emergency,
be limited in order that the Sisters be able to get some rest and
“endeavour to get cool” in the hottest part of the day.\textsuperscript{104} Hey also
indicated that the sisters would not like to instigate such a proposal
themselves and the AIM in response agreed with the suggestion,
indicating that a notice be placed at the front of the hospital, but not
until the change-over of sisters.\textsuperscript{105} Bishop and McLean obviously did
not wish to risk upsetting the community by making any changes to
the existing ‘open door’ policy in view of the fact that they were
nearing the end of their time at Birdsville.

For the first time since the beginning of the Brisbane Home in 1923,
a hand-over period of two weeks was organised between the
incoming and outgoing pairs of nurses, in order that they be able to
“check off the inventory” and be introduced to the people in the
district.\textsuperscript{106} Sisters Bishop and McLean were presented with initialled
and inscribed leather writing cases by the Birdsville people in
appreciation of their services on 13 June 1936.\textsuperscript{107} Their replacements
were Sisters Anderson and Cooper.

\textbf{Anderson and Cooper}

Anderson and Cooper both trained as general registered nurses at the
Brisbane General Hospital (now the Royal Brisbane Hospital)
between the years 1929 and 1934. They met during their training years and became firm friends.¹⁰⁸ Cooper went on immediately to complete her midwifery training at the Lady Chelmsford Hospital at Bundaberg.¹⁰⁹ Both women described being grateful to have a job, three meals a day and a roof over their heads during this period of time.¹¹⁰ However by mid-1936 the worst of the depression was over and the main influence on their decision to go to Birdsville was the oratorical ability of John Flynn, whom they had heard preach at the Ann Street Presbyterian Church in Brisbane.¹¹⁰ They were inspired by Flynn and described him as being very dedicated to his topic, which was the work of the AIM. Cooper, in recalling this event, stated that:

"goodness, he could talk... He just went on and on from one subject to another and if one got away from him, well, he grabbed somebody else to talk to but he was so enthusiastic about the subject and so dedicated."¹¹¹

After hearing Flynn preach, Anderson and Cooper applied for positions at Birdsville.

Prior to leaving Brisbane for Birdsville, both women undertook a short course of six weeks in basic dentistry and use of the Morse Code.¹¹² The rest of their preparation consisted of being given some
information from the AIM about what to expect in Birdsville in relation to their nursing work. Together with the books they had read about the inland and some imagination, they felt they knew what they were getting into. The only aspect of Birdsville that shocked Cooper on her arrival was the “narrow mindedness” of the population. She recalled that they could not wear shorts, had to be fussy about the way they sat and how they hung their clothes on the line in order not to have their undergarments on view! These remarks highlight the differences between the urban culture which they were used to, and the outback culture and mores, with which they had to come to terms.

Cooper gives further insight into the social dynamics of the Birdsville community when she stated that:

you had to know which ones you could invite together. They didn’t all speak to each other and so you had to know which ones you could have at the same time and make sure that you visited them all, and they had the etiquette there that if you were invited to afternoon tea, you went about three; and if you were just calling in, you went about half-past four. Evidently they were able to accomplish these ‘hidden’ cultural tasks and adjust to their situation, because this pair not only managed to
successfully complete their two year term but also seem to have thoroughly enjoyed the experience.

Anderson and Cooper maintained regular, almost monthly correspondence with the AIM head office. Their hand written letters are stamped with 'Noted for Publicity.'\textsuperscript{117} It is apparent that this form of communication between themselves and the AIM was not only a way of reducing their isolation but also provided the AIM with interesting propaganda for use in their continual efforts to seek funding and support from the general public. This was at a time when money had to be raised to build a new hospital. No written evidence exists to identify that the nurses knew their letters would be used in this way, however this request could have been made verbally by the AIM prior to their departure from Brisbane. In Cooper's first correspondence to Brodie she asked if the type of information she had given was appropriate.\textsuperscript{118}

Whilst there is much of interest pertaining to their role and function as nurses at Birdsville contained within these letters, perhaps what is not there in relation to their personal lives and social interaction with the community is equally as interesting. In January 1938, Cooper revealed that she had become engaged to Peter Stevenson of "Durrie"
Five months later, Anderson in a post script to her regular correspondence, noted that she had become engaged to Mr H.E. Ding of Yunta. No where else in their correspondence to the AIM is there any mention of these blossoming romances, however privacy in their personal affairs was not unusual for the nurses at Birdsville. Indeed, their predecessors had organised for their mail to be sent to them in a private bag in order to keep their personal affairs out of the general realm of local gossip and speculation. The AIM was no doubt pleased with the news of Cooper and Anderson’s forthcoming marriages to local men.

As early as 1923 the AIM had expressed the view that if the nurses married local men and stayed in the outback, they would be contributing to the goal of increasing the permanent white population. In 1935, Hughes had written to Bishop and McLean informing them of a number of AIM nurses across the country who had recently become engaged to local men and finished with the comment that; “the inland districts are scoring this time.” Whilst this aspect of the nurses’ role and function was implicit rather than explicit, nevertheless there is little doubt that the AIM had considered this issue in terms of the overall contribution that their nurses could
make to their goal of civilising and Christianising the inland of Australia.

The extensive and extended nature of their nursing role is evident throughout Cooper and Anderson's letters to the AIM. Cooper's first correspondence to Brodie in August 1936 revealed that they had been quite busy since their arrival at Birdsville, attending to numerous outpatients and five in-patients, one of whom was an Aboriginal child who had been badly burnt. Cooper described the wound as being very extensive and taking a long time to heal, however they were so pleased with the outcome that she wrote: "Sr. Anderson thinks we should parade her up and down the street to let people see there has been some justification for her long stay." In the same time period they nursed in the hospital a young child with concussion who had fallen from a horse. Cooper described the child as being frail and that the few days in hospital "did her good." An element of social admission for the purpose of health promotion is obvious in this notation. They also had as an in-patient an elderly man with influenza who was hospitalised for seventeen days. Cooper commented that this gentleman lived on his own and did not feed himself well and therefore justified social as well as
clinical reasons for his admission.\textsuperscript{128} In such circumstances the benefit to the community of the nurses living in, being part of, and knowing personally the circumstances of individual community members, becomes apparent. Their nursing skills extended beyond the human population however, when Cooper noted that amongst their out-patients they provided a drover with blue stone to treat his injured horse!\textsuperscript{129}

In October 1936 Anderson identified that the elderly patient whom they had previously admitted in August had become acutely ill and that via the radio they sought the advice of Dr. Alberry in Cloncurry.\textsuperscript{130} This patient did not respond to the treatment ordered and was evacuated by air three days later. Anderson described their concern and subsequent relief when she wrote:

\begin{quote}
you can imagine how eagerly we watched the sky. At last we heard the steady drone of the engine and saw the plane almost overhead. The feeling of relief was too wonderful to describe.\textsuperscript{131}
\end{quote}

At the time of the doctor's visit Anderson noted that they had two other in-patients and had been very busy for the past few weeks.\textsuperscript{132} Two nurses providing twenty-four hour nursing care plus attending to the daily out-patients was a significant work load. The stress engendered by one more acutely ill patient is evident in the tone of
Anderson’s letter. However, once again the community supported the nurses by providing them with their meals for which they were grateful during their “busy and anxious days.”

Even though Anderson and Cooper were able to seek medical advice when required and arrange the evacuation of seriously ill patients, the nature of their clinical role remained extensive. This was indicated by a growing confidence in their ability to exercise autonomy in their clinical decision-making. In February 1937 they successfully set a broken arm and described the patient as “doing nicely.”

Further evidence of their ability to diagnose and manage a variety of medical conditions as well as referring appropriately to the doctor at Cloncurry, can be gained from a precis of their quarterly reports.

<table>
<thead>
<tr>
<th>Quarter ending 30 September 1936</th>
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<tbody>
<tr>
<td>11 in-patients - burns (186 days-Aborigine); concussion; influenza (3 admissions); senility; post influenza depression; haemoptysis; trachoma (Aborigine)</td>
</tr>
<tr>
<td>113 out-patient occasions of service - including 12 dental and 23 ophthalmic</td>
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<table>
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<tr>
<th>Quarter ending 31 December 1936</th>
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</thead>
<tbody>
<tr>
<td>13 in-patients - burns (Aborigine); influenza; eczema; malnutrition; injury to back and hip (transferred to Adelaide);</td>
</tr>
</tbody>
</table>
fractured radius (transferred to Adelaide); laceration to knee; cerebral tumour

61 out-patient occasions of service - including 2 dental and 20 ophthalmic; 410 miles covered in escorting patients to the hospital

Quarter ending 31 March 1937

6 in-patients - cerebral tumour (transferred to Boulia Hospital); malnutrition; fractured humerus; ptomaine poisoning; bruised lip; infected foot (Aborigine)

301 out-patient occasions of service - including 224 eye treatments (preventative drops/ Silver Nitrate)

Quarter ending 30 June 1937

No in-patients

325 out-patient occasions of service - including 232 eye treatments (preventative drops/ Silver Nitrate)

Quarter ending 30 September 1937

8 in-patients - carcinoma (Aborigine transferred to Cloncurry); digestive upset (2 admissions); bullet wound (transferred to Cloncurry); lung congestion; removal of tonsils and adenoids for two patients (performed by Dr Alberry)

89 out-patient occasions of service

Quarter ending 31 December 1937

6 in-patients - diarrhoea (2 admissions); acute алкоголism (2 admissions); teething; dengue fever

132 out-patient occasions of service - 7 Aborigines treated

Quarter ending 31 March 1938

3 in-patients - cold/diarrhoea; orchitis and enlarged prostate gland (transferred to Cloncurry), jaundice

97 out-patient occasions of service - 7 Aborigines treated.135

The above reports reveal some interesting data in relation to their client population. As with their predecessors Bishop and McLean,
Cooper and Anderson identified those in-patients who were classified as Aborigines. However, it was not until their last two quarterly reports that Aborigines were identified in their out-patient figures. Whilst no evidence could be located to suggest that this was a directive from the AIM head office, at a national level the AIM was beginning to come under some pressure to clearly identify the extent to which they included or excluded Aboriginal people in their mission work. According to Thompson in 1934 Dr. Charles Duguid, following a visit to the AIM hostel at Alice Springs, raised this issue stating that the AIM “concentrated on serving white settlers rather than Aborigines.” In addition Thompson suggested that William Cooper, a Methodist Aboriginal lobbyist, who had tried unsuccessfully to convince governments in the 1920s and 1930s of the need for social services, the right to vote and land rights for Aboriginal people, had by 1938 despaired of either government or the wider Christian community adopting any social justice policies for Aborigines. In March 1937 Cooper noted that they had seen an article in the New South Wales Presbyterian which suggested that Aborigines were not treated at the AIM hostels and whilst she did not know what the situation was at other hostels, she stated that at Birdsville they had never been turned away.
In fact since the inception of the Brisbane Home, Aboriginal people had always had access to the nurses’ clinical services. They were however denied access to any spiritual or social care. Cooper further identified the extent to which Aboriginal people were included in their clinical care when she wrote:

- certainly they are not in the ward, here we have a separate room
- and dishes but all necessary treatment is given to them, and we
- quite often have out-patients. On these occasions we have pulled
tooth, quite often treat boils and give cough mixtures and
liniments. There have been four aborigines as in-patients and in
the case of a child, the mother stays as company for the child.\footnote{139}

Cooper was keen to respond to what was becoming a very sensitive issue for the AIM at a national level. It could be assumed therefore that the identification of the Aboriginal community in the out-patient figures was a direct response to this situation.

By mid 1937 plans were well under way for the construction of a new hospital. Gaffney on behalf of the Birdsville hospital committee wrote to the AIM head office suggesting that an “isolation ward” be built to serve the dual purpose of a store-room and place to treat and accommodate “the blacks.”\footnote{140} The AIM took up Gaffney’s suggestion and wrote to Hargreaves the builder, asking him if a ten
foot by fifteen foot shed would be "too large for the aborigines?"\textsuperscript{141}

Hargreaves in reply said he had discussed the matter with Anderson and Cooper and decided that:

- two rooms ten feet by eight feet, with a verandah on the front,
- eight feet wide and the wood room on the verandah, is the best suggestion we have to offer. The verandah and wood room floor need not be cemented but the rooms would be better if cemented.
- Of course they need not be lined or ceiled.\textsuperscript{142}

That Aboriginal people were still to be treated as second class citizens, even when a new hospital was built, is patently obvious in the correspondence relating to their physical separation from white patients and the standard of hospital accommodation which would be available to them. In addition it should be noted that whilst the suggestion for an isolation ward came from the Birdsville community, the nurses supported this action.

The new hospital at Birdsville was officially opened by Flynn on 6 December 1937. In his opening address he stated that:

- perhaps the first step that should be mentioned was the request many years ago from Mr. Lou Reese to come and see what could be done for the aboriginals. Of course he understood that our care was primarily for white people.\textsuperscript{143}
The validity of Flynn's statement regarding Reese's philanthropic intentions should be challenged, given that no other evidence to support this notion exists within the records deemed worthy of saving by the AIM.

With the advent of the new hospital building a formal policy of segregating black and white patients was achieved. At the same time, the AIM was able to produce data which showed that both the indigenous and non indigenous communities of Birdsville and district were included in their care. However, Aborigines were still not welcomed into any of the non clinical aspects of the nurses' role. Cooper recalled that in 1994 when she attended the 70th anniversary celebrations of the AIM nursing services at Birdsville, she met one of the Aboriginal women who had been a child during her time at Birdsville. She explained that:

I was quite ashamed that we knew so little about them, but it just wasn't on... If they came up wanting medicine for cold or anything, they got it. Whatever they needed in the medical line they got... they lived their own lives down the creek.¹⁴⁴

Within the context of wider Australian society, it is unremarkable that neither the AIM nor the nurses employed by them at Birdsville in 1938 were able to recognise discriminatory policies relating to the
health care of Aboriginal people. Hunter suggested that it was not until the 1970s, when Aboriginal people became significantly involved in health care policies, that this situation began to be reversed.\textsuperscript{145}

With the breaking of a ten year drought in mid 1936, Anderson and Cooper did not have to endure the severity and frequency of dust storms experienced by their predecessors, and the last months of their time at Birdsville were spent in the new hospital, which they greatly appreciated.\textsuperscript{146} In terms of their clinical role, they were able to exercise considerable autonomy in their decision-making, although they were relieved to know that a doctor could be contacted for advice, and if necessary seriously ill patients could be evacuated. Anderson recalled that on their arrival at Birdsville the population of the town was twenty-six people including themselves and they settled into the environment to try to “become one with the people.”\textsuperscript{147} In Anderson’s final correspondence to the AIM head office she wrote that they had been very happy in Birdsville and hoped that the new sisters would find life as pleasant as they had.\textsuperscript{148} They were relieved in June 1938 by Sisters Henderson and McKenzie.
In conclusion, the Great Depression of the late 1920s and early 1930s had both positive and negative implications for the continuation of nursing services at Birdsville. On one hand, a decrease in the number of employment opportunities for trained nurses in both hospital and private settings across Australia ensured that the AIM had little trouble in securing nurses for their outback nursing homes. During the period 1930 to 1938 there was an uninterrupted supply of 'pairs' of nurses to staff the Brisbane Home, thus ensuring the continuation of its operation. Alternatively, national economic depression coupled with a prolonged drought impacted negatively on the ability of the district and the AIM in general, to generate much needed funds to build a new hospital. Even though the original building was by 1930 in a state of disrepair, a new hospital was not built until the end of 1937. This chapter has demonstrated that throughout the years 1930 to 1938 no significant AIM policy change in relation to the inclusion and exclusion of the indigenous community in their health services occurred, even with the advent of a new hospital building.

Radio communications, especially with medical back-up services, though still unreliable during this era, began to have a positive impact on the nurses' sense of professional and personal isolation. Whilst their scope of clinical practice continued to be broad with both diagnostic and
curative components, the knowledge that the most serious cases could be evacuated by air to Cloncurry gave the nurses some sense of relief. However, aerial visitations for medical purposes were still infrequent during this time period and not undertaken lightly or routinely. Pastoral care and community development activities as well as their clinical roles were maintained by the AIM nurses throughout this era. For the white population, these nurses remained true to Flynn's original vision of providing safety in settlement and support for women and children in and around the district of Birdsville.
End Notes - Chapter 4

1. Interview with L. Stevenson (nee Cooper) 19/2/94 in oral history collection, Centre for the History of Remote Area Nursing, Central Queensland University.

2. Lewis to General Secretary, AIM 12/4/30 MS 5574, ANL

3. Notes on travelling routes Brisbane to Birdsville and Adelaide to Birdsville, MS 5574, ANL

4. Notes on travelling routes Brisbane to Birdsville and Adelaide to Birdsville, MS 5574, ANL

5. Application Form for Volunteer Nurses for K. Campbell 7/4/30 MS 5574, ANL

6. Application Form for Volunteer Nurses for K. Campbell 7/4/30 also AIM Conditions of Employment MS 5574, ANL

7. Application Form for Volunteer Nurses for K. Campbell 7/4/30 MS 5574, ANL


10. K. Campbell’s application form to the AIM identifies that she trained at both the Sydney Hospital and the Crown Street Women’s Hospital. The address given for her next of kin is Sydney. At the time of her application she was residing at Summer Hill in Tasmania.

11. Application Form for Volunteer Nurses for K. Campbell 7/4/30 MS 5574, ANL

12. Fanshaw to Baird 10/12/31 MS 5574, ANL
13. AIM Conditions of Employment 1930 MS 5574, ANL

14. For more detailed discussion of this issue see Ch. 1 - section on living and working conditions.


18. Campbell to Baird 16/5/30 MS 5574, ANL

19. Scott to General Secretary AIM 20/8/30 MS 5574, ANL

20. Scott to General Secretary AIM 20/8/30 MS 5574, ANL

21. Scott to General Secretary AIM 20/8/30 MS 5574, ANL

22. Scott, Minutes of Conference held at Birdsville 19/9/30 MS 5574, ANL

23. Scott, Minutes of Conference held at Birdsville 19/9/30 MS 5574, ANL

24. Asst. Under Secretary, Queensland to Barber 4/6/30 MS 5574, ANL

25. Asst. Under Secretary, Queensland to Barber 4/6/30 MS 5574, ANL

26. Barber (hand written note) on correspondence from Asst. Under Secretary, Queensland to Barber 4/6/30 MS 5574, ANL

27. Flynn to Barber 16/6/30 MS 5574, ANL
28. Under Secretary, Queensland to AIM Superintendent 1933 MS 5574, ANL

29. Fanshaw to Baird 23/8/30 MS 5574, ANL

30. Baird to Campbell and Fanshaw 22/9/30 MS 5574, ANL

31. Baird to Campbell and Fanshaw 19/2/31 MS 5574, ANL

32. Baird to Campbell and Fanshaw 19/2/31 MS 5574, ANL

33. Durdin op.cit. p.113

34. Patient Reports for Brisbane Home, Birdsville June 1930 - March 1932 MS 5574, ANL

35. Fanshaw to Baird 25/6/31 MS 5574, ANL

36. Fanshaw to Baird 25/6/31 MS 5574, ANL

37. Baird to Campbell and Fanshaw 8/7/31 MS 5574, ANL

38. Baird to Campbell and Fanshaw 8/7/31 MS 5574, ANL

39. Durdin op.cit. p.p.71-74

40. Draft Constitution of the Brisbane Home Birdsville 1924, MS 5574, ANL

41. Fanshaw to Baird 25/6/31 MS 5574, ANL

42. Baird to Campbell and Fanshaw 8/7/31 MS 5574, ANL

43. Campbell to Brodie 2/10/30 MS 5574, ANL

44. Patient Reports for Brisbane Home, Birdsville June 1930 - March 1932 MS 5574, ANL

46. Patient Reports for Brisbane Home, Birdsville June 1930 - March 1932 MS 5574, ANL

47. Campbell to Baird 13/10/31 MS 5574, ANL

48. Campbell to Baird 14/4/32 MS 5574, ANL

49. Fanshaw to Baird 3/4/32 MS 5574, ANL

50. Campbell to Baird 13/10/31 MS 5574, ANL

51. Suggate to Brodie 6/6/32 MS 5574, ANL

52. Suggate to Brodie 6/6/32 MS 5574, ANL

53. Suggate to Brodie 23/6/32 MS 5574, ANL

54. Suggate to Brodie 23/6/32 MS 5574, ANL

55. Suggate to Brodie 23/6/32 MS 5574, ANL

56. See Chapter 3 for further discussion re this issue in relation to Mulvay and Mercer.

57. Suggate to Brodie 3/4/33 MS 5574, ANL


59. Suggate to Brodie 27/5/32 MS 5574, ANL

60. Suggate to Brodie 27/5/32 MS 5574, ANL

61. Suggate to Brodie 9/8/32 MS 5574, ANL

62. Suggate to Brodie 17/10/33 MS 5574, ANL

63. Suggate to Brodie 17/10/33 MS 5574, ANL

64. Suggate to Brodie 17/10/33 MS 5574, ANL
65. Suggate to Brodie 5/9/33 MS 5574, ANL

66. Suggate to Brodie 5/9/33 MS 5574, ANL

67. Patient Reports for the Brisbane Home Birdsville, June 1932-March 1934 MS 5574, ANL

68. Suggate to Brodie 17/10/33 MS 5574, ANL

69. Suggate to Brodie 17/10/33 MS 5574, ANL

70. Brodie to Suggate 3/11/33 MS 5574, ANL


73. Hey to Brodie 31/1/34 MS 5574, ANL

74. Hey to Brodie 31/1/34 MS 5574, ANL

75. Hey to Brodie 23/1/34 MS 5574, ANL

76. Hey to Brodie 23/1/34 MS 5574, ANL

77. Hey to Brodie 23/6/34 and Hey to Brodie 17/4/34 MS 5574, ANL

78. McLean unpublished “Our Trip Out to Birdsville” MS 5574, ANL

79. McLean unpublished “Our Trip Out to Birdsville” MS 5574, ANL

80. McLean unpublished “Our Trip Out to Birdsville” MS 5574, ANL

81. McLean to Brodie 11/6/34 MS 5574, ANL

82. McLean to Brodie 11/6/34 MS 5574, ANL
83. McLean extract from personal diary MS 5574, ANL

84. Hey to Brodie 3/9/34 MS 5574, ANL

85. McLean to Brodie 3/9/34 MS 5574, ANL


87. Hey to Brodie 3/9/34 MS 5574, ANL

88. Patient Reports for the Brisbane Home, Birdsville June 1934-June 1936 MS 5574, ANL

89. McLean extract from personal diary MS 5574, ANL

90. Bishop to Brodie 18/2/36 MS 5574, ANL

91. Bishop to Brodie 28/7/34 MS 5574, ANL

92. Bishop to Brodie 19/2/36 MS 5574, ANL

93. Bishop to Brodie 14/10/34 MS 5574, ANL

94. Bishop to Brodie 12/11/35 MS 5574, ANL

95. McLean to Hughes 6/1/36 MS 5574, ANL

96. McLean to Hughes 6/1/36 MS 5574, ANL

97. Bishop to Brodie 28/7/34 MS 5574, ANL

98. Flynn to Hardie 10/1/33 MS 5574, ANL

99. Flynn to Hardie 10/1/33 MS 5574, ANL

100. Partridge to AIM “Report on the Birdsville Property” 21/5/34 MS 5574, ANL

101. Partridge to AIM “Report on the Birdsville Property” 21/5/34 MS 5574, ANL
102. Hey to General Secretary AIM 25/3/36 MS 5574, ANL
103. Bishop to Brodie 18/2/36 MS 5574, ANL
104. Hey to General Secretary AIM 25/3/36 MS 5574, ANL
105. General Secretary AIM to Hey 9/4/36 MS 5574, ANL
106. General Secretary AIM to Hey 18/2/36 MS 5574, ANL
107. Hey to General Secretary AIM 23/6/36 MS 5574, ANL
108. Interview with A. Barclay (nee Anderson) 27/10/93 in oral history collection, Centre for the History of Remote Area Nursing, Central Queensland University.
109. Interview with L. Stevenson 19/2/94 in oral history collection, Centre for the History of Remote Area Nursing, Central Queensland University.
110. Interview with A. Barclay 27/10/93 and L. Stevenson 19/2/94 in oral history collection, Centre for the History of Remote Area Nursing, Central Queensland University.
111. Interview with L. Stevenson 19/2/94 in oral history collection, Centre for the History of Remote Area Nursing, Central Queensland University.
112. Interview with A. Barclay 27/10/93 and L. Stevenson 19/2/94 in oral history collection, Centre for the History of Remote Area Nursing, Central Queensland University.
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114. Interview with L. Stevenson 19/2/94 in oral history collection, Centre for the History of Remote Area Nursing, Central Queensland University.
115. Interview with L. Stevenson 19/2/94 in oral history collection, Centre for the History of Remote Area Nursing, Central Queensland University.

116. Interview with L. Stevenson 19/2/94 in oral history collection, Centre for the History of Remote Area Nursing, Central Queensland University.

117. See for example correspondence from Anderson and Cooper to AIM head office between 21/8/36 and 16/1/38 MS 5574, ANL

118. Cooper to Brodie 16/1/38 MS 5574, ANL

119. Cooper to Brodie 16/1/38 MS 5574, ANL

120. Anderson to Hughes 21/5/38 MS 5574, ANL

121. Cooper to Baird 14/10/37 MS 5574, ANL

122. Unsigned article “The AIM and the Nation” 1923, MS 3288, ANL

123. Hughes to Bishop and McLean 17/10/35 MS 5574, ANL

124. Cooper to Brodie 21/8/36 MS 5574, ANL

125. Cooper to Brodie 21/8/36 MS 5574, ANL

126. Cooper to Brodie 21/8/36 MS 5574, ANL

127. Cooper to Brodie 21/8/36 MS 5574, ANL

128. Cooper to Brodie 21/8/36 MS 5574, ANL

129. Cooper to Brodie 21/8/36 MS 5574, ANL

130. Anderson to Brodie 10/10/36 MS 5574, ANL

131. Anderson to Brodie 10/10/36 MS 5574, ANL

132. Anderson to Brodie 10/10/36 MS 5574, ANL
133. Anderson to Brodie 10/10/36 MS 5574, ANL

134. Cooper to Brodie 1/2/37 MS 5574, ANL

135. Patient Reports for the Brisbane Home, Birdsville September 1936 - March 1938 MS 5574, ANL


137. Thompson ibid.

138. Cooper to Brodie 22/3/37 MS 5574, ANL

139. Cooper to Brodie 22/3/37 MS 5574, ANL

140. Gaffney to General Secretary AIM 9/5/37 MS 5574, ANL

141. General Secretary AIM to Hargreaves 20/7/37 MS 5574, ANL

142. Hargreaves to General Secretary AIM 7/8/37 MS 5574, ANL

143. J. Flynn address at opening of Birdsville Hospital 6/12/37 MS 5574, ANL

144. Interview with L. Stevenson 19/2/94 in oral history collection, Centre for the History of Remote Area Nursing, Central Queensland University.


146. A. Anderson, “Andie’s Story” 12/7/91 (unpublished) MS 5574, ANL

147. A. Anderson, “Andie’s Story” 12/7/91 (unpublished) MS 5574, ANL

148. Anderson to Hughes 21/5/38 MS 5574, ANL
This chapter begins by analysing the impact that World War Two had on the ability of the AIM to maintain their policy of appointing nurses to Birdsville in pairs and the subsequent use of paid non-nurse companions to assist during periods of staff shortages. Following the Man Power legislation enacted during World War Two, the movement of all civilian nursing and ancillary staff was severely restricted thus further contributing to the AIM's inability to attract nurses to Birdsville. It will be demonstrated that this situation was further compounded by a general nursing staff shortage across Australia during this era. Within the context of professional isolation, the parameters of the clinical work undertaken by the nurses and the extent to which they exercised autonomy in their decision making is highlighted as a contributing factor to the further development of a culture of extended nursing practice.

In addition, the extent to which Aboriginal people were included in all aspects of nursing care during a time period when the population of other Australians in the district significantly decreased, will be highlighted. It will also be demonstrated in this chapter that even though
the indigenous community became the focus of the nurses’ work and their main client population, a policy of physical segregation by race was formalised and maintained within the new hospital complex. At an informal level, the ‘social divide’ which existed between indigenous and non-indigenous Australians will be demonstrated to have further reduced the nurses’ opportunities for social interaction with other human beings. A further factor in their social isolation will be revealed by identifying that discrimination was not only practiced by the nurses along racial lines, but also in regard to religion.

The degree to which technological advances in medicine, aviation and communication developed during World War Two, impacted upon the role and function of the Birdsville nurses will be examined. In particular, the relationship between the loss of some services (radio communication and evacuation by aeroplane) and the nurses’ personal and professional isolation will be explored. Finally, other factors affecting the nurses’ living conditions will be examined as they relate to their role and function during this time period. A thematic approach has been taken in this chapter because the AIM was unable to maintain their pairs policy during this era.
In June 1938, Henderson and McKenzie commenced duties at the Brisbane Home. McKenzie left Birdsville in August 1940 and Henderson stayed on until August 1941, with assistance from Lorraine Shepley, a young local Birdsville woman appointed to be her companion. Henderson was replaced in June 1941 by Gordon, who remained in Birdsville until May 1945. For a short time Gordon had local assistance from Betty Dunn and some holiday relief from two ex Birdsville nurses, Cooper and McKenzie. Beech and Keith who departed Birdsville in October 1947 replaced Gordon. The Home was then closed down for 12 months and reopened in October 1948.

**Recruitment and Retention**

From 1923 until 1941, the AIM had been able to maintain their policy of sending out nurses in pairs.¹ These were women who were already friends and colleagues prior to going to Birdsville. However, the onset of World War Two and Australia’s subsequent involvement, posed new challenges to the AIM’s ability to attract and retain their nursing staff. For the first time since the service’s inception at Birdsville, the concept of recruiting a paid non-nurse to act as a companion and assistant to the registered nurse was enacted.
The AIM’s ‘pairs policy’ had been developed in order to provide the nurses with on site professional peer support, a built in though informal relief system and domestic assistance. More importantly, this policy provided a means by which the nurses could keep their own counsel and avoid discussing a variety of personal and professional issues with any one section or individual within the community. This was important in terms of the nurses being able to keep out of local community politics. In a small isolated community such as Birdsville, the ability to do this could mean the difference between a successful term or a short and unhappy stay. Therefore the pairs policy was an intentional AIM nursing retention strategy. However, in an environment when it became impossible to recruit two nurses, friends and colleagues or otherwise, the AIM had little choice other than to consider the option of utilising paid non-nurse companions. Notwithstanding this fact, unless the non-nurse companion was from outside the community and an existing friend of the registered nurse, little other than domestic or social help could be deemed to be gained from employing such staff. Though this was far from an ideal situation for the registered nurse, there were few other alternatives during the years 1940 to 1943.

After McKenzie’s departure in August 1940, Lorraine Shepley was appointed by the AIM as a paid nurse companion to assist Henderson.
As a young seventeen year old local woman, Shepley would only have been able to assist Henderson and later Gordon, with domestic duties, assistance perhaps with Sunday School and other social activities held at the Home. Whilst the records do not reveal exactly what her duties were, her immaturity would suggest that she could not act in the capacity of a confidant, or offer the nurse any professional support or relief. Shepley was paid ten shillings a week for the first two months, seventeen shillings and sixpence a week for the next two months then one pound a week thereafter. Therefore, after the first four months Shepley was effectively paid fifty-two pounds per year for the assistance she was able to provide. Given that Shepley was not trained in any capacity, was only seventeen, and had her board and lodging provided for, this was not an unreasonable wage for a young woman in this time period.

By comparison, Henderson was receiving an approximate salary of one hundred and twenty pounds per year and whilst this salary figure dates back to Campbell’s appointment in 1930, there is no written evidence to suggest that nurses’ wages had changed much since that time. During the years of the Great Depression in Queensland nurses, as with all other categories of workers, had their wages cut and hours of work increased. In 1937, a marginal increase was granted to nurses in the public sector, in line with a general adjustment in the basic wage. However, the
forty-eight hour week for nurses remained intact, both in the public and private sectors.⁷

Strachan suggested that the outcome of the nurses’ wage and hours claim in 1937 was underpinned by the “ethic of dedication without high remuneration” which served the employers aim of cheaper staffing of hospitals.⁸ She further revealed that in Queensland by 1943 “hospital nurses had not received a basic wage increase, except for the cost of living expenses... since their first award in 1921.”⁹ Whilst the AIM was not bound by any nurses award in Queensland, as a charitable institution, they certainly were not in a position to offer above award wages.

For public sector registered nurses, wage rates rose in relation to the number of subordinates they had under their control and the number of daily occupied beds they were responsible for. Therefore on a sliding scale, the nursing superintendent of a large metropolitan hospital was paid more than a nursing superintendent of a small rural hospital, who was paid more than a registered nurse on their own in a remote location. The concept of remunerating nurses in accordance with their extended role and responsibilities in an isolated situation had not yet been considered. That is, the less support one had, the greater one’s
responsibilities and therefore one’s wages should also be higher, rather than the reverse.

By this criteria, Henderson’s wage of one hundred and twenty pounds a year was quite poor for accepting the total responsibility of nursing care in Birdsville and the surrounding district. However, within the broader Australian context in comparison with other female occupations, all nurses across the entire spectrum were recognised as being very poorly paid.\textsuperscript{10} Years of low wages and poor working conditions contributed to a severe civilian nursing shortage throughout the late 1930’s and early 1940’s. The profession was not attracting new recruits and young women looked to other occupations to either establish life long careers, or fill in the years before marriage.

By 1942 nursing staff shortages in regional and country Queensland were acute. Strachan related that Miss Doris Bardsley, the Queensland representative of the Australasian Trained Nurses Association (ATNA) at a national meeting to address this issue reported that:

Monto Hospital in western Queensland said their usual staff was a matron and four sisters, but they only had a matron and one sister. Cloncurry reported that they would lose three sisters soon and would be left with no qualified sister on the staff despite extensive advertising.\textsuperscript{11}
Aside from the profession’s failure to attract or retain nurses due to poor working conditions and wage structures, the recruitment of nurses to support the armed services during World War Two, further depleted the civilian registered nursing workforce.

Many registered nurses had joined the armed services from the outset of the war and aside from the perceived glamour of serving one’s country in this capacity, the pay rates were better, thus further contributing to staff shortages in civilian hospitals. Burchill, one of the first Victorian nurses to serve overseas during World War Two recalled that on 29 March 1940 the nurses were given an honoured position in the Great March through Melbourne’s streets. She remembered this as an unforgettable experience and stated the newspaper reported that:

behind the blue column of marching Airmen the little group of Army Nurses in grey looked insignificant, but put the street barriers to their greatest danger when the enthusiastic crowds pressed forward to get a better glimpse of the first women from Victoria chosen to go overseas with the men.

Strachan suggested that nurses in the armed forces were considered by the Australian population as their “collective heroines.” Little wonder then, given this kind of acclamation and the fact that civilian nurses were paid less, that non military hospitals were experiencing nursing staff shortages. This was the background against which the AIM had to
try and compete for the recruitment of nurses for Birdsville, which was a far less attractive nursing proposition both geographically and financially in comparison with nursing in either rural, regional, metropolitan environments, or in the armed services.

By 1942 as Australia endeavoured to increase its war effort, nursing recruitment and retention in civilian health care institutions across Australia became critical. In response, the Commonwealth government enacted legislation to establish the Man Power Directorate which exercised control over the organisation and movement of all labour across essential industries. As hospitals and health centres were considered to be essential and protected workplaces, employers and employees were required to seek permission from the Man Power Directorate before any staff movement, including dismissal or transfer could be undertaken. Whether or not Gordon under these conditions had any choice in the decision to stay at Birdsville is not known; however Hughes advised her in 1942 in relation to their recruitment difficulties that “nurses cannot leave one job and go to another without this permission.” Even Shepley her paid non-nurse companion was required to seek permission from the Man Power Directorate to leave her employment in Birdsville. She gained this permission because she was leaving to enter the nursing workforce, albeit as a trainee. Although
Shepley had been entirely educated at the primary school in Birdsville and had never attained even a school certificate, she was keen to learn and obviously inspired and helped first by Henderson and then Gordon to take up her nurse training. Shepley continued her duties at the Brisbane Home until 1943 when she was given permission by the government to leave Birdsville and commence nurse training at the Brisbane General Hospital. Appendix E provides a copy of Shepley’s Man Power release document.

As the Man Power Directorate was not established until 1942, Henderson’s decision in 1940 to stay on at Birdsville for a third year was voluntary. McKenzie, who had gone to Birdsville with Henderson, fulfilled her two-year contract and became the third Birdsville nurse to marry a local man. Although after her marriage she returned almost immediately to live in Birdsville opposite the hospital, her marital status effectively excluded her from reapplying for a full time position with the AIM.

Historically, since the introduction of the Nightingale system of nursing in Australia in 1868, it had not been considered appropriate for female nurses to remain in the workforce after marriage. Strachan suggested that many nurses in fact remained unmarried because nursing was seen
as an appropriate female occupation which did not require a woman to marry in order to be considered whole and fulfilled. However for those women who did marry, the role of caring wife, mother and home builder was seen as a higher priority and service to the nation. Therefore the practice of nurses leaving nursing upon marriage became deeply embedded in the wider Australian psyche and culture and essentially remained so until the 1960’s.

This situation changed only briefly during World War Two when the civilian nursing shortage became so acute that married ex nurses “not keeping house for their husbands” were called into service. Wurth, the Director General of Man Power stated in 1943 that “marriage should not in itself be sufficient to justify refusal on the part of nurses to engage in active nursing duties for the duration of the war.” However that was not until 1943 and Mrs Blinman (nee McKenzie) prior to her return to Birdsville in September 1940, whilst offering to provide any assistance she could to Henderson, certainly would not have considered re-entering full time employment.

Blinman, along with Stevenson (nee Cooper) who was also resident in the district, did however relieve Henderson in November/December 1940 in order that she be able to take eight weeks leave. After two
years in Birdsville, Henderson’s need to take leave was obvious, at least to Blinman who informed the AIM head office that Henderson had lost “a good bit of weight.” No doubt this period of leave positively influenced Henderson’s decision to stay on in Birdsville until a replacement could be found. Both her ex partner Blinman and Stevenson had left the Birdsville district by April 1941, so even this informal support by then had disappeared.

That same month Brodie of the AIM head office informed Henderson of the difficulty that the AIM was experiencing in recruiting replacement nurses and further that “every organisation” was “experiencing the same difficulty.” Although unable to secure the services of two nurses for Birdsville, the AIM was able to recruit one registered nurse, namely Gordon who commenced duties at Birdsville in June 1941. Henderson remained until September 1941 during which time Shepley took holiday leave. Just prior to Henderson’s departure, a grateful Birdsville community gave her twenty-two pounds, almost one sixth of her annual wage, as a parting gift for her extended period of service.

The AIM, and in particular the Birdsville community, were fortunate indeed in securing the services of Gordon. Her journey from Brisbane to Birdsville took her twelve days by rail and road, in which time she
camped out under the stars, travelled over rough bush tracks, got bogged on several occasions, experienced flooded river crossings and ended up walking the last mile into Birdsville.\footnote{32} It was an experience she enjoyed and her introduction to Henderson, the Birdsville community and surrounding district was a positive one.

In the two months she and Henderson worked together they became good friends and no doubt because of Henderson’s influence and positive outlook, Gordon got off to a good start.\footnote{33} A further consideration here in Gordon’s ability to settle quickly into her new environment was an extensive handover period of two months, in which time she was able to come to terms with her role and job description. Shepley returned from leave and once again took up the position of companion/assistant to Gordon.

For a short period of time during Shepley’s absence in April 1942, Gordon secured the services of Betty Dunn as her companion/assistant. Gordon initially paid Dunn’s wages of four pounds out of her own pocket and she noted in correspondence with Hughes of the AIM head office that:
as far as I am concerned you need not worry about Betty’s salary as I am
willing to let it stand as it is. After all I was the one who benefited by her
help and company.  

The AIM subsequently refunded Gordon this money. This incident is
perhaps an indicator of Gordon’s altruistic, easy going nature and her
ability to take control over her own situation, qualities which she would
need to draw upon heavily in the four years she spent as the only
registered nurse at Birdsville.

How long Gordon had initially intended to stay in Birdsville is not
known. However by 1941, Australia was facing the threat of a Japanese
invasion and the war was coming closer to home. In December 1941
Brodie requested Gordon to stay on at Birdsville for another year
because:

> with the development of the war in the Pacific you will understand that we
> will experience considerable difficulty in obtaining nurses in pairs for our
> many homes. If you can carry on as at present, at least during the coming
> year, it will relieve us of a great deal of anxiety.

Gordon obviously did not wish to create any anxiety for the AIM or
Birdsville and with Shepley to help her, decided to stay on.

The AIM’s recruitment difficulties were, however, not exclusive to
Birdsville. In September 1944 Brodie commented to Gordon that whilst
there were two nurses who had offered their services to go to Oodnadatta in South Australia, they had since dropped out. Brodie suggested that whilst they were good nurses that they probably were not the types “for the Inland centres.” A month later Brodie also related that “one of them seemed very keen to go, but the other one started asking all kinds of questions which indicated that she was uncertain in her own mind.” One can but wonder at the substance of this nurse’s questions as they are not revealed in the records. However, surely seeking a clear job description and some information about the circumstances they would live and work under should not have posed a threat to Brodie and the AIM at a time of staff shortages. In the same correspondence Brodie intimated to Gordon that whilst they now had nurses on their books willing to work for the AIM, they were not keen to send them out in the hot summer months and preferred to wait until the weather was cooler. Whether or not this was the case in October 1944 or if the AIM was merely encouraging Gordon to hold on, can only be a matter of conjecture, however by April 1945 they finally found a willing ‘pair’.

Beech and Keith were the replacement nurses for Gordon. They had undertaken their midwifery training together at the Queen Victoria Hospital in Melbourne and were ‘friends and
Keith, at the time of her application to the AIM was still completing her midwifery training. Upon finishing she returned to her position with the Victorian Bush Nursing Service. Hughes contacted her in April 1945 and admonished her for having taken this position, as this would make it more difficult for her to get her Man Power release. Hughes wrote:

we think it was rather unfortunate that you accepted an appointment to a Bush Nursing Hospital. It is usually more difficult to obtain release from centres like that than from an ordinary hospital.

By way of explanation Keith replied that she had been with the Bush Nursing since she finished her general training and only had a “temporary release” to do her midwifery. Keith was granted her release to go to Birdsville and Hughes provided her with a letter requesting priority rail travel to Adelaide.

Of the new pair, Hughes wrote to Gordon that both women were Presbyterians and that Beech in particular was expected to “do a good job.” In retrospect, Beech did fulfil all the expectations of the AIM, however at the time of appointment Hughes’ judgement of her ability was based on the fact that her people had “been associated with Scots Church, Adelaide, for many years” and further that “she was a Sunday School teacher and a member of Fellowship, and comes from a very fine
Obviously Hughes considered Beech’s Protestant upbringing as a key criteria in her selection and suitability to undertake her role at Birdsville. Any other skills required, apart from dentistry and pharmacy, were assumed to have been inherent in her registered nurse, registered midwife status.

As preparation for their duties in Birdsville, Beech and Keith were advised by Hughes to make enquires in Adelaide about “dental instruction and dispensing work.”

Hughes was not sure if there was a dental hospital in Adelaide but if there was, he was sure that:

- the Superintendent would, no doubt, agree to the two of you spending a couple of days receiving instruction in extractions and temporary fillings.
- They are not likely to let you make any extractions, but will show you the forceps to use, the movements and also the method of injections.

In relation to the dispensing of medicines, Hughes suggested that they should attend the outpatients’ department of a public hospital to get some experience or possibly they could give them “a book on the subject.”

In reply Beech indicated that whilst they would be attending the dental hospital for tuition, the Adelaide Hospital was not in favour of their doing any dispensing, as they were not qualified chemists.

Given this type of preparation for their extended role, it was probably just as well that Beech had a deep and abiding faith in God! Their experience with the Adelaide Hospital highlights the expectations and
limitations of the role of city nurses at this time, and the inherent ambiguity and extension in the role of a nurse going to work in a remote area. Nurses working in metropolitan hospitals were expected to refer to doctors in all medical decision making matters.\textsuperscript{51}

Madsen suggests that at the Rockhampton Hospital in this time period, although many nurses did in fact make clinical judgements and in some cases instigate treatment regimes, this was usually done in preparation for the doctor’s arrival at the bedside.\textsuperscript{52} At Birdsville, the nurses would have to rely in the main on their own judgement as on many occasions, due to the vagaries of the radio transceivers, it was not possible to contact a doctor at all! Contacting the doctor for advice was usually only undertaken for emergency cases.

For the rest of their orientation program, it probably was not necessary for Hughes to ask Gordon to hand on to the new nurses “something of the background of things in Birdsville and district and perhaps guide them in some ways as to how to deal with various matters” because Gordon would automatically have done this.\textsuperscript{53} Registered nurses working within larger hospital environments were required to give at least a verbal report of the condition of patients within their care. This was done at the beginning of each shift and occurred three times in any
twenty-four hour period. For Gordon, the client population included all the residents of Birdsville and the surrounding district and not merely any current inpatients at the hospital. Apart from formally reporting medical or nursing concerns, Gordon would have seen it as her professional responsibility in relation to orientation, to informally hand on to the new nurses any information of a personal, social, political, financial or practical nature concerning the community, as this would assist the new nurses to settle into Birdsville in an harmonious fashion.

Beech and Keith travelled by train from Adelaide to Marree and from there by motor truck with the mailman Tom Kruse to Birdsville. Ever thoughtful, Gordon sent down a ‘swag’ or bedroll to Marree for each of them for the two nights they would spend camped out on the Birdsville Track en route to Birdsville. Beech and Keith remained in Birdsville until October 1947. They were only the second ‘pair’ of nurses appointed to Birdsville in this ten year period.

Extended Scope of Clinical Practice
Throughout the period 1938 to 1948 the nurses, as with their predecessors, continued to exercise considerable autonomy in their clinical decision making. On a daily basis they used their nursing skills and judgement in relation to the diagnosis and treatment of a variety of
illness conditions, referring only to medical advice when they thought this was appropriate. In essence, they retained control over the parameters, or scope of their nursing practice, further building on established nursing traditions at Birdsville.

During this era, treatments for many ailments remained simple and the nurses applied a common sense approach to their clinical functions as well as calling upon the knowledge which they obtained both during and since their training years. For example, Henderson in her patient reports noted that olive oil treatment was given “with good result” for a patient with cholecystitis and also a patient with “gall stones”.\textsuperscript{57} In the same report; Neurotone tonic was given for debility/anaemia, iodine dressing for a dog bite, Linctus Camph. Co. for influenza and liniment for rheumatism.\textsuperscript{58}

Towards the end of Anderson and Cooper’s time and the beginning of Henderson and McKenzie’s term there were two admissions noted. One was a patient with hallucinations, the other for post influenza depression. The first admission was most likely the result of alcohol withdrawal and confirms the ‘binge and bust’ style of drinking so common in outback Australia.\textsuperscript{59} The second admission is significant in the light of current debate surrounding the validity of the diagnosis of
'chronic fatigue syndrome'. It would certainly appear that this condition or something closely akin to it, was recognisable by the nurses in 1948.

Henderson and McKenzie’s reports indicate that the most common ailments treated were; colds, infected eyes, skin conditions, sprains, headache, general debility, ear ache, sunburn, dental caries, indigestion, laceration of fingers and other body parts, diarrhoea, constipation and more than a few dog-bites. The nurses were at times, however, presented with more serious life threatening cases and occasionally, death. In March 1940 Henderson recorded that they had their second death, an old man they had met at Beetoota on their journey out to Birdsville. Henderson reminded Brodie that he was the gentleman for whom McKenzie had removed a tooth “with her fingers.” For Henderson however, dental extractions elicited more fear than mere death! Henderson noted that whilst McKenzie had undertaken most of this work, after her departure she had several to attend to on her own, but never “without first asking God’s help.”

In October 1942 Gordon recorded that an elderly Aboriginal gentleman sustained second degree burns over a large area of his abdomen and thighs, gained when he rolled in the fire and his blankets caught alight. Despite her best efforts this gentleman died within twenty-four hours.
Gordon wrote in regard to “Pussy” that “he was in no pain for several hours before he died.”64 Realistically, given the severity of the burn, and in a geographically isolated situation, to help this patient achieve pain relief and a peaceful death was probably as much as any health professional, even in a larger centre, could do. Later in 1945, Gordon described going out to the “Bluff” station to attend to and bring in a young stockman who had been thrown from his horse and remained unconscious for fifteen hours.65 This gentleman was subsequently nursed by Gordon at the Home. To put this incident into perspective, stockmen falling from their horses and rendering themselves unconscious in the process, was and still is not an uncommon occurrence in the Australian outback. In the context of this era, this type of accident would not have been seen as constituting an emergency requiring medical intervention or evacuation by air to a larger centre.

Aside from those conditions requiring surgical intervention or dentistry, remedies for many of the ailments noted could be found in Home Doctor books, commonly found in Australian households throughout this period. Later in August 1949 a set of this type of publication was donated to the AIM Home at Birdsville.66 It is interesting therefore to ponder the question of why people with relatively minor ailments, which ordinarily they could cure themselves, presented to the nurses for care.
There are two possible explanations for this. In the first instance, when new nurses arrived in the district, minor ill health was used as a legitimate reason for taking the opportunity to assess the nurses’ style and ability. In support of this supposition, Keith noted in 1945 that after a period of time the outpatient figures had dropped dramatically because they considered that the locals had by now “satisfied their curiosity.”

Secondly, Morton (nee Beech) revealed that the population as a whole had reverence for and great faith in the nurses because of their training, education and perceived knowledge in all matters relating to health and sickness. The community’s perception of the nurses’ ability was no doubt influenced by the nature and standard of the work undertaken by their predecessors at Birdsville.

From June to November 1939, Henderson informed Brodie that they had seven inpatients in this period of time but only had to seek advice from the flying doctor for two of them and prior to that they had not “required to consult him.” During the period July to September 1941 Gordon noted that of eight inpatients she had only had to contact the doctor for advice on one occasion, thus indicating the nurses continued control over admission rights and confidence in their ability to deliver competent care for a variety of illness conditions without first seeking medical help.
McKenzie, Henderson, Gordon, Beech and Keith had the reputation of their predecessors to live up to. Therefore, achieving their own professional credibility would have been an influencing factor in their willingness to undertake functions which would normally have been considered outside the realm of nurses practicing in more urban areas. Thus, a culture of remote area nursing, based on extended and autonomous practice, was further developed at Birdsville.

**Segregation, Discrimination and Social Isolation**

Manpower restrictions on the movement of nursing staff in the Birdsville area, which supported only a handful of Europeans and many more Aboriginal people, had little to do with providing health services to the indigenous population. This was regardless of the fact that as the main workforce in the beef industry, their contribution to the war effort was significant. Throughout this time period, although the nurses were not intentionally unkind to Aborigines, their attitudes could at best be described as maternalistic. Segregation between the races was firmly entrenched thus severely limiting any social interaction that the nurses may have enjoyed with this section of the population. The racial divide remained firmly intact.
The inpatient and outpatient statistics from June 1938 to November 1942 although incomplete, provide some interesting demographical data.

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In the first instance, the reports reveal a noticeable decrease in the outpatient figures between June 1939 and November 1942 across all sections of the population. Secondly, these figures indicate that by November 1942 the non indigenous population in the district had decreased significantly in relation to the Aboriginal population. This process was first highlighted by Henderson in June 1939 when she identified a decrease in the Birdsville and district child population. She informed Brodie that it was unlikely that the school would remain open after the end of the year because there were only three white school age children left in the town. However she noted that “some of the dark children” had just begun to attend school and further that they were hoping to get them to come to the Home “for some Scripture lessons.” although she did not hold out much hope because they wandered about a lot. There were obviously at this time, more Aboriginal than non-Aboriginal school age children in or about Birdsville. The child population can be used as a fair indicator of the wider indigenous population, at least in the town.

Brodie, in common with other colleagues in the AIM organisation and the wider, white Australian population, had poor expectations of the social and educational abilities of Aboriginal children. She replied to Henderson that it would be difficult for the nurses to organise “concerts
etc. with only three or four children in the town.

In addition, Brodie did not think that the nurses would be able to provide the Aboriginal children with any kind of education, Scripture or otherwise. She informed Henderson that the AIM nurses at Innaminka had “started a school” and were “trying to educate the blacks and half-castes” but that they would probably find it “very hard work.”

The fact that some Aboriginal children were attending the school at all is quite remarkable, because as a general rule, they were not required nor encouraged to do so. Hollinsworth suggests that it was a commonly held opinion that Aborigines were a primitive people on whom anything other than the most elementary education was wasted and further that; “in most states, official government acceptance of these attitudes meant that Aboriginal children were refused access to public schools.”

Against this background, and as there are no other records of previous Birdsville nurses including Aboriginal children in Sunday School activities, Henderson’s actions are a further indication that this not inconsiderable section of the Birdsville population could no longer be ignored. That is, if the health service was to have any relevance at all, and not be closed down, at least for the duration of the war.

Henderson recorded that at the Christmas party of 1940 there were a number of Aboriginal people about and that they had given them
sandwiches and cake for supper. However this appeared to be only a temporary increase in the Aboriginal town population because Henderson also revealed that by now she had to give up on the sewing and bible classes altogether because "they (Aborigines) were not often about Birdsville" these days.

There are two possible explanations for the fluctuation in the Aboriginal town population that Henderson identified. In the first instance, as increasing numbers of the white male population went off to war, work opportunities were increasing for Aboriginal men in the cattle industry. As a part of that process, Aboriginal women and children, who had become fringe dwellers at Birdsville, also returned to live on the stations. Secondly, work on the cattle stations was seasonal, with many people returning to the township during the wet season which occurs during the summer months.

Reynolds makes the point that the contribution of Aboriginal labour to the development of Australia's pastoral industries has clearly been undervalued. Nowhere can this be better demonstrated than in the largely untold story of Aboriginal people's contribution to the essential food production industry during World War Two. Whilst further investigation of this issue is beyond the scope of this thesis, the
changing Birdsville population demographics during World War Two did have an impact on the nurses' role and function, as well as their personal lives. For the nurses, at least initially, the Aboriginal population's move back to the stations meant more than having to cease bible classes and sewing lessons. They also lost access to cheap domestic labour for the Home. In March 1940 Henderson wrote that most of the Aboriginal people had gone to Clifton Hills station and whilst they liked "to get one of them to do the washing and scrubbing when they were busy, they could not do that now." 80

By early 1942 Hughes acknowledged the dwindling white population of Birdsville and the surrounding district when he wrote to Gordon suggesting that it would "make it very lonely with all the menfolk away." 81 Presumably Hughes was not including Aboriginal men in this statement. Not only was fraternisation between white women and Aboriginal men socially taboo, it was according to Hollinsworth considered to be quite impossible. As he stated:

any hints of such relationships were met with sustained ridicule and assumed to be rape. The fear of such rape was extreme, especially during those times when the numbers of non-Aboriginal men fell due to absence... during military service. 82

In addition, during this time period any friendships that Gordon may have developed with Aboriginal women were constrained, as Tonkinson
suggested, by the parameters of “mistress and servant, custodian and charge, teacher and pupil, occasionally mentor and protege”. Therefore within the context of a dwindling white population and the constraints placed on interactions between white women and Aboriginal people in general, Gordon was socially isolated from the largest section of the population. The fact remained however that it was the indigenous community with whom she would have the most human contact through her nursing work.

By the end of 1945 Hughes confirmed the fact that it had been the Aboriginal population and their use of the health service which had provided a reason for keeping it going throughout the years of World War Two. He wrote to Keith “it is just as well some of them get sick or injured just to keep your hand in.” It is apparent from Hughes’ comments and confirmed in the nurses’ letters and reports that the Aboriginal community was assuming ascendancy in their client population. Beech, who remained in the district for several decades after her term at Birdsville, recalled that after World War Two, the white population never returned to pre war levels and that the indigenous population continued its statistical domination.
By March 1940 the building of the Aboriginal or ‘isolation’ ward as a part of the new hospital complex had been completed and Henderson noted that whilst they appreciated the additional storage room they had not yet had occasion to use the ward.\textsuperscript{86} However their chance to do this followed soon after. Henderson related that they had a young Aboriginal maternity patient but that the baby died on the fourth day after birth. Something of Henderson’s attitude towards Aboriginal people, their customs and this patient in particular, is revealed in her correspondence of 7 March 1940:

\begin{quote}

it was a nice little mite and seemed quite healthy at first. I was very sorry indeed when it died. I thought it seemed hard that so many are born in the camp and get very little care yet this one that was treated like a white baby died. Still it was a little unwanted babe and our Heavenly Father knoweth best.\textsuperscript{87}
\end{quote}

The fact that she had little cultural understanding or indeed knowledge of Aboriginal lifestyles and social circumstances is confirmed when later in 1941 she offered to send Brodie a nice photo of “a little black boy” sitting on his bed in the isolation ward.\textsuperscript{88} She wrote that even though he had beautiful teeth she had given him a toothbrush and taught him how to clean them. Henderson believed that after his discharge he still kept the toothbrush she had given him.\textsuperscript{89} Her expectations at this time were probably unrealistic given that housing for Aboriginal people
at Birdsville consisted of humpies or crude shelters with dirt floors in an area of the town designated the Aboriginal Reserve, where storage of personal items would have been problematic. In addition, the population was mobile and most possessions were shared. However, at least it could be said that Henderson tried to implement a health promotion activity although she had little concept of how difficult this would have been for the child. The notion that in order to deliver effective health care in a cross-cultural situation required an understanding of the life circumstances and cultural practices of others was not considered by nurses at this time. Mandatory, preparatory education for nurses working in cultures other than their own was not generally recognised as being required until the mid 1980’s to the early 1990’s.\(^9\)

In November 1941 Gordon recorded another ‘first’ for the Birdsville nurses. She told Brodie that they had a “star boarder” named Reggie, a young Aboriginal boy whose parents had returned to Pandy Station to collect their rations.\(^9\) This was the first recorded occasion when boarding type accommodation had been offered to either an Aboriginal adult or child. No doubt this was related to the fact that completely separate accommodation was now available. Prior to the building of the ‘isolation ward’, Aborigines had been nursed in a room set aside for
them within the Home complex or on its verandah. Morton recalled that no white person would have considered sharing a room with an Aborigine. Reggie was of course accommodated in the isolation ward and Gordon noted that if she was a bit slow in going out to collect his dinner dishes, he would bring them up and “hang about the back door.” Confirmation of the fact that separate living and eating arrangements were provided for Aboriginal and non Aboriginal clients is confirmed here.

The early months of 1943 were a busy time for Gordon who noted that so far that year they had not been without an inpatient. One of these had been another Aboriginal maternity case, but this time the outcome was successful and Gordon noted that the babe was a “lovely little chap now, so big and fat, there’s no doubt he’s a credit to his mother and she’s only a youngster.” This seems to have come as somewhat of a surprise to Gordon who undoubtedly believed that Aboriginal mothers were generally incapable of looking after their children. However in the absence of firm statistical data relating to neonatal sickness and death in this time period, the nurses provide some indication that the death rate for neonates was probably high. Keith noted in 1945 that she and Beech had two maternity cases but unfortunately one baby was stillborn. Therefore of the three Aboriginal births noted by the nurses between
March 1940 and October 1945, two did not survive. However, this does not take into account the number of Aboriginal babies born in traditional circumstances under the guidance of Aboriginal midwives, therefore the assumption of high death rates should be viewed critically.

The fact that by 1945 Aboriginal people were the focus of much of the clinical work undertaken by the nurses is confirmed by Keith who noted that:

the Aboriginals have kept us fairly busy. A horse fell with Georgie, one of the young lads from the Bluff, giving him some deep abrasions on the head and chest. We kept him in bed for several days but he was soon well again. 97

Hughes in reply stated that it was “remarkable how soon the Aboriginals get up and about again. They certainly kept you busy last month.”98 However, ‘busy’ was a relative term for the nurses throughout the years of World War Two and under these circumstances it is quite remarkable that the AIM was able to sustain its operations at all given their funding arrangements which depended in the main on money raised locally.

Gordon noted in October 1942 that the annual Birdsville race meeting had raised one hundred and thirty-six pounds of which one hundred and twelve pounds was for the “patriotic fund” and twenty-four pounds for the hospital.99 However, the importance that the Federal government placed on the maintenance of a health service at Birdsville was
demonstrated by its inclusion in the national Manpower legislation restrictions. This action can only be attributed to Birdsville’s strategic importance as a food production area and appears to have little to do with maintaining a health service for the indigenous population in the district.

In addition to race-based discrimination, there is evidence to suggest that there also remained divisions in the white community along religious lines. In 1943 after Shepley’s departure, Gordon set about to recruit another local companion, Isabelle Wilson, a seventeen year old woman from Clifton Hills Station. As there is no further mention of Wilson in the records, her appointment cannot be confirmed. However, of the possible new recruit Gordon wrote; “she is Presbyterian and that is something when there are so many R.C.’s about the place, I’d hate to have one here.” In 1945 Gordon provided the AIM with a list of the white children in the district and it is interesting to note that she separated them out according to their religious affiliations:
Table 2: List of white children in Birdsville

| Protestant: Billy Wilson, (Clifton Hills) and Malcom Mitchell, (Beetoota). |
| Roman Catholic: John Gaffney, (Birdsville); Colleen Clanchy, Valerie Clanchy, Marion Clanchy and new baby Clanchy, (Bedourie) |
| Uncertain: Norma Carolan (Birdsville), Father- Roman Catholic, Mother-Protestant. |

Given the limited opportunities that Gordon had for social interaction with the Aboriginal community, her deep antipathy towards the Roman Catholic section of the population must have isolated her even further. Throughout the period of World War Two an AIM Patrol Padre did not visit Birdsville, thus another of the nurses’ social support structures was removed. Towards the end of Gordon’s time at Birdsville, Hughes commented on the fact that the AIM was appreciative of the pastoral role which she had played in the absence of a visiting padre. Hughes did not spell out the exact nature of her pastoral role, however it must have been severely circumscribed given her attitudes towards the Roman Catholic section of the population. The AIM’s edict that the health service should be available to all ‘regardless of creed’ was obviously not practiced in the broadest sense by Gordon. As with the
Aboriginal population, inclusion only meant inclusion in strictly clinical nursing work.

There were however occasional visitors to Birdsville during this period of time. In March 1945 Gordon noted that Mrs Ernestine Hill, an author, had been in the town since Christmas day and that they had met quite a few times. Gordon related that Hill was writing a book about John Flynn, the founder of the AIM, and that she intended to entitle the book "The Man from Heaven." Hughes replied that neither the AIM nor the Flying Doctor Service were pleased with the title and that Flynn would "certainly take exception to being publicised as 'The Man from Heaven'." Hill’s proposed book title reflects the fact that Flynn was already held in high regard by at least herself, if not the wider Australian population. Unfortunately, since his death in 1951, Flynn’s shadow has fairly effectively blocked out the contribution that the AIM nurses made to health care in outback Australia. Unlike Flynn, Gordon spent four years living in Birdsville, working with the people in a very socially isolating situation which was only relieved by occasional visitors and her links with the outside world via the radio transceiver.
Communication and Transport

By the time of Henderson and McKenzie's arrival at Birdsville in 1938 a radio network had already been established. The transceivers, which required one to pedal in order to generate power, had both short and long wave frequencies. The short wave was used to contact Cloncurry some 1100 kilometres away, where the Aerial Medical Service (later to become the Flying Doctor Service) was located. The nurses were required to use the morse code system to transmit messages but were able to hear back any instructions by voice. In addition because of the short wave capacity of the hospital's transceiver they were able to send and receive telegrams for the district, for which the AIM was compensated. The long wave was used to make contact with local stations within about a 300 to 400 kilometre radius and all communication was made by voice.\(^{107}\)

The transceivers were highly susceptible to weather and atmospheric conditions and at times this required relaying messages through multiple sets (and therefore people) until the message finally reached its destination. Needless to say this was a frustrating and time-consuming activity with a high probability that messages were distorted in the process. This aspect of their communication system was significant, especially if advice of a medical nature was being transmitted.
Subsequently each station homestead linked to the flying doctor frequency was given a medical chest and each item in the chest given a number. For example, No 1 might have been eye drops to be used three times a day. This system, though not adopted until the late 1940’s, was an attempt to address the not inconsiderable margin for error inherent in using the radio transceivers. At times the radios did not work at all, but however unreliable, this was the medium by which much social interaction occurred within the district. Daily ‘galah’ sessions on the radios kept everyone informed of local gossip, road and weather conditions and also served the important function of keeping track of travellers on lonely, isolated roads.

At the outbreak of World War Two in September 1939 a ban, except for medical emergencies, was placed on the use of the radio transceivers for security purposes. Henderson wrote that:

we have not much liberty to use our wireless these days. We do miss our daily sessions since the outbreak of war...Apart from the pleasure of being able to speak to one’s neighbours they were a great benefit to travellers as the folk always knew when to expect people and if they did not arrive by a certain time people would know that they were having trouble and could send help if necessary. The wireless sets worked overtime during the floods last summer.
The banning of the use of the radio transceivers is almost incomprehensible, given that the war was so far away in Europe!

Fortunately, the Post Master General’s Department lifted its ban on the use of the radios, two days before Christmas 1939.\textsuperscript{111} This meant a great deal to the Birdsville nurses as they were able to re-establish contact with the AIM nurses at Innaminka in South Australia, some four hundred kilometres away and yet their nearest professional support.\textsuperscript{112}

In September 1941, Gordon became the first of the Birdsville nurses to have to sign a Declaration of Secrecy for the use of the radios, but this had more to do with sending and receiving telegrams than a war time requirement for security purposes.\textsuperscript{113}

One of the other issues in relation to the use of this medium of communication is that of privacy, or rather lack of it. Anderson in recalling her time at Birdsville during 1936-1938 reinforced this when she explained how the nurses were able to carry on long distance courtships and maintain their privacy. In Cooper’s case, she and her prospective husband had pre-arranged sessions on the radio and they varied these times each day. For Anderson, whose friend was much further away, they were able to transmit to each other in morse, however even this was difficult as she recalled “listening parties used to be held at Marree!!”\textsuperscript{114} Later in 1940 when McKenzie departed Birdsville for
her forthcoming marriage, she had only informed the AIM Patrol Padre and did not officially submit her resignation in writing to the AIM head office. However Hughes wrote to her and revealed that he already had this news because whilst he was travelling through central Australia he had “heard a conversation ...over the air” that she was leaving Birdsville and further that; “it is surprising how news travels!”

During this period of time, no consideration was given to the ethical or legal issues involved in openly disclosing patient information. The benefits the radios brought were seen by health professionals and consumers alike to far outweigh any issues of confidentiality. For Gordon, who spent four years at Birdsville at a time when the European population had dwindled to almost nothing, the radio transceiver became her lifeline. She wrote to Hughes explaining that she was not too lonely because she did not much like city life and “sending and receiving the telegrams each day makes the far off places seem very close and I find these are a very interesting part of the day’s work.” Aside from the brief period in 1939 when the use of the transceivers was banned, the war had little impact on the established radio communication network. There is certainly no evidence that this technology was much enhanced or improved during this period of time.
In relation to aviation however, the picture is somewhat different and the consequences had both positive and negative implications for the role and function of the Birdsville nurses. In 1939 McKenzie took several Birdsville school children to the AIM camp in Adelaide. On their return journey their transport vehicle became bogged after leaving Maree. She and the children walked barefoot over rough gibber plains six miles to Mulka, on the Birdsville Track. From there the children were "flown" home to Birdsville.\textsuperscript{118} Whilst McKenzie does not reveal who owned or flew the aeroplane, the very fact that they were able to access this mode of travel is in itself remarkable and an indication of the increasing use of aeroplanes in the outback. In July 1942, Gordon related that she had accommodated "two airforce boys" at the Brisbane Home and the fact that it took them only thirty-five minutes to fly from Birdsville to Durrie Station.\textsuperscript{119} This so impressed Gordon that she commented on the wonders of aeroplane flight as opposed to the many hours this journey would have taken by road.\textsuperscript{120} By road the journey was one hundred and thirty kilometres over a rough bush track. Hughes, in response to this news, commented that the Airforce were obviously using the flying doctor petrol dumps which was causing them some concern.\textsuperscript{121}

In 1943 the use of the flying doctor aviation fuel dumps had serious consequences for Gordon and her patients. She wrote to Hughes that:
I tried to get the doctor, every day for four days he was coming and then finally said he could not come as the plane could not be refuelled at Boulia and they were not able to carry the extra petrol with them. Dr Alberry had 3 more urgent calls from this direction within the fortnight and he could not answer any of them. It will be wonderful when this war has ended and petrol is again available to help save lives instead of being used to destroy as at present.

Gordon’s comments reiterate here that the loss of an existing service is felt more keenly than to have never experienced the service at all. For many of her predecessors, evacuation of seriously ill patients was nothing more than a distant dream. A parallel could be drawn between Gordon’s frustration and the feelings expressed by rural and remote town dwellers when they lose their banking or health services in contemporary Australia.

Hughes also suggested that there was no doubt that after the war, there would be a big increase in the use of plane travel which would take away a lot of the isolation but somewhat lamented the fact that the inland would then “lose a lot of its romance and excitement.” Perhaps Hughes was more concerned about the potential loss of one of the AIM’s key recruitment strategies, which was attracting nurses by romanticising living and working in the outback.
Hughes was somewhat overly simplistic in his assessment of the impact that air travel would have for the outback in post war Australia and in particular the relationship between improved and increased aviation and the accessibility of medical help.\textsuperscript{124} However later in 1945 Hughes was correct when he suggested that the war would revolutionise transport in the inland of Australia when he commented that "the 4-wheel drive seems to enable heavy vehicles to get through practically anything."\textsuperscript{125} In addition to communication, aviation and road vehicle technology, World War Two contributed much to remote area health care by the forced rapid development of new medical technologies, new drugs (in particular antibiotic drugs) and vaccines. However the Birdsville community was not able to take advantage of many of these innovations until after the war had ended.

**Environmental Considerations**

Environmental factors, both within their living quarters and the community in general, had a significant impact on the nurses' ability to able to successfully accommodate and adapt to their role and function at Birdsville. Not the least of these factors was their personal and professional isolation, dictated by geographical remoteness, lack of peer support and their own cultural and religious constraints. Whilst the nurses in this era had the good fortune to live and work in a relatively
new building, in contrast to their metropolitan colleagues, they were without a permanent electricity or a reliable water supply. By ordinary metropolitan standards the conditions under which these Birdsville nurses lived were quite primitive.

Soon after Henderson and McKenzie’s arrival in Birdsville they received the news that the Home was to get a new Electrolux kerosene refrigerator. This was quite an innovation for the Birdsville nurses and was anticipated with some excitement. However, the promised refrigerator did not arrive in time to be useful for the summer of 1938-1939. Henderson described to Brodie what it meant to the nurses and their patients not to have access to a reliable method of keeping food and fluids cold. The correspondence between Henderson, Brodie and Hughes relating to this matter is worthy of lengthy quotation.

It would have been greatly appreciated during the hot weather as we had no means at all of keeping things cool. We have an old cooler here which was working fairly well until about the middle of December - but it is useless now. I just had to do the best I could by standing things in dishes of water and covering them with a wet cloth. That was not very successful during the heat wave. We had six weeks here when the temperature averaged about 115 (degrees F)...I was beginning to feel a bit lifeless after such long continued heat.
In September 1939 Hughes informed the nurses that it was not possible to get the refrigerator and suggested a strategy for obtaining same.

What about writing us a pitiful letter about your difficulties in the hot weather and the urgent need for a refrigerator and mention that you would be everlastingly grateful if some kind friend would give you an Electrolux kerosene operated model. These are really splendid refrigerators. Make your letter as touching as you can and we will get it published in our church papers and perhaps in other leaflets and surely something will come of it.\textsuperscript{128}

Henderson and McKenzie were not impressed with Hughes’ plan and accordingly wrote to Brodie stating that:

neither Sister or I feel inclined to write pitiful letters as he suggests, though we would very much like to have one (an Electrolux). It is really necessary to have a cooler of some sorts in this part of the world. It is difficult to know what to give to patients during the hot weather when there is no way of getting things cold.\textsuperscript{129}

Even allowing for the fact that the AIM was not over-endowed with funds, this example highlights the difficulties faced by the nurses in gaining support or understanding from an employer so physically far removed from the employees and their situation. A refrigerator was finally donated by Miss L.B.Manning, St Paul’s Church, Mackay in July 1940!\textsuperscript{130} Hughes asked the nurses to take a photograph of the refrigerator and send it with a nice letter of thank you to Miss
Manning. No doubt they undertook this task willingly but would have felt some resentment at having to wait so long for this essential piece of equipment.

Unlike many of their predecessors, Henderson and McKenzie had the benefit of living in fairly new accommodation, however snakes were of concern to them. Henderson related that in 1940 McKenzie had woken up with a large snake coiled around the iron of her bed and also said that they had seen several big ones around the hospital. For these women, who came from urban environments, the shock of finding a snake coiled around one's bed must have been quite acute. In relation to her living conditions, of far more concern to Gordon was the impact of drought during 1944 and 1945. Gordon noted that they had only half an inch of rain from February 1944 to February 1945. The extended dry season brought with it not only a severe water shortage but also “the worst summer in her experience with multiple dust storms.” The water supply in the Home’s underground tank was so low that Gordon had to extract water using a bucket on a long rope. She informed Hughes that she had already lost one bucket and requested that a pump be installed.
For the privilege of living in the AIM accommodation the value of the nurses’ board and lodging was set in 1942 at fifteen shillings a week but as noted by Hughes, this was only for income tax purposes.\textsuperscript{136} Towards the end of her period of service, Gordon noted that at least by living and working at Birdsville during World War Two, she had personally experienced very little impact from war time rationing of food and clothing.\textsuperscript{137} This statement emphasises the fact that the nurses’ living conditions were so basic to start with, the concept and impact of rationing was meaningless.

In February 1945 Gordon informed Hughes that it was just as well Beech and Keith were not commencing until May when the weather would be cooler and hopefully more people would be in the town.\textsuperscript{138} At that time there were, apart from herself, only four other Europeans in Birdsville and she described the place as being “very dull”.\textsuperscript{139} One of the problems that Gordon faced by being the only registered nurse in Birdsville was that it severely restricted her movements in the district outside of the town environment. This had implications for both her social and work life.

Gordon noted going out to nearby stations on only two occasion during her four year term and both of these visits were for medical and dental
work. Even though Gordon suggested that she had not been too lonely at Birdsville, socially and professionally her isolation had been acute. Whilst Shepley had been able to provide her with some companionship and domestic help, something of her relief both personal and professional, is revealed after Beech and Keith arrived in May 1945 when she wrote; “it has been a treat to have someone to really talk to, someone who speaks the same language - guess you know what I mean.”

What Gordon meant was that she shared with Beech and Keith three things in common. They were all Protestant, ‘white’ women, and nurses who shared a professional language. The absence of these support systems, whether by choice or design, contributed significantly to Gordon’s isolation. She demonstrated a remarkable strength of character in remaining ‘at her post’ for four years. Beech and Keith nursed at Birdville until October 1947. Once more unable to recruit nursing staff, the AIM Nursing and Welfare Home was forced into closure until October 1948. Beech became another of the AIM nurses to marry a local man and returned to make her home with the Morton family of Roseberth Station.
In conclusion, this chapter has argued that throughout the period just prior to, during and after World War Two, the AIM nurses at Birdsville maintained an essential health service for both the indigenous and non-indigenous communities, despite the fact that discrimination along both racial and religious lines was evident and practiced. During the years of World War Two there was a noticeable decline in the ‘white’ Australian population both within the town and the district, thus ensuring a shift in focus and attention by the nurses to the Aboriginal community. From 1940 to 1945 the AIM was unable to maintain their policy of sending out nurses in ‘pairs’. Their inability to attract staff and the impact this had on the nature and length of service rendered by Henderson and Gordon has been discussed both within local and national contexts.

In terms of their clinical role, in the absence of other on-site health personnel, advanced medical technologies and drug therapies, the AIM nurses at Birdsville continued to exercise a considerable degree of autonomy within their practice. In so doing, they contributed to a culture of remote area nursing which had at its foundation the notion that with little preparation for their extended role, they could do almost anything.
Improvement in aviation and communication technology brought about by World War Two provided little if any immediate benefit to the Birdsville nurses and the way in which they were able to fulfil their role and function. It has been demonstrated that in fact their isolation, both personal and professional, was more acute during this period of time. War-time rationing of goods and services meant little to the nurses at Birdsville, who under normal circumstances enjoyed only the basic necessities of life in the Australian outback. Throughout the years of World War Two in this least glamorous of settings, the Birdsville nurses provided a health service for both Aboriginal and other Australians whose contribution to their country in time of war through food production was indeed significant. The words of Milton's sonnet are aptly applied to them here; "They also serve, who stand and wait."
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3. Brodie to Henderson 22/9/40 MS 5574, ANL

4. Australian Inland Mission - Application Form for Volunteer Nurses, MS 5574, ANL


6. ibid., p. 133

7. ibid., p. 135

8. ibid.

9. ibid., p. 152.


12. ibid., p. 160.


17. ibid.
18. Hughes to Gordon 4/5/42 MS 5574, ANL

19. Gordon to Brodie 12/7/43 MS 5574, ANL

20. National Security (Man Power) Regulations, Permission to Change Employment for Miss Lorraine Shepley, MS 5574, ANL


22. ibid., p. 67.

23. ibid., p. 166.


25. Stevenson to Brodie 2/11/40 and Blinman to Brodie 1/12/40 MS 5574, ANL

26. Brodie to Henderson 18/10/40 MS 5574, ANL

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28. Brodie to Henderson 9/4/41 MS 5574, ANL

29. Brodie to Henderson 9/4/41 MS 5574, ANL

30. Brodie to Henderson 9/4/41 and Gordon to Brodie 18/9/41 MS 5574, ANL

31. Secretary of the AIM Committee, Birdsville to Hughes August 1941 MS 5574, ANL

32. Gordon to Brodie 18/9/41 MS 5574, ANL

33. Gordon to Brodie 18/9/41 MS 5574, ANL

34. Gordon to Hughes 8/2/42 MS 5574, ANL

35. Hughes to Gordon 25/2/42 MS 5574, ANL

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41. P.Morton personal communication 23/5/00
42. Hughes to Keith 23/4/45 MS 5574, ANL
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49. Hughes to Beech 7/5/49 MS 5574, ANL
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53. Hughes to Gordon 10/5/45 MS 5574, ANL
55. P.Morton, personal communication 10/4/00
56. Hughes to Keith 7/5/45 MS 5574, ANL

57. Birdsville Patient Reports for the quarter ending December 1938 MS 5574, ANL

58. Birdsville Patient Reports for the quarter ending December 1938 MS 5574, ANL

59. For a more detailed discussion of this phenomenon, see Chapter 2

60. AIM Nursing and Welfare Home Birdsville, Patient Reports for 1939 MS 5574, ANL

61. Henderson to Brodie 7/3/40 MS 5574, ANL

62. Henderson to Brodie 24/4/41 MS 5574, ANL

63. Gordon to Hughes 2/11/42 MS 5574, ANL

64. Gordon to Hughes 2/11/42 MS 5574, ANL

65. Gordon to Hughes 31/5/42 MS 5574, ANL

66. Hughes to Robertson 2/8/49 MS 5574, ANL

67. Keith to Hughes 4/8/45 MS 5574, ANL

68. P. Morton, personal communication 22/5/00

69. Henderson to Brodie 3/11/39 MS 5574, ANL

70. Birdsville Patient Reports, July 1941-September 1941 MS 5574, ANL

71. Birdsville Patient Reports, September 1938-November 1942 MS 5574, ANL

72. Henderson to Brodie 16/6/39 MS 5574, ANL

73. Henderson to Brodie 16/6/39 MS 5574, ANL

74. Brodie to Henderson 26/7/39 MS 5574, ANL
75. Brodie to Henderson 18/10/40 MS 5574, ANL


77. Henderson to Brodie 9/3/41 MS 5574, ANL

78. Henderson to Brodie 9/3/41 MS 5574, ANL

79. H. Reynolds, With the White People - The crucial role of Aborigines in the exploration and development of Australia, Victoria, 1990, see in particular Ch 4, where Reynolds discusses the use and abuse of Aboriginal labour.

80. Henderson to Brodie 7/3/40 MS 5574, ANL

81. Hughes to Gordon 16/3/42 MS 5574, ANL

82. Hollinsworth. op.cit., p.125


84. Hughes to Keith 30/11/45 MS 5574, ANL

85. P. Morton, personal communication 10/4/00

86. Henderson to Brodie 7/3/40 MS 5574, ANL

87. Henderson to Brodie 7/3/40 MS 5574, ANL

88. Henderson to Brodie 24/4/41 MS 5574, ANL

89. Henderson to Brodie 24/4/41 MS 5574, ANL


91. Gordon to Brodie 5/11/41 MS 5574, ANL
92. P. Morton, personal communication, 10/4/00

93. Gordon to Brodie 5/11/41 MS 5574, ANL

94. Gordon to Brodie 26/3/43 MS 5574, ANL

95. Gordon to Brodie 26/3/43 MS 5574, ANL

96. Keith to Hughes 31/10/45 MS 5574, ANL

97. Keith to Hughes 31/10/45 MS 5574, ANL

98. Hughes to Keith 30/11/45 MS 5574, ANL

99. Gordon to Hughes 2/10/42 MS 5574, ANL

100. Gordon to Hughes 12/7/43 MS 5574, ANL

101. Gordon to Hughes 12/5/45 MS 5574, ANL

102. Hughes to Gordon 13/6/45 MS 5574, ANL

103. See Chapter 1 for discussion relating to the AIM constitution for nursing homes

104. Gordon to Hughes 4/3/45 MS 5574, ANL

105. Gordon to Hughes 4/3/45 MS 5574, ANL

106. Hughes to Gordon 23/3/45 MS 5574, ANL

107. A. Barclay, "Andie’s Story" 12/7/91 unpublished MS 5574, ANL


109. A. Barclay “Andie’s Story” 12/7/91 unpublished MS 5574, ANL also - The term ‘galah’ is a colloquial Australian expression which when used in this context refers to the similarities of numerous people talking on a radio frequency with the constant chattering of a large flock of Australian native birds.
110. Henderson to Brodie 3/11/39 MS 5574, ANL
111. Henderson to Brodie 7/3/40 MS 5574, ANL
112. Henderson to Brodie 7/3/40 MS 5574, ANL
113. Hughes to Gordon 1/9/41 MS 5574, ANL
114. A. Barclay, “Andie’s Story” 12/7/91 unpublished MS 5574, ANL
115. McKenzie to Brodie 20/9/40 MS 5574, ANL
116. Hughes to McKenzie 9/9/40 MS 5574, ANL
117. Gordon to Hughes 31/5/42 MS 5574, ANL
118. McKenzie to Baird 18/5/39 MS 5574, ANL
119. Gordon to Hughes 26/7/42 MS 5574, ANL
120. Gordon to Hughes 26/7/42 MS 5574, ANL
121. Hughes to Gordon 7/8/42 MS 5574, ANL
122. Gordon to Hughes 21/2/43 MS 5574, ANL
123. Hughes to Gordon 7/8/42 MS 5574, ANL
124. For a more detailed discussion of the AIM’s strategies for recruiting nurses, see Chapter 6
125. Hughes to Gordon 17/5/45 MS 5574, ANL
126. Brodie to Henderson and McKenzie 26/11/38 MS 5574, ANL
127. Henderson to Brodie May 1949 MS 5574, ANL
128. Hughes to Henderson and McKenzie 29/9/39 MS 5574, ANL
129. Henderson to Brodie 3/11/39 MS 5574, ANL
130. Hughes to Henderson 31/7/40 MS 5574, ANL
131. Hughes to Henderson 2/9/40 MS 5574, ANL
132. Henderson to Brodie 24/4/41 MS 5574, ANL
133. Gordon to Hughes 1/2/45 MS 5574, ANL
134. Gordon to Hughes 1/2/45 MS 5574, ANL
135. Gordon to Hughes 1/2/45 MS 5574, ANL
136. Hughes to Gordon 7/8/42 MS 5574, ANL
137. Gordon to Hughes 29/11/44 MS 5574, ANL
138. Gordon to Hughes 1/2/45 MS 5574, ANL
139. Gordon to Hughes 1/2/45 MS 5574, ANL
140. Gordon to Hughes 31/5/42 and 2/11/42 MS 5574, ANL
141. Gordon to Hughes 3/6/45 MS 5574, ANL
Chapter 6

Capable Companions and Other Contingencies:
Re-opening of the AIM Nursing and Welfare Home at Birdsville
1948 - 1950

The AIM Nursing and Welfare Home at Birdsville was closed between October 1947 and October 1948 due to the AIM's inability to attract nursing staff to replace Sisters Beech and Keith. This chapter begins with an examination of the issues surrounding the difficulties that the AIM experienced in relation to recruitment and retention of nursing staff which continued to be problematic during the years 1948 to 1950, both for the AIM and the nurses employed at Birdsville. In this regard it will be demonstrated that lifting restrictions on labour movement after World War Two ensured that the choice of jobs for nurses in major centres was greatly increased, thus continuing to make employment in remote areas such as Birdsville, less attractive. Additionally, years of poor wages and working conditions in the profession, together with the changing role of women in post-war Australia, will be identified as key factors which helped to create a national nursing staff shortage. The combination of these issues is highlighted as the main determinant in the AIM's difficulty in recruiting nursing staff. Being unable to recruit nurses in pairs to Birdsville, the AIM's response to this situation, including the
use of paid non-nurse companions, is analysed and discussed in relation to the impact which their decisions had on the nurses' professional and personal lives.

In the years 1948 to 1950, several new developments occurred in aviation, communication and medical technology which had a direct bearing on the way in which the nurses carried out their role and functions. In particular, it will be demonstrated that whilst the option of aeroplane transportation was becoming more readily available, this did not always provide the nurses with assured medical support. Concurrently, radio communication though remaining at times unreliable, continued to improve. These developments will be analysed and discussed in relation to both the positive and negative impacts they had on the nurses' role and function and in particular any effects that improving radio communication had on the extended and autonomous nature of their scope of nursing practice. The advent of sulphonamide and penicillin drugs and their increasing use in post-war Australia, also affected the type of service the nurses could offer. Although in the main simple medications and treatments were still used by the nurses, the new 'wonder drugs' brought into focus more clearly the professional demarcation lines between medicine and nursing in relation to
diagnostic and prescribing rights and therefore the nurses’ autonomy in clinical decision making.

During this brief period under investigation, further evidence will be examined which highlights the difficulties experienced by the nurses in relation to their ability to maintain a harmonious relationship with all sections of the Birdsville community and concurrently fulfil their employer’s expectations. Against this background, the concept of institutional racism will be introduced as the framework in which the nurses’ interactions occurred with the Aboriginal community. In particular, it will be demonstrated that to some extent the established nursing culture at Birdsville precluded the nurses from venturing outside their clinical role, enabling them to identify the social circumstances and needs of the local indigenous population. Finally, the conditions under which the nurses and their companions lived and worked will be examined in order to highlight the environmental context in which their practice occurred.

**Recruitment and Retention**

The lifting of restrictions on the movement of labour throughout Australia after World War Two, together with the fact that registered nurses had to give up their employment when they married, ensured that
the choice of jobs for nurses in major centres was plentiful. As a predominantly female profession, many nurses in this post-war era joined the increasing ranks of women who gave birth to and mothered the ‘baby boomer’ generation. These phenomena, together with the fact that for many years nurses had suffered very poor wages and working conditions, contributed to a national shortage of registered nurses. Within this employment climate the AIM found it extremely difficult to attract nurses to their far-flung and isolated centres across Australia.

If the AIM had found it difficult to recruit nurses to Birdsville during the years of the second world war, this situation was further exacerbated after the war.¹ The severity of the constraints that the Man Power restrictions had on the movement of nurses in civilian employment during World War Two was seen by many nurses as being the catalyst for their discontent with the profession. According to Strachan, in Queensland “the post war period was characterised by continuing shortages of nurses accompanied by complaints about poor working conditions and low pay.”² In October 1945 the Man Power legislation was repealed but this in itself did not change the situation regarding nursing staff shortages.³ Nationally, not only was the profession failing to attract new recruits, it was failing to retain registered nurses. The situation was so acute in Queensland, the government reported that
although this position might "ease to some extent so far as trainees are concerned, there appears to be little hope that there will be sufficient trained staff to completely staff all public hospitals in Queensland for some time to come." 4 Indeed, by October 1948 Queensland public hospitals had a shortage of seven hundred and thirty nine registered and trainee nurses, with rural and country areas experiencing the most difficulties. 5 Strachan revealed that in relation to country hospitals the situation was so bad that an editorial comment in the Brisbane Courier Mail called it "the most acute shortage of nurses in Australia's history." 6

A compounding factor in the drain of nurses from their profession in this era is the issue of gender. Throughout the 1940's and 1950's nursing remained a predominantly female occupation. After the ravages of a world war, the nation's attention turned to increasing the country's population and for many women, including nurses, this became a priority. According to Strachan, the community's strong belief that women's place was now in the home breeding and raising children, was supported by a statement from Queen Elizabeth who said that after the war, "women would be called upon as homemakers to play a great part in rebuilding family life." 7 Aside from a brief period during the national crisis of World War Two when married women were encouraged back
into the nursing workforce, traditionally nurses left their profession upon marriage as this was seen to be a higher calling. This occupation required their full time attention and was not commensurate with permanent employment.

By 1948 the national situation of nursing staff shortages, poor wages, poor accommodation and overwork had become a vicious cycle. Under these circumstances, the nurses who remained or returned to their profession at least had the luxury of multiple options in their choice of practice localities. The AIM, as an employer who paid under award wages, and whose nursing staff practiced in the most isolated situations across the country, was hardly a top priority for all but the most dedicated of nurses. In response the AIM as well as other employers of remote area nurses, needed to romanticise the notion of working in the outback in order to attract staff.

The following advertisement for Dunbar on the western side of Cape York in Queensland, appeared in the Positions Vacant section of the Sydney Morning Herald on 12, 13 and 14 August 1948:

NURSES WANTED - Two nurses both friends with D.C. for appointment to Dunbar, N.Q. Operate pedal wireless and cooperate with Flying Doctor. Fares paid, salary, free board etc. Secretary, Australian Inland Mission, Box 100 G.P.O. or phone BX 1735 for appointment.
There is little in this advertisement to suggest the harsh reality of living in an isolated community, or requiring extended nursing skills other than operating a pedal wireless, an activity which was not undertaken by their metropolitan counterparts and could therefore perhaps be viewed as glamorous and unique. There is no mention here of any requirement for missionary zeal or an ability to undertake basic dentistry or extended nursing practice. Cooperation with the flying doctor does not highlight the fact that at times communication would be at best extremely difficult, if not impossible! Nor does it mention the fact that the salary would be less than that enjoyed by their city based colleagues. Free board was the usual arrangement for nurses working in larger hospitals, so that was hardly an inducement. In fact, the hint of a romantic adventure is demonstrated in what is not written, rather than that which is written. At best it is clear that the AIM was experiencing difficulty in recruiting nurses and painting an honest picture would hardly have helped their cause. The tradition of romanticising remote area nursing in advertising continued until the early 1980’s: one Queensland nursing agency advertised for staff, using the slogan “See Queensland and be paid for it.”

Despite the AIM’s best recruitment efforts no new staff could be obtained for Birdsville after the departure of Beech and Keith in October
1947 and the Home had to be closed down. From October 1948 until April 1950 they were only able to recruit three registered nurses, one of whom stayed for only twenty-four days!11 The AIM’s policy of recruiting nurses in pairs was unable to be applied during this period of time.12 Their response to this situation was to employ non-nurse companions to provide at least some social and housekeeping support for the registered nurse. This action did not prove to be very helpful for Robertson, who commenced duties at Birdsville in October 1948.

Robertson first expressed an interest in taking up a position at Birdsville in April 1948, however she had no companion nurse who was willing to go with her. Robertson was contacted and interviewed in Melbourne by Betty Wood on behalf of the AIM. In Wood’s subsequent brief report to the AIM she stated that Robertson was:

a very nice girl and should do a very good job - has no mate but is keen to go out - promised to try and find her a partner - she says she would come over to Syd. to see her if necessary - has signed on at St Andrews till end of July.13

As no partner could be found for Robertson and the AIM was desperate to re-open the Home they suggested the daughter of a Presbyterian minister, Rev. John Auld, as a companion for Robertson. Jean Auld, although not a registered nurse was described by Hughes the AIM
General Secretary as a very capable girl. He wrote to Robertson stating that:

for many years she has had a desire to go to the inland and take up some
worthwhile work on a station...She is one of an outstanding family of girls,
has a pleasant disposition and several attainments.\textsuperscript{14}

Regardless of Auld's 'several attainments', which included having worked as a doctor's receptionist, the skills required of a registered nurse were not amongst them. This ensured that Robertson alone would carry the responsibility for patient care, thus restricting her movements in the Birdsville area and limiting her recreational opportunities. As preparation and orientation for their role, the AIM insisted that both women attended the Dental Hospital in Melbourne and the Royal Prince Alfred Hospital for instruction and experience in dentistry and dispensing of pharmaceuticals.\textsuperscript{15} In addition both women were to be paid the same wage, fifteen pounds and fifteen shillings per month.\textsuperscript{16}

Robertson and Auld's appointment was a newsworthy event for the AIM and a further opportunity to promote their work at Birdsville. An article, presumably containing information obtained from the AIM, appeared in the \textit{Sun} newspaper dated 6 September 1948, under the caption of: "24 year old girls to run bush hospital".\textsuperscript{17} The article leaves the reader in no doubt that the task they would be undertaking was both courageous and
adventurous. It identifies the hazards that could be encountered on their trip from Marree to Birdsville in the mail-van, describes Birdsville as having a population of only twenty white people and the fact that the nearest doctor at Cloncurry would have to be contacted by wireless.\textsuperscript{18} Interestingly, the caption underneath their photograph identifies them as Sisters Robertson and Auld, although within the article it is clear that only one of them is a nurse.\textsuperscript{19} It would appear that the author of the article was also somewhat confused as to their differing status and functions.

Regardless of the press release relating to Robertson and Auld, it is difficult to determine why the AIM failed to draw any distinction between the role and function of a registered nurse and that of a ‘capable companion’. It could be anticipated that Auld, as the daughter of a Presbyterian minister, enjoyed a certain referent prestige and that the AIM did not want to put ‘off side’ a member of their own clergy. In any case they were desperate for staff and anticipated that Auld’s appointment would be a temporary one until a second willing nurse could be found. Hughes in a letter sent prior to their departure for Birdsville addressed the pair as “Sisters” to remind them that “they” were in charge of the Home and that the local AIM committee could not override “their” authority.\textsuperscript{20} Whilst this correspondence suggested that
the AIM intended there to be an equal power and therefore responsibility sharing arrangement, in reality this could never have been the case.

Had the suggestion of utilising paid untrained help been merely the case of providing Robertson with some companionship and moral support, the importance of that was not apparent when Robertson informed the AIM that her sister would be coming to stay with them in Birdsville for a period of two weeks. Hughes replied that the AIM would deduct one pound a week from her wages for any relations or friends that might visit her.²¹ Obviously the AIM was not interested in the part solution to the shortage of nurses in country hospitals offered by a writer in the *Brisbane Courier Mail* who suggested that:

> in distant places particular communities might follow the example of a generous few and give nurses a happier social life.²²

At a time when it was extremely difficult to attract staff, one would have thought that the AIM could have been somewhat more supportive of Robertson.

Soon after her arrival in Birdsville, Robertson, in common with some of her predecessors, expressed concern that her regular correspondence to the AIM might be reproduced for propaganda purposes, although she
couched this in terms of her inability to “write for print.” Hughes in reply assured her that the AIM was very careful about its publicity and would use nothing which might compromise either the nurses or their patients and further suggested that this lack of detailed description was probably responsible for their work not being more widely known amongst the general population.

Unfortunately, the records do not reveal whether the following correspondence from Auld to Hughes in October 1948 was either censored or used in the AIM’s various publications, thus leaving one to wonder what, if any, the response might have been from either the health professions or the wider Australian public. Auld described having a dental patient for whom “Dorothy gave the needles and I pulled out the tooth, a big molar and all in one piece too.” and further that they had;

been very busy, trying to rid the blacks of scabies. Yesterday and the night before we bathed four black gins and anointed them from head to toe in benzyl benzoate. It was like getting them ready for a corroboree and one of them remarked, “me white fella now, Sister.” Most of the blacks call me Sister but old Tommy the black tracker refers to me as “that cook one.”

In reply, Hughes congratulated Auld on her dentistry skills. One suspects that within the historical context of this time period, neither
their words nor actions would have attracted any condemnation at least from the general public, and would have served the AIM’s need to popularise and glamorise the nurses’ work.

Clearly, from the above examples Auld was called on, or chose to do more than be a companion to Robertson and provide domestic assistance. Notwithstanding this, being the only registered nurse on site meant that Robertson needed to stay within the near surrounds of Birdsville. However, at least on one occasion her public health role required a trip out of town. Two children at Beetoota some hundred miles distant from Birdsville required diphtheria skin tests and then their first injections.27

For this trip, Robertson travelled on the mail van and the return journey was difficult and uncomfortable in the summer heat. Robertson related that they became bogged in sand on two occasions when she had to “help plate our way out for over half an hour”.28 This process required shifting pieces of galvanised iron alternately from front to rear wheels in order for the vehicle to move forward. Regardless of the difficulties of travel, Robertson enjoyed a two day break away from the confines of Birdsville and the unremitting nature of her clinical role.29 In the absence of a second registered nurse with whom she could discuss
patient care, Robertson relied heavily on an ability to be able to contact a doctor for advice, however this was not always possible.

Radio, Aviation and New Medical Technologies

Some of the benefits experienced by outback residents in post war Australia included the increasing use of aeroplanes as a means of travel, improved communication technology and the wider use of antibiotic drugs such as penicillin. At Birdsville, the increasing use of these technologies had an impact on the way in which the nurses were able to carry out the various functions which were now well established as a part of their role as providers of health care. However, the mere presence of these technologies did not necessarily equate with a radical change in the way that the Birdsville nurses undertook their nursing practice.

Since the establishment of the Flying Doctor Service in May 1928, Birdsville had been linked via radio to the Cloncurry base. Radio reception between Cloncurry and Birdsville had always been problematic because of atmospheric interference. However as successive Birdsville nurses became more reliant upon this link to medical advice, especially in emergency situations, the unreliability of their communication network gave rise to considerable frustration. This
is evident in Robertson’s communication relating to a patient with an abscess. After trying unsuccessfully for seven days to contact the doctor, eventually she successfully managed this case herself but added that “if anything really serious came in it would be a worry not to be able to contact Doctor”.

For this reason, Robertson requested that Birdsville be changed over to the Charleville Flying Doctor network, as communication with Charleville seemed to be much more reliable.

Two months later, Robertson highlighted a further frustration in her communication link with the Cloncurry flying doctor. The doctor refused to come on air and instead only sent messages and instructions via the radio officer. This was a most unsatisfactory arrangement as far as Robertson was concerned and she stated that:

I’ll have to demand that he comes to the air tomorrow. I don’t like doing it but we can’t go on forever.

Robertson recognised that the margin for error in receiving medical advice was greatly increased by involving a third, ‘non medical’ person. Hughes in reply agreed that this situation was ridiculous but that a new wireless set had been ordered with the Charleville frequencies which would put them in touch with Dr Vickers who would give their calls his personal attention. The new transceiver subsequently arrived and was
installed in November 1949, some eleven months after her original notification of difficulties to the AIM.\textsuperscript{36} It was however not in time to be of any use to Robertson. In the interim period, the AIM submitted a complaint to the head of the Queensland section of the Flying Doctor Service and a definite time period was set aside for medical calls which hitherto had been undertaken on an ad hoc, as needed basis.\textsuperscript{37}

In May 1949 a further example is given of the degree to which the nurses now appreciated the radio link with the flying doctor. Robertson wrote that she had admitted a patient with all the signs and symptoms of appendicitis, which she related via radio to the doctor. At this point the radio ceased to function. In the absence of the radio link Robertson decided to travel by horse some twenty miles to the Bluff station in order to use their transceiver. However this turned out not to be necessary as after twenty-four hours and some help with radio repairs, messages were able to be sent and received in Morse code.\textsuperscript{38} Although the patient’s signs and symptoms had changed somewhat in that radio blackout period, Robertson had no hesitation in requesting the doctor to evacuate this patient and stated that she was “very grateful as there is the possibility of it now being typhoid.”\textsuperscript{39} This incident also highlights the professional relationship which was beginning to be formed between nurses in remote and isolated locations and flying doctors based in
larger centres. Robertson was asked by the doctor if she wanted him to come to Birdsville or not, thus indicating that the power of clinical decision making, at least in this instance, was shared.⁴⁰

If one accepts the adage that information is power, then the presence or absence of a reliable, timely communication system which linked the nurses at Birdsville with doctors at Cloncurry or Charleville, to a great extent shaped the power relationship which existed between them. As the nurse was on site in the community she had first hand information about any given client. Alternatively, the doctor had only that information which the nurse transmitted. Therefore, an unusual power differential was established between medicine and nursing at Birdsville and other similar remote community locations. Even when regular medical radio schedules were established with the flying doctor base, the decision to communicate any or all information about the patients they had seen, treatments given and medication administered, rested with the nurse. It was this power which underpinned their autonomy in practice.

Several theorists in describing the historical basis of the professional relationship between doctors and nurses conclude that gender and class differences are key determinants.⁴¹ However Madsen, whilst notionally
supporting this proposition, also gives ample evidence that at the Rockhampton Hospital in the 1940's and 1950's nurses frequently made clinical decisions and undertook tasks that would have been considered to be outside of the role of a nurse.\textsuperscript{42} This thesis suggests strongly that the power engendered by control of communication flow, utilised by nurses at Birdsville and in similar circumstances, did more to shape their relationship with doctors than any previous professional socialisation into a handmaiden role. There can be little doubt that the Birdsville nurses, all of whom had undertaken an apprenticeship style training in larger centres, were socialised into the roles normally ascribed to doctors and nurses. However once outside of these confines it is clear that these remote area nurses found courage and confidence in their ability to undertake a variety of clinical tasks, in particular diagnosis and choice of treatment. In 1990, one Northern Territory nurse gave the following information in relation to this issue:

you might have a nurse one day on a busy ward in Sydney or Melbourne and next week she's 700 kilometres into the desert in a very isolated community. They do not have all the resources available that there would be in a hospital. They're certainly the decision makers. There may be a doctor on the end of a phone but you're the one who is actually there.\textsuperscript{43}

Robertson's correspondence in January 1949 with the AIM indicates that although she was not comfortable in her determination to challenge
the Cloncurry flying doctor, she was prepared to do so in the interest of the patient in her care. This event provides further evidence that not only could these women ‘think’ outside of nurses’ traditional roles but that they were prepared to ‘act’ in order to ensure an appropriate resolution to any real or perceived difficulties they had in their interactions with the medical profession. Another important facet in this unique relationship is that the Birdsville nurses used their power or clinical autonomy, with discrimination. They were able to identify clinical situations which were beyond their ability and refer for advice and help as appropriate. This is well evidenced in correspondence between Moore, Robertson’s successor and the AIM head office.

In October 1949 Moore related that she had admitted a man with Tic Doloureux and referred this patient to Dr Harvey Sutton, the flying doctor from Cloncurry for evacuation.44 On another occasion Moore successfully sutured a laceration on a child’s leg, which she undertook without medical assistance.45 An incident of particular concern for Moore occurred later that month. She wrote on 31 October that:

at 9 p.m. on the 17th a patient arrived. He had lacerated his finger on the truck coming up from Marree. I tried to get the Flying Doctor the next morning but he could not come, so I arranged with Mrs Lyle Morton to come over and help me operate on it. We were not very successful, so the
Flying Doctor came down the next day and amputated the finger. He did not stop long as he had to pick up another patient at Boulia. 46

Even when called for, there was no guarantee that a doctor could come to Birdsville when required. In an emergency, the fact remained that in the absence of any other on site medical personnel, Moore was faced with a situation which she had to manage in the best way she could. One could only guess whether the outcome for this patient may have been any different had a doctor been readily available. Moore was fortunate that on this occasion she could call on the experience, assistance and support of Mrs Phyllis Morton (nee Beech) who was now a permanent resident in the district at Roseberth Station.

By November 1948 penicillin had been added to the nurses’ inventory of available medications. Robertson informed Hughes that she had written a “prescription” for a batch of one million units of penicillin which Mrs Lyle Morton delivered on her return to Birdsville after her wedding in Adelaide. 47 Of this amount, only one hundred thousand units had been spoilt and Robertson noted that it was “a great relief to have it.” 48 Noteworthy here is the nurses’ role in the ordering and dispensing of medications. The fact that the nurses at the hospital maintained a stock of drugs, including penicillin, was not in itself
unusual. Morton related that by this time those station homesteads who had radio contact with the flying doctor base had been issued with numbered medical kits containing a variety of drugs which were administered under the doctor’s orders. What is at issue here is the nurses’ discretionary power in diagnosing medical conditions and instigating treatment in the absence of medical supervision. An example of this is provided by Robertson, when she described treating a patient for a batch of abscesses. When unable to contact the Cloncurry flying doctor, Robertson decreased the patient’s dose of sulphonamide drugs because of “her kidney trouble.”

Since the advent of the Brisbane Home in 1923, in the absence of readily available medical advice, the AIM nurses had been prescribing a variety of drugs for the clinical conditions which they encountered. This practice set the foundation for their on-going role in discretionary pharmacy. That is, their functions in relation to the prescribing and dispensing of drugs without medical authority became incorporated into their role and work culture. Evidence of the continuation of this practice by remote area nurses in Queensland was noted by Wilson and Najman who identified the relationship between the type of workplace in which nurses practiced and the tasks they undertook. Wilson and Najman revealed that in 1982 remote area and rural nurses provided “most
categories of medication without doctor’s orders” and that this was undertaken in the belief that a “doctor would subsequently countersign the request.” It could therefore be argued that the increasing use of antibiotic drugs at a time when radio communication systems were poor, resulted in future generations of remote area nurses practicing, as Staunton described, in “legal limbo land”.

**Relationship with the Community and Employer**

Since the inception of the nursing service at Birdsville, it is apparent that some of the nursing staff were more able than others to successfully negotiate the difficulties associated with living in such a small community. Community factionalism based on class, race and religion contributed much to the perceived success or otherwise of the nurses’ term of appointment. Inconsistencies in the employer’s expectations and support of the nursing staff added a further difficult dimension to their role and function.

Initially at least, Robertson and Auld seemed to have settled in well to their new environment. Much of their time in the first month was taken up with getting to know the community, cleaning up the Home after an extensive period of closure and taking an inventory of all stock on hand. Robertson’s chief concern was their lack of crockery, in particular tea
cups, a not insignificant item given their socialising/civilising role in activities conducted by them at the Home. However, these small worries were soon left behind them with the illness and subsequent death of the Shire Clerk, Mr Martin, in December 1948, whose duties had included those of Post Master and secretary of the local AIM committee. Robertson’s role was extended yet again as she undertook these additional responsibilities.

Robertson, with some help from Auld, now became totally responsible for the sending and receiving of all telegrams, receipt and dispatch of mail. In relation to this duty Robertson remarked that there was “a terrific amount of brain work required and the weather [was] getting very hot for brain work.” In addition, the town Christmas party of 1948 provided the local AIM committee with an opportunity to meet. Robertson, in the absence of a new Shire Clerk, was elected secretary. At this point, Robertson became unwittingly embroiled in community politics.

In correspondence with Hughes she informed him that Mr Ormsby, another candidate for the secretary position, was not acceptable to the local community, although specific reasons were not given. Robertson stated that:
he was a bad egg from the word go and the whole township worked in
together to have him put off the hospital committee. There was no one
else to take the Secretaryship in town so it was put onto me and rather than
see Mr Ormsby get it I said yes. 58

Robertson informed Hughes that the new Shire Clerk, Mr Grayson was
expected to take up his position on 18 January 1949 at which time she
would be happy to hand over to him the duties and responsibilities of
this position, and requested Hughes to write to the local committee
confirming this arrangement 59 Hughes however did not support
Robertson in her request when he wrote that the AIM would not be in
any rush to appoint the new, or any other Shire Clerk to the position
until they found out:

how he shapes on his own job, the type of man he is and whether it would
be worthwhile appointing him or for preference, leaving the matter in the
hands of our nurses. 60

The significance of this instruction is demonstrated in not only an
increased work load for Robertson but also a shift in local fund raising
responsibility from the AIM committee to the nursing staff. This,
together with other unnamed reasons, seemed to have provided the
catalyst for disharmony in the district and eventually led to Robertson
not returning to Birdsville after a period of sick leave. In May 1948
Robertson explained to Hughes that the Home was very short of funds owing to the considerable outlay required to re-establish the service after the closure of 1948 and that as Secretary, she had “to beg money from everywhere”. In addition, flooding in the area in the summer of 1948-1949 meant a shortage of fresh food resulting in Robertson and Auld having to live on tinned food which was expensive, thus further depleting the local funds. Subsequently Robertson was able to hand over to Grayson the postal duties except for the sending and receiving of telegrams which remained the responsibility of the nursing staff due to the location at the Home of the radio transceiver.

Although requested to do so by the AIM head office, Robertson does not appear to have submitted any patient reports for the months that she spent in Birdsville. Little wonder, given that by April 1949 she was both ill from appendicitis and exhausted from her extended duties, additional responsibilities as secretary of the local committee, political tensions within the town and an accident which resulted in Auld sustaining a severe burn to her arm. On 11 April 1949 Auld was evacuated by the Flying Doctor Service to Cloncurry following an accidental fire which was severe enough to render her unconscious. Auld later described the incident which occurred when she was accompanying some women and children on a picnic outing and further
that there were nine of them in the front cabin of Mr Brook’s truck. She wrote:

the petrol wouldn’t pump and I was trying to help the driver and was silly enough to pour some petrol down the carburettor. I think a drop must have got a spark from the exhaust and suddenly the cabin was just full of flames. I couldn’t get my door open and very fortunately there was an open flap at the back of the cabin so Mr Brook who was on the back was able to pull the kiddies and women out that way.

This incident facilitated Auld’s departure from Birdsville and although she was still receiving physiotherapy for contractures in the affected arm in July 1949, she was not entitled to any Worker’s Compensation because according to Hughes, the accident “did not occur in the course of her duties.” Once again the AIM seem to be ambivalent about what was or was not part of the nurses’, or in this case a paid companion’s duties. Whilst activities such as taking women and children on picnics and other outings had been considered by the AIM to be part of the nurses’ socialising and community development roles, they were not taken into account when determining the nurses’ salary.

Before Auld’s accident, she had requested that her six month appointment at Birdsville be extended to twelve months, however her parents would not sanction this request. With the failure of the AIM
to find a second nurse to assist her, Robertson suggested that a good friend, Rose Nuttall, be allowed to come to Birdsville to act as a companion.\textsuperscript{69} Nuttall subsequently arrived in Birdsville on 8 May 1949.\textsuperscript{70} Robertson was therefore on her own for almost a month at a time when she was obviously ill. Her letter to Hughes on 28 May sent from Cloncurry Hospital describes just how hard she had struggled for the past four months and is worthy of a lengthy quote:

> early in February I started vomiting and have kept it up constantly ever since until with the upset of Jean’s accident I haven’t been able to keep anything down at all. When Miss Nuttall arrived three weeks ago she took over the whole responsibility of the house and we thought the rest might cure me but it didn’t and when Doctor came down for a patient last week he took one look at me and said “You are coming back with me.” so after a terrible skirmish we found it possible to go and I am returning to Birdsville next Sunday, a week tomorrow, if I have no more sick turns, but I had such a bad day yesterday I will have to talk fast to live it down with Doctor...It was really too big a job to reopen the home with only one sister especially with that shortage of food on top of it and I do not feel capable of carrying on although I think we now have the place sufficiently organized now to hand over to someone else...This doesn’t seem a particularly happy letter but at present Birdsville isn’t a particularly happy place so you must excuse it. I must apologise for letting you down in this way but if I don’t get out now I expect you would have a casualty on your hands before long...As soon as I get back I’ll get all the reports for you. I’ve been too dull and stupid lately to think of them much.\textsuperscript{71}
Once again, Robertson alludes here to the tensions which existed within the town but gives no direct cause or causes. Hughes in reply stated that they were quite shocked to learn of her illness and reprimanded her for not letting them know sooner. Hughes’ response to Robertson is also worthy of a lengthy quote because it highlights the difficulties faced by the Birdsville nurses so isolated and far removed from their employer. At times this must have left them feeling quite unsupported and at the very least with lowered self esteem or a sense of incompetence at not being able to live up to the unstated employer expectations of their role.

Hughes wrote:

you really should have told us earlier that you were not well...We feel sure it is a great disappointment to you that your health should have broken down like this, but we knew you were doing far too much and carrying all the responsibility. What a pity we did not know that you were worrying over the financial position of the Hospital. The Birdsville people have always been very good indeed in raising all the money necessary to carry local expenses, but in an emergency like this, knowing that they had lost their Secretary, and had difficulties in getting a new Shire Clerk, we would have come to the rescue. All that would have been necessary was to certify the accounts as correct, and send them on to us for payment. You certainly should not have tried to undertake the responsibility of managing the Hospital alone, and organising campaigns for funds at the same time. It was never expected when you set out for the field that you would be so busy with patients; that the wireless would be so unreliable and that the largest floods in our time should be experienced. They were a combination of circumstances that undoubtedly required the resources of
two trained nurses and this, and one or two other experiences, have satisfied us that the only way to staff a Home is with trained nurses. An untrained companion is not sufficient in an emergency. We must always expect emergencies to arise. 73

Hughes’ comments are interesting given that when Robertson requested help to off load the Secretary position she was not supported in this by the AIM. Nor were any instructions offered to her to facilitate the mounting paper work and fund raising activities which, when combined with nursing responsibilities and her ill health, contributed to almost physical and mental collapse in just six months! Perhaps the only positive outcome from Robertson’s situation was that the AIM finally recognised that non-nurse companions could never take the place of a second registered nurse.

Robertson left Cloncurry for Birdsville on 5 June 1949 but only got as far as Dajarra where she experienced a fainting spell, hit her head on an iron stove and rendered herself unconscious for twenty-four hours. 74 In mid June, Robertson travelled to Melbourne where she underwent surgery for the removal of her appendix. 75 The AIM paid Robertson her full salary whilst on sick leave and in addition, half the cost of her flight from Cloncurry to Melbourne, which at that time was thirty pound and ten shillings. 76 Whilst still on sick leave Hughes requested Robertson to
write a note of thanks to the donor of some Home Doctor books for the Brisbane Home. There it could be anticipated that she had every intention, and that the AIM anticipated her return to Birdsville at this time. That however was not to be.

Simpson, Robertson's treating doctor in Melbourne, advised Hughes that Robertson had indicated to him that there was some conflict between herself and the Birdsville community which he put down to "a small community tea-cup storm aggravated because Sister Robertson was in ill health and not properly able to appreciate the circumstances." Hughes in reply to Simpson stated that:

like yourself, she told us of various incidents in Birdsville and it was apparent that she was not in good favour with all the people...Her first intention, undoubtedly, was to return. Our last paragraph gives you an opportunity to stop her by medical authority and at the same time gives her sufficient excuse for so suddenly cancelling her arrangements.

Robertson's response to this was that she was quite prepared to return to Birdsville and deal with any unpleasantness in the community. She assured Hughes that she was now quite sound both mentally and physically and apologised for any trouble she had caused them! Interestingly while both Hughes and Simpson intimated that any unpleasantness between herself and the Birdsville community was
indirectly her own fault, Robertson agreed with them. No doubt this was an example of an unequal power relationship based on gender. At the very least, their comments could at best be described as patronising. Hughes refused her permission to return to the community and suggested instead that she consider taking up the AIM position at Dunbar, north of Normanton which was less isolated than Birdsville. It is difficult to determine whether Hughes and the AIM were more concerned about Robertson or the success of their on-going activities at Birdsville. In any case they did demonstrate confidence in her nursing ability by offering her the Dunbar position.

Nuttall, who had originally come to Birdsville in early May 1949 to provide Robertson with some short term companionship and support, ended up staying on as companion to Enid Moore and not leaving Birdsville until October, some five months later. Nuttall, in common with Auld, was not a trained nurse. As such, she was not steeped in either the culture of nursing or of the AIM. Therefore Nuttall brought a fresh insight into the realities of life in Birdsville and the challenges which faced the nurses who lived and worked there. Her perceptions are valuable in that as a visitor rather than full time employee of the AIM, she felt free to comment on a number of issues which distressed her. In October 1949 Nuttall wrote the following to Hughes:
Birdsville, small as it is, has presented us with a lot of problems and headaches, some of which seem insoluble and make us realise our own shortcomings in preparation for such a task - which is even more a social one than purely safeguarding the health of the community... the drink problem, which is acute; the inadequate protection of black women and children from unscrupulous whites; and other things. No doubt they are for official action, not A.I.M., but the fact that they do not seem to be tackled does give a feeling of despondency...Apart from these, there has been the usual small-town atmosphere (only more so here) in which, as Padre Denning appreciates, it is so necessary for the sisters to be “wise as serpents, harmless as doves.” I think it is in this aspect that the strain of working in Birdsville comes in. Living so close to each other in the hostel also involves controls and skill in the art of living together which are not called upon in larger communities.

Nuttall succinctly captured here the essence of the problems which faced successive Birdsville nurses, notwithstanding their seeming inability to identify, report or deal with the trauma being experienced by Aboriginal women and children and other social issues within the town. In addition, Nuttall seems to be suggesting here that the welfare of ‘all’ the community was indeed the AIM’s business as no one else seemed to be attending to these issues. Nuttall also commented that Moore was doing a splendid job, especially with the children and she was sure that Moore would ultimately be a good influence in Birdsville “in the long run.”
In terms of their community development activities and pastoral role, Robertson and Auld commenced Sunday School for the children and an evening service on Sundays.\textsuperscript{85} In addition, they continued the tradition of arranging a Christmas tree function for the town and district population.\textsuperscript{86} Robertson however gives no indication of who was included in these activities. Aside from Auld’s correspondence relating to her dentistry and scabies treatment, little recorded evidence remains to indicate this pair’s attitude towards, or interaction with the local indigenous community. Robertson noted in November 1948 that they were “still treating the black settlement and a few of the whites for scabies” and added that whilst she had been able to “clean the whites up without much trouble, the blacks have a natural dislike to water which encourages scabies.”\textsuperscript{87}

Robertson’s comments here indicate that she thought of the local Aboriginal people as being dirty and incapable of managing illness conditions arising from their lifestyle and living conditions. There is little evident recognition by Robertson or Auld of the historical factors which gave rise to the social, cultural and general health circumstances of the indigenous population. However, it is unlikely that either Robertson or Auld would have viewed themselves as racist, given that Aboriginal people were included in clinical services. The only other
opportunity that Robertson and Auld had for interaction with the indigenous community was in an employer-employee situation.

Although on several prior occasions, Birdsville nurses acknowledged that they had welcomed and utilised Aboriginal labour about the Home, there is no existing recorded evidence that the workers were compensated for this.88 Robertson noted that in November 1948 they had “a gin to do the sweeping”.86 In January 1949 the local AIM Birdsville Hospital committee secured the services of an Aboriginal woman to help Robertson and Auld with their domestic duties. Rita was employed under the conditions of “The Aboriginals Preservation and Protection Act of 1939” and was paid two shillings and sixpence per week, payable quarterly, whilst the local Protector of Aborigines, Mr Ormsby, received a further 10 shillings weekly “on her behalf”.89 Whilst in hindsight the contract between Rita and her employer is a blatant example of the exploitation of Aboriginal labour, nevertheless it was in accordance with the laws of that time and indicated that at least Rita was paid ‘something’ for her work. Appendix F is a copy of the Memorandum of Agreement between Rita and the Birdsville Hospital Committee dated 2 February 1949.
Robertson's attitudes about and relationship with the Aboriginal community, in common with her predecessors, can best be understood through the concept of institutional racism. Hollinsworth draws the distinction between individual and institutional racism and refers to individual racism as "the expression of racist attitudes in the behaviour of individuals in face to face situations" and institutional racism which "refers to complex structures and processes." Pettman further defines institutional racism as referring to:

- a pattern of distribution of social goods, including power, which regularly and systematically advantages some ethnic and racial groups and disadvantages others. It operates through key institutions: organised social arrangements through which social goods and services are distributed.

The health and social care offered by the AIM Nursing and Welfare Home at Birdsville through the nursing staff, could be considered a key institution in that community. Flynn, the founder of the AIM, had made it quite clear from the outset that their services were to be primarily directed to isolated white populations. The justification for this was that the needs of Aboriginal people were the responsibility of another department within the Presbyterian church. The AIM organisation at Birdsville, begun in 1923, had by 1949 a firmly entrenched culture which dictated that the nurses, whilst including Aborigines in a sickness service, did not share any other social goods and services with all
sections of the population. In addition the nurses were products of a health care system designed to fit the needs of the wider, white Australian population and a medical profession now firmly entrenched in scientific medicine. In other words, the dominant health care system, which took for granted that its values, beliefs and practices were the only or best way to provide health care. Hollinsworth explains that:

such a view penetrates the asymmetrical nature of racialised power relationships, which partly accounts for the situation where members of the dominant group are oblivious to any racial implications when they exercise what they regard as normal, professional duties according to established procedures.\(^93\)

McKay, Flynn’s successor, writing of Flynn’s life and work, explained that in 1934-1935 when the AIM was faced with the accusation that Aboriginal patients were not treated on an equal basis with white patients, responded by building separate ward accommodation for indigenous people in some of their establishments.\(^94\) This was the case at Birdsville when the second Home was built in 1937. Robertson’s inventory compiled on her arrival in Birdsville indicated that in the Aboriginal ward there was a bed, cot, linen, crockery and cutlery.\(^95\) Indeed, their separation and therefore segregation was complete. What the AIM and the nurses seemed unable to grasp was that in order to avoid the racist label, they needed to do more than merely demonstrate
their willingness to include Aboriginal people in their hospital clinical services. Nuttall, the non-nurse companion, was the only person to recognise that the AIM had a broader responsibility to the indigenous community.

Moore, perhaps because of Nuttall’s influence, demonstrated a slight change in attitude towards and inclusion of the indigenous population in a variety of non clinical activities. In the first instance she noted in July 1949 that two white and three Aboriginal children were attending the Sunday School. In the same correspondence she noted that they had taken two Aboriginal people, Rita the housemaid and another, out to Pandi Pandi Station to visit with their relatives whilst she attended to a man with an infected hand. As there is no reference in any of the nurses’ previous correspondence about any similar undertaking, it could be assumed that Moore had incorporated into her role a more inclusive policy towards the entire Birdsville community. At the Christmas party of 1949, Moore noted that there were seventeen white children in attendance (most from out of town) and that together with the black children they sat down outside for tea and ‘everyone’ got something from the Christmas tree. In the past gift giving had been restricted to the white children. These small seemingly insignificant events heralded a change in attitude by successive nurses at Birdsville towards the
Aboriginal community, even though this would prove to be a long and slow process.

**Living and Working Conditions**

As in the past, throughout this period of time, sheer geographical remoteness ensured that the conditions under which the Birdsville nurses lived and worked remained difficult and incomparable with their metropolitan colleagues. Climatic conditions of heat and dust alternating with flood and subsequent plagues of insect pests made life at times difficult for both nurses and residents alike at Birdsville. Without access to permanent supplies of electricity or a reticulated water supply, the nurses' accommodation and clinic arrangements remained at a most basic level. As with some of her predecessors, Robertson at least was able to face the reality of her circumstances with good humour, although in the face of her own ill health this was insufficient to sustain her during her time at Birdsville.

In terms of their living conditions, Robertson and Auld experienced the severe heat of the summer months without the benefit of any artificial cooling system. Robertson noted that during November 1948 the inside temperature ranged between 110 and 112 degrees Fahrenheit, with very little variation during the night. Prior to the onset of the wet season
they experienced severe dust storms and on one occasion this lasted all
day. Robertson stated that she hoped it would be over by bed-time
otherwise they would awake in the morning "with a mouthful of dirt."\textsuperscript{100}
In addition they had to contend with a plague of redback spiders which
she stated; "seemed to like making their nests in the wire mattress."\textsuperscript{101}
The unpleasantness of dry heat and dust storms was replaced with rain
and flood which not only cut off their supply of fresh food and
vegetables but also ensured the arrival of other insect pests. Robertson
described the continual strafing of "sandflies and mosquitoes" which no
doubt added to their discomfort.\textsuperscript{102}

Robertson met the trying conditions under which they lived and worked
with humour and a determination, at least initially, to enjoy her stay.

Soon after her arrival in Birdsville she related an incident when she had
fallen over and described it thus:

\begin{quote}
unfortunately I measured my length on the stones the other day

and marred the beautiful symmetry of both legs and put one ankle

out of joint. Apart from thinking I'd been shot for a few minutes,

I recovered quite well. It's very easy to lose your balance on

these stones.\textsuperscript{103}
\end{quote}

In the same correspondence Robertson related that she and Auld had
been horse and camel riding and on one occasion went rabbit shooting,
however although they shot wildly at many moving targets “only one stopped a bullet which sadly came from Mr Denning’s rifle.”

When Moore arrived in Birdsville on 27 May 1949 she did so by aeroplane which in itself must have been a cause for some excitement. This is also a good indication of the fact that aeroplanes were becoming a more common means of travel. Moore flew from Marree in South Australia to Birdsville, a journey which took her five and a half hours.

Unfortunately only a small amount of luggage could be carried on the plane and Moore was left with only one set of clothes until her luggage was to arrive via the next mail truck up the Birdsville Track. More unfortunately, Tom Kruse the mailman forgot her luggage and she had to wait until his next trip, thus spending a month with only the clothes she had arrived in.

In August 1949, Hughes notified Moore that she would be joined at Birdsville by Sister Lorraine McDonald and that Nuttall would be departing at the end of September. Although McDonald was unknown to Moore, the AIM was no doubt keen to station a second nurse in Birdsville after Robertson’s experience. McDonald arrived in Birdsville on 20 October 1949 and lasted exactly twenty four days,
which was not much help to Moore. In her letter of resignation, McDonald stated that:

I suppose Mr Hughes you are wondering why I am leaving Birdsville so soon - I didn’t like the town when I arrived but I would have stayed if I had been able to, but that is impossible and with your consent I shall leave here on Nov. 13th - Bill and I are to be married on my return to Sydney.

Further in the same letter McDonald wrote that both she and Moore were of the opinion that what Birdsville required was a Young Men’s Christian Association (YMCA) or at least two nurses of more senior years. In any case McDonald represented just one more nurse who had to leave her profession for marriage, a decision which she quickly made on first sighting Birdsville!

Moore was by now beginning to become quite disheartened at the prospect of having to either ‘pair up’ and share with someone she did not know, or alternatively stay there on her own. She notified Hughes that she would like to leave Birdsville in the coming January (1950). Hughes implored her to stay on until March because they had two nurses lined up, twenty eight and thirty five years old, who could start then and the AIM did not want the home to close down yet again. Hughes injected into this letter high praise for Moore, no doubt in an attempt to get her to stay on, but just in case she did not, offered her instructions on
what to do in the event that the Home had to be closed. He stated in relation to this issue:

in closing down, you will need to pack your drugs and medical equipment away, locking them up and leaving the keys with some reliable person - perhaps Mrs Lyle Morton might look after them and attend to any medical cases that may come along. You would also have to arrange for someone to carry on the pedal wireless work.

Under this emotional pressure, Moore decided to stay on until relieved, though her living conditions towards the end of her stay were anything but pleasant. Moore noted in January 1950 that the daytime temperatures remained around 119 degrees Fahrenheit, with little relief at night. For relief in the evenings she swam and bathed in the local waterhole, the latter because the pump to the water supply at the hospital was broken. By March, the district was experiencing yet another severe flood and Moore noted that both Pandi and Durrie homesteads were under water, whilst in the town the water was up to the hospital fence and still rising. Moore flew out to Charleville on the same plane that delivered Sisters Henry and Whitehead to Birdsville on 8 April 1950, thus leaving only a couple of hours in which she could effect any kind of hand-over to the new sisters.
In conclusion, the years 1948 to the beginning of 1950 were not particularly happy ones for the nursing staff, the AIM or the Birdsville community. The ultimate cost of the AIM’s failure to recruit staff for Birdsville rested firmly with the nurses, regardless of the presence of paid non-nurse companions. Both Robertson and Moore experienced what would now be called occupational stress or burn out. However they did manage to keep the Home going with some help from their untrained companions.

The radio transceiver although at times unreliable, provided them with at least a tenuous link to the Flying Doctor Service and medical advice which they sought at their own discretion. Evacuation by air of seriously ill people was becoming more common although immediate evacuation could neither be assumed or assured. Alternating drought and severe flooding in the district in successive years made life unpleasant for nurses and residents alike and placed even greater strain on local funds and fund raising ventures.

Evidence exists to suggest that the development of some enlightenment in relation to the social and holistic health needs of the local Aboriginal population was beginning to be formed by the nurses. However, this was more likely to have been because of the influence of Robertson’s
friend and companion Rose Nuttall, who was not indoctrinated into either the AIM or the culture of nursing. Throughout this period of time the conditions under which the nurses lived and worked remained primitive by metropolitan standards. Aside from Nutttall, who noted that she did not like the place, the state of their living and working environment was never cited by the nurses as a reason for failing to fulfil their two year contracts of service. Finally, there can be no doubt that as the only on-site representatives of health care, the nurses in this time period continued to demonstrate a high level of skill and autonomy in their nursing practice.
Endnotes - Chapter 6

1. See Ch.5 for a full discussion on the relationship between nursing staff shortages, wages and conditions, and Man Power legislation.
3. ibid.
4. ibid., p.196.
5. ibid.
6. ibid.
7. ibid., p.191.
8. See Ch.5 for further information relating to the AIM's employment of married nurses during World War 2.
9. Hughes to Sydney Morning Herald 10/8/48 MS 5574, ANL
11. AIM nurses at Birdsville during this period of time were: Dorothy Robertson (October 1948-April 1949); Enid Moore (May 1949-April 1950); Lorraine McDonald (October 1949-November 1949).
12. See Ch.1 for further information regarding the AIM’s pairs of nurses policy.
13. Wood to General Secretary AIM 9/4/48 MS 5574, ANL
14. Hughes to Robertson 14/7/48 MS 5574, ANL
15. Hughes to Robertson 24/8/48 MS 5574, ANL
16. Hughes to Robertson 3/12/48 MS 5574, ANL
17. ‘24 year old girls to run bush hospital’, The Sun, Sydney, 6 September 1948.
18. ibid.

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19. ibid.

20. Hughes to Robertson and Auld 6/9/48 MS 5574, ANL

21. Hughes to Robertson 21/12/48 MS 5574, ANL


23. See Ch.5 for comments from Anderson and Cooper re this issue also Robertson to Hughes 31/10/48 MS 5574, ANL

24. Hughes to Robertson 3/12/48 MS 5574, ANL

25. Auld to Hughes 29/10/48 MS 5574, ANL

26. Hughes to Auld 13/11/48

27. Robertson to Hughes 15/11/48 MS 5574, ANL

28. Robertson to Hughes 15/11/48 MS 5574, ANL

29. Robertson to Hughes 15/11/48 MS 5574, ANL

30. Convenor, AIM Board “Historical Note on the Early Relationship of the A.I.M. to the Flying Doctor Service”, MS 5574, ANL

31. Robertson to Hughes 15/11/48 MS 5574, ANL

32. Robertson to Hughes 15/11/48 MS 5574, ANL

33. Robertson to Hughes 31/1/49 MS 5574, ANL

34. Hughes to Robertson 24/2/49 MS 5574, ANL

35. Moore to Hughes 28/10/49 MS 5574, ANL

36. Hughes to Robertson 30/3/49 MS 5574, ANL

37. Hughes to Robertson 30/3/49 MS 5574, ANL

38. Robertson to Hughes 28/5/49 MS 5574, ANL

39. Robertson to Hughes 28/5/49 MS 5574, ANL

40. Robertson to Hughes 28/5/49 MS 5574, ANL


44. Moore to Hughes 16/10/49 MS 5574, ANL
45. Moore to Hughes 16/10/49 MS 5574, ANL
46. Moore to Hughes 31/10/49 MS 5574, ANL
47. Robertson to Hughes 15/11/48 MS 5574, ANL
48. Robertson to Hughes 15/11/48 MS 5574, ANL
49. P. Morton, personal communication 10/4/00
50. Robertson to Hughes 15/11/48 MS 5574, ANL

52. ibid.
53. ibid., p.169.
54. Robertson to Hughes 15/11/48 MS 5574, ANL
55. Robertson to Hughes 15/11/48 MS 5574, ANL
56. Robertson to Hughes 15/11/49 MS 5574, ANL
57. Robertson to Hughes 28/12/48 MS 5574, ANL
58. Robertson to Hughes 10/1/49 MS 5574, ANL
See Ch.4 for details relating to AIM’s rationale for not including non clinical duties as part of the nurses’ paid work.
83. Nuttall to Hughes 2/10/49 MS 5574, ANL
84. Nuttall to Hughes 2/10/49 MS 5574, ANL
85. Robertson to Hughes 31/1/49 MS 5574, ANL
86. Robertson to Hughes 28/12/48 MS 5574, ANL
87. Robertson to Hughes 15/11/48 MS 5574, ANL
88. See for example Ch.2 when Francis described having an Aboriginal man chop their wood also Ch.5 where Henderson mentions using Aboriginal labour to do the washing and scrubbing at the Home when the nurses were busy.
89. Robertson to Hughes 15/11/48 MS 5574, ANL
92. J.F. McKay, “Flynn, John (1880-1951)”, unpublished biographical data on John Flynn p.3. MS 5574, ANL
94. J.F. McKay, “Flynn, John (1880-1951)”, unpublished biographical data on John Flynn p.5. MS 5574, ANL
95. Inventory of the AIM Nursing and Welfare Home Birdsville 30/10/47 MS 5574, ANL
96. Moore to Hughes 31/7/49 MS 5574, ANL
97. Moore to Hughes 31/7/49 MS 5574, ANL
98. Moore to Hughes 22/12/49 MS 5574, ANL
99. Robertson to Hughes 15/11/48 MS 5574, ANL
100. Robertson to Hughes 15/11/48 MS 5574, ANL
101. Robertson to Hughes 15/11/48 MS 5574, ANL
102. Robertson to Hughes 8/4/49 MS 5574, ANL

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103. Robertson to Hughes 31/10/48 MS 5574, ANL
104. Robertson to Hughes 31/10/48 MS 5574, ANL
105. Moore to Hughes 20/6/49 MS 5574, ANL
106. Moore to Hughes 20/6/49 MS 5574, ANL
107. Hughes to Moore 20/6/49 MS 5574, ANL
108. McDonald to Hughes 20/10/49 and 31/10/49 MS 5574, ANL
109. McDonald to Hughes 31/10/49 MS 5574, ANL
110. McDonald to Hughes 31/10/49 MS 5574, ANL
111. Hughes to Moore 14/12/49 MS 5574, ANL
112. Hughes to Moore 14/12/49 MS 5574, ANL
113. Hughes to Moore 14/12/49 MS 5574, ANL
114. Hughes to Moore 14/12/49 MS 5574, ANL
115. Moore to Hughes 2/1/50 MS 5574, ANL
116. Moore to Hughes 2/1/50 MS 5574, ANL
117. Moore to Hughes 21/3/50 MS 5574, ANL
118. Hughes to Henry and Whitehead 28/4/50 MS 5574, ANL
Chapter 7

The Challenges of Living in and Practicing Nursing at Birdsville

1950-1953

During the years 1950 to 1953 the AIM was able to achieve relative stability in terms of the recruitment and retention of their nursing staff at Birdsville. However, the issue of appropriate orientation for new staff remained a serious problem, both for the organisation and the nurses in this era. This chapter begins by analysing the consequences of the AIM’s failure to implement their stated policies in relation to the preparation and orientation of nursing staff during the period 1950 to 1953. Additionally, it will be demonstrated that the absence of a clear job description of the nurses’ administrative tasks, significantly contributed to a high level of stress for them and considerable frustration for the AIM.

Throughout this period of time, the conditions under which the AIM nurses lived and worked will be identified as remaining poor, relative to their metropolitan counterparts. Successive years of seasonal floods after a long period of drought, brought with them an infestation of rats in plague proportions, further adding to the nurses’ discomfort. In addition
it will be demonstrated that the destruction of the Home by fire in 1951 not only posed a threat to the nurses' lives but also to the ongoing viability of the AIM's health service at Birdsville.

As with their predecessors, it will be identified in this chapter that the Birdsville nurses during this time continued to provide health services to all members of the community. However, their interactions with the indigenous community remained within the framework of institutional racism. Finally, an overall analysis of the nurses' extended scope of clinical practice will be undertaken in order to provide historical context for later developments in remote area nursing practice. The Birdsville community and the AIM were served during the period of time under discussion by Sisters Whitehead (1950-1952), Henry (1950-1953) and Chenoweth (1952 onwards), whilst Forrest replaced Henry in July 1953 just prior to the opening of the new Birdsville Hospital.

Recruitment, Retention and Orientation

After the immediate past years when the recruitment of nursing staff in pairs and the retention of staff for a period of two years was not achieved by the AIM, 1950 at last brought some stability to the nursing workforce at Birdsville. Unfortunately, also by this time, the AIM seemed to have learnt little in relation to the importance that the nurses
placed on their preparation for and orientation to, their proposed role and function. The AIM was fortunate indeed to secure the services of Henry and Whitehead because both of these nurses gave remarkable service to the AIM and the Birdsville community, despite their getting off to a poor start. However, after sorting out their initial difficulties, especially in relation to their ever increasing administrative work load, Whitehead remained for two years, whilst Henry stayed on for a further year thus significantly contributing to a smooth transition for Chenoweth, Whitehead’s replacement.

In October 1949 Sisters Mona Henry and Lillian Whitehead first made contact with the AIM, inquiring about a possible position with the organisation. Both of these women held qualifications in general nursing, midwifery, maternal and child health and were established friends and colleagues. Hughes informed them that their period of service would be for two years, explaining that in the first year they would get to know the district and settle in. In the second year he suggested that they would have the opportunity “of doing some of their best work.” Hughes was right in making this assertion. It was a recognition of the difficulties the nurses would face, living and working in an isolated community.
Coming to terms with community dynamics, gaining confidence in their diagnostic and treatment skills and generally learning how to make the transition from the more structured environment of hospitals in larger centres to the unstructured and unpredictable environment of Birdsville, would initially take a great deal of the nurses’ time and energy. By 1950 the AIM was beginning to recognise that aside from the nurses’ clinical abilities, learning to live in and be part of the community was of paramount importance in their overall staff retention strategy. The relationship between the nurses’ ability to foster a good relationship with the entire community and their length of stay at Birdsville was brought clearly into focus for the AIM in the first instance by Mulvay and Mercer (1926) and more recently with Robertson (1949). 

Another retention strategy according to the AIM Nursing Service Constitution, was that the Board would endeavour to make appointments early enough so that the new appointees would have time to correspond with the incumbents and be able to take up their positions “before the end of the cool season.” The implication here is that nurses coming largely from the coastal regions of Australia to the intense heat of an outback summer may well have been so overwhelmed that they would not cope with either their living or working conditions, thus facilitating their rapid departure. In addition, there was an intent that there would
be an adequate period of time for the exchange of any personal or professional information which would better prepare the new nurses for the practical experience of living and working in Birdsville. Six months elapsed between the time of Henry and Whitehead’s first application and their subsequent arrival in Birdsville, therefore, there was in fact time to do this.

In relation to the issue of corresponding with Moore, Whitehead inquired of Hughes whether they would be able to speak to or meet a recent ex Birdsville nurse prior to their departure from Brisbane. Hughes in reply informed them that unfortunately there was no Sister in Brisbane that could give them first hand information about Birdsville.

One week after Whitehead’s inquiry, Henry met up with an ex AIM (though not ex Birdsville) nurse in Tully who informed her that they would need a knowledge of dentistry and an ability to milk goats. Henry wrote that she had taken lessons in the art of goat milking but had not yet learnt how to extract teeth. Why Henry and Whitehead did not directly contact Moore by mail or telegram is not known. However Hughes was certainly not pointing them in this direction and one can but surmise that he did not want them to hear anything negative which might deter them. Instead, Hughes provided them with the information which he thought was relevant. Hughes’ response to Henry and
Whitehead's initial job inquiry also revealed that they would find the nursing work to be somewhat “erratic” and that a greater part of their time would be taken up with “social and welfare work” as the nurses were the “basis of community life” and could help in “raising and maintaining the standard of life in the community.” He also informed them that the AIM would accept nurses of any Protestant denomination and that their services would be for the whole community irrespective of class, colour or creed.

Based on the somewhat scant and ambiguous information which Hughes had initially supplied, Henry and Whitehead submitted their applications to join the AIM and go to Birdsville. That they were almost totally ignorant of what faced them is revealed by Whitehead when she wrote:

what would be necessary for us to prepare in the way of clothes and other personal requirements such as soaps and toothpastes etc; also the climatic conditions of where you send us, and what vegetables and flowers will grow there.

In the same vein Henry asked if they would advise her “of the position regarding shoes - whether we post them away for repairs or take with us sufficient shoes to last for two years, or whether there will be a bootmaker in the area.” In the same correspondence Henry informed Hughes that as she had grown up in a country area she had little contact with the church until she attended boarding school in Charters Towers
and therefore knew nothing about running a Sunday School or church service. Hughes’ response, which did not include any information on climatic conditions, accommodation conditions, or give any clue to the demographic profile of the town and district, was however comprehensive in some other aspects.

Hughes set out for Henry and Whitehead their conditions of service, how they should prepare for their coming experience and something of the AIM’s expectations in relation to their job description. They were required to have a medical examination, chest x-ray, comprehensive dental check and any necessary work attended to prior to leaving for Birdsville. Hughes cautioned them that dental services were not available within hundreds of miles of the Home and if a trip (for dental services) were to become necessary they would have to stand the costs themselves. Arrangements were to be made for them to gain some instruction in dentistry, particularly teeth extractions as well as instruction in dispensing medication prescriptions. A ‘Setting Apart Service’ was to be arranged for them prior to their departure from Brisbane, which carried on the tradition of the Presbyterian Church and congregation bestowing their blessing on nurses joining the AIM. They were to sign a Declaration of Secrecy for the Post Master General’s department as they would be responsible for sending and
receiving telegrams via the radio transceiver located in the Home.\textsuperscript{18} Hughes explained that as there were no banking facilities in Birdsville they could, as with past nurses, be sent two pounds per month and have the rest of their salary banked for them.\textsuperscript{19} They were to be paid one month's salary in advance and on arrival in Birdsville submit the receipts for their travel costs for reimbursement.\textsuperscript{20} The nurses were to keep a daily record of the number of in and outpatients and submit these reports monthly to the Head Office.\textsuperscript{21}

In addition to the above directives, Hughes informed them that they should alternate weekly their responsibility for household and nursing duties with the rider that this did not preclude them from discussing together any cases in their care.\textsuperscript{22} He offered them instruction on how to establish a Sunday School, organise the Christmas tree function and conduct social gatherings in order to foster community spirit.\textsuperscript{23} Hughes requested the nurses to write alternatively each month to the AIM head office, telling them all the news "in a friendly way so we know what is going on and are kept in touch with local conditions."\textsuperscript{24} Interestingly, there is no mention in Hughes' correspondence of using sections of the nurses' monthly letters for AIM propaganda and fund raising purposes, an issue which had been of concern to previous Birdsville nurses.\textsuperscript{25}
In relation to hospital charges, an important administrative function, Hughes was less concise with his instructions. He suggested that Moore could give them this advice on their arrival in Birdsville but that the main idea was that “where station homesteads and individuals are contributing liberally towards the upkeep of the Home, they are not charged for medical attention.” How the nurses were expected to work out this inconsistency without upsetting some of the local population was left to their own discretion. Hughes underpins this information with his last and perhaps most important piece of advice:

- the main thing is to keep your own counsel - that is the idea of sending two nurses who are friends. They can talk all things over together and live their own lives in the Home. To the local community they are the friends of all. You can well understand how necessary it is not to discuss personalities or even local problems with the local folk.

Henry and Whitehead spent almost two weeks in Charleville en route to Birdsville. They were held up because of severe flooding in the district, thus restricting both road and air travel. Birdsville at this time did not have the benefit of an all weather landing strip, which under normal wet season conditions would have enabled the continuation of flights in and out of the township. Eventually they received a lift with Dr Vickers from the Charleville Flying Doctor Service, arriving in Birdsville on 8 April 1950. According to Henry, when nearing Birdsville and the
township was pointed out to them, Whitehead implored the pilot not to land! Moore had only a few hours with Henry and Whitehead to hand over vital information about the day to day practicalities of running the Home and departed with Vickers via the Flying Doctor Service plane back to Charleville.

On this occasion, because of flooding in the area, a more lengthy face to face hand over period was not possible. However this situation could and should have been anticipated by the AIM as they had by now adequate knowledge of the possible impact of wet season conditions at Birdsville. Whitehead and Henry should have been encouraged by Hughes to establish direct contact with Moore in the months prior to their anticipated arrival in Birdsville. This lack of foresight, or intentional withholding of information, significantly increased the workload and frustration of the new nurses. Three weeks later in Whitehead’s first correspondence from Birdsville to the AIM head office she noted that because they only had a few hours with Moore before she left, they had little time to learn all the detailed information they required and as a result were now “learning slowly and painfully, mainly by mistakes” and that their duties were “taking twice the length of time they should.” In terms of their administrative duties they certainly got off to a bad start, which could have been avoided, however
after the lush tropical conditions they were used to in coastal North Queensland coming to terms with their living and working environment, must also have been somewhat of a shock to them.

Living and Working Conditions

The nurses’ living and working conditions, both prior to and after the fire in 1951, remained difficult and at times almost unbearable. They had to deal with floods, food shortages, rat plagues, dust storms and the intense heat of summer without recourse to any artificial cooling system. In addition, much of their equipment, let alone their living environment, needed replacement or repair at a time when the AIM could afford to do neither. In comparison with their metropolitan colleagues, they were not financially well rewarded for the either the value of their role and function as key providers of health care in Birdsville, or the conditions under which they undertook their tasks.

The salary which Henry and Whitehead were to receive was two hundred pounds per annum, with two months holiday pay at the end of their two year period of service.\textsuperscript{31} In addition, they were entitled to full board and keep and first class travelling expenses.\textsuperscript{32} As the first complete documented evidence of the wages paid to the AIM nurses was one hundred and twenty pounds per year in 1928, in twenty-two
years the nurses wages had increased by only eighty pounds per year whilst their other conditions of employment remained essentially the same, with the exception of the reference to ‘first class’ travel. Presumably this refers to a difference between road transport and air travel which was by 1950, becoming more common place.

It should be reiterated here in so far as wages were concerned, the nurses employed by the AIM were not and never had been covered by the relevant award for either public or private hospital employed nurses in Queensland. Thus in their staff recruitment strategies the AIM called heavily upon nurses’ sense of dedication and duty to their fellow human beings and threw in for good measure, the idea that the adventure they would undertake would be worth the lower remuneration they would receive. Analysis of the financial statement for the AIM’s Birdsville operation in 1952 revealed that whilst the nurses were paid two hundred pounds per annum, the wage for the builder of the new hospital was three hundred and fifty-two pounds per annum. This provides an interesting comparison between wages paid for female nurses and a male, presumably qualified tradesman. There certainly appears to be little correlation between the nurses’ wages, the AIM’s expectation of their role and function and the conditions under which they lived and worked.
Soon after their arrival in Birdsville, Whitehead advised Hughes that much of their clinical equipment “was sadly in need of repair.” They were having great difficulty with their lighting plant and Ormsby suggested that the entire building needed rewiring. In the interim they were using borrowed lamps because their backup lighting, which consisted of kerosene lamps, was not functional requiring replacement glasses and mantles. Whitehead requested that the AIM urgently forward them blankets as they had borrowed these from the town folk and needed to return them promptly. They also requested an insufflator to save wasting the sulphonamide powder, and some old mosquito netting to make vaseline gauze dressings.

Of particular concern to Whitehead and Henry was the state of the building and its surrounds. Whitehead noted that where the cement had cracked after the flood white ants were entering the building, and that they were trying to at least contain them before much more damage could be done. In addition the fence and goat yard needed repairing and the kitchen furniture was badly in need of a coat of paint. This they ordered and paid for out of the advanced wages they had been given to cover the expense of their journey to Birdsville.
At the time of this correspondence Whitehead noted that the flood waters, though no longer threatening the town, were still rising, however Rabig the mailman was going to attempt to get to Windorah or Longreach because the town had an acute food shortage. As for Henry and Whitehead, they had only a month’s supply of kerosene, two pounds of self-raising flour and had eaten the last of their potatoes that day. Whitehead and Henry were quickly learning what it meant to live in, be part of and share hardships with the local residents. However, Whitehead was quick to point out that the townspeople had been very kind to them and when they tried to thank them the usual response was “don’t thank us, we are doing it for John Flynn.” One month later Henry informed Hughes that they had settled down quite comfortably and that the white ants were under control. However the mailman had been unable to get through with food supplies, the town had completely run out of foodstuffs, so they had ordered some essentials by plane at considerable extra cost.

Something of Henry’s tenacity and sustaining sense of humour is evident in her letters to Hughes. She related that they had made some temporary repairs to the goat yard and each afternoon they spent an hour looking for the young kids “before the dingoes took them.” Following
that, they had “a cross country race with the mothers” before the goats could be yarded, and further that:

we have our daily exercise between 5 p.m. and 6 p.m. trying to separate our goats from the other hundred in the township and have decided to brand our goats with purple paint. We had thought of painting a red cross on their backs but were warned that the crows would attack anything red. We have yet to learn how to milk a goat but at least we have learnt how to yard them.  

There was however a more serious aspect to Henry’s keen interest in maintaining the Home’s goat herd and therefore goat milk supply. Henry had an allergy to cow’s milk which exacerbated her asthmatic condition. As fresh goat’s milk was her only alternative to powdered cow’s milk, it was a necessity for her health and much later in 1952 she suggested that it had “helped to cure” her asthma.

In addition to the poor state of equipment and general condition of the Home which the nurses endured for much of their first year at Birdsville, floods in their first and second years brought with them rat plagues. Aside from the potential for disease which the nurses knew the rats could bring, the impact of these plagues on their living conditions is almost unimaginable. Henry wrote to Hughes in March 1951 requesting that he send up the Pied Piper as nothing else seemed to have any effect on them. Her account of this time is worthy of a lengthy quote in order to put this issue into context:
we have eleven traps and catch an average of 35 rats a night. We catch 25 in about an hour and then leave the traps set for the night... We no longer chase them with sticks although by doing so we would kill many more. After trapping hundreds during the past few months we find that we cannot face a rat with a stick. They do not fight when cornered - they just shiver with fright and wait to be killed. Releasing them from the trap is almost as unpleasant as the rats are cannibals and eat each other in the traps. It is worse still if we don’t keep the rats out of the building. We have several times been bitten while we are sitting writing in the lounge and we now sit with our feet on chairs off the floor. If we don’t carry a torch we are likely to stand on one. They have burrowed under the building and are eating their way through the walls. Sister Whitehead’s new shoes had a hole eaten in them and we had to build a wire gauze cover for our baby cot. At night we can hear them eating and they sound like a herd of goats. Tonight I was setting a trap and a rat appeared through the darkness and took the bait from my hand. That was no trouble to him - I dropped the bait and rose about two feet in the air and the yell I gave almost roused the neighbourhood.54

After the onset of the dry season the second rat plague continued to have an impact on the nurses’ living and working conditions. Amongst other things, the rats had destroyed all the vegetation around them which contributed to the severity of the dust storms they experienced that year.55 Dust storms continued to be a problem for them in 1952 and on one particular occasion meant more than having to clean up after it. Henry wrote that because of the severity of the storm they could not yard the goats, twenty of whom subsequently took shelter in their
kitchen. They awoke the next morning to the sound of breaking glass and china.\textsuperscript{56} In addition, the goats ate a case of vegetables which had only arrived the day before and as Henry stated; “it was a major calamity for us as we hadn’t tasted fresh vegetables for 10 days.”\textsuperscript{57}

Henry and Whitehead, in common with other community members endured shortages of fresh food on numerous occasions. Road and air transport were subject to weather and road conditions, thus fresh food supplies were erratic. At such times they survived on tinned goods and sometimes fresh goats meat.\textsuperscript{58} Both Henry and Whitehead experienced periods of illness and in particular dental problems during their period of service.\textsuperscript{59} One suspects that these conditions were at least in part due to a lack of vitamins and minerals in their diet. Perhaps though, the most significant threat to Henry and Whitehead’s life and health occurred on 10 November 1951 when the second AIM Nursing and Welfare Home was burnt to the ground.\textsuperscript{60}

Henry reported to Fred McKay, Flynn’s successor and the new Superintendent of the AIM, that they discovered the fire at about 1.00 a.m., and that the possible cause was either the naked flame of the kerosene refrigerator or a spark from the radio.\textsuperscript{61} Whitehead immediately went for help and Henry stayed long enough to pick up her
mattress and throw it out the window and then returned for Whitehead’s mattress.\textsuperscript{62}

Henry provided a chilling account of this event:

- the flames were roaring along the ceiling of the men’s ward when we first saw them and they threatened to cut me off when they burst through the women’s ward a minute later. I ran around the back of the building which was intact but the caneite ceiling was burning like paper and in less than 10 minutes the whole of the building was ablaze. We were afraid the dispensary would explode so moved about 20 yards up the road where all the residents were collected. I would say that altogether it took about half an hour for the roof to collapse and the fire to start to die down.\textsuperscript{63}

The fire destroyed everything at the Home except the nurses’ night attire, one mattress and the Aboriginal unit which was located away from the main complex. In the immediate aftermath of the fire, the entire community supported the nurses with food, clothing and accommodation. Henry and Whitehead recognised what the financial implications of the fire were to the AIM but also recognised what the worth of the health service was to the Birdsville residents and surrounding district. Henry noted that everyone in the district as far away as Marree were highly supportive of the rebuilding of the Home and suggested that the money “must and would be found” otherwise they feared the service would be lost forever.\textsuperscript{64} As an interim measure, Henry suggested that of the two rooms in the Aboriginal unit, one could
be used as a ward, the other a radio room, whilst they could sleep on the back verandah.\textsuperscript{65}

In terms of the basic surgical, medical and pharmaceutical equipment they immediately required to make the temporary clinic functional, the flying doctors at both Charleville and Broken Hill offered to supply these items.\textsuperscript{66} Even Sergeant Barlow, with whom they had several disagreements as to the worth and nature of the service, remarked that “of course the place must be rebuilt - the place can’t live without it.”\textsuperscript{67}

The fire certainly seemed to have provided the catalyst for the Birdsville community in recognising that the AIM Nursing and Welfare Home was an integral part of their community life, without which the place would finally stagnate and die. The AIM decided to go ahead with the rebuilding program though by mid 1952 the Board was so concerned about its financial position they wrote to the nurses advising them that “they had a right to know the general outline of present trends.”\textsuperscript{68}

In any case, McKay made it quite plain that the AIM would have “retreated from that far-west corner of Queensland” had it not been for the example and inspiration of Henry and Whitehead who carried on with the health service under difficult and trying circumstances.\textsuperscript{69} He went on to list a number of strategies to increase their fund raising
capacity, much of which centred around more widely publicising their work. After the fire Birdsville certainly did seem to be attracting the attention of the wider Queensland public, although at times this created some amusement for the nurses. Henry in a letter to Lofts noted that a photographer from the *Brisbane Courier Mail* was in town and wanted to take a photo of her:

stroking the fevered brow of a sick black child and was disappointed because there is no black child in Birdsville and also there is no one sick. The constable suggested that if the photographer could break his leg and become the patient it would be for a worthy cause.

Henry, Whitehead and later Chenoweth at some considerable personal cost were able to provide the community with at least a basic health and midwifery service until the new Birdsville Hospital was opened on 5 August 1953. Henry noted in May 1952 that their quarters were becoming more primitive as they retreated “from the old building towards the fowlhouse” and that they were “surrounded by cement on one side, rubbish on another and the verandah was covered with masonite.”

Whitehead departed Birdsville in April 1952 in order to marry Clyde, the police constable whom she had met and been courted by in Birdsville; although she never mentioned this aspect of her personal life
In her final correspondence to the AIM following her departure, she thanked them for sending both herself and Henry to Birdsville even though as she stated; “you know it was the last place we wished to go to” but now that it was over she did not regret it.

Whitehead related that the most difficult aspect of the job was not learning to live in the community but with one other woman at such close quarters and added that whilst they had plenty of “rows” they remained good friends. Their ability to get out of Birdsville and get away from each other no doubt positively impacted on their ability to fulfil their role and function. Of the AIM health service in Birdsville, Whitehead wrote:

I realise now what the A.I.M. means to the people of Birdsville. Although they are to have a weekly plane service and can call for medical help three times daily, I don’t think they could do without their Hostel. It is more to them than just a Hospital. They know that they can, and do, count on their “Sisters” to do almost any job, that it is possible for them to do.

Whitehead was replaced by Mary Chenoweth in June 1952.

Building of the third AIM Nursing and Welfare Home progressed slowly from 1951 to 1953. Henry noted in early 1953 that the Diamantina and Georgina Rivers as well as Cooper Creek were once
again in flood. Cartage of materials for the building was expensive and slow, depending on road and weather conditions. However by 1953 the building was beginning to take shape. A local telephone line was installed between the Police Station and the Home which Henry noted saved them many trips to the station. Lofts of the AIM head office suggested that a cooling system might be installed in the new building, however Henry rejected this saying that a second septic system would be far more appropriate as there was not always a man around to empty the existing system. At the suggestion of the Nursing Appointments Committee, which had been constituted in July 1951 to assist in recruiting suitable AIM nursing staff, separate bedrooms were to be provided for each nurse. This was perhaps the most significant structural change in the Birdsville nurses’ living arrangements since 1923.

In addition, and at Henry’s suggestion, the committee recommended that an oxygen supply be made available at Birdsville. Beth Forrest was appointed as the replacement for Henry and took up her duties just prior to the opening of the new Home on 5 August 1953. Fittingly, at the official opening, Grace Francis, one of the first pair of nurses, gave an address on behalf of the nurses. For the first time since 1923, the Birdsville nursing staff would now have decent accommodation and
hospital facilities, the lack of which in the past had significantly impacted upon their ability to effectively carry out their role and function. However there still remained for the nurses the problem of how to live in and be part of the community, yet remain aloof from squabbles generated in the main by the issues of class, race and religion.

The Nurses' Relationship with the Community

In common with their predecessors, the AIM nurses in this era continued to provide clinical nursing care to all the inhabitants of Birdsville and the surrounding district, irrespective of creed. Also in common with their predecessors, in relation to the indigenous community this care was offered within a framework of institutional racism. Segregation by race was still practiced both within the confines of the hospital environment and also at a wider community level. To some extent however, the fire which destroyed the Home was a catalyst for the community and the nurses to move beyond previously identified class barriers as community cohesiveness was essential if the health service at Birdsville was to survive.

Prior to Whitehead and Henry's appointment to Birdsville, Hughes had advised them that the service which they provided should be for all regardless of class, colour or creed. This statement was a significant
departure from the original charter under which the Brisbane Home at Birdsville was established. In the founding constitution, only the word creed is mentioned, as if religion might constitute the only grounds for the nurses not to be inclusive of all community members. In the intervening years between 1923 and 1950 this did not prove to be the case. It has been well demonstrated throughout this thesis that in addition to religion, the issues of class and ethnicity provided social and professional barriers between the nurses and the community and also between community members themselves.

In terms of the white population, the members of the community who adhered to Roman Catholic traditions were included in all aspects of the nurses’ work. The exception to this was the exclusion of Roman Catholic children from the Sunday School where the fundamental tenets of Protestantism were to be taught. This was however not a significant problem for Whitehead and Henry who prior to the fire showed no interest in conducting a Sunday School and afterwards had neither the time nor space to do so.

Thompson in examining the history of religion in Australia suggested that the antagonism which existed between Protestants and Catholics up to and including the 1950s, had its roots in the migration patterns
(voluntary and involuntary) of early European settlement in Australia.\textsuperscript{87}

The great sectarian divide exacerbated by the conscription issue of World War One although somewhat moderated by the early 1950s, was still evident and demonstrated in a "continued social gulf between Catholics and Protestants."\textsuperscript{88} Birdsville reflected some aspects of this social gulf, sectarianism and antagonism in common with the wider Australian community, although probably not to the same extent as in the cities. In such a small isolated community, survival and successful adaptation to the environment fostered a higher degree of interdependence amongst community members.

Several Birdsville nurses from Francis (1923-1925) to Henry (1950-1953) commented on the tensions and quarrels which existed both within the town and between town dwellers and outlying station people.\textsuperscript{89} At times these community divisions seemed to be based on both religious and class struggles. Brook, a member of the local AIM committee in 1926, certainly left no doubt that a clear distinction was drawn between the pastoralists who were considered to be the backbone of the AIM’s endeavours at Birdsville and the town dwellers, many of whom were Roman Catholic and considered to be from the lower classes.\textsuperscript{90} This was the environment in which the nurses supposedly had to remain non partisan. Nuttall, a non nurse, recognised how difficult it
was for the nurses to avoid being drawn into factional struggles and
Robertson’s experience in 1949 provides a clear example of the
consequences of not being able to achieve this.\textsuperscript{91}

In relation to colour, the AIM’s supposed policy of inclusion in all
aspects of the service was still not practiced by the Birdsville nurses
throughout this time period. As with their predecessors, for the most
part, institutional racism was the framework in which the nurses
addressed the health and social needs of the Aboriginal community.\textsuperscript{92}
Nowhere can this be better demonstrated than in the occasion of the
annual Christmas tree function which was a focal point for celebration
in the entire community. In 1952 Henry related that there were about
forty children both black and white in attendance and that the native
children had a separate tree “down on their verandah so that they could
share Santa Claus.”\textsuperscript{93} Whilst this was not challenged at the time,
Henry’s following comments demonstrate something of the mixed
feelings the nurses shared in relation to the AIM’s inclusion and
exclusion policies and the pervading Birdsville community culture. She
wrote in January 1953:

> last year when most of our toys had gone up in smoke and we had to have
> the Tree in the Shire Hall, about a dozen dark children stood in the
doorway and gazed at Santa giving toys to the white children. We hadn’t
even a lolly to give them so I made sure it wouldn’t happen this year.
Santa left the plane and after giving toys to the white population, went to the other’s tree and handed out second hand jewellery, cakes of soap and other odds and ends which Sr. Chenoweth brought back from Brisbane, finishing off with soft drink from Mrs. Roberts - ice cream and cake.  

Henry’s humanity and sense of injustice on this occasion was obvious, however segregation between the Aboriginal and non Aboriginal community was apparently still firmly entrenched.

In both the second and third Birdsville Homes, Aborigines were nursed in separate accommodation. All their requirements, sheets, blankets, crockery and cutlery were kept separate from that used by white patients and of course by the nurses. When fire destroyed the second Home in November 1951, all equipment had to be shared. In July 1952 Henry ordered a “serviceable, inexpensive” dinner set as they had to serve the Aboriginal patients on part of their own. In the following year Henry asked Lofts if they could have “a second copper for the natives washing.” Two reasons are given for this request. In the first instance Henry said that for the past three years they had been doing the Aboriginal patients’ washing in a kerosene tin over an open fire, which was very tiring. Secondly, Henry presented a clinical reason for acquiring the second washing facility when she stated that:

our last patient had (or has) gastro and we haven’t done the washing yet. 

What’s more, we’re not looking forward to it and we certainly wouldn’t
use our own copper or tubs. Beside having gastro the child is covered with sores (from neglect and dirt). Whilst it would have been acceptable and indeed desirable for the nurses to have separate facilities from all patients, Henry’s comments indicate that even in times of crisis it was certainly not acceptable to share anything very much with Aboriginal patients because their hygiene was considered to be of a very low standard.

Regardless of the fact that Aboriginal and non-Aboriginal patients were catered for separately, there is evidence that during the years 1950 to 1953, the Aboriginal community not only used the health service but also contributed to the upkeep and outfitting of their section. Whitehead noted in December 1950 that ten pounds had been “donated by the darkies to buy new furnishings for their ward.” The nurses suggested that a locker and a cupboard for their linen be purchased with this donation. In 1951 Maudie, an Aboriginal woman, donated five pounds for the purchase of a seagrass chair for the Aboriginal ward. Again in 1953 an Aboriginal stockman donated ten pounds and Chenoweth requested that it be recognised by the AIM that Bob and Maudie Naylon had made the donation. Chenoweth asked if the donation could go towards a bedside locker “for the darkies” and further that, it need not be
as good as the ones sent for the white patients but anything was better than the boxes turned sideways which they were now using.\textsuperscript{102}

The sums of money donated by Aboriginal people were not insignificant within the context of this time period. In addition many though not all Aboriginal workers had the largest portion of their wages confiscated by the government through the Protector of Aborigines, thus making these amounts all the more remarkable.\textsuperscript{103} Whilst nothing is recorded about how these Aboriginal benefactors felt about donating money to purchase the most basic of equipment for their segregated accommodation within the Home, evidence exists that they took some pride in their contribution. Reynolds, in discussing the shared pioneering heritage of both Aboriginal and non Aboriginal Australians, suggested that many Aboriginal people made adaptations to and compromises with the Europeans and further that by the end of the nineteenth century:

\begin{quote}
these were the people who wanted to be accepted as equals by the Europeans but who were perpetually beaten back by the racism of colonial society and the impenetrable caste barrier erected in its name. They wanted to be accepted as they were and in doing so they looked forward to, and indeed were the frustrated pioneers of, what in recent times has become known as the multicultural society.\textsuperscript{104}
\end{quote}
Exchanging or sharing information with the indigenous community in a culturally sensitive way was not undertaken by the nurses in this time period, even though Henry showed some curiosity in Aboriginal artefacts and local history. Towards the end of her time at Birdsville, Henry noted that Mrs Dunne from Mungerannie Station had given her a few Aboriginal weapons and stones with which she thought they might start a little museum. She went on to explain that when she asked Old Joe, an Aboriginal elder, about one of the stones, he became very perturbed and said that it must be immediately returned to Miramitta because it was the "Rainman" and was very dangerous to have around. Henry stated that; "he went off mumbling about what would happen to the person who had removed it from its own territory." Even after having received this information Henry suggested to Lofts that:

perhaps we could have a shelf in the aborigines treatment room, or do you think it would be so much junk? I think travellers might be interested in it, particularly if we can tell any of their history.

Henry's ethnocentric attitude must be interpreted within the wider Australian culture of that time, which in the main saw Aboriginal people as an inferior race. Reynolds related that in the 1960s and early
1970s he encountered remnants of these attitudes in non Aboriginal north Queenslanders whom he said had:

been brought up to believe that race was a fixed biological category, that Europeans and Aborigines were separated by unchangeable physical and cultural characteristics and that Aborigines were Stone Age people who had not advanced as Europeans had on the ascending path of cultural and social progress. 109

and further that; “such attitudes had pervaded Australian life until the 1940’s or 1950’s”.110 Henry and her colleagues in the AIM undoubtedly shared these sentiments.

The nurses’ attitudes towards inclusion of Aboriginal people in all aspects of their care has been well documented throughout this thesis. For the nurses, a rationale for their attitudes and actions has been justified by the overarching policies of the AIM who were able to abrogate their responsibilities by insisting that the social needs of Aboriginal people were the concerns of another department of the Presbyterian Church.111 However these sentiments were not shared by all members of the Birdsville community. In particular Barlow the Police Sergeant seemed to have a genuine concern for the social, educational and welfare needs of the indigenous community, which brought him into direct conflict with the nurses.
Because of a lack of white students, the Birdsville school had been closed for a number of years and in June 1951 Barlow suggested to the nurses that rather than employing two nurses, the AIM should employ one nurse and a school teacher.¹¹² His proposal was aimed at providing an educational opportunity for the now increasing number of Aboriginal school age children in the town. This idea was strongly rejected by the nurses on the grounds that in a medical emergency, a school teacher would be of little use.¹¹³ The nurses’ rationale for rejecting this idea was quite sound and no doubt based on the experiences of Robertson and Moore who had to rely on paid non nurse companions to assist them.¹¹⁴ However, Henry and Whitehead could still have supported Barlow in his quest to have the State Education Department reopen the school had they recognised that education for Aboriginal children was an important health and social issue.

One month later, Henry warned Hughes that further trouble was brewing with the policeman because he had suggested that the AIM was operating under a false name and should be called “the Australian Inland Medical Mission as it could not be called an ordinary mission if it was not interested in teaching native children.”¹¹⁵ According to Henry, Barlow further stated that the AIM was “duping the public - collecting money under false pretences for a cause which is not a mission.”¹¹⁶
Whilst Henry suggested that she had never actually quarrelled with Barlow over this issue, her explanation for his attitudes was that he was "a very unhappy man and might have been talking like this to relieve his own feelings." Hughes' reply clearly identified the AIM's position in relation to this issue when he wrote:

regarding the Police Dept., we would not worry about him. If he approaches the Department of Native Affairs they will probably put him right. They know what the AIM is doing and they also know what our Church is doing in the Mission fields and in Cape York Peninsular and Mornington Island. It is a good thing that you are able to control your feeling and put up with him! The AIM is a Mission to white people but it does nurse the blacks at its centres. However it has no authority to do more than that. The general care of the aboriginals is a matter for the various Missions to Aborigines. We would soon get ourselves into trouble if we started doing what he suggests.  

Without any assistance or support from the AIM, Barlow was able to follow through on his proposal to have the school reopened. A school teacher from the Department of Education was employed and commenced duties in February 1953 with eight Aboriginal and four non Aboriginal pupils.

Scope of Nursing Practice

Throughout the period 1950 to 1953 the nurses' extended scope of clinical practice remained essentially unchanged and they continued, in the face of an unreliable radio communication system, to make and act
on their clinical judgements. Initially at least however, it was the non
clinical aspects of their role and function which gave them their greatest
concern. In particular, their role as facilitators of communication for the
entire community and the paper work associated with this and other
administrative tasks considerably added to their workload.

Since the inception of the health service at Birdsville in 1923 the non
clinical functions of the nursing staff became gradually further extended
and more complex. This was first noted with the introduction of radio
communication and the nurses' role in sending and receiving messages
and telegrams during the period of the second World War.120 In
Robertson’s time, the nurses’ duties were yet again extended when other
administrative tasks relating to the management of local AIM finances
were added to her job description.121 Henry and Whitehead, in common
with Robertson, identified that their ever increasing paper work caused
them their greatest stress.

In June 1950 the nurses were visited by Denning, the AIM’s Patrol
Padre for that region. His visit was used as an opportunity to facilitate a
special meeting of the AIM local committee.122 For this meeting the
radio transceivers were used to their best advantage as committee
members on outlying stations were able to participate via that medium.
Teleconferencing, a valuable communication tool, provided that one did not have to pedal and talk at the same time, is demonstrated here in its earliest form! The meeting commenced with a formal welcome to Henry and Whitehead by Denning, on behalf of the townspeople and the committee. However the main agenda item for discussion and ratification was a proposed change in the method of administration of the Home, put forward by the AIM Executive. For the first time since its inception at Birdsville, the AIM formalised the financial arrangements and responsibilities of the nurses and the local AIM Committee Secretary. The full recommendations proposed and adopted at this meeting on 25 June 1950 at Birdsville are attached as Appendix G.

This document not only provides clearly for the first time the lines of responsibility and communication between the nursing staff and the local AIM committee but also gives an indication of the extent to which the administrative aspect of the nurses' work would now be formally incorporated into their role and function. In the preamble of the document the AIM Executive suggested that these arrangements had been found to work "smoothly and harmoniously in all the other centres". One therefore must question why it took the AIM so long to
address this issue at Birdsville, when fundamentally it was the blurring of responsibilities between the nursing staff and the committee that caused Robertson’s unhappy departure. Whilst Robertson was not referred to directly, the AIM Executive reminded the committee that Birdsville had already experienced difficulty in obtaining and keeping staff. The AIM Executive intimated that the local committee should also accept responsibility for being unable to attract or, more importantly, keep their nursing staff. This is interesting in light of the fact that Robertson asked Hughes to relieve her of the duties of the secretaryship when the new Shire Clerk arrived in Birdsville; a request which was denied by Hughes.

Some of the financial instructions for the nurses in the proposed new administrative arrangements are puzzling, given that prior to their departure for Birdsville, Hughes had informed Henry and Whitehead that no banking facilities were available locally. One can but assume that some facility was available through the Post Master or that monies were sent on to the nearest bank at Charleville. What is not included in the new arrangements is the fact that the nurses were not only responsible for sending and receiving telegrams, but also for maintaining and administering telegram accounts. With the increasing use of the Home’s radio transceiver for sending and receiving
telegrams on behalf of the community, this aspect of the nurses’ work load was becoming somewhat time consuming. In any case, the volume and type of paper work now formally included in the nurses’ role and function caused them considerable frustration. However because of the poor financial circumstances of the AIM, balancing the books was the most pressing priority for Hughes and the Executive.

In September 1950 Hughes explained to the nurses the Government funding arrangements for Birdsville. He stated that the Federal Government refunded the AIM six shillings a day for in patients, whilst the Queensland State Government gave the AIM a grant of ten shillings in the pound on all donations received for their Queensland operations. Understandably, Hughes was keen to collect the information that would allow the AIM to claim government money but this was not a priority for Henry and Whitehead. They informed him in mid-November that they had not yet had time to collect all the information he required. The records left by Robertson and then Moore were scant and incomplete. This was the result of the ad hoc and confusing arrangements in relation to the financial management of the Home, which existed between the nurses and the local AIM committee.
Later that month Hughes admonished the nurses for their tardiness in submitting the required information and wrote patronisingly asking them to make financial matters their number one priority and concluded with:

we can quite realise that there is always a desire to keep putting off these worrying and difficult jobs but if you tackle them one by one they frequently turn out very much easier than anticipated, and once they are over there is a great feeling of relief!\(^{131}\)

Hughes wrote again to the nurses on 8, 11, and 22 December still seeking the information he required.\(^{132}\) Henry’s reply provides a fascinating insight into community politics which do not seem to have been resolved with the change in administrative arrangements. In addition, her correspondence demonstrates that this pair of nurses were not going to be intimidated by requests from an employer so physically far removed, placing the blame for their perceived failure where they thought it belonged!

Henry wrote that although they knew the requests for information were urgent, they simply did not know how to go about finding the answers because:

> with the township in its present state of unrest we did not want to ask for outside help - our first lessons from an outsider when we first arrived helped to put us in our present mess. Eventually since you had to have a reply we were forced to ask Sgt.Barlow. Without his help you would probably have had to wait until next January. As you say, it is a pity we
have no knowledge of bookkeeping. It is also a pity someone could not
have been here to teach us a little more when we arrived. Sister Moore
had so little time in which to tell us so much that we did not digest what
information she did give. Until we came out here neither of us had banked
money through a passbook such as this. 133

Henry went on in this correspondence to provide Hughes with all the
financial information he required, however this aspect of the nurses’
work continued to be time consuming and a considerable source of
frustration, both to themselves and Hughes. Just prior to Hughes’
retirement from the AIM, Henry wrote to him saying that they were
sorry to hear he was leaving although as she stated:

it will be a relief for you to get away from my bookkeeping. Perhaps also
you will prepare your successor before he has to work out my figures - I
don’t want them to give him as many headaches as they gave you. 134

When Hughes first advised the nurses about the funding arrangements
between government and the AIM, by way of explanation he told them
that the Birdsville operation was not a hospital but a first-aid and AIM
welfare centre. 135 This would no doubt have come as somewhat of a
surprise to Henry and Whitehead, as the inpatient and outpatient figures
reveal for the year 1950 that they were quite busy with their clinical
nursing work. In addition, the nurses would have viewed this work as
their first priority, thus adding to the delay in submitting the requested
financial information. The following is a precis of the reports which Henry and Whitehead submitted for the years 1950-1953.

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
<th>Maternity</th>
<th>Infants</th>
<th>Deaths</th>
<th>In-patient Days</th>
<th>Out-patients</th>
<th>Occasions of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
<td>14</td>
<td>1</td>
<td>5</td>
<td></td>
<td>167</td>
<td>160</td>
<td>393</td>
</tr>
<tr>
<td>1951-1952</td>
<td>16</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>112</td>
<td>205</td>
<td>900</td>
</tr>
<tr>
<td>1952-1953</td>
<td>16</td>
<td>1</td>
<td>1</td>
<td></td>
<td>114</td>
<td>343</td>
<td>2177</td>
</tr>
</tbody>
</table>

With regard to the above figures, Aboriginal patients were not separately listed for the years 1951 to 1953, but no reason was given by Henry or the AIM for this. It should also be noted that from the end of November 1951 after the Home was destroyed by fire, all inpatients and outpatients were cared for in the Aboriginal ward consisting of two small rooms and a verandah, which was also their sleeping area. Given the number of patients attended to in these small confines, that they were able to maintain this level of service is quite remarkable. Even the presence of one inpatient would have considerably added to the nurses’
workload as they had to undertake total patient care including cooking, washing and cleaning. In addition they had outpatients to attend.

In November 1950 Henry informed Hughes that both she and Whitehead had alternatively taken a few days rest at different station homesteads but as they had inpatients for most of the time “the one remaining on duty did not have time for correspondence.” They could therefore be forgiven for thinking that the Home was indeed a hospital and more than a first-aid station. A description of much of the clinical nursing work they undertook is in their letters to the AIM head office, rather than the patient reports.

Henry commented that as they travelled through the district it was nice to put faces to the people who had previously only been voices to them. They were advised that there was a visiting school dentist at Beetoota and as Whitehead needed dental attention she travelled there and also managed to convince the dentist to come to Birdsville where he attended not only to Henry’s dental needs but also treated thirty other patients on the verandah of the Home. Kilby, the dentist stayed at Birdsville for two weeks and the day after he left, a patient requiring a tooth extraction turned up. Henry related that whilst the patient had experienced the toothache for months it had not ached while the dentist
was there and concluded with; “were we annoyed!!! but we removed the tooth.”

In February 1951 Whitehead informed Hughes that they had a confinement at the Home. She wrote that;

Vera was a very good patient, she had a long hard labour. The infant only lived two days and died from a cerebral haemorrhage. The whole town was very upset. The child was buried on the Monday afternoon and Sgt Barlow read the service.

Henry and Whitehead had been anticipating this confinement and inquired of Hughes whether Vera should be charged hospital fees because even though she was an Aboriginal woman, both she and her partner were employed at the Hotel and were receiving good wages. Hughes in reply said that the AIM did not see any reason why she should not be charged particularly as she was a maternity case. Why Hughes drew a distinction between a maternity admission as opposed to any other type of admission can only be a matter of conjecture, as no reason is given for this. The outcome of a long and difficult labour resulted in the death of Vera’s baby. The records do not reveal what if any ante-natal care Vera was given or whether Henry and Whitehead sought advice from Dr Vickers, the flying doctor, but he was certainly not physically in attendance on this occasion.
In her letters to the head office Henry mentions four other occasions when they had maternity cases. In January 1951, Mrs Parsons delivered a baby girl which only lived for three days. The same Mrs Parsons delivered a 9lb 6oz baby boy in the following July and on this occasion, the outcome was successful. In March 1952 an Aboriginal woman delivered a one pound, twelve ounce premature babe which survived for only four hours. The fourth maternity case Henry mentions is interesting because it does suggest that the nurses provided ante-natal care when this was possible.

Henry and Chenoweth admitted Rita, an Aboriginal woman with pre-eclampsia, demonstrated by the presence of albumen in her urine, on 27 December 1952. Henry stated that they thought the condition had resolved itself with rest until she started “taking fits” some eleven days later. They notified Dr Vickers who had to choose between evacuating Rita or a man with peritonitis from a location some two hundred miles distant to Birdsville. Vickers decided that of the two patients the man had the best chance of survival, however he organised for the Cloncurry flying doctor to pick up Rita. By the time the Cloncurry flying doctor arrived, Rita had taken twenty fits and been unconscious for twenty four hours. Needless to say she delivered a still born infant at Cloncurry hospital. Henry commented that; “in spite
of transceivers and aeroplanes the west can still be a very isolated and
terrifying place." Henry supports the point here that the availability
of medical advice and access to evacuation of seriously ill patients, in
and of themselves did not remove the primary responsibility which the
nurses felt for the people in their care.

Of the five maternity cases the nurses attended to, only one had a
successful outcome. For remote area nurses in this era, death of either
mother or infant during or after childbirth was always a possible
outcome and accepted as such. However in Vera’s case Henry later
stated that:

death in the inland seems more tragic than in the more populated area,
perhaps life is so hard, and people so few. Lillian and I, who had seen
death many times, were touched more deeply by the death of this small
child than by its counterpart in a large hospital ward. After the coffin was
taken from the hospital, Lillian and I sat down and wept.  

The maternity cases presented do not include the number of Birdsville
women who chose or were advised to undertake their confinements in
larger centres. Therefore no conclusions can be drawn regarding infant
mortality statistics for Birdsville in comparison with the wider
Australian population during this time period. In any case, the nurses
did provide the local women with the opportunity to give birth at
Birdsville which was envisaged by Flynn, the AIM's founder, as being a primary aspect of their role and function.

Of the many other conditions which the nurses encountered, several are worthy of note as examples of the nurses' ability to diagnose and manage a range of accident and illness conditions. In April 1951 an Aboriginal boy presented with a fractured clavicle.\(^152\) As he would not consent to being evacuated to Charleville for treatment, the nurses managed his care with the help of Barlow the police sergeant who assisted them when restrapping and bandaging was required!\(^153\) This suggests that the procedure was painful and required forceful patient restraint. After several weeks the boy was discharged and Henry noted that whilst his clavicle was not quite straight it had "knitted quite well and seems to give him no trouble."\(^154\)

In June 1951 Whitehead informed Hughes that they had to call out the flying doctor for their first emergency; a man with a severely lacerated foot requiring suturing.\(^155\) As there were other occasions when the nurses undertook suturing of wounds, this case provides an example of the nurses' assessment skills and their ability to identify what they were capable and confident to undertake and when they ought to seek medical help. In addition at the time of this incident Henry and Whitehead had
been at Birdsville for some thirteen months, which also supports the notion that they were able to manage numerous conditions on their own without resorting to emergency evacuation. In the same correspondence, Whitehead noted that they had a patient with a psychiatric condition which caused them “quite a bit of worry for a few days.” In this instance the woman in question was treated as an outpatient as she refused to come into hospital, but was eventually sent to Adelaide for psychiatric care. This case highlights the difficulties involved in managing a person with a psychiatric illness in a small isolated outpost such as Birdsville, without psychiatric facilities or access to specialised medical and nursing care.

Henry revealed yet another aspect of their role when she related that she would probably have to attend court as a witness because she had “dressed a man’s wounds after he received a thrashing from another man” and concluded with “life is never dull here.” This is the second recorded account of a Birdsville nurse potentially having to provide expert forensic evidence in a court of law. The nurses were the primary point of contact with the health care system for the Birdsville community and as such they would on occasion find themselves involved in legal cases. This is an unlikely scenario for their
metropolitan counterparts as this situation would generally be the responsibility of a medical practitioner.

Whitehead and Henry were quite willing to undertake their nursing functions outside of Birdsville when required to do so. In September 1951 Whitehead informed Lofts (the replacement contact for Hughes at the AIM head office), that she had spent some time at Pandi Station nursing an eighty-seven year old gentleman following a stroke because “it was impossible to bring him into hospital.”

In October the following year Chenoweth went to Durrie Station to nurse a sick child with meningitis prior to his evacuation to Broken Hill. A week later Henry related that two more children developed meningitis and were evacuated to Charleville. In addition two more suspect meningitis cases were nursed by Henry and Chenoweth but Henry reported that they “responded quickly to Penicillin.”

In relation to the prescription of antibiotic drugs, Henry noted that penicillin was never given without a doctor’s order but that they occasionally used sulphonamide tablets if they could not get in touch with a doctor. During the years 1950-1953 the nurses frequently experienced difficulties with their radio transceiver and there is ample evidence to suggest that they were quite willing and able to make
physical assessments, diagnosis and commence treatment or call on the doctor for advice when they deemed this to be necessary. In effect, they were healers as well as carers. McCoppin and Gardner support this notion when they argued that remote area nurses had “almost complete control over their work practices and over total patient care.”

Henry, Whitehead and then Chenoweth effectively built on the traditions first established by Francis and Boyd in 1923. Whilst there is no doubt that the advent of antibiotic drugs, the increasing use and improvement in aviation and communication technology had an impact on the way in which successive Birdsville nurses undertook their nursing functions, nevertheless they retained a degree of independence in, and autonomy over, their practice. To suggest however that this level of autonomy and independence was forced onto them because of their isolation from medical colleagues, is overly simplistic.

Wicks suggested that modern medicine and modern nursing were formed “in a hierarchal and gendered division of labour” and therefore in a contemporary context nurses did not overtly challenge medicine’s dominance. The AIM nurses at Birdsville from 1923 to 1953, with rare exception, also did not overtly challenge this dominance. Over a period of time, they merely quietly incorporated certain aspects of
medical practice into their role and function to the extent that the
extensional became common practice. For the most part the nurses were
relieved when an improvement in aviation and communication
technology meant that they could hand over difficult and worrying
cases. However, the primary decision of when and in what
circumstance the doctor would be contacted, remained firmly in their
hands. Thus it could be said that there was a covert challenge to
medicine, in that the AIM nurses throughout this time period, effectively
integrated the application of designated medical knowledge and
principles into their nursing care.

Within the context of this remote and isolated settlement, medicine and
nursing seemed to work for most of the time in partnership for the good
of their clients. The power relationship which Wicks suggested existed
between doctors and nurses in larger cities and towns could not be
practiced in Birdsville. This was largely due to the fact that it was
difficult for doctors to exercise their power from a distance and they
certainly had no intention of taking up residence in Birdsville in order to
do so.

Interestingly, it was remote area nurses and not doctors who in 1985
first raised the issue of their extended, largely unchallenged and legally
insecure practice in the national health arena, through the formation of the Council of Remote Area Nurses of Australia (CRANA). 168 Far from stepping away from their extended role and function, remote area nurses called for governments and the medical profession to accept this fact, make the appropriate legislative changes and provide them with education to support their practice. The wide publicity of these issues which CRANA achieved in the ensuing decade, ensured that the medical profession could no longer ignore this claim on their professional territory. In essence the challenge to medicine’s dominance then become overt!

Wicks related that where nurses overtly challenged medical power:

the most common responses of the medical profession and/or individual doctors are either to reassert the authority relationship between the two groups (based on the superiority of medical expertise), or to deny that nursing has an alternative or autonomous knowledge base. 169

Wicks was correct in her assertion about the response of the medical profession to an overt challenge by nurses, however this did not occur nationally until the early 1990s. Initially, the Rural Doctor’s Association (RDA) supported remote area nurses’ call for limited prescribing rights because as they suggested these nurses “were often forced to diagnose and treat illness because of the shortage of rural G.P’s.” 170 However the RDA’s attention turned fairly quickly away
from the concerns of remote area nurses towards lobbying government
to increase financial incentives for rural doctors, in order to attract and
maintain their workforce in rural and remote areas.

The federal government, through the Minister for Health as reported in
*The Age* newspaper on 7 May 1993, responded to the RDA with the
following:

> it will not be good enough for the medical profession to simply rail against
> the idea of nurses performing the functions that have hitherto been those
> of doctors unless it is prepared to assist us in making sure that there is a
> better spread of doctors.\(^{171}\)

The Health Minister’s assumption, that the extended functions
performed by remote area nurses in 1993 were a new development, was
incorrect. However prior to this time, this had not been openly
acknowledged by Australian governments. State governments, as the
main employers of remote area nurses, had been complicit since
Federation in utilising the extended practice skills of nurses in remote
communities, because this was a cheap and effective alternative to
employing doctors.

This thesis contends that the Birdsville nurses in the years 1923 to 1953
were not forced to do anything, but rather chose to continue to practice
their nursing in an environment where they exercised considerable power over their practice. These nurses were more than the eyes, ears and hands of the doctor. They developed and built upon their nursing expertise and exercised autonomy and power in clinical decision making, utilising their discretion when calling for help and advice. Although their relationship with the flying doctor was to some extent symbiotic and dependent upon a sharing of knowledge, the AIM nurses at Birdsville and those in similar isolated circumstances, established a culture of remote area nursing which was acceptable and convenient; not only to the medical profession but also to the remote communities in which they served.

At Birdsville, prior to 1923 there was no medical help within hundreds of miles. As successive nurses developed their role and function, the community’s expectations of the nurses’ abilities also increased. Even after the establishment of a fortnightly aeroplane service to Charleville where medical help was readily available, the community’s first point of contact remained the AIM hospital. In an exchange of views between Henry and Barlow, the police sergeant suggested that because of the plane service the AIM hospital was probably no longer necessary. However Henry pointed out that there was “just as much medical work here whether we have a plane service or not” because “people will not
Commenting on remote area nursing practice in 1992, Cramer suggested that an investigation of the nurses' role was long overdue if a responsible health service for isolated communities, based on what employers, governments and the community were prepared to pay for, could be effected. At Birdsville in 1953 the community made it quite obvious what kind of service they were prepared to pay for and expected from the nurses, thus further entrenching the nurses' extended role within the health culture of the community.

In addition to the clinical aspects of their work, Henry, Whitehead and later Chenoweth continued to the best of their ability, their community development and socialising activities. However as the Home had been the hub of much of this work, after the fire in 1951 the nurses were forced to focus their attention more on maintaining the clinical aspects of their role.

However this did mean that the nurses were able to take greater advantage of time off within the district, travelling more widely than any of their predecessors. This was a significant factor in Whitehead and Henry's ability to see out their two year period of service and for Henry to stay on for a third year. In Henry's final correspondence with McKay

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she stated that although the Birdsville district was one of the most quarrelsome places she had ever had to live, in the final analysis she would have many regrets about leaving the people in this community, even though she was looking forward to returning to civilisation.¹⁷⁵

In conclusion, throughout the period 1950 to 1953 the traditions first established by Francis and Boyd continued to form the ‘modus operandi’ for Henry, Whitehead and Chenoweth. Although after the fire the loss of the Home ensured a curtailment of some of the non clinical aspects of their role, nevertheless, their very presence had a positive impact on the Birdsville community. Apart from the fire, learning to live in such a small isolated community was probably the greatest challenge they faced.

With respect to their clinical work, they had the advantage of ‘sometimes’ being able to call on medical help and advice. No doubt this was a comfort to them, however they certainly did not do this for every patient who walked through the door of the clinic. Thus they were able to enjoy a measure of autonomy and independence in their practice which was denied their metropolitan colleagues. In this chapter it has been argued that even in the presence of increasing aviation, communication and medical technology, these nurses retained control
over the extended dimensions of their practice and were not merely substitute physicians.

Their time at Birdsville occurred in a period of Australia’s history when segregating Aboriginal and non Aboriginal patients was the normal situation in most health care institutions. The non inclusion of the Aboriginal community in anything other than sickness care was sanctioned by the AIM and the nurses had no hesitation in adhering to this policy. Also in common with the wider Australian population, awareness of or respect for Aboriginal culture was not demonstrated by these nurses.

During this three year period they witnessed the progressive establishment of a weekly air link to Charleville and beyond. In the main however, because of the prohibitive costs involved in air travel, their mail and other goods continued to be carted by road. Delivery of the mail, and more importantly their food stuffs, continued to be unreliable, thus adding to their isolation. Whilst they were more able than their predecessors to use the radio transceiver as a method of communication with the outside world, this link was not private, which fortunately for this researcher, meant that ample written evidence of their experiences still exists. The role they played in maintaining and
ensuring the continuation of health services at Birdsville was significant. The functions which they undertook encompassed not only clinical nursing work but a range of duties, which extended as their situation and community expectations of them increased. In Whitehead’s words, “the Sisters soon learn to become Jacks of all trades.”\textsuperscript{176}
End Notes - Chapter 7

1. Whitehead to Hughes 29/10/49 MS 5574, ANL


3. Hughes to Whitehead 3/11/41 MS 5574, ANL

4. See Ch.3 regarding the circumstances surrounding Mulvay and Mercer's early departure from Birdsville. Also Ch.6 for information regarding this issue in the case of Robertson.

5. Preliminary Draft of the AIM Nursing Service Constitution 1924 MS 5574, ANL

6. Whitehead to Hughes 2/2/50 MS 5574, ANL

7. Whitehead to Hughes 8/2/50 MS 5574, ANL

8. Henry to Hughes 15/2/50 MS 5574, ANL

9. Hughes to Whitehead 3/11/49 MS 5574, ANL

10. Hughes to Whitehead 3/11/49 MS 5574, ANL

11. Whitehead to Hughes 23/11/49 MS 5574, ANL

12. Henry to Hughes 28/11/49 MS 5574, ANL

13. Henry to Hughes 28/11/49 MS 5574, ANL

14. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL

15. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL

16. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL

17. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL, see also Ch.2 for a full explanation of the Setting Apart Service.

18. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL

19. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL

20. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL

21. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL
22. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL
23. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL
24. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL
25. See Ch.4 for further discussion of this issue in relation to Anderson and Cooper.
26. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL
27. Hughes to Henry and Whitehead 22/2/50 MS 5574, ANL
28. Hughes to Henry and Whitehead 28/4/50 MS 5574, ANL
30. Whitehead to Hughes 3/5/50 MS 5574, ANL
31. Hughes to Whitehead 3/11/49 MS 5574, ANL
32. Hughes to Whitehead 3/11/49 MS 5574, ANL
33. AIM General Secretary to Edgar 18/12/28 MS 5574, ANL
34. See Ch.2 for discussion relating to why the AIM as an employer was not bound by nurses award provisions in Queensland.
35. See Ch.6 for discussion relating to recruitment strategies used by the AIM.
36. McKay to Henry and Chenoweth 31/7/52 MS 5574, ANL
37. Whitehead to Hughes 3/5/50 MS 5574, ANL
38. Whitehead to Hughes 3/5/50 MS 5574, ANL
39. Whitehead to Hughes 3/5/50 MS 5574, ANL
40. Whitehead to Hughes 3/5/50 MS 5574, ANL
41. Whitehead to Hughes 3/5/50 MS 5574, ANL
42. Whitehead to Hughes 3/5/50 MS 5574, ANL
43. Whitehead to Hughes 3/5/50 MS 5574, ANL
44. Whitehead to Hughes 3/5/50 MS 5574, ANL
45. Whitehead to Hughes 3/5/50 MS 5574, ANL
46. Whitehead to Hughes 3/5/50 MS 5574, ANL
47. Whitehead to Hughes 3/5/50 MS 5574, ANL
48. Henry to Hughes 3/6/50 MS 5574, ANL
49. Henry to Hughes 3/6/50 MS 5574, ANL
50. Henry to Hughes 3/6/50 MS 5574, ANL
51. Henry to Hughes 3/6/50 MS 5574, ANL
52. Henry to Lofts 7/7/52 MS 5574, ANL
53. Henry to Hughes 9/3/51 MS 5574, ANL
54. Henry to Lofts 9/3/51 MS 5574, ANL
55. Henry to Lofts 22/9/51 MS 5574, ANL
56. Henry to Lofts 29/4/52 MS 5574, ANL
57. Henry to Lofts 29/4/52 MS 5574, ANL
58. Henry to Hughes 10/1/51 MS 5574, ANL
59. Whitehead to Hughes 9/2/51 and Henry to Hughes 22/9/51 MS 5574, ANL
60. Henry to McKay 14/11/51 MS 5574, ANL
61. Henry to McKay 14/11/51 MS 5574, ANL
62. Henry to McKay 14/11/51 MS 5574, ANL
63. Henry to McKay 14/11/51 MS 5574, ANL
64. Henry to McKay 14/11/51 MS 5574, ANL
65. Henry to McKay 14/11/51 MS 5574, ANL
66. Henry to McKay 14/11/51 MS 5574, ANL
67. Henry to McKay 14/11/51 MS 5574, ANL
68. McKay to Henry and Chenoweth 31/7/52 MS 5574, ANL
69. McKay to Henry and Chenoweth 31/7/52 MS 5574, ANL
70. McKay to Henry and Chenoweth 31/7/52 MS 5574, ANL
71. Henry to Lofts 22/4/52 MS 5574, ANL
72. Henry to McKay 7/7/53 MS 5574, ANL
73. Henry to Lofts 8/5/52 MS 5574, ANL
74. Henry op.cit. p.155
75. Whitehead to McKay 14/4/52 MS 5574, ANL
76. Whitehead to McKay 14/4/52 MS 5574, ANL
77. Whitehead to McKay 14/4/52 MS 5574, ANL
78. Chenoweth to Lofts 2/9/52 MS 5574, ANL
79. Henry to Lofts 25/2/53 MS 5574, ANL
80. Henry to Lofts 25/2/53 MS 5574, ANL
81. Henry to Lofts 16/2/53 MS 5574, ANL
82. Minutes of the AIM Nurses’ Appointments Committee 7/10/52 MS 5574, ANL
83. Minutes of the AIM Nurses’ Appointments Committee 7/10/52 MS 5574, ANL
84. Order of Service, Opening Ceremony of the New Birdsville Nursing Home 5/8/53 MS 5574, ANL
85. Hughes to Whitehead 3/11/49 MS 5574, ANL
86. Preliminary Draft of the AIM Nursing Services Constitution 1924 MS 5574, ANL
88. ibid. p.99.
89. G. Francis, The Diary of Grace Francis M.B.E. 1923-1925, Brisbane, 1957. See also Gordon to Brodie 12/7/43 and Henry to McKay 7/7/53 MS 5574, ANL

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90. Brook to Flynn 20/2/26 MS 3288, ANL

91. See Ch.6 for discussion relating to Nuttall’s insights and Robertson’s problems with community relationships.

92. See Ch.6 for discussion relating to institutional racism.

93. Henry to Lofts 14/1/53 MS 5574, ANL

94. Henry to Lofts 14/1/53 MS 5574, ANL

95. Henry to Lofts 7/7/52 MS 5574, ANL

96. Henry to Lofts 3/3/53 MS 5574, ANL

97. Henry to Lofts 3/3/53 MS 5574, ANL

98. Henry to Lofts 3/3/53 MS 5574, ANL

99. Whitehead to Hughes 3/12/50 MS 5574, ANL

100. Henry to Lofts 9/10/51 MS 5574, ANL

101. Chenoweth to Lofts 7/1/53 MS 5574, ANL

102. Chenoweth to Lofts 7/1/53 MS 5574, ANL

103. See Ch.6 for example of an employment contract for an Aboriginal person.


105. Henry to Lofts 20/5/53 MS 5574, ANL

106. Henry to Lofts 20/5/53 MS 5574, ANL

107. Henry to Lofts 20/5/53 MS 5574, ANL

108. Henry to Lofts 20/5/53 MS 5574, ANL

109. H. Reynolds, Why Weren’t We Told, A personal search for the truth about our history, Ringwood, 1999, p.49.

110. ibid.

111. See Ch.1 for McKay’s explanation of this issue.
112. Whitehead to Hughes 6/6/51 MS 5574, ANL
113. Whitehead to Hughes 6/6/51 MS 5574, ANL
114. See Ch.6 in which the issues relating to the use of non nurse companions is discussed.
115. Henry to Hughes 12/7/51 MS 5574, ANL
116. Henry to Hughes 12/7/51 MS 5574, ANL
117. Henry to Hughes 12/7/51 MS 5574, ANL
118. Hughes to Henry and Whitehead 8/5/51 MS 5574, ANL
119. Henry to Lofts 16/2/53 MS 5574, ANL
120. See Ch.5 in relation to the nurses’ role in sending and receiving telegrams on behalf of the community.
121. See Ch.6 regarding the issues surrounding Robertson’s position as secretary of the local AIM committee.
122. Minutes of the Special Meeting Birdsville Centre AIM Nursing and Welfare Home 25/6/50 MS 5574, ANL
123. Minutes of the Special Meeting Birdsville Centre AIM Nursing and Welfare Home 25/6/50 MS 5574, ANL
124. Minutes of the Special Meeting Birdsville Centre AIM Nursing and Welfare Home 25/6/50 MS 5574, ANL
125. Minutes of the Special Meeting Birdsville Centre AIM Nursing and Welfare Home 25/6/50 MS 5574, ANL
126. See Ch.6 regarding Hughes’ refusal to allow Robertson to hand over the secretary position to Grayson.
127. Hughes to Whitehead and Henry 22/2/50 MS 5574, ANL
128. Hughes to Whitehead and Henry 10/7/50 MS 5574, ANL
129. Hughes to Whitehead and Henry 18/9/50 MS 5574, ANL
130. Henry to Hughes 18/11/50 MS 5574, ANL
131. Hughes to Henry and Whitehead 27/11/50 MS 5574, ANL
132. Henry to Hughes 10/1/51 MS 5574, ANL
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134. Henry to Hughes 30/7/51 MS 5574, ANL
135. Hughes to Henry and Whitehead 18/9/50 MS 5574, ANL
136. Patient Reports for the AIM Nursing and Welfare Home Birdsville 1950-1953 MS 5574, ANL
137. Henry to Hughes 18/11/50 MS 5574, ANL
138. Henry to Hughes 18/11/50 MS 5574, ANL
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140. Henry to Hughes 18/11/50 MS 5574, ANL
141. Whitehead to Hughes 9/2/51 MS 5574, ANL
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143. Hughes to Henry and Whitehead 8/12/50 MS 5574, ANL
144. Henry to Lofts 7/7/52 MS 5574, ANL
145. Henry to Lofts 7/7/52 MS 5574, ANL
146. Henry to Lofts 7/7/52 MS 5574, ANL
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151. Henry op.cit. p.106.
152. Whitehead to Hughes 14/4/51 MS 5574, ANL
153. Whitehead to Hughes 14/4/51 MS 5574, ANL
154. Henry to Hughes 5/5/51 MS 5574, ANL
155. Whitehead to Hughes 6/6/51 MS 5574, ANL
156. Whitehead to Hughes 6/6/51 MS 5574, ANL
157. Whitehead to Hughes 6/6/51 MS 5574, ANL
158. Henry to Lofts 8/5/51 MS 5574, ANL
159. See Ch.4 where Campbell and Fanshaw describe this situation in relation to the death of a patient in suspicious circumstances.
160. Whitehead to Lofts 8/9/51 MS 5574, ANL
161. Henry to Lofts 31/10/52 MS 5574, ANL
162. Henry to Lofts 31/10/52 MS 5574, ANL
163. Henry to Lofts 31/10/52 MS 5574, ANL
164. Henry to Hughes 12/7/51 MS 5574, ANL
167. ibid.
169. Wicks op.cit. p.71.
172. Henry to Hughes 12/7/51 MS 5574, ANL
173. Henry to Hughes 12/7/51 MS 5574, ANL
175. Henry to McKay 7/7/53 MS 5574, ANL
176. Whitehead to McKay 14/4/52 MS 5574, ANL
Conclusion

In 1923 the first ‘pair’ of AIM nurses pioneered a health service for the people of Birdsville and the surrounding district. A key role for the nurses as envisaged by the AIM was to provide support for child bearing women and families, in order to encourage European settlement in Australia’s outback. During the years 1923 to 1953, there is little evidence to suggest that the presence of the nurses had much impact on increasing the district’s white Australian population. However the ability of successive nurses to provide comprehensive care ensured that the health service became an important and supportive institutional structure for all people within the district.

From the outset it was made clear by the AIM and in the nurses’ letters and reports, that this was a mission predominantly for white people. Aside from a brief period during World War Two, the indigenous community was essentially excluded from pastoral care and other community development activities. However, Aboriginal people were included in the clinical aspects of the nurses’ role, even though a policy of segregation was enacted and maintained in relation to their hospitalisation.
A major premise demonstrated in this thesis is that the role and function of the AIM nurses at Birdsville was always intended to be, and in fact was, much broader than their purely clinical functions. Therefore, the inclusion and exclusion of Aboriginal people in the non clinical aspects of their role can be demonstrated to have occurred within a framework of institutional racism, and in the broader Australian context, scientific racism.

Also made clear from the outset is the fact that although the health service was to be provided for all regardless of creed, as representatives of a Protestant organisation the nurses sometimes came into conflict with Roman Catholic sections of the community. At times however, whether these minor conflicts were solely due to theological differences or more deeply embedded in class structures is not always clear. What is clearly evidenced is the fact that community dynamics and politics were heightened to ‘fish bowl’ proportions in this small remote community.

The nurses’ ability to remain aloof from local squabbles and remain accessible and friendly to all has been shown to be a key determinant in their ability to successfully fulfil their two year contract period. In essence, they had to live in and be part of, and yet not part of, the entire
community. This was not a condition shared by their metropolitan colleagues, who were free to socialise beyond their work environment in their off-duty time.

A further key impact on the Birdsville nurses’ role and function is that they shared (at least with the non indigenous community) all the hardships of living in a geographically remote and technologically isolated environment. In times of drought or flood, they lived like others on tinned food. During the long and frequent periods of drought, they often experienced water shortages and dust storms which impacted not only on their personal lives but also on their work environment. In pre-antibiotic years, these conditions posed serious problems for their ability to maintain asepsis in the hospital and clinic environment.

Throughout the period under study, access to Birdsville by road remained dependent on seasonal conditions. Road mail, which was their main communication and service link with the outside world, was frequently erratic. The use of aeroplanes as a means of travel did not become common place until the latter years of the study. In 1929 a radio communication link between Birdsville and Cloncurry was established, however this ‘pedal powered’ technology remained unreliable for the remainder of the years up to 1953.
Initially, the nurses’ geographical and technological isolation was severe, which forced them to make many clinical decisions which they otherwise would not have done in a metropolitan setting. By 1948 when radio communication had somewhat improved and the nurses had access to more immediate medical advice and back up, their extended scope of practice had already been well established. A central tenet of this thesis is that their early years of acute professional isolation led to the development of a culture of remote area nursing practice, which included a high degree of clinical autonomy. This autonomy is most apparent in the latter years where it is clearly identified that the nurses initiated contact with the flying doctor at their discretion.

Whilst there is an obvious element of medical substitution in the nurses’ overall role and function within the community, it has been demonstrated that with the establishment and development of an extended model of nursing practice, these women embraced wholeheartedly the power that their clinical autonomy brought them. This essentially changed the power relationship between nurses at Birdsville and doctors resident in geographically distant locations and enabled a more collegial model of interaction to develop. Comparisons have been drawn between the Birdsville nurses’ role and functions and
that of their metropolitan colleagues throughout the dissertation, in order to clearly demonstrate this point. A further element identified as having contributed to the culture of remote area nursing practice at Birdsville is that of community expectations. Their faith in the ability of nurses to provide them with a basic and accessible health service, was a consolidating force over time. This model of health service provision, where nurses provide both primary care and primary health care still exists at Birdsville.

In 1999 the Nurses Amendment (Nurse Practitioner) Act 1998, was declared in New South Wales. This Act allows for the initial employment of forty Nurse Practitioners in rural and remote areas of New South Wales. Changes were also made to the Poisons and Therapeutic Goods Act 1966 in order to authorise nurse practitioners to “possess, use, supply or prescribe substances specified in the Poisons List.” Similar moves to legitimise the practice of remote area nurses are beginning in Victoria and South Australia whilst in Queensland some amendments have been made to the poisons regulations. According to Meppen, the Chief Nursing Officer, New South Wales Health Department, the process of bringing about these legislative changes has been long and arduous in the face of significant opposition from the medical profession.
As yet, no access to Medicare provider numbers has been granted to Nurse Practitioners in New South Wales, which would enable them to seek recompense for their services directly from the Commonwealth Government. However it is anticipated that this issue will be pursued vigorously by the nursing profession in the near future. In light of these events, it is hoped that this dissertation will provide the profession with further historical evidence in order to effect these changes.

Finally, this study has raised a number of key issues which should provide ‘fertile ground’ for other researchers of nursing history. In the first instance, this study could be extended from the period 1953 to later, in order to identify any changes in the nurses’ extended scope of practice and their relationship with medical colleagues, which might coincide with improving aviation and communication technologies. Also, any changes in the nurses’ attitudes and relationship with the Aboriginal community over time, needs to be examined in light of contemporary attitudes and policy affecting indigenous Australians.

The Birdsville nurses were significantly influenced in their practice by the ethos of a Protestant mission for white Australians. It would therefore be interesting to compare this group of nurses with remote area
nurses employed by other agencies, during the same period of time. In addition, because of the shared colonial history and remote geographical features of Australia and Canada, a comparative analysis of remote area nurses in our two countries during this era would contribute to an international nursing history perspective.

One fact is certain, as the paper records fade, memories fail and new, ever changing communication technologies take over our lives, the task of preserving and analysing nursing history is becoming more urgent. It is hoped that this work will encourage others to make a start.
End Notes - Conclusion


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<td>List of white children in Birdsville</td>
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Our Addresses:

Box 100, G.P.O., Sydney (Presbyterian Church Offices,
23 York Street).

Assembly Hall, Collins Street, Melbourne.

Box 637 G.P.O., Brisbane (Presbyterian Church Offices,
Ann Street).

Presbyterian Church Offices, 102 Flanders St., Adelaide.

Assembly Chambers, 12 Pier Street, Perth.

N.B.—You may have a neighbour who, while not prepared
to give money, would gladly supplement your own gifts of maga-
zines or books. Send in little parcels often, rather than allow a
full case to collect throughout a year or more. (The larger the
parcel, the staler the contents—and the inland already gets too
many things in stale condition.)

Many of those who happen to be making their wills should
be really pleased to remember Australia's pioneers. Tell them
the way!

The A.I.M. has four main funds:

MAINTENANCE FUND—for all general purposes.

PROPERTY FUND—to provide our districts with loans to
facilitate building, or purchase of expensive equipment.
Such advances are gradually refunded for use again else-
where.

ENDOWMENT FUND—Provided by those who wish the
revenue therefrom to be applied to maintenance year after
year.

RESERVE FUND—Our "flywheel," to ensure a constant mo-
mentum in actual work, through good years and bad, in
spite of fluctuations in current revenue.

CONCLUSION.

To you who have already helped us we tender our best
thanks. If you would do yet more, write a letter to some likely
giver, using the blank page herewith.

Before placing the document in the envelope, refold these
pages so that your handwriting will be outward. That way
there is less danger of a grave in your friend's waste paper basket.
WHY IS THIS THUS?

Partly because we all think and feel in a limited way, even we who are good Australians. Most of us still look upon the affairs of other States as nothing to us; we still regard our responsibilities as limited by local State organisation, whether it be in politics, religion, or otherwise.

Remote population is retarded also for economic reasons. The North and Centre are not easy to develop. There one cannot boast: "If you tickle the ground with a hoe, it will laugh with a harvest." Even if one had the harvest, it would not rot on the ground for lack of communication and markets.

Furthermore, social amenities are absent, for the most part. Thus citizens who do venture out, even when not discouraged by economic handicaps, generally succumb to the conviction that life is too risky for the bodies of those they love, and altogether too dull for their spirits.

WHAT CAN AN INDIVIDUAL DO TO ALTER THE PRESENT DANGEROUS POSITION?

First: Keep up a steady campaign (punctuated only by tactful periods of silence lest one’s real object be defeated) until the indifferent many begin to accept this doctrine—

We must occupy, or we must lose!

Second: Give your moral support towards more and more efforts to develop our frontiers in material ways: no spiritual needs can be fully supplied until pressing material problems are solved.

Third: In some tangible way, cheer on the few who are out there already. Make them feel that they are appreciated as an essential force in the Nation. If you carry one end of their burden, they may “stick it” with the other. Above all, work for the safety and happiness of family life in our remotest districts. If more families can be encouraged to grow up out there, and the children are properly cared for in mind and heart, the native-born will solve their own problems—for they will not be long in returning to their own folk by running away from the difficulties!

BUT HOW?

If you know a better way, do it that way! If you have no plan offering, the A.I.M. can help you to do your bit. The Australian Inland Mission is yet comparatively young, having been founded by the Presbyterian Church of Australia as recently as 1912. It was an effort to get over that “State Feeling,” by making the closely settled areas directly responsible for the uttermost parts of the continent. So the General Assembly of Australia (Federal) took over the management of 2,000,000 square miles. See the large map within.

The A.I.M. has outgrown the anticipations of its founders in several respects, though it still falls far short of that strength which is needed. It is now generally recognized as much more than a denominational affair, being regarded as a National Movement (though fostered by a section) working for all. Its aims are as follows:

Page Two.

Aims of the A.I.M.

1. To make our remotest pioneers feel that their lives are precious in the sight of God and man. Cheerful itinerating “Bush Padres” can do this, and are doing it in part.

2. To see that, in time of sickness, all our pioneers have reasonable access to medical aid. Already the A.I.M. has undertaken liability for eight Nursing Stations. Six have long been staffed with two nurses each; six are already engaged to start the seventh at Birdsville, and the eighth is half built at Alice Springs. Agitation is quietly carried on for Flying Doctors to complete the system of aid. Such provision is a task for the nation proper; but some must first agitate until the necessity is freely admitted.

3. To see that the dulness of bush life is lessened—for those who do find it dull at times. Magazines and books can do wonders in this respect, and the A.I.M. is distributing, literally, “loaves and fishes” of this nature in its remote missions. One minister alone has sent out 2,700 magazines, etc., during the first half of this year, and he cries for more. Ministers and nurses can do much to foster healthy amusements in their communities.

WHY THE A.I.M. NEEDS YOUR GENERAL INFLUENCE, YOUR PRAYERS, AND YOUR “POCKET SYMPATHY.”

Look at the larger map within. Compare that vast system of bush tracks within the A.I.M. area—practically none are "roads," and few have any sort of improvement save through the wheels of travellers who have gone before—with the railway systems, of say, Victoria. Have you ever travelled "extensively" through Victoria, or any other well settled section of "civilized" Australia? If so, you know that that involves, even with good trains at your service, considerable fatigue and expense. Then, what must it mean to develop a service of itinerant ministers, and keep them in touch with the whole area before us? For some time we have been short of ministers—we never had more than seven at one time—and we were tempted to think that all our Kirk heroes had been killed in the Great War. But others are now inquiring, and it is likely that ere long we will have more volunteers than our present resources can equip.

Again: Look at the bush centres still utterly neglected as regards medical aid. Such centres may be little more than crossroads in some cases, but comparison with the scale of miles will give an idea of what terrible isolation there is for the brave of our bush pioneers. Nurses are brave enough, and patient enough, and unselfish enough, to leave behind them to serve our Australian “passers-by” amid “Inland snowstorms.” If you and a few thousands more join in helping, every willing nurse shall have her day!

Again: With a little more general interest and organisation it will be easy to arrange that no remote district shall run short of reading matter. Every station cook can be enrolled as a distributing agent; he may be glad to have something to divert attention from his compulsorily monotonous menus.

Again: With little more resource, at the present rate of development, the A.I.M. should be able to test wireless as a means of supplementing personal visits far away. Cheaper than petrol!
APPENDIX C
Town Map of Birdsville
APPENDIX D
Mulvay and Mercer Travelling Itinerary

TRAVELLING ITINERARY BRISBANE TO BIRDSVILLE
-- By Sisters Mercer and Mulvay

Left Brisbane 3 p.m. September 11th, travelling all night and all next day, changing trains at Charleville and arrived at Quilpy at 1.15 a.m. on 13th (train 1½ hours late) (640 miles from Brisbane to Quilpy).

Left Quilpy 9 a.m. on September 13th. Travelled by J. Larkin's two ton International mail truck. Tea at "Kammugra Station" at 4.30 p.m. Reached Tampon 9 p.m. (175 miles from Quilpy to Tampon).

Left Tampon on 14th September. Lunch at "Hammond Downs" Station. Reached Windorah 5 p.m. (80 miles from Tampon to Windorah).
(Windorah "Western Station Hotel" - Accommodation House).

Left Jindorah September 18th in Mr. Williams' "Dodge" car. Spent night at Canterbury (65 miles from Windorah). Delayed here two days waiting for repairs to car.

Left Canterbury September 21st at 10 a.m. Had lunch "Horney Station". Arrived Moorabberrie 9 p.m. (Delayed on road). (75 miles from Canterbury).

Left Moorabberrie at 10 a.m. on Sept. 22. Reached Betoota Station 3 p.m. (40 miles).

Left Betoota 23rd Sept. at 10 a.m. Arriving Birdsville at 2.30 p.m. on 25th September. (Birdsville 110 miles from Betoota (Delayed on road through engine trouble).

640 miles per train 545 miles per car
The General Secretary,

Inland Mission,

For your information.

APPENDIX E

Shepley's Man Power Release Document

D.P.G.I.P. (Q)

The General Secretary,

Aust. Inland Mission,

For your information.

APPENDIX E

Shepley's Man Power Release Document

D.P.G.I.P. (Q)
APPENDIX F
Copy of Memorandum of Agreement dated 2/2/49

"The Aboriginals Preservation and Protection Act of 1939".
The Aboriginal Regulations.

MEMORANDUM OF AGREEMENT NO. 10566.

BETWEEN Birdsville Hospital Committee of Birdsville (hereinafter called the employer) of the one part and HEDA Incend. No. of Birdsville, and aboriginal (hereinafter called the employee) of the other part. Whereby the employer agrees to employ the abovemamed employee in accordance with the terms and conditions hereinafter set out and to comply with the Regulations made under "The Aboriginals Preservation and Protection Act of 1939" which Regulations shall so far as applicable be deemed to be incorporated herein and shall be as binding upon the parties hereto as if the same had been repeated herein as part of this Agreement, and in consideration of services rendered under this Agreement to pay wages as set out hereunder, and to provide food and accommodation in accordance with Regulations 59-66 of the abovementioned Regulations, and to return the said employee to his place of residence on the termination of this Agreement, and to pay as required by the said Regulations all expenses of the employee to and from the place of employment, and to pay all other expenses of the employee as required by the said Regulations.

And the employee agrees to serve the employer in terms of this agreement and obey all reasonable commands of the said employer during the currency thereof.

And it is further agreed between the parties hereto that on failure by either party to carry out the conditions thereof this Agreement may be determined only by or with the consent of the Protector.

Conditions of Employment.

Period of Employment From 1-1-49 to 31-12-49

Occupation of Employee Domestic Help

Rates of Pay

Pocket Money to be
Paid direct to Employee

Amounts to be paid to Protector

Gross Wage Horse or Other Total Wage Allowance

2/6 p.wk.

10/- p.wk. --- 12/6 12/6 Payable Quarterly.

In Witness Whereof the parties hereto have affixed their signatures this second day of February in the year 1949.

W. C. Ormsby

Signature of Employer

D. H. Robertson, Secretary

Signature of Employer

The above Agreement was explained in my presence to the said employee who appeared to me to understand the same and it was then signed by him by affixing his signature or right thumbprint thereto.

H.C. Ormsby. Witness

And I H.C. Ormsby Protector of Aboriginals for the district of the abovemamed employee payable to the Protector be paid to this Office in accordance with the conditions in this Agreement. Where this direction is not observed such wages shall be deemed not to have been paid.

H.C. ORMSBY. Protector of Aboriginal
APPENDIX G:
Extract from Minutes of AIM Executive Meeting 25/6/1950

CHANGE OF MANAGEMENT AT THE BRISBANE HOME
BIRDSVILLE

The A.I.M. Executive recommends that Birdsville should fall into line with all the other A.I.M. Nursing Homes throughout the continent. The following arrangement has been found to work smoothly and harmoniously in all the other centres and enables the A.I.M. Board to fulfil all the requirements of the State Health Departments regarding prompt supply of the returns, and also the keeping of the financial affairs up to date, which is very necessary owing to the present extreme economic conditions.

The Birdsville people have had some experience of the difficulty in obtaining staff and the problem of continuity, and these circumstances seem unlikely to improve in the immediate future. The proposals are put forward in the interests of all parties and it is felt that they will solve most of the problems.

The proposals are that the Sisters should:

1. Certify all invoices and statements that the goods have been received and then send them on to us for payment. There is no need for them to save them up until they have the invoice to check with the statements, but to send what they have to us at least once a month. We will sort and fix them all up here.

2. Pay all moneys into the Bank Account at least once a month.

3. Send us the duplicate receipts to agree with the amount banked.

4. Make up and send us each month the statement of patients for the Health Department.

5. Send Petty Cash vouchers and statement to us each month for reimbursement.

6. Orders: we do not know what the system has been, but no doubt the Sisters have ordered their household requirements and medical supplies and they will continue to do so.

Local Secretary: The Committee to appoint a local secretary who will:-

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1. Be given a receipt book and have authority to collect money on behalf of the Hospital. Hand over to the Sisters all amounts collected, with the duplicate receipt butts, so that they can bank the money and send the butts to us.

2. Act as advisor and helper in all things in connection with the Home. The Sisters need someone to whom they can turn. Such an arrangement will be an advantage to the Sisters and relieve the secretary of detailed duties.

3. With the Committee, keep in touch with the property and make recommendations for any repairs etc. that they consider necessary in order to keep it in good order and condition.

4. The Local Committee through its secretary will organise special functions and do all it can to raise funds in maintaining the work.

5. The A.I.M. Executive will keep the local committee in touch with the general finances of the Home by forwarding quarterly financial statements.