

BREAKING BREAD WITH THE DEAD: THE
AUSTRALIAN “BLUEBIRD” NURSES OF WORLD
WAR ONE SEEN THROUGH THE LENS OF
MICROHISTORY

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A NOTE ON THE TITLE AND APPROACH OF THIS THESIS

W.H. Auden famously said that through art, we are able to “break bread with the dead, and without communion with the dead a fully human life is impossible”. Auden could have used the word ‘history’ instead of art because his notion the living have a responsibility to learn from the dead remains powerful. The dead speak softly but only our failure as historians, to listen and interpret the evidence, can dishonour their final testament.¹ This thesis draws upon narrative inquiry and microhistory for method.

Harvard notes-bibliography referencing has been used throughout this thesis and manuscripts are referenced according to the guidelines of the National Archives of Australia and Australian War Memorial.² Now let me introduce you to the twenty Australian *Bluebird* nurses of World War 1 and the fascinating world they inhabited.

¹ Eric Stover, E and Molly Ryan, “Breaking Bread with the Dead,” *Historical Archaeology* 35, no. 1, (2001): 7, accessed November 20, 2016, www.springer.com/article/10.1007/BF03374523, doi:10.1007/BF03374523.

² Kate L. Turabian, *A Manual for Writers of Research Papers, Theses and Dissertations*, 8th Edition, Chicago and London: The University of Chicago Press, 2013 and National Archives of Australia, Citing Archival Records, Fact Sheet 7, accessed December 7, 2016, <http://www.naa.gov.au/collection/fact-sheets/fs07.aspx>.

KEYWORDS

Australian Red Cross nurses

History of Australian Nursing

Microhistory

Narrative Inquiry

Nursing WW1

ABSTRACT

Through narrative inquiry and microhistory, this thesis contextualises and explores the collective and individual life experiences of the *Bluebirds* who were a group of twenty trained Australian nurses who served on the Western Front during World War 1. In July 1916, the *Bluebirds* left Australia aboard the Australian Hospital Ship *Kanowna*. They were under contract with The New South Wales Division of the Red Cross Society to work for the Red Cross Society or the French military authorities and called the *Bluebirds* because of their distinctive uniforms. The *Bluebirds* became the only group of trained nurses sent to the front by any Red Cross branch in Australia during WW1. Whilst some of their achievements during WW1 have been acknowledged, little is known about what may have shaped the experiences these nurses had and the lives they led before, and after, the war. Microhistory provides an opportunity to approach the subjects from a different direction, to listen to a variety of voices and to use the resulting paradoxes as a way to increase historical understanding. Investigating and exploring the personal experiences of the *Bluebird* nurses has enabled stories to emerge that can potentially illuminate and inspire. The detailed evidence presented, reveals new insights as well as variously supporting, supplementing or even calling into question some of the larger narratives of the lives of Australian women at war and at home.

DEDICATION

This thesis is dedicated to Prof John Panter, a scientist and historian, who passed away in early 2016. He taught me how to think critically and philosophically about the world and inspired in me a lifetime love of learning.

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It has been a privilege to work under the Principal Supervision of Professor Margaret McAllister who has been inspiring, supportive and encouraging during this process. Professor Donna Brien introduced me to creative writing and inspired me to cast a wide net in searching for genres to enhance my understanding of the writing process. Historian, Dr Wendy Madsen inspired me to expand my understanding of historical method. I cannot thank my supervisory team enough for their wisdom and guidance.

A history project also relies on primary source material, those “leftovers, oddments, remnants of the glorious past” that are protected, catalogued and recorded by people of vision who understand the importance of their task for future generations.³ Without these traces the story of the *Bluebird* nurses could not have been told. My thanks go to:

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- Dr Kathryn Hillier, Director, Museum & Archives, Royal Prince Alfred Hospital, Sydney

³ Michael Leunig, “We must make do with scraps”, [Cartoon], *The Age*, June 9, 2001: 18

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Signature Redacted

Irene Lynn Rogers. Signed 30 June 2017.

STATEMENT OF ORIGINAL AUTHORSHIP

The work contained in this thesis has not been previously submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signature:



Irene Lynn Rogers. Signed 5 January, 2017

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Signed:



Irene Lynn Rogers. Signed 5 January, 2017.

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LIST OF PUBLICATIONS, PRESENTATIONS AND OTHER RELATED ACTIVITIES

Publications

1. Rogers, Irene and Margaret McAllister, 'Ghosts in the archives: exploring the challenge of reusing memories', *Journal of Oral History in New Zealand*, no. 26, 2014:1–19.
2. McAllister, M, Irene Rogers and Donna Lee Brien, 'Illuminating and inspiring: using television historical drama to cultivate contemporary nursing values and critical thinking', *Contemporary Nurse*, vol. 50, no. 2–3, 2015: 127–138.
3. McAllister, M, Susan Davis, Donna Lee Brien, Irene Rogers, Wendy Flanagan, Virginia Howie and Joanna Dargusch, 'The Courage to Care. An innovative arts-based event to engage students and the local community to reflect on Australian nurses' roles in the First World War and after,' *Nurse Education Today*, Published online 23 October 2015, <http://dx.doi.org/10.1016/j.nedt.2015.10.009>
4. Rogers, Irene, 'Bluebird nurses', *Australian Turf Club Heritage Newsletter*, 2014, <https://www.australianturfclub.com.au/feature-story-bluebirds.html>.
5. Rogers, Irene, 'Conference report of World War One International Conference' held August 1–4 2014 at Queen Mary College, University of London', *Oral History of Queensland Journal*, 2014: 2.

Statement of contributions from co-authors for publications

No	Title	Authors	Roles/tasks
1	'Ghosts in the archives: exploring the challenge of reusing memories'	I. Rogers M. McAllister	Conception, data collection, analyse and interpretation, drafting of article. (IR) Critical revision (MM). Final approval (MM/IR)
2	'Illuminating and inspiring: using television historical drama to cultivate	McAllister, M	Conception (MM)

	contemporary nursing values and critical thinking'	Irene Rogers Donna Lee Brien	Data Collection (MM/IR) Data analysis and interpretation (MM/IR/DB) Drafting of article (MM/IR/DLB) Critical revision (MM) Final approval (MM)
3	'The Courage to Care. An innovative arts-based event to engage students and the local community to reflect on Australian nurses' roles in the First World War and after,'	McAllister, M. Susan Davis Donna Lee Brien Irene Rogers Wendy Flanagan Virginia Howie Joanna Dargusch	Conception (MM/DLB/SD) Data Collection (All authors) Data analysis and interpretation (MM/SD/DLB) Drafting of article (MM/SD) Critical revision and final approval (MM/SD/DLB)
4	'Bluebird nurses'	Irene Rogers	Sole author
5	'Conference report of World War One International Conference" held August 1–4 2014 at Queen Mary College, University of London',	Irene Rogers	Sole author

Conference Presentations

6. Irene Rogers, 'What can mental health nursing learn about courage and humanity from the 'angels of mercy' of World War 1?' *40th Annual Australasian Mental Health Nurses Conference*, Australian College of Mental Health Nurses, 7-9 October, 2014, Sofitel, Melbourne.
7. Irene Rogers, 'The Meaning of the Crosses: an object biography of a newspaper clipping collected by an Australian nursing sister in France during World War 1.' *14th Biennial Conference of the Australian and New Zealand Society of the History of Medicine*, 30 June – 4 July 2015, Australian Catholic University, Sydney. Awarded Travel Grant and paper received 'Highly Commended' for the Ben Haneman Award.

8. Irene Rogers, 'The "Sugarbird Lady": using historical narrative to inspire nurses to make a difference.' *Narrative, Health and Wellbeing Research Conference*, Central Queensland University, Noosa Queensland, February 2016.
9. Irene Rogers, 'Facts, truths and memories of truth: writing Sister Annie Jamieson's early death and buried life.' *Death Dying and the Undead*, Australian Death Studies Network, Central Queensland University, Noosa Queensland, October 2015.
10. Irene Rogers, 'Using historical nursing narratives to inspire nurses'. 5th *International Health Humanities Conference*, International Health Humanities Network, September 2016, *Universidad de Sevilla*, Spain.

Other Activities related to the thesis

1. Participation in planning, research and presentation of a *Readers Theatre Event* about Australian nurses of World War 1 and contemporary nursing values. Held at Central Queensland University, Noosa Campus. 2015.
2. Volunteer Researcher with the *Adopt a Digger Project*. Centenary Project to produce an online data base of World War 1 soldiers from South East Queensland. 2013, 2014.
3. Volunteer Researcher in *Diggers to Veterans, Risk, resilience and recovery in the First AIF*. Joint project of University of Melbourne and Queensland University to explore the health and social implications of the war on Australian soldiers. 2015.
4. Initiated and managed a project with the Heritage Librarian at Noosa Council Library to transcribe the diaries and letters of *Bluebird* nurses to accompany unpublished manuscripts at the Australian War Memorial. At the conclusion of the project there will be an exhibition celebrating the lives of *Bluebirds* at the Noosa Council Library. 2014 and ongoing.
5. Establishment of a project to disseminate this research including a book, short stories, medals crafted by a silversmith and permanent display about the *Bluebirds* to be the Lucy Osburn-Nightingale Foundation Museum at Sydney Hospital.

List of Abbreviations and acronyms

AAMS	Australian Army Medical Service
AANS AMF	Australian Army Nursing Service—Home Service
AANS	Australian Army Nursing Service
ABC	Australian Broadcasting Corporation
ABS	Australian Bureau of Statistics
ADB	Australian Dictionary of Biography
AGH	Australian General Hospital
AHS	Australian Hospital Ship
AIF	Australian Infantry Force
ANJ	Australian Nurses' Journal
ANU	Australian National University
ANZAC	Australian and New Zealand Army Corps
ARC	Australian Red Cross
ATNA	Australasian Trained Nurses Association
AWM	Australian War Memorial
BCFRC	British Committee of the French Red Cross
BRC	British Red Cross
CAMC	Canadian Army Medical Corps
CCS	Casualty Clearing Station
CE	Church of England (name changed to Anglican in 1981)
CMO	Chief Medical Officer
DSM	Diagnostic and Statistical Manual
FRC	French Red Cross

HMAT	His Majesty's Australian Transport
HMHS	His Majesty's Hospital Ship
MLC	Methodist Ladies College, Sydney
NAA	National Archives of Australia
NAUK	National Archives, United Kingdom
NLA	National Library of Australia
NSW	New South Wales
NSWRC	New South Wales Red Cross
PTSD	Post-traumatic stress syndrome
QAIMNS	Queen Alexanders Imperial Military Nursing Service
RAHC	Royal Alexandra Hospital for Children
RMC	Royal Military College, Canberra
SMH	Sydney Morning Herald
WHO	World Health Organisation
WW1	World War 1, World War One, The Great War (1914–18)

INTRODUCTION

Background

At the outbreak of war in 1914, young men were not the only ones to answer the call to the front. Kirsty Harris, in her essay on Australian military nursing estimated that at least 2,498 Australian nurses served overseas with the Australian Army Nursing Service (AANS) during WW1 and about 720 Australian nurses and masseuses served in a variety of other ways.⁴ Given there were only 4,200 trained general nurses registered with Australian nursing associations in 1914, this represented around three quarters of the trained and registered nurses at the time.⁵ Knowledge of military nurses has received some attention from scholars but the history of the Australian nurses who served outside of the military is less well known.⁶ The twenty *Bluebird* nurses were the only group of trained nurses sent to the front by the Red Cross in Australia during WW1 making their story unique and worthy of closer investigation. Whilst some of their achievements during WW1 have been acknowledged, as detailed in the Literature Review, little is known about what may have shaped the experiences these nurses had and the lives they led before, and after, the war.

The Sydney Morning Herald (SMH) reported in May 1916 that when an opportunity arose to join a contingent of nurses travelling to the Western Front under the auspices of The New South Wales Division of the Red Cross Society (NSWRC), applications were overwhelming.⁷ Five of the successful applicants, Susan Hughes, Grace

⁴ Kirsty Harris, "Girls in Grey: Surveying Australian Military Nurses in World War I", *History Compass* 11, no. 1, (2013 Jan): 14, accessed May 27, 2016, <http://onlinelibrary.wiley.com/doi/10.1111/hic3.2012.11.issue-1/issuetoc>, DOI: 10.1111/hic3.12020.

⁵ Ibid.

⁶ Many terms are used for Australian nurses who served as non-AANS nurses during WW1. For the purpose of avoiding confusion the *Bluebirds* will be referred to as non-military nurses.

⁷ "Twenty Nurses: Gift to France from Red Cross Society," *Sydney Morning Herald*, May 25, 1916: 8, accessed May 27, 2016, <http://trove.nla.gov.au/newspaper/article/15647290>.

Sheridan, Lillian Fraser Thompson, Jessie McKillop and Fanny Harris were enlisted in the Australian Army Nursing Service (AANS AMF) on home service in Australia, worked at No. 4 Military Base Hospital at Randwick and resigned from the army reserve to take this opportunity to get to the front faster.⁸ Nellie Crommelin had already worked at the American Women's Hospital in Devon, Elfrieda Warner had worked with the *Hôpital Militaire* in Dieppe, Elsie Cook had been a member of the AANS and served in the Middle East and it was reported that Dorothy Duffy, had previously travelled in France.

At the time of their recruitment, Minnie Hough and Hilda Loxton were at the Children's Hospital at Camperdown, Annie Jamieson at the Royal Military College, Duntroon in Canberra, Alice Fullarton Grey was operating a private hospital in Lismore, Alice Robinson and Mary Hungerford led baby clinics in North Sydney and Glebe and Jessie Hutchinson was Head Nurse at Bathurst Hospital. The largest group were working at Sydney Hospital and included Dorothy Duffy, Olive Norman, Helen Wallace, Lynette Crozier, Ida Moreton and Elfrieda Warner. Readers were told there were more applications from the Sydney Hospital than any other and if they had accepted all the applicants from Sydney Hospital it would have faced serious shortages.



Figure 1. *Bluebirds* besides HMHS *Kanowna* at Port Melbourne, 6 July 1916. Source: AWM PB0483.

⁸ Melanie Oppenheimer, "Gifts for France": Australian Red Cross nurses in France 1916-19", *Journal of Australian Studies* 17, no. 39, (1993): 68, accessed May 16, 2015, <http://www.tandfonline.com/doi/abs/10.1080/14443059309387160>.

The *Bluebirds* were supplied with new uniforms in dark blue because they were not permitted to wear anything approaching the military uniform in colour and special badges were designed with a central red cross with Australia over the top and New South Wales at the bottom. The venture had been organised by Red Cross Commissioner Murdoch through the French Red Cross (FRC) who had agreed to take twenty nurses as long as they had knowledge of French and could adapt to “primitive conditions”.⁹ The *SMH* article explained each nurse was given a selection of “useful hospital requisites” so they could be a “self-contained unit, able to proceed to any hospital to which she may be sent”.¹⁰ Details of these ‘requisites’ has not been found.

The venture was fraught with difficulties from the outset and was privately acknowledged, at the time, to have been a failure.¹¹ The FRC were very slow in providing placements in France and when they did it was to positions considered far below those suitable for experienced trained nurses. The NSWRC and the FRC exchanged heated correspondence and eventually the nurses had to seek out their own opportunities for meaningful work.¹²

The group photograph taken beside HMHS *Kanowna* in Figure 1, captures one moment in time prior to the nurses embarking for France, however, the criteria that determined membership of the group has not been found in the ARC records and this unanswered question peaked my curiosity. Embarkation photographs of soldiers were very common in WW1 and portrayed a loyalty and bonding to each other, through the unit they served with. I discovered the only time the *Bluebirds* were together as a group was when they were photographed prior to embarkation for France aboard HMHS *Kanowna*. After their arrival in England, the nurses were separated into small groups, generally made up of only two nurses, and departed for France separately. No evidence

⁹ Ibid., 68.

¹⁰ SMH, “Twenty Nurses”, May 25, 1916.

¹¹ Ibid.

¹² Ibid., 70–71.

has been found to suggest they were physically together in one place ever again, As discussed in the Methodology Section of this thesis, photographs can shape or constrain our understanding and need to be carefully considered as evidence. Unearthing fragments of these women's stories and investigating and interrogating the evidence to answer fascinating historical questions soon became the *raison d'être* for this thesis.

Aim

The aim of this project is to undertake a narrative enquiry, using the lens of microhistory, about the lives of the Australian *Bluebird* nurses of World War One (WW1). The main research question driving this study is: "What may have shaped the experiences *Bluebird* nurses had before, during, and after WW1 and what historical insights can be drawn from this evidence?"

Objectives

1. Locate biographical documents, evidence and objects relating to the twenty *Bluebird* nurses.
2. Analyse the micro-historical data for themes.
3. Research the social and political context in which the experiences of the nurses were situated to enable contextualisation.
4. Write a microhistory of the *Bluebird* nurses.

Significance

The *Bluebirds* were the only group of trained nurses sent to the Western front during WW1 by the Red Cross in Australia, thus making the group unique.¹³ Some attention has been given to their experiences during the war, as detailed in the literature review, but very little is known about their lives before and after the war. Since WW1, the history of Australian nurses who served was neglected until the 1970s when histories of

¹³ Oppenheimer, 1993, 65.

women, nurses and hospitals began to emerge. Kirsty Harris argues that, despite a body of work on Australian nurses during WW1, the context for analysing their roles within Australian literature is still largely missing. Many recent publications consist of edited diaries and letters but little contextualisation has been undertaken. Kirsty Harris also identifies the need for more work on the transnational experiences of nurses and argued that future writings need to include comparative and contextualised works by academic historians.¹⁴

Publications about the *Bluebirds* are largely dominated by the three nurses whose diaries, letters and objects were donated to the AWM.¹⁵ The exception is the seminal work of Melanie Oppenheimer who expanded understanding of the *Bluebirds* through her research about the ARC.¹⁶ It is argued in this thesis that military and non-military nurses have different traditions and history and the relationship is constantly evolving and changing. Research about this difference is largely missing in Australian nursing history, yet without these historical insights it is difficult for the humanitarian nurses of today to develop purposeful strategies to manage or direct changes in their nursing specialty. The insights and stories gained through historical research may help nurses feel connected to their profession, and a sound professional identity enables nurses to feel less threatened by difference from within, or outside of their profession, thus enabling humanitarian nurses to become more comfortable with who they are.¹⁷

Thesis Outline

Following this Introduction, the Literature Review explores works relating to the social and political context of the world the *Bluebird* nurses inhabited, both in Australia and internationally, and works specifically about the *Bluebirds* have been identified. The

¹⁴ Harris, 2013, 18.

¹⁵ Sisters Cook, Crommelin, Loxton and Duffy.

¹⁶ Oppenheimer, 2002, 2003, 2010(a), 2010(b), 2014(a) and 2014 (b).

¹⁷ Joyce A. Slochower, *Psychoanalytic Collision*, 3rd ed, New York: Routledge, 2014, 42.

Methodology section details the methodological approach to this thesis and also contains a discussion about reflexivity, ethics and the consideration of limitations. The use of photographs throughout this thesis is also discussed in this Section. Readers are then introduced to the microhistories of the twenty *Bluebird* nurses.

Structure of the microhistories

Chapter 1 contains the stories of Sisters Loxton, Crommelin and Duffy, significant memory keepers who left a wealth of letters, photographs and objects to the AWM.

Chapter 2 provides a glimpse of three families at the front during WW1. Unlike the *Bluebirds*, AANS nurses were not allowed to be married during this period so the experiences of the three married *Bluebirds* may provide insights about how such relationships were impacted by the war.

Chapter 3 contains the histories of the five clergy daughters, representing one quarter of the group and brings attention to the role of these women in the history of nursing in Australia.

Chapter 4 investigates the lives of Sisters Annie Jamieson and Mildred Hughes who served in the palace of the Kings of France but illness and obscurity cast shadows on the remainder of their lives.

Chapter 5 explores the mobility of nurses in the pre and post war period, through the travellers, Sister Elfrieda Warner and Alice Gray.

Chapter 6 investigates the relationship between nursing and class through the lives of Sisters Moreton, Norman and Hungerford.

Chapter 7 tells the story of Sisters Robinson and Sheridan, through the lens of the confusion and disruption brought about by WW1.

The conclusion provides a discussion of the significance of the study, the findings, theoretical implications, limitations and suggests areas for further research.

LITERATURE REVIEW

Research Strategy

The research strategy was to understand how the historiography of Australian nurses during WW1 developed over time and to explore the written works. I started with the eyewitness accounts and then identified the first generation of historians who used those accounts and analysed the reference lists in their work. This process was repeated up to the present and provided me with a greater understanding of the key themes and controversies and the work of major researchers in the field. I then narrowed down the search to Australian nurses on the Western Front to see if there was any differentiation between military and non-military nurses and how the story of the *Bluebirds* had been positioned. This led to an examination of the literature around the so called “Anzac Myth” that influences many discussions about WW1 in Australia. I then examined the specific literature about the *Bluebirds*. By tracing the connection between the primary material and ideas in these papers I was able to identify the gaps in knowledge and locate the space where this knowledge could be embedded in the history of Australian non-military nurses on the Western Front during WW1.

I also found it valuable to talk to leading scholars at a conference in London in 2015. The Conference focused on WW1 with a sub-theme of medical work and I was able to test my assumptions about the gaps and see the themes and controversies of research in this area through the conference papers and presentations. Conferences on the history of nursing have also provided an opportunity for a greater understanding of how to determine what constitutes quality research for nursing historians.

Publications about the “Bluebirds”

In 1981, Peter Burness introduced the *Bluebirds* to contemporary readers of *Sabretache*, the journal of the Military History Society of Australia.¹⁸ A decade later,

¹⁸ Peter Burness, “The Bluebirds”, *Sabretache*, 22, no. 1 (1981), 26–27.

Melanie Oppenheimer delivered a paper in the Work in Progress section of the 10th Australian War Memorial History Conference about the Australian *Bluebird* nurses, providing the first detailed scholarly treatment of the subject.¹⁹ Since this early work, Oppenheimer has contributed to an understanding of the history of the Australian Red Cross (ARC) in a number of publications, including a book detailing a centenary of service by the ARC²⁰ and a paper on the connections between the ARC and the origins of the ANZAC Legend.²¹

In 2008 Peter Rees wrote *The Other ANZACs. The extraordinary story of our World War I Nurses*²² reprinted as *ANZAC Girls* in 2014, to coincide with the successful television series of the same name which was inspired by his research.²³ Rees' popular book included the story of three of the *Bluebird* nurses using Oppenheimer's work and the diaries and letters of Elsie Cook and Nellie Crommelin held by the AWM. *The Other ANZACs* brought the story of Australian WW1 nurses to the attention of the public and introduced the *Bluebirds* to a far wider audience. This was followed by an unreferenced short article written in 2009 by Les Hetherington for the AWM Journal *Wartime*. The article put forward a number of ideas not before written about, such as there being ninety applicants for the twenty positions, uniforms had been donated by David Jones Department Store, and that several of the nurses had suffered from prolonged illnesses after the war. Unfortunately, the article provided no citations, because of the requirements

¹⁹ Oppenheimer, 2002, 13–18.

²⁰ Melanie Oppenheimer, *The Power of Humanity: 100 years of Australian Red Cross*, Australia: Harper Collins, 2014(b).

²¹ Melanie Oppenheimer, "Shaping the Legend: The Role of the Australian Red Cross and ANZAC," *Labour History: A Journal of Labour and Social History* 106, May 2014(a).

²² Peter Rees, *The Other ANZACs: The Extraordinary Story of our World War I Nurses*, Australia: Allen & Unwin, 2008.

²³ Peter Rees, *ANZAC Girls*, Australia: Allen & Unwin, Australia, 2014. ABC1, Television series, *ANZAC Girls*, aired August 2014, directed by Ken Cameron and Ian Watson, written by Felicity Packard and Niki Aken.

of the journal at that time, and thus this information cannot be verified.²⁴ The current *Wikipedia* entry about the *Bluebirds* relies heavily on Les Hetherington's article.²⁵

Rosemary Lancaster's book *Je suis Australienne* explores stories of a number of Australian women who travelled to France between 1880 and 1945 and expressed their impressions in fiction, diaries, letters, or autobiographies. Lancaster devotes a Chapter to Sister Nellie Crommelin, which by necessity, is limited. The book looks at the phenomenon of Australian women's travel and a growing awareness of their identity in the world. For Lancaster, this travel in the late nineteenth and early twentieth centuries was unique, however, this micro-history raises questions about how unique this travel may have been for nurses. Chapter 5 discusses this in detail.²⁶

The story of the *Bluebirds* received renewed attention due to the 2014 centenary of the commencement of WW1. A number of online stories appeared including a blog from the Australian National Maritime Museum written by Digital Curator, Penny Edwell. It has few references but appears to have relied on the work of Oppenheimer, Hetherington and the archives at the AWM.²⁷ An interview aired by the Australian Broadcasting Corporation (ABC) with Linden Wilkinson, the granddaughter of *Bluebird* Helen Wallace, led to an article being written by Eliza Harvey in which Oppenheimer was quoted. The theme of the article was the lack of recognition of 'unofficial' nurses, such as the *Bluebirds*, when they returned to Australia and the injustice of these nurses not being included on the AWMs Role of Honour because they did not serve with the AANS.²⁸

²⁴ Les Hetherington, "The Bluebirds in France", *Wartime* 45, 2009, 58–60.

²⁵ "The Bluebirds", accessed December 30, 2014, http://en.wikipedia.org/wiki/Bluebirds_Australian_nurses.

²⁶ Rosemary Lancaster, *Je suis Australienne: Remarkable Women in France, 1880–1945*, Perth: University of Western Australia Publishing, Perth, 2008.

²⁷ Penny Edwell, 'A Special Kind of Bluebird', *Australian Maritime Museum Blog*, accessed December 28, 2014, <https://anmm.wordpress.com/2012/11/09/a-special-kind-of-bluebird/>

²⁸ Eliza Harvey, *War Nurse's granddaughter tracks down wartime story*, accessed December 28, 2014, <http://www.abc.net.au/news/2014-08-01/nurse-interview/5642460>.

The archivist at Methodist Ladies College in Sydney, Barbara Hoffman, recently provided information to the author about Lynette Crozier and Elsie Sheppard who were former pupils of the school. Barbara wrote a story of the *Bluebird* nurses for presentation to Year 9 history students and this has been a useful source of additional information about the early years of Lynette and Elsie and provided access to primary source material not available elsewhere.²⁹

Most articles online rely heavily on the work of Oppenheimer or secondary sources quoting Oppenheimer or Hetherington. Web sites such as *Looking for the Evidence* have also contributed to our knowledge of the *Bluebirds*. Jennifer Baker wrote the section on the *Bluebirds* and provided Medal Card references, and details of how some of the *Bluebirds* returned home.³⁰ Information about the *Bluebirds* is dispersed and at present there is no aggregation of their experiences and no contextualised work concerning their experiences before, during and after the war.

Australian military nurses and WW1

Far more scholarly and popular works have focussed on Australian Army Nursing Services (AANS) nurses. As there was considerable overlap in terms of work, motivations and experiences at the front, these works provide substantial secondary sources for understanding the context for the experiences of the *Bluebirds* at war. The scholarly works of Harris and Rae are significant in understanding the role of Australian military nurses during WW1. Harris's book *More than Bombs and Bandages: Australian Army Nurses at Work in World War 1*, is an ideal starting point and her paper 'Girls in Grey: Surveying Australian Military Nurses in World War 1' provides a detailed examination of literature relating to the history of Australian nurses during WW1. Her work examines the way historians have contributed to the historical contextualisation of the experience of military nursing thus opening up new directions for research.³¹ For

²⁹ Barbara Hoffman, email message to author, December 1, 2014.

³⁰ Jenny Baker, *Looking for the Evidence—Blue Birds*, accessed May 30, 2016, <https://sites.google.com/site/archoevidence/home/ww1australianwomen/blue-birds>.

³¹ Kirsty Harris, *More Than Bombs and Bandages: Australian Army Nurses at Work in World War 1*, Newport Australia: Big Sky Publishing, 2011.

Harris the context for analysing the roles of Australian military nurses in war is still largely missing and many important questions are unanswered.³² Ruth Rae wrote *Scarlet Poppies* and a social history of WW1 nurses called *Veiled Lives* and these works have made a substantial contribution to an understanding of the social and political context of the lives of Australian nurses during this period.³³

Between the world wars, military nurses published autobiographies such as Anne Donnell's *Letters of an Australian Army Nursing Sister*, May Tilton's *The Grey Battalion* and Rose Kirkcaldie's *In Grey and Scarlet*.³⁴ Harris noted it is not as much about an absence of primary and secondary sources but the lack of an established field of history in which to embed it which has left these sources scattered. Harris cited works by Vera Hobbs, Joan Durdin, Lynette Russell, Helen Paterson, Mary Sheehan, Susan Sherson, Leslie Potter, Betty Anderson and Verna Rice, on the history of hospitals as all containing references to WW1 Australian nursing and acknowledges these works have all contributed to establishing this research field.³⁵ More specific works started to emerge in the 1980s with Jan Bassett's *Guns and Brooches* (1997) and Rupert Goodman's *Our War Nurses: The History of the Royal Australian Army Nursing Corps 1902–1988* (1998). Scholars and writers such as Harris, Oppenheimer, Rae, Marilyn Lake, Katie Holmes, Beverly Kingston, Patsy Adam-Smith and Marianne Barker then identified and researched more specific areas of study within the field of the history of Australian nursing in wartime. Some publications, for example, *The Other Anzacs*, *Heroic Australian Women in War* written by Susanna de Vries in 2004 and *Nightingales in the Mud-the Digger Sisters of the Great War 1914–1918* written by Marianne Barker in 1989,

³² Harris 2013, 17.

³³ Ruth Rae, *Scarlet Poppies: The Army Experience of Australian Nurses During World War One*, Australian College of Nursing, Sydney, 2004, and *Veiled Lives: Threading Australian Nursing History into the Fabric of the First World War*, Sydney: Australian College of Nursing, Sydney, 2009.

³⁴ Anne Donnell, *Letters of an Australian Army Sister*, Sydney: Angus & Robertson, 1920. May Tilton, *Grey Battalion*, Sydney: Angus & Robertson, 1933. Rose Kirkcaldie, *In Grey and Scarlett*, Alexander Melbourne: McCubbin, 1922.

³⁵ Harris 2013, 15.

became widely read popular literature. These works contributed to an understanding of the experiences of Australian nurses in WW1 but report little about the lives of the *Bluebirds*.

Australian national myths about WW1 and nursing

Another way to understand the *Bluebirds* is to explore what myths had been constructed about nurses at the beginning of the war, and what myths and ideas were likely to have influenced them at the time of their war work. C.E.W. Bean's *The Official History of Australia in the War of 1914–18*,³⁶ is often cited as playing a major role in the omission of nurses from the record but the work of Caroline Viera Jones shows how publisher George Robertson played a significant part in deciding how national myths were created. He insisted in the official history that the work on nurses should be relegated to the sideline in favour of male “mateship and larrikinism”.³⁷ Ruth Rae alerted us to the work of AANS Matron Adelaide Maude Kellett who was appointed from March 26 to May 11, 1919 to assist Arthur Butler in the Medical History War Records Section of the Australian Infantry Force (AIF) in compiling the records of the AANS. Matron Kellett interviewed 128 AANS nurses who were still in England at the time and a further 137 nurses provided narratives which were collected by C.E.W. Bean and are available in the AWM as well as other diaries and private records.³⁸ Angus and Robertson removed whole draft chapters about the AANS including clashes between surgeons and matrons, the relationship between nurses and soldiers and descriptions of female heroism.³⁹ This gave

³⁶ AWM, AWMOHWW1. *The Official History of Australia in the War of 1914–1918* is a 12-volume series covering Australia's involvement in WW1. The series was edited by the official historian Charles E.W. Bean, who also wrote six of the volumes, and was published between 1920 and 1942.

³⁷ Caroline Viera Jones, “Australian Imprint: The Influence of the Publisher George Robertson on a National Narrative (1890–1935)”, PhD Thesis, University of Sydney, Department of History, 2004, accessed May, 2014, <http://www.austlit.edu.au/austlit/page/C586472>.

³⁸ Matron Kellett was appointed from 26 March to 11 May, 1919 to assist the collator of the Medical History War Records Section in compiling the records of the AANS. During this period she interviewed the 128 AANS nurses who were still in England at this time. See A M Kellett, AIF attestation papers and record of service, held by National Archives of Australia (NAA), Canberra, and A M Kellett, interviews containing accounts of nursing experiences in the AANS, AWM 27, item 373/28 and AWM 41, items 988 and 1072.

³⁹ Harris 2013, 15.

an unbalanced view of the role of women in WW1 that has taken many decades to partly redress. The deeply entrenched perspectives presented in the Official History have contributed to the creation of the Australian collective memory about WW1 and despite evidence to the contrary, they stubbornly persist.

There is a large body of work about the way Australian myths of Gallipoli and WW1 have been embroidered into our social fabric and have become extremely powerful. Ross Wilson argues that the bitterness of the new history debates in Australia over the meaning of ANZAC show the extent to which these myths are valued by Australians.⁴⁰ The term ANZAC ‘myth’ was coined by Australian historians to show the gap between the reality of the participants’ experiences and the way these experiences have been presented to the public. For Wilson, it is not about lack of imagination or concern about being accurate but it represents a desire from both the creators and consumers of that historiography to maintain a particular reality, one which is historically and socially constructed in the present.⁴¹ Oppenheimer has recently published ‘Shaping the Legend’ where she artfully argued that the humanitarianism of the ARC and the militarism of the Australian and New Zealand Army Corps (ANZAC) legend are inextricably linked. This perspective provides another way to evaluate the contested terrain of ANZAC by showing the connection between Red Cross fundraising literature and the origins of the ANZAC legend.⁴²

Sarah Midford in ‘Constructing the ‘Australian Illiad’: Ancient Heroes and ANZAC Diggers in the Dardanelles’ examined how the use of allusions from the Homeric epic, *The Illiad*, has enabled the ANZAC myth to sustain its power in Australian

⁴⁰ ANZAC refers to Australian and New Zealand Army Corps. This was the formation in which Australian and New Zealand soldiers in Egypt were grouped before the landing on Gallipoli in April, 1915. It became a convenient telegraphic code name for addressing telegram messages and then came into popular language, accessed December 18, 2015, <https://www.awm.gov.au/encyclopedia/ANZAC/acronym/>.

⁴¹ Len Smith, *Uses of Heritage*, London: Routledge, 2006.

⁴² Oppenheimer, 2014(b), 123.

ideology since 1915.⁴³ Australians were recognised as warriors and compared themselves positively to other warriors and this became exploited in literary and historical accounts where there was “a romantic step over the grief the campaign had caused”.⁴⁴ By incorporating Australian literature into classical Western literature it was easy to see a “new race and a new era, one where the youth and heroic attributes of the Australian people would lead the way to the rise of civilisation after its fall.”⁴⁵ Unfortunately, the four significant female characters in “The Iliad”, Helen, Adromache, Hecabe and Briseis are not seen in the same light as the warriors. Despite their different roles and personalities, Homer treated them all the same way and he emphasized how intense their emotions were which led to “desperate helplessness (and) the utter inability to determine the course of events, including their own lives”.⁴⁶ Including women in the ANZAC narrative was never going to be easy.

Nursing had its own myths prior to WW1 and these were reinforced through such popular culture as literature, film, theatre, photographs and poster artwork. Christine Hallett argued the WW1 nurse was an iconic figure that floated across cinema screens, through the pages of romantic fiction and these images inhabited the post war imagination.⁴⁷ In ‘Celluloid Angels’, David Stanley shows how popular and influential movies about nursing heroines were in the early part of the twentieth century.⁴⁸ Silent movies such as *The Victoria Cross* (1912) and *Florence Nightingale* (1915) reinforced the story of Nightingale and the role of nursing during the Crimean War. These movies were very popular in Australia and were predominantly stories of self-sacrifice and

⁴³ Sarah Midford, ‘Constructing The ‘Australian Iliad’: Ancient Heroes And ANZAC Diggers In The Dardanelles’, *Melbourne Historical Journal* [Online] 39, no. 2, issue 1, (2011), accessed May 1, 2016, <http://journal.mhj.net.au/index.php/mhj/article/view/700> 2011.

⁴⁴ Ibid., 78.

⁴⁵ Ibid., 79.

⁴⁶ Stephen Farron, “The Portrayal of women in the Iliad”, *Acta Classica* 21, no. 15, (1978), accessed May 27, 2016, <http://www.casa-kvsa.org.za/1979/AC22-06-Farron.pdf>.

⁴⁷ Christine Hallett, *Containing Trauma*, Manchester: Manchester University Press, 2011, xi.

⁴⁸ D.J. Stanley, “Celluloid Angels: A research study of nurses in Feature Films 1900–2007”, *Journal of Advanced Nursing* 64, no. 1, (2008), 9, doi: 10.1111/j.1365-2648.2008.04793.x.

heroism, not just for the nurse but the brave warriors. In 1916 the Australian silent movie *The Martyrdom of Nurse Cavell* was released and became one of the most popular silent films ever made in Australia. When it was released in the USA and Canada in May 1916, an article in *Moving Picture World* states its success has been “phenomenal” and every effort was made to give an accurate and uncoloured version of events.⁴⁹ These mythological and romantic ideas were likely to have influenced members of the public as well as the *Bluebird* nurses when they volunteered for France. Whether or not these representations were actually experienced by the nurses and what meaning they made of their nursing practices during the war, is not fully understood.

The use of poster art in the service of propaganda had a long history and during WW1 it was used on a mass scale.⁵⁰ It had a powerful visual and psychological impact on the population and was argued to be an “essential munition of war”.⁵¹ The Red Cross used posters and images of nurses during WW1 for fundraising and recruitment of volunteers and along with governments, aimed to send messages promoting their country’s cause and to cause maximum damage to the reputation of the opposing side.

⁴⁹ May 1916, “Nurse Cavell picture coming soon”, *Moving Picture World*, New York: Chalmers Publishing Co, New York, accessed December 29, 2014, <https://archive.org/stream/movpic28chal#page/n647/mode/2up>.

⁵⁰ Margaret Collins Weitz, “Art in the Service of Propaganda: The Poster War in France During World War I”, *Religion & the Arts* 4, no. 1 (2000), 43.

⁵¹ Martin Hardie and Arthur K. Sabin, eds. *War Posters Issued by Belligerent and Neutral Nations 1914–1919*, London: A & C Black Ltd, 1920, 3. Accessed January 2015, <https://archive.org/details/warpostersissued00hard>.



Figure 2. Propaganda posters courtesy of Imperial War Museum Q79858 and Q71311.

It is difficult to assess the response the Australian nurses of WW1 had to these posters, movies and literature but it is known that advertising and marketing were well established by the beginning of WW1 and it was understood that through the new science of psychology that humans could be influenced to desire things through positive association and image.⁵² The iconic poster ‘The Greatest Mother in the World’ (Figure 2) was created for the American Red Cross by advertising agency Alley and Richards and became known as the most successful advertisement of WW1.⁵³ The powerful poster on the right in Figure 2, was aimed at creating contempt for the enemy and to argue for the moral superiority of English nurses over German nurses. There is no evidence this event ever occurred but it was believed to be true. Understanding the public and private world of the *Bluebird* nurses requires an appreciation of contemporary cultural interpretations of the world in which they lived.

⁵² Stuart Ewen, *Captains of Consciousness*, New York: McGraw-Hill, 1976, 34.

⁵³ Julian Lewis Watkins, *The 100 Greatest Advertisements 1852–1958*, New York: Dover Publications, 1960, 30.

The world of French soldiers and nurses

The *Bluebirds* entered the world of the French Red Cross (FRC) and French military, a world distinctly different from the Australian or British equivalents. The work of Katrin Schultheiss is significant in understanding this world. Her work *Bodies and Souls: Politics and the professionalization of nursing in France 1880-1922*, provides fascinating insights into the turmoil and transformation of nursing during this period and rich contextual detail about the debates over what constituted professional nursing. These debates were deeply enmeshed in issues of class, gender, women's work and appropriate ways to serve the French Third Republic.⁵⁴ The works of Margaret Darrow also provide extensive background material and many insights about the French nurses with whom the *Bluebirds* regularly worked⁵⁵

In 2012, Ian Sumner wrote the first comprehensive English language book providing eye witness accounts of how French soldiers and civilians saw the war on the Western Front and it revealed the significant role of the *poilus*.⁵⁶ It provides balance to the many secondary accounts written about French soldiers by xenophobic English speaking witnesses.⁵⁷ These works highlight the importance of a transnational approach to the sources when researching nurses who participated on the Western Front during WW1.

Summary

This literature review has shown that a small number of stories of the *Bluebirds* during WW1 have been told by a limited number of scholars and many subsequent references to the *Bluebirds* continue to rely heavily on this work. However, what has been written has shown a rich narrative worth exploring. It reveals that the story of WW1 AANS nurses have received far more attention from Australian scholars than their non-

⁵⁴ Katrin Schultheiss, *Bodies and Souls: Politics and the professionalization of nursing in France 1880–1922*, Cambridge Massachusetts: Harvard University Press, 2001.

⁵⁵ Margaret Darrow, 1996, 2000, 2013.

⁵⁶ A term of endearment for French infantrymen, similar to the Australian use of *digger*.

⁵⁷ Ian Sumner, *They shall not pass. The French Army on the Western Front 1914–1918*, London: Pen & Sword, 2012.

military counterparts. It has also revealed the importance of understanding French nursing and military culture during this period. Without a transnational approach to context it is impossible to understand the experiences of the *Bluebirds*, who worked predominantly for the French, or to interpret their diaries and letters in a meaningful way. Literature about the myths of ANZAC and nursing also provide valuable insights into the way the history of Australian nurses during WW1 has been preserved and retold. The literature review has clearly shown gaps in knowledge about the *Bluebird* nurses, WW1 non-military nursing in general and a lack of transnational contextualisation in the history of the *Bluebirds*.

METHODOLOGY

A narrative inquiry has been undertaken using microhistory as the method. The main research question driving this study was:

What may have shaped the experiences that the Bluebird Nurses had before, during and after World War I and what historical insights may be drawn from this evidence?”

Narrative inquiry

Telling stories is not new but the emergence of narrative methodologies in social science research is still a ‘field in the making’.⁵⁸ People by nature lead storied lives and tell stories of those lives. It is the way we fill our world with meaning and work with each other to build communities. For Susan Chase, narrative theorists seek to understand the shape and order of human experience and connect these experiences into a meaningful whole to enable a view of the consequences of actions and events over time. Narrative researchers describe lives, collect and tell stories of them and write narratives of these experiences.⁵⁹ These stories, that may be yielded through interviews, historical data or by analysing autobiographies, are explored for meaning and relevance to a practice like nursing and have the potential to become new knowledge. Narrative inquiry can also deepen understanding and illuminate elusive relationships between people and their environments. These stories are a powerful way to create deeper insights thus enabling students to apply the stories to their own context and this helps create a catalyst for engagement and learning.

⁵⁸ Susan Chase, “Narrative Inquiry. Still a field in the making” in eds. Norman Dinzin and Yvonna Lincoln, *Sage Handbook of Qualitative Research*, Thousand Oaks, California: Sage, 2011, 421.

⁵⁹ Michael Connelly and D. Jean Clandinin, “Stories of Experience and Narrative Inquiry”, *Educational Researcher* 19, no.5, issue 2 (Jun-Jul, 1990), accessed November 20, 2016, <http://www.tc.umn.edu/~dillon/CIpercent208148%20Qual%20Research/Session%2012/Narrative-Clandinin%20ER%20article.pdf>.

As Christine Bold states, the narrative inquirer needs to remain cognizant of the variety of different ways in which narrative is used and remember that findings will always be tentative and cannot provide certainties.⁶⁰ However, this allows for a range of definitions, critiques and approaches that can only enhance the method.⁶¹ It is cross disciplinary, but as Jean Clandinin and Jerry Rosiek argue, there are tensions “at the borders” with other areas of scholarship. It is important for scholars to reiterate what these authors describe as the touchstones, that make a distinct place for narrative inquiry on the methodological landscape.⁶² These touchstones are firstly *temporality*, the notion that every experience is in transition between past, present and future. The second is *sociality*, the tendency people have to live as part of a group that has clear social interactions and is able to cope with and adapt to different demands of this group.⁶³ An important element of this sociality is recognising, as the enquirer, I have entered into a social relationship with those being researched and therefore influenced by my personal context. This is dealt with in some detail in the section on reflexivity in this Chapter. The third touchstone is the *centrality of place* and the specific concrete, physical and topological boundaries of place where the events occur. These touchstones hold narrative inquiry together and make it distinct from other methods that seek generalizability.⁶⁴ Narrative theorists claim that by focussing on narrated lives it is possible to learn about history, society and how people lived their lives.⁶⁵ This thesis tests the claim.

The data used in this thesis could not be collected through interviews with the nurses because most had died by the 1970s. An alternative method had to be used to enable the data to be compiled and microhistory was chosen as the method best suited to

⁶⁰ Christine Bold, *Using Narrative in Research*, London: Sage, 2012, 17.

⁶¹ Chase, 2001, 430.

⁶² D. Jean Clandinin and Jerry Rosiek, “Mapping a Landscape of Narrative Inquiry. Borderland Spaces and Tensions”, in ed. D. Jean Clandinin, *Handbook of Narrative Inquiry: Mapping a Methodology*, Thousand Oaks: Sage, 2007, 38.

⁶³ Psychology Dictionary [Online], accessed November 2, 2016, psychologydictionary.org/sociality

⁶⁴ Clandinin & Rosiek 2007, 38.

⁶⁵ Ibid.

mine diaries, letters and photographs for data and to provide the historical context for the narrative inquiry.

Microhistorical Method

Iggers wrote *Historiography in the Twentieth Century* in the late 1990s, it was in many ways a response to the fierce methodological debates taking place within social science and history. These debates arose as part of postmodernism and its critique of universal essentialist views of the world. Iggers argued that social scientists had made generalizations “that do not hold up when tested against the concrete reality of the small-scale life they claim to explain”.⁶⁶ The pioneers of microhistory, Ginzburg and his Italian colleagues questioned large-scale quantitative studies on the grounds they distorted reality on the individual level. Lüdtke, representing the German School of *Alltagsgeschichte* (the history of everyday life), argued that citizens have always had room for action, even in the Third Reich.⁶⁷ For Lüdtke, everyday life is not just a struggle for survival, it brings about historical change and people are both objects and subjects of their history.⁶⁸

Lüdtke noted that microhistorians soon found themselves in heated discussions with each other and defenders of the established discipline of history and social science. Large concepts such as the state, the market and social mobility were being questioned as the new ideology reduced the research focus and turned the lens on the multiplicity of factors, to show the complex reality behind social change. At the other end of the spectrum, scholars argued that people are bound within the structure of society, and are limited by the frame of this structure and the scope it affords each individual.⁶⁹ Rather

⁶⁶ Georg G. Iggers, *Historiography in the Twentieth Century: from Scientific Objectivity to the Postmodern Challenge*, Wesleyan University Press of New England, Hanover, New Hampshire, USA, 1997, 108.

⁶⁷ Alf Lüdtke, ed. and William Templer, trans., *A History of Everyday Life: Reconstructing Historical Experiences and Ways of Life*, Princeton New Jersey: Princeton University Press, 1995, 4.

⁶⁸ Alf Lüdtke, cited in Sigurdur Gylfi Magnússon and István M. Szigjártó, eds, *What is Microhistory?* Oxon and New York: Routledge, 1995, 34.

⁶⁹ Ibid.

than being in binary opposition, this can be seen as a creative continuum along which a range of views can enrich knowledge.

Microhistorians emphasise a focus on small groups, such as the 20 *Bluebird* nurses who are the subject of this thesis and are interested in how people conduct their lives within these groups. They are particularly interested in individuals who do not follow the paths of the so-called, ‘average person’, in the metanarratives.⁷⁰ Focus on these groups enable wider reflection on the workings of society at large. Microhistory’s narrow focus reveals ambiguities and complexities that resist definitive historical answers thus providing, what Thomas Kuhn described as the “essential tension” between divergent and convergent thinking. Convergent and divergent thinking are two poles on a spectrum of cognitive approaches to problems and questions. Divergent thinking involves seeking multiple perspectives and possible answers, whereas convergent thinking assumes the question has one right answer and a single solution. Kuhn argued that the historian constantly encounters smaller but structurally similar revolutionary episodes in their work and these are central to healthy debate in the academic community.⁷¹ For example, Sister Hilda Loxton published a book on the treatment of diphtheria which was recommended by an infectious diseases doctor to general practitioners as well as nurses. This reveals an exception to the narrative of gendered inequality in nursing and piques the curiosity to search the data for other exceptions. It also raises questions about how Sister Loxton’s book may have influenced the history of the treatment of diphtheria in New South Wales. In this way, microhistory can enhance historical debate.⁷²

⁷⁰ Sigurdur Gylfi Magnússon, “The singularization of history: Social history and microhistory within the postmodern state of knowledge,” in *Journal of Social History* 36, no.3, (Spring 2003), 709, doi:10.1353/jsh.2003.0057.

⁷¹ Thomas Kuhn, 1959, “The Essential Tension. Tradition and Innovation in Scientific Research”, in ed. C.W. Taylor, *The Third University of Utah Research Conference on the Identification of Scientific Talent*, Salt Lake City: University of Utah Press, 1959, 22, accessed November 20, 2016, [http://www2.sanford.edu/~sfdonald/Courses/ufsi201/Papers/The%20essential%20tension%20\(Kuhn\).pdf](http://www2.sanford.edu/~sfdonald/Courses/ufsi201/Papers/The%20essential%20tension%20(Kuhn).pdf).

⁷² For example, Thetis M. Group and Joan I. Roberts, *Physical Control and the Medical Monopoly: Historical perspectives on gendered inequality in roles, rights and range of practice*, 2001, Bloomington and Indianapolis: Indiana University Press.

Richard Brown argues that “a broad, inclusive understanding of microhistory, one that encourages linkage with grand narrative, should undergird historical work”.⁷³ Magnússon supports this, stating that he does not know of a single microhistorian who has chosen to reject microhistory’s links with generalised histories. He quotes Revel who states there are limits to methodological individualism because we are all trying to discover what governs the formation and functioning of collective experience. The value of the microhistory approach is in the way it can enrich social analysis through new, more complex and flexible variables.⁷⁴ Magnússon argues for the singularization of history because the small stories do matter and need to be made more conspicuous and scholars can use sources to enter into the past, in as detailed and varied a way as possible, without becoming trapped within the grand narratives.⁷⁵ For Brown, microhistory is best practiced by experienced scholars who can bring a thorough grasp of context, historical and historiographical, to their choices to avoid the trivialisation of history.⁷⁶ This is a challenging method requiring a constant ‘dance’ between the documents, the theories and reflection on the personal meanings brought to the work by the researcher.

Magnússon argues for a broader consideration of historical ego-documents, such as letters, diaries and writings and states they should be permitted to stand alone without reference to any, so called, objective reality because this subjectivity gives the documents their value. These autobiographical accounts reveal privileged information and they can be analysed in a sophisticated and theoretically aware manner.⁷⁷ He argues microhistory revolutionized the use of ego-documents because the “cultural turn” demanded direct testimony from people of all walks of life and how people experienced events became

⁷³ Richard D. Brown, “Reviews of Books”, *American Historical Review* 119, no. 3 (2014), 840.

⁷⁴ Ibid., 718. Also, Jacques Revel, “Microanalysis and the Construction of the Social”, eds., Jacques Revel and Lyn Hunt, *Historie: French Constructions of the Past*, New York: New Press, 1995, 492-502.

⁷⁵ Sigurdur Gylfi Magnússon, 2016, ‘Views into the Fragments: an approach from a microhistorical perspective’, *International Journal of Historical Archaeology* 20, 2016, 182, doi:10.1007/s10761-015-0323-4.

⁷⁶ Brown, 2014, 840.

⁷⁷ Mary Fulbrook and Ulinka Rublack, “In relation: the ‘Social Self’ and Ego-documents”, *German History* 28, no. 3 (2010), 263, accessed November 3, 2016, doi: 10.1093/gerhis/ghq065

important.⁷⁸ Microhistorians seek opportunities to approach their subjects from a direction different from that of the official or dominant discourse, they are prepared to listen to a variety of voices that arise as a way to increase historical understanding. For Magnūsson, these documents provide “insight into a lost world which would otherwise have remained closed to us”.⁷⁹

Microhistory also has value in the way it shows how ideas were transported and the role of “minor knowledge” in the development of modern man.⁸⁰ This provides opportunities for discussion about those areas that open up between institutions and the people connected with them. This two-way communication shows that people are often not passive and devoid of will and this discourse illuminates how citizens exert influence in their societies in different ways.

Elain Crane’s microhistory of “common folk” in early America from the perspective of common law is a clear example of the power of microhistory as an historical tool. Her study shows that Americans were keenly interested in and influenced by the law but there were endless opportunities to stray from communal values and they sometimes bent the law or defied it altogether. This legitimises an informed speculation by Crane, offering tentative or alternative interpretations to competing perspectives.⁸¹ For Crane, microhistory has another, equally important role: it reinforces and humanizes conventional studies written on a grander scale.

Since microhistory is so very personal, it draws the reader into a relationship with the protagonists who move the narratives. History in microcosm uncovers emotion in ways that more impersonal studies rarely do. Fear, frustration and anger undulate through the pages as microhistory inverts the social order by exposing assertive females and passive males. It defies stereotypes by showing women mauling each other and men gossiping while

⁷⁸ Magnūsson, 2016, 189.

⁷⁹ Magnūsson, 2013, 158.

⁸⁰ Ibid., 191.

⁸¹ Elaine F. Crane, *Witches, wife beaters and whores*, Ithaca and London: Cornell University Press, 2011, 2.

*shopping for dinner. Furthermore, by describing behaviour that the community rejects, microhistory reveals the perimeters of permissible conduct. If historians are still ambivalent about microhistory's role in the development of a sweeping national thesis, it still contains the potential to change the way we think about the ongoing flow of history*⁸²

Crane's intention in *Witches, Wife Beaters and Whores* was to illustrate the way in which legal culture and the routine of daily life came together in early America. Her study reveals the values that bind people together despite their differences but it also raises important questions about the consequences of decisions based on those values that may have remained hidden in a more general history. For Crane, microhistorians waded through mountains of documents looking for the evidence and relish the moments when they find a kaleidoscope of unexpected details that potentially raise fascinating questions.⁸³

A common issue raised in discussions of microhistory is the question of whether microhistory is different from biography. Lepore argues that microhistorians do have particular non-biographical goals in mind and they tend to use the story of individuals to probe for deeper meanings in social and cultural history. For Lepore, biography is largely founded on a belief in the singularity and significance of an individual's life in history but microhistory has almost the opposite assumption.

*However singular a person's life may be, the value of examining it lies not in its uniqueness but in its' exemplariness, in how that individual's life serves as an allegory for broader issues affecting the culture as a whole.*⁸⁴

Lepore also argues that biographers seek to profile an individual to summarise their life story but microhistorians, tracing their elusive characters through records, tend to focus

⁸² Ibid., 3.

⁸³ Ibid., 6.

⁸⁴ Jill Lepore, "Historians who love too much: reflections on microhistory and biography", *The Journal of American History* 88, (June, 2001), 133, accessed November 8, 2016, <http://scholar.harvard.edu/jlepore/publications/%E2%80%99Historians-who-love-too-much-reflections-microhistory-and-biography%E2%80%9D>

on solving small mysteries about a person's life as a means to explore the culture.⁸⁵ To summarise, microhistory will always draw the writer's, and the reader's, attention away from the subject toward the culture.

I have chosen narrative and microhistory rather than biography as a method for this thesis for a number of reasons. The *Bluebirds*, as a small group of twenty out of more than three thousand Australian nurses to serve during WW1, could be considered insignificant and adequately covered by general nursing histories. However, by investigating the documentary evidence left by, or accumulated about these women who formed a unique group, it may be possible to scrutinize isolated topics to understand more about the historical circumstances and transformations that took place both in nursing and in the lives of Australian women during this period. As Little argues, there is a *caveat* to this assertion, historians are still unclear about the nature of the reality of historical structures such as states, social classes, genders and religious movements and historical causation.⁸⁶ Historians and social scientists constantly struggle with the concept that there are no causal laws or universal generalizations within human affairs and, at best, it may only be possible to identify causal mechanisms within historical processes which depend on the actions of historical actors situated within concrete social relations.⁸⁷ No matter what historiographical method is used, historical narratives, including this one, are highly interpretive and require substantial construction of the past. This is not an understanding that constricts the writing of history but one that has the potential to inspire and illuminate the human story.

Jean Clandinin and Jerry Rosiak remind us how important it is to bring clarity to the methodological approaches we use because this often avoids conflicts based on confusion and helps narrative inquirers “to be good neighbours in the broader community of scholars ... and to recognize the good neighbours ... even if they speak different

⁸⁵ Ibid., 141.

⁸⁶ Daniel Little, “Philosophy of History”, (Winter 2016 Edition) in ed. E.N. Zalta, *The Stanford Encyclopedia of Philosophy*, accessed January 3, 2017, <https://plato.standord.edu/archives/win2016/entries/history/>

⁸⁷ Ibid.

theoretical languages”.⁸⁸ Narrative inquiry and microhistory may differ somewhat in epistemological assumptions, use of language and techniques but philosophically they are related and when insights from both are combined, the results can be far greater than through the use of one method alone.

The use of photographs in this thesis

Photography was established as a practical process from the 1850s onwards and mass produced cameras were available by the 1880s and became a growing popular hobby for the middle class. By 1914 it was not unusual for those going to the Front to have a camera to capture those highly anticipated adventures. Photographs taken by *Bluebirds* and diary entries indicate some nurses were keen photographers and even developed their own prints. These photographs were an obvious security risk during the war but despite the threat of serious consequences, participants managed to take and preserve millions of photographs taken during WW1.⁸⁹ The AWM alone has over 800,000 images.⁹⁰

Methods used in historical inquiry enable historians to critically analyse and synthesize the collective and individual experiences of the past. They help to make meaning from the evidence left behind and this includes photographs and they are a powerful tool to explore the visual dimension of the past.⁹¹ Photographs may capture reality but this view can be misleading because meaning cannot be simply transmitted by looking at the photograph. Barthes noted that the lens through which the photographer sees the world and the moment of freezing the image through the ‘click’, are absent from

⁸⁸ Glandinin and Rosiak, 2007, 70.

⁸⁹ Stephen Badsey, “Historical Debates”, in *Photography, British Library, World War 1*, accessed May 31, 2016, <http://www.bl.uk/world-war-one/articles/photography>.

⁹⁰ AWM, *Photographs*, accessed May 31, 2016, <https://www.awm.gov.au/collection/photographs/>.

⁹¹ Stephane Lévesque, Nicholas Ng-A-Fook and Julie Corrigan, “What does the eye see? Reading online primary source photographs in history”, *Contemporary Issues in Technology and Teacher Education*, 14(2), 2014, accessed on December 7, 2016, from <http://www.citejournal.org/volume-14/issue-2-14/social-studies/what-does-the-eye-see-reading-online-primary-source-photographs-in-history>.

the visual.⁹² Trachtenberg argues that meaning is only created when we analyse how the particulars in the visual relate to one another and reveal explicit and implicit messages about the past and the photographer.⁹³ The analysis will then vary, depending on individual epistemological frameworks and assumptions. In this thesis I will assert that;

*Photographs are historical evidence that provide conversational access to past realities; they are authored and contextualized in time; they provide evidence for particular inferences and historical interpretations; accuracy is provisional and reliability is constructed providing only a selective view of the past by the photographer.*⁹⁴

To interpret a photograph it is important to consider the content of the image and the intent of the photographer and to ask questions about who, what, when, where and why. The photographer made a series of decisions about composition, time, setting and the focal point of the visual and may even have chosen that photograph over many others taken at that time. Ultimately, the historian has to make a decision about how to read the image by uncovering the historical context and then using imagination. The photographs in this thesis will be explained with these benefits and constraints in mind. Photographs are not simply an additional source of information for the historian, analysing photographs has the capacity to offer a different way of understanding the social world by providing access, not possible by other means, to different aspects of that social world.

In scanning the background of photographs for useful information and by comparing images to one another I was able to clarify timelines and bring greater accuracy to the descriptions of at least three photographs in the AWM. The photographs of the nurses' workplaces revealed the equipment used, the physical environments in which they worked, the treatment regimes that included the administration of anaesthetics by nurses. This everyday information was not recorded by *Bluebird* nurses but this information provides a vital context for contemporary nurses to note similarities and

⁹² Roland Barthes. *Camera Lucida: Reflections on photography*, Trans. Richard Howard, New York: Hill & Wang, 1981, 9-10.

⁹³ Alan Trachtenberg, *Reading American photographs: Images as history, Matthew Brady to Walter Evans*. New York: Hill & Wang, 1989, 12.

⁹⁴ Lévesque: 8.

differences which helps them connect to their past. The everyday photographs taken by participants, rather than official photographers, provided a counterpoint to the narratives created through propaganda and censorship. Without photographs, the experiences of Sister Dorothy Duffy in France, would not be known. The social life of the *Bluebirds*, exposed through photographs showing visits by friends and relations, would not be emphasised, their ability to go on great adventures during leave periods to some of the most scenic parts of France and throughout England would not be so well understood and their fascination with the war, shown through visits to battlefields and the collecting of souvenirs would not be seen so sharply.

The photographs of Sister Loxton watching an enemy plane from the doorway of her quarters, reveals the fascination she had with aviation. This was despite the fact the plane had just dropped bombs on the hospital and the air raid was still in progress. What is even more interesting is that someone, standing out on the open ground, took the photograph because they thought this was worth recording. Even though Sister Loxton reveals this fascination through her diary, the photographs bring a different reality and dimension to her words. The work done by scholars of education in showing the role of emotion in teaching and learning history, reveal the importance of photographic images as catalysts to engagement and learning.⁹⁵

Rigour

The study requires a rigorous implementation of methods to ensure the interpretations are trustworthy. Rigour aims for accuracy of representation and matching explanations of the world with the actual conditions in it. Reflexivity, ethics and consideration of limitations are important in achieving that rigour.

Reflexivity and ethics

Galindo argued that every research project has an internal biography which is not always apparent in the external narrative. It is made up of feelings and biases and can

⁹⁵ Chad Berry, Lori A. Schmied and Josef Chad Schrock, "The Role of emotion in Teaching and Learning History: A Scholarship of Teaching Exploration", *The History Teacher* 41, 4, (August 2008): 437.

struggle with the logical and unified external story.⁹⁶ It is built from personal history and cultural worldview and imposes a bias from the time the research topic is chosen. Acknowledging our personal subjectivities is important because it identifies experiences and beliefs that may affect research and helps create transparency from the beginning. Finlay reminds us that without being transparent, we run the risk of letting our un-elucidated prejudices dominate our research.⁹⁷ These subjectivities can create limitations but they also enable the researcher to sometimes see what others have missed.⁹⁸

The topic of this thesis arises from my interest in history and nursing gained through undergraduate studies in History and Philosophy of Science (University of Wollongong) and in Nursing (UTS). My interest in the *Bluebird* nurses arises from my own experiences as a Registered Nurse working in many areas of conflict and post conflict with international non-governmental organisations and national governmental organisations including the ARC. This includes nursing and management positions in Timor Leste, Kosovo, Pakistan and Afghanistan. In West Papua, I managed two large hospitals and nine remote emergency clinics and often dealt with violent clashes between the Indonesian Army and West Papuans and also with localised tribal fighting. I have undertaken assignments in Sri Lanka, India and Papua New Guinea. In Australia I have worked in remote indigenous communities and with asylum seekers on Christmas Island. This exposure to refugees, dealing with severe injuries through conflicts, poor language skills, dealing with cultural differences, insecure supply lines, poor food and bouts of exotic illnesses has brought the diaries and letters of the *Bluebird* nurses to life for me. I am mindful however, that their experiences are not my experiences and only serve as clues along the way.

⁹⁶ J. Fernando Galindo, *A Plea for Reflexivity: The Writing of a Doctoral Dissertation Biography*, 2011, accessed December 22, 2014, http://www.academia.edu/451302/A_Plea_for_Reflexivity_The_Writing_of_a_Doctoral_Dissertation_Biography_Draft_Version-January_2011_

⁹⁷ Linden Finlay and Brendan Gough, eds., *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences*, Oxford: Blackwell, 2003, 108.

⁹⁸ Judith Preissle, *Writing About Your Subjectivities: A Reflexivity Worksheet*, accessed February 28, 2014, <http://cepd7152.wiki.westga.edu/file/detail/ReflexivityWorksheet.docx>.

It is well documented that coming home presents difficulties for nurses and any others who serve during times of conflict. Close relationships are formed through intense sharing of experiences and re-entry into a world with different priorities and interests can be difficult. The challenges are collective and individual. The world also often appears, to those who return, to be invested in triviality which Sister Nellie Crommelin so aptly described as “our silly little cramped artificial lives”.⁹⁹ The agency a nurse has worked for may have expectations of assistance to tell “the story” to help raise funds. The public story rarely matches the private one and a conflicted realisation can set in that the nurse may have inadvertently contributed to organisational and nursing myths.

I bring a strong personal story to this work and a cultural worldview that struggles with the tension between the actions and consequences, personally and politically of nursing in conflict and post-conflict environments. Vigilant reflexivity has been utilised to ensure the differing collective experiences and individual passages of the *Bluebird* nurses through war and peace are carefully acknowledged in this thesis and a strict critical approach to the sources is taken.

In thinking deeply about this matter, I found the discussion about ethical tensions in narrative inquiry by Park et al. of importance.¹⁰⁰ The authors of this paper see these ethical tensions as educative spaces and this provided me with the confidence to contemplate and learn from the tensions rather than see myself as a limitation in the research. It is vital to understand how we are personally interacting with the participants, whether through contemporary physical interaction or through the personal historical records they left. Caine raises a powerful rhetorical question about the extent of the responsibility we carry for the experiences that people have shared with us.¹⁰¹ Respecting our subjects’ essential humanity, worth and dignity is essential, however, some stories

⁹⁹ Letter Nellie Crommelin to Minard Crommelin, AWM PR00065, April 14, 1918.

¹⁰⁰ Elly Park, Vera Caine, David McConnell and Joanne Minaker, “Ethical Tensions as Educative Spaces”, *Narrative Inquiry, Forum: Qualitative Social Research* 17, no. 2, article 25 (May, 2016), accessed September 20, 2016, <http://www.qualitative-research.net/index.php/fqs/article/viewFile/2571/3975>.

¹⁰¹ Yolanda Poffenroth, *Writing the Story of Caine*, Interview with Vera Caine, Faculty of Nursing, University of Alberta, 2014, accessed November 25, 2016, <https://www.ualberta.ca/nursing/nursing-news/2014/july/writingthestoryofcaine>.

also need to be told so they will not be forgotten. For nurses, these stories can illuminate and inspire and they may deeply resonate and enable us to go beyond ourselves to imbue a sense of pride and connection to our profession.

Balancing benefits against potential harm has formed the basis of thinking at all stages of the research and ethical challenges have been identified. Overall, In relation to this study, it has been important to balance the responsibility to treat people, many of whom will be deceased, fairly. Many of the children of the nurses are also deceased and it is generally their grandchildren who may hold information but respect and fairness still remain important.

Good historical scholarship understands a moral responsibility to examine evidence and tell a narrative as closely adherent to the truth as possible.¹⁰² This may also include the protection of historical records and artefacts or advocating to ensure records are made available to others for the public good. Appraising the information, whether it is provocative or mundane, needs to be done with equanimity. Examples could include using diary entries that highlight an unflattering aspect of the subject's behaviour for sensationalism rather than the value it serves in the search for historical understanding. Diaries and letters are written and kept for a variety of reasons which are not always made clear, so the question of whether these nurses would have wanted them to be available for public scrutiny cannot be answered with certainty.

Given that the venture of sending the *Bluebirds* to France has been described as a failure, investigations could reveal fractures and organisational deficiencies at the time requiring ethical historical handling.¹⁰³

¹⁰² Sarah E. Abrams, "History, Ethics, and the Truth," *Public Health Nursing (Boston, Mass.)* 28, no. 2, (March–April 2012), 105, DOI: 10.1111/j.1525-1446.2011.00942.x

¹⁰³ SMH, "Twenty Nurses", May 25, 1916.

Limitations

All study designs have strengths and limitations. The limitations of this study include the disparate and diverse amounts of information available on the *Bluebird* nurses. There has been little written about the life of the *Bluebirds* so this work can only be considered an exploratory rather than explanatory work.¹⁰⁴ In addition, the types of data may vary in trustworthiness. For example, there are several reports in the literature about Sister Elsie Cook's life and she left a substantial diary. Sister Hilda Loxton left detailed diaries and objects, Sister Dorothy Duffy, on the other hand, did not leave a diary or letters, but did leave some interesting objects. To date, three of these nurses' lives are somewhat known, and it is possible that their experiences have been privileged over the nurses about whom little information has been found.

Understanding the nuances of the French language as used during WW1 by non-native speakers is also a limitation. As the researcher, I can understand the French language used in the letters and diaries by the Australian nurses because of a shared understanding of French as a second language for Australians. Correctly understanding the responses to those letters and other primary source material written by native French speakers is far more problematic. Any critical material has been checked by a native French speaker who is a war historian. Foreign language evidence is a small but crucial part of this research.

Additional Notes

Ancestry Charts

The Ancestry charts that follow have been developed using "Family Tree Maker 2014" and the charts and references can be found in <http://www.ancestry.com.au> under the full name of the nurse. It is hoped, that over time additions can be made when new information comes to light.

¹⁰⁴ University of the Sunshine Coast, "Limitations of the Study", *Library Guide*, <http://libguides.usc.edu/content.php?pid=83009&sid=616083>, viewed January 2, 2015.

Names of ships

The names of ships found in this thesis reflect what they were known as when the event described occurred. Some changed their prefix to reflect their current duties, for example, HMT (His Majesty's Transport) may have then been used as a hospital ship (HMHS). Some were referred to numerically at various times, changed their names for the course of the war or had popular names bestowed upon them. Every effort has been made to ensure ships have been correctly named.

Ethics Approval

Ethics approval was granted by Central Queensland University Human Research Ethics Committee on 17 August 2015 (H15/06–143).

INTRODUCTION TO THE STORY OF THE *BLUEBIRDS*



Figure 3. Australian Red Cross Nurses known as the *Bluebirds* on the dock next to *HMHS Kanowna* 6 July 1916 (AWM PB0483)

Identified: Back row left to right: Sisters Moore (masseuse); 4th Jamieson, 7th Loxton, 8th Hough; 11th Thompson; 12th Cook. Front row left to right: Sisters Crommelin, 3rd Duffy, 5th Gray, 8th Mde Niau (interpreter).



Figure 4. *Bluebirds* at sea July 1916 (AWM P02628.001)

Identified : Back row, left to right: Sisters Moore, a masseuse; McKillop; Harris; Jamieson; Hungerford; Robinson. Third row: Sisters Hutchinson (partially obscured); Sheridan; Cook; Wallace; Crozier (partially obscured); Hough; Loxton. Second row: Sisters Hughes; Fraser Thompson; Gray; Duffy; Moreton. Front row Sister Crommelin; Mlle Niau (French Tutor); Sister Norman.



Figure 5. An unguarded moment, (AWM A03564)

Introduction

On July 16, 1916, twenty Australian Red Cross nurses from the New South Wales Division left Australia aboard HMHS *Kanowna* headed for nursing service in France during WW1. Figure 3 is a formal portrait taken alongside HMHS *Kanowna* by professional photographer Josiah Barnes, who was later known as the “embarkation photographer”.¹⁰⁵ The leader of the group, Sister Alice Gray, is seated prominently in the middle of the front row and a number of nurses are holding their leather bags provided by the ARC. The nurses are wearing their outdoor dress uniforms and this is the only photograph discovered that shows any *Bluebird* wearing it. Perhaps that explains why Sister Duffy’s Norfolk Jacket was still in excellent condition when it was donated to the AWM. Figure 4 and 5 are photographs taken of the group on the deck of *Kanowna* whilst at sea. The photographer is unknown but in Figure 5 the nurses appear relaxed and enjoying themselves. It shows a spontaneity rarely seen in the formal photographs and presents a different view of the nurses to pique the imagination.

¹⁰⁵ L. Blake, “Historic World War One photographs on display at Library at the Dock”, *Docklands News*, April 28, 2015, <http://www.docklandsnews.com.au/images/uploads/pdf-archive/DLN108.pdf>

This voyage was the only time the nurses would be together physically as a group. When they reached the mainland of Europe, the nurses separated into smaller units and were dispatched to different hospitals and services. Some of the nurses, like Sister Elsie Cook, may be familiar to Australians because they have been featured in histories such as *The Other ANZACs* and in television series such as *The ANZAC Girls* but most of these women, despite serving in a war that became an important part of the identity of Australians, have faded into obscurity. This thesis aimed to present a modern narrative that can bring the *Bluebirds* back into the discussion about Australian nursing during WW1 through a different lens.

Collective identity

The group became known by the pretty and memorable name of the *Bluebirds*. The idea that bluebirds bring happiness had widespread appeal in Ancient China but also found its way into the rituals of other cultures.¹⁰⁶ Native Americans used “The Bluebird Song” in ceremony and ritual and Russians refer to the bluebird in stories to show hope.¹⁰⁷ By the time the nurses in this story had formed into a group and were dubbed the *Bluebirds*, the concept was well established in Victorian books, poems and art, in plays and music hall songs and in children’s fairy tales as symbolising happiness. The WW1 nurses of the Canadian Expeditionary Force had already been nicknamed the *Bluebirds* because of the colour of their uniform and as a sign of affection shown by Canadian soldiers to the Sisters.¹⁰⁸ It is not clear when the term *Bluebirds* was first used to describe the Australian Red Cross nurses but Sister Hilda Loxton refers to the term in her diary during the voyage.¹⁰⁹ After the story of the nurses re-emerged in the 1980s and 1990s

¹⁰⁶ P.B. Welch, *Chinese Art: A Guide to Motifs and visual Imagery*, Tokyo: Tuttle Publishing, 2008, 204.

¹⁰⁷ E. Mawdsley, “The Russian Civil War”, in eds., R.P. Carlisle and J.G. Golson, *Native America: From Prehistory to First Contact*, California: ACB-CLIO, 2007, 21.

¹⁰⁸ Library and Archives Canada, Laura Gamble, *We Were There*, accessed June 11, 2015, <https://www.collectionscanada.gc.ca/firstworldwar/025005-2000-e.html>

¹⁰⁹ AWM, 2DRF/1172.

through the work of Peter Burnett and Melanie Oppenheimer, the term *Bluebirds* was commonly used.¹¹⁰

Summary of Biographical Data

The 20 *Bluebird* nurses were aged between 24 and 39 with around three quarters of them being over 30. The median age between 1900 and 1940 for women to marry was 26–27 and only two *Bluebirds* were married when they left for France. Fifty percent of *Bluebird* parents were first generation Australians and all the nurses, except one, were Australian born in comparison to an average of 75 percent in the community at the time. *Bluebird* fathers were, on the whole, well educated professionals, five were clergymen and others made significant contributions to society. Five nurses came from very prominent and influential colonial families. Only two nurses were Catholic and one was from a mixed marriage¹¹¹ and the others were Protestants, which reflected the ARC leadership at the time.

Three nurses had senior leadership roles in nursing prior to joining the *Bluebirds*, three had already been nursing at the front during the early part of the war and five were enlisted in the AANS Home Nursing Service in preparation for an opportunity to go to the front. Nine *Bluebirds* worked as nurses when they returned from the war but only two took on positions of leadership.

In comparison with Australian women at the time, the nurses had above average life spans with only two of their members dying in their 40s due to illnesses that have not been proven to have directly resulted from war service. The oldest *Bluebird* died at 95 and seven died in their 80s. Their war experiences did not seem to affect their longevity and the question of how much the war created life-long trauma has been difficult to establish. In correspondence with the granddaughter of Sister Helen Wallace, I discovered that Sister Wallace used to dive under the kitchen table when she heard a plane overhead

¹¹⁰ Oppenheimer, 2002 and Peter Burness, 1981.

¹¹¹ Sister Jamieson's mother was Catholic and her father Presbyterian.

but that was a rare account.¹¹² However, it can be reasonably postulated the *Bluebirds* could have joined the many thousands of returned veterans whose health and well-being was affected for the rest of their lives. By analysing basic biographical data about the *Bluebirds*, some connections and patterns can be seen that may otherwise have been hidden.

¹¹² Email from Linden Wilkinson to author, May 31, 2015.

CHAPTER ONE: THE MEMORY KEEPERS

Introduction

Richard Holmes argued that writing about a person's life celebrates the wonderful diversity of human nature but it is also "a vocation, a calling. The dead call to us out of the past, like owls calling out of the dark ... they ask to be heard, remembered, understood".¹¹³ I was reminded during the work of examining these diaries and records that it is a sacred trust given to a researcher by their subject when we use their lives in this way. Sisters Loxton, Crommelin and Duffy may not have wanted to be eulogised but only judged in the context of their times. Sister Loxton left one of the great accounts of Australian nurses at war, not because of heroic stories but because it exposes the way that nurses in WW1 simply got on with the job of being professional nurses and adapted to their environment with initiative, resilience and a deeply entrenched set of values about their role. This is perhaps what makes the *Bluebirds* story valuable to contemporary nurses.

The diaries presented in this chapter have enabled a focus on some aspects of wartime nursing that may assist contemporary nurses to see links between the past and present. These include the relationship between doctors and nurses, the need for nurses to constantly innovate and how powerful the outcomes can be when this occurs, the physical and emotional impact that nursing work can have on nurses, the value of strong collegial relationships with other nurses and how meaningful and rewarding the profession can be. Doctors in WW1 had to leave a great deal of the treatment of patients in the wards to the Sisters, as they were operating day and night during offensives, and many nurses returned from WW1 with an impressive range of skills and experience. When seen through Sister Loxton's firsthand accounts, the *Bluebirds* emerge as inspiring colleagues rather than heroines of the past.

¹¹³ James Mustrich, "Richard Holmes: a conversation with James Mustrich", *Review*, July 6, 2009, accessed July 19, 2016, <http://www.barnesandnoble.com/review/richard-holmes>.

In Sister Crommelin's micro-history I have explored the use of epistolary narrative by allowing the letters to tell the story.¹¹⁴ This enabled an intimate view of her thoughts and feelings. Sister Crommelin's story also raised the question of the engagement of *Bluebirds* with the French culture. Unlike AANS nurses, *Bluebirds* generally worked in French hospitals, surrounded by people whose land and culture was under siege and they had to constantly grapple with the subtleties of the French language.¹¹⁵

The diaries of these nurses also led me to think more deeply about the representation of military and non-military nurses as "warriors". Sister Crommelin was one of the 11 *Bluebird* nurses who was the only sibling to go to war, despite having six siblings, including a brother, and was in harm's way for three years. Publications such as *Unknown Warriors: British nurse's 'unflinching' view of the Front Line*, describes a QAIMNSR nurse as a warrior simply because she was a nurse in the military and was considered heroic.¹¹⁶ *Veiled Warriors* by Christine Hallett used the term to enable an understanding of the tropes used to categorize nurses during WW1 and she placed them in sharp relief against the actual experiences of nurses. She argued the tropes of the sacred, nurturing, virginal innocence of womanhood sit uncomfortably alongside the traditional rhetoric of courage implied by the term "warrior". The idea of the warrior nurse is now a source of pride in some countries such as the United States and Britain and the term is commonly used for military nurses who do have a duality of role - that is, of caring and bearing arms.¹¹⁷ Contemplating the preferred identity of nurses in war is important for

¹¹⁴ Marlene Kadar, ed, 1992, *Essays on Life Writing: From Genre to Critical Practice*, University of Toronto Press, Scholarly Publishing Division, Toronto.

¹¹⁵ Lancaster, 2008, 58–91.

¹¹⁶ John Stevens and Caroline Stevens, eds, *Unknown Warriors: the letters of Kate Luard, RRC and Bar, Nursing Sister in France, 1914–1918*, History Press, Stroud, UK, 2014.

¹¹⁷ Lauren Griffiths and Melanie Jasper, "Warrior nurse: duality and complementarity of role in the operational environment", *Journal of Advanced Nursing*, 61, 2009, 92–99. doi: 10.1111/j.1365-2648.2007.04469.x

cultivating a values base, for helping people to maintain a clear sense of purpose, to reason ethically, and be resilient despite adversity. This is not always easy to do and is rarely spoken about. It is a grey area in a profession that values black and white and values precision and decisiveness.¹¹⁸ The story of the *Bluebirds* cannot be complete without addressing the issue of ethical dilemmas faced by nurses in war.

The *Bluebirds* worked for the *Red Cross* and were therefore ostensibly non-military and the founding principles of the Red Cross, “humanity, impartiality, independence and neutrality”, had been well articulated prior to WW1.¹¹⁹ Yet, in reality the *Bluebirds* worked for the French Army and were not impartial, independent or neutral. The modern counterparts of the *Bluebirds* are referred to as humanitarian nurses and even though they are not placed under the control of the military, they face the same serious challenges to upholding and interpreting these principles. Reconciling their own moral values with the obligations of their profession must have been difficult for the *Bluebirds* when confronted with issues such as “mercy” killings.

The chapter on the *memory keepers* chapter also draws attention to the *esprit de corps* amongst nurses during WW1. The standardisation of nursing training and experiences enabled a shared understanding and language and the Nightingale model was easy to transpose to hospitals in France along with discipline and a sense of mission to care for patients.¹²⁰

¹¹⁸ Cynda Rushton, “Nursing is hard. Unaddressed ethical issues make it even harder”, *Johns Hopkins Magazine*, Summer, 2015, accessed August 16, 2016, <http://hub.jhu.edu/magazine/2015/summer/nursing-ethics-and-burnout/>.

¹¹⁹ Vincent Bernard, “Principles guiding humanitarian action”, Editorial, *International Review of the Red Cross*, 97, 897/898, 1, accessed August 16, 2016, doi:10.1017/S1816383115000831

¹²⁰ John Daly, Sandra Speedy and Debra Jackson, eds, *Contexts of Nursing. An Introduction*, Churchill Livingstone (Elsevier), Sydney, 2010, 22.

Sister Hilda Loxton



Figure 6. 1916, Sister Hilda Loxton (passport photo) and patriotic items inserted in her diary, AWM 2DRL/1172.

Life Prior to WW1

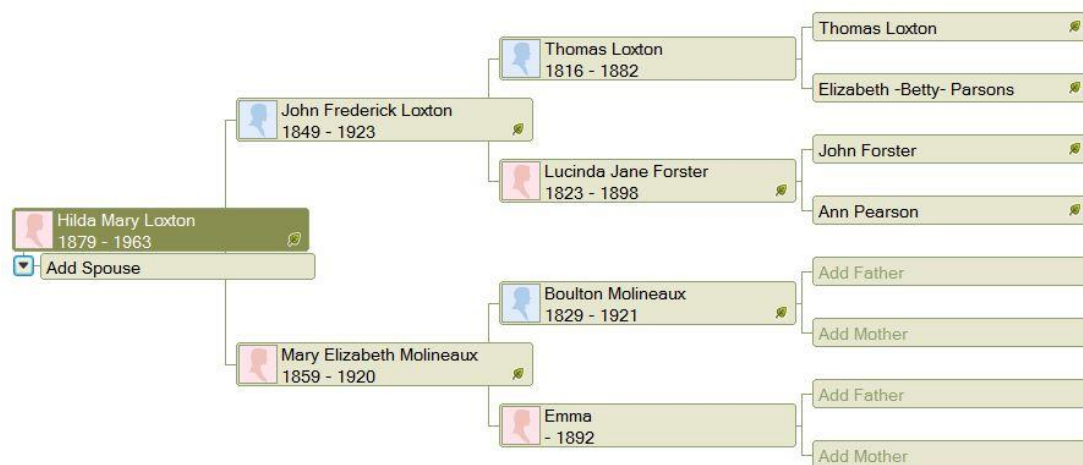


Figure 7. Ancestry Chart, Hilda Mary Loxton.

Hilda Loxton was born in 1879 in Inverell, NSW to John Frederick Loxton, a NSW Government Surveyor and Mary Molineaux. Her father's obituary stated that Mr Loxton belonged to "one of the old pioneer families of North Sydney and was closely identified with the development of this State".¹²¹ His achievements were listed as having

¹²¹ SMH, March 19, 1923.

supervised the laying of mines in Port Jackson in 1882, when fears of a Russian invasion were heightened. Fear of bombardment by a Russian fleet and possible invasion caused successive war panic in the young Australian Colonies during the 19th century. The Russians exhibited great interest in Australia, and there is suggestive historical evidence that Russia had territorial designs in Pacific waters, including the Australian Colonies in the event of war with Britain. At various periods in the 19th century this was a strong possibility.¹²² In 1882, when three Russian warships visited Melbourne, Australian newspapers incited renewed fears of invasion and governments across the colonies busied themselves in building forts and laying mines.¹²³ It is not difficult to imagine how vulnerable Australians felt at this time with protection from Britain so far away.

The obituary also stated that when the Sydney Harbour Trust was established in 1900, John Loxton was appointed as hydro-graphical surveyor and remained in that position until his retirement.¹²⁴ In the 1874 Year Book, within the NSW Public Service Lists, John Loxton is shown as a Surveyor for the Minister for Lands at a salary of £1406.6.9 per year which was a considerable sum at that time. Taking inflation into account it is roughly equivalent to \$205,000 today.¹²⁵ The young Hilda was no doubt able to live a comfortable, well connected and intellectually stimulating life.

John Loxton's obituary also stated he was survived by a son, Hugh Loxton, Chief Inspector in Queensland for Burns, Philp and Co and three daughters, "one of whom, Nurse Hilda Loxton, served as a nurse in the war and was decorated by the French Government".¹²⁶ Hilda's brother Newton had died in 1909 and it appears that Hugh was the preferred name of Frederick Loxton who lived in Queensland and worked for Burns

¹²² Clem Llewellyn Lack, "Russian ambitions in the Pacific: Australian war scares of the nineteenth century," *Journal of the Royal Historical Society of Queensland*, 8, 3, 1968, 432.

¹²³ *Ibid.*, 442.

¹²⁴ State Records NSW, Digital Gallery, *Through the lens: Darling Harbour*, accessed July 27, 2016, <http://gallery.records.nsw.gov.au/index.php/galleries/through-the-lens-darling-harbour/>.

¹²⁵ Reserve Bank of Australia, <http://www.rba.gov.au/calculator/annualPreDecimal.htm>, calculated July 27, 2016.

¹²⁶ SMH, March 19, 1923, 10.

Philp. Sister Loxton was the only sibling to go to war but Frederick, being in the shipping industry, no doubt played a significant part in the war effort at home.

Sister Loxton's uncle was Mr Edward James Loxton, KC who was a leading barrister and member of the NSW State Parliament. During that time he fought for religious tolerance and spoke out in Parliament against the *Ne Temere* Decree of 1907 that declared Catholic priests could refuse to marry couples if the partner had not converted or promised to raise the children as Catholics.¹²⁷ He was also a staunch advocate for the building of the Harbour Bridge, perhaps not surprising given his brother's involvement in the Sydney Harbour Trust and he fought for the closing of pubs at 6pm.¹²⁸ Edward's son, Dr Edward Hamilton Loxton was a Captain in the AAMC during WW1. He enlisted four months before Sister Loxton and served in Egypt, on the *Somme*, at *Ypres*, *Passchendaele* and *Amiens* and at the AGH at Abbeville.¹²⁹ Sister Loxton photographed Edward during a visit to her hospital in Belgium. Figure 8 provides a glimpse into the way family relationships and friendships were maintained during the war. Sister Loxton kept a photographic record of visitors, providing a fascinating glimpse into social life and mobility during WW1.

¹²⁷ Pope Pius X, Sacred Congregation of The Council, *Ne Temere* (On Marriage), accessed July 27, 2016, <https://www.ewtn.com/library/curia/netemere.htm>.

¹²⁸ SMH, Feb 18, 1935, 10.

¹²⁹ The University of Sydney Book of Remembrance, *Dr Edward Hamilton Loxton*, accessed July 27, 2016. <http://beyond1914.sydney.edu.au/profile/3432/edward-hamilton-loxton> and NAA, B2455, Service Record, *Loxton, Edward Hamilton*.



Figure 8. Dr Edward Loxton (L) and Major Harris AAMC visiting Sister Loxton in Belgium, AWM 2DRL1172.

Nursing prior to WW1

Sister Loxton was well known before becoming a *Bluebird* through her work at the Royal Alexander Hospital for Children (RAHC), affectionately known as “The Children’s”, where she had also trained. Diphtheria was a serious illness affecting large numbers of children at the time, with a particularly severe outbreak recorded in Sydney in 1910.¹³⁰ Only the most severely affected were sent to “The Children’s” with the milder cases receiving treatment at The Coast Hospital. Sister Loxton’s work as Sister in Charge of the Diphtheria Ward at RAHC was recognised in the Introduction to a booklet she wrote and that was published with the title *Notes on the Nursing of Diphtheria*.¹³¹ The front cover is shown in Figure 9. Dr W.E. Litchfield stated that the *Notes* were written at his request because “they seemed worthy of a wider circulation”. The relationship between Dr Litchfield and the hospital nurses appeared to have been one of great respect; “Success in the treatment of many diseases depends as much on the nurse as on the doctor and in no instance is this truer than in that of diphtheria.”¹³²

¹³⁰ The Mercury (Sydney), June 6, 1910, 6.

¹³¹ Hilda Mary Loxton, *Notes on the Nursing of Diphtheria*, Angus and Robertson: Sydney, 1911.

¹³² Ibid., Introduction by Dr W E Litchfield, 2–4.

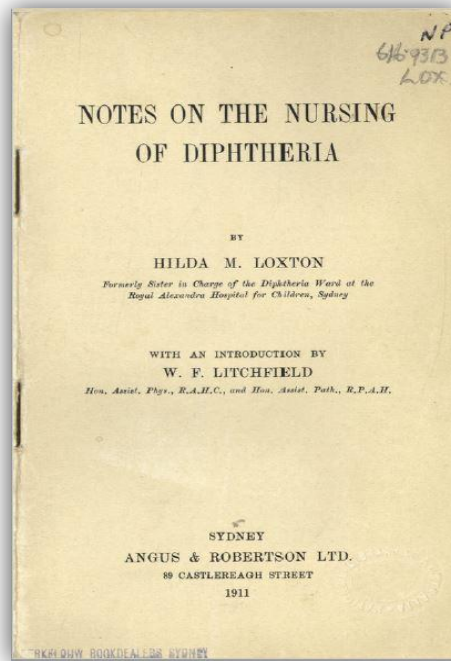


Figure 9. 1911, Notes on the Nursing of Diphtheria, NAA 616.9313 Lox.

The *Notes* consistently show the high level of expertise required by nurses and the detailed knowledge of Sister Loxton regarding procedures, medications and signs and symptoms of deterioration. Nurses appear to have been given a great deal of responsibility and Dr Litchfield suggests “I shall not be surprised if they (the “Notes”) are also found useful by general practitioners.”¹³³ This example uncovers an exception in the meta-narrative of gendered inequality in nursing and can be seen as enriching the narrative rather than laying challenge to it. In this way, microhistory can enhance historical debate.¹³⁴

The instructions for preparing the theatre for a tracheotomy, often required because of the severity of diphtheria, may be of interest to contemporary nurses:

¹³³ Ibid.

¹³⁴ For example, Thetis M. Group and Joan I. Roberts, *Physical Control and the Medical Monopoly: Historical perspectives on gendered inequality in roles, rights and range of practice*, 2001, Bloomington and Indianapolis: Indiana University Press.

*A hypodermic syringe filled with a ½ percent. A solution of strychnine should be on hand, also brandy and a stock of strong coffee, as an enema of coffee and brandy in the proportion of 2½ ounces coffee and ½ ounce brandy is almost always ordered after the operation.*¹³⁵

This particular practice may appear strange but at this time strychnine was used as an effective stimulant for heart and lungs to counter the effects of post-operative respiratory depression and the coffee and brandy was used in case of shock.¹³⁶ Other aspects of care in Sister Loxton's book, such as the post-operative care of a patient with a tracheostomy have changed little.

Service as a “Bluebird” in France

It must have been disappointing for Sister Loxton, a highly accomplished and experienced infectious diseases nurse, to arrive at the infectious diseases hospital at *Palavas-les-flots* in France to find that practices were outdated and moreover she had to endure the indignity of being relegated to the duties of a junior nurse. Details of Sisters Loxton and Hough's experiences at this hospital, evidenced by Sister Loxton's diary entries, are described in Sister Hough's story in Chapter Three. After three months, Sister Loxton and Sister Hough were reassigned to the more challenging No. 1 Surgical Hospital, managed by the nurse-philanthropist Mrs Borden-Turner and operating in *Oest-Hoek* in Belgium. At least five *Bluebirds*, Sisters Loxton, Hough, Warner, Harris and Jamieson, worked at this hospital between 1916 and 1919.

The No. 1 Surgical Hospital highlights the important role that wealthy private women played in the history of medical services during WW1. The story of Mary Borden-Turner and the hospital have been researched by historians such as Christine Hallett in *Nurse Writers of the Great War* and through the work of her biographer Jane Conway,

¹³⁵ Ibid., 18.

¹³⁶ “Ethyl Strychnine as a respiratory stimulant”, *The Lancet*, 229, 1930, 1000.

however, *Bluebird* nurses are absent from those accounts.¹³⁷ No. 1 Surgical was a French military hospital, established, managed and partly funded by the American heiress Mary Borden-Turner. May, as she preferred to be known, was a talented administrator and nurse and arguably one of the best war poets and authors of WW1. The work of Trudi Tate, Jan Montefiore, Nosheen Khan and Christine Hallett has enabled May to eventually take her rightful place among the great WW1 poets and authors.¹³⁸

May, remarried in 1918, and then, known as Lady Spears, she continued her work during WW2 by established the *Anglo-French Hadfield-Spears Ambulance Unit*. Figure 10(L), shows May receiving patients at No. 1 Surgical hospital during WW1. May understood the value of publicity for raising funds and many photos of May and her hospital were published in papers in England, France and America. May is positioned in the centre of the photograph with a large Red Cross on the ambulance to her right. She appears in her perfect white uniform, and is the only nurse present. The wounded appear slightly out of focus in the grey background. On the right, May, is seen inspecting her nurses with General De Gaulle at her side and is no longer in uniform.

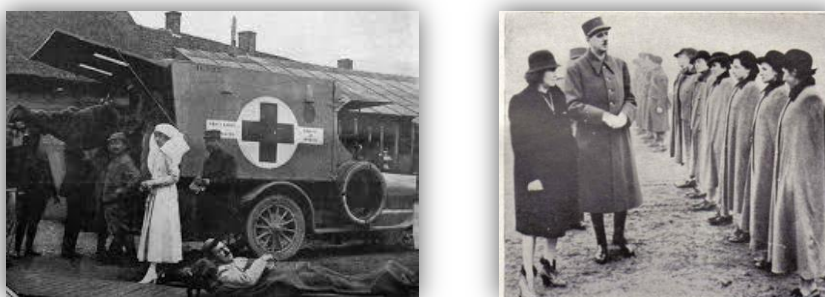


Figure 10. (L) May in Belgium c. 1917 and (R) with *General De Galle* and nursing staff in 1940.

¹³⁷ Christine E. Hallett, "Le petit paradis des blessés", Part 1, 2, *Nurse Writers of the Great War*, Manchester University Press, 2016 and Jane Conway, *A Woman of Two Wars, the Life of Mary Borden*. Munday Books. UK, 2010.

¹³⁸ Trudi Tate, *Women, Men and the Great War. An anthology of stories*, Manchester University Press: UK, 1996. Nosheen Khan, *Women's Poetry of the First World War*, Harvester: Brighton, UK, 1988. Jan Montefiore, *Feminism and Poetry: Language, experience, identity in women's writing*, Pandora: London, 1987.

All the nurses at No. 1 Surgical Hospital were personally selected by May and she had exacting standards.¹³⁹ She chose three of the *Bluebird* clergy daughters to join her, possibly reflecting her own experiences as the wife of a missionary. Sisters Loxton and Hough joined Sisters Wallace, Crozier and Jamieson at No. 1 Surgical Hospital in 1918, making it the hospital where the largest number of *Bluebird* nurses served. Figure 11 shows four out of the five *Bluebirds* who worked at No.1 Surgical.



Figure 11. Sister Loxton standing (top L), Lynette Crozier (L), Helen Wallace (C) Minnie Hough (R) seated. Annie Jamieson is not present and the names of the other nurses are unknown. AWM PO 1908 007.

Prior to the war, May was active in the suffragette movement and during a protest in London in 1913, she was chosen as the youngest to throw the first stone at the window of the Treasury Building, which resulted in her victorious arrest and five days in a prison cell at Bow Street.¹⁴⁰ May was furious when her husband bailed her out. Whilst pregnant, May was so anxious to get into the action she put her name down with the London Committee of the French Red Cross (LCFRC) who were recruiting nurses from England. May had no nursing experience and limited French but was not deterred and decided to take two qualified nurses with her to a hospital in *Dunkerque*. Wealthy women all over England were anxious to become nurses and May described the look given to her by the

¹³⁹ Jane Conway, 47.

¹⁴⁰ Ibid., 30.

Vicomtesse de la Panouse, the President of the LCFRC—“a hint of an ironic smile”, perceived by May as a look to express the fact she was a spoilt American with more money than sense.¹⁴¹

It did not take May long to notice the paucity of equipment and trained staff in her hospital, but May met her match in *Mademoiselle Jacquier*, the French nursing officer sent to take charge of the hospital. May believed *Mademoiselle Jacquier* was undermining her efforts to bring about change. It can be imagined that an influx of foreign nurses exerting their opinions and without the language skills or understanding of the struggle French nurses were going through, must have been galling for *Mademoiselle Jacquier*. May was undaunted by her battles with French nursing authorities and decided to set up her own hospital.

May wrote to the French Commander in Chief, General Joseph Joffre, insisting her hospital be run as a military unit but with May as the *Directrice*. She wanted to recruit her own nurses and have *carte blanche* in running the unit with the French army responsible for the transport, doctors, orderlies, food and ordinary hospital supplies. May would pay an agreed sum towards the installation of the hospital.¹⁴² When her offer was accepted she wrote triumphantly to her mother “It’s the thing that every woman in England would give her eyes to get and can’t get.”¹⁴³

May’s field hospital, as a mobile surgical unit, was not a unique unit for its time and she was certainly not the only wealthy and well connected woman to establish a hospital at the front, however, few had the training and hands on role that May did.¹⁴⁴ Figure 12. shows the way the hospital could be easily dismantled and relocated.

¹⁴¹ Ibid., 37.

¹⁴² Ibid., 41.

¹⁴³ Ibid., 42.

¹⁴⁴ Richard A Gabriel and Karen S Metz, *A History of Military Medicine Volume II: From the Renaissance through Modern Times*, Greenwood Press, New York, 1992, 222.



Figure 12—No. 1 Surgical Hospital on the move to a new location.

Sister Loxton was with the hospital in July 1917 when it became operational at *Rousbrugge* in Flanders. The hospital was only seven miles behind the “line” and received only the most seriously wounded. In the first six months over 800 serious cases were treated. Sister Agnes Warner in her book *My Beloved Poilus*, stated that in March 1916, there were French, English, American, Canadian and Australian nurses working at the hospital.¹⁴⁵ This was prior to the *Bluebirds* arrival in France. The names of other Australian nurses who served at No. 1 Surgical have not been located. Sister Warner’s last entry was on January 1, 1917—“we expect to move this month ... I do not know just where.” Sister Loxton’s diary entries record the history of the hospital from her arrival in 1917, enabling some fascinating insights to emerge about life as a nurse in WW1.

Skill and innovation of nurses and doctors in WW1

Seriously wounded patients started to arrive at *Rousbrugge* on March 25, 1917 and Sister Loxton received her first patient, a soldier called *Picavet* who required a double craniotomy, underwent an amputation of his left arm, suffered wounds to his shoulder, neck and chest and metal fragments lodged in his brain. He was nursed in a wooden hut with limited medications and equipment and his care was carried out between air raids. In a contemporary intensive care unit, such injuries would be considered critical,

¹⁴⁵ Agnes Warner, *My Beloved Poilus*, 64.

but through innovative and skilful nursing and medical care *Picavet* recovered and in Figure 13, he is seen alongside Sister Loxton.



Figure 13. Sister Loxton with *Pt Picavet*.

Sister Loxton also recounts the story of a young soldier who came in with a serious back wound, with part of his liver lodged in his diaphragm. A complex operation followed but within days he needed two further operations and then his kidneys started to fail. Figure 14 shows the operating room where this difficult procedure took place. Surgeon *Monsieur de Parthenay* tried new intravenous treatments like peptones, that were used to reduce the multiplication of micro-organisms and slowly the patient made improvements. After three months of intense treatment and nursing he was discharged, “walking and cured”.¹⁴⁶ He was only 19.

¹⁴⁶ AWM 2DRL 172, May 29, 1917.



Figure 14. Dr de Parthenay in the operating room, AWM P01908.025.

Sister Loxton described another situation faced by patients. Whilst waiting for his turn in the operating theatre, the patient told Sister Loxton how his mate was blown in half just beside him. A piece of the dead man's bones had to be extracted from this soldier's wound. She recognised the deep trauma that went beyond the physical and when watching a soldier have a hot meal, she wrote "what a paradise hospital must be to these men."¹⁴⁷ It must have been such a sad but rewarding moment of recognition of just how important her work as a nurse was to these soldiers.

Sister Loxton also described one of those moments that many nurses talk about, a sudden feeling that something is not right. She dashed back to her ward to find one of the new amputees haemorrhaging severely from his surgery. Sister Hough helped Sister Loxton apply a tourniquet when "the patient was just about at his last gasp" and the doctor managed to operate immediately and save his life.¹⁴⁸ This heightened sense of awareness that nurses sometimes feel cannot be explained, only experienced.

Through Sister Loxton's diary some of the difficulties nurses faced are noted but solutions often seemed to be found. Sister Loxton notes that nursing the serious cases at

¹⁴⁷ Ibid., January 18, 1918.

¹⁴⁸ Ibid., May 15, 1918.

night was not easy because the lights had to be kept to an absolute minimum to prevent air attacks.¹⁴⁹ Patients with head injuries caused difficulties many nurses would recognise:

*We had to use all our ingenuity to keep them from falling on floor, moved beds against the beds of restless cases, tied feet down—our only help being either an old Infermier not fit or a young one very stupid or one crippled in some way, one was quite deaf, another had only the use of one arm.*¹⁵⁰

It was not unusual to have these patients asleep one moment to return to find the bandages ripped off, the patient moved and asleep again and Sister Loxton admitted that morphine assisted them to keep such patients calm during a rush of work.

Sister Loxton described in her diary how the French doctors at No. 1 Surgical had developed an excellent rapport with the nurses. One surgeon, Monsieur de Parthenay learnt to speak English very well but both doctors “were very good to the Sisters and appreciated to the full the trained nurses’ work”.¹⁵¹ Monsieur Rousiere and de Parthenay were admired by the nurses not only because of their skill in the operating theatre but because of the great attention they paid to the wounded and their kindness and intelligence. According to Sister Loxton, Dr de Parthenay was very popular with the nurses but he only had eyes for Sister Hough.¹⁵² Not all the doctors received Sister Loxton’s praise and she recounts that one French doctor insisted they listen to his lecture on asepsis, “quite elementary, which all nurses learn on starting their training”, she notes with frustration.¹⁵³ WW1 presented unique opportunities for trained nurses and doctors to develop respectful and trusting relationships without the stifling constraints of some of the interaction rituals¹⁵⁴ found in hospitals at home.

¹⁴⁹ Ibid., September 3, 1917.

¹⁵⁰ Ibid.

¹⁵¹ Ibid., March 28, 1917.

¹⁵² Ibid., September 25, 1917.

¹⁵³ Ibid., June 12, 1918.

¹⁵⁴ Erving Goffman. *Interaction Rituals*, Transaction Publishing: New Jersey, USA, 2005.

The bureaucracy in time of war

Sister Loxton's diary also reveals a familiarity with, and possibly some wry sarcasm, about managerial bureaucracy. She wrote that on May 31, 1918, the nurses discovered that *Villiers Cotterêts*, where Sisters Hutchison and Crommelin were working, had been evacuated and the Germans were advancing on a number of fronts. The nurses had to get their "retreat bags" ready and the Head Nurse received orders that if they had to evacuate, the barracks and material must be burnt before they leave.¹⁵⁵ The staff then had to sign indemnity forms stating they would not claim more than £25 for loss of possessions. Rules, rituals and structure may serve a positive function in times of crisis. A crisis often provokes a response which serves to defend the group, leading individuals to work towards that aim rather than only looking out for themselves.¹⁵⁶

Hospitals as targets for the enemy

Sister Loxton's diaries give an insight into the dangers of working in a hospital so close to the front and she recalled that during bombing raids the badly wounded were so helpless because there was no protection, except for the thin wooden roofs. Some patients remarked they felt safer in the trenches.¹⁵⁷ Despite Article 9 of the 1906 Geneva Convention stating that patients and medical personnel "shall be respected and protected under all circumstances", hospitals were frequently bombed on the battlefield.¹⁵⁸ Four major German States, *Baden, Hesse, Prussia and Wurtemberg* were all individual signatories in a Germany that had unified in 1871.¹⁵⁹ The Germans were not alone in ignoring the principles of the humanitarian treaties¹⁶⁰ and despite numerous amendments

¹⁵⁵ Ibid., June 9, 1918.

¹⁵⁶ Ian Parker, "Group Identity in Times of Crisis: psychoanalytic reflection on social psychological knowledge", *Human Relations* 50, 2, (Feb1997): 183.

¹⁵⁷ Ibid., March 25, 1917.

¹⁵⁸ ICRC, *Practice Relating to Rule 25. Medical Personnel*, accessed July 28, 2016, https://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule25.

¹⁵⁹ Michael Eliot Howard, *The Franco-Prussian War: the German invasion of France, 1870–1871*, XI, MacMillan, New York, 1961, 432–456.

and negotiations since WW1, hospitals and medical personnel still cannot be guaranteed protection.¹⁶¹

Accounts of planes, aviators and battles in the sky are seen throughout Sister Loxton's diary and it clearly fascinated her, as it did many others during WW1. In Figure 15, someone has taken a photograph of Sister Loxton in the doorway of her ward watching the planes overhead. The photograph to the right shows the planes she is observing. Clearly, there was more fascination than fear for Sister Loxton and the photographer, who has no protection.



Figure 15. c1917. Sister Loxton watching a German plane over the hospital, AWM 2DRL/1172.

On December 8, 1917, No. 1 Surgical Hospital was shelled and one bomb landed on the cellar to which they were carrying wounded from the dressing stations. Three patients were killed and several had new wounds to add to their existing ones. Feelings against the enemy by nurses were fuelled by the suffering of the patients and the endless propaganda. Sister Loxton wrote of the terrible tragedy of one French hospital at Verdun where incendiary bombs were dropped on the hospital killing many nurses and doctors and the aviators flew “so low that they fired on the patients and those helping them.” One

¹⁶⁰ IRC, *Convention on Hospital Ships*, The Hague, 21 December 1904 was ratified by Germany, Austria, France and many other countries. Great Britain and other commonwealth countries were not signatories. The German Hospital Ship, SS “Tabora” was sunk in Tanzania in 1916 by British and Australian naval vessels and the Austrian hospital ship SS “Elektra” was torpedoed by the French submarine *Ampere* in 1916, accessed July 28, 2016, <https://www.icrc.org/applic/ihl/ihl.nsf/Treaty.xsp?action=openDocument&documentId=5928847AC56B16FDC12563CD002D6728> and http://en.wikipedia.org/wiki/List_of_hospital_ships_sunk_in_World_War_I.

¹⁶¹ See Mark Lewis, *The Birth of the New Justice: The internationalisation of Crime and Punishment 1919-1950*, Oxford University Press: Oxford, 2014.

of the planes was brought down and a photo of their hospital was with him leaving no doubt they had intentionally targeted it.¹⁶² An eye witness account presents a different perspective.

Avery Royce Wolfe was an ambulance driver with the American field Service during the battle of Verdun and in a letter to a Miss McIntosh on November 21, 1916 he corrects her version of this same event.

*I must take this opportunity to set you aright about that hospital incident ... it is true the Germans bombed and destroyed the hospital at Vadelaincourt ... several days before the Germans made their raid on the hospital, which by the way the French had unwisely located near an ammunition depot ... they (Germans) sent aeroplanes over the lines which dropped printed notices on the hospital grounds saying that is the French authorities had not moved the hospital at the end of six days that it could be destroyed by bombs ... the French ... sent word to the Germans that they had a battery of their cannons trained on a large German base hospital and if the French hospital was molested in any way they would straightaway destroy the German hospital ... eight days later the Boche planes bombed the hospital.*¹⁶³

Avery Wolfe wrote that he never heard if the French lived up to their threat and it is difficult, even today, to discover much about allied bombing raids on German hospitals.

Attitudes towards the enemy appear harsh but perhaps understandable with the emotions of the time. The fundamental principle of impartiality, adopted by the Red Cross from 1864, was not yet formulated and it was more a tradition of moral order than written law.¹⁶⁴ Even as late as 1921 this principle was not codified and the first systematic presentation of the current principles date from 1955 when they assumed the force of law.¹⁶⁵ Sister Loxton recalled a German prisoner being admitted, “a huge man with

¹⁶² AWM 2DRL172, September 5, 1917.

¹⁶³ William C. Harvey and Eric T. Harvey, Ed, *Letters from Verdun*, Casemate: Philadelphia, 2009, 93–94.

¹⁶⁴ ICRC, *The Fundamental Principles of the Red Cross: Commentary*, 1979, accessed August 4, 2016, <https://www.icrc.org/eng/resources/documents/misc/fundamental-principles-commentary-010179.htm>.

¹⁶⁵ Ibid.

enormous hands and feet—his face was fearfully blown about by the explosion of a grenade—both eyes gone, he was alive with lice” and she commented that the “*Boche* always served in a greater state of real filth than our Frenchmen”.¹⁶⁶

The reality was that from 1915 to 1918 up to one-third of all British troops had trench fever caused by lice and about one-fifth of German and Austrian troops had the disease.¹⁶⁷ There is no evidence the French soldiers achieved any higher standards. However, Sister Loxton does tell an amusing story about a German prisoner who tried to get closer in the queue for the operating theatre. Apparently he ran from his bed and jumped into a bed closer to the theatre but was discovered before he managed to be operated on. Sister Loxton wryly noted, ” not bad for a *Boche*”.¹⁶⁸ On another occasion Sister Loxton wrote about the continuous stream of traffic, troops and cannons on the road between *Dunkerque* and *Ypres* where she saw 300 *Boche* prisoners with the worst of these looking “weedy and young.”¹⁶⁹

The impact of war on the health of the nurses

On January 27, 1917, Sister Loxton wrote that she and Sister Hough were met by Miss Warner and Sister Wallace at the station and Sister Warner remarked that Sister Loxton looked “very sick and very unhappy and depressed” but despite this, Sisters Loxton and Hough were put on night duty for a week.¹⁷⁰ In May of 1917, when cutting up bandages one day, an unexploded shell landed just outside Sister Loxton’s window and she drolly commented “if it had exploded things would have gone pretty badly for me”.¹⁷¹ The hospital was not so fortunate and on June 4, 1917, a number of bombs were dropped and shrapnel peppered the walls of two barracks. One orderly fractured his leg and

¹⁶⁶ AWM 2DRL172, October 18, 1917.

¹⁶⁷ Justina Hamilton Hill, *Silent Enemies: the Story of the Diseases of War and Their Control*, New York: Putnam's Sons, 1942.

¹⁶⁸ *Ibid.*, October 26, 1917.

¹⁶⁹ AWM 2DRL172, June 21, 1917.

¹⁷⁰ *Ibid.*, January 28, 1917.

¹⁷¹ *Ibid.*, May 20, 1917.

Canadian Nurse, Sister Jaffray, was hit with a piece of red hot shrapnel in the foot which blew away her heel. The attack went on for most of the night and Sister Loxton said they soon abandoned their gas masks and used Turkish bath towels instead.¹⁷² Gas was a constant threat “how eagerly every night we watched them (flags outside the hospital) to see if the wind was in our direction for gas”.¹⁷³

Two of the English nurses Sisters Coppice and Robinson left the hospital for *Dunkerque* the day after this attack. Apparently, Sister Coppice completely collapsed from the shock of the bombing and was taken to a hospital. On June 17, 1917 Sister Jaffery was to be transferred to Paris for specialist surgery but before going she “was decorated by *General Mollière* with the *Croix de Guerre*”. Sister Jaffray returned to Canada and dedicated her life to working with soldiers with disabilities and on the First Warrior’s Day Parade held in Toronto on August 27, 1921, alongside Private Richardson, VC who, at 90, was the oldest VC winner in the British Empire, they proudly rode in the first carriage at the head of the parade.¹⁷⁴

From their hospital at *Rousbrugge* which was on the road between *Dunkerque* and *Ypres* the nurses could hear the barrage of fire at *Passchendaele* and the wounded poured into the theatres which were all “working continuously three days and nights ... wards terribly heavy, many deaths”. The *ambulancieres* offered to help the Sisters in the wards as they had more work than was manageable and they wrote letters for the wounded and helped keep the unconscious men in their beds as well as providing fluids to the soldiers who were dehydrated through shock and loss of blood. It was clearly troubling for Sister Loxton, as the men shouted out for water, ”oh it was pathetic” she writes.¹⁷⁵

¹⁷² Ibid., June 5, 1917.

¹⁷³ ICRC, *The Geneva Protocol to the Hague Convention*, entered into force on February 8, 1928 and banned chemical and biological warfare, accessed July 28, 2016, <https://www.icrc.org/ihl/INTRO/280?OpenDocument>.

¹⁷⁴ The Warriors' Day Parade Council, *Parade Orders of the Day*, 1921, accessed July 28, 2016, <http://www.thewarriorsdayparade.ca/parade%20history-1921.html>.

¹⁷⁵ AWM 2DRL172, July 30, 1917.

On August 2, 1917 bombs were dropped on three English hospitals nearby and some of the Sisters were injured, one lost an eye and another was wounded in the thigh. The nurses' work and stress levels must have been high but they showed amazing resilience in the way they continued to work in a disciplined and methodical manner until the job was done. The nurses appeared to have operated within a framework of deeply embedded shared values about their patients, colleagues, profession and country that sustained them through the best and worst of times. The nightly bombing raids became frequent and Sister Loxton wrote "we all hate the moon to the end of time ... moonlit nights will always remind us of *Taubes*, *Gothas*, Belgium and France."¹⁷⁶ Sister Loxton movingly writes "we sometimes wonder if we will ever get home again, but there seems to be a special providence watching over our hospitals".

Coralie Clarkson argues that soldiers and nurses in WW1 used general spiritual ideas more than Christianity to comfort themselves. Some put faith in physical objects and became superstitious and others described events involving supernatural beings, loved ones, friends or family members.¹⁷⁷ Relying on and taking comfort in the supernatural allowed nurses and soldiers to "impose structure and certainty on the surrounding chaos."¹⁷⁸ Sister Loxton was facing death daily and "had little difficulty in accepting the incongruous and the uncanny as part of everyday life."¹⁷⁹ The air attacks were relentless and Sister Loxton could eventually tell the difference between the sound of the *Gothas* and the allied *Handley Page* machines and knew what was heading towards them.

On September 18, 1918 Sisters Loxton and Hough asked to be moved to another hospital and they decided to return to Australia if this was not possible. The exhausted

¹⁷⁶ Ibid., September 3, 1917.

¹⁷⁷ Coralie Clarkson, "How central were religious beliefs to attitudes about death and bereavement during and after World War 1", in eds. Jay Shulamith and Kate Hunter, HIST334: *Social & Cultural Histories of World War One, Selected Student Essays on the Great War*, University of Wellington, 2008, 85.

¹⁷⁸ Alex Watson, "Self-Deception and Survival: mental coping strategies on the Western Front, 1914-18", *Journal of Contemporary History*, 41, 2, 2006, 258.

¹⁷⁹ Jay Winter, *Sites of memory, sites of mourning*, Cambridge: Cambridge University Press, 1995, 64.

Sister Loxton commented that things had reached a crisis. On the surface, this was because an untrained Matron had replaced their much loved Matron Warner. However, a week later when they were offered a position with Miss Warner at the 16/21st Ambulance near St Quentin, Sister Loxton and Hough reluctantly admitted it was time to go home before they “really broke down”. Even Sister Hough, the stronger of the two, was feeling the strain and was “tired and nervy”.¹⁸⁰ Sister Loxton and Minnie received a request to extend their contracts in October 1917 and did not hesitate to accept despite their regular diet of horseflesh, tinned vegetables and butter and milk which Sister Loxton found very trying.¹⁸¹ December 17, 1917 was bitterly cold and Sister Loxton read in the paper a speech by British Prime Minister Lloyd George. He stated “truly on active service, the happiest nurse is she who has learned to take things as they come and not to ‘grouse’ “. Sister Loxton wrote, with what appears to be true Australian humour, “in that case I had better hold back”.¹⁸²

Rest and recuperation

After a period of demanding work and bombardment and due to the impending removal of the hospital to *Rousbrugge* in 1917, Sisters Loxton and Hough went on leave to Paris where Sister Loxton recorded they had afternoon tea at the magnificent Department Store *Le Printemps* and found the shops “fascinating and tantalising to poor nurses”. They left Paris and travelled to *Chambery* in the province of *Savoia* in the French Alps, visited *Aix-les-Bains* and went to a fashionable seaside resort in Brittany.

On February 1, 1918, General Nolie arrived and announced the hospital was to be closed immediately and the nurses were transferred to *Zuydcoote* where they got a less than warm reception from the French nurses who risked losing their jobs. Sisters Loxton and Hough quickly took up an offer to go on leave to London. The Sisters stayed at Queen Mary’s Hostel, which had been set up during the war for overseas nurses and they

¹⁸⁰ Ibid, September 26, 1918.

¹⁸¹ AWM 2DRL172, October 18, 1917.

¹⁸² Ibid, December 17, 1917.

found a wonderful array of nurses from all over the world during their stay. Sister Loxton tells the story of an old man outside the hostel, who had noticed their Australian badges and said “I see you are from Australia. I met one once before and he was white too.”¹⁸³

They shopped, went to shows and caught up with friends and were able to attend a service at Westminster Abbey. They also were also welcomed at Taplow Court the home of Lord and Lady Desborough. The family had lost their two sons in the war and made their home available to overseas nurses as a place of rest and Sister Loxton commented “we were treated like royalty”. On March 22, 1918, Taplow Court held a shooting competition and “Australia won the day” - Sister Hough took out first prize and Sister Loxton second. They visited Scotland and met more wonderful people but by April 13, 1918 the news was not good. Sir Douglas Haig was reported as saying the Germans were gaining ground and the situation was “most grave”. They also heard from Sisters Crozier and Jamieson that No. 1 Surgical hospital had been transferred to Rouen because it was too close to the *danger zone*. Sister Loxton and Minnie received instructions from the Head Nurse, to extend their leave to May 1, 1918.¹⁸⁴

On April 16, 1918 the intrepid travellers heard that the British Fleet had arrived in Scotland and HMS *Australia* was with the Fleet and discovered it would be possible to go over to visit the ship via the Officers’ shore boat. “It was a most wonderful sight, battleships of every description, about 112, everywhere we looked, could see nothing but these great grey ships”. They were treated to a tour of the boat and afternoon tea and had a wonderful day. They travelled back to London and received word from the Head Nurse they had been recalled to Paris.¹⁸⁵

The changes in society experienced during WW1

After leave in London and on their way back to the front, they called on May Borden-Turner in Paris on May 3, 1918 prompting a somewhat judgemental outburst

¹⁸³ Ibid., March 17, 1918.

¹⁸⁴ Ibid., April 15, 1918.

¹⁸⁵ Ibid., April 28, 1918.

from Sister Loxton. She wrote, Mrs Borden-Turner, “who by the way is now Mrs Spiers ... she divorced Capt. BT for no other reason than she fell in love with another man, we were all very sorry as we like him very much, he seemed a very good man”.¹⁸⁶ Sister Loxton then noted that Mrs Austin of the British Red Cross and their own head of nursing, Mrs Craven, were also divorced “a rather strange coincidence, all 3 Franco American women.”¹⁸⁷ Between 1908 and 1918, the number of divorces in Australia averaged only 21.6 per year.¹⁸⁸ So it must have seemed shocking they had three examples so close to them.

The nurses also were given the opportunity to meet important dignitaries, including royalty. Sister Loxton notes on August 14 that *General Petain* visited the hospital and decorated May with the Palm leaf for her *Croix de Guerre*. The next day the Queen of the Belgians visited the hospital and Sisters Loxton and Hough curtsied and shook hands with her. They may have felt so proud to be representing their country and being recognised for their work by royalty no less.

On January 16, 1918 all the nurses received a badge with a citation from the French government to recognise their years of service. According to Sister Loxton it was silver with two leaves and had a red cross in the centre. This appears to be the French Red Cross Medal issued by the *Société française de secours aux blessés militaires*, which medal was issued during the war. Other accounts state she may also have received the *Médaille de la Reconnaissance française*.¹⁸⁹ Sister Loxton donated only two medals to the AWM, the Victory Medal and the British War Medal both given after the war and shown in Figure 16.¹⁹⁰

¹⁸⁶ Ibid., May 3, 1918.

¹⁸⁷ Ibid., May 4, 1918.

¹⁸⁸ Margaret Allen, *Marriage and Divorce*, accessed August 2, 2016, <http://adelaide.sa.gov.au/subjects/marriage-and-divorce>.

¹⁸⁹ Oppenheimer, 1993.

¹⁹⁰ AWM REL AWM 13564.001, British War Medal 1914–20, silver, 1920 and AWM REL AWM 13564.002, Victory Medal, bronze, 1920.



Figure 16. French Red Cross Medal (L) and Victory Medal (C) and British War Medal (R).

Gender relationships and relationships between doctors and nurses were also changing as Sister Loxton noted in regard to the surgeons at *Rousbrougge*. At times these changes brought new anxieties for doctors. On August 30, 1918, May was decorated with the *Legion d'Honneur* and now had all the medals possible to be awarded to her. Sister Loxton may have been excited to be working with a nurse honoured in this way but she stated the Doctors argued it was not fair and all the Sisters should be decorated. Sister Loxton was quick to defend May, “Mrs Borden-Turner is a wonderful little woman ... has been under shell fire many times, has equipped hospitals and given thousands of francs to French wounded—she deserves all she gets.”¹⁹¹

Time to go home

On October 10, 1918, Sisters Loxton, Hough and Wallace were farewelled by the hospital staff with a special dinner of ANZAC soup, “beef Kangaroo”, “peas Hough”, “pumpkin Wallasienne” and “Queen Hilda dessert”. It must have been an emotional time for the Australian nurses and Sister Loxton kept this handwritten menu as a reminder.

¹⁹¹ AWM 2DRL172, August 30, 1917.

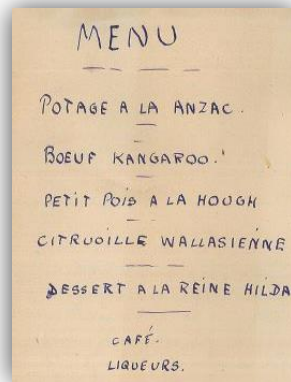


Figure 17. Menu for farewell dinner at No. 1 Surgical Hospital.

The next day they started their homeward voyage with a great deal of sadness. As they departed on the train, Sisters Hough and Wallace wept bitterly and Sister Loxton had a hard time comforting them. Sister Loxton commented

*It was saying goodbye to our poilus, our war work, the Sisters ... whom we have gone through some very dangerous and trying times and we were all very tired and sad.*¹⁹²

Sisters Loxton, Hough and Wallace went to say goodbye to May and found her in a “most luxurious Parisian bedroom, bed and furniture of pale blue satin with touches of pale pink coverlet and pillow cases of lace and a perfect tortoise shell dressing table set - she looked very sweet and pretty and dainty”. She thanked the nurses for all they had done for her hospital.¹⁹³ It was then a fond farewell to Paris and the long journey home.

The First Class train travel and relaxation in England, gave way to the stark reality of the nurses having to work their passage home aboard HMT *Zealandia* in November 1918 - just after the Armistice was signed.¹⁹⁴ This was heavy work and according to her diary, the nurses had the care of 450 women, 140 babies and over 60 returning soldiers

¹⁹² AWM 2DRL172, October 12, 1918.

¹⁹³ AWM 2DRL172, October 12, 1918.

¹⁹⁴ NAA, M 2/1956, Record Card, *Miss Loxton, Hilda M*, ARC.

with only six nurses aboard. It can only be imagined how hard the nurses had to work on the journey, dealing with wounded soldiers, numerous young married women in early stages of pregnancy and young children with various ailments.

After the war

Correspondence between Sister Loxton and the Department of Repatriation in 1920, indicated she applied for repatriation benefits due to ill health after the war. It is not clear what her illness was, or when it was contracted. In July 1920 her application showed that prior to enlistment she was earning £100 per year whilst working at the Children's Hospital and she based her application on the fact she had worked as a member of a Nursing Unit in France for two and a half years. The Chairman of the State Repatriation Board had deemed on June 3, 1920 that eligibility was approved. The Deputy Comptroller challenged the approval.

*The Red Cross Society is not a Unit within the meaning of Section 46 (2) (d) of the Act and accordingly I do not consider the application eligible for the benefits of the Department.*¹⁹⁵

The question was then referred to the State Repatriation Board:

*Seeing that the class of work done by the Nurses of the ARC Society was exactly similar to that done by the AIF nurses and also that the nurses of the British Red Cross, the QAIMNS, the WRENS and the WRAF are considered eligible by the Commission, there seems to be no reason why the nurses of the ARC Society should be excluded.*¹⁹⁶

This did not end the matter and it was then referred to the Commission for Repatriation.

¹⁹⁵ NAA A2489, 4812315, Eligibility of an Australian Red Cross Nursing Sister—ex nursing Sister Hilda Mary Loxton, Deputy Comptroller A.G. Farr, June 4, 1920.

¹⁹⁶ Ibid., H G Bennett, Chairman, July 27, 1920.

*The Deputy Commissioner to correct ... as this nurse has been ill owing to war service and consequently unable to earn her livelihood for some time she had requested the Red Cross Society to afford her some compensation during her period of ill health.*¹⁹⁷

It appeared the case of a Miss Atherton was used as a precedent and the legal opinion given was “in the opinion of the Court applicant is not eligible”. A note underneath the ruling and signed by A G (Farr) states:

*These people, I hear, have been granted the General Service Medal, but actually they are not nurses. To open the door to anyone who is not recognised by the Defence Department as doing war service would be too dangerous.*¹⁹⁸

The precedent sounds like it was not applicable to Sister Loxton’s case but the sentiment was clear, unless the Defence Department recognised their service the Department of Repatriation would not either. It is unlikely that Sister Loxton ever saw the contents of her file so was unaware of the discussions taking place about her case. The complete repatriation file is not yet available so it is unclear if the decision was ever reversed. Another *Bluebird*, Sister Cook was granted repatriation benefits and the war bonus because she had worked with the AANS in the early years of the war.

Despite her ill health Sister Loxton was still on the *Register of Nurses* in 1927 and is shown living at 19 Macpherson Street in Mosman, NSW.¹⁹⁹ She surrendered her Midwifery Certificate in 1927 when she was working at the *Royal Hospital for Women* but could have kept her general registration.²⁰⁰ The Electoral Rolls shows she moved many times within the Northern suburbs of Sydney between 1930 and her death in 1963 but it is unknown what life was like for Sister Loxton. She never married and lived in Sydney until her death at the age of 84.

¹⁹⁷ Ibid., Deputy Chairman, Repatriation Commission, August 10, 1920.

¹⁹⁸ Ibid.. A G Farr, July 30, 1920.

¹⁹⁹ Government Gazette of the State of NSW, Register of Nurses, 116, 3279.

²⁰⁰ Australian Medical Registers NSW (Midwifery Branch) 1925–1954, Certificate of Surrender Loxton, Hilda Mary, No 364/5.

Discussion

Sister Loxton was a significant memory keeper for the *Bluebird* nurses. Her attention to detail, social commentaries and ultimately her understanding of the importance of preserving the record creates a compelling background for their work in France.²⁰¹ Her diaries and papers include passports, military visas, ration cards and travel orders, contracts of employment, newspaper clippings, photographs, menus, poetry and objects such as a tattered remnant of a French flag, badges, theatre and train tickets and a map of the London railway system in 1914. Figure 18 shows one page of her diary. The piece of plane she writes about has not been located but the tattered piece of French flag, she collected outside the *Palaise Justice* after the battle for *Amiens*, evokes powerful emotions. She even kept a newspaper cutting about innovations on the German *Rumpler* 250 military plane, showing she kept up to date with aviation news.



Figure 18. c1917-18, Souvenirs in Sister Loxton's diary, AWM 2DRL/1172.

²⁰¹ Melissa Cadden, Curator, Private Records at the AWM email to author stated Hilda donated the collection to the AWM herself in 1940.

Sister Loxton also recorded descriptions of daily work and living conditions, the soldiers she served, the friends and family that visited her and even a program from the Victory Service in London at the end of the war. After the war she kept abreast of international events and saved clippings about the Maginot Line, the rise of Hitler and an article about the “romance of Aviation”.

Sister Loxton’s diary also reveals a wonderful story of the friendship between Sisters Loxton and Hough, which is also discussed in Chapter Three in the story of Sister Hough. As friends and colleagues, Sisters Loxton and Hough lived through one of the most incredible events of the 20th century and as Sister Loxton admits, she does not know how she would have coped without Sister Hough. Sister Loxton was precise and relatively unemotional in the way she wrote entries in her diary, thus leaving a wealth of detail enabling contemporary historians to uncover a fascinating glimpse of the past. The written word is greatly enhanced through her photographs which enable a window into her world and leave clues about events she may have understood as everyday and inconsequential.

Sister Loxton also understood the subjective nature of diary writing and was the only *Bluebird* to explicitly address the issue of how to interpret the historical record, by cutting out and pasting on the cover of her diary, a quote from the official Australian Great War historian Charles Bean. He was referring to the private diary collections in the War Memorial Library.

*The private diaries in this collection furnish some of its most valuable historic records, but, like all private memoirs which were not compiled with any historical purpose, they should not be regarded as first-hand evidence except where it is certain that they are so. The diarist is almost always sincere in his desire to record accurately, but he is subject to no obligation or inducement to indicate whether he is recording his own observations or incidents told him by friends or heard at third or fourth hand at the mess-table ... in most cases the student must rely on his experience and on internal evidence to guide him in judging what is and what is not likely to be historically accurate.*²⁰²

²⁰² Ibid.. Part 1 and AWM38 3DRL 606, Records of C.E.W. Bean, www.awm.gov.au/collection/AWM38.

Sister Nellie Weston Crommelin



Figure 19. (L) 1914 - Sister Crommelin at the American Women's War Hospital at Paignton in Devon. (R) 1916, aboard HMHS *Kanowna*.as a *Bluebird*.

Life prior to WW1

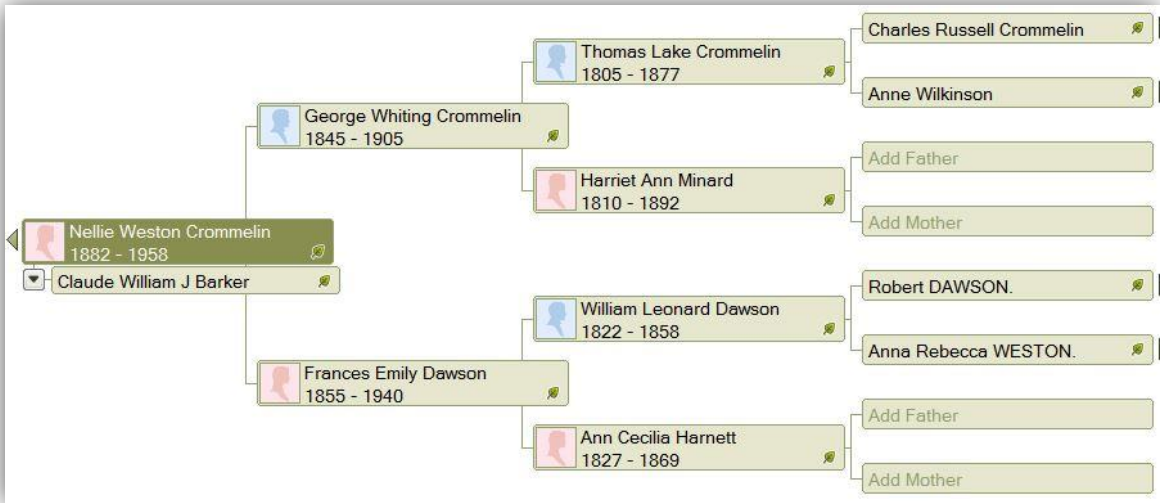


Figure 20. Ancestry chart Nellie Weston Crommelin.

Sister Nellie Crommelin had adventuring in her genes. Her ancestors could be traced back to the persecution of the Huguenots and the scattering of the family to many of the new colonies. Crommelins became pioneers in Australia, America, Suriname, India, Mauritius and settlers in Switzerland, Holland and Northern Ireland. They are proud genealogists and a great deal of information is available about this family.²⁰³ Nellie's ancestry was through the Indian and Australian branches of the family. Her great grandfather, Charles Russell Crommelin was born in Bombay in 1763 during the period his father was Governor. After a life of privilege in England and attendance at Charterhouse School, he returned to India in 1780 to work for the East India Company.²⁰⁴ He became Commercial Resident in Benares and Agent for opium and eventually the Secretary to the Governor-General, the Marquess of Wellesley but advanced no further and ended his days as Salt Agent and Collector of Revenue at *Hidgellee* where he died of malaria in 1822.²⁰⁵

His son, Thomas Lake Crommelin, was Nellie's grandfather and the first of the family to settle in Australia. As the fifth son of a wealthy aristocrat, he had to make his own way in the world but seemed to be unable to avoid scandal. Thomas Crommelin emigrated on *Anglesey* with his wife and family along with a maid who was pregnant with Thomas' child. Things clearly did not go well on the trip and his wife and children returned to England on the same vessel. After a divorce, Thomas married Anne Byles, the maid, in Braidwood in 1860 and four years later, the sons of his first marriage, including Nellie's father, George Whiting Crommelin, joined them in Australia.

Thomas's biographer, Richard Pugh, stated he had a "rough and tumble life in Australia".²⁰⁶ He was a gambler who owned racehorses and was involved in many

²⁰³ See <http://www.crommelin.org>.

²⁰⁴ Roderick Matthews, "The business of government", *The Flaws in the Jewel: Challenging the Myths of British India*, Chapter 8, India: Harper Collins, 2010.

²⁰⁵ Richard Pugh, *Charles Russell Crommelin*, 2007 [Online], accessed July 16, 2016, <http://www.crommelin.org/history/Biographies/1763CharlesRussel/Part3/03-CharlesRussel.htm>.

²⁰⁶ Ibid.

different enterprises throughout his life. Thomas was also described as “a high-bred English gentleman of the old type, capable, courteous and overflowing with the milk of human kindness”.²⁰⁷

Much is known about Nellie’s father, George Whiting Crommelin, through his memoirs which were recorded by her mother Frances and called *Recollections of a pioneer in Australia*.²⁰⁸ After arriving in Australia, George and his brothers were sent to school in Balmain and at the age of 14, George embarked on a varied life as drover, horse breaker, surveyor, gold miner, adventurer and jackaroo. He took up goldmining at Araluen and helped the police search for bushrangers such as Ben Hall and the Clarke Gang. George Crommelin told a story about camping out one night around the Braidwood area when he suddenly heard two riders approaching. He immediately recognised them as Pat Connell and Tom Clarke the Bushrangers and after promising not “to rat them out” he was taken back to their hideout for a party and dinner. Despite there being a large reward and being later questioned by the police, he never disclosed their whereabouts. Next, it was on to the Gympie goldfields where he lost most of his money.

After many more adventures, including helping the Chief Surveyor to map out the Snowy River to the Entrance in Victoria, he came close to perishing on an ill-fated expedition to New Guinea to look for gold. The old wooden brig *Maria* was wrecked on Bramble Reef and Admiral John Moresby who was involved in the search described the survivors as “75 hair brained young men from Sydney” who are shown posing in the photograph in Figure 21. Descendants state that George Crommelin, Nellie’s father, is the man indicated by the arrow.

²⁰⁷ Cuthbert Fetherstonhaught, *After Many Days: Being the Reminiscences of Cuthbert Fetherstonhaught*, Sydney: E.W. Cole, 1917, 328–30, accessed July 24, 2015
<https://archive.org/stream/aftermanydaysbei00fethiala#page/328/mode/2up/search/Crommelin>.

²⁰⁸ Society of Australian Genealogists, *Crommelin Papers*, accessed July 12, 2015,
<http://www.crommelin.org/history/Biographies/1845GeorgeWhiting/Part1/Part1GWC.htm>.



Figure 21. 1872, passengers and crew aboard *Maria*, courtesy of <http://www.crommelin.org>.

The Captain and six crew members abandoned the passengers and small groups set off for land. They eventually landed on Hinchinbrook Island and from there made it to Cardwell and safety. Approximately 35 men did not survive and died from a variety of causes including shark attacks, drowning, lack of food and water and conflict with Aboriginal people.²⁰⁹

In 1880, at the age of 34, George married Frances Dawson in Kameruka, New South Wales (NSW) and they became the parents of seven children including Nellie.²¹⁰ Misfortunes continued and within a year of being married, according to family history, George accidentally ingested arsenic which he mistook for flour. He survived the initial poisoning but, according to his wife, had long periods of ill health.²¹¹ Both Nellie and her sister Bessie were born whilst George was managing a property called *Aston* but as his

²⁰⁹ Daily Southern Cross (Auckland), March 20, 1873 and March 25, 1873.

²¹⁰ Australia, Marriage Index 1788–1950, 2695, 1880.

²¹¹ Society of Australian Genealogists, *Crommelin Papers*. Also, E.J. Lea-Scarlett, “Recollections of a Pioneer: George Whiting Crommelin,” *Descent*, 3, no. 1, 1966 and update in *Descent*, 3, no. 2, 1967.

health deteriorated the family bought their own property named after his father's ancestral home *Finchley*. Ill health forced the family to move to Bega where they purchased a boarding house which helped them "make ends meet".²¹² The family then moved to Green Point near Merrimbula Lakes. Nellie was now eight years old with four younger children to help care for and a chronically ill father.

A newspaper record shows Nellie was "indecently assaulted" whilst living at Merrimbula Lakes by John Daley who was caught and committed for trial in Bega.²¹³ There was no protection of the names of children who were victims of crime at that time, so it was public knowledge in the tiny community of Merimbula Lakes and no doubt was traumatic for Nellie and the family. In a letter to her mother on August 25, 1918 Nellie poignantly writes "I'm so happy to think you are proud of me. At least I have done something with my life and therefore repaid—inadequately certainly—but in some measure all the trouble and worry you had with me in my early days."²¹⁴ She continues "I have always tried to be worthy of my family name and all its history and never to have done anything ... that you or Father or our Red Cross would not approve."²¹⁵ Her father, George Crommelin died in 1905 when Nellie was 23 years old.

Just prior to returning to Australia, Sister Crommelin wrote to her sister Minard about the lack of letters she received during the war from family members. She described them as "averaging one a year and Dora has never written".²¹⁶ She acknowledged how important letters from her mother and Minard had been but notes the "enormous packages" of mail that Sisters Robinson and Hutchison always receive.²¹⁷ Her older sister, Minard, was a great comfort to Sister Crommelin throughout the war. Minard received an

²¹² Ibid.

²¹³ New South Wales Police Gazette, March 25, 1891, 106.

²¹⁴ AWM. PR00065, NWC letter to her mother, August 25, 1918.

²¹⁵ Ibid.

²¹⁶ AWM. PR00065, NWC to Minard, May 23, 1919.

²¹⁷ Ibid.

MBE in 1959 for her tireless work as a conservationist and bequeathed her property at Pearl Beach to Sydney University for ecological research.²¹⁸ In Figure 22 she is nursing Twinkle, a sugar glider that inspired Minard to write *Twinkle's Diary* an unpublished children's story.



Figure 22. Minard at Pearl Beach with *Twinkle* the sugar glider in the 1970s, courtesy of <http://www.flickr.com>.

Training as a nurse

An article in the SMH, June 29, 1916, advised readers that Sister Crommelin was “trained at the Lister Hospital” and spent some months in nursing wounded and sick soldiers in Devonshire in England. Sister Crommelin kept a *Livret de dame Infirmière Militaire* during the war, as shown in Figure 23, recording her nursing experience.

²¹⁸ Ruth Teale, “Minard Fannie Crommelin, in *Australian Dictionary of Biography* 8, Canberra: ANU, 1981, accessed July 12, 2016, <http://adb.anu.edu.au/biography/crommelin-minard-fannie-5825>.



Figure 23. *Livret* Sr Crommelin, AWM PR00065.

The *Livret* records that in 1905 she was a nurse at an unnamed Private Hospital and in 1910 she undertook a four year *Diploma of Nursing*. Sister Crommelin wrote to Minard on March 2, 1919 and stated “I have been away from home for practically seven years” indicating 1912–13 but this does not help clarify where she was trained.²¹⁹ There is a record showing that a Miss N.W. Crommelin returned to Australia aboard *Osterley* on March 24, 1916.²²⁰

Service during WW1

The *Livret* records that in 1914, Sister Crommelin worked for six months at the London Hospital which was one of the first British hospitals to receive wounded troops during WW1. In the 1914 Gazette, they boasted the first Red Cross Hospitals to go to the front were staffed “almost entirely by the London”.²²¹ So it is perhaps not surprising that

²¹⁹ AWM, PR00065, NWC to Minard, March 2, 1919.

²²⁰ National Archives, UK Outward Passenger Lists 1890–1960, *Osterley*, March 24, 1916.

²²¹ London Hospital Gazette, 186, October 1914.

Sister Crommelin left the London Hospital after six months to work at the newly established *American Women's War Hospital* at Paignton in Devon.²²²

In the spring of 1914, *Oldway* was the home of the Singer family of sewing machine fame. Sales of Singer sewing machines had funded the creation of a mansion modelled on the palace of Versailles and by the early autumn it had been converted into one of the most opulent hospitals of the war. Oldway's sweeping staircase became the entrance to an operating theatre, its grand ballroom and domed riding school became wards, and even the ambulances had been manufactured by Rolls Royce. Over the course of the war, more than 5,000 men were treated at *Oldway*.

The hospital was established by the *American Women's War Hospital Committee* and generously supported by the wealthy Singer, Harcourt, Astor and Vanderbilt families. Figure 24 shows a double page from a scrapbook kept by Private Silk, a patient at the hospital in October 1914. Sister Crommelin has provided her autograph on the top left hand page of the scrapbook and the photograph at the bottom of the page has been enlarged (right) to show Sister Crommelin (seated) with colleagues.

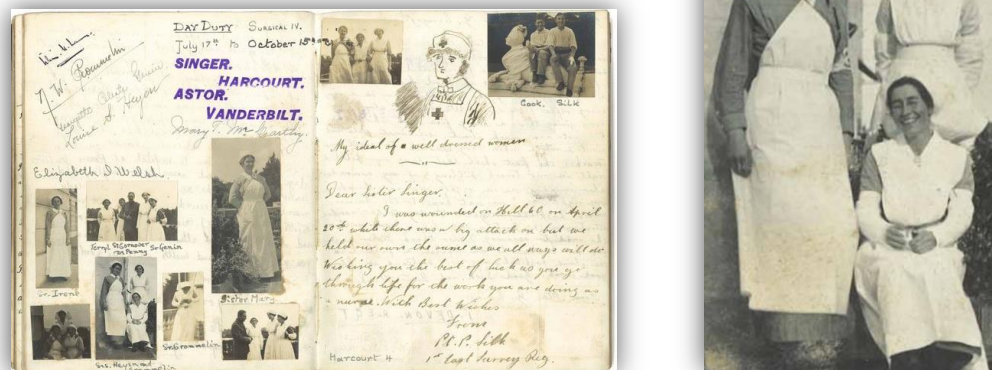


Figure 24. Scrapbook belonging to Pt Silk with enlarged photograph showing Sister Crommelin and colleagues, courtesy of The American Women's War Hospital website item SNG030.

²²² ANJ XIII, no.6, June 15, 1915, 192.

A photograph claiming to be that of Sister Crommelin with a group of Queen Alexandra Imperial Nursing Service Reserves (QAIMNSR) nurses and held at the AWM, claims Sister Crommelin is with other Australian Nurses in July 1915, living in a tent and serving with the British No. 7 General Hospital.²²³ This service is not listed in her *Livret* and given Sister Crommelin's attention to detail, it seems unlikely that service with the QAIMNSR would have been omitted. The *Livret* states that in 1914 she was at the *London Hospital* for six months and then at the *American Women's War Hospital* in Devon for 18 months which indicates she could not have been with the QAIMNSR in France in July 1915. No records at the National Archives (UK) have been found to support the claim she was in the QAIMNSR. Sister Crommelin possibly returned on March 24, 1916 from London to Sydney aboard *Osterley* and four months later was on her way back to France with the *Bluebirds*.

Service as a “Bluebird” in France

Using the *Livret*, it is possible to piece together Sister Crommelin's movements during WW1. Sisters Crommelin and Robinson had been assigned to one of the French Red Cross organisations, *Union Femmes de France* and assigned to the French military hospital, Auxiliary Hospital 117 at *Les Andelys*, which is approximately 100 kms west of Paris on the banks of the Seine and very picturesque.²²⁴ Sister Crommelin wrote from *Les Andelys* to a teacher of dressmaking at the Perth Technical School to ask for donations. She noted the patients were French, Algerians, Arabs and Belgians, many have “dreadful wounds and have been at the war for two years” and they urgently needed shirts, handkerchiefs, socks, underpants and towels.

She also asked for small Australian flags to give to the patients who knew so little about Australia. “We can hear the sound of the big guns and it makes us feel dreadfully unhappy”. Despite the beauty of the place she mentioned “we are very lonely shut off

²²³ AWM, P09900.002.

²²⁴ *Livret*, Carnet for residence in France and permission to be in the Army Zone shows entry for *Les Andelys*.

from everybody”.²²⁵ *Les Andelys* is still beautiful, as shown in Figure 25, but is now a thriving tourist town for river cruises.



Figure 25. *Les Andelys* today, courtesy of <http://www.lesandelys-tourisme.fr>.

While at *Les Andelys*, Sister Crommelin discovered a cousin John she had never met, who was serving in France with the Australian Imperial Force (AIF). His mother had been in touch to see if Sister Crommelin had any news of her son. Sister Crommelin dutifully wrote a letter to “my dear unknown cousin” on October 20, 1916 asking lots of questions and telling him she had met another “dear old cousin” in England.²²⁶ Sister Crommelin was referring to Maria Henrietta de la Cherois Crommelin, known under the pen-name of May Crommelin. May was a novelist and travel writer born in Northern Ireland at Carrowdore Castle in Country Down. May wrote 43 novels based on her extensive travels in places such as the Andes, West Indies, North Africa and many other exotic locations and Sister Crommelin had met her in London in 1916 when May was

²²⁵ Western Mail (Perth), December 1, 1916.

²²⁶ Margaret Clarke, *Frank (John) Crommelin*, [Online], accessed July 28, 1915, <http://www.crommelin.org/familytree/1896FrankCrommelin.htm>.

working as a volunteer nurse.²²⁷ When Sister Crommelin wrote to John, she did not know he had already been killed at *Pozieres* on August 7, 1916.²²⁸

In April 1917, Sisters Crommelin and Robinson were still at *Les Andeleys* and the Red Cross Record notes they were “determined to make a Christmas for the men under their charge” and sent to London for small presents.²²⁹ The ward at *Les Andelys* shown in Figure 26 is large, airy and ready to receive the wounded.



Figure 26. Ward at *Les Andeleys*, AWM PR00065.

In a letter written to her family in February 1918, Sister Crommelin declared “I have nothing to write about” but the long letter that followed had some fascinating word pictures of life, as experienced by Sister Crommelin, in France. She described passing “some hundreds of *Bosche* of all types and ages” on their way to work at a factory. “They slouched along a villainous looking crowd ... we stood and watched them, hating them

²²⁷ Rolf Loeber, Magda Loeber and Anne Mullin Burnham, “Maria Henrietta de la Cherois Crommelin” in *A Guide to Irish fiction 165--1900*, Dublin: Four Courts Press, 2006. Electronic version created by *An Foras Feasa*, 2012, <http://www.lgif.ie>, accessed July 28, 2015.

²²⁸ NAA, WW1 Service Record, 11612.

²²⁹ Editor, “Nurses in France, *Red Cross Record*, April 2, 1917, 17.

cordially and wondering if our own poor men look so fat and well and strong”.²³⁰ In contrast, Figure 27 shows French boys as described by Sister Crommelin with “streamers of ribbons of all colours, huge cockades and rosettes on their hats ... parading about in small groups.” These were the *Classe 19*, conscripts called up for Army Service at the age of 19. Sister Crommelin, perhaps showing deep insight from her own childhood experiences, worried about the effect the war would have on their “boyish character and their lives” and asked the question “Isn’t it a tremendous problem for the future generations?” She noted some of the boys “were mere children not any bigger than an Australian boy of 13 years of age”.²³¹



Figure 27. French conscripts. Sumner, *They Shall Not Pass*.

From *Les Andelys* Sister Crommelin was assigned to the *Le château du Faux Miroir* to work at the *Hospital for Urgent Cases*.²³² This mobile unit of trained nurses specialised in fracture cases and was set up by the *British National Union of Trained*

²³⁰ AWM, PR00065, NWC to family, February 7, 1918.

²³¹ Ibid.

²³² *Livret*.

Nurses at the beginning of the war. The postcard of the gothic *chateaux* shown in Figure 28 does not show the tent wards set up in the gardens at the rear which are shown in Figure 29. During the battle of Verdun in 1916, over 3,000 patients were treated at this hospital.²³³ The task of repositioning medical resources during WW1 was immense and generally done with a degree of expertise that is staggering given the great numbers of medical facilities under the control of so many different organisations. There are no clear statistics for total allied hospitals but British Expeditionary Force Hospitals and CCSs alone numbered over 540.²³⁴



Figure 28. 9 Hôpital Anglais du château du Faux Miroir near Revigny, AWM PR00065.



Figure 29. Rear of 9 Hôpital anglais du château du Faux Miroir near Revigny, courtesy of <http://notrefamille.com>.

²³³ Jean-Jacques Sneider, Nicole Mangin : *Une Lorraine au coeur de la Grande Guerre: L'unique femme médecin de l'armée française (1914–1918)*, Place Stanislas : éditions, 2011.

²³⁴ Correspondence from Ministry of Pensions (UK) to the British Red Cross Society Records Office, July 13, 1923. List of locations and names of BEF hospitals, accessed July 20, 2016, <http://www.vlib.us/medical/CCS/ccs.htm>

In July 1917, No. 9 Hospital was taken over by the British Committee of the French Red Cross and Sister Crommelin was reassigned to *Hôpital Temporaire 22* at *Villers-Cotterêts* which was situated only 85 kilometres north east of Paris and next to the magnificent Forest of Retz.

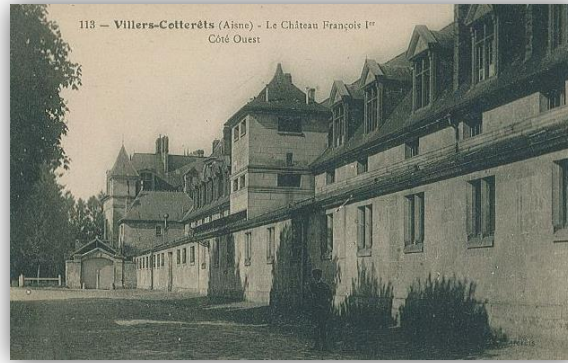


Figure 30. Postcard of *Villers-Cotterêts* (AWM PR0065).

Sister Crommelin sent the postcard (Figure 30) to her family, noting the hospital had 1,350 beds, 600 wounded, 535 sick, 150 contagious and 65 “Specials”. Sister Crommelin wrote, “I run over a great many miles during the day. At present it is hopeless trying to arrange it all, for one needs to be all over the place.” The postcard shows the size of the hospital, making it is easy to imagine the distances the nurses had to travel during their working hours.²³⁵ Sister Crommelin described the beauty of the town, the *Chateau* and the *Retz* forest, which despite the devastation to the area caused since the beginning of the war, was stunning.

Sister Crommelin’s letters in May 1918 are set against the backdrop of General Ludendorff’s Third Battle of the *Aisne*, a time of great peril for the allies, as the Germans needed a victory before the American troops were fully operational. In April 1918, when the soldiers were on their way to the Front, Sister Crommelin wrote to her sister Minard:

²³⁵ AWM, PR00065, NWC to family, postcard, 1918.

Of the movement! The noise! The dust or the mud!!! It is marvellous the thousands that pass through our little village.



Figure 31. French soldiers watching their colleagues on the way to the Front, courtesy of <http://chubachus.tumblr.com/post/836048>

Figure 31 shows a group of French soldiers watching their colleagues leave for the front perhaps with very different views. On April 12, 1918 the British Commander in Chief, Sir Douglas Haig, issued an order prohibiting any further retreat “with our backs to the wall and believing in the justice of our cause each one must fight on to the end.”²³⁶ In a letter to her mother dated March 27, 1918, published in the Grenfell Record and Lachlan District Advertiser, Sister Crommelin tells the story of the impending disaster about to overcome the hospital at *Villers-Cotterêts*.²³⁷ She writes, “we are certainly in danger of being bombarded ... we can only take precautions”. Sister Crommelin painted a dramatic picture of what she felt and experienced as the enemy closed in and she also seemed transfixed by the surreal sights and sounds of war.

If a bit of shrapnel or shell comes my way and I ‘stop one’ ... I can only repeat “C’est la guerre” with our dear poilus. All night and all day the huge camions (motor lorries) crawl past long lines of white dust climbing high over tree tops and each one of these is

²³⁶ Ian Westwell, *World War 1 Day by Day*, London: Windmill Books, 2000, 162.

²³⁷ The Grenfell Record and Lachlan District Advertiser, July 16, 1918.

*filled with soldiers, dust-covered, white eyes and hair which gives them a strange expression. Very quiet and calm they are but always a smile for us. Grand men! Magnificent men! ... What an example for us. We shall remain with our men, proud to be with them and if the Hun should come we hope our Red Cross and our work for any that are wounded shall be our protection ... The sky is overcast—perhaps tonight we shall have a little respite from the Gothas and some sleep of which we are all in need. ... We shall win yet.*²³⁸

Sister Crommelin had six siblings including a brother but was the only family member to serve during WW1. The notion of what constituted a warrior in WW1 was strongly gendered and Nellie did not seem to appreciate the role she played as the only representative of her family to serve in war and more significantly, as a person who shared many of the same dangers as those “magnificent men” depicted in Figure 32.



Figure 32. Sister Crommelin's brave *poilus*. Courtesy of Sumner, *They Shall not Pass*.

²³⁸ Ibid.

The outcome of the war for the Allies was far from certain at this time. In April 1918 Sister Crommelin wrote to her sister Minard from *Hôpital Temporaire 22* and shared her feelings about being a woman at war.

*I feel a little bit prouder to think I am really so much nearer [to the frontline]... it makes us feel we are sharing the dangers to be a little closer to our men, nearer to comfort them, nearer to help them, nearer to prove to them that we also can play our little part ... and yet women seem so useless, so helpless against the awful strain of the present.*²³⁹

The reality for the *poilus* was recorded by Georges Gaudy of the French 57th Infantry described the retreat in May 1918, “we each fall back in turn, pausing to fire when the black helmets appear ... when a section gets up and moves off the enemy mows it down from left, right and front.”²⁴⁰ Yves Tourmen of the 12th *Cuirassiers* and his comrades were caught between a French barrage firing too short and well-target German shells, they could only hug the ground and hope for the best and “all they could do was stay put and allow themselves to be taken prisoner.”²⁴¹

Sister Crommelin and other hospital staff had to flee from *Villers-Cotterêts* just ahead of the German army that rapidly advanced within striking distance of Paris, another 56 kilometres and the war could have been lost by the allies. In the end the Germans were defeated by a shortage of supplies, fatigue, lack of reserves and too many casualties enabling a successful allied counter attack. Over 50,000 allied soldiers were captured during the fierce battles of this offensive, including the battle at *Villers-Cotterêts* and in the forest surrounding it.²⁴²

²³⁹ AWM, PR00065. NWC to Minard, April 14, 1918.

²⁴⁰ Ian Sumner, 193.

²⁴¹ Ibid.

²⁴² Arthur Conan Doyle, *The British Campaign in France and Flanders*, vol. VI – Jul–Nov 1918, London: Hodder and Stoughton, 1920. A Project Gutenberg of Australia eBook, produced by Colin Choat and Roy Clashan, accessed August 8, 2016, <http://gutenberg.net.au/ebooks12/1202601h.html>

Accounts by Sister Crommelin and Dr Elisabeth Courtauld are clear evidence of the dedication shown by the hospital staff at *Villers-Cotterêts* in the face of overwhelming odds. The German Army was now only 85 kilometres from Paris and the situation for the allies was grave.²⁴³ Australian doctor, Elisabeth Courtauld was also working at *Villers-Cotterêts* during this time and described the situation:

*There came an order for the hospital to evacuate ... then came an order that heaps of terribly wounded were expected and we could stay on ... it seemed horrid to be told to go ... air raids were over us nearly all night and sometimes we had to blow out the candles for a few minutes and stop [operating] ... the next day we were told the whole place must be evacuated, patients and all ... some patients had come through the night ... practically dying ... but we had to stop operating, dress the patients' wounds and splint them up as best we could and all day ambulances came up and we got patients away.*²⁴⁴

By the end of the day the whole hospital had been evacuated to *Royaumont* which was the only one in the vicinity still in working order. In May 1918, the German advance on *Villers-Cotterêts* was recorded in a letter to her mother:

*Dearest little mother of mine ... I am a refugee now. We have been invaded by the Germans and after three nights of being bombarded by avions and working incessantly amongst poor mutilated suffering men ... we were hurled into any kind of vehicle we could find and fled from the city.*²⁴⁵

The next letter to her family revealed Sister Crommelin was at Hospital 16 at *Royallieu-Compiègne* and her old and new *médecin-chefs* were fighting over where Sisters Crommelin and Robinson should go next. Sister Crommelin appears at a low point,

it is all very muddling and unsettled and we have been working like slaves ... nobody seems to have any idea of method or order ... it is just awful seeing the men come in, in

²⁴³ Westwell, 164.

²⁴⁴ Ian R. Whitehead, "Medical Women and War Service, Chapter 5, in *Doctors in the Great War*, Yorkshire: Pen and Sword books, 2013.

²⁴⁵ AWM. PR00065, NWC to her mother, May 31, 1918.

*such terrible conditions and many die before they can be attended to ... this is the cruellest phase of the war.*²⁴⁶

The stress of the war was now evident and in July, 1918 Sister Crommelin was sent on leave to Paris and Marseille and seemed to be much restored by this change.²⁴⁷ She explained, “I had to leave immediately after I expressed my fears”.²⁴⁸ However, she also recognised her need for a break “I am content to rest here and after all my shock illness and worry ... it is quite a good thing to pull up for a little while.”²⁴⁹ Sister Crommelin wrote to Minard about her physical and emotional collapse, “I am not going to worry myself ill as I did at *Villers-Cotterêts*, someone else can do that now ... I can keep slogging along in my profession because it is my life”.²⁵⁰

Despite the difficulties she had been through, Sister Crommelin never considered going home or requesting a posting in the rear for safety reasons. It would have been difficult for a nurse in WW1 to admit her inability to cope and as Sister Crommelin discovered when she did make the admission, there was an immediate response to remove her to the rear. The war may have improved for the Allies but as Sister Crommelin described in a letter in October 1918, the Spanish Flu epidemic was just as serious and it took the life of her Chief Surgeon and also the lives of many prisoners of war. With some annoyance, she tells Minard about the directions issued by the French Board of Health for “putting little pieces of wool soaked in eucalyptus oil in their (patients) noses and gargling” but Sister Crommelin felt that bathing, cleanliness and fresh air would be more

²⁴⁶ AWM, PR00065, NWC to mother, June 23, 1918.

²⁴⁷ Ibid. NWC to family, July 11, 1918.

²⁴⁸ Ibid. NWC to mother, August 25, 1918.

²⁴⁹ Ibid.

²⁵⁰ Ibid, NWC to Minard, September 10, 1918.

beneficial.²⁵¹ Her ward of 62 beds was full of “the dirtiest people imaginable and never a window open”.²⁵²

Sister Crommelin appeared very committed to the French people, possibly because of her ancestry, but also to the moral principles espoused by the allies and found it a source of humiliation that Australian men were “leaving the fighting to the French”.²⁵³ Bitter referendum debates over conscription were taking place in Australia during this time and eventually Australia, South Africa and India were the only allied countries that did not pass conscription laws during WW1.²⁵⁴ She came to have a deep regard for the *poilus* and villagers alike and developed a real pride in serving alongside them.

However, when it came to French medical and nursing work, Sister Crommelin was very critical in her comments. She noted in a letter home, that as the Germans advanced towards *Villers-Cotterêts*, a new French surgical team arrived and they were “capable, quiet, thorough men ... it has been a great surprise and also a great pleasure to find this type of surgeon in France because they are quite unlike any others I have encountered.”²⁵⁵ Her criticisms were not reserved for doctors alone.

*I am bitterly ashamed of the filth, disorder, neglect and waste which goes on all around me all day long but I am laughed at if I try to correct those things and it is impossible to have any effect on the people who carry out the farce of administration in any French hospital.*²⁵⁶ *We only have deaf, lame, idiotic old men who were farm labourers or blacksmiths or butchers to help us to nurse our poor sick men ... or a young one he is so insolent ... nobody will ever know how hard it has been for us to struggle ... to bring up*

²⁵¹ Ibid, NWC to Minard, October, 1918.

²⁵² Ibid.

²⁵³ AWM. PR00065, NWC to family, March 22, 1918.

²⁵⁴ E Turner-Graham, “Conscription, World War I, 191–1918”, *Museum Victoria Collections*, 2009, accessed July 14, 2016, <http://collections.museumvictoria.com.au/articles/2823>.

²⁵⁵ AWM. PR00065, NWC to mother, April 3, 1918.

²⁵⁶ AWM. PR00065, NWC to Minard, September 10, 1918.

*to date Australian nurses' teaching into any French hospitals. Rarely will they allow you to show them anything, explain things, help as real nurses know how to help. Sometimes we are forced to gnash our teeth with rage.*²⁵⁷

The French were war weary by this time, their resources were depleted, the few professional nurses were scattered and Red Cross semi-trained volunteers took over hospitals assisted by men unable to go to the front. WW1 effectively erased all the gains that French nurse reformers had made since the turn of the century but this can only be clearly seen with hindsight.²⁵⁸

On New Year's Eve in 1918, Sister Nellie Crommelin wrote a letter home from her hospital in the beautiful town of *Courcelles* in North West France. The war was now over and the letter was addressed to "Dearest little Mummie and all the family". It encapsulated Sister Nellie's experiences as a *Bluebird* in France and expressed strong emotions that can be found throughout her letters:

*We are entering into our third year in France and I am so proud and glad of my service here ... I shall remember it all my days as the most wonderful time of my life. I am sure I shall never cease to feel grateful to our splendid Red Cross for allowing me to come across to this country. What of danger and hardships we have had to share with the French have only helped to draw us together to strengthen the bond between the splendid ancient nation and the new equally promising country which I am proud to belong to.*²⁵⁹

A month later, after Armistice Day, Sister Crommelin caught influenza herself but it must have been a mild dose as she recovered sufficiently to climb up on captured German cannons in Paris to watch the King of England and the two Princes in a magnificent victory parade. She recorded her pride in a letter home,

²⁵⁷ Ibid.

²⁵⁸ Katrin Schultheiss, 175.

²⁵⁹ AWM. PR00065, NWC to family, December 31, 1918.

*We saw our own dear Australian boys, with huge sprigs of wattle in their hats and buttonholes as large as ostrich feathers ... they got such a cheer from the poilus ... They had a huge Australian flag with them ... how we cheered them from our cannon.*²⁶⁰

Sisters Crommelin and Hutchison found themselves posted back to *Villers-Cotterêts* in January 1919, amidst the post-Armistice confusion. She writes that “about 100 personnel were sent ‘unannounced’ and of course we were ‘unwanted’ because there were more staff than patients and many prisoners of war to do the work.”

*Sleeping in with a lot of frowsy French nurses and changing our beds every night, no fires to warm by, nowhere to go and nothing to do. Oh, it has been a miserable filthy cold wretched return to poor old VC.*²⁶¹

The hundreds of graveyards had expanded to thousands since they were last there and many without names. As well as being in charge of the operating theatre and sterilisation work, Sister Crommelin had to supervise six German prisoners of war and declared them to be “lazy and insolent” and “they persist they are not beaten and tell us calmly they intend to have another war in 10 years ... the allies shall be all “caput” after. They laugh about France and England and say America saved us all.”²⁶² The adventure of the war was coming to a sad close for Sister Crommelin.

We are so close, we feel so much more, we see all around us those cruel things which spell War ... I shall never forget this period of my life, nor shall I regret it come what may. It has been a wonderful experience. It has its trials—very hard to bear sometimes when one feels so cut off from everything ... but when the danger comes close we forget all the smaller issues and seem to feel only the big grand things of life—those vast elements which we ignore in our silly little cramped artificial lives. I wonder how it shall affect our men after the war. I don’t imagine any of those who have gone through all this

²⁶⁰ Ibid. NWC to Minard, December 1, 1918.

²⁶¹ Ibid, NWC to Family, January 26, 1919.

²⁶² Ibid, NWC to Family, February 16, 1919.

*awful struggle will ever think or feel the same again. It must make an unparalleled change in a man's outlook on life.*²⁶³

Perhaps nurses would never think or feel the same again either. Sister Crommelin returned on the *SS Bremen* on July 28, 1919 with Sisters Crozier, Jamieson and Hutchison.²⁶⁴ Sister Nellie Crommelin was another significant memory keeper and through her letters, a vivid picture of her life as a *Bluebird* in France has emerged. Her letters eloquently expressed feelings, described events, people and practices and the collection of over 300 pages held in the archives of the AWM enable a rich story to come into contemporary view.

In November 2016, after making the *Bluebirds* ancestry charts available to the public on ancestry.com, I received an intriguing call from Gavin Greer who believed I may be a relative of Nellie Crommelin. He told me of a 70mm engraved brass shell cartridge in the possession of his son in law, David Holdstock and that it had a reference to Sister Nellie Crommelin. Shown in Fig 31. With great excitement I contacted David and he told me an amazing story. David's father had worked as a maintenance carpenter for the Australian Jockey Club (AJC) in Randwick between 1960 and 1997. The shell case was in the basement of the old grandstand and when it was renovated and later demolished, the course manager had given the shell case to his father. David remembers it hanging up under the pergola as a wind chime during his childhood and always hoped that one day he would find out more about Sister Nellie and return the item to her family.



Figure 32. Shell case, photo courtesy of David Holdstock.

²⁶³ Ibid.

²⁶⁴ Ibid, NWC to Minard, May 23, 1919.

The inscription reads:

French 75 DE C Shell Case found in the Forest between *Longpont* and *Villers-Cotterêts*, 1918, presented by Sister N.W. Crommelin, 1920.

The AJC had provided the funding for the *Bluebirds* and clearly Sister Crommelin had wanted to recognise their generosity. Whether she personally collected and brought this item back to Australia cannot be known with certainty but I like to imagine her wandering through the apocalyptic scene in the forest after the battle, the place where so many memories had been made, remembering those who lived and died and her hand reaching down to pick up a shell casing that held and gave corporeality to these memories. David has not yet made a decision yet about the future of this shell casing but I hope it continues to inspire and intrigue people wherever it goes.²⁶⁵

After the war

The next documentary sighting of Sister Crommelin is through a letter from *Madame De La Panouse*, the President of the British Committee of the French Red Cross (BCFRC) addressed to Sister Crommelin at the North Sydney Trained Nurses Home at 95 Ridge Street, North Sydney. The letter congratulates Sister Crommelin on the award of the Bronze *Médaille de la Reconnaissance Française* awarded for her courage and self-sacrifice in giving care to the wounded at the hospital at *Villers-Cotterêts* despite intense fire and bombardment. *Madame De La Panouse* explained the medal conveyed the gratitude of France and her personal deep and affectionate admiration for “the immense good you did, helping and comforting my unfortunate countrymen during the war”.²⁶⁶ Except for a period from February 1, 1923 as a School Nurse with the NSW Department

²⁶⁵ Email David Holdstock to author, November 2, 2016.

²⁶⁶ Ibid, *Mde Panouse* to NWC, December 29, 1921.

of Instruction nothing else is known about what Sister Crommelin did between returning from France and marrying Claude Barker.²⁶⁷

Sister Crommelin had hoped for a life in Zanzibar after the war and in a letter to Minard she wrote:

*You see I am not yet married and settled in Zanzibar and during the delays in mails and shipping and transport, there is every likelihood that the ceremony will be postponed indefinitely. My fiancée has not yet left Marseille and has had no letters from his Director of the Company for many a long day. You see his business is in connection with all the small outlying islands in the Indian Ocean ... I may have to spend quite a long time at home after all. Of course it did not look like that in the early days but now I can see that our wishes governed our common sense and we built our castles on very fragile foundations.*²⁶⁸

Sister Crommelin never married her Frenchman, nor lived a life of adventure in Zanzibar, and sadly it wasn't the first time a romantic relationship had failed to thrive. She discussed with Minard the problem of long engagements, "no one knows better than I do what it really means and everybody knows how it has resulted—that is everybody who knew us ... Now he is wealthy and I am alone."²⁶⁹ The former fiancée is unknown.

In August of 1924 at the age of 42, Nellie married a widower Claude William Johnston Barker and had a daughter Beatrice born in 1926.²⁷⁰ Claude was a prominent Sydney Naval Architect, born and trained in Glasgow and records in the SMH show he was often called upon as an expert witness in marine accidents. From the time of her marriage it can only be assumed that Nellie was busy as the wife of a prominent Consulting Engineer and caring for Beatrice, who she had at the age of 44. Nellie died at the age of 76 in Marrickville, having lived through two world wars involving her beloved

²⁶⁷ NSW Public Service Lists, 1858–1960 and Public Service List 1923, Department of Public Instruction, "Nellie Weston Crommelin".

²⁶⁸ Ibid.

²⁶⁹ AWM, PR00065, NWC to Minard, October 1, 1918.

²⁷⁰ NSW Births Deaths and Marriages, 12022/1924.

poilus. I wonder if towards the end of her life she reminisced about her time in France— with a smile or perhaps a tear and remembered writing “I shall never forget this period of my life ... it has been a wonderful experience.” It was not easy to leave behind the heightened awareness of life, the close friendships, clear sense of purpose and adventures of WW1.

Sister Dorothy Duffy



Figure 33. 1916, Passport photo (L), portrait 1916 (C) and Sr Duffy prior to leaving Australia, AWM P02298.010, PB0483, P02298.002.

Introduction

Sister Dorothy Duffy did not leave a diary or letters but she did leave some tantalising glimpses of her life on the Western Front through surviving photographs and memorabilia and always seemed to have an endearing smile on her face. The complex interplay between genetics and environment may provide clues about her personality and behaviour so the story begins with her family.²⁷¹

²⁷¹ J.C. Loehlin. *Genes and environment in personality development*. Sage: Thousand Oaks, CA.,1992.

Life prior to WW1

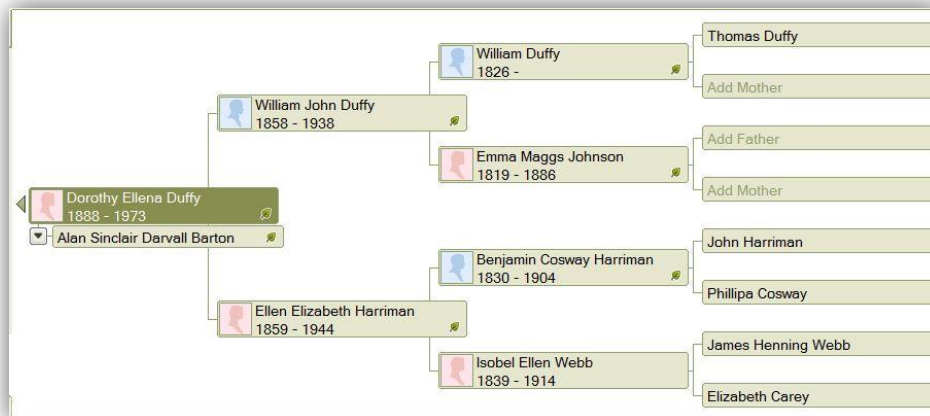


Figure 34. Ancestry chart, Dorothy Ellena Duffy.

Dorothy was born in Hobart on August 17, 1888 into a family of five which was relatively small for the times. Her father, William John Duffy was born in rural Victoria in 1858. William worked in some controversial positions during his life so it is possible to piece together from newspaper clippings the kind of man he was and the influence he may have had on Dorothy. An article in 1880 titled “A Promising Colonist” tells us that:

*Mr W J Duffy, Superintending Surveyor of the Midland and North Midland Road Boards of the colony, has just completed a course of study at King’s College, London. Apart from receiving an award from the Duke of Connaught he was made an Associate of the College and received the highest degree in the department of engineering and applied sciences.*²⁷²

By May, 1882 the first controversy emerged over the supply of inferior material for roadworks. William Duffy accused the contractor of “taking advantage of his absence to get the stone from the wrong part of the quarry” and thus providing something inferior from the samples.²⁷³ This confrontational style was to be a hallmark of his public service and despite corruption happening around him, at all levels and in many places, he always felt compelled to expose it regardless of personal cost. William then accepted a job in

²⁷² Northern Argus (Clare, SA), September 14, 1880.

²⁷³ Kapunda Herald (SA), May 26, 1882.

Tasmania and stated the “climate of Tasmania had been recommended for an invalid member of his family”²⁷⁴ but it is not clear who the invalid was.

The Duffy family in Tasmania

During the 1860s to 1880s there was a spirit of optimism throughout the Tasmanian community as rich mineral deposits were unearthed, a railway system developed and a wealthy timber industry was being established. William and his wife Ellen started a family after reaching Tasmania in 1881. William Jnr was born in 1885, twins Eric and Gwendolin in 1886 and Dorothy in 1888. Dorothy’s paternal grandmother Emma died within one week of the birth of the twins and Eric died 3 months later. Epidemics of smallpox and typhoid are recorded in the Hobart and Launceston regions during this time but I have not been able to establish the cause of Eric’s death.²⁷⁵ It seems as though hardships continued for the family and by January 1889, after a great deal of controversy resulting in a heated parliamentary debate, William Duffy found himself looking for another position.

The reasons for this disastrous turn of events, seems to be related to the building of the Mount Zeehan railway. In an 1891 account, Wilberton Tilley explained railway communication with the seaport Strahan was vital for the success of the silver mines at Zeehan. He mentions that Mr W Duffy the Chief Engineer and Mr Griffiths the Inspecting Engineer of Railway Surveys had gone out to survey the best route for this vital railway. Mr J C Climie, a powerful player in the railway industry in Tasmania and Victoria had already been paid by the government to undertake a survey and Duffy and Griffiths disagreed with his route and shortened it by over five miles and a debate raged in the press. Politicians came down on both sides and for Mr Climie this was a serious public humiliation never to be forgotten.

Robert Lee notes Tasmania’s early railway history was remarkably complex and beset by political and technological confusion. Initially private enterprise was engaged to

²⁷⁴ Ibid.

²⁷⁵ ABS, 1384.6, Statistics, Tasmania, 2005.

build the railways but within 19 months these companies went bankrupt leading to one of the most serious outbreaks of civil unrest in Australia's history when the government tried to recuperate losses from landowners and investors. The government in Hobart sent in police from Hobart to quell the uprising in Launceston and even threatened to send a gunboat to bombard Launceston. From that time railway construction in Tasmania was driven by controversy over routings and allegations of engineering incompetence.

William Duffy and Mr Griffith became casualties of the politics. The parliamentary debate shows how controversial the matter of the *retrenchment* of William Duffy was at the time and a speech in the Parliament by Dr Crowther probably gave the best clue when he argued Mr Duffy "had been dismissed through spite."²⁷⁶ Despite the arguments and unanimous praise for his services the retrenchment stood. Dorothy was just over a year old and life was about to change dramatically for the Duffy household.

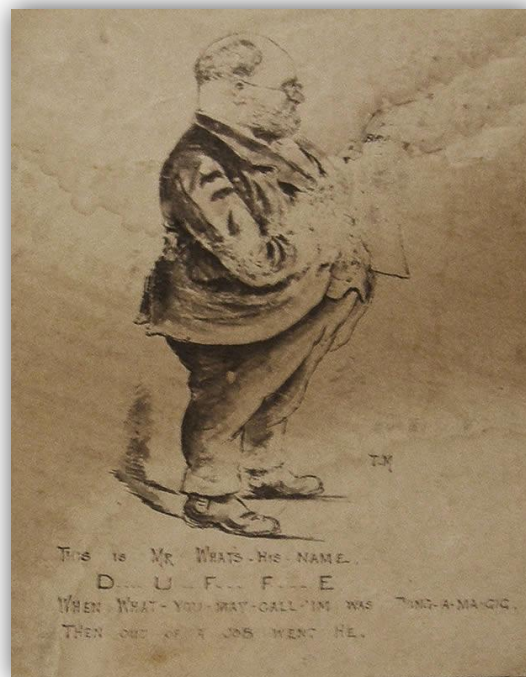


Figure 35. This damaging caricature of William Duffy appeared in *The Mercury* (Hobart) on January 1889 after his dismissal.

²⁷⁶ Australian Heritage Commission, *Australia: Our National Stories*, Robert Lee, "Linking a Nation: Australia's Transport and Communications 1788–1970," (2003), 11.

William applied for a position as Surveyor and Rate Collector for the Council at Echuca in Victoria with a salary less than half of what he had previously earned but was unsuccessful.²⁷⁷ In July 1917, William was appointed as Shire Engineer of the MacIntyre Shire Council and became embroiled in yet another controversy. *The Richmond River Express* stated Mr Duffy “has a habit of putting things bluntly” and William had threatened to resign unless he was able to attend Council meetings. *The Richmond River Express* went on to say the Council had “to eat humble pie” because their former engineer, Mr Gracie had left for the same reason.²⁷⁸

Little is known about Dorothy’s paternal grandparents. Her grandmother died in Hobart before she was born and the date and circumstances of her grandfather’s death are not known. Dorothy’s mother, Ellen was the daughter of Benjamin Harriman who migrated to the colony of Victoria in 1854 and joined the civil service as a shorthand writer. Benjamin’s rise within the public service was rapid, he entered the Victorian Law Department in 1860 and became Chief Clerk by 1870 and was responsible for maintaining the smooth functioning of the courts and the transactions of the colony’s businesses. Later he reorganised the Titles Office, investigated frauds in the Registrar-General’s Department and stopped fraudulent practices from within the Department. In 1890 he retired on a substantial allowance and died in 1904 when Dorothy was 16.²⁷⁹ Her grandmother Ellen died in Melbourne in October 1914 when Dorothy was 26 and already a trained nurse. How Dorothy’s childhood affected her can only be conjecture but she appeared to become a confident and happy person who lived life to the full and worked tirelessly for others.

²⁷⁷ Riverine Herald (Echuca, Vic), May 18, 1897, 2.

²⁷⁸ The Richmond River Express and Casino Kyogle Advertiser, July 17, 1917.

²⁷⁹ C. Woods, “Benjamin Cosway Harriman (1830–1904)”, in *ADB* 4, Canberra, 1972.

Nursing training

Dorothy trained at Sydney Hospital and was working there at the time of her selection to the *Bluebirds*.²⁸⁰ The SMH noted Sister Duffy “has spent some time travelling in France” before her selection as a *Bluebird*. It is possible she went to France as a tourist during WW1, but she may have also been looking for an opportunity to join one of the many nursing organisations recruiting for the front at the time. Immigration records show Sister Duffy returned from her trip to Europe, departing from Dover on October 30, 1915 aboard the ill-fated *SS Maloja*. Four months later *Maloja* was hit by a mine laid by German U-boats off Dover Harbour and sank with the loss of 155 lives.²⁸¹ Sister Duffy was 28 when she left for France. It is assumed she graduated sometime after 1909 and possibly continued working at Sydney Hospital until her trip to France in 1915.

Understanding the conditions under which the *Bluebird* nurses trained and worked in Australian hospitals and the position women assumed in Australian society at the time may provide some insights into their resilience on the battlegrounds of France. The discipline and systematised nature of Nightingale education enabled nurses to enter a war zone and be immediately effective with minimal cross training and to cope with patient loads that are unimaginable to modern nurses. Being an *Australian* nurse in the first decade of the 20th century was a new concept. In 1901 the Australian states federated which was not without controversy. The States had their own laws, income and armies and were in competition with each another. The smaller states felt they would be dominated by the larger ones and lose income from tariffs and Western Australians felt alienated by being thousands of kilometers away from the other States. Registration for nurses was only nationalised in 2009 and prior to that time registration was required in each State of practice.

For many decades, rivalries, petty personal jealousies and economic differences had kept the states from federating but in the end it was pressure from the people and

²⁸⁰ Daily Observer (Tamworth), March 22, 1918, 1.

²⁸¹ Newcastle Morning Herald, March 4, 1916, 5.

common sense over issues such as defence, railways and the British Parliament that pushed through the impasse. However, Australians did not feel federated in those first decades, the states were like separate countries with their own laws and taxes and many organisations like the Red Cross followed state boundaries and loyalties exhibiting intense rivalry with each other.²⁸² It is not surprising nurses working in NSW were the favoured choice of the NSW Branch of the BRC to join the *Bluebirds*.

Sister Duffy was a young nurse at a time society was rapidly changing for Australian women and nurses. The Commonwealth Franchise Act of 1902 gave Australian women the right to vote and stand for Parliament, something indigenous women did not achieve until 1962.²⁸³ In 1903 the first Australian women stood for Parliament, albeit unsuccessfully, but in 1921 the first woman was elected to the Western Australian Parliament. In 1893, New Zealand became the first country to grant women suffrage, Australia was second followed by many other countries after WW1. The United States did not grant suffrage until 1920, Britain only passed suffrage laws in 1928 and France followed long behind in 1944.²⁸⁴

By 1913 there was a University in every state that women could attend and from 1880 there was a “free, compulsory and secular” system of education for all children.²⁸⁵ Within nursing, the Nightingale system of training had spread rapidly from 1868 when the first British Nightingale educators arrived at Sydney Infirmary (later Sydney Hospital) and established a training school for general nurses.²⁸⁶ By 1899 in NSW, concerned members of the medical and nursing professions met with the objective of forming an

²⁸² Parliamentary Education Office, Federation, accessed June 9, 2016, <http://www.peo.gov.au/learning/closer-look/federation-cl.html>.

²⁸³ An Act to Provide for a Uniform Federal Franchise, no. 8 of 1902, accessed June 9, 2016, transcript at http://www.foundingdocs.gov.au/resources/transcripts/cth5i_doc_1902.pdf.

²⁸⁴ Suffrage means the right to vote, hence suffragettes. Franchise had the same meaning in the early 20th century. For a list of dates various countries granted suffrage to women see <http://www.infoplease.com/ipa/A0931343.html>

²⁸⁵ Craig Campbell. *Free, compulsory and secular Education Acts*, March 1, 2014, accessed June 9, 2016, <http://dehanz.net.au/entries/free-compulsory-secular-education-acts/>.

²⁸⁶ E. Stokes, *The jubilee book of the Sydney Hospital Clinical School*, Angus and Robertson: Sydney, 1960, 17.

association to improve and standardise general nurse training and to ensure there was a system in place to ensure satisfactory training of nurses.²⁸⁷ By 1904 the States had begun to establish their own branches of the Australasian Trained Nurses Association (ATNA) with their own Council. Victoria established its own branch and was granted permission to add the nomenclature “Royal”. Even though there was reciprocity regarding qualifications between NSW and Victoria at the time, these State bodies established their own Journals and continued to run as separate organisations a century later.²⁸⁸ There were state-wide central examinations to admit nurses to the register of trained nurses and the ATNA exerted control over most aspects of nursing in NSW. The first Bill was introduced to Parliament in 1903 but the *Nurses’ Registration Act* was not passed until 1924.²⁸⁹ When Sister Duffy graduated, she did so as a trained professional equal to any other trained in the Nightingale system worldwide.

The seminal work of Lynette Russell introduced scholars to the world of nursing at Sydney Hospital, where at least six *Bluebird* nurses trained.²⁹⁰ The trainees worked up to 12 hours per day, six days a week for 49 weeks of the year. The Sisters generally came on duty around 7:00 am and worked until 5:30 pm with one and a half days off per week. Only one Sister was allocated to each ward and at night one Sister was responsible for all the wards. In 1915 trainee nurses were paid an annual salary of £15-£30 and a Sister received £78 to £90. By comparison an unskilled male labourer earned £135-£168.²⁹¹ The nurses received free board, lodging and uniforms, providing some compensation, but it was not until 1937 wages were standardised for nurses in NSW.²⁹²

²⁸⁷ ATNA Archives, Minute Book 1, NSW Nurses Association, Sydney, May 10, 1889 to May 26, 1899.

²⁸⁸ Nurses Registration Board, *History of the NSW Nurses Registration Board*, Nurses Registration Board: Sydney, 1989, accessed June 9, 2016, www.hpca.nsw.gov.au/ArticleDocuments/391/history.pdf.aspx.

²⁸⁹ Nurses’ Registration Act No. 37, 1924, accessed June 9, 2016, <http://www.legislation.nsw.gov.au/acts/1924-1937.pdf>.

²⁹⁰ Lynette Russell, *From Nightingale to Now*, Harcourt Brace: Sydney, 1990.

²⁹¹ *Ibid.*, 17–24.

²⁹² Editor, *Australasian Nurses’ Journal* 11, no.8 (August 1913), 253–4 and Hospital Nurses (State) Conciliation Committee, NSW Industrial Report 35, June 1936), 83–107.

During training, nurses had to remain single and live in the nurses' quarters on hospital grounds and had strict moral rules to adhere to. They worked in *Nightingale* styled wards that were large, airy and contained around 20 - 40 beds with a Sister at her desk supervising. The course of study was derived from the minimum standard syllabus developed by the ATNA in 1905 and the time period was between three to five years depending on the number of occupied beds at the hospital where the training took place. Sydney Hospital had many beds so it is likely Sister Duffy graduated in three years. The nurses sat examinations during their years of training and passing one final examination enabled them to become a member of the ATNA.²⁹³

Service as a “Bluebird” in France

The Red Cross Record of November 8, 1916 printed a letter from Sister Alice Gray where some details of *Bluebirds* placements were given but Sister Duffy is not mentioned. The next letter to the Red Cross Record in April 1917 stated that Sisters Moreton and Duffy are at Cannes.²⁹⁴ According to Sister Cook's diary entry in January 1917, sisters Duffy and Moreton are coming to replace her and Sister Thompson at Gallia in Cannes. Where Sisters Duffy and Moreton were prior to this is not known. Photographic evidence shows Sister Duffy at Beziers, French Hospital No. 46 in Southern France possibly at the end of 1916. (Figure 36 and 37). In Figure 37, Sister Duffy is giving an anaesthetic during the operation.

Kirsty Harris has examined some of the reasons why Australian military nurses, despite being trained in anaesthetics during WW1, were not allowed to practice either at the casualty clearing stations, or when they returned home.²⁹⁵ Non-military nurses like Sister Duffy and Cook were trained and administered anaesthetics in France during the war but the Australia's medical profession made it clear that it was the role of a Medical

²⁹³ Russell, 30–32.

²⁹⁴ Red Cross Record, April 2, 1917, 15.

²⁹⁵ Kirsty Harris, “‘Giving the Dope’: Australian Army Nurse Anaesthetists During World War I,” *Journal of Military and Veterans Health* 21, no. 3, 2013.

Practitioner and no nurses are recorded as having given anaesthetics on their return to Australia despite this happening in countries such as America.



Figure 36. c1916, *Beziers*, France, Sr Duffy (L), Australian VAD Mrs Keith Murray sitting (Far R). The others have not been identified but could include Sr Moreton to the right of the doctor, AWM P02298.006.



Figure 37. Mar 20, 1918, Dorothy (R) giving an anaesthetic at *Beziers*. Mrs Murray, an ARC VAD (L) is observing. AWM P02298.008.

It is noted in Figure 37, that Dorothy nor the VAD are wearing masks and Dorothy does not have gloves on during the surgery.

A variety of staff were required to manage a wartime hospital and yet they are often overlooked in photographs in favour of the more glamorous doctors and nurses. Figure 38, includes three men with white aprons who may have been the cooks at No. 46 French Hospital at *Beziers*.



Figure 38—Non medical staff at Hospital No. 46 at *Beziers*, courtesy of <http://delcamp.net>.

In June of 1917 Sister Duffy was at *Rodez* as the *Madame Directress*²⁹⁶ and then returned to *Beziers* in March 1918.²⁹⁷



Figure 39. c1916-17, *Rodez*. Mrs Keith Murray (L), Sr Duffy next to her, AWM P02298.007.

²⁹⁶ Daily Observer, March 22, 1918, 1.

²⁹⁷ AWM, P02298.008.

Rodez and *Beziere* were on the route from the battlefields to the Mediterranean and may have played a role in providing care for troops being evacuated to hospital ships. They were both relatively small hospitals and little evidence has been found to enable more detailed descriptions to be given.

Another photograph, Figure 40, shows Sister Duffy with Sister Robinson on June 15, 1918 in *Amiens*.²⁹⁸ During August of 1918, there was heavy fighting around *Amiens* and Sister Duffy may have been sent to reinforce a hospital in the area where the photograph was taken. Lt Watson provided the food for the Sisters while they were at *Amiens*, during the Battle of the *Somme* but no further information about him has been found. Dorothy is holding, a pet rabbit known as “Claude—the savage rabbit”. It is hard to imagine how Claude avoided being an ingredient in Rabbit Pie during periods of food shortages. The nurses appear to be wearing long coats which were not initially supplied by the ARC and may have supplemented their uniforms to match the weather conditions.



Figure 40. Jun 15, 1918, *Amiens*, Sr Robinson (L), Lt 'Digger' Watson (C) and Sr Duffy (R), AWM P02298.004.

Dorothy's aunt, Sister Emma Mary Duffy, joined the AANS in June 1917 at the age of 44 and left for *Salonika* aboard RMS *Mooltan*. She became seriously ill in

²⁹⁸ AWM, P02298.004.

September 1918 with influenza but stayed at her post until returning to Australia in May 1919.²⁹⁹ Unlike Dorothy she received all the available benefits of service on her return.

Return to Australia

Sister Duffy returned to Australia aboard HMT *Zealandia* on November 26, 1918, with five other *Bluebirds*, Sisters Hough, Hungerford, Loxton, Moreton and Wallace. What tales of adventure they must have shared during that trip. Unlike some *Bluebird* nurses, they were given free passage in return for service and did not have to work their way home.³⁰⁰ HMT *Zealandia* survived WW1 but was sunk by Japanese bombers during a bombing raid on Darwin on February 19, 1942.³⁰¹

After the war

It is unknown whether Sister Duffy met her future husband, Dr Alan Barton, at Sydney Hospital when he was a Registrar or perhaps it was a chance meeting in France. A newspaper report in March 1918 tells the story of how Sister Duffy's father, engineer to the Macintyre Shire Council, received a cable with these simple words "Can Dorothy marry after war? Reply Barton, Second Clearing Station France."³⁰² It was reported that Mr Duffy had given his consent and congratulations to the couple. In February of 1919, the wedding was reported providing important evidence not available elsewhere.

An interesting wedding took place in Sydney on Thursday afternoon. The bridegroom was Major A D Barton, DSO of the Army Medical Corps, a returned ANZAC and the bride Sister Dorothy Duffy. Major Barton is a son of Mr and Mrs R Darval Barton of "Esrom House", Bathurst and Roseville in Sydney. He enlisted in 1914 and has been twice

²⁹⁹ Australian nurses in World War 1, Emma Mary Duffy, accessed April 27, 2016, www.ww1anzac.com/du-dw.html.

³⁰⁰ NAA, Miss Duffy, Dorothy E., ARC. Record Card M.2/1957.

³⁰⁰ Daily Observer, March 22, 1918, 1.

mentioned in despatches. He was made honorary member of the RAMC and was congratulated by the leading London surgeons on his work in France. The major was the last doctor to leave Gallipoli. His father was one of the earliest pioneers and owned many stations in New South Wales and Queensland. The bride, Sister Dorothy Duffy, is a daughter of Mr W J Duffy, engineer to the McIntyre Shire Council, Inverell. Sister Duffy, who was one of the Australian Red Cross nurses loaned to the French Government, received two decorations, the *Reconnaissance Francaise* and the *Medaille des Epidemis*. This civil decoration was created in 1917 by the French government as a token of gratitude to all those who had come to the aid of the sick, wounded, disabled, refugees and others during WW1.³⁰³ Sister Duffy was also awarded the *Medaille des Epidemis*.³⁰⁴

Sister Duffy was also awarded the *Medaille de la Reconnaissance Francaise* by the French government to honour her service during WW1. I have only located evidence for Sister Hilda Loxton receiving this award.³⁰⁵

Sister Duffy's new husband was one of the most decorated Australian surgeons of WW1. Dr Alan Sinclair Darvall Barton was the son of prominent pastoralist and author of a popular book *Reminiscences of an Australian Pioneer*.³⁰⁶ He became Registrar at Sydney Hospital in 1910 and then went into private practice at Coonabarabran. When war broke out he immediately enlisted in the AIF and joined No 1 Australian CCS at ANZAC Beach in September 1915. In a display of great compassion he offered to stay behind with the wounded when the withdrawal was being planned. Plans assumed the badly wounded would be left behind and taken out later under the Red Cross flag. Dr Barton's offer to stay was accepted but the withdrawal was so effective the wounded were able to be

³⁰³ National Archives (UK). *Medal Card of Duffy, Dorothy E.* W0/372/23.

³⁰⁴ Daily Observer, February 28, 1919, 4.

³⁰⁵ AWM, Summary attached to REL/21142, accessed June 24, 2016., <https://www.awm.gov.au/collection/REL/21142/>.

³⁰⁶ Robert D Barton, *Reminiscences of an Australian Pioneer*, Tyrrell: Sydney, 1917.

evacuated on December 20, 1915. Dr Barton commanded one of the last medical parties to leave the beach.³⁰⁷

Dr Barton left for France with the AIF in April 1916 and was soon dealing with heavy casualties from the battle of *Fromelles*, *Amiens*, *Armentieres* and *Messines*. He was mentioned in despatches and awarded the Distinguished Service Order in January 1918. He was near *Peronne* during the final attacks on the Hindenburg Line when the war ended.³⁰⁸ After the war Dr Barton published a paper on his work in Allied CCS, which drew attention to new techniques for the closure of wounds and the use of gas and oxygen as anaesthetics. Dr Barton's diaries are at the AWM and they contain fascinating details of the management of the wounded and some sharp criticism of the army. Unfortunately, he does not tell us about Dorothy.³⁰⁹

In February 1919 he married Sister Duffy at St Philip's Anglican Church, Sydney and the couple moved to Singleton. Over the next 26 years Alan built up an extensive private practice and was RMO at the Dangar Hospital, Singleton. He was elected fellow of the Royal Australasian College of Surgeons in 1928. Dorothy, embraced her duties as a doctor's wife and together they took a keen interest in all matters affecting the welfare of the town. Alan played cricket and tennis and Dorothy was a member of the tennis team, competed in tournaments and also played golf. Dorothy and Alan had four children, Robert, Mary, Elizabeth and Nora.³¹⁰

Newspaper reports provide glimpses of Dorothy's life in Singleton. She was at the station in April 1927 to meet the Duke and Duchess of York when they visited Singleton and also when the Prince of Wales made a visit in July 1920. Dorothy continued her work with the Red Cross, knitted socks for sailors as part of the Harbour Lights Guild (Mission to Seamen), was an active member of the Hospital Auxiliary, gave generously to the

³⁰⁷ William A. Land, "Barton, Alan Sinclair Darvall (1886–1950)", *ADB* 7, 1979 and London Gazette, June 1, December 24, 1917 and January 1, December 28, 1918 and Butler, 1930, 332.

³⁰⁸ *Ibid.*, Land.

³⁰⁹ AWM 2DRL/0056.

³¹⁰ *Ibid.*, Land.

Dangar Cottage Hospital, supported the Country Women's Association and was Patron of the Girl Guides. The Barton's were farewelled from Singleton on December 3, 1945 and departed for retirement in Gosford. Alan died of a coronary occlusion on May 18, 1950.³¹¹ Dorothy outlived her husband by another 23 years and died in December of 1973 at the age of 85.

The coat that went to war



Figure 41. Norfolk Jacket belonging to Dorothy at AWM REL/21142.

Sister Duffy's Norfolk jacket is the only item of the *Bluebirds* uniform that has been located and it prompted the writing of an unpublished short story by the author.³¹² The story is an object/autobiography of Sister Duffy's Norfolk jacket inspired by known events. The jacket, now at the AWM, is made of navy blue wool serge and attached to the left breast is the red, white and blue medal ribbon with blue enamelled star for the French

³¹¹ Singleton Argus, May 19, 1950, 4.

³¹² Irene Rogers, *The Coat that Went to War*, unpublished short story, 2015, DOI: 10.13140/RG.2.2.19593.24166, https://www.researchgate.net/publication/311438276_The_coat_that_went_to_war_the_story_of_a_Norfolk_Jacket.

Medaille de la Reconnaissance, 2nd class. Sewn to the lower left sleeve is the hand embroidered badge of the NSW RC. The jacket is lined with faded white coloured silk, which has separated due to age, at both the top and bottom with a white name tape handwritten in blue ink, "D E Duffy". The *Bluebirds* uniform was made by tailors at David Jones (Australia) Pty Limited.³¹³

Appadurai's notion of the 'social life of things' and Kopytoff's concept of the 'cultural biography of things',³¹⁴ challenged the way that many disciplines think about the objects they work with. Some historians use the method to enhance historical enquiry, arguing that any object can be used as primary historical evidence. For them, attention to objects can reveal connections amongst people, processes and forms of inquiry that might otherwise remain unnoticed. It expands the range and depth of historical inquiries by using all traces of the past rather than privileging the written word. This may not seem revolutionary to some disciplines but it is still controversial in history. Since Hayden White called history a 'fiction making operation' in 1973, philosophers of history are still arguing about what constitutes sufficient evidence to make a claim to knowledge.³¹⁵

³¹⁴ Arjun Appadurai, ed. *The Social Life of Things: Commodities in Cultural Perspectives* (Cambridge: Cambridge University Press, 1986); Igor Kopytoff, "The Cultural Biography of Things: Commoditization as Process," in *The Social Life of Things. Commodities in Cultural Perspective.*, ed. Arjun Appadurai (Cambridge: Cambridge University Press, 1986).

³¹⁴ Arjun Appadurai, ed. *The Social Life of Things: Commodities in Cultural Perspectives* (Cambridge: Cambridge University Press, 1986); Igor Kopytoff, "The Cultural Biography of Things: Commoditization as Process," in *The Social Life of Things. Commodities in Cultural Perspective.*, ed. Arjun Appadurai (Cambridge: Cambridge University Press, 1986).

³¹⁵ Hayden White, *Metahistory: The Historical Imagination in 19th Century Europe* (Johns Hopkins University, 1973).

Discussion

Sister Loxton left one of the great accounts of Australian nurses at war, not because of heroic stories but because it exposed the way that nurses in WW1 simply got on with the job of being professional nurses and adapted to their environment with initiative, resilience and a deeply entrenched set of values about their role. This is perhaps what makes the *Bluebirds* story valuable to contemporary nurses. Her diary has also enabled a focus on some aspects of wartime nursing that may assist contemporary nurses to see links between the past and present. When seen through Sister Loxton's firsthand accounts, the *Bluebirds* emerge as inspiring colleagues not as heroines of the past.

WW1 also gave some women the chance to excel. Letters and documents from the Churchill Archives, Sister Loxton's diary, newspaper reports and the work of Mary Borden's biographer Jane Conway, expose one of the many examples of what happened when a woman was given the opportunity to exercise leadership, innovation, intelligence, courage and determination. Later in her life, May Borden Spears admitted that with her work in both world wars she found her true vocation, describing it as the place she was most alive.³¹⁶

Some of the entries in Sister Loxton's diary became tantalising crumbs to be followed. The disregard for the principles of protection of medical personnel and injured soldiers, the role of propaganda; the discrepancies in the historical record because it written by the victors; the fragility of impartiality; and the reasons why the supernatural was so important to participants during WW1.

Sister Crommelin's story raises a host of other issues. In October of 1918, Sister Crommelin wrote an angry letter home when she discovered one of her letters had been published, "I wanted to ask you all never to print any of my letters again. Those letters were written to you only and not for any other eyes to see."³¹⁷ Sister Crommelin had been shown the clipping by "so many people" and was very uncomfortable about it. She

³¹⁶ Conway, 40.

³¹⁷ AWM, PR00065. NWC to the Misses Crommelin, October 14, 1918.

explained to her family “I didn’t write those letters for the papers they were just my personal feelings at a time of great stress and anxiety and those I didn’t wish to be made public.”³¹⁸ However, Sister Nellie Crommelin did not destroy her correspondence during her lifetime and descendants saw no impediment in depositing her letters with the AWM in 1992 and 1998.³¹⁹

Sister Crommelin’s mother and cousin were published storytellers, which may have been an inspiration for the descriptive letters that Sister Crommelin wrote home. She grew up with many challenges but was also resilient. Her nursing career made her feel fulfilled and she took every opportunity offered to undertake fulfilling work overseas. Throughout her letters, Sister Crommelin wrote of a heightened awareness of the long term effects of trauma on the people who experience war, she intuitively knew they would never be the same again and perhaps this comes from her own trauma as a child who was sexually assaulted. It is quite a unique insight, not often seen in diaries and letters from other WW1 nurses.

When Sister Crommelin described situations and events such as the troops marching to the front, there was a surreal aura about the scene. War creates strange scenes and people with heightened awareness. I know from my own experience in areas of conflict that you develop a sense of belonging to a new community where comradeship is heightened, understandings are shared, responsibilities and dangers are judged differently and you are caught up in a new intense reality. This sense of belonging further heightens the sense of isolation from the outside world that Sister Crommelin spoke of. It also produces the terrible sense of loss that she experienced when the war was over, when the adventures petered out, disillusionment set in and the close companionship and idealism that was built through intense belief in a cause and each other becomes the stuff of nostalgic remembrances.

³¹⁸ Ibid.

³¹⁹ AWM email to author, RCIS57272, July 22, 2016.

Sister Crommelin's story also raises the question of the engagement of *Bluebirds* with the French culture. Unlike AANS nurses, *Bluebirds* generally worked in French hospitals, surrounded by people whose land and culture was under siege and they had to constantly grapple with the subtleties of the French language.³²⁰ It appears from her letters that Sister Crommelin wrote in French to *poilus* and their families and she had mastered the language sufficiently to develop genuine communication and an affinity with the French people and was even engaged to a Frenchman. She strongly identified with the French culture and people and dramatically expressed this in June 1918 "if I die, it is for the sake of beautiful France and her suffering soldiers and the honour of our dear Australia".

Other *Bluebirds* who left letters and diaries that have been located, did not express their feelings for the French in the same dramatic way but clearly had affection for the *poilus*. Sister Agnes Warner at No. 1 Surgical Hospital, the French military hospital where five *Bluebirds* served, had her letters compiled in a book by relatives and it was called *My Beloved Poilus*.³²¹ The AANS nurses, despite not caring exclusively for Australian troops, formed a strong community of Australians in France, whereas the *Bluebirds* were absorbed into French communities. They were certainly tourists at times, moving across the surface of French culture but they were also forced to immerse themselves in life, as the French people did, which was a distinctly different activity. Sister Crommelin's letters provide a unique view of life, as an Australian woman in France, during WW1.

Contemplating the preferred identity of nurses in war is important for cultivating a values base, needed for helping nurses maintain a clear sense of purpose, to reason ethically, and be resilient despite adversity. This is not always easy to do and is rarely spoken about. Cynda Rushton, Professor of Clinical Ethics at Johns Hopkins University, encapsulates why it is so difficult for nurses to talk about the ethics of their participation in war. Nurses aren't always comfortable talking about the deeply held personal values

³²⁰ Lancaster, 2008, 58–91.

³²¹ Agnes Warner, *My Beloved Poilus*, St Johns, Canada: Barnes & Noble, 1917.

that shape their personal sense of ethics. They fear being judged, or confronting people who see a situation as categorically right or wrong instead of shaded by individual ethical considerations. It is a grey area in a profession that values black and white and values precision and decisiveness.³²²

The *Bluebirds* worked for the *Red Cross* and the founding principles of “humanity, impartiality, independence and neutrality” had been well articulated prior to WW1.³²³ The nurses are likely to have been familiar with this vision, as most nurses would have been taught about such principles in their training. Yet, in reality the *Bluebirds* worked for the French Army and were not impartial, independent or neutral. However, censorship could have been one of the reasons for this. On one occasion, Sister Crommelin signed a letter to her family with “your soldier Nell” but this was after the retreat from *Villers-Cotterêts* when she had to flee for her life.

This same situation occurs in some contexts today. The modern counterparts of the *Bluebirds* are often referred to as humanitarian nurses and even though they are not placed under the control of the military, they face the same serious challenges to upholding and interpreting the founding principles of the *Red Cross*. The *World Humanitarian Summit* held in Istanbul in 2016 showed that tension between *Red Cross* principles and pragmatism continues to be a problem and members found it necessary to search for ways to re-affirm their relevance.³²⁴ The fundamental issues remain - war is more bearable to the combatants and the public because of the comforting presence of nurses and doctors on the battlefield. Humanitarian nurses do not have a dual role in war, that of warrior and nurse, but they enable the aftermath of war to be tolerated by the public. As a humanitarian nurse, this dilemma haunted me and many of my colleagues, but the daily intensity and challenges of this type of nursing meant the ethical questions

³²² Cynda Rushton, “Nursing is hard. Unaddressed ethical issues make it even harder”, *Johns Hopkins Magazine*, Summer, 2015, accessed August 16, 2016, <http://hub.jhu.edu/magazine/2015/summer/nursing-ethics-and-burnout/>.

³²³ Vincent Bernard, “Principles guiding humanitarian action”, Editorial, *International Review of the Red Cross*, 97, 897/898, 1, accessed August 16, 2016, doi:10.1017/S1816383115000831

³²⁴ Ibid.

were not addressed and when they continue to be ignored, nurses simply burn out or drop out.

The *Bluebirds* had prolonged engagement with the patients putting them in the thick of things ethically.³²⁵ Reconciling their own moral values with the obligations of their profession must have been difficult when confronted with issues such as “mercy killings”. One of the most powerful clues of moral distress suffered by nurses during WW1 can be seen in the writings of Mary Borden, the Director of the No. 1 Surgical Hospital, where five of the *Bluebirds* worked. She was able to privately articulate those ethical conflicts during the war through her letters, but it took until 1929 before her book was accepted for publication.³²⁶

It is arranged that men should be broken and that they should be mended. Just as you send your clothes to the laundry ... you mend the tears and clip the edges ... and then you throw them away. We send our men to the war again and again just as long as they will stand it; just until they are dead and then we throw them into the ground.

We send our men up the broken road between bushes of barbed wire and they come back to us ... pulled out of the ambulances as loaves of bread are pulled out of the oven. He makes a feeble whining sound like an animal ... we confer together over his body ... we conspire against his right to die ... we dig into the yawning mouths of his wounds ... we add the insult of our curiosity and the curse of our purpose ... to remake him.

He awakes bewildered as children do ... his body does not belong to him ... he knows why we tend it so carefully ... it is only 10 kilometres up the road, the place where they go to be torn again and mangled. Do you hear? Do you understand? It is all arranged.³²⁷

Mary Borden published this work in 1929 and it is not known whether she shared these sentiments with the nurses working with her. That she perceived the struggle, however, suggests that other insightful nurses must have shared her concerns. The ethical

³²⁵ Ibid.

³²⁶ Churchill Archives, Cambridge University, SPRS 11/1/1–3.

³²⁷ Mary Borden, *The Forbidden Zone*, Hesperus Press: London, 2013, 79–81.

considerations nurses faced during WW1 are rarely seen in literature about nursing ethics. However, attention paid to nursing ethics in WW2, as seen in the work of scholars such as Susan Benedict and Linda Shields have been very beneficial because of their focus on the context of nurses at war.³²⁸ As Cynda Rushton has argued, nurses need to be educated and intent on acknowledging and discussing the ethical challenges they face.

Scholars recognise the history of nursing is intrinsically linked with war and this has provided a vehicle for the development of nursing but on the other hand war destroys health and contravenes the ethos of nursing.³²⁹ This is an area of research perhaps requiring an interdisciplinary approach and is beyond the scope of this project. I believe further research could enhance nursing history and enable further engagement with the ethical dimensions of nursing in war. This would benefit the nurses and their organisations as they prepare for the difficult work they undertake.

The story of Sister Dorothy Duffy drew my attention to the *esprit de corps* amongst nurses during WW1. The standardisation of nursing training and experiences enabled a shared understanding and language and the Nightingale model was easy to transpose to hospitals in France along with discipline and a sense of mission to care for patients. Palante's contemporary understanding (1904) of this concept explains *esprit de corps* as a "spirit of solidarity animating all members of a same professional group".³³⁰ It enabled nurses to feel more or less subordinated to the interests of the collective which created powerful social ties. *Esprit de corps* had a moral sway over individual consciousness and created an intellectual and moral conformism marking nurses with an indelible stamp. This led nurses to having similar ways of thinking, feeling and acting defined through precise rhetoric imposed on them. Importantly for Palante, the functionaries are subjected to a powerful hierarchical organization whose effect is to

³²⁸ Susan Benedict and Linda Shields, *Nurses And Midwives In Nazi Germany: The "Euthanasia Programs"*, e-book, New York, Routledge, 2014.

³²⁹ Griffiths and Jasper, 92.

³³⁰ Georges Palante, *Combat pour l'individu*, Alcan: Paris, 1904; it originally appeared as an article "Esprit de corps" in *La Revue Philosophique* in 1899, accessed June 10, 2016, Trans. Mitch Abidor <https://www.marxists.org/archive/palante/1899/esprit-de-corps.htm>.

singularly strengthen *esprit de corps* and this was achieved through the Nightingale system of Matrons.

Other principle characteristics identified by Palante include the group defending itself against all exterior or interior causes of potential destruction or diminution. Nurses had coalesced in defence of their profession, seeking to increase their influence, ensuring credit for their work and articulating a moral high ground in caring. This created energy, fierceness and a combativeness nurses still have today. Palante also noted that in order to maintain this attitude, the group demands its members “conduct themselves properly” in both professional and private life.³³¹ The strategies adopted by Florence Nightingale were influenced by those used by other professional groups at the turn of the century.

At times during WW1 the *esprit de corps* of nurses was disrupted and complicated by xenophobia, as nurses from all over the colonial world came together in the same workplaces but the *esprit de corps* of nurses strengthened and found a truly universal voice by the end of the war. An historical investigation about how and why the *esprit de corps* of nurses, has changed since that time, could be very useful for nursing educators working in the field of professional identity.

Chapter Two explores the experiences of Sisters Cook, Thompson and McKillop who served in France at the same time as their husbands. This was a somewhat unusual situation for WW1 Australian nurses because the AANS nurses were not allowed to marry. This is a perspective not often written about in nursing history and reveals a view of life on the Western Front that is distinctive.

³³¹ Ibid, 1-4.

CHAPTER TWO: FAMILIES AT THE FRONT

Introduction

There are many stories told about romances that flourished during WW1, often between nurses and patients.³³² There is very little about the experiences of Australian married couples who went to war. Unlike the *Bluebirds*, AANS nurses were not allowed to be married during this period so the experiences of the three married *Bluebirds* provide insights not found in the history of Australian military nursing. The stories of Sisters Cook and Thompson provide insight into how married relationships were sustained and even enhanced during this time. Family relationships between siblings were maintained in this way as well. Micro-history is concerned with the histories of everyday life and this detailed focus has enabled a story to emerge that is rarely heard.³³³

Sister Elsie Cook



Figure 42. Elise Cook during her nursing training,
courtesy of <http://www.burwoodscene.com>.

³³² Rosalind Knight, Feb 12, 2016, *Valentine volunteers: love stories from World War 1*, British Red Cross Website, <http://blogs.redcross.org.uk/world-war-one/2016/02/valentine-volunteers-love-stories-world-war/> accessed June 2, 2016.

³³³ John Brewer, "Microhistory and the Histories of Everyday Life", *Cultural and Social History*, 7, 1, <http://dx.doi.org/10.2752/147800410X477359>

The famous Australian couple who went to war, Elsie and Syd Cook, are still making headlines. The story of Syd and Elsie was depicted in a six part ABC mini-series released in 2014 called “ANZAC girls” (Figure 43) and a play written by Helen Hopkins and Carolyn Bock called “The Girls in Grey” premiered in Melbourne on ANZAC Day 2012.³³⁴ (Figure 44) To quote the Newcastle Herald, “it is a tale with everything: love, war, high-society, drama and resilience in the face of adversity”. However, Sister Cook’s life should not be defined by those few short years in France.



Figure 43. Sr Cook (Laura Brent) as a “Bluebird” with husband Syd (Todd Lasance) in Episode 6, *ANZAC Girls*, photo by Matt Neeheim, courtesy of iview.abc.net.au.



Figure 44. “Girls in Grey”, Q Theatre Queanbeyan, April 2014, courtesy of <http://citynews.com.au> and Helen Musa.

³³⁴ Robin Usher, *The Age*, April 21, 2012, accessed June 22, 2016, <http://www.theage.com.au/entertainment/theatre/reviving-the-forgotten-women-of-war-20120420>.

Sister Elsie Sheppard had been engaged to Syd Cook for a few months when her future father-in-law, Australia's sixth Prime Minister Joseph Cook, declared war in support of England. The couple quickly married, Syd enlisted and left for Egypt but Elsie was not going to be left out of the adventure and was determined to find a way to follow Syd to the front.



Figure 45. Captain G. Sydney Cook, November 10, 1916, courtesy of *The Land* newspaper.

Life prior to WW1

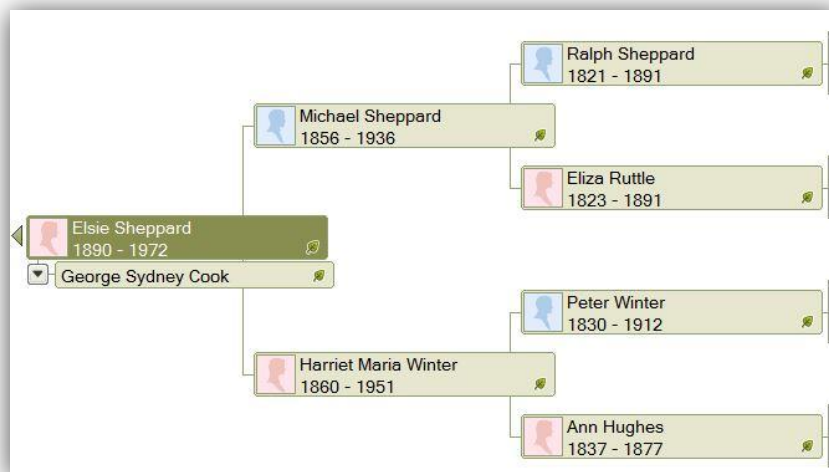


Figure 46. Ancestry Chart Elsie Sheppard-Cook

Sister Cook was no stranger to politics. Her father, Irish born Michael Sheppard, had been a grain merchant and then Mayor of Burwood Council. With his wife Harriet the

family had five children with Elsie born in 1890 and educated at Methodist Ladies College in Burwood. The family lived at *Kassala* a stately home in Burwood that became a Christian Brothers School and later the Southern Cross College.³³⁵ The military wedding of Syd and Elsie was recorded in a number of newspapers and included many distinguished guests. One of the gifts came from Lady Helen Munro-Ferguson, the driving force behind the establishment of the ARC. One report noted that prior to enlistment Syd worked as an Architect in the Department of Home Affairs.³³⁶ Sister Cook was the only one of five children to serve during WW1.

Sister Cook had trained as a nurse at the RPA in Sydney and records held in the archives show she entered as a probationer on February 13, 1911, finished her training in February 1914, requested to marry in September, married in October and then left the hospital permanently.³³⁷

Service as an AANS Sister during WW1

Sister Cook's military record shows the lengths she was prepared to go to in achieving her goals. She entered through the Tasmanian quota for the AANS and enlisted in Melbourne in November 1914 where she was attached to No. 2 AGH. Correspondence in Sister Cook's file shows that in 1919 there was some confusion about this event when an observant Army Base Records officer was attempting to complete the files.³³⁸ Elsie had enlisted under her maiden name of Shephard, because AIF Standing Orders stated that married nurses were not allowed to serve in the AANS. Sister Cook's file has only one Attestation Paper which was completed in Cairo in February 1916 and the original application is missing. Sister Cook admits doing this in a diary entry on February 4, 1915 "after dinner" and within days she was "sworn in for length of the war and four months

³³⁵ Burwood's ANZAC girl, accessed May 10, 2016, <http://www.burwoodscene.com.au/2014/08/burwoods-ANZAC-girl/28/4/16>.

³³⁶ The Tamworth Daily Observer, October 3, 1914.

³³⁷ Dr Kathryn Hillier email to author, February 18, 2015.

³³⁸ AWM, Service Record Elsie Cook, Correspondence between 2nd and 6th Military Districts and Army Base Records, October, 14, 1919 to December 9, 1919.

after.”³³⁹ Peter Rees argued “it appears that efforts were made to circumvent the regulations”.³⁴⁰

Sister Cook’s father-in-law was a former Prime Minister and current Minister for Defence and her connection with powerful and influential people is apparent throughout her diary. Peter Rees argued that among the Sisters and some members of the military it was well known that Syd and Elsie were married but there was clearly some hesitancy to send Sister Cook home for breaking the rules.³⁴¹ It was not until the March 19, 1916, the Director of Medical Services issued instructions that Elsie return to Australia aboard HMAT *Demosthenes*.

It was not her forced return to Australia that keeps this story alive but the story of love and devotion as told by Sister Cook in her diary. Syd was shot in the hip at Gallipoli at the end of April 1915 but quickly returned to the battle after a period of convalescence. On August 13, 1915 Sister Cook tells the story of Syd’s next injury, a serious head wound received at the Battle of Lone Pine at Gallipoli. She dashed to his bedside in Alexandria from her hospital in Cairo to find him “swathed in bandages, thin and pale and weary looking”. Syd was unable to speak and could only make queer sounds and use signs. Sister Cook sprang into action with visits to her Matron in Alexandria, the Matron of the hospital where Syd was and Miss Oram the Matron-in-Chief. Her request to nurse Syd was approved and it can only be conjecture about how much pressure was placed on the nursing leadership to allow this. Given the life of the son of the Minister for Defence was in the balance it is perhaps not surprising.

On the August 15, 1915 Sister Cook admits she “couldn’t help shedding some tears in the darkness” because Syd was deteriorating. Sir Victor Horsley an eminent English neurologist and Director of Surgery with the British Army in Egypt personally attended Syd and on the August 19, 1915 she was able to write in her diary that Syd

³³⁹ AWM, 2DRL/1085.

³⁴⁰ Rees, 18.

³⁴¹ Ibid., 19.

spoke for the first time since his injury and two days later she was able to cable his parents in Australia with the news he was improving. By the end of August, Syd could walk short distances and his medical officer suggested he should go to England to convalesce. Figure 47 shows Elsie and Syd during this period. Sister Cook notes she would prefer Australia but it was more likely she could go with him to England and “it would be a grand holiday and chance for Syd to see it”.³⁴²



Figure 47. Sister Cook treating Syd's wounds and during his recovery, courtesy of The Newcastle Herald, 2474103

Sister Cook discovered it was not as easy as she had imagined to continue to circumvent the established system and the Matron-in-Chief told her she needed Australian permission to go on transport duty to England. Eventually she was offered six weeks leave and records she was “mad with excitement” and forgot to dress “poor Syd’s head all day”.³⁴³ While waiting for the ship to arrive Sister Cook recorded, with humour, an afternoon tea at the iconic *Groppies* restaurant in Alexandria. There were many other wounded men but “Syd’s bandaged head was the most conspicuous” and the “bandaging was far superior”.³⁴⁴ On September 18, 1915 the couple left for England and Sister Cook

³⁴² Ibid, September 2, 1915.

³⁴³ Ibid, September 7, 1915.

³⁴⁴ Ibid, September 15, 1915.

found she had to work her passage to England. At least they were together and could celebrate their first wedding anniversary during the cruise.

On October 19, 1915 as Sister Cook was saying farewell to Syd on the docks at Southampton as he returned to the battle in France, she discovered six nurses she knew from the Royal Prince Alfred Hospital (RPA) were aboard. With three quarters of the Australian registered trained nurses serving overseas at this time this may not have been surprising to her. Sister Cook spent Christmas of 1915 in Egypt and was outraged when Matron Gould informed her that she was not to be promoted because she was married. Sister Cook immediately put in a written protest, without any sensitivity to the fact she had misled the AANS from the time she had enlisted. Perhaps she met her match in Matron Gould.

This was only an annoying setback to Sister Cook's plans and life continued to be organised around seeing Syd. In March of 1915 she prepared for a trip back to Australia with Syd, taking a "fearful amount of luggage ... unobserved by transport authorities" because she was well over the limit. Sister Cook records there were 50 "mental cases", 200 "undesirable troops" and 50 Sisters returning to Australia in preparation for transports leaving for France. The "undesirables" referred to men returning back to Australia with venereal disease. A 1915 British Encyclopaedia of Medical Treatments advised that in the tertiary stage of syphilis "a cure is practically unattainable".³⁴⁵ Despite the drug Salvarsan, the world's first chemotherapeutic agent for systemic treatment of a micro-organism, being discovered in 1906, mercury, iodine and arsenic were still listed as appropriate treatment as well. All the treatments required multiple injections until a negative Wasserman's test was obtained and this could take months. The treatment of gonorrhoea by urethral washouts was widely detested by servicemen but injections up to three times a day of perhydrol, hydrogen peroxide and potassium permanganate, was equally unpleasant.³⁴⁶ It has been estimated that 60,000 Australian soldiers contracted a

³⁴⁵ J E R McDonough, "The treatment of syphilis in 1915", *Practitioner's Encyclopaedia of Medical Treatment*, Oxford: Oxford Medical Publications, 1915, accessed June 21, 2016, <http://www.vlib.us/medical/syphilis.htm>.

³⁴⁶ Ibid.

venereal disease in WW1, around 15 percent of the army.³⁴⁷ The medical resources on the battlefield were limited and primarily used to get wounded men back to the fighting as soon as possible. Chronic and long term medical conditions were not a priority, especially as they were considered to be self-inflicted.

Colonel Butler, in the Official History of the Australian Army Medical Services (AAMS), explains the actions taken by the Army in regard to venereal disease were based on two principles. One endeavoured to reduce exposure by making infection a “crime” and by exposing the moral sin by publicity which he called “a kind of prophylactic blackmail”. The other was to provide prophylaxis and preventative treatments for both servicemen and females in the community. To this end, King’s Regulations 462 and Section II of the Army Act laid down “no pay will be issued while abroad for any period of absence from duty on account of venereal disease”. The pay allotted to a soldier’s family was forfeit and the reason entered in his pay book. This almost guaranteed his family would know about his sin. Those soldiers who were not deemed cured within four months were sent home in disgrace.³⁴⁸

On April 22, 1916 Sister Cook writes “how very good it is to be home again! Here endeth Part I of my diary.” There is no explanation in her diary about what happened when she returned to Australia. A “Casualty Form—Active Service” in her military file states that on May 1916 she was “Returned to Australia in accordance with instructions from the DMS” (Director of Medical Services).

Service as a “Bluebird” in France

The next entry in Sister Cook’s diary was made on July 4, 1916 when she appeared to have reinvented herself as a *Bluebird* Red Cross nurse serving with the NSW Branch of the Australian Red Cross (ARC). Syd had been convalescing in Sydney with Sister Cook and on July 18, 1916 he was medically cleared to return to his Battalion in

³⁴⁷ Kathy Evans, *Secret WW1 history of Australian soldiers with venereal disease*, The Canberra Times, October 24, 2014, accessed June 21, 2016, <http://www.canberratimes.com.au/act-news/secret-wwi-history-of-australian-soldiers-with-venereal-disease-20141022-119wan.html>.

³⁴⁸ Arthur Graham Butler, ed., “Special Problems and Services”, in *Official History of the Australian Army Medical Services, 1914–1918*, vol. 111, Canberra: AWM, 1943.

France. The couple were back in the action and headed for France.³⁴⁹ At this time many nurses applied to join the newly established *Bluebird* contingent but it was a very competitive process. Sister Cook had war experience with the AANS which gave her the right credentials but the support of her mother-in-law Mary Cook was also valuable. Mary had been the wife of a Prime Minister and Minister for the Navy, as well as Minister for Defence, well-known for her charity work and a strong force in the NSW Division of the ARC. Mary was eventually appointed Dame of the British Empire for her services to the Red Cross Society.³⁵⁰

On the voyage to France, Sister Cook introduced Sister Thompson to her old friends in Cairo and Alexandria, they went shopping and sightseeing and enjoyed the many beautiful hotels and restaurants. Sister Cook gives a vivid picture of some of the boats they passed during the journey, from troopships steaming towards *Salonika* to a Dutch merchantman riddled with shellfire and badly burnt by a Turkish gunboat.³⁵¹ The *Bluebirds* arrived in Southampton on August 26, 1916, settled into their hotel and went sightseeing and shopping. On August 29, 1916 Sister Thompson's fiancée, Dr Gordon "Nubby" Hill arrived from training at Salisbury and there was great excitement when they decided to marry as soon as possible. On August 31, 1916 Sister Cook, Thompson and her fiancé "motored to an old quaint ivy-grown Norman Church" where they were married.

On September 2, Sister Cook records the shooting down of a zeppelin above their hotel and her trip to Enfield the next day to see the wreck, "we succeeded in seeing all the charred bodies of the Germans still lying there" and casually mentioned they motored on to afternoon tea and a walk in Hyde Park.³⁵² The next day was spent getting passes for the front from the French Embassy and Sister Cook writes about the difficulties of getting through Customs and military officials. By this time entry to France and the war zone was tightly controlled, to stop people turning up offering their services as they had done at the

³⁴⁹ NAA, B2455. 3397564.

³⁵⁰ NAA, DBE, CP937, Sir Joseph and Dame Mary Cook Collection.

³⁵¹ 2DRL/1085, August 18, 1916.

³⁵² Ibid., September 3, 1916.

beginning of the war. By September 8, they were on their way to France in an overcrowded boat travelling at full speed to avoid enemy attack.

After a long train trip they arrived at the *Hotel d'Iena* in Paris. A hot bath, food and comfortable beds restored Sisters Cook and Thompson's spirits and they were ready for sightseeing and a visit to the *Vicomtesse de la Panouse*, the President of the British Committee of the French Red Cross (BCFRC). A few days later they left for *Cannes* on the French Riviera and the *Gallia* Hospital overlooking the sea. In figure 48 Sister Cook looks happy with this situation. However, despite the magnificent setting, Sister Cook was "very downhearted and depressed at the state of things ... French hospitals are very queer and amazingly badly off for properly trained people." Elsie was put to work in the *Salle de Pansements*, a dressings ward for 60 patients.

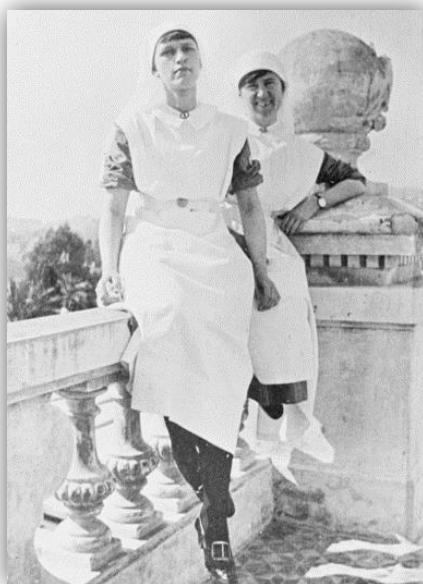


Figure 48. Sister Thompson (L) and Sister Cook (R) at *Hospital Gallia, Cannes*, c. 1916 (AWM A03565).

The problem of inadequate French language skills was immediately apparent and Sister Cook wrote "find my lack of the French tongue most trying".³⁵³ This problem plagued most *Bluebird* nurses when they arrived and they went from respected

³⁵³ Ibid, September 13, 1916.

professionals to novices who could not understand or be understood. The problem was compounded by the extensive use of *patois*, the regional dialects that made it difficult for even native French speakers to understand each other.³⁵⁴ France had also called on regiments raised in North Africa, such as the *Zouaves*, *Tirailleurs*, *Chasseurs d'Afrique* and troops from *Indochine* and other overseas territories who had a variety of French accents, or no French language skills at all.

Sister Cook may not have understood the upheavals taking place in nursing in France when she criticised the poorly trained French nurses. The lay nursing profession in France had only recently evolved from a vocation dominated by Catholic nursing orders assisted by untrained lay women to a secular profession attempting to improve and systematise training and obtain recognition. The speed of the secularisation of nursing can be seen in the numbers of lay nurses growing from 20,000 in 1900 to 95,000 by 1911.³⁵⁵ At the beginning of WW1, the influx of minimally trained middle and upper class volunteer nurses into wartime hospitals, who were promoted as patriotic mothers and sisters, led to a decline in training and nursing standards and there were still supporters of religious nursing, such as doctors and politicians, who saw the advantage in having nursing stay firmly rooted in charity, poverty and obedience.³⁵⁶ The last thing the French nurse reformers needed was a large influx of foreign nursing “experts”, with few language skills, to remind them of their lack of progress. The problems French nursing reformers faced during this period, has also been discussed in the Literature Review.

Sisters Cook and Thompson had to battle bureaucracy to obtain a *Permis de Sejour* which was required from local authorities when nurses arrived in a new area, “which after much argument and incoherent talk we got.”³⁵⁷ Shopping for beautiful lingerie, visiting the bank and taking tea seemed to improve their day and Sister Cook

³⁵⁴ Sumner, 7.

³⁵⁵ Schultheiss, 4.

³⁵⁶ Ibid., 7.

³⁵⁷ AWM 2DRL/1085, September 18, 1916.

was transferred to the operating theatre which was some acknowledgement of her skills at last.

The doctor the nurses worked with at *Gallia* was a Count from an old Royalist family who was “great fun” but the first convoy of *poilus* arriving from Salonica thrust them into the realities of war.³⁵⁸ Sister Cook recorded the simple details of everyday life:

*Lillian (Sister Thompson) up all night with a patient with meningitis, walks along the beach, reading communique's at the Mayor's office ... washed our hair and “climbed out on to the tiles on the roof in the sun all morning to dry it” with the “glorious views all round from the roof”.*³⁵⁹

Sister Cook enables readers of her diary to momentarily peer into the world she and Sister Thompson may have inhabited in such an understated way. In the fashion of the day, Sister Cook started knitting a pair of socks for Syd, with his Battalion colours along the top. Sadly, Sister Cook had a “reverse with Syd's socks ... and had to unpick a good deal”. Sister Cook could not have realised the simple phrase written on September 10, 1916 “operating again today, I gave the anaesthetic” would fascinate 20th century nurses because Australian nurses were excluded from the practice in Australia after the war. Sister Cook records after her first anaesthetic, she sat with the recovering patient and was still “wrestling with Syd's socks”.

In October 1916, Sisters Cook and Thompson went on a trip to *Nice, Monte Carlo* and *Monaco* and won 40 francs at the roulette table. In early November Sister Cook received the letter she had longed to hear, Syd was now across the channel in England. Winter was descending on the French Riviera with a chill in the air and snow on the mountains behind the hospital and the wounded continued to arrive from *Salonika*. A visit from Sister Thompson's brother, Dr Clive Thompson brought great excitement and they were both exhausted after their hectic sightseeing and dining out.

³⁵⁸ Ibid, September 19, 1916.

³⁵⁹ Ibid, November 23, 1916.

In early December 1916, Sister Cook had a chance to visit Syd in England. With 20 days leave granted, a “dreadful time with passports and papers” and lost luggage, she made it to Southampton and records sitting by a lovely fire and waiting for Syd to arrive.³⁶⁰ The holiday was short lived and Syd was ordered “to leave for France” immediately.³⁶¹ On the December 15, 1916 on the train from *Le Havre* to Paris on Sister Cook’s return trip to the hospital, she ran into Madame Niau their French teacher from Australia. Sister Cook needed a plan to get closer to the front and talked Madame Niau into going with her to the French Ministry of War so she could press her case to get to the frontline where Syd was now serving. This was followed up with a visit to the President of the FRC and Sister Cook believed she had “a good hearing from both”.

Back at the hospital, Sister Cook describes the amputation of a leg using novocaine and commented “so uncanny to see the man sitting smiling and talking all the time his leg was being sawed off.”³⁶² Most soldiers in WW1 were young and relatively healthy but many were heavy smokers which sometimes made it difficult to anaesthetise them with ether or chloroform. Most operations were relatively short so novocaine was sometimes used for minor operations and Stovain as a spinal anaesthetic. Clearly one of these drugs, according to Sister Cook, was used with great effect.³⁶³

Christmas was a beautiful time of year with the snow-capped hills of Italy and the azure blue sea of the Mediterranean forming a backdrop to celebrations for the men in the hospital, and visits to expatriates living close by. Early in the New Year, the news came that fellow *Bluebirds* Sisters Duffy and Moreton were to replace Sisters Cook and

³⁶⁰ Ibid, December 10, 1916.

³⁶¹ Ibid, December 12, 1916.

³⁶² Ibid, December 23, 1916.

³⁶³ Anthony Kovac. *Choice of Anesthetic Technique for Surgery at the Front during World War I*, lecture at Department of Anesthesiology at the University of Kansas Medical Centre, October 13, 2007, accessed June 7, 2016, <http://www.asaabstracts.com/strands/asaabstracts/printAbstract.htm?jsessionid=5DA0C4F4A34BD921D943473F4809893F?year=2007&index=12&absnum=114&type=archive>.

Thompson and they were to transfer to a hospital in Paris. This was not what Sister Cook had planned.

She wrote immediately to the FRC to be asked to be sent further north.³⁶⁴ Sister Cook went above the *Vicomtesse's* head to the Under Secretary of State in Paris and on the 16th a curt telegram from *Madame le Vicomtesse de la Panouse* stated they were to go immediately to *St Germain-en-Laye* Hospital in Paris. Using her contacts, Sister Cook arranged a meeting with the French Minister of War, but had to report to her new hospital while she waited for news. Sister Cook was so confident she decided to only unpack sufficient clothes for a week until “word comes regarding a transfer from the Minister of War.” Time went by and she did note that some wonderful operations were taking place at the hospital, such as a bullet being extracted from the lungs by x-ray and magnetic forceps.³⁶⁵ This was also a wonderful place to see some of France’s finest palaces and architecture.

Sister Cook’s persistence paid off and on the February 5, 1917 the Minister of War sent a message to come immediately and Sisters Cook and Thompson were now on their way to the front to *l'Hôpital 108* at *Amiens*. They shopped at *Printemps* and jewellery stores, visited the *Arc de Triompe* and strolled down the boulevards of Paris while their papers were prepared. On February 15, 1917 Sisters Cook and Thompson arrived in *Amiens* and in the middle of the first night were awakened by “the firing of our anti-aircraft guns and two bombs were dropped ... we arose affrighted, hastily donned a cloak and slippers and fled to the cellar.” Their new hospital was for French Officers and the *Médecin Chef* offered them French lessons, in exchange for English lessons, daily for one hour. Sister Cook recorded great excitement over the advance at *Bapaume*, which was eventually taken on March 15 and during this period Sister Cook was able to see Syd on several occasions and in early March, they celebrated Syd’s birthday.³⁶⁶

³⁶⁴ AWM. 2DRL/1085, January 1, 1917.

³⁶⁵ Ibid, January 31, 1917.

³⁶⁶ AWM 2DRL/1085, March 7–9, 1917.

Sisters Cook and Thompson had to move into private accommodation because of shortage of space at the hospital and they enjoyed having their own *salon* to entertain their husbands when they could get leave. On April 16, 1917 Sister Cook noted that fifteen hundred wounded *poilus* arrived at the hospital and it was overflowing. Sisters Cook and Thompson were assigned temporarily to *l'Hôpital 111* at *Amiens* and discovered they had 250 patients each and just the dressings alone took all day. These busy periods were interspersed with quiet times and Sister Cook records at the end of April 1917 she was “in a rage with the hairdresser because he refused to do my hair.”³⁶⁷ Spring arrived and with it the opportunity to enjoy the weather and go riding “in a curious costume borrowed from the pack store” to the battlefields of *Thiepval-Pozieres* for sightseeing and souvenir hunting. They picked up shell cases and an unexploded tank shell and even saw some dead Germans before concluding their day out by having supper at the local Chateau.³⁶⁸

Sister Cook managed to take leave and join Syd in England in early May, 1917 and together they visited Dorset, Devon and Cornwall. When she returned to *Amiens* on June 4, 1917 Sister Cook noted that she was “trying to settle back to be Sister Cook once more”.³⁶⁹ The hospital was almost empty which gave them time to go riding, play tennis with high ranking officers, go boating “along the beautiful Somme canals to Nagasaki Island for a tea party” and pick stunning poppies and cornflowers in the local fields.

On July 2, 1917 the new Carrel-Dakin treatment of wounds was introduced at the hospital at *Amiens* where Sister Cook was working. At this time, over 80 percent of amputations were due to infections caused by an organism that had only been discovered in 1915, and caused “gas-gangrene”. A French surgeon Dr Alexis Carrel and an English chemist Henry Dakin developed a system to intermittently irrigate wounds with a sterilising solution to control the infection thus avoiding unnecessary amputations and deaths. It was controversial for doctors at the time and very time consuming for nurses

³⁶⁷ Ibid, April 27, 1917.

³⁶⁸ Ibid, April 29, 1917.

³⁶⁹ Ibid, June 8, 1917.

but very successful when used correctly.³⁷⁰ WW1 nurses and doctors lived through a time of unprecedented advances in medical science requiring a great deal of patience, flexibility and willingness to embrace new ideas. Nurses played a vital role in implementation and monitoring of the outcomes of these new treatment modalities and I can imagine it must have been an exciting time to be a nurse.

By early August, 1917 Sister Cook and Thompson were ready for action closer to the front and encouraged by her previous successes, Sister Cook went straight to the Principal Medical Officer of the Region to ask for a transfer to a Casualty Clearing Station (CCS) ignoring the protocol of going through the FRC or Matron of their hospital. Sister Cook had heard that fellow *Bluebirds*, May Harris and Elfrieda Warner, had been posted to Belgium to a hospital at *Zudycoote*, so promptly wrote to remind the Chief Medical Officer of her request to go to the front.³⁷¹ On the August 25, 1917 Sisters Cook and Thompson were offered positions at *Zudycoote* near the Belgian Frontline. When Sisters Cook and Thompson arrived they met Sisters Harris and Warner who were very surprised. This hospital is discussed in the story of Sister Harris. The four *Bluebirds* seemed to enjoy leisure time together and had fun with a séance one night in which Elsie received a message from the spirits to say she would go to Dunkirk and be killed by a bomb on January 13th, fortunately the spirits were wrong on this occasion. Sisters Cook and Thompson were able to see their husbands on a number of occasions during September of 1917.

In early October 1917 work started in earnest and preparations were made for “the big offensive”. The injured soon started to arrive in large numbers and Sister Thompson was put on night duty to care for three badly wounded soldiers, two of whom died during the night. On October 15, 1917, Elsie described a battle in the skies above resulting in one *taube* being shot down. Being so close to Dunkirk enabled Sister Cook and Thompson to witness many such air battles and Sister Cook gave vivid descriptions of naval battles in

³⁷⁰ *Radio Télévision Belge de la Communauté Française, WWI. Carrel-Dakin Method*, accessed June 7, 2016, https://www.rtb.be/ww1/topics/detail_the-carrel-dakin-method?id=8356084.

³⁷¹ AWM, 2DRL/1085, August 17–18, 1917.

the waters in front of their hospital. Despite how busy they were during this period Sisters Cook and Thompson managed to have tea with a General from the Royal Flying Corps and go horse-riding with a French Count. On November 8, the Germans dropped three bombs on the hospital, eight orderlies were killed with nine wounded including a nurse, the spirits were not so wrong after all.

Syd was now posted nearby at *Hazebrouck* and to Sister Cook's delight he turned up at the hospital one night with a 24 hour pass. It must have been distressing for Sister Cook and other hospital staff as they listened to the endless bombardments coming from nearby battles, knowing many wounded would soon be on their way to them but many more would die.³⁷² As soon as Sister Cook had a day off she requested permission to go to *Hazebrouck* to see Syd but "The nasty old sight³⁷³ wouldn't let us go to our rage and disappointment."³⁷⁴ However, all was not lost as Sister Cook and Thompson moved into new quarters in the hospital, overlooking the sea with Dunkirk on one side and the Belgian frontier on the other, "such a view, wide expanse of sea and sand."³⁷⁵ The wards continued to be very heavy with endless new arrivals from the ongoing battles at the front and continuous air raids which fortunately made more noise than damage. The first mention Sister Cook makes of soldiers being gassed was in early December 1917 when 550 patients came from *Nieuport*.³⁷⁶

On their next day off Sisters Cook and Thompson had the opportunity to go to Boulogne where Sister Thompson's husband Gordon was working. Time was passing and another winter set in requiring them to travel through a snowstorm to get to Boulogne. On Christmas Eve 1917 they sat by the fire and made little baskets of sweets to give to the patients. The patients cheered as decorations were put up and they were served a wonderful Christmas dinner complete with a flaming plum pudding. After the

³⁷² Ibid, November 13, 1917.

³⁷³ Probably referring to the Matron.

³⁷⁴ Ibid., November 20, 1917.

³⁷⁵ Ibid., November 22, 1917.

³⁷⁶ Ibid., December 12–15, 1917.

celebrations Sister Cook received a letter from Syd who was “writing on his knees with a candle on his tin helmet in a ruin of an old chateau—freezing with cold” and about to go back to the line. By comparison there were plenty of parties, dances and concerts to be enjoyed by the nurses over Christmas.

On New Year’s Eve Elsie reminisced about the last four years of her life; on route to Egypt, at *Ghezira* Palace Hospital in Cairo, *Cannes* and now on the Belgian frontier. “Where would the next New Year’s Eve find her” she mused. By mid-January 1918 air raids became common and Elsie recounts one night:

... one of our guns hit a *Gotha*³⁷⁷ which came down just in front of the hospital on the beach—hit in the motor—three prisoners and one slightly wounded. Also a little dog with them ... The large *Gotha* looked so grotesque and unnaturally large in the moonlight with a cordon of French soldiers around it with fixed bayonets.³⁷⁸

With some leave due, Sisters Cook and Thompson headed to *Hazebrouk* where Sister Thompson’s brother Clive was working at the hospital and Syd was close by at *Meteren*. It seems so incongruous that nurses could go on visits to the front, sightsee, catch up with family and eat out at quaint restaurants. Elsie was annoyed Syd could not get leave to go to Paris with her.³⁷⁹ Syd had to go back to the war and Sisters Cook and Thompson left for Boulogne where Sister Thompson’s husband Gordon was stationed. Gordon was able to get eight days leave so the trio left for Paris, a place to enjoy even during the war if you had money. Lunch and dinners at the *Ritz* and *Meurice*, on to the *Casino de Paris* for the show starring Gaby Desbys who Elsie remarked was “very active on her pins for a lady of 42”.³⁸⁰ They shopped at the famous Department stores *Au Bon Marche*, *Printemps*, *Lafayette* and visited the *Louvre* and enjoyed High Tea. Sisters Cook and Thompson were often entertaining or being entertained by friends and new acquaintances and had time to go riding around the *Bois* and saw all the major sights of Paris.

³⁷⁷ *Gotha* refers to the German long distance night bombers.

³⁷⁸ *Ibid*, January 26, 1918.

³⁷⁹ *Ibid*, February 5, 1918.

³⁸⁰ *Ibid*, February 8, 1918.

Sister Cook mentions buying surgical syringes, something she did periodically, indicating they must have been a personal item of equipment. With no news about their next posting, the pair set out for the holiday resort of *Chamonix* via *Annency* and *Aix-les-bains* and settled into the *Savoy Palace Hotel*.³⁸¹ Sisters Cook and Thompson must have looked very smart in their new Alpine costumes complete with gaiters, boots, sweaters and woollen caps. After a five hour trek up *Mont Flégère* with a “wide panorama of valley and fir-clad hills, towering up the snow-capped chain of *Mont Blanc* with its green glaciers” they arrived back to their hotel exhausted.

It was now the first week in March and they still had no word of their next posting. Eventually they were assigned to *L'hôpital du Panthéon*, “a grey old ancient convent like edifice rambling about” and Sister Cook describes the new doctor as “a large fat, greasy and dirty looking man, the very type one sees of caricatures of French doctors”.³⁸² Sisters Cook and Thompson, “trailed around armed with notebooks and pencils like a party of bookies at a race meeting” during their briefing and all was not looking positive. Finding a new flat was proving difficult and the “only likely looking rooms ... were over a ham and beef shop which didn’t add to its allurements.”³⁸³ After the luxury of so much leave, not getting up early for work and living in the centre of the gentrified social world of Paris this must have been very difficult.

On March 17, 1918 only four miles away a grenade factory exploded at *La Corneuve* and it was heard all over Paris. People thought the “Huns”³⁸⁴ were on the outskirts of their city and 30 workers were killed and over 300 wounded. Air raids had become more frequent and on March 24, 1918 Paris was shelled by long range guns. “All Paris awakened this morning to read this astounding news”. Five of these shells fell around the Hospital with several people killed. According to Sister Cook, Parisians just

³⁸¹ Ibid., February 15, 1918.

³⁸² Ibid., March 14, 1918.

³⁸³ Ibid., March 15, 1918.

³⁸⁴ Kaiser Wilhelm II of Germany in a speech in 1900 to German soldiers told them to fight “like the Huns under their King Attila a thousand years ago”. The Huns were considered barbaric and the name soon caught on during WW1 to describe contemporary German soldiers.

got on with their daily life “today things go on as usual—the tubes and trams are running and people quietly going about their daily work.”

At this time battles at *Noyon*, *Bapaume* and *Amiens* were raging, “things grave but everybody calm and confident” Sister Cook records.³⁸⁵ On March 27, 1918 she wrote “*Bapaume* and *Noyon* have been taken, now our line is east of *Albert* and *Roye*—it seems awful to think of the Germans being there, where we used to walk and ride and it seemed such a long way behind the lines.” The intrepid pair moved to another flat to be closer to their hospital with Sister Cook nursing “an enormous bath tub, so large that it filled the taxi”. The same day news came they were to be transferred to *Compiègne*, so they repacked and then found their new hospital had been burnt to the ground the night before.³⁸⁶ On March 31, 1918, they were ordered to leave for *Senlis*, at the *Le château d'Ognon* which was a “beautiful old place surrounded by woods and shown in Figure 49. It appears to be luxurious but that was not the case.



Figure 49. Postcard of *Chateau d'Ognon* c. 1918,
courtesy <http://www.delcampe.net>.

There were no luxuries for Sisters Cook and Thompson at this hospital—only food shortages and overcrowding. Fortunately the weather was still mild because they moved into a tent with grass and daisies growing on the ground. However, by early May,

³⁸⁵ AWM, 2DRL/1085, March 25, 1918.

³⁸⁶ *Ibid.*, March 27, 1918.

Sisters Cook and Thompson were sightseeing and shopping at *Compiègne* with its beautiful forests but somewhat damaged buildings from the bombardment. The work at the hospital kept them very busy with many serious fracture cases and the occasional attack by air. To Sister Cook's horror, a bomb was dropped one night in the water cress garden. On May 30, 1918 bad news came from *Soissons*:

... the place evacuated and occupied by Germans who are advancing towards the Marne for a push on Paris. All the hospitals between here and the front are evacuating. Refugees passing along in front of the hospital... Wounded pouring in by the hundreds... one long line of ambulances outside the hospital, disgorging and tearing off.

Things had not improved by June 2, 1918, when Sister Cook records the Germans were now at *Villers-Cotterêts*, where Sisters Crommelin and Hutchison were working only 15 kilometres away. The wounded were arriving all the time, “nearly all fractured femurs and suffering with shock—some hadn't eaten for three days”. In Sister Cook's ward there were French, Arabs, Algerians, two Russians, a Romanian, three Germans and an English “Tommy”.³⁸⁷ Figure 50 shows Sengalese troops supporting the French army.



Figure 50. c.1917, Sengalese French troops, courtesy of Getty Images.

³⁸⁷ Ibid, June 3, 1918. Tommy was used to denote a British soldier. The term “Tommy Atkins” was used as a generic name by the British War Office in 1815 and was well entrenched as just “Tommy” by WW1.

In the middle of this situation Sister Cook received word that her father-in-law was arriving in England any day, as the new Australian High Commissioner. She describes the scene, “wounded arriving every minute ... refugees flying past the hospital carrying their few possessions ... all *Compiègne* evacuated to us ... keeping the cases only about twelve hours, operate on them and send them on.”³⁸⁸ A letter from Syd arrived asking Sister Cook to take leave to come to England to welcome his father. She writes, “although I shouldn’t, I asked for leave to go to England tomorrow”, leave was granted and as she left for Paris she admitted “I simply feel very mean leaving Lillian and the hospital at such a time as this but must go as Syd hasn’t had leave for a year.”³⁸⁹

On arrival in London Sister Cook was able to go to Australia House and find Syd who was suffering from a bout of influenza. The couple holidayed in Scotland, had long chats by the fire, slept in and tried to recover from their experiences. The war must have seemed very distant as they walked by beautiful lakes and hills. On the June 28, 1918 Sister Cook mentioned she strolled along to the Grafton Galleries, a name she later used for her antique shop all those years later in Sydney. She “mournfully” returned from the Station after she bid farewell to Syd who was returning to the front.³⁹⁰ Sister Cook returned to work to relieve Sister Thompson.

The tide started to turn for the Allies in mid-July with an attack by the French and Americans around *Soisson* and *Château-Thierry*, she noted “Americans pouring in ... every bed and stretcher full, wounded on the floors.”³⁹¹ Sister Cook records that “after we had finished our work we went into one tent and found it full of wounded who hadn’t had anything to eat or drink for at least three days.”³⁹² She poignantly recalls that in their old tent in the grounds “lay a German officer and a private, side by side, and at one rank in

³⁸⁸ Ibid., June 8–10, 1918.

³⁸⁹ Ibid., June 15, 1918.

³⁹⁰ Ibid., June 29, 1918.

³⁹¹ Ibid., July, 15, 1918.

³⁹² Ibid., July 16, 1918.

illness and captivity. He (the German Officer) made cocoa with bread and took it around".³⁹³ Sister Cook noted the Germans were only operated on after their own soldiers.³⁹⁴

The news kept improving and Sister Cook heard the Germans had been driven back across the Marne,³⁹⁵ *Soissons* was retaken and 50 small villages, many that Sisters Cook and Thompson had visited.³⁹⁶ The next big news was of the advance on the *Amiens-Montdidier* front with 10,000 prisoners and 300 guns captured. The Germans eventually retreated from the hospital at *Villers-Cotterêts* which enabled it to become an allied hospital again.

On September 19, 1918 Sister Cook celebrated her third wedding anniversary by "rushing over" to see Syd at *Fovant* before he moved out to *St Quentin* for an attack on the Hindenburg line. Syd's safety must have been a constant worry for Sister Cook but she never writes about her fears. She speculated on the future "I feel sure that next anniversary will be spent at home" and ponders "if we had realised, that day four years ago ... we should still be here, the war still going on , I'm afraid our hearts would have quailed".³⁹⁷

Another winter came and the days became calmer as more patients were evacuated to other hospitals. At the end of September 1918 the news was "excellent". Bulgaria asked for peace and on October 2, *St Quentin* and *Cambrai* were recaptured which enabled Sister Cook to breathe a sigh of relief. After a long interval, a letter arrived from Syd to say his Battalion took *Hargicourt* and more prisoners than there were allied

³⁹³ Ibid.

³⁹⁴ Ibid., July 21, 1918.

³⁹⁵ Ibid., July 30, 1918.

³⁹⁶ Ibid., August 3, 1918.

³⁹⁷ Quailed means to show fear or apprehension.

soldiers and they were “very pleased with themselves”.³⁹⁸ The next day news came that Germany, Austria and Turkey were asking for an Armistice to discuss peace—the war was nearly over.

Sister Cook and Thompson’s hospital evacuated all their plaster cases to other hospitals and there were “so many nurses and few patients”.³⁹⁹ Their hospital was dismantled, packed up and on its way to *Laon* to be re-assembled so they headed off to see their new hospital.

*Indescribable—just one mass of heaving tortured earth—shell holes and mine craters of enormous size, old trenches and dug outs, blow up roadways—one could only recognise where a village had one stood by ... brick dust and small pieces of ironwork. For miles this expanse of awful ruin and shell torn earth stretched, thickly interspersed by graves—German and French—a helmet to make the nationality from afar.*⁴⁰⁰

Figure 51 shows part of the destruction and makes Sister Cook’s account even more powerful.



Figure 51—Postcard showing the ruins of Artillery barracks at *Laon* c. 1918, courtesy of <http://delcampe.net>.

³⁹⁸ AWM, 2DRL/1085, October 5, 1918.

³⁹⁹ Ibid, October 22, 1918.

⁴⁰⁰ Ibid, October 29, 1918.

Sister Cook and Thompson arrived at their new hospital, an old convent still full of civilians and nuns with harrowing tales of the German occupation. Sisters Cook and Thompson discovered they would be relocating to *Chambery*, about three miles away as soon as the frontline was not so near. They were taken to a *Chateau* occupied by an American infantry battalion headquarters which was being converted to their hospital and on the return to *Laon* passed hundreds of American troops going up the line. On October 30, 1918 they left *d'Ognon* for the last time and headed to Paris hoping to make the crossing to England on leave. On November 3, 1918 Sister Cook and Syd were reunited at the Savoy Hotel and she spent a blissful week being Mrs Cook again. On Armistice Day, November 11, 1918, she described the scene:

Bells began to ring and sirens blew ... news that the Germans had accepted and signed our armistice terms ... Syd and I sallied forth, people began to hang out flags and bunting ... the aeroplanes arose and circled and dived to make merry in the air.

They set forth immediately for London to join in the celebrations and went to the Savoy Hotel for dinner where a “fearful din was going on”—dancing in full swing—lots of crockery smashed, officers playing tug-o-war with the tablecloths—others raided the kitchen and returned wearing the cooks caps and aprons, cake baskets on their heads *à la* helmets.”⁴⁰¹ They had all miraculously survived the carnage and could now start thinking about the future.

Syd’s father was busy in his role as the Australian Ambassador but they were able to see him from time to time. Sister Cook went to Farmborough where Syd was on a course and life seemed to settle into the married life she had always dreamt of. However, Sister Cook was still on active service with the *Bluebirds* and on December 12, 1918 she writes about a “rather hostile reception from the old matron” at the BRC when she went to enquire about going back to France. Sisters Cook and Thompson arrived back in France on December 31, 1918 on the same boat that had taken them in 1916 and made

⁴⁰¹ Ibid., November 11, 1918.

their way to their appointed Field Ambulance in *Mainz* in Germany.”⁴⁰² Sister Cook wrote in her diary “so endeth another year but now it is really the last year of the war ... the fifth New Year’s Eve, in which I have kept my diary and in which I have wondered if it were really the last year of war”.⁴⁰³ A report in the SMH on June 20, 1919 advised readers of the returned servicemen on *Kaisar-I-Hind*.

*Major J S Cook who is a son of Sir Joseph Cook, Minister for the Navy ... was accompanied from England by his wife ... who now wears the French Palms of Honour as a nursing decoration. One of our first war brides, Sister Cook volunteered as a nurse soon after the departure of her husband with the first contingent of Australians for Gallipoli ... Sister Cook spent more than four years looking after sick and wounded soldiers in Egypt, France and England ... she crossed into Germany shortly after the signing of the armistice..*⁴⁰⁴

After the war

When Syd and Elsie returned home, the couple moved to Perth where Syd became a Commonwealth Architect, and Elsie gave birth to a son Peter. Peter graduated from the Royal Military College at Duntroon and served during World War 2 and in Korea. Syd later worked in Sydney and designed the net that stretched across Sydney Harbour to keep out Japanese submarines during WW2. Their grandson Hartley was astonished at his grandparents’ resilience and how they showed no signs of post-traumatic stress despite what they faced in the trenches and wards.

*These poor buggers, in Gramps’ case, landed in Gallipoli on April 25, 1915, got patched up twice and spent most of the war in horrible trenches in France. And then they come back here and design buildings and run antique shops. You know, I’m buggered if I know how they did it. I think it is just extraordinary.*⁴⁰⁵

⁴⁰² Field Ambulance referred to a mobile medical unit as well as a vehicle.

⁴⁰³ AWM, 2DRL/1085, December 31, 1918.

⁴⁰⁴ SMH, June 20, 1919.

⁴⁰⁵ Newcastle Herald, April 27, 2016.

Sister Cook commenced an antiques business called *Grafton Galleries* in Double Bay in 1945 which was managed by Peter when he retired from the Army. Her grandson Hartley Cook also managed the successful business.⁴⁰⁶ Elsie and Syd Cook both died in 1972 after 58 years of marriage but the actual dates have not been located. Sister Cook's story is a testament to a strong, intelligent and resilient woman whose diary enabled a peek into the world she inhabited and influenced.

Sister Cook's diary is the only record of Sister Thompson's time in France and the many adventures they had together.⁴⁰⁷ Sister Cook probably had a range of motivations and intentions when she wrote the diary, driven by her social status, education, profession and time and place. Sister Thompson was a constant in the story but it remains Sister Cook's story. These glimpses are all that are available and invite the reader to enter the diary space, observe the interactions between the two and come to their own conclusions.

⁴⁰⁶ SMH, August 19, 2005.

Sister Lillian Frazer Thompson



Figure 52. Lillian Thompson aboard HMHS *Kanowna*, July 1916.

Life prior to WW1

Lillian Thompson attended Pixie Ladies' College in Bathurst where the students were congratulated “upon that predominant happiness which always seems to hover over them”.⁴⁰⁸ At the 1907 presentation of prizes, Archdeacon Oakes exhorted the students “to live up to the ideal of ministering angels, to always try and brighten those who had cares and troubles”.⁴⁰⁹ Perhaps this influenced Lillian’s decision to become a nurse. She commenced training in 1911 at the Royal Prince Alfred Hospital (RPA) and her training record shows she had measles in 1913–14 and had to delay her studies. In December 1915 Sister Thompson received her dispensary certificate but did not take her exam in “Sick Children”. The record states “she passed and got credits all the way through and her work was good.”⁴¹⁰

⁴⁰⁸ National Advocate (Bathurst), September 30, 1901.

⁴⁰⁹ Ibid.

⁴¹⁰ Dr Kathryn Hillier, RPA Archives, email to author. February 18, 2015.

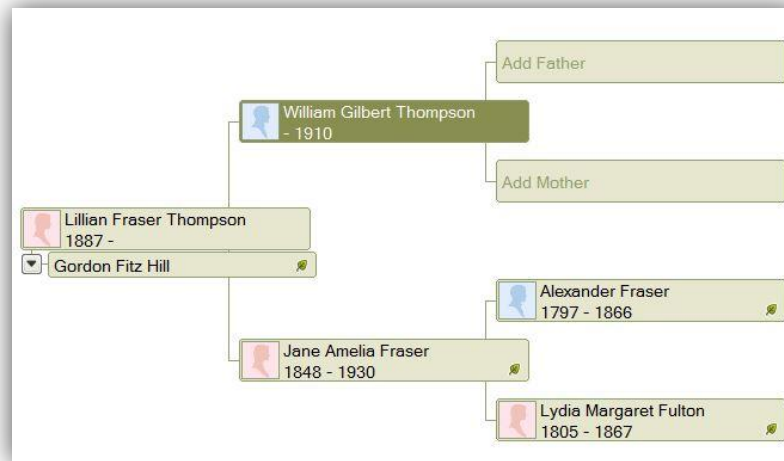


Figure 53. Ancestry Chart, Lillian Fraser Thompson.

Lillian grew up in a large family in Bathurst, NSW. William Thompson, Lillian's father and the Postmaster at Bathurst, died in 1911 when she was in her first year of nursing training. Her mother Jane Amelia Fraser was left with a large family of 11 children but only some of Sister Thompson's siblings have been traced. Sister Thompson's older brother, Clive Wentworth Thompson, was a distinguished medical practitioner during WW1 and a Junior Resident at the RPA when Sister Thompson was in training. As soon as war was declared, Clive joined the AAMC and landed on the beach at Gallipoli with 1st Battalion on the first day. Clive became well known as the doctor who warned General Bridges to take care at Gallipoli and then treated and evacuated the mortally wounded general. Apart from one short rest period he remained there throughout the ANZAC Campaign. Figure 54 shows him distributing immunisations to the soldiers in Egypt and it appears the soldier is injecting himself.



Figure 54. c1915, Dr Clive Thompson issuing vaccinations in the field in Mena Camp Egypt, AWM, P07973.009.

Clive was awarded the Military Cross for his outstanding service at Gallipoli, promoted to Lt Colonel and sent to France. He participated in the battles of *Ypres* and the *Somme* and took part in the attack on the *Hindenburg* Line. In September, 1917 he received gunshot wounds and was evacuated to England to recover. As well as showing gallantry and initiative he was highly praised for his leadership and ability to organise medical arrangements for his own Division and the American Division operating with them. Clive was also instrumental in developing advanced dressing stations with anaesthetic and resuscitation equipment to stabilise patients before evacuation. He recommended an operating team be provided at a divisional location for deployment forward as necessary—this was an Australian ‘first’ later taken up by other military forces. After the war he held appointments at the Royal Alexandra Children’s and Crown Street Women’s hospitals, practiced at Bathurst and then at Hamilton, NSW.⁴¹¹

Sister Thompson completed her nursing training in December 1915 and immediately enlisted in the AANS AMF and served at No. 4 Military Hospital at

⁴¹¹ C.M. Gurner, “Thompson, Clive Wentworth (1882–1941)”, *ADB* 12, accessed January 21, 2015, <http://adb.anu.edu.au/biography/thompson-clive-wentworth-8783>.

Randwick detailed. Sister Thompson joined the *Bluebirds* and departed for France in July 1916 with her good friend Sister Cook. At this time she was engaged to Gordon Fitz Hill, a doctor who studied medicine at Sydney University with her brother Clive. Gordon was the grandson of pioneer orchardist and Aboriginal rights activist Richard Hill, MLC.⁴¹² Gordon enlisted and sailed for France on May 18, 1916 only a few months before Sister Thompson. When she arrived in England in September 1916 she met up with her fiancé and they decided to marry immediately at Amesbury and have a short honeymoon touring the British countryside. In the year that followed they saw very little of each other. After the battle of Messines in mid-1917, Gordon was admitted to hospital with debility and after convalescence was transferred to 2 Australian General Hospital (AGH) at *Wimmereux*.



Figure 55. Surgeons and nurses at work at *Wimmereux*. A nurse is giving the anaesthetic, courtesy of Wellcome Images, CC-BY license.

In Figure 55, an unknown nurse is giving the anaesthetic under the watchful eye of a senior Sister who is wearing medals.

The story of Sister Thompson's service as a *Bluebird* is only known through the diary of Sister Cook which describes their joint adventures at *Cannes*, *Amiens*, *Senlis* and *Zuydcoote*. The biography of Sister Cook details this part of Sister Thompson's story. Sister Thompson travelled back to Australia aboard *Kaiser I Hind* with Sister Cook and

⁴¹² Member of the Legislative Council (NSW)

Syd arriving on June 20, 1919 and was in Sydney to meet the HMAT *Rio Padro* when it arrived in July carrying the husband with whom she had spent so little time.⁴¹³

After the war



Figure 56—Dr Gordon Fitz Hill, 1937, Courtesy of Macquarie Regional Library.

Newspaper articles provide evidence that Dr Fitz Hill moved to Dubbo in 1920 where he set up a medical practice. Gordon Fitz Hill was the Mayor of Dubbo 1929, 1931–34, 1936, 1937 and served the community in multiple ways earning him great praise.⁴¹⁴ ⁴¹⁵There is no information about his wife, now known as Mrs Lillian Fraser Fitz Hill, except for census records that show she was in Dubbo with her husband. The couple did not have children and it is unknown how Lillian Fitz Hill spent her time. In December 1939 Gordon became one of the first doctors to re-enlist during WW2. Census records provide evidence she was in Sydney from the 1940s, probably when Gordon re-enlisted and left for Egypt. Dr Fitz Hill served with the RAMC hospital at Gaza Ridge until November 1941 when he was made Director of Medical Services for the Middle East Base Area. In March 1943 he returned from Egypt and was transferred to a Convalescent Hospital at Rocky Creek in North Queensland then appointed the Commanding Officer of 102 AGH in Brisbane until the end of the war. He served as the Commanding Officer of

⁴¹³ NAA, B2455, Hill GF, Letter Lillian Fraser Fitz Hill to Army Base Records Office, June 30, 1919.

⁴¹⁴ *Dubbo Liberal and Macquarie Advocate*, November 22, 1934.

⁴¹⁵ Dubbo City Council, *Portraits of the Mayors of Dubbo 1891–1955*, accessed June 22, 2016, <http://catalogue.mrl.nsw.gov.au/cgi-bin/spydus.exe/ENQ/OPAC/BIBENQ?BRN=189587>.

the 113th Military Hospital at Concord until he retired in 1947.⁴¹⁶ Dr Fitz Hill died in 1955 in Sydney and the last sighting of Lillian is in the census record of 1954. Her date of death is unknown, but through Sister Cook's diary Lillian will not be forgotten.

Lillian's story is frustrating because we can only know her as Elsie's best friend, with all the filters that implies. It can appear she was nothing but a foil to Elsie's adventures but in photographs it appears that Lillian was the outgoing member of the duo. Historical fiction may be the only way Lillian's life can be known.

Compared to Sisters Cook and Thompson, the records are almost silent about Sister Jessie McKillop.

⁴¹⁶ Robert Likeman, "Doctors on the Western Front: France and Belgium 1916–1918". Dr Gordon Fitz Hill, in *The Australian Doctors at War*, Series 3, Dural NSW: Rosenberg Publishing, 2014, 115-6.

Sister Jessie McKillop



Figure 57. c1914, Jessie McKillop, courtesy of <http://ww1anzac.com>.

Introduction

Sister Jessie McKillop, like Sister Cook, was married prior to the war and like Elsie was determined to go to the front and experience life in the same way as her husband. Jessie is far more invisible than her decorated husband or other *Bluebird* nurses but the traces show a dedicated nurse who has a story worth telling.

Life prior to WW1

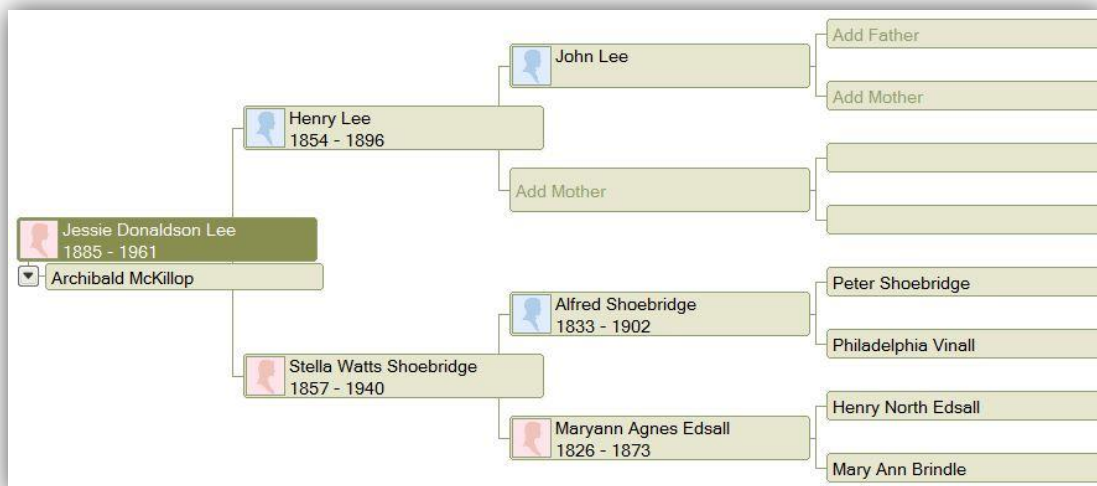


Figure 58. Ancestry Chart, Jessie Donaldson Lee.

Sister McKillop's father was born in 1854 in South Australia and married Stella Watts Shoebridge in Port Adelaide in 1874. They were both children of pioneering British immigrants who came to seek their fortune in Australia. By the time Jessie was born in 1885 the family had moved to Sydney and it is unknown where Jessie did her nursing training. The SMH states that Sister McKillop was formerly of Queensland and currently working at No. 4 Base Hospital at Randwick when she joined the *Bluebirds*.⁴¹⁷ It is known that Jessie worked at *Amiens* with Sisters Warner and Harris but little else.⁴¹⁸ Her husband, Dr Archibald McKillop, graduated from Sydney University and moved to Queensland where he was appointed Medical Superintendent of the Warwick Hospital in 1909. He moved to Blackall in 1910 and later to Dalby in Queensland.⁴¹⁹ Sister Jessie was with him at this time and like clergy wives, the wife of a doctor in this period involved many duties outside of the home.⁴²⁰

Dr McKillop was in Dalby when he was commissioned in June 1915 and sailed to Egypt with reinforcements for 1 AGH at *Heliopolis*. Sister McKillop joined the AANS Home Nursing Service in November 1915 and was working there when she joined the *Bluebirds*. Dr McKillop cared for many wounded Gallipoli veterans at *Tel-el-Kabir* and *Serapeum*. He was posted to France with the 9th Battalion and was wounded at *Rouge de Bout* near *Fromelles* in April 1916, evacuated to England and then returned to the front in September 1916. A letter from Sister McKillop's Solicitor in Sydney to Army Base Records shows his wounding was a surprise. "His wife found his name appeared on the casualty list published in this morning's paper as being wounded and seriously ill."⁴²¹ It appears Archibald had forgotten to keep Army Base Records updated about her address. Sister McKillop had the opportunity to see him in England when she arrived in August

⁴¹⁷ SMH, "Twenty Nurses", June 29, 1916.

⁴¹⁸ "Nurses in France", *Red Cross Record*, April 2, 1917, 15.

⁴¹⁹ Likeman, "Dr A McKillop", 47-8.

⁴²⁰ Noela Lippert, "The spouses: a major support for the rural doctor", *1st National Rural Health Conference*, Toowoomba, February 14-16, 1991, 23-28.

⁴²¹ NAA, B2455 McKillop A, AG de L Arnold, to Army Base Records May 8, 1916.

prior to him being sent back to France in September 1916 but no details have been found to support this assumption.

Dr McKillop survived the First Battle of *Bullecourt, Le Barque* in March 1917 and the Third Battle of *Ypres*. In September 1918 he was recommended for the Distinguished Service Order (DSO) for conduct during the German breakthrough in April. The Division took up a position at *Strazeele* for the defence of *Hazebrouck*. Major McKillop organized aid posts and relay posts with great rapidity, regardless of the fact that the enemy was attacking strongly the whole time.⁴²² He was mentioned in Despatches twice in October and December of 1918 and awarded a second DSO in January 1919. He worked at the Hammersmith Hospital in West London for two months prior to his return home which was delayed by an attack of influenza. It is not known when Jessie returned to Australia.

In July 1919, Dr McKillop moved to a practice in Temora, NSW but the army called upon him again in 1942 and he served at 54 Base Camp Hospital until May 1943.⁴²³ The next evidence of Sister McKillop's life is in November 1945 when Dr McKillop died after a serious operation in Royal Prince Alfred Hospital at the age of 61. Jessie is noted as his wife "whom he married in Queensland, was a nursing Sister and both had a distinguished career in the last war ... Mrs McKillop was awarded the French *Croix de Guerre*."⁴²⁴ The article also stated that Mrs McKillop was living in Auckland, New Zealand at the time of his death. The obituary says little about his family and there are no records of any children. Probate files show that Jessie inherited £5218 from her late husband which was a considerable sum at the time.⁴²⁵ Jessie died on October 26, 1947 at the *Aroha* Rest Home in *Remuera* New Zealand.

⁴²² Ibid., Likeman, 47-8.

⁴²³ Ibid.

⁴²⁴ National Archives (Kew UK), W 0372/23/26848 and *The West Wyalong Advocate*, November 15, 1945, 6.

⁴²⁵ Deceased Estates 1923–58 (Qld), A Series, 89728, Dr Archibald McKillop.

Discussion

Chapter Two illuminates understanding of families at war during WW1. Sisters Cook and McKillop joined as married women and Sister Thompson was married immediately after she arrived in England. Unlike the *Bluebirds*, AANS nurses were not allowed to be married during this period so the experiences of the three married *Bluebirds* may provide insights not found in the history of military nursing. Other Australian nurses could have been married and went to the front with their husbands but little research has been done to capture their stories from this perspective. The stories of Sisters Cook and Thompson provide a fascinating view of how married relationships were sustained and even enhanced during this time. The married couples saw each other with surprising frequency, because of the way both troops and nurses moved to the Frontline when a new battle commenced. They often went on leave together and explored places in Europe that would have been impossible if they had stayed at home. It was an adventure that bonded couples together through shared experiences and ensured that when they returned home it was with someone who understood. They had grown together over those years, rather than apart like the many married couples separated for years and this may have had a positive impact on their mental health. Many soldiers returning from WW1 were changed forever by physical and emotional scars and found family and friends did not understand what they have been through.⁴²⁶ A contemporary couple, both deployed as Marines to Afghanistan, believe that being together provided an opportunity to connect in a way most married couples would not be able to experience. Sgt Nancy Billingsley described it as “a piece of home you get to bring with you” and her husband Staff Sgt Luke Billingsley stated that one of the great benefits is the peace of mind” because he doesn’t have to worry about what is going on at home. For both of them, “that home sickness part of the deployment doesn’t really exist” enabling them to focus on their jobs.⁴²⁷

⁴²⁶ The US Battle Buddy Scheme has been found to reduce suicide rates and PTSD. See James V. Dunz, “What it means to be a battle buddy”, *Engineer* 23, May-August 2010, accessed June 23, 2016, <http://www.wood.army.mil/engrmag/PDFs%20for%20May-Aug%2010/Dunz.pdf>.

⁴²⁷ “Husband, wife go through deployment together”, accessed June 24, 2016, <http://www.military.com/deployment/husband-and-wife-deploy-together.html>.

Family relationships between siblings were maintained in this way as well and it must have been very comforting for brothers and sisters such as Sister Hough and her brother Reginald and Sister Thompson and her brother Clive, to be able to support one another during difficult times. It is a glimpse of war not often highlighted in nursing history.

The impact of the diaspora on nursing in Australia during WW1, discussed by Sister Cook in her diary has received little attention and could add to understanding of the changes that began to occur for nursing in Australia post-war.

Chapter 3 contains the histories of Sisters Hough, Harris, Hutchison, Wallace and Crozier who were all daughters of clergymen. Australian clergy daughters of this period have been under-researched and their contribution to nursing during WW1 is generally missing. Their story is set against a nation divided by sectarianism.

CHAPTER THREE: THE CLERGYMEN'S DAUGHTERS

Overview

Social context

Most research on the women in clergy families during the late 19th century has focussed on the wives, mainly because of the evidence available through letters and diaries. One exception is the work of Midori Yamaguchi, and in *Daughters of the Anglican Clergy*, she argues that histories of clergy daughters can provide new insights into any historical analysis.⁴²⁸ She has shown links between the lives of women in British Victorian parsonages and important social changes such as women's education reform, the growth of charity, the expansion of women's occupations and the development of feminism. She examined how clerical fathers shaped the lives of the wives and daughters in late Victorian times leading to a particular kind of identity. Midori contends that by the late nineteenth century, decreased clerical income led to the opening up of more opportunities for their daughters and marriage to a clergyman was no longer considered the obvious path for these women. As their fathers became increasingly unable to support their unmarried daughters, daughters had to seek paid work outside the home. The duties performed by clergy daughters in their fathers' parishes cultivated many talents, leading to them having wide experience in occupations such as teaching, nursing and social work, so it is not surprising so many entered the nursing profession.

Jane West's research on women in Australian parsonages enables comparisons to be made with Midori Yamaguchi's work and shows many similarities between Australian clergy wives and daughters and their British counterparts. For Jane West, these women had to be "paragons of virtue and industry" and model exceptional family behaviour without threatening the masculine leadership of the father.⁴²⁹ Jennifer Bowes focusses on

⁴²⁸ Midori Yamaguchi, "Daughters of the Anglican Clergy: Religion, Gender and Identity in Victorian England", ed., John H. Arnold, Joanna Bourke, and Sean Brady, *Genders and Sexualities in History Series*, Basingstoke, UK: Palgrave Macmillan, 2014, 247–52.

⁴²⁹ Janet West, *Daughters of Freedom: A History of Women in the Australian Church*, Sutherland, NSW: Albatross Books, 1997.

clergy wives and looks at the notion of “ideal femininity” in colonial Victoria and postulates that whilst some colonial women could experiment with their roles, clergy wives were expected to continue to embody socially and religiously sanctioned forms of the “feminine ideal”.⁴³⁰

Despite limited financial resources and a shortage of domestic labour, clergy families were considered part of the gentry and were expected to maintain high standards of social behaviour and the clergymen’s wives were expected to actively police the adherence of other women to these standards.⁴³¹ At the same time women in clergy families had to be the perfect embodiment of the Protestant work ethic and undertake labour in the home and community.⁴³² Despite many of these studies focussing only on clergy wives, they provide clues about the values reinforced in clergy families. This gendered and religious social context is explored through the individual histories of the five *Bluebird* clergy daughters.

Other clues to the lives of Australian clergy daughters emerge from the sociological and psychological research that first appeared in the 1970s, when clergy children were noted as exhibiting identity issues.⁴³³ One of the most extensive surveys was undertaken in 2002 when 2,000 clergy children participated in a research project to capture information about children who had grown up in Dutch protestant parsonages. Respondents came from all over the world including Australia and New Zealand. Five percent of the respondents were born before 1930 and there was remarkable similarity in

⁴³⁰ Jennifer Bowes, “Victorian Vapours: Reflections of ideal femininity in Colonial Victoria 1860– 1901”, PhD Thesis, University of Queensland, School of History, Philosophy, Religion and Classics, 2011,140.

⁴³¹ Ibid., 142.

⁴³² Ibid., 147.

⁴³³ For example, D.E. McCown and C. Sharma, “Children in the public eye: the functioning of pastors’ children, *Journal of Religion and Health* 31, 1992, 31–40. T.L. Sanford, *I have to be perfect (and other parsonage heresies)*, Colorado Springs: Llama Press, 1998. Douglas J Davies and Mathew Guest, *Bishops, wives and children. Spiritual capital across the generations*, London and New York: Routledge, 2016.

responses between that group and children born up to the 1970s when dramatic changes started to take place.⁴³⁴

The findings of the Dutch research show over 65 percent of clergy children were frustrated at being held up as a role-model for other children and over 80 percent felt they were always under observation and had to live by rigorous norms.⁴³⁵ The daughters had a particular fear of disgracing the family and felt held to higher standards.⁴³⁶ Many saw themselves as an unpaid part of the ministry without being given a choice and had too much responsibility thrust upon them at an early age. For some, the conflict caused by listening to values preached from the pulpit and the reality of values experienced in the home was damaging.⁴³⁷ Clergy children reported struggling throughout their lives to find a sense of personal identity.⁴³⁸ On the positive side, the respondents overwhelmingly agreed the social capital in the home was abundant leading to a strong a sense of social justice, personal responsibility and empathy for others and that determined many of the choices they made throughout their lives.⁴³⁹ Occupational data showed that the majority became teachers or nurses right up to the 1970s.⁴⁴⁰ Over 84percent admitted feeling “special” because of their clergy father and their elevated position in society and enjoyed the positive attention this brought.

The Religio-political context

Phillip Jenkins argues that WW1 was a “thoroughly religious event” in which predominantly Christian nations fought each other in what many viewed as a “holy war”. For Jenkins, there may have been many other reasons for WW1, but religion is essential

⁴³⁴ Stoffels, 2.

⁴³⁵ Ibid., 5.

⁴³⁶ Ibid., 6.

⁴³⁷ Ibid., 9.

⁴³⁸ Stoffels, 2.

⁴³⁹ Ibid., 6.

⁴⁴⁰ Ibid., 7.

to understanding why people went to war, stayed there and what they hoped to achieve through it.⁴⁴¹ The language and imagery of holy war could have been a powerful motivator for clergy daughters and it may also have enabled them to have unqualified support from family and parishioners.

A wide variety of religions and sects have been represented in Australia since colonisation. Patrick O'Farrell argues that even the dominant Church of England (CE) clergy received less privileged treatment from the local and English authorities than they would have received in England and suggests that Australia "may best be understood as the first genuinely post-Christian society."⁴⁴² One Presbyterian Minister noted the refusal of the home churches:

*to take knowledge of us. We are not an object of interest to them. There is no romance about us as throws its charm over Africa or India or even China. Our colour is not favourable to missionary enthusiasm.*⁴⁴³

The five clergy fathers of *Bluebird* daughters worked in the second half of the 19th century and in the very early years of the 20th century when a distinctly Australian church had started to emerge. Two fathers belonged to the CE, two were Presbyterian and one Methodist and all worked in rural and remote parishes for long periods during their ministry.

Sectarianism was endemic from the beginning of settlement in Australia reflecting tensions brought from Europe and these tensions were particularly marked between Protestants and Irish Catholics. Patrick O'Farrell suggested that "toward Catholicism and Methodism this attitude was sharpened into active hostility".⁴⁴⁴ Presbyterians were seen as

⁴⁴¹ Philip Jenkins, *The Great and Holy War: How World War 1 became a religious crusade*, Harper One: New York, 2014, 5–6.

⁴⁴² Church of England became the Anglican Church in Australia in 1981. Patrick O'Farrell, *The Catholic Church and Community in Australia: A History*, Melbourne: Nelson, 1977, 17.

⁴⁴³ Richard Bardon, *The Centenary History of the Presbyterian Church of Queensland*, Brisbane: The Presbyterian Church of Queensland, 1949, 63.

⁴⁴⁴ O'Farrell, *Ibid.*

part of the mainstream Protestant movement therefore more easily integrated despite their differences with other sects. Statistics show that churches were well attended and in the 1901 census, 96.1 percent of the community identified themselves as Christian.⁴⁴⁵

Only two of the 20 *Bluebirds* have been identified as Catholic. Sister Annie Jamieson came from a “mixed” family with a Catholic mother and Presbyterian father and it is unknown what religion she declared when she was recruited. Sister Ida Reynolds-Moreton was also Catholic, with one brother a priest and a sister a nun. Sister Moreton’s grandfather was an Earl, her father had a title and the family were part of the British and Australian gentry. Sectarianism had a large element of class as well as religious difference, with Catholics overrepresented in the working class, but Sister Moreton’s family belonged to a small group of Catholic elites, including high ranking priests who believed support for the war would lessen sectarianism in Australia but unfortunately the opposite happened.

The Catholic response to the outbreak of war in 1914 was that “the war was a judgement on mankind” and the Protestant imperial patriots saw it as “God’s plan for a world that needed spiritual renewal” and this difference contained the seeds of future dispute.⁴⁴⁶ It led to the bitter Conscription debates in 1916 and 1917 in Australia, with the Catholics opposed and praying for peace and the Protestants vehement about additional recruitment for the war.⁴⁴⁷ The *Bluebirds* were recruited in 1916 just after the Easter Uprising in Dublin, another event which caused great anger in the Catholic Irish-Australian community because of perceived harsh treatment by the British.

The founders of the Red Cross in Australia were all upper class Protestants which may have influenced decisions about who should be included in the *Bluebirds* but it is not

⁴⁴⁵ Australian Bureau of Statistics (ABS), 1301.0., *Year Book of Australia 2006*, Religious affiliations Table 14:38 and *Year Book of Australia 2008*, Table 14.38, Major religious affiliations.

⁴⁴⁶ Michael McKernan, *Australian Churches at War: Attitudes and Activities of the Major Churches 1914–1918*, Sydney and Canberra: Catholic Theological Faculty, 1989, 3, 30.

⁴⁴⁷ John Lack, “The great madness of 1914-18: families at war on Melbourne’s eastern and western fronts”, *La Trobe Journal*, 96, 2015, 61, accessed June 20, 2015, <http://www.slv.vic.gov.au/sites/default/files/La-Trobe-Journal-96-John-Lack.pdf>.

possible to say with certainty because no documents have been found to show how the recruitment process was carried out. In Britain, Catholic nurses formed into the Catholic Nurses Guild in 1914 and recruited their own nurses for war service but a branch was not established in Australia until 1923, so it is unlikely the Catholic nurses were recruited into their own organisations in Australia and no evidence has been found to support this.⁴⁴⁸ Little is known about this aspect of nursing history in Australia so it can only be conjecture as to why there were so few Catholics recruited.

⁴⁴⁸ Unknown author or date, *Brief history of the Catholic Women's League*, accessed June 20, 2016 <http://www.catholicwomensleague.org/wp-content/uploads/2012/02/2-History-of-the-League.pdf> and Judith Nolan, "Murphy, Richard James Francis (1875–1957)", *Australian Dictionary of Biography* 15, Canberra: ANU, 2000, accessed June 20, 2016, <http://adb.anu.edu.au/biography/murphy-richard-james-francis-11205/text19975>.

The Church of England Daughters

Sister Mary Eliza ‘Minnie’ Hough



Figure 59. Sister Minnie Hough, AWM P02298.005.

Early life

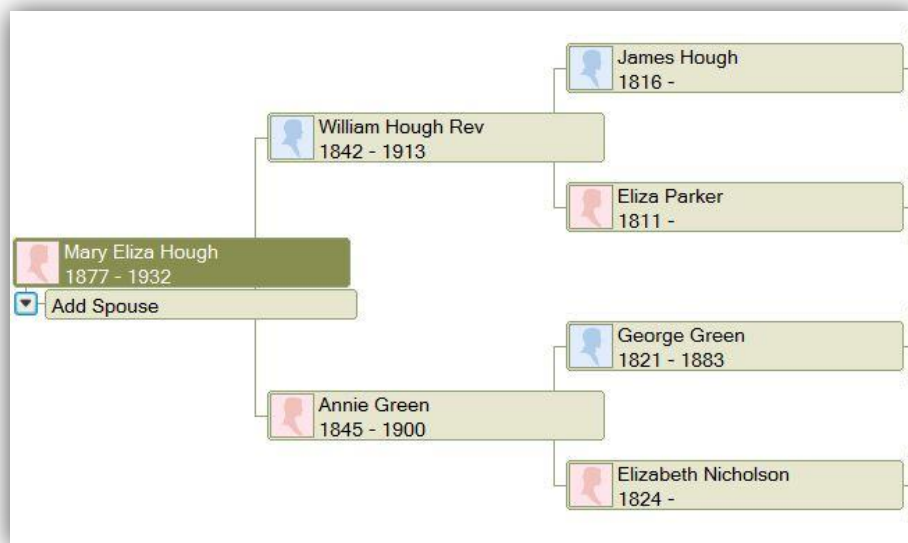


Figure 60.Ancestry Chart, Mary Eliza Hough

Sister Hough’s father, William, was born in 1842 in Lancashire England. A record of his arrival in Australia has not been found but he married Annie Green in 1869 in Glebe, New South Wales at the age of 27.⁴⁴⁹ It is not known what he did prior to entering

⁴⁴⁹ Cable Index, 1246.

Moore Theological College but it is recorded that in April 1865 he was a lay reader in the Sydney Diocese of the CE and in 1867 entered the Moore Theological College. In his second year, a new Principal was appointed, the Rev. Robert Lethbridge King, an Australian who was educated at Cambridge but returned to Sydney to train and be ordained. King was a scholar of note, as well as being part of an Australian pioneer family, and training was for the first time at the College, directed towards graduating distinctly Australian clergymen.⁴⁵⁰

William's first appointment was to a parish at Shoalhaven, followed by three years at Ulladulla in NSW. The family then returned to Sydney with four children to a locum position at Balmain where Minnie was born. William was appointed as curate to St James followed by St Jude's at Randwick for the next twenty eight years. During his time at Randwick he served as Chaplain to the Randwick asylum.⁴⁵¹ Sadly his wife Annie died in 1900 at the age of 55, leaving William and their seven children to mourn her loss, Sister Hough was only 23.⁴⁵² In 1912, William retired to Lindfield after 44 years in the Ministry but continued as Canon at St Andrews Cathedral. Within a year he died from a stroke and his funeral was stated to be an impressive one of a person who had a "beautiful character which had gained the love of the people".⁴⁵³ All four sons are listed as having attended the funeral but the daughters' names are absent from the long list of attendees.⁴⁵⁴ Another article mentions the names of the four sons, a daughter Mrs Burrows and "three unmarried daughters" with no names given.⁴⁵⁵ The record can now show that daughters Grace, Lillian and Minnie were present to mourn the loss of their father.

⁴⁵⁰ M.L. Loane, "Hodgson, William (1809–1869)," in *ADB 4*, Canberra: ANU, 1972, accessed April 21, 2015, <http://adb.anu.edu.au/biography/hodgson-william-3778>. K.J. Cable, "King, Robert Lethbridge (1823–1897)", in *ADB 5*, Canberra: ANU, 1974, <http://adb.anu.edu.au/biography/king-robert-lethbridge-3958>, both accessed April 21, 2015.

⁴⁵¹ Cable Index, 1246.

⁴⁵² SMH, November 1, 1900.

⁴⁵³ SMH, April 29, 1913.

⁴⁵⁴ Ibid.

⁴⁵⁵ SMH, April 28, 1913.

Sister Hough's mother Annie worked tirelessly as a clergy wife whilst bringing up seven children. When the family left St James a detailed report of numerous presentations and words of praise to Rev. Hough notes in one place only, "they remembered with thankfulness the good work which it had pleased God to do in the parish through the gentle ministrations of the lady whom he had set to be not only a companion of Mr Hough's home but a sharer of much of his labour of love".⁴⁵⁶

It is known that Annie came from a family of strong pioneering women with an interesting story of their own. Sister Hough's maternal grandmother Elizabeth Nicholson arrived in Australia in 1860 with her five daughters. They were assisted migrants and her husband George did not accompany them. The six women arrived in Sydney in aboard SS *Hotspur* when Sister Hough's mother was only 15 and the youngest child, Mary Eliza, after whom Minnie was named, was aged nine.⁴⁵⁷ No record has been found of what happened when they arrived but there was a number of options run by charities for unaccompanied women and children to be accommodated until they could find work. As there was a chronic shortage of labour, particularly for domestic workers, it is likely they found employment quickly.⁴⁵⁸

The colonial government controlled the lives of unaccompanied women and children until they passed into socially acceptable hands, such as an employer or members of their family. For Noeline Kyle, the records for researching free emigrant women are "a jigsaw charting the ragged and uneven life events mirroring the uncertain and difficult times free women faced in early Australia".⁴⁵⁹ When it comes to the lives of ordinary women in colonial Australia, the records are often silent leaving only fleeting images and conjecture. Elizabeth must have been a woman of great determination and strength to leave England with her five daughters to search for a better life.

⁴⁵⁶ SMH, October 27, 1884.

⁴⁵⁷ NSW State Records, *Assisted Immigrants 1860–79 arriving in Sydney*, Reel 2139, 4/4796.

⁴⁵⁸ Noeline Kyle, "Emigration of Women to Australia: Forced and Voluntary," in *Society of Genealogists*, London, 2005.

⁴⁵⁹ *Ibid.*, 3.

Sister Hough was the youngest of three girls in her family. Grace was the oldest and the only daughter to marry and it is likely that responsibility fell on the next middle daughter Lillian, to care for her parents after Grace left home. Lillian never married and died suddenly at 43 within two years of her father's death.⁴⁶⁰ Lillian's death was reported in Dubbo because she died when visiting her brother, who was a local dentist. Readers are told "she succumbed to death despite the best of medical skill".⁴⁶¹ Sister Hough's eldest brother William became a country dentist and never married. Her brother Arthur married and worked as a clerk at Dalgety's during the war and Frederick married and moved to rural New South Wales.⁴⁶² As the third daughter, Sister Hough had the opportunity, or was compelled, to work outside the home and was drawn to nursing children.

Only Sister Hough and youngest brother Reginald served during WW1. Reginald joined the 5th Field Artillery Brigade and according to a letter he wrote to Australian Army Base Records on November 8, 1941, narrowly missed out on serving in Gallipoli because he followed the main force in a ship carrying the horses, and was sent directly to France when he arrived in Egypt.⁴⁶³ Reginald was an unmarried farmer in Kingaroy when he enlisted in September of 1915 and his military service records and entries in the diary of Sister Hilda Loxton show that during the fighting to recapture *Passchendaele* he was gassed, treated at the Casualty Clearing Station (CCC) at *Camiers* and sent to the Devonport Hospital in England to recover. Despite re-joining his unit in France, he continued to be unwell and was sent back to Australia in late 1918.

By the time Sister Hough joined the *Bluebirds* in June 1916, she had lost both parents and her older sister, her brother had been wounded fighting in France and the family was scattered. None of the sons followed their father into the Ministry and Sister Hough was the only daughter to have a profession.

⁴⁶⁰ The Dubbo Liberal and Macquarie Advocate, January 5, 1915, 2.

⁴⁶¹ Ibid.

⁴⁶² Australian Death Index 1787-1985, 1944, 28482, Australian Birth Index 1788-1922, 1874, 4886. October 12, 1945, 12. NSW State Records, "Index to Deceased Estate Files" 1923-1958, October 10, 1945. Australian Marriage Index, 1788-1950, 1916, 4149. Australian Birth Index 1788-1922, 1879, 2116.

⁴⁶³ NAA, B2455.

Service as a “Bluebird” in France

The diary of Sister Loxton, provides the only knowledge of Sister Hough as a nurse and *Bluebird*. Sister Loxton kept a detailed diary and used the pronoun “we” frequently to describe her adventures with Sister Hough.⁴⁶⁴ They had trained together at the Royal Alexander Hospital for Children, joined the *Bluebirds*, took holidays together and were assigned to work in the same hospitals in France. The rich descriptions are seen through Sister Loxton’s eyes but they allow us to glimpse the person Sister Hough may have been during the war and the strong friendship between the two women. Sister Loxton refers only once to Sister Hough writing in a diary but it has not been located.⁴⁶⁵ Some vignettes from Sister Loxton’s diary provide wonderful impressions of Sister Hough as Sister Loxton saw her.

Despite the French Red Cross requiring the *Bluebirds* to speak French, it appears many of them were at best beginners.⁴⁶⁶ By July 7, 1916 French lessons were underway as they crossed the Australian Bight aboard *Kanowna* but Sister Loxton describes some distractions, “very rough, I parted with one meal and Minnie through sympathizing with me ‘ditto’ ”. By August 3, 1916 they had entered the Red Sea and they were all very tired of daily French lessons (Figure 61). Sister Loxton notes that “Minnie’s French was very funny, Mademoiselle Niau and she having great difficulty over pronunciation”.

⁴⁶⁴ Ibid.

⁴⁶⁵ Ibid., October 10, 1917.

⁴⁶⁶ ARC, NSW Branch Archives, *Executive Committee of the NSW RC Minutes*, June 22, 1916.



Figure 61. French classes aboard HMHS *Kanowna* with Mde Niau taken by Sister Loxton, 2DRL/1172.

However, the trip was not all hard work and a fancy dress party held on July 27, 1916 was a great opportunity to dress up.

Minnie and I went as "Powder and Patches". Minnie wore black satin fencing breeches, white silk blouse, white hair and beauty spot. Minnie's clothing so tight she was unable to sit down all the evening, had to play cards and other games standing up to everyone's amusement. I wore Minnie's black evening frock, white hair and beauty spot—both admired muchly.

Costume parties were very popular at this time and a report of a "Powder and Patch" party held in Brisbane in 1908 advised readers "the ladies present wore powder and patches with their evening frocks".⁴⁶⁷ It was a common satirical theme seen clearly in Mary Parker's play "Powder and Patches" and in a range of Victorian literature.⁴⁶⁸

By August 14, 1916 Sister Hough and Loxton were busy sightseeing in Cairo and experiencing Egyptian hospitality at the iconic Shepherd's Hotel, where "Arabs in white flowing robes and turbans waited on us prepared our baths and one morning brought our

⁴⁶⁷ Brisbane Courier, Article 19518757, June 25, 1908. 'Patches' refer to small black shapes later known as "beauty spots".

⁴⁶⁸ Mary Moncure Parker. *Powder and Patches: a Comedy in Two Acts*, Chicago: Frederick J. Drake & Co: Chicago, 1902, accessed June 3, 2016, <https://babel.hathitrust.org/cgi/pt?id=uc2.ark:/13960/t79s1nq8z;view=1up;seq=4>.

shoes after cleaning”. The sights and sounds of Cairo in 1916 must have been an amazing experience for Australians who had never travelled overseas. They visited the wonders of the ancient world, haggled with merchants for souvenirs, listened to exotic languages and probably participated in some flirtations despite the fact the majority of the AIF had already left for France in March 1916. The *Bluebirds* arrived in England on August 26, 1916 and made their way to London by hospital train.

Throughout Sister Loxton’s diary there are stories of people turning up who knew Sister Hough’s father or other family members. Sister Loxton explains that in London they were met by Captain Lavell who knew Minnie’s father and brother. The Captain helped the nurses aboard two broken down buses and the driver had to hammer the wheels on before starting to Ivanhoe Hotel, where they stayed while waiting for news of their departure for France. One fascinating aspect of the *Bluebird* story is the way their social and professional networks operated despite being in foreign countries and during wartime. Perhaps this is not surprising given that out of a population of around 5 million people, approximately 420,000 Australian men served overseas, three quarters of the Registered nurses of Australia went to war and countless others volunteered and served in Europe.

Despite frustrating delays the *Bluebirds* made the most of sightseeing opportunities in England. Eventually positions were found for the nurses and they headed to France in small teams.⁴⁶⁹ Sisters Hough and Loxton were first assigned to an infectious diseases hospital at *Palavas-les-Flots*⁴⁷⁰ and work started in earnest on September 13, 1916. Figure 62(L) shows what appears to be an ideal hospital by the sea conducive to health and recovery but that seems to mask the reality the Sisters found. Sisters Hough and Loxton were not impressed with the dirty, poorly managed hospital and had hoped to be nursing soldiers rather than civilians. The group photograph in Figure 62(R), hides the tension behind the scenes recorded in Sister Loxton’s diary.

⁴⁶⁹ Ibid., 70.

⁴⁷⁰ *Palavas-les-Flots* is a seaside resort 6kms from *Montpellier* in the South of France.

Sister Hough's first experience with an adult patient is recorded:

Poor Minnie was put on night duty alone in charge of three floors, no light except a candle lantern which blew out each time she moved, fortunately we had torches. One man was dying and Matron said there was nothing that could be done for him. Poor Minnie could speak little French then and could not understand anything ... he would not tolerate a stitch of clothing ... Minnie swallowed hard and tried to cover him up, but he flung off everything just as quickly as she put it on and hurled torrents of awful French words at her ... it was indeed a hard experience for Minnie being her first introduction to adult nursing. But she was just as plucky as ever”.



Figure 62. (L) Hospital at *Pavalas-les-flots*. (R) Sister Hough standing on left, Sister Loxton seated beneath her. British Matron and French Doctor in the centre and FRC nurses on the right, AWM. P01908.001 and 002.

Sister Hough endeared herself to the patients very quickly and Sister Loxton described how one patient, Epitakeu, was very devoted to Sister Hough and always stayed awake until she went to turn his light out and say goodnight. It was at *Palavas-les-Flots*, Sister Hough received her first French proposal of marriage. We do not know what Sister Hough thought of this but Sister Loxton was quick to record an opinion. Apparently, “a good looking little French man from Marseilles who had TB (tuberculosis) glands of the neck ... had taken the opportunity of proposing to Minnie”. Sister Loxton had been giving him English lessons before going away and claims the pair could not communicate well because of poor language skills on both sides. Sister Loxton decided to stop the English lessons which upset the Frenchman very much but for Sister Loxton, “he was a very nice man if he had only behaved differently. Sister Hough had another admirer in early 1918, one of the French Surgeons, Monsieur de Parthenay and Sister Loxton was

not impressed with him either. “Monsieur de Parthenay is teaching Minnie to sing the *Marseillaise* in French and we are all finding it a great trial.”⁴⁷¹

By March 13, 1917, Sisters Hough and Loxton arrived at *Oest-Hoek* in Belgium, to work at the No. 1 Surgical Hospital of Mrs Borden-Turner. Hilda records that “everything in hopeless muddle, rain, cold and mud inches deep, we lived in gum boots, sou’westers, short skirts and blue aprons”. The story of this hospital has been explored in detail in through the story of Sister Loxton in Chapter One. On March 18, 1917 it appears Sister Hough is getting a lot of attention again.

Everyone here thinks Minnie is very young and that I am pretty old, due to my grey hair and sedate manner. They never for one moment suspect that there are so few years between our ages, these are some of the names given to Minnie by patients and Sisters—Girlye, Kiddie, Baby Face, Petite Soeur and Angel Face. They called me Madame.

These lighter moments possibly made it bearable to carry on with work that required great compassion. On the March 20, 1917 20th Minnie was put in *Salle Edith Cavell* for grave cases only. One of her patients was Brian, a *poilus* who was only 19. Brian was in agony because the lower part of his back and thigh had been blown away with a shell. Sister Hough nursed him during 10 days of agony, until he passed away. In Figure 63 it is possible to see their hospital what appears to been placed in a desolate landscape. The sou’westers indicate wet weather and the broom in Sister Loxton’s hands indicate the possibly thankless task of sweeping the boardwalk to remove mud in winter or dust in summer. Minnie demonstrates the wearing of a gas mask on the right, however, when it was needed she preferred a towel covering her face.

⁴⁷¹ 2DRL/172, January 8, 1918.



Figure 63. Photographs taken by Sister Loxton. (L) Sisters Loxton and Hough, (R) Minnie with a gas mask, 2DRL/1172, P01908.013, P01908.017.

In early June, the hospital was bombed and within weeks the frontline changed yet again requiring the No. 1 Mobile Surgical Hospital to move with it. This gave the nurses time to recover and enjoy Paris and the French Alps. On June 9, 1917, Sister Hough and Loxton were enjoying shopping in Paris and an incident occurred that prompted their American Head Nurse, Agnes Warner to call them “the innocents abroad”.⁴⁷²

Minnie had rather a nasty experience. A woman wearing a long black crepe veil was crossing a street, while passing Minnie the veil blew across her face and neck and caught in the pin of her Red X brooch, making a tiny tear. She was most abusive and a crowd quickly collected. She demanded money but Crozier who was with Minnie refused in her best French, so she followed them ... she could not understand Minnie’s French so Crozier who was quite innocent got all the brunt of it ... the woman made herself most objectionable by hanging about the hotel but the Porter advised Minnie not to pay anything and got rid of her for us. (July 20, 1917).

Sister Hough’s brother Reginald, and a cousin Eric were also serving in France and both visited Sister Hough when possible. On August 10, 1917 Eric visited “looking very sick

⁴⁷² A reference to the 1869 novel by Mark Twain, “The Innocents Abroad”.

and apparently suffering from shell shock”. He heard by accident that Sister Hough was near and had just received news of his mother’s sudden death. It must have been a great comfort for Eric to have a family member and other Australian nurses to turn to at this difficult time. Reginald came to visit on the 16th after having bicycled from *Ypres* for four and a half hours to see his sister who was delighted when she found him looking well. See Figure 65.

Reginald had lunch with 15 Sisters and Sister Loxton notes “he didn’t seem shy and his manners had not suffered in any way from his two years of trench life”. Reginald shared news from the trenches and told them “all the Australian soldiers had a very heavy time and the Australian officers feel desperate and think the war will never end”. Sister Hough and Reginald were both were very sad this special day was over and he had a long rough cycle ride ahead.

News came on October 23, 1917 that Reginald had been gassed and Matron, Agnes Warner took Sister Hough the next day to search for him. There was a great deal of confusion and after visiting a number of CCS’s they found he had been evacuated to the Devonport Military Hospital in England which was a great relief. The next day Sister Hough heard from a soldier in Reginald’s battery about his bravery under fire.

Reg had been mentioned for Military Medal for bravery. When the Boche had been advancing the battery had to retreat. The majority of men ran away while Reg stayed behind singlehanded and literally pulled the men out of the creek and helped horses who would otherwise have drowned. (Diary of Sister Loxton, October 24, 1917).



Figure 64. Minnie and brother Reginald, AWM 2DRL/1172.

On Christmas Day 1917 Sisters Hough and Loxton decided to go to *La Panne* while it was snowing. It appears the roads were very slippery, particularly in their rubber boots and Sister Hough had a great deal of trouble staying upright. Sister Loxton tells the story that Sister Hough “had bought a grotesque looking china cat as a souvenir for Jamie (Sister Jamieson) on her birthday” and on her way home had slipped and “the poor cat, head went one way and body the other”. Sister Loxton admits “I cruelly laughed but blamed myself for not carrying it.” The description of a time when Sister Loxton was unwell and being cared for by Sister Hough provides a beautiful description of what Sister Hough’s friendship meant to her, “Minnie seems to thrive under any hardship, she is looking just splendid, always has a beautiful colour, I will never be able to tell how good she has been to me”.⁴⁷³

Accounts by Sister Loxton describe Sister Hough as hardworking, dedicated, resilient and loved and admired by those who came in contact with her, a person who was charming, sweet and gentle and a loyal and devoted friend. Sister Hough may never have quite mastered French but seemed to have communicated well enough with her patients through kindness, compassion and the trust she gained from them. Sister Hough worked

⁴⁷³ 2DRL/1172, May 23, 1917.

her passage home to Australia with Sisters Wallace, Loxton, Hungerford and Moreton aboard *SS Zealandia* in November 1918. (Figure 65).



Figure 65. Nov 1918, aboard *SS Zealandia*. Sr Loxton seated (L) and Sr Hough standing. They cared for war brides and children of Australian soldiers, AWM. P01908.032.

After the war

The SMH on January 12, 1922 advised readers that Matron Hough trained at the Children's Hospital, served in France and was now the Matron of the Royal Alexandra Convalescent Home for Children at Collaroy. The article is accompanied by photographs of the Home including one of Matron Hough and the children.⁴⁷⁴

In September 1924, the *Near and Far* social pages of the SMH mention to readers that Matron Hough has relinquished the post at the Home and “many eulogistic references were made to Miss Hough’s work as Matron during the past three and a half years”.⁴⁷⁵ Sister Hough returned from France early in 1919 and may have worked as a nurse at the hospital prior to being appointed Matron of the Home in early 1920. The article tells readers that Matron Hough has been associated with the hospital for about 10 years, so it

⁴⁷⁴ SMH, January 12, 1922, 9.

⁴⁷⁵ SMH, September 5, 1924.

can be conjectured that her training must have been in the period between 1910 and 1915. When her father died in 1913 there was a wreath from the Matron and nurses at the hospital so she must have worked there at this time.⁴⁷⁶

In 1904 The Sydney Hospital for Sick Children, founded in 1880, was granted patronage by Queen Alexandra and adopted the name of The Royal Alexandra Hospital for Children (RAHC). Judith Godden researched the way in which specialised suburban hospitals, such as “The Children’s” as it was affectionately known, developed from the 1880s.⁴⁷⁷ In 1999 it was renamed as “The Children’s Hospital at Westmead”. At least three of the *Bluebirds*, Sisters Hough, Hutchison and Loxton, trained at this hospital.

On Thursday January 12, 1922 a large article appeared in the SMH. It had a number of photographs including one of Matron Hough and tells the story of the Children’s Convalescent Home at Collaroy.⁴⁷⁸ The President of the RAHC had long dreamt of a Convalescent home for children but finances and a suitable site were not available. In 1921 the War Chest Committee gave the hospital a bungalow on the shores of the beach at Collaroy previously used for convalescing soldiers and enough capital to enable ongoing upkeep of the Home. With the addition of electric lights, sewerage and an additional parcel of land next door the home was established. Sister Hough was the first Matron and the SMH provides a description of what it was like during those first few months of operation:

Twenty one of them were motored down by volunteers. That day many of the young patients saw the sea for the first time ... Some of them in splints, were carried from the motors and placed on specially constructed beds which will enable them to be carried down to the beach on ingenious trays without actually leaving their beds ... All of them came with pinched, white faces, which, with the change, quickly took on the bronzed flush of improved health ... the convalescents stay at the home for three or four weeks and the

⁴⁷⁶ SMH, April 29, 1913.

⁴⁷⁷ Judith Godden, “Hospitals”, [Online] *Dictionary of Sydney*, 2008, accessed June 2, 2016, <http://dictionaryofsydney.org/entry/hospitals>.

⁴⁷⁸ SMH, January 12, 1922, 5, 9.

*splint cases for a longer period. Walking cases go daily to the beach a few yards away ... their reading matter runs mainly to comic papers, which are always welcome. One young cripple, after being in the hospital at Camperdown for eight years was cured.*⁴⁷⁹

The article stated that 31,000 children were treated at RAHC in 1921 and the hospital was the largest of its kind in the Southern Hemisphere.⁴⁸⁰ Subsequent articles show that some members of the community were unhappy with having the home in their suburb, fearing danger from the spread of diphtheria.⁴⁸¹ The President of the Hospital emphatically denied the allegation as the latest sewerage system had been supplied ... all cases were of a non-infectious type and the home was ably managed by a matron and certificated staff. This fear re-emerged with the diphtheria epidemic in 1924.

By 1923, RAHC had treated over 40,000 children a year and their limited funds were needed to complete extensions at the main hospital.⁴⁸² This put added strain on Matron Hough and volunteer fundraisers at the Collaroy Home and there was a great deal of activity at this time to raise funds to provide necessary extensions and facilities. This may have played a part in Matron Hough retiring in September 1924. One paragraph in the social pages of the SMH tells readers about the afternoon tea held to farewell Matron Hough and how a large number of local residents attended. Matron Hough was presented with a satchel containing bank notes which may have been helpful given *Bluebird* nurses were not entitled to any benefits from their war service.⁴⁸³ Many eulogistic references were made about Matron Hough's work at the Home over the last three and a half years and with that she, like many other nurses of WW1, disappeared into obscurity.⁴⁸⁴

⁴⁷⁹ Ibid., 9.

⁴⁸⁰ Ibid.

⁴⁸¹ SMH, June 26, 1922.

⁴⁸² SMH, April 29, 1924.

⁴⁸³ Oppenheimer, 1993, 72–77.

⁴⁸⁴ SMH, September 5, 1924.

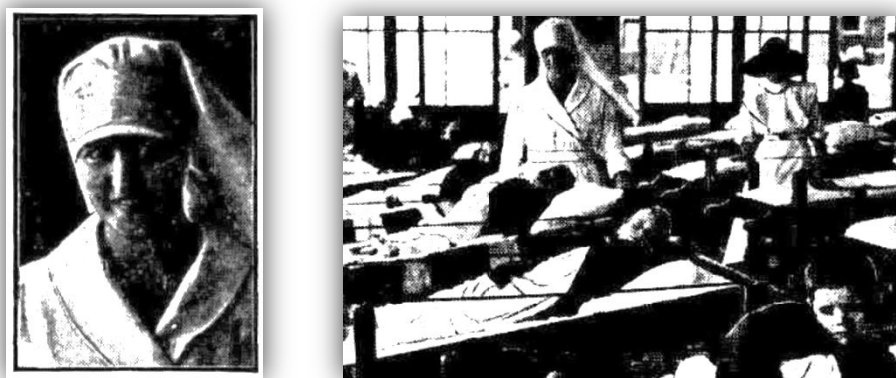


Figure 66—Matron Hough at the Collaroy Children's Home,
SMH, January 12, 1922, 10.

Census records show that Matron Hough was living in Woollahra in 1931 and 1932. It is unknown where she lived but investigation shows it was not with her siblings. If her illness was chronic she could have been in a hospital or sanatorium.⁴⁸⁵ Sadly, she died unmarried at the age of 55. Sister Hough's mother died at 55 and her sister Lillian at 43. The last piece of evidence found for the existence of Sister Minnie Hough, daughter, sister, aunt, friend, Red Cross nurse on the Western Front and Matron of a convalescent home for children in Sydney, was this brief death notice in the SMH shown in Figure 67. It is not much of an epitaph for a woman who lived her relatively short life to the full and in the service of others.

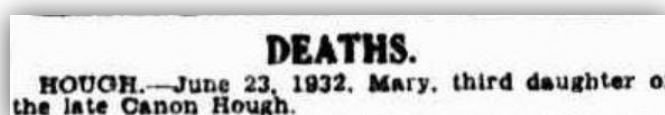


Figure 67. SMH, June 25, 1932.

⁴⁸⁵ Census records show her siblings did not live in Woollahra.

Sister Fanny May Harris



Figure 68. Sister Fanny May Harris, AWM P02298.005.

Introduction

Sister Fanny May Harris, known as May by her family, was born in 1892 in Maryborough in Victoria. She was the only daughter of the CE Minister who served in the parish from 1888 to 1906. Like many Australian towns of this period, it was established when gold was discovered in 1854 and became an administrative centre with the mines remaining open until 1916. Images of the period show it was a lively town with a hospital, a number of churches and schools and some fine Victorian buildings.

During this period, parishes, which had previously been free from monetary difficulties, had to struggle for their very existence. Clergy income was reduced and there was much hardship which affected clergy wives and daughters through additional work in the parsonage as well as Parish duties.⁴⁸⁶ When Sister Harris's father, Archdeacon Harris left Hamilton, a newspaper report in the *Hamilton Spectator*, on 4 October 1917, showed he had made substantial contributions to building the parish and "had splendidly squared

⁴⁸⁶ Ibid., 54–56.

the church ledgers” built the congregation and was particularly adept at working collegially with other denominations.⁴⁸⁷

Early Life

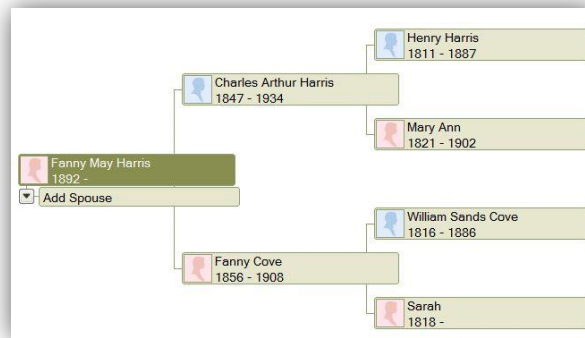


Figure 69. Ancestry Chart, Fanny May Harris

Sister Harris’s father Charles Harris was born in 1847 to a native born Australian farmer. After an excellent career in the church he was promoted to Archdeacon in 1903 and continued to serve until 1921 when he retired. Archdeacon Harris died in 1934 when May was in her 40s.⁴⁸⁸ Her mother, Fanny Cove was also native born to immigrant parents William Sands Cove and Sarah but little has been found about this family that can be verified. Fanny Cove married Charles Harris in Sydney in 1876 but died suddenly at the vicarage in Hamilton, Victoria in 1908 at the age of 50 when May was only 16.⁴⁸⁹ Life must have been difficult for May who was left grieving for her mother and caring for her father as well as fulfilling her duties in the parish. There are no verifiable records showing siblings and Sister Harris was the only child at her father’s funeral.⁴⁹⁰ A year later, a

⁴⁸⁸ Cable Index, 1104.

⁴⁸⁹ Ibid.

⁴⁹⁰ SMH, September 6, 1934.

stepmother moved into the house when Archdeacon Harris married Emily Drury in 1909, a widow who was 25 years his junior.

It can only be conjecture but with a new young wife in the household and her father close to retirement, working outside of the home became an option, or possibly a necessity for May and she entered nursing as soon as she was old enough. Nurse May Harris began training in June 1912 and was appointed to the nursing staff of the Warrnambool Hospital, Victoria, in September 1912 after her probation ended. Sister Harris graduated in April 1915 and it appears she left the hospital to work elsewhere upon graduation.⁴⁹¹ The next time her name is mentioned, Sister May Harris was at the No. 4 Military Hospital at Randwick, later to become The Prince of Wales Hospital, where she was working when she joined the *Bluebirds*.⁴⁹²

Service as a “Bluebird” in France

Without the diary of Sister Elsie Cook, little would be known about the experiences of Sister Harris. Sister Cook wrote to the SMH in 1917, telling them that King George V had shaken hands with herself and Sisters Thompson, Warner and Harris at the Artillery and 5th Division Sports Day at *Henencourt*.⁴⁹³ In Figure 70, It is possible to see the feet of the hidden nurse at the bottom of the picture but the identity of the nurse is unknown. The nurses are wearing new generic white uniforms and shoes for their meeting with the King rather than the original *Bluebirds* uniform.

⁴⁹¹ Warrnambool Hospital Minute Book, June 5, 1908–1915.

⁴⁹² SMH, May 25, 1916.

⁴⁹³ Peter Rees, *The Other ANZACS*, 255.



Figure 70. Sister Cook (3rd L), Sister Thompson (4th L), Sister Harris or Warner (2nd L), with King George V. AWM EZ0153.

In a subsequent letter to *The Australasian Nurses' Journal* (ANJ) on September 15, 1917, Sister Cook states the King asked why Australian nurses were working in French hospitals “so we explained that as France needed trained nurses, the New South Wales Branch of the Australian Red Cross had sent us as a gift to France to nurse the French wounded.”⁴⁹⁴

From entries in Sister Cook’s diary it can be discovered that Sisters Harris and Warner were serving in *Amiens* but at a different hospital to Sisters Cook and Thompson. In a diary entry on May 30, 1917, Sister Cook writes that she and Sister Thompson went to visit Sisters Warner, Harris, McKillop and Gray at “the other hospital” at *Rue Leveland* which could have been Hospital 108 or 78.⁴⁹⁵ Entries on 17 and August 18, 1917 record that Sisters Harris and Warner had received a wire to go to the War Office in Paris and discovered they were to be posted to *Zudycoote* in Belgium, close to the Frontline. This stirred Sisters Cook and Thompson into action and Sister Cook used her impressive

⁴⁹⁴ Ibid., 256.

⁴⁹⁵ The Long, Long Trail [Online], *The Base Hospitals in France*, accessed June 1, 2016, <http://www.1914-1918.net/hospitals.htm>.

networking skills to also seek a posting closer to the action. “Great excitement” was recorded on October 3, 1917 because Sisters Cook and Thompson have finally been posted to *Zudycoote*. (Figure 71).

Without the diary of Sister Cook little would be known about the experiences of Sisters Harris and Warner at *Zudycoote*. Sister Cook described *Zudycoote* as an enormous hospital on the seafront for wounded French officers. It was situated besides British Casualty Clearing Stations 34 and 36, the closest the nurses could get to the action and therefore a highly sought after posting. Figure 72 shows how large the building actually was. The hospital was only 13 miles from the frontline at the time and five miles from Dunkirk and was particularly busy during the battles of *Ypres* and *Passchendaele*.⁴⁹⁶



Figure 71. c1914, Postcard of *Zudycoote* Sanatorium, courtesy of <http://webdoc.france24>.

Sister Cook describes the scene, we “were very busy evacuating all the patients in my ward ... in preparation for the big offensive about to commence”.⁴⁹⁷ On August 13, 1917 there was “a big convoy of wounded coming in all day ... unlucky horrible

⁴⁹⁶ 2DRL/1085.

⁴⁹⁷ Ibid., August 8, 1917.

thirteenth". On August 18, 1917, Dunkirk was bombarded by *taubes*⁴⁹⁸ and an attack by German warships on *Dunkerque* and *St Malo* followed. Figure 72 shows the elegant shape of the wings and tail on the *taube*. On August 21, 1917 another 200 bombs were dropped. From the hospital the nurses could hear the heavy artillery bombardment from the battles at *Nieuport*, *Ypres* and *Passchendaele*. One can only imagine the stress of caring for large numbers of wounded men, the emotion of hearing tragic stories, the exhaustion and fear and having a background noise of battles the nurses knew were creating more human suffering.

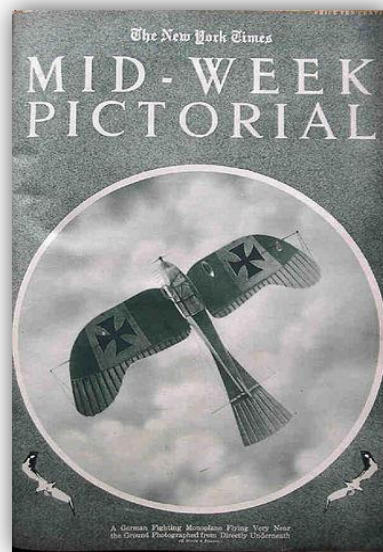


Figure 72. New York Times, January 1, 1917, “A German fighting monoplane flying very near the ground photographed from directly underneath”. *Taube* is pictured.

Through Sister Cook’s diary it is revealed that Sister Harris worked at Amiens with Sisters McKillop and Gray in 1917 but little else is known. Sisters Harris, Warner, Norman and Robinson returned on HMAT *Anchises* on February 28, 1919, working as part of the nursing staff and Sister Harris, like so many other nurses of WW1, slipped unnoticed into anonymity in Australia.⁴⁹⁹

⁴⁹⁸ *Taubes* (Trans. dove) were German warplanes in operation from the beginning of the war. It became a generic term to describe any German warplanes.

⁴⁹⁹ NAA., M.2/2206.

After the war

Sister Harris was twenty seven when she returned to Sydney. Her father was seventy two and in retirement in Sydney with his second wife and it is not known where she lived or what she did for the rest of her life. Her father died in 1934 and his second wife Emily in 1945. There is no record of Sister Harris being married or an indication of whether she continued working as a nurse and no verifiable details of her death. Sister Harris wrote nothing that has been discovered but fortunately was written about by Sister Cook ensuring she will never be forgotten.

The Presbyterian Daughters

Sister Jessie Isabella Hutchison



Figure 73. Sister Jessie Hutchison, AWM PB0483.

Background

By 1901, around eleven percent of Australians professed to be Presbyterian. The Scottish respect for learning and for the clergy was passed on to Australian born Presbyterians even though most recruits for the ministry up to 1914 had been born, if not trained, in Scotland.⁵⁰⁰ Presbyterians tended to be innovative in their missionary work and the growth of the Australian Inland Mission from 1911 by the Rev. John Flynn, leading to the establishment of the Royal Flying Doctor Service is one example.⁵⁰¹ Similar to other sects, Presbyterians saw education of the country's next leaders as an important mission and established or took over prominent schools that continue to thrive. In the early days of the 20th century Presbyterian women came into their own as teachers and headmistresses in both private and state schools. Women helped establish and run the women's guilds, Presbyterian Women's Missionary Union, Sunday Schools, Presbyterian Fellowship for Youth and Boys' and Girls' Brigades and were indispensable for fundraising.⁵⁰² Late in the 19th century, during Jessie's formative years, the Church

⁵⁰⁰ Malcolm D. Prentis, "The Presbyterian Church of Australia 1901–1977: An Overview," *Church Heritage* 15, no. 4, 2008, 230.

⁵⁰¹ *Ibid.*, 232.

⁵⁰² *Ibid.*, 235–6.

became more interested in broader social issues and based decisions on social research not just on theology and shared much in common with the Labour Party. Presbyterians were found in politics at all levels and had significant influence. In 1901, Presbyterian men were over-represented in education banking and finance, engineering and shipping and women over-represented in nursing, except for mental health patients for reasons which are not clear.⁵⁰³ This was the sect of professional middle class people and was strong in affluent suburbs in capital cities and in prosperous country districts. For many years Presbyterians remained better educated than the census norm.⁵⁰⁴

Presbyterian enlistments during WW1 were significantly higher than for other denominations and adherents generally voted “yes” in the conscription debates.⁵⁰⁵ There were very few outright pacifists, given the Scottish inheritance and the Presbyterian “just war” tradition which encouraged many clergy to enlist as chaplains enabling women to take up new and expanded roles in church life.^{506 507} Prentis argues that after the war Presbyterians shared the post-war disillusionment related to the futility and expense of the war, leading to challenges to theological and moral models.⁵⁰⁸

Sectarianism was still strong during and after WW1 but gradually improved over the coming decades and some cooperation with the CE continued especially when a joint voice was helpful such as in matters of temperance and Sunday observances.⁵⁰⁹ Overall, Presbyterians directly and indirectly influenced most aspects of Australian life in the 20th century and many aspects of education. The education of women and civic and military

⁵⁰³ Ibid., 237.

⁵⁰⁴ Ibid.

⁵⁰⁵ Bardon, 172.

⁵⁰⁶ Just War theory postulates that war, while terrible, is not always the worst option. There may be responsibilities so important, atrocities that can be prevented or outcomes so undesirable, they justify war. See Charles Guthrie and Michael. “III: The Structure of the Tradition”. *Just War: The Just War Tradition: Ethics in Modern Warfare*, United Kingdom: Bloomsbury Publishing PLC, 11-15.

⁵⁰⁷ Prentis, 228.

⁵⁰⁸ Ibid., 238.

⁵⁰⁹ Ibid., 238.

leaders was powerfully influenced by their contributions.⁵¹⁰ It is perhaps not surprising that Presbyterian clergy daughters ended up nursing on the frontline in France.

Life prior to WW1

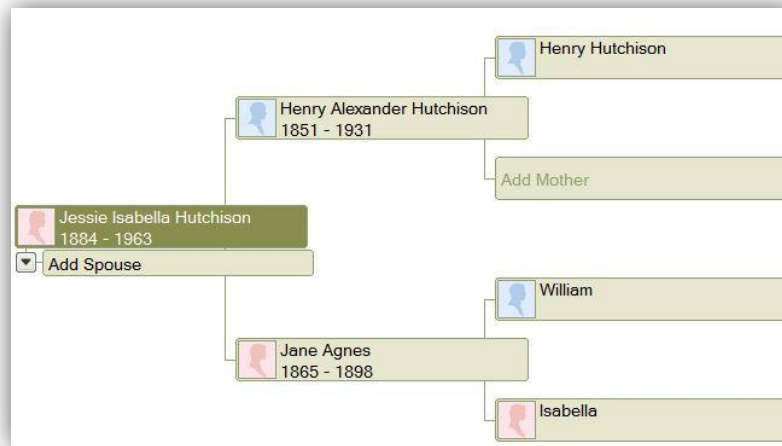


Figure 74. Ancestry Chart, Jessie Isabella Hutchison.

When the *SS Lusitania* left London in March 1885 bound for Australia, there were five clergymen on board including the Rev. Henry Alexander Hutchison and his wife Jane, a son William aged five and a baby called Jessie who was only a year old.⁵¹¹ The Australian artist Tom Roberts was also a passenger. It is possible that Jane or Henry Hutchison had lost their first spouse and remarried because William was born four years before her marriage to Henry and baby Jessie, the same year. It is known that William was born in Coimbatore in India on September 12, 1879 whilst his father was a missionary with the London Missionary Society. Birth certificates have not been found

⁵¹⁰ Ibid.

⁵¹¹ Australian Town and Country Journal, April 18, 1885. Victoria, Australia. Assisted and Unassisted Passenger Lists 1839–1923, SS “Lusitania” arrived in Sydney April 18, 1885.

for William or Jessie so it is probable that Jessie was also born in India.⁵¹² In 1886, Emily Mary was born, followed by Walter in 1889, Ellen in 1890 and Janet in 1891.

The family settled in Leichhardt where Rev. Hutchison served from 1886 for one year and then transferred in 1888 to become the first Minister of the Presbyterian Church North St. Leonard's in Sydney with 17 communicants. Sunday school commenced almost immediately as well as a monthly publication called *The Record* which the Ladies' Committee distributed among the families in the neighbourhood. Mrs Hutchison was very involved in both activities despite her growing family.⁵¹³ In 1890 the family moved to Cootamundra in rural New South Wales where Rev. and Mrs Hutchison stayed for the next 22 years.⁵¹⁴

Cootamundra was a thriving town when the Hutchison's settled there. In 1864 the CE had established a congregation, followed quickly by the Catholic Church and later by the Methodists. The Presbyterians did not send a Minister until 1882. The town was linked to Sydney by rail, the Cootamundra Herald had commenced operations, a public school had opened, Sisters of Mercy had brought Catholic education and the first hospital commenced operations in 1890. By 1907 the Shire of Jindalee established the town as the Centre of the District. For the original inhabitants, the *Wiradjuri* People, their lives were now controlled by the government and a number of reserves and camps surrounded the town including the Cootamundra Domestic Training Home for Aboriginal Girls managed by the Aboriginal Protection Board.⁵¹⁵ In 1882 the Cootamundra Herald published an article about the Aboriginal camp on the edge of town and there appears to be some "anguish" among the locals.⁵¹⁶ There had also been an interesting influx of immigrants to

⁵¹² Register of New Zealand Presbyterian Church Minister, Deaconesses and Missionaries from 1840, Hope to Hyslop, 170, accessed May 22, 2015, <http://www.archives.presbyterian.org.nz>.

⁵¹³ Crows Nest Presbyterian Church, ed. *Crow's Nest Presbyterian Church: Jubilee and Thanksgiving, 1888–1938*, North Sydney: E H Hume, 1938.

⁵¹⁴ Sands Directory, Rev. H.A. Hutchison BSc, 1909–13, Cootamundra.

⁵¹⁵ www.cootamundra.com, accessed June 2, 2015.

⁵¹⁶ Peter Kabaila, Amanda Gaunt, and Heidi Belbin, *Cootamundra Shire Community Based Heritage Study: Report to Council and Thematic History*, Cootamundra: Black Mountain Projects, 2010, 51–80.

the area from China, Spain and Lebanon.⁵¹⁷ Jessie may have been entranced by the Indian hawkers who came to town dressed in their turbans.⁵¹⁸

The history of the Presbyterian Church in Cootamundra shows that Rev. Hutchison served for 22 years and was the longest serving minister the parish has known. He was inducted in December 1890 at a time when the manse had not yet been built and there is no indication of where the family of eight lived until it was completed in 1926. The Sunday school was reported as having 55 scholars and Rev. Hutchison was given credit for commencing a Church Choir, annual Scottish Concert Party, the Fellowship Association and the Women's Guild but no doubt his wife and children worked tirelessly in these organisations. Rev. Hutchison was a popular speaker and ran courses on topics of interest that are perhaps surprising for a clergyman of the time. They included "hypnotism, association of ideas and thought healing".⁵¹⁹ At five shillings a course, his program raised much needed funds for the church.⁵²⁰ (Figure 75)

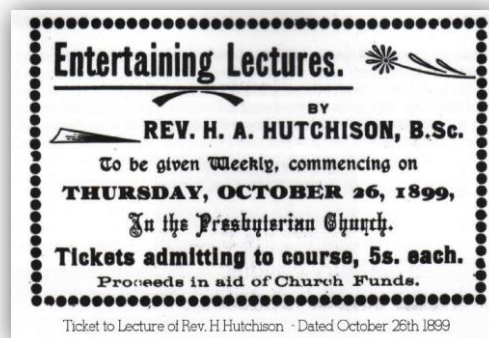


Figure 75. 1899, ticket to attend Rev. Hutchison's course.

In the record of a sermon given by Rev. Hutchison at Cootamundra it is clear he was a man of intellect, arguing against the case that science and religion are

⁵¹⁷ Ibid., 81.

⁵¹⁸ Ibid., 85.

⁵¹⁹ Ibid.

⁵²⁰ Yvonne Forsyth, *A Pictorial History of 125 Years of the Presbyterian Church in Cootamundra and District*, Sydney Presbyterian Church in NSW, 2007, 4–5.

incompatible.⁵²¹ During the speech to farewell him from the Cootamundra parish he was noted as a “scholar and theologian of high order”.⁵²² It may have been his forward thinking that caused a petition to be lodged with the Presbyterian Church in 1908 against his ministry. A counter petition was raised and the vote was 60 against and 61 in support. There is no mention of what the dispute was about.⁵²³

Jessie was only 14 years old when her mother died in 1898. Her father married a former Cootamundra parishioner and widow, Georgina Alma Rogers after two years of being alone and they were together for over 30 years. Sister Hutchison was trained at the Sydney Children’s Hospital and it was reported she was Matron “to various parts of the State” at the time she became a *Bluebird*.⁵²⁴ It is known she was appointed to the Bathurst Base Hospital in July 1913 as Head Nurse at a salary of £70 per annum.⁵²⁵ At the annual meeting of the hospital in January 1915 it was noted that Miss Jessie Hutchison had resigned as Head Nurse.⁵²⁶

Service as a “Bluebird” in France

Jessie’s brother William followed his father into the Ministry after an education at Knox College, Dunedin and induction into the Presbyterian Church of New Zealand at *Maraekakaho* in January 1913.⁵²⁷ He served as a Chaplain with the NZ Expeditionary Force from March 1916 to May 1919 in Egypt and France.⁵²⁸ Given the over representation of nursing as a preferred profession of Presbyterian women, perhaps it is not surprising that Sister Jessie Hutchison and her sister Emily May both served as nurses

⁵²¹ Cootamundra Herald, May 6, 1903.

⁵²² Cootamundra Herald, March 29, 1912.

⁵²³ Cootamundra Herald, October 3, 1908.

⁵²⁴ SMH, May 25, 1916.

⁵²⁵ The Bathurst Times, July 4, 1913.

⁵²⁶ National Advocate, January 26, 1915, 4.

⁵²⁷ Cootamundra Herald, January 17, 1913.

⁵²⁸ Register of New Zealand Presbyterian Church Minister, 170.

during WW1. Sister Emily Hutchison served with the AANS in India and England and the different treatment the two nurses received after the war highlights the lack of recognition and justice for non-military nurses. To gain access to Sister Emily Hutchison's complete war record is a simple matter of obtaining her Record of Service online from the NAA.⁵²⁹ For Sister Jessie Hutchison it is a matter of following a trail of clues ending with an incomplete picture.

Melanie Oppenheimer alerted scholars to the situation facing returning non-military nurses in her paper on the *Bluebirds* in 1993, "the 21 nurses, on returning to Australia at the completion of their war service, were denied all repatriation benefits, the generous war gratuity offered to all returning servicemen and women, and even service medals - all because they had been sent out of Australia as "civilian" nurses with the Red Cross ... they were not alone".⁵³⁰ Melanie Oppenheimer found glaring inconsistencies with The Treasury and Department of Repatriation assessment of individual cases and certainly between the way soldiers and nurses were treated.⁵³¹ The research of Kirsty Harris shows that whilst the inequality between military and non-military nurses is true, military nurses also faced discrimination in relationship to their male counterparts. Returned nurses were eligible for disability or invalid pensions under the War Pensions Act but the rate of their pension was linked to the rates of soldiers rather than of officers and was well below their pre-war civilian earnings.⁵³² Not until 1958, was access to medical and hospital treatment in repatriation hospitals extended to all WW1 nurses.⁵³³

Sister Jessie Hutchison was selected for service with the *Bluebirds* and left for the front on July 4, 1916. Sister Emily Hutchison commenced her service with the military

⁵²⁹ NAA, B2455 Hutchison E M Sister.

⁵³⁰ Oppenheimer, 1993, 65.

⁵³¹ Ibid.

⁵³² Kirsty Harris, *Work, Work, Work: Australian Army Nurses after World War I*, School of History, Philosophy, Religion and Classics, University of Queensland, 2009, Conference Paper, 3. <http://hdl.handle.net/11343/32510>.

⁵³³ Katie Holmes, *Weekend Australian*, April 24, 1999, 8.

within weeks of her sister and departed for India in September 1916.⁵³⁴ Her brother William had already left for Egypt in March 1916. Rev. H A Hutchison, was reported as telling an old friend that “his son is on active service and his son’s wife is doing war work in England”. He also mentions that his two daughters are on active service as nurses, “Jessie experiencing the rigours of a winter in Flanders and Emily in India caring for the wounded from Mesopotamia”.⁵³⁵

Sister Loxton mentions in her diary that Sisters Sheridan and Hutchison were working at the French Hospital for Officers at *Menton*. (Figure 61). In an article appearing in the Sydney *Sunday Times*, there is a very descriptive letter from either Sister Sheridan or Hutchison about their experiences.⁵³⁶ Their names had to be omitted for security purposes but the writer of the letter is described as “one of the 20 nurses sent by the NSW Division to the FRC”. Details of their trip to France and current post at *Menton*, match those found in Sister Loxton’s diary.⁵³⁷ The letter to the Sunday Times tells the story of what the nurses experienced.

*We had a good journey from Paris to Menton. The scenery was so fascinating we forgot to be tired. Here we were met by matron and Lord Waldron and secretary ... the hospital is a beautiful building, once the largest hotels in Menton. It is now the most luxurious hospital in France, splendidly appointed. They take about 600 wounded when full, but just now there are only 400, but we expect a convoy from Salonika any day. We each have charge of a floor (100 beds). There are with us only eight trained nurses, all the others are VADs. They work so hard, and for absolutely nothing in the way of salary. We are very happy, but hope later on to get nearer the zone of the armies. They say that appeals are coming in for us from everywhere but as far as they can they are giving each district two of us, just where we are most wanted.”*⁵³⁸

⁵³⁴ NAA, B2455, Hutchison E M Sister.

⁵³⁵ Cootamundra Herald, February 15, 1918.

⁵³⁶ Sunday Times (Sydney), November 12, 1916.

⁵³⁷ 2DRL/1172, September 12, 1916.

⁵³⁸ Sunday Times, November 12, 1916.

In Laurence Binyon's account of French hospitals written during the war he noted *Menton* is far "from the thunder of the guns" and is a 400 bed hospital, splendidly equipped with all the luxuries, in the Hotel Imperial run by the FRC *Association des Dames Franchises* with financial support from the British.⁵³⁹ Figure 76 shows the beautiful holiday town of *Menton* and the luxurious *Imperial Hotel*.



Figure 76. 1910, *Menton* Harbour (top) and c1900, *Hotel Imperial*, <http://commons.wikimedia.org>.

Sister Crommelin records that her companion Sister Robinson had been reposted to the South of France from *Villers-Cotterêts* in February 1918 and it appears she changed places with Sister Hutchison. In April 1918, Sister Crommelin writes that Sister Hutchison is with her at *Villers-Cotterêts* and they both survived the bombardment and

⁵³⁹ Laurence Binyon, *For Dauntless France, an account of Britain's aid to the French wounded and victims of the war*, London, New York: Hodder & Stoughton, 1916, 153–4. Imprint available at <https://archive.org/details/fordauntlessfran00biny>.

evacuation of the hospital. Sister Crommelin described these dramatic experiences in Chapter 1. The pair continued to work together for the rest of their time in France.

After the war

Little is known about what happened to Sister Hutchison after she returned from France aboard HMS *Bremen* on July 28, 1919. She was registered as a Trained Nurse in 1926 and was living in North Sydney at the time.⁵⁴⁰ Census data shows in 1930 she lived in Waitara, in 1933 at Narrabeen and 1934 in Neutral Bay, all suburbs of Sydney.⁵⁴¹ The last record shows Sister Hutchison living at Ashfield in 1963 at the age of 79.⁵⁴² This was possibly in an Aged Care Home or hospital. No verifiable date of death has been found or record of marriage but some memories have been recaptured of a life she lived in service to others.

⁵⁴⁰ State Records of NSW, NSW Medical Registers, 1925 – 1954, November 4, 1926. Nurses Registration Board, Register of General Nurses 1926–1954. NRS 10855, reel 2620.

⁵⁴¹ Australian Electoral Rolls (NSW), 1903–1980, 1930, 1933, 1934.

⁵⁴² *Ibid.*, 1963.

Sister Helen Sutherland Wallace



Figure 77. c.Feb 1917, Sr Crozier (L), Sr Wallace (C) and Sr Hough (R) at No.1 Mobile Surgical Hospital with “Bray”, the dog of the Director, Mrs Borden Turner, AWM P01908.007.

Life prior to WW1

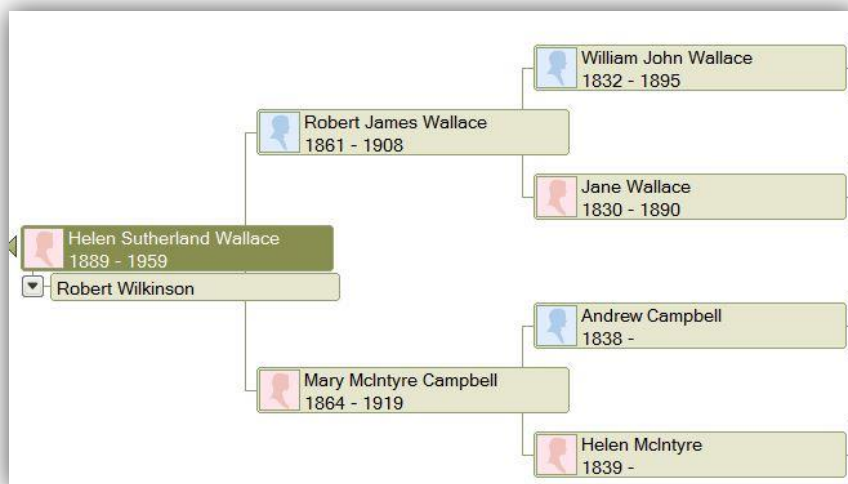


Figure 78. Ancestry Chart, Sister Helen Sutherland Wallace.

Helen Sutherland Wallace was born in Queensland on February 7, 1889. Her father was Rev. Robert James Wallace who was a Presbyterian Minister and her mother was Mary McIntyre Campbell. Helen was the first of four children born between 1889 and 1894, followed by William, Andrew and Grace. Only Helen and Andrew

participated in WW1, Sister Wallace as a *Bluebird* nurse and Andrew as a Sapper with the 7th Field Company of the Australian Engineers in *Rouelles* and *Charlerotte*, France.⁵⁴³ Fortunately, both survived the war without injury or death.

Sister Wallace's father, Rev. Robert Wallace was born in Ireland about 1859 but he relocated with his family to New Monkland, Lanarkshire, Scotland at the age of two. His father was a miner, and the rise of coal and iron mines in Scotland during the 1800s, enabled struggling Irish families to move to Scotland where there was plenty of work. These mining towns were "under churchd" and the Church of Scotland endeavoured to remedy the situation in these areas. The developing Presbyterian sense of social justice gave rise to institutions to train the young, help the destitute and develop services for church members which attracted large numbers.⁵⁴⁴

It is not surprising that the young Robert Wallace was influenced by this movement in his early life and he trained for the ministry at Glasgow University and Theological Hall. Robert was chosen for service in Queensland by the Church of Scotland probably in 1887. He arrived in Brisbane in March 1888 aboard SS *Waroonga*⁵⁴⁵ and it is not clear whether he married Mary McIntyre Campbell in Glasgow or Gympie, which was his first Parish. She does not appear on the Passenger List of SS *Waroonga* with Robert.⁵⁴⁶

After parish work in Gympie the family moved to Killarney in Queensland and Helen was born in 1889, the same year the Queensland Assembly of the Presbyterian Church requested a report on the work of Mr Wallace, a missionary, in the Parish. It was favourable and in 1891 Robert received a call to the District as an ordained missionary and formally inducted as the Parish Minister at Killarney in August 1896.⁵⁴⁷ In the

⁵⁴³ NAA, 22176, Andrew Campbell Wallace.

⁵⁴⁴ Alexander Hugh Bruce, *An Historical Account of the Rise and Development of Presbyterianism in Scotland*, Manuals of Science and Literature, Edinburgh: Cambridge University Press, 1911, 155.

⁵⁴⁵ Qld State Archives, Registers of Immigrant Ships' Arrivals, 13086:M473.

⁵⁴⁶ Qld State Archives, Index to assisted immigrants 1848–1912, P–Z.

⁵⁴⁷ Warwick Examiner and Times, August 22, 1896.

Centenary History of the Presbyterian Church in Queensland it is noted that Rev. Wallace “was medical as well as spiritual adviser to many”, perhaps Helen assisted him and this encouraged her interest in nursing.⁵⁴⁸ When he left Killarney in February 1903, it was clear he had been a very successful pastor, not only was he presented with a purse of sovereigns but it was declared the Parish would suffer without him. It is encouraging to find that Mrs Wallace was also mentioned for her outstanding services including conducting the choir and whose “gentle, patient, earnestness endeared her to all” in the church and Sunday School.⁵⁴⁹ At the age of 14 Helen embarked on a new life with the family in Singleton, NSW. Ten other ministers were interviewed for the position at Singleton but Rev. Wallace was chosen by the congregation.⁵⁵⁰ He stayed a relatively short time in Singleton and was farewelled in March 1905 with a farewell speech describing his preaching as “cosmopolitan” and as a consequence “members of other churches readily attended”. The speaker, Mr Hunt, stated Rev. Wallace would be remembered as a “liberal-minded, warm-hearted gentleman”.⁵⁵¹ He died within three years of taking up his new parish responsibilities at St Enoch’s Presbyterian Church at Newtown.⁵⁵² At his funeral the office bearers of St Enoch’s church carried the cask and members of the Boy’s Brigade marched silently in front of the hearse. Apparently, he “had been ailing for some time” and preached his last sermon at the end of 1907 then “broke down completely” and died in March 1908.⁵⁵³

⁵⁴⁸ Bardon, 236.

⁵⁴⁹ Warwick Examiner and Times, February 7, 1903.

⁵⁵⁰ The Maitland Weekly Mercury, February 14, 1903.

⁵⁵¹ Singleton Argus, March 18, 1905, 5.

⁵⁵² Australia Death Index, 1908: 2566.

⁵⁵³ Singleton Argus, *Late Rev. R J Wallace. The funeral*, March 26, 1908, 2.

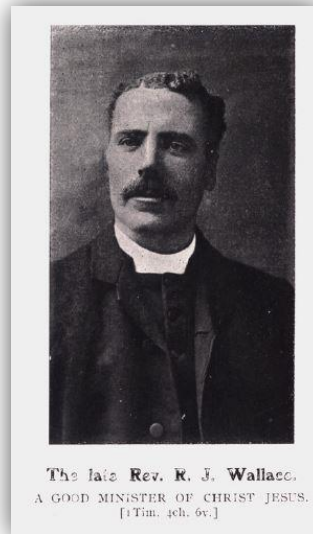


Figure 79. Rev. R J Wallace, NAA obj-211126823.

Helen was 19 years old when her father died and she may have started her nursing training at Sydney Hospital at this time or soon afterwards. Her mother Mary lived until 1919 and died at Ashfield in Sydney.⁵⁵⁴ Sister Wallace embarked for the return voyage from France aboard HMS *Zealandia* on November 26, 1918 and did not arrive in Sydney before mid-January 1919 and her brother Andrew returned via SS *Runic* in July 1919. Hopefully, there was time to say goodbye to their mother. It must have been a difficult time for Sister Wallace, saying farewell to a life of adventure and close friendships, dealing with the trauma of her experiences and the added sadness of losing her mother whom she had not seen for three years. These must have been difficult times as soldiers and nurses returned to families, friends and a country that had changed forever - they had also changed.

Service as a “Bluebird” in France

The little known about Sister Wallace’s war service comes through the diary of Sister Loxton. Sister Wallace worked with Sisters Crozier, Hough and Loxton at the No. 1 Mobile Surgical Hospital of Mrs Borden-Turner. Sisters Wallace and Crozier were

⁵⁵⁴ Australia Death Index 1787–1985, *Mary Wallace*, 1919, 1387.

assigned to the hospital from their arrival in France and remained with it throughout their service in France.⁵⁵⁵

The story of this remarkable hospital and the role the four *Bluebirds* played is has been documented through the diary of Sister Loxton in Chapter One. The diary has some specific, albeit limited, references to Sister Wallace. On January 28, 1917, Sister Loxton tells the story of how she and Sister Hough were very relieved to find Miss Warner and Sister Wallace at the station, waiting to take them in the ambulance to the No. 1 Surgical Hospital of Mrs Borden-Turner at *Bevereaux*. Sister Loxton comments “we were very glad to be with friends and kind people”. It also appears that Sister Wallace was a talented pianist. On September 17, 1918 Sister Loxton wrote in her diary that when

Australian soldiers or officers hear there are Australian Sisters at the hospital they all rush down to see us ... but it is not very bright for them at present—no piano here—unable to hire one. Wallace who is the principal entertainer of the boys is in bed sick.

After the war

In 1920, Sister Wallace married Robert Wilkinson and they settled in the Manly area of Sydney. Robert’s grandfather was Charles Blake Skerrett who was brought into contemporary popular culture through a novel by Di Morrissey called *The Valley*.⁵⁵⁶ Charles Skerrett was born in Galway in Ireland and transported to Van Diemen’s Land aboard the *Elphinstone* in 1836. His colourful exploits were recorded in great detail in the newspapers of the time. His wife Maria followed him to Van Dieman’s Land as an assisted immigrant, and in 1841 Charles was granted a *ticket of leave* for “meritorious service in capturing a prisoner of the Crown, who had absconded after committing an aggravated felony”.⁵⁵⁷ However, within six months Charles was back to his old ways and charged with operating an illegal still and sent back to Port Arthur for 12 months.⁵⁵⁸

⁵⁵⁵ 2DRL/1172.

⁵⁵⁶ Di Morrissey, *The Valley*, Sydney: Pan Macmillan, 2006.

⁵⁵⁷ The Cornwall Chronicle Launceston, January 30, 1841.

⁵⁵⁸ Colonial Times, July 6, 1841.

In 1854, Charles Skerrett and a Henry Wilkinson both received land grants in the Township of Ross in Tasmania.⁵⁵⁹ Perhaps this was how Charles' daughter Eliza met and married Robert Wilkinson. Sister Wallace's husband, Robert Wilkinson, was an engineer prior to WW1 having served an apprenticeship with Henry Vale & Sons. In 1916, at the age of 32, Robert enlisted and sailed with the AIF to *Zeitoun* in Egypt where he was attached to the 22 Howitzer Brigade. By the end of March 1916 he arrived in Marseilles and was sent to *Steenwerck* in preparation for the Battle of the Somme. Robert served with the 5th Forward Artillery Brigade until February of 1917 when his shoulder was dislocated. This recurring injury, which was not uncommon for artillerymen, resulted in Robert being sent to Britain for an operation which effectively ended his service at the front. He returned to Australia in September of 1917 and was discharged from the army.⁵⁶⁰

Family memories are that he was gassed during the war but his medical records only show hospitalisation for influenza, shoulder dislocation and subsequent surgery.⁵⁶¹ It is possible that Sister Wallace and Robert met in France during the early part of 1917, when she was working at *Oesthook* in Flanders. This was only 20 miles from *Lille* where Robert was recuperating at the *Belle Vue* Rest Camp following his shoulder injury.⁵⁶²

Sister Wallace's granddaughter Linden Wilkinson shared some of her family memories with the author. Linden's Aunt once showed her a letter of recommendation from Sir Joseph Cook to Lady Helen Munro Ferguson supporting Sister Wallace's application to join the *Bluebirds* so Sister Wallace and Sister Cook must have known each other prior to the war.⁵⁶³ Linden described her grandfather Robert as "a shadowy figure— austere and ill" and an aunt had once referred to her grandfather's "affair with a voluptuous hairdresser on the sea front at Manly". The marriage did not seem to be a

⁵⁵⁹ Government Gazette, Caveat Board Tasmania, *Land Grant 1854*, June 13, 1854.

⁵⁶⁰ NAA, 11602 Sapper Robert Wilkinson.

⁵⁶¹ Linden Wilkinson, email message to author, June 1, 2015.

⁵⁶² NAA, 1162, *Sapper Robert Wilkinson*.

⁵⁶³ Linden Wilkinson, email message to author, May 31, 2015.

happy one but Sister Wallace's friendship with Sister Ruth Collins, whose name appears on the Hay and Districts Honour Roll for service during WW1, seems to have provided great friendship and support. Despite an extensive search no information has been found about the person Linden called Aunt Collie.

In an interview with Eliza Harvey, Linden described her grandmother as "a stoic woman, scarred by war". Sister Wallace's family remembers her ducking under the kitchen table in a sweat when planes flew low over her house in Sydney in the 1930s. When Sister Wallace returned to Australia, she lobbied authorities to recognise her war service so she could claim the generous war gratuity but it was never awarded to any *Bluebird* nurses except for Sister Cook who had also served with the AANS. Linden provided a beautiful epitaph for her grandmother, "I think she went to France out of a sense that it was part of her life's calling, because I think caring for others was probably the most essential component of her existence".⁵⁶⁴

⁵⁶⁴ Eliza Harvey, "World War 1: Thousands of Australian nurses missed out on recognition", *ABC Premium News*, August 4, 2014, accessed February 18, 2016, <http://search.proquest.com/docview/1550723223?accountid=13380>.

The Methodist Daughter

Sister Lynette Crozier



Figure 80. c1916, Lynette Crozier, A03552 AWM.

Life Prior to WW1

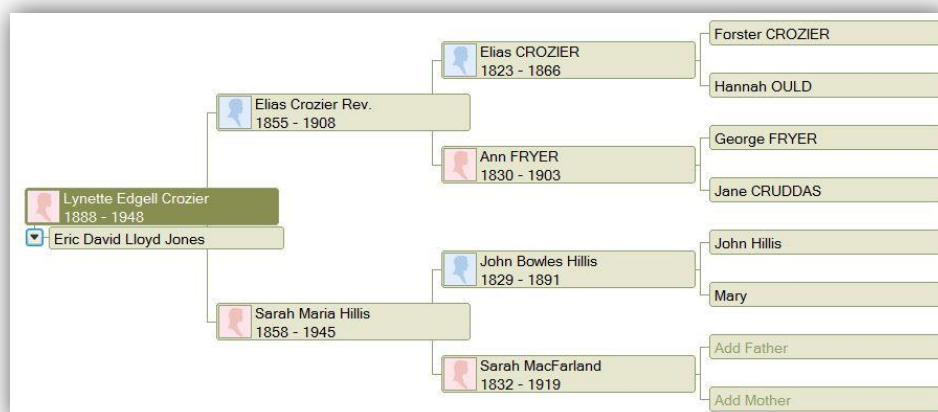


Figure 81. Ancestry Chart, Lynette Edgell Crozier.

Lynette spent her childhood in Mudgee in rural New South Wales and later the family moved to Goulburn in 1897. Mudgee thrived through various gold discoveries in the 1850s and it was not until 1879 that a typhoid epidemic, coinciding with short supply and low prices, finally forced Mudgee to turn to other sources of income. It became a

large producer of wool and agricultural products and the extension of the railway from Sydney to Mudgee in 1884 ensured a cheap and reliable way to move people and goods.⁵⁶⁵

By the time the Croziers arrived in 1888 and Lynette was born, the town could boast shops, schools, a hospital and a number of churches.⁵⁶⁶ By the time the family moved on to Goulburn, Lynette was nine years old and a report in the local paper tells us that Lynette Crozier excelled at reading, elocution, Latin and scripture. She also received a medal at the Juvenile Industrial Exhibition held in Sydney for “mapping Under 13 in the electorate of Werriwa”. At this time she was attending a school called St Hilda’s, run by Miss Studdy who reported in 1898 that one of her girls had matriculated to Sydney University.⁵⁶⁷ The family had four girls and Sister Crozier was the only one to participate on the war front.

The MLC School at Burwood was known as the Burwood Ladies’ College from 1899 to 1914 and the archives show that Lynette Crozier enrolled on July 22, 1902 as a 13 year old and graduated in 1906 at the age of 17. Elsie Sheppard, later to become Elsie Cook, was also at Burwood Ladies’ College during this time. MLC proudly displays an Honour Board noting the former pupils who served as nurses during WW1 and the names of both Sisters Crozier and Cook are engraved upon it. The Board shown in Figure 82 shows one of the very few places where military and non-military nurses are not segregated and *Bluebird* nurses are equally recognised.

⁵⁶⁵ SMH, September 9, 1884.

⁵⁶⁶ Mudgee Local History Society, *Mudgee District History*, 6, accessed May 26, 2015, <http://www.mudgeehistory.com.au>.

⁵⁶⁷ Goulburn Herald, December 16, 1898.



Figure 82. Photograph of Honour Board courtesy of MLC School.

Sister Crozier undertook her nursing training at Sydney Hospital and may have continued to work there at the end of her training. She was one of six *Bluebird* nurses trained at Sydney Hospital. Nursing was a sought after career at the end of the 19th century, it had become successfully “middle-classed” and respectable and was a career to aspire to. Little is known about Sister Crozier’s adult life prior to joining the *Bluebirds* except for the death of her father in May of 1908 from heart failure at the age of 52. A report of his death states he was “rightly regarded as one of the most able ministers in the Methodist Church.”⁵⁶⁸

Methodism in Australia

The history of Methodism in Australia was officially recorded as early as 1904 so it is possible to gain insights about the social and political context of Methodism from contemporary accounts.⁵⁶⁹ Lynette’s grandfather had brought his young family from Britain to Victoria during the Gold Rush and moved between Camp Hill, Lodden and Campbell’s Creek where Rev. Crozier was born. He began his ministry with the Primitive

⁵⁶⁸ Goulburn Evening Penny Post, May 2, 1908.

⁵⁶⁹ James Colwell, *The Illustrated History of Methodism*, Sydney: William Brookes & Co., 1904 .

Methodist Church in 1886 in Leichhardt, Sydney and served for 21 years.⁵⁷⁰ This represented a time of great change for Methodism. Renata Howe (2008) described how early Methodism was shaped by enterprising young English Methodists who came to the Victorian goldfields in the 1850s and then settled in Melbourne. They were “evangelical, sober, self-improving and had a strong social conscience.”⁵⁷¹ In the period after the Gold Rush Methodism was arguably Melbourne’s most active denomination. Church membership was largely drawn from skilled workers, small business owners and teachers and they were active in councils, schools and community activities. Primitive Methodists were opposed to alcohol and gambling and supported Sunday observance of the Sabbath leading to them being referred to as “wowsers”.⁵⁷²

This social conscience, in a spirit similar to other denominations, led to the development of many social services that continue to exist today. In 1874 the Australian Conference of the church divided along state lines for administrative purposes and New South Wales and Queensland formed a new Conference. At the first meeting the Elders understood “we are entering new ground and will have to feel our way”.⁵⁷³ By 1882 growth had been so great that “the supply of Ministers must be augmented from some other source”.⁵⁷⁴ British Methodist ministers arrived in large numbers but by 1904 Rev. Colwell was arguing that “men trained in Australia are better fitted for the heavy demands made by the exigencies of Circuit life”.⁵⁷⁵ It was during this period of growth that Rev. Crozier relocated from Victoria to New South Wales and began his ministry.

In 1902 all forms of Methodism in Australia joined together. Rev. Crozier is noted as having been an ardent supporter of union believing it was in keeping with the spirit of

⁵⁷⁰ Newcastle Morning Herald and Miners’ Advocate, May 4, 1908, 4.

⁵⁷¹ Renate Howe, “Methodism”, *Encyclopedia of Melbourne [online]*, The University of Melbourne, 2008, accessed June 6, 2016, <http://www.emelbourne.net.au/biogs/EM00973b.htm>.

⁵⁷² Ibid.

⁵⁷³ Colwell, 450.

⁵⁷⁴ Ibid., 457.

⁵⁷⁵ Ibid.

the age.⁵⁷⁶ His appointment to Goulburn coincided with a period of preparation and debate to bring the Primitive Methodists into the union. An article in the local paper in 1899 shows his fairly aggressive stance towards detractors of union by members of his own sect and by Wesleyan Methodists.⁵⁷⁷ By this time Methodism was at the height of its respectability and had established a uniquely Australian church. They had also appointed, in 1902, the first woman, Mrs Roberts, as an office bearer of the Conference.⁵⁷⁸ They believed they were the “true heirs of the Reformation” rather than the CE. The CE believed Methodists were dissenters. However, this all paled into insignificance compared to their mutual discomfort with “Romanism”. They argued that there “must be everlasting war against the unscriptural doctrines and pernicious practices” of the Roman Catholic Church which it also accused of “advancing its interests at the expense of the State”.⁵⁷⁹

It appears Rev. Crozier appealed for unity of the clergy at his farewell from Goulburn where many representatives of other churches were present and there was loud applause. Roman Catholic representatives appear to have been absent.⁵⁸⁰ Another important aspect of Methodism was its strong connection with unionism and like the Presbyterians, the rise of the Australian Labour Party. Primitive Methodists saw common aims between the Labour movement and their own version of Christian socialism.⁵⁸¹

Service as a “Bluebird” in France

The diary of Sister Loxton provides a few details of Sister Crozier’s experiences in France. Sister Crozier was an attractive woman and Sister Loxton tells us that Mr Biddley, the Chief Officer of HMHS *Kanowna*, the ship that transported the nurses to England, “was very interested in Crozier”. He called at the hotel to say goodbye but

⁵⁷⁶ Ibid., 614.

⁵⁷⁷ Goulburn Evening Penny Post, April 15, 1899, 3.

⁵⁷⁸ SMH, February 26, 1900.

⁵⁷⁹ Ibid., 524.

⁵⁸⁰ Goulburn Herald, April 16, 1902.

⁵⁸¹ Glen O'Brien and Hilary M. Carey, eds., *Methodism in Australia: A History*, Ashgate Methodist Studies Series, Surrey: Ashgate, 2015, 272.

Sisters Wallace and Crozier had already left for Scotland on holidays.⁵⁸² Sister Crozier, also appears to have caught the eye of the Chief French Surgeon, Dr de Parthenay at the No.1 Surgical Hospital of May Borden-Turner as well. Sister Loxton described the doctor as “good looking, healthy and very clever” and writes “we all (Australian sisters) love him but he loves only one (Crozier). He tries so hard to learn English and speaks splendidly.”⁵⁸³ Sister Loxton also noted the visit to the hospital of two Sydney Hospital doctors, Col Kay and Major Jollie, who came to visit Sisters Wallace and Crozier and remarked, the “former (Col Kay) was exceptionally good looking”.⁵⁸⁴ Sisters Crozier and Wallace had been posted to Mrs Borden-Turner’s No. 1 Mobile Surgical Hospital at *Bevereau*, 20 miles from Dunkirk then at *Oest Hoek* in Belgium. Sisters Loxton and Hough were keen to follow after they had completed their obligatory four months at *Palavas-les-Flots*.⁵⁸⁵



Figure 83. Lynette Crozier with surgeon Major Davidson (C) orderly (L) AWM P01790.001.

⁵⁸²2DRL/1172, August 26, 1916.

⁵⁸³ Ibid., September 17, 1917.

⁵⁸⁴ Ibid., October 4, 1917.

⁵⁸⁵ Ibid., January, 1917.

Figure 83 shows the teamwork between nurse, doctor and orderly in dealing with a fractured femur. The Thomas Splint is pulled to one side and the patient appears relatively comfortable. In 1916, it was estimated by a Col Gray, a war surgeon, that mortality rates for patients with a fractured femur was approximately 80 percent.⁵⁸⁶ Col Gray was convinced that the Thomas Splint could reduce these rates dramatically and urgently embarked on an education campaign prior to the battle of Arras in April 1917. The results were outstanding and casualties who used to arrive close to death from shock and exhaustion came in well enough to stand immediate surgery. One Casualty Clearing Station recorded a drop in mortality from 50 per cent in 1916 to 15.6 percent in 1917.⁵⁸⁷ Henry Wade was a consulting surgeon with the British Army in Palestine at the time and believes that it was due to the support of General Allenby that Thomas splints became mass produced enabling fractures to be stabilised in the field thus reducing pain, suffering and high mortality rates.⁵⁸⁸ The *Bluebird* nurse in the background of the photograph has not been identified.

On September 30 1917, part of a letter written by Sister Crozier, whilst on holiday at the mountain resort of *Chamberay* and sent to a friend in Sydney, was circulated in newspapers in NSW and Victoria. The letter tells the story of the bombing of No. 1 Surgical Hospital which is also vividly recalled in the account by Sister Loxton. This reveals a lot about Sister Crozier's experiences at the front but also provides a rare glimpse of Lynette through this very personal account. It is not known whether she gave permission for the letter to be published.

Our hospital is placed much nearer the lines now, so that we are in a position of danger all the time, and there being nothing but an advanced dressing station in front of us, we

⁵⁸⁶ Henry Wade, "The Influence of the war on the modern treatment of fractures: A British Medical Association Lecture", *The British Medical Journal*, (March 5, 1921), 327, accessed December 12, 2016, http://www.jstor.org/stable/20426762?seq=1#page_scan_tab_contents.

⁵⁸⁷ Ibid.

⁵⁸⁸ Ibid.

*receive the men in straight from the trenches. Being so near, we are able to save many more cases.*⁵⁸⁹

Sister Crozier described her work:

We have had plenty of surgical work, and after gas attacks have had large numbers of men in ... we had only a small percentage of deaths. At times when we had rushes one had to work part of the night as well as day time, and food is quite a secondary consideration. After our last bad time I nursed a boy of 19 ... he was so small and sweet. He spent his time asking why we were so good ... when it was not "our place" as he put it. We were talking to one of our best surgeons ... who said "Well you know, Mademoiselle, if you were not here we should lose exactly half the cases we now save".

She writes about the "excitements and horrors" of the hospital being bombed. Sisters Loxton, Hough and Wallace experienced this event with her.

About five weeks ago we were all in bed about 11 pm. When the wretched Taubes went over our huts, making their usual unpleasant sounds ... we heard a fearful scream. Everybody rushed to the windows or outside and found a bomb had fallen in the middle of the hospital and had wounded one of our night nurses badly in the foot. The foot was almost blown away. Poor girl, she will not walk for a long time, and then never without an appliance, and even yet it may be necessary to amputate it. She is a Canadian girl. The theatre and most of the huts were riddled with shrapnel, and we are still grateful for the marvellous escape of that night ... both the night nurses were given the Croix de Guerre, which we all appreciated ... in several of the huts the screens, quilts and bed clothes were torn and pierced very much, windows broken everywhere. One of the patients was covered with feathers where a round had gone into his pillows. His sheets were just torn to bits and his face was covered with glass ... but he was not a mite injured and most cheerful.

Sister Crozier laments "it does seem awful that they cannot get rest even in hospital". The next night they dealt with a gas attack.

⁵⁸⁹ SMH, Sep 30, 1917.

Fortunately, no harm was done more than some of the vegetation round turned brown ... Sister Wallace and self got our masks on. Then being deadly tired after the night before promptly went to sleep. Sisters Loxton and Hough were more disturbed ... having a hole in the wall some of the gas got through sufficient to start two of the girls vomiting because they had not got their masks on.

The next day “one of the English sisters, who had been in the war zone for over two years, gave in and she and her friend left”. Sister Crozier remarked that “it was quite time, too, one couldn’t stand many years of that”. With one Sister assigned to the injured nurse, two on holiday and another two having just left, the remaining seven nurses had to take two wards rather than one.

Sister Crozier showed the stoicism displayed by many WW1 nurses, “we really felt as though we could not possibly cope with it, but all went fairly well”. The four *Bluebirds* had a narrow escape. Sister Loxton reported in her diary that by June 24, 1918 the strain was beginning to tell on all the nurses, it was bitterly cold, Minnie was unwell, “probably the strain of the past 22 months in the war zone and the hardships (especially food) all beginning to tell on us. Crozier too looks quite done up ...”

The next trace of Sister Crozier is through a diary entry on April 15, 1918 when Sister Loxton reports “heard from Sister Crozier and Jamie ... they have been transferred to Rouen away from danger zone.” There were many hospitals at Rouen during this time and the exact one is not known. When Sister Loxton, Hough and Wallace started their “homeward voyage” on October 11, 1918, they were farewelled at the station by Sisters Crozier and Jamieson who returned to Australia aboard HMS *Bremen* ten months later on July 28, 1919 with Sister Hutchison.⁵⁹⁰

After the war

There is a record of Sister Lynette Crozier being a guest speaker at the Queen Victoria Club in Sydney on October 3, 1919 along with three others including Dr Katie

⁵⁹⁰ SMH, July 29, 1919.

Ardill who had been “the first woman Doctor sent to France and Egypt”.⁵⁹¹ Dr Ardill had sought in vain to enlist at the outbreak of WW1 and had to leave for England to work under the direction of the BRC. Australian Census Records show that Sister Crozier lived in Chatswood from at least 1926 until her marriage in 1933 and Medical Registers show she renewed her nursing registration in 1926 whilst living at Chatswood.⁵⁹² The Sands Directory showed her mother living in Chatswood from at least 1912 so it is very possible they lived together.

In 1933 Sister Crozier married Eric Lloyd Jones one of the heirs to the David Jones Empire. Eric was charismatic, a lawn tennis champion and wealthy businessman and had also been an ARC Commissioner to Egypt in 1915 assisting Adrian Knox, KC (King’s Counsel).⁵⁹³ Figure 84 shows a report he wrote in 1916 for the ARC and a photo from the SMH. It is possible that Eric met Lynette through their work for the ARC but no details have been found.

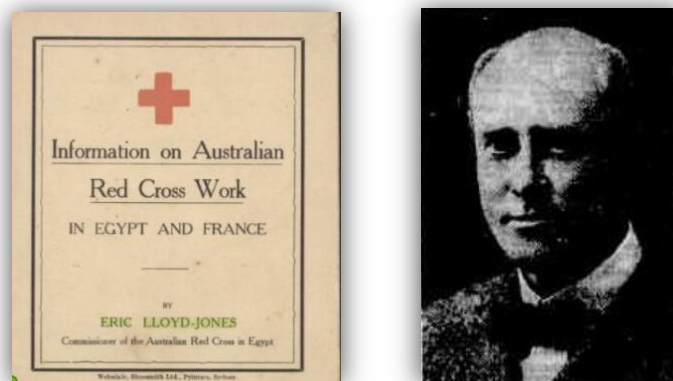


Figure 84. 1916, Report, Item Q940.4771/2 Mitchell Library and Eric Lloyd-Jones in 1934, SMH, Feb 3, 1934.

Eric and his brother Edward retired from the David Jones Board in 1920 to free themselves from the demand which the activities of business made upon their time and

⁵⁹¹ SMH, October 4, 1919. The Daily News Perth, October 18, 1919.

⁵⁹² Australia, Electoral Rolls 1903–1980; 1930, 1931, 1933. NSW, Australia, Medical Registers 1925–1954, November 4, 1926.

⁵⁹³ SMH, September 9, 1915.

thought.⁵⁹⁴ Eric bred champion Friesian cows but was also involved in many business and charitable enterprises.⁵⁹⁵ Eric was divorced in 1933 after a long separation and he and Sister Crozier married almost immediately. The period must have been extremely difficult for them both. Eric's daughter Patricia died at the age of 21 in May of 1933.⁵⁹⁶ She had moved to London with her mother and sister three years before her death. Eric's mother Helen, the family matriarch, passed away six months later in January of 1934⁵⁹⁷ and a week later his brother Edward also died.⁵⁹⁸ It must have been a great comfort to have Lynette by his side. Sister Lynette Crozier died at the age of 60 and death notices talk of her as the "beloved wife of Eric Lloyd Jones and beloved step-mother of Mark". It was also noted she was the eldest daughter of the Late Rev. E and Mrs Crozier and beloved sister of Winifred, Dulce and Marjorie.⁵⁹⁹ Perhaps another notice could have read, Lynette was a courageous and talented nurse who saved many lives and loved with passion and selflessness.

Discussion

The lives of the five clergy daughters broadly reflect the findings of Midori Yamaguchi and Hjime Stoffels.⁶⁰⁰ Notwithstanding the indigenisation of the Australian churches in this period, the uncertain income of clergy and the battles between authority and laity to gain control, there was a spirit of freedom and growth. The clergy were now being trained for difficult Australian parishes and could only succeed through resilience and commitment and their wives and daughters were not only an integral part of their work but had to develop the same qualities. This pioneering spirit helped make these

⁵⁹⁴ The Sydney Stock and Station Journal, October 29, 1920.

⁵⁹⁵ Northern Star (Lismore), August 15, 1930.

⁵⁹⁶ SMH, May 26, 1933.

⁵⁹⁷ SMH, January 29, 1934.

⁵⁹⁸ Singleton Argus, February 5, 1934.

⁵⁹⁹ SMH, October 15, 1948.

⁶⁰⁰ Yamaguchi, Stoffels.

nurses tough, practical and resilient during war and their work as unpaid teachers, nurses and social workers gave them valuable skills and experience.

It is perhaps not surprising that Mrs Borden-Turner chose three of the clergy daughters to work at her mobile surgical hospital on the frontline as soon as they arrived in France. The clergy fathers were well educated liberal thinkers who valued education for their children and the *Bluebirds* had the benefit of an excellent education and growing up in homes where the vital issues of the day, including the rights of women, were discussed and debated. They also had opportunities to work outside of the home and pursue a profession. Lower clergy incomes meant that these daughters had to either marry or make their own way in the world and nursing was a profession that opened up the world to them. Many British clergy daughters remained single at this time in Britain but the numbers of *Bluebird* clergy daughters are too small to make any assumptions.

Being a clergy daughter brought with it many advantages but there may also have been constraints given the expectation to be “paragons of virtue and industry”.⁶⁰¹ Sister Minnie Hough’s devotion to the care of her patients, the children with polio and to her colleague Sister Loxton throughout the war seem to exemplify the values instilled into a clergy daughter. For Sister Helen Wallace “caring for others was probably the most essential component of her existence” according to her granddaughter. This may not have been behaviour exclusive to clergy daughters but they were arguably a unique breed.⁶⁰² Yamaguchi argues that Christianity no longer empowered women as it had in the Victorian period but it gave them the opportunity for a wide variety of experiences, to meet people from all walks of life and to be allowed to express their talents.⁶⁰³ The story of the *Bluebird* clergy daughters provided an opportunity to explore this relatively hidden area of Australian nursing and women’s history and it is hoped further research will be undertaken in the future.

⁶⁰¹ West.

⁶⁰² Stoffels, 9.

⁶⁰³ Yamaguchi, 250–51.

The next history tells the stories of Sister Annie Jamieson, who died at the age of 48 at *The Hospital for Nervous and Mental Diseases of Women* in Sydney and Sister Mildred Susan Hughes, who is close to invisible in the records. They worked together in the Palace of the Kings of France.

CHAPTER FOUR: SHADOWS IN THE PALACE

Introduction

Sisters Jamieson and Hughes both served at a hospital at *St Germain-en-laye*, 20 kilometres from the centre of Paris and the former residence of the Kings of France. Their story provides a glimpse of life in the shadows. I entitled this chapter ‘Shadows in the Palace’ because their stories embody a reality about nurses in war that are often forgotten or overlooked. Sister Jamieson experienced mental illness in her life – it seriously affected her upon her return to Australia. Sister Hughes, like many of her contemporaries, simply left no records. They lived worthy lives, though it is difficult to retell them as so much uncertainty surrounds them. In attempting to understand the experience of Sister Jamieson I was led to the work of Groch-Begley who has argued that women on the battlefield, despite having the same experiences as men, were considered to be experiencing the war differently to their male counterparts and therefore their suffering was not as great.⁶⁰⁴ The invisibility of women in public records and family histories has been well researched. Brooke, in “Learning about women – the invisible ancestors” elucidates many of the reasons and research techniques to assist in making them more visible.⁶⁰⁵ The history of the *Bluebirds* presented in this thesis is dynamic and the future will hopefully bring greater ways to access information and make connections to enable the gaps in knowledge to be filled.

⁶⁰⁴ Hannah Groch-Begley, “The Forgotten Female Shell-Shock Victims of World War 1”, *The Atlantic*, 8 Sept 2014, accessed June 28, 2016, <http://www.theatlantic.com/health/archive/2014/09/world-war-ones-forgotten-female-shell-shock-victims/378995/>.

⁶⁰⁵ Bob Brooke, Learning about women – the invisible ancestors, *Genealogy Today*, <http://genTOD.com/A.mv?Y=2-3964>, accessed Dec 12, 2016.

Sister Annie Jamieson



Figure 85. Annie Jamieson, AWM PB0483.

Life prior to WW1

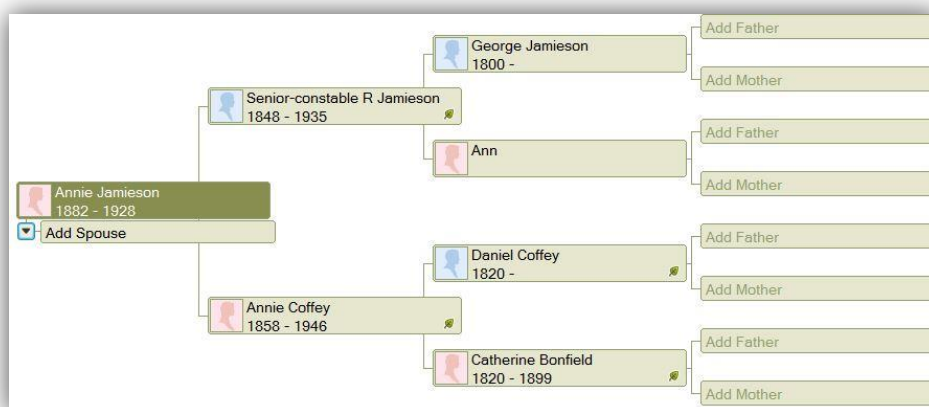


Figure 86. Ancestry Chart of Annie Jamieson.

Annie Jamieson was born in rural Hillston, NSW in 1882. Not much is known about Annie's mother, whom she was named after, except that Annie Coffey was born in Ireland in 1858 and immigrated with her parents to Sydney. Sister Annie Jamieson's father, Robert George Jamieson was Australian born. The couple had eight children, four boys and four girls over an 11 year period. It appears that another child Rose, born in 1881, may have died in infancy but the records are unclear.

Annie's father joined the NSW police service in 1875, and government gazettes documenting his postings, show he left Sydney in 1877 to work in the western district of rural NSW in a circuit of towns including Hay, Mossgiel, Hillston, Cudgellico and

Euabalong.⁶⁰⁶ Court proceedings were reported in newspapers and it is easy to follow his involvement in cases such as horse stealing, robbery, assault, murder and crimes relating to alcohol.⁶⁰⁷ In 1908, he retired as a Senior Constable after a career of 33 years and returned to Sydney.⁶⁰⁸ Robin Walker's study of the NSW police force during this period provides a context for Constable Jamieson's service and clues as to the type of life Annie and the family may have experienced in their local community.⁶⁰⁹ The police regulation act of 1862 had created a unified force but the police were "at the lowest point of humiliation at this time".⁶¹⁰ There were many more attempts at reform but it appears that from the time Constable Jamieson graduated, the police force ceased to be a matter of contention, for a few years at least, until the late 1880s and 1890s when the police were used to keep the peace in industrial disputes.⁶¹¹ Walker argued the force was left largely to itself and developed its own identity and structure separate from the rest of society and the public service.

The average policeman in the late 19th century was tall by the standards of society, recruits were all aged over 21 years and had to read and write and be fairly well educated.⁶¹² The pay of a constable was above that of an unskilled worker but below that of a skilled worker.⁶¹³ Accommodation was provided or an allowance given allowing the Jamieson family to have a relatively comfortable lifestyle. The other benefit of policing as a career was a superannuation scheme enabling a secure retirement. The minimum service

⁶⁰⁶ NSW Government Gazettes 1853–1899.

⁶⁰⁷ The Hillston News, March 3, 1883. Hillston Spectator and Lachlan River Advertiser, April 13, 1901. The Riverina Grazier, July 21, 1880. SMH, May 6, 1885.

⁶⁰⁸ The Hillston Spectator and Lachlan River Advertiser, June 12, 1908.

⁶⁰⁹ Robin Walker, "The New South Wales Police Force, 1862–1900," *Journal of Australian Studies* 8, no. 15, 1984.

⁶¹⁰ *Ibid.*, 27.

⁶¹¹ *Ibid.*, 28.

⁶¹² *Ibid.*, 29.

⁶¹³ *Ibid.*, 32.

for an officer was 30 years and having met that requirement, George received full pay for the rest of his life.⁶¹⁴

Family life was nearly non-existent because policemen, until 1899, worked at least eight hours a day without overtime, almost every day of the week under strict discipline, always on call and often in conditions of discomfort and danger. They had no right to any leave but might be allowed off for one day each month or 14 days in the year.⁶¹⁵ As discussed in Chapter 3, sectarianism played a major part in social life at the time. Constable George Jamieson was Australian born to Presbyterian Scottish parents and married an Irish catholic woman Annie Coffey. Annie was buried with the rites of the Catholic Church so it is possible the children may have been brought up in that faith. Catholics represented forty seven percent of the police force in 1867 and it was not until 1902 numbers became relative to the representation of Catholics in Australian society. Sectarian conflict was a fear leading to the rule that members of the force could not join or take part in meetings or marches wearing badges or colour.⁶¹⁶ At this time, so called, mixed marriages between Protestants and Catholics were considered scandalous and the couple were generally ostracized.⁶¹⁷ Perhaps living in a small rural town made it easier for Annie Snr and Robert and the rest of the family but it possibly meant alienation from both extended families. Russell Ward argued that Australian born people generally felt alienated from and disrespectful towards the police during this period and sectarianism played a part in the development of this attitude.⁶¹⁸

Service as a “Bluebird” in France

Annie began her nursing training at St Vincent’s hospital on June 21, 1911 and graduated in 1914 with a Certificate from the hospital and the ATNA. Annie may have

⁶¹⁴ Ibid., 33.

⁶¹⁵ NSWVP, 1891–92, 1, 111.

⁶¹⁶ Ibid., 31.

⁶¹⁷ Stuart Macintyre, *The Oxford History of Australia*, 4, Melbourne: Oxford University Press, 1986: 67–8.

⁶¹⁸ Russell Ward, *The Australian Legend*, Oxford University Press: Melbourne, 1960, 6, see also 58–60, 144–50.

stayed at St Vincent's until April 27, 1915 when she began working as a temporary nurse at the hospital at the Royal Military College at Duntroon in Canberra.⁶¹⁹ Like many nurses at this time she may have been anxious to get to the front and serving with a military hospital was an ideal training ground for future service in the AANS. This hospital was the first built in the Australian Capital Territory and the admission and discharge book give a glimpse into what nursing young fit military men in training was like - fractures, sprains, sunstroke, eye and ear infections and one case of a nose bleed requiring an overnight admission.⁶²⁰ Not exactly the best training for what was to come in France, but she did learn how the military operated which was to prove valuable and this may have ensured her a place with the *Bluebirds*. It is unknown how Annie found out about the opportunity to serve with the NSWRC. Annie had trained with two other nurses who also joined the *Bluebirds*, Sisters Sheridan and Hughes and nurses had efficient networks for sharing information. It is known Sister Jamieson left service at the Duntroon Hospital on June 28, 1916 and joined the other *Bluebirds* aboard HMHS *Kanowna*.⁶²¹

The Red Cross Record in April 2, 1917 told readers:

*Sister Hughes is at Saint-Germain-en-Laye and is lucky to be under Dr Tuffiere and in a hospital which for two years had an English matron, so that the regime is similar to our own hospitals. The present matron is French and Sister Hughes gets on splendidly with her and has Sister Jamieson also with her. She speaks most highly of the surgical work done there and says that the patients are splendidly looked after. These two sisters are certainly amongst the lucky ones, because they have rooms in the hotel where the officers of the Australian branch of the British Red Cross are stationed.*⁶²²

⁶¹⁹ R Howarth and RMC, *History of the RMC Hospital, 5 Camp Hospital & 21 Dental Unit*, Canberra: RMC, 2007, 55.

⁶²⁰ Ibid., RMC Hospital Admission and Discharge Book, 1911–1934.

⁶²¹ Ibid., 55.

⁶²² Red Cross Record, April 2, 1917, 17.

St Germain-en-laye (Figure 87) is only 20 kilometres away from the centre of Paris and was the former residence of the Kings of France. It must have been a relatively comfortable start to Sister Jamieson's service in France.



Figure 87. c1918, Postcard of *St Germain-en-laye*,

At a time when Australian nurses were a little unsure of their place in the world, it is not surprising Sister Gray's letter contains references to the nursing leadership of British and French Matrons and how well Australian nurses have integrated and been accepted. The publication was written for ARC supporters and fundraisers so any negativity would be unlikely.

Annie's brother, Robert, in his letter to the base records office AIF stated that Sister Jamieson "served also with the French Red Cross in the moveable hospitals behind the lines".⁶²³ Sister Loxton confirms this and refers to her being at the No. 1 surgical hospital of Mrs Borden-Turner, but with very little detail. An entry in Sister Loxton's diary in January of 1918 notes that Sister Jamieson had nursed a patient who had died, despite a valiant fight to survive.⁶²⁴ How long Annie was at No. 1 mobile surgical hospital is not known and nothing has been found to shed light on where Annie worked until she

⁶²³ NAA, M.9726, Letter from Robert Jamieson to Army Base Records Office.

⁶²⁴ AWM, 2DRL/1172.

returned home with the last of the *Bluebirds* either aboard HMS *Anchises* or HMS *Bremen* in 1919.

No evidence has been found that suggested Sister Jamieson suffered from emotional or physical problems during her time in France despite being under fire, with other *Bluebird* nurses at No. 1 mobile surgical hospital. With a dearth of traditional biographical material available, uncovering more than just passing glimpses of Sister Jamieson's life is challenging. Five of the 11 Jamieson children participated in WW1 with four serving on the Western Front. The youngest son, Walter, like many enthusiastic young Australian men desperate to get "into the fight" never came home. Walter's service record shows he was a jeweller, apprenticed at 17 with the prestigious Sydney firm of Rollason and Company. His first attempt to join the AIF met with rejection because his chest size was too small. At the beginning of the war, 33 percent of volunteers were rejected because they did not meet the 34" inch chest measurement or the minimum height of 5' 6". However the standards had dropped by 1915 because of the need for more volunteers.⁶²⁵

Walter's second attempt to join in October 1915, was successful and he joined the 1st Field Artillery Brigade. Walter was kept in reserve in England until February 2, 1917 when he was sent to France. Three days later he received gunshot wounds to his side and was sent back to England for recuperation and did not return to his unit in France until July 9, 1917. Eleven days later he was killed and buried at *Reninghelst* in Belgium.⁶²⁶ The war diary of the battery recorded the events, "heavily shelled at 7:00 am to 1:00 pm and two men killed outright."⁶²⁷ Research has revealed that veterans on the battlefield had learnt to identify risk factors and could anticipate where shells would land and how to find appropriate shelter. Poorly trained and inexperienced recruits were less likely to be able to assess risk in the same way and were often paralysed by fear or simply ignorant of

⁶²⁵ AWM, WW1 Enlistment, accessed July 20, 2015, <http://www.awm.gov.au>.

⁶²⁶ NAA, 11078, Gnr Walter Thomas Jamieson.

⁶²⁷ AWM, Official Record Australian Imperial Force Unit War Diaries 1914–18 War. 101st Howitzer Battery, entry 20 July 1917. AWM4 13/61/1- July 1917.

the possibilities.⁶²⁸ Walter had spent less than 14 days in the field and perhaps only a few under fire. It must have been difficult news for Sister Jamieson who was serving in a hospital less than 280 km away.

Sister Jamieson's 32 year old brother John, driven perhaps by grief or guilt, enlisted 10 days after the family received the news of Walter's death via a cable sent from the AIF headquarters.⁶²⁹ John trained as a sapper in the Signals Corps and arrived in France on October 14, 1918. His service records show he went on leave to *Poperingle* in Belgium, the closest town to the graves at *Reninghelst* in February 1919, no doubt to visit Walter's grave. John survived the war and was discharged in July 1919 and returned home to his wife and family. Annie returned home around the same time so she was at the front for the whole period of John's service so it is likely she saw her brother during this time.

Colin, another brother was twenty one when he enlisted in January of 1918. He followed Walter into the 1st Field artillery and served at *Rouelles* near *Le havre* which served as a base depot and camp for demobilising Australian troops at this time. The war may have been over but the enormous task of bringing all the troops home was still under way. Robert, another brother, had joined the AIF in February 1916 and also followed Walter into the artillery but never served overseas. After attending Officers School and qualifying for a Commission he was discharged on medical grounds as permanently unfit due to endocarditis resulting from rheumatic fever in August 1916. Rheumatic fever was a common illness in the late 19th and early 20th century, particularly for children and left their hearts vulnerable to further infections such as endocarditis. In an age prior to penicillin the damage to the heart could be severe and it is not uncommon to find medical records of WW1 soldiers who were discharged for this condition. In a letter to the base records office of the AIF seeking a replacement for a medal he lost, Robert felt a need to explain why he was not on active service.

⁶²⁸ Alex Watson, "Self-Deception and Survival: Mental Coping Strategies on the Western Front, 1914–18," *Journal of Contemporary History* 41, no. 2, 2006, 267.

⁶²⁹ NAA, 21113, Sapper John Coffey Jamieson.

*I was one of four brothers who enlisted; the three others served overseas; one was killed in action in France. A sister, a trained nurse, served also with the French Red Cross in the moveable hospitals behind the lines. After living quietly for a year after rejection, and on the death of the brother, I endeavoured to enlist again, but was rejected again as unfit.*⁶³⁰

When Sister Jamieson joined the *Bluebirds* in June 1916, Robert was still in training in Australia and Walter was in England waiting to be called to the front line. Annie was the first of the siblings to be on active serve near the front line, serving far longer than any of her brothers and was the last to leave. This does not diminish the contribution of the Jamieson sons who served and died for their country but gives a clear perspective of the substantial and often understated contribution made by Australian nurses during this conflict. With so many of their children at the front it must have been a traumatic time for Annie's parents dreading the arrival of a telegram.

After the war

Sister Annie Jamieson provides the only recorded case of a *Bluebird* nurse diagnosed with a possible mental illness and only small pieces of evidence, none of which is definitive, can be found to argue it was a result of her war service, the disappointments of post-war life or a condition she struggled with all her life. It is known that Sister Annie Jamieson was removed from the Register of the Australasian Trained Nurses Association for "mental instability" in 1927 and admitted to Mount St Margaret's Hospital for "nervous and mental diseases of women" and she died there in 1928 at the age of 46.⁶³¹ Figure 88 shows an imposing gothic building run by the *Little Company of Mary*, an order devoted to nursing care.

⁶³⁰ NAA, M.9726, letter from RG to Base Records Office, Canberra May 22, 1940.

⁶³¹ NSW State Records, Series 4–1548006.



Figure 88. Mt St Margaret's Hospital, Ryde courtesy of State Library of NSW, 796823.

The hospital had large gardens and comfortable rooms and a number of nurses trained specifically in psychiatric care. A nurse working at the hospital during this time noted that “some of the patients were very difficult ... the treatment was tact and kindness”.⁶³²

One nun, Sister Attracta, admitted when interviewed, that the patients

*just sat in a row on a seat on the veranda and we stayed there and kept them in order, there was no individual attention at all ... The most troublesome ones would get Paraldehyde ... and some of them were in jackets ... the worst of them would be in rooms for the most part because they couldn't be managed in a ward ... it wasn't a job for a weakling we had to be able to defend ourselves. There were a lot of private rooms and different types of patients.*⁶³³

Annie's death certificate is disappointing in its lack of detail and does little to help understand her cause of death. It declared on July 14, 1928, when Sister Jamieson was 48, that she died of “asthenia” which she had suffered from for one year. This diagnosis derives from the Greek word *asthenia* meaning abnormal physical weakness or lack of energy and has been used by physicians since ancient times. It is still used by the World Health Organisation and was only taken out of the Diagnostic and Statistical Manual of

⁶³² Colleen Parker, *A century of care: Mount St Margaret Hospital Ryde 1891–1991*, Hurstville, NSW: Parker Pattinson Publishing, 2001, 34.

⁶³³ Ibid.

Mental Disorders in 1980.⁶³⁴ An article published in 1932 gives some indication of contemporary beliefs about asthenia.⁶³⁵

*The term “asthenia” ... is not used critically but is applied without discrimination to all types of weakness, debility, depression, constitutional inadequacy, or even nervous instability. It is customary to regard as asthenia, the state of weakness manifested in the course of convalescence of most serious illnesses but in many cases this is simply a condition of general debilitation ... which will disappear as the organism with the aid of diet and the proper hygiene is able little by little to recover its muscular and nervous force ... emotional shocks, worry and prolonged nervous strain are also able to produce asthenia.*⁶³⁶

The diagnosis of neurasthenia was also widely used at the time to explain “nervous exhaustion”, but this has not been used in Annie’s case. A journal article in *The New England Journal of Medicine* in 1951 indicates the debate about asthenia as a diagnosis, was still unresolved 30 years later.⁶³⁷ The authors argued that making a diagnosis based on common symptoms alone is misleading. In practice, in the absence of a known disease, if the patient suffered from “breathlessness, palpitation, chest pain, nervousness, fatigue, headache, dizziness, sighing, attacks or spells, apprehension, trembling or discomfort in crowded places” it was asthenia with either a somatic or neurotic cause.⁶³⁸ The authors argued the vagueness of the terms made it difficult to interpret research data and thus reach greater understanding. Annie’s medical records have not been located so it is unknown what her symptoms were or how unwell she was.

⁶³⁴ WHO, *International Statistical Classification of Diseases and Health Related Problems*, 10th Revision, 2015.

⁶³⁵ Edward L. Bortz and George Morris Piersol, “Asthenia: Clinical Types and Principles of Therapy,” *Annals of Internal Medicine* 6, no. 3, 1932, 319.

⁶³⁶ Ibid.

⁶³⁷ Henry H.W. Miles and Stanley Cobb, “Neurocirculatory Asthenia, Anxiety and Neurosis,” *The New England Journal of Medicine* 245, no. 19, 1951.

⁶³⁸ Ibid., 711.

What happened between returning home from France in July 1919 and Annie's admission to a psychiatric hospital is unknown. At the time of her death Annie's parents were still alive and siblings, other than Walter who had died over a decade before, were all living. A recent study of delayed onset post-traumatic stress disorder among war veterans concluded that it is extremely rare, one year post-trauma, to develop PTSD and there was no evidence of post-traumatic stress syndrome symptom onset, six or more years after trauma exposure.⁶³⁹ Annie had been home for over eight years. Another possibility was exposure to gas at No. 1 Surgical Hospital but studies of the long term effects of gassing in WW1 show the most common symptoms were palpitations, chest pain, shortness of breath and bronchitis.⁶⁴⁰ However, in 1919 they understood there were medically unexplained symptoms and disabilities associated with gassing, and the term "gas neurosis syndrome" was used.⁶⁴¹ No evidence has been found that she was gassed or injured whilst on service in France, despite being under fire, but it is possible.

Sister Jamieson may also have had a mental illness with a late onset, possibly severe depression leading to lack of interest in eating and normal daily activities. Alternatively, Annie may have had one of over one hundred medical conditions that can be incorrectly diagnosed as a psychological problem. Schildcrout argues that up to 25 percent of psychiatric patients suffer from an undiagnosed medical condition.⁶⁴² When there is a psychological explanation for a patient's dark moods, such as Sister Jamieson's war service or the loss of her brother, it often becomes the primary explanation for a patient's moods and the underlying problem goes undetected. Without medical records, the circumstances of Annie's early death remain inconclusive.⁶⁴³ Like many other people

⁶³⁹ B. C. Frueh et al., "Delayed-Onset Post-Traumatic Stress Disorder among War Veterans in Primary Care Clinics," *Br J Psychiatry* 194, no. 6, 2009.

⁶⁴⁰ Edgar Jones and Neil Greenberg, "Long-Term Psychological Consequences among Chemical Warfare Survivors of World War 1 and Their Current Relevance," *Psychiatric Annals* 37, no. 11, 2007, 726.

⁶⁴¹ H.S. Hulbert, "Gas Neurosis Syndrome," *American Journal of Insanity* 7, 1920, 213–16.

⁶⁴² Barbara Schildkrout, *Unmasking Psychological Symptoms*, John Wiley & Sons: New Jersey, 2011, 1.

⁶⁴³ Monica Hallahan, Manager, Archives & Records, Little Company of Mary to author Jan 14, 2016 states "We do hold some information regarding the patients at Mt St Margaret Hospital at Ryde in the early 1900s—although it is not complete. I have searched the log and case books 1914–1930 and can find no patient by that name". The National Archives at Kew UK also hold some records of the work of the Order in Australia. Email from Matt Norman, ARK Records, National Archives 12/01/16 advice file DT 18/313 only contains

who may succumb to mental illness and an early death, this final experience should not define Annie or her life. On July 14, 1928 a notice appeared in the SMH (Figure 89) showing her life had not gone unnoticed.

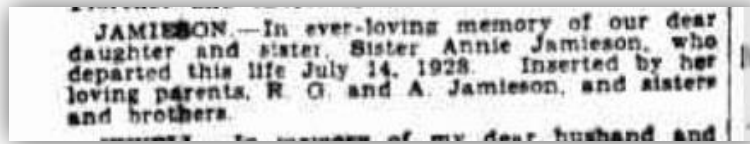


Figure 89. Death notice, SMH, June 4, 1928.

Sister Annie Jamieson was a much loved daughter and sibling and she will also be remembered for her quiet, unassuming dedication to her patients and contribution to the world through her work as a *Bluebird* nurse.

Sister Susan Hughes served with Sister Jamieson at *Le Château* at *St Germain-en-laye*. Like many women of her day, she is all but invisible in the records, however, fragments of her memory have been preserved and recorded in this thesis, in the hope her story will be completed at some time in the future.

Sister Mildred Susan Hughes

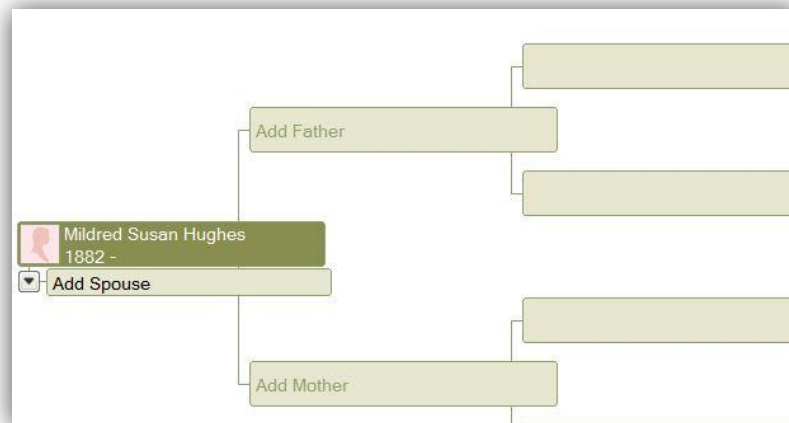


Figure 90. Ancestry Chart, Mildred Susan Hughes.

Sister Hughes family tree is empty because no verifiable evidence can be found.

Life prior to WW1

Of all the *Bluebird* nurses, Sister Hughes seems to be the most elusive. Nothing has been found about her life before her nursing training and there are only fleeting references to her work in France. It is unknown how or when she returned to Australia, if indeed she did. The Nurses WW1 Honour Board at St Vincent's Hospital in Sydney, unveiled in 1917, lists three of the *Bluebird* nurses, Sisters Sheridan, Jamieson and Hughes as being on active service.⁶⁴⁴ Hospital records show that Mildred Susan Hughes, born in 1882, trained at St Vincent's from June 6, 1909 until June 1, 1912 and graduated with a Nursing and ATNA Certificate. The name Susan is used throughout the records which also note she came from Queensland and sat the entrance test on January 6, 1909.⁶⁴⁵ Passenger lists show an M. Hughes with the same birthdate, travelling from Brisbane to Sydney in August of 1908 aboard *Oruba*.⁶⁴⁶

⁶⁴⁴ Barbara Cytowicz, Archivist at St Vincent's Darlinghurst to author, February 20, 2015.

⁶⁴⁵ Email from Archivist Anne Cook, St Vincent's Hospital Archives to author, February 26, 2015.

⁶⁴⁶ NSW, Unassisted Immigrant Passenger Lists, 1862–1922, *Oruba*, August 17, 1908.

Service as a “Bluebird” in France

In France, Sister Hughes partnered with Sister Jamieson. A number of temporary hospitals operated at *St Germain-en-Laye* and it is not possible to identify exactly which one Sisters Jamieson and Hughes worked for. There are no records of what happened to Sister Hughes in France in the letters or diaries of her fellow *Bluebirds*.

Discussion

The cause of Sister Annie Jamieson’s illness and death cannot be known with any certainty. Studies about the mental health impact on the war have focused almost exclusively on men and diagnoses invented during WW1, such as “shell shock” and “war neuroses”.⁶⁴⁷ This was a convenient way to separate the mental traumas exhibited by soldiers from the effeminate association of hysteria believed to be a uniquely female problem.⁶⁴⁸ Hannah Groch-Begley argues that women on the battlefield, despite having the same experiences as men, were considered to be experiencing the war differently to their male counterparts and therefore their suffering was not as great. This extended to the trauma experienced by civilians as well.⁶⁴⁹ To overcome the problem a new term emerged called “civilian war neuroses” but this still left nurses in an ambiguous position. Many women, including nurses, suffered trauma at the front but their problems seemed to have been largely ignored. For Hannah Groch-Begley this gap in the understanding of women’s experience of war largely remains in histories to this day.⁶⁵⁰ If nurses could not stand the stress of war they were simply sent home because of a tacit acceptance that it was natural for women to be unable to cope.⁶⁵¹ On the other hand soldiers were expected

⁶⁴⁷ Hannah Groch-Begley, “The Forgotten Female Shell-Shock Victims of World War 1”, *The Atlantic*, 8 Sept 2014, accessed June 28, 2016, <http://www.theatlantic.com/health/archive/2014/09/world-war-ones-forgotten-female-shell-shock-victims/378995/>.

⁶⁴⁸ Elaine Showalter, *The Female Malady. Women Madness and English culture, 1830–1980*, Pantheon: New York, 1985, 350.

⁶⁴⁹ Ibid.

⁶⁵⁰ Ibid.

⁶⁵¹ Sister Loxton refers to two English nurses being sent home after a bombing raid at No. 1 Surgical Unit because of the stress.

to be able to cope and 87 percent of British troops diagnosed with the condition in WW1 went back to the front line within a month.⁶⁵²

This is an under researched area of nursing history that makes it difficult to assess the psychological impact of WW1 on nurses like Sister Jamieson. Tow and Hudson have recently captured the lived experiences of contemporary “warrior-nurses” in the US Army and noted that research continues to be very limited. Their study highlighted the need for more research, on this topic, so nurses can better prepare for going to war.⁶⁵³ Like many women of the time, Sister Hughes is all but invisible in the record but fragments of her memory have been preserved and recorded in the hope that the her story will be completed at some time in the future.

Chapter Five investigates the evidence that, at the start of WW1, there was already a long tradition of women, including nurses, travelling alone and having adventures.

⁶⁵² Ibid.

⁶⁵³ Joyce Tow and Diane Hudson, “Lived Experience of the Warrior Nurse as an Advisor”, *Military Medicine*, 181, 4, 2016, 328.

CHAPTER FIVE: RITES OF PASSAGE

Introduction

Rites of passage refers to the experience and rituals facilitating personal transition between important life stages. For the female nurses who left Australia to join the war effort in Europe in the early part of the 20th century, the rite of passage must have been significant – their worlds opened up geographically, professionally, personally and politically. Rosemary Lancaster has argued that the phenomenon of Australian women's travel in the late nineteenth and early twentieth centuries is unique and has a special place in the history of Australians' awareness of their identity in the world.⁶⁵⁴ She asserts that first-hand experience of Europe was largely limited to books, magazines and newspapers because of the expense, the need for chaperones, family concerns or having to remain as carers in the parental home. It will be suggested in this Chapter, that nurses may fall into a distinct category of Australian women who, through their occupation, had enhanced opportunities to travel during this period. For other nurses, who may have been constrained by funds, timidity or permission from their family, the war was the ideal vehicle to join this tradition.

Like so many nurses before and after the *Bluebirds*, the nurses also had to reconcile the abyss between the comforting myths they had embraced when they volunteered and the stark reality of war. They had to accept that armies are inefficient and disorganised, war is chaotic and death is unfair and random and that one of the greatest struggles was to deal with the constant moral ambiguity of what was happening around them. Rosemary Lancaster has argued that the phenomenon of Australian women's travel in the late nineteenth and early twentieth centuries is unique and has a special place in the history of Australians' awareness of their identity in the world.⁶⁵⁵

⁶⁵⁴ Lancaster, xiv.

⁶⁵⁵ Lancaster, Ibid.

Sister Warner went to *Hawai'i* with two nurse companions in 1912, then to *Dieppe* via London and worked at the *American Hospital in France* and returned home, via New York, to join the *Bluebirds* in 1916 and set off on another great adventure.⁶⁵⁶ Unfortunately, no photograph of Elfrieda has been uncovered and she has not identified in any of the group photographs of the *Bluebirds*.

⁶⁵⁶ List or Manifest of Alien Passengers for the United States, SS *Zealandia*, June 3, 1912 and New York Passenger Lists 1820–1957, SS *Saxonia*, May 12, 1915.

⁶⁵⁷ The Sydney Mail, May 11, 1878.

Sister Elfrieda Warner

Life prior to WW1

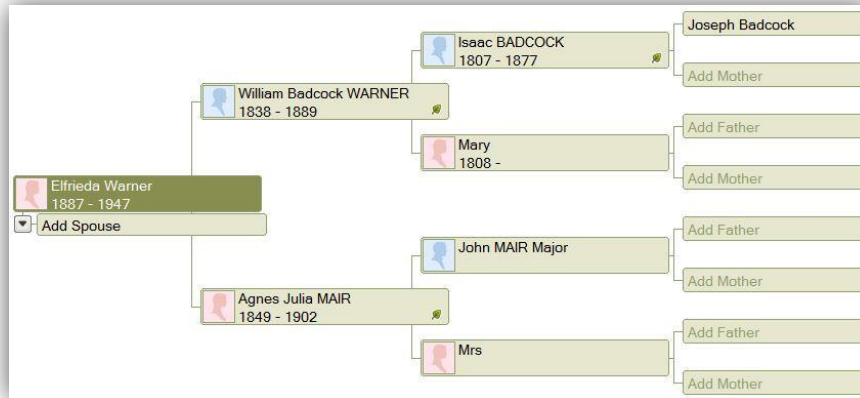


Figure 91. Ancestry Chart, Elfrieda Warner.

Sister Elfrieda “Elfie” Warner was born in 1887 in Carcoar, NSW. Her father, William Badcock-Warner was a Justice of the Peace and Registrar of the District Court of Carcoar as well as the Warden’s Clerk and Mining Registrar with responsibility for issuing miners’ rights, business and mineral licenses.⁶⁵⁷ William was born as a “Badcock” but in compliance with a request in his fathers will, he changed his name to Badcock-Warner. The Badcock name was eventually dropped and the family members used Warner only. According to family historian Susan Hayes, it is believed that Warner was his mother’s maiden name. No record of the marriage has been found and the circumstances of the name change are not known.⁶⁵⁸ William died in 1889 when Elfrieda was only two, leaving her mother Agnes Mair who was William’s second wife, with the responsibility for bringing up five girls under six. His first wife, Susan Stimpson had lost her six children in infancy. In 1902 tragedy struck again when her mother died leaving five daughters ranging in age from 13 to 19. Elfrieda was only 15 and an orphan.

⁶⁵⁷ The Sydney Mail, May 11, 1878.

⁶⁵⁸ Town and Country Journal, 8 April 1878. Email from Susan Hayes to author November 11, 2015.

After training at Sydney Hospital, Sister Warner with two other nurses, Sisters Bessie Dalyell and Marguerita Wesley, set sail in June 1912 aboard SS *Zealandia* to Honolulu.⁶⁵⁹ It was not until 1917 that the first Hawaiian nurse graduated from *The Queen's Hospital School of Nursing* in Honolulu so there was a reliance on trained nurses from outside the country during this period to provide the training and leadership.⁶⁶⁰

Travel had become affordable in the late 19th and early part of the 20th century enabling working women, such as nurses, to take the opportunity to see the world. Nurses could work their passage or take up opportunities in hospitals when they arrived. The trip to Honolulu in June 1912 was a great adventure stopping at New Zealand, a number of exotic Pacific Islands and taking only 15 days. The postcard in Figure 92 shows Honolulu as a vibrant tourist destination at this time.⁶⁶¹

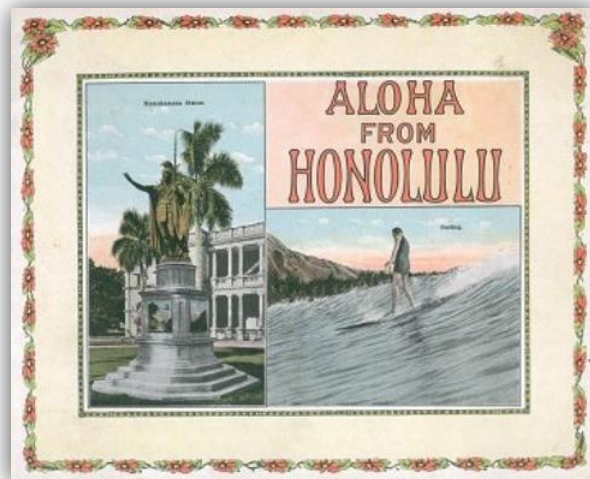


Figure 92. c1912, Postcard courtesy of The Island Curio Company, Honolulu.

⁶⁵⁹ San Francisco, California. Surrendered Alien Certificates 1906–1946. Reel 1 A3975, 1912–1921.

⁶⁶⁰ Queen's Medical Centre, *History of the Queen's Hospital School of Nursing*, accessed June 29, 2016, <http://queensmedicalcenter.org/queen-s-school-of-nursing>.

⁶⁶¹ List or Manifest of Alien Passengers for the United States, SS *Zealandia*, June 3, 1912.

Erica Wilson argues that western women have been travelling for centuries but have been overlooked in the history of travel and exploration.⁶⁶² By the middle of the 1800s, the numbers of independent women travellers were growing and Thomas Cook captured this market enabling women to travel for less in comparative safety.⁶⁶³ Lillias Campbell Davidson published a book in 1889 called *Hints to Lady Travellers* in which she encouraged women to set off on a foreign adventure and provided all the practical advice necessary. Travel was emerging as a lucrative new industry.⁶⁶⁴ By the early years of the 20th century women travelling alone was not an uncommon sight with some involved in professional studies such as anthropology or as writers and artists. Many Australian nurses went to England to either undertake nursing training, like Sister Crommelin. Australian women had grown up on stories of exploration and journey and embraced this new freedom.

It is unknown what happened between 1912 and Sister Warner's arrival in England in 1915. She was posted to the *Hôpital Militaire Dieppe*, a French military hospital staffed by British doctors but known as the *American Hospital in France*.^{665 666} Many of the grand hotels of this beautiful seaside town were being prepared as hospitals at the beginning of the war, and a confusing picture emerged as organisations and staff scrambled to establish a presence. Sister Nellie Crommelin was working at the *Women's War Hospital* in Devon during this period and like Sister Warner returned home to Australia prior to joining the *Bluebirds*. Evidence shows Sister Warner left England for New York in May 1915.⁶⁶⁷ After returning home she went back to work at Sydney

⁶⁶² Erica Wilson, 2004, *A 'Journey of her own?': the impact of constraints on women's solo travel*, PhD, Griffith University, School of Tourism and Hospitality, accessed July 1, 2016, http://epubs.scu.edu.au/cgi/viewcontent.cgi?article=1026&context=tourism_pubs, 38.

⁶⁶³ Ibid., 40.

⁶⁶⁴ Lillias Campbell Davidson, *Hints to Lady Travellers: at home and abroad*, Royal Geographic Society: London, 1889.

⁶⁶⁵ *ANJ*, Vol X111, 1, January 15, 1915, 2.

⁶⁶⁶ Oppenheimer, 1993.

⁶⁶⁷ New York Passenger Lists 1820–1957, SS *Saxonia*, May, 12 1915.

Hospital from where she was recruited to the *Bluebirds*. Alice Grant Rosman assured readers of *Everylady's Journal* in October 1913:

*It is safe to say the average Australian girl cherishes an ambition to come to London some time or other, whether it be in search of fame, experience, or mere frivolous adventure.*⁶⁶⁸

By 1911 there were 23,000 Australians resident in England and 13,000 were women.⁶⁶⁹ During WW1, many other Australian women joined them and the desire to travel to Europe has continued to the present. Angela Woollacott argues the trip to England was about tourism but also had powerful cultural significance; at a time England was still called “home” by many Australians. Since the 1870s travel had certainly been an assertion of independence for women, a bid for self-discovery and even an escape from domesticity but it also had a strong element of education and participation in Empire.⁶⁷⁰ Angela Woollacott argues that Australian women were seen as politically modern in England because they already had the suffrage, they were presented as fit and athletic and their status as travellers made them the epitome of the modern woman.⁶⁷¹

Service as a “Bluebird in France”

Little is known about what Sister Warner did as a *Bluebird*. It is known she was a partner of Sister Fanny Harris and from entries in Sister Cook's diary it can be discovered that Sisters Harris and Warner were serving in *Amiens* but at a different hospital to Sisters Cook and Thompson. In a diary entry on May 30, 1917, Sister Cook writes she went to visit Sisters Warner, Harris, McKillop and Gray at “the other hospital” at *Rue Leveland*

⁶⁶⁸ Angela Woollacott, *To try her fortune in London: Australian women, Colonialism and Modernity*, Oxford University Press: London, 2001, 3.

⁶⁶⁹ Caroline Jordan, “Designing Women: Modernism in Art in Australia and The Home”, *Art and Australia*, 31, 1993, 200, 202.

⁶⁷⁰ Woollacott, 18.

⁶⁷¹ *Ibid.*

which could have been Hospital 108 or 78.⁶⁷² Figure 93 shows a photograph of a French nurse in a hospital in *Amiens*, taken in late 1916 and gives a rare glimpse (later coloured) into what *Bluebird* nurses may have experienced at *Amiens*.⁶⁷³ It conveys a sense of light, peace and order with the nurse shown as very serene as she watches over her patients. Compare this with the devastation outside in the streets of *Amiens*, in Figure 94.



Figure 93. 1916, Hospital ward in a *château* at *Amiens*.



Figure 94. 1917, main street of *Amiens* after bombardment, AWM H02108.

⁶⁷² The Long, Long Trail [Online], *The Base Hospitals in France* accessed June 1, 2016, <http://www.1914-1918.net/hospitals.htm>.

⁶⁷³ Available at <https://cli Chronicles.com/2012/03/03/amiens-1916/>, accessed June 29, 2016.

In 1917 victory for the allies was uncertain and *Amiens* suffered from continual German bombardments placing the nurses in great danger. Entries in Sister Cook's diary on 17 and August 18, record that Sisters Harris and Warner had received a wire to go to the War Office in Paris and discovered they were to be posted to *Zudycoote* in Belgium, close to the frontline. Sister Cook's diary provided details of *Zudycoote* Hospital in Chapter 2.

After the war

Sister Warner returned to Australia aboard HMT *Anchises* on February 28, 1919 with Sisters Harris, Norman and Robinson. Census records show Sister Warner worked as a nurse in Woollahra in 1933, 1936 and 1943 and she died in Sydney on December 24, 1947 at the age of 60, never having married.

Sister Alice Fullerton Gray



Figure 95. 1916, Sister Gray aboard SS *Kanowna*.

Life prior to WW1



Figure 96. Ancestry Chart, Alice Fullerton Gray.

Little is known of Sister Gray's early life except that she was born in Sydney on October 23, 1879 to Scottish immigrant parents. Records show Alice was appointed as a temporary nurse on probation at the Coast Hospital on May 1, 1899. In 1902 she

graduated and became a junior nurse and then in 1904 a Nurse.⁶⁷⁴ Many of the *Bluebird* nurses trained at hospitals such as *The Sydney* and hospital histories are detailed in the Literature Review. The *Coast Hospital* was different, and at times controversial, enabling a trail of primary evidence to illuminate what Sister Gray and her colleagues may have experienced. *The Coast Hospital*, later to become the *Prince of Wales Hospital*, was opened in 1881 to deal with a smallpox epidemic and situated at Little Bay in Sydney to be away from the centre of population. By 1888 the hospital dealt with general cases as well as diphtheria, tuberculosis, smallpox, measles and Scarlett fever and in the first year of Alice's training the hospital dealt with an outbreak of bubonic plague. Newspaper reports at the time provide a vivid picture of nursing at *The Coast Hospital*.

The 1902 Annual Report of the hospital showed that 128 patients were admitted with bubonic plague and 26 died with the claim of “a much more favourable rate than that obtained during the previous epidemic when patients were treated at the Quarantine Station at North Head.”⁶⁷⁵ The *Third Bubonic Plague Pandemic*, lasted roughly from 1894–1950, moved rapidly from the wild rodents in the Himalayan borderlands between China and India and infected densely populated provinces of China. When it reached Hong Kong, Singapore and Bombay British steamships carried it throughout the Empire and it took only a few years to reach every continent. Sydney became a “plague port”. This pandemic eventually took about 15 million lives but death tolls varied dramatically between countries.⁶⁷⁶ This was a time of great discoveries in medical science and the containment of the plague “by international teams of doctors constitutes one of the most dramatic triumphs of modern medicine.”⁶⁷⁷ Whilst this medical advance benefitted the people of Sydney it had little or no impact on the poorer peoples of the world. This pandemic has not really entered into the Australian collective memory as a

⁶⁷⁴ NSW Public Service Lists 1858–1960, 1899–1904. Entries annually, showing her progression and continued employment.

⁶⁷⁵ SMH, July 8, 1903, 4.

⁶⁷⁶ Myron Echenberg, “Pestis Redux: The Initial Years of the Third Bubonic Plague Pandemic, 1894–1901,” *Journal of World History* 13, 2, 2002, 429–32.

⁶⁷⁷ William H McNeill, *Plagues and Peoples*, New York: Doubleday Anchor, 1976, 134.

great calamity because it was contained and numbers were low. It did however, bring about tensions between health officials, politicians and the public and led to more than 3,800 properties, considered slums, being resumed, or pulled down and hundreds of families and individuals being dispossessed.

The Coast Hospital, during Sister Gray's training was not without scandal. In 1901, Sydney Truth published an article exposing serious neglect within the hospital, stating that the "notorious No. 1 ward", which dealt with cases of venereal disease, was where nurses starved the patients and made men with terrible diseases undertake hard work. Hard work included washing "women's underclothing and turning the mangle, wringing clothes, putting clothes out to dry and other unpleasant duties" and this was described as "a disgrace to modern civilisation". The informant was a patient and he also accused doctors of experimenting on the men, denying medical treatment and starving them. Nurses were accused of calling the men of No. 1 gaol birds but he admitted others were kind, including the Matron.⁶⁷⁸

The Truth sold papers through scandal so what was actually happening at the *Coast Hospital* cannot be known for certain. Research does show that at the beginning of the 20th century a medico-penal and coercive approach was central to the management of venereal disease.⁶⁷⁹ By 1901, venereal disease was a public health disaster and there was huge stigma attached to such patients because it was thought to be a disorder brought on by immorality. There was widespread fear and confusion by the medical profession about how to manage the ethical problems and it was not unusual for staff to behave differently towards the men of No. 1, perhaps treating them as second-class citizens, or less deserving patients.⁶⁸⁰ It was also not unusual for patients to assist the staff with daily tasks and another attack on the nurses a year later showed it remained a contentious issue.

⁶⁷⁸ Truth (Sydney), March 31, 1901, 5.

⁶⁷⁹ Greg Ussher, "'The Medical Gaze and the Watchful Eye': The Treatment, Prevention and Epidemiology of Venereal Diseases in New South Wales C. 1901–1925," PhD Thesis, The University of Sydney, School of Philosophical and Historical Inquiry, 2006, 2.

⁶⁸⁰ Nicholas Jabbour, "Essays in History," in *Syphilis from 1880 to 1920: A Public Health Nightmare and the First Challenge to Medical Ethics*, University of Virginia, 2000, accessed August 12, 2015, <http://www.uri.edu/artsci/com/swift/HPR319UDD/Syphilis.html>.

The magazine *Australian Woman* wrote an article reported on by *The Truth*. A rhetorical question was asked, “who are these women?” writing about the nurses at the Coast Hospital, “they are the creatures who have consistently upheld the bondage of their patients.” The tirade continued:

The Institution is termed a hospital and every year a number of women are turned loose on the community from it, with a license issued by its officials, permitting them to impose on our citizens as trained sick attendants. How would the mistress of the Coast Hospital like to work for five shillings weekly ... Yet this woman [Matron] and her subordinates, aided and abetted by the extremely mediocre medical men, have permitted exhausted patients racked to their very bones ... to drag around heavy baskets of wet clothing.

The *Australian Woman* had quoted the case of Reggy who supposedly “had his rest broken by a brutal female ward attendant and asked to scrub the floor on an empty stomach”. The article argued “those brutal women should have scrubbed out that ward themselves and then brought Reggy his cup of coffee in bed. That’s what nurses are for in charitable institutions.” *The Truth*, now the champion of the hospital rather than the critic, stated if this was true they would have discovered it first. The hospital denied the story claiming that patients who are able to work are offered the opportunity to earn money so they do not leave penniless but it is purely voluntary. In regard to the men of No. 1, *The Truth* stated the fact of the matter is that a large percentage of inmates of the Coast and other hospitals are “lazy, lounging, loafers who would not draw their breaths only they are frightened to die. These are the cattle, who are about the parks all day when they are well and cadge and thief at night.” The author continues that it is the paying patients at the hospital who are willing to lend a hand not the charity cases. *The Truth* declares the charges to be lies and believes it is extraordinary that a magazine supposedly in the interests of women has published them.⁶⁸¹ This is a fascinating glimpse of contemporary attitudes towards patients with venereal disease and those nursing them, and places the WW1 treatment of soldiers by the AIF with venereal diseases in context.

⁶⁸¹ Truth (Sydney), February 23, 1902, 5. Referring to article in “*Australian Woman*”, February 23, 1902.

This harsh and public criticism of nurses in *The Coast Hospital* perhaps indicated the lack of prestige experienced by nurses who worked in hospitals, predominantly dealing with patients suffering from infectious diseases. The criticisms levelled at the nurses may also have been in response to their perceived militancy, when a group of nurses complained and tried to take action over their poor working conditions. A letter to the *Sunday Times* in May 1901 gave a description of the nurses' work and some of their grievances. The nurses sat examinations at the end of each year and were due Certificates and a salary increase but it was not given for four months. It also appears nurses were required to go out on horse driven ambulances, as indicated in Figure 96, with the drivers to bring in patients from the outlying district ... "they are compelled often to sit for 10 hours at a stretch on an ambulance in the sun, wind or rain" and travelled long distances, often for several consecutive days. The nurses were supplied with bread and butter but nothing to drink and because the driver could not leave the horses, the nurse had to get the patient back to the ambulance on her own if no-one in the house could help. These nurses also complained of poor food and limited time off during the day.⁶⁸²



Figure 97. Horse drawn ambulances at *The Coast Hospital*, courtesy of NSW Health.

⁶⁸² Sunday Times, *Coast Hospital Nurses*, May 5, 1901, 9.

An indication of work load is contained in the annual report for 1900. Two thousand four hundred and thirty four patients were admitted with 133 deaths. Staffing levels are unclear.⁶⁸³ By 1903 when Alice was a junior nurse there was accommodation for 320 patients with approximately 3,600 patients admitted per year. The statistics for May show a mix of 175 general patients and 131 with infectious diseases, scarlet fever being the most prevalent outbreak with 86 patients.⁶⁸⁴ Numbers remained similar for the following year which was Alice's last at the hospital.⁶⁸⁵ The Coast Hospital was an ideal training ground for nurses destined to deal with many infectious diseases in France.

From *The Coast Hospital*, Alice moved to Lismore to become Matron of a private hospital but few details have been found about this period of Alice's life. It appears to have been a difficult start because her application to join the nursing staff at the Lismore Hospital resulted in the resignation of four doctors. *The Northern Star* advised readers the medical officers wanted to employ Nurse Gray and other members of the committee wanted to employ Nurse Ricketts who was older and had more experience. The doctors lost the debate and resigned.⁶⁸⁶ It can only be assumed this was as much a power struggle between the doctors and the Board as about the most appropriate nurse for the position. The private hospital Matron Gray worked in has not yet been identified because of the many hospitals in operation at the time in Lismore and the scarcity of detailed records. Confusion also arises because another nurse, Sister Margaret Gray, who also trained at the *Coast Hospital*, was prominent in the community and a Matron of a private hospital. Sister Alice Fullerton Gray must have been a known and respected member of the Lismore community because on joining the *Bluebirds*, the Lismore Branch of the Red Cross gave £150 towards the upkeep of a *Bluebird* at the front.⁶⁸⁷

⁶⁸³ SMH, 16 August, 1901, 6.

⁶⁸⁴ Evening News, June 5, 1903, 7.

⁶⁸⁵ Ibid., June 9, 1904, 5.

⁶⁸⁶ Northern Star (Lismore), May 7, 1904, 4. Even though no initial is given for Nurse Gray, the age and years of service match that of Alice Gray.

⁶⁸⁷ Editor, *British Journal of Nursing*, 57, September 16, 1916, 230–231.

Service as a “Bluebird” in France

When the SMH printed an article about the *Bluebirds* it stated that “Nurse Gray was trained at the Coast Hospital and had been conducting a large private hospital in Lismore”. Her leadership experience led to Sister Gray being placed in charge of the *Bluebirds* and in a letter to Miss Mort, Secretary of the NSWRC, later published in the *Red Cross Record* she talked of the trip to France and how the nurses are all anxious to get to work. Sister Gray recalled the excitement of their passage through the Suez Canal. “The first thing we saw was an Australian camp with “Australia” picked out on the sand embankment in dark stones. Such *coo-ees* and shouts, she noted. Alice had been given cigarettes by friends at Lismore to give to soldiers and with the help of other *Bluebirds* they threw packets to the shore for their boys. At Port Said, Egypt, they picked up 400 patients and 40 AANS nurses and “most of us found one or more friends” amongst them.⁶⁸⁸

The next letter to Miss Mort tells of their safe arrival in England and mentions “I’ve just come in from seeing eight of the girls off to France.” The other *Bluebirds* were still waiting for a wire from the President of the BCFRC who was currently in Paris. “The waiting is rather wearisome, we shall all be glad to be settled and at work.”⁶⁸⁹ In April 1917 another article in the *Red Cross Record* takes up the story.

*At present Miss Fullarton Gray, who left in charge of the unit and Sisters Warner, Harris and McKillop are in Amiens, where they are very busy indeed. Big guns can be heard continually, sometimes without cessation day or night. Taube raids are frequent. On one occasion 13 came and two bombs were dropped in the courtyard of the hospital, fortunately without casualties.*⁶⁹⁰

⁶⁸⁸ Letter to Miss Mort from Sister Alice Gray, August 24, 1916, *NSW Red Cross Record* 2, November 11, 1916, 28-29.

⁶⁸⁹ *Ibid.*, Letter to Miss Mort from Sister Alice Gray, September 6, 1916, 27-28.

⁶⁹⁰ Editor, *NSW Red Cross Record*, April 2, 1917, 15.

Amiens was of great importance to the Allies throughout WW1 as it was a major railway hub enabling the smooth logistical flow of goods to the front and wounded to the rear. Sister Gray was in *Amiens* when, in early 1917 the Germans decided to make a strategic withdrawal to the Hindenburg Line, leading to an allied strategic response nothing short of one the greatest military bumbles of WW1. The new French Commander-in-Chief, General Nivelle had promised that a major attack against the Germans would result in victory within three days. Secrecy should have been uppermost in Nivelle's mind, but he widely discussed his plans in Paris, the newspapers reported it and the major part of his plans fell into enemy hands. To make things worse he chose an unsuitable place for a full-scale offensive leaving the French soldiers to attack uphill in difficult terrain. The French military had no planned evacuation routes, there were limited Regimental Aid Posts to provide immediate medical attention and it was impossible to get the field ambulances to the wounded. The losses were enormous, yet Nivelle sent more men into the battle resulting in an unmitigated disaster. Over 1.2 million allied soldiers had been deployed and 7,000 guns and it is estimated the French sustained 187,000 casualties, the English and other allies 130,000 and the Germans 168,000.⁶⁹¹

The government sacked Nivelle and appointed General Pétain who became a national hero in WW1 but was discredited and later sentenced to death in WW2 for his cooperation with Germany when he became Chief of State for the Vichy government.⁶⁹² Among the soldiers, there was outrage at such incompetence. Lucien Cocordan of the 22nd Dragoons expressed a common sentiment when he wrote "such carnage in an age when progress and civilization reign over us ... why then sacrifice so many precious human lives".⁶⁹³ The troops lost faith in the leaders and mutinies broke out across the front. In all, 250 incidents of disobedience took place involving as many as 40,000 Frenchmen in 68 Divisions. Nine of these divisions were classed as very seriously affected and a further five profoundly affected.⁶⁹⁴ Civilian morale was also severely

⁶⁹¹ The Second Battle of the *Aisne*, accessed August 12, 2015, <http://www.firstworldwar.com/battles/aisne2>.

⁶⁹² Sumner, 143–60.

⁶⁹³ *Ibid.*, 160.

⁶⁹⁴ *Ibid.*, 161

impacted and citizens polarised and by 1917 industrial unrest was widespread in many cities.⁶⁹⁵

Ian Sumner argues this sort of behaviour lay in the relationship that lay between the soldier and the French Republic. Soldiers were citizens under arms, retaining all their political rights and even though they were willing to submit to the loss of personal liberty required to serve their country it was not acceptable for their lives to be thrown away in useless attacks.⁶⁹⁶ On the other hand, the majority of soldiers were prepared to carry on fighting because they wanted to be sure their brave compatriots didn't die in vain. Given this situation, it must have been chaotic in *Amiens* for Sisters Gray, Harris and McKillop and possibly stirred up mixed feelings about the losses, the mutinies and the impending arrival of the Americans. The news of the losses and mutinies was suppressed by the army and the media and generally information was not revealed in letters or diaries because of censorship. However, the *Bluebirds* nursed French soldiers straight from the battle and must have known about it. It is not known, other than at *Amiens*, where else Sister Gray served in France or when she returned to Australia.

After the war

Records show Alice Gray travelled from Sydney to Honolulu in March 1920 aboard the RMS *Niagara*. Another record shows she returned from Honolulu to Sydney in July 1922 and by October she was aboard *Niagara* again on her way back to Honolulu.

In February of 1923 Alice Gray's name can be found on the Public Service List, Department of Public Instruction, working as a school nurse. In December Alice was back in Honolulu and now married to a New Zealand businessman, Adolph Moritzson Jnr.⁶⁹⁷ Alice accompanied her new father-in-law, Adolph Snr to Sydney from Honolulu in

⁶⁹⁵ Ibid., 166.

⁶⁹⁶ Ibid., 167.

⁶⁹⁷ Honolulu, Hawaii, Passenger and Crew Lists 1900–1959. Public Service List 1923, Department Public Instruction.

September of the following year.⁶⁹⁸ Adolph Snr and his wife, Sarita, travelled frequently due to the family business and can be seen regularly in passenger lists but not always with their daughter in law.

It is not known why Sister Gray went to Honolulu. Perhaps she worked in Honolulu in a hospital like Sister Alice Searl and three other nurses who had served with the AANS during WW1. Like Alice Gray, the former AANS nurses travelled on SS *Niagara* in 1920 but not on the same voyage and worked in Honolulu and other places in the United States.⁶⁹⁹

Adolf Moritzson, Jnr was managing the family business in Honolulu during this time and it is likely he met Alice either in Honolulu or during a voyage on SS *Niagara*. Adolph Moritzson, Snr, his father, had migrated from Denmark and started out working as a clerk for The Standard Insurance Company. In 1881 Adolphus was found guilty of embezzlement and sent to prison for one year.⁷⁰⁰ Fortunes had improved by 1890 and he became a partner in a large business importing and shipping grain, produce, seed and other commodities with extensive markets in and around Australia, New Zealand and South Africa. He was also an insurance arbiter and an auctioneer and considered an expert on grass seeds.⁷⁰¹ Adolph Snr expanded the business, into the lucrative fruit industry and the Honolulu market opened up and Adolph Jnr was sent to manage company affairs in Honolulu.

The company sold its assets in Dunedin in 1921 and it is unknown whether Alice and Adolph, Jnr lived in New Zealand or Australia. In 1930, Adolph is recorded by Sands Directory as living in Milson Street, North Sydney. Adolph, Jnr must have died before

⁶⁹⁸ Honolulu, Hawaii, Passenger and Crew Lists, 1900–1959, 152.

⁶⁹⁹ Janet Scarfe, *Alice Searl*, East Melbourne Historical Society, 2013, accessed August 14, 2015, available at <http://www.emhs.org.au>.

⁷⁰⁰ Otago Daily Times, June 25, 1881.

⁷⁰¹ Alexander Trapeznk, *Dunedin's Warehouse Precinct*, Dunedin, Genre Books, 2014, 153–56. See also Hocken Collections, Dunedin, *A. Moritzson & Co Scrapbooks*, MS-0659.

1930, because when Alice died in 1936 at the age of 57 she was described as a widow.⁷⁰² Sister Gray had a life filled with adventure and travel and no doubt, many people's lives had been touched by her nursing skills.

Discussion

By the start of WW1, there was already a long tradition of women, including nurses, travelling alone and having adventures. For other nurses, who may have been constrained by funds, timidity or permission from their family, the war was the ideal vehicle to join this tradition. The exposure to other cultures, gained through travel, may have given Sisters Warner and Gray and at least 4 other *Bluebirds*, an advantage in dealing with the many cross cultural issues that emerged in the melting pot of France during WW1.⁷⁰³ This small group of 20 nurses could count at least 6 in their ranks, who had travelled prior to the war, with the majority of this travel related to nursing.

During Sister Alice Gray's time at The Coast Hospital, she dealt with many cases of infectious diseases that would plague the battlefields of WW1. She had also experience of dealing with a sudden influx of large numbers of patients during epidemics. As a Matron in Lismore, she dealt with controversies, the management of nurses and resources and these skills would have been very useful during her war service. It is easy to forget that approximately one third of the nursing of WW1 was not surgical but medical, and included illnesses such as influenza, trench fever, venereal diseases, malaria, typhoid and tuberculosis.⁷⁰⁴

The story of the No. 1 ward at *The Coast Hospital* is also a reminder that negative and punitive attitudes towards patients with venereal disease were firmly entrenched prior to WW1 giving a context to the attitudes shown by the military to soldiers during the war. It would also appear that nurses, certainly at *The Coast Hospital*, were used to harsh

⁷⁰² SMH, Notices, May 4, 1936.

⁷⁰³ Sisters Crommelin, Loxton, Duffy, Cook.

⁷⁰⁴ British Army statistics [Online], accessed July 11, 2016, <http://www.longlongtrail.co.uk/army/some-british-army-statistics-of-the-great-war/>.

working conditions and dealing with large numbers of patients possibly making the transition to WW1 conditions a little easier. The story of Sister Gray also points to the continued mobility enjoyed by nurses in the immediate post war period and an attraction to working in America, perhaps as a consequence of meeting so many Americans in France in 1918.

The silence of *Bluebird* nurses about the perceptions of leader incompetence during the battle of Verdun and the subsequent large scale French mutinies in 1917 is an interesting example of how censorship can distort our understanding of events during war. No mention is made of this unrest in any of the diaries or letters of the *Bluebirds* that I have discovered. The *Bluebirds* had been sent to work with the French and it is inconceivable they would not have been aware of the mutinies, given the large numbers of *poilus* involved, but it was never documented by any *Bluebird* and no record has been found of Sister Gray reporting such events to the RC in Australia.

Other research has similarly shown that the French government was highly effective in using censorship to keep up morale and to keep military secrets from French citizens but trench gossip and conversations between patients and nurses would not have been so easy to control.⁷⁰⁵ If the nurses had knowledge of the unrest they certainly kept this to themselves. To do otherwise, would have meant serious reprimand or being sent home in disgrace. Sister Loxton described in detail what happened to a nurse at her hospital, who gave details of places and names carelessly in a letter home.⁷⁰⁶

It may have been confronting for the *Bluebirds*, having only recently arrived in France to nurse the *poilus*, to discover the appalling waste of lives and the direct action of soldiers in protest. Like so many nurses who have followed the *Bluebirds* to war, they had to reconcile the abyss between the comforting myths they had embraced when they volunteered and the stark reality of war. They had to accept that armies are inefficient and

⁷⁰⁵ Charles Sorrie, *Censorship of the Press in France 1917–1918*, PhD Thesis London School of Economics and Political Science, 2014, accessed July 11, 2016, http://etheses.lse.ac.uk/3110/1/Sorrie_Censorship_of_the_Press_in_France.pdf.

⁷⁰⁶ See Chapter 1.

disorganised, war is chaotic and death is unfair and random and that one of the greatest struggles was to deal with the constant moral ambiguity of what was happening around them.

The next Chapter explores how nursing and WW1 may have conspired together to disrupt notions of class in Australia. At least three *Bluebirds* came from families of power and influence, with Sister Reynolds-Moreton having close ties to British nobility.

CHAPTER SIX: MELTING THE VEIL OF CLASS.

Introduction

This Chapter has explores and describes some examples of well-connected women from powerful families, attracted to nursing during this period. Women who were also well educated, who may have pursued professional careers like their brothers if they had not been women. This was a time of great change for Australian society and for nursing. It would have been inconceivable in the previous generation for such socially elite daughters to become professional nurses, but the reforms associated with Florence Nightingale effectively changed perceptions of the job.

There is often a blurring of lines between professional nurses and volunteer first aiders in discussions of WW1. Through stories of VADs, the role of upper-class women who flocked to war, and the impact this had on society and social status, has been well documented. However, the role of socially elevated Australian women who trained as professional nurses and participated in WW1 is far less clear.

Sister Ida Jeanette Reynolds-Moreton



Figure 98. c1916, Ida Moreton-Reynolds.

Life prior to WW1

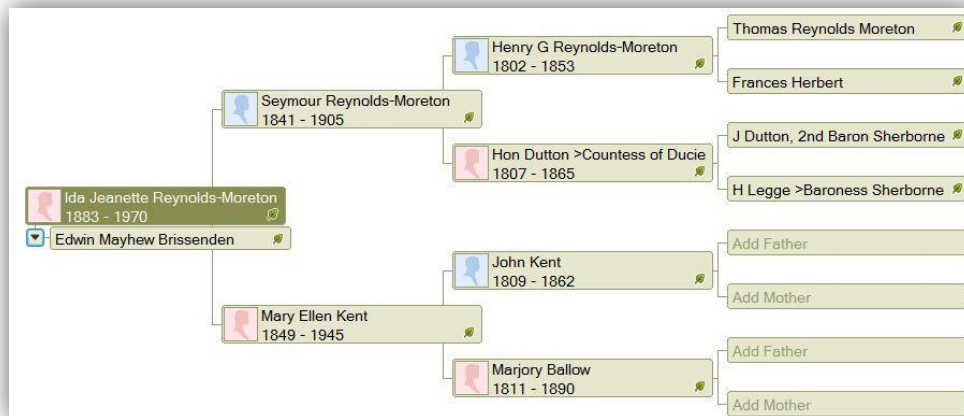


Figure 99. Ancestry chart, Ida Jeanette Reynolds-Moreton.

Sister Moreton was descended from British nobility. Her grandfather was the 2nd Earl of Ducie and the family was significant enough to be listed in “The Upper Ten Thousand”, a list compiled of members of the British nobility in 1876.⁷⁰⁷ The Earls of Ducie lived at *Totworth Manor* in Gloucestershire, shown in Figure 100, now a luxury hotel and popular wedding venue.



Figure 100. *Totworth Manor*, former home of the Earls of Ducie in Gloucestershire.

⁷⁰⁷ Adam Bissett, *The Upper Ten Thousand*, Routledge & Sons: London, 1876, 330.

During the 3rd Earl's long life he spent much time acquiring unusual and exotic plants from around the world to plant in the grounds of *Totworth* and the garden is now considered one of the great arboretums of England.⁷⁰⁸ Ida's father, The Right Honourable Seymour Reynolds-Moreton was the 8th of 14 children and like many other sons of the British upper class during this period, was compelled to make his own way in the world and chose Australia as the place to settle. Elizabeth Taylor argues that the British nobility "self managed" their decline in the decades before WW1 and many lived the lives of exiles on colonial frontiers.⁷⁰⁹ These exiles were however, fundamental to the transmission of British culture and for many, the freedom from the constraints of class or possibly a career in the army or church was a benefit.

It is not clear how Ida's father, The Right Honourable Seymour Reynolds Moreton made his living. Her mother, Mary Ellen Kent was the daughter of John Kent, the Commissioner of Crown Lands in Queensland. Ida was the youngest of four children and the only one to go to WW1, even though she had two brothers. Ida grew up in Brisbane and was educated at the prestigious Church of England Collegiate School in Spring Hill, Brisbane. The *Queenslander* newspaper advised that "French and Latin were compulsory" which would have put Ida in good stead to work as a *Bluebird* in France.⁷¹⁰ Ida trained at Sydney Hospital but it is unknown where she was working when recruited to the *Bluebirds*.⁷¹¹

Service as a "Bluebird" in France

Ida's older cousin, Lady Beatrice Lilian Moreton had also undertaken nursing training. Like Ida, Beatrice's father had moved to Australia with no expectation of inheriting the title but due to the early death of the heir apparent he became the 4th *Earl of*

⁷⁰⁸ David Verey and Alan Brooks, *The Buildings of England: Gloucestershire 2: The Vale and the Forest of Dean*, 2002, New Have and London: Yale University Press: 109.

⁷⁰⁹ Elizabeth Taylor, *The Old World and the New: The Marriage and Colonial adventures of Lord and Lady Northcote*, Newcastle, UK: Cambridge Scholars Publishing, 2013: 202-203.

⁷¹⁰ The *Queenslander*, March 20, 1897.

⁷¹¹ SMH, June 29, 1916, 8.

Ducie. Sister Moreton enlisted in the *Bluebirds* in June 1916 and Lady Beatrice joined the AANS in August 1917 serving for one year in Egypt at the age of 44.

Little is known about Sister Moreton's experiences as a *Bluebird* but this information is derived from contemporary sources such as ARC magazines, newspaper reports and from the diary entries of Sister Cook. *The Red Cross Record* of November 8, 1916 printed a letter from Sister Alice Gray where some details of *Bluebirds* placements were given but Sisters Moreton and Duffy are not mentioned. According to Sister Cook's diary entry in January 1917, Sisters Moreton and Duffy were coming to replace her and Sister Thompson at *Gallia* in *Cannes*. This is supported by a letter printed in the *Red Cross Record* in April 1917 stating that Sisters Moreton and Duffy are at Cannes.⁷¹² This hospital is discussed in the story of Sister Duffy in Chapter 1. An article in the SMH in 1926 about Matron Moreton stated she worked at *Palavas*, *Cannes* and *Menton* during her time in France so it can be assumed she was at all three, probably in the order given in the article.⁷¹³

Sisters Loxton and Hough were at *Palavas-les-flots* in late 1916 and this hospital is discussed in Sister Hough's story in Chapter 2. The story of *Menton* is told by Sister Hutchison also in Chapter 2. Sisters Moreton and Duffy returned to Australia on *Zealandia* with Sisters Hough, Loxton, Hungerford and Wallace in November of 1918.

After the war

More is known about Sister Moreton's career after the war than before or during it. Sister Moreton returned from France in 1918 and continued to work for the ARC at the *Graythwaite Red Cross Home* in North Sydney. Three years later she was appointed the Matron. *Graythwaite*, was a beautiful family home on the shores of Sydney Harbour when it was given in 1917 to the NSW government by Sir Thomas Dibbs, General

⁷¹² NSW Red Cross Record, April 2, 1917, 15.

⁷¹³ SMH, October 6, 1926, 14.

Manager of the Commercial Banking Company and his wife to be a place that would “woo back to health and strength ... the maimed heroes of the Australian forces.”⁷¹⁴

Great grandson, Tim Honnor, believes that Sir Thomas would be turning in his grave if he knew what was happening today. Another relative, Peter Le Bas stated that “Sir Thomas swore on his grave that his property would never go to *Shore* (Sydney Church of England Grammar School).” According to his descendants, the North Shore banker, who donated his home after hearing about the ANZACs’ devastating losses at Gallipoli, had once had an enormous falling-out with the school. Graythwaite had declined significantly by the time it was sold by the NSW government to the Shore School.⁷¹⁵

Since the Crimea, the repatriation of disabled soldiers and their dependants was the responsibility of the voluntary private sector using funding from the Patriotic Funds or other war charities. As early as 1915, soldiers started returning to Australia with chronic disabilities and injuries, tuberculosis or mental illness and Graythwaite was one of 25 convalescent homes established by the ARC to care for them. In 1917, the Commonwealth Government established the Department of Repatriation and took responsibility for ensuring these soldiers had assistance. The ARC and other voluntary organisations continued to have a major role in providing the residences and care for the soldiers and relied heavily on VADs and other volunteers with a limited number of paid trained nurses.⁷¹⁶ If the Department of Repatriation would not fund the admission, the Red Cross sponsored soldiers directly.

In 1917–18, there were 612 returned soldiers resident at *Graythwaite* and by 1921 the number was down to just over 70.⁷¹⁷ *Graythwaite* had beautiful grounds and views of the harbour and in the 1920s and 1930s, when Ida was Matron, “hundreds of the most

⁷¹⁴ Ibid., 24, citing an article in the SMH, March 2, 1916.

⁷¹⁵ SMH, October 20, 2009, accessed July 13, 2016, <http://www.smh.com.au/national/anger-as-elite-school-wins-bid-for-graythwaite-estate-20091019-h4zv.html#ixzz4EFU5De7R>.

⁷¹⁶ Oppenheimer, 2010, 23.

⁷¹⁷ Ibid.

grievously disfigured ex-soldiers found solace at Graythwaite”.⁷¹⁸ For others it was a place of respite before trying to reintegrate into Australian society as shown in Figure 101.



Figure 101. c1919, WW1 veterans at Graythwaite, courtesy of <http://www.adistantprospect.com>.

Sister Moreton’s time at *Graythwaite* brings to light the important role veteran nurses played in the post-war period, when returning soldiers needed ongoing medical care. Due to the limitations of surgery under battlefield conditions, and the enormous numbers of wounded, treatment of orthopaedic injuries was often limited and reduced the chances of successful long-term rehabilitation and a return to a normal life for soldiers after the war. Added to the impact of psychological problems caused by war, was the problem of insufficient trained psychiatrists or beds in military hospitals, to treat improperly understood mental illnesses. Self-harm often went unreported but was understood to be associated with the war.⁷¹⁹ These difficulties were compounded by the negative attitudes of some members of the community towards disability and soldiers sometimes faced rejection and distaste within their own families.⁷²⁰

⁷¹⁸ Ibid., 32.

⁷¹⁹ Hugh Millen, “Australian veteran’s health: WW1”, *Medical Association for Prevention of War*, [Online], accessed July 8, 2016, <http://www.mapw.org.au>.

⁷²⁰ Ibid.

This was the unresolved and ongoing cost of war, to the generation who experienced it and to the people who cared for them. These injured soldiers were a reminder of the horrors of war rather than the heroic sacrifices that are dominant and central to the ANZAC story.⁷²¹ It must have been of great comfort to these soldiers to be cared for by nurses who had a shared understanding of their experiences.

In 1926 Matron Moreton became the Matron of the Thomas Walker Convalescent Hospital and remained there until her marriage in 1928. The Thomas Walker Convalescent Hospital was founded in 1893 by wealthy philanthropist Thomas Walker and the work continued by his daughter Dame Eadith Walker. In 1927, a year after becoming Matron, she was able to report that 1,272 patients had been admitted during the year.⁷²² The following year it was reported that 33,724 patients had been admitted from 1893.⁷²³ There were roughly equal numbers of beds for men and women and no statistics have been found regarding how many were returned soldiers.⁷²⁴

Marriage

Matron Moreton married Dr Edward Mayhew Brissenden on June 2, 1928 after his wife Amy had died in November of 1927. Sadly, Dr Brissenden died just over two years after his marriage to Ida on October 30, 1930. Dr Brissenden was a distinguished Barrister who was a KC (King's Counsel), was awarded an MBE (Member of the Order of British Empire) and the *Ordre Du Merite Agricole Chevalier* for his service during WW1, and given an honorary Doctorate of Law.⁷²⁵ At the age of 43, he abandoned a successful and lucrative career to enlist in 1916 as a private soldier because he wanted to set a good example. He “revelled in his role as an ordinary soldier—proud that he could endure the rain, cold, mud, heavy pack and long marches” but much to his chagrin he was

⁷²¹ Marina Larsson, *Shattered ANZACS: Living with the Scars of War*, Sydney: UNSW Press, 2009.

⁷²² SMH, October 6, 1926, 14.

⁷²³ The Queenslander, November 22, 1928, 46.

⁷²⁴ SMH, October 28, 1925, 12.

⁷²⁵ SMH, November 1, 1930, 14.

taken out of the line and made the Divisional Claims Officer.⁷²⁶ Figure 115 shows Lt Brissenden at *Picardie* near the *Somme*, in November 1917. He wrote home to a friend, Justice Ferguson:

*I still look after the Courts martial and Courts of Inquiry ... you would smile if you could see me rushing round the country on a stolen motor-cycle, butting into the premises of the local farmer or shopkeeper and discussing the value of damaged sheds or broken windows in a language which bears no resemblance whatever to any human speech ... the chief rule is to talk very loud and pay no attention whatever to anything the other man is saying.*⁷²⁷



Figure 102. Nov 1917, Lt Brissenden at *Picardie*, AWM E01343.

After the war he kept his legal seniority and also became a Lt Colonel in the Army Legal Corps continuing as a Barrister specialising in Maritime Law. He was offered a Supreme Court Judgeship but declined, possibly because of the *angina pectoris* he suffered in the last years of his life.⁷²⁸ Up to his death in October 1930, he was a keen motor cyclist and was considered to be daring, unconventional and very witty. Ida died on April 27, 1970 at the age of 87 in Lindfield, Sydney.

⁷²⁶ Tony Cunneen, "A spiritual thing": the Sydney Legal Profession in the First World War", *jurist.diction*, magazine of the Sydney Law School, Summer 2010, 9.

⁷²⁷ *Ibid.*

⁷²⁸ Wilfred Blacket KC, *Sydney Mail*, November 5, 1930, 9.

Sister Olive Hayes Norman



Figure 103. 1916, Olive Hayes Norman aboard SS *Kanowna*.

Early Life

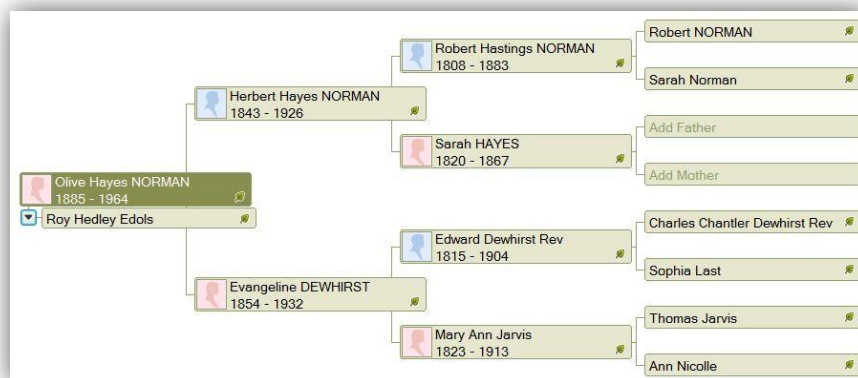


Figure 104. Ancestry Chart, Olive Hayes Norman

Sister Norman was born in 1885 into a pioneering family in South Australia. Her grandfather, Robert Norman, had arrived with his family aboard *Taglione* on the anniversary of the battle of Waterloo, June 18, 1844. Fellow passenger was Dr Penfold of vineyard fame. He opened the first dental practice and photographic studio in South Australia. Dr Norman had many interests including the development of a functional prosthesis for a human hand shown in Figure 105. The mechanical hand is housed at the

South Australian Medical Heritage Society Museum. Dr Norman also made artificial palates and noses.⁷²⁹



Figure 105. Mechanical hand and plaque, courtesy of SA Medical Heritage Society Inc.

Robert Norman also partnered with G.A. Heseltine in the development of *Daguerrotype*, an early type of photography pioneered by Louis J M Daguerre in France in 1839.⁷³⁰ Halide on a polished copper plate was exposed, for a lengthy period, to light focussed by a camera lens and developed in mercury vapour.⁷³¹

Sister Norman's father, Dr Herbert Hayes Norman, was also a man of many talents including being an artist, photographer, rifle champion and celebrated dentist like his father. He is credited with being the first dentist to leave Australia to study in the United States and England to obtain a diploma in dentistry.⁷³² Dr Norman also found time to serve for five years with the *Reedbeds Cavalry* in Adelaide, one of the state volunteer

⁷²⁹ South Australian Register, October 12, 1844, 2.

⁷³⁰ Gael Newton, *Shades of Light: Photography and Australia 1839–1988*, Chapter 2, Australian National Gallery: Canberra, 1988.

⁷³¹ Rose Wilson, *The hand of Corporal Coles*, accessed July 3, 2016, [http://amhs.org.au/VirtualMuseum/Surgery/hand of Corporal Coles/hand of Corporal Coles.html](http://amhs.org.au/VirtualMuseum/Surgery/hand%20of%20Corporal%20Coles/hand%20of%20Corporal%20Coles.html).

⁷³² *The Register* (Adelaide), July 21, 1916, 6.

militias formed between 1860 and 1870.⁷³³ Each Australian state had to provide their own defence force prior to Federation. Australian men joined militias to provide support for British regular troops in the states, but by 1870 they no longer had these troops or the funds to continue.⁷³⁴ Sister Norman's mother, Evangeline, was the daughter of Edward Dewhirst who was prominent in education in South Australia and the Senior Inspector of Schools.⁷³⁵

It is likely Sister Norman had a privileged upbringing with an emphasis on education. It is unknown why Sister Norman chose *Sydney Hospital* for her nursing training, *Adelaide Hospital* also had Nightingale nursing training but it was a lot smaller and had fewer opportunities for a position after graduation. Joan Durdin, in her history of the *Adelaide Nursing School* in 1986 states that disunity of nurses in South Australia led to the establishment of two associations at the turn of the 19th century. The nurses from *Adelaide Hospital* belonged to the *Royal British Nurses' Association* which could not represent nurses who had trained in a hospital of less than forty beds. The ATNA also set up a Branch in South Australia and "some sparring occurred as the two associations jockeyed for supremacy".⁷³⁶

Service as a "Bluebird" in France

The announcement in the SMH that the *Bluebirds* were sailing for France stated:

there were more applications from the Sydney Hospital than from any other, and if all the applicants from the "Sydney" had been successful, that institution would have been faced

⁷³³ South Australian Mounted Rifles Association, *Cavalry in SA*, 1990 [Online], accessed January 10, 2016, <http://www.samrainc.org/>.

⁷³⁴ Ibid.

⁷³⁵ The Register (Adelaide), February 5, 1904, 6.

⁷³⁶ Joan Durdin, *History, Nursing Education and Jubilee*, address to the 8th Foundation Day Ceremony at the Royal Adelaide Hospital, 1986, accessed July 4, 2016, <http://www.healthmuseumsa.org.au/menu/foundation-day/1986-history-nursing-education-and-jubilee-150/>.

with a serious problem—the filling up of the vacancies. As it is, three are being taken from this hospital—Sister Norman, Nurse Wallace and Nurse Crozier.”⁷³⁷

A newspaper article published in Sister Norman’s home town of Adelaide in November 1916 declared, “she is busily at work in *L’Hospital Militaire Anglais Limoges*”.⁷³⁸ The RC Record advised readers in April, 1917, Sister Norman was still at *Limoges* and little evidence can be found about her activities, until her return with the last group of *Bluebird* nurses in 1919. Sister Norman served with Matron Hungerford at *Limoges* and very little is written about the role *Limoges* played during WW1.

The American Army arrived in France in 1918 and set up hospitals across the country. In *Limoges* the 13, 24 and 28 American Base Hospitals were established providing 6,000 beds during times of crisis with an average of 5,485 of those beds occupied.⁷³⁹ However, from 1914 a number of smaller allied hospitals had been operating in the area and continued to do so until the end of the war. One of those hospitals was established by the *Wounded Allies’ Relief Committee* (WARC), a British organisation established at the outbreak of war. The first WARC hospital was established at the *Majestic Hotel* in Paris. When the number of hospitals in Paris increased, the *Majestic* was no longer needed and subsequently closed in January 1915. The WARC then responded to a need in *Limoges* where a hospital had been forced to close for lack of funding.⁷⁴⁰ By September 29, 1915 a complete unit and full equipment was gathered for a large surgical hospital which was soon installed in the *Musée Ceramique* in *Limoges*.⁷⁴¹ The WARC described their hospital as:

A fine four-storied building well adapted to the purpose and thoroughly transformed and equipped. There are 170 beds. Limoges has the advantage of being on a main line far

⁷³⁷ SMH, June 29, 1916.

⁷³⁸ The Mail (Adelaide), November 18, 1916, 12.

⁷³⁹ Antonin Guillot, The American Hospital Centres (1918–19), accessed January 20, 2016, <http://www.gwpda.org>.

⁷⁴⁰ Binyon, 146.

⁷⁴¹ Guillot, 126.

*from the seat of war, and the transport arrangements are now so perfected that within 30 hours of being wounded at the front a soldier may find himself, after a smooth and comfortable journey, actually in bed in the Committee's hospital.*⁷⁴²

Readers are told that the all-inclusive cost of a patient is “four shillings, one and a half pence per day, towards which the French Government contributes two francs a day”.⁷⁴³ This is roughly \$100 today in total, with the French government contributing around \$45 per day.⁷⁴⁴ The rest of the money was raised from “regular assistance of generous subscribers”.⁷⁴⁵ Even though figures of total allied war wounded are very much disputed, 13 million is considered a possibility.⁷⁴⁶ At *Limoges* the average hospital stay was 23 days providing insights into the enormous cost of caring for the wounded and the fundraising efforts required to maintain hospitals in France for a volunteer organisation.

Sister Norman is also known to have worked with Tasmanian doctor Martha Isabel Ormiston at *Limoges*, showing that at least two *Bluebirds* worked alongside Australian women doctors in France, the other being Sister Crommelin who worked with Dr Elizabeth Courtauld at *Villers-Cotterêts*. This has not been mentioned in other accounts of the *Bluebirds* service in France and provides another lens through which to explore Australian womens history.

Unlike nurses, who were vital and non-threatening to male doctors in WW1, women doctors were shunned. An article in the SMH, May 10, 1915 announced “The War Office regrets it cannot utilise the services of women doctors”. Nevertheless, more than 20 Australian female doctors acted as surgeons and medical officers in military base and field hospitals in Belgium, France, Serbia, England, Egypt and Malta between 1914

⁷⁴² Arnold Bennett, *The Wounded Allies' Relief Committee: A Short Account of Work Done, 1915*, Sardinia House: London 1915, 6.

⁷⁴³ Calculations using <http://www.concertina.com/calculator/>. July 4, 2016).

⁷⁴⁴ Calculations using <http://www.historicalstatistics.org/Currencyconverter.html>, July 4, 2016.

⁷⁴⁵ Bennett, 6.

⁷⁴⁶ *Casualties and death rates WWI*, accessed January 20, 2016, <http://www.pbs.org>.

and 1919.⁷⁴⁷ Dr Ormiston had worked with the BRC in London, was then attached to the *Queen of the Belgians' Hospital* at *Ostend* and *La Panne* in 1915. Dr Ormiston set up Ostend's hydro-spa hotel, *Le Kursaal*, as a hospital with 60 beds and 14 staff. It was originally for Belgian refugees but rapidly became a military hospital.

In October 1915, Dr Ormiston, Dr Van de Watte and an English matron refused to leave the wounded during the mass evacuation of allied soldiers and refugees fleeing to England. Sixty thousand German soldiers had reached the outskirts of *Ostend* and the group became prisoners until all British citizens were expelled from Belgium. Dr Ormiston received the Order of Leopold of Belgium for "conspicuous bravery and devotion to duty".⁷⁴⁸ In 1916–17 she joined the WARC Hospital in Montenegro and later moved to *Limoges*.⁷⁴⁹ It can be assumed that Matron Hungerford and Sister Norman worked closely with Dr Ormiston during this time.

Australian female doctors clearly demonstrated their ability to provide the skills and leadership to make a significant contribution to the war effort.⁷⁵⁰ However, it still took till until 1943 for the first female Medical Officer to be appointed to the Australian Medical Corps.⁷⁵¹ Compare this to Australian military nurses who served in the Boer War from 1898 and in 1902 became officially established as the Australian Army Nursing Service.^{752 753} It was far more difficult for the Australian Army Medical Corps to operate without nurses than female doctors. Sister Norman returned to Australia aboard HT

⁷⁴⁷ Heather Sheard, "The Forgotten Australian Women Doctors of the First World War," in *First World War: local, global and imperial perspectives*, 2015, accessed January 20, 2016, <http://theconversation.com/the-forgotten-australian-women-doctors-of-the-great-war-38289>.

⁷⁴⁸ Ibid.

⁷⁴⁹ AWM, P09660.002.

⁷⁵⁰ Jo Wainer, What is it about women doctors? *Australian Review of Public Affairs*, October 2011, accessed July 4, 2016, <http://www.australianreview.net/digest/2011/10/wainer.html>.

⁷⁵¹ Susan J Neuhaus and Sharon Mascall-Dare, "A Woman at War: The Life and Times of Dr Phoebe Chapple Mm (1879–1967), an Australian Doctor on the Western Front," *Journal of Military and Veterans' Health*. [Online], 21, 3, 2013.

⁷⁵² Anne Heywood, "Australian Army Nursing Service (1902-1948)", *The Australian Women's Register*, [Online], <http://www.womenaustralia.info/biogs/AWE0408b.htm>.

⁷⁵³ ADF, RAANC accessed July 4, 2016, <http://www.defence.gov.au/health/about/docs/RAANC.pdf>.

Anchises on February 28, 1919, making her a member of the last group of *Bluebird* sisters to return home.⁷⁵⁴

After the war

Like many women of the time, Sister Olive emerged from relative obscurity when her engagement was announced in 1924 to Roy Hedley Edols the “only son of the late F A Edols of Burrawang Station, NSW.”⁷⁵⁵ Two months later the couple were married in Sydney and “motored to the Blue Mountains for their honeymoon” and settled in Potts Point in Sydney.⁷⁵⁶ Roy Edol’s father, Frank, had been part of a pastoral dynasty in the Southern Highlands outside of Sydney and was considered to have possessed one of the “largest and finest woolsheds in NSW”. He was also known for his stud Merino flock and up-to-date management of the property known. Frank Edol’s eldest son, Frank Jnr, served in France with the Australian Artillery and was killed in October of 1917. Roy Edols did not serve because he was needed at home to manage the family business.⁷⁵⁷

Sister Norman and Roy married in 1925 and the name of Mr and Mrs Roy Edols became a subject of frequent discussion in the newspaper and magazine society pages. In 1929 they left for a “two year trip around the world” on the *Oronsay*⁷⁵⁸ and even motoring from Melbourne to Adelaide was recorded in the society pages.⁷⁵⁹ In 1942 an announcement in the SMH advised that Roy Edols had passed away in a private hospital in Melbourne and Olive seems to have disappeared back into obscurity until her death on October 25, 1964 in Deep, Victoria.⁷⁶⁰

⁷⁵⁴ NAA M2/2207.

⁷⁵⁵ News (Adelaide), December 18, 1924, 8.

⁷⁵⁶ News (Adelaide), March 2, 1925, 5.

⁷⁵⁷ The Pastoral Review, September 16, 1924, 751.

⁷⁵⁸ The Register News-Pictorial, January 26, 1929, 6.

⁷⁵⁹ News (Adelaide), April 6, 1933, 12.

⁷⁶⁰ SMH, June 5, 1942, 10.

The 1921 Melbourne Cup was won by a three year old “even tempered filly” called *Sister Olive* owned by Mr Fred Norman. Definitive proof cannot be found she was named after Sister Olive Norman but with an influential and wealthy family across Australia, including in racing, it is likely.⁷⁶¹

There were four boys and three girls in Sister Norman’s family and she was the only one to serve during WW1. Only one reference was found in the post war period that recognised Sister Norman’s contribution as a nurse on the Western Front. It was written by a columnist of *The News* in Adelaide. In an article entitled “Candida talks to women” it recognised that “Olive had a distinguished nursing career before her marriage and some years of active service in France during the War.”⁷⁶² Although it is only possible to recover part of Sister Norman’s story, this plays an important part in creating the tapestry of backgrounds and experiences of the Australian *Bluebird* nurses.

⁷⁶¹The Mercury (Hobart), November 3, 1921, 8 and Arrow (Sydney), November 4, 1921, 4.

⁷⁶² The News (Adelaide), March 6, 1931, 8.

Sister Ruby Agnes Mary Hungerford



Figure 106. 1916, Sister Hungerford aboard SS *Kanowna*.

Early life

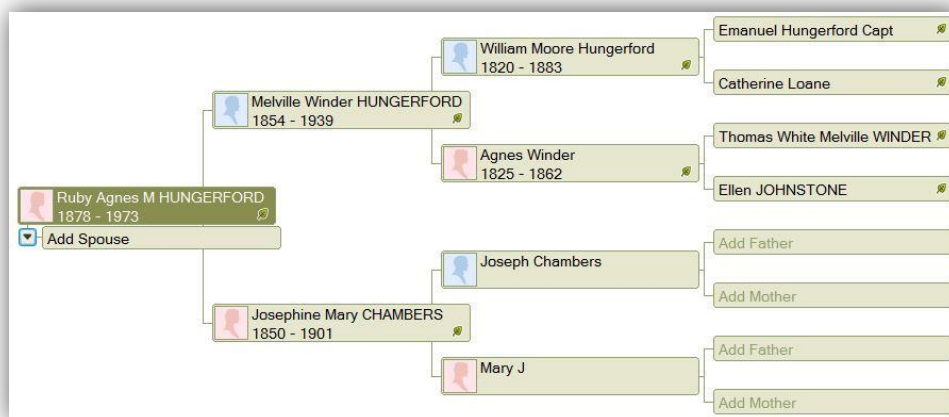


Figure 107. Ancestry Chart, Ruby Agnes Hungerford.

Sister Hungerford's grandparents were members of two important pioneering families of the Hunter Region. Captain Emanuel Hungerford was the patriarch and arrived in Sydney in 1828 having retired from the South Cork Militia. His family had an inherited family seat in County Cork but he emigrated with the entire family, including servants and a schoolmaster. Captain Hungerford purchased 1,920 acres at Wallis Plains

and was later granted 2,500 acres at Baerami Creek in the Hunter Valley.⁷⁶³ His sons, including Sister Hungerford's father, became pastoralists and expanded the family land holdings and by 1889 the Hungerford family owned or rented 7,770 square kilometres and owned over 50,000 cattle but the depression of 1890 and long periods of drought saw the family fortunes decline.⁷⁶⁴

In an article in the Maitland Mercury in 1881, Sister Hungerford's grandmother Agnes Winder, was called one of the "Roses of the Hunter".⁷⁶⁵ Her father was an intimate friend of Governor Macquarie and William Charles Wentworth who became famous for crossing the Blue Mountains with Blaxland and Lawson and later, as a politician, he exerted a great deal of influence in the colony of NSW. Her grandfather Thomas Winder built *Windermere House*, a stone mansion with 30 rooms, cellars, stables, a coach house and established vineyards and orange trees but eventually, due to financial hardships, sold this to Wentworth and leased it back.⁷⁶⁶ The Maitland Mercury told readers in 1881, that Thomas Winder had been a merchant in Calcutta but decided when he visited Australia to make it his home. As a close friend of Governor Macquarie he was offered land grants and lucrative positions which he always declined, "if he had taken advantage of his influence he would indubitably have been one of the wealthiest men in Australia".⁷⁶⁷

Mary had three siblings; Preston died at the age of 31 in 1913 whilst in Lancashire England, brother George died when he was only one but a sister Louie Emily lived to the age of 72. Sister Hungerford's father lived until 1939 so it is possible she cared for him after her return from France. Her mother had passed away in 1901 when Mary was 23.

⁷⁶³ Robin Hammond, "Hungerford, Captain Emanuel (1785–1872)," *Unlocking Regional Memory*, 2004, [Online], accessed January 18, 2015, <http://www.nswera.net.au/biogs/UNE0677b>.

⁷⁶⁴ Ian Ellis, "Hungerford, Thomas (1823–1904)," vol. 4, *ADB* 4, ANU Canberra: ANU, 1972, accessed November 25, 2015, <http://adb.anu.edu.au/biography/Hungerford-thomas->.

⁷⁶⁵ *Maitland Mercury*, April 26, 1881.

⁷⁶⁶ J. Willetts, *Hunter Valley Settlers—Thomas White Melville Winder*, accessed January 18, 2016, <http://www.jenwilletts.com>.

⁷⁶⁷ *Maitland Mercury*, April 26, 1881.

Sister Hungerford grew up in an environment where the family was respected and comfortable.

The hospital where Sister Hungerford trained as a nurse has not been discovered but it is known she was Head of the baby clinic at Glebe when she joined the *Bluebirds*.⁷⁶⁸ Prior to joining the *Bluebirds*, Sisters Hungerford and Robinson both worked as Head Nurse at the newly established baby health clinics at Glebe and North Sydney respectively. Figure 108, shows the interior of the *Glebe Clinic* and the nurse seated appears to be Sister Hungerford. Figure 109 shows the exterior of the clinic during a celebration of Mother's Day in 1916.



Figure 108. Interior of Glebe Baby Clinic, courtesy NSW Health.



Figure 109. 1916, Mothers' Day at Glebe Clinic, courtesy NSW Health.

⁷⁶⁸ SMH, June 29, 1916, 8.

The NSW Minister for Public Health, The Hon. Fred Flowers, declared in 1915, the new baby clinics were the missing link that would not only bring down the infant mortality rate but ensure “the health both of the expectant mother and her unborn child are fully protected”.⁷⁶⁹ A detailed description is provided in a newspaper article describing the clinic rooms, the duties of the nurses which include clinic and home visits and the availability, without charge, of all services including seeing a doctor. Antenatal care was also provided and “the expectant mother may keep in touch with the clinic doctor right up to the time of crisis, when accommodation is found for her in one of the women’s hospitals”.⁷⁷⁰

From 1915 to 1918 the number of clinics increased from nine to 28 and it was during this time of expansion that Sisters Hungerford and Robinson commenced work.⁷⁷¹ There was a dramatic decrease in infant mortality in the early decades of the 20th century, which the NSW government claimed was a result of this initiative, but on closer inspection this is very unlikely to be the case. Mr Flowers’ “missing link” was to bring, into the mainstream, programs already established by *The Benevolent Society* in Australia including *The Consultation for Infants*, *The Outdoor Department* (out-patients) and the establishment of hospitals specifically for mothers and children. Such initiatives were also well established in other countries.⁷⁷² Philippa Mein Smith counters claims that baby clinics ‘caused’ the infant mortality decline and demonstrated that by the 1920s most of the decline had already occurred due to a wide range of factors.⁷⁷³ Through the work of demographers and historians a far more complex picture emerges.

⁷⁶⁹ *Singleton Argus*, February 6, 1915, 4.

⁷⁷⁰ *Ibid.*

⁷⁷¹ *Ibid.*, 24.

⁷⁷² *Ibid.*, 20.

⁷⁷³ Philippa Mein Smith, *Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880–1950*, Macmillan Press, London, 1997.

Up until the 1950s, advances in western medicine were seen as largely responsible for this decline, although sanitation and public health were also acknowledged. Demographers have argued that a sustained decline in infant mortality can be seen from 1900, but other factors played the major part. These include rising living standards and improved nutrition, lower birth rates, major public works leading to cleaner water supplies and better sanitation.⁷⁷⁴ Science, medicine and nursing played an important role in defining the characteristics of infection during this period, through education and early intervention.⁷⁷⁵

Feminist historians have commented that “the development of an antenatal regime justified substantial intervention in the lives of women and mothers, extending medicalisation throughout the pregnancy and beyond.”⁷⁷⁶ Lisa Featherstone argues that the baby clinics were “part of a trend towards the institutionalising of women’s health.”⁷⁷⁷ However, she accepts that this was not simply “a regime of authority and control” it was clearly designed to benefit the mother.⁷⁷⁸ Philippa Mein Smith assessed the claims for the value of the infant welfare movement against demographic and textual evidence and the recollections of mothers. Her study found that “infant welfare services in Australia did not contribute as powerfully to the decline in infant mortality as their protagonists professed and believed” and notes that “the complexity of mothers’ practices belies any simplistic claims”.⁷⁷⁹ Mein Smith reinforced the way two key components had enormous impact on infant mortality—the fertility decline and women’s education and argued the infant welfare movement promoted babies, at a time when it was not possible to promote women and mothers themselves as a national asset.

⁷⁷⁴ R. Taylor, M. Lewis, and J. Powles, “The Australian Mortality Decline: All-Cause Mortality 1788–1990,” *Australian and New Zealand Journal of Public Health* 22, 1, 1998, 31–33.

⁷⁷⁵ *Ibid.*, 33.

⁷⁷⁶ Lisa Featherstone, “Surveying the Mother: The Rise of Antenatal Care in Early Twentieth-Century Australia,” *Limina* 10, 2004, 16.

⁷⁷⁷ *Ibid.*, 24.

⁷⁷⁸ *Ibid.*, 27.

⁷⁷⁹ Philippa Mein Smith, “Infant Welfare Services and Infant Mortality,” *Australian Economic Review* 24, 1, 1991.

Mein Smith also argued that baby clinics were of symbolic importance, an expression of municipal pride and that they were generally appreciated by women. Her interviews with women showed a clear popular response to the new services and offered a counter argument to the interpretation of the infant welfare movement as diminishing women's status whilst accepting that the poor may have struggled to carry out the advice of the nurses and were subsequently vilified and held responsible for poor outcomes.⁷⁸⁰ There is no evidence for how Sisters Hungerford and Robinson judged the situation, but the lure of getting to the front as a Red Cross nurse proved too strong to keep them at the baby clinics in Sydney. This was one domain in which nurses could exercise some independence and leadership because doctors were present for only two hours each week.⁷⁸¹ Nurse Inspectors were appointed and given responsibility for the nurses and the program. Matron Gould was one of those inspectors. She had been the first Superintendent of the *Army Nursing Reserve Service*, participated in the Boer War, and later served in WW1 as the Matron of No.2 AGH in Egypt.

Service as a “Bluebird” in France

At 36, Sister Hungerford was one of the oldest and most experienced nurses in the group. The NSW Red Cross Record in April 1917 tells readers “Sister Hungerford has been asked to take on the Matronship of the Hospital at *Limoges* as she is thoroughly well conversant with the work”. It is likely Sister Hungerford and Sister Norman went to *Limoges* when they first arrived in France.

The Record quoted from one of Matron Hungerford's letters, “I find these dear French boys quite the most delightful patients; they are so brave, bright and grateful and so very poor (two and a half pennies per day)”. A British private was earning one shilling one pence per day at this time⁷⁸² and Australian soldiers earned a staggering six shillings

⁷⁸⁰ Phillipa Mein Smith, “Blood, Birth, Babies, Bodies,” *Australian Feminist Studies* 17, 39, 2002.

⁷⁸¹ NSW Health, *NSW Kids and Families, A History of 100 Years of Child and Family Health Services in NSW*, NSW Health, 2015, 23.

⁷⁸² UK War Office, Instruction 166, 1914, accessed January 18, 2016, *British Army Rates of Pay*, http://www/1914-1918.net/pay_1914.

a day making them known as “six bob tourists”.⁷⁸³ A German private was receiving the equivalent of about 70 pence daily, with an expectation they could supplement their own rations.⁷⁸⁴ The story of the hospital at *Limoges* is detailed in the story of Sister Norman above. There is no record that Matron Hungerford worked at any other hospital in France prior to her return home on HMS *Zealandia* on November 22, 2018. No records of her life after the war have been found but she lived to the grand age of 95 and hopefully she enjoyed many days of peace and happiness and recalled her time in France with fond memories.

Discussion

Sister Ida Moreton was a well-educated *Bluebird* nurse who came from a socially elevated and well connected family. Her older cousin, Lady Beatrice Lilian Moreton may have inspired Ida to take up nursing, but Ida was the first to enlist in WW1. Beatrice enlisted in the AANS in 1917 and served in Egypt for only one year. Beatrice served in a non-combat zone and received the Victory Medal, the British War Medal and the 1914–18 Star and was eligible for the generous war bonus when she returned to Australia. All this was denied to her cousin, Sister Moreton, as it was to all *Bluebirds* except Elsie Cook. Sister Moreton was also the only sibling in her family to go to war, despite being one of four children including two brothers. Her story has also helped highlight the important role that nurses, who had direct experience of the war, may have played in supporting and caring for returned soldiers with physical and psychological wounds. For some the war did not end in 1918.

Matron Hungerford had been the head of a clinic prior to leaving for France and was immediately offered the role of Matron of a British Military Hospital at *Limoges*, where she stayed until the end of the war. Sister Duffy was another *Bluebird* who was given leadership responsibility as the Director of a French military hospital in *Rodez*. It would appear that even though some *Bluebirds*, such as Sisters Loxton and Hough at

⁷⁸³ State Library of Victoria, accessed on January 18, 2016, *The Rush to Enlist*, <http://ergo.slv.vic.gov.au>.

⁷⁸⁴ R.H. Keller, “The German Soldier in WW1: Organisation and Service in the German Army”, *Great War Militaria*, 2009, accessed January 18, 2016, <http://www.greatwar.com>.

Palavas-les-flots, found initial acceptance of their skills problematic, in other situations *Bluebirds* were readily given leadership responsibilities.

Chapter Seven looks at the remaining *Bluebird* nurses and identifies some of the confusion they may have experienced through diverse languages, systems, types of hospitals, treatments and social customs. Figure 110 shows the global reach of WW1. Over twenty-seven countries were mentioned as the Allied and Associated Powers in the *Treaty of Versailles*, however, WW1 was truly global in its outreach because colonies of European nations also went to war and many more countries sent their citizens to assist the side they supported.

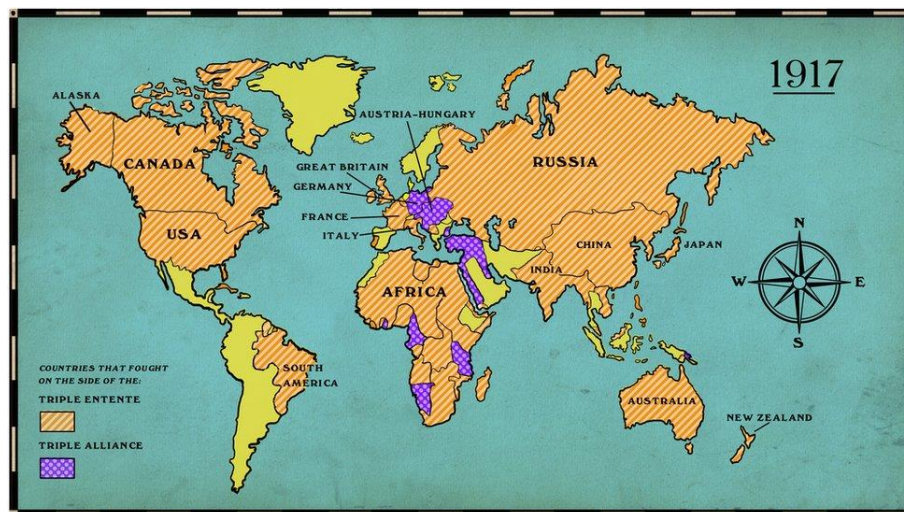


Figure 110. 1917, Countries involved in WW1.

CHAPTER SEVEN: NURSING IN THE TOWER OF BABEL

Introduction

The story of the Tower of Babel in Genesis 11:1-9 has been used many times as a metaphor. Conventional theologians have focused on the differentiation of languages.⁷⁸⁵ Post-modern interpretations have viewed it as a metaphor about mutual incomprehensibility, entropy, or the futility of an appeal to the Gods.⁷⁸⁶ Bultmann observes it is an illusion to suppose that real security can be gained by men organizing their own personal and community life. There are encounters and destinies which man cannot master.⁷⁸⁷ For Heidegger it is all about understanding technology and the way it challenges nature.⁷⁸⁸ Heidegger was concerned by the human distress caused by the technological understanding of being.⁷⁸⁹ The destruction, chaos and collapse of the existing social order caused by WW1 raise questions that defy simple explanations. Metaphors have power to convey an understanding about the mechanics of the world and the behavior of the people within it.

This chapter explores the complex health-care structure assembled during WW1 and the complexities that arose to keep it functioning. The allies deployed over 42 million troops from all over the world and most of those countries sent healthcare missions to Europe. Thousands of military, temporary and auxiliary hospitals and staff with different training, different languages, customs and cultures, created a kind of “tower

⁷⁸⁵ J. Frazer, 1918, *The Tower of Babel, Folk-Lore in the Old Testament: Studies in Comparative Religion: Legend & Lore*, London: McMillan & Co.

⁷⁸⁶ David Kronemyer, 2007, *The Tower of Babel, Analytic Theology*, accessed at <http://analytictheology.com/2007/09/the-tower-of-babel/> on July 7, 2017, 1.

⁷⁸⁷ R. Bultmann, 1958, *Jesus Christ and mythology*, New York: Scribner, 39-40.

⁷⁸⁸ Martin Heidegger, 1977, *The Question Concerning Technology*, in D. Krell, ed, *Basic Writings*, New York: Harper & Row, 296.

⁷⁸⁹ H. Dreyfus, 2006, *Heidegger on the connection between nihilism, art, technology and politics*, in C. Guignon, ed, *The Cambridge Companion to Heidegger*, 2nd ed, Cambridge: Cambridge University Press, 316.

of Babel” that required advanced coordination strategies for it to succeed.⁷⁹⁰ In August 1914, just after the outbreak of war in Europe, the British Red Cross and the Order of St John formed the Joint War Committee to enable working with joint aims, reducing duplication of effort and providing St John personnel with the protection of the Red Cross. It became the model used even in contemporary times.

The problem of poor French language skills is often commented upon by *Bluebirds*, however, it is clear they were not alone in having difficulties because of the *patois*. Sumner’s insights into the problems of *patois* within the ranks of the *poilus* during WW1 are a reminder of how complex the language issues must have been for the allies, not only in battle but in the hospital wards.⁷⁹¹

Hubris has many meanings but can describe actions that defy the norms of behavior and be seen as defying the gods, another metaphor that can be gleaned from the Tower of Babel story. Many *Bluebirds* were keen to get as close to the frontline as possible and sometimes felt they had to explain why they were working in the rear. The courage of nurses under fire was guaranteed to gain the admiration of all. Nurses entered this space with a pre-existing tradition of self-sacrifice and there appears to have been an element of adventure and excitement not to be found elsewhere. This aspect of nursing during WW1 is rarely described. Mary Borden, who worked alongside one quarter of the *Bluebirds* at the Front and was arguably one of the finest war poets of WW1, brings this to light in her book *The Forbidden Zone*.⁷⁹²

⁷⁹⁰ Sisters Cook and Loxton discuss this in their diaries.

⁷⁹¹ Sumner, 6.

⁷⁹² Borden, *Ibid*.

Sister Elizabeth Grace Sheridan



Figure 111. 1916, Sister Sheridan aboard HMHS Kanowna.

Life prior to WW1

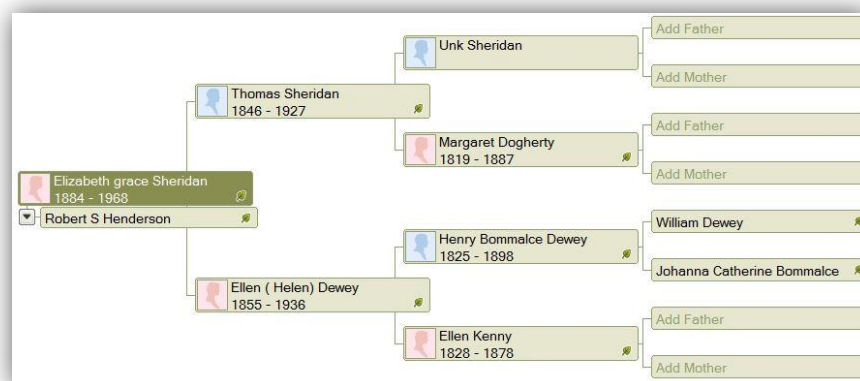


Figure 112. Ancestry Chart, Elizabeth Grace Sheridan.

Grace's Irish born grandfather operated a freehold farm at Collector in New South Wales and her father obtained *Eastwood* near Rylstone in New South Wales around 1862.⁷⁹³ The farm is still operating as a mixed grazing property north west of Rylstone. Grace grew up in a large family. Her father's first wife, Mary, had died in 1879 leaving Thomas with three daughters to care for. In 1882 he married Ellen Dewey and Grace and

⁷⁹³ NSW Australian Historical Electoral Rolls 1842–1864, *John Sheridan*, 1854.

her five siblings were added to the family. Grace had a sister Eva Elise who became a nun with the teaching order founded by Mother Mary McKillop.⁷⁹⁴ Grace had two brothers but no record has been found of them serving during WW1 making Grace the only one of nine children to serve.

The *St Vincent's Hospital Annual Report* of 1912, shows that Elizabeth Grace Sheridan entered training as a nurse in December 1910 and graduated in 1912.⁷⁹⁵ Records in the archives show she was known as Grace and graduated with the St Vincent's Hospital Certificate and the ATNA Certificate. All three *Bluebird* nurses who graduated from St Vincent's are listed on the nurses WW1 Honour Board which was unveiled in 1917. Grace Sheridan, Annie Jamieson and Mildred Hughes are all listed as "at the front". Only 11 nurses graduated in December of 1912 so it can be assumed the nurses knew each other.⁷⁹⁶ It is possible that Sister Sheridan continued to work at St Vincent's until enlisting in the AANS Home Service on January 31, 1916 and being posted to No. 4 Military Hospital at Randwick.

Service as a "Bluebird" in France

Sister Sheridan embarked with the *Bluebirds* for France and it is known from Sister Loxton's diary that she was working with Sister Hutchison at *Menton* from the time of her arrival in France and was still there on January 12, 1917.⁷⁹⁷ *The Hotel Imperial* in *Menton* was requisitioned by the French government to become *Hospital Entente Cordiale, Hôpital Auxiliaire*, No. 222, *Menton* in April 1915. A former English resident of *Menton* and his wife wanted to open a hospital for French wounded in the town at the beginning of 1915 but the local municipality wanted it for British Officers and soldiers. The donors then approached the British Authorities with their offer but this was declined. Eventually the *Association des Dames Franchises*, one of three French Red Cross

⁷⁹⁴ Sister Eva Elsie, RSJ, Sisters of Saint Joseph of the Sacred Heart.

⁷⁹⁵ Barbara Cytowicz, Archivist at St Vincent's Darlinghurst to author February 20, 2015.

⁷⁹⁶ Ibid.

⁷⁹⁷ NSW Red Cross Record, vol. 2, November 11, 1916, 27, also, AWM, Hilda Loxton Diaries, Entry Jan 12, 1917.

Organisations, agreed to take responsibility to set up a 400 bed hospital at the *Hotel Imperial* with an English Committee raising funds for the ongoing running costs. The couple who were the driving force behind the establishment of the hospital became the Managers for the first year and then the British Committee took over.⁷⁹⁸ A contemporary account describes the facilities, “this hospital ... enjoys all the advantages and amenities of a modern hotel ... it goes without saying there are lifts, electric lighting, central heating, bathrooms on every floor”.⁷⁹⁹ It became the surgical centre for the *Menton* district with the latest equipment including a laundry “with mechanical apparatus for washing and drying”.⁸⁰⁰

The Sunday Times (Sydney), published a letter in November 1916 from “one of the 20 nurses sent by the NSW Division to the French Red Cross, writing from *Menton* in the South of France”. Censorship did not allow the nurses to use names but Sisters Sheridan and Hutchison were there at this time so it must have been one of them. They were very excited:

*Here we were met by Matron and Lord Waldron and Secretary. They are all very charming English people, who made us very welcome and insisted on our going to bed after tea. The hospital is a beautiful building, once the largest hotel in Mentone. It is now the most luxurious hospital in France, splendidly appointed.*⁸⁰¹

The unnamed nurse advised readers that the hospital can take up to 600 patients and currently has 400 but “we expect a convoy from Salonika any day”. The nurse commented, “We are very happy but hope later on to get nearer the zone of the armies.” This is a common sentiment shared by other war nurses as *Menton* was “far from the thunder of the guns, and lies out of reach of the enemy’s aircraft and though the Mediterranean is infested with U-boats, no spasm of shelling from an emerging

⁷⁹⁸ Binyon, 54.

⁷⁹⁹ Ibid.

⁸⁰⁰ Ibid.

⁸⁰¹ Sunday Times, November 12, 1916, 25.

submarine has disturbed its basking bay.”⁸⁰² Little else is known of the service of Sister Sheridan in France. The Personal Column of the SMH on February 15, 1918 advised readers that Mrs Robert O’Halloran had received news that her sister, Sister Grace Sheridan “had left England on her return journey to Australia”.⁸⁰³ Sister Sheridan had served for approximately 18 months, making hers the shortest time spend on detachment of any of the *Bluebird* nurses.

After the war

It is known that Sister Sheridan married Robert Sefton Henderson in 1920 in Sydney and the Electoral Roll records show that from 1930 to 1937 Robert and Grace lived in Cronulla. It is possible she met Robert Henderson in France because he served with the 8th and the 13th Field Ambulance. Robert had served with the 2nd Division of the 1st ANZAC Corps at Gallipoli prior to embarking for France in July 1916 aboard HT *Oriana*.⁸⁰⁴ Robert was described as a Department Manager until his death in 1943.

Census records show Sister Sheridan lived at *Yarralla House* in Concord, New South Wales in 1943. *Yaralla* was the home of Dame Eadith Walker who had, early in the war, accommodated soldiers returning home with tuberculosis. Her father Thomas was a politician in the New South Wales Legislature and he contributed substantially towards building the *Thomas Walker Hospital for Convalescents*. In 1940 the Eadith Walker Memorial Sub-acute Hospital for non-ambulatory patients was opened for 50 patients.⁸⁰⁵ The electoral roll shows Elizabeth Grace (Home Duties), Elizabeth Helen (physiotherapist) and Margaret Sefton Henderson (secretary) all living at *Yaralla*. Perhaps the daughters were working at the hospital and had accommodation provided, it is not known. However, it is of some comfort Sister Sheridan does not seem to have been a patient and only moved to *Yaralla* with her daughters after her husband died. Sister

⁸⁰² Binyon, 54.

⁸⁰³ SMH, February 15, 1918.

⁸⁰⁴ NAA, Service Record 6633 Robert Sefton Henderson.

⁸⁰⁵ SMH, July 1, 1940, 3.

Sheridan died at the age of 84 when the world must have seemed a very different place to the one she had known in her youth.

Sister Alice Elaine Robinson



Figure 113. 1916, Sr Alice Robinson alongside HMHS *Kanowna*.

Life Prior to WW1

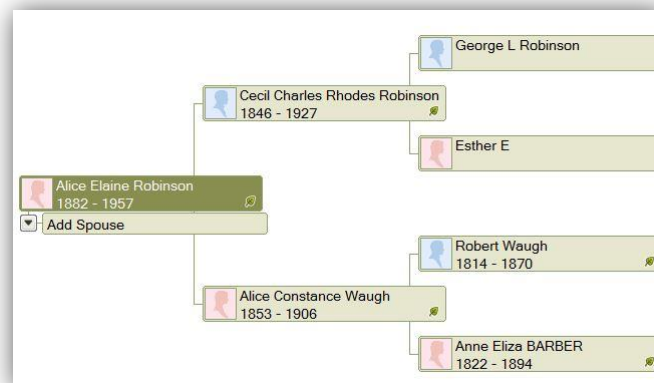


Figure 114. Ancestry Chart Alice Elaine Robinson.

Sister Robinson was born in Braidwood in 1882 to a father who worked for 56 years with the Bank of NSW.⁸⁰⁶ In an interview with the *Burrowa News* her father, Cecil Robinson, reminisced about the danger of bushrangers in his early days in Braidwood. Similar to Sister Crommelin's father, who was only 27 kilometres away from Braidwood

⁸⁰⁶ *The Burrowa News*, , February 11, 1927.

in Araleun, he also had a story to tell about bushrangers. Cecil Robinson claimed to have participated in a plan with police to capture members of the Kelly gang when it was believed a “stick-up” was imminent. The gang decided against it on the day but were eventually caught at Euroanbang.⁸⁰⁷ Such stories of heroism and involvement with bushrangers were not uncommon and “bushranger mythology” was described by Russel Ward as a national institution.⁸⁰⁸ As a bank manager of a small branch in the centre of bushranging country, his story seems particularly credible.

After the death of Alice’s mother in November 1906 the family moved to Newtown in Sydney and Cecil eventually retired in 1919. Alice’s mother was Alice Constance Waugh daughter of a prominent Goulburn doctor. There were nine children with the first born, Emily, dying at birth on May 19, 1878 and Alice was the fifth child born on March 23, 1882. Four sons and Alice served during WW1 with another son participating in WW2. Fortunately all survived despite serious injuries to some.⁸⁰⁹ A closer examination of this family’s experiences demonstrates the commitment of Australians to the conflict, the common experiences soldiers and nurses faced and the impact on family units.

Lt Herbert Reginald Robinson joined the fight as quickly as possible, enlisting with the 6th Light Horse Regiment in December of 1914. Herbert landed on the beach at ANZAC Cove, Gallipoli and survived to become an Officer with the 15th Field Artillery Brigade and then left Egypt for the Western Front in April 1916, only months before Alice also departed for France. In October, 1917 Herbert suffered from severe gas poisoning at *Le Touquet* but stayed in the army until the end of the conflict.⁸¹⁰

2nd Lt Horace Rokeby Robinson was a Station Manager when he joined the 30th Infantry Battalion in March 1916 and proceeded to France and he was gassed only days

⁸⁰⁷ Ibid.

⁸⁰⁸ Russel Ward, *The Australian Legend*, Oxford University Press, Melbourne, 1958, 332.

⁸⁰⁹ Ibid, Burrowa News

⁸¹⁰ NAA, B2455, Service Record, Lt Herbert Reginald Robinson.

before Herbert and spent 100 days in a British hospital recovering. Where he was injured is only recorded as “France” but it is likely to have been during the same battle as Herbert.⁸¹¹ Another brother, Lt Frederick Harold Robinson was an Accountant when he joined the 18th Infantry Battalion. Like his brother Herbert, he took part in the fighting at Gallipoli and in September of 1915 was evacuated with shell-shock to England. Frederick was deemed to be unfit for service for three months but was given the option of returning home at his own expense. He chose the latter and arrived back in Australia prior to Alice leaving for France.

The fourth son to serve was Charles Evelyn Robinson but an extensive search has not produced any military records. Charles was 38 when the war started so may have served on home soil or in the Reserve.⁸¹² A fifth brother, Lindsay King Robinson joined the Citizen Military Forces at the age of 51 at the commencement of WW2 and served between 1939 and his death in 1947.⁸¹³ No evidence has been found to suggest he served during WW1.

Service as a “Bluebird” in France

Sister Alice Robinson left for France with the *Bluebirds* in July 1916. It is possible she met up with her brothers in France but no evidence has been found to substantiate this. Little is known about Sister Robinson’s nursing training or her time in France. The SMH article description of the selected nurses only stated “Nurse Robinson is Head of the Baby Clinic at North Sydney”.⁸¹⁴ *The NSW Red Cross Record* in November of 1916 published a letter from Sister Alice Gray stating “Sisters Robinson and

⁸¹¹ NAA.B2456, Service Record: 3672 Horace Rokeby Robinson.

⁸¹² Family records show he was born April 23, 1876 in Tenterfield, NSW and died March 27, 1961 in Chatswood. No documents have been discovered.

⁸¹³ NAA. Service Record: N65757 Lindsay King Robinson. 1939–1947 CMF.

⁸¹⁴ SMH. June 29, 1916, 8.

Crommelin (will) go on to *Les Andeleys*”.⁸¹⁵ The April 2, 1917 edition tells readers that Sister Crommelin writes from *Les Andelys* that,

she and Sister Robinson determined to make a Christmas for the men under their charge, and sent to London for cigarettes, cards, pens and pencils. As all the other nurses, they love these poor, patient heroes.”⁸¹⁶

Sister Nellie Crommelin was a prolific letter writer and fortunately she wrote a detailed description of *L'Hospital Auxiliaire*, No. 117 at *Les Andelys* in a letter to the NSW Red Cross that was published in the *SMH*.⁸¹⁷ This provided an interesting insight into what Sisters Robinson and Crommelin experienced when they first arrived at *Les Andelys*. The Sisters had their own room, excellent beds, a bath, electric light, first rate food and “our surroundings couldn’t be beaten anywhere in the world”. *Les Andelys* is the home to an 11th century church and the ruins of the famous *Chateau Gailliard* built by Richard the Lionheart. With the *River Seine* running through the town, it is very picturesque. The patients, the French *poilu*, were described by Sister Crommelin as

interesting and amusing ... very proud of their own particular regiment and uniform and take a great pride in their appearance ... they never seem too ill to produce their pocket mirrors and gaze carefully at their cravats and their hair, combing their eyebrows with much deliberation, also their mustachios.

Lack of French language skills seems to have been a problem, “it is very difficult to hear what is said and to put our own expressions clearly into French ... we have men from the north and south, Algeria, Arabia and none of them seem to speak alike.”⁸¹⁸ They were not alone in experiencing this difficulty. Ian Sumner explained the army was structured on a local and regional basis and regiments were recruited from a number of specific areas then brought together to form divisions. This allowed soldiers to serve with men with

⁸¹⁵ NSW Red Cross Record, 2, November 11, 1916, 27.

⁸¹⁶ NSW Red Cross Record, April 2, 1917, 17.

⁸¹⁷ *SMH*, March 7, 1917, 5.

⁸¹⁸ *Ibid.*

similar regional accents or *patois*.⁸¹⁹ When the *poilus* were separated from their own regiment problems quickly arose and Sumner cites two *poilus* from the *Pyrenees-Orientales* serving with the Algerians who described their accent as almost incomprehensible. Another soldier from *Beziers* felt very much alone “surrounded by *Bearnais* all speaking their own *patois*, with only a *Toulousian* and an *Aveyronnais* for company”. A soldier from the *Chambery* area told a tale of a dangerous experience when his group was challenged by a sentry in his own lines and they decided “whatever he’s speaking, it’s not French” and “scarpered”. The next day they discovered it was infantrymen from *Agen* with a thick south-western accent.⁸²⁰ Hospital patients represented this linguistic diversity so even if the *Bluebirds* had been fluent in French they would have struggled.

Another issue for the *Bluebirds* was to be recognised as Australians. Sister Crommelin stated “we were very much surprised to learn that everybody here thought we were English, the doctor was absolutely astonished”. The nurses, through the VAD interpreter made sure he knew “all about us and what the Red Cross has done and is doing for France”. Sister Crommelin told readers “he was much impressed and when he is pleased with some of our work he often murmurs *les bonnes Australiennes*”. Many of the *Bluebirds* found themselves reinforcing their Australian identity and the quality of their modern nursing skills. Sister Crommelin explained she was “absolutely astonished” one morning when the doctor asked her to do “some of their quaint old-fashioned cupping, as if I had ever done it!” She promptly advised him that it was not done any more in Australia.⁸²¹

In February of 1918, in a letter to her family, Sister Crommelin writes that “Sister Robinson was in Paris yesterday I hear. She is going down to the south of France which will certainly be much better than being in the army zone more especially if

⁸¹⁹ *Patois* refers to a rural dialect.

⁸²⁰ Ian Sumner, 6.

⁸²¹ *SMH*, March 7, 1917, 5.

anything happens”.⁸²² This is another frequent theme, being in the “army zone” was a pre-occupation for many of the *Bluebirds* and appears to have been seen as a badge of honour, where the greatest sacrifices were made under dangerous circumstances and certainly something to write home about. One of the *Bluebirds* working at *Menton*, in an anonymous letter to the Sunday Times in November of 1916 declared, “we are very happy but hope later on to get nearer the zone of the armies”.⁸²³ Sister Cook was not averse to using her influence and wrote to the NSW Red Cross that “a doctor-in-chief has asked for two Australian nurses for a clearing hospital on the *Somme* and she and Sister Thompson hope to be there soon.”⁸²⁴ The clearing hospital was the pinnacle of dangerous and difficult work for a nurse because it provided emergency treatment in forward areas. Skills were enhanced, camaraderie and experiences were intense, medals were won and lives could be saved in a way not experienced at the Base Hospitals. Many *Bluebirds* worked in the *army zone* in a variety of hospitals.

After the war

Sister Robinson returned to Australia on February 28, 1919 aboard HT *Anchises* with Sisters Norman, Warner and Harris.⁸²⁵ She was described in her Deceased Estate File dated August 16, 1957 as a “Spinster” who lived at Potts Point in Sydney. What happened in those 38 years between returning from France and her death is not known.

Discussion

The story of Sister Sheridan highlights the different working conditions of *Bluebird* nurses and the confusion about what constituted a nurse and a hospital in France during WW1. Sister Sheridan, who preferred being called Grace, worked in a luxury hotel that could accommodate 600 patients. Trained nurses, eight in total, cared for 100 patients each with volunteer nurses making up the rest of the workforce. Staff could enjoy the

⁸²² AWM. PR00065, Part 3, Item 16. NWC to family, February 7, 1918.

⁸²³ Sunday Times (Sydney), November 12, 1916, 25.

⁸²⁴ NSW Red Cross Record, April 2, 1917, 16.

⁸²⁵ NAA. M. 2/2208. Non AIF. Sister Robinson A.E. ARC.

latest luxuries such as washing machines, dryers, electric lights, lifts and central heating and they were not bombed. By comparison, the hospital at *Palavas-les-flots* where Sisters Loxton and Hough were first assigned was certainly at the other end of the spectrum, it was a dilapidated and under resourced existing infectious diseases hospital that expanded for war wounded. The nature of the fighting during WW1 led to a huge number of injured soldiers and the existing medical facilities in France were soon overwhelmed. Many civilian hospitals and family homes were turned over to military use, large buildings such as hotels were transformed into hospitals, huts and tents were erected in hospital grounds and at army camps to cope. Katrina Shultheiss has estimated that “thousands of military, temporary and auxiliary hospitals” were in operation in France during WW1.⁸²⁶ Incoming staff for these hospitals were met by a mixture of qualified nurses and volunteers including professional military and Red Cross nurses, well trained and minimally trained volunteers and members of religious congregations from all over the world. The French government soon realised that firm regulations needed to be put in place to ensure coordination of this massive effort. These regulations are often spoken about by *Bluebird* nurses in a negative way because of the effort required to get the appropriate approvals and the delays that sometimes occurred.⁸²⁷

Even though little is known about Sister Robinson her story has brought to light a number of issues of interest. The problem of poor French language skills is often commented upon by *Bluebirds*, however, it is clear they were not alone in having difficulties because of the *patois*. Sumner’s insights into the problems of *patois* within the ranks of the *poilus* during WW1 are a reminder of how complex the language issues must have been for the allies, not only in battle but in the hospital wards.

Many *Bluebirds* were keen to get as close to the frontline as possible and sometimes felt they had to explain why they were working in luxury in the rear. War and masculinity have a long association, war is the place where boys become men and colonies become countries, a place of heroic patriotism—or so the ANZAC narrative was

⁸²⁶ Scultheiss, *Bodies and Souls*, 146.

⁸²⁷ Sisters Cook and Loxton discuss this numerous times in their diary.

written until historians challenged the notion.⁸²⁸ Many Australians at the beginning of WW1 believed it was a moral war and fighting for King, country and God was considered an act of true courage and guaranteed to gain the admiration of all. Soldiers were anxious to get to the front and prove themselves worthy.⁸²⁹ Nurses entered this masculine space with a pre-existing tradition of self-sacrifice, there was an element of adventure and excitement not to be found anywhere else during this period and nurses attracted great admiration for their heroism under fire. None of this threatened male masculinity, unlike women combatants or even women doctors and indeed enhanced it. Margaret Darrow argued that in France it was understood that soldiers served the nation and nurses served the soldiers and “they were seen as comrades in arms, accomplices in suffering and in league against a brutal enemy.”⁸³⁰ Nurses felt they belonged at the front with the soldiers and anything less required justification. Strong propaganda at home to keep recruitment and morale up and censorship on the battlefields ensured a widening gap between the way war was interpreted at home by families and by those involved in it. These expectations have to be taken into account when reading letters home from WW1 participants.

It was taken for granted that AANS nurses were at the frontline with the soldiers, which gave them a clearly defined heroic role which was rewarded at the end of the war with medals from their own country, financial rewards and ongoing support. Non-military nurses had to establish individual credibility and even though they may have served with as much heroism as AANS nurses, they did not receive the same benefits or recognition from their country at the end of the war and by comparison their story has been slow in the telling.

⁸²⁸ Marilyn Lake, Henry Reynolds, Mark McKenna and Joy Damousi, *What's wrong with ANZAC?: the militarisation of Australian History*, UNSW Press, Sydney, 2010. Joan Beaumont, *Broken National: Australians in the Great War*, Allen & Unwin, Crows Nest, 2013. Craig Stockings ed, *Zombie myths of Australian military history*, UNSW Press, Sydney, 2010.

⁸²⁹ Marilyn Lake, *We Must fight free of ANZAC, lest we forget our other stories*, April 24, 2009, accessed July 22, 2016, <http://www.smh.com.au/federal-politics/we-must-fight-free-of-ANZAC-lest-we-forget-our-other-stories-20090422-afb7.html>.

⁸³⁰ Margaret H. Darrow, “French volunteer nursing and the myth of war experience in World War I, *American Historical Review* 101, 1, (Feb, 1996): 81, 80-106.

Christine Hallett argues that professional nurses came from a range of national backgrounds in WW1 yet shared a common identity because of the work of organisations such as the *International Council of Nurses*. The great influx of volunteer nurses during the war challenged that identity and professional nurses had to struggle to maintain their position.⁸³¹ The distorting veil of mythology had descended upon them during WW1 and it continues to be difficult to shift notions of nurses as angels and mothers.⁸³² For the French and to a lesser extent their allies, the defining characteristic of war in 1914 was masculinity and the initial French policy was to exclude women, including nurses from the war zone.⁸³³

WW1 also brought about new definitions of what constituted a workplace for nurses. WW1 brought about rapid advancements in medical knowledge and the sheer numbers of casualties required a totally different approach to caring for them. Nurses found themselves on trains, boats, at casualty clearing stations and in luxurious hotels in exotic places. They learnt new techniques and could push boundaries, such as the administration of anaesthetics, in their scope of practice. It must have felt like looking into a kaleidoscope as the new situations and challenges of WW1 changed medicine and nursing for ever.

⁸³¹ Christine Hallett, *Veiled Warriors: Allied Nurses of the First World War*, (Oxford University Press, 2014), vii.

⁸³² *Ibid.*, viii.

⁸³³ Darrow, 1996, 81.

CONCLUSION

When all the detailed biographical evidence for individual nurses was gathered, the challenging task of considering and making an interpretation about how they identified as a group, or subgroups commenced. As each *Bluebird* stepped onto the stage of this microhistory, the social, political and professional contexts within which they lived came into view, enabling the creation of a modern narrative to illuminate contemporary Australian nursing. Connections have been highlighted between nurses that would otherwise have been missed if a microhistorical approach had not been taken. The thesis has produced historical data that may be mined in the future by historians and scholars.

Through the story of Sister Jamieson it was discovered that women on the battlefield, despite having similar experiences as soldiers, were considered to be experiencing the war differently which led to their problems being largely ignored. The experiences of the three married *Bluebird* nurses provides insights not found in the history of military nursing about how married relationships were sustained and even enhanced during this time. This is a humanising glimpse of war infrequently captured. The records also brought to my attention how much prestige was attached to working in a hospital at the Frontline and the importance for contemporary nursing leaders to decode the heroic process that continues in some nursing specialties. I was surprised to find how many *Bluebird* nurses were independent travellers and adventurers prior to, and after the war pointing to the messy reality there was as much continuity in the lives of women as there was change during this period. Details in the records led me to wonder how the departure of three quarters of the trained nurses in Australia to the Front impacted on Australian hospitals and why the *Bluebirds* on their return to Australia made little contribution to nursing despite their vast experience. These experiences appear to differ from that of some returning military nurses.

I followed the nurses during holidays, visits to Paris, shopping, at the dressmakers and during boring periods of inactivity, I listened to their complaints, read descriptions of the wounds they tended and treatments used and how they coped with people from other cultures, including their enemies. I discovered what childhood was like for country girls from New South Wales, both rich and poor, and why they chose nursing as a profession.

The precarious nature of Federation in its early days and the staunch rivalries between Protestants and Catholics take on a reality often not seen in more general histories and rarely in nursing history.

I found a different picture that helped bring balance to the image of WW1 nurses as angels of mercy, who are often presented as unsullied by life, before or after the war. The diaries and letters of *Bluebirds* provided a wonderful collection of material to help expand the potential range of interesting questions that can be asked and identified many interesting puzzles for future work. Levi provided a powerful definition in his article on the methods of microhistory: “Microhistorians have concentrated on the contradictions of normative systems and therefore on the fragmentation, contradictions and plurality of viewpoints which make all systems fluid and open.”⁸³⁴ In other words, each study has much wider application, going well beyond the specific study under examination by the microhistorian.

Photographs of the *Bluebirds* have demonstrated how social life is frequently situated, shaped and given social significance by the interaction of individuals with artefacts and spaces.⁸³⁵ The growth of research methods using visual materials is one of the most striking developments across the social sciences in the past decade. Professional and amateur photographers of all nationalities, created a significant body of work which informed public understanding during WW1 and these photographs continue to create debate, shape perceptions and inform contemporary understanding and collective memories.⁸³⁶ By scanning the background of photographs for useful information and comparing images to one another, it was possible to gain specific information about the whereabouts of some *Bluebird* nurses, what they considered worthy of photographing and a visual representation of the environments in which they worked. The photographs raised interesting questions and were a valuable catalyst enabling me to engage more fully with

⁸³⁴ Giovanni Levi, “On Microhistory,” in Peter Burke, ed., *New Perspectives on Historical Writing*, Polity Press: University Park, PA, 1991, 107.

⁸³⁵ Christopher Pole, 2004, 1.

⁸³⁶ Hilary Roberts, “Photography”, *International Encyclopaedia of the First World War*, available at <http://encyclopedia.1914-1918-online.net/article/photography>, accessed January 5, 2017.

the nurses. By using photographs in his study, I became more cognisant of the important role of emotion in teaching and learning history and developed far greater understanding of the physiological and cognitive perspectives of why this may be so powerful.⁸³⁷ Images can offer a representation and an interpretation of reality providing a crucial glimpse into the past and can teach us about the complexity of visual culture and historical evidence.

Significance of this study

This thesis set out to explore the collective and individual experiences of the Australian *Bluebird* nurses of WW1 to discover what may have shaped their experiences, before, during and after the war. As the only group of Australian non-military trained nurses sent to the front during WW1 by the ARC, the *Bluebirds* are unique and whilst some attention has been paid to their experiences during the war, little is known about their experiences outside those two or three brief years in France. Knowledge of military nurses has received attention from scholars but the history of the Australian nurses who served outside of the military is less well known.

The experiences of the *Bluebirds* are significant to modern humanitarian nurses because they are an important part of their professional family history. For humanitarian nurses, this exploration is not just about adding to historical knowledge and claiming a unique place for non-military nurses it is about understanding our own experiences against the backdrop of our antecedents. Within the pages of this history, nurses can learn about and appreciate their professional forebears, and feel a sense of pride, connection and belonging. Nurses may discover common ground. The *Bluebirds* were one group, comprised of many different nurses who had different backgrounds, experiences and post-war achievements. Even though they differed they all had a love of nursing and sense of adventure that continues to drive nurses today. The *Bluebirds* were ancestors that humanitarian nurses can be both inspired and intrigued by.

Peter Rees brought the notion of *The Other ANZACS* into common parlance when thinking about Australian nurses in WW1, Melanie Oppenheimer drew attention to the

⁸³⁷ Chad Berry, Lori A. Schmied and Josef Chad Schrock, "The Role of emotion in Teaching and Learning History: A Scholarship of Teaching Exploration", *The History Teacher* 41, 4, (August 2008): 437.

history of the ARC and scholars such as Christine Hallett and Ruth Rae have shown the value of the social and political context of nursing history. Inspired by their work and that of many other scholars acknowledged in the Literature Review, this study sought to extricate the *Bluebirds* from the amorphous mass of “war nurses” into their own distinct category, connected to a different tradition, to see what new insights could emerge when a different lens was applied. This is an important point of difference between this study and other studies about the *Bluebirds*.

Methodology

This study used narrative research to help understand the shape and order of human experience and connect those experiences into a meaningful whole to see the consequences of actions and events over time. Clandinin and Rosiek (2007) describe three touchstones, that make a distinct place for narrative inquiry on the methodological landscape.⁸³⁸ These touchstones are *temporality*, the notion that every experience is in transition between past, present and future. The second is *sociality*, the tendency people have to live as part of a group that has clear social interactions and is able to cope with and adapt to different demands of this group.⁸³⁹ An important element of this sociality is recognising, as the enquirer, that I have entered into a social relationship with those being researched and therefore influenced by my personal context. This is dealt with in some detail in the section on reflexivity in this Chapter. The third element is the *centrality of place* and the specific concrete, physical and topological boundaries of place where the events occur. These touchstones hold narrative inquiry together and make it distinct from other methods that seek generalizability.⁸⁴⁰ Narrative theorists claim that by focussing on narrated lives it is possible to learn about history, society and how people lived their lives.⁸⁴¹

⁸³⁸ D. Jean Clandinin and Jerry Rosiek, “Mapping a Landscape of Narrative Inquiry. Borderland Spaces and Tensions”, in ed. D. Jean Clandinin, *Handbook of Narrative Inquiry: Mapping a Methodology*, Thousand Oaks: Sage, 2007, 38.

⁸³⁹ Psychology Dictionary [Online], accessed November 2, 2016, psychologydictionary.org/sociality

⁸⁴⁰ Clandinin & Rosiek 2007, 38.

⁸⁴¹ Ibid.

A microhistorical approach revealed aspects of the experiences of the *Bluebirds* that may have remained hidden or misunderstood. The histories helped me discover not only what is typical but what is variable and pointed to the fundamental openness of history, its subjective character and to the relativity and limited nature of historical knowledge. New insights about the way that non-military medical organisations functioned in WW1; the chaos that disorganised volunteering can create; the difficulties that lack of language skills created both literally and in providing genuine communication; and the importance of the ethical issues arising from the “warrior nurse” dichotomy have been discovered through using microhistory. It enabled details to emerge to supplement and support existing literature about nurse anaesthetists; nursing work; the value of the standardisation of nursing through the Nightingale system; how censorship impacted on the way the story was told and the problem nurses had to reconcile comforting myths about war and the reality they experienced.

The details produced by using micro-history also enabled me to apply greater scrutiny to larger narratives of the lives of Australian nurses regarding travel and how the experiences of nurses regarding shell shock may not have been adequately covered in the histories. This thesis also presents the stories of Australian married couples in detail which are rarely present in the histories of WW1. Microhistory’s narrow focus also revealed ambiguities and complexities that resist definitive historical answers. For example the question of the success of Sister Loxton’s book on the treatment of diphtheria has shown to be an exception to the narrative of gendered inequality in nursing and picques the curiosity to search the data for further examples.

All *Bluebird* nurses were included in this study, because of the way the records of three of the twenty nurses, who left substantial material, have been over-privileged in the past in the telling of the *Bluebirds* story. For example, Sister Elsie Cook who left a substantial diary and was the daughter in law of a past Prime Minister has been featured in books and film and become somewhat representative of the others. Including all the nurses in this microhistory has given the work greater explanatory power.

Limitations of the study

It can be argued there is no singular normative mode of narrative method or microhistory, and all approaches are experiments in exploring and developing research

methodologies. In this way, my story of the *Bluebirds* is inevitably socially constructed and has reflected my own lived experience of the world. Deciding how to proceed with the individual microhistories raised a number of issues. Showing how individuals in the group are connected required dissecting and categorising parts of the subject's lives which posed a risk that a sense of the whole group could be lost. Some *Bluebird* nurses stand out because of who they were or what they left behind, requiring conscious and rigorous attention to those who proved more invisible.

A problem for any historian is to determine how representative the primary evidence is and whether conclusions can be drawn from limited cases and a handful of eloquent examples. This is an acknowledged methodological problem for biographical microhistories.⁸⁴² Butchart has argued that regardless of the number of biographies in any study, there is the same risk of distortion of the findings and that the further microhistories are from having all possible cases, the more problematic the results will be.⁸⁴³ The value of this study is that it covers all members of the only group of trained nurses to be sent by the ARC to serve on the Western Front and this has enabled a very detailed picture to emerge.

Stories of the *Bluebird* nurses are frequently filtered through their association with the men in their lives. Half the nurses did not marry and subsequently have no family to keep their memory alive and thus have been rendered invisible in the official and private records. Sister Hough and Sister Moreton had notable careers after the war, so their lives have been documented in newspaper reports. From the nurses who were prolific writers or photographers we find evidence of the story of other *Bluebird* nurses, but these are secondary narratives in relationship to their own story. However, adherence to rigorous historical method, access to new digital resources constantly coming to light, databases such as Ancestry.com and a diligent and sometimes intuitive approach to finding the evidence has enabled new stories to be told and for new connections and insights to be

⁸⁴² Ronald E. Butchart, "Collective Biographies: How many cases are enough? A dispatch from the far side of 11,700 biographies of nineteenth century teachers, *Vitae Scholasticae*, 2015, 25.

⁸⁴³ *Ibid*, 32.

made . What seems clear is that those war years represented an unforgettable experience that was hard to replicate for the *Bluebirds* in their return to normality and anonymity.

Findings

Narrative inquiry, using the lens of microhistory, has been a powerful way to mine the evidence relating to the Australian *Bluebird* nurses of WW1. It has enabled individual and collective insights to emerge that can potentially enhance the history of Australian nursing and raised interesting questions for further research.

Sister Loxton left one of the great accounts of Australian nurses at war, not because of heroic stories but because it exposed the way that nurses in WW1 simply got on with the job of being professional nurses and adapted to their environment with initiative, resilience and a deeply entrenched set of values about their role. Her diary has also enabled a focus on some aspects of wartime nursing that may assist contemporary nurses to see links between the past and present. These include the relationship between doctors and nurses; the need for nurses to constantly innovate and how powerful the outcomes can be when this occurs; the physical and emotional impact that nursing work can have on nurses; the value of strong collegial relationships with other nurses; and how meaningful and rewarding the profession can be.

When Sister Crommelin described situations and events such as the troops marching to the front, there was a surreal aura about the scene. War creates strange scenes and people with heightened awareness. I know from my own experience in areas of conflict that you develop a sense of belonging to a new community where comradeship is heightened, understandings are shared, responsibilities and dangers are judged differently and you are caught up in a new intense reality. This sense of belonging further heightens the sense of isolation from the outside world that Sister Crommelin spoke of. It also produces the terrible sense of loss that she experienced when the war was over, when the adventures petered out, disillusionment set in and the close companionship and idealism that was built through intense belief in a cause and each other becomes the stuff of nostalgic remembrances. These insights are important when humanitarian nurses are being prepared for the field and can help with the reintegration process.

Sister Crommelin's story also raises the question of the engagement of *Bluebirds* with the French culture. Unlike AANS nurses, *Bluebirds* generally worked in French hospitals, surrounded by people whose land and culture was under siege and they had to constantly grapple with the subtleties of the French language.⁸⁴⁴ The AANS nurses, despite not caring exclusively for Australian troops, formed a strong community of Australians in France, whereas the *Bluebirds* were absorbed into French communities. They were certainly tourists at times, moving across the surface of French culture but they were also forced to immerse themselves in life, as the French people did, which was a distinctly different activity. This makes their insights into life in France valuable.

Sister Crommelin signed a letter to her mother, about the crisis at *Villers-Cotterêts* as "Your soldier Nell".⁸⁴⁵ She was one of the 11 *Bluebird* nurses who was the only sibling to go to war, despite having six siblings, including a brother, and was in harm's way for three years so she may have earned the right for such recognition. This highlights the dialectic of nurses being seen as warriors. Publications such as *Unknown Warriors: British nurse's 'unflinching' view of the Front Line*, describes a QAIMNSR nurse as a warrior simply because she was a nurse in the military and was considered heroic.⁸⁴⁶ *Veiled Warriors* by Christine Hallett used the term to enable an understanding of the tropes used to categorize nurses during WW1 and she placed them in sharp relief against the actual experiences of nurses. The idea of the warrior nurse is now a source of pride in some countries such as the United States and Britain and the term is commonly used for military nurses who do have a duality of role - that is, of caring and bearing arms.⁸⁴⁷

Contemplating the preferred identity of nurses in war is important for cultivating a values base, needed for helping people to maintain a clear sense of purpose, to reason

⁸⁴⁴ Lancaster, 2008, 58–91.

⁸⁴⁵ AWM, PR00065, NWC to Mother, March 27, 1918.

⁸⁴⁶ John Stevens and Caroline Stevens, eds, *Unknown Warriors: the letters of Kate Luard, RRC and Bar, Nursing Sister in France, 1914–1918*, History Press, Stroud, UK, 2014.

⁸⁴⁷ Lauren Griffiths and Melanie Jasper, "Warrior nurse: duality and complementarity of role in the operational environment", *Journal of Advanced Nursing*, 61, 2009, 92–99. doi: 10.1111/j.1365-2648.2007.04469.x

ethically, and be resilient despite adversity. This is a grey area in a profession that values black and white and values precision and decisiveness.⁸⁴⁸ The story of the *Bluebirds* raises the issue of ethical dilemmas faced by nurses in war and inclusion of this in research and nursing pedagogy could be valuable.

The *Bluebirds* worked for the *Red Cross* and the founding principles of “humanity, impartiality, independence and neutrality” had been well articulated prior to WW1.⁸⁴⁹ The nurses are likely to have been familiar with this vision, as most nurses would have been taught about such principles in their training. Yet, in reality the *Bluebirds* worked for the French Army and were not impartial, independent or neutral. The modern counterparts of the *Bluebirds* are often referred to as humanitarian nurses and even though they are not placed under the control of the military, they face the same serious challenges to upholding and interpreting these principles. The *World Humanitarian Summit* held in Istanbul in 2016 showed that tension between *Red Cross* principles and pragmatism continues to be a problem and members found it necessary to search for ways to re-affirm their relevance.⁸⁵⁰ The fundamental issue remains, war is more bearable to the combatants and the public because of the comforting presence of nurses and doctors on the battlefield. Humanitarian nurses enable the aftermath of war to be tolerated. This is rarely researched and debated in nursing but histories of nurses at war can be used to help raise these issues.

One of the most powerful clues of moral distress suffered by nurses during WW1 can be seen in the writings of Mary Borden, the Director of the No. 1 Surgical Hospital. She was able to privately articulate those ethical conflicts during the war through her letters, but it took until 1929 before her book was accepted for publication.⁸⁵¹

⁸⁴⁸ Cynda Rushton, “Nursing is hard. Unaddressed ethical issues make it even harder”, *Johns Hopkins Magazine*, Summer, 2015, accessed August 16, 2016, <http://hub.jhu.edu/magazine/2015/summer/nursing-ethics-and-burnout/>.

⁸⁴⁹ Vincent Bernard, “Principles guiding humanitarian action”, Editorial, *International Review of the Red Cross*, 97, 897/898, 1, accessed August 16, 2016, doi:10.1017/S1816383115000831

⁸⁵⁰ Ibid.

⁸⁵¹ Churchill Archives, Cambridge University, SPRS 11/1/1–3.

*It is arranged that men should be broken and that they should be mended. Just as you send your clothes to the laundry ... you mend the tears and clip the edges ... and then you throw them away. We send our men to the war again and again just as long as they will stand it; just until they are dead and then we throw them into the ground.*⁸⁵²

Scholars recognise the history of nursing is intrinsically linked with war and this has provided a vehicle for the development of nursing but on the other hand war destroys health and contravenes the ethos of nursing.⁸⁵³

The standardisation of nursing training and experiences enabled a shared understanding and language and the Nightingale model was easy to transpose to hospitals in France along with discipline and a sense of mission to care for patients. Standardized training enabled an *esprit de corps* amongst nurses. This led nurses to having similar ways of thinking, feeling and acting defined through precise rhetoric imposed on them. Nurses were coalesced through defence of their profession, seeking to increase their influence, ensuring credit for their work and articulating a moral high ground in caring which created. This created energy, fierceness and a combativeness nurses still have today. Understanding this process is important for contemporary professional identity and to assist with the creation of strategies to reclaim or enhance *esprit de corps*.

The stories of Sisters Cook and Thompson provide a fascinating view of how married relationships were sustained and even enhanced during this time. The married couples saw each other with surprising frequency. It was an adventure that bonded couples together through shared experiences and ensured that when they returned home it was with someone who understood. They had grown together over those years, rather than apart, like many married couples who had been separated for years. This may have had a positive impact on their mental health. Many soldiers returning from WW1 were changed forever by physical and emotional scars and found family and friends did not

⁸⁵² Mary Borden, *The Forbidden Zone*, Hesperus Press: London, 2013, 79–81.

⁸⁵³ Griffiths and Jasper, 92.

understand what they had been through.⁸⁵⁴ Family relationships between siblings were maintained in this way as well and it must have been very comforting for brothers and sisters such as Sister Hough and her brother Reginald and Sister Thompson and her brother Clive, to be able to support one another during difficult times. It is a glimpse of war not often highlighted in nursing history.

Investigating the evidence for the stories of the five clergy daughters, has demonstrated that little is understood about this an important aspect of Australian social and nursing history. The clergy were being trained for difficult Australian parishes, in the era these daughters grew up, and could only succeed through resilience and commitment and their wives and daughters were not only an integral part of their work but had to develop the same qualities. This spirit helped make these nurses tough, practical and resilient during war and their work as unpaid teachers, nurses and social workers gave them valuable skills and experience. The clergy fathers were well educated liberal thinkers who valued education for their children and the *Bluebird* clergy daughters had the benefit of an excellent education and growing up in homes where the vital issues of the day, including the rights of women, were discussed and debated. This study provided the opportunity to explore this relatively hidden area of Australian nursing and women's history and it is hoped further research will be undertaken in the future.

Studies about the mental health impact of the war have focused almost exclusively on men and diagnoses invented during WW1, such as “shell shock” and “war neuroses”.⁸⁵⁵ This was a convenient way to separate the mental traumas exhibited by soldiers from the effeminate association of hysteria believed to be a uniquely female problem.⁸⁵⁶ Many women, including nurses, suffered trauma at the front but their

⁸⁵⁴ The US Battle Buddy Scheme has been found to reduce suicide rates and PTSD. See James V. Dunz, “What it means to be a battle buddy”, *Engineer* 23, May-August 2010, accessed June 23, 2016, <http://www.wood.army.mil/engrmag/PDFs%20for%20May-Aug%2010/Dunz.pdf>.

⁸⁵⁵ Hannah Groch-Begley, “The Forgotten Female Shell-Shock Victims of World War 1”, *The Atlantic*, 8 Sept 2014, accessed June 28, 2016, <http://www.theatlantic.com/health/archive/2014/09/world-war-ones-forgotten-female-shell-shock-victims/378995/>.

⁸⁵⁶ Elaine Showalter, *The Female Malady. Women Madness and English culture, 1830–1980*, Pantheon: New York, 1985, 350.

problems seemed to have been largely ignored. This is an under-researched area of nursing history and it is possible that only narrative inquiry and microhistorical methods can close the gap on this knowledge.

Evidence has also shown that nurses were possibly an exception to the rule, that women travellers in the early part of the 20th century were extraordinary. At least 6 of the 20 *Bluebirds* had travelled before the war and professional nurses were a much sought after commodity to help build skills and expertise in place such as *Hawaii*. Nurses, such as Sister Nellie Crommelin, also understood the need to travel to gain nursing education. Nurses had easily transferable skills and it was socially acceptable for them to travel in search of new opportunities. The story of Sister Gray points to the continued mobility enjoyed by nurses in the immediate post war period and an attraction to working in America, perhaps as a consequence of meeting so many Americans in France in 1918. WW1 is often thought of as the catalyst for enormous change in all aspects of life for women but the messy reality is that there was as much continuity as change and generalisations are very difficult to make.

The silence of *Bluebird* nurses about the perceptions of leader incompetence during the battle of Verdun and the subsequent large scale French mutinies in 1917 is an interesting example of how censorship can distort our understanding of events during war. No mention is made of this unrest in any of the diaries or letters of the *Bluebirds*. The French government was highly effective in using censorship to keep up morale and to keep military secrets from French citizens but trench gossip and conversations between patients and nurses would not have been so easy to control.⁸⁵⁷ It may have been confronting for the *Bluebirds*, having only recently arrived in France to nurse the *poilus*, to discover the appalling waste of lives and the direct action of soldiers in protest. Unearthing stories from the veil of censorship could provide a great deal of new information about nursing in WW1.

⁸⁵⁷ Charles Sorrie, *Censorship of the Press in France 1917–1918*, PhD Thesis London School of Economics and Political Science, 2014, accessed July 11, 2016, http://etheses.lse.ac.uk/3110/1/Sorrie_Censorship_of_the_Press_in_France.pdf.

A number of *Bluebirds* came from powerful and well-connected families and it was inconceivable that the mothers of such socially elite daughters would become professional nurses. However, the reforms associated with Florence Nightingale effectively changed perceptions of the job from working class drudgery to a noble profession, giving it social acceptability. The impact of upper class women, who became VADs during the war, is well documented. However, the impact of socially elevated Australian women on the profession, women who trained as professional nurses and participated in WW1 is far less clear and deserves far more attention.

The importance of cross cultural competence is discussed in this thesis and evidence has been presented about the difficulties of poor language skills and empathy with the cultures of others. The *Bluebirds* were sometimes harsh in their judgements of nurses and doctors from other cultures, yet understood little about their struggles to professionalise. Their poor language skills sometimes made it impossible for them to converse with, or learn from, their counterparts. *Zenophobia* was widespread during WW1 and it was not only medical and nursing staff who suffered from it. Communicating with patients, understanding their needs and following instructions from foreign doctors and nurses must have been very difficult for the *Bluebirds*, yet nurses such as Sister Hough, continually demonstrated the power of empathy and compassion to overcome some of these problems. The stories of the *Bluebird* nurses provide many exemplars, from lived experience, of the complexity of developing cross-cultural competence. This could be useful in teaching nurses.

The study also presented evidence about the prestige that was attached to working in a hospital on the Frontline. *Bluebird* nurses felt they sometimes needed to explain why they were not at the front. Sister Cook used her social networks, unashamedly, to get closer to the front, regardless of the severe disapproval of her immediate supervisors. It is possible to speculate this was associated with the prestige of the work, nationalism, curiosity or adventure but motivation is a hard thing to determine. Uncovering these motivations could have value to contemporary nursing researchers. Some nursing specialties have greater prestige and desirability attached to them than others, for example, emergency and critical care, are more desirable than gerontology or mental health and it remains a difficult challenge to develop strategies to encourage nurses to pursue careers in less popular areas. The history of nursing often focusses on heroism as

representing the pinnacle of nursing and heroic nursing stories have become exemplars of what nurses can experience and become. Using theories of heroism, it may be able to decode the heroic process and uncover new strategies to encourage nurses to see all specialities as worthy of pursuit.

In this study, narrative inquiry and microhistory has enabled me to uncover some of what lies behind the official story and deconstruct some of what is hidden. It has enabled a rich tapestry of context to develop which has helped interrogate the evidence. It has enabled a challenge to some visions of nursing during WW1 that imply they are valid for all groups. The *Bluebirds* left evidence of the situation on the ground, a humanised view enriched through their voices, their humour and their humanity.

This study has been inspired by historians of nursing such as Christine Hallett and Ruth Rae, whose experience as nurses and historians have influenced the way they interpret and present traces of the past. There are many other exceptional social historians of WW1 nursing and their works are acknowledged in the Literature Review in Chapter 2. In attempting to represent the realities of non-military or humanitarian nurses, I hope my own lived experiences as a nurse in areas of conflict, has given me some resonance with the *Bluebirds*, enabling insights into their story that may have remained hidden to others. This project has been a pleasure and a privilege. It has given me a greater sense of my identity as a nurse and a way to give voice to many of those difficult questions about nurses and war that have plagued me in the field and ever since. Once named through an historical exemplar, rather than just through our own experiences, there appears to be greater power to bring these issues to the light and explore them in a scholarly and thoughtful way.

Personal Reflection

The ghosts sometimes speak in whispers, other times with screams or in a cacophony of voices spilling out long held secrets helping to span the abyss between the past and the present. The nurses' voices sometimes dominate and at other times they are silent and allow other voices to speak. As a group they are like a family gathering, revealing insights ... with secrets gained through shared understanding and experiences. I feel like an honoured guest being given glimpses of the remnants that were their lives. Their company embraces me, provides a place for my own experiences to find a voice

and completes the circle enabling me to leave with a sense of peace not felt since the day I knew it was time to come home and leave wars behind me.

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