This thesis contains no material which has previously been accepted for the award of any other degree or diploma in any university or institution and, to the best of my knowledge, contains no material previously published or written by another person, except where due reference has been made.

SIGNED

DATE: 5 January 2016
Philip Maurice Turnedge
20 June 1935 – 7 March 2015


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LIST OF ABBREVIATIONS

Almeric Paget Military Massage Corps  APMMC
American Red Cross  ARC
Army Medical Services Museum Archives Aldershot  AMSMA
Australian Army Medical Corps  AAMC
Australian Army Nursing Service  AANS
Australian Army Nursing Service Reserve  AANSR
Australian Comforts Fund  ACF
Australian Imperial Force  AIF
Australian Naval & Military Expeditionary Force  AN&MEF
Australian Red Cross Society  ARCS
Australian Voluntary Hospital  AVH
Australian War Memorial  AWM
British Expeditionary Force  BEF
British Red Cross Society  BRCS
Cameroon Expeditionary Force  CEF
Canadian Army Nursing Corps  CANC
Casualty Clearing Station  CCS
Edith Cavell Trust Fund  ECTF
First Aid Nursing Yeomanry  FANY
French Flag Nursing Corps  FFNC
French Red Cross  FRC
Imperial War Museum  IWM
John Oxley Library Brisbane  JOL
National Archives of Australia  NAA
National Archives of the United Kingdom  NAUK
National Library of Australia  NLA
New Zealand Army Nursing Service  NZANS
New Zealand Medical Corps  NZMC
New Zealand Medical Corps Nursing Reserve  NZMCNR
New Zealand Medical Services  NZMS
Public Record Office of Victoria  PROVIC
Queen Alexandra’s Imperial Military Nursing Service  QAIMNS
Queen Alexandra’s Imperial Military Nursing Service Reserve  QAIMNSR
Queen Alexandra’s Royal Army Nursing Corps  QARANS
Royal Army Medical Corps  RAMC
Scottish Hospitals for Home and Foreign Service  SHHHS
South African Military Nursing Service  SAMNS
State and Mitchell Library of New South Wales  SMLNSW
State Library of South Australia  SLSA
State Library of Victoria  SLV
State Library of Western Australia  SLWA
Territorial Force Nursing Service  TFNS
Voluntary Aid Detachments  VADs
Women's Army Auxiliary Corps  WAAC
Women's National Land Service Corps  WNLSC
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ACKNOWLEDGEMENTS

The assistance of many people has been vital to this thesis and I owe them a special debt. Dr Kirsty Harris from the University of Melbourne has provided guidance on many civilian and military nursing protocols. This has been fundamental to my understanding of Australian military nursing during World War One. That someone could be so generous with their knowledge is a gift to a writer of history. I would also like to thank Sherayle McNab for her help compiling a list of Australians who served with the New Zealand Army Nursing Service (NZANS) and Cynthia Toman from the University of Ottawa who provided the names of Australian nurses who served with Canada. A special thanks also to Dr Judith Godden who informed me that her relative Ruth Murray-Prior had been a member of a Voluntary Aid Detachment during the war. I would also like to thank Dr Amanda Andrews for providing a Nominal Roll of sisters and nurses who served with the Australian Voluntary Hospital. Heather Ford (aka Frev) has always been extremely generous providing information and newspaper reports about nurses during the war. Heather Sheard from the University of Melbourne also, very kindly assisted with compiling a list of Australian female doctors who served outside their own country during the war.

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Additionally, I would like to thank Dr Glenys Allison who kindly read and commented on my thesis and Deborah Drinkell, Archivist and Consultant, Tasmanian Archive and Heritage Office who read it for the final time.
ABSTRACT
This thesis explores the experiences of Australian women who sought war-work as volunteers or with an allied medical or paramilitary service outside their own country, during World War One. Prior to 1914 a large number of women had travelled from Australia to further their artistic and musical careers or to increase their skills and knowledge in the medical profession. Others had simply left to develop an appreciation of a more cultured world in Europe and England. Many of these women were still overseas when hostilities began and therefore had more opportunity for war work in a range of diverse occupations, than women who remained in Australia. After war was declared in 1914, women in Australia were caught up in the same patriotic sentiments as their men-folk quickly becoming engaged making and packing comforts for distribution to soldiers overseas. Many women found this safe domestic work unacceptable believing any work they could find closer to the front, would be of greater value. To achieve this, numerous nurses and doctors who were unable to serve with their own country, joined the medical services of a nation allied to their own.

Hundreds of Australian women also joined the Australian Red Cross Society (ARCS) and the British Red Cross Society (BRCS) serving in Voluntary Aid Detachments. These women worked in hospitals in England and military encampments close to battle zones in France, Serbia and Egypt. Other women were engaged in voluntary work - meeting trains, visiting hospitals and convalescent homes and providing entertainment for the troops at the Anzac Buffet, the Aldwych Theatre and the A.I.F. & War Chest Club in London. Others joined a paramilitary service such as the Women’s Army Auxiliary Corps (WAAC), the Women’s Royal Air force (WRAF), the First Aid Nursing Yeomanry (FANY), the Young Men’s Christian Association (YMCA) and the French, American or Italian Red Cross.

‘Taking the Long Journey’ was not only a physical journey but a mental one as well. War work close to the front was challenging and sometimes dangerous. Having to deal with waste, death and destruction greatly affected a large number of women during the war and they grieved for those they had lost. Finding peace and contentment after they returned home, without full recognition of the work they had done and in some cases without repatriation benefits was for many of these women extremely difficult and for some, unobtainable.
INTRODUCTION

‘We weren’t frightened. We were young.
You think nothing is going to hurt you when you’re young.
I thought those two weeks on board were the most exciting time of my life’

Ethel Loneragan travelled from Australia to Honolulu in March 1911 to take up a nursing position. This was to be a ‘working holiday’ to gain experience and see the world. A journey such as this was representative of others taken by Australian women leading up to and during World War One. Born in Hartley Vale, New South Wales in 1888, the second youngest of eight children, Loneragan completed her training at Melbourne Hospital in 1908. By 1913, she was nursing in British Columbia and early in 1915 joined the Canadian Army Nursing Corps (CANC). In the latter half of that year she was sent with the Canadians to the Greek island of Salonika. Arriving there she expressed similar sentiments to those experienced on leaving Australia: travel was exciting, it was an adventure. Sighting Salonika for the first time she expressed her pleasure. ‘It was a lovely sunshiny day, the harbour full of bright little boats ... the mosques and minarets clustering up the hillside looked most picturesque and romantic’. Journeys like this one that had begun in peace were significantly altered because of the war. At Salonika for example, Ethel Loneragan cared for casualties from the Dardanelles. This work was far removed from anything she had known...

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2 State and Mitchell Library of New South Wales, (SMLNSW), MSS 7316, Ethel Qua.
or had expected when she set out from Australia, a young woman wishing to explore the world.

Ethel Loneragan’s residence in Canada provided her with an opportunity to serve during the war in a manner not available to women who remained in Australia. As she had done, many other Australian women travelled to Europe, Britain, America and Canada before the war and were still residing outside Australia when hostilities began. This study will therefore explore both the themes of gender and war and gender and travel.

Angela Woollacott and Ros Pesman have examined the journeys taken by Australian women to Europe and Britain from the early 1870s, up to and beyond World War One and William W. Stowe has examined the travelling habits of Americans to Europe. These studies provide historical background for this thesis as they reveal that there were huge numbers of women travellers in this period. These journeys provided a great deal for women, much more than could be found in their own country. They travelled for leisure, education or cultural enlightenment: journeys that were a rite of passage connecting imagined place with real experience. Women who journeyed from Australia in a time of peace found that now in a time of war, the very context and focus of their journey changed. Instead of returning home where prospects for war work were limited, they found voluntary work or joined the closest allied medical or paramilitary service that would take

---


them. These swift actions seeking war work aligned with individual patriotic aspirations.

In Australia in the first months of the war, the swell of imperial patriotism reached enormous proportions greatly motivating women to pursue war work. Andrew Fisher avowed that Australia would support Britain 'to the last man and last shilling'. By the time he took office on 14 September 1914, the Empire (including Australia) had been at war for six weeks. Fisher’s statement is masculine in its articulation. Australian women who sought voluntary work or who enlisted with an allied service outside of Australia were motivated just as their menfolk were by adventure, patriotism and duty. The manner in which these journeys were taken - how and why they were instigated - with determination, strength and autonomy, redefined set notions of gender and class. This thesis will give voice to these previously hidden accounts as women forged new identities and a sense of self-worth. Mobilizing for work in civilian, medical and paramilitary roles overseas, Australian women contested the set stereotypical and accepted images of women’s war work being feminine, domestic and safe, because now in war it was far from that.

The government was not receptive to the idea of women working outside Australia however, believing they should remain within the domestic sphere, in support of home and family. Women

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5 Parliament of Australia; ‘On 31 July 1914 in an election speech at Colac in Victoria, the Opposition Leader Andrew Fisher (ALP) famously declared that ‘should the worst happen, after everything has been done that honour will permit, Australians will stand beside the mother country to help and defend her to our last man and our last shilling’. http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/
were not prepared to remain within these confined social and political parameters, to simply knit or sew for the war effort. After the war started, countless women residing in Australia were to defy accepted societal conventions and seek work outside their own country in ways that were more 'hands on', closer to the front. Tables Nos 9-13 list over five hundred women discovered through extensive archival research in the United Kingdom, Canada, South Africa, New Zealand and Australia. Additionally, three hundred nurses served with the Queen Alexandra’s Imperial Nursing Service Reserve (QAIMNSR) and twenty two other women worked as doctors (Table 3). The women in Tables Nos 9-13 are only some of the many who worked overseas as nurses with various allied nations and services, as members of Voluntary Aid Detachments (VADS), as volunteers, and with the paramilitary services. This thesis will reveal that this large group of Australian women took their own journey to war, despite countless government and societal restrictions that sought to prevent it. It seeks to understand how and why these women were able to sign up with an allied country or service, that was not their own.

RESTRICTIONS ON WOMEN’S SERVICE AND EMPLOYMENT

The assistance of women was vital if the nation and the Empire were to achieve victory. Yet Australian civilian nurses found when they attempted to join the Australian Army Nursing Service (AANS) there

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6 This number is in addition to over 2,200 nurses who served with the AANS and 300 who served with the QAIMNSR.
were constraints placed on entry. Because of this, Australian nurses took their own journey to war and served with the allied nursing services of England, France, India, New Zealand, Canada and South Africa. They nursed in almost every theatre of war in locations and environments impacted by death, disease and adverse climatic conditions. It will be argued that civilian nursing with its foundation in the ordered, ladylike system of nursing instigated by Florence Nightingale in the Crimean War, was profoundly different to military nursing during World War One. As Kirsty Harris has demonstrated, traditional methods of nursing founded in the Nightingale system had to be swiftly and efficiently modified to give the best patient care: ‘military settings changed many of the patient care protocols. What was routine in Australia was not routine in an allied military hospital overseas’.\(^7\) Not only were nurses required to be exceedingly adaptable and to cope with devastating injuries and huge numbers of wounded men, many carried out their nursing duties incredibly close to the front.

Permission to use women in Voluntary Aid Detachments (VADs) as war workers outside of Australia, was not achieved easily either. The Australian government initially believed there were enough English VADs to fill requirements close to the front. Hundreds of Australian VADs eventually served outside Australia during World War One and while some went overseas with the Australian Red Cross Society (ARCS), others joined the British Red Cross Society (BRCS) in England. This large group of Australian women were very visible during the war.

across all war fronts as workers near battle zones, but generally, have not been included in the historiography of World War One or indeed historical memory.

As VADs were originally prevented from partaking in the war overseas, Australian female doctors also faced restrictions and barriers when they attempted to join the Australian Army Medical Corps (AAMC). Despite having qualifications equal to those of male doctors, because they were women they were told their services were not wanted. This policy was mirrored in England when female doctors first tried to join the Royal Army Medical Corps (RAMC). Because of this restrictive policy the Endell Street Hospital in London was set up in May 1915 by two women: Drs Flora Murray and Louisa Garrett Anderson. They did this principally to provide a place for female doctors to practise medicine in keeping with their credentials. The Scottish Hospitals for Home and Foreign Service (SHHFS) was also formed because of the negative attitude of the War Office who refused to allow female doctors into the military.

Other women who were not medically trained were faced with limits regarding the type of war work they could take up in Australia as well. While women were permitted to join the Women’s Service Corps (WSC) founded in 1917, this Corps was not permitted to work overseas with the Australian army. There was no land army in Australia and there was a relatively small munitions industry in Australia. The situation in England and the increasing need for men for the army, effectively created avenues there for Australian women to gain
employment in these occupations. Australian women enlisted in England in a range of paramilitary services such as the Women’s Army Auxiliary Corps (WAAC), Women’s Royal Air Force (WRAF) and the First Aid Nursing Yeomanry (FANY). By documenting the experiences of these women, this study challenges the historiography of the war which has focused fundamentally on men in battle. Unable to serve with Australia this cohort of women took their own journey to war serving outside the auspices of the Australian army or its military service in many occupations that were not conventional or traditionally feminine.

THE ANZAC LEGEND AND NATIONAL IDENTITY

The heroic actions of Australian soldiers at Gallipoli in 1915 and on the Western Front in France and Belgium between 1914 and 1918 have led to the construction of the Anzac Legend. The myth of the Anzac Legend has continued to infiltrate the historiography of World War One. Marilyn Lake & Henry Reynolds have argued that this has allowed ‘Australian history, identity and war commemoration to become intertwined’. The mythology that circumvents and infiltrates this legend in Australia has led to the creation of a glorified and masculine national identity. Alistair Thomson has shown through his interviews with World War One veterans, that some returned men felt they were unable to reach the almost super-human levels attributed to the

---

8 Looking for the Evidence, https://sites.google.com/site/archoevidence/home/ww1 Five Australian women have been identified as serving with the First Aid Nursing Yeomanry on this site.

Showing fear during battle was discouraged and considered un-Australian creating a sense of personal inadequacy in the face of the bravery of others. The legend however continued to grow and infuse Australian society creating a national identity that has been inexplicably linked to the valiant actions of men in war.

So what is the place of several thousand Australian women who also served during the war within this mythology, or within any concept of national identity or memory, that focuses on war as a purely masculine entity? Or was it simply that women serving during World War One failed to ‘step beyond their traditional roles’ as Anne Summers in Damned Whores and God’s Police has argued, contributing to their secondary place in the historiography of World War One? The occupations that many of the women in this thesis were employed in went far beyond the traditional. Surviving diaries and letters written by Australian nurses examined by Janet Butler and Katie Holmes reveal a great deal about their strong commitment and devotion to duty and their state of mind about the war. Similarly, so does the diary of Dr Agnes Bennett which describes her activities in Serbia. It is clear from

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11 Ibid.


these accounts that these women never felt that their war service was in any way inferior to men, second-rate or indeed passive. Furthermore, this war service was frequently in locations and environments that were far from customary. Women became engaged in work overseas that challenged the existing understanding of what was acceptable work for women in war.

By taking their own journey to war to serve with an allied nation, Australian women contested established discourses of gender, travel, memory and indeed national identity and value. Nevertheless, determining recognition as a valued participant in war was in Australia clearly governed by the military exploits of the Australian soldier. In the years during and after the war this has developed into an entity that is and has continued to be, supremely masculine. Nicoletta F. Gullace has contended that in England also, civic or national worth was profoundly masculine and militarist. She argued that once the war began, the ‘discourse of citizenship and patriotism in England as well as military obligation and service to the state, became an authoritative way to measure civic worth’. As war progressed, ‘bravery, spirit and prowess in battle were [by] 1916, acts that determined great sacrifice’, and therefore value. Similar to what occurred in England, in Australia the national contribution and value of war service and sacrifice has been measured by the might of the army and its success to the exclusion of thousands of women who also served in the war.

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HISTORIOGRAPHY

From the mid-1970s, much of the historiography of World War One has described women during World War One as marginalized participants in war. Raelene Frances and Bruce Scates in *Women in the Great War* have argued that Australian women who were employed in a range of occupations during the war were given little credence ‘because their experiences were hidden behind the exploits of the Australian digger’.¹⁸ Similarly Joy Damousi and Marilyn Lake have contended that Australian nurses were ‘in a position of marginality’ as did Carmel Shute who outlined the ‘continuing supremacy of the masculine stereotype’.¹⁹ This has also been contended by Cynthia Toman et.al, who has written a comprehensive history of the Canadian nurses during the war and Anna Rogers who researched the New Zealand Army Nursing Service (NZANS).²⁰ She argued that nurses ‘suffered under endemic male and military discrimination’ and afterwards as occurred in Australia, ‘had problems dealing with the transition to peace’.²¹ These studies reveal that there is a clear delineation in value judgements relating to Australian men and women in war. Some balance to these assessments will be delivered in this study by providing evidence of the broad range

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of occupations where Australian women were employed away from their own country and with a nation or service that was not their own. It will be demonstrated that determined to serve, these women breached political and gendered barriers to achieve work befitting their capabilities, education or professional experience. Defying attitudes of discrimination and gender bias they created a strong presence in a powerful masculine domain.

In recent decades, the contribution of nurses with the AANS has started to be recognized in the historiography of World War One. Possibly hundreds of other independent women who were not medically trained, made their own way to war, but this has largely been unacknowledged. Women such as Mary Elizabeth Chomley for instance, who was Secretary of the Prisoners of War branch of the Australian Red Cross Society, was one of many middle-class female volunteers who undertook war work during World War One. As Joan Beaumont has demonstrated, these women have been neglected in the historiography of the war. As Beaumont has succinctly stated, ‘recapturing the voices of patriotic women is not easy’. This thesis however allows many of these voices to be heard for the first time.

Law, gender or convention excluded women from a range of occupations before the war. Because the supply of men to the army became perilously low in Britain this mind-set changed leading to a growing demand for female labour in industries that supported the military. This aided the aspirations of Australian women who wanted to

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contribute to the war effort at a more effective level. This work was not always easy and in munitions particularly, was incredibly dangerous. This thesis builds on and is informed by the feminist historiography of World War One by British and American scholars such as Susan Grayzel and Gail Braybon. These studies have shown that women’s work was necessary in achieving victory but that female employment sometimes caused heated public debates about what were appropriate social, political or cultural roles. Deborah Thom and Claire Culleton also examined the public perception of women industrial workers in Britain. Thom in particular has provided evidence that in Britain there was tension between women workers and feminist organisations in the decade leading up to the war. Claire Culleton on the other hand argued that the war allowed working women unprecedented opportunities, ‘they took great pride in their ability to take up work previously only done by men’. Penny Summerfield took a broader outlook examining the experiences of women working in industry during both world wars. She contended that during both wars ‘the improved status of women in war was due to the demands for women’s labour and therefore this provided greater work opportunities’. Angela Woollacott’s definitive

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study of women munitions workers in Britain has explored in great
depth the experiences of women who took up this work. She argued
that many were motivated by patriotic objectives and the chance to
receive higher wages. For these women, these were advantages that
outweighed the dangers faced every day. Because of entry into what
was previously a male workforce which the munitions industry was,
women began to acquire an engagement with war and its military
environment that was useful and of value.

Taking on jobs where men were formerly employed, Australian
women workers in England gained financial independence and
autonomy. Janet Lee’s study of the First Aid Nursing Yeomanry (FANY)
is one of the few studies where the names and descriptions of the
wartime activities of Australian women have been documented
however. Women joined the uniformed auxiliary branches of the
British armed services women in vast numbers, but Krisztina Robert
and Janet Watson have argued that this threatened set social and
cultural constructions of gender. They contend that women in uniform
working in close proximity to men in the army affronted many people
in society. In her study of women in the British army Lucy Noakes
argued that while there were gains for women there were also
constraints placed on them because of their gender, as they struggled to

be accepted into the Women’s Army Auxiliary Corps (WAAC) and the Women’s Volunteer Reserve (WVR). These studies about British women workers provide a way to compare and explore the conditions and experiences of all women irrespective of nationality, who worked in this large labour force and in the various paramilitary services. Yet, even though a large number of Australian women served with the paramilitary services described in these studies, generally their wartime experiences have not been included. In her study of the Endell Street Military Hospital written directly after the war, Flora Murray failed to mention any Australian women either doctors or nurses who served there, although several Australian women did, including Drs Vera Scantlebury, Rachael Champion and Eleanor Elizabeth Bourne. At Endell Street, because doctors were permitted to carry out operations their skills increased as did their confidence.

Eileen Crofton, Monica Krippner and Leah Leneman have examined the activities and war service of women who served with the SHHFS in France and Serbia but name few Australians. Except for Drs Agnes Bennett, Mary Clementina De Garis and Lilian Violet Cooper and Mary Josephine Bedford, who was in charge of transport in Serbia, these scholars have not given recognition to other Australians. As Lesley M.


Williams has shown, Dr Lilian Violet Cooper played a central role treating the wounded in Serbia.\textsuperscript{33} One recent publication, by Susan J. Neuhaus and Sharon Mascall-Dare, explored the experiences of Australian female doctors with the Australian Army and its allies over a hundred year period starting with World War One.\textsuperscript{34} Drs Agnes Bennett and Lilian Cooper have been given due recognition in this publication. Many other Australian women served with the SHHFS as nurses, clerks, orderlies and drivers and their war has until now remained hidden and unrecognised however.

Several studies focus on various aspects of the AANS and cover enlistment, postings, work and service. The most notable have been written by nursing historians Jan Bassett and Kirsty Harris.\textsuperscript{35} Others have been written by Janice Gill, Rupert Goodman, Marianne Barker and Ruth Rae.\textsuperscript{36} Nurses who served with the Queen Alexandra’s Imperial Military Nursing Service Reserve (QAIMNSR) are mentioned occasionally in these studies. Except for the paper by Kirsty Harris who investigated the difficulties faced by AANS nurses when they came in contact with the QAIMNS, similar studies that mention Australians who


joined the English nursing service, are limited.\textsuperscript{37} Joan Durdin, Russel G. Smith, Maylean Cordia and Carol Piercey focused on the history of the nursing profession in Australia at a hospital or state level.\textsuperscript{38} These provide useful background material, as some of the nurses who served with the QAIMNSR and the nursing services of Canada and New Zealand trained in hospitals covered by these studies. What these studies do reveal is that from the second half of the nineteenth century up to World War One, thousands of women were employed in a profession that was seen by society as a respectable and suitable one for women.

Anne Summers and Lyn Macdonald have used personal recollections to focus on the history of the QAIMNS and the QAIMNSR.\textsuperscript{39} These studies rarely state that any nurses are Australian, although research has shown that in the book by Macdonald at least one member of the QAIMNSR, Sister Adeline Palmer was Australian, but has not been identified as such.\textsuperscript{40} Anne Donnell’s \textit{Letters of an Australian Army Nursing Sister} published in 1920 and May Tilton’s \textit{The Grey Battalion} published in 1934, are two autobiographies written by Australian Army


\textsuperscript{40} Macdonald, \textit{Ibid}, p. 120.
Nursing Service (AANS) nurses. While Donnell and Tilton do mention Australian nurses who served with the QAIMNSR there are few autobiographies by Australians who joined an allied nursing service. One by QAIMNSR sister Rosa Kirkaldie described her war in great detail and also provides an insight into how she dealt with the devastation around her. The Australian War Memorial (AWM) holds various diaries, letters and narratives by Australian women who served with the AANS, the QAIMNSR and the Australian Voluntary Hospital (AVH). Compared to the relatively high number written by AANS nurses, those by nurses with an allied nursing service are not as numerous. These include the diaries and letters of Nellie Crommelin, Narrelle Hobbes, Alice Cashin and Laura Wheeler. Except for the diary by Ethel Qua held at the Mitchell Library in Sydney, no other similar account outlining the war service of an Australian nurse who served with a nation other than England has been located.

Becoming a member of a Voluntary Aid Detachment (VAD) was also seen as a suitable role for women in war. Melanie Oppenheimer has written a history of the VAD movement in NSW. In this study she outlined the importance of VADs within the ARCS in peace and war.

Rupert Goodman as well, covers the work of Australian VADs in peace

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43 AWM, PR03083, Alice Allana Cashin; PR01161 Papers of Laura Wheeler; PR00065, Nellie Crommelin; 2DRL 0162, Florence Narelle Jessie Hobbes.

44 SMLNSW, ML MSS 7316, Ethel Qua collection.

and during both world wars, although he only allows one fairly brief chapter for World War One. VADs were to become a valued group of war workers with women joining in their thousands both in Australia and overseas. A large number of these women were from the middle-class and had never worked for wages previously. Their war service provided freedom and autonomy but many VADs were engaged doing work that had previously been done by their servants.

THE RETURN HOME

A large number of nurses who trained in Australia and went on to serve overseas, returned home medically unfit - physically or mentally damaged by the war. Jan Bassett touched on this in her 1992 publication but there is no mention in other academic studies that focus on nurses in war that this was a problem. Moreover, while many academic researchers have described the debilitated health of soldiers when they returned to Australia and the difficulties they had adjusting to peace it has not been acknowledged that women could likewise suffer. This thesis therefore strongly challenges the historiography that has focused principally on the health and well-being of returned soldiers. Women who served in or near battle zones, also suffered from depression and neurasthenia both during the war and in some cases, these were conditions that continued in later years. Poor health impacted greatly on the ability of women to find work appropriate to their skill and experience after they returned to Australia.

DETERMINING THE NUMBERS

There is little evidence in surviving archival documentation and secondary sources to provide accurate numbers of Australian women who served as nurses during World War One. How many were there really, hidden because of administrative mismanagement, incomplete enlistment papers or documentation that has simply been mislaid? The number of nurses who served with the AANS during the war has been open to debate. Nursing and medical historians believe that this ‘could be as low as 2139 or indeed, as high as 3000’.47 A.G. Butler the historian of the Australian Medical Service, confusingly, ‘cites two figures for AANS nurses who served overseas, 2139 and 2286’.48 To add to the difficulty there is no surviving and complete official nominal roll for the AANS.49 The wartime experiences of AANS nurses are not the focus of this thesis however, even though reference will be made to AANS nurses when addressing status and work conditions across allied nursing services.

It is similarly impossible to accurately determine how many Australians served with the QAIMNSR or indeed the allied nursing services of South Africa, New Zealand, France or Canada. In a cable dated 26 May 1917, the ARCS estimated that there were approximately


240 Australian nurses working ‘in France or elsewhere independent of the military’.50 But the accuracy of this is impossible to verify. Notably according to Kirsty Harris, approximately 300 nurses served with the QAIMNSR alone.51 There could possibly be others, and importantly as the nursing historian Ruth Rae has stated, it is vital that ‘appropriate attribution’ be given to them.52 Moreover, Juliet Piggott who examined the history of the Queen Alexandra’s Royal Army Nursing Corps, (QARAMC) has provided evidence that enlistment numbers with the Queen Alexandra’s Imperial Military Nursing Service (QAIMNS), the nursing service that evolved from it, rapidly increasing from 300 in August 1914 to 10,404 by the end of the war.53 Unfortunately again, there is no easy way to determine exactly how many of these British women were Australian.

Determining accurately how many women joined the Voluntary Aid Detachments is also difficult. In some cases just because a woman was a hospital visitor or worked in an Australian hospital, she may not have formally joined the VADs. Some women have incorrectly been called VADs when they were in fact working for the ARCS in another capacity. An ARCS report written on 29 September 1919 states, ‘it must

50 Australia Red Cross Society (ARCS): Correspondence Series 33 Box 192, Cable, 26 May 1917.
51 The names of 300 QAIMNSR nurses were provided by Dr Kirsty Harris by email April 2015.
52 Ruth Rae, Jessie Tomlins An Australia Army Nurse: World War One, PhD, Faculty of Nursing, University of Sydney, 2000, p. 96.
53 Juliet Piggott, Queen Alexandra’s Royal Army Nursing Corps, Leo Cooper, London, 1990, p. 46: also http://en.wikipedia.org/wiki/Queen_Alexandra’s_Royal_Army_Nursing_Corps, Copied verbatim: ‘In 1902, Queen Alexandra’s Imperial Military Nursing Service (QAIMNS) was established by Royal Warrant and named after Queen Alexandra who became its President. It replaced the Army Nursing Service, which had been established in 1881, and which from 1889, provided Sisters for all Army hospitals’.
be remembered that VAD officers were often in command of a large number of civilian workers in addition to VADs.\textsuperscript{54} As with so many other numerical calculations, knowing exactly how many VADs served outside of Australia is impossible owing to the way lists were compiled, often without full and comprehensive personal or service details.

If Australian VADs served with the BRCS, their enlistment details have been merged with those of other British women who served during the war. There are no surviving personnel files, although a card index which is arranged alphabetically and provides date of enlistment and where served is held at the British Red Cross Archives in London.\textsuperscript{55} Recently this card index has been digitized and is now online, although Australian women are not always clearly identified.\textsuperscript{56} Personnel files of VADs who served with the ARCS have not survived either, although there is a Nominal Roll of VADs who served at No. 1 Australian Hospital at Harefield held at the Australian War Memorial.\textsuperscript{57} Names of women who served with the ARC have been identified during research at their archives in Melbourne, but the information provided is limited. It may be stated that a woman worked in Egypt, but this does not prove she was actually a VAD. Even though the names of Australian women who served overseas as VADs are beginning to be included on some internet

\textsuperscript{54}This Intrepid Band, http://greatwarnurses.blogspot.com.au/ Australian VADs, ARCS, Report on the Australian Imperial Voluntary Aid Detachment, 29 September 1919.

\textsuperscript{55}British Red Cross Society Museum and Archives, Card Index to VADs and others, British Red Cross Society (BRCS).

\textsuperscript{56}Ibid, http://blogs.redcross.org.uk/world-war-one

\textsuperscript{57}Australian War Memorial (AWM), AWM25, 399/61, Nominal Roll of VADs: No. 1 Australian Hospital at Harefield.
sites, such as *Looking for the Evidence*, these lists are not complete and some women stated as being Australian are not.⁵⁸

As well as there being difficulties determining how many nurses and VADs served outside of Australia, the number of women who worked as volunteers is impossible to discern. Some women just dropped into a comfort station or canteen to lend a hand or visited a convalescent hospital whenever they could and may not have been formally affiliated with the BRCS or the ARCS. Since many occupations did not require registration, voluntary work in England, Egypt and France was remarkably fluid. As in the case of women who joined an allied nursing service, accurately determining the number of women who may have simply turned up on any day to help is virtually impossible. Furthermore, some women who left Australia before the war did not return home until some years after it was over, further confusing or obscuring the numbers.

**FICTION, NON-FICTION, TELEVISION AND INTERNET**

Over the past decade in the lead-up to the centenary of the outbreak of World War One, many fiction and non-fiction books and articles relating to the contribution of Australian women during the war have been published. Authors who have highlighted the role of Australian women in war include Peter Rees and Tom Keneally. Peter Rees’s study, *The Other Anzacs* based on primary sources, provides an accurate account of

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⁵⁸ *Looking for the Evidence*, https://sites.google.com/site/archoevidence/home/ww1australianwomen/qaimns
nurses who served with the AANS and the New Zealand Army Nursing Service (NZANS).\textsuperscript{59} Rees describes well how nurses from these services supported and cared for soldiers off the coast of Gallipoli and on the Western Front. Tom Keneally’s fictional work, \textit{The Daughters of Mars} has been well researched using primary and secondary sources and gives the reader a precise account of what conditions were like for nurses close to the front in Belgium and France.\textsuperscript{60} Both publications reveal accurately that nurses worked in locations that were dangerous but that caring for terribly wounded men was difficult and confronting.

For nearly two decades Susanna de Vries has been researching and writing about Australian women in war from World War One to Kokoda, providing innovative insights into the role of women in conflicts that were inherently male-oriented.\textsuperscript{61} This study has been informed by her work but significantly builds on her observations using an extensive range of previously unknown sources in archival repositories. This research has allowed the war service of huge numbers of other women to be revealed redressing an imbalance in studies, both fiction and non-fiction that describe the experiences and motivations of Australian women during the war. Television programs such as \textit{The War that Changed Us} and \textit{Anzac Girls} have revealed to the general population that Australian women also served overseas during

\textsuperscript{59} Peter Rees, \textit{The Other Anzacs: Nurses at War 1914-18}, Allen & Unwin, Crows Nest, 2008.

\textsuperscript{60} Tom Keneally, \textit{The Daughters of Mars}, Random House, North Sydney, 2012.

the war just as soldiers did. Even though Anzac Girls tended to focus a great deal on romance, it made the public realise that Australian nurses also served during the war. They too faced danger and possible death just as a soldier did.

In recent years, the implementation of the National Library of Australia’s digital newspaper finding aid TROVE, has greatly aided the search for wartime experiences of Australian women who were employed in civilian, paramilitary and medical occupations across all theatres of war. Being able to use a search-term such as ‘VAD’ or ‘WAAC’ to locate individuals has been immensely valuable. There have been an increasing number of internet sites promoting the war by private individuals and organizations across Australia and the United Kingdom. Two of the best and most informative are The Long, Long Trail and the Great War Forum. The former provides comprehensive details of the British Army during the war, while the latter is an online discussion forum about British men and women who served, including Australians. Moreover, if a woman attended the University of Sydney, the online Book of Remembrance which is titled Beyond 1914 provides details of war service. These have been provided by ex-students of the University themselves. Many of these documents held in the


University’s archives have begun to be digitized and are online. This site has been a very useful addition to those currently available online greatly aiding the search for the previously hidden experiences of Australian women during World War One.

Also of immense use has been the continued growth of genealogical sites such as Ancestry, which includes Commonwealth Electoral Rolls and Immigration and Passenger lists into England between 1878 and 1960.\textsuperscript{66} These do have some limitations however as the full name of the passenger is not always given, so accurate identification of a female passenger is not certain. Moreover, the National Archives of both Australia and New Zealand have digitized the personnel records of soldiers and nurses who served during World War One.\textsuperscript{67} The National Archives of the United Kingdom as well have made available Medal Cards and personnel files for nurses who served with the QAIMNS and QAIMNSR as well as those who served with the Women’s Army Auxiliary Corps (WAAC).

**METHODOLOGY**

This study uses documents held in archival and manuscript collections in Australia, the United Kingdom, Canada, South Africa and New Zealand. Research was carried out at the Australian War Memorial, the National Archives of Australia and the state archives and libraries of

\textsuperscript{66} Ancestry Family History website, www.ancestry.com

Western Australia, Victoria, South Australia and Queensland. Records held at the ARCS Archives in Melbourne and the Jewish Archives in Sydney provided useful information as did those at the Women’s College of the University of Sydney and within the archives of the University of Melbourne. Outside of Australia research covered a broad spectrum of library and archival holdings including those at the Mitchell Library in Glasgow and the Royal College of Physicians in Edinburgh. The National Archives of South Africa and New Zealand provided further documentation. In London, research was carried out at the National Archives of the United Kingdom, the Library of the Society of Friends, the Imperial War Museum, the British Red Cross Society and the Army Medical Services Museum at Aldershot, the Women’s Library and the Wellcome Library in Euston Road, London, a repository of medical archives. There were some limitations in my research as a large number of the records identified were not diaries or letters, but rather archives created by government or allied medical services. These reveal little about individual motivations or experiences. On the other hand the diaries, memoirs and letters that were located, such as the letters of Ruth Murray-Prior and the memoir of Nancy Birdwood the daughter of Field-Marshak Birdwood, gave voice to their experiences during the war.

This thesis covers the period from about 1880 until the mid-1930s. Even though the body of the thesis covers the war years 1914-1918, the journey to war taken by many women began much earlier than that. The opening chapter of this thesis examines the allied
medical corps and paramilitary services where Australian women enlisted. It addresses two major questions: why hundreds of women served with a nation that was not their own, and how they were able to negotiate political, economic and gender barriers that allowed them to do so. It goes on to outline how and why the various allied nursing services of New Zealand, Canada, England and South Africa were created and the criteria needed for enlistment.

Chapter Two examines specific journeys to Europe and England taken by Australian women in the late nineteenth and early twentieth century. Many of these journeys were influenced by professional or career aspirations, or simply a desire for personal fulfilment. This chapter argues that some journeys were governed by education, wealth, class and social background. War was to add another dimension to individual journeys such as these. This chapter seeks to discover to what degree these experiences of war were motivated by imperialism or a strengthening and consolidation of national identity.

The next chapter examines many of the locations and services where Australian women worked and served in medical positions. Australian medical women, who included, doctors, bacteriologists, nurses, masseurs and those who served in Voluntary Aid Detachments (VADs), served in a broad range of localities and environments during World War One. It will also examine the work of nurses who served with France, England, New Zealand, Canada and South Africa. It is argued in this chapter that the work of women in the medical services treating war casualties in England and across all war fronts was a vital
support mechanism to the allied medical services. Nurses were employed in hospital ships off the coast of the Dardanelles and in hospitals in Egypt and they were also stationed in France and Belgium, supporting the allied armies on the Western Front. They again proved their worth on the Greek island of Lemnos, at Salonika and in Palestine, Turkey and India. Nurses also served in Serbia: near Belgrade and Valjevo in the western part of the country alongside Australian female doctors with the SHHFS and the BRCS.

The experiences of women who served in a myriad of occupations during the war are described in Chapter Four. This chapter will argue that the demands of war create opportunity for employment in traditional male occupations, and that women frequently excelled at this type of war work. Many single women found work as civilians in government positions in London with the War Office or with the Commonwealth Bank providing services directly to the Australian soldier at the front and to those on leave in London. Others joined a paramilitary service such as the Women’s Army Auxiliary Corps (WAAC), the French or American Red Cross and the YMCA. While some women worked in a purely voluntary capacity helping Belgian refugees or at comfort stations, others found paid employment in munitions either on the factory floor or in the area of workers’ health and welfare.

The next chapter will explore the experiences of women who daily came in close contact with the enemy when working in a war zone. Australian women were killed or injured undertaking medical or
civilian work and in the merchant navy during the war. As soldiers did, nurses died as a result of being bombed while working at casualty clearing stations and hospitals close to the front. Disease or sickness took the lives of others while some died on ships that were mined, torpedoed and sunk. Some serving with the Scottish Hospitals in Serbia were interned while others were forcefully evacuated from their hospitals in the face of the Austrian advance. In Serbia particularly, there was the perpetual threat of epidemics, especially typhus and dysentery, diseases that decimated the civilian population.

Chapter Six describes the journey home and how returned women dealt with peace after the war. This chapter argues that this was not easy. It demonstrates that there has been little consideration in regard to the effects of World War One on the mental and physical condition of women who served close to the front. The effect of war on nurses particularly was two-fold - while they were supposed to be able to treat mental and physical illness, there was little or no recognition that they may have had similar ailments themselves.

This thesis explores therefore the circumstances around the war service and ‘road to war’ of this largely undocumented group of Australian women, examining the factors that governed their war service in England, Serbia, France, Belgium and Egypt. It examines how and to what degree occupation and location of residence influenced the manner of enlistment and seeks primarily to understand why so many women served for a country that was not the one of their birth. Women travelled a path to war that challenged them physically and mentally
yet serving in the manner they did, broadened and extended
conventional gender roles. This thesis argues that while there were
important changes in women’s status during the war, once the war was
over women faced many obstacles and in the long-term gained little.
Notably, there was only limited recognition of their sacrifices and their
work in the years after the war.
Australian women were not encouraged to enlist or work outside of Australia during World War One yet hundreds did so, despite there being a general expectation by the Australian government that they were needed more at home. War was hard and difficult and not considered a suitable place for women whose role was to provide support to the army on the home front, in appropriate female occupations. This mind-set was not popular with numerous women who wanted to contribute to the war effort in a manner that was more ‘hands-on’. Because of restrictions on enlistment numbers and a lack of employment opportunities in their own country, they took their own journey to war joining various allied organizations and medical services. Other women, who were residing outside Australia when the war started, quickly found some activity or employment to aid the war effort.

Gladys Marks was in Belgium when hostilities began and by 1 September 1914 was in London. Her situation mirrored that of other Australian women who had left their country before the war, having travelled to Europe, England, New Zealand or Canada for work, study or vacation. Many of these women found employment in a range of

1 National Library of Australia (NLA), MS 7801, Murray-Prior Papers, Box 1, 5 August 1915.

2 University of Sydney Archive, Gladys Marks Papers, 1 September 1914.
civilian, medical and paramilitary services. This chapter will provide some explanation as to why this occurred and will examine how these Australian women were able to negotiate political, economic and gendered barriers to achieve their goals.

In Australia in the early months of the war, tens of thousands of women took up voluntary work in rural and urban areas raising money, knitting and putting together small parcels to be distributed to soldiers.³ By 1918, in New South Wales there were ‘600 branches of the Red Cross, [in] Victoria 830, with other State branches totalling 2,200’.⁴ It has been estimated as well that as the war continued, there could have been as many as ‘10,000 patriotic clubs, societies and sewing circles’ that women could join.⁵ Some in New South Wales were the Lord Mayor’s Fund, the French-Australian League of Help, the Polish Fund, the National Belgian Relief Fund of NSW, the Tanned Sheepskin Clothing Fund and the Chamber of Commerce Food Fund.⁶ Across Australia there were many more, including the League of Loyal Women in South Australia, and in Melbourne the Lady Mayoress’s Patriotic League. Bruce Scates has shown in his article, the ‘Unknown Sock Knitter’, that this voluntary work was undertaken by women from all social classes, and ‘provided an avenue for war work that was valued,


⁴ Melanie Oppenheimer, All Work No Pay: Australian Civilian Volunteers in War, Ohio, Walcha, 2002, p. 44.

⁵ Ibid, p. 45.

⁶ State Records NSW (SRNSW), Premier’s Special Bundles, NRS 12061, [7/5915], Control of Patriotic Funds and Red Cross, 27 January 1917.
patriotic and creative’.  Yet this voluntary work was chiefly within the female sphere of domesticity, home and family. Indeed as Carmel Shute has outlined, this was the accepted place for women in society.  If one looks further back to the period between 1820 and 1860, the cult of true womanhood was one that relegated women (particularly those from the middle-class) to a situation where their tasks and virtues were deemed and required to be truly feminine. Essentially, domesticity was a form of moral justification that placed women within the home. This continued to some degree until the war began, relegating middle-class women particularly to seclusion and patriarchal subordination.

There was a strong desire on the part of numerous Australian women to test and extend these established feminine conventions as evidenced in the following newspaper account. As one woman stated when writing to the Editor of *The Argus* in June 1915, ‘hundreds of intelligent woman are wondering whether they might be doing something more helpful than knitting and making flannel garments’. This statement mirrored the yearnings of women who sought active and hands-on war work. To do this under the auspices of their own military or medical services proved difficult because as women, their contribution to the war was not wanted by the government. A large

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number of women found this policy unacceptable. They wrote to the Defence Department, seeking work overseas with the army as cooks, orderlies, ambulance drivers or office workers.\textsuperscript{10} Except for nurses with the Australian Army Nursing Service (AANS) the government refused to allow women to serve overseas, believing they would be a liability.\textsuperscript{11} This policy continued throughout the war, even though by January 1917 the Australian Women’s Service Corps had a membership of 1,000 women, ready and keen to serve overseas.\textsuperscript{12} Despite a request to the Defence Department to re-consider their position on this, it was again declined.\textsuperscript{13}

As the war progressed, women were increasingly needed in Australia and Britain to fill thousands of positions left vacant by men serving in the military. These vacancies created work opportunities for women who wanted to stay in Australia, but also for those who chose to work overseas. The heavy loss of life at Ypres between October and November of 1914 and the Gallipoli campaign of April to December 1915, led to calls in both England and Australia for more recruits to replace these men, effectively creating employment vacancies. In Britain and Australia, as well as clerical work in government departments, women took jobs in banking or teaching. In Britain women were increasingly being employed in occupations that before the war had been unavailable to them. Many of these were directly in

\textsuperscript{11} Ibid.
\textsuperscript{12} ‘Women’s Service Corps: Discouraging Reply to Offer’, The Argus, 4 January 1917, p. 7.
\textsuperscript{13} Ibid.
support of the military, such as in factories that manufactured supplies for the army and munitions.

Even though some females worked on the land in Australia so that vital food sources could be maintained, there was no formal land service corps in Australia during World War One. In Britain it was quite different, with strategies put in place around November 1915 to form the Women’s National Land Service Corps (WNLSC). Registrations began in rural villages throughout Britain carried out by Women’s County Committees who were responsible for the organization and selection of workers and the best methods for training.14 Despite earlier reservations as the war progressed, farmers across Britain eventually acknowledged the worth of women land workers. One farmer from Cambridge was very much in favour of women on the land.

It is often asserted that a lady can’t drive a deep or straight furrow ignoring the fact that this feat is the test of an expert … there are now many women trained and experienced who can drive a deep and straight furrow as (good) as any man’.15

There is no clear evidence that this form of employment was a specific motivation for any woman seeking work outside of Australia, although Madge Brock from South Australia took up work on the land, but only after she found working inside a hospital as a VAD unsatisfactory.16

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14 National Archives United Kingdom (NAUK), Land 5.1/13 Formation of Land Army, November 1915.

15 NAUK, Land 5.1/16, Farmer’s arguments and views, 1916.

As well as munitions, Mary Brennan worked on the land for a year at Enfield in Middlesex. Lois Windeyer and Lucy Reynolds (nee Adams) took up land work, although little is known of their experiences. In Britain during World War One, women became an additional army of labour on the land. Wages were set by the Agricultural Wages Board and if a woman was over the age of eighteen, she would receive £1/1/- a week after deductions were made for lodging and food. She was required to work 50 hours in the summer and 48 hours in the winter.\(^\text{17}\)

Between March 1917 and May 1919, 23,000 women worked full-time for the Land Army, although it is estimated that as many as 300,000 women had done some form of land work by 1918.\(^\text{18}\)

\(^{17}\) History Learning site, [http://www.historylearningsite.co.uk/womens_land_army.htm](http://www.historylearningsite.co.uk/womens_land_army.htm)

\(^{18}\) Women's Land Army, [http://www.womenslandarmy.co.uk/world-war-one/formation/](http://www.womenslandarmy.co.uk/world-war-one/formation/)
During the war, around 815,000 women worked in munitions in Britain. Notably and conversely, despite there being a small munitions industry in Australia, few women worked in this industry in this country although women were employed in the Colonial Ammunition Works in Footscray, Melbourne. Mary Brennan, a working class woman from Western Australia, after saving £30, left on the Omrah in April 1916, ‘one of the last vessels to take civilian passengers’. Her mother thought she went to England to become a nurse, but Brennan declared that she ‘wasn’t trained for it’. She may have heard about munitions work from others travelling to England on the Omrah, as she refers to school teachers on the voyage changing to munitions work ‘for the bigger money’. Brennan was eventually employed putting detonators into fuses at Willesden and later worked at the Woolwich Arsenal.

VOLUNTARY AID DETACHMENTS

As well as the large labour force of women in the munitions industry in Britain, thousands of women were members of Voluntary Aid Detachments (VADs). While women who worked in munitions were as Angela Woollacott described, ‘a heterogeneous cohort of working-class,

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22 Ibid.

23 Ibid, p.171.
middle and upper-class war workers’, VADs were mostly from the middle-class. The number of women who served as VADs outside Australia either with the Australian Red Cross Society (ARCS) or the British Red Cross Society (BRCS) cannot be determined accurately but as Table 9 shows, this was more than two hundred. The VADs in this table served mainly with the BRCS, the ARC, the French Red Cross and the YMCA. Melanie Oppenheimer has demonstrated as well, that in Australia many thousands of women from rural and urban regions served as VADs on the home front.

Initially Australian VADs were not permitted to serve overseas. It is essential therefore to return to the foundation of the VADs in Britain to understand how Australian women could serve with the ARCS or the BRCS outside of Australia. The concept of voluntary work promoted by the VADs had some basis in the work of Florence Nightingale who put in place systems of charity that provided help to victims and prisoners of war during the Crimean War. This led to the development of voluntary work in Britain in the latter half of the nineteenth century notably in health services, trade unions, missionary societies and welfare groups. In 1898, the National Aid Society, the St. John Ambulance Association and the Army Nursing Service were


25 The term VAD later came to be used for an individual member as well as for a detachment of members.


amalgamated representing a major step toward the formation of the BRCS. It was subsequently inaugurated on 17 July 1905 with the concept of the VAD as a voluntary service initiated four years later on 16 August 1909.

In October 1913 at the British Medical Association Library in Macquarie Street, Sydney, a meeting was held with the prime intention of establishing an Australian branch of the BRCS. Nothing was settled until Lady Helen Munro Ferguson, the wife of Governor-General Ronald Munro Ferguson arrived in Australia in May the following year. She had substantial knowledge about the workings of the BRCS and the VAD movement. When the war began she obtained formal permission from London to establish an Australian Branch of the BRCS in Sydney. She also suggested in line with the British experience, that the Australian branch should merge with the St. John Ambulance and women should undertake first aid classes and be formed into VAD detachments.

As soon as the war started, a Central Joint VAD Committee was set up by the War Office in England to control and supervise all aspects of VAD work and to refine the workings of the Voluntary Aid Detachments. This Committee, made up of three representatives from the British Red Cross, the Order of St. John and Jerusalem and the Territorial Force Association, was to become the main channel of communication between women serving as VADs and the War Office.

29 Ibid.
30 Ibid.
The welfare of any member of a Voluntary Aid Detachment, regardless of nationality was to be entirely the responsibility of the Joint War Committee. It was through this Committee that all communication with a VAD serving in the war at home and abroad was made.

The return of wounded men from Gallipoli, as Melanie Oppenheimer has demonstrated, led to 'an increased need for recuperation and special nursing care' in Australia.\(^{31}\) Outside Australia and as the war continued there was a growing need for the work of VADs as well. However, it took some time for the Defence Council to agree to Australian VADs being sent overseas for war service. On 22 July 1915 writing to Lady Munro Ferguson, Minister for Defence, Senator G.F. Pearce explained the Council’s negative decision.

In view of the large number of trained members of the Army Medical Corps, nurses and doctors who have been despatched to Egypt, it would not appear advisable at present to take any definite action.\(^{32}\)

Toward the end of 1915 this policy changed slightly when fourteen VADs who were to replace male orderlies, were given permission to work on the Australian hospital ship Kanowna. This was not popular with nurses and reported in nursing journals: *UNA, The Australasian Nurses’ Journal* and *The British Journal of Nursing*.

There are a great number of fully-trained nurses waiting for appointments who applied at the beginning of the war and it is naturally very annoying to them to hear that untrained women have been appointed.\(^{33}\)

\(^{31}\) Ibid, p. 16.

\(^{32}\) Australian War Memorial, (AWM), AWM27, 570/1, Voluntary Organizations and Women’s Services: Voluntary Aid Detachments, Senator G.F. Pearce to Lady Helen Ferguson, 22 July 1915.

\(^{33}\) This situation was stated as being in the Australian nursing journals, *UNA* and *The Australasian Nurses’ Journal* in *The British Journal of Nursing*, 25 March 1916, p. 268.
Sister Ruth Taylor took a different view declaring that VADs were of ‘great benefit to both nurses and wounded men’.\textsuperscript{34} Taylor’s opinion may have been the exception, as there were simmering tensions between the two services on the Kanowna and for most of the war when they came into contact with each other. VADS remained on the Kanowna only until it had completed its second voyage.\textsuperscript{35} This reversal in policy was due to the Department of Defence eventually bowing to pressure from nursing associations.\textsuperscript{36} Even though the Matron-in-Chief of the British Expeditionary Force (BEF) Maud McCarthy believed that dissension had settled down by 1917, the two services did not co-exist easily with continued problems about work status, class and duties.\textsuperscript{37} VADs wore a uniform very similar to professional nurses which also contributed to some nurses fearing that these untrained VADs, would take on their nursing duties.\textsuperscript{38} Moreover, they were more visible and in more locations as the war progressed, adding to the tension. Around the middle of 1916 an important initiative was put in place that broke down some of the barriers that had prevented Australian VADs working close to the front. On 21 June 1916, the Women’s Joint VAD Committee in London asked Australia for VADs.\textsuperscript{39} In September 1916, in response

\textsuperscript{34} AWM41, 6/57 Butler papers, Taylor Narrative, 1919.


\textsuperscript{37} Army Medical Services Museum Archives (AMSMA), Aldershot, UK, Diary of Dame Maud McCarthy, Report, June 1917.


\textsuperscript{39} Australian Red Cross Society (ARCS), Series 33 Box 272, Katherine Furse, Joint Women’s VAD Committee to Lady Helen Munro-Ferguson, 25 July 1916.
to this, Australia sent thirty VADS from various states to England.

Sailing on the *Osterley* they arrived on 9 November 1916.

### Australian VADS who left on the *Osterley*

<table>
<thead>
<tr>
<th>M. Enid Armstrong</th>
<th>Jessie Eleanor Bage</th>
<th>Eileen Brooke Bailey</th>
<th>Kathleen Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Louisa Black</td>
<td>Rosie (Rosey) Bennett</td>
<td>Emma E. Bowers</td>
<td><em>Kathleen Adele Brennan</em></td>
</tr>
<tr>
<td>Lydia Bruce</td>
<td>Millie Cox</td>
<td>Jane Darvall</td>
<td>Catherine Douglas</td>
</tr>
<tr>
<td>J. Evans</td>
<td>Ellen Jane Fisher</td>
<td>Doris Bates Fuller</td>
<td>Kathleen Giblin</td>
</tr>
<tr>
<td><em>Lydia W.F. Grant</em></td>
<td>Ethel C. Hall</td>
<td>Nancy Hill</td>
<td>Olive May Hiles</td>
</tr>
<tr>
<td>Edith Louisa Leary</td>
<td>Mary McAllister</td>
<td>Doris Marshall</td>
<td>Marg Moore</td>
</tr>
<tr>
<td>Elizabeth Pitt</td>
<td>R. Langford Round</td>
<td>Beatrix Smith</td>
<td>Alice Steed</td>
</tr>
<tr>
<td>Edith L. Stevenson</td>
<td>Dorothy Swallow</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Died on active service.  
Table 1

The first unit of British Red Cross VAD members under contract to the Joint War Office were sent to France in February 1915, to work at the isolation hospital at Malassies, near St. Omer.\(^{41}\) Matron-in-Chief McCarthy, described how another detachment of thirty VADs that had arrived in France on 17 April 1915 was to be distributed in small parties to various units, ‘to give everyone the opportunity of making best arrangements to utilise their services.’\(^{42}\) 'In hospital kitchens, clerks, dispensers ... we hope to see every able bodied man who can be spared replaced by a VAD.'\(^{43}\) This indicates that there were numerous employment opportunities for Australian VADS overseas, but only more than a year after the first British VADs were sent to the front.

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\(^{40}\) *Ibid.* Dame Helen Furse to Lady Helen Munro Ferguson, 7 September 1916; Lydia Grant died 1 April 1917; Kathleen Adele Brennan died 24 November 1918, https://www.awm.gov.au/people/roll-search/commemorative_roll/.

\(^{41}\) Imperial War Museum, (IWM), BRCS 12.1/9, VAD Members in Red Cross Hospitals in France and Belgium, nd.


\(^{43}\) IWM, BRCS 10.1/9, Dame Katherine Furse, 'The Ideals of the VADS', 17 April 1917.
Most VADs were from the middle class with the social and economic means to support themselves during their employment. Mary Beatrice Crowle was from a wealthy Queensland family and joined the BRCS in Devonshire as a VAD probationer on 13 May 1912.\textsuperscript{44} After the war started she continued to improve her skills as a VAD receiving her final proficiency badge for first aid in 1919.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{BRCS_certificate.png}
\caption{National Library of Australia MS3154
BRCS Certificate - Mary Beatrice Crowle}
\end{figure}

The following image provides details of her various tests for home nursing, first aid and cookery dating from November 1913 throughout the war until 1919.

\textsuperscript{44} NLA, MS3154, Papers of Mary Beatrice Crowle, nd. Her father was Mr. W. Finucane who had travelled to Queensland at the invitation of its first governor Sir George Bowen. Finucane was appointed Queensland’s commercial Agent in Southern Europe.
When Voluntary Aid Detachments were first set up, all work undertaken was voluntary. In 1916 this changed and VADs working in military hospitals were given a low salary. Constance Jean Nancy Birdwood and Ruth Murray-Prior also became VADs and joined as volunteers without pay. Birdwood wrote about this after the war, ‘voluntary we all were ... unlike in the Second World War we were not paid a penny piece and even provided our own uniform’. Birdwood and Murray-Prior, who were used to having servants found aspects of their work difficult to deal with. This reaction was common for a large number of VADs who were unaccustomed to traditional hospital

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46 Constance Jean Nancy Birdwood was the daughter of Field Marshal William Riddell Birdwood who in November 1914 commanded the Australian and New Zealand forces in Europe. He was in command of the Australians at Gallipoli and then again in Europe between 1916 and 1918.

discipline and basic household duties such as cleaning and washing. Birdwood started work in the Sisters’ quarters and was ‘very bad at it. I had no idea how to sweep and dust properly and no one had time to teach me. I learnt by trial and error’. On her first night at the Australian Hospital at Harefield she was horrified when she found she was to sleep in a disused ballroom with thirteen other VADs. ‘That filled me with horror as even in my school days, I had a cubicle to myself and had learnt to value privacy’. The motto of the VADs, ‘Willing to do anything’ was clearly an essential component in her work and motivation. The English VAD Vera Brittain also, spoke with her friends about ‘doing something’ during the war. ‘Of course ... I know I shall hate it’. Later in her diary she gave another reason for joining the VADs. Possibly referring to Roland her sweetheart she wrote, ‘he has to face far worse things than any sight or act I could come across: he can bear it and so can I’.

VADs were subjected to strict criteria for enlistment irrespective of their background and social class. Violet Markham, responsible for co-ordinating military and civilian recruitment within the women’s section of the National Service Department (NSD), described to Katherine Furse the type of worker she thought they needed.

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48 Ibid, p. 34
49 Ibid, p. 33.
50 The Virtual Library: http://www.vlib.us/medical/tabb.htm. Letter from Katherine Furse, Commandant-in-chief, VADs, This Document was given to every VAD who passed through Devonshire House for Active Service.
52 Ibid.
As regards the class of worker required, I understand that you want the sensible and right minded girl of every class, and candidates should be recruited not from the standpoint of social status but from what their manner and bearing would be likely to prove in a ward.53

Indeed on 24 March 1917 Furse returned several hundred forms filled out by women whom she thought ‘not worthy of proceeding with’.54 Applicants in some cases were not sufficiently literate, were of non-British birth or generally not up to the standard required. Still Ruth Murray-Prior believed English VADs were ‘nicer and of a much better class than the (English) trained nurses’.55 Perhaps coming from a similar class, she may have felt she had more in common with English VADs.

**FEMALE DOCTORS**

Australian female doctors faced restrictions and barriers when they tried to join the Australian Army Medical Corps. Major-General Neville Howse Director of the Australian Army Medical Services was not in favour, declaring angrily that his responsibilities were difficult enough dealing with the large number of nurses needed.56 Female doctors were

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53 NAUK, NATS 1/1283, Deputy Director Woman’s Section of Women’s Services, Miss Violet Rosa Markham to Katherine Furse 23 May 1917: *Oxford Dictionary of National Biography*, “Violet Rosa Markham, (1872–1959), [http://www.oxforddnb.com/view/printable/34881](http://www.oxforddnb.com/view/printable/34881) public servant, was born on 3 October 1872 at Brimington Hall near Chesterfield, Derbyshire, the fifth of five children [three sons and two daughters] of Charles Markham (1823–1888), engineer and managing director of a coal and iron company, and his wife, Rosa (c.1840–1912), daughter of Sir Joseph Paxton”.


also strongly discouraged from undertaking full military service in all parts of the dominions. British medical policy impacted heavily on the ability of Australian female doctors to serve outside of Australia during the war. One case in point was that of the British Red Cross who refused to employ female doctors, a policy also laid down in its Australian branch.

In London when the Royal Army Medical Corps (RAMC) was organising the medical services, female doctors were not included. Male doctors in the RAMC on the other hand were commissioned as officers, a status denied to female doctors even though they were eventually ‘attached’ to the RAMC in officially sanctioned military hospitals.\(^{57}\) As ‘attached’ members of the RAMC, they had few opportunities to work as surgeons and operate on fighting troops.\(^{58}\) Moreover, they did not have any authority over male orderlies which would have enabled them to fully carry out their duties. Reporting from Egypt in June 1918, a female doctor declared, ‘The M.Os [sic], openly taunt us with having no rank’.\(^{59}\) Additionally, female doctors who served with the Women’s Army Auxiliary Corps (WAAC) had similar issues. Despite carrying out the same duties they did not receive the same rank and pay as male doctors in the RAMC, a policy which continued throughout the war. In England on 14 November 1917 another female doctor confirmed this, adding ‘without the rank of the RAMC, promotion

\(^{57}\) Wellcome Library: SA/MWF/C. 163-164, Commissions in the Army for women doctors, 1917-1919.


is nil’. Female doctors were not permitted to wear a uniform until 2 June 1916 and this exacerbated the situation. This caused problems of status or when imposing authority but also created difficulties when travelling. ‘Without a uniform, it is impossible to persuade the authorities that a person is eligible to travel’. It wasn’t until early 1916 that Sir Alfred Keogh called for forty female doctors to work, not on the front-line in France, but in hospitals in Malta. Nonetheless, female doctors were so keen to serve that instead of the original forty, eighty five women eventually sailed for Malta in July 1916. On Malta they treated British troops suffering from malaria but, ‘they did not receive the same ration and billeting allowance that every male doctor received’. The unfairness and inequality of these policies was highly unsatisfactory for these professional women, many of whom had been earning their own living before the war.

Even though female doctors were a ‘homogeneous and coherent group of professionals’, as Jennian Geddes has described them, their intensive training may have compounded their problems.

Qualifications which supposedly allowed them to have the same

60 Ibid.


medical training as male doctors were seen ‘by many people as socially disturbing’. In the second half of the nineteenth century male doctors pushed strongly to retain their status as the sole practitioners of healing. Female doctors who were highly trained with the same expertise and skills threatened this established status quo. When given the chance, they had to constantly prove their competence in this gender-divided profession. Even though by 1914 women were increasingly becoming doctors in universities across the world, there were still restrictions on women studying medicine at Oxford and Cambridge Universities and the London teaching hospitals.

Because of limitations placed on female doctors in the military, two British doctors, Louisa Garrett Anderson and Flora Murray (former members of the feminist Women’s Social and Political Union) created the Women’s Hospital Corps. Anderson and Murray offered their services to Brassier De Thuy, President of the French Red Cross, who accepted their offer to set up hospitals in Paris and at Wimereux.

The offer by Dr Flora Murray and Dr Garrett Anderson has been most gratefully accepted by the Union des Femmes de France – one of the three only official Societies constituting the French Red Cross.

In May 1915, due to positive reports given to the War Office about their work in France, Murray and Anderson were asked to set up a military hospital in Endell Street in the heart of London.

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68Wellcome Library: SA/NWF/C168: Retrospective Accounts, M. Brassier de Thuy, to Croix-Rouge Française, 31 August 1914; Five Australians, Eleanor Bourne, Emma Buckley, Rachel Champion, Elizabeth Hamilton-Brown and Vera Scantlebury worked at Endell Street.
As exemplified by the previous example, because of military and government constraints, female doctors turned to other services to find work. One of these, the Scottish Hospitals for Home and Foreign Service (SHHFS) was formed because of the negative attitude of the War Office to women doctors in the military. Again as will be shown, Australian female doctors grasped the opportunity to work as doctors in a manner that gave voice to their professional skills. The SHHFS had evolved from the National Union of Women’s Suffrage Societies (NUWSS) headed by Mrs Millicent Fawcett. In August 1914 despite being nearly fifty and unwell, Dr Elsie Inglis who had been fully involved in the suffrage movement, organized two hospitals which she offered to the Scottish Red Cross. Even though their Committee agreed to her proposition, the War Office refused to use these hospitals which led to them being accepted by the French Red Cross.

Following are the SHHFS units and where they were stationed.

Abbey de Royaumont, France
Ajaccio, Corsica
American Unit at Lake Ostrovo, Macedonia
Calais Contingent, Boulogne
Canteen units at Creil, Crepy-en-valois and Favresse, France
Girton and Newnham Unit, first at Troyes in France, then in Macedonia and Serbia (Funded by past students of Girton and Newnham Colleges)
London Units
Sallanches and Haute Savoie, France
Mladonovatz, Kaguievatz near Belgrade and Valjevo, Serbia

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71 Scarlet Finders Internet site, http://www.scarletfinders.co.uk/138.html
Again, it is not known how many Australian women served with the Scottish Hospitals. Research undertaken at the Mitchell Library in Glasgow, has shown that lists of personnel that have survived do not always provide details of birth country.\textsuperscript{72} The Australian feminist and educator, Margaret Emily Hodge is known to have served on the London Committee of the SHHFS from 1916 to 1918.\textsuperscript{73}

Unlike female doctors who were simply 'attached' to the army and those who served with the WAAC, the Scottish Hospitals recognised that their doctors should be paid a full salary and supplied with a uniform. The Queenslander, Dr Lilian Cooper was fifty-five when she travelled to Serbia to join the American Unit of the Scottish Hospitals. She had faced prejudice on many levels for most of the time she had worked as a doctor in Brisbane but could not accept that her expertise and experience would not be used in wartime to help the wounded and dying. On 10 October 1916 she and her companion, Mary Josephine Bedford, sailed from Adelaide on the *Kaiser-i-Hind*. Disembarking at Port Said on 6 September, they travelled in another vessel to Salonica arriving there on 18 September. Cooper was to receive a salary of £200 and Bedford who was later employed as a driver, was paid her expenses but no salary.\textsuperscript{74} These conditions were outlined in the *British Medical Journal* of 19 June 1915 below.


\textsuperscript{73} Margaret Emily Hodge, *Australian Dictionary of Biography*, http://www.adb.online.anu.edu.au

Medical Officers Wanted – Scottish Women’s Hospitals

The Scottish Women’s Hospital for Foreign Service would be glad to hear of any medical women or graduates in science as X-ray operators for work in Serbia or France. To fully qualified workers an honorarium is offered at the rate of £200 per annum, all expenses paid. No salary is attached to junior posts.\textsuperscript{75}

In addition to Lilian Cooper: Elsie Dalyell, Mary Clementina De Garis and Agnes Bennett also served with the Scottish Hospitals as doctors. Bennett later became the Chief Medical Officer of the American Unit located at Ostrovo in Serbia.

Agnes Elizabeth Lloyd Bennett was born in Neutral Bay, Sydney on 24 June 1872, the sixth child of W.C. Bennett and his first wife Agnes Amelia, (nee Hays).\textsuperscript{76} She was educated in England at Cheltenham Ladies’ College and Dulwich Girls’ School gaining her medical degree in Edinburgh in 1911.\textsuperscript{77} Bennett was working in New Zealand when the war began but was told that because she was a woman, she could not work as a doctor with the New Zealand Army. She therefore offered her services to the French Red Cross who accepted her immediately.

Interrupting her journey to France when she reached Cairo, Bennett came in contact with the Director of the New Zealand Medical Services (NZMS). In contrast to previous negativity where she had been refused enlistment with New Zealand, she was offered a position with the NZMS which she accepted. Bennett was awarded the rank and pay of a

\textsuperscript{75} Ibid.

\textsuperscript{76} Agnes Elizabeth Lloyd Bennett, Australian Dictionary of Biography, http://adb.anu.edu.au/biography/bennett-agnes-elizabeth-lloyd-5206

\textsuperscript{77} Ibid.
Captain. In this regard she was fortunate as the conditions and pay she received were quite different to those given to other female doctors who served with the Royal Army Medical Corps (RAMC) particularly, who were without status or appropriate remuneration equal to their experience.

**NURSES AND NURSING SERVICES**

The Commonwealth of Australia received Queen Victoria’s assent in July 1900. On 1 January 1901 all colonies in the nation became a Federation. On 30 July 1902 a general order instigated changes that meant the Military forces went from State to Federal control. As a result of this, the medical services underwent logistical changes leading to the formation of the Australian Army Medical Corps (AAMC). The AAMC was then divided into several sections, one of which was the Australian Army Nursing Service Reserve (AANSR). In the decade leading up to the outbreak of war, other allied countries took a similar path. Nursing services and corps were established in South Africa in 1912 and Canada in 1904. The Queen Alexandra’s Imperial Military Nursing Service (QAIMNS) was formed in England in 1902 and the Territorial Nursing Service (TFNS) in 1908.

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79 A.G. Butler, *Official History of the Australian Army Medical Services 1914-1918*, Vol. 1, Australian War Memorial, Melbourne, 1938, p. 5, The essential features of the scheme inaugurated in 1902 were: ‘The existing Army Medical Services of each State will be dealt with as one Corps and will the Australian Army Medical Corps. The Corps shall comprise: (a) Permanent Army Medical Corps (nucleus only). (b) Militia Army Medical Corps. (c) Volunteer Army Medical Corps. (d) Reserve of Officers. (e) Army Nursing Service Reserve. The administration and command of the Australian Army Medical Corps is vested in the Director-General, who will also be responsible to the General Officer Commanding for the drill, discipline, efficiency, and statistics of the Medical Service’.
The Territorial Force Nursing Service had very similar entry standards and conditions of service to the QAIMNS. One minor difference between the two services was a slight change in the uniform. The Guide for members of the TFNS defined what was expected of nurses in this service.

They are the most important part of the organisation as it is them upon which (sic) the country will depend to nurse the soldiers who are sick and wounded and to do their best to restore them to the fighting line with as little delay as possible.80

This service was formed in 1908 with the passing of the Territorial and Reserve Forces Act. It was intended that this nursing service be attached to the Territorial Force, the volunteer reserve component of the British Army between 1908 and 1920.

New Zealand's case was quite different from the Australian example mentioned previously where the AANS became a part of the AAMC through Commonwealth legislation. In New Zealand when the Defence Act of 1886 was amended in 1906 to include the New Zealand Medical Corps (NZMC), there was no provision for a nursing service.81 The New Zealand Medical Corps Nursing Reserve (NZMCNR) was gazetted on 14 May 1908 with the same rules and regulations as the QAIMNS but this brought about its own problems.82 In January 1914, it was proposed by the Prime Minister in a letter to the Governor Lord Liverpool, that this service be formerly affiliated with the QAIMNS as a

82 Ibid, p. 32.
supplementary reserve service. This was impossible to implement as New Zealand nurses would then effectively be under the control of the British Army Council. Unlike in Australia where AANS nurses were attached to the Australian Army Medical Corps, New Zealand nurses were in an anomalous situation. Anna Rogers described this in the following way.

As the War Office required them to work under the directions of the QAIMNS as requested, (they did so) despite being paid by the New Zealand Government and enrolled in the New Zealand Expeditionary Force (NZEF).

It was not until January 1915 that the nursing service was finally organized into the New Zealand Army Nursing Service (NZANS). This was due largely to the actions of Australian Matron-in-Chief Hester Maclean who agitated strongly for change. It was only then that the Defence Act of 1909 was amended by the New Zealand Cabinet to include a formal military nursing service in its medical services. As happened in Australia, these legislative delays led to a number of New Zealand nurses serving for a nation other than their own, with the QAIMNSR, the BRCS and the French Red Cross and even eventually with the AANS.

Australian civilian nurses also found when they attempted to enlist in Australia that there were constraints placed on them. Despite being fully qualified with the required three years training, numerous nurses discovered that they were unable to join the AANS because of

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83 Ibid, p. 36.
84 Ibid, p. 37.
limits placed on the number of nurses required by the AAMC for service overseas. Other nurses found when they attempted to enlist they were judged either medically unfit, were married or too old to fit the age criteria set by the AANS. Age limits for the AANS were between twenty one to forty years of age. Frances Agnes Bennett, sister of Dr Agnes Bennett was born in 1864 and fifty when war was declared, technically preventing her enlistment with the AANS. Alice Catherine Pitcher married Charles Jenkinson on 1 January 1914 which prohibited her enlistment with the AANS. As a result, she served with the Indian Army at No. 5 Indian General Hospital at St. Stefano, Alexandria, Egypt.\textsuperscript{86} Kathleen Gawler was also refused entry into the AANS, and told that ‘as she was country trained, she should wait until city nurses were first enrolled’.\textsuperscript{87} Despite substantial research in the United Kingdom and Australia, this is the only example of such a refusal despite hundreds of personnel and archival documents being viewed. Consequently restrictions placed on Bennett and Gawler and a large number of other nurses with the financial means, led to their travelling to England to enlist with the QAIMNSR or TFNS. Joining the South African Military Nursing Service (SAMNS) was another option for nurses unable to join the AANS. Other Australian nurses who were living in New Zealand or Canada when the war began, instead of undertaking the journey back to

\textsuperscript{86} Information received from Dr Kirsty Harris by email, c March 2011

\textsuperscript{87} National Archives of Australia (NAA), Repatriation Case files, B73/69, M96869, Kathleen Hayes (nee Gawler), Rev. Hayes to Department of Repatriation, 31 August 1954.
Australia where the chances of enlisting with the AANS were slim, joined an allied nursing service.88

Nurses Edith Maud Bottrill and Carolyn Wilson sailed to London toward the end of 1913 before gaining qualifications for Midwifery on 12 February 1914 at the Woolwich Home for Mothers and Babies.89 They did not return to Australia when war broke out. Bottrill went on to serve with the BRCS, the French Red Cross and the American Ambulance.90 In August 1914 Carolyn Wilson joined the Women’s Imperial Service Hospital led by Mrs. Mabel St. Clair Stobart with fellow Australians Catherine Tully and Evelyn Claire Trestrail.91 Mabel Stobart, the daughter of Sir Samuel Boulton, was by nature tough, athletic and energetic. Despite initially receiving ridicule in 1907 about her intended work, Stobart took the Women’s Convoy Corps to the Balkan War of 1912-13.92 She also supported women’s suffrage and promoted the service of women in war believing that this would aid them gaining the right to vote. Australian women may have been drawn to her because of her strong feminist stand or simply because Stobart’s exploits were widely reported in the newspapers of the period.93 When war began in August 1914 Stobart founded the Women’s National Service League.

88 Archives of New Zealand, Defence Force Personnel Records, AABK, 18805; NAUK, QAIMNSR Personnel Records; Canadian Overseas Expeditionary Force, Canadian Army Nursing Corps.
90 NAUK, Medal Card, Card Edith Bottrill, WO/372/23/18839
91 NAUK, QAIMNSR Service Record, WO399/8459, Catherine Tully, Pavilion General Hospital, Brighton, 19 December 1919; WO399/8430, Form of application, 18 October 1915, Claire Trestrail.
After a call by the War Office for medical units in Antwerp, she took the Imperial Service Hospital (formed under the National Service League) there. As in 1912, she received no financial help from the BRCS and was funded in 1914 with the help of Lady Muir McKenzie.94 In Antwerp, the hospital functioned under the auspices of the St. John Ambulance at the invitation of the Belgian Red Cross.95

Approximately 300 Australian women served with the Queen Alexandra’s Imperial Military Nursing Service Reserve (QAIMNSR).96 Many had wide experience previously in the civilian nursing service and enlisted with the QAIMNSR for the duration of the war. The main module within the British system of nursing was the QAIMNS who were the ‘regulars’ and considered to be elite nurses. The QAIMNSR was the second and consisted of ‘reserve’ nurses who were generally from allied countries such as Australia, Canada and New Zealand. Even though there were several groups of Australian nurses sent to England at the request of the British War Office in 1915, these were AANS nurses attached to the QAIMNSR. A number of Canadian nurses also joined the QAIMNSR because of a similar request from the War Office.97 A nurse,

94 Lady Muir-Mackenzie, *Oxford Dictionary of National Biography*, http://dx.doi.org/10.1093/ref.odnb/49010; ‘Lady Muir-Mackenzie was the wife of Sir Alexander Muir-Mackenzie and the daughter of Sir Thomas Moncrieff. She had a long association with Mabel Stobart and together founded the Women’s National Services League’.

95 British Red Cross; http://blogs.redcross.org.uk/world-war-one; *Art from the Past: A Dangerous Journey in World War One*. 18 August 1914, Mabel Stobart was in Belgium to establish another hospital in Brussels, but was arrested and imprisoned and charged with being a spy. She was eventually released and returned to England just before she again left for Antwerp.

96 This number has been verified by Dr Kirsty Harris.

who wanted to join a service other than an Australian one, found that
this was not always an easy undertaking. Any application to travel
outside Australia independently still needed to be approved by the
Matron-in-Chief or one of the Principal Matrons of each Military
District.\footnote{There were six Military districts, each one aligned with a State of Australia: Military District
No. 1 Queensland, No. 2 New South Wales, No. 3 Victoria, No. 4 South Australia, No. 5 Western
Australia, No. 6 Tasmania.}

A good many applications for passports have recently been
received by this Department from women who wish to proceed
to England to take up nursing in military hospitals, but as the
applicants were not being sent by government, we have refused
to regard them as so specially urgent as to come within the
exceptions to the present rule of no passports for women to
Great Britain.\footnote{NAA, B543/0 W174/16/1567, Passports for Women, Secret Memorandum received from the
Secretary of State for the Colonies to the Prime Minister’s Department, 5 February 1917.}

Ruth Bottle and Ernestine Wray from Western Australia for example,
made their own way overseas after being told the lists were full for the
AANS. They received instructions from the British War Office, that if
they were prepared to leave immediately they could join the Imperial
forces.\footnote{State Library of Western Australia (SLWA): OH2663/7, Oral Interview with Ruth Bottle, n.d.}

They sailed ‘as civilians’ from Fremantle on the \emph{Mooltan}
leaving on 24 May 1915 joining the QAIMNSR in England.\footnote{NAA, K60/6 M25595 V1, Medical Case file, Ruth Gladys Isabella Bottle, Record of Evidence, 17 October 1958.}

Twenty Australian women have been identified as serving with
the Territorial Force Nursing Service (TFNS) during the war.\footnote{Names and brief service details for these twenty women were supplied by Dr Kirsty Harris c July 2011.} Some of
these TFNS nurses also served with the QAIMNSR throughout the war.

This movement of staff across the nursing services was due to the need
to supply sufficient nursing staff to deal with the ebb and flow of war.

Annie Connolly from Western Australia travelled to England at her own expense joining the TFNS, as ‘she was refused entry into the AIF’.\textsuperscript{103}

This was not due to numerical limitations, but because when she applied to join the AANS, she was deemed medically unfit.\textsuperscript{104} This was also the reason why Lilian Mitchell was refused entry into the AANS.

Not long after this refusal she embarked for England on 26 June 1915 to enlist with the QAIMNSR, but was invalided back to Australia in May 1916.\textsuperscript{105}

Another example of the broad range of allied nursing services that Australian nurses joined was the French Flag Nursing Corps (FFNC). This Corps was established in 1914 by Ethel Bedford Fenwick, to provide British nurses for the severely strained and over-loaded French military hospitals.\textsuperscript{106} The French Red Cross and the FFNC accepted volunteers from all allied nations who were ‘provided with board or an accommodation allowance’.\textsuperscript{107} This relatively unrestricted form of entry would have encouraged Australian civilian nurses to enlist with that service. According to Christine Hallett, in contrast to

\textsuperscript{103} NAA, K159 K159/4 MP3090, Medical Case file, Annie Connolly, Dr D. Moon, to the Department of Repatriation, 24 July 1920.


\textsuperscript{105}NAA, A2489, 1920/619, Lilian Mitchell, 26 June 1915; see also, NSW Registry of Birth Deaths and Marriages: Index to Marriage Certificates 1921/1541, Lilian C & Charlotte L Mitchell. She was also known as Lilian or Charlotte Lilian Mitchell as her marriage was registered under both names.

\textsuperscript{106}Ethel Bedford Fenwick had worked to procure a nationally recognised certificate for nursing, to safeguard the title ‘Nurse’: she helped introduce laws to control nursing and to bring about the registration of nurses.

Britain nurses in countries such as Germany, Italy, Russia and France had 'little professional status receiving only limited training with the Red Cross or in religious orders'. 108 This therefore created an opening for fully trained civilian nurses such as the Australians to serve with the FFNC and in other countries in Europe.

When nurses enlisted with the FFNC they were required to have completed their full nurses’ training of three years and to be able to speak French. 109 This selection benchmark meant that women who joined the FFNC were likely middle class, as it was not common for working class British women to be fluent in French. Originally under the authority of the French War Office who undertook part of the financing, from April 1917 the Corps was financed by the British Committee of the French Red Cross. The French Ministry of War acknowledged the valuable contribution of the hundreds of foreign nurses from neutral and allied countries who joined the FFNC. 110 As French nurses were anxious to work under these highly trained foreign nurses it is unlikely that there were tensions between the two.

Before joining the FFNC, Louise (Louie) Cole Dorrington tried to join the QAIMNSR, but was told by the matron that ‘they were only taking British subjects and as an Australian she was not eligible’. 111 As she was indeed a British subject, this was a strange comment but

110 Ibid.
111 ‘Australian Nurses in Russia’, The Register, Adelaide, 3 July 1920, p. 11
indicates that there was a disregard or prejudice against colonial nurses. Dorrington had been travelling for two years in Europe and was in England when war began.\textsuperscript{112} She showed the letter to the Australian High Commissioner, Sir George Reid, who enjoyed it immensely. Her association with Reid led to her receiving an invitation to join the FFNC. He had no compunction about Australian trained nurses serving with another country.\textsuperscript{113} At least three other Australians: Lydia Abell, Mabel Gale and Ellen Lowe were among the 250 'British' nurses who served with this organization. Ethel Ubsdell, an English nurse who later married Australian Charles Fryer a member of the Society of Friends, also served with the French Flag nurses. After the war the couple settled in South Australia.\textsuperscript{114} There may have been more than these five as surviving information about the war service of women who served with this Corps is sparse and difficult to locate. It appears nurses joined the FFNC after having been rejected by other services, indicating plainly their determination to serve.\textsuperscript{115}

Owing to the success of the FFNC, Australia provided twenty nurses who were members of the Australian Trained Nurses Association, 'as a gift to France'.\textsuperscript{116} Even though this group (who became known as the Bluebirds), appeared to have few problems either financially or on their journey to France, their war service was not

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\begin{itemize}
  \item \textsuperscript{113} \textit{Ibid}.
  \item \textsuperscript{114} AWM, PR86/342 Ethel H Fryer 1886-1965.
  \item \textsuperscript{115} Hallett, \textit{Op.cit}.
  \item \textsuperscript{116} \textit{The British Journal of Nursing}, Vol. 57, 16 September 1916, pp. 230 & 231.
\end{itemize}
recognised by the Australian government after the war. As a consequence, they were not considered eligible for repatriation benefits.\textsuperscript{117} Elsie Cook, (nee Shepphard) had previously joined the AANS, but resigned because of her marriage to Sydney Cook son of Liberal Party politician and Prime Minister, Joseph Cook. She was one of a small number of women who were allowed to serve as a nurse whilst married.\textsuperscript{118} At least four in this cohort, Lynette Crozier, Minnie (aka Winifred) Hough, Hilda Loxton and Helen S. Wallace, served with the Mobile Hospital of American socialite Mrs Bordern Turner at her Hospital at Beverau, twenty miles from Dunkirk from March 1917. The hospital was moved to Rausbrugge in Belgium on 21 July 1917.

Many Australian nurses were residing in England when the war began which led to their enlistment with an allied service outside of Australia. One hospital, the Australian Voluntary Hospital (AVH), was formed specifically to utilize the large number of ‘medical men and women’ living in Britain.\textsuperscript{119} On 5 August 1914 at a meeting at the Commonwealth Offices in Westminster, a plan was made to fully use the services of these Australians. Recruiting began on 13 August and only six days later on 19 August, a unit was mobilised at Ranelagh, near London.\textsuperscript{120} Nellie Weston Crommelin who had been working at the American War Hospital at Oldway House, Paignton on 23 November

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\textsuperscript{118} AWM, 2DRL/108, Elsie Cook.
\textsuperscript{119} AWM27, 371/93: Medical Organization, Report on Voluntary Hospital, 6 October 1914.
\textsuperscript{120} Ibid.
\end{flushright}
Lady Rachel Dudley, who had recently returned to London from Australia, was given authority by the Executive Committee to supervise the unit and co-ordinate fund raising in Australia to finance the hospital. Australian Dr Douglas A. Shields was appointed Surgeon-in-Charge and hospitals were set up at Wimereux and St Nazaire in France. This unit funded and staffed only by Australians left for France on 27 August 1914. There are no accurate numbers to show how many Australian women served with the AVH. The number of Australian nurses with the AVH is estimated to be forty-eight.

Because of restrictions that prevented many Australian nurses joining the AANS, a large number took up war service with a country in which they were living. Entry into the Canadian Army Nursing Corps (CANC) was by a quota system similar to the AANS and as in Australia, there was fierce competition to get in. Cynthia Toman from the University of Ottawa has compiled a database of 2,800 Canadian nurses who served during World War One. This database includes the names of three Australians, Mary Browne, Ethel Qua (nee Loneragan) from New Zealand,

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121 AWM, PRO0065 Papers of Nellie Weston Crommelin, 23 November 1914.

122 Lady Rachael Dudley was the wife of William Humble Ward 2nd Earl of Dudley the Governor General of Australia between 1908 and 1911 who before that had been Lord Lieutenant of Ireland (1902-1905).

123 In 1909, Douglas A. Shields operated successfully on the Countess of Dudley removing a stone from a uterine artery. After this success, she believed his talents were wasted in Australia.


125 AVH, Australian Voluntary Hospital: Nominal Roll of Nursing Staff—supplied by Dr Amanda Andrews.
South Wales and Leila Mildred Brown from Tasmania.\textsuperscript{126} The three nurses enlisted in England, but why with Canada and not with the QAIMNSR where many other Australians joined? Little is known about Mary Browne, but the journey to war undertaken by the other two women provides some explanation about their choice of service with Canada. Leila Mildred Brown travelled to British Columbia on the \textit{Marama} arriving on 15 November 1911.\textsuperscript{127} Her reasons for travelling there are not known, but possibly she had a connection with Canada prior to the war that remained constant. Ethel Qua also travelled to British Columbia arriving on 28 May 1913 after spending two years nursing in Honolulu. Qua was working in Vancouver as a nurse when war was declared.\textsuperscript{128} She was told that ‘as she was an alien, Canadian nurses would be taken first’.\textsuperscript{129} She immediately ‘contacted doctors she knew as well as influential friends asking them to wire Ottawa on her behalf’.\textsuperscript{130} The rules were waived as she was called up on 18 January 1915, travelling with other Canadian nurses to England where she formally enlisted in London on 24 February 1915.\textsuperscript{131} She would have become friendly with these Canadian women, so possibly she was happier serving with those she knew rather than forming new

\textsuperscript{126} Email: Cynthia Toman to Selena Williams, 13 May 2011.


\textsuperscript{128} State and Mitchell Library, (SMLNSW), MSS 7316, Ethel Qua, nd.

\textsuperscript{129} \textit{Ibid.}

\textsuperscript{130} \textit{Ibid.}

\textsuperscript{131} Canadian Army Nursing Corps (CANC), Attestation Paper, Ethel Qua (nee Loneragan), 24 February 1915. Document supplied by Cynthia Toman.
acquaintances in the QAIMNSR. On the other hand, even though Ethel May Weiss arrived in Winnipeg Canada in 1913 and nursed in Canada until 1915, she sailed to London on the *Grampian* and joined the QAIMNSR.132

Australian Aboriginal, Marion Leane Smith was born in Liverpool New South Wales in 1891 and moved to Canada with her parents when she was a child. Her mother Elizabeth was the daughter of Lucy Leane from the Cabrogal clan of Liverpool, a Sydney suburb.133 Elizabeth married Englishman George Smith who was her cousin.134 Marion Smith joined the Victoria Order of Nurses in Montreal in 1913. In a letter written on 4 March 1919 from the University War Hospital, Southampton, England where she was working, she asked for passage back to Canada, stating that she joined the QAIMNSR in Montreal on 2 March 1917.135 Smith served in France as a staff nurse with the QAIMNSR between 30 March 1917 and 1 September 1918.136 As Ethel Weiss had done, Smith served with the QAIMNSR and not with Canada.

While enlistment policies in Australia may have been reason for joining the South African Military Nursing Service (SAMNS), the location of South Africa closer to the front was another. There was no embargo on women travelling to South Africa which could have contributed to

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132 NAA, B73/75, M38271 Medical Case File, Ethel May Weiss.


134 Ibid.

135 NAUK, WO399/7731, Military file, Marion Elizabeth Smith.

the enlistment of Australian nurses with the SAMNS.\textsuperscript{137} May Cameron found when she attempted to join the AANS she was refused entry because of restrictions placed on the number of enlistments. Determined to assist the allied war effort and denied that opportunity by her own country, Cameron was one of a small number of Australian women who served with South Africa. The SAMNS was founded under the South African Defence Act of 1912 but had no major function until August 1914. Nursing had played an important part in South African military history as nurses served during the Zulu Rebellion during the nineteenth century. They also served as members of the Medical Services in the Natal Campaign of the Anglo-Boer War where their services were urgently needed. In that war, South African nurses served with the Boer forces as members of the Red Cross organisation, ‘Het Transvaalsche Roode Kruis’. This organization was created in Pretoria before the war with the approval of President Paul Kruger.\textsuperscript{138} In late October 1915, the South African Government despatched a hospital and staff to Europe.\textsuperscript{139} Using sources held at the Archives of South Africa, four Australians have been identified as serving with the SAMNS - Mary Forster, Muriel Vaughan Jobson, J. Smith, and May M. Cameron who joined the SAMNS in 1915. A fifth whose place of birth is unknown, Dulcie Liddle Fuller, was discharged from the SAMNS to Melbourne.


\textsuperscript{139} Nursing and the War, \textit{The British Journal of Nursing}, 23 October, 1915, p. 330.
after the war. She served as a probationer nurse with South Africa between 15 November 1917 and 21 May 1919.140

There were few if any restrictions placed on Australian women serving with the New Zealand Army Nursing Service (NZANS). Indeed, some New Zealanders trained in Australia and served with the AANS. On application, as well as the usual questions about training, Australians were simply asked their place of birth and whether they were a British subject. Twenty six Australian nurses including Matron-in-Chief Hester Maclean, have been identified as serving with the NZANS. Hester Maclean was born in 1859 at Sofala, in New South Wales. After training at Prince Alfred Hospital in Sydney she held several nursing positions in Australia before being appointed successor to Grace Neill as Assistant Inspector of Hospitals and Deputy Registrar of Nurses and Midwives in New Zealand.141 She became Matron-in-Chief of the NZANS in 1913.142

Three of the twenty-six Australians did their nursing training in New Zealand which may explain why they served with New Zealand.143 These three women were Svea Fogelin, Edith Webster and Ruth Gilmer who had travelled to New Zealand in 1910.144 Edith Popplewell born at Kaikora in New Zealand, moved with her family to Ballarat in Victoria,

140 Department of Defence, Republic of South Africa, Military service file, SAMNS, Dulcie Liddle Fuller, 3 June 1919.


142 Ibid.

143 Archives of New Zealand, Defence Force Personnel Records, AABK, 18805.

144 Ibid; Svea Marie Victoria Fogelin No. 22/23; Ruth Gilmer No. 22/204; Edith Ramsay Webster No. 22/452.
sometime after 1892, where she did her training and later returned to her birth country to serve with New Zealand. It is unclear how many other Australians were in New Zealand prior to the war. Beatrice Brooks trained at Melbourne Hospital but was nursing at the Balverdale Hospital in Wanganui before she enlisted. Carrie Walton (nee Young) who was born in Sydney was working at Auckland Hospital when the war began.

On April 8th 1915 the first contingent of fifty nurses from the New Zealand Army Nursing Service under Matron-in-Chief Maclean, set sail from New Zealand for Egypt on the SS Rotorua. She described them as a 'picturesque group in their coats of grey and scarlet, like that of the British Army Nurses' uniform, but with a silver badge of fern leaf and a red cross to represent New Zealand'. This group of nurses, the first to leave New Zealand for war duty, were assigned to military hospitals throughout Egypt. After making a full inspection of working conditions and facilities, Maclean returned to New Zealand in October that year where she took on the full responsibility of running the NZANS. She made a point of selecting and equipping all army nurses and was in the habit of seeing them off when they left for the war, and meeting them when they returned to New Zealand.

145 Hester Maclean, New Zealand Army Nurses, Whitcombe and Tombs Ltd., Auckland, 1923, p. 89.

MASSAGE AND MASSEURS

The Almeric Paget Massage Corps was founded in August 1914 in England by Mr and Mrs Almeric Paget. The couple ‘were anxious to assist with the care of the wounded in the most practical way because they believed that an enormous amount of good had been done by masseurs in the recent Servian (sic) war’. By November 1914 it had become clear that there was increasing need for their services. A massage and electrical out-patient clinic was opened in London for the treatment of the wounded, largely financed by the Pagets. By March the following year, this clinic became the model for others set up in convalescent hospitals throughout the United Kingdom. Initially there were around fifty masseurs working in military hospitals in the United Kingdom in locations ranging from Brighton to Birmingham. At first, remuneration was to be ‘not less than £2.10.10 weekly living out or £1.1.0 weekly living in’. Typically the work massaging muscles and manipulating legs and arms was arduous and the days long as a masseur could treat between thirty and forty patients each day. There were essentially two classes of masseuses and masseurs. Those employed in military hospitals were to receive £3 if they found their own accommodation and had to pay for fuel and lights, but if they lived in, a deduction of 5s 6d per week was made to cover these.

147 IWM, BRCS 25.6/8, Almeric Paget Massage Corps, Isaac French Hon. Secretary c1959.
148 IWM, BRCS 25.6/9, APM Massage Corps Rules, December 1916.
150 IWM, BRCS 25.6/11, Army Council Instruction, No. 779 of 1917.
employed to work in convalescent posts and command depots received £3 per week if they had their own accommodation and £2.14.6 if they did not.\textsuperscript{151}

In the first months of 1915 the Almeric Paget Corps was officially recognized by the War Office with an Advisory Committee established to discuss all matters relating to massage in the military. A sub-committee was formed to select and screen candidates for training and the gaining of qualifications strictly controlled. The word ‘military’ was added to its title in December 1916 and it became known as the Almeric Paget Military Massage Corps (APMMC). Early in 1917 a number of Australian women sailed to London to join the APMMC and by the middle of 1917 were serving in France.\textsuperscript{152} Approximately 70 Australian nurses who were members of the AANS also received training in massage, electricity or galvanic battery, receiving their diploma either before or in the early years of the war. This number has been verified by A.G. Butler.\textsuperscript{153} These women included Bertha Mary Williams, and Jean and Annie Scott who both worked in India.\textsuperscript{154} In August 1915 six (staff-sergeant) masseurs and twelve (staff nurse)

\textsuperscript{151} Ibid.

\textsuperscript{152} Smith, \textit{Op.cit}; Australian women known to have joined the APMMC during the war, include Myril McDougall Lloyd (nee Bowman), Roslyn Newel Riordan (nee Rutherford), Mrs. Eza Gamon-Bailey, Mrs. M Hamilton, Ethel Squire, Louise Tangye, L.E. Armstrong and Marion Isobel Bingham Broughton.


\textsuperscript{154} Harris, \textit{More than Bombs and Bandages, Op.cit.}
masseuses embarked from Australia for service with the Australian Hospitals in Egypt and England.  

**PARAMILITARY UNITS AND WOMEN’S SERVICES**

The paramilitary units in Britain during the war can be divided into two major categories: the volunteers and the women’s services. The Women’s Volunteer Reserve (formerly known as the Women’s Emergency Corps) drew its members from across Britain but had its roots in the Women’s Social and Political Union founded in Manchester by Emmeline Pankhurst in October 1903. The Home Service Corps was another voluntary unit, although this was purely a local district Corps with no Australians identified in its membership. Included within the category of voluntary corps were the Women’s Auxiliary Force, Women Signallers and the Women Volunteer Motor Drivers. Very similar to the VADs, the First Aid Nursing Yeomanry (FANY) was another voluntary unit and took pride in being the first volunteer corps to work at the front.

The second major category was the women’s services, although these were not purely voluntary services as women received wages. The largest, the Women’s Army Auxiliary Corps (WAAC) formed in

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1917, evolved from the voluntary organization the Women's Legion.\textsuperscript{159}

The Women's Royal Naval Service (WRNS) and Women's Royal Air Force (WRAF) were two other paramilitary services, formed in 1918.

The WAAC was established in 1917 chiefly as a result of an acute manpower shortage in Britain that occurred toward the end of 1916.\textsuperscript{160}

Due to these employment shortages which were judged to be at a crisis point, the War Office reluctantly acknowledged that women were capable of taking over many of the jobs that 12,000 men in non-combatant rolls were occupying.\textsuperscript{161} Despite some initial difficulties such as questioning whether women would have enough strength to take on army work, by April 1917 35,000 women had registered for service. \textsuperscript{162}

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\textbf{NAUK, NATS 1/109}

Women’s Army Auxiliary Corps Recruitment Poster

\textsuperscript{159} The Long, Long Trail: The British Army 1914-1918, \texttt{http://www.1914-1918.net/women_orgs.htm}. The following text has been copied verbatim: ‘Launched in July 1915 by the Marchioness of Londonderry, the Women's Legion became the largest entirely voluntary body. Although it was not formally under Government control or part of the army, in the spirit of the times its members adopted a military-style organisation and uniform’; The WAAC was formerly constituted under Army Council Instruction 1069 of July 1917.

\textsuperscript{160} In 1918, the WAAC became known as the Queen Mary's Army Auxiliary Corps.

\textsuperscript{161} Wellcome Library, SA/MFW/C.168, Note on the work of medical women with Queen Mary’s Army Auxiliary Corps during the War 1914-1918, 16 January 1947.

To be accepted into the WAAC, it was necessary to pass a medical examination, provide two references and attend a selection panel. Generally, occupations in the WAAC were split into the following categories: clerical, household (including cooks and waitresses), technical (covering many trades), general unskilled, mechanical (driver-mechanics), telegraphists and telephonists. The last two categories were to be used exclusively overseas. Even though many of these occupations required little experience, some women motor drivers were required to 'be able to undertake running repairs with at least 6-9 months experience driving cars.'

Undoubtedly the WAAC more than any other paramilitary corps, had the greatest number of Australian women members, with twenty-six identified on the National Archives of the United Kingdom web site and TROVE. One Australian woman, Dora Ashley, served with the WRAF. Ashley enlisted on 24 June 1918 at age twenty-eight as a driver at the Military Repairers Depot, Wormwood Scrubs in the north-east corner of the London Borough of Hammersmith and Fulham in London. Because women who joined the Australian Women’s Service Corps in 1917 were refused work at the front, this could have motivated them to enlist with the WAAC in England. The work was similar in the two Corps where drivers, office workers and cooks were needed. There

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163 Ibid.
164 NAUK, NATS 1/1286, General Correspondence, WAAC, 27 June 1917.
165 NAUK, WO398, Women’s Auxiliary Army Corps, Personnel Records.
166 NAUK, Medical Card, AIR/80/7 Dora Ashley.
was a report that a Lieutenant Dickson visited Australia searching for recruits for the WAAC and many women could have answered the call to enlist. It is impossible to determine if any Australians joined the WAAC as a result of hearing about it through Dickson. Personnel details for the Australian Women’s Service Corps have not survived, but there are many similarities in the work undertaken by the two Service Corps. Joining the WAAC gave women without nursing qualifications a way to participate in the war directly. Many WAAC served in France, the first detachment arriving there toward the end of March 1917.

There are few commonalities in the background of Australian women who served with the WAAC, compared with women who served as VADs who were largely from the middle class. Military personal files held at the National Archives in London, show that Australian women who served with the WAAC represented a broad range of class and social backgrounds, coming from rural and urban areas across Australia. For example Clementine Ross, was the daughter of a poultry farmer while Gwladys King, born in Townsville Queensland in 1896, was the daughter of a master mariner. Ethel St. John Clarke’s father was a fellow of the Royal College of Surgeons, London and she had received her BA at Trinity College in Melbourne. Margaret Daisy

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169 NAUK, WO398, Women’s Army Auxiliary Corps (WAAC), Personnel Records.
171 NAUK, WO398/41 Ethel St. John Clarke.
Inglis Hamilton served with the WAAC in France for six months. The daughter of an orchardist from Mildura in Victoria, Hamilton left Australia in March 1916 with a girl-friend, taking a ‘pleasure tour’ to America and Canada, but by November was in England.\textsuperscript{172} Elizabeth Britomarte James came from a background where charitable work was part of her childhood. Her father was a chaplain who ran a Mission for Seamen in Melbourne.\textsuperscript{173} It was here assisting her father that she gained an insight into the hardship working women faced, possibly influencing her determination to serve with the VADs. She later served with the WAAC where she was put in charge of No. 1 Unit in Boulogne.\textsuperscript{174} Within the structure of the WAAC, the duties women took on reinforced established class distinctions. Working class women were largely relegated to cleaning and household work, middle class women mainly worked as clerks while administration and motor transportation was generally carried out by women from the upper and middle classes.\textsuperscript{175}

\textbf{ENQUIRY UNITS FOR PRISONERS OF WAR AND MISSING PERSONNEL}

The ARCS was first established in Melbourne on 13 August 1914 under the auspices of the BRCS. Following this, a Committee of the ARCS was quickly set up in London to support Australian soldiers in need. To aid

\textsuperscript{172} ‘An Australian WAAC’, \textit{The Queenslander}, Saturday 30 March 1918, p. 5 & 6; NAUK, Medal Card WO373/23 Margaret D. I. Hamilton.

\textsuperscript{173} NLA, MS 842, Julia Rapke, Papers on Various Australian Women.

\textsuperscript{174} Ibid.

its work, money was raised across Australia by workers from regional and city branches of the ARCS. Australian Red Cross Headquarters in London was divided into five distinct sections: 1) The Wounded, Missing and Enquiry Bureau; 2) Prisoners-of-War Department; 3) Entertainment Department; 4) Hospital Visitors and Supplies, and 5) the Newspaper Department. The Wounded and Missing Enquiry Bureau was established principally to locate missing service men, with two major centres first set up in Malta and Egypt. The scale of this Bureau and the work it carried out was immense. In Egypt, the head office was in Alexandria but there were also smaller offices in Cairo, Port Said, Benyha, Shebin-el-Kom, Damanhour, Mansourah, Suez, Tanta and Zagazig. Vera Deakin established the Bureau in Egypt on 20 October 1915. Around the time the AIF moved to France from Egypt in March 1916, the Bureau with Deakin at its head moved to London. Deakin, youngest daughter of former Prime Minister Alfred Deakin was assisted in London by Maie Casey (nee Ryan), Muriel (Winifred) Johnstone and Lilian Avis Whybrow (who was to marry the younger brother of Dr Vera Scantlebury).

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176 "The Red Cross Society", Wagga Wagga Express, Tuesday 6 October 1914, p. 2.
178 AWM41,1616, Red Cross Report, nd.
Miss Anna Mary Brotherton also worked at the Bureau at its London office. She had travelled to England with her niece Miss Cherry on the Mooltan early in 1915 but due to the long difficult journey back to Australia the two women remained in London. Miss Cherry, who had been a school teacher in Australia, was employed in the same field in London, a role which would have released a male teacher to the army.

In 1916 Mary Elizabeth Chomley was appointed Secretary of the Prisoners-of-War Section of the ARCS in London, assisted by Pauline Reid from Western Australia who was appointed General Service Superintendent. Born at ‘The Springs’, Malvern, Victoria on 29 July 1871, Mary Chomley was the daughter of Judge Arthur Wolfe Chomley and Juliana Charlotte Hogg. Initially between 1915 and 1916 Chomley worked at the thirty-five bed Princess Christian’s Hospital for Officers

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183 Australian Women’s Register, Mary Elizabeth Chomley, http://www.womenaustralia.info/bib/AWP001297.htm
in London. In addition to the work of the Prisoners-of-War Department and the Wounded and Missing Enquiry Bureau, the ARCS provided care and support for Australian soldiers. Hospital visitors were profoundly important to soldiers convalescing. Additionally, the Entertainment Committee was managed by Florence A. Aikman who was appointed its Quartermaster and Assistant Secretary. Mrs Aimee Hewson was appointed Assistant Quartermaster of the Newspaper Section and Miss Florence Henty, Assistant Quartermaster. These positions were all voluntary.

Voluntary work during the war was at the forefront of female activities both in Australia and overseas but as Joan Beaumont has argued ‘it has been discounted and neglected and seen as ineffective, within the masculinist war effort’.\textsuperscript{184} Yet it was far from that because female volunteers were a diligent, hardworking force in their own right. Large numbers of Australian women undertook voluntary work with the Australian Comforts Fund (ACF) in Australia and London, making and distributing small gifts to soldiers, as well as tea, coffee and soup. The ACF was established on 4 August 1916 and officially ceased on 16 April, 1920. Soon after the beginning of World War Two in 1940, the ACF was reformed and many of its duties taken over by the Australian Red Cross Society.\textsuperscript{185} The ACF also had centres in Cairo in Egypt and Le

\begin{itemize}
  \item \textsuperscript{184} Joan Beaumont, \textit{Whatever Happened to Patriotic Women, 1914-1918?} \textit{Australian Historical Studies}, No. 115, p. 280.
  \item \textsuperscript{185} Ernest Scott, \textit{Australia during the War}, Angus and Robertson, Sydney, 1943, p. 723.
\end{itemize}
Havre in France. The work of the ACF was greatly appreciated by
soldiers at the front.

We desire to acknowledge our debt to the Australian Comforts
Fund. Their soup kitchen was the goal to which even the
weariest man persevered during the dreadful outward journeys
from the line.

The above statement was made by a battle weary soldier after the
Battle of the Somme, a member of the 22nd Battalion of the Australian
Imperial Force (AIF).

Australians both men and women, also worked for the British
and Australian branches of the YMCA catering for the recreational,
social and moral welfare of the soldiers. Two hundred and fifty YMCA
centres were opened within ten days of the declaration of war set up ‘as
a home away from home’. Services provided by many of the voluntary
organisations overlapped in some respects, despite each having its own
distinctive operational structure. Enid Laura England (nee Clarke),
Annie Laurie Edwards, a graduate of the University of Sydney and
Constance and Florence Kirkpatrick from Tilpa, NSW all served with the
YMCA. As well, Rose Venn-Brown of Sydney worked with the British

186 AWM27, 570/2, Voluntary Organizations and Women’s Services, Australian Comforts Fund
188 Ibid.
189 AWM27, 574/1, Australian YMCA in the War.
190 IWM, 3 10/3, Leaflet, Women at Work Collection, Benevolent Organisations, ‘The story of how the YMCA seized a great opportunity’, nd.
191 University of Sydney, Magazine of the Women’s College, July 1915, p. 13. Annie Edwards was the daughter of George Bertram Edwards, Federal Politician.
YMCA in France for four years. This was not her first choice and despite her long service with the YMCA, she stated in June 1918 that she would rather have worked in a voluntary capacity with the Red Cross. 

On 14 December 1915, a committee of Australian women living in London met to discuss how they could assist Australian soldiers discharged or on leave in London. The work of this group which was purely voluntary began because of reports about the poor treatment, lack of care and facilities available for Australian troops and nurses on leave or convalescing in England. The office of the Australian Medical Services in England had similar concerns reporting that, ‘some Australians here in England are being half starved and neglected, also perishing from cold and have no comfort’. Other reports outlined how some men walked the streets at night, or were discharged without funds, while others were weak and exhausted without food, water or lodging.

Despite this being nearly a year after the No. 1 Australian Auxiliary Hospital at Harefield Park was established chiefly to care for Australian convalescent and wounded soldiers, there was still concern among expatriate Australians about the welfare of Australian soldiers and nurses in England.

192 AWM, 2DRL 0598, Rose Venn-Brown Civilian YMCA & Red Cross worker.
193 AWM27, 570/2, Red Cross, YMCA, Australian Comforts Fund and Australian Graves Detachment, Correspondence, Reports to and from Miss Rose Venn-Brown, Rose Venn-Brown to Colonel Hayward, Red Cross, Havre, France, 8 June 1918.
The women on the committee represented each state of Australia: Miss Preston (NSW), Mrs E. Myer (Vic), Mrs Beatrice Huck (QLD), Miss Tess Naylor (Mt. Gambier, SA), Mrs E. Thompson (WA) and Miss Maxwell (TAS). Mrs. E Myer was possibly Rosa Myer, the wife of Elcon Myer who was in London organizing shipments of cloth to Australia. In 1915 Elcon Myer enlisted in the Army Service Corps, first working in England, then from May 1917 in France.

We listened to these stories for a very long time before realising ... that (other) women of the Commonwealth would wish us, the Australian women in London, (to be) responsible to women in Australia.

There is little doubt that the middle-class women on this Committee agitated strongly for change, believing that there were serious shortcomings in the way the Commonwealth Office was looking after Australian service-men and nurses in London. While government responsibility in relation to the care of soldiers is outside the scope of this thesis, concerns raised by these women and the way they set out to make changes, extended the bounds of philanthropy and charity.

Even though by the end of 1915 there were literally thousands of voluntary associations working for the war effort, these women felt they had a social and patriotic obligation to assist Australians away from home, by voicing their disapproval of what they considered to be unfair treatment. Australian women from a similar class to theirs were inclined to carry out activities which Beverley Kingston has described

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as being ‘attuned to community needs’. Much of the philosophy behind this type of work had its foundation in the gendered Christian ideal of unselfish behaviour, central to the philanthropic actions of many Victorian social reformers. As middle-class women with the financial means to bring about change, they also had the social connections to address issues of concern. Nonetheless forming the Women’s Committee in London was not the only wartime work for some of these women. Beatrice Huck and Tess Naylor also worked at the Anzac Buffet along with many other Australian women living in London during the war, including Margery Innes-Noad, Ruth Murray-Prior and Minnie Rattigan.

CONCLUSION

Australian women joined many organizations and services during World War One and these have been described in this chapter. Prevented from serving with their own country, a large number of women left Australia seeking employment in the paramilitary services or as doctors, nurses and VADs. Many women without medical skills became volunteers visiting hospitals or simply handing out tea and soup at railway stations. To do something, however inconsequential, was better than doing nothing. Residence overseas, chance and even

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201 Beverley Kingston, My Wife, My Daughter and Poor Mary Ann, Thomas Nelson, Melbourne, 1975, p. 25


203 AWM, Souvenirs: Anzac Club, Pubs 2/6/1/3/1.
fortuitous contacts created opportunity but also allowed women to
fulfil their aspirations for many types of war work. Residence overseas
provided greater opportunities and a broader range of occupations
than those available for women in Australia. Many Australian women
were constrained by distance and financial circumstances or
government and military controls. Joining an organisation or working in
a country other than Australia therefore related to accessibility and
proximity to organisations, to the war front, or services that allowed
them to join with little questioning or delay. Moreover, the limitations
placed on wartime enlistment of nurses and doctors with the army
became a principal driving force behind the journey that so many took
from their own country seeking employment.

The following chapter will outline the motivations and pattern of
travel that these Australian women undertook in their journey to war. It
will show how class and social background provided the means for
many to become employed in a range of services and occupations. It
was their talents as writers, artists and entertainers that determined
what activity they became engaged in. The war service of Australian
women cannot be divided simply into paid or unpaid workers.
CHAPTER TWO

TRAVELLING THE ROAD TO WAR

‘I wanted to visit as many countries as possible’¹

Ethel May Weiss – 1911

In the period prior to World War One, travel captured the imagination of many women. Remembering her journey in 1958 when she was eighty-one years old, Ethel May Weiss still remembered what motivated her to leave Australia, ‘I wanted to travel as much as funds would permit’.² When she left Australia bound for Honolulu on the Makura on 13 March 1911, she was an experienced nurse who had been working for nine years. A Victorian born in Pleasant Creek near Stawell, Weiss had lived at home until she began her nursing training at Melbourne Hospital in 1902.³ After spending two years in Honolulu, where she worked on Quarantine Island treating cholera patients, she sailed to Winnipeg, Canada taking care of a female patient on the journey.⁴ Her journey to war which began in peace opened up a whole new world of experiences, personal, cultural and professional. Weiss’s journey gave her freedom and independence but it was through nursing, in Australia and abroad, that she had the financial means to travel.

¹National Archives of Australia, (NAA), B73/75, M38271, Medical Case file, Ethel May Weiss, Statement of Evidence, 1958.

²Ibid.

³National Archives United Kingdom, (NAUK) WO/399/8829, Service Record Ethel M. Weiss; when she applied to join the QAIMNSR, Weiss gave her date of birth as 3 September 1882 although 1877 is the correct year.

This chapter will examine Ethel Weiss's journey and those similar to it to understand why hundreds of Australian women travelled from their own country, either singly or accompanied, in the late nineteenth and early twentieth century. It will show that there were variances and parallels in patterns and modes of travel governed by social class, cultural background, or professional and career aspirations, as well as a desire for personal fulfilment. Many of these journeys begun in a time of peace, created the opportunity to obtain war work in a medical or civilian occupation, in a time of war. Australian women travellers came from all social classes and urban and rural regions across Australia. These journeys brought into play external processes and influences that contributed to a growth in self-development, maturity and independence.

Nurses and doctors travelled abroad before the war to gain professional skills, but so also did writers, entertainers and artists who travelled widely to increase their expertise and to gain recognition in their field. The discovery of self through travel therefore, whether for personal enrichment, education or career advancement, meant that few women returned home the same as when they left. Ros Pesman has argued, ‘that within colonial Australia, journeys were inward … over land, they were heroic and predominantly a male preserve’. 5 She contends that as women were excluded from these masculine inward journeys they travelled from Australia ‘with freedom and assertiveness

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... journeys that despite the dictates of patriarchy were by comparison outward and inspiring'. As such, Australian women travellers had the opportunity to see the world and were awakened to a multitude of experiences, far removed from the commonplace and traditional lives they had left behind.

Statistics in the decades leading up to World War One indicate clearly that Australian women travelled to England in large numbers increasing ‘from around 2,000 per year in the 1870s to around 10,000 per year in the 1880s. By 1911 ‘some 23,000 Australian born residents were living in England and Wales with 13,000 of these being female’. In 1880, 7,801 female travellers departed from NSW, a number which continued to rise until 1913 when 43,042 females left this State. Many of these women were accompanied by another woman who acted as a companion during the journey. This was a form of chaperonage, even if it was not stated. For young single women particularly, this form of travel was governed by quite formal class and social conventions. Chaperonage was a form of moral protection for daughters that enforced and maintained the set standards of their class. Being chaperoned was primarily a tool that gave numerous women the means to travel and also the opportunity to visit and explore a more cultured

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6 Ibid.
8 Ibid.
world, to gain qualifications, to advance careers and to gain recognition for their endeavours in a way not possible in Australia.

Taking a tour of Europe created a more liberal education gained through 'classic texts and established authority and personal experience'. Originally taught privately, daughters of wealthy Australians were sent to England or Europe for a private education or 'finishing'. Touring the continent with two residents from her home town of Forbes, namely Mrs. Galbraith and her daughter, Rania MacPhillamy had the opportunity to 'finish' her education. Initially the domain of the aristocracy, 'finishing' was extended to middle class rural families such as MacPhillamy’s before the war. This was a way to form a connection between Australia and Europe as well as England with its 'fashionable society, civilised culture and manners'. Undertaking a tour in pursuit of such refined culture became both a privilege and a duty for many middle-class Australian women. Sisters Iso and Alison Rae travelled with their mother when they left Australia for Europe in the late 1880s, as did Hilda Rix Nicholas in 1907. On both voyages, the mothers of these young women were companions as well as chaperones. In 1914 when Stella Bowen was twenty one, she travelled from Adelaide to England with a shared chaperone to study at the

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13 Female artists who travelled overseas prior to the war, cited in *Ibid*, Dorrit Black, Grace Cossington Smith, Bessie Davidson, Bessie Gibson, Hilda Rix Nicholas, Kate O’Connor, Margaret Preston, Thea Proctor, Norah Simpson, Ethel Spowers, Jessie Traill and Marie Tuck, p. 52.
Westminster Art School in London.\textsuperscript{14} Without companions, these women may not have had the chance to travel at all.

**THE NOTION OF THE ‘AUSTRALIAN GIRL’**

By the end of the nineteenth century and into the early twentieth century, women travelling alone began to have greater access to public places previously unavailable to them, becoming as Richard White has demonstrated, ‘simply tourists and travellers’.\textsuperscript{15} With the continued growth in modernity, women increasingly travelled alone or with a female friend up to and into the first three years of World War One. Many of these women can be considered adventurous but also accomplished and self-assured, attributes which Catherine Martin described in her 1890 fictional account, *An Australian Girl*.\textsuperscript{16} Rosa Campbell Praed likewise commented in 1899, ‘it wasn’t as if the Australian girl was cleverer, or prettier, or physically or mentally superior to girls from other countries, she differs enough to show that she is Australian’.\textsuperscript{17} As Angela Woollacott has outlined as well, there does appear to have been a ‘culturally based self-definition among Australian women travellers who saw themselves as confident and


\textsuperscript{17} Rosa Campbell Praed, ‘The Australian Girl’, *The West Australian*, Saturday 1 April 1899, p. 6.
capable’. Despite the journeys taken by countless women occurring three decades after *An Australian Girl* was published, many women travellers in this thesis had these inherent characteristics in their personality, demeanour and physicality.

The prime focus of Madge Eileen Anderson Brock’s journey was to take up war work in England. As an ‘Australian Girl in England’, her wartime experiences were outlined in the Adelaide newspaper *The Register* on 19 December 1916. Brock arrived in London on 2 August 1915, when she was only twenty-two. Evidently, she had many of the attributes Sharon Crozier-De Rosa described as allowing, ‘an exploration of the physical side of life’. Capable and confident, she never seems to have questioned her ability to take on a range of occupations. She travelled around England unrestricted and free, working in regional and urban areas as a motor or ambulance driver or motor repairer. ‘She kept steadily practicing on her brother-in-law’s car’, so that she was good enough she said. At one stage when she decided she wanted to drive an ambulance, ‘[she] applied to various headquarters and was not daunted by their replies’. As well as applying to become a member of the Voluntary Aid Detachment (VAD) Brock also applied to the Women’s National Land Service Corps. While

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22 Ibid.
the nature of the ‘Australian Girl’ was not markedly discussed or debated during the war, and while it is too broad an assumption to state that there was a particular ‘type’, many of the attributes outlined in this account were intrinsic to the actions of Australian women who left their country in peace and war.

The journeys taken by women both before and during the war therefore created opportunities as well as excitement and adventure, but also a growth and formation of personal identity. Douska Kahan for example, who left New York for Bordeaux with friend Meta Draper on 17 February 1918, declared that she was ‘setting out on her first adventure, without her family’.23 The passport she used to travel from New York to France is below.

![Passport photograph of Douska Kahan](image)

Australian War Memorial PR01177
Passport photograph - Douska Kahan

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Born in Sale, Victoria in 1884 Douska Kahan was the eldest daughter of Samuel and Susanne Kahan (nee Robellaz). The family had been residing in Coolgardie Western Australia in 1895 and by 1903 were in Manhattan, New York where Samuel Kahan had a watch-making business. The family was still living there when America entered the war on 6 April 1917 and it was sometime after this, that Kahan joined the American Red Cross, serving in the Tuberculosis Bureau in Paris, France from February 1918 until March 1919.

In late 1917 and early 1918, around the time Kahan joined the American Red Cross, it requested funds and volunteers from rural and urban communities across America. Fund raising was achieved through the auspices of the War Fund and the Roll Call Campaign. Both were advertised extensively and successfully throughout the country with

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$250 million eventually raised.\textsuperscript{25} Kahan could speak French, which provided her with an opportunity to work in France as a translator. She had lived in America for fourteen years which may have influenced her decision to serve with America although her brother Harry returned to Australia and enlisted with the AIF in Perth on 21 May 1915 which was before America’s entry into the war.\textsuperscript{26}

In many cases journeys to war taken by Australian women spanned accepted gender and class lines. Working for the war effort brought into play an opposing dimension far removed from the familiar and expected. Nancy Birdwood was presented at court by her mother ‘in that last peaceful spring of 1914’.\textsuperscript{27} A glittering occasion such as this was quite normal for a woman of her social background. ‘I felt like a princess’, Birdwood later stated in her autobiography.\textsuperscript{28} Soon after this she travelled with her mother and sister Judy to India, where her father was appointed Secretary of the Indian Army Department and served as a member of the Governor-General’s Legislative Council. The family travelled back to England after Birdwood was asked by Lord Kitchener to command the Australian and New Zealand Army Corps in France. Nancy followed later, arriving in London early in 1915. It is clear from her autobiography that her family’s connections with those in high

\textsuperscript{25} Ibid.


\textsuperscript{28} Ibid.
positions influenced her decision to become a VAD in London.\textsuperscript{29} Lord Suffolk and his wife, who were family friends, turned their home into a secondary hospital. It was suggested by Suffolk that Nancy Birdwood take up work as a VAD.\textsuperscript{30} Her father wanted her to work with Australian troops which she was determined to do, eventually obtaining one of the VAD places at No. 1 Australian Auxiliary Hospital, Harefield Park.\textsuperscript{31}

Travellers such as Nancy Birdwood were typical of Australian women with the financial means who left their country with members of their family. Ruth Murray-Prior, her sister Dorothea and their mother Nora arrived in Italy on 11 January 1913. Their journey to war began as tourists and after visiting Italy, they toured France and Germany. By 21 January 1915, they had arrived in London. As in so many other cases the outbreak of war altered their journey. War prevented their return to Australia and, as Nora was losing her sight, travelling became difficult. In England, it took several months for the sisters to decide they wanted to gain qualifications to serve in the war. On 27 June 1915, they passed their First Aid Examination to become VADs, and a month later passed the exams for home cooking and nursing. By 13 August 1915, Ruth Murray-Prior was working as a VAD at St. Mary's Hospital, Duxhurst which was taken over by the War Office on 20 July 1915 to

\begin{footnotesize}
\textsuperscript{29}\textit{Ibid}, p. 32.

\textsuperscript{30}\textit{Ibid}; Henry Molyneux Paget Howard was the 19th Earl of Suffolk. He served in Mesopotamia during the war but was killed at Istabulat on 21 April 1917. Lord Suffolk and Major-General Sir Neville Howse were associates of Nancy Birdwood’s father Field Marshal William Riddell Birdwood.

\textsuperscript{31}\textit{Ibid}, p. 33.
\end{footnotesize}
use as a Red Cross Hospital. From the beginning she struggled mentally and physically with the work.

I suppose I am too lazy. I am sure God never intended his creation to be on its hands and knees with its head down: even if cleanliness does come next to godliness.\(^{32}\)

Undoubtedly Murray-Prior found carrying out duties as a housemaid difficult, not an easy occupation for someone used to having servants.

Ethel Naida De Lissa was born in Sydney on 14 January 1877 into a wealthy Jewish family. Her father Montague was a successful wine and spirit merchant who had business dealings outside of Australia.\(^{33}\) De Lissa studied at the London School of Economics receiving her Bachelor of Arts with 1\(^{st}\) class honours in 1898. For a period, Ethel De Lissa tutored Gladys Marks who was privately educated and whose experiences appear further in this chapter. Tutoring gave De Lissa financial independence. After obtaining her degree, she returned to Sydney marrying Arthur Bensusan at Waverly in 1898.\(^{34}\) She then returned to London in 1901 with two small sons: Kilian born in 1899 and Vivian born in 1900. The family travelled widely for Arthur’s work, later joining him in South Africa where he was managing a gold mine. The Bensusan family now with another child, daughter Elaine, arrived in England on 10 April 1908 via South America,

\(^{32}\) NLA, MS 7801, Murray-Prior Papers, Box 4 Folder 25, Ruth Murray-Prior 11 September 1915; Ruth Murray-Prior was the half-sister of the writer Rosa Praed and the niece of Andrew ‘Banjo’ Barton Paterson.


\(^{34}\) *NSW Registry of Birth, Death and Marriages*, Marriage Index, No. 1898/8776.
sailing on the *Clyde*. Her husband’s occupation gave her the financial means and opportunity to travel as a married woman. Her education and intelligence provided the expertise to work as an examiner in London in the Press Section at the Ministry of Information at the War Office.

Gladys Marks was single when she travelled overseas for the first time in January 1913. She did so in the face of strong opposition from her father who during the war, threatened to cut off her allowance if she didn’t return home. Gladys Marks was born in Brisbane on 14 December 1883, the daughter of Benjamin Frances Marks a successful merchant. It is unclear if she travelled to Europe with a family member or with a friend although she definitely speaks of exploring with others, using the plural ‘we’. On her journey to Europe she passed through Colombo, finding it ‘mysterious and tantalising’. She experienced Colombo as an observer, as a place alien socially and culturally. Colombo was exotic, evoking connotations of freedom and adventure that removed it from the middle class world she knew. Undoubtedly as Edward W. Said has outlined, as a voyage of discovery, the journey taken by Marks revealed the clear delineation between east and west.

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36 NAA, A663, 0130/2/974, Mrs. Bensusan offer of services.


38 University of Sydney Archive, Gladys Marks Papers, Gladys Marks to ‘Dear ones all’.


Even though the excitement Marks felt on reaching Europe and particularly Venice was real, it was more as she expected and a culmination of her intentions to experience and discover its refinement and culture. By April she was in Venice, excited by what she was experiencing.

The grand-canal is a delight of arches and graceful columns ... I could have cried in sheer joy ... we got a gondolier who could sing ... we went along the Grand Canal for an hour and half in the moonlight and along each side the canal lights gleamed. We were wrapped in rugs and our man sang the sweetest boat and love songs. You can’t imagine anything more lovely or romantic. I feel as if I have had champagne.41

As Alison Mackinnon has demonstrated, professional women such as Marks,

(were irrevocably shaped by their experience ... they were now placed within a wider discursive space where narrow proprieties could be rejected, wider frames adopted.42

Gladys Marks did indeed adopt ‘a wider frame’ as by 1914 she was studying phonetics at the Sorbonne in Paris. War drove her out of Europe and by 1915 she was in London where she first chose to work with the Soldiers’ and Sailors’ Families Association. She had been in Antwerp when the war began, stating in October 1914, ‘I would rather help refugees than earn at present’.43 Seeing the plight of Belgian refugees affected her greatly, causing her to rush to the Belgian and French consul in Aldwych offering her help. ‘Thousands of destitute

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refugees ... those people tragic white and weary’. Even though Marks was in London for a relatively short period, it gave her strong insight into the effect war had on innocent civilians. It was her journey from Australia, one that had begun in peace, that was instrumental in determining the type of humanitarian work she undertook during the war. She had seen first-hand conditions in Belgium, one of few Australian women who were in Antwerp when the war started.

In Australia opposition to the war was initially minimal, but this altered after the disaster at Gallipoli in 1915 where 8,709 Australians and 2,779 New Zealanders lost their lives. As F.G. Clarke has contended, ‘the mood of the people changed’ from one of enthusiasm to one of grief about the heavy loss of life. Australian women took their own journey to war despite news of high casualties. It was quite common for wives of high-ranking military officers to accompany their husbands to England, France or Egypt as well. This was approved by the Australian Department of Defence, ‘if an officer was away from Australia for over twelve months’. Before the embargo on women travelling through a war-zone began early in 1917 they did so in great

44 Ibid, October 1915.
48 Obituary, Mrs. E.A. Wisdom, The Sydney Morning Herald, 11 November 1931, p. 15. Agnes Bell Wisdom followed her husband Brigadier-General E.A. Wisdom to Egypt. Agnes served with the ARC in Egypt and in England as a VAD.
49 NAA, B539, AIF270/1/476 Indulgence passengers, Despatch No. 48 to Secretary Department of Defence, 10 December 1916.
numbers. From this date, women who were not a part of the Australian services or attached to the military could not sail freely from Australia to England. Because of this, Roslyn Rutherford travelled via America to England arriving there in May 1917. When recalling his mother’s wartime adventures, her son stated that she received no official encouragement to enlist, but did so anyway.

Roslyn Newel Rutherford pictured here on the right in the uniform of the SHHFS, was evidently determined to serve during the war. Her second-class fare to America was nearly double her yearly wages with the Scottish Hospitals. This indicates that for Rutherford, being able to participate in the war was more important than any remuneration.

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50 NAA, B539, AIF270/1/556, Free Passengers in Transport or Hospital Ships; NAA, B543/0 W174/16/1567, Issue of Passports to women, 1917.


52 Ibid, Second class fare to America was £69/9/4, yearly salary with the Scottish Hospitals £35.
From the beginning of hostilities, fear for the safety of loved ones was never far from the minds of Australian women. The need to give care and support influenced many journeys taken by women from Australia. Before restrictions were placed on travel early in 1917, a large number of women left Australia to provide support for brothers, husbands or sons who were either recovering in England or Egypt or fighting in France. The journeys undertaken by these women were never culturally elitist, nor were they a societal expectation. Essentially these journeys were peripheral to the war effort or war service, as they were primarily a way to minimise the pain of separation and to provide care and support to family members.

Initially Elizabeth Britomarte James was torn between desire for her two sons Ronald and Cecil to enlist and the fear they would be killed or injured. She suffered,

(c)raven fears that they should not offer … how ashamed I should be, if in their country’s crisis, they failed to answer its call … I prayed that they might be true to their manhood.\(^53\)

After they left Australia bound for battle in the Dardanelles, she felt the pain of separation terribly. ‘Every casualty … had a horribly portentous interest … as the months past, the strain kept me at breaking point’.\(^54\)

Her greatest fears were realised in some way, with Ronald wounded at Gallipoli and Cecil at Lone Pine on the Gallipoli Peninsula. The only information their parents received from the authorities was that the brothers were recovering in hospital in England, so she decided to

\(^{53}\) State & Mitchell Library of NSW (SMLNSW), ML MSS 2871, Elizabeth Britomarte James, nd.

\(^{54}\) Ibid.
travel to England to care for her sons. Described by those who knew her as generous, warm hearted and physically and morally fearless, she seemingly did not lack the courage to do what she believed in.\textsuperscript{55} Travelling to England to care for both her sons was the starting point of her journey to war. As they recovered she sought war work herself joining the No. 1 unit of the Queen Mary's Auxiliary Corps.\textsuperscript{56}

Similarly the artist Vida Lahey left Australia for England so that she could provide support for her brothers Romeo, Noel and Jack who were serving with the Australian forces in France. One of twelve children from an affluent Queensland family, Lahey was by 1914 already working as an artist in her own studio in Brisbane. According to her niece Shirley Lahey, ‘her journey to London effectively meant she abandoned her career just when it was gathering strength’.\textsuperscript{57} The family were to suffer terrible losses during the war. By 1918, four cousins had died, her brother Noel in the centre of the photograph below, lost his life at Ploegsteert Wood and Jack was severely wounded twice.\textsuperscript{58}

\textsuperscript{55} National Library of Australia (NLA) MS 842, Julia Rapke, Papers on various Australian women: Elizabeth Britomarte James.

\textsuperscript{56} SMLNSW, ML MSS 2871, Elizabeth Britomarte James, \textit{Op.cit}.


During the war Vida Lahey undertook voluntary work in London as a chauffeur for service-men who were convalescing.\textsuperscript{59}

Alice Chisholm left Australia to support and care for her son Bertram who had been wounded at Gallipoli. Bertram was eventually transferred to a military hospital in Cairo for treatment. Alice Chisholm was fifty-nine when she sailed to Egypt in June 1915. After seeing the plight of Australian soldiers at Kantara on the Suez Canal she decided to set up a canteen there to address the needs of soldiers who were a long way from home.\textsuperscript{60} Her decision addressed the ongoing problems of boredom, restlessness and loneliness that soldiers were suffering, giving them a special place to relax after the rigours of war.\textsuperscript{61}

\textsuperscript{59} Shirley Lahey, \textit{Op.cit.}

\textsuperscript{60} Dame Alice Isobel Chisholm, \textit{Australian Dictionary of Biography}, http://adb.anu.edu.au/biography/chisholm-dame-alice-isabel-5586

\textsuperscript{61} \textit{Ibid.}
MUSIC AND THEATRE: WOMEN ENTERTAINERS – A BOOST TO MORALE

Women with theatrical or musical talents, who left Australia to gain recognition in their chosen career before World War One, found that with the start of war in Europe the nature of their journey changed. In a range of ways, their talents were now used to provide entertainment to the troops. Usually this was without the confinements of uniform, enlistment or military protocols and regulations. Pianist Elsie Maude Hall, born in Queensland in 1877, toured France with an entertainment group led by Canadian-born Lena Ashwell who was one of the first to organise large-scale entertainment for troops close to the war front. 62

Una Bourne, who was also a noted pianist, gave many concerts for troops in England performing in hospitals and for the British Red Cross Society. She had left Australia in November 1912 seeking recognition and advancement in her musical career, subsequently living in Europe and then England in the early years of the war. 63

Entertaining the troops was important during the war and the Anzac Buffet in London was one venue where plays and recitals were performed regularly. These recitals allowed allied troops on leave or convalescing, some peace and respite from the war. Soldiers could enjoy plays such as ‘The Pageant of the Southern Cross’ by Henrietta Leslie. 64 The costumes for this performance were designed by

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64AWM, Souvenirs: Anzac Club, Pubs 2/6/1/3/1.
Australian artist Hilda Rix Nicholas who joined the Voluntary Aid Detachments (VADs) and later worked in that role at Rouen in France. Professional actresses like the Jewish Australian Inez Bensusan performed at the Buffet regularly. Bensusan was the sister-in-law of Ethel Naida Bensusan (nee De Lissa) mentioned earlier in this chapter. Before performing at the Anzac Buffet, Inez Bensusan and other female performers like pianist Lena Ashwell, helped launch the Actresses’ Franchise League (AFL) in 1908. Their aim was to provide theatrical entertainment that would promote suffrage. Inez Bensusan was also a playwright and her early work illustrated the problems of female exploitation. Her career aspirations directly influenced the journey she took to London before World War One. This journey led to success as Bensusan performed in over fifty plays and two silent movies. As well as professional entertainers such as Inez Bensusan, non-professional women took small parts in performances and recitals at the Buffet.

The Buffet was established in 1915 by members of the London branch of the Australian Natives Association living in London. It was open seven days a week from 6 am until 10.30 pm and became central to the social life of Australian soldiers and women residing in London during the war. Members of the Australian War Contingent Association also helped set it up. This Association was established in London on 14 August 1914 because of a request from the British War Office to provide

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support and medical help for Australian soldiers there for the duration of the war.\textsuperscript{68} So essentially, setting up the Buffet was an extension of this care and support. Originally located at 130 Horseferry Road, the Anzac Buffet was relocated to 94 Victoria Road in September 1916 because the original building was required for military purposes.\textsuperscript{69} The Anzac Buffet was a peaceful haven for all allied soldiers. As well as free meals, rooms were set aside for reading, billiards or listening to music. The following photograph appears to be in a dining room either just before, or during a meal. The large number of soldiers present provides evidence of its popularity.

\begin{center}
\includegraphics[width=\textwidth]{image.png}
\end{center}

\textbf{Australian War Memorial RC06193}

\textbf{The Anzac Buffet (1)}

One of the founders of the Anzac Buffet, Minnie Rattigan, travelled to London with her husband Alan in 1912 when he joined the

\textsuperscript{68} Ibid.

\textsuperscript{69} AWM25, 1007/5, Voluntary Organisations, Correspondence regarding formation of Alf and War Chest Club in London, 1916.
elite household Cavalry. She remained in London working at the Buffet mainly in an organisational and administrative role while he served with the Royal Fusiliers. It was possible to volunteer at the Buffet by just turning up on any given day and helping where needed. Audrey Chirnside and Fairy Warren both worked at the Buffet. The two wealthy middle-class women had earlier used their cars for ‘military service’ in France. In her car, Chirnside ferried wounded soldiers to casualty clearing stations directly from the front. The British Australasian reported that after Warren worked in France, the Austin Car Co. sent her to Corfu ‘doing work among Serbian soldiers. Chirnside also visited Australian soldiers at the Netley Hospital, Southampton who appreciated her visit, as it was ‘so good to see a bright cheerful Australian woman’. Ruth Murray-Prior described how ‘a well off woman who usually took the soldiers out for drives, asked them where they wanted to go for tea ... and they said ... the Anzac’. She described how the ‘tommies’ were amazed how the Buffet was run in such an egalitarian manner, ‘privates and officers all hobnobbing ... with perfect ease ... all happily enjoying themselves ... no class restrictions’. This recollection shows clearly the lack of formality and friendship at the


71 Cited in Patsy Adam Smith, Australian Women at War, Thomas Nelson, Melbourne, 1984, p. 17.


75 Ibid.
Buffet and the ongoing sense of community there, but also that it had something that made it particularly Australian.

The Anzac Buffet created a sense of belonging and a place of national importance for Australians in London during the war. Essentially it was a small part of Australia on a foreign shore. To talk of home or even hear the voices of home was important not just for women, these colonials and London residents, but also soldiers temporarily away from the front. In an effort to brighten their surroundings and lessen dark memories of war, it was reported in the *Sunday Times* of 3 December 1916 that,

(t)he girls added green aprons embroidered with wattle to their costumes. Mimosa adorns the walls and Australian newspapers, are seen on all sides.76

Images of Australian wild-flowers and wattle can be seen on the walls in the photograph above. Meeting people from their own country at the

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Buffet was inevitable given the large number of Australians present on any day, sometimes numbering over 1000.77 George Emery, a staff-sergeant with the AIF came across his sister Mrs. B.A. Nettleton quite unexpectedly at the Buffet. It was the first and only time she had gone there. The two had not seen each other since 1906 when she left Australia for South Africa. By 1916 Nettleton was working as a nurse at Aldershot in England. In a letter to the Australian Natives Association, expressing his happiness about this meeting Emery wrote, 'she did not know I was in England at all ... it was a very pleasant surprise'.78

Unfortunately accurate numbers of Australian women who worked at the Buffet cannot be made. A program printed for the Anzac Day lunch in 1916 lists 115 helpers at the Buffet.79 It is also unclear how many of these women were Australian. The circle of expatriate Australian women with links to the Anzac Buffet was surely large however. Many women, whose stories and experiences have been discovered in the research for this thesis and who were in London during the war, assisted there in innumerable of ways. Emily Bertha Leitch, a doctor and graduate of Melbourne University volunteered there, as did the artist Vida Lahey.80

Mrs Beatrice Huck was one of the 115 women named on the program mentioned earlier. She was thirty-four when she arrived in

79 Ibid.

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London on 4 October 1914, having sailed from Sydney on the 
*Demosthenes*.\(^8^1\) Her duties at the Anzac Buffet included organising 
picnics and outings for soldiers. In July 1917 she brought a libel suit 
against General Sir Robert M. Anderson who alleged she was a German 
sympathizer and spy.\(^8^2\) The claim was because of her husband’s 
Germanic ancestry. The fact that he was a naturalized Australian 
seemingly had no relevance. Due to this slanderous accusation, she was 
dismissed from the Buffet. Unfortunately for Huck, anti-German feeling 
rang deep at the Buffet and when she returned to work people turned 
their backs on her.\(^8^3\) The case was heard on 19 July 1917 before Justice 
Darling in the King’s Bench Division. It could not be proven that the 
General had in fact used the words ‘you are a German spy’.\(^8^4\) It was 
reported that the jury in the case was very sympathetic to Beatrice 
Huck, who ‘was placed in a very difficult position’.\(^8^5\) She had also been 
one of the women volunteers on the Committee of Australian women in 
London mentioned previously in this chapter.

Another popular venue for Australian soldiers in London was the 
A.I.F. & War Chest Club. Argia Samuel was a hostess there having 
previously had experience working very successfully at the Anzac 

\(^8^1\) *Immigration into UK 1878-1960*, Ancestry family history site, Passenger list *Demosthenes*, 
www.ancestry.com

\(^8^2\) ‘Alleged Slander: Case against General Anderson’, *The Brisbane Courier*, 21 July 1917, p. 5. 
Beatrice Huck issued an unsuccessful writ of slander against Brigadier-General Sir R. McC. 
Anderson who said she was a German spy. Her husband was a German who had become 
naturalized.

\(^8^3\) *Ibid*.

\(^8^4\) ‘Huck vs Anderson: a Spy Accusation, Defendant gets Verdict’, *The Daily News*, Perth, 20 July 
1917, p. 5.

\(^8^5\) ‘Mrs. Huck’s Case’, *Examiner*, 23 October 1917, p. 6.
Hostel in Cairo. The A.I.F & War Chest Club was located on Horseferry Road in Westminster and had a staff of 120 orderlies. As well as providing up to 5,000 meals day, there were rooms for entertainment and concerts and accommodation for around 300 men. There was also a bank and a post and telegraph office on the premises, so almost every need of a soldier on leave was catered for.

The YMCA Theatre at Aldwych was another popular venue for men on leave. Soldiers and sailors from New Zealand and Australia and from other allied countries including Canada and South Africa were frequent visitors. Mary Pitcairn, who managed the Aldwych Theatre, recalled that ‘there were also a few Belgians and one dark faced visitor from India’s coral strands’. Ironically in the years just prior to the war, the Aldwych Theatre had also been a venue for suffrage plays performed by members of the Actresses’ Franchise League. The theatre was located in central London just a stone’s throw from the Strand. Activities to entertain the troops were held every afternoon and evening to a full house, ‘from floor to the roof there was a sea of khaki’. Christmas day at the Aldwych Theatre was according to Mary Pitcairn,

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86 AWM25, 1039, Argia Samuel.
88 Ibid.
89 NLA, MSS 1665, Mary Pitcairn, c1916
90 Ibid.
‘one of the cheeriest, gladdest days possible, in novel surroundings and under war conditions’.

At first sight it would seem a difficult thing to get the home spirit, that is of the very essence of Christmas tide ... but as the day passed on to evening there was no soul in the place but felt that he or she was part of one large, jolly family, all bent on enjoying themselves and each other.

One Londoner said he had counted a hundred taxis drawing up to discharge loads of khaki-clad men and well-dressed women at the Theatre.

It was disgraceful considering the present times. No one should dine in a restaurant or be entertained in a theatre or dress as charmingly ... whilst world war rages within sound of their ears.

In a time of war, light hearted behaviour such as this was not in favour with every Londoner.

Entertainment was a valuable contributor to troop morale. Maintaining morale was vital and contributed to the welfare and psychological needs of the soldier. For soldiers, their attendance for an hour or two at a concert allowed them to forget for a brief time the horrors they had seen and experienced. It was also important to ongoing cohesion and worth of a soldier as an individual and member of a platoon or regiment that he was mentally fit as well as physically. While good morale contributed to the ability of a soldier to do his job well, it also influenced group solidarity, camaraderie and good discipline. Australian soldiers as Bill Gammage outlined in *The Broken*

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91 Ibid.

92 Ibid.

Years, had an intense camaraderie, a ‘particularly Australian virtue, a creed, which was almost a religion’.\(^{94}\) Essentially the shows and concerts put on by Australian women in London reminded the soldier of ‘peacetime pleasures and the comparatively carefree existence they knew before the war’.\(^{95}\) These forms of entertainment were therefore of great benefit to many.

ARTISTS IN WAR

A number of Australian women artists travelled to Europe or England prior to the war. They did this to refine their artistic capabilities and techniques because Paris in particular, was perceived to be the epicentre of refinement and artistic excellence. Even though Australian women artists in the decades immediately prior to the war were not the first to travel to Europe from Australia, Georgina Downey believes they were the first female artists to do so ‘with the sole purpose of establishing art careers’.\(^{96}\) Moreover as Mary Eagle found, there was a significant connection for some of these women artists with France that had begun in the mid-1880s and continued until World War Two.\(^{97}\) As Catherine Speck has also stated, the profession they chose as artists placed them outside and apart from the expected and accepted place for


\(^{95}\) *Ibid*, p. 104.


\(^{97}\) Mary Eagle, ‘Australian Painters in France 1890-1920s’, *The French-Australian Cultural Connection, Papers from a Symposium held at the University of New South Wales*, 16-17 September 1983, pp. 197.
women ‘on the home front’. For many of these women residence away from Australia, gave them greater opportunities for work closer to the front than women who remained in Australia. This then allowed better and more independent decision making about how and where they served.

In July 1904, Bessie Davidson and her friend, mentor and teacher, Margaret Rose McPherson (known as Rose) travelled from Adelaide to Munich where the pair enrolled at the Kunsterlinner Verein, the Government Art School for Women. Rose ‘wanted to see where she stood and also to get some finishing lessons’. They left Munich in November for Paris, studying at the Académie de la Grande Chaumiere where Bessie enrolled in the Painting School and Rose in a course in illustration. After returning to Australia in 1906, Davidson returned to the Académie in 1910. In mid-1914 she came home to Australia but at the outbreak of war left for Paris again, where she immediately joined the French Red Cross. Here she worked with typhoid patients and the wounded at Auxiliary Hospital 108, in Rue Molitor near Auteuil. This was one of 40 hospitals operating in the Paris area run by the French

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99 Margaret Rose McPherson married William George Preston in 1919. As an artist she used the name Margaret Preston. She used the name Rose until the mid-1930s until she started using the name Margaret.


Red Cross and Davidson worked there until the middle of 1917. The great diversity of occupations taken up by women during the war is evidence how artistic talents often transposed directly into the type of war work they chose. Around August 1918, Rose McPherson was teaching ceramics, print-making and basket-weaving to soldiers with shell-shock at the Seale Hayne Neurological Hospital, Devon. Her friend Gladys Reynell, who was a painter and potter, accompanied her there. A brother of Rose McPherson, Rupert who was a neurologist, placed great value on handicrafts as a way to rehabilitate shell-shocked soldiers.

Dora Ohlfsen sculptor, artist and medal designer, also travelled widely before the war. Born in Ballarat in Victoria in 1877 the daughter of a Russian engineer, Ohlfsen was sent to Berlin to complete studies in music under the composer Moritz Moszkowski. Though a brilliant pianist, she was unable to continue with music because of neuritis in her arm. Suffering a nervous breakdown from ‘overwork and not enough money’, she briefly visited St. Petersburg in 1896 where her talent for sculpture came to the fore. It was in St. Petersburg that she first met her companion Russian Baroness Helene de Kuegelgen. In 1902, the couple moved to Rome where Ohlfsen began studying model-making at the French Academy. In Rome in 1916, Ohlfsen designed the

102 Ibid.
105 Ibid.
106 ‘Australian Sculptress: Honoured in Italy’, The Register, Tuesday, 28 December 1926, p. 4.
Anzac Medal as a tribute to the bravery of Australian soldiers at Gallipoli. On the reverse of the medal, a figure of a woman placing laurels on the brow of her fallen son represented the care and compassion given by women in war. 500 reproductions of the medal were issued for sale at £2/2/0 each after the war, available from the Returned Soldiers’ League in Melbourne. Funds from the sale of the medal were used to aid the recovery of seriously injured Australian and New Zealand soldiers. During the war Ohlfsen joined the Italian Red Cross as a voluntary aid worker and it was her work there, which gave her the inspiration for the Anzac Medal.

Ohlfsen’s work was greatly appreciated in Italy where she was commissioned by the Italian government to create a war memorial at Formia to honour that country’s soldiers who fell in World War One. The creation of a memorial such as this, by a woman who was not Italian was remarkable. After the war Ohlfsen offered two medallions of

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108 Ibid.

General Monash and General Birdwood, to the Australian War Memorial for £50 each. On 9 December 1921, Charles Edwin Bean, the editor of the *Official History of Australian in the War of 1914-18* wrote to Major J.L. Treloar of the Australian War Memorial.

In regard to the medallions I do not think that they would be very valuable to us. A medallion is not a very interesting form of portrait, and if we do want to spend money on sculpture, it would only be on the sculpture we chose ourselves.

Ohlfsen had a deep love of Italy and its people, something that continued until her death. She and her companion Helene de Kuegelgen died together in their apartment in 1948, gassed in her studio. At the time of her death Ohlfsen had still not been given the same recognition in Australia that she received in Italy.

As outlined earlier in this chapter, Stella Bowen sailed to England early in 1914. Declaring that she was a pacifist, in 1915 she worked briefly as a volunteer with Mary Butts on the Children’s Care Committee in Hackney Wick. Stella Bowen believed however that even doing small tasks such as this would be of ‘national importance’. Doing something was better than doing nothing, but according to Bowen, by taking up work in a non-militarist occupation she was remaining true to her convictions. May Butler-George (aka May George) was another of this cohort of artists and sculptors who left

110 Australian War Memorial, AWM93, D. Ohlfsen, Medallions.


114 *Ibid*. 

116
Australia to further careers in England. She left Australia in 1912, becoming a pupil at the London and New School and the Heatherley and Walker Galleries. She was a sculptor of note having exhibited at the Royal Institute of Fine Arts and the Paris Salon in 1912, 1913 and 1914.\(^{115}\) She made enough from the sale of her art, ‘painting portrait miniatures on ivory, to live on during that period’.\(^{116}\) May George became a member of a Voluntary Aid Detachment serving with the BRCS from December 1917 until January 1919.\(^ {117}\) During that period she worked at the Griffithstown Auxiliary Military Hospital in Pontypool Glamorgan, Wales.

Artist Jessie Constance Alicia Traill, who studied art in France as an adult had a long association with France, first travelling there with her family when she was two. According to her cousin Bertha Foote, the Traill family lived in at least six different manor houses and chateaux before, during and after the war.\(^ {118}\) Toward the end of 1905, Traill travelled widely throughout Italy, France and Holland, was in London in 1907, before returning to Belgium in 1908. In 1909, she was again in France, studying at the Académie Colarossi in Paris. Her middle class background was one of wealth and status: her father was a banker,


\(^ {116}\) AWM, *Shaping Memory, Sculpture at the Australian War Memorial*, [https://www.awm.gov.au/exhibitions/shapingmemory/memorials.asp](https://www.awm.gov.au/exhibitions/shapingmemory/memorials.asp) The following was copied verbatim from the AWM, ‘Her most significant commission was for the relief panels for the Second Division AIF memorial at Mont St Quentin, France. Although the monument was destroyed by the Germans in the Second World War, the plaster casts remained in Australia and were subsequently presented to the Memorial and re-cast for inclusion in its Sculpture Garden.’

\(^ {117}\) British Red Cross Society Card Index, [http://www.redcross.org.uk/About-us/Who-we-are/History-and-origin/First-World-War/Card?fname=may&sname=george&id=83021&last=true](http://www.redcross.org.uk/About-us/Who-we-are/History-and-origin/First-World-War/Card?fname=may&sname=george&id=83021&last=true)

\(^ {118}\) NLA, MS 7945, Box 643/6 (a), ‘Jessie Constance Alicia Traill’ by her cousin Bertha Foott, nd.
business man and land owner. In a letter written by Jessie Traill to her sister from Rouen, France, there is evidence that she was not concerned about class or social status, ‘I hate to be anything different from anyone else and don’t want to be anything different from an ordinary VAD’.  

This reveals she was selfless and unassuming and had a somewhat egalitarian attitude to her work.

Similarly, the artists Alison and Iso Rae who travelled to France with their mother in August 1887 had a long association with France. Their journey as adults allowed them to re-establish the connection they had with France, begun when they were children. As Jessie Traill had done, they visited France several times with their parents between 1866 and 1887. The sisters were well educated and Iso had studied art at the Melbourne National Gallery of Victoria from 1884 until she left for Europe again in 1887. In June 1890, the women moved to Étaples where they and several other Australian artists, including Hilda Rix Nicholas and Rupert Bunny were part of an artists’ colony. Their residence at Étaples when the war began gave them a tremendous opportunity to serve as they were living very close to the front. In 1915, Iso took up work as a VAD at the YMCA camp at Étaples. Alison also joined the VADs working in one of the military hospitals there. Two of Iso Rae’s many paintings are depicted below and were produced

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120 Even though Iso is possibly the better known of the sisters, Alison began painting seriously in 1907 and as the years progressed, her skill developed as well.
during her war service. These provide rare insight into life for a woman at the military camp at Étaples.\textsuperscript{121}

\textbf{Australian War Memorial, ART 19601,}
\textit{Troops arrive at Anzac Camp Étaples, June 1916}

\textbf{Australian War Memorial, ART15994,}
\textit{Sentries at Prisoner’s Tent Étaples, Spring 1915}

\textsuperscript{121}AWM, ART19601, Iso Rae, ‘Troops arrive at Anzac Camp Étaples, June 1916; ART19594, ‘Sentries at Prisoners Tent’, Spring 1915.
Unlike Iso Rae, Jessie Traill’s art took second place to her war work as a VAD in England and France. She did sketch a small number of water colours and pen and ink drawings during the war however. *A night at Gifford House* c1915 is a collection of small images on a single page, showing the menial tasks done by a VAD at Gifford House where she worked.\footnote{Roger Butler, Ed., *Stars in the River: the prints of Jessie Traill*, National Gallery of Australia, Canberra, 2012, p. 21.}

![A night at Gifford House c1915](image)

When she was on leave Trail continued to maintain a close connection with Tom Roberts another Australian artist who was living in Golders Green, London.\footnote{Ibid, p.144.} Louise Riggall another Australian artist also became a VAD with the Australian Red Cross in Egypt and worked at the Red Cross Store at Rouen. Fluent in French, this job suited her perfectly. Similar to Jessie Traill, Louise Riggall painted little during the war.
Art that portrays the wartime activities and working environment of women was a rarity during World War One. It is a poignant reminder that women were capable of working in occupations close to a war zone. Without these images, the daily lives of VADs and their surrounds drawn from a personal perspective would have remained unknown. Painted close to the front, Iso Rae’s paintings are peaceful in form and structure. Paintings such as these of prisoners, soldiers and general camp life at Étaples, allowed her to document the war at close quarters unlike any other woman before her. Producing works of art, while living close to military and medical services and the machinery of war, was for an Australian woman during World War One unusual and distinctive.

In contrast, Dora Meeson (who was in England when the war began), Hilda Rix Nicholas and Grace Cossington-Smith painted images that focus on the devastation of war and its aftermath. Much of their art showed their increasing concerns about the high mortality rate, the waste and destruction of war.124 Dora Meeson in particular saw World War One as a ‘curse … it shattered lives, health, homes, careers and fortunes’.125 In 1917, Grace Cossington-Smith painted *Cavalry in a Squall of Rain* using rain as a metaphor for gunfire.126 Catherine Speck believes that Cossington-Smith was torn between feelings of patriotism and intense worry for the safety of Australian soldiers. There was she

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believed a ‘tension between bravery and valour, elements of nationalism necessary to sustain war and the obliteration of life’. Undoubtedly Australian women artists played a crucial part in documenting the emotion and devastation of war but the art of Dora Meeson, Hilda Rix Nicholas and Grace Cossington-Smith particularly, mirrored public sentiment about society’s increasing revulsion about the war.

WRITERS IN WAR

Several women writers travelled overseas either before the war or as Millicent Armstrong did just after war was declared, to further literary careers. Miles Franklin’s journey to war began over a decade before the war began. After the relative success of My Brilliant Career published in London in 1901, Franklin moved to Sydney from the family property near Goulburn where she had grown up. She spent several years in Sydney before leaving for America on 9 April 1906 on RMS Ventura, hoping to make contacts with literary agents there. The journey as an autonomous single woman was intrinsic to her ‘unending quest for a vocation’. In America, partly through her association with Alice Henry the Australian suffragist and women’s rights advocate, she became editor of Union Labor Advocate, a magazine published by the Women’s Trade Union League. Yet war was to change her focus, and by 7

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127 Ibid., p. 63.
November 1915 she was in London. On 12 March 1917 she applied to join the Scottish Hospitals for Home and Foreign Service (SHHFS) as an assistant cook. In London and Serbia, she wrote articles for the *Sydney Morning Herald*. One, titled *Active Service Socks* was written in a quirky, comical style, from her tent in the Balkans. The wool socks in her kit were the seed for this article about Red Cross supplies to the AIF. Millicent Armstrong also served with the SHHFS and travelled to England on the *Orontes* on 15 August 1914, not to undertake war work, but to find a publisher for her first novel. Even though her family told her that travelling at this time was foolhardy, she set out with determination. It is not known if this book was ever published, but throughout 1915 she wrote articles for two newspapers. Before joining the SHHFS, she had worked with the St. John Ambulance and for a brief period at a British Soldiers’ Buffet in Boulogne.

Like Stella Miles Franklin and Millicent Armstrong, Louise Mack worked as a columnist on a newspaper in London during World War One. In Mack’s case she reported directly from the war zone, an activity unusual for a woman. Following instructions from her editor she travelled to Belgium to write about events evolving there. On one occasion after obtaining an open car, she left with a chauffeur to go to Aerschot but even before reaching Ghent, they were stopped by

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sentries, who informed them that the German army was on the same road. Eventually reaching Aerschot Mack claimed that except for the hotel owner’s wife, she was the only other woman there. In Antwerp when it fell to the Germans, her narrative is rich with energy and excitement. Even though her reports are written like Girls Own Adventure stories, they provide a unique perspective of evolving events. ‘Even though the mental excitement passes all description ... with the cannons booming all day’, she wrote, ‘Antwerp is engulfed with rumour about the closeness of the Germans and the terrible idea of surrender’. Her journey through a war zone shows how spirited and determined she was, if a little fool-hardy, as she barely escaped capture as she left Belgium. It also reveals how as a female war-correspondent she essentially defied convention. Amy Eleanor Harrison (nee Mack) was younger than her sister by five years and was also a writer of some repute, having published a number of books about Australia. Amy was in London between 1916 and 1917. Her writing skills directly influenced her occupation during the war, as she became publicity officer at the Ministry of Munitions in the department that handled the welfare of workers. She later worked in a similar role at the Ministry of Food in London.


136 Ibid.
Australian authors Barbara Jane Baynton, Mary Marlowe and Katharine Susannah Prichard were also in London during World War One. Barbara Baynton opened her house in Connaught Square to British and Australian soldiers. Mary Marlowe, actress, author and journalist travelled widely before the war, performing in plays in London, Canada and New York. Returning to London in 1916, in dire financial circumstances, she applied to become a VAD working at the Quex Park Territorial Red Cross Hospital in Kent. On 14 October 1914, the hospital received its first complement of wounded, twenty-seven Belgians, who arrived with just four hours’ notice.\textsuperscript{137}

Quex Park was a small hospital with a capacity of only forty-five patients but Mary Marlowe remained there for two years. In total, 1,241 men from Australia, Belgium and Canada and from the British

\textsuperscript{137} Dr Geoffrey Miller, Quex Park Territorial Red Cross Hospital, , http://www.vlib.us/medical/quechosp/quech.htm
Expeditionary Force were treated at this facility during the war years.\footnote{Ibid; The hospital had been the residence of Major and Mrs Powell Cotton (who became the VAD commandant) and was made available by them, for the use of the British Red Cross Society.}

Working as a VAD was Marlowe’s principal occupation during the war, although sometime in 1918 her war propagandist novel, \textit{The Women Who Wait} was published.\footnote{Mary Margaret Marlowe, \textit{Australian Dictionary of Biography}, http://www.adb.online.anu.edu.au.}

Katharine Susannah Prichard went to London in 1908 after the death of her father. She travelled to London because she thought Australian writers would have no standing in their own country until they had proved their ability overseas.\footnote{Katharine Susannah Prichard, \textit{Why I am a Communist}, Communist Party of Australia, 1956, http://www.marxists.org/history/international/comintern/sections/australia/1956/prichard-why.htm} Her time in England in some way provided the foundation of her philosophical thinking leading to her becoming a Communist after the war. Prichard was profoundly affected by the disparity of wealth in London.

\begin{quote}
My experiences [there] ranged from visits to homes of the aristocracy and wealthy relations to excursions into the worst slums of the great city. I saw the extremes of wealth and poverty in brilliant receptions and children picking up food from rubbish bins.\footnote{Ibid.}
\end{quote}

Her experiences during the war led her to believe that war was ‘a system based on profit for a few individuals and suffering for the many’.\footnote{Ibid.} In his mother’s biography Ric Throssell believed she was caught up in patriotic fever just like so many others. Initially, his mother tried unsuccessfully to secure an assignment as a war correspondent.
and also failed to be accepted into a women’s auxiliary unit. She recalled her reasons for trying to find suitable war work, ‘neither I, nor anybody I knew, had much sympathy for pacifists and conscientious objectors’. Despite these initial disappointments, Prichard continued to write and by March 1915 had found work as a war correspondent at the Australian Voluntary Hospital at Wimereux within the sound of bombardments. Her son believed that even though she made light of the casualties in her wartime reports, she ‘grieved terribly for the tragic lines of gaunt, weary men in bandages’. As well as the terrible poverty she saw in London, she hated the wretchedness and waste of war. This principle led to her devoting the rest of her life to the cause of peace.

**GENDER, WAR AND NATIONAL IDENTITY**

Women who took the long journey to war dealt with death, sorrow and pain, often in unbelievable conditions. Even though these women were supremely capable carrying out their work with diligence and efficiency, they left the safety of their home to work in difficult environments that were alien to them. Individual motivations were undoubtedly influenced by national and British heritage. Angela Woollacott has contended these were ‘parallel identities’ that governed individual motivations and experiences. Unquestionably also, there

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144 Ibid.

145 Ibid.

was a collective patriotism and allegiance to Britain that emerged when Australian nurses had contact with nurses from allied countries such as Canada. May Tilton, who served with the AANS thought that Canadians were just as proud of their British ancestry as Australian nurses were. ‘Our membership of the great British family inspired a feeling of kinship and comradeship that will live as long as we do’.  

Australians undoubtedly felt they were British. England was the ‘mother country’ a powerful overriding entity that motivated women to enlist or work in a voluntary capacity during the war. To contribute in any way possible to aid the Empire was vital. Nevertheless, to identify oneself as an Australian co-existed with this, as there was enormous pride in Australia and its soldiers. Narrelle Hobbes, who enlisted in 1915 with the QAIMNSR remembered the Australian soldiers with whom she came into contact, ‘they are simply splendid, not only in their work but in their sufferings’.  

Nursing in Malta on 17 July 1915, she spoke of her pride as an Australian caring for Australian soldiers.  

We are getting so tired of seeing men in khaki especially if the coats have no pleats in them. Cos why?? ... The pleated coats belong to our men and we are never tired of seeing them, the English men have plain coats very ugly. But we always feel we must greet our own Australians and they generally recognise us as being Australian sisters.

Margaret Gray served with both the QAIMNSR and the AANS. She was in London with her sister Lindsay, who was also a nursing sister, when the

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first commemoration of Anzac Day was held in April 1916. They took up their position opposite Westminster Abbey to see the march past of the ANZACS on their way to the memorial service. After standing for nearly four hours the sisters found there was an unexpected change in the route causing the immense crowd to block their view.

I am not ashamed to say we wept from sheer disappointment, but the pride we felt was unspeakable, you will understand we had not seen OUR OWN MEN in Australian uniform up to this time.150

As well as remembering how she and her sister felt at the time, she emphasized her pride in her nation by using capital letters when referring to Australian soldiers.

Ruth Murray-Prior’s pride in Australia was also obvious. While serving in France she wrote home to her family telling them of the many badges she had received to sew on her YMCA VAD uniform. Finding the quantity a little extreme, she declared, ‘We want a kangaroo, an emu and a Tasmanian bear to complete us, [so there] could be no mistake your being Australian’.151 On another occasion coming across Australian soldiers, she recognised them as belonging to the 17th Battalion formed by Hunter’s Hill men where she had lived in Australia. ‘From Sydney to Gallipoli … the 17th Battalion … through the Anzac landing … I can tell you it’s some battalion’, she declared.152 As a Hunter’s Hill woman she recognised this battalion as her own, later carrying in her purse the small metal number 17 a soldier from the 17th Battalion had given her

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150 AWM, PR84/265, 419/7/22, Records of Sister M.A. Gray, Personal account, nd.


152 Ibid.
from his collar. This chance meeting meant more to her than simply being a conversation between strangers. With these men, she identified as Australian, reinforcing the strong connection she had with her country. While they saw themselves as British, these women were proud of their Australian heritage and their social and cultural roots. They travelled from their country as ‘colonials’ and free thinking independent Australian women seeking ways ‘to do their bit’ for the war effort.

CONCLUSION

Numerous Australian women first travelled for so called ‘finishing’ while others were simply tourists and travellers eager for adventure and new experiences. While journeys such as these were typical for wealthy, middle class women, others travelled from their own country to further careers in music, art, nursing or literature. When the war began, many of these women were still living outside Australia. Instead of taking the long dangerous journey home they quickly found some way to contribute to the war effort. Residence overseas therefore created opportunity giving women considerable autonomy and choice about what type of war work they became employed in. Some occupations involved a minimal level of skill while others required considerable training, but to do nothing was considered unacceptable. This chapter has also revealed that due to the outbreak of war, the pattern of female travel changed, adding another dimension to journeys.
started in peace. Regardless of when they left Australia, women undertook journeys that contributed to their self-development, maturity and independence.

Chapter Three will examine the actions and war service of women who served as nurses, doctors, VADs and masseurs. It will show that medical women served during World War One in a broad range of occupations and environments across all war fronts. Their experiences in war and the duties they undertook daily meant they were required to be extremely adaptable and proficient to deal with the high level of death and devastation around them. It will be argued that civilian nursing in peace was vastly different from military nursing in war.
CHAPTER THREE

THE MEDICAL SERVICES IN WAR - DIVERSE LOCATIONS, ENVIRONMENTS AND PROFICIENCY

‘If we had time to think, we would have been hysterical weeping women’
– An Australian nurse in a casualty clearing station 1917

Australian medical women, a group that includes doctors,
bacteriologists, nurses, masseurs and those in Voluntary Aid
Detachments (VADs), served in a broad range of localities during World
War One. The allied nursing services of Australia, England, New
Zealand, Canada and South Africa were central to the treatment of war
casualties in England and across all war fronts. Nurses were employed
in hospital ships off the coast of the Dardanelles and in hospitals in
Egypt and in France and Belgium, supporting the allied armies on the
Western Front. They again proved their worth on the Greek island of
Lemnos, at Salonika and in Palestine, Turkey and India. Nurses also
served in Serbia: at Mladonovatz and Kaguievatz near Belgrade and
Valjevo in the western part of the country, working alongside
Australian female doctors with the Scottish Hospitals for Home and
Foreign Service (SHHFS) and the British Red Cross Society (BRCS). In
these countries difficult weather conditions were an additional burden,
creating an environment for care that was often complicated by rain,
ic, snow and wind or by heat and dust.

The expeditious deployment of medical services to treat
wounded men and enable their return to the front was crucial to

1 Australian War Memorial (AWM), AWM25, 173/9, Sister O'Dwyer, ‘A Descriptive Narrative
Account of Conditions Nursing in an Australian Casualty Clearing Station’, January 1918.
winning the war. Trevor Wilson has revealed how the British Army was devastated by heavy loss of life at Mons and Ypres in August 1914.

Because of this the need for medical care became urgent.

Of the force that had set off at the beginning of August, about one-third were dead and many more would never fight again. Battalions that had numbered about 1,000 men at the outset retained of their original force some 30 men and a single officer. ¹

Casualties such as these directly impacted on Australian nurses on duty with the allied medical services. Huge numbers of wounded men were transferred from the front by means of barges, transports and ambulance trains described in the image on the next page, before being sent on to a stationary or general hospital. This diagram shows that the evacuation of the wounded was complex, requiring the assistance of many medical staff. The work was intensely challenging and mentally and physically demanding. Medical staff treated men with devastating wounds, disease, shell-shock and trench foot, ailments far exceeding anything expected or seen previously in Australia. This chapter examines the wide range of situations where Australian medical women served during World War One. As Kirsty Harris has contended also, ‘this was an expansion of roles, skills and authority which would ultimately lead to the efficacy of Australian nurses in managing their soldier patients’. ²

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While military nursing and the medical work of female doctors was tiring and difficult, the women in this thesis acquired skills far beyond those they had practised in the civilian medical environment prior to the war.

**THE ALLIED NURSING SERVICES: KINSHIP, CO-OPERATION AND STATUS**

Even before the first two groups of officially appointed Australian army nurses left Australia on 1 November and 4 December, seven nurses offered their services to work on the hospital ship *Grantala*.\(^4\) This vessel had been ordered to proceed to Rabaul, New Guinea where the Australian Naval & Military Expeditionary Force (AN&MEF) was charged with eliminating the German colonial presence. The *Grantala*

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arrived three days after the AN&MEF and ‘just before German New Guinea’s formal capitulation’.5 When nurses from the Grantala returned to Australia in December, they found their service in New Guinea did not count toward seniority nor did it create automatic entry into the AANS.6 Although some of these nurses were eventually able to enlist with the AANS, Rosa Kirkcaldie tried several times without success.7 Preference was being given to ‘efficients’ whom Kirsty Harris has defined as being: ‘those had qualified in first aid and [who had] attended three out of four lectures annually on the organisation of military hospitals, hygiene and military surgery’.8 In a Record of Evidence used when Kirkcaldie applied for repatriation benefits after the war she simply stated, ‘I tried to join the army but was refused’.9 A short time later she paid her own way to England where she joined the Queen Alexandra’s Imperial Military Nursing Service Reserve (QAIMNSR) late in 1914.10

Numerous Australian nurses, who were working in England when war began, or who paid their own way overseas later, joined this organization. Ruth Bottle left Australia in 1915, after hearing ‘the

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5 Jan Bassett, Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War, Oxford University Press, Melbourne, 1992, p. 32; The Australian Naval and Military Expeditionary Force (AN&MEF) was a small volunteer force of approximately 2,000 men whose mission was to take over German wireless stations in German New Guinea.

6Ibid, p. 33.

7 Ibid.


9 National Archives of Australia, (NAA), MT1487/1; This record series usually documents the arrival of passengers returning to Australia after the war. Papers noting the return voyage of Rosa Kirkcaldie include details of her application for Repatriation Benefits.

10 National Archives United Kingdom, (NAUK), W0399/4639, Service Record, Rosa Kirkcaldie.
Imperial Forces were asking for nurses from the colonies’.\textsuperscript{11} On 14 November 1916, an Advisory Committee appointed by the Army Council advised the various nursing services that they were to continue to give preference to dominion nurses and ‘to abstain from recruiting in the United States or foreign countries’.\textsuperscript{12} This policy remained in place throughout the war, thereby creating the means for Australian nurses to serve with England.

The following table shows the large number of services and corps where Australian medical women: doctors, nurses, masseurs and VADs were employed during World War One. This also reveals the huge number of opportunities available for medical work outside Australia. Australian nurses with the AANS or one of the above nursing services listed in the table below, worked in every theatre of war. While some of these services were from a country allied to Australia, such as New Zealand, France, India or Canada, others were led by wealthy individuals such as Lady Rachel Dudley, Millicent Fawcett and the American, Mrs. Bordern Turner.\textsuperscript{13}

\begin{longtable}{l}
\end{longtable}

\textsuperscript{11} State Library of Western Australia (SLWA), OH2663/7 Interview with Ruth Bottle, nd.


\textsuperscript{13} The Australian Voluntary Hospital, led by Lady Rachel Dudley served on the Western Front between 1914 and 1916. Mrs Bordern Turner’s Mobile Hospital was on the Western Front between 1917 and 1918. The Millicent Fawcett Medical Units served in Russian c1917.
## Allied Medical Services and Corps

<table>
<thead>
<tr>
<th>Allied Medical Services</th>
<th>Endell Street Military Hospital</th>
<th>Queen Alexandra’s Imperial Military Nursing Service and Reserve (QAIMNS) &amp; (QAIMNSR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allies Field Ambulance Corps</td>
<td>French Red Cross</td>
<td>Queen Mary’s Army Auxiliary Corps: Women’s Auxiliary Army Corps</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>French Flag Nursing Corps (FFNC)</td>
<td>St. John’s Ambulance</td>
</tr>
<tr>
<td>American Ambulance</td>
<td>Hospital for Wounded Officers – run by Sir Douglas Shields</td>
<td>Scottish Hospitals for Home and Foreign Service (SHHFS)</td>
</tr>
<tr>
<td>Australian Army Nursing Service (AANS)</td>
<td>Hospital Transport Corps</td>
<td>Society of Friends (Quakers)</td>
</tr>
<tr>
<td>Australian Red Cross</td>
<td>Indian Nursing Service</td>
<td>South African Military Nursing Service (SAMNS)</td>
</tr>
<tr>
<td>Australian Veterinary Hospital</td>
<td>Italian Red Cross</td>
<td>Territorial Force Nursing Service (TFNS)</td>
</tr>
<tr>
<td>Australian Voluntary Hospital</td>
<td>Lady Rachel Dudley’s Voluntary Hospital</td>
<td>Voluntary Aid Detachments (VADS)</td>
</tr>
<tr>
<td>British Red Cross &amp; Order of St John of Jerusalem</td>
<td>Millicent Fawcett Medical Units</td>
<td>Women’s Auxiliary Army Corps (WAAC)</td>
</tr>
<tr>
<td>Cameroons Expeditionary Force</td>
<td>Mobile Hospital of Mrs Bordern Turner</td>
<td>Women’s Imperial Service Hospital led by Mrs. Mabel St. Clair Stobart</td>
</tr>
<tr>
<td>Canadian Army Nursing Corps (CANC)</td>
<td>New Zealand Army Nursing Service (NZANS)</td>
<td>Wounded Allies Relief Committee - Typhus Hospital</td>
</tr>
<tr>
<td>Colonial Nursing Service</td>
<td>Royal Army Medical Corps (RAMC)</td>
<td>YMCA</td>
</tr>
</tbody>
</table>

### Table 2

Additionally, Juliet Piggott estimated that by 1917 more than a thousand nurses from the allied nursing services of Australia, Canada and New Zealand were working at Salonika.\(^{15}\) AANS, QAIMNS and QAIMNSR nurses also served on Malta and the island of Lemnos, dealing with the huge influx of wounded from Gallipoli. Even though there were no Canadian troops at Gallipoli, nurses from the Canadian Army Nursing Corps (CANC) supported the British forces on Lemnos, in Egypt and in the northern Greek city of Salonika.\(^{16}\) One Australian nurse, Linda Bell has been identified as serving with the Cameroons Expeditionary Force.

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Force from December 1917 while an unknown number served with the QAIMNSR at the 19th Stationary Hospital in Portuguese East Africa. Moreover, medical units from England, Australia, South Africa, Canada and New Zealand were all set up along the Western Front.

QAIMNS and QAIMNSR were two distinctive sections of the British nursing service. QAIMNS nurses were the ‘regulars’ and the elite of the British nursing service. QAIMNSR was a ‘reserve’ service consisting of civilian nurses who enlisted for the duration of the war. The AANS had been set up as a ‘reserve’ service as was the Canadian Army Nursing Corps (CANC) and the New Zealand Army Nursing Service (NZANS). Because of this difference, there is evidence that ‘reserve’ or colonial nurses as they were sometimes called, were treated with some disdain by ‘regular’ QAIMNS nurses who were considered to be an elite group as they ‘had been part of the QAIMNS during peacetime’. One example, certainly does not provide evidence of all,

17 Background information for the war in German East Africa received from Great War Forum, www.invisionzone.com. Prior to WW1, both Britain and Germany had territories in East Africa bordering each other. Britain had British East Africa, and immediately to the south, was German East Africa. When war was declared between Britain and Germany both their East African territories also became at war with each other, and remained so until the Armistice. To the south of German East Africa, was the Portuguese territory of Portuguese East Africa, and it was on the coast of Portuguese East Africa in the town of Porto Amelia (Port Amelia) that the 19th Stationary Hospital was set up in December 1917. At the outbreak of WW1, Portugal was a neutral country. However, following pressure from Britain and her Allies, on 24th February, 1916, Portugal seized 36 ships moored off Lisbon, Portugal, belonging to Germany and her Allies. As a result of this action by Portugal, Germany declared war on Portugal on 9th March 1916.

18 A ‘reserve’ unit was one that provided trained civilian nurses who volunteered for military service during wartime.


but Ella Cooke who served with the NZANS, a ‘reserve’ service that was established with the same rules and regulations as the QAIMNS was most unimpressed by the QAIMNS nurses whom she thought, ‘clearly had little time for “reserve” sisters’.21

To understand the status of the dominion nursing services when compared to the QAIMNS, it is necessary to draw on some of the protocols and procedures of the AANS. Except for the small number of nurses from the dominions who served in the Boer War, ‘reserve’ nurses generally had no experience working in a military hospital. The ‘efficient’ nurses of the AANS had limited understanding of military administration as they were a voluntary section of the Medical Services of the Commonwealth.22 QAIMNS nurses on the other hand were thoroughly trained in military administration and their place and status in the military hierarchy well established.23

Questions around the required level of training were to cause considerable dissension between the ‘regulars’ and the ‘reserves’ irrespective of whether they were from Australia, Canada or New Zealand. Principal Matron Grace Wilson of the AANS thought that any tension between her service and the QAIMNS was unquestionably due to the Australians not having the appropriate level of military training. She also thought the two services had quite different attitudes to their work.

23 Ibid.
It seemed at times to the Australian sister that the QA sister laid more stress on the care of equipment, the orderliness of her wards and the filling in of military forms than on actual nursing. (Do) we go to the other extreme ... and regard these things as stuff and nonsense?\(^24\)

Sister Scanlon, an AANS nurse working with a British unit felt that her experience as an Australian and a civilian nurse worked in her favour.

General Baptie inspected occasionally ... he was impressed how Australian nurses were infinitely better than the average British nurse ... especially in abdominal cases ... they seem to have more confidence and are better workers.\(^25\)

Some British nurses believed that colonial nurses had a limited knowledge of intricate nursing procedures although as this example reveals, this was not accurate.

The AANS adopted similar regulations, structure and uniforms to the QAIMNS which contributed to the tension particularly about status, as both services wore a red cape as part of their uniform. QAIMNS nurses who were frequently in charge in British hospitals thought AANS nurses wearing a cape similar to their own, encroached on their professional territory. Conversely, because QAIMNSR nurses wore a grey cape with a scarlet border which was clearly distinguishable from the one QAIMNS ‘regulars’ wore, concerns about uniform as an element of status between QAIMNS and QAIMNSR was not apparent.

Numerous Australian nurses found working with the QAIMNSR difficult. Narrelle Hobbes was irritated by the regulations in the British military and hated particularly the one that prevented fraternization,

\(^{24}\)Australian War Memorial, (AWM), AWM41, 5/46, Butler papers, Grace Wilson, Problems with the Nursing Service, nd.

\(^{25}\)AWM27, 373/65, Account from Sister Scanlon, nd.
even with male members of her own family. 'BeD... [sic] to such rules, if I met my brother or anyone else I was keen about. They should remember [we are volunteers']. However, as the war progressed, the negative attitude in the QAIMNS lessened, with Australian nurses winning the respect of some of their English sisters. Emma Cuthbert was one who believed nursing in a British hospital had broadened her nursing skills and was glad of the chance to learn new procedures. Despite there being continuing tensions, the services needed to co-exist as the medical units of allied countries were often in close proximity to each other. One example of this was at Abbeville where in addition to the Australian hospital, the No. 2 British Stationary Hospital and the South African General Hospital were part of the medical base. Another example was at Mudros where allied hospitals were set up in close proximity to each other.

It was also common practice for nurses from different nations to work side-by-side in the same hospital and therefore good reason to get along. Allied co-operation in the nursing services was essential to the successful running of hospitals, especially to address staff shortages. There are many instances where nurses were 'loaned' to a particular

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nursing service. In the autumn of 1916 for example, six AANS nurses were temporarily transferred to the SAMNS to relieve the pressure on limited staff. A year later in December 1917, twelve nurses from the South African Military Nursing Service (SAMNS) were temporarily attached to the QAIMNSR. Several groups of AANS nurses were also sent from Australia to the QAIMNSR during April, May and December of 1915.

At Abbassia a suburb of Cairo, nurses from Australia, Canada and New Zealand served alongside their English colleagues at Nos. 21 & 27 British General Hospitals. Australian Ethel Loneragan with the CANC on Salonika, related how on 11 August 1917, ‘50 Australian nurses arrived at the Canadian camp ... very nice girls’. One New Zealand soldier recalled,

(t)hat the camp was thrilled when Canadian nurses were discovered on the island. With their wonderful ways, their delightful accents ... these girls slaved away in the Mudros Hospitals and saved the lives of many New Zealanders.

This statement attests to the unity and kinship between allied medical services and the belief that a high level of care would be given to all allied military personnel regardless of the nationality of nursing staff.

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32 Ibid.

33 AWM27, 373/48, Nominal Roll of nurses sent abroad in 1915 for service with the QAIMNS, 1921.

34 Ibid.

35 State and Mitchell Library of NSW (SMLNSW), ML MSS 7316, Ethel Qua.

THE CHALLENGES OF MILITARY NURSING

Military nursing in general hospitals, stationary hospitals, casualty clearing stations and on hospital ships, challenges the traditional image of nurses as ministering angels. Civilian nurses had worked within inflexible ward regimens infused with the attributes of domesticity, obedience, conformity and humility instilled by Florence Nightingale during the Crimean war. Katie Holmes has described how this nursing care allowed their work in war, to be ‘adopted within the language of maternity’. Holmes has described how nurses were ‘substitute mothers’ for the ‘boys’ in their care who were dependent on them for their recovery. This does have some credence as wounded soldiers appreciated the presence of a woman after the devastation of battle. As Kirsty Harris has argued, while in a time of peace it was essential to keep ‘a sick room clean and healthy’ it was ‘no less important in a military hospital during the war’. Military nursing however broadened these concepts of feminine gentle care because of the level of trauma dealt with daily ‘in a building that may have been hurriedly converted for medical use or in a tent set up near a battle zone’. Any image of nurses as such wholesome ladylike beings does not give full value to their work as military nurses, as in war they were confronted


38 Ibid, p. 46.


40 Ibid.
with death and despair at a level far greater than anything seen or dealt with in their civilian nursing career.

Nurses have been portrayed as 'the roses of no man's land' in the song written in 1919 by Jack Caddigan and in the title of the book written by Lyn Macdonald in 1980. These representations have allowed military nurses to be aligned with an image that was soft, peaceful and safe. The use of roses and poppies in literature, poetry and music about World War One has layers of representational and symbolic meaning. Paul Fussell has described how these were an indispensable part of the symbolism of the war. The scarlet red of the Flanders poppy was associated with the blood on the battlefield. Furthermore, roses depicted England in the spring and home, safety and hope. Symbols such as these promote an image of nurses as gentle and passive, romantic notions that are unrealistic. Even though nurses gave comfort to wounded and dying soldiers, representations such as those outlined above, do not give full value to the work of military nurses. They do not show the power of their work or the physical and mental strength needed to undertake nursing in the field within the chain of medical evacuation from the front to hospital.

Usually the first contact a nurse would have with a wounded soldier was at a Casualty Clearing Station (CCS), an advance unit close

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to the front line used for the treatment and evacuation of wounded before transfer to a hospital. Briseis (Bessie) Belstead was working at a British CCS in November 1917. She had been sent there with three other Australian nurses but after a short time, the others were transferred leaving her the only Australian there. This she said, ‘would have filled (me) with terror had it happened four months ago’. Four months previously she had been working at the 25th Australian General Hospital, surrounded by other Australians who provided strong moral support to each other. She had it seems become mentally tougher but also found an inner strength that she did not have before. Nursing in a CCS was physically demanding as the work was dirty and heavy with little respite because of the continuous stream of wounded. Belstead describes how ‘eight theatre teams were working day and night, [but still] it was impossible to cope with things’. At an Australian CCS, Sister O’Dwyer recalled the difficulties she faced.

With these men fresh from the battle fields, mostly with the first field dressing on, or perhaps a tourniquet still on a limb that was nearly blown off, and the wound still full of mud, clothes and metal. He may be a man with not one wound, but ten. Then there are the abdominal wounds which appear to be nothing until they are opened, and there will be found the bowel torn from six to twelve places.

It was more than just working in tents, often in damp miserable conditions, with a mud floor and little lighting, the terrible nature of the

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44 AWM41, 1066, Experiences of a sister of the AANS with a British unit, France, November 1917.

45 NAA, B2455, First World War Personnel Dossiers, Briseis (Bessie) Belstead.


47 AWM25, 173/9, A Descriptive Narrative Account of the conditions of nursing in an Australian Casualty Clearing Station, Sister O’Dwyer, January 1918.
men’s wounds was a constant trial. Treating such wounded men was
dreadfully confronting. Adaptability was therefore an important
requirement for military nurses. Effie Garden, attached to No. 12
British Casualty Clearing Station, recounted how she was often given a
Without any formal training, nurses were performing procedures previously only undertaken by
doctors including skin grafting, artificial respiration and radiograph

The personnel files of QAIMNSR indicate that it was normal
procedure that nurses work at a number of war fronts or hospitals. This
allowed them to be exposed to different forms of nursing procedures
across a range of environments. Kirsty Harris believes that this work
brought about in the long-term, changes to almost every facet of

established nursing practice. The changes in location were due to the rise and fall in casualties at different times of the war, the multiplicity of battle fronts and the relocation or closure of a particular service.

Frances Agnes Bennett joined the QAIMNSR on 29 February 1916 and worked in many locations during the war including on the hospital ships Aquitania and Mauretania, where she cared for men with typhoid. Bennett believed that here, she was better off than other nurses close to the front or indeed those working in hospitals on the English mainland, ‘I think I am relieved when I hear of the terrible wounds’. Purpose-built hospital ships were in short supply, so many much larger vessels such as the Mauretania and Aquitania previously used as passenger liners, were converted for use. The Mauretania had beautiful cabins and living conditions and Bennett felt privileged to work there. In a light-hearted and a rather tongue-in-cheek letter to her family, describing her work in such a grand environment, she said, ‘I would rather have a ward and nurse these poor boys, but I am going to try to stick to the sub-matronship [sic] for a while for the sake of Australia’.

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50 Ibid, p. 92.

51 SMLNSW, ML MSS 345/1 Frances A. Bennett, Mauretania, 12 June 1915.

52 Ibid, 7 October 1915.
By Christmas 1917 she was on the *Aquitania* which had taken its maiden voyage only on 30 May 1914. Bennett also nursed in Egypt at No. 15 General Hospital in Alexandria, and in France at No. 10 Stationary Hospital at Saint-Omer as well as the Infectious Disease Hospital at Wimereux. She worked at casualty clearing stations, on hospital trains and barges, and toward the end of the war at the Military Hospital, Aldershot, England where she specialized on face reconstruction cases.

While Bennett may have enjoyed her time on the large converted liners, other nurses found working on smaller hospital ships extremely

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53 NAUK, WO399/564, Service Record, Frances Agnes Bennett.

difficult.Undoubtedly, caring for huge numbers of severely wounded men was challenging, but nurses suffered from sea-sickness themselves. Air circulation below decks was poor, the heat at times was intense and working and living spaces cramped. Several Australian nurses were seconded to British hospital ships whose primary objective in 1915 was to remove the wounded from the Dardanelles. During this campaign, facilities on board hospital ships were strained to the limit with operating and sterilising equipment rudimentary. Additionally, lack of space between narrow cots when applying splint extensions, made nursing difficult.\textsuperscript{55} Conditions on board these vessels were similar to those at casualty clearing stations where soldiers were operated on still wearing their dirty blood-stained clothes.\textsuperscript{56} Hospital ships travelled constantly, transferring the wounded to Lemnos, Alexandria, Malta, Salonika and England before returning to do it all again. Beatrice Mawson joined the QAIMNSR on 14 May 1915 and after duty on a ship off the coast of Gallipoli, made ‘twenty-three trips between England and France … the most dangerous run between Le Havre and Southampton’.\textsuperscript{57} AANS nurse Hilda Samsing described the huge numbers of wounded transferred to her hospital ship from barges. ‘We took 700 on board, and when you think that all had to be fed … all the dressings done, fractures set, serious cases operated on’.\textsuperscript{58} Patients were


\textsuperscript{56} Ibid.

\textsuperscript{57} NAUK, WO399/5737, Service Record, Beatrice Mary Mawson; Patsy Adam-Smith, \textit{Australian Women at War}, Nelson, Melbourne, 1984, p. 32.

\textsuperscript{58} ‘Work on a Hospital Ship’, \textit{The Register}, Wednesday 24 November 1915, p. 9.
frequently taken on board a hospital ship, just hours after being wounded. While this work was extremely onerous, seeing ‘their boys’ in such a state was emotionally draining for nursing staff.

Conditions faced by nurses close to battle lines in France and Belgium were also particularly difficult to deal with as well. The Australian Voluntary Hospital (AVH) saw service in both these countries, arriving at Le Havre at a critical time as the German army was pushing through France. On 2 September 1914, not long after their arrival and with British wounded pouring into the city, the AVH was given orders to leave Le Havre at short notice. Arriving at St. Nazaire on the morning of 5 September, staff set up a field hospital of 199 beds for enlisted men with an additional 20 beds allocated to officers. Even though they had to organise a hasty evacuation from Le Havre they were also required to care for hundreds of casualties from the battle of Mons which began on 23 August 1914. AVH Sister Nan Reay recalled these problems, including the pressures of work and the difficult swift evacuation.

Wounded were being received from the Mons front and as a result of the pressure at the front line, a serious condition arose, when the hospital had to be evacuated. The people of the district also fled ... the evacuation of the wounded was right in the line of the retreat. There were four days and nights with a minimum of sleep: no water for washing ... staff (left with no) possessions, having to leave everything behind.59

Edith Trebilcock was one of seventeen Australians with the AVH at St. Nazaire and in a letter home she described the difficulties they faced.

We had more patients than they could accommodate ... taking ninety at a time. In a month we handled 750 cases ... we are but seventeen nurses ... our orderlies are for the main part untrained, so you can imagine something of our work. Many times we have been strained almost to breaking point, but have managed to endure and do good work.60

Trebilcock also served with the AANS and the QAIMNSR and was one of a group of two doctors and four nurses who set up the first hospital in Montenegro, Serbia. Trebilcock transferred to the QAIMNSR on 1 July 1916.61 Mary Anne Bennallack was with the AVH when it first went to France and transferred to the QAIMNSR as well. Nothing in her life growing up as a farmer’s daughter in country Victoria prepared her for nursing in a field hospital, ‘dealing with young men whose legs had to be amputated because they were shattered and/or gangrenous’.62

USING MASSAGE FOR HEALING

During the war massage was greatly beneficial in assisting with healing the wounded and damaged body. A small number of Australian nurses undertook some training in massage prior to the war in the civilian nursing service. As early as the mid-1880s, simple Swedish massage techniques were introduced to nurse training. In 1907, this practice was discontinued when massage became a separate profession with the formation of the Australian Massage Association.63 The origins of physiotherapy date back to 1813 when Per Henrik Ling, the ‘Father of


61 Army Medical Services Museum Archives, Aldershot, UK, (AMSMA), Diary of Dame Maud McCarthy, Report, June 1916.


Swedish Gymnastics’, founded the Royal Central Institute of Gymnastics for massage, manipulation and exercise.\footnote{Warwick Chiropractors UK, \url{http://www.chiropractorswarwick.co.uk}} In the late nineteenth century there was a significant rise in massage practice although training was ‘often provided in a rather impromptu and ad hoc manner’.\footnote{David A. Nicholls & Julianne Cheek, ‘Physiotherapy and the shadow of prostitution: The Society of Trained Masseuses and the massage scandals of 1894’, \textit{Social Science and Medicine}, Vol. 62, Issue 9, p. 2339.} Originally pay was very low for masseurs, courses were unregulated and any qualification received was dependent on the integrity and knowledge of the instructor.\footnote{Ibid.} Massage therapy continued to develop as a therapeutic practice allowing a level of physical intimacy between patient and healer that challenged strict Victorian principles of morality, sexuality and touch.\footnote{Ibid.}

During World War One the need for healing by physical touch and manipulation increased rapidly because of the ever-increasing number of wounded men. The use of female masseurs during this period contributed to a reversal in class and gender relations and as Ana Carden-Coyne explained, ‘gave female masseurs new modes of power over the male body’.\footnote{Ana Carden-Coyne, ‘Painful bodies and brutal women: remedial massage, gender relations and cultural agency in military hospitals, 1914-1918’, \textit{Journal of War and Culture Studies}, Vol. 1, No. 2, 2008, p. 139.} Men were encountering a form of female expertise that massaged the male body in ways previously unknown or prohibited to medical women, creating an unusual relationship.
between patient and carer. Carden-Coyne has outlined how women could exercise power over their male patients, with men lying on their backs, ‘women used their body strength, to massage backs, buttocks, thighs and groin areas.’ Some patients found this form of treatment on private areas of the body embarrassing. Because of the infliction of pain on sensitive wounds and scar tissue, patients used humour to deal with this submissive space, to counter these feelings and to deal with pain. The humour used in the following examples show the importance of this form of social dialogue between patient and masseur. The use of humour in this way challenged the notion that female masseurs, like nurses, administered a level of care that was gentle and nurturing.

A Warning to the Unwary
Attend, ye patients, to my tale of woe!
(Miss Williams) of Beaufort, massaged me so
That my right foot, dislocated,
Assumed forms variegated
And tried, I assure you, the left t-outgrow.
In terror, dear reader, of such consequences
I sought to become a true amanuensis,
And save you, O patient,
From a fate now grown ancient:
Do not be massaged by the masseuse in parenthesis.
Signed No. 3696, A.J. Tout 20th Battalion AIF.

National Library of Australia MS946, B.M. Williams Masseur, (possibly Bertha Mary Williams) Beaufort War Hospital, Autograph book

Ibid.
Ibid, p. 142.
As shown in the following example, as recalled by Roslyn Rutherford, a masseur at Royaumont, a patient could suffer varying levels of pain when undergoing massage treatment.

He is as black as chocolate and rejoices in the name of Badas ben Aid ben Aisse. (He) has the proverbial ‘flashing’ black eyes, lovely curly black lashes, and a broken arm and leg. I do his arm. After his treatment throughout which he nearly collapses with pain, he seizes my hand and kissing it with great vigour, tells me I am ‘très gentile toujours’.  

For Rutherford, the infliction of pain by physical means to gain healing was intrinsic to her work. Rutherford did not always do massage at Royaumont. She recalled how she did other duties as well, ‘owing to the rush of work in the wards. Imagine me washing spittoons! The funny part of it all is I don’t mind a scrap’. 

Throughout the war, the treatment of convalescent soldiers by masseurs using physical methods of manipulation and massage to regain the use of muscles and limbs was increasingly recognised as an important avenue for healing and recuperation. Each convalescent camp or hospital had a designated massage room where massage, physical exercise, muscle extension, heat and electrical treatment were used to aid recovery. Electrical therapy involved the use of electrodes covered with saline-soaked pads attached to the skin. Massage was

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used to treat conditions such as trench foot, shell-shock and paralysis, and also used on victims who were gassed. A Mrs Powell from Sydney working as a masseur on the hospital ship Kanowna described how massage treatment could have successful results.

There was a laddie put on at Suez suffering badly from frost-bite that he had to have a cradle over his legs to prevent the bedclothes touching the skin. The skin was so dreadfully tender... gradually improved but the legs were paralysed.  

She went on, ‘imagine my joy, when he was able to hop off at Melbourne’. Notably in this case, massage addressed the paralysis but also prevented possible amputation of the soldier’s legs.

In November 1917 a report to the Commanding Officer at No. 3 Australian Auxiliary Hospital, Dartford, outlined the success of massage work and how new treatment methods were being utilized. The most interesting feature of work carried out in the previous October, according to this report, was the realization that the use of massage in the treatment of gunshot wounds of bone and muscle would be useful. Speedy treatment to ensure success was vital. The best results provided by this practice were on those ‘who were admitted with wounds received about fourteen days previously and some as recently as eight days’. The report described how massage was used to treat wounds even when they were still gaping, ‘having excellent results in the nutrition and healing of the wound’.

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76 Ibid.
77 AWM27 371/70, Medical organizations, 3rd AGH Dartford, November 1917.
78 Ibid.
MEDICAL ADMINISTRATORS

As previous sections of this chapter have shown, medical women, doctors, nurses, masseurs and VADs worked in a range of war fronts and medical environments caring for the wounded and the dying. Many worked within the chain of medical evacuation facing insurmountable challenges while others worked in the difficult locations of Serbia and Montenegro with resilience and commitment. Yet other Australian women rose to the highest levels in the allied nursing services and were to excel as nursing administrators, Matrons-in-Chief and Matrons. These women had qualities similar to their fellow medical women, but they rose to the top of their profession, not with their own country, but with an allied medical service.

Hester Maclean was Matron-in-Chief of the New Zealand Army Nursing Service (NZANS). Maclean was one of several Australian women who worked with the allied medical services and who had distinguished administrative careers during the war. She was instrumental in expanding health facilities and nursing services in New Zealand, and in the pre-war period helped to introduce a number of nursing reforms including the introduction of an eight-hour working day.\(^{79}\) In 1913 and 1914 after a protracted fight, she won the battle which determined the NZANS could be established as an independent nursing service not under the control of the British Army Council.\(^{80}\)


Maclean was a shrewd and energetic administrator who has been called ‘a professional career woman in an age when this was rare’.  

Several other Australians also had distinguished careers with the QAIMNS, the QAIMNSR and with medical units under the British Red Cross Society (BRCS). Emma Maud McCarthy was Matron-in-Chief in the British Expeditionary Force (BEF) in France and Flanders. It was here that her true abilities as an administrator and leader came into fruition. Born in Sydney on 22 September 1859, she was educated at Springfield College and the University of Sydney. She began her general nursing training at London Hospital, Whitechapel in 1891. Reports written by McCarthy during her war service reveal that she was a skilled administrator who paid meticulous attention to detail. Arriving in France on 12 August 1914 with the first contingent of the BEF, McCarthy was responsible for a huge area from the English Channel to the Mediterranean Sea. It was common for McCarthy to travel with a driver visiting field hospitals, hospital trains and casualty clearing stations under her command.

When the war began, Nora Kathleen Fletcher enlisted with the British Red Cross Society (BRCS) and was appointed Principal Matron of Nursing Staff in France and Belgium. She left Sydney for England in

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83 Army Medical Services Museum Archives, Aldershot, UK: Reports of Dame Maud McCarthy.
1909 to gain nursing experience and prior to the war, worked in private
nursing in London and Europe, particularly around the Riviera and
Italy. On 25 June 1919 in a letter to the BRCS, the former Matron of
Guy’s Hospital, Matron Swift outlined the breadth and quality of
Fletcher’s war work.

She was responsible for all personnel working in hospitals, rest
stations, sick bays on trains, boats and barges, both in France
and Belgium, receiving all personnel and locating them to the
different spheres of work. Miss Fletcher has an extensive
knowledge of people and things, is an excellent organizer, very
energetic, tactful, direct, loyal and broad-minded.

Several other Australians reached the position of Matron including Alice
Cashin who served with the QAIMNSR and Marie McNaughton Cameron
who served with the NZANS. Cameron was appointed Matron of No. 1
Stationary Hospital at Port Said and was on the Marquette when it was
torpedoed and sunk off the coast of Salonika in 1915. Cameron survived
but owing to the injuries she received, was an invalid for the rest of her
life. Margaret Anne Gray and Florence McDowell were Australians
who were also appointed Matron, serving with the BRC and St. John of
Jerusalem. Before the war, Gray operated the Dongrayald Private
Hospital in Molesworth Street, Lismore, from 1902 until approximately
1913 with Elizabeth Anne McDonald. Similar to many other women
examined in this thesis, Gray made her own way to England joining the

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86 SLNSW, ML MSS 1546, Nora Kathleen Fletcher.
87 Ibid, Matron Swift to British Red Cross Society, 25 June 1919.
89 Richmond River Historical Society Bulletin, March 1995, p. 5: In 1908, the Dongrayald Private
Hospital, with Macdonald and Gray in charge, moved to a large, two-storey weatherboard house
in Molesworth Street which later became the site for St. Anne’s Nursing Home.
BRCS before being appointed Matron at a British hospital at Rouen in France. Florence McDowell also had a long and distinguished career serving with the BRCS in Serbia and the Millicent Fawcett Medical Unit in Russia where she was appointed Matron at the 52nd Epidemic Hospital at Zaleschiki. Significantly, these women were appointed to positions at the top of the nursing profession with an allied nursing service. The progression of McCarthy and Maclean through the nursing ranks of these services to such high positions of authority was due to their having lived for many years in England and New Zealand respectively. Moreover, both women were experienced and effective managers even before World War One. McCarthy had previously served with the British Army Nursing Service in the Boer War of 1899-1902.

THE PROFESSIONALISM OF FEMALE DOCTORS IN WAR

Despite initial enlistment difficulties throughout the war, Australian female doctors served with great merit. They accomplished this in the face of a long fight with government and medical authorities on what their duties were to be. Unlike nurses who were tolerated and on one level seen as essential, the presence of female doctors in or close to war zones was not popular with the authorities. Michael Tyquin has examined the medical contribution of Australians to the Gallipoli campaign and believes indisputably that this ‘was a man’s world’ that

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90 AWM, 2DRL 1138, Private Record: Florence McDowell.
effectively excluded female doctors.\textsuperscript{91} As far as he could determine, ‘there was only one Australian female doctor near the Dardanelles ... namely Dr Agnes Bennett who commandeered the Austro-Hungarian hospital in Choubra, Cairo’.\textsuperscript{92}

When Bennett arrived in Egypt early in 1915 there was a growing need to establish military hospitals to deal with the influx of wounded men from the Gallipoli Peninsula. As outlined in Chapter One, she was formally commissioned into the New Zealand Army in Egypt. Bennett worked with the New Zealand Director of Medical Services, Colonel Matthew Holmes, setting up a temporary hospital in what had formerly been an Egyptian army hospital at Pont de Koubeh. With the arrival of the No. 1 New Zealand Stationary Hospital and nursing staff led by Hester Maclean, the need for this temporary hospital declined. Bennett was then offered the position heading the Infectious Diseases Hospital at Choubra. Here she was challenged as every type of infectious disease was treated, ‘cerebro-spinal meningitis, diphtheria, scarlet fever, mumps and dengue fever’.\textsuperscript{93}

Up until May 1917, 994 Australian doctors enlisted with the Australian Army Medical Corps and were sent overseas.\textsuperscript{94} None of these were women because of restrictions on their enlistment. Because they


\textsuperscript{92}\textit{Ibid.}

\textsuperscript{93}\textit{Ibid.}

were prohibited from joining the AAMC, twenty two female doctors (listed in Table 3 below) served as doctors outside of Australia with overseas organisations, and it is known that fourteen of the twenty two paid their own passage overseas.\textsuperscript{95} They served in many war zones and locations with no help or encouragement from the Australian government. Before the war, all worked in paid employment as doctors and had the financial means to undertake war work outside Australia.

### Female Doctors

<table>
<thead>
<tr>
<th>NAME</th>
<th>Where served WW1</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARDILL, Katie Louisa (Brice)</td>
<td>BRC in Belgium, England, Egypt</td>
</tr>
<tr>
<td>BENNETT, Agnes Elizabeth</td>
<td>NZAMC: Egypt; SHHFS: Serbia, French Red Cross</td>
</tr>
<tr>
<td>BULL, Hilda</td>
<td>England, WAAC</td>
</tr>
<tr>
<td>BOURNE, Eleanor Elizabeth</td>
<td>Endell St. Military Hospital, WAAC</td>
</tr>
<tr>
<td>BUCKLEY, Emma (Turkington)</td>
<td>Endell St. Military Hospital</td>
</tr>
<tr>
<td>CHAPPLE, Phoebe</td>
<td>WAAC, RAMC France</td>
</tr>
<tr>
<td>CORDINGLY, Grace (Bridge)</td>
<td>England</td>
</tr>
<tr>
<td>COOPER, Lilian Violet</td>
<td>SHHFS, Macedonia, Serbia</td>
</tr>
<tr>
<td>CHAMPION, Rachel</td>
<td>Endell St. Military Hospital</td>
</tr>
<tr>
<td>DALYELL, Elsie Jean</td>
<td>SHHFS, Serbia, RAMC: England, France, Malta, Greece</td>
</tr>
<tr>
<td>DE GARIS, Mary Clementina</td>
<td>SHHFS, Serbia</td>
</tr>
<tr>
<td>DOBSON, ??</td>
<td>Egypt</td>
</tr>
<tr>
<td>GULLETT, Lucy Edith</td>
<td>French Red Cross</td>
</tr>
<tr>
<td>HAMILTON BROWNE, Elizabeth Isabel</td>
<td>Endell St., RAMC, Egypt</td>
</tr>
<tr>
<td>HOPE, Laura Margaret</td>
<td>SHHFS, Serbia</td>
</tr>
<tr>
<td>*LITTLE, Elaine Marjory</td>
<td>RAMC, England, France</td>
</tr>
<tr>
<td>MURRAY-PRIOR, Mabel</td>
<td>England</td>
</tr>
<tr>
<td>ORMISTON, Isabel</td>
<td>French Red Cross, Ostend, Belgium Montenegro</td>
</tr>
<tr>
<td>ROSS, Isabella Younger</td>
<td>England, Scotland</td>
</tr>
<tr>
<td>RUSSELL, Grace</td>
<td>Egypt</td>
</tr>
<tr>
<td>SCANTLEBURY BROWN, Vera</td>
<td>Endell St. Military Hospital</td>
</tr>
<tr>
<td>SEXTON, Helen</td>
<td>France (French Army)</td>
</tr>
</tbody>
</table>

**Table 3**

Lucy Gullett and Katie Ardill left Australia around mid-to-late 1915 seeking war-work as they were prevented from joining the Australian

\textsuperscript{95}Ibid, p.109.

\textsuperscript{96}I would like to thank Heather Sheard from the University of Melbourne for help in compiling this table which was based on work carried out for her PhD thesis about Vera Scantlebury Brown.
Army Medical Corps (AAMC). Like others in this cohort, both women had considerable medical experience. Prior to the war, Gullett worked in general practice and Ardill as the honorary anaesthetist and out-patients medical officer at South Sydney Women's Hospital. As Lucy Gullett and Katie Ardill had been, Elaine Marjory Little was also unsuccessful when she applied to join the AAMC. Little had studied science at the University of Sydney. Before graduating in 1911, she tutored pathology at the Women's College from 1906 until 1910. After that date she transferred to the Faculty of Medicine, earning her degree in 1915. In that year she was appointed a junior resident medical officer at Royal Prince Alfred Hospital becoming senior resident medical officer in 1916. During 1917, her position at RPA was terminated because of the return to Australia of the male doctor who had previously held the position. In 1913, Elsie Dalyell had received a Biet Travelling Fellowship which allowed her to work at the Lister Institute of Preventive Medicine in London. Dr Dalyell was the first Australian woman and female doctor to receive this Fellowship. Toward the end of 1917 Elaine Little was also employed briefly at the Lister Institute before travelling to Rouen in France with No. 25 British Stationary Hospital where she worked in pathology. Following this appointment and with the rank of Captain in the Royal Army Medical


Corps, albeit as an ‘attached’ officer, she again worked as a pathologist in the laboratory of No.46 Stationary Hospital at Étaples.\textsuperscript{100}

\begin{figure}
\centering
\includegraphics[width=0.5\textwidth]{image}
\caption{SRNSW NRS 9783 No. 52 Dr Elsie Dalyell}
\end{figure}

Eleanor Elizabeth Bourne was another Australian female doctor who offered her services outside of Australia, bearing the cost of the journey from Australia to England herself. Like other female doctors, Bourne was highly experienced. In 1910, she had been employed by the Department of Public Instruction working in central and north Queensland treating and researching hookworm and ophthalmic

\footnote{\textit{Obituary, Elaine Marjory Little', Pathology,} No. 7, 1975, p. 259.}
defects in children.\textsuperscript{101} She covered a huge distance, ‘from Brisbane, Toowoomba and Ipswich to Bundaberg and Rockhampton’,\textsuperscript{102}

In 1915 Eleanor Bourne was appointed Chief Medical Inspector of Schools in Queensland although by 1916, much of her work in that position ceased because of the war. She left for England just after 14 March 1916, when her ‘special leave of absence’ from her position as Inspector of Schools began.\textsuperscript{103} Subsequently later in that year Eleanor Bourne began work at the Endell Street Military Hospital in London. Then in 1917 just as other Australian female doctors had done, she enlisted as a doctor with the Royal Army Medical Corps as an ‘attached’


\textsuperscript{102} Ibid.

\textsuperscript{103} Greg Logan & Tom Watson, \textit{Soldiers of the Service: Some early Queensland educators and their schools}, History of Queensland Education Society, Brisbane, 1992, p. 171.
officer. Dr Mary Clementina De Garis arrived in London not long after Eleanor Bourne, as a passenger on the Morca, on 5 July 1916.\footnote{Ancestry family history internet site, www.ancestry.com UK Incoming Passenger Lists 1878-1960; Mary De Garis met Colin Thomson at Tibooburra and they became engaged to be married. Thomson enlisted with the AIF about the time De Garis applied without success to join the AAMC. He was killed at Pozieres on 4 August 1916.} She was also a highly experienced and gifted doctor. After completing her residency at Melbourne Hospital in 1907, she was employed as the only surgeon at Muttaburra Hospital in Queensland.\footnote{Mary Clemantina De Garis, Australian Women’s Register, http://www.womenaustralia.info/leaders/biogs/WLE0014b.htm} Furthering her medical studies in England, Europe and the United States she returned to Melbourne in 1910, before moving to Tibooburra in western New South Wales.\footnote{Ibid.}

In her diary, Dr Vera Scantlebury stated that fellow doctors, Phoebe Chapple and Rachel Champion travelled to England with her on the same vessel in 1917.\footnote{Ibid.} A second account written by Champion’s friend, Nurse Laura Wheeler described how she had travelled to England on the Orontes toward the end of 1915 with Rachel Champion also.\footnote{University of Melbourne Archives, Vera Scantlebury Brown papers, 82/82 Vol. A1, 26 March 1917.} Wheeler who intended joining the QAIMNSR, had worked with Champion at a private hospital Koonwarra, in Armadale, Victoria and specified in her memoir that they had travelled to England together because Champion had accepted a scholarship there.\footnote{AWM, PR01161 Papers of Laura Wheeler, nd.} It appears
therefore that Rachel Champion travelled to England twice during the war.

Martha Isabel Garvice (nee Ormiston) earned her Medical Degree at the University of Sydney in 1907. She travelled to London on the *Oramo* arriving there 9 May 1914.\(^{110}\) Ormiston was serving with the French Red Cross at Ostend when the Germans entered the city in April 1915, and was then sent to Montenegro with the Wounded Allies Relief Committee.\(^{111}\) Unmistakably as these examples have revealed there was a protracted movement away from Australia to England and France by female doctors who were not prepared to accept that there was no place for them or their professional expertise in the war.

Dr Helen Sexton was also refused entry into the Australian Army and was determined to use her services where they were needed the most.\(^{112}\) She had lived and worked in France for several years before the war and returned there about July 1915 when she was over fifty years old.\(^{113}\) She was an experienced doctor, the first woman to hold an honorary surgical position in a Melbourne hospital.\(^{114}\) In France, Sexton and several other women from Melbourne: Mrs William Smith, her daughters Lorna and Alison and Mrs Robert O. Blackwood, established a


\(^{111}\) *The British Journal of Nursing, 1 May 1915, p.367; University of Sydney Medical School Alumni*, [http://www.beyond1914.sydney.edu.au/resdye/media/1762/](http://www.beyond1914.sydney.edu.au/resdye/media/1762/); Copied verbatim, Martha Isabel Garvice (nee Ormiston), 'Served with the Queen of the Belgians’ Hospital at Ostend and La Panne, 1914 -15, Wounded Allies’ Relief Hospital, Montenegro, 1915-16, British Red Cross Convalescent Depot, Egypt, 1916, and W.A.R Hospital, Limoges, 1917. Awarded Montenegrin Red Cross and Orders of Danilo and the Nile. Her early education was at Riverina Grammar School, Albury.'


hospital for convalescing French soldiers at Auteuil. The Smith women, who were independent voluntary war workers, left Melbourne with the prime intention of offering their services to the French Government or the French Red Cross, to serve in any possible way they could.\footnote{115}{Australian Ladies Open Hospital in France’ \textit{Op.cit.}} The hospital was set up in a large private house and officially inaugurated by the British Ambassador to France, Lord Bertie on 5 August 1915.\footnote{116}{Lord Francis Bertie, 1st Viscount Bertie of Thame had held the post of British Ambassador to France since 1905.} The hospital was sanctioned by the French Red Cross to be used for the treatment of French soldiers. Helen Sexton was given the rank of major in the French Army. It was a British War Office requirement that any hospital ‘be not less than twenty beds’ but the hospital at Auteuil set up by Helen Sexton had the capacity for up to fifty patients.\footnote{117}{‘Australian Hospital Opened in France’, \textit{The Argus}, 6 August 1915, p. 8.} Dr Sexton was held in high regard by the French. She was called on to decorate a soldier who had been awarded the \textit{Medaille Militaire and Croix de Guerre}, an honour never previously given to a woman.\footnote{118}{The Australian Women’s Hospital at Auteuil’, \textit{The Common Cause}, 31 December 1915, p.-.} Susanna De Vries stated in her book \textit{Heroic Australian Women in War} that joining Helen Sexton at the field hospital at Auteuil was the original reason Agnes Bennett decided to travel to France.\footnote{119}{Susanna De Vries, \textit{Heroic Australian Women in War}, Harper Collins, Sydney, 2004, p. 81.} This was confirmed by Cecil and Celia Manson in their biography of Bennett who stated that ‘she was going to Paris for an interview with Dr Helen Sexton’.\footnote{120}{Cecil & Celia Manson, \textit{Doctor Agnes Bennett}, Michael Joseph, London, 1960, p. 76.}
Medical aid and hospitals were established in France by every
allied medical service. As well, there were many voluntary groups run
by private individuals that were outside the control of the allied
medical services. The Scottish Hospitals for Home and Foreign Service
(SHHFS) occupied Royaumont Abbey (Abbaye de Royaumont) in
northern France in December 1914. The Scottish Hospitals accepted an
offer from Edouard Gouin to use the Abbey as a military hospital.
Unfortunately, the Abbey had not been occupied for ten years and was
in an appalling condition. When staff from the Scottish Hospitals
arrived they found it filthy, without light or heating. Only one tap in the
kitchen provided cold water and there was no other running water.
Before the wounded could be treated, all rooms on the lower ground
floor judged to be damp and cheerless, had to be cleaned and cleared of
rubbish.\textsuperscript{121} The hospital was frequently inspected by the Médecin-
Inspecteur and the Service de Santé of the French Red Cross, who could
not comprehend that a hospital run by women would reach the
required standard.\textsuperscript{122} Three ex-students of the University of Sydney
served at Royaumont. Millicent Sylvia Armstrong from Goulburn, NSW
was there for nearly twelve months, Roslyn Rutherford for six months
and Elsie Dalyell for roughly five months. Armstrong served there as a

\textsuperscript{121} Mitchell Library Glasgow, Scottish Hospitals, Tin 12, Frances Ivens to Alice Crompton, 26
December 1914.

\textsuperscript{122} E. Crofton, 'The Scottish Women's Hospital at the French Abbey of Royaumont', \textit{Proceedings
clerk and orderly and Rutherford as a masseuse while Dalyell as mentioned previously, worked there as a doctor.\textsuperscript{123}

Almost 2,508 patients were admitted to Royaumont between January 1915 and January 1917.\textsuperscript{124} The battle of the Somme in 1916 impacted heavily on the level of work at Royaumont and nearby Villers-Cotterêts, where a small camp hospital had been set up. Because of the German spring offensive of 21 March 1918, staff at both hospitals was again challenged by the huge influx of wounded. In total, 2,872 operations had been performed by the time it closed on 26 February 1919 and 8,752 soldiers had been treated there.\textsuperscript{125}

In the spring of 1915, the Girton & Newnham unit of the SHHFS established a hospital at Troyes, France, led by Irish-born surgeon Dr Anne Louise McIlroy. The Australian Olive King served with this unit after she joined the SHHFS in May 1915. King was by nature an energetic and athletic woman, an accomplished mountaineer who was also a skilled motor mechanic. In France she purchased a lorry which she converted into an ambulance, naming it \textit{Ella} because of its resemblance to a slow-moving elephant.\textsuperscript{126} Her unit was sent to Salonika in October 1915 arriving 3 November. In a letter to her father she

\textsuperscript{123}\textit{University of Sydney: Women’s College, The Magazine of the Women’s College, October 1918, p. 13}; Another student from that university, M. Bowen, was also reported as working as a masseur in France, but where is not known; IWM, Women at Work Collection, British Red Cross Society, France. BRCS 24.3/10 Scottish Women’s Hospitals, List of members who served at the \textit{Abbaye de Royaumont}; Armstrong joined the SHHFS in August 1915 and worked at Royaumont between 16 March 1917 and 22 March 1918; Rutherford served there from 4 June 1918 until 7 January 1919 and Dalyell from 2 May to 2 October 1916 as a bacteriologist.

\textsuperscript{124}\textit{Crofton, Op.cit, p. 357 & 358}.

\textsuperscript{125} \textit{Ibid}.

described the conditions during her first winter at Salonika. ‘That first winter ... was a never-to-be-forgotten time of mud, floods, discomfort and hard work’.127 ‘It was like a sort of rough and tumble picnic’ she recalled.128 She resigned from the SHHFS around June 1916, enlisting with the Serbian Army as a driver retaining Ella for the transportation of staff and the wounded.129

The Joint War Committee became aware of the need for medical aid to be sent to Serbia as early as October 1914. Initially the Serbian Red Cross made a request for help to the International Red Cross, who contacted branches of the Red Cross in allied countries. Serbia was in dire circumstances following the first Balkan War fought between October 1912 and May 1913. There were few trained medical staff or medical supplies, and hospitals were overcrowded with sick and wounded: ‘some lay two to a bed, in corridors on straw mattresses’.130 The Serbian army forced the Austrian army to undertake a temporary retreat from Serbia in the middle of December. In its wake, the military and civilian population suffered terribly because of the rapid and disastrous spread of typhus which rose to epidemic proportions by the end of January 1915. Almost 130,000 died from the disease, one tenth of these at Kraguievat.131

127 Ibid, p. 20.

128 Ibid.


The first medical unit authorised by the British Red Cross and the Joint War Committee left England on 29 October 1914 under the command of Dr H.G. Barrie, travelling to Serbia via Salonika.\(^{132}\) This unit consisting of six doctors and twelve orderlies was followed by a second on 25 January 1915.\(^{133}\) This unit left England on Sir Thomas Lipton’s yacht *Erin* bound for Vrnjatchka Banja.\(^{133}\) Australian nurse Ethel Gillingham was one of eleven BRCS nurses on the *Erin*. In the same month, the Anglo-Serbian Hospital Unit was set up at Skopje. This was led by Lady Louise Margaret Leila Paget, wife of Lord Ralph Paget who was appointed chief of all British units in Serbia.\(^{134}\) Some of the funding for this mission was through the Serbian Relief Fund (SRF) under the patronage of Queen Mary and prominent British politicians such as David Lloyd George and Winston Churchill.\(^{135}\) A second unit of the SRF funded by Lady Cornelia Wimbourne was also located at Skopje. Dr Elsie Dalyell joined this unit to care for patients during the 1915 typhus epidemic.\(^{136}\) A third unit led by Mabel St. Clair Stobart was set up at Kragujevatz in April 1915.

One of the most prominent medical missions to Serbia was the one led by Dr Elsie Maud Inglis of the SHHFS. By the Serbian summer of

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\(^{132}\) IWM, British Red Cross, Misc 26, Item 476, Medical aid to the Balkans, nd.

\(^{133}\) *Ibid*; Sir Thomas Lipton travelled regularly between Marseilles and Salonika transporting Red Cross Units but also essential supplies to Salonika and Serbia.

\(^{134}\) Lady Leila Paget was the daughter of Mary Stevens of New York and General Sir Arthur Paget. Her husband Sir Ralph Paget was her cousin. In 1911 she travelled to Serbia with him where he had been appointed Ambassador. They returned to England in 1914.


\(^{136}\) Dr Dalyell, *The Magazine of the Women’s College*, University of Sydney, November 1920, p. 10.
1915 Elsie Inglis had established four hospitals there: at Kraguievatz, Valjevo, Lazarevac and Mladenovac. When the SHHFS arrived in the strategically important town of Kraguievatz on 6 January 1915, staff found conditions similar to those at Royaumont. Hospital accommodation which was to be in an old schoolhouse was filthy and unsanitary. To add to their problems they had a limited supply of medicine, bandages, instruments and bedding. The number of casualties increased rapidly and instead of the expected 100 patients, 250 were admitted as soon as the medical unit arrived, a number that quickly rose to 650 with the coming of spring.

In September 1916, the American Unit, (named because funds for its management were raised in America and Canada) was set up near Lake Ostrovo in Macedonia. Australian doctor Agnes Bennett was appointed its Chief Medical Officer. Miles Franklin served in this Unit, having previously known Bennett in Australia. Franklin applied to join the SHHFS on 12 March 1917, hoping originally to be sent to France, but eventually agreed to go to Macedonia as an assistant cook. Jill Roe argues that the assignment in Serbia suited Franklin well: it was exciting and Macedonia was exotic for Franklin. One reason she enjoyed camp life was that it was ‘good copy’.

While these were the largest medical missions in Serbia, there were smaller ones such as the ‘Royal Free Hospital Unit’ led by Dr James Barry and the ‘British Young Farmers’ named because funds for its operation were raised by farmers in Britain.


Jill Roe, Stella Miles Franklin, Fourth Estate, London, 2008, p. 210; Miles Franklin received £25 per annum when employed by the SSHFS.

Ibid, p. 211 & 213.
Dr Lilian Cooper and her companion Mary Josephine Bedford, were in the original party when the unit was set up at Ostrovo.

Bennett put Bedford in charge of the Transport Column as she was an accomplished driver and mechanic. In her diary, Bennett described how pleased she was that they had joined her unit, despite finding out later that Cooper could be irascible and prone to bad language.

The chauffeurs are still a trouble, but I have given them over entirely to Miss Bedford who has arrived with Dr Cooper. Both are simply splendid and going to be an enormous help to me, being older women.¹⁴¹

The pair remained at Ostrovo for nearly twelve months, but they were forced to leave Serbia when Cooper became ill. Even though by that time Cooper was glad to return to Australia, Bedford would have preferred to stay. In the last months of 1916, Bennett became very ill

¹⁴¹ Mitchell Library Glasgow, Scottish Hospitals, Tin 11, Diary, Dr Agnes Bennett, 25 September 1916, p. 19.
with malaria and her position as head of the American Unit was taken over by another Australian, Dr Mary Clementina De Garis.142

Dr Laura Margaret Hope joined the SHHFS in Edinburgh around 14 July 1915.143 Hope was the only Australian female doctor to serve during the war as a married woman. Working in India when the war began, Hope had travelled to India in 1893 with her husband Dr Charles Henry Standish Hope. They worked as medical missionaries at the South Australian Baptist Mission at Pubna and at the Bengal Baptist Mission at Kalimpong.144 Even though she returned to Adelaide in 1910 she was again in India by August 1914. Her work gave her experience treating cholera and typhoid, unlike other female associates in the medical profession who had little or no contact with these diseases prior to the war. Dr Laura Hope travelled to Serbia with her husband, who was given honorary status in the SHHFS, a move highly unusual for the Scottish Hospitals who traditionally employed only women.

**ENDELL STREET: A HOSPITAL RUN BY WOMEN**

By Christmas 1914, the British War Office realised it was necessary to treat a large number of casualties in England. This forced them to reconsider the restrictions on employing women doctors in military hospitals in England. A small number of women doctors were initially

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143 State Library of South Australia: Fowler family papers, PRG 34: Annotation on photograph 14 July 1915. The date Laura Hope joined the SHHFS can be verified by this photograph taken posing in her uniform.

given positions as Civil Medical Practitioners in military hospitals on the British mainland. Unlike male doctors who were accorded officer status, they worked for only 20 shillings a day without rank, uniform or, ration and travel allowance. In an effort to address the shortage of beds, Director General of Army Medical Services, Sir Alfred Keogh, asked Dr Flora Murray and Dr Louisa Garrett Anderson to establish a hospital of up to 1000 beds in London. As mentioned in Chapter One, the two women had previously set up the very successful Women’s Hospital Corps (WHC) at the Hotel Claridge in Paris, as well as a second hospital at Wimereux.

The Endell Street hospital opened in May 1915 with Murray and Anderson at its head. When they began work,’ there were 520 wounded to treat: 60 were medical and the balance, surgical’. In mid-1916, Eleanor Bourne described how she was thrilled to receive an invitation to work there as a doctor, acknowledging that ‘the hospital filled a need as there were not enough facilities for treatment of the men who required it’. The hospital was to work under the auspices of the RAMC in premises that were previously St. Giles Union Workhouse, Endell Street Covent Garden, directly behind Drury Lane. Receiving finance from the RAMC meant the Endell Street Hospital did not have the problem of raising finances itself and could make autonomous

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146 Wellcome, Library, SA/NWF/C168, World War 1, Retrospective Accounts, unknown, nd.


148 Ibid.
decisions about hospital administration. The work at the hospital was of the highest standard. Its quality silenced those who questioned Keogh’s decision to give the hospital to Murray and Anderson. Jennian Geddes has noted that despite the hospital’s relative autonomy, the RAMC failed to provide adequate assistance when it was most needed, particularly in the early stages during its establishment.\(^\text{149}\) Despite these initial problems, the Endell Street Hospital became known for its distinctive and nurturing care as it concentrated on both the physical and psychological needs of patients.\(^\text{150}\) There were seventeen wards with three smaller ones in the South Block reserved for severe cases. One staff member recalled the difficulty of the work.

> On 15 May, 1915, a hundred convalescent cases came ... when heavy fighting began... all beds were full. The first months were difficult, work poured in. The women had everything to learn and no one to advise them.\(^\text{151}\)

Eleanor Bourne also remembered the arrival of a large convoy of wounded.

> One wintry night a convoy of 300 arrived; as the ambulance circled the courtyard the ground became more and more slippery and so did the floors of the lifts. It was amazing how the girl stretcher-bearers managed to keep their feet with their heavy loads.\(^\text{152}\)

Many casualties treated at the hospital were severely wounded and there were a large number of fractures, and severe abdominal wounds.


\(^{150}\) Ibid.


Endell Street was the only hospital run by militant suffragists during the war. Both Flora Murray and Louisa Garrett Anderson were members of the Women’s Social and Political Union (WSPU) an organisation that had pushed for suffrage, founded by Emmeline Pankhurst in 1903. The political aspirations of Murray and Anderson were always at the forefront of their work because inherent in their philosophy, was their belief that women should have the same rights as men but also, that women could be just as capable and proficient. Yet within this there was the revelation that they had a profound dislike of men, a theme projected to staff on many occasions. Vera Scantlebury admired the women greatly evidenced in a letter to her family written in May 1917.

I am in the very midst of blue very militant suffragettes. There was your innocent harmless little daughter … in a room with the two of them. I have the great honour of having been in person. You have no idea what a distraction that is. I have the greatest admiration and respect for these two women. They have struggled against fearful odds and have succeeded beyond all expectations against the greatest prejudice.

Comparing her own ability as a doctor to those around her, she questioned her place working beside the two ‘blue’ intellectual British women (Murray and Anderson): ‘they work like slaves … puts me to shame’.

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153 University of Melbourne Archives, Vera Scantlebury Brown papers, cMay 1917, 84/82 Vol A2, p. 61. On one occasion during a discussion with Murray in her sitting room with a glass of wine, she strongly advised Scantlebury to stay in a state of single blessedness.

154 Ibid.

155 Ibid.
Despite being a competent doctor herself Scantlebury was obviously struggling with feelings of inadequacy. Even though she admired the medical ability of Murray and Anderson, she also believed fellow Australians, Drs Elizabeth Hamilton-Brown and Rachel Champion who were also at the hospital, were especially good surgeons. ‘If ever I was half as good, I would be glad’. 156 On 21 June 1917 she noted how on a particularly busy day, ‘(I) operated on four poor beggars today. All the time I wish I knew more’. 157 Again on 7 August 1917, another hectic day, she worked until midnight and despite feeling more competent doubted her ability to do well, ‘I know there is an extra-ordinary amount of room for improvement’. 158

It took some time for Scantlebury to gain confidence in her own ability. She suffered because of the constant pressure dealing with casualties with terrible wounds. Her letters to her family reveal how

156Ibid.

157Ibid, 84/82, Box 1 Vol. A3, 21 June 1917.

158Ibid, 84/85, Box 1 Vol. 4, 7 August 1917, p. 55.
this affected her belief in her own competency. She described this feeling.

My enthusiasm for my work has been sadly missing lately for I have had a violent reaction and could hardly bear being with sickness ... a fatal condition for a doctor.\textsuperscript{159}

After this period of self-doubt, she watched an operation by a Major Sinclair whom she thought was a highly skilled doctor. This was a turning point for her - ‘an epoch in (her) career’.\textsuperscript{160} Afterwards, she went on to use the technique he taught her on two of her patients showing she was capable of doing the operation herself.

It is awful to struggle along when you are so half-hearted, the wounds are so awful. However I feel happy tonight and am paving the way already with good intentions of putting myself into the work altogether. There have been so many counter acting influences here – it is always hard to do two things at once.\textsuperscript{161}

The demands placed on female medical professionals such as Vera Scantlebury during the war, brought about changes personally and professionally. Whether these changes increased their status or prospects when the war was over has been questioned by Jennian Geddes.\textsuperscript{162} She argues that these doctors, who fought so hard to make a contribution to the war effort, did not achieve any advancement in their careers subsequently. These medical women did achieve the breaking down of restrictions regarding the service of women doctors in the

\textsuperscript{\textit{Ibid.}}
\textsuperscript{159}\textit{Ibid.}
\textsuperscript{160}\textit{Ibid.}
\textsuperscript{161}\textit{Ibid.}
military however.\textsuperscript{163} As Geddes has argued, this was an important step acknowledging the rightful place of female doctors as active agents and participators in war.

Female doctors worked as professionals during the war in keeping with university qualifications. Other middle class women, namely those who joined the VADs, undertook tasks well below any they had been engaged in prior to the war. Unlike the cohort of female doctors, women who became VADs had never worked for wages before the war. For these women, the desire to serve in any way, albeit undertaking menial chores, took precedence over gendered expectations that their work was not suitable for women of their class.

\textbf{THE VALUE AND PROFICIENCY OF VOLUNTARY AID DETACHMENTS}

Australian women served outside Australia with the Australian Red Cross, the British Red Cross Society, the SHHFS and the Young Men's Christian Association (YMCA). Generally, these women worked in hospitals in England, Malta and Egypt, and in France at Abbeville, Rouen, Étaples and Wimereux.\textsuperscript{164}

\textsuperscript{163} \textit{Ibid.}

\textsuperscript{164} IWM, BRCS 10.2/10, Memorandum on the work of Devonshire House in appointing VAD members to military hospitals, nd.
The principal units where VADs were employed in France were,

- Rest Stations – for the supply of food and drink
- Detention Stations – serving the veterinary hospitals and remount camps
- Hostels for Relations of Wounded officers
- British Red Cross Society (BRCS) Headquarters
- Recreation Huts
- Convoys
- Sick bays for Women’s Army Auxiliary Corps (WAAC)
- Nurses Rest Club

In a military hospital, VADs were required to work under fully trained nurses and were expected to carry out work usually conducted by probationer nurses in civil hospitals. Due to the nature of the work in casualty clearing stations VADs were not appointed there, although it was suggested that they assist at ‘detraining stations and when casualties were landed from hospital ships’. Two Australian VADs who were employed in England were Kathleen Osborne and Mary Enid Armstrong. Osborne worked at the Frensham Hill Military Hospital in Farnham from 30 October 1916 until 1 April 1919, nearly six months after cessation of hostilities. Osborne also did voluntary work in London at No. 1 Australian Auxiliary Hospital, Harefield. Armstrong enlisted with the Australian Red Cross and was stationed at North Evington Military Hospital, Leicester. The daughter of Dr W.G. Armstrong, she was educated at Abbotsleigh and the University of

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165 IWM, BRCS 12.1/5 Report of VAD Units in France, Summer 1917.
167 AWM27, 570/1, Voluntary Aid Detachments, 9 October 1915.
168 British Red Cross Museum and Archives, Card Index to VADs, Kathleen Osborne.
Sydney. Armstrong found working at a large hospital with nearly a thousand beds particularly gruelling, but was determined to carry on.

So different from any life one lived before ... we get up at 5.45am ... distinctly unpleasant but after breakfast, do the housework of the wards ... polishing, washing, charring or scrubbing.\textsuperscript{169}

Undoubtedly working in a large hospital carrying out menial tasks was unusual for Armstrong, but her choice to take on such tasks can be aligned with decisions taken by other women of a similar class and social background who became VADs. For women such as these, doing something far removed from what they were used to, was better than doing nothing.

At the Australian Hospital at Harefield where No. 1 Australian Auxiliary Hospital was set-up, 120 Australian VADS were appointed.\textsuperscript{170} Unlike British VADs who had some medical training, Nancy Birdwood received none before arriving at Harefield. Despite Lord Suffolk and her father in favour of her becoming a VAD, General Howse was not happy about her decision. Even though Birdwood eventually obtained permission from Howse to enlist, he instructed that she must never be in direct contact with a patient.\textsuperscript{171} Recalling this in later life, she said, ‘he looked on VADS as “too” ... young women who wished to dress-up in uniform and look glamorous’.\textsuperscript{172} Was his directive simply an aversion to

\textsuperscript{169} Women’s College of the University of Sydney, ‘Working in an English Military Hospital’, \textit{Women’s College Magazine}, October 1918.

\textsuperscript{170} AWM25, 399/61, Instructions relating to the working of the VAD Detachment and Nominal Roll at No. 1 Australian Auxiliary Hospital, Harefield, 11 February 1918.

\textsuperscript{171} In September 1915, General Sir Reginald Neville Howse was given command of the ANZAC medical services.

VADs or did he think that because she was a ‘lady’ and the daughter of a
general the work would be beneath her, she could have been injured or
simply that she would never be able to reach the required proficiency?
Nancy Birdwood certainly believed she didn’t have the appropriate
nursing skills to help those in her care. One Australian soldier from
Adelaide didn’t like Harefield at all either.

Harefield is like a mansion of broken hearts ... it is a rowdy place
consisting of wooden rooms with twenty-one beds in each ... wooden floors. Underneath the floor is hollow and when
walking patients wear hob nail boots in the wards, the beds
jump off the floor.\(^\text{173}\)

Birdwood was determined to try to alleviate the suffering of wounded
Australians there though. She recounted how when she was working at
Harefield she would, ‘go into the pantry and weep, because (she) could
do so little to help’.\(^\text{174}\) Due to her persistence she was eventually able to
‘give blanket baths, take temperatures and pulses, give medicines and
assist with dressings’.\(^\text{175}\)

On 24 April 1917 the No. 3 Australian General Hospital arrived
at Abbeville, headquarters for the Commonwealth lines of
communication in France. Birdwood and Margaret (Peggy) Murdoch,
daughter of Sir James Murdoch, head of the Australian Red Cross,
arrived there on 13 July 1917.\(^\text{176}\) The two women went to Abbeville,
principally because of a directive from Howse to set up a Red Cross

\(^{173}\) AWM, 2DRL526, Dora Wilcox, Letter from Australian Soldier to Dora Wilcox, 7 September 1916.


\(^{175}\) Ibid, p. 37.

\(^{176}\) Ibid.
store. This appointment effectively removed Birdwood, albeit temporarily from nursing duties. Both women were employed writing letters for patients and distributing cigarettes, chocolates and making tea and cocoa for those who wandered through the store. After some months, Birdwood made another request to Howse to allow her to return to the wards and he agreed. By March 1917 she was again working in the British hospital at Abbeville where she was, ‘too tired to feel tired’, because of the huge numbers of casualties.\textsuperscript{177}

Undoubtedly, VADs and other medical staff found working close to the front dangerous and arduous. Rouen, Boulogne, Étaples and Trouville where VADs were stationed, were all used as major medical centres for the British Expeditionary Force. Rouen in particular was a crucial junction in the evacuation process as casualties were transported there by train, ambulance or barge. Rouen was located only 161km from Hébuterne the site of one of the most significant battles fought between 27 March and 5 April 1918 during the German offensive. The increased flow of wounded to Rouen during this battle, impacted heavily on the hospitals there. Jessie Traill was sent to France on 22 July 1915 and worked at two hospitals at Rouen.\textsuperscript{178} After joining the British Red Cross in London, she trained as a VAD at Gifford House Auxiliary Hospital, a hospital for convalescing soldiers located in a residence donated by the wealthy Charrington family. Jessie Traill and her three sisters were all deeply religious. Minna and Kathleen became

\textsuperscript{177}Ibid.

\textsuperscript{178}NAUK, Medal Card, WO/372/23/41851 Jessie Constance Traill. Jessie Traill also worked at No. 2 British General Hospital at Rouen.
nuns entering the Convent of the Community of the Holy Name. Traill had similar traits to her sisters and cared for others in a manner that was selfless, compassionate and charitable. In her study of Traill, Mary Alice Lee has described how these attributes were particularly evident in France because Traill ‘felt a great sense of personal loss about the destruction of town and countryside and the human displacement that followed’. Little is known about her daily work as a VAD but her cousin Bertha Foott provided some insight. She describes how Traill ‘met convoys, nursed the sick, helped the maimed, replaced the dead with the living … in a ghastly rhythm’, one that (rarely) changed throughout her three and a half years in France.

CONCLUSION
Australian women served in a broad range of diverse environments and locations anywhere where they were needed. After struggling for the right to practise medicine equal to their training and experience, female doctors used their skills and expertise across many theatres of war, to save lives with great proficiency. VADs who were mostly women from the middle class, undertook duties not normally performed by women with their background, scrubbing floors and doing other menial duties, simply so that they could have some input into the war effort. Across all war fronts these medical women cared for allied casualties with illnesses and wounds never seen by them before. To repair torn and


180 State Library of Victoria, MS7945, Box 643/6, Bertha Foott, ‘Jessie Constance Alicia Traill’.
damaged bodies, nurses and doctors particularly, often gave medical treatment without appropriate training, equipment or supplies. Significantly, the roles these medical women took up during the war and the manner in which they went about their work, is a clear indication that they were capable of so much more than previously thought by government and society generally.

The next chapter describes the work of Australian women who joined paramilitary units and those who did humanitarian and voluntary work, many outside the controls of government organizations. It explores the war service of these independent women who without professional training, set out to make their own contribution to the war effort. Even though it was considered desirable that women stay in a domestic environment looking after their family and their home, hundreds of women did not conform to this societal expectation. They moved away from family and country, seeking employment close to the front, pushing the boundaries set by their class, gender and previous life experiences.
CHAPTER FOUR

PARA-MILITARY SERVICE, MUNITIONS WORKERS, VOLUNTARY WORK AND HUMANITARIAN CARE

Without the ceaseless toil of this mass of women workers ... the British armies in France and Flanders, not to mention our gallant allies, would have been helpless.¹

A lack of professional or medical training was never a detriment to Australian women making a valuable contribution to the war effort during World War One. Like nurses and doctors who left Australia seeking medical work because of limited prospects and government restrictions, numerous women with little training or professional expertise, took their own journey to war, seeking paid work in the paramilitary services or voluntary work in a myriad of civilian occupations. This chapter will demonstrate that numerous Australian women sought war work other than what was available to them on the home-front. Simply knitting, sewing or working with patriotic funds in Australia packing parcels for the troops, was not enough for women who wanted to make a contribution to the war effort closer to the front. Undoubtedly, women who sought work overseas did so with a sense of excitement and adventure but individual motivations were also inspired by patriotism for their own country and for Britain.

As Australian medical women were overseas when the war began, so also were women without medical qualifications. With the outbreak of war, many of these women sought an occupation to assist

¹ Imperial War Museum, (IWM), YWCA 80 3 16/61 Women's Day 1916, ‘Women’s Call to Women’.
with the war effort quite soon after hostilities began. Australian women worked at venues like the Anzac Buffet and the Australian Comforts Fund or took it upon themselves to simply visit convalescent hospitals in London. Work such as this, in many ways simple and self-effacing, created for a soldier a visual and very active link to his home and country.

On 5 August 1914, Field-Marshal Lord Kitchener became Secretary of State for War. Kitchener was a very astute military officer having served in both the Sudan and South African campaigns. He quickly realised that the current British Expeditionary Force (BEF) ‘of six infantry divisions and four cavalry brigades’ was too small to have much of an impact in Europe. He put forward a scheme of voluntary recruitment to be ‘a series of New Armies, each duplicating the BEF’ as a way to increase the number of men in the British forces. As Ian Beckett has demonstrated in his study of the home-front in Britain during World War One, the requirements of war created a myriad of work opportunities for women in Britain. This led to increased prospects for Australian women who travelled from their own country seeking war work in the civilian and military workforce as well. Many Australian women found clerical work in government positions in London with the War Office or with the Commonwealth Bank. The latter provided services directly to the Australian soldier at the front and on

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3 Ibid.

leave in London reinforcing the direct connection with their men-folk. Others joined a paramilitary service such as the Women's Army Auxiliary Corps (WAAC), the First Aid Nursing Yeomanry (FANY) and the French or American Red Cross and the YMCA. While some women worked in a purely voluntary capacity helping Belgian refugees or at comfort stations distributing tea, coffee and soup, others found paid employment in munitions either on the factory floor or in the area of workers’ health and welfare.

**AUSTRALIAN WOMEN WITH THE BRITISH ARMY**

In the eighteenth and nineteenth centuries, women historically held roles in the British army ‘as cooks, cleaners, nursemaids or camp followers, with large numbers of working class women married to serving soldiers’.⁵ Women were never seen as formally attached to the army and even though tolerated, they were a marginalised group.⁶ Women who randomly followed the army were as Cynthia Enloe has contended, the subject of characterizations that had undertones of ‘parasitism and prostitution’ placing them in positions of low status.⁷ This alienation reveals that historically there was a gender demarcation that needed to be nullified if women were to take a more active and important role with the army.

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⁶ *Ibid*.

⁷ Cynthia Enloe, cited in *Ibid*.
In August 1914 when war was declared, emotions in all parts of the British Empire including Australia were mixed. Feelings about the war ranged from wild enthusiasm and excitement through to caution, fear or even resignation. British women irrespective of social class were reminded that they were required to care for home and family, while their menfolk were expected to enlist with the military. For some women, particularly those from the working and middle classes, war created previously unseen avenues for paid work. For others, particularly from the middle and upper class, wartime activities were profoundly philanthropic or humanitarian. The principal discourse that guided the accepted role for women during the war, as Lucy Noakes has also stated was dominated by ‘the politics of eugenics and pro-natalism’.

Women in the home represented stability and the continuation of accepted social order, maintaining the family and also the white human race. However as the war progressed, more women from all classes began contributing to the war effort in paid and voluntary work outside of Australia. In the popular press this movement of women into the work-force was seen as temporary, only for the duration of hostilities. There was also a fear that because thousands of women were joining the workforce, that returning men would be without jobs when they came home. At war’s end most believed, women would return to their homes and social order would therefore be reinstated. This chapter will show that despite these

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8 Ibid.

9 Ibid, p. 45.
entrenched attitudes, there was considerable growing support for married and middle class women to take up work outside the home during the war. This change in attitude was due primarily to the practical need for women to replace men in the workforce so that they could serve with the military.

As Philippa Levine has pointed out, many middle-class women in the height of the Victorian period were trapped within the environs of home, both physically and ideologically. ‘The charitable endeavours with which they filled their hours were less the fruit of altruism, than of a desperate need for occupation’.\(^\text{10}\) Defying the definition of any concept of frailty, dependence or class restrictions, a number of middle-class women had the benefit of a university education, giving them the means to break down the barriers faced by other women. As Alison Mackinnon has also argued, from 1880 until the beginning of World War Two, educated middle class women led the debates about the right to have effective careers, economic independence and self-determination.\(^\text{11}\) Work taken up during the war by university educated women such as Ethel Bensusan, Dorothea Proud and Ethel Elizabeth Osborne in administration, health or management allowed them to apply skills acquired in the decades before the war.


THE CALL TO WAR

Because of the escalation of the war in the first months of 1915 it became necessary to ascertain how many men were still working in civilian occupations in the United Kingdom. In the first month of the war thousands of men rushed to enlist across Britain. A little over a year later in September 1915, Lord Asquith announced to the House of Commons, 'not far short of three million men, first and last ... (have) offered themselves to this country'. However this huge influx of men into the military was difficult to sustain. To address the growing need a national register was introduced in Britain in August 1915. Its task was to assess the ages and occupation of men and women between sixteen and sixty-five, with people required to state what occupation they were willing to take on. While this register was essentially set up to gauge the availability of human resources in Britain, it allowed the government to approach people asking them to 'attest' if they were willing to take on military service when called upon to do so. This register functioned as a precursor to military conscription which was introduced into Britain in January 1916 with the passing of the Military Service Act. Importantly, the register provided evidence that large numbers of men were not serving, even within the required military age range, whilst others working on the home-front were not employed.

14 The National Registration Act in Britain was passed 15 July 1915.
in occupations deemed essential to the war effort.\textsuperscript{17} The Derby (or Group) Scheme introduced by Lord Derby, the Director-General of Recruiting was one attempt to raise military enlistment numbers but was later judged to be a failure, because after it was implemented, 38\% of single men and 54\% of married men still avoided recruitment.\textsuperscript{18} However as a result of the Derby Scheme, the government now knew how many men still worked in civilian occupations.

The loss of huge numbers of men in 1915 and 1916, both killed and severely wounded, did little to alleviate the unwillingness of men to enlist. In his study of World War One, Trevor Wilson described how on the first day at the Somme, out of 60,000 soldiers who ‘went over the top in the first waves, half became casualties within thirty minutes’.\textsuperscript{19} Losses such as these influenced markedly enlistment numbers in Britain, doing little to encourage men to become soldiers. News of the fall of Antwerp, which began on 27 September 1914 which caused the British army to make a hasty retreat from the advancing Germany army, also contributed to disenchantment across the Empire. The fall of Antwerp, ‘is the keenest disappointment that has been experienced’ and, as it was believed Antwerp was impregnable, the loss seriously affected public morale.\textsuperscript{20}

\begin{footnotesize}
\begin{enumerate}
    \item Wilson, \textit{Op.cit.}
    \item \textit{The Long, Long Trail, The British Army in the Great War 1914-1918}:\url{http://1914-1918.net/derbyscheme.html}
    \item ‘The Fall of Antwerp’, \textit{Dungog Chronicle}, 16 October 1914, p. 2.
\end{enumerate}
\end{footnotesize}
Unlike the British situation, when news of the landing at Gallipoli reached Australia, the number of volunteer enlistments rose to 10,526 in May and 12,505 in June. Nevertheless, in both Australia and England, it was clear the spirit of adventure which had motivated some young men to enlist early in the war was declining. As well as the steep rise in casualties at the front, there was also a decrease in general enthusiasm for the war further affecting enlistment numbers in both countries. In Australia, even by the end of 1914, living standards were being lowered and the general cost of living rose. These grievances impacted directly on the working class, leading to a struggle between the Labor government and trade unions in 1916. In 1917 matters had not improved and as Judith Smart has shown, there were violent street demonstrations in Melbourne led by Adela Pankhurst, suffragette and socialist about the cost of living, rising food prices and the general decline in living standards. All this contributed to a general feeling of war weariness in the Australian population.

In Britain also, unhappiness about the war greatly affected enlistment numbers. As more men left their employment and enlisted, opportunities were provided for Australian women to work in civilian occupations or with the women’s services there. In late 1916, Lieutenant-General Henry M. Lawson was commissioned by the War

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Office to assess how women could be used in the army, in occupations currently held by men.\textsuperscript{24} Despite the need for women to work at so-called ‘soft’ positions, there was resistance to women being employed along similar lines as male soldiers, even as non-combatants. As when women attempted to enlist as doctors with the army for example the move to include women into a single army corps in England, did not occur without considerable debate. Real or imagined problems were discussed at great length at weekly War Office meetings throughout January 1917. Field Marshal Haig, commander of the British Expeditionary Force, was initially sceptical. While he accepted that women could work as drivers or telephonists, he believed many jobs should still be filled by men only. Women he believed were not strong enough, nor were they capable of coping with the constant physical and mental strain of war. Their presence in base depots working and living in close proximity to men, he said, ‘would result in sex difficulty’ disrupting men around them.\textsuperscript{25}

Ultimately in January 1917 due to recommendations made by Lieutenant-General Lawson, the Women’s Army Auxiliary Corps (WAAC) was instituted according to army lines. After considerable debate by War Office officials, it was decided to create units of women with their own officers, uniforms and badges of rank. Two women were appointed to lead the Corps. Dr Mona Chalmers-Watson was appointed Chief Controller based in London. Helen Gwynne-Vaughan who had

\textsuperscript{24} Between 1916 and 1917, as well as investigating ways to use women in the army, Lawson reported on the use of British manpower in France and Flanders.

\textsuperscript{25} IWM, Women at work collection, Army 3/4 Memorandum from General Haig, January 1917.
previously lectured in botany at Birkbeck College was appointed to lead the Corps in France.26 Between October and November 1917, the number of women who joined the WAAC went from 5,000 to 16,000, continuing to grow until the end of the war.27 By March 1918 there were 6,023 WAAC serving in France alone.28 The first detachment of WAAC was sent to France on 31 March 1917 to work in officers’ staff clubs at Le Touquet and Abbeville.29 In June 1917, the Director General of National Service placed an urgent request with the War Office for 120 women clerks and typists together and 30 orderlies to report for service in France to the Mechanics Institute.30 This is an example of many similar requests for women to work in France, providing clear evidence of a change in policy as the War Office now believed women had a place, albeit a limited one in the army.

Another reason for the rapid increase in the number of women enlisting in the WAAC was that now they had the opportunity to serve close to the front. The Australian Grace Fletcher for example, asked on her application that she begin work in France as soon as possible.31

Membership of the seven volunteer corps, outlined in Chapter One of


30 National Archives United Kingdom (NAUK), NATS 1/1286, War Office to Director General, National Service, Women’s Section, 27 June 1917.

31 NAUK, Women’s Army Auxiliary Corps (WAAC). Service Record, W0398/78 Grace Fletcher.
this thesis, also increased rapidly. By the end of the war up to 100,000 women served in the paramilitary services: with the WAAC, WREN or the WRAF.\textsuperscript{32} The rapid increase in membership of the WAAC particularly, was in sharp contrast to army enlistment numbers in the BEF that fluctuated and often declined during the course of the war.

Why then did the enlistment of women in the voluntary and paramilitary services continue to increase? Was this increase simply due to the proliferation of wartime propaganda? Graphic images of atrocities carried out by Germany in Belgium documented in wartime propaganda fuelled hysteria and surely targeted the emotions of women in Britain, in Australia and other allied nations as well.\textsuperscript{33} In Britain, before being placed under the direction of the National War Aims Committee in 1917, propaganda emanated from a number of semi-official sources.\textsuperscript{34} Even though it was distributed in many forms including cinema, pamphlets, newspapers and periodicals, it was through the production and issue of posters, where the impact was greatest. During 1915 alone, ‘no fewer than 2.5 million copies of 110 posters were issued’.\textsuperscript{35} Shortly after David Lloyd George became head of the Ministry of Munitions in 1915, a series of posters were issued

\begin{flushleft}
\textsuperscript{32} Figures provided by Agnes Conway, curator of the Women’s Work Section, Imperial War Museum, were taken directly from administrative sections of the various women’s corps. 57,000 WAAC; 8,273 WRNS, 31,764 WRAF of whom 9,033 transferred from the first two organizations; 2,000 Women’s Legion drivers for Army Service Corps, cited in Krisztina Robert, ‘Gender, Class and Patriotism: Women’s paramilitary units in first world war Britain’, \textit{The International History Review}, Vol. XIX, No. 1, February, 1997, p. 56.
\textsuperscript{34} Wilson, \textit{Op.cit.}, p.733.
\textsuperscript{35} \textit{Ibid}, p. 734.
\end{flushleft}
urging women to take up munitions work. It is impossible to determine to what degree these influenced individual motivations. But the message in these was clear, the manufacture of munitions was vital if Britain was to win the war. Women were now being encouraged to participate in and contribute to the war effort fully and one way to do this was working in a munitions factory.

Even though Ian Beckett’s study of the English home-front contends that the spread of propaganda did not arrest the decline in male military recruitment, Krisztina Robert has revealed there was a connection between female patriotism and wartime propaganda that motivated women to join the women’s services, particularly the WAAC.36 While reasons may have varied across class lines, Robert argues that joining a service such as the WAAC allowed women ‘from very different classes to share a common ideology’. 37 This ideology had one major central component which was a patriotic show of support for one’s country, irrespective of social class. Service with the WAAC particularly, presented a form of national service that broke down prototypes of subordinate sacrificial femininity evident in much wartime propaganda mentioned previously, that focused on the so-called emotional condition of women.

By the end of 1916 and early 1917, the increase in the number of women in the women’s services wearing a military uniform that denoted their unit and occupation, gave women a sense of duty,

37 Ibid.
autonomy, freedom and empowerment. Despite this, women in khaki aroused strident public debate as it was believed that their wearing a military uniform encroached on a purely masculine domain conflicting with perceived ‘normal’ feminine behaviour. While it allowed women to be increasingly seen as valuable war time citizens in contrast to that commonly seen in wartime propaganda, it was a public indication of personal commitment to one’s country.

Despite some women from the Australian Women’s Peace Army and the Society of Friends strongly opposing the war, women from all classes were influenced by patriotism, both to their own country and to the empire. In the middle and upper classes patriotism often inspired charitable and philanthropic work. For some middle and working class women, patriotism was juxtaposed with the desire to gain paid employment. Around 1,600,000 women joined the workforce in Britain between 1914 and 1918 taking up occupations in government departments, public transport, as clerks in general business positions, the post office, as land workers and in factories. Yet according to a newspaper account of 10 July 1917, there remained a dire shortage of women workers in Britain, because many had failed to respond to the National Service appeal for workers to release men to join the army. This shortage was reported as being ‘due to a lack of patriotism on the part of working class women and a sign of apathy, as 500 were needed

38 Florence Nightingale also recognised the importance of a uniform for her volunteers as a way to distinguish them from other women, particularly camp followers and those who had previously provided some nursing services to the British Army.

to release men from these soft jobs’. Sacrifices by women were seen as small when compared to those made by men. As has been shown in this thesis, this is another example how the contribution of women continued to take second place in the war, to that of men and the military.

Paid work with the WAAC was highly sought after, especially when compared with paid work as a civilian or unpaid voluntary work on the home-front. After working as a volunteer VAD in India and England, Australian Ethel St. John Clarke moved to the WAAC primarily because of the money. ‘The financial strain of the war necessitates me undertaking more remunerative war work’. Unfortunately, surviving personnel files provide few clues about the individual motivations of other Australian women who joined the WAAC. Even though letters of application for the Women’s Royal Navy Service (WRNS) outline the motivations of some women, ‘similar documentation does not exist for the Women’s Royal Air Force (WRAF) or the WAAC’. The speed with which women were posted to work overseas is however further evidence of their value, even though these women were employed principally in roles and occupations that supported the military.

Despite these established gendered parameters, as enlistment numbers have shown, women took on their roles within the Corps with

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40 NAUK: NATS 1/1286, Women’s Section Report, 10 July 1917.


42 Ibid, WO398, Women’s Army Auxiliary Corps (WAAC), Personnel Records.

eagerness. Thirty-seven Australian women have been identified as serving with the WAAC.\(^4^4\) Relatively speaking, this number is small when compared with the total number of women who joined the service in England. Of this thirty-seven, three were unit administrators and one, an assistant administrator. These appointments continued societal class divisions, because as an inspection of surviving personnel files has shown, it was generally educated middle class women who took these roles over women from the working class.\(^4^5\) The remaining Australians were employed as hostel forewomen, drivers, clerks and cooks. Three doctors, Hilda Bull, Eleanor Bourne and Phoebe Chapple were, at one time, ‘attached’ to the Corps as stated earlier in this thesis.

Australian women who joined the WAAC represented all levels of the social spectrum unlike those who served as members of Voluntary Aid Detachments (VADs), who were generally from the middle class. Australian, Hortense Henriette Montefiore (aka Ella) who was an administrator, came from a very privileged background. What motivated Montefiore to join the WAAC is not known. For several centuries, the Montefiore name had been associated with great wealth and philanthropic activity.\(^4^6\) One relative, Sir Moses Montefiore founded a girl’s school in Jerusalem, a charitable act indicating that the


\(^4^5\) Ibid.

\(^4^6\) Montefiore was one of seven daughters from a total of thirteen children born to the prominent Jewish business man and gallery director, Eliezer Levi Montefiore and his wife Esther Hannah Barrow. Educated by Miss Gilders at Madey House, Elizabeth Bay, Sydney, Montefiore went on to receive a BA with first class honours from the University of Sydney in 1896. Between 1897 and 1899 she studied modern languages at Marburg and Gottingen in Germany.
education of women was highly regarded within the family. The family's attitude to charitable work reveals that the type of war service that Hortense Montefiore took on, would be accepted in the family. Unfortunately Montefiore's service records have not survived giving voice to her personal motivations for enlisting or to provide details of her subsequent war service. During the war, she was employed as an administrative officer with the Air Ministry and by 1915 was working in a French Hospital. Hortense Montefiore also served as a VAD at No. 1 Line Military Hospital, Lycee Janson in Paris for a year. Both positions were not unusual for a woman of her class. It was her position as unit administrator that most befitted her university qualifications and experience. It was assumed also that because women administrators were highly educated as she was, 'they were best able to deal with officials'. When the WAAC was set up, commissions were not given to women. Instead, those in authority or command like Montefiore were simply given the title of administrator or controller.

Elizabeth Britomarte James became an administrator with the WAAC as well, a role fitting her middle-class background and education. Despite fearing her sons would not enlist, and therefore not fully in

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47 As well as being a founding member of the Victorian Academy of Art and the establishment of the Sydney School of Arts and the NSW Academy of Art, he was also president of the Trustees of the Art Gallery of NSW and appointed its first director in 1892. He had a personal philosophy of making art accessible to the general public, something he promoted throughout his life.


49 Ibid.

support of the Empire, she recalled her sense of loss and depression when they left for the front.

It seemed to me the sun had set. I went back to my lonely house but could not go inside. I just went into the garden and dug and dug. Every day I went through the usual routine, busying myself with home duties, and patriotic endeavour, and somehow the weeks passed.Elizabeth Britomarte James left Australia in September 1916 after learning that her sons Cecil and George had been wounded at Gallipoli and at Lone Pine. After spending some time caring for them in England, she worked briefly for the British Red Cross Society (BRCS). An advertisement in The Times that outlined openings for women with the WAAC in administration sparked her interest, so she decided to join up. James had always been concerned about inequality between men and women and the hardships faced by working women. In her war memoir she explained her reasons for joining. ‘In view of long experience in Australia, it seemed to be a direct call’. After passing her medical she walked home across Hyde Park, ‘feeling great elation at the prospect of further events’. Shortly thereafter she was sent to Abbeville, where her first accommodation was in a hut three miles outside the town. Her living conditions were not what she was used to, but her thoughts returned to the soldiers in the trenches. ‘They give me courage and I was determined not to let my physical discomfort hamper

51 State Library of NSW (SLNSW), ML MSS 2871, Britomarte James, My Personal Reminiscences of the War’, p. 3.
52 Ibid, p.2
54 Ibid.
55 Ibid.
my resolve’. When she woke on that first morning, the grey army blanket on her bed was covered in moisture. As well the hut leaked, it was freezing cold and the only furniture consisted of an iron wash stand, a chair and a bed.

After a week, James was transferred to Boulogne where her authority as unit administrator was tested. After giving orders that a roll-call following an air-raid was to be attended by all her staff, this was not adhered to. Requesting that all women return immediately from their quarters, she stood with the rest of the unit awaiting their return. This attempted enforcement of discipline reveals a lot about the type of woman James was and her expectations of fellow workers. Was she a woman used to being obeyed? There was another side to her character indicated by the following statement. ‘It was altogether a tense and trying time and I was frankly relieved when the absentees put in an appearance and roll call went ahead’. Questioned later about the behaviour of her staff, she stood up for them when aspersions about immorality were made. ‘Let it be known that the effective work they were undertaking in France countered these foul calumnies’. She asked soldiers she came in contact with to state in their letters home that the WAAC in her command were of good character.

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56 Ibid, Chapter 2, p. 9
57 Ibid.
58 Ibid, Chapter 2, p.15.
59 Ibid.
60 Ibid.
The allegations made about staff under Elizabeth Britomarte James were by no means isolated. In 1918 a Commission of Enquiry was appointed by the Minister of Labour to look for evidence of immorality and any incidence of inappropriate behaviour by women serving in the WAAC.\textsuperscript{61} An investigation of twenty nine camps and hostels followed including interviews with chief controllers, administrators, chaplains, medical men and women and officials of the YMCA and YWCA. The Commission of Enquiry could find no justification for the accusations circulated about women serving with the WAAC. Despite this, nineteen women were sent back to England on disciplinary grounds with another ten discharged for inefficiency. This represents a small number in light of the huge number of women in the WAAC who served in France however.\textsuperscript{62} From 1 July 1917 and 11 March 1918 the following offences were recorded: seventeen fines, forty one confined to camp, twenty three restriction of privileges and seven admonitions, totalling eighty eight.\textsuperscript{63}

The behaviour and circumstances of Australian women who served in France is difficult to compare with these WAAC statistics. Personnel files that have survived for the Australian women in the WAAC provide very little information about their daily activities, and very few comments about their behaviour. These files provide only small amounts of information about daily work, individual personality

\textsuperscript{61} IWM, Army, 3.28/2, Report of the Commission of Enquiry appointed by the Minister of Labour into the WAAC in France, London 1918.

\textsuperscript{62} Ibid.

\textsuperscript{63} Ibid.
or indeed, reprimands. Despite the limited information in surviving archival material, it is known that four of the thirty-seven Australians were discharged on compassionate grounds because of the illness of a close family member. Two others, Florence May Grylls and Marie Evelyn Dakin were released on medical grounds. Only one woman was dismissed because of her behaviour. Winifred Mary Lloyd-Kirk employed as a general clerk at Rouen and Le Havre, was discharged on 4 April 1918 after being found incorrectly dressed with an officer in the street. Taking into account the findings of the Report of the Commission of Enquiry and information located in surviving personnel files for Australian WAAC, it can be concluded that inappropriate behaviour was grossly over-estimated.

Notwithstanding that issues of morality were never far from the minds of those in authority, not all groups of women workers were cast with the same degree of suspicion or innuendo. As Janet S.K. Watson has argued 'concerns about sexual behaviour were applied up and down the socioeconomic scale but was dependant on the background and class of the women in question'. The behaviour of VADs for instance was rarely questioned and because most of these women came from the middle class, they were thought to be respectable. As WAAC

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64 NAUK, Women’s Army Auxiliary Corps (WAAC), Personnel Records.
67 Ibid, WO398/137/32 Winifred Mary Lloyd-Kirk
were from a broad range of social classes and were engaged in occupations that meant they worked close to the army, their behaviour was constantly scrutinized.\textsuperscript{69} The demands of war and the need for the government to address recruitment numbers paved the way for huge numbers of women to join military services such as the WAAC and the FANY. One of the largest groups of female workers was in the munitions industry. Despite the dangers and difficulties faced daily carrying out this work, women now had the opportunity to earn a good wage and by manufacturing armaments, to directly impact the war.

**WORKING IN MUNITIONS**

Due to the increasing need to supply armaments to the army, control of munitions factories was moved from the War Office to the Ministry of Munitions in May 1915 under the leadership of Lloyd George.\textsuperscript{70} By the end of the war, the Ministry of Munitions had direct control over 250 government factories located across Britain. These factories made munitions and manufactured uniforms and equipment for the army, as well as vehicles and aeroplanes.\textsuperscript{71} Under the terms of the Munitions War Act any industry seen as being vital to the war effort was designated as ‘controlled’.\textsuperscript{72} Because the male workforce had been depleted across a wide range of vital industries, the availability of

\textsuperscript{69} Ibid.

\textsuperscript{70} ‘The Organisation and functions of the War Office’, *The Long, Long Trail*, http://www.1914-1918.net/waroffice.html


\textsuperscript{72} Ibid.
industrial positions for women increased significantly. Between July 1914 and July 1918, the number of women and girls in non-professional positions in Britain rose from approximately 212,000 to 1,590,000. Industrial occupations were the bulk of these figures numbering 891,000 across the United Kingdom. By May 1918, the Secretary to the Minister of Munitions announced that the number of women working in the munitions industry alone numbered 1,000,000. Between 6,000 and 7,000 Australian men were employed in munitions factories in Britain. The Australian government responded to a call by the Ministry of Munitions in February 1917 when it requested that returned soldiers and volunteers who were rejected or over the age of thirty five be made available for munitions work in England. No Australian women were permitted to travel to England to work in munitions with this group. However, there were no restrictions placed on the employment of Australian women in munitions who were already in Britain.

Woolwich Arsenal, one of the largest munitions factories, where Australians Mary Brennan and Elizabeth McCann were employed, was

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74 Ibid.

75 Ibid, p. 18.

76 Australian War Memorial, (AWM), AWM27, 574/1, YMCA: Serving the Australian Munitions and War Workers, nd.

77 AWM27, 534/1, Munitions and War Workers for Service Abroad, February 1917.
situated nine miles from London Bridge on 300 acres of land. Women were first employed at Woolwich in 1777. The Factory Acts of 1871 and 1874 brought about some control over the working conditions of all factory workers. In 1872 at Woolwich however, all female munitions workers were dismissed as it was believed ‘their place was in the home’. With the outbreak of war in August 1914, and the increasing need for armaments and manpower, this restrictive attitude changed although at Woolwich, female workers initially faced hostility from the large male workforce. Unions feared the increased use of semi-skilled female workers in highly skilled jobs previously only available for men. As the war progressed at Woolwich, female munitions workers manufactured guns, military and motor wagons as well as shot, shell, torpedoes, cartridges, fuses and explosives.

<table>
<thead>
<tr>
<th>NAME</th>
<th>PLACE OF WORK</th>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adelaide Anderson (Dame)</td>
<td>England</td>
<td>HM Chief Lady Inspector of Factories 1897-1921</td>
</tr>
<tr>
<td>Honorah Mary Carroll (nee Brennan)</td>
<td>Willesden</td>
<td>Putting Detonators in fuses Overseeing 16 girls</td>
</tr>
<tr>
<td>Margaret Cunningham</td>
<td>Cricklewood (near Willesden)</td>
<td>Inspector of shells</td>
</tr>
<tr>
<td>Elizabeth McCann</td>
<td>Woolwich Arsenal</td>
<td>?</td>
</tr>
<tr>
<td>Dora Meeson (artist)</td>
<td>Ministry of Munitions</td>
<td>Police work</td>
</tr>
<tr>
<td>Leslie MacPherson</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Amy Eleanor Harrison (nee Mack)</td>
<td>Ministry of Munitions</td>
<td>Publicity officer</td>
</tr>
<tr>
<td>Ethel Elizabeth Osborne (nee Goodson)</td>
<td>Ministry of Munitions</td>
<td>Health and Welfare</td>
</tr>
<tr>
<td>Emily Dorothea Proud (nee Pavy)</td>
<td>Ministry of Munitions</td>
<td>Welfare</td>
</tr>
</tbody>
</table>

Table 4

78 The Royal Arsenal: Woolwich, UK: the Role of Women Workers, http://www.bbc.co.uk/dna/pltop/plain/A2354834: The Royal Arsenal had been located at Woolwich since 1691, with ammunition including fuses and gunpowder made there from 1696.

79 Ibid.


81 Information in this table was compiled from various secondary sources including, Australian Dictionary of Biography; Elaine McKenna, Better Than Dancing: The Wandering years of a young Australian, Mary Brennan, Greenhouse Publications, Richmond, Victoria, 1987.
What motivated the small number of Australian women listed in the above table, to work in munitions either on the factory floor or in the area of health and welfare is largely unknown. Mary Brennan and Elizabeth McCann, who both worked at Woolwich, had known each other in Australia. McCann had been Matron at Bundaberg Hospital in Queensland but found when she arrived in England that her age prevented her finding employment in nursing. A third Australian Margaret Cunningham was a trained nurse. A newspaper account of her wartime activities stated that she believed there was a greater need for munitions workers than nurses. By November 1916 Cunningham was the inspector of shells at the munitions factory at Cricklewood which was a highly industrialized working-class area of London. While patriotic duty pushed McCann overseas, the chance to receive a reasonable wage influenced her associate Mary Brennan to some degree.

Even before the war, women in factories in the United Kingdom were receiving on average, between 10/- and 14/- a week which was higher than those employed in domestic service or sweated labour who might earn as little as 6/-. When the war ended, female munitions workers were earning in comparison, between 30 and 35 shillings a...

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84 Elizabeth McCann’s motivations were stated in Elaine McKenna, Op.cit., p. 181.
week. Mary Brennan working at the Woolwich Munitions factory believed this ‘was good money in England then’. The financial remuneration would have been an incentive as she had a long way to travel to work at Willesden where she worked later in the war. Her complicated commute involved three forms of transport, ‘the underground, the top-above and tram, followed by a one mile walk down Acton Lane’. Despite the reasonably good money, many female munitions workers had difficulty maintaining a decent standard of living, struggling to pay wartime inflated prices for food, fuel, rent and transportation. Higher wages meant that income tax, formerly the domain of the upper and middle classes, was now expected to be paid by some working class employees. Despite these obstacles female munitions workers became powerful symbols of modernity. This was due to their increased spending power as women workers in an occupation that was previously male dominated, but their war work also meant they acquired skills previously unavailable to them.

As Angela Woollacott has pointed out this was not always a unified and cohesive group, because of the different levels of pay, modes of behaviour, ethnic background and judgements of

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86 Ibid.
88 Ibid.
91 Ibid.
respectability. While there is evidence that some middle-class women also worked on the factory floor, this was not the norm but did present another level of class diversification which did not always ‘bring about a unified sister-hood’. From mid July 1915, a number of middle-class and even upper-class English women started training in shell-making, taking on relief work on Saturdays and Sundays to maintain production. The vital need for munitions over all other types of work drew numerous women from all classes into this dangerous and dirty work. Lady Kathleen Scott (nee Bruce), the widow of Antarctic explorer Robert Falcon Scott, was employed making small motors for range-finders. A sculptor of some note, Lady Scott would have been used to working with her hands but could have damaged them through her munitions work. Why did these middle-class women not take on work as Voluntary Aids like so many of their companions? By doing so, they would have had to undertake domestic duties, a role that prior to the war was carried out by their servants. As with so many other women who served during the war, their individual motivations remain a mystery.

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92 Ibid, p. 42.
93 Ibid.
94 IWM, Press Cuttings: Women in Munitions Works 1915-1917, Pall Mall Gazette, 6.17.16 in letters to the Editor, ‘Other People’s Views’.
95 Ibid; Wesleyan Methodist Magazine, November 1916.
WORKERS' HEALTH AND WELFARE

Dorothea Proud (nee Pavy), Ethel Elizabeth Osborne (nee Goodson) and Adelaide Anderson, came from a middle-class background. Rather than working on the factory floor manufacturing munitions they investigated the health and welfare of female workers. All three were university-educated women and concern about the health of factory workers was a continuation of their studies. Dorothea Proud became associated with Benjamin Seebohm Rowntree (the son of the chocolate manufacturer Joseph Rowntree) and with his assistance established a Welfare Section at the Ministry of Munitions. Rowntree had studied poverty and the health and working conditions of factory workers since 1899 and believed that if workers were to be efficient they needed to be healthy. Adelaide Anderson was born in Melbourne in 1863. The daughter of a Scottish ship-owner, she travelled with her family to England as a child. Anderson had studied Moral Sciences at Girton College Cambridge and in 1892 joined the staff of the Royal Commission on Labour, becoming Chief Lady Inspector of Factories between 1897 and 1921. Her background undoubtedly provided her with the expertise to work in a similar field during World War One where she focused principally on the industrial health and safety of munitions workers. She strongly advocated the importance of nutrition for factory workers,

96 ‘General Items’, The Land, 24 May 1918, p 12; Dorothea Proud, Welfare work, employers’ experiments for improving working conditions in factories, Bell, London, 1916, https://archive.org/details/welfareworkemplo00prouuoft. ‘In 1912 Proud had been the first woman at the University of Adelaide in South Australia to be named the Catherine Helen Spence Scholar. Her university study, Welfare Work: Employers’ Experiments for improving working conditions in Factories was eventually published in three editions’.

97 Adelaide Mary Anderson (1863-1936), Archives in London and M25 area, http://www.aim25.ac.uk
believing if this was not satisfactory, it would affect the level of production.98

The third woman in this group of welfare and health workers, Ethel Osborne, was not born in Australia but spent a considerable part of her life in this country. Born in Armley, Leeds on 30 January 1882, Osborne moved to Australia with her husband William in 1904 when he was appointed professor of physiology and histology at the University of Melbourne.99 During the war she worked with the Industrial Fatigue Research Board and for two years was employed by the Ministry of Munitions as a supervisor of ordnance factories. She was particularly concerned with the health of munitions workers and analysed and compared their day and night working schedules. Through this work she was able to demonstrate how particular work schedules impacted on the level of munitions production.100

The welfare of female munitions workers became profoundly important during the war and as their numbers increased so did concerns about their health. Despite the risks this work entailed, few

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99 Ethel Elizabeth Osborne, The Australian Women's Register, http://www.womenaustralia.info/blogs/AWE0579b.htm; 'Prior to her marriage, Osborne received a Bachelor of Science from Leeds University in 1901. Osborne was a member of the Lyceum Club and was in Melbourne when it was established on 21 March 1912'. http://www.lyceumclubs.org.au/; 'The Lyceum Club (Melbourne) established in 1912, was modelled on the London Lyceum Club. Membership is restricted to women graduates and other women who have distinguished themselves in art, music, literature, philanthropy or public service'. Ethel Elizabeth Osborne, Australian Dictionary of Biography http://adb.anu.edu.au/biography/osborne-ethel-elizabeth-7925; 'After the war Ethel Osborne studied medicine at the University of Melbourne, sharing the Fulton prize for obstetrics and gynaecology. She practised medicine at various times at the Queen Victoria Hospital for Women and Children and the (Royal) Melbourne Hospital and privately'. www.Ancestry.com Osborne returned to Australia with three of her children on the Osterley 10 January 1919.
munitions workers thought greatly about the danger they faced at work daily. Mary Brennan for example, was totally unaware of the danger of forcing screws into live detonators. Informed by a fellow worker that she needed to take care she was amazed recalling, ‘they could have blown my hand off at the very least’. 101 All the same, munitions workers faced danger daily and there was a chance of contamination by powders such as ‘CE’- (compound explosive), cordite which produced toxic fumes and lyddite which, even before the war was known to cause jaundice. 102 The constant use of these poisons caused a yellow discolouration of the skin, swollen faces and severe rashes with workers becoming known as the ‘canary girls’. 103 Many of these women took up munitions work fully aware of the danger. Ironically, in the face of this dangerous work, there were some benefits which appear to have circumvented personal worries about working conditions or danger. Higher wages brought about an improvement in nutrition and contributed to increased incomes into working class households crippled by wartime rationing. 104

102 Ibid, p. 81.
103 Ibid.
MAKING HOME CLOSER: BUFFETS, CANTEENS AND COMFORT STATIONS

During the war, canteens, buffets and comfort stations were set up on the home-front and in war-zones to cater to the needs of munitions workers and soldiers on leave or in transit to the front. Dame Katherine Furse Commandant-in-Chief of the VADs recognised that there was an increasing need for this form of assistance for soldiers. On 20 May 1916, Furse drafted a proposal which would allow women workers to be employed in canteens. She suggested that this work would essentially be a ‘Canteen Corps’ which could operate under the Board of Trade. Even though this scheme never eventuated, it shows that there was a general feeling in Britain that there was a vital need for this type of assistance for factory workers and soldiers. The number of canteens and buffets set up during the war is impossible to calculate, but there may have been several thousand in the United Kingdom, France and Egypt. The work of one of the largest was the Anzac Buffet in London.

Canteens were set up by Australia and a number of allied nations including America and Canada in England, France, Malta and Egypt. The greatest number of Australian women canteen workers worked with the Australian Red Cross (ARC), the Australian Comforts Fund (ACF) or the BRCS. A report sent by the BRCS to the ARC on 30 July 1915, outlined the depth and value of this canteen work on the island of Malta.

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105 IWM, Women’s Work collection: EMP 14/2: Canteen Scheme proposed but abandoned by Dame Katherine Furse, 20 May 1916.

106 Ibid.
On arrival of the wounded soldiers and sailors at the hospital in Malta, each man receives a small parcel of comforts. This parcel includes; cigarettes, tobacco, matches, a pencil, stationery, chocolate and a packet of soap. Provision of these comforts is not spasmodic or in any way irregular. On every Tuesday a ration of 25 cigarettes or one ounce of tobacco is supplied to every inmate of the hospitals on the island.\footnote{Australian Red Cross Society, (ARCS), Series 33 Box 195, Report on work of BRCS, 30 July 1915.}

The Young Women’s Christian Association was also active during World War One, but no Australian woman has been identified as working with this organization during the war.

Canteens were established by the Scottish Hospitals for Home and Foreign Service (SHHFS) in France, evidence again of the breadth of area covered by this form of assistance to soldiers. Four staff members, possibly women from the SHHFS who worked at Royaumont Abbey, travelled to Soissons to set up a canteen there in June 1917.\footnote{IWM, BRCS 24.4/18, Account for Canteens.} This canteen only operated for seven weeks and catered for men returning to the front from leave. The SHHFS went on to operate a canteen at Crepy-en-Valois and Creil and later at Troyes, in the summer of 1918.\footnote{Ibid.} English aristocrat Lady Mabelle Egerton also set up a canteen in France, at Rouen, with at least twenty voluntary female workers. One of these was Alice Mary Stirling who was the daughter of Sir Edward Charles Stirling of Mt Lofty, South Australia.\footnote{‘A Soldiers Canteen’, The Register, 29 July 1915, p. 11, Alice Stirling was found dead in her apartment in London in 1925; ‘A Drug Tragedy, and Australian Woman’s Fate’ The West Australian, 23 May 1925, p. 11, A coronial inquest found that Alice Stirling had been suffering from influenza and pains in the head before she died. An autopsy found twelve grains of the hypnotic drug veronal in her system. It is not known if her death was suicide.}
Canteens, such as the one where Alice Stirling worked for several months, provided solace to war-weary soldiers and were a valuable contribution to their morale. Other canteens were set up by religious groups close to the front and in England. Though run by the Jewish Welfare Board, Salvation Army, Society of Friends and the National Catholic War Council, these provided a service to all soldiers, irrespective of religious belief.

One of the largest organisations that ran canteens for soldiers was the Australian Comfort Fund (ACF) established in Melbourne Town Hall in August 1916. The ACF was created to consolidate and centralize the many separate state funds, becoming a federal body under the Department of Defence on 24 August 1916. The work of the ACF was highly regarded as evidenced in the following letter.

Words completely fail me when I try to express our gratitude to you and your fund for your kind gifts distributed last Sunday. I have been in for three distributions in Egypt, France and now England and each time it fairly hits one to think of all the people 12,000 miles away who are thinking of the fellows overseas.

This comment by Lt. Colonel Walter Watt, who served with the Australian Flying Corps during World War One, shows the depth of appreciation felt by soldiers and men from other services.

The ACF was very active in Egypt and Australian women, who travelled there with their officer or doctor husbands, took the opportunity to work with it. Irene Victoria Read became active with the ACF in Cairo when after arriving there in May 1915, she found there

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112 AWM, 1DRL/071, Papers of Lt. Colonel Walter Oswald Watt, February 1918.
was a serious lack of amenities and basic comforts available for soldiers based there. She had travelled to Cairo with her husband, Dr William Read, who was attached to the No. 2 Australian General Hospital. All workers with the ACF including Read were volunteers. Prior to leaving Australia she worked with the Sydney Medical Mission which would have provided some experience enabling her to work with the ACF.  

The YMCA was another leading and active organization that established and managed canteens throughout the war. The YMCA first came in touch with Australian war workers and soldiers when they left Australia on military transports and then set up canteen facilities near where they were posted. When the first contingent left Australia in November 1914, five men from the YMCA went with it distributed across five vessels: the *Euripides* and *Afric* which embarked in Sydney, the *Orvieto* and *Hororata* which embarked in Melbourne and the *Ascanius* which embarked in Adelaide. These YMCA workers did not receive pay or financial assistance, nor was there any guarantee that they would receive a passage back to Australia. As the war continued, the presence of the YMCA expanded rapidly with their identifying image, the Red Triangle found on dug-outs and shelters close to the front. The YMCA also set up canteens in Britain assisting munitions

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113 Irene Victoria Read, *Australian Dictionary of Biography*, [http://www.adb.online.anu.edu.au](http://www.adb.online.anu.edu.au); Despite raising five children, she had been vice-president of the Mission between 1913 and 1917.

114 National Archives of Australia (NAA), B539 AIF112/2/428 YMCA, Secretary Department of Defence to Secretary of the Navy, 7 September 1914.

115 *Ibid*, AIF Minute paper, Brigadier-General Bridges to Minister of Defence, 29 August 1914.
members in a broad range of locations, ‘in thirty-two different firms, in thirty different towns in nearly as many counties’.  

The Australian YMCA was initially exposed to censure and patronisation, particularly by the British YMCA, who believed the work of the Australians was not up to their standard. Even though the Australian branch maintained its autonomy, it was necessary for the two groups to work together. Initially they did not meld together harmoniously. An unidentified writer from AIF Headquarters contacted the Secretary, Department of Defence on 15 May 1917, outlining how the attitude of the British was ‘difficult to stomach’.  

Our people found that they had to cut themselves adrift and since doing so, they have marched forward to success after success. They have opened up in France and have everything ready to meet future requirements and expansion not only in the fighting zone but in the Command Depots and Camps behind. In short their money is carefully and wisely spent.  

Despite the claim in this letter that funds were being used wisely, there was criticism of the YMCA and the way it distributed necessities to the troops. Compared to the Australian Comforts Fund where soldiers received items without charge, the YMCA charged for items given to men at canteens. Maintaining services to soldiers by the YMCA was dependent on funds being raised in Australia. In one period the YMCA raised £831,302 of public money which was to be spent only ‘in the

117 NAA, B539 AIF 26/2/258 Australian YMCA, AIF Headquarters to Department of Defence, 15 May 1917.
118 Ibid.
119 Ernest Scott, Australia during the War, Angus and Robertson, Sydney, 1943, p. 725.
service of Australian forces’. This money was donated by people from urban and rural regions across Australia and it was because of this, that the YMCA was criticized. This criticism came about because money from a rural area could bear the name of the region where it originated. For example, the Tamworth YMCA Unit comprising of eleven tents was established at Kut-el-Amarah in Mesopotamia using money raised by the people of Tamworth. This unit identification provided soldiers at the front with a tangible link with home. People could now be identified as the fund raisers forming a proud connection with soldiers overseas. People believed that if money was raised in Australia specifically for the Australian soldier, then the YMCA should not charge for specific items at their canteens. It was a common attitude held in Australia therefore that no cost should be borne by the soldier serving in the field.

Writing from Abbeville in 1918, Australian Rose Venn-Brown who was working with the YMCA, thought any criticism was unjust. She admitted however, that it had surely arisen because the organization was ‘charging for all they gave, with nothing being free’. Venn-Brown had been determined to find work close to the front when she arrived in London in January 1915, declaring that if she couldn’t get near Australian troops, she wanted to get to France. After a brief period in

120 *Ibid*, p. 723.
121 AWM27, 574, YMCA Serving with Australians in Mesopotamia, nd.
122 ‘YMCA Canteens’, Newcastle Morning Herald and Miners’ Advocate, 26 December 1917, p. 4.
123 AWM, 2DRL 0598, Red Cross, YMCA, Australian Comforts Fund & Australian Graves Detachment: Correspondence and Reports to and from Rose Venn-Brown, 1918.
124 AWM, 570/2, Voluntary Organizations and Women’s Services, YMCA, Reports from Rose Venn-Brown, nd.
London, she was put in charge of the Australian Red Cross canteen at Le Havre. Later during the war, she held the position of supervisor of entertainments for the YMCA. Addressing continuing criticism of the YMCA she declared, ‘most people forget about the free concerts, cinema and plays, sporting equipment, writing paper and cocoa given to the wounded passing through the bases’.\(^{125}\) Despite wide criticism of their activities during April 1916 to September 1918, the YMCA did distribute items without charge to troops in France and England and prisoners of war, amounting to £192,005.\(^{126}\)

When the war ended, Venn-Brown was still working with the YMCA in France. One of the last units to leave France were 950 Australian soldiers engaged to re-inter bodies hastily buried after the battle at Villiers-Bretonneux on the Somme.\(^{127}\) During this period, Venn-Brown began taking tours of the battle fields and nearby burial grounds and in 1919 walked through the graves at Abbeville. After taking down the names of two hundred Australians buried there, she sent this list and photographs of the cemetery to her mother in Australia, asking that they be published in newspapers. ‘Can you notify their people that I planted forget-me-nots, primroses and daisies on each’?\(^{128}\) The response by people in Australia was immediate. Ada Jurd was one of dozens of

\(^{125}\) Ibid.


\(^{127}\) AWM27, 574/1 Op.cit.

Australians who lost family members during the war who wrote a letter of thanks to Rose Venn-Brown’s mother.

I received a copy of the Sunday News yesterday and saw the name of the Austral (sic) soldiers buried at Abbeville. No. 6614, Pte Eric R. Jurd is my son who was three years away and died Nov 13 1918 aged 20 and three months. May God bless your dear daughter for her loving deed to our graves. If you could spare a photograph of the cemetery, I would esteem it as it would bring me nearer to my loved one.129

As Bruce Scates has contended, by traversing the devastation and mire of the battlefields, Venn-Brown gave comfort to those at home as now they knew someone cared about their loved one’s resting place,130 There was another important factor that brought the grave of a family member closer establishing a powerful connection between the dead and the living, and that was due to Venn-Brown being Australian.131

As the YMCA had done, the Australian government likewise recognised that there was a need to establish canteen facilities for soldiers, to create a sense of normality when they were away from home. In July 1916, General Harry Chauvel who commanded the Desert Mounted Corps asked that AIF canteens be established in Sinai and Egypt to provide amenities for Australian troops under his command.132

A bulk store was eventually erected at Kantara West which was judged

129 AWM, 2DRL 598, Red Cross, YMCA, Australian Comforts Fund & Australian Graves Detachment: Copies of letters, Ada Jurd to Rose Venn-Brown, 24 June 1919.


131 Ibid.

132 AWM27, MSS 567, AIF Canteens (Egyptian Section), History of the AIF Canteens; AWM, https://www.awm.gov.au/people/P10676556/ Copied verbatim - ‘General Sir Henry George Chauvel, (16 April 1865 – 4 March 1945), more usually known as Sir Harry Chauvel, was a senior officer of the Australian Imperial Force at Gallipoli and in the Sinai and Palestine Campaign during World War One where he commanded the Desert Mounted Corps’. 
to be the most suitable location for the distribution of supplies to Field
and Stationary Canteens. A sub-depot to be used as a distribution point
was also built at Kantara East.\textsuperscript{133} Kantara was about 160 km northeast of
Cairo and roughly 50 km south of Port Said. It was the chief supply
depot for all British, Australian and New Zealand operations based in
Egypt. It was situated at the site of a major junction where railway lines
from Port Said, Cairo, Alexandria and the Suez Canal intersected. In the
early months of 1916, No. 1 Squadron of the Australian Flying Corps
was stationed there, as was the Anzac Mounted Division. Except for the
bulk stores mentioned above, there was no official AIF canteen at
Kantara. Due to the thousands of Australian troops increasingly
stationed there, the need for one became a matter of urgency.

In December 1916 New Zealand sexual health crusader, Ettie
Rout, was the first woman given permission to set up a canteen at
Kantara. Rout was concerned about the increase of venereal disease
amongst Australian and New Zealand troops and their widespread
contact with prostitutes in Cairo. Before setting up the canteen at
Kantara, Rout successfully ran another at Tel el Kebir on the Suez Canal,
‘providing a civilising and socialising centre there’.\textsuperscript{134} Becoming ill, Rout
handed the management of the Kantara canteen to Australian Alice
Chisholm who already had some experience doing this type of work.
Chisholm had earlier managed a canteen at Port Said in July 1916 and
another in Cairo across the road from Luna Park, the converted

\textsuperscript{133} AWM27, MSS 567, \textit{Ibid.}

\textsuperscript{134} Cited in Jennifer Horsfield, \textit{Rainbow: The Story of Rania MacPhillamy}, Ginninderra Press,
amusement park which accommodated No. 1 Australian Auxiliary Hospital. Showing real determination to get the canteen in Cairo running, she ‘used £30 of her own money together with a small amount of £30 provided by the ACF’. Despite this meagre beginning she made a profit, evidence of her exemplary management skills. Her granddaughter Janet Maxwell Champion believes this profit was due to the large amount of tea distributed to huge numbers of soldiers.

Chisholm’s talents as a manager were transferred to the canteen she took over from Ettie Rout at Kantara West. The AIF auditor reported that in the period 12 January to 31 December 1917, the canteen at Kantara with Chisholm in charge, made a net profit after expenses of a little over £1,671.

Early in 1917 Rania MacPhillamy joined Chisholm at the canteen at Kantara after meeting her in Cairo in 1916 through their work with the ACF. MacPhillamy ‘wasn’t much good at knitting socks’ and travelled to the Middle-East late 1915. Initially she wanted to be closer to her fiancé serving with the 1st Light Horse Regiment but desired a more active role volunteering in the war as well. Chisholm and MacPhillamy were to form a partnership based on friendship and respect. Both women had similar backgrounds coming from rural New

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135 Ibid, p. 81.


137 AWM25, 1007/3, Regarding the Soldier’s Club at ‘Kantara West: The local Auditor Report AIF (Egypt) 12 January to 31 January 1917.


139 Ibid.
South Wales, daughters of wealthy pastoralists. Even though these two women were the main canteen workers at Kantara and at other canteens in Egypt, they were assisted by a range of men and women from Australia, New Zealand and England. Their staff included the wives of high-ranking Australian army officers stationed in Egypt, namely Nora Dangar, Georgina Bisdee and Ruby Osborne.

Even though staff at the canteen at Kantara suffered because of the extremities of weather, the canteen was an exceptional one. Maintaining it to such a high standard in these conditions, indicates that there was a marked level of personal strength, motivation and initiative needed on the part of staff to maintain the facility. In addition to being a venue for supplying food and tea to thousands of troops who passed through its doors, the canteen at Kantara had dormitories, dining rooms and even showers. To maintain supplies, food was often begged from the army or local people. After a small and simple beginning, the canteen at Kantara grew rapidly but so did the work-load. It was reported in the *Sydney Morning Herald* that by July 1917, 150,000 men had been attended to there.

Originally where there was one marquee with a small spirit stove ... there are now several big tents and a substantial hut. Trains arrive at all hours ... the 'open all hours' notices were not put up but men sauntered in just the same. Sometimes for two or three days, the ladies did not get a chance to go to bed.

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140 Chisholm grew up near Goulburn and MacPhillamy near Forbes, NSW. They complemented each other despite thirty-three years difference in their age; Chisholm was sixty years old in 1916 and MacPhillamy twenty seven.


142 *Ibid*.

The high number of people they assisted is astonishing but also signifies the selfless nature of Alice Chisholm and Rania MacPhillamy, which was greatly appreciated during the war and after it was over. It was only fitting when 'Mother Chisholm' died at the age of ninety-seven that former members of Australian Light Horse Divisions acted as pallbearers at her funeral. Rania MacPhillamy veered away from any great accolade as a result of her work at Kantara. In her biography of MacPhillamy, Jennifer Horsfield, revealed that the very public welcome she received in her home-town on her return 'was something of an ordeal for her'. As Alice Chisholm had been, MacPhillamy was also considered 'a digger's friend' at Kantara, as her work was greatly valued by the thousands of soldiers she cared for there.

**PRISONERS, WOUNDED AND MISSING SOLDIERS**

As Alice Chisholm and Rania MacPhillamy had looked after soldiers through their canteen work, Mary Elizabeth Chomley provided essential services for prisoners-of-war. Chomley's well-to-do background did not in any way inhibit her ability to care for prisoners who were from all classes and social backgrounds. As Secretary of the Prisoners-of-War branch of the Australian Red Cross, she established a vital connection between the soldier and his family. The need for this service became

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147 Chomley was born 29 July 1871 in Malvern, Victoria, one of nine children to County and Supreme Court Judge Arthur Wolfe Chomley and his wife Juliana Hogg.
evident in mid-July 1916, when 500 Australians were taken prisoner after the Battle of Fromelles on the Western Front.148 In April 1917 at Bullecourt, a further 1,170 Australians were captured.149 Josephine Kildea has shown how as a surrogate mother, Chomley took on a mentoring and reassuring role, ‘forming a bond that was almost adoptive with the men in camps’.150 Surviving letters held at the Australian War Memorial from prisoners and their families reveal a great deal about her compassion and her efficiency.151

148 Josephine Kildea, Miss Chomley and her Prisoners: The Prisoner of War Experience and the Australian Red Cross Society in the Great War, BA (Hons) University of New South Wales, 2006, p. 5.


151 AWM, 1DRL 615, ARCS, POW Section, Papers of Miss M.E. Chomley.
A soldier, S. A. Whitbourne, wrote to Chomley on 16 May 1918, expressing his gratitude, ‘I would like to thank you for taking care of us ... although ... I am not in the best of health lately ... suffering from fearful headaches and barbed wire fever’. Her concern about the welfare of soldiers in camps was always central to her work and she was fiercely passionate about alleviating their living conditions.

As a way to provide care to prisoners, Chomley collected their letters which she then used as evidence of their plight when dealing with authorities. Maintaining a regular flow of Red Cross parcels in good condition to prisoners-of-war was vital to their well-being and morale. If there was any delay in the delivery of these parcels, which occurred on one occasion when 7,000 parcels were delivered late, she became frustrated and angry. Ensuring that parcels reached prisoners-of-war was only a small part of the humanitarian work Chomley carried out.

In the collection of Chomley’s letters held at the Australian War Memorial, her concern and compassion for prisoners-of-war is well documented. Writing to Brigadier General Griffiths in May 1918, she described the terrible conditions in German camps and in particular, the treatment of medical men, ‘kept for twenty months ... men from the Army Medical Corps are not treated as ordinary POWs and are dealt the utmost brutality’. There are dozens of letters detailing the gratitude of

152 Ibid, Box 1, S.A. Whitbourne, 16 May 1918.
153 ARCS, Series 33, Box 192, Lady Helen Ferguson to Colonel Murdoch, 26 January 1918.
family members in Australia, thanking her for letting them know that even if taken prisoner, a son, brother or husband, was alive. In 1919, after the war, one grateful man wrote to her.

We received your kind re-assuring letter of 9 January. You may rest assured we Australians will never forget, but will treasure your great goodness ever in our memories. So far as we are concerned we cannot fail to remember the relief after five months of weary and anxious waiting. Where to look or what to do we did not know until we heard that one cable reached our son through your society.\(^{155}\)

Maintaining a constant connection with prisoners-of-war, Chomley made sure that those in command were fully aware of the terrible conditions in the camps. Aside from the hundreds of Australians captured at Gallipoli by the Turks and at Palestine and the Sinai, almost 4,000 were taken prisoner on the Western Front between 1916 and 1918 and several hundred died in captivity.\(^{156}\) These were huge numbers of men for Chomley and the Prisoners-of-War Department to deal with but she did so efficiently and sympathetically.

As already demonstrated in this thesis, Chomley’s experience of war can be aligned with the experiences of other women of a similar class and background who chose as their contribution towards the allied war effort, management and administrative roles. Even though there is enough surviving evidence to show that Chomley cared a great deal about men incarcerated away from country, home and family, there is only a limited amount of surviving documentation to give voice

\(^{155}\) Ibid, Mr. Wait of Metcalfe to Elizabeth Chomley, 3 April 1919.

\(^{156}\) AWM, Prisoners of War, 1914-1918; http://www.awm.gov.au/encyclopedia/pow/ww1/ ‘3,850 Australians were taken prisoner on the Western Front between 1916 and 1918 with 395 dying in captivity’.
to her own war, her personal experiences and most of all, her motivations.

The Australian Wounded and Missing Enquiry Bureau (AWMEB) was established in Egypt on 21 October 1915, and as the Prisoners-of-War Department had been, was under the auspices of the Australian Red Cross.\(^{157}\) The Bureau was established to locate missing soldiers after the Gallipoli campaign, when it was realised ‘there was no existing Society or Organisation other than the official office’, where distressed families could enquire about the missing.\(^{158}\) Initially set up in Cairo, the Bureau moved to London with Vera Deakin as its secretary the following year, after the AIF were transferred to the Western Front.\(^{159}\) The work of this Bureau extended though beyond the needs of a soldier's family. The relatives of VAD Louise Blanche Riggall were contacted by the Bureau in September 1918 after her death from a cerebral haemorrhage at Rouen, France.\(^{160}\) Riggall’s death just months before the war ended, was reported to the ARCS by Lady Helen Ferguson, ‘it was tragic in its suddenness as she had been well up to 5pm on the 31 August’.\(^{161}\) Instructions were given by the Bureau that three photographs of her grave at St. Sever Cemetery, Rouen should be

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\(^{157}\) A Wounded and Missing Enquiry Bureau was set up by the British Red Cross in Paris in 1914, principally to search for missing officers, but due to an increasing need, by the beginning of 1915, the search for men from all ranks began. Under the auspices of the Canadian Red Cross, the Canadian Red Cross Information Bureau was established to search for Canadian men also. (date unknown)

\(^{158}\) AWM, 1DRL 0428, ARC Wounded and Missing Bureau, History of Enquiry Bureau, nd.

\(^{159}\) Ibid; The Bureau moved to London June 1916.

\(^{160}\) AWM, 1DRL/0428, Australian Red Cross Society Wounded and Missing Enquiry Bureau files, 1914-18 War, L.B. Riggall, Confirmation of death, 6 November 1918.

\(^{161}\) ARCS, Correspondence from Lady Helen Ferguson, Confirming death of L. Riggall, 5 April 1918.
obtained, presumably to be forwarded to her grieving family. Vera Deakin, who was in France, represented the Australian Red Cross at the graveside along with Miss Alston and a Captain Smith. The presence of these Australians reveals that there was a compassionate and sympathetic understanding about the loss of a woman from their own country that extended beyond normal administrative work. Lydia Grant also died while serving as a VAD and both of her brothers serving in France were informed by the Bureau that she was ill. Through this important communication which was again carried out in a thoughtful manner, one brother Chesborough G.F. Grant was able to be present when she passed away from septic arthritis on 1 April 1917.

Previously it had only been possible for families to gain information about missing men using the slow-moving systems in place at the Australian Imperial Force Base Records Office in Melbourne. The only information received by the next-of-kin would be a very brief note: ‘Missing in Action’. These messages contained a layer of pain for a family, as ‘missing’ could mean killed. The function of the AWMEB was in many ways similar to the Prisoner-of-War Department, but the Bureau set out to find and establish a personal and previously unknown link between the soldier and his family.

163 ARCS, Correspondence from Lady Helen Ferguson, Confirming death of L. Riggall, Op.cit.
165 Ibid.
Searchers were employed at the AWMEB to investigate the whereabouts of missing military personnel. They visited soldiers at the front and interviewed comrades of the missing at British and Australian hospitals in England and Egypt. These searchers were usually male and in some cases, British Red Cross volunteers. Vera Deakin outlined her dependence on these British searchers.

In all there are but nine Australian searchers in Australian Hospitals and Camps in France and England. We are dependent on the generosity of the BRCS to cover the search work in fourteen hundred odd hospitals.\(^{167}\)

The work of the Bureau was not easy and searchers found their duties frequently difficult and frustrating. The task was complex because of duplicate inquiries, inaccurate military numbers, initials used instead of first names and casualty lists with incomplete or vague details about the casualty or no details when it occurred.\(^{168}\) The tremendous scope and wide-ranging work of the Bureau is evident in the following Red Cross Report.

Enquiries for wounded men are answered by means of a hospital card-index. Except when the man turns out to be missing, the news is sent the same day or in a couple of days and if he is still in hospital, bulletins are sent every few days as long as he is on the dangerous list. Details of death and burial and a photograph of the grave are also forwarded if requested. Cables containing sometimes as many as forty names are sent daily to and from London.\(^{169}\)

As secretary of the Bureau, many of the difficulties of administration became Vera Deakin’s responsibility. These included problems with

\(^{167}\) Vera Deakin to the Secretary of the South Australian Division of ARC cited in *Ibid*, p. 298.

\(^{168}\) AWM, 1DRL 0428, L. Owen ARC, Egypt to Lady Katherine Barker Australian Branch BRC, Sydney, 11 December 1915.

\(^{169}\) AWM41, 1616, Wounded and Missing Department, Red Cross Report, nd, p. 12.
cables that arrived with inappropriate code words and difficulty because of long delays receiving and sending cable messages that could take seven or eight days between England and Australia. Compounding these problems there were delays in receiving information about sick and wounded in hospitals. It is little wonder that as the war continued, there was not enough staff with the expertise to carry out this difficult and complex work.  

A VARIETY OF WAR SERVICE: THE WAR OFFICE AND THE BANK

Women were encouraged to work in the War Office in London as clerks or administrative assistants. They were employed as Junior Administrative Assistants in four grades and as Clerks, Grades 1, 11 and 111. These women were praised for their ‘attention to detail and keen interest, their adaptability, their quickness to pick things up and their knowledge of affairs.’ Those serving in the Finance Branch were responsible for the distribution of funds to hospitals while other women were engaged coding and decoding telegraphs. Generally, women employed as Junior Administrative Assistants had a high level of education and, as so many other female managers, were university graduates. In addition to Ethel Naida Bensusan mentioned in Chapter Two, Agnes De Beauvoir Mann, was employed in the Censor’s Office for

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170 Ibid.


172 Ibid.
two and a half years. ¹⁷³ On her return to Australia she made an enquiry to the Department of Repatriation about obtaining a soldier settlement block.¹⁷⁴ There is nothing to indicate in surviving documentation if she ever became a soldier settler. As well as nurses who served outside of Australia, ‘all VADs and Voluntary War Chest and Comfort Fund Workers’ were eligible to apply for land.¹⁷⁵ Agnes De Beauvoir Mann’s occupation in the Censor’s Office could have excluded her.

Banking was another occupation where women were encouraged to take the place of men so they could be released into the army. Lily Isaac was fifty-one when she left Australia in May 1915 joining the Commonwealth Bank in London.¹⁷⁶ She had not been employed by the bank in Australia before the war, working as acting post-mistress at Scone a small town in country NSW. In London, she was in charge of the special cable service maintaining connections with Australian soldiers. Her skills were learnt previously in the postal service in Australia. The war brought about many staffing problems for the London Office, but the bulk of those employed between 1915 and 1919 were there to meet the needs of the AIF. From 1916 between 150 and 200 ‘lady’ clerks were employed in roles that were formerly occupied by men. Maintaining levels of staff with the essential skills

¹⁷³ NAA, A2487/1, 1920/5908, Enquiry re: land settlement scheme, 1 March 1920, Miss A de B Mann. Mann returned to Australia on the Zahia Castillo in October 1919.

¹⁷⁴ Ibid.


continued to be difficult throughout the war. Letters and telegrams averaged 3,000 a day with most needing a reply and 360,000 letters were dealt with in the six months to 30 June 1917. Moreover, 58,000 remittances were made to members of the AIF in France and the United Kingdom during the period. In addition, staff had to deal with 40,000 savings bank accounts belonging to Australian troops.

There are many examples where Australian women took up more than one occupation during the war, changing when circumstances or opportunities altered. Florence Sulman travelled to London with her brother Geoffrey who began work as a tester at the munitions factory at Thorny-croft. Working close to her brother was a desired option for Sulman but she was not given the chance. In a letter to her mother written four months after they arrived in England, she mentions that at Thorny-croft there was a notice stating, ‘no more women need apply’. Undaunted, she continued to seek work visiting a VAD home where she took up mending and helping soldiers make cross-stitched canvas belts. One day a week she travelled to Reading and volunteered at the Care and Comforts Depot in the morning and the hospital in the afternoon. She was eventually offered a job as a ‘go-between’ between the employer and employee at Thorny-croft where Geoffrey worked, but did not take the job. By October 1916, she was


178 Ibid.

again working as a VAD but this time at Pinner a little over twelve miles
from Charing Cross in London. Six months later, she was working in
another VAD hospital but this time, in charge of the dispensary. She also
dressed wounds and so had undertaken medical training. In letters to
her family, Vera Scantlebury a doctor at the Endell Street Hospital, also
referred to a friend who took on a range of occupations such as Sulman
did, during the war. DAW (sic) she stated, ‘was a jack of all trades ...
first working on a farm in Berkshire, after being a VAD ... she had also
driven cars for the military and had at one time taken a course in
massage’. The variation in occupations could have been due to a lack
of suitable training, or simply a desire to find the most satisfying work.
It could also have related to finding work that was of greatest benefit to
the war effort, or indeed a higher wage.

Newspaper reports covering the period 1914-1918, abound with
eamples of wartime activities of Australian women who volunteered
overseas. These reports provide few details about how often these
women did this voluntary work. Despite this, these reports reveal that
there was a concentrated and developed level of help, care and
humanitarian volunteering by Australian women outside their own
country. Women worked tirelessly in war zones but also in England.
The majority of these brief accounts are about women of the middle
class who either had the finance to support themselves or if they were
married, had financial assistance. Most middle-class women, with the

180 Ibid.

exceptions of those who worked in management or administration, were volunteers, revealing a determined level of patriotic endeavour.

For example Tasmanian women, Mrs Cranstoun and Miss Billyard-Leake took it upon themselves to visit Australian men in hospitals and convalescent homes in London.\footnote{The Hospitals in England: Notes on Tasmanian Soldiers, The Mercury, 20 November 1916, p. 6.} There was plenty of opportunity for women such as these two, visiting Australian soldiers to provide conversation, reading material or small comforts. The British Red Cross administered around 3,000 auxiliary and convalescent hospitals in the United Kingdom where numerous Australian soldiers were sent for treatment.\footnote{British Red Cross Society, \url{http://www.redcross.org.uk/~media/BritishRedCross/Documents/Who%20we%20are/History%20and%20archives/Auxiliary%20Hospitals.pdf} The huge number of hospitals in England provided many opportunities for this type of volunteering. Miss C. Pennefarther as well, used ‘private funding from Australia’, to organise hospital excursions for convalescing men ‘taking them to Windsor, Hampton Court and other historic places’.\footnote{‘Personal’, West Australian, 13 February 1920, p. 4.} The report in the newspaper does not indicate where the private funding came from nor does it state how frequently Miss Pennefarther organised these excursions. It was also reported that Mildred Manifold and Erica Hughes were ‘runners’ in one London hospital carrying messages and running errands.\footnote{‘Ladies Letter’, Border Watch, 12 June 1915, p. 5.} An article from the \textit{Border Watch} describes the duties of Miss McArthur, an expert in invalid cookery who used her skills to cook for convalescing
soldiers. Florence Louisa Raines had previously worked as a cook and domestic in Australia before the war. In December 1915, she was employed as a stewardess and seamstress on the Australian hospital transport Kanowna. Despite questions in her military file asking if she was a VAD, it appears this was not the case. Tess Naylor from Mount Gambier, South Australia organised picnics for Australian munitions workers. As mentioned in Chapter One, Mary Beatrice Crowle was a VAD during the war. Her dedication to the war effort was very concerted however because as well, she helped raise the first women’s police patrols in London and Bath in 1915. This was valuable work because it released more men for the army. Her father had served with the Queensland police force, giving her some insight into police work.

CONCLUSION

Medical work was not the only form of employment that Australian women were engaged in to assist the war effort. Hundreds worked in a range of non-medical roles and paramilitary services in Britain, Europe and the Middle East doing ‘their bit’ for the war effort outside of Australia. Even though many women journeyed to war to be near family members in the military, most presumably were motivated by patriotism to serve their own country and the empire. While some took

186 Ibid.

187 AWM, Embarkation Roll No. 2 Hospital ship Kanowna, 22nd December 1915.

188 NAA, B2455, World War One Personnel Dossiers 1914-1920, Florence Louisa Raines.

189 Ibid, 1 November 1916, p. 3.

190 Women’s Library, 7MBC Papers of Beatrice Mary Crowle (nee Finucane).
up voluntary work, at canteens and comfort stations, others took up paid employment with the WAAC. Women also worked manufacturing munitions and in the area of workers’ health or welfare. For middle-class university women, their background and education gave them choices and opportunities to continue their pre-war work in areas they were trained for and were familiar with. Similar to women who enlisted in the medical field during World War One, the working women in this chapter found that even though war work was exciting and adventurous, because of difficult working conditions faced, they needed to be tough and resilient.

The next chapter demonstrates that for many women, war was a dangerous place to be. Across all fronts in both the medical and non-medical war, women lost their lives due to shelling, torpedoes or mines. By participating in the war these women faced danger at an unprecedented level across all war fronts. From Egypt to France to Serbia: on land and sea, personal injury and death was an issue to be feared and faced daily.
CHAPTER FIVE

THE TRAUMA AND DANGER OF WAR

‘One is bound to have one’s blue days’ – Dr Agnes Bennett, 30 August 1916

Australian women served on land and sea in World War One dealing with the hazards of war in civilian and medical occupations close to the front or when traversing the ocean. The circumstances of war affected each individual differently but it was impossible for women whether civilian, doctor, nurse or member of a Voluntary Aid Detachment (VAD) to simply be observers. Just as soldiers were capable of an act of bravery, so also were they although this has largely not been acknowledged in the historiography of World War One. At sea, in the merchant navy and on hospital ships and troop transports, the on-board duties of women meant they were often in danger. In Serbia, women with the Scottish Hospitals for Home and Foreign Service (SHHFS) whether doctor, nurse or civilian, were forcibly evacuated from hospitals in the face of the advancing enemy, while others were interned for several months. The close association of women with the activities of war: danger, illness and death, determined they crossed the boundaries of their gender moving from accepted women’s work on the home-front into the masculine domain of war.

Nearly 1,400 British nurses including sixty Australians served in

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1 Mitchell Library Glasgow, Scottish Women’s Hospital, TD1734/20/4/8/2, Agnes Bennett, Diary, Vol. 1, 30 August 1915.
the South African War of 1899 to 1902. Similar to World War One, nurses undertook duties there in stationary hospitals, hospital trains and troop transports. However, there was little similarity between nursing in World War one and nursing in South Africa where nurses were stationed away from the front in relatively safe locations where the major fear was disease, not enemy bombardment. In South Africa, some nurses worked in concentration camps while others had to deal with contaminated water, over-crowded and unsanitary hospitals and flies that caused the spread of disease such as typhoid. The work of nurses during World War One therefore broadened the level of devotion and care put in place by Florence Nightingale because military nursing in this war so close to the front was often highly dangerous and markedly unlike anything previously experienced.

DANGEROUS WORK - NURSING IN A CASUALTY CLEARING STATION

Prior to the war, within the British Expeditionary Force, a document titled ‘Peace Establishment’ set out the number of personnel and specific equipment required to operate a unit effectively. Because of the transition from peace to war, the document was titled slightly differently, becoming the ‘War Establishment’. This was also accepted policy for the Australian military as well. This change supposedly


3 Email from David Horner, Strategic and Defence Studies Centre, Australian National University, 20 November 2014.

4 Ibid.
enabled units, including casualty clearing stations to have enough staff and equipment so that they could function efficiently in wartime conditions. There was no provision in the ‘War Establishment’ of any of the casualty clearing stations to include nurses in their staffing requirements however, a fact that Matron-in-Chief Maud McCarthy recognised in 1917 when she wrote a report about the work of nurses in the period 1914-15. Initially an omission such as this, that excluded particular staff, created difficulties for a medical unit because of financial implications relating to pay and also maintaining the supply of necessary equipment and accommodation. As early as September 1914, one British medical unit, possibly No. 3 Casualty Clearing Station, was set up in sheds at Villeneuve St. Georges directly in line with the route used to transport the wounded from the battle of Aisne to Rouen. Two nurses were quartered in a room next to the casualty clearing station, before they were transferred for duty on ambulance trains. This was possibly the first instance where nurses worked in a casualty clearing station although the official appointment of nurses occurred soon after on 30 October 1914. Despite McCarthy believing there were doubts about the use of nurses so close to the front, it was eventually decided that the proposal would be activated, as nursing


skills were desperately needed.\textsuperscript{11} Nurses worked close to battle lines and in many cases, their accommodation in tents or huts, were set up as near as possible to a casualty clearing station so that they had easy access to the wounded. This essentially placed nurses directly in the line of fire, whether on or off duty.

The appointment of nurses to units close to the front was, according to A.G. Butler the official historian of the Australian Army Medical Services, ‘a notable experiment in lifesaving, and a way to reduce the mortality rate in abdominal and chest wounds’.\textsuperscript{12} He believed that duty with these units ‘was the mecca to which all good nurses aspired’.\textsuperscript{13} Australian Annie Christina Jackson serving with the Queen Alexandria’s Imperial Military Nurse Service Reserve (QAIMNSR) was one who ‘was awfully pleased at having the opportunity to get so close to the line’.\textsuperscript{14} Matron McCarthy was concerned about the conditions nurses such as Jackson were working under in casualty clearing stations and thought particularly that the one at Brandhoek, near Ypres, was ‘too far up’.\textsuperscript{15} In 1917 she outlined in her diary the difficulties nurses continued to have working in battle zones.

\textsuperscript{11} Army Medical Services Museum Archives, Aldershot, (AMSMA) Diary of Matron-in-Chief Maud McCarthy, 1917, p. 25.


\textsuperscript{13} \textit{Ibid}.

\textsuperscript{14} ‘Nurse in the Danger Zone’, \textit{The Argus}, 6 July 1917, p. 5.

The nursing staff at casualty clearing stations have had to endure air-rafts and shell fire throughout the year at different times, and at different points of the line, but from July to the end of the year, the most advanced units endured a great deal, and almost continuously night after night.\textsuperscript{16}

In the face of bombardment nurses continued to carry out their duties. During a major offensive the threat of air attacks and enemy artillery was always imminent on a casualty clearing station ‘on the Western Front unlike in the Middle East or India where nurses were some distance from the fighting’.\textsuperscript{17} It was in locations such as Brandhoek which suffered frequently from bombing, where nurses selflessly extended the boundaries of established civilian nursing care.

As so many Australian nurses had done, Lydia Abell served in a wide range of hospitals with the QAIMNSR working in four casualty clearing stations in France with that service, No. 2, 11, 15 and 62.\textsuperscript{18} In August 1918 during an attack and with less than half an hour’s warning, hospital staff evacuated the casualty clearing station taking with them patients, surgical appliances and stores.

Doctors and nurses worked heroically, and while hospitals in the vicinity were being deliberately bombed by German aircraft, succeeded in re-establishing the station in a safer quarter.\textsuperscript{19}

For her actions during the period of the bombardment Abell received the Royal Red Cross Second Class, a prestigious award given to nurses


\textsuperscript{17} Kirsty Harris, \textit{More than Bombs and Bandages : Australian Army nurses at work in World War I}, Big Sky Publishing, Newport, NSW, 2011, p. 117.

\textsuperscript{18} NAUK, WO399/8 Service Record, Lydia Abell. She did her training at Newcastle Hospital and left Australia 18 September 1915 joining the QAIMNSR on 1 July 1916, after transferring from the Australian Voluntary Hospital.

who showed exceptional and superior devotion to duty.\textsuperscript{20}

Barges were used on rivers and canals in France and Belgium to transport the more severely wounded to hospital, but were not designed either for troop evacuation or as a hospital.\textsuperscript{21} It was here working on Nos. 3 & 4 Ambulance Flotillas in France that Abell frequently faced attack.\textsuperscript{22} Flotillas were a group of barges connected together, usually staffed by two nurses only. These barges were frequently converted from a cargo or coal barge with hanging stretchers installed for the wounded.\textsuperscript{23} Hatches were cut into the roof for light and hand operated lifts helped transfer the wounded from land to barge.\textsuperscript{24} In December 1917 in the depths of winter, Mary Ann Bennalack from Colac Victoria serving with the QAIMNSR was working on a barge in a flotilla of four, travelling up a canal bringing wounded from the front. At around eight o’clock,

\begin{quote}
(0)n that lovely summer morning, we reached a small town fully a dozen miles to the rear of the firing line. The bells were ringing for church service and but for the booming of guns in the distance one would have found it difficult to believe that the scene of the world’s most fearful conflict was near at hand.\textsuperscript{25}
\end{quote}

Suddenly and unexpectedly, the bombardment of the town began and continued for two hours. A shell landed in a potato field next to the canal which Bennalack recalled was only ‘twenty yards distant from our

\textsuperscript{20} Edinburg Gazette, \url{https://www.thegazette.co.uk/Edinburgh/issue/13265/page/1915}; Queen Alexandra’s Royal Army Nursing Corps (QARAMC) \url{http://www.qaranc.co.uk/}

\textsuperscript{21} ‘Hospital barges’, \url{http://www.qaranc.co.uk/hospitalbarges.php}


\textsuperscript{23} ‘Hospital barges’, Op.cit., Ibid.

\textsuperscript{24} Ibid.

\textsuperscript{25} ‘Nurse at the Front’, The Colac Herald, Monday, 3 December 1917, p. 4.
barge'. Bennalack was completely buried under the debris. Severely wounded and suffering shell-shock she was transferred as a stretcher case to Dover for further treatment.

Ambulance trains travelling to and from the front were vulnerable to attack as well, even though they were protected under the Geneva Convention. For example on 19 November 1916, No.27 Ambulance Train was directly fired on when it was near the railway station at Amiens. In the first month of the war nurses had not been used on ambulance trains, but were eventually detailed for regular duty on the first seven BEF ambulance trains put into service. Each train had a staff of two but because of the severity of cases and the increased strain, this was quickly increased to four. These were essentially mobile hospitals that played a vital part in transporting the wounded from casualty clearing stations to stationary hospitals. According to A.G. Butler ambulance trains were usually supplied by the War Office and because of this were generally staffed by nurses from the QAIMNS or QAIMNSR. However, there were incidents where nurses from the

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26 Ibid.


31 Ibid.

AANS were lent to ambulance trains. Elsie Dobson, a member of the AANS worked for a period on No. 10 Ambulance Train which she said, went to ‘practically every casualty station on the British Front’. Carrying for wounded men on a barge, ambulance train or casualty clearing station was at the forefront of military nursing. Because of the circumstances created by war, working so close to battle zones such as this, traditional nursing protocols were altered considerably. As these examples have shown, military nursing so close to the front jeopardized and endangered the lives of patients and medical staff alike.

**DUTY, DEATH AND HONOUR**

An honour roll at St. Paul’s Cathedral in London includes the names of 350 British nurses who died serving with various allied nursing and medical services during World War One. Another is the Five Sisters Window in the North Transept of York Minster Cathedral which includes the names of British women who lost their lives during the war. In Australia there is also an Honour Roll at St. Paul’s Cathedral in Melbourne for twenty-one AANS nurses who died. Small country towns across Australia have frequently included the names of this cohort of women on their war memorials as well. These nurses have also been included on the Roll of Honour at the Australian War Memorial.

Women who died serving with a nation other than Australia have been included in the Commemorative Roll at the Australian War Memorial,

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34 York Minster Cathedral Memorial, [http://yorkminster.org/visit-york-minster/minster-treasures/memorials.html](http://yorkminster.org/visit-york-minster/minster-treasures/memorials.html)
although not in the Roll of Honour. The Maffra Historical Society has created its own online memorial to local woman Louise Blanch Riggall who died in France in 1918 working as a VAD, but in Australia no formal collective Roll of Honour has been located that includes the names of every other Australian woman who lost her life serving with a nation that was not her own.

This omission reveals that the contribution of Australian women who served with allied nations during World War One, their bravery and suffering, has never been fully recognised in this country’s memory. AANS nurses who passed away are not included in the table below although Ruth Rae has provided detailed information about their war


service and deaths in her 2009 publication *Veiled Lives.*\(^{37}\) The following table is of Australian women who served with a country that was not their own and who died because of drowning, illness or injury.

### Australian women who died serving with an allied nation

<table>
<thead>
<tr>
<th>NAME</th>
<th>SERVICE</th>
<th>DEATH</th>
<th>PLACE OF DEATH</th>
<th>CAUSE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Blanche Atkinson</td>
<td>QAIMNSR</td>
<td>9 Dec 1916</td>
<td>Crafers, Adelaide, SA</td>
<td>TB (ret to Aus. ill Aug 1916)</td>
</tr>
<tr>
<td>Edith Blake</td>
<td>QAIMNSR</td>
<td>26 Feb 1918</td>
<td>At sea, hospital ship <em>HS Glenart Castle</em></td>
<td>Drowned</td>
</tr>
<tr>
<td>Charlotte Matilda Berrie</td>
<td>QAIMNSR</td>
<td>8 Jan 1919</td>
<td>American Red Cross Hospital, Jerusalem</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Agnes Beryl Corfield</td>
<td>QAIMNSR</td>
<td>2 Feb 1916</td>
<td>Egypt</td>
<td>Influenza</td>
</tr>
<tr>
<td>May Dickson</td>
<td>QAIMNSR</td>
<td>4 Oct 1917</td>
<td>Melbourne</td>
<td>Cerebro-spinal meningitis</td>
</tr>
<tr>
<td>Florence Narrelle Jessie Hobbes</td>
<td>QAIMNSR</td>
<td>10 May 1918</td>
<td>At sea returning to Australia</td>
<td>Possibly liver cancer</td>
</tr>
<tr>
<td>Nellie M Saw</td>
<td>QAIMNSR</td>
<td>31 Mar 1919</td>
<td>Albany Hosp. WA</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Myrtle Elizabeth Wilson</td>
<td>QAIMNSR</td>
<td>23 Dec 1915</td>
<td>Wimereux, France</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Louise Blanche Riggall</td>
<td>VAD</td>
<td>31 Aug 1918</td>
<td>Rouen France</td>
<td>Cerebral haemorrhage</td>
</tr>
<tr>
<td>Lydia W F Grant</td>
<td>VAD</td>
<td>1 April 1917</td>
<td>Manchester, England</td>
<td>Measles septic arthritis</td>
</tr>
<tr>
<td>Annie Alexander</td>
<td>VAD</td>
<td>10 Nov 1918</td>
<td>Royal Naval Auxiliary Hosp, Peebles, Scotland</td>
<td>Septic pneumonia</td>
</tr>
<tr>
<td>Kathleen Adele Brennan</td>
<td>VAD</td>
<td>24 Nov 1918</td>
<td>Leicester, England</td>
<td>Influenza</td>
</tr>
<tr>
<td>Amy Maud Parrott</td>
<td>VAD</td>
<td>24 Oct 1918</td>
<td>Johannesburg, SA</td>
<td>Influenza</td>
</tr>
<tr>
<td>Clara Louisa McMillan</td>
<td>Merchant Navy</td>
<td>26 Jun 1918</td>
<td>At Sea off NZ coast, SS <em>Wimmera</em></td>
<td>Drowned</td>
</tr>
<tr>
<td>Edith Keighly Newton</td>
<td>Merchant Navy</td>
<td>26 Jun 1918</td>
<td>At Sea off NZ coast, SS <em>Wimmera</em></td>
<td>Drowned</td>
</tr>
<tr>
<td>Jean Robertson</td>
<td>Merchant Navy</td>
<td>26 Jun 1918</td>
<td>At Sea off NZ coast, SS <em>Wimmera</em></td>
<td>Drowned</td>
</tr>
<tr>
<td>Dora Ashley</td>
<td>WRAF</td>
<td>4 Nov 1918</td>
<td>London, England</td>
<td>Pneumonia</td>
</tr>
</tbody>
</table>

Table 5

In Britain, the awarding of military medals for bravery in the field was first introduced in March 1916. The military medal was intended to be awarded to non-commissioned officers and privates and

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was extended to women in June 1916. Eileen King is the only Australian nurse who served with an allied nursing service to earn the Military Medal. King joined the QAIMNSR after a request from the War Office for nurses from the colonies. She and twenty seven others left Melbourne on the Orontes 14 April 1915. She served for a little under a year at the 7th General Hospital at St. Omer and then at No. 14 General Hospital at Wimereux in France. By the end of 1917, she was working at No. 63 Casualty Clearing Station at Haringhe in Belgium, where on 29 January 1918 she was awarded the Military Medal for her actions. Eileen King had been off duty when the raid began, and was returning to the casualty clearing station along duck-boards when the first bomb fell. King was severely wounded in both legs, in the left calf and right thigh and as well, her left fibula was fractured. During the raid and despite her injuries, she continued to care for wounded men even though suffering shock and loss of blood. King was later discharged

http://www.qaranc.co.uk/militarymedal.php The following was copied verbatim: ‘The Military Medal (MM) was first established by King George V on 25 March 1916 to award Warrant Officers and Other Ranks for bravery in battle on land. It was awarded to members of the British Army and related services such as the QAIMNS, when the medal could be awarded to women after a new ruling in June 1916. It was also awarded to equivalent members of the Commonwealth countries. The Commander in Chief would recommend recipients for the Military Medal. The amendment was published as a Royal Warrant on the 21 June 1916 in the London Gazette on the 27 June 1916. It read: “Whereas we did by Royal Warrant under Our Sign Manual dated 25th March 1916, institute and create a silver medal entitled The Military Medal to be awarded to non-commissioned officers and men for bravery in the Field; And whereas we are desirous that, under special circumstances, women shall be eligible for the award of the said medal.”

Australian War Memorial (AWM), AWM27, 373/48, Nominal Roll of nurses sent abroad in 1915 for service with the QAIMNS, 1921.

Ibid.

NAUK, WO399/4600, Service Record, Eileen King.


National Archives of Australia (NAA): MT1487/1, Proceedings of a Medical Board, 17 February 1919, Eileen King.
from the nursing service medically unfit because of these injuries and suffered the after-effects for many years. While Eileen King survived this particular event during World War One, she died during World War Two. She had been in London at the time of the Blitz. Returning to Australia via the Panama Canal she was on board the merchant vessel *Melbourne Star* when it was torpedoed and sunk by a German submarine off the coast of Bermuda on 2 April 1943. Of 113 passengers, there were only four survivors.

Seven AANS nurses received the Military Medal for conspicuous gallantry and devotion to duty during World War One. Rachel Pratt earned her Military Medal, ‘for bravery under fire’ during an air raid on the night of 3 July 1917 at the 1st Australian Casualty Clearing Station at Bailleul, in Belgium. Being so close to the front, meant all casualty clearing stations were incredibly vulnerable to attack as these examples indicate. Rachel Pratt was severely wounded when shrapnel from a bomb lodged in her lung. Similar to Eileen King’s circumstances, Pratt never fully regained the physical fitness she had before the war. Elizabeth Pearl Corkhill was also working close to the front at No. 38 British Casualty Clearing Station, near Abbeville in France when it was attacked in July 1918. Corkhill continued to attend to the wounded during the bombing with no regard for her own safety. Alicia Mary Kelly

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(known as Rachael) received her Military Medal ‘for quiet courage under fire’. She was working at No. 3 Australian Casualty Clearing Station at Brandheok in Belgium undertaking work similar to the nurses mentioned above. During the third week of July 1917, No. 3 Australian Casualty Clearing Station at Brandheok was shelled for five days, with the bombing on the fifth day the heaviest. Despite orders to go to the dugouts, Kelly remained with her patients throughout the bombardment. Recalling the events, AANS nurse May Tilton, described what occurred. ‘When the first shell hit, she [Kelly] hurriedly covered the heads of patients with enamel washing basins or urine pots to protect them against flying shrapnel’. Kelly’s unselfish actions caring for her patients were more important than her own safety. G.C. Munschamp, the Chaplain attached to her CCS verified her selfless attitude. He wrote to Alicia King’s mother saying how she was appreciated, loved and valued by those she worked with. In his letter he mentioned the bombardment and her bravery at the time.

I think you ought to know what a wonderful influence for good she has been upon everyone … officers, orderlies, patients. From the Colonel downwards, every man and woman adores her. We have just passed through a very trying time and have been bombed continually. The noise of the guns only a hundred yards from camp has been startling and deafening. Rachael comforted those poor frightened helpless creatures … in her calm, sweet motherly ways … we literally had to drag her to a place of safety.

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As Pratt and King suffered many years of ill health after the war, so did Alicia Kelly.\textsuperscript{52} It is unclear if this was because of injuries received on the night of the bombardment or another physical or mental condition. The entry for Alicia Kelly in the *Australian Dictionary of Biography* stated that ‘she suffered long-term ill health because of her World War One service’.\textsuperscript{53}

Four AANS nurses received the Military Medal for their actions helping patients during a German bombing raid on the night of 22 July 1917. The four, Dorothy Cawood, Clare Deacon, Alice Ross King and Mary Derrer were working at No. 2 Australian Casualty Clearing Station at Trois Arbres in France. Alice Ross-King was the only nurse of this group to record her experiences and her diary held at the Australian War Memorial provides graphic details of that night. After helping patients to safety and seeing a male medic killed in front of her, she fell into a deep bomb crater.

I shall never forget the awful climb on hands and feet out of that hole about five feet deep, greasy clay and blood (although I did not then know that it was blood).\textsuperscript{54}

Witnesses say the nurses ran to a number of tents to rescue patients, ‘either carrying them to safety, giving them basins to put over their heads, or placing tables over their beds’.\textsuperscript{55} Because of their actions the


\textsuperscript{53} Ibid.

\textsuperscript{54} AWM, PRO2082, Papers of Alice Ross-King.

four AANS nurses were awarded the Military Medal for conspicuous bravery in the face of the enemy.

The seven AANS sisters and one QAIMNSR sister, Eileen King, received the Military Medal and not the Military Cross. This was because they were women, which was reported in the *British Australasian* as discriminatory, illogical and unfair.\(^5^6\) The Military Cross was awarded to male officers only and not to nurses because they were relegated to the position of ‘honorary officers’. Awarding the Military Medal to women in war was recognition that women as well as men could render conspicuous acts of bravery. Dr Phoebe Chapple was the only female doctor to be awarded the Military Medal. She received the award because of her actions during the air-raid at Abbeville when nine members of the WAAC were killed on 29 May 1918 when they were sheltering in a trench.\(^5^7\) While the raid was still in progress and without any consideration to her own safety, Chapple worked her way through the damaged trench tending the wounded.\(^5^8\) The attack at Abbeville and the death of so many women was difficult to deal with. The large funeral procession attended by huge numbers of Abbeville personnel can be seen clearly in the following two illustrations indicating that staff members felt the loss of their fellow workers greatly.


\(^{58}\) After paying her own fare to England Phoebe Chapel enlisted in the Royal Army Medical Corps and by November 1917 was in France.
Australian War Memorial, EO2352
The funeral of members of the Women's Army Auxiliary Corps killed in the air raid on the night of 29 May 1918.

Australian War Memorial, EO2354 Abbeville, France 31 May 1918 at 1.45 pm
Women’s Army Auxiliary Corps marching in the funeral procession for their comrades.

Millicent Sylvia Armstrong was awarded the Croix de Guerre by the French for her part in the evacuation of patients from the camp hospital at Villers-Cotterêts, 12 miles from Royaumont Abbey during the German advance of 31 May 1918. Two days before on 29 May, the German army had captured Soissons and reached the river Marne the next day. Wounded began arriving at Villers-Cotterêts late in the
evening of the 28th and in the early morning of the 29th. On that day, the German army advanced into the forest of Villers-Cotterêts. Orders had been received on 27 May 1918 to evacuate the hospital at Villers-Cotterêts but due to the constant flow of wounded, many were still there when the first direct attack started on the 29th. Armstrong's duties involved the registration of the wounded when they arrived and the creation of lists of those to be evacuated. She was making notes in her office when the first air raids began and later recalled her feelings.

The explosives raised a horrid little wind in the back of one's neck. I leaned against the wall and thought how vile it all was. An ammunition train caught fire close by and there was a weird light everywhere with leaping explosions in the sky.

The evacuation of the wounded was dependent on the availability of transport and consequently, only fifty could be evacuated on 27 May. During the previous night, the railway station at Villers-Cotterêts was bombed, preventing the evacuation of wounded men by train. Many of the severely wounded could not walk to safety, so Frances Ivens Chief Medical Officer, sent cars from Royaumont Abbey to ‘take the Blesses [wounded men] from Villers-Cotterêts to the first available hospital further back’. The final evacuation of staff and wounded took place on 31 May. Taking only fifteen minutes, this was carried out with bombs


60 Ibid; At Royaumont, Millicent Armstrong wrote small dramatic skits to entertain the wounded. Having been a writer of some note prior to the war, taking on clerical duties with the Scottish Hospitals was a natural progression.

61 Ibid.

62 Ibid.

63 Mitchell Hospital Glasgow, Royaumont Unit: Correspondence, Large trunk, The Evacuation of the Scottish Women’s Hospital at Villers-Cotterêts.
exploding around staff. Armstrong, dedicated to duty and the welfare of the wounded to the end, was one of the last to leave eventually escaping five minutes after the last wounded were sent off.⁶⁴

The account of her adventures proves that Millicent Armstrong was brave and resourceful but reveals that she understated the importance of her role in the evacuation of so many wounded. It was impossible for her to be a casual observer and it is clear from her actions that to leave the wounded would have been unthinkable. Amid all the fear of the advancing German army, she sat with one wounded man for several hours to help relieve his anxieties. ‘The men's fear’, she said, ‘was that we would leave them to the Bosch’.⁶⁵ Moral values such as these of correctness and appropriate behaviour are emotions that remain hidden, but show the strength of the connection between personal motivations and deeds and actions. Writing some months after this traumatic event, she spoke about the evacuation as if it was a wild adventure and provides little evidence of any highly emotional or fearful state. Again, as in other examples in this thesis, the telling excludes or omits the reality. Armstrong did not escape emotionally unscathed and recalls that when they finally arrived at Royaumont, she ‘had time to sit down and cry ... in private’.⁶⁶ This is the only mention of any sort of personal distress, even though after leaving Villers-Cotterêts

⁶⁵ Ibid.
⁶⁶ Ibid.
for Royaumont her vehicle was nearly destroyed by bombs.\textsuperscript{67} Many years after the war, Armstrong asked her cousin Trisha Lightfoot to throw the Croix de Guerre into Sydney Harbour, ‘as a gesture against the brutality and futility of war’.\textsuperscript{68} It is not known when this occurred, but reveals that Armstrong carried the mental scars of war and a hatred of the devastation it brought to humanity. Millicent Armstrong continued to write receiving wide acclaim as a playwright in the 1920s and 1930s. During this period she lived on her soldier settlement block, ‘Clear Hills’, at Gunning, NSW with her sister Daphne.\textsuperscript{69} Millicent Armstrong died, unmarried in Goulburn hospital, 18 November 1973.

\textbf{TOO CLOSE FOR COMFORT}

Undoubtedly, serving in a medical or civilian role in France, similar to that undertaken by Millicent Armstrong, endangered the lives of personnel working in a war zone. On 19 May 1918 between 10.30 pm and 12.30 am, fifteen German planes bombed the vast encampment and allied hospitals at Étaples where many female medical staff and WAAC were stationed. This was the first of several bombing raids the camp endured.\textsuperscript{70} As occurred with casualty clearing stations, medical services set up near military establishments close to the front were vulnerable.

\textsuperscript{67} \textit{Ibid.}


\textsuperscript{69} Selena Williams, Not Openly Encouraged: Nurse Soldier Settlers after World War One, MA (Hons), University of New England, Armidale, 2010; Daphne Armstrong passed away in 1939.

\textsuperscript{70} \textit{Great War Forum}, \url{http://1914-1918.invisionzone.com/}, ‘The raid on Étaples was conducted by Boghol (Bomber Squadron) 6 of the Imperial German Army Air Force. The Squadron flew AEG bombers and was based at Matigny, close to Saint Quentin’.
to attack. Built near the coast along the main railway, the encampment at Étaples was the largest army base for soldiers from the British Expeditionary Force, Canada, New Zealand and Australia. On 31 May 1918, Matron-in-Chief McCarthy noted in her diary the damage and loss of life which occurred as a result of the first air-raid.

Practically all the Étaples hospitals suffered, those which had the most casualties being the St. John’s Ambulance Brigade hospital, where 1 Sister was killed and 5 wounded, besides many patients and personnel, the Liverpool Merchant’s Hospital (1 Sister wounded), No.24 General Hospital (2 of the nursing staff wounded, one severely), No.56 General Hospital, where there were no casualties amongst the nursing staff but the administrative block was almost destroyed, and No.26 General Hospital, as well as the two Canadian hospitals (Nos.1 and 7) which had suffered so severely before. The St. John’s Ambulance Brigade Hospital, which was beautifully equipped, is entirely wrecked.

There were also air-raids on the hospitals at Rouen on 29th May 1918 and at Boulogne which was attacked several times.

As well as being an important military camp and a centre for allied medical services, Étaples was also used as a supply depot and a place of detention. Because of the conglomeration of military and medical services, Étaples was not seen as a peaceful place but rather as the English poet Wilfred Owen outlined, foreboding.


It was he wrote:

A vast, dreadful encampment - it seemed neither France nor England, but a kind of paddock where the beasts are kept a few days before the shambles. Chiefly I thought of the very strange look on all the faces in that camp; an incomprehensible look, which a man will never see in England; nor can it be seen in any battle, but only in Étaples. It was not despair, or terror, it was more terrible than terror, for it was a blindfold look, and without expression, like a dead rabbit’s.74

The military camp at Étaples was the scene of one of the most violent mutinies of World War One.75 On 9 September 1917, British and Canadian men angry at the living and training conditions at the camp which were seen as harsh and unrelenting, attacked the police and officers and in a riotous crowd roared through the town. The trigger for the start of the mutiny was the arrest of a New Zealand artilleryman called Healey and the shooting of another prisoner. This was only one of various strikes and disturbances amongst military personnel at Étaples that continued for about eighteen months. While the events at the encampment are outside the main focus of this thesis, it is important to note that they would have impacted heavily on women working there, not just nurses and VADs but members of the WAAC. Vera Brittain an English VAD, was working at Étaples during the mutiny and wrote after the war how the mutiny disrupted the staff and caused intense anxiety for the female workers. Étaples she wrote ‘was no place

74 Part of the comment by Wilfred Owen was first cited in Ibid. The full account by Owen about Étaples was located in, Wilfred Owen, Collected Letters, H. Owen & J. Bell Eds., Oxford University Press, London, 1967, p. 521.

for females’. She outlined how for over two weeks, nursing sisters and VADs were not allowed to leave their respective camps and hospitals because of the disruptions. In France many women felt the impact of war on their daily working lives, but it was further afield in Serbia where women were again tested by aerial bombing and by the environment and conditions they worked in daily.

**BACKGROUND TO THE WAR IN SERBIA**

Serbia was governed by the Ottoman Turks for five centuries after it was defeated in the Battle of Kosovo in 1389. It did not gain its independence until Russia defeated the Ottomans in the Russo-Turkish war of 1877–1878. At the Berlin Congress of 1878, the ‘great powers’: Austria, France, Russia, Prussia and Britain gave formal recognition to the nation. It was at this congress that the Treaty of Berlin gave Austria-Hungary military control over Bosnia Herzegovina, a nation bordering Serbia. In 1908, Austria-Hungary announced that it would annex Bosnia Herzegovina, previously controlled by the Ottoman Empire. The annexation was strongly protested by the great powers but also by Serbia and Montenegro, permanently damaging relations between Austria-Hungary and Serbia.

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The first Balkan War began on 8 October 1912, when Montenegro declared war on the Ottoman Empire.\textsuperscript{80} A tentative armistice was declared in December 1913 although issues between the adversaries were never resolved. Because of this, the second Balkan War began in June 1913 and continued until the Treaty of Istanbul was signed by the Ottomans on 29 September 1913. A treaty with Bulgaria was also agreed on ‘29 September 1913, with Greece on 14 November 1913, and a second Treaty of Istanbul with Serbia, on 13 March 1914’.\textsuperscript{81} As described earlier in this thesis, the Balkan wars of 1912 and 1913 impacted on the Serbian nation markedly so that by 1914 its medical staff and hospitals were depleted and the population was suffering from starvation and diseases such as typhus which was in epidemic proportions. The need for outside assistance therefore became urgent shortly after hostilities in World War One began.

Because of the near destruction of Serbia several medical units were sent from England to help the situation with a number of Australian women serving as doctors, nurses, orderlies and drivers. One of these, the American Unit from the Scottish Hospitals for Home and Foreign Service (SHHFS), disembarked at Salonica on 13 August 1916. Within this Unit of sixty women were five doctors, twenty nurses, fourteen drivers and ten orderlies. Frustratingly after arriving in Salonica, the Unit had to wait three weeks before moving to Serbia, so that medical equipment and stores coming on another vessel could

\textsuperscript{80} Ibid.

\textsuperscript{81} Gábor Ágoston & Bruce Masters, Encyclopaedia of the Ottoman Empire, Infobase Publishing, New York, 2009, p. 74.
arrive. Agnes Bennett who headed the American Unit, found the delay particularly exasperating. A disagreement with one of the doctors exacerbated this and she was very concerned about the falling morale of the unit.\textsuperscript{82} Bennett was also uneasy about women in her unit having contact with those in another unit led by Mrs Katharine Harley whom she thought too old at 62, to control her female staff.\textsuperscript{83} Harley, who had formerly headed the Scottish Hospital’s Girton and Newnham Unit at Troyes in France, was at that time in charge of its Transport Column which was also travelling to Serbia.

In addition to dealing with issues relating to her staff, unloading stores and equipment, on 18 August, Bennett travelled to Ostrovo some ninety kilometres from Salonica, to form an opinion about the site intended for their unit. She was immediately struck by the beauty of the location although she commented on the state of the road.

Eventually we arrived at Ostrovo a picturesque spot beside a large lake with rather barren hills all round. The road was awful and I thought the car would be smashed to pieces but though a Ford, it held on wonderfully and we got to our location.\textsuperscript{84}

Three weeks later the American Unit left Salonica for Ostrovo. The site was close to the front and functioned as a casualty clearing station. The Unit had only just been set up before the battle of Malka Nidzhe was


\textsuperscript{83} \textit{Ibid}, Katherine Mary Hurley was killed when the hospital at Monastir came under heavy shelling on 17 March 1917.

\textsuperscript{84} \textit{Ibid}, 18 August 1916.
fought along the twin summits of Kaimaktsalan Ridge shown in the image below.85

By 11 September the Unit at Ostrovo was functioning well with thirty seven tents put up under trees in an attempt to hide them from air raids. Although unfortunately, staff had not finished doing this before the wounded began arriving.86 Bennett was not happy with the time taken to set up, ‘we worked hard all day and somehow I felt disgusted we had not done more.’87 Nevertheless on the 18th she admitted that despite there still being a terrible lot to unpack, ‘they were able to take thirty patients, only six days after they received their

85 These summits were 7,700 and 8,200 feet above sea level. The twin summits are shown to the right on the map above. Before Monastir could be re-claimed from the Bulgarian and German armies these needed to be won by the allies.

86 Women’s Library, 2/SWH/1/08, Box 1, Mr. Stebbing, Baggage Master of the Hospital unit, Scottish Women’s Hospitals for Foreign Service, 26 October 1916.

Bennett was clearly a good administrator and manager as these results show. She had the ability to work out any weakness in the system. One of vital concern was the inadequacy of the ambulance transportation system used to ferry the wounded from the front to Ostrovo.

The journey of fourteen miles between the battle front and the hospital at Ostrovo over steep mountain terrain was difficult for her female drivers and men with severe wounds did not always survive the journey.

The nature of the country is such that motor lorries have the utmost difficulty in scaling the hills, (but) great credit is due to the intrepid girl chauffeurs who eventually succeeded in reaching the site given to the hospital.

To address the problem of poor roads and distance, Bennett set up forward sections as dressing stations close to the battle zone.

We are just behind the firing line and the wounded come to us straight from the trenches on mules, each mule carrying two stretchers. Most of the cases are dressed and sent on to field hospitals, but the very bad ones are kept and if immediate operation is necessary we have a small theatre for the purpose.

She also set up at least two advance hospitals close to the front where wounded from dressing stations were treated before being moved to Ostrovo. One of these headed by another Australian the Queenslander Dr Lilian Cooper, was located to the north of Ostrovo at Dobroveni.

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88 Ibid.


90 Women’s Library, 2/SWH/1/08, Box 1, Op.cit., 'Letter from a Dressing Station on the Macedonian Front', nd.

Dressing stations and advance field hospitals were vital in caring for men wounded at the front. The roads were poor and the very competent Australian Mary Bedford was put in charge of transporting the wounded to Ostrovo. ‘On one route, the track was cut out of the mountain side zig-zagging up an increasingly steep gradient’.92 Dealing with hazards such as this was difficult but women drivers showed remarkable initiative and skill.

The hospital at Ostrovo had originally been set up in close proximity to shell-fire. ‘The first terrifying battle of the present Serbian campaign could be witnessed in detail from a little hill, behind the hospital’.93 Just over two months after arriving at Ostrovo Bennett faced injury travelling there in an ambulance.

Stopping in traffic ... there were suddenly explosions around and a great hissing in the air ... I looked up and saw a Taube (German aircraft) ... I could not throw myself down on the horrible mud ... (I) sheltered behind a stone wall’.94

The almost calm retelling of this event in her diary reveals nothing about Bennett’s feelings or that she suffered fear because of this attack.

The activities of the American Unit at Ostrovo with Agnes Bennett at its head were reported widely in newspapers in Australia and New Zealand but these tend to focus on her work not the dangerous location.

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No praise can be high enough for the staff of the hospital whose energy and efforts for the welfare of the wounded have been unceasing. The assistance and courtesy received from all nationalities by Dr Agnes Bennett’s unit of the Scottish Women’s Hospital ... augurs well for the future possibilities of similar undertakings.

In Serbia, Bennett was an Australian doctor in a dangerous war-zone taking on a managerial and medical role in a manner unlike any other Australian female doctor had done before her.

Even though many English and Scottish doctors and upper class women such as Lady Louisa Paget, Mabel St. Clair Stobart and Lady Rachel Dudley led medical teams in Serbia and France, no other Australian woman before Bennett had risen to the position of Chief Medical Officer with an allied medical service. Australian Dr Clementina De Garis, a worthy replacement for Bennett, took over from her early in 1917, remaining in the position of unit administrator until September 1918. Bennett proved to be an exemplary manager but a well-respected leader of staff as well. Stella Miles Franklin recalled how much she and other staff respected Bennett.

We could swear by Agnes. We all had great confidence in her sensitivity and her ability. There was a delightful spirit of sisterhood and we were not called to flap our wings in salutes nor act subordinately in any irritating way.

Colonel Stathan chief administrative medical officer with the Serbian Army, commented to Bennett that her unit ‘was the best kept and best

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96 AWM, MSS 1159, Stella Miles Franklin cited in Dr Zarko Vulovic, *Australian Women at the Front: Salonica 1916*, p. -.
arranged camp he had been in’. 97

In 1915 the medical missions in Serbia became increasingly aware of the growing threat from the Austro-German Armies on its northern border. To add to Serbia’s problems, Bulgaria joined the Central Powers on 6 September 1915. The treaty signed in secret, led to a declaration of war by Bulgaria against Serbia on 15 October 1915. 98 Due to the Bulgarian declaration and the Austrians attacking from the north, Mabel St. Clair Stobart head of the Flying Field Hospital made a hasty retreat from Kragujevac with the Serbian army. As the Bulgarians had taken Monastir, Stobart had no choice but to make the difficult winter crossing over the mountains of Albania and Montenegro. 99

![Third Serbian Relief Fund Unit: the ‘Stobart unit’ 1915](image)


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97 Cecil & Celia Manson, *Doctor Agnes Bennett*, Michael Joseph, London, 1960, p. 89; The British Museum, [http://www.britishmuseum.org/research/search_the_collection_database/](http://www.britishmuseum.org/research/search_the_collection_database/); ‘Colonel Charles John Baron Stathan served in the Royal Army Medical Corps and was born in Agra, India on the 7th November 1872 and died in Raigarh, India on 29th April 1933. He was educated at Guy’s Hospital, the London University and Cambridge University before entering the R.A.M.C. as surgeon lieutenant in 1896. He was promoted to lieutenant-colonel in 1915 and to colonel in 1917, before retiring in 1921’.


The Victorian ‘Fairy’ J Warren, pictured second from the left in the last row of the photograph above, acted as a driver with Stobart in Serbia but it is not known if she retreated with her over the mountains.\footnote{Fairy Warren may have been with Stobart when she retreated over the mountains in December 1915. She also worked as a driver in France under her own initiative.}

**INTERNMENT**

Because of the location of medical units, several hospitals were in the direct path of the Austrian and Bulgarian armies advancing into Serbia from the north. The unit led by Lady Louisa Paget was captured by the Bulgarians at Skopljë on 22 October 1915. With the aid of the International Red Cross, this large group was eventually repatriated to England via Bucharest and Petrograd, reaching London on 3 April 1916.\footnote{Lady Louisa Paget, *Great War Forum*, http://1914-1918.invisionzone.com/forums/index.php} On 9 November, No. 2 Unit of the SHHFS stationed at Vrnjačka Banja was captured by the Austrians. Also taken prisoner were a group of British Red Cross nurses which included Australian Ethel Gillingham. This group had gone to Serbia on the Thomas Lipton-owned vessel, *Erin* led by English woman Matron Mildred Moore who returned to England in July 1915.\footnote{WW1 Nurses as POWs, *Great War Forum*, *Ibid.*} Also captured at Vrnjačka Banja were Elsie Inglis, three members of the Stobart mission, two members of the British Farmer’s Hospital and two doctors and four nurses from the Wounded Allies
This large group of twenty-eight people arrived in England on 29 February 1916 with the assistance of the American Embassy. Another unit of the SHHFS led by Dr Alice Hutchinson was also at Vrnjačka Banja when the Austrian army entered the town on 10 November 1915.

Australian doctors Laura Hope and her husband Charles Henry Standish Hope arrived in Serbia in April 1916 and until 18 October were attached to the 5th Serbian Army Hospital at Valjevo led by Dr Alice Hutchinson. Because of the push into Serbia by the Austrians, the Hutchinson Unit was moved to Poshega and then onto Vrnjačka Banja. The unit was captured at Vrnjačka Banja and eventually sent to Kruševac. They were then transferred to an internment camp at Kevavara in Hungary. The journey to Hungary in cattle trucks was difficult, it was bitterly cold and there was little food except soup, ‘begged from Red Cross workers at the station’. On arrival at Kevavara they found that the thirty-three people interned were given lodging in two rooms measuring 20 x 17 feet. Hope and her husband Charles were given a small alcove and screened this cramped living

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103 NAUK, F0383/126 Balkans, The Wounded Allies Relief Committee, two doctors and four nurses captured at Vrnjačka Banja, Mitchell Library, Glasgow, Scottish Hospitals, Tin F, Correspondence with US Embassy, February 1916.


105 ‘Scottish Nurses in Servia (sic): Harsh Treatment, Daily Herald, 20 March 1916, p. -.

106 ‘With the Scottish Nurses in Serbia’, The Scotsman, 17 February 1916, p-.


109 State Library of South Australia, (SLSA), PRG 34 Fowler family papers, Laura Hope Fowler Diary, p. 16.
space with sheets for privacy.\textsuperscript{110} Hope recalls how even though they could purchase simple food items, the food given to them by their captors, was often ‘black bread and black coffee for breakfast and supper, soup or stew at midday from tinned rations ... no fresh vegetables’.\textsuperscript{111} Alice Hutchison protested strongly about their treatment. ‘Why were they, as doctors, being treated like common soldier prisoners and not with the same respect as a person with the rank of officer?’\textsuperscript{112} They were still there on 6 January 1916 but on 29 January were sent to Kecskemt near Budapest where they spent six days, before travelling to Vienna.\textsuperscript{113} Again because of the negotiations of the American Embassy, they were eventually repatriated from Vienna to Switzerland, arriving in London 12 February 1916.\textsuperscript{114}

During World War One there was no formal protection of civilians in enemy controlled territory. ‘Even though there were vague references in articles 42 to 56 of the 1907 Hague convention, this had not been established in international law’.\textsuperscript{115} Medical Women who were interned by the Austrian army suffered mental trauma and physical deprivations during their months of confinement. Their living conditions were difficult, there was insufficient food and

\textsuperscript{110} Ibid, p.15.

\textsuperscript{111} Ibid, p.16; ‘With the Scottish Nurses in Serbia: Experiences among Austrian and German Soldiers’, The Scotsman, 17 February 1916.

\textsuperscript{112} Comments by Dr Alice Hutchison, Fowler family papers, Ibid, p. 18.

\textsuperscript{113} Dr Alice Hutchison, ‘In the Hands of the Austrians’, Blackwood’s Magazine, No. MCCVI, Vol. CXCIX, April 1916.

\textsuperscript{114} Correspondence with US Embassy, Op.cit.

accommodation was cramped and dirty. As medical women, they were in an ambiguous position. They were not affiliated with the British military nor were they as medical staff in Serbia, civilians. Moreover, as the Central Powers had ‘declared Serbia an invalid political entity, the international rules of war could not be evoked’. These medical units were neutral participants in the Serbian war having gone there to assist with the treatment of wounded and diseases such as typhus. They were subjected to war, in a manner far removed from their previously protected existence. The desire to give selfless assistance to Serbia placed these women in a dangerous and difficult position.

DANGERS AT SEA: MINES AND TORPEDOES

There is a long history of women crew working on merchant vessels and passenger ships. As early as 1822, The Times advertised that ‘ladies will have a female steward to wait on them’. Women on board ship have frequently suffered because of their gender and because much of the work they carried out, was domestic and of low status. Often female crew on board ship were not readily accepted by male sailors. Women crew did not receive wages equal to men and in the nineteenth century rarely signed on as a male sailor would have done under the Articles of Agreement for Crew. The separation of the sexes continued

116 Ibid.


118 Ibid.

119 Ibid.
throughout the nineteenth and into the twentieth century below decks where living quarters were strictly segregated, but also according to the duties undertaken. A stewardess provided assistance primarily and directly to female passengers, ‘she was their representative on board - she helped with seasickness and other needs of an intimate nature’.

The merchant vessel *Wimmera*, owned by the Huddart Parker Line was engaged in coastal trading between Sydney, Hobart and Auckland. It was carrying sixty-six passengers and a crew of seventy-five that included several female stewardesses. At around 5am on the morning of 26 June 1918, the vessel *Wimmera* hit a mine. The mine was one of many laid by the German Auxiliary Cruiser *Wolf* in an area known as the Three Kings group near Cape Maria van Dieman, the most westerly point of the North Island of New Zealand. The map on the next page outlines the long voyage taken by the German raider between November 1916 and February 1918. Even though the *Wimmera* is not indicated on the map, the mine field where it went down is clearly shown. The resulting explosion blew away part of the stern and broke the main shaft putting the electric power plant out of action. The vessel remained on an even keel for nearly fifteen minutes before sinking rapidly, stern first. When it went down, twenty passengers and crew

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121 Public Record Office of Victoria, (PROVIC), VPRS 566, Alphabetical list of British Registered Steam Vessels.


were lost including the master, Captain H.J. Kell and Chief Officer A.J. Nicholl who refused to leave the ship.

As there were many female passengers on the *Wimmera*, there were a number of stewardesses to meet their on-board needs. Three Australian stewardesses did not survive the sinking of the vessel however. Clara Louisa McMillan’s position on the vessel was that of saloon stewardess.\textsuperscript{125} She was highly experienced and had been working in the occupation of stewardess for at least ten years.\textsuperscript{126} Her previous employment was on the *Hygeia* where she had worked for between four and five years. She had also previously held a position on the cargo ship *Rotomahana*, travelling between Melbourne and Launceston.\textsuperscript{127} McMillan had ongoing financial responsibilities as she was supporting

\textsuperscript{125} Commonwealth Electoral Roll, Division of Fawner, 1909, www.ancestry.com; McMillan’s occupation was given as ‘Stewardess’ in 1909 when she was living at Albert Park, Melbourne.

\textsuperscript{126} ‘SS Wimmera Lost After Striking Mine: Auckland to Sydney’, *The Argus*, Saturday 29 June 1918, p. 16.

\textsuperscript{127} NAA, MP1049.1, 1918/0352, SS Wimmena, newspaper cutting in file, *The Age*, 1 July 1918.
her mother. At the time of her death, she had been giving her mother Margaret McIlwraith £4.10.0 a month (for eighteen months), to help with her support.128 Jean Black Robertson (nee Carson) was employed as a fore-cabin stewardess on the Wimmera signing on in January 1917 when she was living in Bowen Street, Oakleigh.129 The third Australian, Edith Newton, an assistant saloon stewardess, was born in Newcastle in 1887 and was on board the Wimmera by 15 April 1917.130 Among the passengers and crew there were many instances of courage at the time of the attack, including the actions of Jean Robertson.

Mrs Robertson, stewardess, cheerfully helped the women and children with the scanty clothing available and in fitting lifebelts. Then she walked to the upper deck and stood doing what she could till the steamer took her final plunge.131

In keeping with her role on board as the supporter of women and children, Jean Robertson assisted them to the end.

While these women were not actively working in a war zone or engaged directly in war work, their employment in the Australian Merchant Navy put them right in the path of the enemy. The definition of a war zone is outlined on the next page.

128 NAA, MP370/8/1 Margaret McIlwraith, Ex SS Wimmera Compensation Claim, 21 January 1919.


130 ‘The New Canberra: an informal luncheon’, The Sydney Morning Herald, 3 May 1913, p. 3, Edith Newton's father, William, was a master mariner who was Superintendent of Navigation in Sydney in 1913.

Routes followed by such vessels when proceeding to and from a port on the Atlantic side of North America and Africa, and/or in the United Kingdom, the continent of Europe, or on the Mediterranean coast of Africa, and shall commence or terminate in each case at (a) the eastern of the Panama Canal (b) the Cape of Good Hope (c) Suez.\textsuperscript{132}

Their wartime service in an area outside the designated ‘war zone’, entitled these three Australians, as it did all members of the Merchant Navy to receive the same war medals as those given to other members of the British and Australian forces.\textsuperscript{133}

**THE WAR AGAINST HOSPITAL SHIPS**

As indicated in the table below, numerous hospital ships were lost because they hit mines or were struck by torpedoes. Australian nurses serving with the QAIMNSR were stationed on some of these vessels.

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE of ATTACK</th>
<th>LIVES LOST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portugal</td>
<td>17 March 1916</td>
<td>85</td>
</tr>
<tr>
<td>Vperiod</td>
<td>8 July 1916</td>
<td>7</td>
</tr>
<tr>
<td>Britannic</td>
<td>21 November 1916</td>
<td>50</td>
</tr>
<tr>
<td>Braemar Castle</td>
<td>22 November 1916</td>
<td>1</td>
</tr>
<tr>
<td>Asturias</td>
<td>20 March 1917</td>
<td>43</td>
</tr>
<tr>
<td>Gloucester Castle</td>
<td>30 March 1917</td>
<td>3</td>
</tr>
<tr>
<td>Donegal</td>
<td>17 April 1917</td>
<td>41</td>
</tr>
<tr>
<td>Lanfranc</td>
<td>17 April 1917</td>
<td>34</td>
</tr>
<tr>
<td>Dover Castle</td>
<td>26 May 1917</td>
<td>6</td>
</tr>
<tr>
<td>Rewa</td>
<td>4 January 1918</td>
<td>3</td>
</tr>
<tr>
<td>Glenart Castle</td>
<td>26 February 1918</td>
<td>153</td>
</tr>
<tr>
<td>Guildford Castle</td>
<td>10 March 1918</td>
<td>Nil</td>
</tr>
<tr>
<td>Llandovery Castle</td>
<td>27 June 1918</td>
<td>234</td>
</tr>
</tbody>
</table>

**Table 6**

On 29 January 1917, the German government sent a communication to the Spanish and American Embassy asking that it be forwarded to the governments of France and Britain. The document outlined Germany’s

\textsuperscript{132} NAA, A2 1920/2185, Compensation on account of death or incapacity of seamen through enemy action at sea, 5 December 1918.

\textsuperscript{133} NAUK, Medal Card, Clara Louisa McMillen: *Ibid.*

\textsuperscript{134}------. *The War on Hospital Ships with Narratives of Eye-Witnesses and British and German Diplomatic Correspondence*, Harper & Brothers, New York, 1918, p. 36.
belief that allied hospital ships were not being used just for
transporting the wounded, but also as a means of conveying troops and
military supplies. 135 Two days later on 31 January, the British Foreign
Office stridently denied this accusation by Germany, and stated that
Britain adhered rigidly to the guidelines laid down in the Geneva
conventions. 136 Hospital ships were protected by international law
under this Convention. Germany opposed Britain’s claim, declaring that
it was Britain and not Germany who had broken the rules of war.
Despite Britain bombing the German town of Freiburg in reprisal, it was
clear that Germany would not be dissuaded. The British government
declared that hospital ships clearly marked with bright lights were not
a deterrent to enemy attack, but rather instead, created a clearer
subject for attack. 137 One proposal put forward was for changes to occur
in the following manner.

Sick and wounded, together with medical personnel and
supplies must be transported for their own safety in ships
carrying no distinctive markings and proceeding without lights
in the same manner as ordinary mercantile traffic. 138

Despite this many hospital ships that were attacked were brightly lit
and clearly identifiable.

Alice Allana (Eleanor) Cashin was matron on the hospital ship

Gloucester Castle. She held that position from 26 June 1916 until the


136 James Brown Scott, Op. cit., Hospital ships were covered by Article 4 of the Hague Convention
of 1907. This had originally been adopted in the Geneva Convention for the Amelioration of the
Condition of the Wounded and Sick in Armies at Sea, which concluded on 6 July 1906.


138 Ibid.
vessel was struck without warning by a torpedo off the Isle of Wight on 30 March 1917.\textsuperscript{139} At the time of the attack the vessel bore the clear markings of a hospital ship. The Berlin Official Wireless of 11 April proclaimed ‘that she was torpedoed by a U-boat, removing any possible doubt’ about who the attacker was.\textsuperscript{140}

Cashin left Australia for England in 1909 to further her professional skills, obtaining a diploma from the School of Therapeutic Massage. She then applied to join the QAIMNSR on 24 July 1915.\textsuperscript{141} After she joined the QAIMNSR she worked at 21st British General Hospital at Ras-el-din

\textsuperscript{139}AWM, PRO3083, Papers of Alice Cashin.

\textsuperscript{140} The War on Hospital Ships, Op.cit, p. 15.

\textsuperscript{141} NAUK, WO399/1386, Service Record Alice Alanna Cashin; NAA, C138/3, R88088, Repatriation Case File, Alice Cashin, Died 4 Nov 1939. At the time of her death she was not receiving a war pension. Death cause: Chronic Nephritis and Arterio-Sclerosis.
in Cairo and 27th British Hospital in Alexandria.  

Cashin described when the vessel was hit.

> It was dreadful to be awakened by the explosion and to find darkness all around one. I coiled myself up, stunned for a second, for I thought my last hour had come, then it was all over as quickly as it came, and I sprang out of bed.

The *Gloucester Castle* was carrying 399 wounded which Cashin said 'was an unusually light convoy ... [of] men ... their hearts full of joy ... at their homeward journey'. The sinking of the *Gloucester Castle* and other hospital ships, were considered to be crimes against humanity exacerbating Britain’s hatred of Germany. Of the 399 wounded on board the *Gloucester Castle*, nearly half were judged to be helpless cases but all were taken off the vessel safely.

The hospital ship *Glenart Castle* was 16 kilometres west of Lundy Island in the Bristol Channel travelling from Newport to Brest to pick up wounded when it was hit by a torpedo at 4am on 26 February 1918. Out of 206 crew and medical staff on board, only thirty eight on the *Glenart Castle* survived. Nine nursing staff died including the Australian, Edith Blake who was serving with the QAIMNSR at the time. At the time of the attack the night was very dark and the sea was rough, unlike conditions when another hospital ship, *HMS Rewa* was attacked on 4 January 1918. The *Rewa* had been almost in the same nautical

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144 *Ibid*.
145 *Ibid*.
146 AWM, Home and Territories Department, *Circular Despatch: Her Majesty's Diplomatic Representatives in Allied and Neutral Countries*, London, 1918; *The Glenart Castle* was travelling at a course of south 63 degrees west and a speed of 10 knots.
position but then, the sea had been calm and the night clear. As outlined in the following *Circular Despatch*, the submarine appears to have been stalking the vessel for some time before the attack.

About an hour before the ship was attacked a bright light was seen on the starboard bow, very low in the water. The light changed its position from starboard bow to starboard quarter and back again, and so far as shown was last seen about half an hour before the explosion occurred.\(^\text{147}\)

![Glenart Castle](https://www.glenart.co.uk/g/voices-of-the-1st-ww/)

The *Glenart Castle* was clearly lit up from bow to stern displaying the very visible green band and red crosses on her hull (shown in the above image) denoting that she was a hospital ship. The torpedo hit near the engine room and she sank stern first, within seven minutes before all lifeboats were released. The submarine was seen by survivors passing within fifty metres of rafts with survivors clinging to them, two German officers visible in its conning tower.\(^\text{148}\) The sinking was announced by

\(^\text{147}\) *Ibid.*

\(^\text{148}\) *SS Glenart Castle*,

[http://www.unioncastlesstaffregister.co.uk/SHIP_GLENART_CASTLE_(GALICIAN)_01.html](http://www.unioncastlesstaffregister.co.uk/SHIP_GLENART_CASTLE_(GALICIAN)_01.html)
the British Admiralty on 27 February and reported in *The Times*, as a ‘Red Cross Outrage’.\textsuperscript{149} ‘She was outward bound, and had her lights burning. Survivors have been landed by an American torpedo-boat destroyer.’\textsuperscript{150}

<table>
<thead>
<tr>
<th>NAME</th>
<th>Position</th>
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<tr>
<td>Edith (Edie) Blake</td>
<td>Nurse</td>
<td>QAIMNSR</td>
</tr>
<tr>
<td>Kate Beaufoy*</td>
<td>Matron</td>
<td>QAIMNSR</td>
</tr>
<tr>
<td>Rebecca Rose Beresford</td>
<td>Staff Nurse</td>
<td>QAIMNSR</td>
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<tr>
<td>Elizabeth Edgar</td>
<td>Staff Nurse</td>
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<td>Jane Evans</td>
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<td>Charlotte Henry</td>
<td>Nurse</td>
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<td>Rose Kendall</td>
<td>Sister</td>
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<td>M MacKinnon</td>
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<td>A Weir</td>
<td>Nurse</td>
<td>BRCS</td>
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*Kate Beaufoy who was English, served in the Boer War and had been Matron on several hospital ships previously.

Ethel Blake joined the medical staff on the *Glenart Castle* on 13 November 1917 and Rebecca Beresford on 24 February 1918.

Beresford an English nurse, had worked with Edith Blake at the Prisoner of War Hospital in Belmont, Surrey, caring for wounded German soldiers.\textsuperscript{152} Blake had reservations looking after German wounded at Belmont, initially declaring that she ‘wasn’t going to nurse any German prisoners’.\textsuperscript{153} In time, as a nurse, her philosophy of caring for all irrespective of nationality came to the fore, but there still remained a sense that these wounded men were the enemy.

\textsuperscript{149} ‘Hospital Ship Sunk: Another Red Cross Outrage’, *The Times*, 28 February 1918.

\textsuperscript{150} Ibid.

\textsuperscript{151} ‘Our Roll of Honour’, *British Journal of Nursing*, Vol. 60, 16 March 1918, p. 185.

\textsuperscript{152} ‘Nursing and the War’, *British Journal of Nursing*, Vol. 59, 9 March 1918, p. 165.

Poor beggars ... when you see them down hearted when they get their home letters ... we can't help feeling the kindred spirit that makes us wondrous kind and yet when you hear of the raids in London and loss of non-combatant life you feel you could screw all their necks. 154

After the attack, the British Journal of Nursing reported, 'It seems an act of brutal ingratitude that their work for the enemy wounded should be requited with foul murder at the hands of the Germany navy'. 155 It was definitely ironic, that the nurses lost their lives because of a German attack as many from that nation were the ones they had cared for. Blake had also served on the hospital ship Essequibo where she had a lucky escape, when despite three shots fired by the enemy at the vessel, no one was injured. 156 The second time, she was not so fortunate.

Women travellers to England frequently faced enemy attack at sea. Taking a journey from Australia with the purpose of finding work was extremely dangerous but clearly indicates that there was a determined desire to serve. Constance and Florence Kirkpatrick left Melbourne for England initially hoping to find work in a munitions factory. 157 They were on board the P. & O. liner Arabia when it was torpedoed in the Mediterranean ocean on 6 November 1916. 158 At the time of the attack the sea was calm and because the vessel took 1½ hours to sink, a tramp steamer and several trawlers had time to rescue all passengers. The women were picked up by one of the trawlers,

154 Ibid.
155 'Nursing and the War' Op.cit.
157 'The Arabia – How she was sunk', The Argus, 3 January 1917, p. 5.
158 Ibid.
spending two days on board before being taken to Malta. It was from here that Constance wrote a long letter to her mother outlining their experiences from the time of the explosion until they were safe.

The explosion was not as great as I had thought it would have been, but I knew at once what had happened. I seemed to be shot up in the air and then a crash and noise and the steamer kind of shuddered, thumped and then stopped.  

Later on the trawler she described the conditions there.

Everyone was cold and wet ... we were fed bread and butter and ship’s biscuit ... once a dinner of corned beef, haricot beans and potatoes, ... I thought the loveliest thing I had ever tasted.

Rather than in munitions, the sisters eventually worked for the YMCA.

Unlike the Kirkpatrick sisters who took their own journey to war, many women travelled through dangerous waters because they were affiliated with a particular service or medical contingent. Linda Bell was on the English steamer *Falaba* when it was torpedoed and sunk on 28 March 1915. She was travelling through the Bristol Channel to West Africa with the Cameroon Expeditionary Force (CEF). Bell was born in Queensland on 21 August 1883 and completed her nursing training in 1913 at Brisbane Hospital. She travelled to London from Sydney on the *Medic* arriving there 1 June 1914. She joined the QAIMNSR and worked at the Guildford War Hospital in London and also at the Red Cross Hospital in Richmond. It was after this that she

\[^{159} {Ibid.}\]
\[^{160} {Ibid.}\]
\[^{161} {Information on Linda Bell provided by Heather Ford, http://1914-1918.invisionzone.com.forums}\]
\[^{162} {Ibid.}\]
joined the Colonial Nursing Service and travelled to Africa, serving there from 27 March 1915 until 11 June 1916. The goal of the British military campaign and particularly the CEF in West Africa, was to take over the German occupancies of Togoland and Cameroon.

The *Falaba* was in a convoy when it left Liverpool around 6 pm on 27 March 1915. The following day in the Bristol Channel, a submarine carrying a white ensign was sighted by crew which on coming closer was identified as belonging to the German navy. The German commander signalled the captain of the *Falaba*, to ‘stop and abandon ship’. When Captain Davis refused a second signal was received stating, ‘stop or I will fire on you’. Unable to outpace the submarine, Davis stopped the vessel and started lowering the lifeboats. Almost immediately, a torpedo hit the *Falaba*, sinking it in ten minutes. After running to the top deck and being fitted with a life jacket, Bell saw the first life boat she had been asked to climb into jam against the side of the ship tipping its occupants into the water. Eventually she and sixteen men climbed into the ship’s gig, a small boat formerly used as the captain’s taxi. Bell’s account of the sinking and her rescue is detailed and graphic.


165 *Shipping Times*, [http://www.clydesite.co.uk/clydebuilt/viewship](http://www.clydesite.co.uk/clydebuilt/viewship)

At last we got away. It was only about five minutes, but it seemed ages. Then came the trouble to keep the boat’s bows to the waves as we only had the fourth mate and passengers to manage her ... a trawler that had been chasing the submarine came up as far as she dared to the sinking ship picking up as many people as she could. Some died after being picked up, while men dropped off the wreckage they were clinging to, benumbed with cold. It was a ghastly sight, men calling for help and the boats so full they could not pick them up. The trawler picked us up after we were in the water two hours. We were all then violently seasick. I sat huddled on a pile of fishing nets. There were dead and half-drowned men all around me.  

The group in the trawler were transferred to a destroyer after several hours in the sea. Three weeks after she was rescued, Bell again set out for West Africa and resumed her work with the Cameroon Expeditionary Force at Duala. Her work there resulted in being mentioned in despatches ‘for devotion to her native patients’. These men were wounded native soldiers who had been transferred to the base hospital. In World War Two Linda Bell again joined the QAIMNSR.

The transportation of allied troops and equipment to war was extremely hazardous as well. At the beginning of World War One the Marquette had been converted from a cargo vessel to one suitable for the transportation of soldiers. The Marquette left Alexandria for Salonika on 19 October 1915 carrying a total of 741 people, 491 mules

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169 Great War Forum, email to Selena Williams received 31 May 2013 from gwfteam@gmail.com. Sometime after World War Two, a close relative of Linda Bell found medals in an old tin box from Boots, UK, labelled ‘Army Ribbons’: The King’s South Africa Medal; Queen’s South Africa Medal; Linda Bell’s brother Horace served in the Boer War. British War Medal 1914-1920; Victory medal, incorporating ‘Mentioned in Dispatch’ emblem on the ribbon; Defence Medal, 1914-15 Star, Royal Red Cross Medal; Queen Alexandra’s Imperial Military Nursing Service Reserve Medal.
and fifty horses.\textsuperscript{170} Passengers included thirty-six nurses from the New Zealand Army Nursing Service (NZANS) being sent to Salonika with No. 1 New Zealand Stationary Hospital. Until the night of 22 October, the Marquette had been escorted by the French destroyer Tirailleur. At around 9am on 23 October she was hit by a torpedo fired by German Submarine No. 35 and sank within thirteen minutes with a huge loss of life: 128 troops, ten nurses and twenty-nine crewmen.\textsuperscript{171} The Australian Matron Marie Cameron was on board, as was Edith Popplewell who had moved from New Zealand to Ballarat, Victoria as a young child.\textsuperscript{172} Her brother Cecil served with the 11\textsuperscript{th} Battalion AIF and was killed at Lone Pine on 15 May 1915.\textsuperscript{173}

The sinking of the Marquette caused outrage in New Zealand as people felt that so many should not have died, but also that there was fault in how the disaster occurred. There were many questions that needed to be answered as to why this particular vessel was targeted. Why did the French destroyer leave and not take her into port? One possible answer for this was that it may have felt the Marquette was safe, as she was only 57 kilometres south of the secure anti-submarine netting in Salonica Bay. Why had nurses been sent on the Marquette, when they could have travelled on a hospital ship, the Grantully Castle

\textsuperscript{170} Peter Rees, The Other Anzacs: Nurses at War, 1914-1918, Allen & Unwin, Crows Nest, 2008, p. 115.

\textsuperscript{171} World Naval Ships, \url{http://www.worldnavalships.com/forums/showthread.php?t=175}

\textsuperscript{172} Commonwealth Electoral Roll, \url{http://www.Ancestry.com} Edith Popplewell went to school in Ballarat and did her nursing training at Ballarat Hospital, 1904-7. In 1909 she was living in Ballarat with her mother Catherine and sister Ruby Ethel and was working as a nurse at Ballarat Hospital.

that had left port empty? In 1932 Hester Maclean questioned this
decision stating that it was strange that such valuable personnel had
been transported on a transport conveying soldiers and munitions even
though there were hospital ships available. 174

This loss of our sisters and hospital orderlies was the first and
possibly the most disastrous of the many at sea, which
afterwards occurred. 175

Despite Maclean’s opinion being the same as some of the survivors, a
Court of Enquiry held on 26 October 1915 on HMS Talbot in Salonika
harbour only days after the sinking, concluded that no one was at fault.

Edith Popplewell and another sister from the Marquette were required
to give evidence to the court which Popplewell found ‘very trying’. 176

Nonetheless, it was known that two transport ships, the Southland and
the Royal Edward, had been attacked in the region in previous weeks. 177

It seems remarkable that this hospital would be sent in a troop
transport. Moreover, at that date hospital ships clearly marked with a
Red Cross were not being targeted.

Much of the shock in New Zealand and among many of the allied
nursing services, about the sinking of the Marquette, was because ten
nurses lost their lives. War was man’s business and therefore in some
way death was an expected and even accepted part of this. For the
thirty-six women on the Marquette, their war at sea was a cruel and

174 Hester Maclean, Nursing in New Zealand: History and Reminiscences, Tolan, Welling, 1932, p. 187 & 188.

175 Ibid.


unforeseen experience and beyond what society expected women to withstand. Writing from the hospital ship *Grantully Castle* on 31 October 1915, (where survivors from the *Marquette* were moved to after the sinking), Edith Popplewell expressed her shock, pain and sorrow about what she and her fellow nurses had endured. ‘Such a sad coming back … we are experienced soldiers quite, aren’t we and should I daresay feel proud. I believe some do, but I’m only a tin soldier’, 178 In her mind, she was saying that she wasn’t brave and strong or fearless like she thought soldiers were meant to be and that she could suffer fear just like anyone else.

Just as soldiers faced danger in battle zones, so did the women who cared for them on land and sea; in casualty clearing stations, hospitals, ambulance trains, barges and on hospital ships and troop transports. As Edith Popplewell indicated, fear was never far away in these highly charged environments because danger was always present. The Australian civilian nursing profession was influenced greatly by the philosophy of Florence Nightingale in the period leading up to the South African War. The protocols laid down by Nightingale were deemed essential in civilian nursing but with the advent of another war, where nurses were in the firing line, her strategies of order and discipline were broadened considerably. Military nursing in World War One was decidedly unlike civilian nursing carried out previously.

CONCLUSION

Despite earlier reservations by both the Australian and British medical services that women could not cope with the harsh and difficult reality of war, they did so in the medical services and in countless civilian occupations as well. Whereas the bravery of men was an expected element of war, the bravery of women was not so expected because it was beyond the realms of what was considered normal or accepted behaviour for a woman.

The next chapter describes the journey home and how women who had served outside of Australia, dealt with peace after the war. For many medical women but particularly nurses, ongoing grief and memories of loss caused by the devastation of war, remained with them after the war was over. The following chapter shows that many women who served in both civilian and medical occupations, found regaining the mental and physical health they had before the war was difficult and in some cases impossible.
CHAPTER SIX

THE JOURNEY HOME AND THE AFTERMATH OF WAR

I vividly remember the silence on the 11th hour of the 11th day.
We were hysterical, laughing and crying.
But it was peculiar, we didn’t feel much like celebrating, only crying.¹

Many Australian women found the transition to peace challenging. Even though it was good to be home, some women missed the adventure, excitement, friendships and even the sensation of war. Because of what they had been through, the memory of what they had seen, the waste, loss and devastation was not easy to leave behind. Therefore, some women took the journey home to Australia with mixed sentiments. While some struggled to regain a level of normality in their lives, to work and support themselves, others faced discrimination because of their gender. This became evident both in how their war service was judged by society in comparison to that of the soldier and according to what type of work they were able to obtain after the war. Most importantly, innumerable nurses faced discriminatory practices that inhibited their entitlement to rehabilitation benefits and medical services, gratuities and sustenance payments. In addition, female doctors found that it was difficult to find work in their profession at a level equal in status to male doctors.

Except for the research undertaken by the late Jan Bassett into the war service of Australian nurses from the Boer War to the Gulf War, there has been limited research into the effects of World War One on

women who served. Bassett has shown that requests for assistance by returned nurses were frequently due to financial hardship. As well as being from former members of the Australian Army Nursing Service (AANS), nurses from the Queen Alexandra’s Imperial Military Nursing Service Reserve (QAIMNSR) and the Territorial Nursing Service (TNS) asked for assistance as well. The organizations that distributed funds to assist financial hardship included the benevolent branch of the Returned Army Nursing Sisters Sub-Branch in New South Wales, the Edith Cavell Trust Fund (ECTF), the Queensland War Nurses Fund and the South Australian Army Nurses Fund. It was not simply a case that nurses were asking for financial assistance; a large number of applications to the ECTF particularly, indicate that many nurses were suffering some form of mental or physical debility due to their war service.

The reason given by many former World War One nurses that they were unable to work was because they were not mentally or physically able to do so. Surviving Repatriation and Medical Case files held in all States of Australia at the National Archives covering the period after World War One provide strong evidence of ongoing health issues. There is also confirmation in these files that in the years after the war, a large number of nurses were unable to prove that ongoing

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2 Jan Bassett, Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War, Oxford, Melbourne, 1992.

3 Ibid. p. 96 & 97.

4 National Archives of Australia, (NAA) MP290, Box 3, Correspondence of the Edith Cavell Trust Fund.

5 NAA, C138 & B73, Repatriation and Medical Case files.
health problems were a result of their war service. Settling down after the war was for some, difficult at best.

The historiography of World War One has focused overwhelmingly on male soldiers in battle. Moreover, the mental and physical condition of Australian soldiers when they returned home, how they adapted to peace, and even what occupation they were engaged in as civilians, have been researched in considerable detail by Marina Larsson, Martin Crotty, Bruce Scates, Melanie Oppenheimer and Alistair Thompson.6 Thousands of women who also served during World War One have not been given the same level of recognition or consideration. As Larsson and Crotty have argued ‘war transformed the society to which survivors return ...it change[d] people: they witnessed horrific sights and experienced death, trauma and loss’.7 But the survivors of World War One particularly, have never been identified as being female as well as male, and consequently, the return home of thousands of women and the difficulties they had mentally and physically dealing with peace, have been ignored and unrecorded. It was not only the soldier who had to deal with the devastation of war and its aftermath as this chapter will argue.


7Crotty and Larsson, Ibid, p. 3.
WAITING TO RETURN HOME

On 1 November 1918 Sir John Monash was hurriedly summoned to London to take on the position of Director General of the AIFs Department of Demobilisation and Repatriation. His task was to organise the return to Australia of the AIF, with those who had enlisted first given priority. Despite initial thoughts that this would take two years, this mammoth task was completed within a ten month period. Unfortunately, the return of nurses to Australia did not receive the same level of attention by the Department of Demobilisation and Repatriation. The ostensible reason was that many nurses were still required to care for the wounded in England and those afflicted by influenza in the epidemic of 1918-1919.

Despite being one of the first to go overseas with the first convoy in November 1914, Alice Joan Twynan a nurse with the Australian Army Nursing Service (AANS), was not given the same level of priority for her return that was given to soldiers who had also left Australia in the first months of the war. She became increasingly frustrated in the months after the war ended about not receiving orders to return home. She wrote at least two letters to her sister Mary Cunningham of Tuggeranong; in early January 1919 and then again in February, complaining about the delay. ‘Hoping every day to be recalled

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9 Ibid.
but nothing comes, we sort of feel forgotten’.¹⁰ Her unhappiness in these letters is very clear and there is a strong undercurrent in her statement as well, that she thought her war work had not been appreciated. ‘I have applied for transport home. It’s an awful mistake to work hard, be obedient and do your duty in this life … nobody takes any notice of you’.¹¹ Twynam finally returned to Australia on the Anchises, 18 April 1919.¹² She did not return to nursing, instead settling on the land near Goulburn in rural NSW.¹³ All nurses who served with the AANS were entitled to a free passage home regardless of when or where they were discharged. This benefit was also given to nurses who had been selected and sent abroad from Australia because of a request from the War Office for Australian nurses to be attached to the Queen Alexandra’s Imperial Military Nursing Service Reserve (QAIMNSR).¹⁴ Conversely, not all nurses who left Australia before the war and joined the QAIMNSR in England were given this advantage. The return of these nurses was not treated consistently or fairly. Catherine Tully who joined the QAIMNSR in England after travelling there herself, was one who was refused a free passage home.¹⁵

¹⁰ National Library of Australia (NLA), MS6749, Folder 3, Cunningham Papers, Alice Joan Twynam to Mary Cunningham, 26 January 1919.
¹¹ Ibid., Alice Joan Twynam to Mary Cunningham, 19 February 1919.
¹² NAA, B2455, World War One Personnel Dossiers 1914-1920, Alice Joan Twynam.
¹⁴ NAA, B1535/787/3/518, Gratuity for QAIMNS, 6 September 1921.
¹⁵ National Archives United Kingdom (NAUK), QAIMNSR, Personnel Records, WO399/8459, Catherine Tully, Matron-in-chief QAIMNS to General Officer Eastern Command, 21 January 1920. There is nothing in Catherine Tully’s file to indicate if this was amended in her favour.
Their demobilization and repatriation was of great concern to nurses themselves. Many wrote to the newspapers in England and Australia voicing dissent about their treatment. On 1 April 1919, an English nurse, Isabel Kennedy, wrote to *The Times*. She believed that the way nurses were being treated showed that their war service was not valued and they were simply being, ‘kicked out, after being given only twenty-four hour’s-notice to go’. When this occurred, some nurses found that suddenly they were without work and therefore with limited funds. In May 1919, 1,000 nurses were registered with the Nurses’ Demobilization and Resettlement Committee in England, an indication that a lot of nurses found it difficult finding work after they were discharged from the nursing services. The situation in England appears to have been similar in Australia. Voicing his concern, the Acting General Secretary of the Returned Sailors and Soldiers Imperial League of Australia, contacted the Assistant Secretary of that organization declaring: ‘absolutely no provision is made for sisters, who are being demobilized in a haphazard and indiscriminate way’. This is an interesting statement, considering that this difficult situation was only recognised by the Returned Services League on 7 October 1919, eleven months after the war ended.

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17 ‘The Case of the Army Nurses’, *The Times*, 1 April 1919, page 7.
19 NLA, MS6609/1019, Returned Services League, Assistant Secretary for Victoria, RSSILA, to APK Morris Acting General Secretary RSSILA, Melbourne, 7 October 1919.
MOURNING, LOSS AND GRIEF

It is impossible to determine to what degree individual nurses suffered an ongoing sense of loss about the effects of war, either during or after their war service. This information has never been documented by authorities and remains an unknown and unrecorded factor in the historiography of World War One. While serving, some expressed feelings of loss and hopelessness. Lydia King writing in her diary on 28 April 1915 recalled how she felt working on the British vessel Sicilia off Anzac Cove. ‘I shall never forget the awful feeling of hopelessness on night duty. One loses sight of all the honour and the glory in the work we are doing’. Narrelle Hobbes, who was posted to the Valletta Military Hospital on Malta with the QAIMNSR, was also deeply affected by the devastation of war that surrounded her daily. Writing to her family, she outlined her feelings about the loss of life principally, ‘dear heaven, it’s awful and every man or boy … is somebody’s boy’. News of huge numbers of casualties at the battle of Lone Pine was felt intensely by the nursing staff working on Malta. Losses in this area of the Gallipoli Peninsula were very heavy and where for example, the 3rd Battalion at Lone Pine lost 21 out of 23 officers and 490 out of 736 soldiers. Hobbes was later posted to Bombay, India where her nursing experiences there affected her as well. Hobbes talked about ‘blotting

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20 Australian War Memorial (AWM), 3DRL 6040, Diary, Lydia Kathleen King.
21 AWM, 2DRL 0162 Florence Narelle Jessie Hobbes, Camaretta Military Hospital, Valetta, Malta, July 1915.
out what she had witnessed to dull her feelings’. 23 Hobbes wrote copious amounts of letters to her family, which were ‘a major source of mental nourishment’. 24 Melanie Oppenheimer has shown how these letters ‘were a witty and evocative reminder of an extraordinary period’ but were also a means to ‘document the physical, emotional and spiritual journey that Hobbes travelled’ 25

Loss and grief experienced by nurses like Narrelle Hobbes are intrinsic to the experience of war. As Jay Winter has asserted, ‘grief is one of the crucial experiences of war under which individuals seek to make sense of their loss.’ 26 Bart Ziino has also shown that ‘the Great War was a crucial moment in western cultures of death and mourning’. 27 He has demonstrated that for many whose loved ones died away from the land of their birth, that this was a distant grief, ‘[they] died against the norm, out of the home and far away from their families’. 28 Nurses and other medical women also suffered a distant grief because they too had lost brothers, lovers and other family members whilst still maintaining their professional work caring for injured men. Marion Broughton’s brother, Travers, shot in both legs and unable to move, was killed by ‘our own bombs being fired at the Turks ... his head and shoulders the


28 Ibid.
only parts not disfigured’. She had served as a nurse and masseur with the Almeric Paget Military Massage Service (APMMS) and would have been all too familiar with the type of injury her brother sustained. AANS nurses Mary Standish Cox and Emily Reid each suffered the loss of two brothers. Edward and Myles Cox died in Egypt from pneumonia, three days apart on the 13 and 16 December 1914 respectively. Evelyn Maud Reid’s brothers, Mordant who was thirty-three and Cyril who was twenty-five, lost their lives at Gallipoli. The Reid brothers were buried at Lone Pine Cemetery, in a distant grave far away from home and family.

Women working close to the front or caring for the wounded suffered a grief that was not only distant, but close and personal as well. They mourned the loss of lives of men they cared for, because daily they were surrounded with death in ways that were imminent, ever-present and all-encompassing. The difficulty for women who were nurses was that they were required to stay emotionally detached from their wounded and dying patients. Describing the work of British and American nurses on the Western Front, Carol Acton has outlined their difficulty.

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31 NAA, C138/2, R41257, Box 3304, Evelyn Maud Reid.

Unlike women on the home front who grieved for individual losses of family and friends, for nurses, mourning is both individual and collective and, like combatants, bound up with the traumatic environment where they are both witnessing and participating in war's havoc and devastation in a way that is close and personal.  

Acton argued that this has not been taken into account in the historiography of World War One because it fails to acknowledge nurses as grievers and mourners of wartime dead. Any attempt to determine what effect the internalization and repression of grief and loss such as this had on World War One medical women, doctors, nurses and VADs is problematical, but there is plainly a connection between traumatic experience and memory.

Consideration must be given to this internalization and its effect on the emotional condition. Grief is a state of mind, it is a process that oscillates and changes over time. Undoubtedly for nurses and soldiers, recording or speaking of the horror of war was difficult. Joy Damousi has shown how it was common for World War One veterans to speak only of wartime experiences that were ‘humorous and entertaining ... a performance ... a way of defusing the memory of death and grief’. Marina Larsson has also demonstrated there were omissions in the retelling of wartime experiences which were different depending on who did the telling: the soldier himself when writing to his family, or

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34 Ibid.

the nurse caring for him.\textsuperscript{36} The failure to speak about these war experiences has been described by Janet Butler in her book \textit{Kitty’s War} when referring to AANS sister, Kit McNaughton.\textsuperscript{37} Butler notes that in her diary, McNaughton, ‘during the four months at Trois Arbres did not refer once to a wounded man, or wounded men in general’.\textsuperscript{38} Kit McNaughton must have struggled to talk about experiences that were raw and confronting. The truthful retelling of scenes that showed the true level of death and destruction was difficult for those at home to deal with and the truth of it, becomes mislaid and distorted, within the spoken or written word. For those who had been there, the written word particularly was a visual activator of memory.

Silences such as Janet Butler has identified, indicate that there may have been feelings of grief or loss caused by bereavement, disablement or horror that remained hidden. In the campaign at Passchendaele the allies suffered huge losses making Kit McNaughton’s failure to tell about her experiences, even more remarkable. Yet this was surely, as Butler has described: ‘(one) ... to be measured and assessed ... (so as) to consider what this can tell us about how she is responding to her experiences’.\textsuperscript{39} While McNaughton’s case was singularly personal it can be seen as an internalization of events that surrounded her. To care for men in the environment of war meant that

\textsuperscript{36} Larsson, \textit{Op.cit.}


\textsuperscript{38} \textit{Ibid.}

\textsuperscript{39} \textit{Ibid}, p. 173.
nurses such as Kit McNaughton, did not or would not display their own emotions. Nurses essentially put their own feelings and emotions second to those of their patients. Surely then, being surrounded with trauma and devastation at such a level and not displaying any real emotion, would have impacted heavily on her psychological well-being.

The insidious and psychological effects of war caused by trauma would have impacted nurses, no less than soldiers. Peter J. Murphy has shown as well, how the ‘exposure to psychological and physical threats (in war) had the potential to linger after the war was over’. 40 Additionally, A.G. Butler in the *Official History of the Australian Medical Services 1914-1918* outlined a similar argument, when he stated that nervous breakdown was ‘20 per cent a war problem and 80 per cent a problem of war’s aftermath’. 41 He stated as well, that between 2,500 and 3,300 soldiers were receiving a pension for war neuroses of varying levels and degrees. 42 Butler’s figures appear to be about the mental health of the soldier only. Similarly Marina Larsson discusses the mental health of returned men of the AIF but does not mention the health, either mental or physical of returned nurses. 43 Moreover and most importantly, these examples show that again, the debilitated mental health of returning nurses was and still continues to be, a hidden and unrecognised problem.

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42 *Ibid*.

THE MENTAL TRAUMA CAUSED BY WAR

War neurosis was certainly not confined to soldiers. Kate Blackmore has demonstrated that while shell-shock was a very visible mental disorder, other war neuroses ‘were not so visible making the transformation from soldier to civilian exceedingly difficult, if not impossible’. Surviving archival documents for nurses held in the United Kingdom, New Zealand and Australia indicate that all was not well either, with the mental health of many returning nurses. This mental frailty is evident in written statements by doctors recorded in medical and repatriation files. These files are littered with incidences of debility, or a condition that then was called ‘exhaustion of the nervous system’. Ruth Rae cites for example the case of Marie Cameron who while serving with the New Zealand Army Nursing Service, was on the Marquette when it was torpedoed and sank. Rae described how Cameron, ‘suffering a cerebral haemorrhage with resultant hemiplegia was transferred home nursing a teddy bear from which she would not be parted’.

Unfortunately, a medical or repatriation case file has not survived for each nurse who served during the war. These files would provide some indication of a wider cohort of women with ongoing mental debility. Ruth Rae in Veiled Lives has shown that many AANS

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46 Ibid.
who joined up as ‘fit healthy women, died an early death’.\textsuperscript{47} One case in point was that of Elsie Rose Grant who served with the AANS in Egypt, France and England.\textsuperscript{48} She married Carl John Hoch on 1 May 1919 and took her own life on 25 September 1927 at the age of 38 leaving four children, aged seven, six, three years and six months.\textsuperscript{49} The family lived in an isolated rural area, on Wyallah Station, near Roma in Queensland which wouldn’t have been easy either. Elsie Grant suffered from nervous exhaustion during the war and was sent to England with another AANS nurse, May Tilton for a complete rest. Tilton recalled, ‘I had to be transferred before I had a complete breakdown’.\textsuperscript{50} Elsie Grant was suffering from a nervous condition that caused swellings in her face which meant she was ‘physically unfit to carry on’.\textsuperscript{51} Elsie Grant was definitely in a fragile mental state during her war service and her death by suicide is evidence that her mental frailty continued after she returned home.\textsuperscript{52}

Many nurses such as Elsie Grant and May Tilton suffered from nervous exhaustion, a nervous breakdown or neurasthenia during the war. Some spent time in a mental institution or convalescent hospital either during or after the war, receiving treatment. Grant and Tilton were given an extended period of rest. This together with

\textsuperscript{47}Ibid, p. 324.

\textsuperscript{48} NAA, B2455, First World War Personnel Dossiers, Elsie Rose Grant.

\textsuperscript{49} ‘Found Dead in Car’, \textit{Western Star and Roma Advertiser}, Saturday 1 October, 1927, p. 5.

\textsuperscript{50} May Tilton, \textit{The Grey Battalion}, Angus & Robertson, Sydney, 1934, p. 292.

\textsuperscript{51} Ibid.

\textsuperscript{52} ‘Found Dead in Car’, \textit{Op.cit.}
‘encouragement, short holidays and light work’ was believed to be the most suitable treatment. Neurasthenic symptoms may also have included insomnia, constant fear, panic attacks, intense fatigue and trembling of the arms and legs.

As the war continued, mentally damaged soldiers were being categorised as such in ever increasing numbers. The same recognition was not being given to the majority of medical or other women who served close to the front in the paramilitary services. Even in the repatriation and medical files that have survived, the condition ‘debility’ is often not described clearly by attending doctors, further adding to the confusion about correct diagnosis. There is always some question about such a diagnosis, as debility could mean either a physical or mental condition. Data in the following table reveals that a number of nurses suffered some form of mental debility because of their war service. Debility in the following examples was generally seen as nervous exhaustion or a breakdown of mental health.

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54 The Australian Oxford Dictionary defines debility as being in feeble or weak health.
## Nurses treated for different levels of mental debility

<table>
<thead>
<tr>
<th>Name</th>
<th>Service</th>
<th>Diagnosis</th>
<th>Where treated</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Blanche Atkinson</td>
<td>QAIMNSR</td>
<td>Nervous exhaustion debility</td>
<td>Netley, England</td>
<td>9 Dec 1916 Crafers, SA</td>
</tr>
<tr>
<td>Frances Agnes Bennett</td>
<td>QAIMNSR</td>
<td>Debility</td>
<td>England</td>
<td>1933</td>
</tr>
<tr>
<td>Charlotte Berrie</td>
<td>QAIMNSR</td>
<td>Debility</td>
<td>American Red Cross Hospital, Jerusalem</td>
<td>8 Jan 1919 Jerusalem</td>
</tr>
<tr>
<td>Ruth Bottle</td>
<td>QAIMNSR</td>
<td>Nervous b/down; debility</td>
<td>Rested for 12 months in the country c1920</td>
<td>1955</td>
</tr>
<tr>
<td>Florence Dodery</td>
<td>QAIMNSR</td>
<td>Nervous b/down</td>
<td></td>
<td>1958</td>
</tr>
<tr>
<td>Lilian Mitchell</td>
<td>QAIMNSR</td>
<td>Nervous exhaustion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marion Broughton</td>
<td>APMMC</td>
<td>Depression and mental instability</td>
<td>Callan Park Mental Hospital</td>
<td>17 Dec 1933 Callan Park</td>
</tr>
<tr>
<td>Marie Cameron</td>
<td>NZANS</td>
<td>Mental and physical breakdown</td>
<td>Alexandria, Egypt &amp; New Zealand</td>
<td></td>
</tr>
<tr>
<td>Annie Connolly</td>
<td>TFNS</td>
<td>Insane</td>
<td>Chelsea Infirmary: Three Counties Assylum, Claremont Hosp. WA</td>
<td></td>
</tr>
<tr>
<td>Florence Mary Reid</td>
<td>AVH &amp; QAIMNSR</td>
<td>Nervous b/down</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary Ann Benallack</td>
<td>AVH &amp; QAIMNSR</td>
<td>Shellshock</td>
<td>England</td>
<td>16 May 1937 Colac, Vic</td>
</tr>
<tr>
<td>Jane Elizabeth Molloy</td>
<td>AANS, Indian NS</td>
<td>Debility</td>
<td>Coloba Sisters’ Hospital, India</td>
<td></td>
</tr>
<tr>
<td>Pearl Fleming</td>
<td>AANS</td>
<td>Several nervous breakdowns</td>
<td>Mental Hospital, Kew, Melbourne</td>
<td></td>
</tr>
<tr>
<td>Anne Donnell</td>
<td>AANS</td>
<td>Debility, insomnia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ella Tucker</td>
<td>AANS</td>
<td>Depression, insomnia,</td>
<td>Rested for 12 months</td>
<td></td>
</tr>
<tr>
<td>Evelyn Maud Reid</td>
<td>AANS</td>
<td>Debility and Neurosis</td>
<td>Royal North Shore</td>
<td></td>
</tr>
<tr>
<td>Ida Mary Garven</td>
<td>AANS</td>
<td>Neurasthenia/ debility</td>
<td>Randwick Military Hospital</td>
<td></td>
</tr>
<tr>
<td>Elsie Rose Grant</td>
<td>AANS</td>
<td>General b/down and debility</td>
<td>Committed suicide 25 Sep 1927</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Draper</td>
<td>AANS</td>
<td>Neurasthenia/ debility</td>
<td>Victoria Barracks, Sydney</td>
<td></td>
</tr>
<tr>
<td>Annie Janieson</td>
<td>Bluebirds</td>
<td>Insanity</td>
<td>Mt St Margaret, Ryde</td>
<td>14 July 1928</td>
</tr>
<tr>
<td>Julia Bligh Johnston</td>
<td>AANS</td>
<td>Senility</td>
<td>Rydalmere Mental Hospital</td>
<td>23 June 1940 Rydalmere</td>
</tr>
<tr>
<td>Alice Ross King</td>
<td>AANS</td>
<td>Debility</td>
<td>Sisters’ Convalescent Home Étretat, France</td>
<td></td>
</tr>
<tr>
<td>Elsie Wildash</td>
<td>AANS</td>
<td>Neurasthenia/ debility</td>
<td>Victoria Barracks, Sydney</td>
<td></td>
</tr>
<tr>
<td>Nelle Pike</td>
<td>AANS</td>
<td>Neurasthenia/ debility</td>
<td>Buckley Rest Home, Abbassia, Egypt</td>
<td></td>
</tr>
<tr>
<td>Rachael Pratt</td>
<td>AANS</td>
<td>Neurosis/depression</td>
<td>Repat. hosps. Aus.</td>
<td>1954</td>
</tr>
<tr>
<td>May Tilton</td>
<td>AANS</td>
<td>Breakdown, debility insomnia</td>
<td>England</td>
<td></td>
</tr>
<tr>
<td>Rania MacPhillamy</td>
<td>Kantara, Egypt</td>
<td>Depression, nerv. exhaustion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 8

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55 Information in this table has been compiled from data located in Repatriation and Medical Case files held by the National Archives of Australia and statements made by nurses when applying for financial assistance to the Edith Cavell Trust Fund (ECTF). Military Personal files held at the National Archives of the United Kingdom, Kew England also provided evidence of nervous exhaustion which was clearly stated by doctors or military personnel. Details of Rania MacPhillamy’s debilitated mental condition were cited in Jennifer Horsfield, Rainbow: The Story of Rania MacPhillamy, Ginninderra Press, Charwood, ACT, 2007.
Fortunately for Annie Connolly her mental illness was recognised. Although as this example reveals there was a lack of understanding about war neurosis being an ongoing condition. The care she was given when first diagnosed was blameless and she was treated with care and compassion then. This care was evident in how her fellow nurses treated her, but also her principal matron E.G. Barton of the Territorial Force Nursing Service (TFNS) showed great concern about her condition.\textsuperscript{56} When she first arrived in England, Connolly had worked in private nursing and then in April 1915 began work at 3rd London General Hospital Wandsworth, a hospital attached to the TFNS.\textsuperscript{57} Matron Barton, reported that ‘latterly, she did not seem well ... and on her return from hospital ... complained of her head and seemed strange in manner’.\textsuperscript{58} She was returned to Australia on Christmas Day 1916 and judged to be insane, was transferred directly to the Claremont Mental Hospital spending several years in mental asylums after the war.\textsuperscript{59}

Unlike so many other nurses who suffered from a condition that could not be proven, Connolly’s mental state was attributed to her war service so all costs were at first met by the Australian government. The cost for her transportation back to Australia was paid by the Australian Department of Defence. Her expenses in a mental institution were still

\textsuperscript{56} NAA, A2489, 1920/5774, Sister Annie Connolly (late Imperial Nurse), E.G. Barton to Chelsea Infirmary, 29 September, year not stated.
\textsuperscript{57}Ibid.
\textsuperscript{58}E.G. Barton, Ibid.
\textsuperscript{59}Ibid, Charles P. Taylor Acting Deputy Commission to the Secretary Department of Repatriation Melbourne, 26 August 1920.
being paid by the Department of Repatriation until August 1921.  

There was concern however, voiced by the Western Australian Branch of the Red Cross, that Connolly should be treated in a military hospital or a hospital for nurses and not in a mental institution. This request was finally successful as by 1924, Connolly was allowed to leave the institution and by August 1925 was living in a military hospital for nurses located at 36 Wilson Street, West Perth. Connolly’s condition continued to improve and by January 1927 she was able to take casual work at the Newington State Hospital in Sydney. Up until 1950 she was also receiving ‘a pension from the British Government’, although surviving documents do not reveal what sort of pension this was.

Around this time, even though her disability, ‘manic depressive psychosis,’ had been accepted as being due to war service, her eligibility for Australian Repatriation Benefits was withdrawn. The reversal of the decision can be seen as arcane and uncompassionate. The reasons for this change in policy were outlined in the following report.

From the information in files it appears that this woman’s service was solely with hospitals attached to the Territorial Force Nursing Service i.e. the Home Defence Forces in the UK. In this event she did not serve ‘on active service’ ... in the absence of such service the provisions of the Australian Soldiers’ Repatriation Act do not extend to her.

Annie Connolly strongly protested against this decision, stating that she intended to refer the issue to the Secretary of the Imperial Ex-Services

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60 NAA, Medical Case file, K159/4 MP 3090, Annie Connolly, Honorary Secretary Western Australian Military Nurses Fund to Deputy Commissioner of Repatriation, 17 June 1921.

61 Ibid, 21 August 1925.

62 Ibid, Annie Connolly to Dr Beveridge, 24 January 1927.

Association (sic) whom she said, ‘will appeal on my behalf’. Her protestations did not help, as her non-eligibility for benefits was confirmed and her appeal rejected. Connolly served with the Territorial Force Nurse Service, an allied nursing service and not with Australia. This was the cause of her financial difficulties. Nurses who served with QAIMNSR also an allied nursing service, had to fight for financial benefits after the war as well. As occurred in Annie Connolly’s case many of these nurses were also unsuccessful.

**DEBILITATING PHYSICAL HEALTH**

As well as debilitating mental conditions that were often ongoing, a large number of nurses came home with physical ailments that prevented them picking up the threads of a normal life after the war, their bodies simply worn out. Undoubtedly, not all nurses returned home with poor health and it is not fair to state that they did. Nellie Veir Scott, who served with the QAIMNSR, took up land as a soldier settler on Red Cliffs Estate in Victoria. She had no ongoing, visible health issues and continued to farm, promoting the dried fruit industry in the region for decades after the war. Nonetheless, the files of the Edith Cavell Trust Fund held by the National Archives of Australia show that the poor health of most applicants for assistance prevented them

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64 *Ibid.*


working at a level that would provide a reasonable standard of living. After the war, ‘713 nurses from the AANS, Territorial Force Nursing Service (TFNS), and the QAIMNSR made approximately 3093 applications for financial assistance from the Edith Cavell Trust Fund (ECTF) in Victoria alone’. When one associates these figures with the number of nurses who served, those seeking assistance because they were unable to work due to ill health was a large proportion of those who served. As the years progressed advancing age and ongoing health problems left some unable to pay for simple household expenses such as food, clothing or rent. In 1934 Lucy E. Symes for example, simply requested assistance to buy a warm winter coat and a pair of shoes. In that year in Victoria during the economic depression, the ECTF received more applications for assistance from returned nurses than in any other year, except for 1919. These figures are a clear indication of the difficulties faced by returned nurses, many living in grim hardship and poverty. The files of the ECTF also reveal that in a large number of cases, this was due to increasing poor health and advancing age.

Hetty Andrews had health problems that impacted on her physical well-being for several years. She had been ill even before she returned to Australia in April 1920. When she applied to the ECTF for assistance, her distress about her situation was clear in her written application. She said that she had fallen ill in October 1918 with

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69 NAA, MP290, Box 3, ECTF, Application for Assistance, Lucy E. Symes, c1934.
influenza and continued to have recurring malarial attacks throughout 1919 and 1920.\textsuperscript{71} Ruby Ingram was another in dire circumstances. She had a long war service with both the British and French Red Cross serving at the Auxiliary Hospital, Ampton Hall in Suffolk and with the American Ambulance at Neuilly-sur-Seine, France.\textsuperscript{72} She had managed to undertake some nursing after she returned to Australia in September 1919. By 1936 however, she was suffering terribly from osteoarthritis in her knees and spine and was unable to work because of this disability.\textsuperscript{73} Her condition must have been quite serious as she had the first operation on her spine in 1928. She was later required to wear a surgical spinal support which had to be renewed each year.\textsuperscript{74} Medical conditions such as this were difficult to deal with mentally and physically. Worry associated with a debilitating condition such as this made life difficult. Ruby Ingram remained single after the war and lived alone.\textsuperscript{75} Edith Donaldson was invalided out of the nursing service. Unlike other nurses she eventually received a British disability pension.\textsuperscript{76} Donaldson served with the QAIMNSR and was admitted to hospital on 14 November 1919 for treatment for a thrombosis in her


\textsuperscript{72} NAUK, Medal Card, WO372/23/21288, Ruby Marguerite Ingram.

\textsuperscript{73} NAA, ECTF, \textit{Op.cit.}, Application for Assistance, Ruby Ingram, 28 April 1936.

\textsuperscript{74} \textit{Ibid.}

\textsuperscript{75} Ancestry Family History web site, \url{www.ancestry.com Commonwealth Electoral Rolls 1919 & 1939}.

\textsuperscript{76} NAA, B73/52, R72330, Medical Case file, Edith Victoria Matheson (nee Donaldson), Minute sheet, 17 March 1919.
right leg which inhibited her ability to stand for long periods. As the appeals by hundreds of nurses for financial assistance to the ECTF have shown, health problems such as these were common but most had first become evident directly after the war ended. Because of their long and difficult war service, many nurses were susceptible to illness as they were worn out in mind and body. This was something the Australian government did not recognise. The files of the ECTF reveal that there was a proliferation of ailments - uterine trouble caused by lifting patients, rheumatoid arthritis, headaches and deafness. Trouble with feet and ankles was also a very prominent health issue. Priscilla Wardle served with the QAIMNSR leaving Australia in 1915 with the first contingent of nurses requested by the War Office. In the years after the war she suffered from a condition called hammer toes. This disorder involved a contracture or bending of one or both joints of the toes. This condition greatly affected her mobility preventing the wearing of foot wear, was probably caused standing for long periods during the war in military hospitals attending to wounded soldiers.

Many returning nurses had ongoing health problems, but others were reaching midlife which exacerbated their health issues. On enlistment, nurses were required to be between 21 and 40 years old and must have completed three years nursing training before they left Australia. This upper age requirement meant that some who returned to Australia were middle-aged women. Julia Bligh Johnston and

77 Ibid.

78 NAA, B73/53, M931189, Medical Case File, Priscilla Kirby (nee Wardle), various reports dating from 1930 to 3 May 1966 when she requested and was given a walking machine.
Penelope Frater who served with the AANS had both served in the Boer War and were fifty-nine and fifty-one respectively when they returned home from World War One. Unlike soldiers of the AIF, returned nurses did not become eligible for medical or hospital treatment in repatriation hospitals until September 1958, forty years after the war ended. As a large number of nurses had no disability pension or employment income, paying for their own medical expenses was extremely difficult. This move had first been proposed in 1952 by the Returned Services League (RSL) who approached the Minister of Repatriation, Senator Walter Cooper, requesting restrictions be removed in relation to the medical care of World War One nurses.

Cooper believed that by agreeing to this request from the RSL, that nurses who served during World War One ‘would be given preferential treatment over those who served in World War Two’. Cooper explained his reasons for making this decision.

I feel sure you will appreciate that many more male members suffered greater privation and stress than did the nursing service and I consider it would be inequitable to provide greater benefits for nurses than are provided for male members.

Financial assistance had already been given to war widows but not to nurses who had served overseas which was both unfair and discriminatory. The distribution of financial assistance to nurses was

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80 NLA, MS6609/3960C, Returned Services League, Walter Cooper, Minister of Repatriation to General Secretary J.C. Neagle, Returned Sailors’ and Airmen’s Imperial League of Australia, Melbourne, 12 February 1953.

81 _Ibid._

82 _Ibid._
also strongly opposed by the Prime Minister, Mr R.G. Menzies who believed ‘it could set a precedent’. Furthermore it was only after substantial pressure from the RSL and the Australian Red Cross that nursing home care was extended to seriously ill nurses in 1973. As Jan Bassett has shown, however, by this date a large number of World War One nurses had already passed away.

WAR PENSIONS, GRATUITIES AND REPATRIATION BENEFITS

In Australia in 1915 nurses became eligible for service and disability pensions under the War Pensions Act (1914). For nurses particularly, the poor health that a large number endured in the decades after the war was directly related to war service. Proving this was challenging, but proof was essential to receive a disability pension. A.G. Butler stated in the Official History of the Australia Medical Services that there was no statistical information available to provide information about the health of returning AANS nurses. It has been indicated elsewhere that this was due to Howse ordering the destruction of medical records for AIF personnel, including those for nurses. This policy explains how after the war, there was a paucity of written evidence about health issues suffered during the war. Importantly, a Miss Chisholm of the benevolent

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83 Memorandum from Prime Minister, Ibid.
85 Ibid.
branch of the NSW Royal Australian Nursing Service also noted that 'records were destroyed after the war'. Michael Tyquin has also confirmed this.

In correspondence dated 16 May 1940, A.G. Butler described the loss of clinical records (which were coded and remarkably comprehensive) which were burned in London shortly after the Armistice.

The loss of this medical information created difficulties for both Australian soldiers and nurses after the war. To receive a disability pension after discharge it was essential to be able to establish proof that any ailment or disability was war-related.

Documentation generated by the ECTF in the decades after the war shows that some women who served overseas during the war were receiving the old age pension. Statements made by these nurses in their applications for financial assistance however, indicate that a considerable number never received a disability pension despite their ill health. After her demobilization on 23 June 1919 partly due to ill health, Ada Baker Gabriel had only been able to work as a nurse for six months and was forced to do knitting and fancy work to make some money to live on. She had served with the QAIMNSR at No. 32 Stationary Hospital and at three Casualty Clearing Stations: No. 11, 6 and 53. To serve in one CCS was difficult but to serve in three as she had done, would have played havoc with her mental and physical

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89 Tyquin, *Op cit*, p. 163.


91 Ibid.
health. She stated in her application for assistance that she was not receiving a pension from the military or from the Repatriation Department. In June 1955 Alice Card was also in difficult financial straits, surviving on a few dividends from small investments and the sale of cut flowers. She stated that in this period, ‘the increased price of living essentials was impacting directly on her standard of living’. Alice Card specified in her application for assistance to the ECTF that she was deaf due to her war service, but could carry on with some casual hourly nursing - this she did until October 1950. Because of her small investments, her circumstances may have been better than others who asked for financial assistance from the ECTF.

Two groups of returned nurses particularly faced restrictive policies that prevented or delayed their monetary entitlements after the war. A Royal Warrant had been issued in May 1919 granting TFNS, QAIMNS and QAIMNSR nurses a War Gratuity the same as army officers. But these women had to struggle for what they believed was their entitlement. Twenty Australian nurses and a masseuse had sailed for Europe on 4 July 1916 in a ‘private’ capacity, on board the Kanowna. As these nurses served under the auspices of the French Red Cross, the Australian government believed that when they returned

92 Ibid.
94 Ibid.
95 ‘Nurses War Gratuity’, The Times, 10 May 1919.
home, this group was not their financial responsibility. There is no evidence to show that these women ever received War Gratuities on their return to Australia. Gratuities were quite separate from a pension or benefits under the Australian Soldiers’ Repatriation Act (No. 37 1917) and were distributed in cash or bonds.

The second group of nurses, who had difficulty receiving their full entitlements, were those who joined the QAIMNSR in England while living abroad or who paid their own passage to England to enlist there. They made this choice because of restrictions placed on enlistment numbers with the AANS. Their independent and determined desire to serve was to work to the detriment of a large number of these nurses. Because they had made their own way to England, they were not included on the Register of QAIMNS nurses sent to England at the request of the War Office. In Australia as late as December 1919, the eligibility of nurses who served with the QAIMNSR for a war gratuity continued to be debated, chiefly because they had not served with the Australian forces. The issue was partly resolved by February 1920 when a number of QAIMNSR nurses became eligible for a war gratuity. As occurred with many other decisions in relation to the treatment of returned nurses, the eligibility for a gratuity was not granted to all. Helen Grace Doyle found when she applied for her war

97 Ibid.
98 NAA, A2487/1, No. 2364, War Gratuity Bonds.
99 AWM27, 373/12, Roll of Australian nurses who served abroad with QAIMNSR, 4 November 1921.
100 NAA, A2487, 20/4039, Eligibility of Imperial Nurses for Repatriation Benefits, 19 February 1920.
gratuity on 25 January 1922 that her claim was rejected, because she was not listed on the Register outlined above.

As your name does not appear on the register of those nurses who were specially selected for service in the AIF and sent abroad by this Department in 1915 at the request of the Imperial Authorities you are not eligible to participate in payment of the Gratuity.¹⁰¹

There is no record if this decision was ever reversed, but there was a level of inconsistent decision-making in the awarding of gratuities that clearly discriminated against women. After due consideration it was decided that only 129 Australians who served with the QAIMNSR were to receive any gratuity.¹⁰² It would appear that close to another 200 nurses who served with the QAIMNSR were not successful.¹⁰³ Once the eligibility for a gratuity was determined and the service of QAIMNSR nurses was recognised as being at a level equal to that of the AANS, payment was made through the Commonwealth and administered by the War Gratuity Board.¹⁰⁴

All applications for a war gratuity, disability pension, or Repatriation Benefits as laid down in the Repatriation Act (No. 37 1917), irrespective of whether it was for a returned soldier or a nurse, were open to intense scrutiny. Unfortunately for nurses they were

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¹⁰¹ NAA, PP893/1/0, M37432, V1, Medical Case File Helen Grace Doyle


¹⁰⁴ NAA, A2487/1, No. 2364, War Gratuity Bonds.
rather ambiguously included in the Act as ‘discharged soldiers’.\textsuperscript{105} As a large number of returned nurses remained single after World War One their needs were quite different from those of a returned soldier, a factor not recognised by the Commonwealth government. Jan Bassett claims that half of the nurses who served during the war remained single and were the main breadwinner in some families.\textsuperscript{106} Without a husband, they had to support themselves without enough money to provide a reasonable standard of living.

\section*{THE NEED FOR A SUITABLE STANDARD OF LIVING}

Any discussion about what constituted a reasonable standard of living had foundation in the decades prior to World War One. In 1907, Justice Higgins handed down the Harvester Judgement, designed to provide a basic standard of living for workers and to reduce poverty. Wages were to be graded according to the amount of money an unskilled labourer and his family were judged to be able to live on.\textsuperscript{107} The repatriation benefits that the Commonwealth Government brought in were in line with the guidelines specified in the Harvester Judgement. Within the guidelines of the Repatriation Act (1917), was the Government’s obligation to provide for each returning soldier or nurse, the

\textsuperscript{105} In Section 4, 2 (b) of the Repatriation Act the definition of ‘soldier’ was outlined as being ‘any person during the present war, who was a member of the Army Medical Corps Nursing Service accepted or appointed by the Director-General of Medical Services for service outside Australia.’


opportunity to earn a ‘living wage’. However this ‘living wage’ was to be a handicap for many returned nurses who wanted to continue in their profession. Under the Harvester Judgement unmarried nurses were entitled to 54% of the male basic wage. For nurses seeking employment within their profession, this system of wage disparity between men and women was to their decided disadvantage. Simply because of their sex, ‘a living wage’ would not even provide a moderate standard of living. The QAIMNSR sister Edith Donaldson for example, was struggling to survive financially and because she was unable to return to nursing she began training in millinery at the College of Domestic Economy in Melbourne in November 1920. This was to provide her living expenses as it was not until 1928 that she married William Matheson and gained some financial security.

Under the terms of the Repatriation Act (1917) a discharged soldier or nurse could also apply for sustenance. This was another form of monetary entitlement that could be used for occupational training other than the one for which they had originally trained. Edith Donaldson applied for sustenance to pay for her sewing machine so she could work from home. She explained her reasoning, saying it was ‘impossible to get engaged otherwise ... employment opportunities are

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108 Senator Hon E.D. Millen, Summary of Assistance and Benefits provided by the Department of Repatriation under the provisions of the Australian Soldier’s Repatriation Act 1917-1918, Melbourne, 31 July 1918, p. 1.


111 [Index to Victorian Birth Death and Marriages](http://www.bdm.vic.gov.au/)
extremely slack’. Her application for finance to buy this machine was initially refused and only granted after she wrote a letter of complaint. Like so many others, Margaret Cumming was not receiving a disability pension or any repatriation benefits either. She had the added financial burden of caring for her elderly mother. One of the assignments in her five year war service with the QAIMNSR was at a Casualty Clearing Station in France close to the Somme. During 1925 she was caring for three elderly women but wages received from them were just enough to make ends meet. In her application to the ECTF she asked for financial assistance to buy 'clothing and a warm dressing gown for winter'. Her decision for charging the elderly women so little can be considered somewhat puzzling in a period of growing unemployment and increasing economic instability. Was it that her clients could not afford any more, or was it simply that as a nurse, caring for these ladies was more important to her than asking for more money?

The cost of living had risen markedly during the war and did not fall until 1923 and there was no increase in the basic wage until 1927. Employment opportunities did not recover to pre-war levels either. Unemployment steadily increased and by 1932 during the

113 Ibid.
114 NAUK, QAIMNSR, Personnel Records, WO399/1941, Margaret Cumming.
115 NAA, ECTF, Op.cit., Application for Assistance, Margaret Cumming, 1924-25, Cumming only charged the three women £2.2.0.
116 Ibid.
economic depression, 30 per cent of people in unions were unemployed.\textsuperscript{118} Applications for the aged and invalid pensions increased markedly during the depression years. This was due principally to the decline in support given by friends and relatives, who also found their own resources severely reduced.\textsuperscript{119} Yet World War One was the facilitator of change in both military and civilian nursing practice.\textsuperscript{120} The war aided the development of new nursing techniques because of the need to treat mass injury and trauma, and there were substantial increases in the development and use of blood transfusion and skin grafts. Even though the war brought about changes to the labour market, with more employment opportunities open to women, returned nurses often struggled to find work post-war. Many others worn out in body and soul, never nursed again.

At war’s end, while some nurses did not want to return to nursing in Australia, others were no longer young or had health problems which prevented continuing in their profession. Even though farming required a certain degree of physical strength, it was promoted by nursing sisters as early as 1917, writing to the \textit{Australasian Nurses Journal} that going on the land would be recuperative.\textsuperscript{121} In a letter to the editor of the \textit{Journal} it was declared that if any nurse returned from the war with ‘nerves’, raising poultry or fruit farming was a good way to

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\textsuperscript{119} F.A. Bland, ‘Unemployment Relief in Australia; in \textit{Ibid}, p. 166.

\textsuperscript{120} Harris, \textit{Op.cit.}, p. 217.

\textsuperscript{121} \textit{Australasian Nurses Journal}, 15 November 1917, p. 399.
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convalesce. This is one of the few indications in contemporary documentation that ‘nerves’ were recognised as a problem for returning nurses within the profession. Still within the Soldier Settlement Scheme the right for nurses to take up land, was not encouraged and treated with some consternation in government circles, both state and federally. It was thought that giving land to a nurse prevented a returned man acquiring a block, as it was perceived that he ‘deserved’ it more. South Australia, the first state to give its women the vote, was also the first to include nurses in land settlement legislation in 1915. There appears to have been little or no restrictions preventing nurses taking up a block of land in South Australia or in Western Australia where they were included in land settlement legislation in the early months of 1920. While there was a change in policy which extended the provision of soldier settlement to returned nurses, it appears that their inclusion in the Repatriation Act (1917) was instrumental in bringing about changes at a state level. Within this Act, nurses were outlined as being entitled to the same benefits as a returned soldier. This was outlined in a Department of Defence Pamphlet as: ‘these advantages are extended to nurses, as well as soldiers’.

122 Ibid.
123 Selena Williams, Not Openly Encouraged: Nurse Soldier Settlers After World War One, MA (Hons), University of New England, Armidale, 2010.
124 In South Australia a nurse’s application for land depended simply on her ability to farm by herself if she was single and being married, did not invalidate her claim. In Western Australia, if a nurse was married, she was still able to apply under her own name along with that of her husband.
125 NAA, MP367/1, 535/4/381 AIF Department of Repatriation and Demobilisation: Pamphlet.
By 1920, despite all states including returned nurses in their soldier settlement legislation their eligibility for acquiring a block of land continued to be debated. The Comptroller of the Department of Repatriation stated after begrudgingly approving the application for land from an AANS nurse, Beulah McMinn, that because she was married she should not be entitled to it. He stridently declared, ‘by extending eligibility for land to these nurses, it opens the door for others to apply such as those who hadn’t served their country in its hour of need’.\(^{126}\) His statement again shows the lack of recognition or knowledge in Commonwealth and state legislation about the eligibility of returned nurses to take up land. This belief belittles the importance of the frequently dangerous and dedicated work nurses performed in all theatres of war. He pointedly degrades the contribution of women to the war effort by aligning them with deserters and conscientious objectors.

Nurses were entitled to the £500 advance available to all settlers brought about because of an agreement between the States and the Commonwealth in 1917 at a Premiers’ Conference held in Melbourne. Because this amount was declared to be inadequate for the purpose, on 18 July 1918, due primarily to the efforts of the NSW Minister for Lands William Ashford, the amount was increased to £625 to be paid by the Commonwealth.\(^{127}\) Few nurse soldier settlers were successful on the land under the Soldiers Settlement Scheme although Annie Smith in

\(^{126}\) NAA, A2487, 20/3265, Department of Repatriation Minute Paper, 12 September 1919.

\(^{127}\) SRNSW, NRS 8056, Returned Soldiers Settlement miscellaneous files, c1916-25, [19/7028]. 18 July 1918.
Victoria was on her block for six years. A significant proportion of male soldier settlers were similarly considered failures after the war. Their farming experiences were inhibited by drought, debt, blocks too small on which to make a living and poor returns for their produce. Marion Broughton took up her block of 437 acres near Inverell in rural NSW on 12 December 1919 but by June 1922 had abandoned the holding, simply walking off, leaving 140 ewes and 60 lambs ‘without water, needing prompt attention for shearing’. After leaving her soldier settlement block her health declined and she passed away in Callan Park Mental Institution in Sydney. She had struggled to maintain her health and living standards on her return home which contributed to her death.

RETURN AND RECOVERY

Because of the lack of surviving documentation concerning the service of women who did not participate in the medical war, it is difficult with a few exceptions, to glean how these women felt when the war was over. Even though Vida Lahey travelled widely throughout Europe just after the war ended, ‘the shadow of war’ remained with her and she

130 SRNSW, Returned Soldiers loan file, NRS 8058, [12/7066, No. 5106], Marion Broughton, June 1920.
131 SRNSW, Supreme Court of New South Wales, Probate Packets, NRS 13660, Series 4 [No. 194266, Box 1715] Marion Broughton.
retreated to Tasmania to recover. Fortunately through her art we get some understanding of her feelings. While her 1924 painting *Rejoicing and Remembrance Armistice Day 1918* denotes some expression of joy, the dark imagery surrounding the characters in the foreground, their heads covered and bowed, speaks volumes about the retention of loss, pain and grief.

Another Australian artist, Dora Meeson Coates also had difficulty returning to a normal life after the war. Meeson was a fervent feminist who prior to the war was in London working with the British Dominions Women Suffrage Union. Many of the posters she designed

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promoted the ideals of suffrage and women’s rights. Meeson’s husband George Coates was discharged medically unfit after serving with the Royal Army Medical Corps as a ward orderly. Coates had joined the medical corps in 1915 but was treated several times between 1918 and 1919 ‘for neurasthenia and insomnia’. He continued to be unwell for some time and died suddenly from a stroke in 1930. Meeson’s paintings in the early years after the war depict very little happiness because in her mind there was little to celebrate. She believed that the war ‘shattered lives, health, homes, careers and fortunes’,.

CIVILIAN AND NON-MEDICAL WOMEN

There is a paucity of surviving information about the return to Australia of many other women who served as VADs, worked in munitions, or with comfort funds overseas. As these women were not entitled to pensions, repatriation benefits or gratuity payments, it is difficult to locate information about their health or even their everyday lives when they returned to Australia. Fortunately through Nancy Birdwood’s diary we get some understanding of her journey home and her life in the years after completing her war work as a VAD. Birdwood married Frank Colin Craig, a grazier from Western Australia, in England on 3 March 1919.

133 British Army Pension Records, Medical Report of a Soldier, George James Coates No. 541073, www.ancestry.com

In her diary, she described her voyage home to Australia as ‘dreadful’ - already pregnant, she was terribly sick, ‘the sea was rough and the cabin horrible’. She thought the soldiers on board were supremely undisciplined as they roamed the officers’ decks behaving like unruly children out of school. Even though her father had told her that life in rural Western Australia would be different to anything she had previously known, she accepted that the decision was her own. Despite this, in the early years she suffered terribly from loneliness and the separation from the rest of her family who were still in England. Nancy Birdwood’s existence after the war must have been difficult for her living on a farm in rural Western Australia, far removed from the environment and social customs she knew and had been familiar with in England. Her father brought this to her attention when she was leaving England telling her, ‘don’t expect to go 16,000 miles away and

find exactly the same speech habits and customs you have been used
to’.\textsuperscript{136} She felt her work as a VAD had been validated when she found out she was Mentioned in Despatches. General Howse she recalled, who had been so against her working as a VAD, ‘would now not have thought of her too badly’.\textsuperscript{137} Even though she hated leaving England, she remembers how she felt when she saw Plymouth fading into the distance, ‘she had an odd adult feeling on going so far away from her parents’ protective arms’.\textsuperscript{138}

Like many of the women written about here, little is known about the mental and physical health of the many hundreds of other women who were engaged in a wide range of occupations during the war. Rania MacPhillamy worked at a canteen at Kantara in Egypt with Alice Chisholm providing a ‘home away from home’ for Australian troops. She struggled to cope after her beau Ronnie Macdonald serving with the 1\textsuperscript{st} Light Horse, was killed by a Turkish sniper’s bullet on 8 August 1916.\textsuperscript{139} His death and the work she was doing took a great toll on her and ‘she suffered extended periods of despair and exhaustion at Kantara before leaving Egypt in a frail condition’.\textsuperscript{140} She returned to Australia on the \textit{Morvada} on 29 August 1919 but suffered for some time

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\item \textsuperscript{136} \textit{Ibid}, p. 57.
\item \textsuperscript{137} \textit{Ibid}, p. 52.
\item \textsuperscript{138} \textit{Ibid}.
\item \textsuperscript{139} NAA, B2455, World War One Personnel Dossiers, Lt. Ronald Alexander Leslie Macdonald, No. 462.
\item \textsuperscript{140} Horsfield, \textit{Op.cit.}, p. 130.
\end{itemize}
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after the war with insomnia and depression.\textsuperscript{141} MacPhillamy married Dr Clive Single whom she had possibly first met at Kantara. Single and MacPhillamy were both from wealthy rural families and shared a similar class and social background. After their marriage in 1920, the couple settled at Moree where Clive took up a medical practice. They lived there until 1925 when they moved to Sydney. In 1927 he established his practice in Macquarie Street. Unfortunately Clive Single passed away suddenly in 1931, his early death attributed largely to a serious wartime illness of malignant malaria.\textsuperscript{142}

**HOMECOMING FOR FEMALE DOCTORS**

Because of strong opposition to their service with the Australian military, twenty two Australian women doctors served with another country or service: in France, England, Egypt and in Serbia with the Scottish Hospitals for Home and Foreign Service (SHHFS). As their war work was diverse, so also was the manner of their return and their post-war struggle to find peace, contentment and a level of employment befitting their professional experience. In 1918, Dr Laura Hope Fowler resumed her pre-war missionary work in India with her husband Charles who was also a doctor. There she travelled on horse-back through Christian parishes: work she said that refreshed her in body, mind and spirit.\textsuperscript{143} Dr Agnes Bennett returned to live in Wellington,

\textsuperscript{141} Ibid.

\textsuperscript{142} Ibid, p. 201.

New Zealand and worked as chief medical officer at St. Helen's maternity hospital, a position she held prior to the war. In her diary, she described how ‘it was not easy to settle down’ after the war. There seemed she wrote, ‘to be an upheaval of all previous social values and one had to evolve a new perspective on life’. Even though it took some years for her to feel completely refreshed and well again, she travelled widely, visiting maternity hospitals in San Francisco, Chicago and New York and in London, attended a British Medical Association Conference on obstetrics. During this period she retained her interest in the push for the equality and education of women and was an active member of the International Federation of University Women.

In the first decades after the war, few if any female doctors held medical positions commensurate with their professional expertise and experience. According to a sample taken from the English Medical Directory in the period leading up to the 1930s, apart from obstetric surgery, none of the female doctors who had performed surgery during the war were employed as surgeons after it was over. This sample taken in England appears to have been emulated to a large extent in Australia. As well as running a successful medical practice in Brisbane, Dr Lilian Cooper did do a small amount of surgical work. In June 1923 however, she faced a direct impediment to her professional status when

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145 Ibid.


she was taken to court and charged with the incorrect use of instruments in an operation.\textsuperscript{148} The case could not be proven against her and was dismissed.\textsuperscript{149} By 1926 she was semi-retired and living in Kangaroo Point, Brisbane.\textsuperscript{150} In 1928 she became a foundation fellow of the Royal Australasian College of Surgeons. \textsuperscript{151}

Due to the large number of male doctors returning home to hospital appointments and elite surgical positions, women doctors tended to be relegated to occupations below their professional ability. There was preferential treatment being given to returned soldiers that restricted the availability of positions for medical women. On their return to Australia the majority of women doctors worked in paediatrics, general practice or obstetrics or in women’s health and infant or child welfare. This seems to have been an area of medicine that few male doctors in the period were interested in working. Dr Eleanor Bourne worked in infant welfare and child hygiene before the war and returned to this work after the war. She lived in the city of Carlisle in Scotland until 1928, where she was employed as assistant medical officer organising child welfare services.\textsuperscript{152} Vera Scantlebury Brown was also heavily involved in infant and child welfare. Appointed a director of infant welfare with the Victorian Department of Health, she

\textsuperscript{148} \textit{The Cairns Post}, 2 June 1923, p. 5.

\textsuperscript{149} ‘Medical Operation Case: Verdict for Dr Lilian Cooper, \textit{Maryborough Chronicle}, 6 June 1923, p. 6.

\textsuperscript{150} Lilian Violet Cooper, \textit{Australian Dictionary of Biography}, http://adb.anu.edu.au/biography/cooper-lilian-violet-5770

\textsuperscript{151} Ibid.

was instrumental in creating a strong link between the birth of a child and the attendance of the mother and child at baby health centres.\textsuperscript{153}

She resumed her education and was awarded the degree of Doctor of Medicine in 1924 continuing her work in infant welfare until her death in 1946.\textsuperscript{154} Rachel Champion married a surgeon, Lt. Col. Charles Gordon Shaw in London during the war.\textsuperscript{155} He continued to work in Collins Street, Melbourne as a surgeon after the war. The couple are listed on the \textit{Commonwealth Electoral Rolls} 1924, when they were living in Toorak, Melbourne, but Champion’s occupation at that date was stated as being ‘home duties’.\textsuperscript{156}

Several others became successful in private practice. Dr Marjory Elaine Little held a number of consultancy positions at Sydney Hospital, Royal North Shore and at Rachel Forster Hospital. Dr Hannah Sexton took up private practice in Melbourne remaining there until 1919 when she returned to Europe. She chose to live in Florence where she worked amongst the poor. She died in London unmarried on 12 October 1950.\textsuperscript{157} Mary Clementina de Garis returned to Geelong, Victoria working as an obstetrician as did Phoebe Chapple who resumed private practice and

\begin{itemize}
  \item \textsuperscript{153} Vera Scantlebury Brown, \textit{Australian Dictionary of Biography}, http://adb.anu.edu.au/biography/scantlebury-brown-vera-8350; Vera Scantlebury married Dr Edward Byam Brown on 18 September 1926.
  \item \textsuperscript{154} \textit{Ibid}.
  \item \textsuperscript{155} \textit{Marriage Bonds and Allegations 1597-1921}, Ancestry Family History Site, www.ancestry.com, Charles Gordon Shaw and Rachel Champion, Langham Place, All Souls, Middlesex, MS 10091/302. The marriage took place at All Saints Church Marylebone, London on 29 September 1917.
  \item \textsuperscript{156} \textit{Ibid}, \textit{Commonwealth Electoral Rolls}, 1924.
  \item \textsuperscript{157} Hannah Mary Helen Sexton, \textit{Australian Dictionary of Biography}, , http://adb.anu.edu.au/biography/sexton-hannah-mary-helen-8389
\end{itemize}
obstetrics at North Terrace in Adelaide. Throughout their lives these women promoted women's health, sexual equality and feminist ideals. Dr Chapple worked tirelessly in the field of maternity specialising in the care of unmarried mothers. Even though the aims and ideals of women's welfare were at the forefront of her work she was politically motivated. In 1919 she stood for the municipal elections in Adelaide, supported by the feminist Women's Non-Party Association and in 1937 travelled to Edinburgh, where she was the Australian delegate at the Medical Women's International conference.

In 1922, the Rachel Forster Hospital in Pitt Street, Redfern was opened by Drs Harriet Eliza Biffen and Lucy Gullet, to be a hospital staffed by women for the exclusive use of women. The hospital was named after Rachel Forster, charity worker and philanthropist, wife of the seventh Governor-General of Australia Henry William Forster who had arrived in Australia in 1920. Rather than concentrating on obstetrics and maternity, staff at the hospital focused on the general health of women which they believed was neglected in current medical practice. As well as Lucy Gullett, three other doctors who served in World War One, Marjory Little, Emma Buckley and Elsie Dalyell worked at the hospital in its early years. Dalyell particularly, fought a long and tough battle with authorities to establish a Venereal Disease (VD) clinic

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159 *Ibid*.


for women at the hospital and also to obtain the necessary government funding.\textsuperscript{162} Originally there was opposition to this clinic as services for the treatment of men with VD in clinics attached to major hospitals were considered sufficient. Women had few avenues for treatment of VD however, other than with a gynaecologist. Even though legislation was introduced in 1916 which supposedly defined VD as a sexually neutral disease, prostitutes and ‘amateur’ women were seen as being the source of infection in men.\textsuperscript{163} Between 7 January 1925 and 14 January 1926 a Royal Commission was conducted to discuss health in New South Wales.\textsuperscript{164} One of the outcomes of this Commission was that there was indeed a need for this form of medical care for women.\textsuperscript{165} This effectively created an avenue for the VD clinic at the Rachel Forster Hospital to exist. While issues of state control are not central to this thesis, the autonomy of the hospital as being purely for women, run by women, was inherent to its function and existence. In 1924 Dalyell accepted a post as assistant microbiologist under the Director of Public Health, and it was chiefly her work in that position which led to the high quality of treatment at Rachel Forster for women patients with VD.\textsuperscript{166} By 1924 the Rachel Forster Hospital had treated 1,000 patients yet by


\textsuperscript{166} \textit{Ibid}, p. 274.
1933, it was still the only care facility of its kind in NSW. Importantly, the Rachel Forster Hospital provided an avenue where women could now be treated with care and compassion.

**AWARDS AND DECORATIONS**

It is difficult to determine if the women in this study were simply motivated by patriotism, or ambition and self-advancement in their roles as leaders and administrators when the war began. As the war progressed, a large number through their skills and professionalism gained a high level of authority in their chosen fields and were respected and highly regarded. This is evidenced by the large number of awards received by Australian women for bravery, service or leadership from allied countries such as England, France, Italy, Russia, Greece, India, Serbia and Belgium. As shown earlier, eight Australian nurses received the Military Medal and 183 women were Mentioned in Despatches. Dr Phoebe Chapple was also awarded the Military Medal and Drs Laura Margaret Hope and Agnes Bennett received awards from India and Serbia respectively. Dr Hope received the Indian government award, the Kaisar-i-Hind medal, and in 1916 Dr Bennett was appointed to the Order of St. Sava, a decoration instituted by King Milan [I] of Serbia in 1883. Olive Kelso King was awarded the very high honour of

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167 *Ibid*, p. 278, The Rachel Forster Hospital was closed in 2003 with staff moved to the Royal Prince Alfred Hospital. In disrepair for many years, the building was demolished and the site redeveloped for housing.


the Serbian Silver Medal for Bravery and in 1918 received a further commendation from the Serbs, the Gold Medal for Zealous Conduct.\textsuperscript{170}

On 12 December 1918 just before the Scottish Hospital at Royaumont was closed and a month after the cessation of hostilities, Millicent Sylvia Armstrong received her Croix de Guerre in a grand ceremony.

At 2 o’clock in the afternoon all staff were gathered in the great hall now known as the ward ‘Canada’. The beds had been cleared away from the centre of the ward, but there still remained a row of them down either side. The staff stood at the far end with those who were to receive Croix de Guerre in a line in front. Following the Marseillaise - the military party (stood) at the salute. Next another fanfare was given and the ‘citation’ for Miss Ivens read out – a splendid and fitting tribute to her unceasing work of the past four years and a magnificent honour to the Hospital. Medals were pinned on chests.\textsuperscript{171}

Armstrong and twenty three others including Frances Ivens received their decorations that day.\textsuperscript{172}

A number of women both medical and non-medical received the Order of the British Empire (OBE) for service during the war. Among the many women who were honoured in this way were Argia Samuel, Rania MacPhillamy and Alice Chisholm who was made a Dame Commander of the OBE. Mary Elizabeth Chomley was also awarded an Order of the British Empire for her work with prisoners-of-war. Others to receive this award included Drs Elsie Dalyell and Vera Scantlebury Brown and AANS nursing administrators Evelyn Conyers, Maud Kellett

\textsuperscript{170} AWM, REL/18755.002, Miniature British War Medal 1914-1920: Sergeant O. Kelso King, Scottish Women’s Hospital and Serbian Army.

\textsuperscript{171} Mitchell Library Glasgow, Scottish Women’s Hospital Correspondence: 1 Vol, Large trunk: Royaumont Unit, Order No. 11,726, Le Maréchal de France Commandant en Chief Petain to Miss Ivens, 12 December 1918.

\textsuperscript{172} Ibid.
and Grace Wilson. The OBE had a specific section relating to military activities during World War One and it was due to this that women were able to receive the award.

Numerous AANS nurses and those who served with allied countries received the Royal Red Cross (RRC), a decoration rather than a Medal, instituted by Queen Victoria in 1883. The RRC was established for women only, at a time when only women were nurses. There were two classes of the RRC: those who received the decoration at the level of First Class, were entitled to use the letters RRC after their name and could use the title 'Member'. The award at the level of Second Class were ‘Associates’ and people receiving this could use the letters ARRC after their name. The decoration was awarded for auspicious duty and care for members of the army and navy. As well as the Royal Red Cross First Class, Hester Maclean who led the New Zealand Nursing Service was awarded the Florence Nightingale Medal in 1920. At the presentation ceremony her work was recognised in the following way: ‘Miss Maclean’s work has not been done in the limelight, and on that account few people have much idea of the magnitude of her labours, involving constant strain on mind, body and spirit’. AANS sister Alice-Ross Appleford (nee King) who had been awarded the Military Medal in France during World War One also received the Florence Nightingale


174 Ibid.


Medal in 1949. She received the award because of work with the International Red Cross and the Australian Army Medical Service during World War Two.

Because so many Australian women served in numerous countries and theatres of war, the awards received by them indicate that their war service was greatly appreciated by the allied nations they supported. These nations recognised their exemplary service during World War One. Similar recognition has not been given by the Australian government to the women who served with a country that was not their own.

**WHAT CHANGES DID THE WAR BRING ABOUT FOR WOMEN?**

Husbands returning home after the war wanted their wives to return to the domestic role of housewife and mother, to re-establish the home-front to its pre-war peaceful environment. The mind-set that a woman’s place was in the home was to remain remarkably consistent for many decades after the war. With the end of the war in Australia there was therefore a post-war reaction against women workers that reinforced gender roles. While the war brought about an expansion of gender relations during the war these were short lived after the war. In comparison to 1911 when 28.5 percent of workers were female, in 1921 this had dropped to 26.7 percent. The employment of married

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women did provide a high level of cheap labour however. Directly after the war, ‘in the face of recession and unemployment reaching 9% in 1921, manufacturing did expand with increasing female workers employed in the printing, cotton and rubber industries’.\footnote{Edna Ryan & Ann Conlon, \textit{Op.cit.}, pp. 112-114.} As well, there was a marked growth in female employment in clerical work and in the retail trade. Despite this, many women were forced back again into employment that had historically been theirs in laundry or domestic work. Even though Australian women had a relative degree of autonomy and freedom during the war, this did not mean there was equal opportunity in their working lives after the war was over. Even though by 1923 for example, women were increasingly being employed as bank officers, they received 66% of the male basic wage.\footnote{Ibid, p.115.} Similarly, in 1927, women in the textile industry were receiving only 52% of the basic wage.\footnote{Ibid.} Even though wage inequality was persistent and difficult for single women as so many were after the war, ‘in the first half of the 20\textsuperscript{th} century, the proportion of women officially in paid work remained fairly constant at 25%, except for a slump in the 1930s depression’.\footnote{Raelene Frances, Linda Kealey and Joan Sangster, ‘Women and Wage Labour in Australia and Canada, 1880-1980’, \textit{Labour History}, Vol. 38, Fall, 1996, p. 56.}

**CONCLUSION**

This chapter has revealed that the return to Australia for both medical and non-medical women who served during World War One was far
from trouble free. The end of the war did not equate with the end of suffering. Numerous women struggled to regain a sense of normality after the emotion of war and the pain and suffering they had seen and dealt with. As the records of the ECTF and National Archives Repatriation and Medical Case Files have shown, possibly hundreds suffered debilitating and continuing mental and physical health which impacted on their quality of life. Society had changed but so had they, but as women, their place and status gained little because of their war service. The question must then be asked: what did they achieve and was it worth all they had been through? The return to civilian life for nurses particularly was not easy, as many single nurses struggled to work in a profession of their choice while others suffered grim hardship and poverty without government support. Any recognition about the value of their work was more notable in the first few years after the war, but as time went by their contribution as military nurses faded in the public eye.

Female doctors continued to have a level of status below that of their male counterparts. Most of these women never returned to surgical work and were largely employed working in areas of female health and child welfare. The first years of peace were to be an unsettling time in Australia, war-worn and weary nurses and doctors mourned the death and loss of those they had cared for. Grief was internalized individually which made recovery difficult. Nationally and publically, death was articulated as noble and just. Nurses struggled to see any honour and nobility in this waste of life and after nearly five
years of war many continued to question the sense of it all. While the
dead lay in distant graves, for many, the memory of those deaths
remained close by.
CONCLUSION

This thesis has explored the experiences of Australian women who after taking the long journey to war, worked as civilian volunteers and in paid employment with allied medical or paramilitary services during World War One. As well as a large group of nurses, twenty-two female doctors also served overseas. Significantly this thesis has brought to the fore the experiences of around one thousand other Australian women whose war service in a range of occupations, has largely been unacknowledged. Included in this figure are three hundred women who served with the Queen Alexandra’s Imperial Nursing Service Reserve (QAIMNSR). A large number of Australian women were members of Voluntary Aid Detachments (VADs) engaged in war work overseas serving with the Australian Red Cross Society (ARCS) and the British Red Cross Society (BRCS). Because members of this last group were numerous and worked continually throughout the war they were very visible in hospitals, convalescent homes and military encampments. Despite this they have never been given full recognition or historical status as contributors to the war effort. The journey to war taken by these Australian women and the recounting of their personal experiences has until now been lost in the mire of the military war. My thesis through complex and detailed research in the United Kingdom and Australia, has allowed the war work of this largely forgotten group of women to be confirmed and appreciated.

By utilizing the themes of gender and war and gender and travel, this study has negated the contention made by Anne Summers in
Damned Whores and God’s Police that ‘women were not provided with opportunities to step beyond their traditional roles during World War One’.¹ She argued that the activities of Australian women during the war remained ingrained with the set gendered customs, beliefs and manners of the past. When Australian women travelled away from their own country seeking work with an allied nation or as a volunteer during the war, they did so largely with strength, resilience and resolve.

The freedom of choice and action about how and when to contribute to the war effort was founded in and evolved from the struggle for women’s citizenship in Australia that began in the late 1890s.² At that time, many of the traditions that hindered and subordinated women affecting their right to equality in a patriarchal society were being questioned. Increasingly women were gaining a sense that they as individuals were entitled to economic and social equality and therefore autonomy.³ Employment opportunities were being enhanced as well with more women earning a living in factories, as clerks, in domestic service and in the professions as teachers, nurses and doctors.⁴

The Commonwealth Franchise Act of 1902 made it possible for Australian women to vote in federal elections, a right that had not been

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³ Ibid, see also Marian Sawyer and Marian Simms, A Woman’s Place: Women in Australian and British Politics, Sydney, Allen and Unwin, 1984.

given to women from the United Kingdom, the United States and many other countries.\textsuperscript{5} As Audrey Oldfield has stated, ‘Australian suffragists were part of a world movement ... they were aware of it and proud of it’.\textsuperscript{6} It cannot be determined if obtaining the vote gave Australian women greater confidence or that they felt they had more value as citizens than women from other nations. There was a belief by suffragists such as Rose Scott however that the vote allowed women to break away from slavery. ‘She had belonged to her parents and ... to her husband and now ... she demands that she should belong to herself’.\textsuperscript{7} Set customs and traditions prior to the war were fluctuating and expanding but because so many women travelled independently to war, this allowed greater access to a masculine and public sphere that had largely excluded them.

By taking their own journey to war the women in this thesis were no longer ‘apart’ divided by gender and societal expectations, but their actions as full contributors to the war gave them a level of access to masculine militarism that went far beyond the traditional. Working in occupations across a range of war fronts in occupations and roles only carried out by men previously, allowed these Australian women to be integrated into the war and to therefore ‘step beyond the traditions of the past’.\textsuperscript{8}


\textsuperscript{7} Rose Scott, ‘Woman has been a slave too long’, cited in Marilyn Lake, \textit{Getting Equal: The History of Australian Feminism}, Allen & Unwin, St. Leonards, 1999, p. 30.

\textsuperscript{8} Summers, \textit{Op.cit.}
World War One contributed significantly to the construction of masculinity in Australian culture. The actions of Australian soldiers at Gallipoli in 1915 and on the Western Front in France and Belgium between 1914 and 1918 have been glorified which has meant that these men have been held up as honourable instigators of the ANZAC legend. Yet this concept has failed to include or validate the war service of several thousand Australian women who also worked overseas in a range of occupations and locations. Included in this number are over two thousand nurses who served with the Australian Army Nursing Service (AANS) although their experiences have not been central to this thesis. Unquestionably, all women regardless of what occupation they were engaged in during World War One did so in support of the military. These Australian women cannot simply be categorised as a marginalized group cast in the shadow of the Australian soldier which much of the historiography of the war has suggested. The Australian women in this thesis, who took their own journey to war, created their own place and proud legacy.

Women have been active in war as nurses and in other occupations in support of the army during the Crimean War, the American Civil War and the South African war. This thesis has shown that in World War One women were brought together at a scale and extent that exceeded any work and involvement in these previous wars but that additionally, women had greater choice about what work they became engaged in. By doing so with resilience, dedication and
autonomy these Australian women were not simply bystanders but rather, full participants in war.

It has been argued that the journey to war taken by many of these women began in the decades before hostilities began. In this period, a large number of women left Australia for Europe, Britain, Canada and America for career advancement, education or simply cultural illumination. Aided in part by the growth of modernity, Australian women became travellers and tourists reaching out for a world far removed from their own, with its rigid middle-class conformity and limited cultural refinement. Women who journeyed from Australia in a time of peace and who were overseas when the war began found the focus of their journey changed. Many of these women did not return to Australia but quickly found an occupation to aid the war effort either as a volunteer or with one of the allied medical or paramilitary services.

Once war was declared large numbers of women paid their own passage overseas seeking war work away from the security of their homeland. Journeys such as these provided more opportunity for employment in a wider range of occupations than available for women who remained in Australia. Work on the home-front within the realm of domesticity, was seen by the government as the most suitable for women during the war. The women travellers in this thesis who took the long journey to war broke away from this traditional, accepted domestic and familiar sphere, choosing to leave it behind.
This large group of women included trained professionals: nurses and doctors, who were not permitted to serve with the Australian army and its medical services. Professional women such as these would not take ‘no’ for an answer when told that their skills were not wanted by their own country. Because of restricted entry into the AANS particularly, nurses joined the medical services of France, Canada, England, New Zealand and South Africa. Female doctors were prevented from serving with Australia as well. Paying their own passage overseas, some of these highly skilled doctors joined the Royal Army Medical Corps (RAMC) although with different pay and rank to male doctors. Others joined the French Red Cross, the Endell Street Military Hospital and Scottish Hospitals for Home and Foreign Service (SHHFS) where they were given a fair salary and rank and unlike in the RAMC, could wear a uniform. They were now able to contribute to the war effort as they wished and at a level befitting their experience and training.

Some women with limited skills or medical knowledge joined Voluntary Aid Detachments (VADs) under the auspices of the Australian Red Cross Society (ARCS) and the British Red Cross Society (BRCS). These middle-class women became engaged in simple nursing tasks or menial domestic duties which in the past had been undertaken by their servants. A large proportion of these women had never worked before either in the home, or for wages. Because of the war this was to change markedly as a large number started to earn a wage for the first time. This is an example of how women removed themselves by choice and
action from the accustomed traditional patterns of class and social background. Other women worked under the ARCS and BRCS not as VADs, but as volunteers: as hospital visitors, drivers and comfort workers and in a range of civilian and administrative roles in England, France and Egypt. Some took up land work while others were employed manufacturing munitions or in the area of factory workers’ health and welfare. These university trained women had the resources, knowledge and opportunity to continue work that mirrored the qualifications they had received before hostilities began.

In Australia during World War Two, unlike in World War One, women were eventually encouraged to join the military in non-combatant roles but this only occurred after considerable debate by the Australian government. Their inclusion was thought to impair the role of women within the home and family. Female military services were not inaugurated in Australia until after World War Two began. The Women’s Auxiliary Australian Air Force (WAAAF) was eventually formed in March 1941 but chiefly because of a critical shortage of telegraph operators. Women who were already trained by voluntary groups were some of the first to enlist in the WAAAF. Authorization of the Women’s Royal Australian Naval Service (WRANS) followed in April 1941 and the Australian Women’s Army Service (AWAS) on 13 August 1941.9 Despite ongoing reservations by officials during World War Two about women in these services, there was certainly some retrospective appreciation of the work carried out by women in the military in the

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earlier war which aided their increasing acceptance after 1941. As occurred in World War One, women in uniform were progressively seen as a necessity but unlike in that war when women in uniform confronted many in society, in World War Two women in uniform were applauded rather than denigrated. Women in uniform were now also seen by many as glamorous wartime participants because of widespread recruiting campaigns in the press.¹⁰ Unlike in World War One, Australian women were now able to serve overseas in female military services formed in their own country.

During World War One, serving in England and France close to the front with the Women’s Army Auxiliary Corps (WAAC) and the First Aid Nursing Yeomanry (FANY) was considered by many women to be the most effective way to contribute to the war. Despite this, the entrenched belief remained that women should not fully participate. Nevertheless this did not sit easily with many women who became employed close to the front in occupations that had rarely been carried out by a woman before. Driving an ambulance transporting severely wounded men to hospital, at night over a bumpy road, was far from an enjoyable experience however. This work was very different from anything experienced in their pre-war lives. Defying the conventions of class and gender, Australian women ‘dug in’ taking on this challenging work with stoicism, perseverance and determination, despite the

were women, they would not be able to cope. Notwithstanding occupations such as these being highly dangerous, this thesis has demonstrated that this work was greatly sought after by Australian women overseas. In a world apparently gone mad, Australian women working in dangerous locations and diverse, difficult environments during World War One set the foundation for what was to follow for women during World War Two.

This thesis has demonstrated that during World War One countless Australian women worked daily under the threat of enemy bombardment and attack: in casualty clearing stations, on hospital ships, military transports and on trains and barges ferrying the wounded from the front. Working close to the front in Belgium, France and Serbia as many did, effectively placed nurses, doctors and VADs directly in the line of fire. In these difficult situations they showed they were capable of bravery, just as a soldier was. Dealing with death, danger and devastation required considerable resilience, personal strength and commitment and this is where Australian women, who took the long journey to war, excelled.

This thesis has not just been about the experiences of women who travelled to war, but has provided evidence of the poor treatment many received when they returned home. Because a large number of women were prevented from serving with their own country, this motivated them to seek war work overseas. Because they did so, this was to their detriment when they returned home. While the devotion of nurses was recognized during the war, as the years continued their
contribution became less significant in public memory. On their return home, there were few facilities and processes in place to deal with their demobilization, resettlement and repatriation. While the allies fought together as a united force against the enemy, Australian nurses who served with an allied nation were not treated equally or as allies when it came to the acquisition of war gratuities, sustenance or rehabilitation benefits. A little over one third of Australian nurses who served with the QAIMNSR received war gratuities in Australia after the war while many others, having joined a nursing service in England, were not awarded a free transport home. Even though most eventually received the aged pension, others never received a full disability pension despite being in poor health for years after the war. Even when acquiring a part-disability pension an applicant was assessed in a manner that was often harsh and unsympathetic. Due to the lack of surviving medical documentation relating to the period of the war, proving that an illness or disability was first suffered during the war was often impossible.

The acquisition of financial benefits for returned personnel were tied to a structure that was profoundly male in administration and application. Admittedly it was common for a returned soldier to be subjected to intense questioning about his eligibility for repatriation benefits, but a woman who had no means of support or a husband to provide for her, was in dire circumstances. This difficult financial situation was to have long-term consequences for a large number of nurses particularly who unable to work in their own profession, spent many years after the war in grim hardship and abject poverty. For those
who had not belonged to a nursing service at all, either an Australian or
an allied one, their situation was even more problematic as none of
these women were entitled to war gratuities or repatriation benefits in
their own country. The definition of ‘war worker’ prevented many
women who worked outside their own nation, access to financial
recompense. For women who returned home worn out in mind and
body, peace brought little contentment.

In recent years there has been a growing awareness of how
trauma caused by war can incapacitate a soldier. This thesis has
unquestionably demonstrated that mental illness caused by war was a
lingering form of debility for Australian women who served overseas as
well. Numerous women who had served during the war carried dark
memories of grief and loss with them for years, just as numerous
Australian soldiers did. Undoubtedly, the trauma and trials of war
impacted directly on the physical and mental condition of a large
number of women who never regained the good health they had before
the war. This study has shown that debility often continued for several
years without respite greatly affecting the ability of numerous women
to provide for themselves and to have a fulfilling life when they
returned to Australia.

Australian women who took their own journey to war travelled
overseas with autonomy and personal power, because to ‘do their bit’
for their country and the Empire was profoundly important to them.
Nevertheless, individual war service outside of Australia even with an
allied nation was not justly rewarded either with financial benefits as
stated earlier, or with commendations and medals. Many nations including Serbia, France and Italy presented Australian women with medals and awards in recognition of the work that had been done for them. The Australian government failed to give these women similar formal recognition or acknowledgement. In this instance, service with an allied nation does not appear to have been of value to Australia.

This thesis has argued strongly that ‘Taking the Long Journey’, was not only a physical journey but a mental one as well. Their experience of war changed many of these Australian women markedly and it is fair to say not all returned home in the same good mental and physical condition as when they had left. While these journeys may have contributed to a growth in personal identity and recognition of a wider and more exciting world - the memory of war –the loss, waste, death and destruction was difficult to leave behind. War was to leave its dark marks on many of these young Australian women. Despite this, this thesis has demonstrated that there was immense value in this war work and that these Australian women established a strong presence in what was chiefly a masculine sphere. Thus, they paved the way for thousands of women who were to follow them.
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Nora Ethel Murray

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Marie McNaughton Cameron, W5530 0022000
Margaret Rose Drummond, W5537 0035607
Svea Marie Victoria Fogelin, W5562, 0130919
Gertrude Kate Garrard, W5539 0043543
Beatrice Elizabeth Mitchell (nee Brooks), W5549 0081643
Poplewell, Edith, W5550 0093732
Joanne Seager, W5553 0102923
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<td>In charge of a hostel in London, also worked in Egypt</td>
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<tr>
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<td>ARCS</td>
<td>England</td>
</tr>
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<td>Epsom Mil. War Hosp., Ripon, Shrewsbury and Cosham Military Hospitals</td>
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<tr>
<td>ELLISON-MACARTNEY</td>
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<td>BRC</td>
<td>Hampton Court Palace Auxiliary</td>
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<td>Ida</td>
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<tr>
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<td>England, possibly with POWs</td>
</tr>
<tr>
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<td>Freda</td>
<td>ARCS</td>
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<td>Egypt &amp; France</td>
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<tr>
<td>FRYER</td>
<td>Emily Constance</td>
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<td>NZ Military Hosp. Brockenhurst, No. 1 Aust. Military Hospital</td>
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<td>GLOVER-COOLEY</td>
<td>Alice</td>
<td>BRC</td>
<td>Westminster Hospital - Then took charge of Burton Station on S.E. coast for East Coast Defence Fund till late 1917</td>
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<td>GRAIG</td>
<td>Dorothy</td>
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<td>France</td>
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<td>Lydia W.F.</td>
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<tr>
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<td>Elsie or Nellie?</td>
<td>ARCS?</td>
<td>England?</td>
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<tr>
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<td>Olive May</td>
<td>ARCS</td>
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<td>HILL (married Grant)</td>
<td>Nancy</td>
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<tr>
<td>Name</td>
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<td>England</td>
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<td>Beryl</td>
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<td>Red Cross Central Council, Red Cross Kitchen at No 14 Australian General Hospital, Cairo, and at Port Said</td>
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<td>Nora</td>
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<td>Clara Zoe</td>
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<td>ARCS</td>
<td>5th Northern General Hosp., Leicester, England</td>
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<td>ARCS</td>
<td>England</td>
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<td>Rania</td>
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<td>MAKEHAM</td>
<td>Rachael (Mrs)</td>
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<td>Doris Susan Margaret</td>
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<td>Ward duties</td>
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<td>Edna (sister of later Premier of QLD, Sir Francis Nicklin)</td>
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<td>BRCS</td>
<td>Frensham Hill Military Hospital, Farnham, Military Hosp, Colchester, Aus. Aux Hosp, London,</td>
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<td>?</td>
<td>Africa</td>
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<td>Elsie</td>
<td>ARCS</td>
<td>France 6 December 1916-8 June 1917, returned to Australia August 1918</td>
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<td>5th Western Gen. Hosp. Leicester</td>
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<td>Dora</td>
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<td>Leonora Jessie</td>
<td>ARCS</td>
<td>ARCS headquarters, London</td>
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<td>WINDEYER</td>
<td>Mabel Fuller</td>
<td>BRCS &amp; ARCS?</td>
<td>Soldiers’ Ward Royal Hospital for Paralytics, England &amp; Dr Haden Guest’s Anglo-French Hospital, Nevers, France, Queen of Belgian’s hospital, La Panne.</td>
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<tr>
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<td>Nell</td>
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<td>WISDOM</td>
<td>Agnes Bell (Mrs)</td>
<td>BRCS? &amp; ARCS</td>
<td>Australian Hosp. Heliopolis, Egypt, Parlourmaid in Princess Christian’s Red Cross Hospital London, Sec. to Lady Robinson, ARCS London</td>
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<tr>
<td>YOUNG</td>
<td>Evelyn F. Broughton</td>
<td>BRCS</td>
<td>Kingswood Auxiliary Hospital, London</td>
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Table 9

* Also took other work beside Red Cross duties. All care has been taken to ascertain that the women enrolled as VADs in the above table were not simply Red Cross Workers. This database does not include every Australian woman who served overseas as a VAD either with the ARCS, BRCS, or the YMCA. Individuals included in this database were located trolling through newspaper reports on TROVE while other women were located while researching at the Australian Red Cross Archives in Melbourne, the Australian War Memorial, National Archives of Australia, Ancestry Family History internet site, UK WW1 Service Medal and Award Rolls, http://interactive.ancestry.com.au British Red Cross Society Card Index and Australian Nurses in World War One, http://nurses.ww1anzac.com/mca-mcn.html University of Sydney, Book of Remembrance http://beyond1914.sydney.edu.au/ A large group of around 120 ARCS VADs served at No. 1 Australian Auxiliary Hospital, Harefield. Possibly some of the VADs named in the above table also worked at Harefield.
<table>
<thead>
<tr>
<th>SURNAME</th>
<th>FIRST NAME/s</th>
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<th>Duties/Location</th>
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<tr>
<td>ADAMS (married Reynolds)</td>
<td>Frances Lucy</td>
<td>Women's Land Service Corps, Flying Corps Comforts Fund</td>
<td>Land worker, Comfort worker at War Depot, Kensington and Diddisham, Devon.</td>
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<tr>
<td>AIKMAN</td>
<td>Florence A</td>
<td>Independent, ARC</td>
<td>General Services, Supt. Prisoners of War Dept.</td>
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<td>Independent</td>
<td>Egypt</td>
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<td>Edith</td>
<td>Independent</td>
<td>?</td>
</tr>
<tr>
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<td>Mabel</td>
<td>Independent</td>
<td>?</td>
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<td>England</td>
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<td>ANDERSON</td>
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<td>Ministry of Munitions?</td>
<td>HM Chief Lady Inspector of Factories 1897-1921</td>
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<td>Anzac Buffet</td>
<td>Comforts worker</td>
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<tr>
<td>BAYNTON</td>
<td>Barbara</td>
<td>Independent</td>
<td>Opened her town and country homes in England Australian soldiers.</td>
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<tr>
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<td>Comforts worker at Thurlow House, worked with POWs</td>
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<tr>
<td>BENSUSAN (nee de Lissa)</td>
<td>Ethel Naida</td>
<td>Ministry of Information, Press Section, War Office</td>
<td>Office Administrator</td>
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<tr>
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<td>Anzac Buffet</td>
<td>Actress &amp; Entertainer</td>
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<td>BILLYARD-LEAKE</td>
<td>Letitia</td>
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<td>Chairwoman of ladies committee - Worked in Patient’s Canteen</td>
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<td>Kantara Canteen</td>
<td>Comfort worker</td>
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<tr>
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<td>Audrey</td>
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<td>Annie</td>
<td>Central prisoners of War Committee</td>
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<td></td>
<td>Audrey</td>
<td>Independent, Anzac Buffet; Hospital visitor; driver at the front who used her own car to transport the wounded.</td>
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<tr>
<td>CHISHOLM</td>
<td>Alice</td>
<td>Kantara, Canteen Manager</td>
<td></td>
</tr>
<tr>
<td>COCKBURN</td>
<td>Eunice</td>
<td>ARC, Hospital Visitor, dressings, packing parcels</td>
<td></td>
</tr>
<tr>
<td>COOK</td>
<td>E.M.</td>
<td>Independent, Hospital visitor, Norwich</td>
<td></td>
</tr>
<tr>
<td>COX-ROPER</td>
<td>Edyth Mary (Mrs)</td>
<td>Independent</td>
<td></td>
</tr>
<tr>
<td>CRANSTOUN</td>
<td>Mrs</td>
<td>Independent, Hospital &amp; camp visitor</td>
<td></td>
</tr>
<tr>
<td>CROOK</td>
<td>Emmeline</td>
<td>Independent, Hospital Visitor</td>
<td></td>
</tr>
<tr>
<td>CUNNINGHAM</td>
<td>Griselda Dorothea</td>
<td>Independent</td>
<td></td>
</tr>
<tr>
<td>CUNNINGHAM</td>
<td>Margaret</td>
<td>Cricklewood Munitions Factory, Inspector of Shells</td>
<td></td>
</tr>
<tr>
<td>DALZELL</td>
<td>Margaret</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stated on shipping details when returned to Aus as ‘war worker’</td>
<td></td>
</tr>
<tr>
<td>DANGAR</td>
<td>Nora</td>
<td>Kantara Canteen, Comfort worker</td>
<td></td>
</tr>
<tr>
<td>DAVIDSON</td>
<td>Bessie</td>
<td>French Red Cross, With Typhoid Patients, &amp; Aux. Hosp. 10B, Rue Molitor, Auteuil.</td>
<td></td>
</tr>
<tr>
<td>DEAKIN</td>
<td>Vera</td>
<td>Independent, Wounded and Missing Inquiry Bureau</td>
<td></td>
</tr>
<tr>
<td>DEAN</td>
<td>E (Mrs)</td>
<td>Military Hospitals, London, Entertainer</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Occupation</td>
<td>Affiliation</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------</td>
<td>-------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>DICKSON</td>
<td>Fanny Isabella</td>
<td>Independent</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Records, Prisoners-of-War Department</td>
<td></td>
</tr>
<tr>
<td>FISKE</td>
<td>Rita</td>
<td>Independent</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comfort worker</td>
<td></td>
</tr>
<tr>
<td>HENTY</td>
<td>Florence</td>
<td>Independent, ARC</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Newspaper Section ARC</td>
<td></td>
</tr>
<tr>
<td>HEWSON</td>
<td>Aimee</td>
<td>Independent, ARC</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Newspaper Section ARC</td>
<td></td>
</tr>
<tr>
<td>HOOD</td>
<td>Georgina (Mrs)</td>
<td>Independent, ARC</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Entertainment Committee</td>
<td></td>
</tr>
<tr>
<td>HORDON (nee Bingham)</td>
<td>Viola (stated in documentation as Mrs Anthony Hordon)</td>
<td>Independent</td>
<td>Comfort worker</td>
</tr>
<tr>
<td>HUCK</td>
<td>Beatrice</td>
<td>Anzac Buffet</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comfort worker &amp; Committee of Australian Women in London</td>
<td></td>
</tr>
<tr>
<td>HUGHES</td>
<td>Erica</td>
<td>A London hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Runner</td>
<td></td>
</tr>
<tr>
<td>INGRAM (nee Edwards)</td>
<td>Annie Laurie</td>
<td>Women's Land Service Corps, Australian YMCA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>England, Attached to London Stores Dept., Hotel Windsor, Paris</td>
<td></td>
</tr>
<tr>
<td>INNES-NOAD</td>
<td>Margery</td>
<td>Anzac Buffet</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comfort worker – collected names and addresses of soldiers at the Buffet so that newspapers could be sent to the trenches</td>
<td></td>
</tr>
<tr>
<td>IRVINE</td>
<td>Mrs</td>
<td>Anzac Buffet</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comfort worker</td>
<td></td>
</tr>
<tr>
<td>LAHEY</td>
<td>Vida</td>
<td>Anzac Buffet, Independent</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comfort worker, driver of convalescents</td>
<td></td>
</tr>
<tr>
<td>ISAACS</td>
<td>Lily</td>
<td>Commonwealth Bank, London</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special Cable Service</td>
<td></td>
</tr>
<tr>
<td>KIRKPATRICK</td>
<td>Constance</td>
<td>YMCA</td>
<td></td>
</tr>
<tr>
<td>KIRKPATRICK</td>
<td>Florence</td>
<td>YMCA</td>
<td></td>
</tr>
<tr>
<td>LANG</td>
<td>John (Mrs)</td>
<td>Convalescent Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>LETICH</td>
<td>Emily Bertha</td>
<td>Anzac Buffet</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comfort worker</td>
<td></td>
</tr>
<tr>
<td>MACK (married Harrison)</td>
<td>Amy Eleanor</td>
<td>Ministry of Munitions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Publicity officer</td>
<td></td>
</tr>
<tr>
<td>MACK</td>
<td>Louise</td>
<td>Independent</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Journalist, Newspaper correspondence</td>
<td></td>
</tr>
<tr>
<td>MACPHERSON</td>
<td>Leslie</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Munitions worker</td>
<td></td>
</tr>
<tr>
<td>MANN</td>
<td>Agnes de Beauvoir</td>
<td>Censor’s Office, War Office, London</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Office worker</td>
<td></td>
</tr>
<tr>
<td>MARKS</td>
<td>Gladys</td>
<td>Independent, Belgian refugees</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comfort worker</td>
<td></td>
</tr>
<tr>
<td>MANIFOLD</td>
<td>Mildred</td>
<td>A London hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Runner</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Role/Position</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>MAXWELL</td>
<td>Miss</td>
<td>Independent, Committee of Australian Women in London</td>
<td></td>
</tr>
<tr>
<td>MCARTHUR</td>
<td>?</td>
<td>A London hospital, Cook – invalid food</td>
<td></td>
</tr>
<tr>
<td>MCCANN</td>
<td>Elizabeth</td>
<td>Woolwich Arsenal, Munitions Worker</td>
<td></td>
</tr>
<tr>
<td>MCMILLAN</td>
<td>Clara Elizabeth</td>
<td>Merchant Navy, Stewardess, Wimerra</td>
<td></td>
</tr>
<tr>
<td>MCPHERSON</td>
<td>Margaret Rose</td>
<td>Painter &amp; Potter, Seale Hayne Neurological Hospital Devon</td>
<td></td>
</tr>
<tr>
<td>MEESON</td>
<td>Dora</td>
<td>Ministry of Munitions, Police work</td>
<td></td>
</tr>
<tr>
<td>MYER</td>
<td>E. (Mrs)</td>
<td>Independent, Committee of Australian Women in London</td>
<td></td>
</tr>
<tr>
<td>NAYLOR</td>
<td>Tess</td>
<td>Independent, Committee of Australian Women in London; Arranged picnics for munitions workers, London</td>
<td></td>
</tr>
<tr>
<td>NETTLETON (nee Emery)</td>
<td>B. A.</td>
<td>Anzac Buffet, Comforts worker, Nurse Aldershot</td>
<td></td>
</tr>
<tr>
<td>NEWTON</td>
<td>Edith Keighly</td>
<td>Merchant Navy, Stewardess, Wimerra</td>
<td></td>
</tr>
<tr>
<td>OSBORNE</td>
<td>Ruby</td>
<td>Kantara Canteen, Comfort worker</td>
<td></td>
</tr>
<tr>
<td>OSBORNE (nee Goodson)</td>
<td>Ethel Elizabeth Osborne</td>
<td>Ministry of Munitions, Health and Welfare</td>
<td></td>
</tr>
<tr>
<td>OLIVER</td>
<td>Ruth</td>
<td>Independent, POW Department, Records Clerk, England</td>
<td></td>
</tr>
<tr>
<td>PENNEFATHER</td>
<td>C</td>
<td>Independent, Hospital visitor</td>
<td></td>
</tr>
<tr>
<td>PITCAIRN</td>
<td>Mary</td>
<td>Aldwych Theatre, Manager</td>
<td></td>
</tr>
<tr>
<td>PRESTON</td>
<td>Miss</td>
<td>Independent, Committee of Australian Women in London</td>
<td></td>
</tr>
<tr>
<td>PRESTON</td>
<td>Margaret Rose Preston</td>
<td>Artist, Potter, Independent, Seale Hayne Neurological Hospital Devon</td>
<td></td>
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<tr>
<td>PRICHARD</td>
<td>Katharine Susannah</td>
<td>War Correspondent, AVH, Wimereux</td>
<td></td>
</tr>
<tr>
<td>PROUD (nee Pavy)</td>
<td>Emily Dorothea</td>
<td>Ministry of Munitions, Welfare</td>
<td></td>
</tr>
<tr>
<td>RATTIGAN</td>
<td>Minnie Augusta</td>
<td>Anzac Buffet, Founder &amp; Hostess</td>
<td></td>
</tr>
<tr>
<td>READ</td>
<td>Irene Victoria</td>
<td>Independent, Australian Comforts Fund, Egypt</td>
<td></td>
</tr>
<tr>
<td>*REID (nee Brumby)</td>
<td>Flora Ann</td>
<td>Independent, Worked with convalescent soldiers</td>
<td></td>
</tr>
<tr>
<td>REID (REED?)</td>
<td>Pauline</td>
<td>Independent, ARC, General Service superintendent, General Service Dept. Egypt</td>
<td></td>
</tr>
<tr>
<td>REYNELL</td>
<td>Gladys</td>
<td>Potter, Independent, Seale Hayne Neurological Hospital Devon</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Details</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>ROBERTSON</td>
<td>Merchant Navy</td>
<td>Stewardess, Wimmera</td>
<td></td>
</tr>
<tr>
<td>RYAN (married</td>
<td>Sir Douglas Shields Hospital for Wounded Officers, Wounded and Missing Inquiry Bureau</td>
<td>Hospital visitor, clerk</td>
<td></td>
</tr>
<tr>
<td>Richard Gavin Gardiner Casey, later Governor-General</td>
<td>Ethel (aka Maie)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SARGOOD</td>
<td>Argia</td>
<td>Hostess</td>
<td></td>
</tr>
<tr>
<td>SAMUEL</td>
<td>Argia</td>
<td>AIF &amp; War Chest Club, Anzac Buffet</td>
<td></td>
</tr>
<tr>
<td>STEWART</td>
<td>Argia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SARGOOD</td>
<td>Argia</td>
<td>AIF &amp; War Chest Club, Wounded and Missing Inquiry Bureau</td>
<td></td>
</tr>
<tr>
<td>TERRY</td>
<td>Argia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STIRLING</td>
<td>Alice Mary (aka May)</td>
<td>Canteen duties &amp; Driver</td>
<td></td>
</tr>
<tr>
<td>SMITH (Mrs)</td>
<td>Willie (William)</td>
<td>Auteuil, France, Comfort worker</td>
<td></td>
</tr>
<tr>
<td>STUART</td>
<td>Godfrey (Mrs)</td>
<td>Comfort worker</td>
<td></td>
</tr>
<tr>
<td>SULMAN</td>
<td>Florence</td>
<td>Reading Hosp. England, Care and Comforts Depot</td>
<td></td>
</tr>
<tr>
<td>SYME</td>
<td>Marjorie I.</td>
<td>Trench Orderly</td>
<td></td>
</tr>
<tr>
<td>TEAL</td>
<td>Mrs</td>
<td>No. 1 Aus. Gen Hosp, Heliopolis, Ward Visitor</td>
<td></td>
</tr>
<tr>
<td>TEASDALE-SMITH</td>
<td>Mrs</td>
<td>Luna Park, Egypt, Ward Visitor</td>
<td></td>
</tr>
<tr>
<td>THOMPSON</td>
<td>Mrs E.</td>
<td>Committee of Australian Women in London</td>
<td></td>
</tr>
<tr>
<td>VENN-BROWN</td>
<td>Rose</td>
<td>ARC Canteen Le Havre</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Role</td>
<td>Supervisor of Entertainments</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>WHEELER</td>
<td>Annie Margaret</td>
<td>Australian War Contingent Association</td>
<td></td>
</tr>
<tr>
<td><strong>WINDEYER</strong></td>
<td>Lois Elwood</td>
<td>128th London Women’s Legion</td>
<td></td>
</tr>
<tr>
<td><strong>WINDEYER</strong> (married</td>
<td>Marion Fuller</td>
<td>Land worker</td>
<td></td>
</tr>
<tr>
<td>WILLIAMS</td>
<td>Gertrude (Mrs)</td>
<td>Independent</td>
<td></td>
</tr>
<tr>
<td>WHYBROW</td>
<td>Lilian Avis (Lily)</td>
<td>Wounded and Missing Enquiry Bureau</td>
<td></td>
</tr>
</tbody>
</table>

| **Table 10**                                                   |

*In 1917, Flora Reid wife of the High Commissioner George Reid became Dame Grand Cross of the Most Excellent Order of the British Empire (GBE) for her work with convalescent soldiers. **Served as VADs as well.
### Nurses and Masseurs with Allied Services

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Location/Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>GILL</td>
<td>Mabel</td>
<td>St. John of Jerusalem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Royal North Staffordshire Infirmary</td>
</tr>
<tr>
<td>SWEETAPPLE</td>
<td>Theodora Maud</td>
<td>Royal North Staffordshire Infirmary</td>
</tr>
<tr>
<td>MCCARTHY</td>
<td>Emma Maud</td>
<td>Matron-in-Chief, British Expeditionary Force</td>
</tr>
<tr>
<td></td>
<td></td>
<td>England, France</td>
</tr>
<tr>
<td>COX</td>
<td>Mary</td>
<td></td>
</tr>
<tr>
<td>GAMON-BAILEY</td>
<td>Eza Mrs</td>
<td></td>
</tr>
<tr>
<td>ARMSTRONG</td>
<td>L. E</td>
<td></td>
</tr>
<tr>
<td>HAMILTON</td>
<td>M. Mrs</td>
<td></td>
</tr>
<tr>
<td>BOWMAN</td>
<td>Myrl McDougall</td>
<td>Beckett’s Park Hospital, Leeds, and later New Zealand Hospital, Brockenhurst</td>
</tr>
<tr>
<td>BROUGHTON</td>
<td>Marion Isabel Bingham</td>
<td>France</td>
</tr>
<tr>
<td>RUTHERFORD</td>
<td>Roslyn Newel</td>
<td>Military Hospital, Leeds, England, (Also served with SHHFS at Royaumont)</td>
</tr>
<tr>
<td>SQUIRE</td>
<td>Ethel</td>
<td></td>
</tr>
<tr>
<td>TANGYE</td>
<td>Louise</td>
<td>Dartford Convalescent Hospital Kent</td>
</tr>
<tr>
<td>OSBOURNE</td>
<td>Nina</td>
<td>? Masseur</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Princess Christian’s Home for Convalescent Sailors and Soldiers, Bisley</td>
</tr>
<tr>
<td>WILLIAMS</td>
<td>B. M. (AANS? Bertha Mary?)</td>
<td>Nurse and Masseur</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Beaufort War Hospital, Bristol, England</td>
</tr>
</tbody>
</table>

**Table 11**
# Paramilitary Workers

## Women’s Royal Air Force

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHLEY</td>
<td>Dora Mechanic</td>
<td></td>
</tr>
</tbody>
</table>

### Scottish Hospitals for Home and Foreign Service (Doctors are listed in Table 3)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARMSTRONG</td>
<td>Millicent Clerk &amp; Orderly</td>
<td>Head of Transport Column, Ostrovo, Serbia</td>
</tr>
<tr>
<td>BEDFORD</td>
<td>Mary Josephine</td>
<td>Head of Transport Column, Ostrovo, Serbia</td>
</tr>
<tr>
<td>FRANKLIN</td>
<td>Stella Miles War Correspondence, Cook</td>
<td></td>
</tr>
<tr>
<td>HODGE</td>
<td>Margaret Emily</td>
<td>London Committee</td>
</tr>
<tr>
<td>RUTHERFORD</td>
<td>Roslyn Newel Orderly &amp; masseur (Also served briefly with APMMS)</td>
<td></td>
</tr>
</tbody>
</table>

### American Red Cross

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAHAN</td>
<td>Douska Translator TB Bureau, Paris</td>
<td></td>
</tr>
</tbody>
</table>

### Italian Red Cross

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHLFSEN</td>
<td>Dora</td>
<td>Possibly ward work</td>
</tr>
</tbody>
</table>

### Mabel Stobart’s third Serbian Relief fund Unit

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARREN</td>
<td>Fairy J Driver, Serbia, France, Independent, Red Cross</td>
<td></td>
</tr>
</tbody>
</table>

### Women’s Army Auxiliary Corps

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHEARNE</td>
<td>Margaret</td>
<td>?</td>
</tr>
<tr>
<td>BAGE</td>
<td>Ethel</td>
<td>Also, Clothing Section, POW Dept.</td>
</tr>
<tr>
<td>CAMPBELL</td>
<td>Morag (Mary) MacNaish Clerk</td>
<td></td>
</tr>
<tr>
<td>CLARK</td>
<td>Ethel St. John Assistant Administrator</td>
<td></td>
</tr>
<tr>
<td>DAKIN</td>
<td>Marie Evelyn Waitress</td>
<td></td>
</tr>
<tr>
<td>DAVID</td>
<td>Mary Edgeworth Driver</td>
<td></td>
</tr>
<tr>
<td>DAVISON</td>
<td>Beatrice Clerk, 3rd Echelon GHQ, Rouen, France.</td>
<td></td>
</tr>
<tr>
<td>DICKSON</td>
<td>Nora Laing Trainer &amp; Hostel Manager, Bostall Heath, Woolwich training camp</td>
<td></td>
</tr>
<tr>
<td>FLETCHER</td>
<td>Grace Administrator</td>
<td></td>
</tr>
<tr>
<td>GAUNT</td>
<td>Emmy Clerk, Transport Directorate, France</td>
<td></td>
</tr>
<tr>
<td>GRYLLS</td>
<td>Florence Mary Assistant Administrator</td>
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<tr>
<td>HAMILTON</td>
<td>Margaret Daisy Inglis France</td>
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405
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Harris</td>
<td>Annie Telegraphist</td>
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<tr>
<td>Hurman</td>
<td>Mina May Telegraphist</td>
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<tr>
<td>James</td>
<td>Elizabeth Britomarte Administrator</td>
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<tr>
<td>King</td>
<td>Gwladys Clerk</td>
<td></td>
</tr>
<tr>
<td>Lloyd-Kirk</td>
<td>Winifred Mary Clerk</td>
<td></td>
</tr>
<tr>
<td>McDonald</td>
<td>Jean Kerr ?</td>
<td></td>
</tr>
<tr>
<td>MacGregor</td>
<td>Mary ?</td>
<td></td>
</tr>
<tr>
<td>Montefiore</td>
<td>Hortense Henriette Administrator</td>
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</tr>
<tr>
<td>Neale</td>
<td>Clara Administrator</td>
<td></td>
</tr>
<tr>
<td>Ross</td>
<td>Clementine Cook</td>
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</tr>
<tr>
<td>Rowe</td>
<td>Matilda Annie ?</td>
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<tr>
<td>Sewell</td>
<td>Barbara Hostel Forewoman</td>
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</tr>
<tr>
<td>Soper</td>
<td>Ethel Forewoman</td>
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<tr>
<td>Whitehead</td>
<td>Annie Cook</td>
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**First Aid Nursing Yeomanry**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Allen</td>
<td>Alice M Driver in Convoy, France</td>
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<tr>
<td>Crockett</td>
<td>Adela Louise Director, Convalescence Soligny-la-Trappe, France (hospital for insane)</td>
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<tr>
<td>Goodisson</td>
<td>Mona Rest station, Mayfield, England, Driver, France</td>
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<tr>
<td>Honey</td>
<td>Violet Storekeeper</td>
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</tr>
<tr>
<td>Peyton-Jones</td>
<td>Gwendolyn In charge, Unit 7, L’Hôpital d’E-vacuation, Epernay, France</td>
<td></td>
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<tr>
<td>White</td>
<td>Mary Alice Unit 5, L’Hôpital de Passage, France</td>
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Table 12

406
## Australian Nurses with Allied Nations

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Canadian Army Nursing Corps</strong></td>
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<tr>
<td>BROWN</td>
<td>Leila Mildred</td>
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<tr>
<td>BROWNE</td>
<td>Mary</td>
</tr>
<tr>
<td>LONERAGAN (nee QUA)</td>
<td>Ethel</td>
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<tr>
<td><strong>South African Nursing Corps</strong></td>
<td></td>
</tr>
<tr>
<td>CAMERON</td>
<td>May M</td>
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<tr>
<td>FORSTER</td>
<td>Mary</td>
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<tr>
<td>FULLER</td>
<td>Dulcie Liddle</td>
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<tr>
<td>SMITH</td>
<td>J</td>
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<tr>
<td>VAUGHAN JOBSON</td>
<td>Muriel</td>
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<tr>
<td><strong>French Red Cross</strong></td>
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<tr>
<td>DAVIDSON</td>
<td>Bessie</td>
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<tr>
<td>DORRINGTON</td>
<td>Louise Cole</td>
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<tr>
<td>GREEN</td>
<td>Amy E</td>
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<tr>
<td>HARRIS</td>
<td>Fanny M</td>
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<tr>
<td>HITCHCOCK</td>
<td>Margaret</td>
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<tr>
<td>HOUGH</td>
<td>Winifred (Minnie)</td>
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<tr>
<td>HUNGERFORD</td>
<td>Mary C</td>
</tr>
<tr>
<td>HUTCHINSON</td>
<td>Ada G</td>
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<tr>
<td>HUTCHINSON</td>
<td>Jessie</td>
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<tr>
<td>LOXTON</td>
<td>Hilda Mary</td>
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<td>MASTERS</td>
<td>Rosa Mary</td>
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<tr>
<td>MOSS</td>
<td>Fanny Millicent</td>
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<tr>
<td>ROBINSON</td>
<td>Alice</td>
</tr>
<tr>
<td>UBSDELL</td>
<td>Ethel</td>
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<tr>
<td><strong>New Zealand Army Nursing Service</strong></td>
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<tr>
<td>ALLEYNE</td>
<td>Mabel</td>
</tr>
<tr>
<td>BROOKS</td>
<td>Beatrice Elizabeth</td>
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<tr>
<td>CAMERON</td>
<td>Marie McNaughton</td>
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<tr>
<td>COLLIE</td>
<td>C. C.</td>
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<tr>
<td>DONEGHUE</td>
<td>Catherine May</td>
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<td>DOUGLAS</td>
<td>Emily H</td>
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<td>DRUMMOND</td>
<td>Margaret Rose</td>
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<td>DUKE</td>
<td>Bertha E</td>
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<td>EDDY</td>
<td>Lilly</td>
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<tr>
<td>FOGELIN</td>
<td>Svea Maria Victoria</td>
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<td>GARRARD</td>
<td>Gertrude Kate</td>
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<tr>
<td>GILMER</td>
<td>Ruth</td>
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<td>GRAY</td>
<td>Rachael N</td>
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<tr>
<td>HAYWARD</td>
<td>Alice M</td>
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<tr>
<td>KEITH</td>
<td>Alice Violet</td>
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<tr>
<td>MACLEAN</td>
<td>Hester (Matron-in-chief)</td>
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<tr>
<td>MATHIESON</td>
<td>Jean Drysdale</td>
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<tr>
<td>MCGANN</td>
<td>Susannah Josephine</td>
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<tr>
<td>OCALLAGHAN</td>
<td>Ellen Monica</td>
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<tr>
<td>POPPLEWELL</td>
<td>Edith (aka Poppy)</td>
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<tr>
<td>RUDD</td>
<td>Annie M</td>
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<tr>
<td>SCOTT</td>
<td>Haidee</td>
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<tr>
<td>SEAGER</td>
<td>Jeanne or Jeanie</td>
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<tr>
<td>WEBSTER</td>
<td>Edith R</td>
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<tr>
<td>WILLIAMS</td>
<td>Effie</td>
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<tr>
<td>YOUNG</td>
<td>Carrie</td>
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</table>

| **Australia Voluntary Hospital (AVH)** |                  |
| **STAFF NURSES** |                  |
| MATRON            | STAFF NURSES     |
| GREAVES, Ida Mary |                  |
| SISTERS           | BENALLACK, Mary Anne |
|                  | MACANDREW, A.E.  |
ANDERSON, Patience BLACKMORE, J.M. MOXHAM, F.J.
ARMIT, B. Cameron, Anne MCGENNAN, Beatrice
BAXTER, May DOWLING, Ruth Marian NICHOLSON, Mary Agnes
BOWIE, Helen DALGLEISH, Jessie M. OVEREND, Elvina Mary
BUCKHAM, Jean Binnie EVANS, Alice Adelaide ROBERTSON, Minnie
BURNS, M. FADDY, Gertrude Helen ROONEY, H.
DALYELL, Elizabeth FALLON, Annie RAWSON, M.
DOW, J. EDWARDS, ? SUTTOR, Lillian C.
DOW, Mabel Lucy FORREST, Annetta SAW, Lily Hilda
GABRIEL, Ada Baker GREAVES, Susan Ethel SHOOBRIDGE, Mable
MILES, May HELMS, Ellen WALSH, V.
MACKENZIE, Jessie E. JENKINS, M.V. WHITELEY, Irvin B.
MACGREGOR, Elizabeth LANE, U (from Paris)
REAY, Annie Victoria MILLBURN, W.M.
TREBILCOCK, E.A. MACKENZIE, J.A.
WALTER, Ella Clarice MUNDELL, Elizabeth
WYLLIE, Agnes

Nominal Roll supplied by Dr Amanda Andrews.

*Territorial Force Nursing Service

BLAKE, Edith FOXALL, Francis TARRANT, Effie M
BROWN, Millicent R HUNSTAN, M TAYLOR, H.V.
CONNOLLY, Annie MOORE, Helen Margaret TENNISWOOD, E.
DARBYSHIRE, Ruth MUNRO, Bessie WALLACE, Bessie
DIXON, Ella MURRAY, Esther WILSON, Elizabeth
FISHER, A.L. POOLE, Margaret Beatrice WILSON, Alice Maud
FOXALL, A. SWEENEY, L.M.

*List supplied by Kirsty Harris

French Flag Nursing Service

ABELL, Lydia GALE, Mabel UBSDELL, Ethel
DORRINGTON, Louise Close LOWE, Ellen

*The Blue Birds

COOK, Elsie HUGHES, Susan NORMAN, Olive
CROMMELIN, Nellie HUNGERFORD, Ruby ROBINSON, Alice E
CROZIER, Lynnette E HUTCHINSON, Jessie SHERIDAN, Grace E
DUFFY, Dorothy JAMIESON, Annie THOMPSON, Lillian
GRAY, Alice Fullerton LOXTON, Hilda Mary WALLACE, Helen
HARRIS, Fanny MCKILLOP, JESSIE WARNER, Elfrida
HOUGH, Winifred A MORETON, Ida J
NIAU, Josephine (teacher of French) HAMILTON-MOORE Miss Masseuse

Table 13

*Looking for the Evidence: https://sites.google.com/site/archoevidence/home/

Three Australian nurses served in Antwerp with Mrs Mabel St. Clair Stobart: Claire Trestrail, Carolyn Wilson and Catherine Tully. Edith Maud Bottrill served with the British Red Cross Society (BRCS), the French Red Cross and the American Ambulance. Other Australian nurses served with the BRCS in Serbia. One of these women, Ethel Gillingham, travelled to Serbia on the Sir Thomas Lipton’s yacht Erin. Lists provided here do not claim to be complete or to include every Australian woman who took ‘the long journey to war’. It is acknowledged that nursing historians may hold lists of other nurses who served for a nation or service that was not Australian.