

Life After War: The Ongoing Contributions of Queensland's First World Nurses After the War

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Certification

I certify that the substance of this thesis has not already been submitted for any degree and is not currently being submitted for any other degree or qualification.

I certify that any help received in preparing for this thesis, and all sources used, have been acknowledged in this thesis.



Signature

Abstract

This study examines the post-war lives of Queensland trained nurses who served overseas in the Australian military during the First World War. These nurses were primarily members of the Australian Army Nursing Service, the nursing arm of the Australian Imperial Force, while a small number of the nurses served in New Guinea as members of the Australian Naval and Military Expeditionary Force and its successor, Tropical Force

The post-war lives of Australian male military personnel who served in the First World War have been extensively studied in recent years. In contrast, there is little research on the nurses, leaving a gap in the scholarship of these women's lives despite the centenary of the First World War. This study fills this gap by drawing on a range of source material, including some government records newly available, to establish how these women progressed their lives after active service.

After the conflict, these nurses' lives went in two main directions. Many became nurse leaders or champions of new nursing roles and, by using their wartime experiences and advanced skills, they forged new directions and developments for their profession. Other nurses became wives and mothers, filling important roles in society that largely incorporated a 'White Australia' policy and sought to re-establish pre-war family values.

The returned nurses contributed appreciably to Queensland and Australian nation-building as both paid and unpaid citizens. They often supported male and other female veterans through formal and informal networks. Critically, these women in both professional and family roles undertook community activities to benefit others in society. Out of the devastation, destruction and grief of the First World War, this cohort of Queensland returned nurses emerged as champions of hope and societal reconstruction, with some still acknowledged today as leaders in their fields.

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Abbreviations

1 MD	First Military District
3 MD	Third Military District
2nd AIF	Second Australian Imperial Force
AAH	Australian Auxiliary Hospital
AAMC	Australian Army Medical Corps
AANS	Australian Army Nursing Service
AASC	Australian Army Service Corps
ACCS	Australian Casualty Clearing Station
ACT	Australian Capital Territory
ADB	Australian Dictionary of Biography
AGH	Australian General Hospital
AHS	Australian Hospital Ship
AIF	Australian Imperial Force
AIM	Australian Inland Mission
AN&MEF	Australian Naval and Military Expeditionary Force
ANF	Australian Nursing Federation
ANU	Australian National University
ANZAC	Australian and New Zealand Army Corps
Apr	April
ARRC	Associate of the Royal Red Cross
ATNA	Australasian Trained Nurses' Association
Aug	August
AWM	Australian War Memorial
BCCS	British Casualty Clearing Station
BHS	British Hospital Ship
BMA	British Medical Association
BGH	British General Hospital
BSH	British Stationary Hospital
CBE	Commander of the British Empire

CCS	Casualty Clearing Station
CMF	Citizen Military Forces
CNA	College of Nursing Australia
CWA	Country Women's Association
C'wlth	Commonwealth
Dec	December
DNM	Did not marry
ECTF	Edith Cavell Trust Fund
Feb	February
HMAS	His Majesty's Australian Ship
HMAT	His Majesty's Australian Transport
HMHS	His Majesty's Hospital Ship
HMT	His Majesty's Transport
Jan	January
JOL	John Oxley Library
Jun	June
Jul	July
Mar	March
MBE	Member of the Order of the British Empire
MID	Mentioned in Despatches
NAA	National Archives of Australia
Nov	November
NSW	New South Wales
NSWSA	New South Wales State Archives
No. 2 ACCS	No. 2 Australian Casualty Clearing Station
No. 3 AGH	No. 3 Australian General Hospital
OBE	Officer of the Order of the British Empire
Oct	October
PhD	Doctor of Philosophy
QAIMNS	Queen Alexandra Imperial Military Nursing Service
QAIMNSR	Queen Alexandra Imperial Military Nursing Service Reserve

QFHS	Queensland Family History Society
QGG	Queensland Government Gazette
Qld	Queensland
QNU	Queensland Nurses' Union
QPP	Queensland Parliamentary Papers
QSA	Queensland State Archives
QWNS	Queensland War Nurses' Fund
RAMC	Royal Army Medical Corps
RANF	Royal Australian Nursing Federation
RBWH	Royal Brisbane and Women's Hospital
RCNA	Royal College of Nursing, Australia
RRC	Royal Red Cross
RVTNA	Royal Victorian Trained Nurses Association
RSL	Returned and Services League
RSSAILA	Returned Sailors', Soldiers', Airmen's Imperial League Australia
RSSILA	Returned Sailors' and Soldiers' Imperial League of Australia
SA	South Australia
Sep	September
SLNSW	State Library of New South Wales
SLQ	State Library of Queensland
SMS	Seiner Majestät Schiff
Tas	Tasmania
TNG	Trained Nurses' Guild
TPI	Totally and Permanently Incapacitated
UK	United Kingdom
UKN	Unknown
VAD	Voluntary Aid Detachment
Vic	Victoria
VTNA	Victorian Trained Nurses Association
WA	Western Australia

Chapter 1: Introduction

It is estimated that during the First World War, over 2000 women served overseas as nurses with the Australian military, mainly in the Australian Army Nursing Service (AANS), which was attached to the Australian Imperial Force (AIF).¹ Only trained nurses could enlist as a part of the Australian military services. While historians have examined the nurses' work on active service, there has been less emphasis on these women and how they fared after the war.

The study reported in this thesis examines the lives of a subset of 302 Australian trained nurses with Queensland connections through birth, immigration, training or residence. The thesis asks what happened to the nurses on their return? It examines any effects of active service on their lives and if there were health impacts on the nurses from their war service.

It is important to study the nurses' lives after their return as individual nurses were subject to different life courses after the war, as they had different active service experiences in varied war theatres. War-incurred health impacts could lead to different life choices in the following decades, varying from nursing careers or careers as wives and mothers.

Research on Australian nurses in the First World War has focussed almost exclusively on their active service. Some historians touch on the nurses' lives after the war, but this is mainly as an appendage to the central historiological theme of war service. In comparison, Australian male veterans' post-war lives have received much scholarly attention, particularly recently. One example is David Noonan's publication *Those We Forget*, which recalibrated the number of Australian military forces' members

¹ Kirsty Harris, historian, pers comm., email, 21 December 2018.

killed, wounded or hospitalised, including those enduring ongoing injuries. Noonan identifies higher numbers being affected than previously reported.²

Another example is *Shattered Anzacs: Living with the Scars of War*. In this work, Larsson researched the lives of wounded veterans after the war, discovering the high impacts of war disability on veterans and their families.³ *Anzac Memories: Living with the Legend* explores the memories of the experiences of the Anzacs and how post-war memory obfuscates the past and can complicate the identification of the national past.⁴ In *The Cost of War: Australians Return*, Stephen Garton examines veterans' reintegration into society after the two World Wars and Vietnam at both a cultural and social level and particularly examines the repatriation system and the associated fear of dependency.⁵

This thesis on Queensland First World War nurses will fill this gap in these veterans' lives. The study of the returned nurses discusses the concepts of marriage and family, leadership, specialist nursing fields, and the nurses' activities in the community and in professional organisations across the nurses' post-war lives until death. Group biography is used to collate the nurses' experiences as they continue to live in a different post-war environment.

Limiting the study to the geographical cohort of Queensland nurses follows John McQuilton's study of the homefront, which examines a defined specific place. A national study was beyond the scope of this study. My home state of Queensland provided a sample of sufficient size with 302 nurses who undertook active service. This sample was around fifteen per cent of the estimated 2000 Australian war nurses. Using a regional case model enabled the probing of the microhistory of

² David Noonan, *Those We Forget: Recounting Australian Casualties of the First World War*, epub edn, Carlton, Vic, 2014, (unpaginated).

³ Marina Larsson, *Shattered Anzacs: Living with the Scars of War*, Sydney, 2009.

⁴ Alistair Thomson, *Anzac Memories: Living with the Legend*, rev edn, Clayton, Victoria, 2013.

⁵ Christina Twomey, 'Review of books, *The Cost of War: Australians Return*', *The International History Review*, vol. 20, no. 4, December 1998, pp. 1002-1003.

events and the nurses' experiences to uncover unexpected details of the nurses' lives.

Queensland was selected as the state has several differences with other jurisdictions relevant to the nursing cohort in the early twentieth century. Gail Reekie believes that Queensland's politics and government vary from other states.⁶ Ross Patrick argues that Queensland's hospitals' arrangements differed markedly from other states, with Queensland having peculiarities in health administration.⁷ For example, in 1911, Queensland adopted compulsory registration for nurses and midwives, which was a significant step in nursing professionalisation in Australia.⁸ These factors influenced how the nurses navigated their civilian lives and future careers.

During the First World War, many organisations fielded military nurses. Australian nurses served with the Queen Alexandra Imperial Military Nursing Service (QAIMNS) attached to the British Army and similar services under the jurisdiction of British and other non-Australian military forces. A practical issue concerning evidence of non-AIF nurses is that many service records are not extant, as they were destroyed in the Second World War. The primary group this affects is nurses serving with British organisations. When records exist, the details are not easily identified, such as nurses' birthplaces. Combining the lack of records and inconsistent administration makes the meaningful comparison of individuals difficult.

Most Australian nurses enlisted in the AIF for overseas service as members of the AANS. Being created by one administrative organisation gives these records a consistent format. Of the Queensland nurses who enlisted for active service, 295 served with the AIF. Seven served in New Guinea in the separate Australian Naval

⁶ Gail Reekie, 'Women, region and the "Queensland difference",' in *On the Edge: Women's Experiences of Queensland*, Gail Reekie (ed.), St Lucia, Queensland (Qld), 1994, pp. 10-15.

⁷ Ross Patrick, *A History of Health and Medicine in Queensland 1824-1960*, St Lucia, Qld, 1987, pp. 108-111.

⁸ Glenda Strachan, *Labour of Love: The History of the Nurses' Association in Queensland, 1860-1950*, St Leonards, New South Wales (NSW), 1996, pp. 74-75.

and Military Expeditionary Force (AN&MEF) and its successor, Tropical Force. The Three nurses in the New Guinea services also served in the AANS.⁹

Queensland's First World War military nurses served in diverse geographical locations, including the Near East, the Far East, the Western Front, Great Britain, and New Guinea. They nursed in general military hospitals, Casualty Clearing Stations (CCSs), hospital ships, 'black' ships off Gallipoli, on hospital trains and barges and other places where the sick, wounded and dying were treated.¹⁰ Kirsty Harris asserts that the nurses proved themselves to be very capable during the war as they managed their workloads, learned new skills and took on additional responsibilities as required by circumstances.¹¹ After military service, the nurses returned to civilian life, where the consequences of death, disability and grief were being felt in what Jay Winter describes as 'communities of mourning'. As I argue in this thesis, these circumstances influenced their post-war lives to a surprising extent.¹²

Thesis Structure

This thesis comprises nine chapters, including this introduction. Chapter Two considers the literature published on the subject and details the historical methodology of group biography used to identify the nurses and which sources were used to illustrate what the nurses did with their post-war lives. Chapter Three is in two parts. The first considers the nurses' return from war commencing with the pneumonic influenza pandemic, spreading worldwide with returning troops. The

⁹ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, various, Canberra, National Archives of Australia (NAA), <https://www.discoveringanzacs.naa.gov.au/>, accessed up to 31 October 2021.

¹⁰ A. G. Butler, *Official History of the Australian Army Medical Services, 1914 – 1918*, 3 vols, 'Special Problems and Services', iii, Canberra, Australian War Memorial (AWM), 1943, pp. 527-578, <https://www.awm.gov.au/collection/C1416942/>, accessed up to 30 April 2021; Kirsty Harris, *More than Bombs and Bandages: Australian Army Nurses at Work in World War I*, Newport, NSW, 2011, p. 82; Michael Tyquin, *Gallipoli: An Australian Medical Perspective*, Canberra, 2012, p. 68. Tyquin defines 'black' ships as ambulance carriers transferring the wounded and sick and which were not painted white, the internationally recognised colour for hospital ships.

¹¹ Harris, *More than Bombs*, p. 13.

¹² Jay Winter, *Sites of Memory; Sites of Mourning: The Great War in European Cultural History*, Cambridge, United Kingdom (UK), 1995, p. 29.

second part covers the nurses' contributions to the repatriation system, caring for sick and wounded veterans.

Chapter Four analyses the health impacts of active service. The impact of war on life course is considered through death and disease demography. The various mechanisms provided by the government, friends and colleagues to support nurses affected by ill-health or in financial difficulty are discussed.

Chapters Five and Six concentrate on the veteran nurses' careers, as wives and mothers or as nurses. Careers can be paid or unpaid, and the latter relates to work in the home, such as housework or childrearing.¹³ Chapter Five focuses on the nurses who married. This chapter examines the timing of marriages, their success or otherwise, and considers the nurses' lives within the context of accepted gender roles for women in Australia at the time.

The veteran's post-war nursing careers are scrutinised in Chapter Six in the context of work in developing specialist nursing fields that evolved from war-driven medicine and science and expanding government agendas. Additional education opportunities leading to these roles are considered in this chapter. The chapter focusses on leadership in nursing and the evolution of health services after the war. Chapter Seven examines the development of the nursing profession in Queensland and discusses professional milestones.

Chapter Eight covers non-career related life activities, such as community work and volunteering. Here, the nurses' motivations for pursuing these activities are discussed. While marriage, family, or work were the main foci for the nurses, some became involved in community endeavours, particularly in the religious and welfare sectors. The conclusion brings together the returned nurses' contributions to a changing world where many nurses were leaders, advocates, role models and hard

¹³ Joanne Scott, 'A woman's work is never done? Exploring housework in interwar Queensland', *Queensland Review*, vol. 15, no. 1, 2008, p. 87.

workers. The nurses' post-war accomplishments, their hardships and battles and their influence are highlighted in the following chapters.

As the thesis will show, the Queensland nurses returned to civilian life after the war. Armed with new skills and experiences that they brought to civilian life, they used them as momentum to push the boundaries of women's societal roles into the public sphere and promote nursing's professionalism, thus building on other societal changes emanating from war. Some nurses chose the path of marriage and motherhood, which were highly valued roles in a new nation that was still developing. Over subsequent decades, Queensland's returned nurses focussed on their hopes and expectations as nurses or wives and mothers. This thesis is a study of their lives after the war.

Chapter 2: Literature Review and Methodology

Literature Review

The existing literature relevant to the nurses' lives after returning from active service comprises two sections. Harris asserts that Australia's military nurses have received less scholarly attention than their counterparts elsewhere.¹ She identifies that publications on Australian war nurses are scholarly or popular and include several edited diaries and autobiographies.² An example of the latter is the diaries of Mary Ann Pocock at the AWM.³

Early works on the nurses include one chapter on the AANS in A. G. Butler's three-volume *Official History of the Australian Army Medical Services, 1914-1918*.⁴ While there is limited coverage of the approximately 2000 nurses' lives, Butler's chapter on the AANS emphasises CCS's changing role on the Western Front. The CCS nurses' role became fully integrated into the rapid-response care of the wounded.⁵ Butler also describes the AANS's role in remote postings. Rupert Goodman's publication on Queensland nurses covers the various difficult postings, including India and Salonika.⁶ Butler and Goodman discuss these demanding and unhealthy postings, including India, and find these challenged the nurses as they cared for troops from diverse cultures. In addition, they nursed patients with diseases not previously faced

¹ Kirsty Harris, 'Girls in grey: Surveying Australian military nurses in World War 1', *History Compass*, vol. 11, no. 1, 2013 p. 14.

² Kirsty Harris, 'New horizons: Australian nurses at work in World War 1', *Endeavour*, vol. 38, no. 2, 2014, pp. 111-112.

³ Mary Anne 'Bessie' Pocock Diary, September 1914-January 1918, original held at the Australian War Memorial (AWM), series 2: Original diaries and notebooks, item nos. RCDIG0001393-RCDI0001396, Canberra, AWM.

⁴ A. G. Butler, *Official History of the Australian Army Medical Services, 1914 – 1918*, 3 vols, 'Gallipoli, Palestine and New Guinea'; 2nd edn, i, Canberra, AWM, 1938, <https://www.awm.gov.au/collection/C1416940/>, accessed up to 30 Apr 2021; A. G. Butler, 'Special Problems and Services', iii, pp. 527-578; A. G. Butler, *Official History of the Australian Army Medical Services, 1914 – 1918*, 3 vols, 'The Western Front', ii, Canberra, AWM, 1940, <https://www.awm.gov.au/collection/C1416841>, accessed up to 30 April 2021.

⁵ A. G. Butler, 'Special Problems and Services', pp. 557-563.

⁶ Rupert Goodman, *Queensland Nurses: Boer War to Vietnam*, Brisbane, 1985.

by Australian nurses.⁷ While Butler's work is an overview of the AANS on active service during the war, Goodman's popular history covers the Queensland nurses as successful Australian ambassadors.

Much of the existing literature is that of feminist historians or labour historians examining the work of nursing. Feminist historians such as Lake and Damousi argue that society saw war as a male sphere. Women were to be devoted carers away from the battle in the private sphere, as occurred at the beginning of the First World War.⁸ As Shute states, 'womenfolk remained at home passively' during the war. Janet Butler echoed this position.⁹ However, feminist history takes a limited view seeing power in patriarchal terms and does not consider the considerable area of volunteering. There is no view of nursing as a career nor the difficulties of advancement in the complex hospital environment.

While some literature focuses on the changing role of women, Harris varies the theme and asserts that the nurses' active service allowed them to develop new skills and practices. However, Harris's view is that only some of the new skills were useful in their future careers.¹⁰ She identifies the nurses' wartime roles in anaesthetics, surgery and dispensing, the usual domains of other health professionals, were undertaken by some military nurses during active service in the First World War even though the new practices defied existing institutional gender roles.¹¹ Harris argues that the war years, with their complexity and diversification, solidified nurses' positions as health workers in civil society.¹² In contrast, Bruce Scates and Raelene

⁷ A. G. Butler, 'Special Problems and Services', pp. 567-571.

⁸ Marilyn Lake and Joy Damousi, 'Introduction: warfare, history and gender', in *Gender and War: Australians at War in the Twentieth Century*, Joy Damousi and Marilyn Lake (eds.), Cambridge, UK, 1995, p. 8; Melanie Oppenheimer, *Australian Women and War*, Canberra, 2008, p. 20.

⁹ Janet Butler, 'Nursing Gallipoli: Identity and the challenge of experience', *Journal of Australian Studies*, vol. 27, no. 78, 2003, p. 51; Carmel Shute, 'Heroines & heroes: Sexual mythology in Australia 1914-1918', *Hecate: A women's interdisciplinary journal*, vol. 1, no. 1, 1975, p. 19.

¹⁰ Harris, *More than Bombs*, pp. 216-221; Harris, 'New horizons', p. 121.

¹¹ Harris, 'New horizons', pp. 111 and 121.

¹² Harris, *More than Bombs*, p. 219.

Frances believe that the nurses' war experiences could be advantageous at home and that the veteran nurses found 'ready employment' in the growing hospital industry. This more positive view sees the nurses equipped for hospital service with increased skills relevant to civilian work.¹³

While war nursing, like civilian nursing, was seen as women's work, Rae notes that the 'turmoil' of nursing in the First World War was different from anything the nurses had experienced in civilian life.¹⁴ Rae celebrates some senior nurses' wartime leadership that eventuated despite hardships, gender conflict, nursing patients from different cultures, and experiencing those cultures during overseas service. Rae briefly refers to a small number of nurses' post-war lives, but this is not the focus of her analysis.¹⁵ Rae and others do not discuss the nurses' post-war leadership.¹⁶

Some work on war nursing focuses on the physical and psychological ill-effects of this service. Hallett writes about allied war nurses, including Australians, exploring similar themes to McEwen.¹⁷ Hallett argues that the nurses helped the sick and wounded by containing the trauma that soldiers experienced.¹⁸ She stresses that to achieve this, the nurses contained their own trauma.¹⁹ They did so to keep patients alive or to sustain those beyond hope in their death.²⁰ These authors saw the nurses as having a veneer of emotional armour so as not to display grief or sorrow at dying or death or disgust at horrific wounds. The authors further argue that these practices left nurses with few avenues to channel their emotions, opening them to lifelong

¹³ Bruce Scates and Raelene Francis, *Women and the Great War*, Cambridge, UK, 1997, P. 153.

¹⁴ Ruth Rae, *Scarlet Poppies: The Army Experience of Australian Nurses during World War One*, Burwood, NSW, 2004, p. 230.

¹⁵ Ruth Rae, *Veiled Lives: Threading Australian Nursing History into the Fabric of the First World War*, Burwood, NSW, 2009.

¹⁶ *Ibid.*, pp. 172-178.

¹⁷ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War*, Manchester, 2009.

¹⁸ *Ibid.*

¹⁹ *Ibid.*, pp. 27-119.

²⁰ *Ibid.* pp. 217-218.

trauma by association.²¹ As McEwen contends, some First World War nurses became casualties themselves.²²

Another common theme throughout the literature is the relationships between nurses and soldiers. Holmes determines that the nurses had different roles in various situations when in contact with the soldiers.²³ In hospitals, the nurses constructed roles of the mother while managing their male patients while she believes that outside the hospital, the nurses assumed the role of sisters to the soldiers. Mothers and sisters were traditional gender roles. However, the nurses were very careful to create an asexual caring environment.²⁴ Scates' and Frances' examination of Australian women and the First World War recognise that relationships existed between the nurses and the soldiers. These authors argue that the relationships between nurses and the troops go beyond the war, determining that the casualty rates crippled a young and promising nation. They underscore that women had a significant role in caring for the casualties when the war ceased.²⁵ This later caring role flags the impact of the war during the decades following the conflict.

Larsson moves this discussion forward to the legacy of disability and illness in veterans after the war. Her work focuses on the more numerous servicemen and not the few nurses. She notes that the surviving war casualties were mainly cared for by informal care networks, including family.²⁶ There are limited publications on this theme. Many nurses cared for returned soldiers after the war, and some nurses, albeit a handful, also suffered war-related conditions. The nurses who cared for the

²¹ *Ibid.*

²² Yvonne McEwen, *In the Company of Nurses: The History of the British Army Nursing Service in the Great War*, Edinburgh, 2014, p. 5.

²³ Katie Holmes, 'Day mothers and night sisters: World War I nurses and sexuality', in *Gender and War: Australians at War in the Twentieth Century*, Joy Damousi and Marilyn Lake (eds), Cambridge, UK, 1995, pp. 43-59.

²⁴ *Ibid.*, p. 57.

²⁵ Bruce Scates and Raelene Francis, *Women and the Great War*, Cambridge, UK, 1997, p. 140.

²⁶ Larsson, *Shattered Anzacs*.

ill and disabled laboured in a challenging field described by Larsson as ‘healing the nation’.²⁷ This early rehabilitation and palliative care nursing were forerunners to now recognised nursing specialisations.

Bassett’s 1992 work on the AANS from the Boer to the Gulf Wars was the first academic study of the AANS as a whole. Part of Bassett’s work examines the inter-war period between the First World War and the Second World War, where she explores the lives of the First World War nurses in the inter-war period. Here Bassett examines the impact on the nurses of active service, including the trauma they suffered. Bassett summarises her findings, stating that ‘Most of the nurses ... paid a heavy price for their wartime experiences’.²⁸ Bassett’s chapters cover the AANS, unlike this thesis which covers Queensland nurses. Her work examines the nurses’ health and their resultant circumstances, including their financial status. However, while her sad findings are relevant to this thesis, there is limited coverage of the positive aspects of the nurses’ interwar lives.

The First World War provided increased scientific knowledge, complementing medical and nursing knowledge acquired from the industrial revolution.²⁹ Waghorne cites Browne, who states that the increased medical advances created a ‘deluge, a tremendous upsurge of knowledge and techniques’ over all fields of medicine.³⁰ Continuing this argument’s logic, the new knowledge extended beyond medicine and resulted in new types of organisations, including large public teaching hospitals

²⁷ *Ibid.*, p 28.

²⁸ Jan Bassett, *Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War*, Melbourne, 1992, p. 110.

²⁹ Deborah Brunton, *Medicine Transformed: Health, Disease and Society in Europe 1800-1930*, Manchester, 2004, p. 334; Harris, *More than Bombs*, p. 219; McEwen, *In the Company of Nurses*, pp. 181-182; Wendy Madsen, *Nursing History: Foundations of a Profession*, 2nd. edn., Frenchs Forest, NSW, 2007, p. 36; James Waghorne, ‘Growth and specialisation: The medical profession in interwar Australia’, in Kate Darian-Smith and James Waghorne (eds.), *The First World War: the Universities and the Professions in Australia, 1914-1939*, epub edn, unpaginated, Carlton, Vic, 2014.

³⁰ David D. Browne, *The Wind and the Book: Memories of a County Doctor*, Melbourne University Press, Carlton, Vic, 1976, quoted in ‘Growth and specialisation’, unpaginated.

and new hospitals.³¹ Madsen's work on Australian nursing's development provides many examples of changing administrative arrangements in Queensland, enabling nurses to pursue new roles. For example, Madsen asserts that the number and size of hospitals increased after the war, that hospitals changed their focus and became accepted as treatment centres, not just places to die. In this way, nursing evolved with specialist roles developing in hospitals and other health facilities.³²

Patrick covers Queensland's hospital development, although he has a medical rather than a nursing-focussed approach.³³ Despite the medical emphasis, Patrick's work complements Madsen's, providing Queensland-specific examples of changes that Madsen identifies nationally. Gregory also has a Queensland perspective in her history of nursing at Queensland's largest hospital, the Royal Brisbane Hospital.³⁴ Like Madsen and Patrick, Gregory explores the combined effects of government funding and control of hospitals but focuses on nursing and includes a discussion of the professional nursing association, the Australasian Trained Nurses' Association (ATNA).³⁵

Waghorne identifies that the growth in medical infrastructure during the interwar period supported more technical medical procedures, resulting in increased specialisation.³⁶ Further, Forsyth identifies that while university education supported the professionalism of medicine, there was no such change in nursing. She notes that

³¹ Madsen, *Nursing History*, pp. 36-37.

³² *Ibid.*, p. 36.

³³ Patrick, *A History of Health and Medicine in Queensland*, pp. 61-448.

³⁴ Helen Gregory, *A Tradition of Care: A History of Nursing at the Royal Brisbane Hospital*, Brisbane, 1988, pp. 60-68. The Royal Brisbane Hospital has had several names since its establishment in 1826 including the Brisbane Hospital, the Brisbane General Hospital, the Royal Brisbane Hospital and the Royal Brisbane and Women's Hospitals.

³⁵ *Ibid.*, pp. 60-68 and 36-102.

³⁶ Waghorne, 'Growth and specialisation'.

nurses in Australia did not receive university education until the late 1980s, although Grehan identified that nurses wanted university education as early as 1912.³⁷

Oppenheimer identifies that the increased public profile of nurses in the interwar period saw numerous changes in the profession and defines it as a difficult time. Much of Oppenheimer's work concentrates on the conflict between the trained and the untrained Voluntary Aid Detachment (VAD) nurses emanating from the war.³⁸ The focus is, as Hallett states, on the trained nurses' fight for professionalism and associated issues of equality and recognition of their profession.³⁹

Several scholars have covered the development of nursing as a profession in various states. For instance, Durdin covers South Australian nursing; Hobbs examines the Western Australia perspective; Trembath and Hellier's text is a detailed analysis of nursing regulation in Victoria.⁴⁰ In each of these works, the politics of nursing organisations, both state and national, registration and its impact on the status of nurses are discussed with some reference to Queensland. Strachan's history of the Queensland ATNA from 1860 to 1950 is valuable due to its focus on labour history. This text names individuals, including various returned nurses, who took on ATNA council roles and were matrons and, therefore, involved in hospital labour issues.⁴¹

As Kingston notes, marriage and children were the most common experience for Australian women at this time. In this sense, returned nurses pursued marriage and

³⁷ Hannah Forsyth, 'Census data on professions, war service and the universities, 1911-1933' in Kate Darian-Smith and James Waghorne (eds.), *The First World War: the Universities and the Professions in Australia, 1914-1939*, epub edn, unpaginated, Carlton, Vic, 2014; Madonna Grehan "'Eliminating the drudge work": Campaigning for university-based nursing education in Australia, 1920-1935', *The History of Nursing Education*, vol. 6, iss. 2, September 2020, p. 1.

³⁸ Melanie Oppenheimer, 'The professionalism of nursing through the 1920s and 1930s: The impact of war and voluntarism', in Kate Darian-Smith and James Waghorne (eds.), *The First World War: the Universities and the Professions*, epub edn, unpaginated, Carlton, Vic, 2014.

³⁹ Christine Hallett, *Veiled Warriors: Allied Nurses of the First World War*, Oxford, 2014, p.271.

⁴⁰ Joan Durdin, *They Became Nurses: A History of Nursing in South Australia 1836-1980*, Sydney, 1991; Victoria Hobbs, *But Forward Look: Nursing in Western Australia, 1829-1979*, Perth 1980; Richard Trembath and Donna Hellier, *All Care and Responsibility: A History of Nursing in Victoria 1850-1934*, Melbourne, 1987.

⁴¹ Strachan, *Labour of Love*.

having a family as a career rather than a full-time nursing career. She argues that marriage and children were the most common experience for Australian women during this era.⁴² Kingston explores historical attitudes towards and experience of marriage and work from Australian women's perspectives. Elder and Scott endorse Kingston's earlier statement, with Scott commenting that even Queensland government reports present marriage as the 'culturally sanctioned 'career' for women'.⁴³

For the returned nurses who remained single, paid work was often essential, although some found time for voluntary activities. Scott argues that volunteering is work even though it is unpaid. She states work 'expends effort and time to produce goods and services'.⁴⁴ For married women between the wars, Scott determines that married women's duties as a wife and mother were paramount, with volunteer work subservient to domestic duties. However, many found time to volunteer, particularly in charitable areas.⁴⁵ Oppenheimer identified a peak time for volunteering as the Second World War, which gave women increased access to the 'public' world.⁴⁶

Reiger believes the early twentieth century was a period when women's role in the Australian family was redefined, with external experts advising wives, mothers, and housewives on the roles they should fulfil.⁴⁷ These changes included the introduction of the infant welfare movement, which became another career option for nurses. In

⁴² Beverley Kingston, *My Wife, My Daughter and Poor Mary Ann: Women and Work in Australia*, Sydney, 1975, pp. 7 and 101.

⁴³ Catriona Elder, 'The question of the unmarried: Some meanings of being single in Australia in the 1920s and 1930s', *Australian Feminist Studies*, no. 18, summer 1993, p. 161; Scott, 'A woman's work is never done?', p. 87.

⁴⁴ Scott, 'A woman's work is never done?', p. 85.

⁴⁵ Joanne Scott, 'Generic Resemblances'? *Women and Work in Queensland, 1919-1939*, published Phd thesis, University of Queensland, 1995, pp. 79 and 106, <https://espace.library.uq.edu.au/view/UQ:215530>, accessed 12 November 2021.

⁴⁶ Melanie Oppenheimer, *All Work No Pay: Australian Civilian Volunteers in War*, Walcham, NSW, 2002, p. 206.

⁴⁷ Kerreen Reiger, *The Disenchantment of the Home: Modernizing the Australian family 1880-1940*, Melbourne, 1985; Kerreen Reiger, 'Women's labour redefined: Child-bearing and rearing advice in Australia, 1830 to 1930s' in *Worth Her Salt: Women at Work in Australia*, Margaret Bevege, Margaret James and Carmel Shute (eds.), Sydney, 1982, pp. 72-73.

addition, Australian women were encouraged to 'breed a healthy race' for the nation's good, including having 'model' babies.⁴⁸ The emphasis was on maternal and child health and national fitness.⁴⁹ While some single nurses had occupational roles related to these changes, the married nurses with children were the subject of these changes.⁵⁰

Method

A list was developed and populated with biographical information.⁵¹ The nurses were identified from several sources as no complete First World War Nominal Roll for the AANS has been located. Bassett stated that from the incomplete nominal roll, 1805 nurses served overseas.⁵² Her work was done in the 1990s before digitising records made a wider search for outliers possible. Harris hypothesises that a complete nominal roll may not have existed, and for this reason, Harris endeavours to identify all the trained nurses who served overseas with the AANS.⁵³ Harris recommends using either A. G. Butlers' figure of 2286 or the Australian War Memorial's (AWM) agreed statement of more than 2000 nurses.⁵⁴ There is consensus on this approximate number.

The study's population was derived from the nurses' connections to Queensland. Identification was defined through birth, immigration, nursing training, residence or employment before enlistment. A total of 302 were Queensland trained nurses who served overseas in Australian military nursing services during the First World War. Queensland nurses listed in Appendix A originated with Harris, who identified AANS

⁴⁸ Reiger, 'Women's labour redefined', pp. 73-77.

⁴⁹ Reiger, *Disenchantment of the Home*, p. 75.

⁵⁰ Reiger, 'Women's labour redefined', pp. 73-82.

⁵¹ Hereafter this thesis will refer to these returned Queensland nurses as the nurses.

⁵² Bassett, *Guns and Brooches*, p. 95.

⁵³ Kirsty Harris, ' "Rubbery figures": the puzzle of the number of AANS on active service in WW1', *Sabretache*, vol. 49, no. 1, March 2008, p. 9.

⁵⁴ A. G. Butler, 'The Western Front', ii, p. 829; Harris, pers comm., email, 21 December 2018.

members who served overseas and organised them by training hospital in *More than Bombs and Bandages*.⁵⁵ Goodman's publication on Queensland nurses provides further names of nurses born in Queensland or who resided in Queensland before enlisting.⁵⁶ The AIF Project and the National Archives of Australia's (NAA) website *Discovering Anzacs* identify other Queensland AANS and AN&MEF members.⁵⁷ These nurses had strong connections to Queensland, and all had completed recognised nursing training. The cohort excludes masseuses who were not trained nurses. Untrained nurses, including VADs, were excluded as the AANS required its nurses to have completed training at a 'recognised' hospital as determined by the ATNA.⁵⁸

Methodology

In this thesis, the lives of the returned nurses after the war and until their deaths are examined. The interconnectivity of variables (data) in the nurses' lives is explored over time (the post-war lifespan) and place to effect change and make judgements or interpretations.⁵⁹ With the list compiled, the next decision was how to collect the history of these Queensland nurses. The methodology to be used was one of three: Biography, prosopography or group biography.

The first option was biography, although biography on one subject, for example, on Grace Margaret Wilson, a leading nurse in the inter-war period, would highlight

⁵⁵ Kirsty Harris, *More than Bombs*, pp. 239-259.

⁵⁶ Goodman, *Queensland Nurses*, p. iv.

⁵⁷ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, various; 'AIF Project', database, University of New South Wales (NSW), Canberra, <https://aif.adfa.edu.au/aif/> accessed up to 30 April 2021; Peter Dennis, 'AIF Project', pers. comm, email, 17 November 2014.

⁵⁸ A. G. Butler, 'Special Problems and Services', iii, pp. 542-556; Harris, *More than Bombs*, pp. 41 and 229; Rae, *Scarlet Poppies*, pp. 38-39; This thesis excludes masseuse who were also members of the AANS but trained in massage instead of nursing; Australian military policy was to only enlist trained nurses although untrained nurses were used extensively by the British military authorities; Elizabeth Kenny enlisted in the AANS serving overseas, however, it is now accepted that Kenny never completed recognised nursing training and she is not included in the cohort even though she lived in Queensland for many years after the war.

⁵⁹ Patricia D'Antonio, 'Conceptual and methodological issues in historical research', in *Capturing Nursing History: A Guide to Historical Methods in Research*, Sandra B Lewenson and Eleanor Krohn Herrmann (eds.), ebook, 2007, pp. 12-15, *ProQuest Ebook Central*, <https://ebookcentral-proquest-com.ezproxy.une.edu.au/lib/une/detail.action?docID=312243>, accessed 25 October 2021.

Wilson's achievements but not those of the remaining 301 nurses. A biography studies the life of an exceptional person ascribing motives to their action or, as Verboven, Carlier, and Dumolyn describe it, their 'psychology and mentality'.⁶⁰

Another option was prosopography, which focuses on the average and not the unique or outstanding. This method conveys the life stories of many individuals.⁶¹ Verboven *et al.* cite Stone, who defines it as the 'inquiry into the common characteristics of a group of historical actors through a collective study of their lives'.⁶² It is a form of collective biography where the researcher has found a commonality. Prosopography examines the similarities and differences between individuals in the studied population, but this thesis does not use prosopography.⁶³

The methodology applied in this thesis is group biography. Group biography has similarities with prosopography, the emphasis being subjects with close ties in particular activities, in this case, nursing and the war. This methodology investigates the connections of the group and its shared activities but does not examine the group's outliers.⁶⁴ The nurses had similarities as they were all trained nurses with connections to Queensland, and they all went overseas on active service under the jurisdiction of Australian military authorities.

Much of the data collected on the nurses are shown in the appendices and includes information on their lives, including their nursing careers. Some birth, death and marriage data were accessed, as were repatriation files. These provided additional

⁶⁰ Koenraad Verboven, Myriam Carlier and Jan Dumolyn, 'A short manual of the art of prosopography' in *Prosopography Approaches and Applications. A handbook*, K. S. B. Keats-Rohan (ed.), Oxford, 2007, p. 37.

⁶¹ *Ibid.*

⁶² Lawrence Stone, 'Prosopography' in *Daedalus*, vol. 100, 1971, pp 46-79, cited in Verboven *et al.* 'A short manual of the art of prosopography' in *Prosopography Approaches and Applications*, K. S. B. Keats-Rohan (ed.), Oxford, 2007, p. 39.

⁶³ Verboven *et al.*, 'A short manual', p. 40; K. S. B. Keats-Rohan, 'Introduction chameleon or chimera? understanding prosopography', in *Prosopography Approaches and Applications*, K. S. B. Keats-Rohan (ed.), Oxford, 2007, p. 3; Keats-Rohan defines prosopography as a method.

⁶⁴ Barbara Caine, *Biography and History*, Basingstoke, New York, 2010, p. 48.

biographical information, work history, health, and pension details. The pension and health facts in the repatriation files were beneficial in identifying the impacts of war service on individual nurses. In addition, this data reveals trends in the nurses' responses to personal and professional challenges. Most repatriation files for nurses who died in Queensland were in the NAA's Brisbane office and were used for this thesis. Only limited interstate repatriation files for nurses who died outside Queensland were accessed due to distance and cost. There was a further limitation as some nurses did not have repatriation files and sought no assistance from the Repatriation Department.⁶⁵ However, this limitation was minimal as most of the cohort died within Queensland and had repatriation files.

Administrative records for public hospitals, including the Brisbane Hospital for Sick Children and the hospitals managed by the Brisbane and South Coast Hospitals' Board, were accessed. Personnel records for the Maternal and Child Welfare Services were also used. These provided information on nurses' careers in various Queensland government services and some private or charity services. Queensland Government Gazettes and annual reports for health services were other sources consulted with many of the above records at the Queensland State Archives (QSA). They were complemented by records of the ATNA, Queensland Branch held by the Queensland Nurses' Union, which also has some correspondence of the Queensland War Nurses' Fund (QWNF). In the 1990s, Jan Bassett used QWNF rolls to discuss military nurses' health.⁶⁶ Bassett had accessed some Fund records at the School of Army Health, Portsea. However, despite searches, the location of these rolls could 87

⁶⁵ Department of Veterans' Affairs, Deceased Widows of Ex-servicemen's Personal Medical Case Files, 1918-1982, series BP867/1, various, NAA, Branch Office, Brisbane; Department of Veterans' Affairs, First World War Ex-servicemen, Medical Case Files 1918-1991, series J26, various, NAA, Branch Office, Brisbane; Department of Veterans' Affairs, First World War Ex-servicemen, Medical and Deceased Case files, 1920-1980, series BP709/1, various, NAA, Branch Office, Brisbane; Department of Veterans' Affairs, First World War Ex-servicemen Pension Case Files, 1918-1991, series J34, various, NAA Branch Office, Brisbane; Department of Veterans' Affairs, First World War ex-servicemen 1918-1995, Hospital case files, series J30, various, NAA, Branch Office, Brisbane; Department of Veterans' Affairs, First World War, Personal Case Files, 1920-2011, series B73, various, NAA, Branch Office, Melbourne; Department of Veterans' Affairs, Personal Case Files, single number series, Australian, 1914-1918 War, series, C138, various, NAA, Branch Office, Sydney; Department of Veterans' Affairs, Personal Case Files with single number with 'M' and other letter prefixes, K60, NAA, Branch Office, Perth.

⁶⁶ Bassett, *Guns and Brooches*, pp. 92-110.

not be determined, and Bassett died in 1999. This library is now closed, and it is unclear what happened to those records.

The following work will explore the nurses' lives through the decades after the First World War and demonstrate their worthy contributions to society.

Chapter 3: Returning

After the Armistice, the AIF, including the nurses, slowly returned from the war to resume their civilian lives. There were new obstacles to surmount, which impacted the AIF men, the nurses and civilians. First was the worldwide influenza pandemic, which commenced before war's end and continued until 1920. Another major concern was the transition of service personnel back into civil society in a controlled manner. AIF veterans often required complex and extended care resulting from war, and care systems needed to be established and integrated into the fabric of Australian society. The repatriation system evolved over the years, providing nurses with careers caring for veterans who required ongoing care in various facilities. This chapter discusses the nurses following their return and their achievements during the pandemic and establishing the repatriation system.

In discussing the pandemic, the focus is on the actions taken by the returned nurses in Australia. The disease spread affected many Australians, becoming another national emergency. The pandemic had to be confronted and controlled while the country shifted to a peacetime footing. Action was needed at all levels of Australian society, and solutions to mitigate the pandemic's consequences required the nurses' urgent return. This chapter will demonstrate that the returned nurses contributed their services to Australia's population during the pandemic, even when they had reduced fitness after war service. The nurses returned with new skills, experience and a willingness to assist their local communities. This was their initial societal contribution on their return.

The AIF returned home and subsequently demobilised as the pandemic gained momentum. Many returning AIF were weakened and disabled, ill or shell-shocked, and thus easy targets for the disease. Similarly, the AANS who embarked to care for Australian and other servicemen were affected by their active service. As the AANS arrived home, the Commonwealth Government established a repatriation system to

manage the re-employment of veterans and provide care for those damaged by war. It was veterans' care that many returned nurses chose as a post-war career. There were various repatriation venues in which they could utilise the knowledge, skills, and experience they had gained from active service.

The repatriation care system provided services in many different types of facilities, including permanent care homes for those requiring continuous care. Medical and hospital services were established across Australia to treat injured and ill veterans, and specialised rehabilitation services began after the Gallipoli campaign.¹ These care services all required trained nurses. The nurses who were on active service had seen and understood the battle traumas suffered and empathised with those affected. Many chose to work with their fellow veterans, nursing them with skill and compassion in various health establishments.

Harris identifies that although only two AANS were seriously wounded during the war, many nurses 'suffered a myriad of illness'. She elaborates that it was rare for a nurse to have no report of illness.² Bassett calculated from the incomplete AANS nominal roll that over eighteen percent of nurses returned 'medically unfit'.³ Stephen Garton identifies that the British Museum, which stored the AIF clinical records, including those of the AANS, destroyed the records without consultation with Australian authorities leaving a deficit of 'accurate and scientific' data to inform future health consultations and pension applications.⁴ Without such data, there can be no accurate assessment of the active service impacts on the nurses' health. However, Harris believes there is evidence that the nurses felt the mental and

¹ Marina Larsson, 'Restoring the spirit: The rehabilitation of disabled soldier in Australia after the Great War', *Health and History*, vol. 16, no. 2, 2004, p. 50.

² Kirsty Harris, 'Work, work, work: Australian Army Nurses after the First World War', paper presented to the When the Soldier Return Conference, University of Queensland, Brisbane, 28-30 November 2007, Martin Crotty, (ed.), Brisbane, 2009, pp.184-185.

³ Bassett, *Guns and Brooches*, p. 99.

⁴ Stephen Garton, *The Cost of War: Australia Returns*, Melbourne, 1996, p. 111.

physical stress of active service.⁵ Confirming this, Basset summarises that 'most of the nurses ... paid a heavy price for their wartime experiences'.⁶ This price they shared with the men of the AIF, with some nurses eventually paying the ultimate price.

The pneumonic influenza pandemic, colloquially known as Spanish flu, commenced during the First World War and affected Australians on active service and later at home. By mid-1918, the AANS overseas were nursing patients with this influenza.⁷ The nurses' care was part of the military-medical systems for Australian and other troops. Pandemic nursing was different from caring for the wounded, but both were required as the war continued. The nurses continued their professional and private battles with influenza when they arrived home. The experiences of caring for influenza cases in the military was valuable. The returned nurses would utilise innovation, new knowledge and experience from war to care for the influenza patients at home.

The Influenza Pandemic

The pandemic quickly spread worldwide, and Australian authorities were concerned that the AIF would bring the disease to Australia when they returned. This disquiet proved correct. His Majesty's Australian Transport (HMAT) *Wyreema* embarked from Sydney during October 1918 carrying AANS reinforcements for Salonika. The Armistice was announced before the *Wyreema* arrived in South Africa. The ship was then ordered to accompany the troopship HMAT *Boonah* back to Australia. Onboard the *Boonah* were AIF members who had developed influenza during their voyage home.⁸ Trained nurses were already required.

⁵ Harris, 'Work, work, work', p. 185.

⁶ Basset, *Guns and Brooches*, p. 110.

⁷ A. G. Butler, 'Special Problems and Services', 3 vols, iii, pp. 581-582.

⁸ Goodman, *Queensland Nurses*, pp. 105-106.

As the *Boonah* sailed towards Australia with infected patients, twenty volunteers were requested from the *Wyreema* nurses to care for the ill veterans. This request was oversubscribed, and subsequently, names were drawn from a hat to select nurses for this hazardous duty. The nurses volunteered even though they knew of terrible death rates from the disease, including nursing and medical staff deaths. The selected *Wyreema* nurses were bound for Western Australia's Woodlands Point Quarantine Station to care for the influenza patients. These nurses were publicly praised for undertaking this dangerous duty and for again risking their lives in another national emergency.⁹

The selected volunteers included eight Queensland nurses. Appendix B lists the selected volunteers and provides details of thirteen *Wyreema* nurses who caught influenza. Nearly two-thirds of nurses who undertook this dangerous duty became ill, with Margaret Bourke the only Queenslander to escape illness. Another Queenslander, Rosa O'Kane, died of the disease, with the remaining Queensland nurses recovering.¹⁰ O'Kane lost her life through volunteering for this dangerous duty and is remembered on the Roll of Honour at the Australian War Memorial.¹¹ After completing their difficult assignment, the remaining Queensland nurses were discharged to recommence their civilian lives.

As influenza swept through Australia, many returned nurses cared for sufferers in their local communities. The death rate in Queensland was 114 per 100 000 people,

⁹ 'A tribute to the nurses', *Argus*, Melbourne, 13 January 1919, p. 4, c. 8.

¹⁰ AIF, *Embarkation Rolls, Nurses (July 1915-November 1918)*, AWM 8, sub-class 26/100/1, Canberra, AWM, <https://www.awm.gov.au/collection/C1378964>, accessed 23 March 2018; AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, various; Hobbs, *Nursing in Western Australia*, p. 64; Rae, *Veiled Lives*, p. 310; The embarkation roll for the *Wyreema* lists thirty nurses while the nurses' Commanding Officer stated he had forty nurses under his command. Rae in *Veiled Lives* identifies there were forty-five nurses on the *Wyreema* and that twenty-six volunteered. Her footnote on page 443 cites "Diary, Susie Cone, 10 December 1918" in S. Cone 1918-1919 Diaries, Royal Melbourne Hospital Archives, Melbourne; Hobbs states that staff of No. 8 Base Hospital supplemented the nursing staff at the quarantine station. This thesis has used the official Embarkation Roll to determine the names of nurses onboard the *Wyreema*.

¹¹ 'Roll of Honour, Rosa O'Kane', AWM, <https://www.awm.gov.au/collection/R1655954>, accessed 27 June 2019; Only two Queensland nurses died in the First World War. The other was Norma Violet Mowbray who died of disease in Egypt on 21 January 1916; 'Roll of Honour, Norma Violet Mowbray', <https://www.awm.gov.au/collection/R1645329>, accessed 27 June 2019.

which, although lower than in NSW and Victoria at 319 and 240 deaths per 100 000 respectively, still accounted for 1030 deaths.¹² Queensland was a dispersed state with around 725 000 people, with just under seventy-four percent residing in country areas.¹³ The responsibility for local pandemic responses was delegated to local authorities, including many small authorities. The local council clerk became a Queensland government agent for the epidemic in their area, and the local medical officer of health was given executive control.¹⁴ Patrick Hodgson in his thesis on the influenza pandemic in Queensland believes that while local authorities had great responsibility, the state government maintained central control and co-ordination on cost, uniformity and efficiency.¹⁵ However, the Queensland Government failed to plan for the pandemic before it reached Queensland.¹⁶

The local councils' officers had huge pandemic responsibilities with little statewide planning, and they faced a shortage of trained nurses. Nurses returning to Queensland were quarantined at Lytton in Brisbane for seven days, thus exacerbating the problem.¹⁷ AANS members also remained in India, assisting the Indian Government with their nursing shortage, adding to a deficit of trained nurses at home.¹⁸ Gregory believes the returned nurses knew the Brisbane General Hospital and the temporary Exhibition Grounds Hospital were overflowing with influenza cases, but they were initially unable to assist.¹⁹ Nurses were urgently required for the pandemic in May 1919, when the first cases emerged in Brisbane. At this time, returned nurses Julia Hart, Beatrice Leland and Emily James-Wallace were quarantined on their troopships and could not assist when Queensland desperately

¹² J. H. L. Cumpston and M. J. Lewis, *Health and Disease in Australia: A History*, Canberra, 1989, p. 319.

¹³ Matthew Wengert, *City in Masks*, Brisbane, 2018, p. 6.

¹⁴ Patrick George Hodgson, 'Flu, society and the state: The political, social and economic implications of the 1918-1920 influenza pandemic in Queensland', published Ph.D. thesis, James Cook University, 2017, p. 155.

¹⁵ *Ibid.*, p. 184.

¹⁶ Ian W. Shaw, *Pandemic: The Spanish Flu in Australia 1918-1920*, Warriewood, NSW, 2020, p.189.

¹⁷ Gregory, *Tradition of Care*, p. 60; Hodgson, 'Flu, society and the state', pp. 34, 121 and 232.

¹⁸ Hodgson, 'Flu, society and the state', pp. 232-233.

¹⁹ Gregory, *Tradition of Care*, p. 60.

required their skilled assistance.²⁰ Hart was one of the first Queensland nurses to embark for war when her country called, and on her return, the call was again for trained nurses.²¹

There was no known treatment or cure for this influenza, and the virus had not been identified.²² Skilled nursing was required to keep the patients comfortable, hydrated, well-nourished and isolated. These skills were the remit of trained nurses with careful and constant nursing necessary to prevent the often fatal complication of pneumonia.²³ When pneumonia occurred, skilled nursing was of paramount importance, with doctors recognising the relief and recoveries that nurses achieved.²⁴ The returned nurses had already cared for pandemic military patients overseas, thus making them well placed to assist in this nascent national emergency.

After returning home to north Queensland, Elizabeth Martin immediately became sister-in-charge of the Yungaburra isolation hospital. The area was severely hit by the epidemic, necessitating the establishment of another isolation hospital near the Atherton Tableland.²⁵ Martin was courageous to take on pandemic nursing as her health was already precarious after she suffered influenza in Salonika, which led to cardiac debility.²⁶ She remained at Yungaburra until the hospital closed and then

²⁰ 'Returned soldiers', *Telegraph*, Brisbane, 2 May 1919, p. 2, c. 2; 'Returning soldiers', *Queenslander*, Brisbane, 29 March 1919, p. 12, c. 2; 'Returning troops', *Daily Mail*, Brisbane, 3 April 1919, p. 10, c. 3-4.

²¹ 'Returning troops', *Daily Mail*; 3 April 1919, p. 10, c. 3-4; 'The Nurses', *Brisbane Courier*, 12 September 1914, p. 6, c. 6.

²² Humphrey McQueen, 'The 'Spanish' Influenza Pandemic in Australia, 1918-1919', in *Social Policy in Australia: Some Perspectives 1901-1975*, Jill Roe (ed.), Stanmore, NSW, 1976, p. 135.

²³ Jacqueline Templeton, *Prince Henry's: The Evolution of a Melbourne Hospital 1869-1969*, Melbourne, 1969, p. 134.

²⁴ Dorothy Mary Armstrong, *The First Fifty Years: A History of Nursing at the Royal Prince Alfred Hospital, Sydney from 1882 to 1932*, Glebe, Sydney, 1964, p. 158.

²⁵ 'Influenza in the north', *The Week*, Brisbane, 15 August 1919, p. 19, c. 1; 'Mareeba notes', *Northern Herald*, Cairns, 26 June 1919, p. 50, c. 3.

²⁶ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Martin, Elizabeth, barcode 2017774.

transferred to Herberton Isolation hospital.²⁷ Here, influenza remained prevalent, necessitating strenuous nursing of extremely sick and sometimes moribund patients. Martin's bravery and dedication were acknowledged locally, as was her experience gained during the Salonika epidemic.²⁸ Her local area was fortunate to have the skilled and experienced Martin working for them. Martin had survived influenza while nursing in Salonika and then survived the pandemic at home. This time she risked her life for her local area.

The need to provide care across large districts led to innovative service delivery models in country Queensland. Harris identifies that war required changes to patterns of care provided by nurses, and home nursing during the pandemic also required changed practices.²⁹ Bush nurses commonly provided rural nursing services on horseback, but the high demand for nurses during the pandemic led to the Pittsworth council providing a motor vehicle for their nurse.³⁰ The vehicle shortened travelling time between patients, allowing more patients to be visited and more nursing supplies to be carried in the vehicle than on horseback.³¹ Innovation was necessary if appropriate care was to be provided.

When Eva Sherwin returned to Pittsworth during the pandemic, she became the local visiting nurse and was driven around the area she covered. Sherwin had a different nursing role to Martin as she visited patients at home and not in hospitals. She was driven between each house at a time when vehicles were uncommon in rural Queensland.³² Her use of a vehicle illustrates her willingness to be flexible in providing urgent nursing services. Sherwin's nursing skills were vital to her

²⁷ 'Atherton Tableland Notes.', *Northern Miner*, Charters Towers, 6 September 1919, p. 3, c. 7.

²⁸ 'Atherton Tableland notes', *The Northern Miner*, Charters Towers, 6 September 1919, p. 3, c. 7.

²⁹ Harris, *More than Bombs*, p. 124.

³⁰ 'Influenza', *Pittsworth Sentinel*, 28 May 1919, p. c. 5; Susan Priestley, *Bush Nursing in Victoria, 1910-1985: The First 75 Years*, Melbourne, 1986, p. 36.

³¹ Priestley, *Bush Nursing in Victoria*, p. 36.

³² 'Influenza', *Pittsworth Sentinel*, p. 2, c. 5.

community during the pandemic, particularly after the local doctor acquired influenza. The doctor's illness left Sherwin without medical support.³³ Sherwin returned to Australia with debility and received a repatriation pension during the pandemic. In her weakened state, she contracted the virus in June 1919.³⁴ She recovered without complications, which was reported in the local newspaper.³⁵ The local council thanked Sherwin for donating her services during the pandemic.³⁶ She had contributed her services once again when required and risked her life for her local community.

The returned nurses who cared for their fellow citizens were highly valued in country areas. Their contributions to their communities were acknowledged in local newspapers, which often mentioned their recent military service. Martin, Sherwin and other returned nurses were valuable citizens and community assets as they again made a commitment to Australia during the national emergency.³⁷ This personal recognition, however, did not occur throughout Queensland.

Unlike their country counterparts, the Brisbane pandemic nurses were rarely named during the outbreak, although doctors were named, along with municipal officials and married women leading volunteer organisations. Even government appointment lists only give the nurses' family names when appointed to the Brisbane Exhibition Isolation Hospital.³⁸ These nurses were not recognised as individuals undertaking dangerous duty and were invisible to the press, authorities and the public. Returned nurse Muriel Rogers was an exception. Her appointment was reported in the

³³ 'Pittsworth Shire Council', *Pittsworth Sentinel*, 14 June 1919, p. 3, c. 1.

³⁴ AIF, *First AIF Personnel Dossiers 1914-1920*, series, B2455, Sherwin, Eva Mary, barcode 8082463; 'Appearance at Pittsworth', *Darling Downs Gazette*, Toowoomba, 4 June 1919, p. 5, c. 2.

³⁵ 'Appearance at Pittsworth', *Darling Downs Gazette*, 4 June 1919.

³⁶ 'Pittsworth Shire Council', *Pittsworth Sentinel*, 31 January 1920, p. 2, c.5.

³⁷ 'Appearance at Pittsworth', *Darling Downs Gazette*, Toowoomba, 4 June 1919, p. 5, c. 2; 'Medical officer interviewed', *Queensland Times*, Ipswich, 30 May 1919, p. 6, c. 3; 'Sister Margaret Doonar', *Queensland Times*, Ipswich, 25 October 1919, p. 7, c. 7.

³⁸ 'Nursing staff isolation hospital 14 May 1919', Correspondence re influenza epidemic, Queensland Health, series 8400, item ID 18188, Brisbane, Queensland State Archives (QSA).

Brisbane Courier. The newspaper stated she was now discharged from the AANS and subsequently appointed to the Exhibition Hospital.³⁹ The publication of Rogers initials and the information that she resigned from the AANS infers greater respect for the war nurse and her subsequent role in the pandemic. Rogers was admired for her commitment to her community and respected for her active service.

After the pandemic, nurses who had been on active service evaluated their lives and planned for their futures. Returning to civilian life was not merely a matter of boarding a ship for home. All war nations required complicated processes to break up their armies, demobilise them, transport soldiers home, make plans to care for the injured and reorient the military forces to peace. The returned nurses needed to make decisions on how they wanted to live in peacetime. They could not simply revert to their pre-enlistment lives, as the world had experienced a distressing and devastating war, followed by a deadly pandemic. The nurses were changed by these experiences, as was society. The military nurses had new skills and experiences and had worked with and learnt from respected professionals they met during military service. They had nursed patients from many cultures and with uncommon diseases and horrific wounds.⁴⁰ They had changed, along with the world.

The Repatriation System

War-generated morbidity and disability created new post-war nursing roles in caring for the large cohort of former military patients. This nursing appealed to returned nurses as it built on relationships between nurses and their military patients that evolved during the war. Harris comments that after the war, the nurses felt it was essential to maintain these military connections.⁴¹ On returning home, military hospitals and other facilities initially provided care to the injured, but these were temporary solutions.

³⁹ 'Women's world', *Brisbane Courier*, 7 June 1919, p. 15, c. 1.

⁴⁰ Harris, *More than Bombs*, pp. 217 and 219-220.

⁴¹ Kirsty Harris, 'Work, work, work', p. 186.

Australian troops suffered among the highest casualty rates during the First World War. Recent research by David Noonan has fine-tuned historical statistics by notables such as the Australian Official Medical Historian A. G. Butler. Noonan shows that 'Australia suffered, ... *significantly* more deaths, *more* wounding[s] and *more* hospitalisations for injury and illness [pro rata] than other major belligerent'.⁴² Apart from the mortality experienced during the war, the ongoing morbidity gave Australia a future heavy burden of ill-health to manage along with additional war-related deaths. The Australian response to this was to create a repatriation system.

The Repatriation Department took over a military hospital in each state to develop repatriation general hospitals, often staffed by returned nurses.⁴³ These hospitals were the centrepiece of the national response. Other inpatient facilities included convalescent farms, sanatoria, and Anzac Hostels. The government operated repatriation hospitals, tuberculosis sanatoria and other inpatient facilities while the Red Cross provided associated services, including Anzac hostels and convalescent homes.⁴⁴ These facilities all required trained nurses.

In Queensland, No. 27 Australian General Hospital (AGH) was transferred from the military to the Repatriation Department, becoming Rosemount Hospital, a specialist repatriation hospital for veterans who required medical or surgical treatment.⁴⁵ The change occurred on 1 April 1921 and caused great angst for staff, existing patients and former soldiers who anticipated becoming future patients.⁴⁶ There was uncertainty in employment conditions and little information on how repatriation hospitals would operate. An issue of concern was the loss of military leave privileges,

⁴² Noonan, *Those We Forget* (unpaginated); Noonan's italics.

⁴³ Clem Lloyd and Jacqui Rees, *The Last Shilling: A History of Repatriation in Australia*, Carlton, Vic., 1994, p. 146.

⁴⁴ *Ibid.*, pp. 141 and 151.

⁴⁵ 'Report on Repatriation Commission for the year ending 30 June 1921, The Parliament of the Commonwealth of Australia, session 9 December 1921, Melbourne, Government Printer for the State of Victoria, 1921, p. 17, <http://nla.gov.au/nla.obj-501176551>, accessed 19 May 2019.

⁴⁶ *Ibid.*

which were more liberal than civilian hospitals. Existing staff were also concerned about having to reapply for their positions.⁴⁷ A concurrent but associated event was the demobilisation of the AIF. The switch of control from the known military to the unknown civilian and evolving repatriation system was of concern to many, with the press picking up the issue.⁴⁸

High-level leadership was required from executives to successfully change the focus of services, such as the 27 AGH transitioning to a civilian government hospital. A vital position was the matron, with positional power leveraged from her appointment to the position. However, the matron as the leader required advanced knowledge, clinical competence, and respect from followers.⁴⁹ The matron needed a strategic vision of where the change was leading and how their vision would be achieved. She also needed to share her vision with staff and motivate them.⁵⁰ The selection of the matron was a key appointment if a successful transfer were to occur.

Christense Sorensen became matron when Rosemount was transitioning to the repatriation system.⁵¹ Sorensen's active service was varied with her leadership skills identified when she became temporary matron of No. 60 British General Hospital (BGH) on Salonika. Her experience and exceptional performance were recognised, and she was awarded the Royal Red Cross (First Class) and was Mentioned in

⁴⁷ 'Hospitals for soldiers. The question of control', *Brisbane Courier*, 18 February 1921, p. 6, c. 8; 'Military hospitals. Announcement regarding demobilisation of A.I.F.', *Bundaberg Mail*, 18 February 1921, p. 3, c. 3; 'Military hospitals. Change in control', *Morning Bulletin*, Rockhampton, 18 February 1921, p. 9, c. 5; 'Military hospitals. Departmental control', *Warwick Daily News*, 18 February 1921, p. 5, c. 4.

⁴⁸ *Ibid.*

⁴⁹ Mary M. Meighan, 'The most important characteristics of nursing leaders', *Nursing Administrative Quarterly*, vol. 15, no. 1, 1990, pp. 67-68.

⁵⁰ June Girvin, 'Leadership and nursing: Part one: History and politics', *Nursing Management*, vol. 3, no. 1, April 1996, p. 12; Ruth Harris, Janette Bennett and Fiona Ross, 'Leadership and innovation in nursing seen through the historical lens', *Journal of Advance Nursing*, vol. 70, iss. 7, July 2014, p. 1632; Natasha Josephine Scully, 'Leadership in nursing: The importance of recognising inherent values and attributes to secure a positive future for the profession', *Collegian*, vol. 22, no. 4, December 2015, p. 441.

⁵¹ 'Children's Hospital new matron', *Telegraph*, Brisbane, 22 March 1922, p. 8, c. 4.

Despatches (MID).⁵² Sorensen had the high-level leadership skills necessary to achieve a smooth and efficient changeover. Matron McHardie-White, the Principal Matron, AANS on Salonika, described Sorensen's leadership attributes, stating that, 'she maintained perfect discipline throughout without friction and was beloved by both patients and staff due I considered to her gentle tactful manner and wonderful administrative ability'.⁵³ McHardie-White highlights Sorensen's relationship and communications skills, which other referees also noted.⁵⁴

Just before becoming a repatriation hospital, Rosemount Hospital had 225 inpatients with 200 outpatients.⁵⁵ Official figures at handover were 211 inpatients and forty-two outpatients.⁵⁶ While there was a slight change in the inpatient numbers, there was a significant decrease in outpatients. The decline was not mooted before the move to the Repatriation Department, with only greater efficiency flagged.⁵⁷ This service reduction and associated changes were well-managed, attracting no critical press reports. The concerns of staff and patients appeared not to eventuate at Rosemount, unlike some interstate repatriation hospitals.

Rosemount became a specialist orthopaedic and spinal injuries hospital while still a military hospital.⁵⁸ The establishment of specialist orthopaedic centres resulted from

⁵² AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Sorensen, Christense, barcode 8088710; The Royal Red Cross is a military decoration for United Kingdom and Commonwealth countries and is awarded for exceptional military nursing.

⁵³ J. McHardie-White, Late, Principal Matron, AANS, AIF, Salonika, reference, 17 March 1922, Papers of Matron C. Sorensen, RRC, *Medaille de Epidemies*, (b. 1885- d. 1958), PR00197, Canberra, AWM.

⁵⁴ Dr H. V. Foxton, to unnamed recipient, reference, 13 March 1923, original held in Papers of Matron Christense Sorensen; Dr John McLean, General Medical Superintendent, Brisbane and South Coast Hospitals' Board, to 'To Whom It May Concern', reference letter, 26 March 1931, copy, Christense Sorensen File, Brisbane, Nursing Museum, Royal Brisbane and Women's Hospital (RBWH); I. M. Annat, matron, St Andrew's War Memorial Hospital, 'Address to the Fortitude Club', 19 July 1972, copy, Christense Sorensen File, Nursing Museum, RBWH.

⁵⁵ 'Rosemount Hospital. Repatriation Department control', *Brisbane Courier*, 18 March 1921, p. 6, c. 9.

⁵⁶ 'Report on Repatriation Commission for the year ending 30 June 1921', p. 17.

⁵⁷ 'Rosemount Hospital', *Brisbane Courier*, 28 March 1921, p. 6, c. 6.

⁵⁸ Cliff Pollard and Jeff Hopkins-Weise, 'World War I Queensland military hospitals, repatriation and the Returned Soldiers' Transport Corps', *Queensland History Journal*, vol. 24, no. 1, May 2019, p. 10.

the war, with advanced treatment including surgery and rehabilitation, improving patient outcomes. By the war's end, sixteen specialist military hospitals for orthopaedic injuries existed in the United Kingdom. These provided operating theatres, X-rays, inpatient beds, electro-therapy, massage and hydrotherapy.⁵⁹ Joanna Bourke states that Australian orthopaedics services lagged behind Britain during the war, with massage the predominant treatment. Australian soldiers requiring orthopaedic care returned home on economic grounds rather than receiving cutting edge care in the United Kingdom. After the war, Australian orthopaedic treatment improved at specialist hospitals such as Rosemount.⁶⁰

The change of Rosemount to a specialist orthopaedics hospital suited Sorensen, who completed a diploma of massage as part of her Non-Military Employment before returning to Australia.⁶¹ Sorensen was qualified in massage, as well as nursing, and understood the changed treatment regimes. The addition of a massage certificate made Sorensen more qualified than most nurses and masseuses at Rosemount. As the matron, she was well placed to lead nursing as Rosemount changed from military to repatriation control and to embed the new orthopaedic specialist centre. Sorensen left Rosemount after a year with the high esteem of her patients, medical staff and nurses.⁶² During this short but critical period, her contribution to society was another step in her nursing career, with subsequent appointments acknowledging her exceptional leadership during the war and in the repatriation sector.

⁵⁹ Arul Ramasamy, W. G. P. Eardley, D. S. Edwards, J. C. Clasper and M. P. M. Stewart, 'Surgical advances during the First World War: the birth of modern orthopaedics', *Journal of Royal Army Medical Corps*, vol. 162, no. 1, 2016, p. 15.

⁶⁰ Joanna Bourke, 'The battle of the limbs: Amputation, artificial limbs and the great war in Australia', *Australian Historical Studies*, vol. 29, no. 110, 1998, pp. 52-54.

⁶¹ A. G. Butler, 'The Western Front', ii, p. 798; AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Sorensen, Christense, barcode 8088710; Non-Military Employment was undertaken by some Australian military personnel in Britain prior to their return to Australia. It was designed as retraining prior to their return to civil employment but also assisted a staged return of personnel.

⁶² 'Children's Hospital new matron', *Telegraph*, Brisbane, 22 March 1922, p. 8, c. 4.

At least forty-two returned nurses have been identified as working at Rosemount after the hospital transferred to the repatriation system. Other Queensland nurses, such as Ethel Lloyd, worked in repatriation hospitals in other states.⁶³ These nurses chose to work in repatriation hospitals, demonstrating an ongoing commitment to the 'boys' who required constant care. Many Queensland ex-military nurses provided care to repatriation hospitals' patients, with some employed at the hospitals when the altered services commenced. Jane McLennan spent six years at Rosemount with at least two years as a theatre sister. As Rosemount was an orthopaedic speciality hospital, McLennan was at the forefront of modern orthopaedic surgery in Australia as it evolved from knowledge attained from war.⁶⁴ In her memoirs, McLennan mentions operations including bone grafts, tendon transplantation and nerve sutures being performed. Although written in 1936, McLennan respects both the doctors and the 'suffering diggers' but does not acknowledge her own selfless contribution to the repatriation system.⁶⁵ McLennan was invalided home from the harsh posting of Salonika, but she continued to nurse the 'boys' after the war.⁶⁶

During military service, the nurses forged enduring relationships with the military forces, particularly the AIF. These relationships developed during the voyage to war with Australian troops. An example included Eunice Paten, Bertha Williams, Constance Keys and Julia Hart, who sailed on the HMAT *Omrah* as part of the First Convoy. These nurses accompanied the 9th Battalion, the Australian Army Medical Corps and the Australian Army Service Corps.⁶⁷ In the Indian Ocean, those on board

⁶³ Department of Veterans' Affairs, First World War Ex-servicemen, Medical and Deceased Case files, 1920-1980, series BP709/1, Lloyd, Ethel, M39818, barcode 32540151, NAA, Branch Office Brisbane,

⁶⁴ Julie Anderson and Heather R. Perry, 'Rehabilitation and restoration: Orthopaedics and disabled soldiers in Germany and Britain in the First World War', *Medicine, Conflict and Survival*, vol. 30, no. 4, 2014, pp. 234-237; Ramasamy, *et al.*, 'Surgical advances during the First World War', pp. 13-15.

⁶⁵ 'Jane McLennan memoirs 1914-1925', *Jane McLennan Collection*, originals held in series 29666, SLQ, p. 33, <http://hdl.handle.net/10462/eadarc/8332>, accessed 4 July 2019.

⁶⁶ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, McLennan, Jane, barcode 1954035

⁶⁷ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Hart, Julia Mary, barcode 4734935; AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Keys, Constance Mabel, barcode 11610422; AIF, *First AIF*

were in danger as the *Seiner Majestät Schiff* (SMS) *Emden*, a German armed raider, was lurking nearby searching for prey. The nurses and the men of the AIF faced the danger of the *Emden* together. This shared experience was the beginning of a lasting relationship between the two groups.

Throughout much of 1915, the nurses were attached to AGHs in Egypt. During the Gallipoli campaign, the nurses knew many of the wounded men from either the *Omrah* or pre-Gallipoli encounters.⁶⁸ These experiences linked those from *Omrah*'s first voyage to war in such a memorable way that annual reunions were held, and the four Queensland nurses were honoured guests at these functions. These reunions were also important to the nurses who had accepted new roles for Australian women by undertaking active service. Constance Keys retained reunion programs along with her *Omrah* Association membership card all her life.⁶⁹

The relationships between the nurses and the 'boys' were further strengthened during times of mass casualties, such as the battle at Lone Pine, on Gallipoli. Michael Tyquin describes the medical planning and arrangements for Gallipoli as 'in a continual state of flux' and strained during Lone Pine.⁷⁰ Bessie Pocock was on HMHT *Assaye* as the head nurse with 490 injured and ill men onboard the ship off Gallipoli.⁷¹ Pocock declared proudly in her diary that they were all washed, fed and

Personnel Dossiers 1914-1920, series B2455, Paten, Eunice Muriel, barcode 11610422; AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Williams, Bertha Mary, barcode 1805742; Anon, 9th Battalion, Australian Army Medical Corps (AAMC), Australian Army Service Corps (AASC), *Omrah Association: Founded to Preserve the Spirit of Comradeship*, (unpaginated), 1939, pp 3 and 5.

⁶⁸ Anon., '9th Battalion, Australian Infantry Battalion', unpaginated, <https://www.awm.gov.au/collection/U51449>, accessed 11 June 2019; E.M. Paten, 'Reminiscences of nursing', paper presented to the Queensland Women's Historical Association, Bowen Hills, Brisbane, 8 June 1967, typescript copy, Papers of Sister E. M. Paten, 3DRL/4145, AWM, p. 6, AWM; *Seiner Majestät Schiff* (SMS) is German for His Majesty's Ship.

⁶⁹ *Omrah* Association, 'Membership card and annual reunion programs for 1960-1963', *Constance Mabel Keys Collection*, originals held by SLQ, Miscellaneous Papers, 1908-1964 <http://hdl.handle.net/10462/comp/10015>, accessed 25 June 2019.

⁷⁰ Tyquin, *Gallipoli: An Australian Medical Perspective*, p. 70.

⁷¹ Mary Ann Pocock was known as 'Bessie'.

had dressings done by 11 pm.⁷² The care Pocock and her nurses provided was what historian Christine Hallett calls nursing arts. These arts blend reassurance, maintain cleanliness, and provide nutrition and fluids while treating patients holistically. Hallett describes the erection of metaphorical boundaries around the patient as containing trauma, giving patients time to heal.⁷³ This was basic nursing care, but it was the first step in healing military patients. It was also another step in building strong relationships between the nurses and their patients.

The nurses often heard from the injured about what happened on the battlefield. They were early witnesses to trauma resulting in horrific and distressing war injuries, not previously seen on that scale.⁷⁴ Sometimes, the nurses were the first or only ones to hear the injured soldier's confidences as they talked of their experiences, thus creating another bond. For Australians, Gallipoli was an early example of what was to come: mass casualties who received little care before their evacuation. These evacuations were often delayed due to a shortage of hospital ships. Keys writes in her memoir of the first wounded arriving in Egypt from Gallipoli. 'We were appalled! They poured in in hundreds in endless procession, silent, dazed their eyes showing their suffering'.⁷⁵ This was a horrific memory that remained with Keys and other nurses.

With bonds developed during the war, many nurses chose to work in one of many repatriation roles. Convalescent farms were another type of repatriation facility for patients who needed further inpatient care before discharge and recommencing work. The Repatriation Commission saw convalescent farms using work as a mental

⁷² Mary Anne Pocock Diary, May 1915 – December 1915, diary entry 6 August 1915, original held at the AWM, series 2, Original diaries and notebooks, AWM, <http://www.awm.gov.au/collection/RCDIG0001394>, accessed 17 February 2017.

⁷³ Hallett, *Containing Trauma*, pp. 13-15.

⁷⁴ *Ibid.*, pp. 39-40 and 158-163.

⁷⁵ 'Constance Keys Memoirs', undated, originals held by SLQ, *Constance Mabel Keys Collection*, series 30674, p. 4.

therapeutic agent.⁷⁶ The Brisbane farm had sixty beds, and patients included a mixture of neurosis and other cases, particularly men who required return to work regimes after prolonged hospitalisations.⁷⁷ These facilities assisted the Rehabilitation Department's goal of returning unemployed veterans to work by increasing their independence.⁷⁸ The farms offered another role for returned nurses.

Each farm had a matron's position, and there was much competition for the Brisbane position. The Repatriation Commission believed that the matron's role was of great value in persuading the men not to drink alcohol 'by an appeal to their manliness'.⁷⁹ So the selection of the matron was essential to success. Various Queensland returned nurses, including Kathleen Cowen and Jessie Finch, were among the applicants who sought this position, with Constance Keys the successful applicant.⁸⁰ As matron, Keys had to rely on her skills to maintain discipline and operate the facility as there was no permanent doctor on staff, and the matron was the full-time officer-in-charge.⁸¹ The men had affections for nurses such as Keys, who had served overseas, and Keys' overseas service helped her as matron.⁸² Keys embarked early for active service and was one of the highest decorated Australian nurses. She was twice MID; she received the French Medaille des Epidemies (en Vermeil); and received the Royal Red Cross (Second Division) as Head Sister for No. 2

⁷⁶ 'Report of the Repatriation Commission for the year ending 30 June 1921', p. 20.

⁷⁷ *Ibid.*, p. 50.

⁷⁸ 'Report of the Repatriation Commission for the year ending 30 June 1922', Parliament of the Commonwealth of Australia, session 9 December 1922, Melbourne, Government Printer for the State of Victoria, p. 31, <http://nla.gov.au/nla.obj-501176551>, accessed 19 May 2019. accessed 24 May 2019.

⁷⁹ 'Report of the Repatriation Commission for the year ending 30 June 1922', pp. 30-31.

⁸⁰ Department of Veterans' Affairs, First World War Ex-servicemen, Medical and Deceased Case files, 1920-1980, series BP709/1, Cowen, Kathleen Amy, M34738, barcode 3225164, NAA, Branch Office Brisbane; Department of Veterans' Affairs, First World War Ex-servicemen, Medical Case Files 1918-1991, series J26, Finch, Jessie, M19428, barcode 13631468, NAA, Branch Office Brisbane; The matron's position was also referred to as that of the Senior Sister.

⁸¹ 'Report of the Repatriation Commission for the year ending 30 June 1922', p. 31.

⁸² 'Report of the Repatriation Commission for the year ending 30 June 1921', p. 20.

ACCS on the Western Front. Later, Keys was awarded the Royal Red Cross (First Division).⁸³ She was well qualified with a superb war record.

Keys' leadership skills, which included people management acquired at war, were essential in this position.⁸⁴ Keys understood her patients as she had travelled with, served with, and nursed the soldiers. As matron, Key's role was to motivate the men to improve their situations and find employment.⁸⁵ Larsson describes the goal of repatriation as encouraging disabled soldiers to 'recover their independence and industrial efficiency'.⁸⁶ They were to return to work, and Keys had an important role in this. Her leadership skills were identified when she was head sister at the CCS, and these skills would guide her as the matron. Her patients would feel supported and encouraged and received compassionate, empathetic and firm care. Her new life as matron was challenging as she assisted returned soldiers to return to work.

Sanatorium care was the third form of inpatient care provided through the repatriation system. Repatriation sanatoria were scattered across Australia to treat veterans suffering from tuberculosis. As late as the 1920s, tuberculosis was a major cause of death in countries including Australia.⁸⁷ There was no guaranteed cure, and the disease was endemic in western society. It was not until the 1940s that effective antibiotic treatment became available.⁸⁸ Meanwhile, sanatoria provided inpatient

⁸³ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Keys, Constance Mabel.

⁸⁴ *Ibid.*; Margaret Throsby AO, daughter of Constance Mabel Keys, digital story, *Constance Mabel Keys Collection 1914-1919*; P. H. Merrillees and R. S. Merrillees, 'Keys, Constance Mabel (1886-1964)', *Australian Dictionary of Biography (ADB)*, National Centre of Biography, Australian National University (ANU), first published in hardcover 1983, <http://adb.anu.edu.au/biography/keys-constance-mabel-6945>, accessed 21 October 2019.

⁸⁵ 'Report of the Repatriation Commission for the year ending 30 June 1922', p. 31.

⁸⁶ Marina Larsson, 'Restoring the spirit: The rehabilitation of disabled soldiers in Australia after the Great War', *Health and History*, no. 2, 'Military History', 2004, p. 45.

⁸⁷ 'Seventh Annual Report 1920/1921', Australian Red Cross Society, Qld Division, 1921, Australian Red Cross Society, Qld Branch Archive, Brisbane; Condrau, Flurin, "'Who is the caption of all these men of death': The social structure of a tuberculosis sanatorium in post war Germany", *The Journal of Interdisciplinary History*, vol. 32, no. 2, autumn, 2001, p. 248; Cumpston and Lewis, *Health and Disease in Australia*, p. 290.

⁸⁸ Larsson, *Shattered Anzacs*, p.182.

nursing care combined with rest, fresh air, a good diet, education on healthy lifestyle and graduated exercise.⁸⁹

In Queensland, the repatriation sanatorium, Kyoomba, at Stanthorpe, was 914 metres above sea level, 217 kilometres by road from Brisbane and 142 kilometres from the regional centre of Toowoomba. Kyoomba was located away from major population centres to lessen the risk of spreading infectious diseases. Good quality air was considered necessary and Stanthorpe, with its elevation, met this criterion.⁹⁰ Kyoomba was transferred to the repatriation system from the military to meet the growing need for veterans' sanatorium care.⁹¹

While tuberculosis was often not diagnosed during active service, the Repatriation Commission accepted that the privations experienced on active service stimulated latent tuberculosis and spread the disease amongst troops.⁹² The Repatriation Commission estimated that in the six months to 30 June 1923, 2529 tuberculosis cases were treated, making this a serious public health problem.⁹³ Lloyd and Rees, in their administrative history of Australian repatriation arrangements, state that the incidence of tuberculosis in veterans was expected to rise as they aged.⁹⁴ By June 1924, the Commission had accepted 510 new tuberculosis patients over two years, and this was almost six years after the end of the war.⁹⁵ Tuberculosis was a

⁸⁹ Stephanie Kirby, 'Sputum and the scent of wallflowers: Nursing in tuberculosis sanatoria 1920-1970', *Social History of Medicine*, vol. 23, no. 3, December 2020, pp. 602-604.

⁹⁰ Stephanie Kirby and Wendy Madsen, 'Institutionalised isolation: Tuberculosis nursing at Westwood Sanatorium, Queensland, Australia 1919-55', *Nursing Inquiry*, vol. 16, no. 2, 2009, pp. 124-125.

⁹¹ Deborah Wheeler, *Kyoomba Sanatorium 1916-1935*, 2 vol., i, Warwick, 2018, p. x.

⁹² Lloyd and Rees, *The Last Shilling*, p. 230. Tuberculosis was also known as phthisis and consumption.

⁹³ Report of the Repatriation Commission for the year ending 30 June 1923, The Parliament of the Commonwealth of Australia, session 27 March 1924, Melbourne, Government Printer for the State of Victoria, p. 11, <https://nla.gov.au/nla.obj-523941394>, accessed 30 April 2021.

⁹⁴ Lloyd and Rees, *The Last Shilling*, pp. 227-228.

⁹⁵ 'Report of the Repatriation Commission for the year ending 30 June 1924, Government of the Commonwealth of Australia, session October 1924, Melbourne, Government Printer for the State of Victoria, p. 18, <http://nla.gov.au/nla.obj-523953388>, accessed 22 October 2019.

repatriation health issue that continued for decades with the necessary care provided by trained nurses.

Sanatorium nursing was challenging. It was geographically and professionally isolated, and the work was monotonous. Although not physically heavy, it was emotionally demanding, with patients looking to nurses to counteract the isolation and emotional trauma of having an infectious, often fatal, disease. The nurses had to ensure that patients complied with the demanding care regimen proscribed. Sanatorium nursing did not enhance career prospects, and Stephanie Kirby describes it as being considered an 'inferior branch of nursing'.⁹⁶ There was no post-graduate training for tuberculosis nursing after the war, despite the special skills required. These skills included empathy and, often, what is now called diversional therapy, which provides for activities to break patient monotony.⁹⁷ As a whole, these disadvantages made sanatorium nursing an area where recruitment and retention of trained nurses were difficult.⁹⁸

The disadvantages of sanatorium nursing did not stop returned nurses from working at Kyoomba and working with veterans. Some nurses worked at Kyoomba before their discharge and before its transfer to the repatriation system. For example, Rose Langford was the matron at Kyoomba while it was a military facility. Alice Dodd, however, choose to nurse at Kyoomba from about 1925 to the mid-1930s. She then moved to the Anzac Hostel and again cared for veterans.⁹⁹ Julia Hart stayed for two years at Kyoomba before moving to Rosemount as matron for ten years and then onto Prince of Wales Repatriation Hospital in Sydney.¹⁰⁰ Like Dodd and Langford,

⁹⁶ Kirby, 'Sputum and the scent of wallflowers', p. 603.

⁹⁷ Kirby and Madsen, 'Tuberculosis nursing at Westwood', pp. 124-128.

⁹⁸ *Ibid.*, pp127-128.

⁹⁹ Australian Electoral Commission (AEC), *Electoral Roll, 1925*, Division of Maranoa, Sub-Division of Stanthorpe, p. 13; *Electoral Roll, 1932*, Division of Maranoa, Sub-Division of Stanthorpe, p. 15; *Electoral Roll, 1932*, Division of Griffith, Sub-Division of Maree, p. 32, <https://www.ancestry.com.au>, accessed up to 30 April 2021; 'Friends in Brisbane give mementoes: Gifts for Matron Hart', *The Courier-Mail*, Brisbane, 26 October 1936, p. 23, c. 5; Deborah Wheeler, *Kyoomba Sanatorium 1916-1935*, 2 vols, i, 2018, pp. 87 and 128-129.

¹⁰⁰ Deborah Wheeler, *Kyoomba Sanatorium 1916-1935*, 2 vols, ii, 2018, p. 53.

Hart's post-war career was nursing the 'boys' whether in a repatriation hospital or a sanatorium. These nurses continued to care for veterans as their ongoing contribution to society.

Soldiers suffering from advanced tuberculosis were in inpatient facilities such as Ardoyne, a Red Cross facility in Brisbane.¹⁰¹ Ardoyne had many deaths. Of 440 patients who were admitted to Ardoyne, 174 or forty percent died. These deaths were challenging for the patients, relatives and staff as they were war-related but occurred after hostilities ceased. Larsson identifies that families who watched their relatives suffer a prolonged death post-war felt their grief was disenfranchised. She clarifies that this grief was partially authenticated if the Repatriation Department accepted the death as caused by war.¹⁰² Larsson cites Kenneth Doka's 'disenfranchised grief' as occurring when loss and grief from a post-war death were not recognised as legitimate. That experience contrasted with those whose relatives died on the battlefield or of wounds immediately after battles.¹⁰³ Larsson describes the Returned Sailors' and Soldiers' Imperial League of Australia (RSSILA) as having the role of 'fictive kin' and validated these deaths through burial rites such as providing a flag for the funeral.

Similarly, the Ardoyne nurses caring for dying veterans were 'fictive kin' to veteran patients and their families. Ardoyne was part of the official rehabilitation system, and the Ardoyne nurses' care validated the deaths as a 'war loss' for relatives. The nurses cared for the suffering and dying and assisted their families by supporting and authenticating the families as suffering war losses. Nursing these veterans was challenging work and required resilience and passion from nurses.

¹⁰¹ 'Seventh Annual Report 1920/1921', Australian Red Cross Society, Qld Division, 1921, Brisbane Australian Red Cross Society, Qld Archive.

¹⁰² Marina Larsson, 'A disenfranchised grief: Post-war death and memorialisation in Australia after the First World War', *Australian Studies*, vol. 40, no. 1, 2009, p. 85.

¹⁰³ Kenneth J. Doka, *Disenfranchised Grief: Recognising Hidden Sorrow*, Kenneth J Doka (ed.), Massachusetts, Lexington Books, 1989, pp. 3-11 and *Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice*, Kenneth J Doka (ed.), Illinois, Research Press, 2002, no page given, cited in Larsson, 'A disenfranchised grief:', pp. 81-82.

Sadie MacDonald was the matron at Ardoyne.¹⁰⁴ After four years of strenuous active service, including at a CCS, MacDonald became matron.¹⁰⁵ This appointment commenced her long commitment to veterans and their organisations. At Ardoyne, MacDonald had a staff of four ex-army nurses, including Beatrice Coves as head sister. Coves, like MacDonald, remained at Ardoyne for its entire existence.¹⁰⁶ The nurses were regularly commended for their care. One Red Cross annual report publicly praises MacDonald and her sisters for their endeavours to ease patient suffering. The men and their relatives appreciated this excellent care.¹⁰⁷ A deceased patient's widow thanked the matron and nurses for their 'many acts of kindness' to her husband, saying he had told her of their kindness to him before he died.¹⁰⁸

MacDonald's passion for her patients was reciprocated by the 'boys' who affectionately called her 'Matey'.¹⁰⁹ The Returned Service's League of Australia (RSL) awarded MacDonald a gold life membership for her tireless work for veterans.¹¹⁰ In addition, she received the Florence Nightingale Award from the International Red Cross Committee.¹¹¹ Limited to thirty-six awards worldwide every two years, MacDonald was the first Queenslander to receive this rare honour. She also received the Order of the British Empire.¹¹² MacDonald's dedication to veterans was

¹⁰⁴ Sarah Charlotte MacDonald was usually known as Sadie MacDonald.

¹⁰⁵ AIF, *First AIF Personnel Dossiers 1914-1920*, MacDonald, Sadie Charlotte, series B2455, barcode 1845392.

¹⁰⁶ 'Nineteenth Annual Report 1932/1933', Australian Red Cross Society, Qld Division, 1933, Australian Red Cross Society, Qld Archive, Brisbane.

¹⁰⁷ 'Eighteenth Annual Report 1931/1932', Australian Red Cross Society, Qld Division, 1932, Australian Red Cross Society, Qld Branch Archive, Brisbane.

¹⁰⁸ 'Sixteenth Annual Report 1929/1930', Australian Red Cross Society, Qld Division, 1930, Australian Red Cross Society, Qld Branch Archive, Brisbane.

¹⁰⁹ 'Lovable figures in a jubilee of war service', *Brisbane Telegraph*, 7 June 1952, p. 16, c. 1.

¹¹⁰ 'High R.S.L. honour for state nurse', *Sunday Mail*, Brisbane, 18 March 1951, p. 3, c. 4.

¹¹¹ 'Matron honoured', *Brisbane Telegraph*, 18 May 1953, p. 14, c. 4.

¹¹² 'Sarah Charlotte MacDonald', http://www.itsanhonour.gov.au/Honours/honour_roll/, accessed 24 January 2017.

acknowledged by veterans, their families, organisations such as the Red Cross and the RSL and by the government.

Providing care and accommodation for permanently and totally incapacitated veterans was another challenge some returned nurses undertook. Anzac Hostels provided care after these veterans had completed their active hospital treatment.¹¹³ The hostels' philosophy was that the hostels were to be as comfortable as possible for permanently disabled patients, emphasising a shared 'family spirit' between patients and staff.¹¹⁴ The matron's role was to ensure a lively and cheery atmosphere for her bed-bound patients, including regular entertainment. This was diversional therapy, which is now an acknowledged part of rehabilitation.

The matron of an Anzac Hostel was another challenging position. Lillian Dennis became the matron of the Brisbane Anzac Hostel after earlier appointments to Rosemount and Kyoomba.¹¹⁵ Providing an uplifting culture to support her residents was Dennis' responsibility. This included events such as the hostel's anniversary celebrations and annual Christmas entertainment. There were also weekly visits to the facility by entertainers and other interesting people.¹¹⁶ Dennis continued to serve at the hostel throughout the Second World War, assisting the next generation of sick and disabled veterans.¹¹⁷ Dennis was committed to caring for veterans of two world wars.

After the Peace: New Challenges

The Queensland nurses who went to the First World War built lasting relationships with service personnel through shared experiences and caring for the injured, sick

¹¹³ 'Report of the Repatriation Commission for the year ending 30 June 1922', p. 30.

¹¹⁴ 'Report of the Repatriation Commission for the year ending 30 June 1921', p. 20.

¹¹⁵ 'Fourteenth Annual Report 1927/1928', Australian Red Cross Society, Qld.

¹¹⁶ 'Anzac Hostel', *Brisbane Courier*, 19 October 1929, p. 26, c. 6; 'Christmas party at Anzac Hostel' *Courier-Mail*, Brisbane, 3 December 1937, p. 25, c. 4.

¹¹⁷ 'Breaking up parties', *Telegraph*, Brisbane, 13 December 1945, p. 4, c. 4.

and dying during the war. Many nurses continued these connections and worked with veterans on return to civilian life. A brief intermission in this caring was caused by the influenza pandemic when many returned nurses again risked their lives. This time they were risking their lives for their local communities. Even when they were invalided home, the returned nurses undertook pandemic nursing when the need arose, sometimes with little recognition. They used their war experience and their exposure to new ideas to care for their communities.

Simultaneously veterans were returning to Australia, many with diseases or injuries requiring ongoing care. This provided new and diverse roles for returned nurses who resumed caring for the 'boys'. Many nurses committed their remaining working lives to veterans. Nurses such as Sorensen and Keys exhibited high-level leadership skills at war, with this leadership sought by the repatriation system as it evolved. Sorensen led the nurses and patients at Rosemount when it became a repatriation hospital. Keys assisted the transition of patients at the Brisbane convalescent farm as they moved towards the repatriation goal of self-sufficiency. The war provided nurses with leadership and war-honed skills and experiences to embrace difficult repatriation system positions.

Other nurses such as Dennis and Hart spent decades caring and working with veterans through their own choice. This was a labour of love due to connections made on active service and shared traumatic experiences. Unfortunately, veterans' deaths were common occurrences that some returned nurses found stressful, while others put ill-health behind them to assist veterans. However, for many returned nurses, war service changed their lives and following the war, they continued to care for survivors for the remainder of their careers. This was their ongoing contribution to society after the war.

Chapter 4: 'She Served in the War'

More than one hundred years have elapsed since the First World War ended, without significant research on the war's effects on the health of Australian nurses who volunteered for and then survived active service. This contrasts with the AIF men for whom scholars including David Noonan have re-investigated the wounding, injury, and illness statistics.¹ The effects of active service on the nurses' health, including early deaths and morbidity, will be identified and discussed in this chapter. The health implications of active service, both immediate and delayed, diminished the quality of life for some nurses in the subsequent decades. This chapter will discuss how the nurses managed these health constraints as they embraced challenges and contributed to society in their post-war lives.

Some nurses died before the 1930s, and these early deaths are discussed below, where their life spans are compared with the life expectancy for Australian women of the nurses' generation. While age at death is a broad indicator, the cause of deaths will be investigated, as will any direct effects from active service. Decisions on whether conditions were officially accepted as caused by the war were medical decisions made within the constraints of the available evidence. A general picture will emerge of the nurses' health from available records, which sometimes include the nurses' opinions that may contradict official repatriation medical decisions.²

The quality-of-life discussion will identify the causes of early deaths and review morbidity caused by various conditions, including neurasthenia, tuberculosis, malaria and debility. The nurses sometimes had more than one condition. While tuberculosis was endemic in western societies, other conditions relating to mental health emerged as unexpected outcomes of war that led to a decrease in the quality of life experienced by sufferers long before death. While some nurses had conditions

¹ Noonan, *Those We Forget*, unpaginated.

² Garton, *The Cost of War*, p. 111.

accepted as being caused by active service, others were not accepted by the repatriation authorities for various reasons causing the nurses financial and other difficulties. Some resilient nurses continued to fight authorities for what they believed were their entitlements. Some received informal assistance, often from their fellow nurses, to mitigate the effects of illness on their lives. The nurses' future achievements were contingent on their health on return from active service.

Active service took the nurses to many places worldwide where they worked and lived under various conditions. Sometimes these postings impacted their health. They nursed in various facilities such as CCSs, auxiliary hospitals, general hospitals, specialist hospitals and wherever else they were assigned. Some postings were more demanding than others. Amid the stress of war, the nurses also worried about family members on active service. They were also concerned for their colleagues and their patients. Life on active service was often challenging and resulted in both short- and long-term health issues.

Butler, the official medical historian of the war, wrote that the only statistics on sickness in the AANS were from Egypt. These statistics record that three to five percent of the nurses were sick, and Butler states that the nurses' health was generally better than that of the male personnel. However, the absence of statistics across war theatres makes this unverifiable except through comments and observations.³ In place of reliable statistics, the nurses' health is determined using case studies.

Bassett believes that wartime experiences had a profound impact on the returned nurses' health and well-being.⁴ She estimates that 19.1 percent of nurses on the incomplete AANS nominal roll were medically unfit when demobilised.⁵ Bassett's research examines the nurses' health at the time of demobilisation - to determine

³ A. G. Butler, 'Special Problems and Services', 3 vols, iii, p. 579.

⁴ Bassett, *Guns and Brooches*, p. 99.

⁵ *Ibid.*

the war's effects on the nurses' health. A comparative figure for returned Queensland nurses is unknown. Instead, longevity and morbidity for conditions that appeared after discharge are discussed here.

Longevity or Early Deaths

Table 4.1 shows the nurses' age at death. Most of the nurses were born between 1881 and 1895. Peter McDonald, Lado Ruzicka and Patricia Pyne provide data on female life expectancy for Australia for these years. For those born between 1881 and 1890, the expected life was 50.8 years from birth. For those born between 1891 and 1900, the life expectancy was 54.8.⁶ Only one nurse in this cohort died under thirty, with another eleven nurses dying in their thirties and ten in their forties. These nurses account for 7.3 percent of the nurses who died before age fifty. Of those nurses who died in their 50s, only Enid Booth, who died at age 50.4 years, died before the expected age for her birth cohort of 50.8 years. Surprisingly, 86.4 percent (260 nurses) lived sixty years or longer, with two nurses living to age 100, around fifty years above life expectancy. Under ten percent of the nurses died before the average age of death for their birth cohort. The percentage is significant given the risks to which they were exposed.

Maud Bassett was diagnosed with tuberculosis in 1920 and died from the disease in 1923, aged twenty-nine.⁷ Bassett was the youngest of the Queensland nurses to die after the war. Tuberculosis was a significant cause of veterans' deaths and is discussed later in this chapter. At the other end of the spectrum, Martha Homewood died aged one hundred years, while Winifred Payne died aged 103 years. Table 4.1 shows that forty-nine nurses lived to at least age ninety. This number is significant and accounts for 16.3 percent of the nurses who went to war.

⁶ Peter McDonald, Lado Ruzicka, Lado and Patricia Pyne, 'Marriage, fertility and statistics', in *Australians: Historical Statistics*, Wray Vamplew (ed.), Broadway, NSW, 1987, p. 61.

⁷ Department of Veterans' Affairs, First World War Ex-servicemen, Medical and Deceased Cases Files 1920-1980, series BP709/1, Bassett, Maud Emily Victoria, M40141, barcode 13617816, NAA, Branch Office Brisbane.

Table 4.1

Nurses' Deaths by Age

Age at Death	Number	Percentage
Age death < 30	1	0.3
30-39	11	3.7
40-49	10	3.3
50-59	19	6.3
60-69	38	12.6
70-79	71	23.6
80-89	102	33.9
90-99	47	15.6
equal or > 100	2	0.7
Total Nurses	301	100.0

Note: Total excludes a nurse whose death date is unknown; Includes nurses who died on active service.

Looking at longevity from a different perspective, Table 4.2 shows the years in which the nurses died. Between 1916 and 1919, two nurses died on active service, and another died soon after arriving home. In the 1920s, a further fourteen nurses died. Appendix C lists the nurses who survived the war but died before 1930. The appendix also gives the causes of their deaths.

A pattern is visible when examining the causes of death of the nurses who died before 1930. Pearl Goodman died from pulmonary tuberculosis soon after returning home from active service.⁸ A further three nurses died of pulmonary tuberculosis

⁸ Marilyn Rowan, NSW Death certificate transcription for Pearl Goodman, died 6 March 1919, ref. 1919/846, copy held by M. Doherty.

before 1930.⁹ Two nurses died from poisoning and are discussed later under neurasthenia.¹⁰ Several nurses died from heart conditions, sometimes as co-morbidities with other disorders, leading to death.¹¹ Generally, the nurses' causes of death indicate that they were not the same healthy women who went to war. Discussion on other diseases that affected the nurses follows.

Table 4.2

Deaths by Decades

Years	Number	Percentage
1916-1919	3	1.0
1920-1929	14	4.7
1930-1939	20	6.6
1940-1949	29	9.6
1950-1959	42	14.0
1960-1969	81	26.9
1970-1979	78	25.9
1980-1989	31	10.3
1990-1999	3	1.0
Total	301	100.00

⁹ *Ibid.*; Death Certificate for Alice Mary Woodside, died 30 December 1923, Registry of Birth, Deaths and Marriage, Qld, Brisbane, 1923/B/41858; Department of Veterans' Affairs, First World War Ex-servicemen, Medical and Deceased Case files, 1920-1980, series BP709/1, Bassett, Maud Emma Victoria, M40141, barcode 13617816; Department of Veterans' Affairs, First World War Ex-servicemen Pension Case Files, 1918-1991, series J34, Fisher, Julia Josephine, C38058, barcode 1361456, NAA, Branch Office Brisbane.

¹⁰ Coroner's Inquest for Martin, Mary Theresa, Registers of Coroners' Inquests and Magisterial Inquiries, 1928-1933 series 2767, item 3/957, roll 343, State Records of NSW State Records and Archives (NSWSA), <https://www.ancestry.com.au/>, accessed 30 March 2021; Will of Hoch, Elsie Rose, died 15 September 1927, Ecclesiastical files, Supreme Court of Queensland, Central District, Rockhampton, series 7271, item ID 271196, 1928/6.

¹¹ Death Certificate for Isabel Annie Gallagher, died 28 January 1921, Mackay district, Registry of Birth, Deaths and Marriage, Qld, Brisbane, 1921/C/588; Death Certificate for Lilian Isabel McAuliffe, died 14 September 1928, District of Swan Hill, Registry of Births, Deaths and Marriages, Victoria, Melbourne; 1928/2306, Death Certificate for Murray, Margaret Frances, died 14 July 1925, Rockhampton district, Registry of Birth, Deaths and Marriage, Qld, Brisbane, 1925/C/3660.

Note: Total excludes one nurse whose year of death is unknown. This data is from the author's research.

Neurasthenia

Early in the war, nurses were not near the fighting as war was not an acceptable place for women, even nurses. Women's role in war was waiting and being supportive.¹² Initially, the AANS nurses were stationed as far back from the lines as possible.¹³ However, in 1915, the nurses were posted to hospital ships and 'black' ships evacuating patients from Gallipoli.¹⁴ These postings extended the nurses' field of action significantly but informally.¹⁵ In July 1916, the policy changed during the Somme offensive, allowing the AANS to be appointed forward to CCSs.¹⁶ These postings brought the nurses closer to the battlegrounds, and they received their patients quicker, making them earlier witnesses to soldiers with horrific injuries. Constance Keys was the nurse in charge of No 2 ACCS on the Western Front during the Spring Offensive. Because of enemy shelling, the CCS's nurses were evacuated, but they still provided the necessary care as best they could. In April at Hazelbrook, Keys wrote, 'Things did seem helpless[.] wounded still streaming in, orders to close down. We did our utmost for the men who were being evacuated almost as soon as they came in.'¹⁷ The nurses were in danger, but they were conflicted as they had patients requiring care.

¹² Jean Bethke Elshtain, *Women and War*, New York, 1987, pp 3-4 and 92, Shute, 'Heroes and Heroines', pp. 13-15, Janet Butler, 'Nursing Gallipoli', p. 51.

¹³ Harris, *More than Bombs*, p. 43; Director General Medical Services (DGMS), Minutes, 6 November and 1 December 1915 and Senator Pearce, memorandum, 18 January 1916, MP 133/1, Box 10, 239/15/26, NAA, cited by Susan Kenny, 'The emergence of the AANS, 1914-18', *Australian Defence Force Journal*, iss. 6, Sep/Oct 1977, pp. 22 and 25.

¹⁴ Harris, *More than Bombs*, p.77.

¹⁵ A. G. Butler, 'Special Problems and Services', 3 vols, iii pp. 551-552; Harris, *More than Bombs*, pp. 43 and 268; Harris identifies this policy as *Standing Orders for the Australian Army Medical Service, 1914*, p. 6, point 10.

¹⁶ A. G. Butler, 'Special Problems and Services', 3 vols, iii p. 557; Kenny, 'The emergence of the AANS, 1914-18', p. 22.

¹⁷ Constance Keys, Keys, 'Nursing report of the work done at No 2 Aus. Cas. Clearing Station from Feb. 1918 to Feb. 1919', AWM 41, 990, p. 2, AWM.

Jay Winter asserts that shell-shock relates to psychological injury and traumatic remembering during and after a conflict and is a metaphor for industrialised warfare.¹⁸ Shell shock, neurasthenia, anxiety neurosis and similar terms are imprecise. They evolved during and after the First World War. Today, Post-Traumatic Stress Disorder (PTSD) is the term used, but PTSD is also imprecise. Tracey Loughran believes that research into the history of shellshock has led to a 'genealogy of trauma' stretching from shell shock to PTSD.¹⁹ While exact terminology is outside the scope of this thesis, the terms used is those used in the records or the overarching 'mental health'.

While injuries amongst the nurses were minimal, illnesses were not, with mental health impacts more numerous. McEwen writes of Irish nurses under fire, stating that by 1918, nurses had a high incidence of debility, nervous debility and neurasthenia. She believes some nurses were no longer able to endure seeing men suffering.²⁰ While McEwen referred to British and Irish nurses, some Australian nurses were distressed at what they witnessed. Selena Williams believes that Australian women who served overseas 'unquestionable demonstrated that mental illness caused by war was a lingering form of disability. Williams agrees with Rae, who asserts that mental issues were not the sole domain of men.²¹ Rae cites a 1956 nurses' dictionary, in which debility and neurasthenia are defined as debility of the nervous system and a functional disorder with severe depression. Rae identifies that the AANS's service records are full of such diagnoses.²² This is also true of the

¹⁸ Jay Winter, 'Shell-shock and the cultural history of the Great War', *Journal of Contemporary History*, vol. 35, iss. 1, 2000, pp. 7-8.

¹⁹ Tracey Loughran, 'A crisis of masculinity? Re-writing the history of shell shock and gender in First World War Britain', *History Compass*, vol. 11, no. 9, 2013, p. 727.

²⁰ McEwen, 'It's a Long Way to Tipperary', p. 177.

²¹ Ruth Rae, 'An historical account of shell shock during the First World War and reforms in mental health in Australia 1914-1939', *International Journal of Mental Health Nursing*, vol. 16, 2007, p. 269; Selena Estelle Williams, 'Taking the Long Journey: Australian women who served with allied countries and paramilitary organisations during World War One', published Ph. D. thesis, Australian National University, 2016, <http://hdl.handle.net/1885/104819>, accessed 30 March 2021.

²² Rae, 'An historical account of shell shock during the First World War', p. 269.

returned nurses' repatriation files, in which the terms neurosis or debility frequently appear. The files include written evidence from the nurses and their families, providing a window into the nurses' lives. The files also include medical practitioners' opinions on the nurses' health which sometimes contradict the nurses' views. Both the doctors' and nurses' views are relevant and are discussed below.

Mental health issues caused by war were challenging to validate. Larsson says that around 90 000 AIF personnel returned home with physical and mental disabilities, a larger figure than the 60 000 lives Australia lost in the war.²³ The Australian medical historian writing in 1943 believed twenty percent of mental health issues emerged during the war and eighty percent post-war, highlighting the importance of the repatriation files.²⁴ While the incidence of nurses with mental health issues is unknown, there is evidence that some Queensland nurses suffered from these health issues.

Despite the shame and stigma attached to suicide, at least two nurses in the cohort took their own lives before 1930. One was Mary Martin, who worked at the Prince of Wales Hospital, the repatriation hospital in Sydney, on her return.²⁵ In 1929, Martin died from morphine poisoning 'while temporarily mentally deranged'.²⁶ Following Martin's death, there were outpourings of grief from nurses, doctors, patients and returned soldiers. Martin was not condemned, although she died by her own hand. She was respected and warmly regarded.²⁷ She enlisted early, served in Egypt and the Western Front, including at a CCS, and faced danger from shell fire with the

²³ Marina Larsson, 'Who picks up the pieces?', *Melbourne Historical Journal Annual*, iss. 37, 2009, p. 26.

²⁴ A. G. Butler, 'Special Problems and Services', 3 vols, iii p. 142; Larsson, *Shattered Anzacs*, p. 151.

²⁵ 'War nurse's death, *g*, 26 October 1929, p. 28, c. 3.

²⁶ 'Coroner's Inquest for Martin, Mary Theresa', Registers of Coroners' Inquests and Magisterial Inquiries', 1928-1933, series 2767, item 3/957, roll 343.

²⁷ 'Death of Sister Martin', *Morning Bulletin*, Rockhampton, 29 October 1929, p. 8, c. 4; 'Sister M. T. Martin', *Sydney Morning Herald*, 26 October 1929, p. 21, c. 4.

troops.²⁸ The Catholic newspaper, *Freeman's Journal* and other newspapers speculated that her death was hastened by stress and strain of active service and mentioned that she had spent the last fifteen years caring for soldiers and veterans. One newspaper article includes a photograph of Martin in AANS uniform.²⁹ Nowhere was the word suicide used. Newspapers document that the hospital's medical superintendent, who also represented the Repatriation Department, led the mourners. Martin was buried in the Catholic section of Botany Cemetery, indicating tacit approval of the burial in that Church's consecrated ground.³⁰ The implicit acknowledgement was that the combination of war service and subsequent nursing of war casualties were an overwhelming burden for Martin, leading to her death.

The behaviour of authorities and friends following Martin's suicide indicates some progress during the First World War in treating mental health issues emerging from war. The literature around mental health in the First World War predominantly discusses male soldiers. However, Australia officially sent nurses as members of the defence force, as did other countries, and a discussion of the nurses' health must incorporate discussion of their mental health. Loughran quotes Clare Tylee, who asserts that war was 'profoundly traumatic' for both sexes but that non-combatants, such as nurses, did not equally share the trauma of war.³¹ Loughran also quotes Angela Smith's opinion that medical staff were 'firsthand witnesses of the carnage'.³² Hallett also discusses how the nurses contained the trauma caused by witnessing battle outcomes on individual soldiers who were their patients. Challenging

²⁸ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Martin, Mary Theresa, barcode 3000602; 'War nurse's death', *Brisbane Courier*, p. 28, c. 3.

²⁹ 'Nurses' death. Tribute by Diggers', *Sun*, Sydney, 25 October 1929, p. 15; c. 7.

³⁰ 'Gossip', *Freeman's Journal*, Sydney, 31 October 1929, p. 18, c. 4; 'Sister M. T. Martin', *Sydney Morning Herald*, 26 October 1929.

³¹ Clare Tylee, *The Great War and Women's Consciousness: Images of Militarism and Womanhood in Women's Writing, 1914-64*, Basingstoke, Macmillan, 1990, pp 7-8, 17, 185-187, 248 and 254, cited in Tracey Loughran, 'A crisis of masculinity? Re-writing the History of shell-shock and gender in First World War Britain', *History Compass*, vol. 11, no. 9, 2013, p. 731.

³² A. K. Smith, *The Second Battlefield: Women, Modernism and the First World War*, Manchester and New York, Manchester University Press, 2000, p. 70 quoted in Loughran, 'A crisis of masculinity', p. 731.

conditions, overwork, bombing and loss of autonomy could all lead to mental trauma.³³

Elsie Grant was another nurse who suicided. Grant was married with four children, the youngest six months when she took her life in 1927.³⁴ She died of suicide by poisoning with potassium cyanide.³⁵ Allan Behm, Grant's great-nephew, was Chief Executive Officer of PTSD-ANZ, which supports people and families with PTSD. Behm believes that Grant's death was war-related and gives three arguments for his opinion. The first is that Grant saw her brother, Allan, just one week before he died at Passchendaele. Secondly, her war service included seeing and treating patients with horrible injuries and wounds when she was close to the front, and the hospitals were under shellfire. Finally, he argues that Grant's mother died of influenza before Grant returned home.³⁶ While not a clinician, Behm uses his experience in PTSD to determine that these accumulated stresses lead to Grant's suicide.

Rae's opinion differs, and she believes there is no evidence that Grant's early death was due to the war, although she agrees that some AANS died early.³⁷ However, there is sufficient evidence in records and writing about Grant to determine a probable link between Grant's war service and her death. The AWM holds a letter Grant wrote to a friend in August 1917; Grant chronicled a 'terrible day' when No 3 ACCS in Belgium was 'shelled out' three times. Grant continues with the 'wonderful' news that she saw her brother when their paths crossed. She thought, 'God must have sent him as a comfort' ³⁸ The same file includes a letter from Sergeant Norman

³³ Hallett, *Containing Trauma*, pp. 202-214; Loughran, 'A crisis of masculinity?', p. 731.

³⁴ Rae, *Veiled Lives*, pp. 321-322

³⁵ Will of Hoch, Elsie Rose, died 15 September 1927, series 7271, Supreme Court of Queensland, (Central) Ecclesiastical file, item ID 271196, QSA.

³⁶ Allan Behm, 'One family's story', in *Stress Related Trauma in Australia*, Bob Douglas and Jo Wodak (eds.), Weston, ACT, 2016, p. 36.

³⁷ Rae, *Veiled Lives*, pp. 323-324.

³⁸ Elsie Grant to 'Rose' (surname unknown), letter, 23 August 1917, 'Collections relating to the First World War service of Sister Elsie Rose Grant', PR0096, AWM.

Carey informing Elsie that her brother had died. He writes that her brother had left a letter and a souvenir mirror with Carey for his sister the night before Allan's death.³⁹ It is clear is that Grant and her brother were close.

In her published diary, Grant's friend May Tilton identifies that she and Grant were ordered home on transport duty from England in February 1918. Grant had a nervous condition in the form of a painful swelling on her face, and Tilton states Grant 'was physically unfit to carry on'.⁴⁰ After arriving home in August 1918, Grant resigned from the AANS. Grant appears to have known she had to end her war, even though the war continued.⁴¹ Cumulatively, Grant suffered many tragedies during the war, where she nursed soldiers with horrendous wounds. In the end, she found the memories unbearable, and she committed suicide. Grant and Martin confirm William's belief that some women who served overseas could not have a 'fulfilling life'.⁴² Grant and Martin instead determined they could not continue their lives.

At a Premiers' Conference during the war, then Prime Minister Billy Hughes asserted that in developing a rehabilitation policy the 'Government undertakes the full responsibility for the welfare of the returned soldiers'.⁴³ Lloyd and Rees see this as Australia's acceptance of the obligation to 'succour' the veterans.⁴⁴ While the rhetoric was magnanimous, the implementation was problematic with families becoming the caregivers and not included in the relationships between the repatriation authorities and veterans.⁴⁵ Philip Payton also identifies a predominant

³⁹ Norman Carey, Sergeant, to Sister Grant, letter 20 October 1917, 'Collections relating to the First World War service of Sister Elsie Rose Grant', PR0096.

⁴⁰ May Tilton, *The Grey Battalion*, Sydney, Angus and Robertson, 1933, p. 292.

⁴¹ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Grant, Elsie Rose.

⁴² Williams, 'Taking the long journey', p. 353.

⁴³ Billy Hughes, Prime Minister, 'Scandal of Soldiers' Unemployment', *Western Australian Worker*, 24 May 1918, p. 4, col. 5, quoted in Michelle McKeough, 'Repatriation: A debt of gratitude', *Studies in Western Australian History*, vol. 32, 2018, p. 46; the page of the *Western Australian Worker* is incorrectly referenced as p. 14 in McKeough.

⁴⁴ Lloyd and Rees, *The Last Shilling*, p. 64.

⁴⁵ Larsson, *Shattered Anzacs*, p. 23.

view that supported the 'deserving' in contrast to the 'undeserving' veterans.⁴⁶ This had implications for benefits, and there was a focus on not allowing costs to spiral out of control. Payton considers that the fundamental dilemma was that leniency would open the floodgates.⁴⁷ The rhetoric was strong, but the decisions did not always support the words.

Several returned nurses received a pension or other assistance for mental health issues. One was Madeline Wilson, who served in Egypt and then volunteered to serve on a hospital ship. Wilson was on HMHS *Neuralia* as it conveyed the sick and wounded from Gallipoli.⁴⁸ Wilson's diary is full of comments about Gallipoli. After the Battle of the Nek, she wrote, 'arrived Anzac ... big fight in progress shells bursting all over the place.'⁴⁹ On 12 August, she records a hectic day with 'more wounded, shocking wounds.' She writes that the wounded are 'so thankful for anything we can do for them to ease their pain, they suffered in silence & did not grumble'.⁵⁰ Perhaps more traumatically, the next day, she recorded sailing through the torpedoed wreck of HMT *Royal Edward*, which had 2500 troops on board, of which only 500 survived. Wilson comments, 'we passed through numerous bodies, doors & upturned boats.'⁵¹ The diary describes Wilson's heavy workload, the danger she and those on the *Neuralia* continually faced and viewing the wreck's catastrophic remnants.

The stress and strain of war and respect for the soldiers impacted Wilson. She suffered from debility in Egypt in May 1917 and was hospitalised. After returning to duty, Wilson was hospitalised again and then struck off strength and returned to Australia. Wilson was discharged in February 1919 after enlisting in November

⁴⁶ Philip Payton, *'Repat': A Concise History of Repatriation in Australia*, Brisbane 2018, p. 33.

⁴⁷ *Ibid.*, p. 37.

⁴⁸ John Arden and Madeline Wilson, 'Biographical notes compiled on Sister Madeline Wilson, includes transcribed extracts from Wilson's 1915 diary', private record, PR86/326, 1982, AWM.

⁴⁹ *Ibid.*, transcribed diary entry 9 August 1915.

⁵⁰ *Ibid.*, transcribed diary entry 12 August 1915.

⁵¹ *Ibid.*, transcribed diary entry 13 August 1915.

1914.⁵² It was a long and arduous war for Wilson. She returned to Queensland, where she soon married veteran John Lawless-Pyne, who received a gunshot wound to his thigh and required support for his war disability.⁵³

Wilson received a repatriation pension for debility on her return home.⁵⁴ This pension ceased when she married, and she later claimed that she believed this was the usual practice. As her health deteriorated, Wilson applied for a pension in 1934, but the claim for neurasthenia with effort syndrome was disallowed. In writing to the chair of the War Pensions' Entitlement Appeal Tribunal, the chair of the Repatriation Commissions notes that one doctor's information confirms a 1918 statement that 'this lady is of the nervous type...'.⁵⁵

Further, the tribunal chair noted there was no mention of anxiety neurosis or nervous debility at the end of her service and that she had received no professional treatment in subsequent years. Her war dossier, however, records several hospital admissions for debility in 1917 and 1918.⁵⁶ Despite this, the tribunal report further stated that the real cause of her breakdown in 1932 was that she was the 'constitutional nervous type'.⁵⁷ Deciding Wilson was a nervous type highlights the pre-war belief that mental health problems were hereditary. A. G. Butler alleges that a lesson from the war should be 'the importance of family and personal history in determining moral and mental breakdown in war.'⁵⁸ Bringing together the two

⁵² AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Wilson, Madeline Alice Kendall, barcode 2013727.

⁵³ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Lawless-Pyne, John Lindsay, barcode 7377640.

⁵⁴ Department of Veterans' Affairs, *First World War Ex-servicemen Pension Case Files, 1920-1980*, series J34, Lawless-Pyne [aka Wilson], Madeline Kendall, C24806 Part 1, barcode 32332310, NAA, Branch Office, Brisbane.

⁵⁵ *Ibid.*

⁵⁶ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Wilson, Madeline Alice Kendall.

⁵⁷ Department of Veterans' Affairs, *First World War Ex-servicemen Pension Case Files, 1920-1980*, series J34, Lawless-Pyne [aka Wilson], Madeline Kendall.

⁵⁸ A. G. Butler, 'Special Problems and Services', 3 vols, iii p.77.

statements identifies the inferred view that Wilson was not the preferred type required for a successful active service career.

In 1934, the file noted that Wilson's general debility was caused by 'overwork and worry due to the nursing of and having to do the work of her husband whose war disabilities greatly incapacitate [him from] ...work'.⁵⁹ The commission accepted that Wilson's condition was caused by nursing her husband and the related stress. Along with her medical conditions, Wilson was still affected by the war through nursing her war-injured husband, which prolonged Wilson's 'war'. The repatriation authorities did not believe the impact of the husband's health had caused her disability, despite also Wilson being a veteran. This confirms Larsson's assertion that in Australia, the family was the leading site of repatriation for disabled soldiers, in that responsibility for nursing veterans regularly fell to their unpaid female relatives.⁶⁰ In John Lawless-Pynes' case, his wife was capable as she was a trained nurse. Wilson continued to battle the authorities, and in 1955 she was still fighting for a pension. She was a determined woman, seeking what she viewed as her entitlement.⁶¹

Being a trained nurse in the Australian military at war was a life-altering experience for many. Nurses were appointed to different countries with different climates and different diseases. Infectious and tropical diseases were one such challenge, and malaria, dysentery, plague, yellow fever, and beriberi were some diseases encountered by Queensland nurses in New Guinea, India, Salonika and Egypt.⁶² While some Queensland nurses had experienced some of these diseases, including plague and malaria in civil nursing, there were new nursing techniques to learn to

⁵⁹ Department of Veterans' Affairs, First World War Ex-servicemen Pension Case Files, 1920-1980, series J34, Lawless-Pyne [aka Wilson], Madeline Kendall.

⁶⁰ Larsson, *Shattered Anzacs*, p. 21. Department of Veterans' Affairs, First World War Ex-servicemen Pension Case Files, 1920-1980, series J34, Lawless-Pyne [aka Wilson], Madeline Kendall.

⁶¹ *Ibid.*

⁶² Harris, *More than Bombs*, p. 159.

care for the patients and different precautions for the nurses to optimise their health.⁶³

Basset cites the British official medical historian who asserted that the 'great dominating factor' throughout Macedonia's occupation by the British Army was malaria. Malaria recurs after the initial illness and can be a life-long affliction. Certain species of mosquitoes carry malaria, and the disease has several forms, but malignant malaria is generally the most serious. In Salonika, where Queensland nurses served, the Principal Matron, Jessie McHardie-White, believed that most nurses had malaria at some time.⁶⁴ Butler records that sixty-two AANS nurses were invalided from Salonika to Egypt or Australia, mainly with malaria.⁶⁵ At least forty-two Queensland nurses served on Salonika, with at least six of them invalided.⁶⁶ A further four Queenslanders, including Jean Brydon, had malaria but remained in Salonika.⁶⁷

Jane McLennan became medically unfit at Salonika not with malaria but with a pre-existing heart condition exacerbated by the problematic posting.⁶⁸ In her reminiscences, McLennan recalls the danger of malaria on night shift at Salonika. She writes the 'night staff had to take every precaution against mosquito bites and wore

⁶³ Queenslander Agnes Isambert nursed at the Colmslie Plague Hospital where plague patients were treated from 1901 to 1910 while Pearl Goodman was acting matron, Cairns District Hospital in north Queensland where malaria was a wide-spread disease. Both of these nurses served with the AANS in Egypt; AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Goodman, Pearl Stella, barcode 4787018; AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Isambert, Agnes Katherine, barcode 7368149, ATNA, *Register of Members, 1908*, Sydney, 1908, p. 196; 'Nurses coming south', *Daily Standard*, Brisbane, 16 October 1915, p. 5, col. 2; Cumpston and Lewis, *Health and Disease in Australia*, p. 332; Pamela Rusby, 'The Black Death in Brisbane: Researching and writing a historical novel for children, The ratcatcher's daughter', in *Brisbane Diseased: Contagions, Cures and Controversy*. Alana Piper (ed.), Kelvin Grove, Qld, 2016, p. 96.

⁶⁴ W. G. Macpherson, 'Medical Services During the Gallipoli Peninsular, in Macedonia, in Mesopotamia and North-West Persia; in East Africa, in the Aden Protectorate, and in North Russia. Ambulance Transport during the War, *Medical Services. General History*, 4 vols, vol. iv, London, His Majesty's Stationary Office, 1922, p. 104, quoted by Bassett, *Guns and Brooches*, p. 88.

⁶⁵ A. G. Butler, 'Special Problems and Services', 3 vols, iii, p. 573.

⁶⁶ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, various.

⁶⁷ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Brydon, Jean, barcode 3134219.

⁶⁸ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, McLennan, Jane, barcode 1954035.

gloves, puttees, hat and net veil on duty but many of the sisters went down with the disease in spite of these precautions'.⁶⁹ In March 1918, McLennan was invalided home accompanied by another five sisters.⁷⁰ Salonika, with its endemic malaria, was a dangerous posting.

'White Plague'

Tuberculosis, also known as the 'white plague' or sometimes phthisis, was a significant cause of veterans' illness and death. Tuberculosis was the largest cause of death for Australian women and second for men early in the twentieth century until the 1930s.⁷¹ It was also the highest cause of death of young and middle-aged Australians, and that group comprised the men and nurses of the AIF.⁷² Cumpston found that ninety percent of tuberculosis in Australian adults was in the respiratory system, making pulmonary tuberculosis the leading type of tuberculosis, although other forms could also be fatal.⁷³ Tuberculosis was transmitted through sputum droplets from an infected person.⁷⁴ By 1914, mycobacterium tuberculosis was known to cause tuberculosis. Research also found that tuberculosis was not hereditary, as previously believed. Tuberculosis was a chronic infectious inflammatory disease with social implications.⁷⁵ The disease could only spread in its active phase, which could last several months or years. This prolonged course led to

⁶⁹ 'Jane McLennan memoirs 1914-1925', *Jane McLennan Collection*, p. 23.

⁷⁰ *Ibid.*

⁷¹ Larsson, *Shattered Anzacs*, pp. 182-184; National Health and Medical Research Council, *History of Tuberculosis Control in Australia: Case Study*, unpaginated, 2020, Tuberculosis-Part-1-Case-Study.pdf (nhmrc.gov.au), accessed 24 November 2020; Patrick, *Health and Medicine in Queensland*, p. 84.

⁷² Larsson, *Shattered Anzacs*, p. 182.

⁷³ Cumpston and Lewis, *Health and Disease in Australia*, p. 284.

⁷⁴ Larsson, *Shattered Anzacs*, p. 182.

⁷⁵ *Ibid.*, p. 186.

long-term illness and disability.⁷⁶ Tuberculosis was incurable until antibiotics such as streptomycin appeared during the Second World War.⁷⁷

The privations, squalor and unsanitary conditions of war allowed the transmission of the bacilli and sometimes awakened dormant tuberculosis. Trenches were not the only source of infection. Crowded ships and military hospitals also facilitated transmission.⁷⁸ In 1922, there were 520 military cases of tuberculosis, which increased to 1047 by 1927.⁷⁹ By the 1930s, the incidence of tuberculosis in Australia's veteran population continued to grow.⁸⁰ The 1930s also brought middle-age to the veterans and a worldwide economic depression. Life was difficult for the tuberculosis sufferers and their families, including the nurses.

In theory, veterans, including nurses with tuberculosis, should have received a special pension at the rate of 100 percent, but the disease had to be caused by war.⁸¹ Larsson believes that tuberculosis did not easily fit into a category of 'war disability', which was initially necessary to obtain a repatriation pension for tuberculosis.⁸² The official Australian medical historian Butler considers that pulmonary tuberculosis and mental disorders dominated the aftermath of the war due to the complexity around war-related pensions. Proof of attribution during the war was difficult as the disease could be dormant for years.⁸³ Larsson contends that the prevalence of tuberculosis in the civilian population created difficulties in proving tuberculosis was caused by war. She found many sufferers existed on partial pensions, calculated between thirty-five to fifty percent incapacity. Also, potential

⁷⁶ *Ibid.*, p. 182.

⁷⁷ *Ibid.*

⁷⁸ *Ibid.*, p. 183.

⁷⁹ A. G. Butler, 'Special Problems and Services', 3 vols, iii p. 830.

⁸⁰ Larsson, *Shattered Anzacs*, p. 205.

⁸¹ *Ibid.*, p. 189.

⁸² *Ibid.*, p. 182.

⁸³ A. G. Butler, 'Special Problems and Services', 3 vols, iii p. 829; Larsson, *Shattered Anzacs*, p. 180.

employers believed sufferers had 100 percent incapacity, making employment difficult.⁸⁴ Following the 1924 Royal Commission to assess war service disabilities, legislation changed, allowing permanent pensions to those suffering tuberculosis due to war service. The requirement to prove that it was war-related remained.⁸⁵ Further changes in 1936 meant that a veteran with pulmonary tuberculosis could receive a pension whether they served in a war theatre or not.⁸⁶ This problematic and usually fatal disease affected nurses, along with their male colleagues.

Pearl Goodman was one such Queensland nurse who died shortly after returning from abroad. Although born in New South Wales, Goodman nursed in Queensland as the acting matron of Cairns District Hospital before the war.⁸⁷ She enlisted in Queensland and is memorialised on an obelisk outside the Cairns RSL.⁸⁸ Goodman was diagnosed with pulmonary tuberculosis two years after she went overseas.⁸⁹ Rae believes there is no evidence that Goodman had tuberculosis when she enlisted, as her Certificate of Medical Examination was incomplete when she joined the AIF. Goodman went to the Western Front, where she served at a CCS, and in November 1917, she was diagnosed with tuberculosis and returned to Australia.⁹⁰ Pearl Goodman died in March 1919 in Sydney.⁹¹ Her death was not considered war-related, and there is no pension record for her, perhaps because she has no repatriation file. Goodman was the first of several Queensland nurses to die from tuberculosis. See Appendix C.

⁸⁴ Larsson, *Shattered Anzacs*, pp. 189-190.

⁸⁵ Lloyd and Rees, *The Last Shilling*, p. 234.

⁸⁶ A. G. Butler, 'Special Problems and Services', 3 vols, iii p. 557.

⁸⁷ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Goodman, Pearl Stella, barcode 4787018; 'Nurses coming south', *Daily Standard*, Brisbane, 16 October 1915, p. 5, col. 2.

⁸⁸ Rae, *Veiled Lives*, p. 272.

⁸⁹ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Goodman, Pearl Stella; Rae

⁹⁰ *Ibid.*, Rae, *Veiled Lives*, pp. 270-271.

⁹¹ Rowan, NSW Death certificate transcription for Pearl Goodman, died 6 March 1919, ref. 1919/846.

Other Queensland nurses had their deaths attributed to some form of tuberculosis in later years. Another early casualty was Alice Cock, who died in January 1923 of pulmonary tuberculosis.⁹² Cock was married and had two daughters. Unfortunately, both daughters only lived for a few hours, with the second daughter dying when her mother died.⁹³ Cock's post-war life was brief and tragic due to tuberculosis.

That same year, Maud Bassett died of tuberculosis in a Brisbane hospital. She had earlier been in the Stanthorpe Military Sanatorium before transferring interstate to another sanatorium and finally moving to Brisbane. Bassett had little opportunity to enjoy post-war life as she was diagnosed in 1920. She eventually received a pension when her condition was finally accepted as being caused by the war in March 1922.⁹⁴ Although Bassett's active service ended her life, her headstone was erected by the Repatriation authorities, indicating her pride in her service.⁹⁵

Bassett's death was followed in 1929 by that of Julia Fisher. She died of pulmonary tuberculosis complicated by heart failure.⁹⁶ Fisher was discharged with malaria and debility contracted while serving in India, and she received a repatriation pension.⁹⁷ In 1922, she was diagnosed with tuberculosis and, by 1923, tuberculosis was

⁹² Death Certificate of Alice Mabel Woodside, died 30 December 1923; Lucy Strathearn (niece to Alice Cock) to Margaret Doherty, email, 1 July 1915, copy held by Margaret Doherty.

⁹³ Department of Justice, Qld, 'Death index up to 1991', death of Eleanor May Woodside, died 11 Jan 1922, Registry of Birth, Deaths and Marriage, Qld, Brisbane, 1922/B/36242; Lucy Strathearn (niece to Alice Cock) to Margaret Doherty, email, 1 July 1915.

⁹⁴ Department of Veterans' Affairs, First World War Ex-servicemen Medical and Deceased Case Files, 1918-1991, series number BP709/1, Bassett Maud Emma Victoria, M40141, barcode 13617816, NAA Branch Office, Brisbane.

⁹⁵ Department of Veterans' Affairs, Branch Office, Queensland, First World War ex-servicemen Pension Case Files 1918-1991, Queensland, Bassett, Maud Emma Victoria, series J34, C40141, barcode 13617819, NAA Branch Office, Brisbane.

⁹⁶ Department of Veterans' Affairs, Branch Office, Queensland, First World War ex-servicemen pension files case files 1918-1991, series J34, Fisher [aka Jones], Julia Josephine, C38058, barcode 13631456, NAA Branch Office, Brisbane.

⁹⁷ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Fisher, Julia Josephine, barcode 3900444.

accepted as caused by war.⁹⁸ She married veteran Richard Jones in 1925.⁹⁹ However, she only survived until 1929, when she died aged thirty-seven years.¹⁰⁰ Similar to Bassett, Fisher's war service was commemorated on her monumental inscription.¹⁰¹ These four nurses died prematurely from tuberculosis, each case attributable to the war.

Networks and Friends

Bassett asserts that the war impacted the nurses' health, and sometimes they could not settle back into civilian life.¹⁰² Fourteen Queensland nurses died before 1930, as previously discussed. Some died from tuberculosis or a heart condition, but many continued to work or married with health that was not perfect. Some sought help from the repatriation authorities, but they needed to prove their condition was war-related, which was difficult, as was seen with Madeline Wilson. As government help often did not occur early or at all, most states established funds to assist the returned nurses in difficulty. In Queensland, this was the QWNF, while Victoria had the Edith Cavell Trust Fund (ECTF).

The records of these funds are incomplete, similar to the nurses' medical and related war records files which are unavailable to support repatriation claims. In the 1990s, when Bassett wrote her seminal text on the AANS, she utilised the original minutes books and other records from the QWNF but noted they were incomplete.¹⁰³ Unfortunately, the sources Bassett used before her death in 1999 cannot now be

⁹⁸ Department of Veterans' Affairs, First World War Ex-servicemen Medical and Deceased Case Files, 1918-1991, series number BP709/1, Fisher, Julia Josephine M38059, barcode 13631462, NAA Branch Office, Brisbane

⁹⁹ Marriage Certificate for Richard James Jones and Julia Josephine Fisher, married 26 December 1925, District of Toowoomba, Registry of Birth, Deaths and Marriage, Qld, Brisbane, 1925/C/774.

¹⁰⁰ Department of Veterans' Affairs, Branch Office, Queensland, *First World War ex-servicemen pension files case files 1918-1991*, series J34, Fisher [aka Jones], Julia Josephine.

¹⁰¹ Rosemary Kopittke and Eric Kopittke, 'Anglican Church of Australia, Parish of Sherwood (Brisbane), Cemetery and Columbarium Wall, Monumental Inscriptions, Brisbane, 1995, p. 9, <https://www.qfhs.org.au/online-access/>, accessed 4 February 2021.

¹⁰² Bassett, *Guns and Brooches*, p. 99.

¹⁰³ *Ibid.*, pp. 96-99.

located. However, the Queensland Nurses Union (QNU) retains some correspondence for the QWNF, including a partial set of letters from nurses requesting assistance from the fund. The letters are for the period 1925 to 1936.¹⁰⁴

This correspondence narrates stories of illness and difficulties experienced by Queensland's returned nurses. Some nurses, such as Lillian Alton, regularly requested help, while others, such as Eva Coote, sought assistance for war-related conditions.¹⁰⁵ Elsie McLaughlin wrote of her pension reduction necessitating her return to work. She states that her doctor did not believe she would be able to work but requested assistance to buy uniforms and have a small holiday.¹⁰⁶ McLaughlin shows tenacity and hopes of regaining her independence. A recurrent theme is illness, sometimes from war service, and associated difficulty maintaining work, particularly nursing. Another theme is nurses who married wounded returned soldiers and had heavy burdens caring for their husbands. Madeline Wilson, as discussed earlier, applied for a pension, but her application was rejected, although she appealed.¹⁰⁷ In her correspondence with the QWNF, Wilson remarked that she hoped her husband remained well so she did not have to undertake the heavy nursing of him.¹⁰⁸

The QWNF discloses relationships between the nurses. For example, when nurses contact the QWNF, communication occurred between the Trustees and the Secretary, Mr Payne. One trustee for much this time was former AANS nurse and

¹⁰⁴ 'QWNF Correspondence, 1925 to 1936', Papers of the ATNA, Qld Branch, ATNA, 1904 to 1960, QNU, Brisbane.

¹⁰⁵ Eva Coote to Matron, no. 92, letter, 30 November 1926, 'QWNF correspondence'; Lillian Alton to Secretary, QWNF, no. 90, letter, 12 October 1928 and Lillian Houston nee Alton to Secretary, QWNF, letter, 23 November 1933, 'QWNF correspondence'.

¹⁰⁶ Elsie McLaughlin to Secretary, War Nurses' Fund, letter, no. 95, letter, 30 November 1926, 'QWNF correspondence'.

¹⁰⁷ Department of Veterans' Affairs, *First World War Ex-servicemen Pension Case Files, 1920-1980*, series J34, Lawless-Pyne [aka Wilson], Madeline Kendall, C24806 Part 1; Madeline Lawless-Pyne (nee Wilson) to Miss Paten (Trustee), no, 103, letter, 5 December 1935, 'QWNF Correspondence'.

¹⁰⁸ Madeline Lawless-Pyne (nee Wilson) to Miss Paten (Trustee), no, 103, letter, 5 December 1935, 'QWNF correspondence'.

Principal Matron of the First Military District Reserve, Eunice Paton.¹⁰⁹ The second trustee was Linda Bell, the ATNA Queensland representative and a former member of the QAIMNSR.¹¹⁰ These women worked together to support their war nursing colleagues during their difficult times.

The nurses who sought access to these funds are part of a strong informal group of returned nurses. There were already connections between some Queensland nurses as a group of professional women. The nurses were connected through training hospitals, occupation and the ATNA. Some nurses were connected through family. Nursing was a female profession for single, educated women with families, often having several nurses. Five of the Homewood sisters were nurses, and the MacDonalds were another example.¹¹¹ These families were only part of the connection.

The stronger bond was through active service. The Queensland nurses were a select group of trained nurses that experienced active service. Some of what they experienced at war was the trauma of witnessing the horrific outcomes of battles. Santanu Das articulates that the nurses were 'entrusted with the repair of minds and bodies the war has ravaged'.¹¹² Das further asserts, 'if the nurse falls prey to trauma herself while sifting through her cargo of mutilated flesh, hers is a shame that dare not speak its name'.¹¹³ However, the war nurses shared experiences which bound them together as a group. They supported and assisted each other when necessary, in many cases, through the QWNF.

¹⁰⁹ *Ibid.*, Goodman, *Queensland Nurses*, p. 113.

¹¹⁰ 'Minutes of the council meeting on 9 January 1923', Minutes, Annual General Meeting, reports and related papers of the ATNA, 1904 to 1960, ATNA, Qld Branch, Brisbane, QNU.

¹¹¹ 'Personal news', *Morning Bulletin*, Rockhampton, 21 June 1919, p 7, c. 4; Goodman. *Queensland Nurses*, p. 117.

¹¹² Santanu Bas, "'The impotence of touch': Touch and trauma in the memoirs of the First World War nurses", *Textual Practice*, vol. 19, no. w, 1 January 2005, p. 247.

¹¹³ *Ibid.*

Hidden within the correspondence are comments from the QWNF trustees who identify nurses who struggled with life. Alton was one, and the trustees and the secretary managed their continual interactions with her with firmness and support. Alton was supported to achieve her obstetric certificate, which allowed her to become a double certificated nurse after the war.¹¹⁴ Alton often sent her appreciation to the QWNF for the frequent assistance she received. Following a continuing illness, Amy Nagel received help from the fund after another nurse, Nita Smallwood, contacted it. Nagel was eventually diagnosed as having tuberculosis, and she struggled to ask for help. She wrote, 'it would go against my grain very much'.¹¹⁵ Nagel liked to be independent, stating, 'it is much too delicate a subject after a nurse has been independent for years.'¹¹⁶ Some nurses were in dire financial straits but required assistance from the fund, which was easier to access than a repatriation pension. Sometimes, the part-pension was of insufficient size to maintain a nurse.¹¹⁷ The QWNF was a supportive group for the nurses in these difficulties.

Another Queensland nurse, Lavinia Faulkner, was sick and in financial difficulties in Melbourne. As she enlisted in Queensland, she was not entitled to assistance from the ECTF. The Victorian fund contacted the QWNF, which also communicated with Victorian-based Queensland nurse Grace Wilson, a trustee of the ECTF. Wilson wrote, 'she has had a lot of worry over her [Faulkner]', and at last persuaded her to go to the Melbourne Hospital.¹¹⁸ Wilson indicates a sense of responsibility to assist Faulkner. While Faulkner was receiving a small repatriation pension, it was insufficient for her maintenance. Wilson prophesies that financial aid for Faulkner will continue to be required. Wilson asserts, 'she is a poor feckless thing – and will

¹¹⁴ Lillian Houston nee Alton to Secretary, QWNF, various letters from 21 March 1926 to 31 October 1935, no. 90, 'QWNF correspondence'.

¹¹⁵ Mr Payne to Trustees, note, undated, no. 101, 'QWNF correspondence', QNU.

¹¹⁶ Amy Nagel to Mr Payne, Secretary, QWNF, letter, 24 October 1928, no. 101, 'QWNF correspondence'.

¹¹⁷ Elsie McLaughlin to Secretary, QWNF, letter 30 November 1926, no. 95, 'QWNF correspondence'.

¹¹⁸ Grace Wilson to Mr. Payne (Secretary, QWNF), no. 100, letter, 29 August 1927, 'QWNF correspondence'.

always be.’¹¹⁹ Wilson judges Faulkner within the closed boundaries of the correspondence between the Queensland fund and other returned nurses. Within the confidential correspondences, the nurses articulated their views of their needy colleagues, but they close ranks to assist each other in public. The bonds of the nurses were strong from shared experiences of traumatic times.

A Long, Winding Road

The war was an experience that left impacts on the nurses’ lives. Some nurses died early, but many lived long lives. At least two nurses committed suicide before the 1920s were over. Some nurses fell to the dreaded tuberculosis. These shortened lives were tragic, but others struggled with debility, mental health issue, malaria and other problems which limited their quality of life. Some nurses had to battle through caring for their war-disabled husbands. This battle was usually with the repatriation authorities for recognition that their health problems or those of their husbands’ were war-related. The nurses had to be resilient and continue life. Ill-health for themselves or their husbands was often their dominating battle, long after the war officially ended.

These were resilient women, but their health often affected their work or marriage and children. Nevertheless, the nurses, often supported by their colleagues, became resilient and productive members of society.

¹¹⁹ Grace Wilson to Mr. Payne (Secretary, QWNF), no. 100, letter, 16 March 1930, ‘QWNF correspondence’,

Chapter 5: Those That Married

Marriage in Australia was almost universal after the First World War.¹ The returned nurses had initially opted to train as nurses and then go on active service to support their country. With the coming of peace and the passing of the pandemic, they had to consider their marital status and, perhaps, wondered if they would marry. For many, the choices were marriage or nursing. With a career and going to war, the nurses did not follow the typical path for Australian women, but with society significantly changed in Australia and elsewhere after the war, perhaps marriage would be their choice.

This chapter examines the lives of the returned nurses who married, exploring the advantages and disadvantages of marriage for the nurses. When the marriages faced difficulties, the nurses problem solved to achieve optimal outcomes for themselves and their families. Further, marriage and motherhood usually co-existed for women, and the nurses are compared with the typical Australian woman regarding marriage and motherhood. The returned nurses' decisions and actions concerning marriage and children are important in their post-war lives as they made further contributions to society as married women.

When the nurses married, their chosen partners were from the pool of men alive after the war. The high mortality and morbidity rates for Australian troops were discussed previously, as were the wartime relationships between nurses and the troops. These issues impacted upon decisions made by the nurses on whether to marry and, if so, to whom. The health of the marriage partners also affected marriage and family life, so there were many influences on the returned nurses' decisions to marry and their subsequent lives.

¹ Gordon Carmichael, 'The transition to marriage: Trends in age at first marriage and proportions marrying in Australia', paper presented to the Australian Family Research Conference, Burgman College, ANU, Canberra, 23-25 November 1983, in *Family Formation, Structure Values Proceedings*, vol. 1, 1984, p. 99.

Marriage can be a lucky dip, and despite knowing about the partners' previous life, married life, with or without children, cannot guarantee happiness. The unpredictability of life impacted adversely on some nurses. If this occurred, the nurses drew on experience, personal attributes and hope to move past their difficulties. Resilience is a popular modern term for coping with life's hardships and moving forward. This chapter will discuss the nurses' resilience in marriage and managing their families.

Marriage partners' occupations had implications for the nurses and their families. Often professional men required assistance in their occupations. The wives of professional men had a crucial role in their partners' success, and the nurses had new skills and experiences from the war that other women did not possess. These qualities could be advantageous in their husbands' careers. The nurses who married professional men had additional demands placed on them beyond children and housework. These nurses were integral to their husbands' professional lives.

Marriage in Australia

Before and after the war, marriage dominated as the optimal state for women, with marriage being preferable to being single.² Since the first European settlement of Australia, the gender ratio favoured men, with various colonial governments intent on increasing the proportion of women through immigration followed by marriage. Women, it was believed, would civilise the new colonies and provide families as units of settlement.³ In 1921, the proportion of Australian women aged 45-49 who never married was only 16.6 percent and further decreased to 14.7 percent in 1933.⁴

² Elder, 'The question of the unmarried', p. 161.

³ John C. Caldwell and Lado T. Ruzicka, 'The Australian fertility transition: An analysis', *Population and Development Review*, vol. 4, no. 1, March 1978, p. 93; Gordon A, Carmichael, 'Bust after boom: first marriage trends in Australia', *Demography*, vol. 24, no. 2, May 1987, p. 246; Gordon A, Carmichael, 'So many children: Colonial and post-colonial demographic patterns, in *Gender Relations in Australia: Domination and Negotiation*, Kay Saunders and Raymond Evans, (eds.), Marrickville, NSW, 1992, pp. 105-109; Jill Conway, 'Gender in Australia', *Daedalus, Australia: Terra incognita?* vol. 114, no. 1, winter, 1985, pp. 344-347.

⁴ P. F. MacDonald, 'Marriage and divorce in Australia', in *Population of Australia*, Country Monograph Series, no. 9, vol. 1, Economic and Social Commission for Asia and the Pacific, New York, 1982, p. 186.

These figures show it was highly likely that women in this age group would marry. They included some nurses who were required to be unmarried on active service. Catriona Elder believes work was seen as 'salvation' for unmarried women.⁵ Nursing was one of only a few acceptable professions for unmarried women at this time. However, nursing was lowly paid with poor working conditions.⁶ In addition, nurses required a robust constitution for this arduous life.⁷ Returning to civilian nursing with its low pay and hard work after years of strenuous military service was not always tempting, and some nurses chose marriage as the better alternative.

At marriage, women gave up their independence and became reliant on their husbands.⁸ Marilyn Lake alleges that married women were subjected to 'one man's whims and authority'.⁹ Being dependant was different from the nurses' experiences on active service. Although subject to military discipline and taking orders from senior officers, including medical officers and matrons, nurses developed initiative and resourcefulness when faced with unfamiliar situations or emergencies.¹⁰ However, on marriage, the returned nurses ceded their economic independence and opportunities to use professional judgment and knowledge to their husbands.

Women had to be trained nurses, unmarried or widowed, to enlist in the Australian military for overseas military service. However, they did not always remain single.¹¹ Bassett, from the incomplete AANS nominal roll, identifies that around six percent of nurses married overseas.¹² Separately, research for this thesis found sixteen nurses

⁵ Elder, 'The question of the unmarried', p. 164.

⁶ *Ibid.*, pp. 159-164; Katie Holmes, "'Spinsters indispensable': Feminists, single women and the critiques of marriage, 1890-1920", *Australian Historical Studies*, vol. 29, no. 110, April 1998, p. 78; Kingston, *My Wife, My Daughter*, p. 81; Strachan, *Labour of Love*, p. 92.

⁷ Kingston, *My Wife, My Daughter*, p. 83.

⁸ Holmes, 'Spinsters indispensable' pp. 87-88.

⁹ Marilyn Lake, 'Marriage as bondage: The anomaly of the citizen wife', *Australian Historical Studies*, vol. 30, no. 112, April 1999, p. 121.

¹⁰ Harris, *More than Bombs*, p. 217.

¹¹ A. G. Butler, 'Special Problems and Services', 3 vol., iii, pp. 581-582.

¹² Bassett, *Guns and Brooches*, pp. 39-41.

who resigned to marry during active service.¹³ These nurses equate to about five percent of Queensland nurses, which is just below Bassett's percentage. While both are small percentages, they illustrate that marriage appealed to some nurses more than continuing active service. In contrast, many colleagues continued with their war work, marrying after the war.

Many more nurses married after returning from overseas. Table 5.1 shows 133 nurses married after their discharge; sixteen resigned to marry, and two married Queensland nurses had managed to enlist.¹⁴ Thus a total of 151 nurses married, leaving 149 returned nurses who remained single, with two Queensland nurses dying on active service.¹⁵ Of the remaining 300 Queensland nurses discharged from the military, just over fifty percent married during their lifetime. The percentage of returned nurses who married is similar to those found by other researchers. Bassett used the ECTF records up to 1976 and the QWNF register up to 1965 to identify the marital status of the AANS. She found that only fifteen percent of the Victorian nurses who sought assistance from ECTF married, while almost forty-five percent of QWNF nurses married, although the QWNF's records were less complete than those of the ECTF. Bassett then makes an 'educated guess' that around half of the AANS married at some time'.¹⁶ Harris identifies that a third of AANS members left nursing to marry.¹⁷ Harris' figure is for AANS and not specifically Queensland nurses.

¹³ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, various; 'British in India collection', parish registers from the Presidency of Bombay, 1709-1948, various marriages, <https://search.findmypast.com.au/>, accessed 18 May 2018, British Library, London; Department of Justice, NSW, 'Marriage index up to 30 April 1971', various, Registry of Births, Deaths and Marriages, NSW, Sydney; Department of Justice, Queensland (Qld), 'Marriage index from 1829-1946', various, Registry of Births, Deaths and Marriages, Qld, Brisbane; Department of Justice, Victoria, 'Marriage index from 1853 to 30 April 1961', various, Registry of Births, Deaths and Marriages, Melbourne; General Records Office England, Her Majesty's Passport Office, 'Birth index 1837-1920, various, Southport, England; Internal Affairs, New Zealand, 'Birth, deaths, marriages historical records', various; *Trove*, National Library of Australia (NLA), Australian newspapers, various.

¹⁴ These two nurses were Amy Fiaschi nee Curtis and Winifred Croll nee Payne. Their husbands were both senior AIF medical officers. Amy Curtis married Thomas Fiaschi in 1914 before embarking for the front, while Marion Winifred Payne married Dr David Gifford Croll in 1912; The 16 nurses do not include Curtis (Fiaschi) or Payne (Croll).

¹⁵ The deceased nurses were Norma Violet Mowbray and Rosa O'Kane as identified in the previous chapter.

¹⁶ Bassett, *Guns and Brooches*, pp. 96-100.

¹⁷ Kirsty Harris, 'Work, work, work', p. 186.

Table 5.1

Returned Nurses' Marital Status

Nurses married at enlistment	2
Nurses married on active service	16
Nurses married after discharge	133
Total nurses who married	151
Nurses who never married	149
Total Queensland nurses discharged	300
Less - Nurses who died on active service	2
Total Queensland nurses enlisted	302

Note: Figures derived from the author's database.

In a further comparison, the 1933 Australian Census reports that fifty-three percent of Australian women who served overseas in the Australian military during the war married. This census was taken fifteen years after the Armistice, and some nurses had died; others had moved overseas, some married later, and others did not complete the census. Another two percent of returned women did not identify their marital status.¹⁸ The census finding for the Australian military nurses and Bassett's figure for the QWNF are close to the author's database figure, which found that just over half of the Queensland nurses married during their lives.

Many of the returned nurses married later than other Australian women of their generation. Partially, this was because they underwent nursing training and then enlisted. In 1921, the mean age for women at first marriage in Australia was 25.2 years.¹⁹ The returned nurses' mean age at first marriage was 35.6 years, just over ten

¹⁸ Roland Wilson, 'Part XVII – War Service', *Census of Commonwealth of Australia, 30 June 1933*, 3 vols, Australian Bureau of Statistics (ABS), Canberra, 1933, ii, p. 1087, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2110.01933?OpenDocument>, accessed 8 November 2018; those in the married category included married, widowed and divorced women; the women in this table were described as returned nurses.

¹⁹ Bassett, *Guns and Brooches*, p. 94; McDonald et al., 'Marriage, fertility and Statistics', in *Australians: Historical Statistics*, p. 46.

years later than the mean Australian age (see Table 5.2). The youngest nurse to marry was Violet Phillips, who married on active service aged twenty-five, while Grace Wilson married late in life, in 1954, aged seventy-four years and was the oldest nurse to marry.²⁰ This table illustrates that marriage occurred across the nurses' lifetimes and at various ages. The nurses made their own decisions after considering their individual circumstances, but in the end, half conformed to the norm of marriage.

Table 5.2

Age at First Marriage

Age	Count	Percentage
20-29	31	20.5
30-39	84	55.6
40-49	29	19.2
50-59	3	2.0
60-69	3	2.0
70-79	1	0.7
Average age at marriage	35.6	100.00%

Note: These figures are from the author's research.

Bassett believes that war diminished the nurses' matrimonial chances, although many Queensland nurses did marry, as shown in Table 5.2.²¹ This table compiled from the author's research shows that the largest number of nurses, eighty-four, married between thirty and thirty-nine. These nurses accounted for 55.6 percent of married nurses. The next largest group was thirty-one aged between 20 and 29, followed by twenty-nine aged between 40 to 49 years. Elder declares that in the

²⁰ AIF, *AIF Personnel Dossiers, 1914-1919*, B2455, Phillips, Violet May, barcode 1991465; Janice McCarthy, 'Wilson, Grace Margaret (1879-1957)', *ADB*, National Centre of Biography, ANU, published first in hard copy 1990, <http://adb.anu.edu.au/biography/wilson-grace-margaret-9137/text16119>, accessed 11 June April 2020.

²¹ Bassett. *Guns and Brooches*, p. 95.

1920s and 1930s, unmarried women at age thirty were considered 'on the shelf'.²² This includes 79.5 percent of the returned nurses in Table 5.2, who married aged thirty or over. The Queensland nurses did not conform to Elder's statement.

Gordon Carmichael asserts there was a backlog of marriages postponed during the war, which was cleared in the 1920s.²³ This increased the number of marriages for those years, and many nurses did marry after the Armistice. On the other hand, many men of marriageable age died in the war, reducing the pool of marriageable men. Another relevant point is that some nurses enlisted immediately after they qualified, and so delayed possible marriage. Nevertheless, at whatever age they married, just over fifty percent of the nurses married.

A total of sixty-two returned nurses married between 1919 and 1921, as shown in Table 5.3. The most frequent year of marriage was 1919, with twenty-three marriages. In 1921 there were twenty-one marriages. Marriages in the years just after the Armistice indicates the nurses were seeking a change from their difficult years of active service where they witnessed death, disability and illness. In marrying, the nurses could contribute to society differently: as married women and away from nursing.

This cohort was different from other Australian women as they married later than the norm, but they did marry. They eventually conformed to the pre-eminent role for women. While the nurses had achieved much up to their discharge, they made the considered decision to embark on marriage, a significant step in a different direction. As professional women who experienced military service, with all its hardship and traumas, they may have considered that married life was their next contribution to society.

²² Elder, 'The question of the unmarried', p. 155.

²³ Carmichael, 'The transition to marriage', p. 103.

Table 5.3

Returned Queensland Nurses' Year of First Marriage

Year of Marriage	Number of Nurses Married	Percentage of Married Nurses
1918 or before	16	10.6
1919	23	15.2
1920	18	11.9
1921	21	13.9
1922-1930	56	37.1
1931-1940	12	8.0
1941 or later	5	3.3
Total Nurses Married	151	100.0%

Note: Figures developed from data in the author's database.

Helen Ritchie's marriage year is unknown but was probably around 1923.

Marriage and Partners

Nurses often married returned servicemen. In this cohort, at least 107 nurses married veterans, equating to around seventy-one percent of the nurses who married.²⁴ While most nurses' husbands were members of the Australian military, some nurses married service personnel from the British, Indian, or New Zealand forces.²⁵ These veterans and nurses had shared and survived military service and war experiences, providing one commonality for marriage.

²⁴ Angela Vera Booth is excluded from this calculation as details of her first husband unknown.

²⁵ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, various; 'British in India collection', parish registers from the Presidency of Bombay, 1709-1948, various marriages; Department of Culture, Heritage and the Gaeltacht, Ireland, 'Civil Records', various, Dublin; Department of Justice, NSW Government, 'Marriage index up to 30 April 1971', various; Department of Justice, Qld Government, 'Marriage index 1829 to 1946', various; Department of Justice, Victoria, 'Marriage index from 1853 to 30 April 1961', various; Department of Veteran's Affairs, First World War Ex-servicemen's Medical Case Files 1918-1991, series J26, various; Department of Veterans' Affairs, First World War Ex-servicemen Medical and Deceased Case Files, 1920-1980, series BP709/1, various.

The military experience and any resultant health issues for the husbands and sometimes the nurses often complicated these marriages. As noted previously, Noonan found the AIF had high rates of illness or injury during the war than previously identified. Thus, high associated morbidity could extend into post-war family life.²⁶ Mental conditions were one enduring legacy of war.²⁷ The official medical historian Butler identifies that mental conditions accounted for over eighty percent of medical conditions post-war.²⁸ Such high incidence often left families dealing with a difficult husband and father at home.²⁹

Larsson argues that veterans with disabilities were supported by an 'invisible tier' of family support and care. The repatriation system provided limited support to the damaged veteran, including some rehabilitation and perhaps a pension. Family caregivers provided the remainder of the care.³⁰ In his history of the RSSILA, Loftus Hills argues that an affectionate and dynamic wife rather than a 'shrewish wife' could determine the success of the veteran's life.³¹ Although Hill's statement would be inappropriate today, a returned nurse as a wife was likely advantageous.

However, being married to a veteran with a mental condition was difficult for the wife and family. Sometimes the husband became restless following the war. Elizabeth Martin, who nursed during the pandemic, married AIF veteran Ernest Boxall in Canada in 1921 and had two children.³² Her life was unsettled. After her

²⁶ Noonan, *Those We Forget*, unpaginated.

²⁷ Larsson, *Shattered Anzacs*, pp. 149-153.

²⁸ A. G. Butler, 'Special Problems and Services', iii, p. 142.

²⁹ Larsson, *Shattered Anzacs*, p. 176.

³⁰ Marina Larsson, 'Who picks up the pieces', *Melbourne Historical Journal*, no. 37, 2009, pp. 26-30.

³¹ Loftus Hills, *The Returned Soldiers' and Sailors' Imperial League of Australia: Its Origin, History, Achievements and Ideals, Part I*, Melbourne, 1927, p. 89.

³² AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Martin, Elizabeth, barcode 2017774; Department of Veterans' Affairs, *First World War Ex-servicemen Pension Case Files, 1920-1980*, series J34, Boxall, Ernest Victor [and Boxall, Elizabeth], C23182 Part 1 and Part 2, barcodes 32549895 and 32549896.

husband's death, Martin wrote to the repatriation authorities stating her husband 'suffered with his nerves since his return from war service'.³³ She admitted he could not hold a job due to 'nervous excitement'.³⁴ Martin's confession indicates some of her marital difficulties. It also indicates the stigma associated with mental conditions. It seems she kept these difficulties secret until her husband's death, thus excluding help from her networks.

While mental conditions were prevalent in the veteran community, other families contended with the war's physical health legacies. Larsson alleges that magazines and newspapers often encouraged young women to form relationships with veterans with physical disabilities.³⁵ Many such women would be unaware of the challenging future ahead of them if they married such a partner. However, the nurses who had nursed such men were aware of the probable future deterioration of their prospective husbands' conditions.

Some veterans were amputees who required further surgery in the 1920s and 1930s, and Joanna Bourke notes the inability of some veterans to readjust emotionally to the lost limb.³⁶ Nurse Dorothy Brown married Eric Wren, who lost his arm at Pozieres.³⁷ Wren would have required support from his wife with her military nursing skills enhanced by knowledge of battle wounds, including amputations.³⁸ Brown served at No. 2 Australian Auxiliary Hospital (AAH) in England, specialising in amputee soldiers. The posting gave her valuable experience for married life.³⁹ Nurses often provided rehabilitation and convalescent care as physiotherapy was a

³³ *Ibid.*

³⁴ *Ibid.*

³⁵ Larsson, *Shattered Anzacs*, p. 85.

³⁶ Joanna Bourke, 'The battle of the limbs: Amputation, artificial limbs and the great war in Australia', *Australian Historical Studies*, vol. 29, n. 110, p. 58.

³⁷ 'Obituary. Major E. W. Wren', *Sydney Morning Herald*, 28 June 1941, p. 10 c. 1.

³⁸ *Ibid.*

³⁹ Harris, *More than Bombs*, p. 57.

new profession, and there were few massage specialists.⁴⁰ Brown's experience would be helpful in supporting her husband to maximise his life.

While romance was one basis for marriage, companionate marriage was an alternative which was advantageous for ageing single nurse and partners if they were unfit due to war service. These marriages provided companionship and someone with whom to share living expenses. Carrie Paechter describes the Western ideal of companionate marriages as incorporating fairness in contributions and benefits of mutual caring, support and sharing.⁴¹ The concept of fairness in a companionate marriage is based on the gender principles existing in Australia after the war. These principles were that the husband earned money, and the wife maintained the house.⁴²

Larsson suggests that while some women married soldiers with disabilities for love, others accepted 'second best' as the pool of marriageable men was decreased by war deaths.⁴³ For some nurses, companionate marriage was a solution to the perennial problem for older nurses of accommodation after retirement. Nurses historically lived in nurses' quarters or private nurses' homes, and as they aged, accommodation was problematic before compulsory superannuation.⁴⁴ As part of a married couple, accommodation was easier to access through joint savings, perhaps through purchasing a house. Companionate marriage was one option, but often such marriages were complicated.

⁴⁰ *Ibid.*, p. 228.

⁴¹ Carrie Paechter, 'Concepts of fairness in marriage and divorce', *Journal of Divorce and Remarriage*, vol. 54, 2013, p. 458.

⁴² C. T. Gager and B. Holmann-Marriott, 'Distributive justice in the household', unpaginated, cited in Carrie Paechter, 'Concepts of fairness in marriage and divorce', *Journal of Divorce and Remarriage*, vol. 54, no. 6, 2013, pp. 458-459; A. R. Hochschild, *The Second Shift*, New York, NY, Avon Books, 1989, unpaginated, cited in Carrie Paechter, 'Concepts of fairness in marriage and divorce', pp. 458-459; L. Thompson, 'Conceptualizing gender in marriage: The case of marital care', *Journal of Marriage and the Family*, vol. 5, unpaginated, cited in Paechter, 'Concepts of fairness in marriage and divorce', pp. 458-459.

⁴³ Larsson, *Shattered Anzacs*, p. 88.

⁴⁴ Glenda Strachan, *Labour of Love*, pp. 19 and 138.

According to the *Australian Women's Weekly* in 1933, 'marriage in Australia ... continues to be the greatest career for all women'.⁴⁵ Kay Whitehead believes that a shift in public perception of unmarried women occurred between the wars, and spinsters were stigmatised.⁴⁶ At that time, spinsters were seen as unfulfilled women plagued by psychological problems.⁴⁷ To bypass this, some nurses sought companionable marriage rather than a lonely single existence.⁴⁸ However, nurses were trained in hygiene and care of the sick, while other women were not. Such skills were an asset which the returned nurses brought to their marriages, including companionate marriages.

Several Queensland nurses cared for their First World War husbands with disabilities, as seen. They used skills and experience gained from their wartime nursing. This extended the impact of war on these nurses well past the Armistice. While not nursing in formal terms, these nurses contributed to society as married women who cared for their husbands with disabilities and their families. The nurse was often managing her husband's care in the marital home.

Edith Sheen married a paraplegic AIF veteran Victor Suthers and this an example of companionate marriage.⁴⁹ Before his marriage, Suthers was accommodated in the Anzac Hostel in Brisbane for permanently disabled veterans who could not be cared for at home. Suthers was discharged at his request leaving behind institutional life.⁵⁰ This marriage met the ideal of companionate marriage as Sheen provided the care

⁴⁵ 'Careers for women', *Australian Women's Weekly*, June 1933, p. 7, c. 2.

⁴⁶ Kay Whitehead, 'The spinster teacher in Australia from the 1870s to the 1960s', *History of Education Review*, vol. 36, iss. 1, 2007, p. 12.

⁴⁷ Elder, 'The question of the unmarried', p. 161; Holmes, 'Spinsters indispensable', p. 78; Whitehead, 'The spinster teacher in Australia', pp. 10-12.

⁴⁸ Elder, 'The question of the unmarried', p. 168.

⁴⁹ Department of Justice, marriage of Victor Charles Suthers and Edith Sheen, married on 15 April 1926, 'Qld Marriage Index 1829-1946', Registry of Births, Deaths and Marriages, Qld, 1926/B039765.

⁵⁰ Department of Veterans' Affairs, First World War Ex-servicemen Medical and Deceased Case Files, 1920-1980, series BP709/1, Suthers, Victor Charles, M7890, parts 1 and 2, barcodes 32254098 and 32254097, NAA Branch Office Brisbane; Larsson, *Shattered Anzacs*, p. 79.

and her husband provided the pension that made the marriage financially workable. The couple lived on the Total and Permanently Incapacitated (TPI) pension, which was introduced in the 1920s to support severely injured soldiers, such as Sheen, who could not earn a wage.

Other nurses appear to be in companionate marriages. Research shows thirty-six nurses married aged forty years or over. This figure equates to around twenty-four percent. While some nurses over forty years old had children, probably many older nurses married for companionship. While the marriages may not have been love matches, they were likely based on mutual affection. Sheen may have seen this as her final opportunity for marriage, and many of the other returned nurses who married late in life may have had similar views.

Sheen's provision of care to her husband was a heavy burden. Suthers was doubly incontinent and required many dressings, which his wife did. One repatriation doctor described her dressings as well done, noting that she was a trained nurse and had war service, inferring she understood what was required.⁵¹ By the time Suthers died, Sheen had done the dressings for at least twelve years and probably since their marriage. This care was an enormous responsibility, but perhaps the companionship of her husband offset this care.⁵² Life revolved around hospital and doctors' visits, Suther's deteriorating health and his death.⁵³ While Sheen had a prolonged war burden, she was contributing to society through caring for Suthers.

⁵¹ Department of Veterans' Affairs, *First World War Ex-servicemen Medical and Deceased Case Files, 1920-1980*, series BP709/1, Suthers, Victor Charles.

⁵² 'Soldier patients make merry', *Brisbane Courier*, 1 January 1926, p. 14, c. 3-6; 'Southport', *Brisbane Courier*, 12 May 1925, p. 14, c. 2.

⁵³ Larsson, *Shattered Anzacs*, p. 77.

The Importance of Motherhood

The nuclear family of parents and children was the principal Australian family structure after the war.⁵⁴ Beverley Kingston identifies this family unit as having an economic dimension.⁵⁵ Women's place was believed to be at home caring for their husbands and children, not in the workplace. Husbands provided for the family as the income earners.⁵⁶ This made motherhood a valued role in Australian society. Women were the mothers of Australia's future citizens, with the children being economic and financial assets.⁵⁷ The Harvester judgement officially reinforced this model of the family in 1907, where a man's income was identified as the family income to provide for the man and his family, comprising his wife and children.⁵⁸ The Queensland nurses, on return from war, rejoined a society where they were expected to conform to society's accepted norm for women: marriage and the subsequent caring role.

With its convict settlement and bush ethos, Australia was a masculine culture where women occupied the domestic sphere as wives and mothers and were responsible for domestic duties.⁵⁹ The maternal component of a married woman's life was crucial at a national level. With the 'White Australia' policy predominant, married

⁵⁴ Sotirios Sarantakos, *Modern Families: An Australian Text*, South Melbourne, 1996, p. 5.

⁵⁵ Kingston, *My Wife, My Daughter*, p. 55.

⁵⁶ *Ibid.*, pp 138-139.

⁵⁷ Conway, 'Gender in Australia', p. 354; Holmes, 'Spinsters indispensable', p. 77; United Associations of Women, 'Child endowment' pamphlet, no. 12, held Mitchell Library MS 2160/Y789, [no page given], quoted in Marilyn Lake, 'Between old worlds and new: feminist citizenship, nation and race, the destabilisation of identity', in *Suffrage and Beyond: International Feminist Perspectives*, Caroline Daley and Melanie Nolan (eds.), Auckland, 1994, p. 286.

⁵⁸ Kerreen Reiger, 'Women's labour redefined: Child-bearing and rearing advice in Australia, 1880-1930s', in *Worth her Salt*, Margaret Bevege, Margaret James and Carmel Shute, (eds.), Sydney, 1982, pp. 73-74; John Rickard, 'Higgins, Henry Bournes (1851-1929)', *ADB*, National Centre of Biography, ANU, first published in hardcover 1983, <http://adb.anu.edu.au/biography/higgins-henry-bournes-6662>, accessed 24 April 2018.

⁵⁹ Conway, 'Gender in Australia', pp. 349-350; Raymond Evans and Kay Saunders, 'No place like home: The evolution of the Australian housewife', in *Gender Relations in Australia: Domination and Negotiation*, Kay Saunders and Raymond Evans (eds.), Marrickville, NSW, 1992, p. 178, cited in Renate Howe and Shurlee Swain, 'Fertile grounds for divorce: Sexuality and reproductive imperatives', in *Gender Relations in Australia: Domination and Negotiation*, Kay Saunders and Raymond Evans (eds.), Marrickville, NSW, 1992, p. 163; Michael Gilding, *The Making and Breaking of the Australian Family*, St Leonards, NSW, 1991, p. 53; Kingston, *My Wife, My Daughter*, p. 56; Reiger, *The Disenchantment of the Home*, p. 37.

women were seen as the nation's mothers, giving birth and then rearing the nation's children to make the Australian population healthy and of sufficient size for national welfare.⁶⁰ Similarly, Lake's feminist view described women as the 'mother of the race and the modern scientific homemaker'.⁶¹ This nationalistic view resulted from concern over the falling birth rate at the turn of the twentieth century, leading to the 1903 Royal Commission in NSW. The commission found that women were selfish and used contraceptives or abortion to avoid having children and raising them.⁶² The pre-eminent view was that marriage and having a family were contiguous.

Socialised by nursing training that was conservative and promoted duty and sacrifice, many returned nurses who married had children if they were of child-bearing age. In Australia, women born between 1871 and 1876 had on average four live births, and this decreased gradually, with women born between 1892 to 1897 having an average of three live births.⁶³ With most nurses born between 1872 and 1897, the expectation was they would have between three and four children on average.⁶⁴

The number of returned nurses who had children differed from the typical Australian female population. Of the 151 nurses who married, sixty-one had no children. This was the largest group accounting for forty percent. Twenty-three nurses had one child, and thirty-one had two children. The returned nurses who had one or two

⁶⁰ Holmes, 'Spinsters indispensable', p. 77; Reiger, *The Disenchantment of the Home*, p. 215.

⁶¹ Lake, 'Marriage as bondage', p. 1191.

⁶² Kingston, *My Wife, My Daughter*, pp. 8-9.

⁶³ McDonald, Ruzicka and Pyne, 'Marriage, fertility and Statistics', p. 55.

⁶⁴ 'British in India collection', parish registers from the Presidency of Bombay, 1709-1948; Department of Culture, Heritage and the Gaeltacht, Ireland, 'Civil Records', various, Dublin; Department of Justice, NSW 'Birth index', up to 30 April 1921, various, Registry of Births, Deaths and Marriages, NSW, Sydney; Department of Justice, Qld, 'Birth indexes 1829-1921', various, Registry of Births, Deaths and Marriages, Qld, Brisbane; Department of Justice, Victoria, 'Birth index from 1853 to 30 April 1921', various, Registry of Births, Deaths and Marriages, Melbourne; General Records Office England, HM Passport Office, 'Birth index 1837-1921, various, Southport, England; Internal Affairs, New Zealand, 'Birth, deaths, marriages historical records', various; 'Susannah Armstrong file', Nursing Museum, Brisbane; The following nurses were born prior to 1872: Susannah Armstrong b. 1860; Eveline Florence MacDonnell b. 1868; Mary Ann O'Brien, b 1870; Mary Ann Pocock b. 1863, Emily Annie Harvey Ralston b. 1871. Of these only Armstrong was married and she had one child. She enlisted in the AANS as a widow.

children accounted for thirty-six percent. In comparison, married Australian women who had children between 1918 and 1923 had just under three live births each, while between 1923 and 1938, they had just over three live births each.⁶⁵ This is because these are the primary years in which the returned nurses gave birth. The number of children each nurse had was determined partly by biology, as the nurses' age was an average of ten years older than other Australian women. They also had fewer children than comparative Australian women, but most had children and contributed to society by increasing the population, which was Australia's aim.

The nurses were educated and in a health profession. As such, they knew about contraception. Kerreen Reiger identifies that knowledge of available information allows women to control their fertility.⁶⁶ Further, John C. Caldwell and Lado T. Ruzicka believe that British immigrants imported fertility control methods from Britain. In Australia, from the late nineteenth century, contraception was available if sought.⁶⁷ In the 1920s, around fifty percent of married couples in Australia used some contraception.⁶⁸ It is conclusive that the returned nurses would have had knowledge of contraception.

Working against the nurses using this knowledge was the pronatalist movement. This movement frowned on family size limitations and saw women who availed themselves of contraception as selfish and jeopardising 'White Australia', as non-Anglo-Saxon countries such as Japan had increasing birth rates.⁶⁹ This view did not consider that the financial stress of raising children was a limiting factor in some

⁶⁵ McDonald, Ruzicka and Pyne, 'Marriage, fertility and Statistics', p. 55.

⁶⁶ Reiger, *The Disenchantment of the Home*, p. 110.

⁶⁷ John C. Caldwell and Lado T. Ruzicka, 'The Australian fertility transition: An analysis', *Population and Development Review*, vol. 4, no. 1, March 1978, p. 87-91.

⁶⁸ J. C. Caldwell, *Theory of Fertility Decline*, London, Academic Press, 1982, p. 239, cited in Gordon A, Carmichael, 'So many children: Colonial and post-colonial demographic patterns', in *Gender Relations in Australia: Domination and Negotiation*, Kay Saunders and Raymond Evans (eds.), Marrickville, NSW, 1992, p. 128.

⁶⁹ Gilding, *Making of the Australian Family*, p. 74.

couples' decisions around family size.⁷⁰ Partially, this was due to children's education costs and increased time spent by parents on their children, paralleling the British trend caused by mass education for most children.⁷¹

In 1921, Australia's crude birth rate was 25.0 per 1000 mean population, although it was slightly higher in Queensland at 26.7, with both rates falling.⁷² Queensland was part of this national concern on the birth rate decline, which coincided with the introduction of the baby clinics movement.⁷³ Each married returned nurse would choose to follow the pronatalist view or use birth control, with their age also limiting their fertility. Marriage was one option for the nurses to consider on returning; another was family size.

While nurse Rose Langford did not have children, three nurses at the other end of the range, each with six children. Beatrice Bowes, Constance Lindsay and Esther Moore were all protestants, not Catholics as might be expected, with large families.⁷⁴ Bowes gave birth to her first child in 1917 at twenty-seven after being discharged medically unfit. Bowes was the second youngest nurse to give birth, with Violet Phillips younger at twenty-six.⁷⁵ See Appendix A. Lindsay and Moore married

⁷⁰ *Ibid.*, p. 65.

⁷¹ Jesse Ackermann, *Australia from a Woman's Point of View*, London, Cassell, 1913, pp. 94-99, cited in Caldwell and Ruzicka, 'The Australian Fertility Transition', p. 88.

⁷² 'Table 4.3 crude birth rates (a) by states and territories, 1860 onwards', *Australian Historical Population Statistics*, 3105.0.65.001, ABS, 2014, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3105.0.65.0012014?OpenDocument>, accessed 21 May 2018.

⁷³ Gilding, *Making of the Australian Family*, p. 88.

⁷⁴ AIF, *AIF Personnel Dossiers, 1914-1919*, series B2455, Bowes, Beatrice Clara, barcode 3103406; AIF, *AIF Personnel Dossiers, 1914-1919*, series B2455, Lindsay, Constance Emma, barcode 8193924; AIF, *AIF Personnel Dossiers, 1914-1919*, series B2455, Moore, Esther Mary Ann, barcode 3005808.

⁷⁵ Department of Justice, Qld, 'Birth index up to 1921', birth of Bowes, Beatrice Clara, born on 22 July 1890, Registry of Birth, Deaths and Marriage, Qld, 1890/C/7374; Department of Justice, Qld, 'Birth index up to 1921', birth of Cossart, Edward Joseph, born 2 October 1917, Registry of Birth, Deaths and Marriage, Qld, 1917/C/13294; Department of Justice, Qld, 'Birth index up to 1921', birth of Phillips, Violet May, born on 24 April 1893, Registry of Birth, Deaths and Marriage, Qld, 1893/C/11901.

at age thirty-one and thirty-four, respectively.⁷⁶ Ann Daly citing C. Young, notes that in 1920 the average age women completed childbearing was thirty-three, decreasing to thirty-one in 1930. Young also identifies the duration of childbearing as seven years between 1920 and 1940.⁷⁷ Lindsay and Moore married in their thirties and were only starting to have their six children when the average Australian woman ceased childbearing. These nurses decided to have large families, which was not the norm and commenced and completed childbearing after other Australian women of their generation. They were contributing to Australian society through their large families and increasing the population.

Marriage and Work

While most married nurses did not work, some married nurses worked informally. For example, several nurses married farmers, graziers or men with other occupations on the land. Others married professionals such as doctors, solicitors, accountants, chemists, ministers or mayors. These groups are identified as occupations where married women work informally for their husbands.⁷⁸ Table 5.4 summarises the frequency of occupations for nurses' husbands that necessitated assistance from their wives.

⁷⁶ Department of Justice, Qld, 'Birth index up to 1921', birth of Lindsay, Constance Emma, born on 14 November 1889, Registry of Birth, Deaths and Marriage, Qld, Brisbane, 1889/C/1793; Department of Justice, Qld, 'Birth index up to 1921', birth of Moore, Mary Ann Esther, born 21 September 1885, Registry of Birth, Deaths and Marriage, Qld, 1885/C/4787; Department of Justice, Qld, 'Marriage index up to 1946', marriage of McRae, Godfrey Francis and Lindsay, Constance Emma, married 9 November 1921, Registry of Birth, Deaths and Marriage, Qld, 1921/C/3002; Department of Justice, Victoria, 'Marriage index up to 30 April 1961', marriage of McFarlane, Roderick Andrew and Moore, Esther Mary Ann, married in 1920, Registry of Birth, Deaths and Marriage, Victoria, 1952/1920.

⁷⁷ C. Young, 'Life cycle experience of women in the labour force' in *Australia's Greatest Asset*, D Pope and L. Alston, (eds), Sydney, 1989, pp. 72-79 quoted in Ann Daly, 'Women in the workforce and family structure in Australia', *Journal of the Australian Population Association*, vol. 7, no. 1, 1990, p.34.

⁷⁸ Pat Thane, 'Girton graduates: earning and learning, 1920s-1980s', *Women's History Review*, vol. 13, no. 3, 2004, p. 358.

Table 5.4

Nurses with Husbands Whose Occupation Required Assistance

Husband's Occupation	Frequency Occupation	Percentage of Married Nurses
Accountants	2	1.3
Chemists	4	2.6
Dentists	3	2.0
Farmer/Grazier/Station Owner or Manager	41	27.2
Medical Practitioners	12	7.9
Clergy	5	3.3
Solicitors	1	0.7
Total Nurses with husbands whose Occupation required assistance	68	45.0
Other Occupations/Unemployed	83	55.0
Total Married Nurses	151	100.0%

Note: Occupations identified from Commonwealth Electoral Rolls 1903-1980, marriage certificates, newspaper articles, New Zealand Electoral Rolls, 1853-1981.

Table 5.4 shows forty-one nurses had husbands who worked, managed or owned property used for primary production.⁷⁹ Historically, in Australia, the wife's role in primary production was integrated into the dominant land-use model of yeomanry.⁸⁰

⁷⁹ This category excludes occupations such as game keeper and stock inspector which, unlike graziers and farmers would not require assistance in their occupation from their wives.

⁸⁰ Richard Waterhouse, 'Agrarian ideals and pastoral realities: The use and misuse of land in rural Australia', in *The Great Mistakes of Australian History*, Martin Crotty and David Andrew Roberts (eds.), Sydney, 2006, p. 67.

Lake sees two contradictory roles for Australian women in this area from the late nineteenth century to the early twentieth century. These were the helpmate and the slave, with the helpmate the more acceptable to women as it provided time for women to undertake the traditional female roles of wife, mother, and housewife.⁸¹ As nurses who married primary producers were educated and had experienced independence through careers and active service, the helpmate role was more likely to have been negotiated than a slave role by these educated, independent women. These supportive roles were recognised as acceptable roles for married women' although the predominant view remained that women, particularly middle-class women, did not work.⁸² However, this was not always the case. The nurses in these supporting roles utilised their well-developed skills as nurses who had experienced war. They were knowledgeable about life; they were independent due to nursing training. They had become decision-makers and learnt to act on their initiatives as required on active service. As a result, they could contribute to their husbands' careers and their communities. Although they were not officially working wives and were not counted in statistics, they had important family and community roles and contributed to society through these roles.

Poultry raising was one activity on the land deemed fulfilling and autonomous for women.⁸³ Returned nurse Florence James-Wallace wanted independence after active service and became a sole soldier-settler on a poultry farm near Brisbane.⁸⁴ Although nurses were eligible to become soldier-settlers, they were not encouraged, and applications and processes were challenging.⁸⁵ James-Wallace was successful in

⁸¹ Marilyn Lake 'Helpmeet, slave, housewife: Women in rural families 1870-1930', in *Families in Colonial Australia*, Patricia Grimshaw, Chris McConville and Ellen McEwen (eds.), Sydney, 1985, pp. 174 and 183. Lake states that 'helpmate' is used in colonial situations more than 'helpmeet'.

⁸² Kingston, *My Wife, My Daughter*, p. 138.

⁸³ Marilyn Lake, 'Annie Smith: 'Soldier Settler' in *Double Time: Women in Victoria – 150 Years*, Marilyn Lake and Farley Kelly (eds.), 1985, Ringwood, Vic, p. 3030; Lake 'Helpmeet, slave, housewife', p. 183.

⁸⁴ Department of Public Lands, 'Dead Farm Files', Florence Elizabeth James-Wallace, series 14010, item ID 67710, QSA, Brisbane.

⁸⁵ Selena Williams, 'Soldier settlement for returned army nurses post First World War', paper presented to *When the Soldiers Return: November 2007, Conference Proceedings*, Crotty, Martin (ed.), Brisbane, University of Qld, School of History, Philosophy, Religion and Classics, 2009, pp. 181.

her application and is the only Queensland nurse known to have been on a 148-settlement. However, like many other soldier-settlers, James-Wallace relinquished the property due to illness. She later married a farmer in New Zealand and was, with her previous farming experience, an asset to life on the land.⁸⁶ Her post-war societal contribution was initially working in food production and assisting her husband on his farm.

Supporting their husbands' careers was a marital duty, particularly for women married to middle-class professionals such as doctors, solicitors and the clergy. At least twenty-seven nurses married professional men, as shown in Table 5.4. Michael Gilding sees these roles as 'shadowing' the male breadwinner.⁸⁷ Raelene Francis highlights the economic invisibility of the roles and notes that they were not included in employment statistics.⁸⁸ However, this informal work supported the family, saved paying an assistant and was socially acceptable. One such nurse was Mary Jane Derrer, who married a country doctor and worked in his practice and was active in the local community. Derrer carved out a successful niche for herself by supporting her husband and was recognised for her community work and war service, leading the Mackay Anzac Day march for many years.⁸⁹

Married women, including the nurses, had many roles in life, but few worked outside the home after the war.⁹⁰ They were mothers, which encompassed the roles of nurse, educator and trainer of their children.⁹¹ Raising children and being a

⁸⁶ BAB Microfilming, 'New Zealand Electoral Rolls 1853-1981', microfiche 4032, <http://ancestry.com.au>, accessed 28 February 2021; 'New Zealand Government, 'Birth, Deaths, Marriages online', Marriage index for of Mellsop, Harry Oswald and James-Wallace, Florence, 1927, 1927/6239, New Zealand' Selena Williams, ' "Not openly encouraged"- nurse soldier settlers after World War One', published, MA with honours, University of New England, 2010, <https://hdl.handle.net/1959.11/7103>, accessed 1 February 2022.

⁸⁷ Gilding, *Making of the Australian Family*, p. 54.

⁸⁸ Raelene Frances, 'Shifting barriers: Twentieth century women's labour patterns' in *Gender Relations in Australia: Domination and Negotiation*, Kay Saunders and Raymond Evans (eds.), Marrickville, NSW, 1992, pp. 251-252.

⁸⁹ Lindsay Deacon, *Beyond the Call: The Story of Australia's First World War Nurses*, Launceston, 1999, p. 49.

⁹⁰ Elder, 'The question of the unmarried', p. 158.

⁹¹ *Bulletin*, Sydney, 10 May 1890, cited in Conway, 'Gender in Australia', p. 355.

housewife, providing a comfortable home for her husband was considered a married woman's duty.⁹² Working outside the home was unusual for married women, with only 1.3 percent of the Australian female workforce comprised of married women in the 1921 census, down from 1.5 percent in the previous census.⁹³ For the returned nurses who had children, the family was central to their lives.

While most married women concentrated on home-based activities, the housewife's role became less demanding after the war, with electricity and labour-saving appliances introduced into homes.⁹⁴ Tony Dingle identifies the kitchen as the epicentre of change with food storage, preparation, and cooking transformed, especially after refrigeration became available. Other available labour-saving devices included washing machines, electric irons and vacuums to assist housewives. To use electrical appliances, houses had to be electrically wired, which could have been problematic for nurses in Queensland, which lagged behind other states in electrically wiring homes. However, electricity and appliances were beneficial for families who could afford these amenities, and they slowly permeated across the country. By 1955, seventy-seven percent of Brisbane homes had an electric fridge, which would have helped the nurses and other women contribute to society as housewives.⁹⁵

Gilding sees the division between housewife and breadwinner as clear.⁹⁶ The rationale behind stay-at-home wives was for them to be financially dependent on their husbands. If wives had a career before marriage, they were expected to become full-time wives and mothers after their marriage. In Australia, this was enshrined in the legal judgement, as previously mentioned. Despite the custom of

⁹² Howe and Swain, 'Fertile grounds for divorce', p. 163.

⁹³ Ann Daly, 'Women in the workforce and family structure in Australia', p. 28.

⁹⁴ Gilding, *Making of the Australian Family*, p. 58.

⁹⁵ Tony Dingle, 'Electrifying the kitchen in interwar Victoria', *Journal of Australian Studies*, vol. 22, no. 57, 1997, pp. 119-125.

⁹⁶ Gilding, *Making of the Australian Family*, pp. 61-62; Reiger, *Disenchantment of the Home*, pp. 53-54.

married women, including nurses, working inside the home, some married nurses did work from necessity.

During the Depression of the 1930s, work was scarce for men and women, with fewer Australian women having children. The crude birth rate for 1929 was 20.2, and by 1933, it had fallen to 16.8.⁹⁷ Margaret Doonar was a returned nurse who married, had her only child, and then worked during the Depression. Doonar's husband, Michael Hackett, was a labourer, and their marriage was during the 1930s Depression when employment was difficult to obtain.⁹⁸ Most workers, including nurses, experienced a wage cut during the Depression, making household finances difficult.⁹⁹ Doonar worked at St Mary's Hospital after active service, and she remained working after the birth.¹⁰⁰ For Doonar having a child complicated and worsened her family's financial situation. Despite the difficulty of having a baby and working, Doonar continued to nurse until the early 1950s, by which time she owned a private hospital.¹⁰¹ The family was then middle class, which was not achieved on a labourer's wage, making Doonar the principal driver of their upward class mobility through her work. Doonar worked to improve her family's situation, which contributed to society.

Resilience

Several married nurses became widows early in their marriage. Honora Gill married a bank officer after discharge.¹⁰² Gill's husband died in January 1935, leaving her a

⁹⁷ 'Table 4.3 crude birth rates (a) by states and territories, 1860 onwards', *Australian Historical Population Statistics*, 2014.

⁹⁸ Queensland Family History Society, 'Commonwealth Electoral Roll (Qld)', 1934', transcription, CD, 2007, Brisbane, [no page given].

⁹⁹ Strachan, *Labour of Love*, p. 124.

¹⁰⁰ 'City Council', *Queensland Times*, Ipswich, 23 June 1934, p. 10, c.1.

¹⁰¹ 'Injured in fall from by bicycle', *Queensland Times*, Ipswich, 11 January 1954, p. 2, c. 8.

¹⁰² AIF, *First AIF, Personnel Dossiers, 1914-1920*, series B2455, Gill, Honora Jeanne, barcode 5100655; 'Wedding. Cosgrove-Gill', *Warwick Daily News*, 10 January 1923, p. 6, c. 1.

single parent with five sons under eleven years.¹⁰³ Gill struggled to work with bad health and could not nurse. She was eventually granted a partial repatriation pension, with some of her health problems accepted as war-related. She became a hostess at a bowls club which was lighter work than nursing, and during the Second World War had a similar position with the United States military.¹⁰⁴

Gill raised her sons by herself and later lived alone in Brisbane. One son became a doctor, demonstrating that Gill ensured her children were well educated. Although she struggled with health issues, she persevered to educate her children. On marriage, Gill would have assumed she would have a middle-class life of a married woman caring for her husband and family with her husband as breadwinner. However, fate intervened, requiring her to become a working single parent at a time when this was unusual. Nevertheless, Gill took on these challenges and succeeded. Her life was more than active service, and she contributed to society by providing for her family and raising her children as valuable members of the next generation.

Australian society had traditional religious and moral attitudes, and divorce was uncommon and socially unacceptable between the world wars.¹⁰⁵ The divorce process was complex, with fault being required and with divorcees subject to social disapproval. Employment and housing difficulties made any decision to divorce one that required deep consideration.¹⁰⁶ There was no uniformity across Australia as each state had separate legislation. In NSW, proof of desertion for three or more years was necessary, although other states differed.¹⁰⁷ Peter McDonald identifies

¹⁰³ Department of Veterans' Affairs, First World War ex-servicemen 1918-1995, Hospital case files, series J30 Gill, Honara Jeanne, H28423, part 2, barcode 13632590, NAA; Brisbane; 'Obituary', *Daily Standard*, Brisbane, 9 January 1935, p. 9, c. 5.

¹⁰⁴ Department of Veterans' Affairs, First World War ex-servicemen 1918-1995, Hospital case files, series J30, Gill, Honara Jeanne, series J30, H 28433, part 1.

¹⁰⁵ Henry Finlay, *To Have But Not to Hold: A History of Attitudes to Marriage and Divorce in Australia 1858-1975*, Leichhardt, NSW, 2005, p. 50; P. F. McDonald, 'Marriage and divorce in Australia', in *Population of Australia*, Country Monograph Series, no. 9, vol. 1, Economic and Social Commission for Asia and the Pacific, New York, United Nations, 1982', p. 192.

¹⁰⁶ McDonald, 'Marriage and divorce', p. 192.

¹⁰⁷ Finlay, *To Have But Not to Hold*, p. 215.

that although divorce arises from marital disharmony, the divorce rate does not measure marital discord, which is not recorded. In 1921 in Australia, the divorce rate was low at 1.5 percent per 1000 married women and increased only by 0.1 percent by 1931.¹⁰⁸ Divorce was uncommon.

With a nursing qualification, some nurses returned to their careers following marriage breakdowns. Queensland-born Louisa Fleming had a difficult marriage to Robert Field, a veteran she met aboard a ship returning to Australia.¹⁰⁹ This marriage was possibly hurried as Fleming gave birth to her first child in July 1920.¹¹⁰ Life together quickly deteriorated for the couple, with Field convicted of false pretences and assault, and he was jailed.¹¹¹ He then established a home and family with a second woman, leaving his wife without a partner or wage earner and raising three small children. Perhaps there were mitigating circumstances for Field's behaviour, as he was a Gallipoli veteran.¹¹² The Gallipoli survivor failed to provide maintenance for his children after his desertion, with Fleming, by default, taking on this responsibility.¹¹³ Fleming acted positively in her situation. She registered as a nurse in NSW to work in that state; she maintained a stable home for her children at the same address, and she took out a maintenance order against her husband for her children, although this was never complied with.¹¹⁴ Although Fleming did not file for

¹⁰⁸ McDonald, 'Marriage and divorce', pp. 192-193.

¹⁰⁹ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Fleming, Louisa Doris, barcode 3913613; AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Field, Robert Palmer, barcode 3555367; 'Divorce and matrimonial causes papers', series 13495, divorce papers of Louisa Doris Field versus Robert Palmer Field, no. 3945 of 1947, Supreme Court of NSW, Sydney, New South Wales State Archives(NSWSA); Marriage Certificate of Robert Palmer Field and Louisa Doris Fleming, married 22 November 1919, Registry of Births, Deaths and Marriages, Sydney, NSW, 1919/011497.

¹¹⁰ Sandra Hyde to Margaret Doherty, email, 20 June 2018, in recipient's possession. Sandra Hyde is a granddaughter of Robert Palmer Field.

¹¹¹ 'Police Gazettes of NSW', series 10958, microfilm, 12 November 1924, pp. 393 and 603, series 10958, reels 3129-3143, Sydney, State Library of New South Wales (SLNSW), <https://www.ancestry.com.au/>, accessed 22 June 2018.

¹¹² AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Field, Robert Palmer.

¹¹³ 'Divorce and matrimonial causes papers', divorce papers of Louisa Doris Field v. Robert Palmer Field.

¹¹⁴ Australian Electoral Commission, Australian Electoral Roll, NSW, 1933, 1934, 1937, 1943; Supreme Court of NSW, 'Divorce and matrimonial causes papers', divorce papers of Louisa Doris Field v. Robert Palmer Field; 'Register of general nurses, 1926-1954', Nurses Registration Board, NRS 10855, reel 2620, Sydney, NSWSA,

divorce until almost twenty-five years after her separation, she was the marriage's responsible partner.¹¹⁵ She was a survivor who did what was necessary and contributed to society by raising her children alone.

From the 1880s to 1930s in Australia, religion was important, and the prevailing dogma was lifelong monogamous fidelity with a heterosexual couple at the family's core.¹¹⁶ However, by the mid-1920s, the Australian census commenced recording people who were married but permanently separated.¹¹⁷ This signals some modification in public and official sentiments and recognises that not all marriages were successful. Divorce was expensive, harrowing, and there were many barriers to legally ending unsuccessful marriages.¹¹⁸ Several married returned nurses decided not to remain in unsuccessful unions and sought informal solutions.

Julia Rigby's position was not that of a divorcee and was slightly more acceptable as she was separated but not divorced. Rigby was a resilient survivor with a troubled life. She married an Indian Army Officer named Woolf while in the AANS in India.¹¹⁹ After the war, Rigby sailed with her son back to Australia without her husband.¹²⁰ Rigby's son had epilepsy from birth, and on returning to Queensland, she sought assistance several times from the QWNF. She futilely sought a cure for her son's epilepsy, which drained her savings and concerned the QWNF Trustees. Later, Rigby

<https://www.ancestry.com.au/>, accessed 22 June 2018; Nurses' Registration Board, Minute books, 5 March 1925-1927, NRS 10854, reel 2621, Sydney, NSWSA, <https://www.ancestry.com.au/>, accessed 22 June 2018. When Fleming trained as a nurse, registration did not exist in NSW. It was introduced in 1924.

¹¹⁵ 'Divorce and matrimonial causes papers', divorce papers of Louisa Doris Field v. Robert Palmer Field.

¹¹⁶ Jill Julius Matthews, *Good and Mad Women: The Historical Construction of Femininity in Twentieth Century Australia*, North Sydney, 1984, p. 80.

¹¹⁷ McDonald, 'Marriage and divorce', p. 192.

¹¹⁸ Matthews, *Good and Mad Women*, p. 36.

¹¹⁹ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Rigby, Julia Lyllis, barcode 8031682; 'British in India collection', parish registers from the Presidency of Bombay, 1709-1948, marriage of Sydney Henry Woolf and Julia Lyllis Rigby, on 10 July 1918, Bombay, archive reference N-3-120, folio no. 159, entry 111, British Library, <http://search.findmypast.com.au>, accessed 14 May 2018.

¹²⁰ 'Board of Trade: Commercial and Statistical Department and successors: Outward Passenger Lists', Board of Trade and of successors and related bodies, BT27, The National Archives (TNA), Kew, England, <http://Ancestry.com>, accessed 18 February 2018.

decided to place her son in an asylum where he died during the Second World War. Rigby's resilience shines through as she writes that she does not want further assistance from the QWNF, saying they had helped her two years ago.¹²¹

Moving on With Life

On return from war, just over fifty percent of the Queensland nurses married. They gave up an independent life to take the typical direction for Australian women, that of marriage. Marriage meant caring for a husband and the home with him as the breadwinner. This decision did not mean that married nurses were not contributing to society. Instead, they took another path but contributed to society as married women responsible for caring for their husbands, homes, and children. This was a dominant role for women in contemporary society.

In having children, the nurses were seen as the mothers of the nation, populating Australia with healthy white children. These children would then contribute to their country's national interest. While the nurses married later than the typical Australian women and had fewer children than the average Australian woman, they contributed to society as wives, mothers and homemakers. This was the national priority for women. This contribution was on top of their active services, where they assisted the recovery of injured and sick service personnel.

The members of the AANS often married veterans. They had shared experiences, and it was natural for the soldiers and their nurses to marry. Sometimes the husbands had disabilities or ongoing health issues. This often extended the effects of the war on the family for years. Nursing skills in wives were a bonus in such marriages. The nurses stepped up and gave their husbands assistance not provided through the repatriation system's official channels. Marriage to the nurses allowed the male veterans the opportunity to have a home, a wife and sometimes children.

¹²¹ 'Deaths', *Courier-Mail*, Brisbane, 21 August 1942, p. 8, c. 1; Lyllis Woolf to, letter, 9 December 1931, 'QWNF correspondence', no. 119; Mr. Payne (Trustee) to Miss Paten (Trustee), letter, 10 December 1933, 'QWNF correspondence', no. 119; Comment on letter from Miss Paten to Mr Payne.

Inevitably some marriages broke down, sometimes due to the aftermath of the war. In such cases, the nurses built on their resilience and continued with life. They divorced or separated from their partners and, when necessary, worked. They brought up families on their own if required, and they did not take a step backwards. They moved along with their responsibilities to their families and society.

Chapter 6: Forging Specialist Fields of Practice

Most returned Queensland nurses were single immediately after the war, and many needed to earn an income. While some were financially independent, others had to consider returning to civilian nursing. This chapter considers options available to the unmarried nurses and the influences on their career decisions, including their health status after military service, as previously discussed. John Brown et al. describe a career as an individual's work-life, a non-random sequence of working experiences, which follows a temporal structure and increased status and rewards.¹ Nursing offered careers in an increasing range of areas after the war.

If employment was necessary, the nurses had to ask themselves whether they wanted to nurse again? Were they well enough to continue in their preferred nursing sphere? Were they able to nurse at all? Did their health limit their career choices? This chapter will look at the nurses who continued their profession and contributed further to society through nursing. It will examine the opportunities and challenges they encountered regarding nursing careers. Nursing options were diverse, with new and different areas emerging. The nurses had enhanced their skills through active service. In peace and following the pandemic, the nurses willingly grasped opportunities in diverse, evolving and sometimes new nursing fields.

Australia was never the same after the war, with society and culture significantly changed.² Not only were veterans altered by war, but Australian society, its people, and organisations, were transformed by overwhelming death, disability, destruction and grief from war. This chapter will show that scientific and medical discoveries in the war transferred into health services. These developments provided health professionals with new possibilities in treatment and practice while offering hope for

¹ John C. Brown, Marco H. D. van Leeuwen and David Mitch, 'The history of the modern career: An introduction', in *Origins of the Modern Career*, David Mitch, John Brown and Marco H. D. van Leeuwen, (eds.), Aldershot, 2004, pp. 4-6.

² Anne O'Brien, *God's Willing Workers: Women and Religion in Australia*, Sydney, 2005, p. 49.

sufferers of previously fatal or chronic diseases. This chapter will outline the nurses who embraced these changes as professional women in new avenues of endeavour.

This chapter will examine the different types of nursing that the returned nurses selected and their achievements in this work. Some undertook additional qualifications in new areas while others explored existing education options such as midwifery. These opportunities often had barriers to access, and the chapter will examine how the nurses overcame these obstacles to enter these areas. The returned nurses utilised skills and experience gained in previous endeavours to provide leadership in these undertakings. The nurses were not content to passively sit back and accept laurels for their active service. They actively sought new challenges in their careers.

Governments of various philosophies saw opportunities to change society following the war. The Queensland Labor Party from 1905 had a policy of 'nationalisation' of hospitals. Free hospitals with no direct cost to the users were the goal.³ Health systems were maturing with public opinion slowly altering. Hospitals were not now seen as places where the indigent died but places of treatment.⁴ In refocusing hospitals toward treatment, some governments envisioned controlling hospitals and health services to improve the poor's access.⁵ Out of war came government strategies to improve health outcomes, such as reducing infant mortality, decreasing maternal deaths, and improving chronic disease treatments. From these, the nurses saw openings to harness their skills, abilities and knowledge to benefit others.

Australian nursing education was through hospital apprenticeship and not through universities. Trembath and Hellier believe university education was not canvassed

³ Ross Fitzgerald and Harold Thornton, *Labor in Queensland from the 1880s to 1988*, St Lucia, Qld, 1989, p. 108.

⁴ Madsen, *Nursing History*, p. 36.

⁵ Jacqueline Bell, 'Queensland's public hospital system: Some aspects of finance and control', *Public Administration*, vol. 27, no. 1, 1968, p. 43.

until after the war.⁶ However, Grehan and others cite an editorial in the *Australasian Nurses' Journal* that articulated Australian nurses' desire for undergraduate nursing at university in 1912.⁷ This was only three years after undergraduate university nursing education began in the United States.⁸ However, only in 1993 did all Australian undergraduate nursing education finally occur at universities with hospital-based apprenticeships terminated.⁹

Infants and Children

A new area of specialist nursing practice emerged across Australia in the second decade of the twentieth century.¹⁰ The 'White Australia' policy meant that healthy children were national assets, and their health had to be secured.¹¹ Training to support this aim was through a certificate course known in some states as 'infant welfare'.¹² In Queensland, infants' welfare was assessed at so-called 'baby clinics', and this colloquialism applied for some years. Subsequently, it incorporated the baby's mother and became known as maternal and child health.¹³ Like a parallel push to accommodate mothers in maternity hospitals, this movement focused on national vitality.

⁶ Trembath and Heller, *All Care and Responsibility*, p. 42.

⁷ Grehan, 'Eliminating the drudge work', p. 1; 'A Faculty of Nursing', *Australasian Nurses' Journal*, vol. X, no. 5, 15 May 1912, pp. 145-146; Strachan, *Labour of Love*, pp. 64-65; Rosalie Pratt and R. Lynette Russell, *A Voice to be Heard: The First Fifty Years of the New South Wales College of Nursing*, Crows Nest, NSW, 2002, pp. 1-2.

⁸ Trembath and Heller, *All Care and Responsibility*, p. 42.

⁹ Grehan, 'Eliminating the drudge work', p. 1; Strachan, *Labour of Love*, p. 65.

¹⁰ Wendy Selby, 'Baby clinics, infant mortality and mothers: Another side of the story', *Oral History Association of Australia Journal*, vol. 15, 1993, p. 64.

¹¹ Wendy, Madsen, 'Looking to the future: Early twentieth-century school nursing in Queensland', *Contemporary Nurse*, vol. 30, iss. 2, October 2008, pp. 135-137; Madsen, *Nursing History*, p. 32.

¹² The term 'infant welfare' will be used in this thesis for consistency. Other terms were baby welfare and child health.

¹³ Patrick, *Health and Medicine in Queensland*, pp. 158-161; Reiger, *The Disenchantment of the Home*, pp. 128-134; Selby, 'Baby clinics, infant mortality and mothers', pp. 64-67.

The Queensland Government initially funded infant welfare services in 1917.¹⁴ The clinics were provided as a government service while other states used the voluntary sector.¹⁵ These clinics provided another specialty nursing area as there was concern across Australia about the high infant mortality rates compared with New Zealand. These anxieties made improvements highly desired by the population, especially women's groups.¹⁶ The four-month course for this certificate commenced in Queensland in 1924, with the speciality registration available in 1928.¹⁷

Infant welfare nurses aimed to improve the youngest Queenslanders' health through their skills as highly trained nurses and specialists in child development. The emphasis was on the 'one best method' for babies and toddlers' care. This saw nurses instruct and supervise mothers in child-rearing.¹⁸ The infant welfare field was popular for returned nurses in their post-war nursing careers. At least thirty-three nurses either trained or worked in this area, as shown in Appendix D. As most of these nurses were also midwives, this made them triple certificated nurses, meaning they were among the highest qualified nurses. They were amply skilled and ready to again contribute to improving children's health.

From 1918 until 1924, Queensland's infant welfare nurses were usually trained in Sydney.¹⁹ However, in 1922, Ellen Barron was sent by the Queensland Government to the Karitane Hospital in New Zealand for training.²⁰ Dr Truby King developed the Karitane Hospital and system, emphasising scientific feeding patterns and educated

¹⁴ Patrick, *Health and Medicine in Queensland*, p. 158.

¹⁵ Madsen, *Nursing History*, pp. 29-31.

¹⁶ Jefferis Turner, 'Experience in preventive medicine', *Medical Journal of Australia*, vol II, no. 20, 12 November 1938, p. 809.

¹⁷ Strachan, *Labour of Love*, p. 83.

¹⁸ Desley Deacon, 'Taylorism in the home: the medical profession, the Infant Welfare Movement and the deskilling of women', *Australian and New Zealand Journal of Sociology*, vol. 21, no. 2, 1985, p. 168.

¹⁹ M. John Thearle, 'Alfred Jefferis Turner, 1861-1947: His contribution to medicine in Queensland', published Doctor of Medicine thesis, University of Queensland, p. 230.

²⁰ Patrick, *Health and Medicine in Queensland*, pp. 158-159.

mothers with experts sharing knowledge on the best care for their babies.²¹ In Barron's absence, Queensland developed a training facility. She returned with her certificate and was appointed superintendent of the Brisbane training centre.²²

In the centre's first two years, Barron trained sixteen nurses, including returned nurses Ida Axelsen, Margaret Halpin and Alice England. In addition to tutoring, Barron was appointed nursing superintendent of the Queensland service.²³ Further changes occurred when in 1926, Dr Jefferis Turner was appointed the service's inaugural medical director. In his first report as medical director, Turner acknowledged his high opinion of the clinic nurses, whether trained outside the state or by Barron. As nursing superintendent and educator, Barron impressed her male superior, as shown in his report.²⁴

Despite her expertise in infant welfare nursing, this was not Barron's preferred field of practice. She had served in the AANS in Egypt, Lemnos and England before being invalided home.²⁵ In 1917, Barron's military appointment was terminated due to cervical adenitis and debility acquired through war service. Consequently, Barron received a pension, and in her 1918 pension review, she summarised her health, stating that she had 'resumed nursing at the end of last year but could only continue for 6 weeks. My health was poor subsequently ... I obtained an appointment as baby

²¹ Reiger, *Disenchantment of the Home*, p. 136.

²² 'Infant welfare – Information contained in the First Annual Report for the year 1926-1927' Queensland Parliamentary Papers (QPP), Maternal and Child Welfare Annual Report, microfiche, series 20260, item ID 2052480, Health and Home Affairs Department, p. 1179, QSA; Jean McFarlane, *Fifty Years with the Maternal & Child Welfare Service*, series 20263, item ID 2052540, 1968, Brisbane, QSA, p. 1; Patrick, *Health and Medicine in Queensland*, p. 159.

²³ 'Infant welfare – First Annual Report for the year 1926-1927', p. 63; McFarlane, *Fifty Years with the Maternal & Child Welfare Service*, p. 1.

²⁴ 'Infant Welfare – First Annual Report for the year 1926-27', p. 63; Phyllis D. Cilento, 'Mothercraft in Queensland: A story of progress and achievement', *Journal of Royal Historical Society of Queensland*, vol. 8, iss. 2, 1967, p. 326.

²⁵ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Barron, Ellen, barcode 3052861; ATNA, *Register of Members 1914*, pp. 290 and 340.

clinic nurse.' She noted she could manage this work but could not do the heavy lifting and consequently was 'unfit for nursing'.²⁶

Barron's disability limited her life, including her occupation. Fortunately, her return to Brisbane and her need for employment coincided with the establishment of Queensland's infant welfare service, which did not require heavy nursing duties.²⁷ Nevertheless, in her 1919 pension review, she stated her arm limited her work performance because she 'was unable to perform some of the duties allotted to me such as massaging etc.'²⁸ Barron acknowledged her limitations.

Barron made it clear to repatriation authorities that she was not undertaking her preferred profession of masseuse, for which she trained in England pre-war.²⁹ However, she reported that she could do the light nursing required of her current position, but this was a compromise.³⁰ Given that Barron had nursed survivors from Gallipoli, it is possible a less harrowing role with babies was a positive move for this experienced nurse. The infant welfare role of advising a mother in the best way to raise children was a definite change.³¹ It positioned Barron well, career-wise. She

²⁶ Department of Veterans' Affairs, Branch Office, Queensland, First World War ex-servicemen pension files case files 1918-1991, Queensland, series J34, Barron, Ellen, C41202, barcode 32252529, NAA Branch Office, Brisbane.

²⁷ 'Early Staff Record of Service includes list of nurses who have trained in Queensland since June 1925', Maternal and Child Welfare Personnel Administration Files, Item ID, 2052518, QSA.

²⁷ 'Home Secretary's Department', *Queensland Government Gazettes (QGG)*, 7 September 1925, microfiche, no. 84, p. 940, QSA; Margaret Barnes, Mary Courtney, Jan Pratt and Anne Walsh, 'Contemporary child health nursing practice: Case studies of services offered in metropolitan and outer Brisbane areas', *Collegian*, vol. 10, no. 4, 2003, p. 15; Cilento, 'Mothercraft in Queensland', p. 325; McFarlane, *Fifty Years with the Maternal and Child Welfare Service*, p. 1; Turner, 'Experiences in preventive medicine', p. 809; Barnes *et al.*, Cilento and McFarlane give the year of commencement as 1918 whereas Turner says 1917 although he did not return from active service until 1918. McFarlane notes the actual date of commencement as 18 March 1918. This date is used for the thesis.

²⁸ Department of Veteran's Affairs, First World War ex-servicemen pension files case files 1918-1991, series J34, Barron, Ellen.

²⁹ *Ibid.*, Glenda Law, 'Barron, Ellen (1875-1951)', *ABD*, National Centre of Biography, ANU, <http://adb.anu.edu.au/biography/barron-ellen-5653/text9493>, first published in hardcopy 1979, accessed online 2 April 2020.

³⁰ *Ibid.*

³¹ Madsen, *Nursing History*, p. 31.

worked in an area that reflected the Australian population's emphasis on a growing and healthy 'White Australia'. Barron was in an evolving area of nursing that reflected government policy.

Barron was well respected for her work in infant welfare, and Turner was not the only director to speak highly of her work. When she retired due to ill health in 1939, the acting Director, Dr Thomas Matthewson, wrote that Barron justified her selection as superintendent, stating she was 'an indefatigable worker and a very able teacher. Miss Barron was successful in building up a maternal and child welfare service of which the State may well be proud.'³²

This is a glowing endorsement of Barron's years in infant welfare. However, the Queensland Department of Health bestowed the ultimate honour when they named a facility after Barron in 2007. This was almost sixty years after she retired.³³ The Ellen Barron Family Centre is a tertiary health service for Queensland and bordering states and territories, providing inpatient parenting support for children from birth to three years.³⁴

Infant welfare became part of the government health system, with trainees selected using criteria, including maturity. This age preference was thought to help the nurses influence mothers.³⁵ Two early graduates, returned nurses Axelsen and Halpin, were aged forty-six, so they met this criterion with their active service providing additional maturity.³⁶ Thearle believes maturity was an organisational goal to ensure the nurses

³² 'The annual report of the Acting Director, Maternal and Child Health', 1939, Maternal and Child Welfare Reports 1939-1944.

³³ Minister for Health, The Honourable Stephen Robertson, 'Support centre now open for families with newborns', 31 May 2007, <https://statements.qld.gov.au/Statement/Id.52141>, accessed 2 December 2020.

³⁴ Children's Health, Queensland Hospital and Health Service, 'Ellen Barron Family Centre', Queensland Department of Health, <https://www.childrens.health.qld.gov.au/chq/our-services/community-health-services/ellen-barron-family-centre/>, accessed 7 February 2017.

³⁵ Selby, 'Raising an interrogatory eyebrow', p. 90; Thearle, 'Alfred Jefferis Turner, 1861-1947.', p. 230.

³⁶ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Axelsen, Ida Marie, barcode, 3042114, AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Halpin, Margaret Mary, barcode 4265141; 'Home Secretary's Department', QGG, Home Secretary's Department, 27 October 1930, no. 151, p. 941, microfiche.

remained with the infant welfare services.³⁷ Axelsen remained with the service for twenty years. Other veterans Fiona MacDonald and Ruby Brown spent twenty-nine years and twenty-one years respectively, with both being sisters-in-charge of their centres, indicating their skills and experience.³⁸ Although these returned nurses had no children themselves, they shared their expertise with mothers for many years.

The Queensland service expanded to cover towns outside metropolitan and major provincial areas.³⁹ Returned nurses from the country had opportunities to return home or to another country location if they disliked the city. After qualifying in infant welfare nursing, Axelsen returned to her hometown, Maryborough, and then worked across Queensland.⁴⁰ An innovative form of service delivery was a rail car equipped as an infant welfare clinic to provide services to mothers and children in remote Queensland. Axelsen quickly embraced this innovation and served aboard the train just after the service commenced.⁴¹ Brown was similarly mobile, working in various locations and on the railway car.⁴²

Infant welfare nursing offered a peripatetic existence, with nurses often moving between centres. This career pathway enabled those who pursued it to contribute to the health of the next generation of Queenslanders. These nurses' careers in this public health role were long-lived, perhaps due to the lighter work alluded to by Barron. The work was not linked to death and war injury but to babies, which was different from active service. The service aligned with nationalistic aspirations for a healthy white population, commencing with children.

³⁷ Thearle, 'Alfred Jefferis Turner', p. 230.

³⁸ 'Early Staff Record of Service', Maternal and Child Welfare Personnel Administration Files; 'McFarlane, *Fifty Years with the Maternal & Child Welfare Service*, p. 26.

³⁹ Cilento, 'Mothercraft in Queensland', p. 326; H. C. Murphy, 'History of the maternal and child welfare service, Queensland', *Queensland Health*, vol. 1, iss. 4, 1963, p. 23; Selby, 'Raising an interrogatory eyebrow', p. 85.

⁴⁰ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Axelsen, Ida Marie; 'Early Staff Record of Service', Maternal and Child Welfare Personnel Administration Files, item ID, 2052518.

⁴¹ 'Early Staff Record of Service', record for Axelsen, I., Maternal and Child Welfare Personnel Administration Files.

⁴² *Ibid.*

Some veterans chose a career in the related role of school nursing, with at least five from the cohort appointed school nurses in the 1920s.⁴³ Early school nursing emphasised disease detection and identification of deformities in school children. Infant welfare and school nursing are both public health initiatives, with the emphasis for school nursing on the population of school children instead of infants. One strategy for the initiative was a school medical service based around the 'scientific expert' who checked school children against 'healthy' norms.⁴⁴ Selby, Deacon and Reiger identified school nurses as providing expert advice to parents similar to infant welfare nurses.⁴⁵

Madsen argues that the Queensland school nursing service was different from other states. She cites Reiger, who describes the Victoria and New South Wales services as emphasising psychological progress and identifying mental defects in students.⁴⁶ Queensland instead emphasised the screening for, and detection of physical abnormalities, using specified norms including height and weight. Queensland's goal was to screen every child every three years. However, Patrick, a former director of the service, believed this was impossible and admits children were usually screened only twice during primary school.⁴⁷

After the war, the Queensland service had few nurses, and by 1933 there were only six school nurses: four in Brisbane and one each in Rockhampton and Townsville.⁴⁸

⁴³ Home Secretary's Department, 'School nurses', *QGG*, no. 63, 1 September 1927, microfiche, p. 761; Home Secretary's Department, 'School nurses', *QGG*, no. 80, 14 October 1929, p. 1272; 'Toowoomba', *Brisbane Courier*, 6 July 1928, p. 22, c. 2. These nurses were Gladys Echlin, Estelle Fisher, Beatrice Gibbon, Stella Zita Lyons and Mary Whipham,

⁴⁴ Madsen, 'School nursing in Queensland', p. 137.

⁴⁵ Reiger, *Disenchantment of the Home*, pp. 213; Deacon, 'Taylorism in the home', p. 166; Selby, 'Raising an interrogatory eyebrow', pp. 86-88.

⁴⁶ Madsen, 'School nursing in Queensland', pp. 136-137; Reiger, *Disenchantment of the Home*, pp. 167-169.

⁴⁷ Madsen, 'School nursing in Queensland', pp. 136 and 138; Patrick, *Health and Medicine in Queensland*, p. 156.

⁴⁸ 'Health in the schools', *Brisbane Courier*, 3 April 1933, p. 22, c. 3.

One was Estelle Fisher, who was the school nurse in regional Rockhampton.⁴⁹ As the sole school nurse, Fisher was busy attempting to see all school children three times during their schooling. She suffered malaria during service in India, and while she admitted to no disabilities on discharge, malaria is often recurrent for years.⁵⁰ Her health may have been challenging in this demanding role.

Madsen states that while school nurses identified defects, they did not diagnose these defects, that being the doctor's role. This was sometimes difficult. The nurse could only point out deviations from the norm in children and recommend that parents take their child to a doctor.⁵¹ However, as one newspaper indicated, Fisher was an effective negotiator and influential with parents. Rockhampton's *Evening News* acknowledged that Fisher was successful in 'persuading ... many parents [to take] their child to doctors, with resultant good'.⁵² Fisher was accomplished in her role, remaining a school nurse for sixteen years, making a significant contribution to future generations.⁵³

A Career in Nursing – Midwifery as a Second Certificate

Many nurses had completed their general training of between three to five years and were keen to progress in their profession. After their training, they were eligible for certification by the ATNA or RVTNA as trained nurses.⁵⁴ In 1911, the Queensland Government passed the Health Act Amendment Act making registration available to

⁴⁹ 'Benefit of state school medical service', *Evening News*, Rockhampton, 2 March 1934, p. 1, c. 1; 'YMCA plans to help world friendship', *Telegraph*, Brisbane, 16 September 1944, p. 4, c. 7.

⁵⁰ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Fisher, Estelle Harriet Briggs, barcode 3900388; Department of Veterans' Affairs, First World War Ex-servicemen Medical and Deceased Case Files, 1920-1980, Fisher, Estelle Harriet Briggs, series BP709/1, file M39119, barcode 13631458, NAA, Branch Office Brisbane.

⁵¹ Madsen, 'School nursing in Queensland', pp. 136-138.

⁵² 'Benefit of state school medical service', *Evening News*, Rockhampton, 2 March 1934, p. 1, c. 1.

⁵³ 'YMCA plan to help world friendship', *Telegraph*, Brisbane, 16 September 1944, p. 4, c. 7; QFHS, 'E. H. B. Fisher', 6 May 1948, *Queensland Public Service 1864-1948*, transcriptions, vol. CLXX, p. 1625.

⁵⁴ *Ibid.*, p. 79.

general nurses, midwives and mental nurses.⁵⁵ A general nurse could then complete midwifery training of six months, pass the examinations and become a double-certified nurse.⁵⁶ Midwifery qualifications in Queensland allowed midwives to own private maternity hospitals, work in private maternity hospitals or government-funded or subscription maternity hospitals. Under the legislation, the nurse in charge of a maternity hospital must be a midwife registered under the Act's provisions.⁵⁷ The 1912 Maternity Allowance Act (Cwlth) encouraged women to secure professional attendance at births, either a doctor or a midwife and increased the demand for trained midwives. Forty-nine returned nurses had midwifery certificates before enlistment, as shown in Appendix D and did not require further midwifery training.⁵⁸

In the early twentieth century, midwifery was already a specialised branch of nursing, usually built upon the foundation of general nursing training.⁵⁹ Some nurses selected to train in midwifery on returning. Midwifery had several advantages over other forms of nursing. In total contrast to the death, disability and disease seen in war, midwives focused on the delivery and care of mothers and new babies. Further, the additional training provided nurses with more job opportunities, and while not mandatory, midwifery was advantageous when applying for a matron's position. Finally, Madonna Grehan identifies a shortage of trained midwives in rural areas, so midwifery certification was valuable for nurses seeking rural employment.⁶⁰

⁵⁵ Health Act Amendment Act of 1911 (Qld), s. 84, http://www5.austlii.edu.au/au/legis/qld/hist_act/haao19112gyn26261/, accessed 28 May 2020.

⁵⁶ Ross Patrick, *The Royal Women's Hospital, Brisbane – The First Fifty Years*, Brisbane, 1988, p. 11.

⁵⁷ Health Act Amendment Act of 1911 (Qld), s. 69; Patrick, *Health and Medicine in Queensland*, pp. 375-376.

⁵⁸ This number excludes Norma Mowbray who was a qualified midwife before enlisting but died on active service. Midwifery and obstetric nursing are sometimes incorrectly interchangeable but the difference as beyond the scope of this work. The term midwifery or midwife will be used in this document.

⁵⁹ Madonna Grehan, *Professional Aspirations and Consumer Expectations: Nurses, Midwives and Women's Health*, unpublished PhD. thesis, University of Melbourne, 2009, p. 1.

⁶⁰ *Ibid.*, p. 221.

After European settlement, pronatalism was supported to fill large areas of perceived empty space across Australia.⁶¹ In Queensland, the Maternity Act of 1922 was one response to the national priority for a healthy white race. Janet McCalman argues that the 'wastage' of young men who died in the First World War partially drove the imperative for more and healthier babies and mothers.⁶² These concerns made healthy children a public issue and an area for government action. By the 1920s, Australian women were encouraged to have children to assist in reconstruction following the war, with refusal deemed unpatriotic.⁶³ The mantra of 'populate or perish' drove governments to improve the working class's health, particularly their children.⁶⁴

Selby believes provision for hospital-based childbirth was promoted in Queensland by the Maternity Act.⁶⁵ Patrick also emphasises antenatal care and states that the provision of public maternity beds commenced in the 1920s.⁶⁶ Previously women gave birth at home or in a lying-in hospital, but this new legislation offered increased access to hospitals.⁶⁷ Combined, the Maternity Act and the subsequent Hospitals Act of 1923 (Qld) provided additional services with increased government funding and control of hospitals. Patrick reports that, by 1930, this legislation led to sixty-four new maternity, antenatal and infant welfare buildings in country Queensland.⁶⁸ The Hospitals Act also created the Brisbane and South Coast Hospitals' District, managed by a board. This board administered: the Brisbane General Hospital; the Lady Bowen

⁶¹ Stefania Siedlecky and Diana Wyndham, *Populate or Perish: Australian Women's Fight for Birth Control*, North Sydney, 1990, p. 16.

⁶² Janet McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, Carlton South, 1998, p. 136.

⁶³ Siedlecky and Wyndham, *Populate or Perish*, p. 21.

⁶⁴ Madsen, *Nursing History*, p. 28; McCalman, *Sex and Suffering*, p. 136.

⁶⁵ Wendy Selby, "'Raising an interrogatory eyebrow.'" Women's responses to the infant welfare movement in Queensland 1918-1939', in *On the Edge: Women's Experiences of Queensland*, Gail Reekie (ed.), St. Lucia, Qld, 1994, p. 84.

⁶⁶ Patrick, *Health and Medicine in Queensland*, p. 376.

⁶⁷ Madsen, *Nursing History*, p. 38.

⁶⁸ Patrick, *Health and Medicine in Queensland*, p. 75.

Hospital for maternity cases; the Hospital for Sick Children; and the Lady Lamington Gynaecological Hospital.⁶⁹

These policy initiatives made available more midwifery positions in government hospitals, offering opportunities for returned nurses. Kathleen Cowen was one returned nurse who benefited. She was appointed to the Lady Bowen Hospital in 1928 and soon became a senior sister.⁷⁰ Similarly, Isabel McIntosh took leave from her position as matron at Toowoomba Hospital to train in Sydney in 1927 as Toowoomba Hospital was soon to have a midwifery section.⁷¹ Midwifery was an attractive area in which to work with its usually positive outcomes. It also had a greater degree of independence than general nursing, with nurses owning their hospitals.

Queensland Government's action provided an incentive for trained nurses to obtain a second certificate.⁷² Gregory states that midwifery and later infant welfare qualifications were almost mandatory for nurses wanting career advancement.⁷³ Midwifery training, however, required strong commitment as there were often associated costs. For example, even after the war, midwifery students often incurred tuition fees with trained general nurses not receiving a salary during this additional training.⁷⁴ Undertaking this training was challenging for nurses who were not financially independent. Strachan notes that payment of such fees was illegal under the Factories and Shops Act of 1900 (Qld).⁷⁵ Although fees were uncommon by the

⁶⁹ Hospitals Act of 1923 (Qld), Maternity Act of 1922 (Qld); Patrick, *Health and Medicine in Queensland*, p. 75.

⁷⁰ ATNA, *Australasian Nurses' Journal*, 15 April 1928, p. 109; ATNA, *Australasian Nurses' Journal*, 15 November 1928, p. 307.

⁷¹ Trisha Fielding, *Neither Mischievous Nor Meddlesome: The Remarkable Lives of North Queensland's Independent Midwives 1890-1940*, Townsville, 2019, p. 9.

⁷² Madsen, *Nursing History*, p. 38.

⁷³ Gregory, *A Tradition of Care*, p. 71.

⁷⁴ Ruth Rae, *Veiled Lives: Threading Australian Nursing History into the Fabric of the First World War*, 2009, Burwood, NSW, p. 85.

⁷⁵ *Factories and Shops Act of 1900* (Qld), s. 45 cited in Strachan, *Labour of Love*, p. 111.

1920s, some Queensland hospitals required them, which was a financial barrier to training.

If a returned nurse was committed to studying midwifery, she searched for financial support. For example, returned nurse Margaret Aitken paid £25 for her training at Lady Bowen Hospital, and she received reimbursement as part of the repatriation vocational training strategy.⁷⁶ Aitken received these funds to increase her efficiency under regulation 92(5) of the Australian Soldiers' Repatriation Act of 1920.⁷⁷ The payment was to assist Aitken's return to civilian nursing. In training as a midwife, Aitken increased her skills, which allowed her to provide care to maternity patients, contributing to Australian society's health and aligning with government strategies. The Lady Bowen Hospital's fees ceased in 1925 due to a trained staff shortage, but this was too late for most returning nurses.⁷⁸

Mary Archbold, Ida Francis and Agnes Webb were also reimbursed for their midwifery training through the repatriation system, with Archbold additionally receiving £5 for equipment for her planned private midwifery practice.⁷⁹ However, the Repatriation Act only provided veterans with this support for three years after discharge.⁸⁰ Another nurse, Margaret Jones, was funded for midwifery training through the QWNF.⁸¹ Similarly, Christense Sorensen was paid £100 by the Brisbane and South Coast Hospitals' Board. This allowed Sorensen to obtain a midwifery qualification provided she returned to the board's employment as the Deputy

⁷⁶ Ross Patrick, *The Royal Women's Hospital*, p. 19.

⁷⁷ Department of Veterans' Affairs, First World War Ex-servicemen Medical and Deceased Case Files, 1920-1980, BP709/1, Aitken, Margaret Violet, M38019, barcode 13613706; Statutory Rules 1920. No. 112, Regulations under the *Australian Soldiers' Repatriation Act* 1920, r. 92 (5).

⁷⁸ 'Minutes of the meetings of the Board on 25 May and 7 August 1925', Minute books – Brisbane and South Coast Hospitals' Board Minutes - Board and Committees, series 5115, item ID 814791.

⁷⁹ Department of Veterans' Affairs, First World War Ex-servicemen, Medical Case Files 1918-1991, series J26, Archbold, Mary, M17536, barcode 13613697, NAA, Branch Office Brisbane

⁸⁰ Statutory Rules 1920. No. 112, Regulations under the Australian Soldiers' Repatriation Act of 1920, r. 92 (5).

⁸¹ M. E. Jones to Mr A. Payne (Trustee), 9 March 1926, letter, 'QWNF Correspondence', no. 86.

General Matron of the boards' hospitals.⁸² Another nurse, Emily James-Wallace, received payment from the repatriation system for midwifery training fees, although three years had elapsed since her discharge, and this was due to exceptional circumstances.⁸³

Bassett and Kingston both write of societal expectation that single daughters cease work to care for aged or incapacitated parents.⁸⁴ Kingston illustrates how unmarried daughters had such family responsibilities thrust upon them, including managing the home and being a carer. For these 'dutiful daughters', as Kingston called them, the family carer role continued into the 1930s.⁸⁵ Several nurses, including James-Wallace, undertook this role with James-Wallace nursing her dying mother for twelve months.⁸⁶ James-Wallace applied for funding for midwifery training in 1924, stating she was anxious to get the double certificate 'without which it is very difficult to get employment as a nurse'.⁸⁷ Although it was over three years since her discharge, James-Wallace was approved for training due to her 'special circumstances'.⁸⁸

⁸² 'Minutes of the meetings of the Board on 12 June and 7 August 1925', Minute books – Brisbane and South Coast Hospitals' Board Minutes.

⁸³ Department of Veterans' Affairs, Branch Office, Queensland, First World War Ex-servicemen Medical and deceased case files, 1920-1980, series BP790/1, James-Wallace, Emily Charlotte, M19830, barcode 32450516, NAA, Branch Office Brisbane.

⁸⁴ Bassett, *Guns and Brooches*, p. 101; Kingston, *My Wife, My Daughter*, pp. 122-136.

⁸⁵ Kingston, *My Wife, My Daughter*, pp. 122-136.

⁸⁶ Department of Veterans' Affairs, First World War Ex-servicemen Medical Case Files, 1918-1991, series J26, Butler, Ethel Brice, M40501, barcode 1363302, NAA, Branch Office Brisbane; Department of Veterans' Affairs, series BP709/1, James-Wallace, Emily Charlotte; Department of Veterans' Affairs, First World War Ex-servicemen Medical Case Files, 1918-1991, series J26, Toft, Catherine Ann, M34984, barcode 13643414, NAA, Branch Office Brisbane; 'Tambo Hospital', *Central Queensland Herald*, Rockhampton, 6 November 1930, p. 43, c. 2-3; The files show Catherine Ann Toft resigned as a hospital matron due to her father's illness and Ethel Brice Butler cared for her father.

⁸⁷ Department of Veteran's Affairs, series BP709/1, James-Wallace, Emily Charlotte.

⁸⁸ No. 189 of 1921, Regulations under the *Australian Soldiers' Repatriation Act 1920*, r. 179 (1); Department of Veterans' Affairs, series BP709/1, James-Wallace, Emily Charlotte'.

Three nurses undertook midwifery training at Dublin's Rotunda Hospital through the Non-Military Employment scheme.⁸⁹ A. G. Butler states the scheme was to provide training to prepare military personnel for civilian life.⁹⁰ Butler identified twenty-three AANS members who undertook midwifery training under the scheme.⁹¹ Why Queenslanders Gladys Morton, Dorothy Squire and Marjorie Wilson chose to train at Rotunda is open to speculation. Possibly they wanted to train with friends. Alternatively, the hospital's long and exceptional history may have drawn their applications.⁹² Another possibility is that the four-month course was shorter than the six-month Queensland course.⁹³ Whatever the reason, the three nurses received their midwifery certificates.

One hundred returned nurses had midwifery qualifications equating to almost one-third of the returning nurses as shown in Appendix D.⁹⁴ Of these, fifty-one nurses or just over half qualified after active service or through Non-Military Employment.⁹⁵ With new Queensland legislation providing more midwifery positions and additional maternity beds, it is not unexpected that twenty-three nurses who undertook midwifery training did so in Queensland post-war. These nurses accounted for forty-five percent of the nurses who undertook this qualification after discharge. The nurses had responded to the government strategies to become midwives.

⁸⁹ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Morton, Gladys Aylward, barcode 7987333; AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Squire, Dorothy Wharton, barcode 8090405; AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Wilson, Marjorie Jane Gilmore, barcode 2013735.

⁹⁰ A. G. Butler, 'Special Problems and Services', 3 vols, iii, p. 582.

⁹¹ *Ibid.*

⁹² T. Percy C. Kirkpatrick, *The Book of the Rotunda Hospital: An Illustrated History of the Dublin Lying-In Hospital from its Foundation in 1745 to the Present Time*, London 1913, pp. vii and 2.

⁹³ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Morton, Gladys Aylward; Strachan, *Labour of Love*, p. 79.

⁹⁴ This number exclude Norma Mowbray who died on active service and who qualified in midwifery in 1913.

⁹⁵ This included the three nurses who trained at Rotunda while on Non-Military Employment.

Becoming Matrons

With a Labor Government in Queensland from 1915 until 1929, there was an opportunity to build toward their ambition. After the war, there was a significant change to Queensland's hospitals due to increased scientific knowledge and legislation to improve health care. However, Jacqueline Bell writes that such changes were only possible after the 1922 abolition of the second chamber of Queensland's Parliament.⁹⁶ Following this abolition, Fitzgerald and Thornton say that the Hospitals Act of 1923 capped government funding for hospitals at sixty percent as an administrative efficiency strategy.⁹⁷ Queensland's hospital service provision was fundamentally changed over subsequent decades commencing with these changes.

While the Commonwealth focused on maternity care provision through the Maternity Allowance Act, the Hospitals Act of 1923 in Queensland allocated hospitals to districts and increased state government control and funding. Labor's implementation of government-controlled boards removed hospitals from possible domination by medical practitioners who were members of the British Medical Association's (BMA) Queensland Branch. This lobby group opposed the 'nationalisation' of hospitals.⁹⁸ Gregory claims the BMA resented their loss of policy input and the planned replacement of the honorary system with salaried doctors.⁹⁹ Labor did not achieve their goal for twenty years, but incremental legislation finally made Queensland's hospitals free and uniquely different from other states. This road to free hospitals ran parallel with the career of one nurse, Christense Sorensen.

The Hospitals' Act of 1923 resulted in the amalgamation of hospitals in the south-east of Queensland, leading to two new senior nursing positions. The General Matron's position was created and controlled all nursing staff, with the board's other

⁹⁶ Bell, 'Queensland's public hospital system', p. 43.

⁹⁷ *Ibid.*, p. 43; Fitzgerald and Thornton, *Labor in Queensland*, p. 109.

⁹⁸ Bell, 'Queensland's public hospital system', pp. 43-44.

⁹⁹ Gregory, *A Tradition of Care* p. 70.

hospitals' matrons reporting to this position. A Deputy General Matron's position was created, to which Christense Sorensen was appointed. She also continued as the matron of the Hospital for Sick Children.¹⁰⁰ For Sorensen, becoming the matron of Brisbane's Hospital for Sick Children in 1922 was a wise career move. There would be a major transformation in Queensland hospital management and nursing in the following years. In moving from Rosemount Repatriation Hospital to the Hospital for Sick Children, Sorensen was at one hospital, which would be part of this change. This General Matron's position would become Sorensen's position, but first, she needed to demonstrate her leadership skills in her current roles.

Before these changes and early in Sorensen's role at the Hospital for Sick Children, she led that hospital's implementation of the first nurses' award in Australia. The award reduced trainee nurses' working hours from being unregulated to fifty-six hours per week.¹⁰¹ This was a dramatic shift. Sorensen's recommendation to the board provided a strategy to achieve the award's requirements. She recommended that the training duration increase from three years to four years.¹⁰² Sorensen reasoned that nurses would receive a lesser wage for an extra year while providing the hospital with additional nursing hours at the less expensive trainee rate. Sorensen believed that the reduced hours per week without the additional year of training would detrimentally affect the quality of the nursing training.

Sorensen adapted the hospital's training model to achieve an economic goal and managed her relationship with the board to achieve her recommendation. This confirms Hallett's and Healy's assessment that nurses negotiate with powerbrokers to achieve their agendas.¹⁰³ In Sorensen's case, her military leadership experience as a matron on Salonika and then as matron at Rosemount provided her with the

¹⁰⁰ 'Minutes of meeting of Board on 25 May 1925', Minute books – Brisbane and South Coast Hospitals Minutes.

¹⁰¹ Strachan, *Labour of Love*, pp 93-94 and p. 114.

¹⁰² 'Minutes of General Committee meeting, 22 March 1922', and 'Minutes of House Committee meeting 10 May 1922', Minute Book - Hospital for Sick Children Committee, QSA.

¹⁰³ Christine Hallett and Gerard M. Healy, 'Nursing history and the articulation of power', *Journal of Clinical Nursing*, vol. 18, iss. 19, 2009, p. 2682.

requisite skills to negotiate successfully. Sorensen was widely acknowledged for her leadership.¹⁰⁴ One prominent child health expert, Dr Phyllis Cilento, remarked of Sorensen that 'She really made the Children's Hospital'.¹⁰⁵

Sorensen became General Matron in 1928, a position she held until 1951.¹⁰⁶ This role offered opportunities to build on her leadership skills developed at war and in civilian life. Her responsibilities included selecting trainee nurses and domestics, disciplining and controlling trained staff, and responsibility for efficient nursing arrangements, including working hours.¹⁰⁷ Sorensen was in the most responsible nursing position in Queensland. She had a challenging role in leading and managing the nursing workforce across various hospitals. The critical requirement was to deliver an economical, high-quality nursing service, as was the government's direction.

Sorensen managed her nursing 'empire' within the parameters of gender and politics, the challenges of the Depression, and the Second World War. As Stephanie Kirby argues, nurses have had to work within the system and at the margins of authority to set their agendas to deliver care.¹⁰⁸ This was the case for Sorensen, with limited formal power as a female nurse reporting to a male doctor. However, Sorensen managed her relationship with her superiors, the general medical superintendents, pragmatically. For example, Dr John McLean, the General Medical Superintendent until 1931, saw her as loyal and supportive and acknowledged that

¹⁰⁴ 'Children's Hospital's new matron'; *Brisbane Telegraph*, 22 March 1922, p. 8, col. 4; W. Forgan Smith, Department of Public Works, Brisbane to 'To Whom It May Concern' letter 20 February 1922, 'Papers of Matron C. Sorensen'; AWM; John Monash, Lieut. General, late Commander in Chief, AIF to 'To Whom It May Concern', letter 6 March 1922, Papers of Matron C. Sorensen.

¹⁰⁵ Phyllis D. Cilento to Mrs Sorensen, letter 23 July 1981, Papers of Matron C. Sorensen.

¹⁰⁶ 'Minutes of meeting of the Committee of the Whole on 16 January 1928', Minute books – Brisbane and South Coast Hospitals; Gregory, *Tradition of Care*, p. 102; Helen Gregory and Cecilia Brazil, *Bearers of the Tradition: Nurses of The Royal Brisbane Hospital 1888-1993*, Brisbane, 1993, p. 58.

¹⁰⁷ 'Minutes of meeting of the Committee of the Whole on 27 May 1926', Minute books – Brisbane and South Coast Hospitals.

¹⁰⁸ Stephanie Kirby, 'Commentary on Maria Lorentzon: socializing nurse probationers in the late 19th and early 20th centuries – relevance of historical reflection for modern policy makers', *Nursing Education Today*, vol. 23, iss. 5, July 2003, p. 332; Hallett and Fealy, 'Nursing history and the articulation of power', p. 2681.

Sorensen was responsible 'to me for this large organisation ... the largest of its kind in Australia'. Further, he commented on her efficiency and his satisfaction with her as General Matron.¹⁰⁹

McLean and Sorensen developed a proposal for re-organising the nursing establishment operating under the Brisbane and South Coast Hospitals' Board. The proposal went to the board's Finance Committee in June 1928, six months after Sorensen's promotion to General Matron. At this meeting, Sorensen was the sole woman in attendance.¹¹⁰ Sorensen's presence was unusual because women generally did not attend high-level decision-making meetings, reflecting the gendered division of labour usually in place.¹¹¹

Sorensen put her case successfully to the committee. Notably, for nursing, the proposal included a tutor sister's appointment, a first for Brisbane.¹¹² Her strategies aimed to improve training through a dedicated teaching position and to ensure good staff were re-employed when possible. McLean credits Sorensen's leadership with a thorough understanding of people. He felt that she had a 'people focus' because she knew individual nurses.¹¹³ Natasha Scully's work on nursing leadership's evolution identifies a people focus as a leadership, rather than management, characteristic.¹¹⁴ With Sorensen having been a military matron, she would be expected to emulate the

¹⁰⁹ Dr J. McLean to 'To Whom It May Concern', letter, 26 March 1931, Papers of Matron C. Sorensen; Patrick, *Health and Medicine in Queensland*, p. 252; John McLean was appointed Medical Superintendent of the Brisbane Hospital in 1904 and continued as General Medical Superintendent when the Brisbane and South Coast Hospitals' Board was created.

¹¹⁰ 'Minutes of meeting of the Finance Committee 21 June 1928', Minute books – Brisbane and South Coast Hospitals.

¹¹¹ Kirby, 'Commentary on Maria Lorentzon: socializing nurse probationers', p. 332; Hallett and Fealy, 'Nursing history and the articulation of power', p. 2682.

¹¹² 'Minutes of meeting of the Finance Committee 21 June 1928', Minute books – Brisbane and South Coast Hospitals.

¹¹³ Dr J. McLean to 'To Whom It May Concern', letter, 26 March 1931, Papers of Matron C. Sorensen.

¹¹⁴ Natasha Josephine Scully, 'Leadership in nursing: The importance of recognising inherent values and attributes to secure a positive future for the profession', *Collegian*, vol. 22, September 2015, p. 441; Elizabeth J. C. Scott, *Muriel Powell Remembered: A Profile of Her Life*, London, 2000, p. 39.

dominant autocratic model for matrons.¹¹⁵ However, leading Queensland retired nurse, Pixie Annat also highlighted Sorensen's people skills. Annat remarked of Sorensen's remarkable memory for faces and names.¹¹⁶ Sorensen's knowledge of 'her' nurses enabled her to facilitate change.

One strategy that Sorensen used to motivate her nurses was new uniforms which reflected their hierarchical positions. When the board queried the reasons behind the request, Sorensen answered that she recommended white uniforms for staff nurses to differentiate them from untrained staff for disciplinary reasons. This would also reflect their status, so the public could identify trained staff and know who was in authority.¹¹⁷ This staff retention and staff satisfaction strategy coincided with Christina Bates' view that nursing uniforms should change as a trainee moved from untrained to trained nurse to indicate career progression.¹¹⁸

While Sorensen's achievements occurred in large hospitals, other nurses contributed to their communities as professional matrons in regional hospitals. These were popular positions for returned nurses, although the role was demanding. In rural and isolated locations, the matron was responsible for nursing services and any nursing training school at the hospital.¹¹⁹ Before the introduction of tutor sisters, the matron lectured in the training school along with medical practitioners. Most regional hospitals were smaller institutions that offered training schemes of four or five years.¹²⁰ The matron of one such hospital was returned nurse Annie Scott.¹²¹

¹¹⁵ June Girvin, 'Leadership and nursing: Part 1: History and politics', *Nursing Management*, vol. 3, no. 1, April 1996, p. 10.

¹¹⁶ I. N. Annat, 'Christense Sorensen 1885-1958', Address to the members of the Fortitude Club on 19 July 1972, copy, Papers of Christense Sorensen, Museum of Nursing History.

¹¹⁷ 'Minutes of meeting of the Finance Committee 21 June 1928', Minute books – Brisbane and South Coast Hospitals.

¹¹⁸ Christina Bates, 'Looking closely: Material and visual approaches to the nurse's uniform', *Nursing History Review*, vol. 18, 2010, p. 172.

¹¹⁹ Madsen, *Nursing History*, pp. 46 and 49; Trembath and Hellier, *All Care and Responsibility*, p. 19.

¹²⁰ Strachan, *Labour of Love*, p. 48.

¹²¹ *Ibid.*, p. 81.

Scott served in India as a military hospital matron.¹²² After nursing veterans as sister-in-charge of the Kyoomba Sanatorium and at Rosemount Repatriation Hospital, Scott was appointed matron of Townsville General Hospital.¹²³ Scott met the demands of being a regional matron for many years and was respected for her work in this onerous position.¹²⁴ She was responsible for her nursing staff; she ran a nursing training school and delivered lectures; she gave anaesthetics; and was even called upon for difficult bandaging, possibly a skill enhanced through war service.¹²⁵ While bandaging was a nursing task, and matrons were integral to nursing schools, giving anaesthetics was not within the ATNA or RVTNA training curriculum. Grehan cites McCalman, who states that in 1941 in Victoria, midwives did give anaesthetics, but in 1951 it was decided this was too dangerous.¹²⁶ At Townsville hospital, the matron's position included giving anaesthetics due to a doctor shortage.¹²⁷

Scott received no formal training in anaesthetics. While this was not included in Australian nursing training, north American nurses on the Western Front received training on giving anaesthetics due to a doctor shortage.¹²⁸ Some Australian nurses undertook this wartime training, including Queenslander Violet Aitken. Aitken received three-month training and practical experience in a CCS on the Western

¹²² AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Scott, Annie, barcode 300267; ATNA, *Register of Members 1914*, p. 328.

¹²³ Department of Veteran's Affairs, First World War Ex-servicemen, Medical and Deceased Case files, 1920-1980, series BP709/1, Scott, Annie, M39889, barcode 32540169, NAA, Branch Office Brisbane; 'The Hospital Ball', *Townsville Daily Bulletin*, 22 July 1921, p. 6, c. 4; 'Farewell to Matron Scott', *Townsville Daily Bulletin*, 31 October 1935, p. 8, c. 3.

¹²⁴ 'The Hospital Ball', *Townsville Daily Bulletin*, p. 6, c. 4.

¹²⁵ H. A. Retallick, 'The 1930s', in Kay Jaumees (ed.), *History of the Townsville General Hospital*, Townsville, 2001, p. 44.

¹²⁶ McCalman, *Sex and Suffering*, no page given, cited in Grehan, *Professional Aspirations and Consumer Expectations*, p. 255.

¹²⁷ Leslie Halberstater, 'Dr Leslie Halberstater, medical superintendent 1928-1935', in Kay Jaumees (ed.), *History of the Townsville General Hospital 1861-2001*, Townsville, 2001, p. 40; Retallick, 'The 1930s', p. 44; Henry Taylor, 'The 1920s', p. 32.

¹²⁸ Bassett, *Guns and Brooches*, p. 62; Hallett, *Containing Trauma*, p. 100; Harris, *More than Bombs*, p. 99; Kristy Harris, "'Giving the dope" 'Australian Army Nurse Anaesthetists during World War 1', *Australian Military Medicine*, vol. 12. No. 3, 2013, p. 45.

Front before Australian army medical authorities ceased this initiative for Australian nurses.¹²⁹ While there is no evidence that these Australian nurses used their training after the war, if Scott had served on the Western Front instead of India, she might have had anaesthetic training, which would have assisted in civilian life.

Harris maintains that in country hospitals, nurses gave anaesthetics under medical supervision when necessary. She observes that Australian trained nurses were familiar with anaesthetics, particularly after the war, while Hobbs reports that country matrons gave anaesthetics in Western Australia.¹³⁰ This was despite successful efforts by the BMA to mandate that only doctors could give anaesthetics which was an attempt to retain their monopoly in this role.¹³¹ The BMA's controlling activities indicate doctors' professional power over nurses, including matrons, and males' dominance over females in Australian society, reflecting male medical practitioners' dominant position over female nurses. Barbara Keddy citing Vicente Navarro, notes that the sexual division of labour was well established in health services from Nightingale's time, with power differentials favouring the medical profession.¹³² Navarro found the unquestioned leaders in health services were upper-class, white, male medical practitioners with female nurses as dependents and 'appendages to the physicians.'¹³³

¹²⁹ A. G. Butler, 'Margaret Aitken', Nurse Narratives, series AWM/41/937, *Butler Collection*, AWM; Hallett, *Containing Trauma*, pp. 99-100; Harris, 'Giving the dope', pp. 47-48; After completing their anaesthetic training, the six Australian nurses were forbidden to practice by the AIF Director General Medical Services, Major General Howse.

¹³⁰ Harris, 'Giving the dope', p. 46; Hobbs, *But Westwood Look*, p. 83.

¹³¹ Harris, 'Giving the dope', p. 49; The British Medical Association represented the Australian medical profession before the establishment of the Australian Medical Association in 1962.

¹³² Judith Bessant, 'Good women and good nurses' conflicting identities in the Victorian Nurses Strikes, 1985-86', *Labour History*, vol. 63, 1992, pp. 156-158; Eva Garmarnikow, 'Sexual Division of labour: The case for nursing', in *Women and Materialism: Women and Modes of Production*, Annette Kuhn and AnnMarie Wolpe (eds.) London, 1978, pp. 98-101; Barbara Keddy, Margaret Jones, Pat Jacobs, Heather Burton and Maureen Rogers, 'The medical practitioner-nurse relationship: An historical perspective', *Journal of Advanced Nursing*, vol. 11, 1986, p. 746; Kingston, *My Wife, My Daughter*, pp. 84-85; Christopher Maggs, 'Nursing history: contemporary practice and contemporary concerns', in *Nursing History: The State of the Art*, Christopher Maggs (ed.), Aspen Publications, 1987, p. 3; Vicente Navarro, *Medicine Under Capitalism*, New York, 1977, p. 175.

¹³³ Bessant, J. 'Good women and good nurses', p. 164; Navarro, *Medicine Under Capitalism*, New York, 1977, p. 175.

Two successive medical superintendents at Townsville Hospital commented positively on Scott's giving of anaesthetics.¹³⁴ Her unofficial role initially surprised a new medical superintendent in the mid-1920s, but he later acknowledged that the system worked well.¹³⁵ Another medical superintendent commented that Scott was a capable anaesthetist, prefacing his words with 'I had better give credit where credit is due'.¹³⁶ This seemingly begrudging comment illustrates that this doctor may have subscribed to the BMA position that only doctors give anaesthetics. Scott triumphed in this specialist area even if the medical fraternity did not officially condone her role.

Other Choices

Roentgen's novel x-ray apparatus was introduced in the 1890s, although widespread use did not occur until the First World War when x-rays were used to treat patients.¹³⁷ While radium commenced being used to manage and treat malignancies around 1900, only in 1928 did a deep x-ray therapy centre open in Brisbane to treat cancer patients, offering hope to people with cancer.¹³⁸ This was a huge step forward for Queensland cancer services. The clinic was established to treat patients with life-threatening cancers, with country patients assisted to attend the centre. This cutting-edge technology required a trained nurse. Zita Lyons was appointed Radium Sister for the Queensland Cancer Trust, where she embarked on a significant occupational challenge.¹³⁹

¹³⁴ Halberstater, 'Dr Leslie Halberstater', p. 40; Taylor, 'The 1920s', p. 32.

¹³⁵ Taylor 'The 1920s', p. 32.

¹³⁶ Halberstater, 'Dr Leslie Halberstater', p. 40.

¹³⁷ Harris, *More than Bombs*, p. 192; Patrick, *Health and Medicine in Queensland*, p. 384.

¹³⁸ Minutes of second meeting of the Queensland Cancer Trust on 7 February 1929', Minute Books 1 Jan 1929 to 31 December 1932, series 5116, item ID. 814874, Queensland Cancer Trust, QSA, Brisbane; 'Toowoomba', *Brisbane Courier*, 6 July 1928, p. 22, c. 2; Thomas Schlich, 'The emergence of modern surgery', in *Medicine Transformed: Health, Disease and Society in Europe: 1800-1930*, Deborah Brunton (ed.), Manchester, 2004, p. 84.

¹³⁹ 'Minutes of second meeting of the Queensland Cancer Trust on 7 February 1929', Minute Books 1 Jan 1929 to 31 December 1932, Queensland Cancer Trust; 'Toowoomba', *Brisbane Courier*, 6 July 1928, p. 22, c. 2; Nurse Stella Zita Lyons was known as Zita Lyons.

Lyons was the only nurse appointed when Queensland embraced this technology, and she visited Melbourne to learn the difficult task of handling radium.¹⁴⁰ There was also an educational role as Lyons had to instruct patients on the benefits of radium treatment. Lyons remained in this role for many years, working with cancer patients in this emerging health field. She used her nursing skills to assist Queensland cancer sufferers, and she embraced dangerous technology for this position.

While Lyons worked in radiation, Greta Towner was the only nurse in the cohort who attended university. The nurses met educational standards to enter nursing training schools and then completed their nursing certificates. The academic entrance requirement was the fifth form around the turn of the twentieth century. Queensland nursing authorities decided reluctantly that the sixth form was not a practical standard for nursing entry.¹⁴¹ This, however, assisted country girls as country schools often only went to the fifth form.¹⁴²

Educating girls to a higher level was not common, as society believed girls did not require a career but would work for a short period and then marry and have children.¹⁴³ Their husband would provide for the wife and family. As a result, girls' education focused on social conventions, morals and personal accomplishments, while boys' education concentrated on disciplines such as mathematics.¹⁴⁴ Even in 1916, the Minister for Home Affairs stated, 'the best education for women is the

¹⁴⁰ *Ibid.*

¹⁴¹ Glenda Strachan, *Labour of Love*, p. 45.

¹⁴² Mary Dickenson, *An Unsentimental Union: The NSW Nurses' Association 1931-1992*, Sydney, 1993, p. 21; Strachan, *Labour of Love*, p. 45.

¹⁴³ Kingston, *My Wife, My Daughter*, p. 74; Strachan, *Labour of Love*, p. 46.

¹⁴⁴ Encel *et al.*, p. 33.

scientific management of a home.¹⁴⁵ With the 1890 economic depression, some middle-class families required their daughters to begin working with acceptable positions including nursing requiring more substantive education. This led to increased secondary education for girls with less emphasis on social conventions and personal accomplishments, such as dancing.¹⁴⁶ With girls receiving improved education, the possibility of university education arose.¹⁴⁷

After the First World War, it was unusual for Australians to attend university, especially women. The 1921 Australian Census shows only 7 252 students at Australian universities, with only twenty-nine percent being women.¹⁴⁸ Discussion on university education had only begun overseas for nurses, so there was no great demand for university from the returned nurses. Greta Towner was an exception and enrolled at Sydney University after active service.¹⁴⁹

Towner was on active service on Lemnos in France and with the Sea Transport Service and may have seen her AANS colleagues working in dispensing. Harris argues that confusion and a policy vacuum existed with the medical supply system, including drugs in the military.¹⁵⁰ Harris also identifies AANS nurse dispensers' role during the war, observing an example was in ships' dispensaries, compounding drugs and then distributing them. Harris clarifies that this is not the service that fully trained pharmacists provided.¹⁵¹ However, dispensing was a handy skill for nurses to

¹⁴⁵ F. Stemberg, 'Our girls' great chance: will they hold their positions after the war is over?' *Everylady's Journal*, September 1916, p. 524, quoted in Raymond Evans and Kay Saunders, 'No place like home: The evolution of the Australia housewife' in *Gender Relations in Australia: Domination and Negotiations*, Kay Saunders and Raymond Evans (eds.), Sydney, 1992, p. 189.

¹⁴⁶ Encel *et al.*, *Women and Society*, pp. 33-35.

¹⁴⁷ *Ibid.*, pp. 35.

¹⁴⁸ Wicken, 'Statistician's Report', *Census of the Commonwealth of Australia*, 3 & 4 April 1921, p. 163.

¹⁴⁹ Nyree Morrison, Archivist, University of Sydney to Avril Fazal, pers. comm., email, 24 August 2015, copy held by Margaret Doherty.

¹⁵⁰ AIF, *First AIF Personnel Dossiers 1914-1920*, Towner, Greta Norman, series B2455, barcode 8392762; Kirsty Harris, 'Sister dispensers: trained nurses in pharmacy', *Nursing Australia*, vol. 11, no. 4, Summer, 2010-2011, p. 15.

¹⁵¹ Harris, 'New horizons', p. 120; Harris, 'Sister dispensers', p. 15.

attain, and after the war, nurse dispensers worked in smaller or country hospitals with no pharmacist. Even in 1916, the Adelaide Children's Hospital, although a small hospital, had nurses working in the dispensary.¹⁵² Another possibility was to work overseas where nurses could undertake advanced practice not available in Australia.

Towner enrolled in pharmacy studies in 1920.¹⁵³ At that time, most Australian nursing training included little education on drugs.¹⁵⁴ At the Rockhampton Children's Hospital where Towner trained, there was no additional dispensing training, so Towner may have wanted to increase her knowledge of drugs.¹⁵⁵ However, a Diploma in Pharmaceutical Science at Sydney University did not commence until 1933, with a pharmacy degree not introduced until 1964, so these were not available to Towner.¹⁵⁶

Towner passed her practical subjects while attending university and could now seek different work with another skill set.¹⁵⁷ She left Australia in 1921 to undertake a 'lucrative position' in Colorado.¹⁵⁸ This additional education may have eased Towner's integration into nursing in the United States, where nursing education already occurred in universities. Working in veterans' hospitals in America, Towner combined her nursing training, active service experience, and new skills.¹⁵⁹ She extended her horizons, forging a successful life in the United States with its veteran community.

¹⁵² Margaret Barbalet, *The Adelaide Children's Hospital 1876-1976*, Adelaide, 1975, pp. 89 and 95.

¹⁵³ 'Personal news', *Morning Bulletin*, Rockhampton, 2 June 1921, p. 6, c. 5; Sydney University, *Calendar of University of Sydney for the year 1920*, Sydney, 1920, p. 618, <http://calendararchive.usyd.edu.au/index.php>, accessed 6 October 2020.

¹⁵⁴ Harris, 'Sister dispensers', p. 15.

¹⁵⁵ ATNA, *Register of Members, 1920*, p. 197; Harris, 'Sister dispensers', p. 15.

¹⁵⁶ Sydney University, *Calendar of University of Sydney for the year 1920*.

¹⁵⁷ Morrison, Archivist, University of Sydney to Avril Fazel, pers. comm., email, 24 August 2015.

¹⁵⁸ 'Personal news', *Morning Bulletin*, Rockhampton, 2 June 1921, p. 6, c. 5.

¹⁵⁹ Bureau of Census, United States, *Sixteenth Census of the United States Census*, 1940, Census Place: Murray, Alameda California, Roll: T627-186, p. 2B, Enumeration District: 1-69, entry for Greta Norman Towner, Washington D.C. National Archives and Records Administration, <https://www.ancestry.com.au/>, accessed 10 September 2020; 'State Board Examinations', *American Journal of Nursing*, vol. 37, iss. 6, June 1937, p 703.

The returned nurses who continued nursing after the war had opportunities to move into new and different nursing areas. However, for many years, their contributions were not identified. Some of these new areas required additional training in maternity or infant welfare, which were embraced. Both areas were popular sources of employment, with positions available through government structural changes. Other nurses worked in large hospital complexes or smaller regional hospitals, where they forged new roles as professional matrons taking on additional challenges. These nurses were equipped with broad experience from active service, giving them an advantage in these positions. In addition, they appear to have enthusiastically grasped new nursing opportunities. Ellen Barron and Christense Sorensen were outstanding leaders and are still recognised today for their commitment, contributions, and leadership of their profession. However, other nurses in less visible positions contributed to improving the population's health, particularly in midwifery, infant welfare, school nursing, and cancer treatment.

Chapter 7: Developing the Profession

On reverting to civilian life after the war, many returned nurses resumed their nursing careers. Pursuing their profession provided further opportunities for the returned nurses to contribute to society as individuals and as a group of skilled and experienced women working together to advance their profession. This chapter will examine the roles and contributions of returned nurses through their work with various nursing organisations post-war. Nursing continued to develop as a profession after the war, with many returned nurses becoming acknowledged nursing leaders for their contribution to their profession's development.

The Quest for Professionalism

Nursing's development as a profession was boosted by Florence Nightingale's delegation to the Crimean War with her band of 'respectable' nurses. Brian Abel-Smith refers to this as the 'Nightingale revolution'.¹ More than a decade later, in 1868, Lucy Osborn, one of Nightingale's disciples, brought Nightingale's work to New South Wales.² Over sixty years later, following the First World War, nursing continued to advance as a respectable profession for educated women. The returned nurses were deeply involved in this development, particularly in Queensland.

The Australian official medical historian of the First World War, Butler, believed that military and civilian nursing saw many successive advances in civilised communities. These came from educating women and allowing women to undertake positions to

¹ Brian Abel-Smith, *A History of the Nursing Profession*, London, 1960, p. 5; Gregory, *A Tradition of Care*, p. 9; A. G. Butler, 'Special Problems and Services'; 3 vols, iii, pp. 529-530; Harris, *More than Bombs*, p. 16; Carol Helmstadter, 'Class, gender and professional expertise: British military nursing in the Crimean War', in *One Hundred Years of Wartime Nursing Practices, 1854-1954*, Jane Brooks and Christine E. Hallett (eds.), Manchester, 2015, pp. 23-34; Kingston, *My Wife, My Daughter*, p. 81; Wendy Madsen, 'The age of transition: Nursing and caring in the nineteenth century', *Journal of Australian Studies*, no. 78, 2003, p. 43; Rae, *Veiled Lives*, pp. 28-31.

² Judith Godden, *Lucy Osborn, a Lady Displaced: Florence Nightingale's Envoy to Australia*, Sydney, 2006, p. 1.

control or command men, as with the AANS during the war.³ Harris believes the First World War increased Australia's appreciation of nurses and significantly enhanced female nursing's status.⁴ With the momentum created by exemplary war performance, the returned nurses were eager to develop their profession further.

Nurses needed to increase their independence from the medical profession to improve their professional status. Evan Willis and Judith Bessant note several characteristics required for an occupation to be defined as a profession. A profession must have a distinct body of knowledge that is recognised and protected, and the workers must have autonomy.⁵ Fred E. Katz states that medical practitioners are the chief determiners of nurses' knowledge in medical settings, with nurses not making significant treatment decisions.⁶ Writing in 1992, Bessant believes that Australian nurses had only just become autonomous.⁷ Examining the period after the war, Bessant and Madsen assert that trained nurses could not claim professional status because they relied on medical practitioners' orders.⁸ Medical practitioners even headed the nursing's professional association in Queensland until the mid-1940s.⁹

While Madsen and Bessant claim that nurses' knowledge was not independent of medical practitioners' decisions, Christine Hallett in *Containing Trauma* challenges this opinion. She sees nursing partly as an art, which nurses used in the war to maintain the integrity of the whole patient. They did this by containing the trauma the patients experienced. Such arts included positioning patients to prevent pressure sores and providing adequate food and fluids, and the nurses used these processes

³ A. G. Butler, 'Special Problems and Services', 3 vols, iii, p. 583.

⁴ Harris, *More than Bombs*, p. 219.

⁵ Judith Bessant, "'Good women and good nurses' conflicting identities in the Victorian nurses strikes, 1985-1986' *Labour History*, vol. 63, November 1992, p. 161; Evan Willis, *Medical Domination*, rev., St Leonards, NSW, 1989, pp. 9-11.

⁶ Katz, 'Nurses', p. 62.

⁷ Judith Bessant, 'Good women and good nurses', p. 161

⁸ *Ibid.*; Madsen, *Nursing History*, p. 21.

⁹ Strachan, *Labour of Love*, p. 188.

in their care of patients. Hallett views these arts as independent of the medical knowledge base. Nurses practised their art and used technical, scientific, and other humanistic knowledge, which were components of a nurses' knowledge.¹⁰ While these nursing arts are accepted as outside the medical practitioner's knowledge, nurses were subject to doctors' orders relating to the patient's treatment. They thus were not independent, according to Madsen and Bessant's opinions.

In 1899, NSW nurses and medical practitioners established the ATNA, the first successful nursing organisation in Australia. It was to promote trained nurses' interests; establish the registration of trained nurses; provide opportunities to discuss nursing subjects, and implement schemes to support nurses if the nurse could not work.¹¹ Fundamentally, the ATNA sought to establish nursing as a profession and distinguish the trained nurses from the untrained, uncertified nurses, thus improving the profession's status. The ATNA expanded throughout Australia except for Victoria, where an equivalent organisation, the Victorian Trained Nurses Association (VTNA), commenced.¹² The ATNA Queensland Branch was established in 1904 following a meeting where seventy nurses and twenty-two medical practitioners requested a Queensland branch be inaugurated.¹³ A new era for trained nurses in Queensland had commenced.

Several attendees of the 1904 meetings were among the Queensland nurses who later went to war, including Agnes Isambert, Bertha Williams, and Alice England.¹⁴ These nurses were among the earliest trained and certified nurses in Queensland,

¹⁰ Hallett, *Containing Trauma*, pp. 2-3 and 15.

¹¹ Strachan, *Labour of Love*, pp. 30-31; Madsen, *Nursing History*, pp. 19-20.

¹² Harris, *More than Bombs*, p. 18; VTNA later became the Royal Victorian Trained Nurses Association (RVTNA).

¹³ 'Minutes of council meetings held 25 February and 7 April 1904', Minutes, annual general meetings and related papers, ATNA, Qld Branch, 1904 to 1960; Strachan, *Labour of Love*, pp. 37-38; Strachan states there were 71 nurses signing the request for establishment of the Qld Branch but only 70 nurses' signatures are listed.

¹⁴ 'Minutes of council meeting held 25 February 1904', Minutes, annual general meetings and related papers, ATNA, Qld.

completing their training at the Brisbane General Hospital before 1901.¹⁵ The ATNA Queensland, which they joined, had only been operating for fourteen years when the war ended, so there was much to do in nursing professionalisation and development. On their return, these and other returned nurses turned their attention to developing their profession through the ATNA.

The ATNA was the professional association for trained nurses, even if it included medical members who administered the organisation. The association's role was to supervise nursing training, including its curriculum and recognised hospitals where training for a minimum of three years was accredited.¹⁶ Thus, ATNA registration for nurses was recognised as meeting the nursing training standard for enlistment in the AANS.¹⁷ Members who met the professional criterion then had to meet age, marital status and health requirements.

While many returned nurses were ATNA members when the war ended, Queensland nurses could be registered by that state government from 1912.¹⁸ As other states did not have nursing registration until the 1920s, the ATNA and RVTNA were important professional bodies for Australian trained nurses. The majority of trained nurses joined their relevant state organisation. Although membership was voluntary, many Queensland nurses maintained their ATNA membership despite state registration being available. Strachan believes that the registration of Queensland nurses was driven by broader government and community concerns around the population's health and a low birth rate. Government registration of nurses remained a primary objective of the ATNA, with a preference for national registration to ensure uniform standards.¹⁹ As a result, the Queensland ATNA remained strong despite state intervention in nursing registration.

¹⁵ Gregory and Brazil, *Bearers of the Tradition*, p. 9.

¹⁶ Gregory, *Labour of Love*, p. 41; Strachan, *Labour of Love*, p. 48.

¹⁷ A. G. Butler, 'Special Problems and Services', 3 vols, iii. p. 545.

¹⁸ *Health Act Amendment Act of 1911* (Qld), s. 84.

¹⁹ Strachan, *Labour of Love*, p. 70.

Queensland nurses showed the importance of nursing associations by their membership of nursing bodies, as shown in Table 7.1. Of the Queensland nurses who survived military service, 230 were members of the Queensland ATNA in 1920, equating to almost seventy-seven percent of the Queensland returned nurses. A further eighteen were members of other state's ATNA branches, and nine were RVTNA members. A further nine nurses married before the end of 1920, and as it was unacceptable for married women to take paid work, seven of these nurses did not maintain their membership. In contrast, two married nurses remained members, indicating the importance of the ATNA to them. There were only thirty-four unmarried returned nurses without membership in these organisations. Therefore, almost eighty-six percent of the Queensland nurses were members of Australian professional nursing organisations and would have subscribed to organisations' objectives for nursing professionalisation. This high membership is indicative of the importance of their professional association to the returned Queensland nurses.

Table 7.1

Returned Nurses' Membership Status in ATNA/RVTNA

Nursing Organisations	Number Nurses	Percent Nurses
ATNA Queensland	230	76.7
ATNA New South Wales	14	4.7
ATNA Western Australia	3	1.0
ATNA South Australia	1	0.3
RVTNA	9	3.0
Total returned nurses in ATNA/RVTNA	257	85.7
Married before 31 Dec 1920 & not registered members	9	3.0
Not registered in ATNA/VTNA	34	11.3
Total Queensland nurses who survived military service	300	100.0%

Note: Compiled using ATNA, Members' Register 1920 and VTNA Members' Register 1922 as a 1920 register is unavailable.

Before and after the war, returned nurses were on the ATNA Queensland council, but the medical members dominated the committee and held most leadership positions. Thus, in joining ATNA Queensland, nurses worked within a structure that reflected western society. In her study on the nurses' association in Queensland, Strachan believes that the domination of male medical practitioners in positions of power in ATNA illustrates the male genders and medical professions' dominance in health services. The ATNA is another example of how the nurses had to work within the existing system.²⁰

The Queensland branch's executive initially consisted of the president who was a medical practitioner; two vice-presidents, one medical practitioner and one nurse; a treasurer who was a medical practitioner; and two secretaries, one a medical practitioner and one a nurse. The Queensland council included another twenty-one members: six medical practitioners, twelve general nurses with another medical practitioner and two midwives representing midwives.²¹ These requirements changed in 1912 when the medical secretary resigned, and no replacement was available.²² Before this change, the original rules had explicitly omitted nurses from some leadership positions.²³ This male medical practitioners' dominance of the female nurses' associations highlights the nurses' subservient position to medical practitioners when the ATNA Queensland commenced.

After the war, some returned nurses actively participated in the ATNA Queensland by being elected to the council. By participating, they were making nurses' voices heard in determining their profession's future, despite the gender politics of the time. Appendix E lists the returned nurses in ATNA Queensland councillors up to

²⁰ Strachan, *Labour of Love*, p. 38.

²¹ 'Minutes of council meeting held 25 March 1904', Minutes, annual general meetings, and related papers, ATNA, Qld.

²² Glenda Strachan, 'Sacred office, trade or profession? The dilemma of nurses' involvement in industrial activities in Queensland, 1900 to 1950', *Labour History*, iss. 61, November 1991, p. 153.

²³ Trembath and Heller, *All Care and Responsibility*, p. 46.

1950. Sixteen nurses were councillors after the war, although Agnes Isambert, Emily Ralston and Grace Wilson only remained until 1919. Wilson rejoined the council in May 1920, only to leave in November that year for Melbourne. Wilson later became a member of the RVTNA council. She and other returned nurses continued to work for nursing associations and the development of nursing knowledge.²⁴

While several returned nurses did not continue on the council after the 1918/1919 Annual General Meeting, there was a continuous rotation of returned nurses.

Gertrude Andrews, Ida Axelsen and Eunice Paten joined the committee in 1919, with Bertha Williams re-joining, as shown in Appendix E. Many nurses took on additional roles as council appointees to other boards. These included Eunice Paten, who was on the Queensland Bush Nursing Association's council for many years and Gertrude Andrews and Ellen Barron on the National Council of Women, which lobbied on women's issues, including equal opportunity.²⁵ Such roles broadened the public's awareness of trained nurses and increased the influence of individual nurses and the ATNA on critical societal problems.²⁶ Appendix E shows the scope of such positions held by returned nurses.

Ellen Barron joined the council in 1921 and the following year became joint secretary, a role she held until 1933.²⁷ Barron was well-respected as secretary for her long tenure and her effectiveness. When she resigned due to inability to attend meetings, the council offered her six months' leave absence 'as her knowledge and

²⁴ Janice McCarthy, 'Grace Margaret Wilson (1879-1957)', *ADB*, National Centre for Biography, ANU, 1990, published first in hardcopy 1990, <http://adb.anu.edu.au/biography/wilson-grace-margaret-9137/text16119>, accessed 11 June 2020.

²⁵ 'Annual General Meeting report 1932/1933', Minutes, annual general meetings and related papers, ATNA, Qld; 'Minutes of council meeting 12 September 1922', Minutes, annual general meetings and related papers, ATNA, Qld; K. E. Gill, 'Paten, Eunice Muriel Harriett Hunt (1883-1973)', *ADB*, National Centre of Biography, ANU, published first in hardcopy, 1988, <http://adb.anu.edu.au/biography/paten-eunice-muriel-harriett-hunt-7970>, accessed 1 July 2020.

²⁶ Anne Wood, 'The evolution and growth of women's organisations in Queensland', *Journal of the Royal Historical Society of Queensland*, vol. 6, iss. 1, pp 194 and 198.

²⁷ Florence Chatfield was the other joint secretary.

experience are too valuable to lose'.²⁸ Unfortunately, Barron's contribution ended through ill health.²⁹ However, by 1933, Barron had undertaken significant work for the ATNA, despite her limiting health.

Industrial relations was a controversial issue within Queensland nursing circles after the war, and it was in this arena where Ellen Barron's negotiating skills were recognised. Barron was influential despite the association's medical dominance due to her many ATNA roles, including as joint secretary. In the 1920s, the ATNA was reluctant to be involved in the industrial area of nurses' wages and conditions and concentrated on achieving standardised training. This direction was unpopular with some nurses. Eventually, the necessity for improved conditions for nurses led to another Queensland nursing organisation forming. The emergence of this organisation, the Queensland Nurses' Association (QNA), forced the ATNA and Barron into the industrial sphere.³⁰

The QNA was established in 1920 to improve nurses' industrial conditions and, in 1921, registered as a trade union. When the QNA registered as a trade union, the ATNA did likewise. The QNA was officially a trade union until April 1940, when the Queensland Industrial Court cancelled its registration. By then, it had been inactive for many years.³¹ The QNA's membership peaked in 1921 and included at least eight returned AANS nurses who were also members of the ATNA.³² These included Ellen Barron, Rose Langford, Winifred Payne, May Scully and Christense Sorensen, with Barron soon to be secretary of ATNA Queensland.³³ However, the returned nurses

²⁸ 'Minutes of council meeting 20 December 1932 and Annual General Meeting report 1932/1933', Minutes, annual general meetings and related papers, ATNA, Qld.

²⁹ *Ibid.*

³⁰ Madsen, *Nursing History*, pp. 72-74; Strachan, *Labour of Love*, pp. 97-98; Strachan, 'Sacred office, trade or profession', p. 155-156.

³¹ 'The Queensland Nursing Association (QSA), Constitution and Rules and Lists of Members.', Queensland Industrial Court, file 87, Qld Industrial Registry; Madsen, *Nursing History*, p. 74; Strachan, 'Sacred office, trade or profession', p. 156.

³² ATNA, *Register of Members, 1920*, pp. 157-222; 'The QSA List of Members.', 1921.

³³ 'The QNA Lists of Members,' 1921.

were not as active in the QNA as they were in the ATNA. For 1921/1922, the ATNA Queensland membership was 863 general nurses, 333 obstetric nurses, and twenty mental health nurses. The ATNA membership was more than four times that of the QNA, which had 221 members.³⁴ While the QNA's activity in the industrial arena was brief, the association did affect industrial matters for nurses in Queensland. It resulted in the first hospital nurses' industrial award in Australia.³⁵

As a leading ATNA figure, Barron took on the industrial role for nurses with ATNA president Dr John McLean. They were the ATNA representatives at the Queensland Industrial Court, which was hearing the first hospital nurses' award submission, which the QNA initiated in 1921.³⁶ An ATNA sub-committee was established to consider the QNA's claim and requested the Registrar of the Industrial Court to grant leave for two ATNA members to give evidence on their behalf.³⁷ This was required as the ATNA was not yet a registered union and had no legal standing with the court. The ATNA was allowed to present its case.³⁸ This was the first step into the industrial arena for ATNA Queensland and Ellen Barron, and this was an area where few Australian women were then involved.³⁹

The minutes of the ATNA council meeting on 14 June 1921 record a motion to thank Miss Barron 'on her able representation of the council at the industrial court'.⁴⁰ While the ATNA president was also at court, as expected of the male medical practitioner and president, a woman at an industrial court was uncommon in

³⁴ 'Eighteenth Annual Report', Minutes, annual general meetings and related papers, ATNA, Qld.

³⁵ Strachan, *Labour of Love*, pp. 102 and 107.

³⁶ 'Minutes of the council meetings held on 8 March and 14 June 1921', Minutes, annual general meetings and related papers, ATNA, Qld: Strachan, *Labour of Love*, p. 102.

³⁷ 'Minutes of council meetings', various, Minutes, annual general meetings and related papers, ATNA, Qld; Strachan, *Labour of Love*, p. 102.

³⁸ Gregory, *Tradition of Care*, p. 62.

³⁹ Encel, *et al.*, *Women and Society*, p. 273.

⁴⁰ 'Minutes of council meetings including that held 14 June 1921', Minutes, annual general meetings and related papers, ATNA, Qld.

Australian society.⁴¹ Encel et al. believe Australia was 'still a man's world' in the early twentieth century with little change in women's societal position between 1914 and 1939.⁴² These authors identified industrial tribunals as an area where women were 'almost totally excluded'.⁴³ For Barron to be involved in industrial negotiations for the first Australian nurses' industrial award and be thanked for her efforts was another step forward for the nurses on the ATNA Queensland council and Australian women.

The following year, Barron became involved in industrial issues relating to private nurses' conditions.⁴⁴ This was appropriate as Barron was a private nurse before the war.⁴⁵ Private nursing was the pinnacle of nursing, providing more autonomy than hospital nursing, but the hours were long and the work tiring and poorly paid.⁴⁶ The private nurses who were members of the ATNA wanted support from the association to improve their conditions. As was the case for hospital nurses, ATNA Queensland was not initially supportive.⁴⁷ With action required by the ATNA members from the Council, Barron took on another important role.

Barron chaired two ATNA private nurses' meetings to compile a claim for private nurses in the Industrial Court. The meetings were well attended but failed to develop a fixed position on the private nurses' weekly salary. However, there was agreement that only private nurses, and not all ATNA members, would vote in a ballot on this issue. Despite these meetings' nursing politics, Barron was given a hearty vote of thanks for her conduct of the meetings.⁴⁸ This time Barron received thanks from her

⁴¹ Strachan, *Labour of Love*, pp. 102-103.

⁴² Encel, et al., *Women and Society*, pp. 63 and 273

⁴³ *Ibid.*

⁴⁴ Strachan, *Labour of Love*, p. 146.

⁴⁵ ATNA, *Register of Members, 1914*, p. 290.

⁴⁶ Strachan, *Labour of Love*, pp. 137-138.

⁴⁷ *Ibid.*, pp. 136-139.

⁴⁸ 'Minutes of meetings of private nurses held on 24 January and 7 February 1922', Minutes, annual general meetings and related papers, ATNA, Qld.

rank-and-file nursing colleagues and not just her fellow councillors. The ATNA, through Barron, was finally working for the large number of members who were private nurses.

A Nurse at the Helm

Eunice Paten became the first female nurse to become president of ATNA Queensland, although not until the 1940s. Paten was elected to this role at the 1943 annual meeting. Also, at this meeting, medical practitioners were reduced to an advisory role only.⁴⁹ Christense Sorensen was elected vice-president at the same time. Two years later, another returned nurse Winifred Payne became the first nurse and first woman to be treasurer and remained in the role until 1950.⁵⁰ Thus, the returned nurses were finally at the helm of their professional association, although it was almost twenty-five years after they returned from war. Ellen Barron accomplished the earlier groundwork for this transition as secretary for many years and her accomplishments in industrial relations. The influence of the returned nurses was at its peak.

According to the 1944/1945 annual report, the emergence of female nurses in control of the ATNA was a sign of women's emancipation as they began leading their association. The council recorded their appreciation of the medical men's previous leadership, but they viewed the nurses' election as a progressive sign. The ATNA believed this illustrated that nurses were more confident in their ability to direct their affairs and take positions on nursing.⁵¹ This was a significant step forward for Queensland nurses who would manage their professional organisation, advise on nursing matters, make nursing policy, and control their profession, independently

⁴⁹ '40th Annual Report on 27 July 1944', Minutes, annual general meetings and related papers, ATNA, Qld; Strachan, *Labour of Love*, pp. 187-188.

⁵⁰ 'Minutes of council minutes', various, Minutes, annual general meetings and related papers, ATNA, Qld; Strachan, *Labour of Love*, pp. 267-270.

⁵¹ '40th Annual Report', Minutes, annual general meetings and related papers, ATNA, Qld.

from the medical profession. The nurses were leading their profession, with returned nurses in crucial positions.

Paten's ascendancy to the presidency was during the Second World War, and there were numerous nursing issues requiring attention. While some emanated directly from the war, others were simmering before the conflict. For example, wages and conditions for nurses were unfavourable compared to other female workers, and there was a deficit of nurses due to poor working conditions. These shortages lead to manpower controls for civilian nurses as part of the war effort.⁵² These challenging issues faced the new president.

With Paten as president, she and her colleagues were on a steep learning curve to maximise their influence on nursing. For example, the state government had a history of not consulting with the ATNA on nursing matters. In 1911, the government's proposed nurses' registration bill was at the committee stage before ATNA became aware of its presence. Again, the government did not consult the ATNA when it proposed additional changes to nurses' registration in 1928 and 1933, although, in these instances, the medical practitioners controlled the ATNA.⁵³

Mary Dickenson writes that the ATNA lacked acceptance of the implications of pressure group tactics. She believes that up to the 1960s, Queensland nursing organisations had little political power with few or no former colleagues in parliament or personal knowledge of ministers, except at the formal level.⁵⁴ However, in June 1944, less than one year after becoming president, Eunice Paten and another councillor meet with the Minister for Health and Home Affairs to lobby for a nursing commission to examine nursing's future. This was before an Australian

⁵² Gregory, *Tradition of Care*, pp. 85 and 95; Glenda Law, 'I have never liked trade unionism': The development of the Royal Australian Federation, Queensland Branch, 1904-1945', in *Women, Class and History: Feminists Perspectives on Australia 1788-1978*, Elizabeth Windschuttle (ed.), Melbourne, 1980, pp. 192-215., p. 209; Strachan, *Labour of Love*, pp. 164-169.

⁵³ Mary Dickenson, 'The nursing profession as a pressure group', *Australian Journal of Social Issues*, vol. 11, no. 2, 1 May 1976, p. 89; Gregory, *Tradition of Care*, p. 49; Strachan, *Labour of Love*, pp. 74-75.

⁵⁴ Dickenson, 'Nursing profession as a pressure group', pp. 90-91 and 97-98.

Health Ministers' meeting to discuss the subject.⁵⁵ While the commission did not eventuate, the meeting indicates Paten's and ATNA Queensland's awareness of the need to consult with influential political players to achieve their goals.

Paten became aware of regional nurses' issues during the Second World War when Rockhampton nurses expressed interest in establishing a local ATNA branch. Paten visited Rockhampton in June 1944 and met with fifty nurses.⁵⁶ The meeting's convener was Mrs Reid, who, as Gertrude Andrews, was in the AANS and had been on the ATNA council with Paten. Other attendees included returned nurses Ruby Brown and Mrs Conachan, formerly Elsie McLaughlin.⁵⁷ Paten expressed support for a local branch believing it would stimulate interest in nursing in Rockhampton.⁵⁸ While this is the only identified regional consultation during Paten's presidency and was driven locally, it shows a willingness to investigate new ideas and expand membership beyond Brisbane for the profession's benefit. It also indicates continuing connections between returned nurses through the ATNA.

As president, Paten faced many changes and challenges in her five-year tenure. In 1944, she commented in a letter to the *Brisbane Courier Mail* on the poor conditions for nurses compared with 'girls in the services', saying that larger hospitals were short-staffed. She believed there was a tendency to 'overlook the fact that trainees were students in addition to helpers'.⁵⁹ Continuing this theme, Paten said that 'more 'girls' would not take up nursing until conditions improved'. She also commented that matrons and sisters merited increased pay even more than trainees and staff

⁵⁵ 'Notes of ATNA Deputation [to Minister of Health and Home Affairs] on 26th June 1944', A31/806, Item ID. 279831, QSA, Brisbane.

⁵⁶ 'Minutes of council meetings held on 21 March and 20 June 1944', Minutes, annual general meetings, and related papers, ATNA, Qld.

⁵⁷ 'Marriages', *Brisbane Courier*, 22 March 1924, p. 6, c. 3; 'Mr Joseph McLaughlin, death of central district pioneer', *Morning Bulletin*, Rockhampton, 13 August 1936, p. 8, c. 3; 'Social gossip', *Morning Bulletin*, Rockhampton, 8 August 1941, p. 8, c. 3; 'Rockhampton group of nurses' association', *Morning Bulletin*, Rockhampton, 3 August 1944, p. 5, c. 4.

⁵⁸ 'Minutes of council meeting held on 20 June 1944', Minutes, annual general meetings, and related papers, ATNA, Qld.

⁵⁹ 'Strike threats', *Courier-Mail*, Brisbane, 27 April 1944.

nurses as they had more significant responsibilities.⁶⁰ While Paten publicly supported nurses, especially senior nurses in comparison with other women, she informed a meeting 'I have never liked trade unionism as applied to the profession of nursing ... your Council has done its best ... to keep that aspect in the background and yet improve nurses' conditions and salaries'.⁶¹ In this statement, Paten indicated her distaste for the industrial role even with a wartime nursing shortage. Paten saw the ATNA as a professional organisation but was pragmatic enough to ensure its continuity by acting on industrial issues when necessary.

Paten's view on trade unions for nursing was conservative and probably enhanced by her nursing training. She trained at the Brisbane General Hospital and was a trainee nurse when respected nurse Jane Bell became matron in 1904.⁶² Training hospitals' traditions influence trainee's professional identity, as did matrons who have ultimate control of nurses.⁶³ Bell's tenure as Paten's first matron was probably very influential on the young nurses. According to Gregory, Bell was a foundation member of the ATNA in Sydney and was a proponent of the Nightingale philosophy and concerned about nurses' status.⁶⁴ Paten was one of a group of trainee nurses known at the Brisbane General Hospital as 'Miss Bell's Pets'.⁶⁵ While Bell was matron at the hospital only for Paten's first year of training, Paten praised Bell in a speech she made in 1967, calling her a remarkable woman and stating that she had unfortunately left after Paten's first year.⁶⁶

⁶⁰ 'Plea for more aid to nurses', *Courier-Mail*, Brisbane, 1 July 1944, p. 6, c. 2.

⁶¹ 'Minutes of extraordinary general meeting held 22 October 1947', Minutes, annual general meetings and related papers, ATNA, Qld; Strachan, 'Sacred office', p. 161; Law, 'I have never liked trade unionism', p. 210.

⁶² Gregory, *Tradition of Care*, pp. 42 and 165; Gregory and Brazil, *Bearers of the Tradition*, p. 14.

⁶³ Gregory, *Tradition of Care*, pp. 42-43; Wendy Madsen, Margaret McAllister, Judith Godden, Jennene Greenhill and Rachel Reid, 'Nursing's orphans: How the system of nursing education in Australia is undermining professional identity', *Contemporary Nurse*, vol. 32, iss. 1-2, April-June 2009, p. 15.

⁶⁴ Gregory, *Tradition of Care*, p. 42.

⁶⁵ E. M. Paten, 'Reminiscences of nursing', paper presented to the Queensland Women's Historical Association, Brisbane, 8 June 1967, AWM 3DRL/4145, included in 'Papers of Sister E. M. Paten AANS', pp. 1-4, AWM.

⁶⁶ *Ibid.*

Trembath and Hellier describe Bell as having an 'austere personality' and opposed to nurses' radical tendencies.⁶⁷ They cite her statement in *UNA*, the RVTNA's journal, 'in 1913 that nursing was beginning to subscribe to 'the policy of trade unionism'.⁶⁸ Paten's anti-union stance was likely to have been influenced by Bell's similar view.⁶⁹ Paten's position on trade unionism strongly shaped her actions on the ATNA Queensland council. There is little doubt that Bell influenced Paten's views on matters of status and industrial relations.

In September 1947, Paten attended a national nursing conference.⁷⁰ At this meeting, it was noted that an industrial union, the Hospital Employees Federation, sought deregistration of the Trained Nurses Guild (TNG). The Victorian TNG had similar goals to the QNA. While the TNG had been inactive for many years, the ATNA and RVTNA saw it as a suitable vehicle for creating a unified national nursing organisation.⁷¹ Following the conference, there was an extraordinary meeting of the Queensland ATNA in October 1947. According to the *Sydney Morning Herald*, at this meeting, Paten stated that the union: 'appeared amongst those unions listed as controlled by communists'.⁷² Conservative Miss Paten was horrified. She went on to state that nurses needed to control their own affairs, saying:

If we do not seize the opportunity to be united, I do not think we will have another chance for many a long year... I do not think that an Industrial Union is the answer to

⁶⁷ Trembath and Hellier, *All Care and Responsibility*, p. 137.

⁶⁸ Jane Bell, *UNA*, vol. 11, 29 November 1913, p. 226; Gregory, *Tradition of Care*, p. 98; Law, 'I have never liked trade unionism', p. 210; Trembath and Hellier, *All Care and Responsibility*, p. 137; Jennifer A. Williams and Rupert D. Goodman, *Jane Bell, O.B.E. (1873-1959), Lady Superintendent the Royal Melbourne Hospital (1910-1934)* Melbourne, 1988, p. 148; Bell's biographers state that Bell was not opposed to unions but preferred trainee nurses to be viewed as students instead of employees. She believed that nurses were caught between hospital managers endeavouring to balance their budgets and powerful labour organisations with political affiliations. Her comment in *UNA* was written prior to the war but her later comments maintain her conservative view on nursing.

⁶⁹ Madsen, *Nursing History*, p. 46.

⁷⁰ 'Minutes of the extra ordinary general meeting held on 22 October 1947', Minutes, annual general meetings and related papers, ATNA, Qld.

⁷¹ Madsen, *Nursing History*, p. 75.

⁷² 'Minutes of the extra ordinary general meeting held on 22 October 1947', Minutes, annual general meetings, and related papers, ATNA, Qld.

problems of Professional Women ... engaged in humanitarian work which covers Twenty [-] four hours a day and 365 days a year and is not comparable with any other known occupation.⁷³

The Queensland president of the ATNA was re-stating the views of her training matron, Jane Bell, from over forty years earlier. Paten was also signalling her opinion that Australia's nursing organisations needed to be united.

Sorenson on the Registration Board

Paten's vice president at ATNA Queensland was Christense Sorensen, another influential returned nurse with several ATNA roles. Sorensen was also General Matron of the Brisbane and South Coast Hospitals' Board and, as such, was the most important Queensland nurse. Sorensen became active in the ATNA on her return from the war. She was elected to the Queensland council in 1923 and served as a councillor until 1943 when she became vice-president.⁷⁴

In 1928 Sorensen was nominated as the ATNA representative on the newly established Queensland nurses' registration board under the *Nurses and Masseurs Registration Act of 1928*.⁷⁵ Previously nursing issues were covered by the Queensland Medical Board.⁷⁶ The ATNA was allowed two nominees on the new seven-person board with one representative to be a current or previous matron of a hospital with a nurses' training school.⁷⁷ Christense Sorensen, the General Matron of

⁷³ *Ibid.*

⁷⁴ 'Sundry council minutes and annual reports', Minutes, annual general meetings, and related papers, ATNA, Qld.; Strachan, *Labour of Love*, pp. 267-270; David R. Teague, *Christense Sorensen: Nurse for a Million*, Brisbane, 1977, p. 15.

⁷⁵ 'A Queensland nurse in the Cameroons', *Brisbane Courier*, 19 December 1916, p. 5, c. 6; '25th Annual Report for 1928/1929 presented on 11 July 1929', Minutes, annual general meetings and related papers, ATNA, Qld; Gregory, *Tradition of Care*, p. 75.

⁷⁶ Strachan, *Labour of Love*, p. 75.

⁷⁷ *The Nurses and Masseurs Registration Act of 1928*, s. 4, http://www.austlii.edu.au/au/legis/qld/hist_act/namrao192819gyn10468/, accessed 8 June 2020; Dickenson, 'Nursing profession as a pressure group', p. 90; Strachan, *Labour of Love*, p. 83.

the Brisbane and South Coast Hospitals Board, which operated several training schools, became the ATNA representative. Sorensen was still the ATNA board representative in 1933 when the government again amended the act. The changed act provided the government with four appointed positions and control of the seven-member board.⁷⁸ According to Strachan, citing Dickenson, this virtually went unnoticed by the ATNA.⁷⁹ However, these changes had the potential to cause Sorensen's problems. She was the ATNA representative and not a government representative, although she was General Matron of many hospitals. The hospitals under the Brisbane and South Coast Hospitals' Board were now funded to around sixty percent by the state government, increasing the government's influence on the hospitals.⁸⁰ Sorensen required political awareness and tact to be effective in her board role as the ATNA representative.

Sorensen was on the registration board for many years.⁸¹ Along with her ATNA state council role and her general matron's position, this registration board role provided her with access to both government and professional nursing forums. With her multiple roles Sorensen could influence and participate in nursing decision making statewide. Her experience as the long-serving General Matron at the Board and her earlier roles as matron of the smaller Hospital for Sick Children in Brisbane and Rosemount Repatriation Hospital was unique.⁸² This varied experience provided her with influence and insight into nursing issues at various sized hospitals and training schools. Sorensen was in an excellent position to input into nursing policy in Queensland, even if the registration board was stacked against her.

⁷⁸ *Medical and Other Acts Amendment Act of 1933*, s. 35, http://www6.austlii.edu.au/cgi-bin/viewdb/au/legis/qld/hist_act/maoaaao193324gyn31348/, accessed 8 June 2020.

⁷⁹ Dickenson, 'Nursing profession as a pressure group', p. 90; Patrick, *Health and Medicine in Queensland*, p. 72; Strachan, *Labour of Love*, p. 83.

⁸⁰ Gregory, *Tradition of Care*, p. 721; Patrick, *Health and Medicine in Queensland*, p. 76.

⁸¹ 'Minutes of meeting of the Nurses and Masseurs' Registration Board on 19 February 1952', Minute Books, Qld Nurses and Masseurs' Registration Board 1935-1952, Item ID 294693, Series 9216, QSA, Brisbane.

⁸² Goodman, *Queensland Nurses*, p. 114.

The Queensland Nurses and Masseurs' Registration Board often dealt with matters that impacted the standards nurses were required to meet in the various nursing branches, whether general, midwifery, mental or child welfare.⁸³ Nurses in the four categories were registered from 1928 when child welfare was added.⁸⁴ The complex issue of minimum training standards for registered nurses was challenging for those involved with Queensland nurses' registration. One major problem was the length of midwifery training.

During the 1930s, the length of midwifery training for general nurses was contentious. Several states had increased their training from six to nine months, and the Queensland registration board was keen to match this increase. By July 1934, the board had drafted regulations compatible with other states. The August board meeting minutes show Sorensen active in the discussion to implement the extended training period. The minutes record that Home Secretary Edward Hanlon was advised that other states would not recognise Queensland's midwifery training unless the training was lengthened.⁸⁵ Unfortunately, Hanlon would not follow the board's recommendation.⁸⁶ Patrick states simply that Hanlon 'stubbornly refused to follow the board's recommendation'.⁸⁷ Unfortunately, this political intransigence was problematic for the board and Queensland midwives. Despite Sorensen and her board colleagues' best efforts, the issue remained unresolved until after the Second World War.

⁸³ The infant welfare nurses received a certificate of Child Welfare, and that term has been used when referring to the certificate after the qualification became necessary for registration.

⁸⁴ Strachan, *Labour of Love*, p. 83.

⁸⁵ 'Minutes of meetings of the Nurses and Masseurs' Registration Board on 10 July and 14 August 1934', Minute Books, Qld Nurses and Masseurs' Registration Board 1935-1952, Item ID 294688, Series 9216, QSA, Brisbane.

⁸⁶ 'Minutes of meeting of Nurses and Masseurs' Registration Board on 11 September 1934', Qld Nurses and Masseurs' Registration Board.

⁸⁷ Patrick, *Health and Medicine in Queensland*, p. 284.

Sorensen was interested in high-quality professional nursing, and as General Matron, she had increased nursing standards at the Brisbane General Hospital.⁸⁸ She was a valuable member of the registration board because of her interest in high standards. In 1940, the board identified a high exam failure rate, which required improvement. Sorensen was on a two nurses sub-committee requested to determine the cause of the high failure rate and develop remediation strategies.⁸⁹ This sub-committee ascertained that examinees failed to read and comprehend their textbooks; they did not understand technical terms, and nurses undertaking practical examinations required additional practical experience. The findings were shared with every Queensland hospital.

Consequently, model lectures were developed with Sorenson utilising the Brisbane General Hospital's training syllabus.⁹⁰ Many Queensland hospitals purchased these lectures.⁹¹ Sorensen's two roles of General Matron of the Brisbane and South Coasts' Hospitals' Board and the ATNA's representative on the registration board provided her with links to resolve the nursing standards' issues.

After the Second World War, a range of innovative nursing changes were considered by the registration board. These included training male nurses, changing minimum entry age requirements for nurses, minimum education entry standards, and part-time nursing.⁹² While Sorensen and her board colleagues accepted part-time training in 1949, not every issue was resolved during Sorensen's board tenure.⁹³ However, Sorensen had already implemented some changes at the hospitals where she was

⁸⁸ Gregory, *Tradition of Care*, pp. 70 and 100.

⁸⁹ 'Minutes of meeting of Nurses and Masseurs' Registration Board on 12 March 1940', Qld Nurses and Masseurs' Registration Board.

⁹⁰ 'Minutes of meeting, of Nurses and Masseurs' Registration Board on 21 May 1940', Qld Nurses and Masseurs' Registration Board.

⁹¹ 'Minutes of meeting of Nurses and Masseurs' Registration Board on 22 April 1941', Qld Nurses and Masseurs' Registration Board.

⁹² Gregory, *Tradition of Care*, p. 100.

⁹³ 'Minutes of meeting of Nurses and Masseurs' Registration Board on 20 December 1949', Qld Nurses and Masseurs' Registration Board.

General Matron. She reduced the minimum entrance age for training and introduced minimum education requirements for training with preference given to applicants with a Junior pass.⁹⁴ While the registration board was still considering some issues, Sorenson had implemented changes at her hospitals. Change can be slow.

Sorensen's services on the registration board were recognised as valuable, with Sorensen well respected and often nominated for sub-committees. She was a regular nursing examiner and was frequently asked to provide the board with advice on nursing matters.⁹⁵ In 1952 she handed over the reins to her hospitals and her role on the registration board after more than twenty years' service.⁹⁶ Gregory believes that after Sorensen retired, relationships deteriorated between the Department of Health and Home Affairs, the Brisbane and South Coast Hospitals' Board, the Nurses' and Masseurs' Registration Board and the ATNA.⁹⁷ In her multiple roles, Sorensen had kept the relationships strong, and her high-level skills and experience were missed.

One Voice for Nurses

Although returned nurses finally led the ATNA in Queensland, a key problem for Australian nursing remained. There was no single voice to speak for the Australian profession. As early as 1922, the RVTNA and ATNA contemplated forming a federated nurses' association, and in 1924 this led to the formation of the Australian Nursing Federation (ANF).⁹⁸ The idea of having one national organisation representing Australian nursing was beset with legal and medico-political obstacles,

⁹⁴ Gregory, *Tradition of Care*, p. 77; The Junior Public Examination in Queensland was taken in grade 10.

⁹⁵ 'Minutes of meeting of Nurses and Masseurs' Registration Board', various, Qld Nurses and Masseurs' Registration Board.

⁹⁶ 'Minutes of meeting of Nurses and Masseurs' Registration Board on 19 February 1952', Qld Nurses and Masseurs' Registration Board.

⁹⁷ Gregory, *Tradition of Care*, p. 102.

⁹⁸ Barbara Schultz, 'Along the way', *Australian Nurses' Journal*, vol. 4, no. 4, October 1973, p. 10; Trembath and Hellier, *All Care and Responsibility*, p. 150.

and Eunice Paten was at the heart of these negotiations from 1922 up to her presidency of ATNA Queensland.⁹⁹

The ATNA, RVTNA and ANF wanted one organisation for Australian nurses with the ANF's name retained. In January 1947, the ANF's federal council recognised Paten's work for the ANF. She had been involved since 1922 and later was vice-president for the Queensland branch of the ANF and acting president federally.¹⁰⁰ Paten continued as an ANF councillor for many years and saw a single nursing organisation in place in 1970. The following year it became the Royal Australian Nursing Federation (RANF).¹⁰¹ Thus, there was at last one national voice for nurses with the RANF. The federation then became instrumental in developing a nursing college for Australia, with the RANF maintaining the industrial role.

Education was a key area for ATNA Queensland after the First World War. Grace Wilson joined the education committee in 1920. However, her stay was brief due to her interstate appointment.¹⁰² Bertha Williams, another nurse on the council, was involved in education, especially invalid cookery training, and she worked with the Department of Public Instructions on this issue.¹⁰³ Ellen Barron, who had many roles on the ATNA, was on the education committee in 1923.¹⁰⁴ The returned nurses were interested in improving their nursing status through education.

⁹⁹ 'Minutes of the extra-ordinary general meeting held on 22 October 1947', ATNA, Qld; Schultz, 'Along the way', pp. 10-14

¹⁰⁰ Schultz, 'Along the way', p. 21.

¹⁰¹ Bob Bessant, 'Milestone in Australian nursing', *Collegian*, vol. 6, iss. 4, 1999, p. i; Paten, 'Reminiscences of nursing', p. 13; Schultz, 'Along the way', pp. 28-34.

¹⁰² 'Minutes of council meeting held 20 July 1920', Minutes, annual general meetings and related papers, ATNA, Qld.

¹⁰³ 'Annual General Meeting held 21 June 1921, Report', Minutes, annual general meetings and related papers, ATNA, Qld.

¹⁰⁴ 'Minutes of council meeting held 20 September 1923', Minutes, annual general meetings and related papers, ATNA, Qld.

As early as June 1932, there was a meeting in Melbourne between state representatives on a proposed college. The ATNA Queensland requested Melbourne residents Grace Wilson and Jane Bell, now matron of the Royal Melbourne Hospital, to represent Queensland. While a college did not occur at this time, Bell was behind the Royal Victorian College of Nursing's creation in 1934, with Victoria going ahead separately from other states, just as they did with the VTNA in 1901.¹⁰⁵

In 1938, there were discussions on post-graduate courses at the ATNA. However, when the Second World War began, there was a national delay until 1949, when the next meeting occurred on a possible nursing college. Queensland was not invited to this meeting. The exclusion annoyed Eunice Paten, who was passionate about nursing professionalism and education.¹⁰⁶ Paten represented Queensland at the first formal meeting of the college in May 1949. During this meeting, Paten criticised her interstate colleagues for keeping their Queensland colleagues unaware of the move to establish the college. Russell G. Smith, in his history of the college, believes Paten's point was well made.¹⁰⁷ Paten was not backward in stating her thoughts relating to nursing organisations and nursing education.

A college for Australian nurses was achieved and became the College of Nursing, Australia (CNA) and later the Royal College of Nursing, Australia (RCNA).¹⁰⁸ The initial aim was to provide full-time study opportunities for diploma courses for nurses aiming for future leadership roles.¹⁰⁹ In reviewing the first sixty years of the college in 2009, Chief Executive Officer Debra Cerasa stated that the college was established

¹⁰⁵ Russell G. Smith, *In Pursuit of Nursing Excellence: A History of the Royal College of Nursing, Australia, 1949-99*, South Melbourne, 1999, p. 22.

¹⁰⁶ *Ibid.*, p. 35.

¹⁰⁷ *Ibid.*, p. 50.

¹⁰⁸ Debra Y. Cerasa, 'Editorial: Royal College of Nursing, Australia: the first 60 years', *Collegian*, vol. 16, 2009, p. 163; June Cochrane, 'College of Nursing, Australia – a glimpse at the past, a view to the present, a vision of the future', *Australian Nurses' Journal*, vol. 11, no. 2, August 1981, p. 25; Gregory, *Tradition of Care*, p. 104.

¹⁰⁹ *Ibid.*

by 'some ambitious, determined and visionary women'.¹¹⁰ These included Eunice Paten.¹¹¹ When Paten relinquished her role as the first female president of the Queensland ATNA, she remained on the national college council and the ANF.¹¹² Paten and Sorensen became foundation members of the ACNA, with Paten one of several prominent Australian nurses invited to become foundation fellows of the college.¹¹³ Paten was further honoured in 1964 with an honorary fellowship. The annual report for 1972/1973 for the RCNA Queensland described this award to Paten as a 'rare distinction'.¹¹⁴ Paten had a significant role in establishing RCNA.

Paten had several roles on RCNA Queensland and at a national level.¹¹⁵ She became RCNA national president in 1959 and was a councillor from inception until 1960.¹¹⁶ At the first meeting of the Queensland chapter in August 1949, Paten became secretary and chaired the meeting.¹¹⁷ She was elected secretary/treasurer until 1953 but continued as treasurer until 1957.¹¹⁸ The Queensland records show she became secretary again in 1958 when an incumbent resigned. The annual report records that there was no resolution until Paten agreed to undertake the role.¹¹⁹ She remained on the Queensland Council for many years.¹²⁰ Paten was a stalwart of the Queensland chapter with her obituary in the annual report for 1972/1973. This described her as 'a highly respected and outstanding citizen who made a

¹¹⁰ Cerasa, *Royal College of Nursing, Australia*, p. 163.

¹¹¹ McCarthy, 'Christense Sorensen (1885-1958)', *ADB*, National Centre for Biography, ANU, 1990.

¹¹² Cochrane, 'College of Nursing, Australia', p. 25.

¹¹³ Paten, 'Reminiscences of nursing', p. 13; 'Royal College of Nursing, Qld Chapter, 1949-1993 various papers', Royal College of Nursing, Queensland Chapter (RCNA), SLQ, Accession No. AC00002758.

¹¹⁴ '1972/1973 Annual Report of the Queensland State Committee', RCNA, Qld.

¹¹⁵ Paten, 'Reminiscences of nursing', p. 13; 'Royal College of Nursing, Qld Chapter various papers, 1949-1993', RCNA, Qld.

¹¹⁶ Smith, *In Pursuit of Nursing Excellence*, p. 99.

¹¹⁷ *Ibid.*, p. 99.

¹¹⁸ *Ibid.*, p. 373.

¹¹⁹ 'Third Annual Report of the Qld State Committee', RCNA, Qld.

¹²⁰ '20th Annual Report of the Qld State Committee 1972/1973', various papers, RCNA, Qld.

tremendous contribution to nursing'. The obituary paid tribute to Paten and 'her life's work'.¹²¹

The returned nurses played substantial roles in the development of the profession in Queensland and nationally. Most returned nurses joined the ATNA, Queensland, or a similar interstate body on return from active service, and many became state councillors. There was some conflict between returned nurses, including Paten, who wanted to enhance the nursing profession's status, while other ATNA members sought to improve nursing conditions. Overall, the returned nurses were proud of their profession and desired to advance nursing education. In addition, they sought to improve the overall perception and value of nursing to the community.

In the ATNA Queensland, Eunice Paten, Christense Sorensen, Ellen Barron and other returned nurses significantly increased nurses' control of their profession. Although it took over two decades, they finally achieved a state ATNA controlled by nurses and where only nurses were members and could vote. They collaborated with interstate nurses to ultimately create a unified organisation that became the RANF, the one voice for nurses across Australia. Along with this came the RCNA that concentrated on education for nurses, although the long-desired tertiary education remained many decades away. However, many returned nurses, not just the key position holders, made a significant contribution to the profession's development at a state and national level. The returned nurses made substantial contributions to the RCNA, the RANF and their organisations after the First World War.

¹²¹ *Ibid.*

Chapter 8: Working for the Community

The nurses were not content for their active service to be the apex of their lives. Many turned to new endeavours or used additional skills acquired during active service to contribute further to their communities. Some trained nurses saw their profession as a starting point for these contributions, while religion was the motivation for others. For some nurses, their community activities were linked to their active service, while for married nurses, their community involvement was often family-focused. This chapter will discuss the nurses' connections with their local communities within these prisms.

Despite the war and its deadly and disabling effects, religion remained an integral part of Australian society. Religion is one area around which some returned nurses concentrated their community activities. These roles were varied and included missionary work, working for religious organisations and being a helpmate to a clerical spouse. Returned nurses embraced these roles to various degrees. As a result, religion and participating in church organisations or events were part of many returned nurses' lives.

Community roles were also related to the nursing profession. Many organisations had nurses from the ATNA or similar bodies on their committees, while social groups for nurses assisted individuals or other community groups. Some returned nurses continued their links to active service by joining returned service organisations or helping such bodies. When the Second World War commenced, the nurses mobilised again, working in various areas, including re-enlisting in the military. One nurse even undertook political action. The nurses' involvement in their communities was varied, but local communities benefited from their actions as individuals or as groups.

Religion

Since European settlement, Australia has had organised religion, whether it was the clergyman on the First Fleet, churches built by local settlers, or establishing church-

based organisations, including schools and hospitals. In the Australian 1921 census, 96.9 percent of the Australian population provided a definite Christian religion, despite the recently completed war with its resultant grief.¹ This high percentage of religious identity indicates that religion and associated institutions were part of the fabric of Australian society, and this included the returned nurses.

In her work on women and religion in Australia, Ann O'Brien quotes Eric Hobsbawm's phrase describing the years 1914 to 1945 as the 'age of catastrophe' with war, depression, and then another war.² O'Brien states that many found their religious beliefs challenged by these times. However, she notes that some evangelical historians argue that soldiers sometimes found religion a source of strength. Whether war threatened or strengthened religious beliefs, O'Brien asserts that war reinforced traditional gender roles, including in religious organisations.³ In her research on women in the Australian church, Janet West found that the 'church was hardly more sexist than the society amongst which it worked'. However, she qualifies this, stating that most women in the church were happy in this subordinate role.⁴ Despite this, West identifies there are many unrecognised achievements by women in the Australian religious bodies.⁵ The returned nurses were responsible for some of these achievements.

Returned nurses who married clergy, by default, had religion in their lives, with Chapter Five showing that five nurses married ministers. In speaking of clergymen's wives before the 1950s, Kenneth Dempsey believes they had to subordinate their family lives to the church. He saw their relationships with their clergy husbands coming behind his work and their work for the church, with the wife having a life of

¹ Wickens, Chas. H., *Census of the Commonwealth of Australia, 1921*, 'Statistician's Report', Melbourne, 1927, p. 123, 2111.0 - Census of the Commonwealth of Australia, 1921 (abs.gov.au), accessed 30 December 2020.

² Eric Hobsbawm, *Age of Extremes: The Short Twentieth Century 1914-1991*, London, Abacus, 1995, n.p., quoted in Anne O'Brien, *God's Willing Workers: Women and Religion in Australia*, Sydney, 2005, p. 49.

³ O'Brien, *God's Willing Workers*, p. 49.

⁴ Janet West, *Daughters of Freedom: A History of Women in the Australian Church*, Sutherland, NSW, 1997, p. 16.

⁵ *Ibid.*, p. 17.

service and self-denial.⁶ West describes the clergy's wives as 'superwomen' as they were required to be wives and mothers. They had to make parish visits, especially to the poor, fundraise for missions and organise fetes. They organised the women's guild, sewed for the church and decorated the church.⁷ There were extremely high expectations of the clergy's wives, including working with her husband to build bridges between the church hierarchy and laypeople.⁸ Despite the hard work and limited material gain, there were advantages. Life as a cleric's wife was challenging but could be fulfilling for the right women.

Emily Mardon married a Methodist minister after her war service.⁹ She joined the world of Methodist wives, which Dempsey describes as often being an unpaid curate with the wife in the position of being able to 'make or break' their husband's ministry.¹⁰ Mardon's activities for the Methodist Church were successful and often newsworthy. She was president of several church bodies, including the Ladies' Church Help Society attached to Brisbane's Nundah Methodist Church and, as usual for a clergyman's wife, the Ladies' Guild of the Methodist Church, near Ipswich.¹¹ Brisbane's *Courier Mail* describes the guild as energetic under Mardon's leadership.¹² She was the inaugural Brisbane president of the British Foreign Bible Society, a worldwide organisation aiming to bring the Bible to everyone.¹³ Mardon was also a speaker on religious related topics, including temperance, which moved her into the public sphere where women were slowly venturing.¹⁴ Mardon's active service on the

⁶ Kenneth Dempsey, *Conflict and Decline: Ministers and Laymen in an Australian Country Town*, North Ryde, NSW, 1983, p.137.

⁷ West, *Daughters of Freedom*, p. 75.

⁸ *Ibid.*, p. 98.

⁹ 'Weddings', *Queenslander*, Brisbane, 5 June 1920, p. 6, col. 3.

¹⁰ Dempsey, *Conflict and Decline*, p. 133.

¹¹ 'Dedication service', *Queensland Times*, Ipswich, 7 September 1953, p. 2, c. 6; 'Violet morning tea at Nundah', *Courier Mail*, Brisbane, 5 July 1939, p. 2, c. 5.

¹² 'Violet morning tea at Nundah', *Courier Mail*, Brisbane, 5 July 1939, p. 2, c. 5.

¹³ 'Patricia' Patter', *Queensland Times*, Ipswich, 13 February 1953, p. 4, c. 5-6; Anon, 'Our Work', *Bible Society Australia*, unpaginated, <https://www.biblesociety.org.au/our-work/>, accessed 21 January 2021.

¹⁴ 'Sandgate W.C.T.U. entertains 22 unions', *Telegraph*, Brisbane, 20 February 1940, p. 16, c. 6.

Western Front and in England provided her with recognition of her own strengths and capabilities, which Harris identified as outcomes of the nurses' active service.¹⁵ Public speaking, leading and organising were not unknown to the former war nurse.

West believes that the clergyman's wives' activities were not always recognised proportionally to their level of effort.¹⁶ Elsie Black was such a case. Black married English minister Thomas Edwards, and they lived and worked in several parishes in Queensland, South Australia, and the Newcastle cathedral.¹⁷ Newspapers identified Black's voluntary community activities during her visit to her family in Queensland. She was a member of the Mothercraft Association, Girl Guides and National Council of Women in South Australia.¹⁸ Black's interests were women and children's welfare, and she belonged to several such organisations.

According to O'Brien, women were required for more religious activities because there was a shortage of male workers. She believes this resulted in extending the women's traditional role to outside the home and into community organisations, providing more options for leadership and political action.¹⁹ Such organisations included those where Black volunteered, including the National Council of Women.²⁰ Between 1928 and 1960, the Council aimed to reform gender-based inequity in divorce law.²¹ It is not surprising that Black who went on active service in the war where the nurses moved beyond established gender roles would do so as a minister's wife, even though religion and tradition dictated subordinate roles for

¹⁵ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Mardon, Emily Clarice Lilla, barcode 8214795; Harris, *More than Bombs*, p. 219.

¹⁶ West, *Daughters of Freedom*, p. 81.

¹⁷ 'A few lines to say', *Courier Mail*, Brisbane, 6 March 1937, p. 24, c. 1; 'Clergyman and wife revisit former parish', *News*, Adelaide, 15 January 1937, p. 6, c. 3-4.

¹⁸ 'Clergyman and wife revisit former parish', *News*, Adelaide, 15 January 1937, p. 6, cols. 3-4.

¹⁹ O'Brien, *God's Willing Workers*, pp. 65-69.

²⁰ *Ibid.*, p. 39.

²¹ *Ibid.*, p. 70.

women in the private sphere and not the public sphere.²² Black was again pushing back in a different context.

Another role for a clergyman's wife was as a missionary with her husband. West identifies that missionary wives were very conscientious and often learnt the language and customs of the people with whom their husbands were working. The wives often concentrated their activities around the women and children as was traditional.²³ Mardon and her minister husband undertook missionary work as newlyweds in Papua New Guinea.²⁴ The couple then worked in Queensland churches.²⁵ In both realms, Mardon had valuable skills. While the couple undertook missionary service together, there was a trend in the late nineteenth century and early twentieth century for single women to be missionaries. Female teachers and nurses sometimes became missionaries due to a shortage of male missionaries.²⁶ Although married, Mardon's background as a trained nurse would assist her as a missionary.

Missionary women were usually unmarried, and they included Queensland-born nurse Alice Harding.²⁷ Harding returned from AANS service in India, and by mid-1919, she had returned to China, where she worked pre-war.²⁸ Harding had served with the China Inland Mission, an interdenominational faith mission from 1897, commencing at age twenty-eight.²⁹ Harding was one of many single female

²² West, *Daughters of Freedom*, pp. 73-74

²³ *Ibid.*, p. 203.

²⁴ 'Weddings', *Queenslander*, 5 June 1920, p. 6, c. 3.

²⁵ 'Central Methodist Church', *Queensland Times*, Ipswich, 31 May 1952, p. 7, c. 1; 'Weddings', *Queenslander*, 5 June 1920, p. 6, c. 3.

²⁶ O'Brien, *God's Willing Workers*, pp. 12, 73, 95 and 125.

²⁷ *Ibid.*, p. 125.

²⁸ AIF, *First AIF Personnel Dossiers 1914-1920*, series B2455, Harding, Alice; barcode 4245847; 'Concerning People', *Euroa Advertiser*, 18 July 1919, p. 2, c. 7.

²⁹ Wayne Brown, 'Alice Harding, Eva Bell, Annie Harrison – China Inland Mission and Shanghai nurse', <http://www.genealogy.com/forum/regional/countries/topics/china/683/>, accessed 4 January 2021.

missionaries who went to China from the early 1890s.³⁰ This service had over 198 female missionaries working in China between 1890 and 1940.³¹ O'Brien believes these services provided companionship and active and meaningful work for female missionaries such as Harding.³² Harding was fifty years old when she resumed work for the Shanghai Municipal Nursing Service, and she remained until 1937.³³ The Japanese invaded the Chinese coast in 1931, with the Battle of Shanghai occurring from mid-1937, and Harding departed China that year.³⁴ Harding, then nearly seventy, was fleeing danger from another war, but she had committed thirty-six years to the Chinese people.³⁵

The Salvation Army also had missionaries, with many working in Australia. According to O'Brien, the Salvation Army allowed women more equality than most religions providing leadership roles to women from 1882 when it began in Australia.³⁶ It employed women to reach the poor and marginalised.³⁷ However, West believes that its equality emanated from the personality and intellect of the founder's wife, Catherine Booth. West also notes that the Salvation Army did not have equal pay for male and female officers, with female officers taking their husbands' rank.³⁸ While the intent for equality existed, there were some traditional barriers. Despite these restrictions, Georgina Collins became a Salvation Army missionary in Australia.

Collins trained as a nurse at the Salvation Army's Bethesda Hospital, Melbourne and then served in Egypt and the Western Front.³⁹ After the war, she worked for the

³⁰ O'Brien, *God's Willing Workers*, p. 94.

³¹ *Ibid.*, p. 122.

³² *Ibid.*, p. 63.

³³ Brown, 'Alice Harding, Eva Bell, Annie Harrison', O'Brien, *God's Willing Workers*, p. 125.

³⁴ West, *Daughters of Freedom*, p. 241.

³⁵ Brown, 'Alice Harding, Eva Bell, Annie Harrison'.

³⁶ *Ibid.*, p. 102.

³⁷ O'Brien, *God's Willing Workers*, p. 95.

³⁸ West, *Daughters of Freedom*, pp. 189 and 193.

³⁹ AIF, *First AIF, Personnel Dossiers, 1914-1920*, series B2455, Collins, Georgina, barcode 3014812.

Salvation Army in Barcaldine, combining her vocation with a family visit. Collins returned to Melbourne, serving at Hope Hall, a slum shelter in Melbourne where she was employed to reach the poor and the outcast.⁴⁰ Such work challenged the main denominations to follow the Salvation Army lead.⁴¹ Collins later became matron of the Bethesda Hospital, retiring as a Salvation Army Brigadier.⁴² Her life was dedicated to the Salvation Army through welfare work and nursing, providing care and support to the less fortunate. Unmarried, Collins made her Salvation Army achievements through her agency and not through a husband.

Ida Grace Francis was one of three Francis sisters who went on active service with the AANS.⁴³ Francis, however, is known for her work after the war. She served as a missionary nurse in two different periods, once in remote Birdsville and later in an Indigenous community.⁴⁴ Fortunately, Francis left a diary covering her mission to outback Queensland. This diary provides a window to Francis' life and achievements.

In 1923, Francis was one of two nurses sent to establish a frontier hospital at Birdsville in Queensland's isolated southwest corner. The nurses worked for the Presbyterian Church's Australian Inland Mission (AIM).⁴⁵ O'Brien describes such missionary roles as isolated and cut off from family and friends, with the missions undertaken by small groups. Despite these disadvantages, missionary work in

⁴⁰ Dennis Garland, Salvation Army, 'Collins, Georgina', <http://ww1nurses.gravesecrets.net/co.html>, accessed 4 January 2021.

⁴¹ O'Brien, *God's Willing Workers*, p. 95.

⁴² 'After Twenty Years', *Age*, Melbourne, 15 March 1945, p. 4, c. 9; Garland, Salvation Army, 'Collins, Georgina'.

⁴³ AIF, *First AIF, Personnel Dossiers, 1914-1920*, series B2455, Francis, Ida Grace, barcode 4019655; AIF, *First AIF, Personnel Dossiers, 1914-1920*, series B2455, Francis, Sara Stella, barcode 4019721; AIF, *First AIF, Personnel Dossiers, 1914-1920*, series B2455, Francis, Ruth Sylvia, barcode 4019719; Francis was known as Grace and not Ida.

⁴⁴ 'Australian Inland Mission', *Brisbane Courier*, 11 May 1931, p. 1, c. 4.

⁴⁵ The Diary of Sister Grace Francis M.B.E., Birdsville Nursing Home, Records of the Uniting Church in Australia, MS 5574, A.V.C. Printers, n.p., 1970, preface, Canberra, NLA.

Australia increased between the two world wars.⁴⁶ This role suited Francis, whom historian Judith McKay describes as a devout Christian.⁴⁷

Nurses in isolated areas were often the initial health service responders to frontier communities such as Birdsville, where previously only doubtful health knowledge from untrained community members existed. Remote area services such as the AIM in Birdsville, which was 300 kilometres from the nearest telegraph station, were examples of such work. However, other countries had services in isolated areas with similar issues arising.⁴⁸ Johanne Daigle describes nurses in remote area roles in Canada's frozen north. She identifies problems such as distance from other medical services, transportation difficulties, community poverty and the requirement for essential maternity services.⁴⁹ Combining Daigle's and O'Brien's identification of disadvantages in remote service, Francis' position at Birdsville was a challenge. However, she would receive some benefits as identified by O'Brien, including freedom, experiencing different cultures, leadership opportunities and travel, even if only to remote Queensland.⁵⁰ These experiences were different from those of other returned nurses living in more settled areas.

Francis kept a diary for the two years in Birdsville as she and her colleague developed the hospital.⁵¹ Establishing the hospital was the nurses' first task after the long, arduous trip to Birdsville. The diary mentions few clinical issues and concentrates on the occurrences in Francis' and her colleague's lives. Francis' diary is very matter of fact, which is explained by O'Brien, who states that missionaries'

⁴⁶ O'Brien, *God's Willing Workers*, p. 265

⁴⁷ Judith McKay, honorary curator, 'Grace Francis biography', John Flynn Place, Cloncurry, n.p., 2015.

⁴⁸ Judith McKay, 'The miracle at Birdsville', *National Library of Australia News*, vol. 15, no. 11, August 2005, p. 14.

⁴⁹ Johanne Daigle, 'The call of the north: Settlement nurses in remote areas of Quebec, 1932-1972', in *Places & Practice in Canadian Nursing History*, Jayne Elliott, Meryn Stuart and Cynthia Toman (eds.), Vancouver, University of British Columbia Press, 2008, p. 112

⁵⁰ O'Brien, *God's Willing Workers*, p. 162.

⁵¹ Diary of Sister Grace Francis, Birdsville Nursing Home.

diaries are a way to understand the individual missionary's perspectives on events.⁵² Diaries are an outlet, but this is not always the case with Francis' diary.

On some occasions, Francis' diary expresses little emotion, even when patients die. In one instance, she discusses an elderly man's death. He was treating himself for beriberi but was suffering from advanced heart disease.⁵³ About a week earlier, Francis notes in her diary that a man suffering from beriberi would not come to the hospital. She writes, 'these bushmen are ridiculously a[d]verse to women'.⁵⁴ Despite her frustration at the gender bias, Francis was ever-practical, arranging for the man to sign a will before he died, and then, she conducted his funeral service.⁵⁵

Bush nurses such as Francis often moved beyond their identified scope of nursing practice. Harris states that bush nurses did minor operations, as did some AANS nurses during the First World War.⁵⁶ Janet Butler records that during the war, Australian nurses used a scalpel.⁵⁷ In outback Queensland, Francis records making incisions in a patient's finger. Such minor surgery was outside a nurse's scope of practice, but Francis rose to the task, as no other options were available locally. She admits to being anxious about the finger and keeps up regular treatment.⁵⁸ Francis also appears clear about her capabilities as a trained nurse and knows when she requires medical advice. In August 1924, Francis confided in her diary that she wanted to consult a doctor about a patient.⁵⁹ Two weeks later, Francis is still anxiously waiting for the doctor but continues her nursing work, including extracting teeth, again outside her role, but a regular occurrence.⁶⁰

⁵² O'Brien, *God's Willing Workers*, p. 132.

⁵³ Diary of Sister Grace Francis, Birdsville Nursing Home, diary entry 12 March 1925.

⁵⁴ *Ibid.*, diary entry for 3 March 1925, p. 64.

⁵⁵ *Ibid.*, diary entries 12 and 13 March 1925.

⁵⁶ Harris, *More than Bombs*. P. 195.

⁵⁷ Janet Butler, *Kitty's War*, St Lucia, Qld, 2013, p. 124.

⁵⁸ Diary of Sister Grace Francis, diary entry for 4 May 1925.

⁵⁹ *Ibid.*, diary entry for 24 August 1924.

⁶⁰ *Ibid.*, diary entry for 29 August 1924.

Francis' admiration for outback women is evident from her diary. She describes one local woman as 'one of the many cheerful little women who face the difficulties of the never never with a smile'.⁶¹ Later, Francis considers another local woman, a 'brave little bush woman', for taking the news of her father's death 'with the courage of a Spartan'.⁶² These stoic bush women are the centre of a social capital building project that Francis initiates. She consults with the Country Women's Association (CWA) in Brisbane to establish a Birdsville branch.⁶³ From the start of their appointment, the nurses worked with the community, initiated a Sunday school, and taught local girls sewing.⁶⁴ Such tasks were standard female missionary work, linking religion, and teaching practical and traditional female skills.⁶⁵

Francis' choice to work for a religious organisation in a ground-breaking endeavour to bring health services to the outback was different, challenging, and altruistic with this posting for two years. Such periods of volunteering can be difficult to sustain for a prolonged period, and Francis went on to other nursing challenges. Her contribution to the community continued, and in 1950 she was made a Member of the British Empire (MBE) for services to nursing and services as a VAD Commandant during the Second World War, another community commitment.⁶⁶ Perhaps, Francis would be more pleased by the naming of an aged care cottage, the 'Francis' cottage at Birdsville, where she remains honoured.⁶⁷

⁶¹ *Ibid.*

⁶² *Ibid.*

⁶³ *Ibid.*, diary entry for 24 May 1925.

⁶⁴ *Ibid.*, diary entries for 21 October 1923, 24 April 1924 and sundry date entries.

⁶⁵ O'Brien, *God's Willing Workers*, p. 39.

⁶⁶ 'Well deserved honours', *Queensland Country Life*, 15 June 1950, p. 8. c. 5.

⁶⁷ Evan McHugh, *Outback Pioneers, Great Achievers of the Australian Bush*, Camberwell, Vic, 2018, p. 184.

War Again

The Second World War was another time of voluntary work. Winifred Payne was another nurse who received an MBE. Payne's recognition was for social welfare activities, particularly during the Second World War.⁶⁸ In contrast, Francis was Commandant of the VADs in Maryborough, Queensland. Sarah McElroy, now Mrs O'Kane, became VAD Commandant in Cloncurry, while Gertrude Relf was the Lady Superintendent of the VADs in Scone.⁶⁹ VADs were part of a civilian organisation linked to the Red Cross, and they undertook basic nursing, driving and other voluntary tasks⁷⁰. Another nurse, Alice Woolsey nee Imison, took a different road; she joined the QAIMNSR and was evacuated from Dunkirk.⁷¹ Other returned nurses, Grace Wilson, Eunice Paton and Ida Pearce, re-enlisted in the AANS for the Second World War. Wilson was Matron-in-Chief while Payne was Matron, Northern Command.⁷² The Second World War offered many opportunities for the returned nurses to contribute.

As the Australian population faced a second world war, mobilisation commenced—initially with the male population as occurred in the First World War. Kate Darian-Smith notes that female patriotism in the Second World War, as for the First World War, focused on voluntary activities as acceptable patriotic activities.⁷³ However, as

⁶⁸ '12 Australians knighted in Honours List', *Canberra Times*, 2 January 1956, p. 2, c. 4-8.

⁶⁹ 'Scone V.A.D.', *Scone Advocate*, 30 April 1940, p. 2, c. 2; 'V.A.D. formed', *Cloncurry Advocate*, 11 April 1941, p. 5, c. 4.

⁷⁰ Rupert Goodman, *Voluntary Aid Detachments in Peace and War*, Brisbane, 1992, p. 177.

⁷¹ 'Recommendation for Award for Woolsey, Alice Ethel, Senior Sister', Ref WO/373/55/145, folio 222, The National Archives, Kew, <https://discovery.nationalarchives.gov.uk/details/r/C9220956>, accessed 30 June 2021; Alice Woolsey to sister Mary, letter, 12 June 1940, original held by Janice Marshall, copy of original in author's possession.

⁷² Department of Defence, Citizen Military Forces (CNF) Personnel Dossiers 1939-1947, series B884, 'Paten, Eunice Muriel', Q185204, barcode 4631276, NAA, Branch Office Canberra; Department of Defence, CMF Personnel Dossiers 1939-1947, series B884, 'Wilson, Grace Margaret', V159907, barcode 6626699, NAA, Branch Office Canberra; Department of Defence, Second Australian Imperial Force (2AIF) Personnel Dossiers, 1939-1947, series B883, 'Pearce, Ida Elizabeth Horton', QX48911, barcode 4907179, NAA, Branch Office Canberra; Department of Defence, 2AIF Personnel Dossiers, 1939-1947, series B883, 'Wilson, Grace Margaret', VX38869, barcode 6138567, NAA, Branch Office Canberra.

⁷³ Kate Darian-Smith, *On the Homefront: Melbourne in Wartime 1939-1945*, Melbourne, 1990, p. 55, cited Kay Saunders and Geoffrey Bolton, 'Women's Mobilisation in World War Two', in *Gender Relations in Australia: Domination and Negotiation*, Kay Saunders and Raymond Evans (eds.), Marrickville, NSW, 1992, p. 378.

the war progressed, female military services, in addition to nursing, became part of the Australian military.

Payne found her niche in voluntary service during this war. After a nursing career, including being matron of the Gregory Private Hospital, Payne found a new purpose at age fifty.⁷⁴ As the war continued, Queensland became the allied staging zone for the South Pacific theatre.⁷⁵ Over two million Allied troops, mainly American, visited Queensland over four years, with most visiting greater Brisbane, with its population of 341,000 in 1941.⁷⁶ Accommodation became short in Brisbane due to the troops. By June 1941, the Brisbane press recorded that soldiers were sleeping on railway stations, parks, billiard tables, or walking the street.⁷⁷ Payne became concerned about this situation in the garrison town of Brisbane and established the Union Jack Club to alleviate the accommodation problem.

Barbara Taylor found that women's groups often emerged at difficult economic times or during the war, with welfare work a common theme. She identified that women found such work empowering and satisfying within 'the chaos of male engendered warfare', with women creating roles for themselves to match their capabilities, which is what Payne did.⁷⁸ The Union Jack Club commenced in August 1940 with Payne at the helm. The club, which provided accommodation to visiting service personnel, was similar to one in London during the First World War, which Australian troops used.⁷⁹ Perhaps Payne and the other returned nurses remembered their similar difficulties in finding accommodation when on leave.

⁷⁴ 'Senate candidate is veteran nurse', *Telegraph*, Brisbane, 1 August 1946, p. 4, c. 3-4; Department of Justice, Queensland (Qld), 'Birth index for Winifred Payne, born 14 September 1889, Qld, 1889/004784, Registry of Births, Deaths and Marriages, Qld, Brisbane

⁷⁵ Raymond Evans, *A History of Queensland*, Melbourne, 2007, p. 187.

⁷⁶ *Ibid.*

⁷⁷ 'Soldiers sleeping in parks', *Sunday Mail*, Brisbane, 22 June 1941, p. 5, c. 1-3.

⁷⁸ Barbara Taylor, 'Community building and empowering experiences? A thematic study of women's voluntary work in Queensland and its place-based dimensions, 1859-1959', paper presented to the Professional Historians Association Queensland conference, 3-4 September 2009, St Lucia, Qld., p. 261.

⁷⁹ 'Hostel for soldiers open next week', *Courier-Mail*, Brisbane, 8 August 1940, p. 5, c. 8.

Payne engaged many helpers for her community endeavour. She convinced a doctor to provide a vacant private hospital and then supplied beds, a library, pyjamas, soap, towels, and other necessities.⁸⁰ Payne involved many of her returned colleagues and other nurses in this venture and groups, including the Patriotic Fund of Queensland.⁸¹ Even married colleagues undertook this voluntary work for the Second World War. Taylor identifies that as Queensland was the 'homeland frontline', women mobilised irrespective of marital status, driven by patriotism and a desire to support military relatives.⁸²

Constance Keys, now Mrs Pennefather, was president of the Ex-Brisbane General Hospital Nurses' Group and organised her members to assist.⁸³ Hospital matrons, other nurses, intrastate hospitals, and the ATNA were all enlisted to help Payne and her committee.⁸⁴ Gertrude Andrews, now Mrs Reid of Rockhampton, fundraised in her local area, while Sadie MacDonald, president of the Returned Sisters' Sub-branch of the RSSILA, was a committee member.⁸⁵ Nurses throughout Queensland made weekly donations to the club as a contribution to the war effort.⁸⁶ One club goal was to have no paid staff, so many nurses and other volunteers assisted.⁸⁷ This club was a community development activity based on many volunteers' work, with Payne providing leadership, and the club was successful in accommodating many military personnel.

⁸⁰ 'Nurses hard at work at Union Jack Club', *Courier-Mail*, Brisbane, 16 August 1940, p. 9, c. 1.

⁸¹ 'Hostel for soldiers open next week', *Courier-Mail*, Brisbane, 8 August 1940, p. 5, c. 8; 'Union Jack Club', *Central Queensland Herald*, Rockhampton, p. 27, c. 4.

⁸¹ 'Hostel for soldiers open next week', *Courier-Mail*, Brisbane, 8 August 1940, p. 5, c. 8.

⁸² Taylor, 'Community building and empowering experiences?', 256.

⁸³ 'Cold room for Union Jack Club', *Courier-Mail*, Brisbane, 9 December 1943, p. 5 c. 2.

⁸⁴ 'Union Jack Club – Cairns committee formed', *Cairns Post*, 15 July 1941, p. 7, c. 5; 'Union Jack Club' *Central Queensland Herald*, Rockhampton, 21 August 1941, p. 27, c. 4.

⁸⁵ 'Helping the soldiers', *Daily Mercury*, Mackay, 26 August 1940, p. 2, c. 6; 'The Union Jack', *Morning Bulletin*, Rockhampton, 10 September 1940, p. 8, c. 5.

⁸⁶ 'Nurses help war effort', *Courier-Mail*, 19 January 1942, p. 6, c. 9; 'Union Jack Club', *Queensland Times*, Ipswich, 12 July 1941, p. 4, c. 7-8.

⁸⁷ 'Union Jack Club', *Queensland Times*, Ipswich, 12 July 1941, p. 4, c. 7-8.

Nurses and their Communities

While many single returned nurses contributed to the community through work-related or professional organisations, the married nurses did so differently. Despite their professional qualifications and war experiences, the married nurses lived mainly in the private sphere of women's lives. They were busy being wives, supporting their husband and his career. They were often mothers with an emphasis on being a formative influence on their children.⁸⁸ However, while being employed was not considered proper for married women in the 1920s, there were acceptable roles for married women working for welfare organisations such as hospital auxiliaries and fundraising.⁸⁹

Encel et al. identified that for women whose children had grown, who had empty homes or were widows, community organisations provided them with a role and companionship.⁹⁰ Two returned nurses in this category were Constance Keys and Julia Rigby. Their situations changed in the 1940s, partially because of the Second World War. At this time, Keys' children were adults, giving her more free time. Rigby was separated from her husband, her only child had died, and she did not have domestic responsibilities.⁹¹ Keys and Rigby now had more time for their community.

Keys knew Rigby from their joint training hospital, the Brisbane General Hospital, where they qualified in consecutive years. Thus, they were both trainee nurses together at the hospital for several years.⁹² In the 1940s, these two nurses worked together on the Union Jack Club, the Nurses Social Club, and the ex-Brisbane Hospital Nurses' Group.⁹³ These organisations are in the social and welfare areas

⁸⁸ Reiger, *The Disenchantment of the Home*, pp. 39-40.

⁸⁹ Encel et al., *Women and Society*, p. 292.

⁹⁰ *Ibid.*, p. 292.

⁹¹ 'Deaths', *Courier Mail*, Brisbane, 21 August 1942, p. 8, c. 1; Merrillees and Merrillees, 'Keys, Constance Mabel (1886-1964)', *ADB*.

⁹² Gregory and Brazil, *Bearers of Tradition*, p. 18.

⁹³ 'Combined bridge party for patriotic efforts', *Courier-Mail*, Brisbane, 6 November 1941, p. 9, c. 2; 'Helping war cause', *Courier-Mail*, Brisbane, 11 September 1942, p. 6, c. 5; 'Hospital nurses to form club', *Courier-Mail*,

that Encel et al. and later identified as attractive areas in which women could contribute⁹⁴ These nurses fund-raised for causes such as the Red Cross by holding bridge parties and other social events. Keys and Rigby spent many hours working for these groups and their charities. Single nurses were also involved in these social organisations. Christense Sorensen became the patron of the Nurses' Social Club, with Sadie MacDonald elected as president.⁹⁵ Many of these women had other organisational roles.

Citing research from a survey of delegates to the National Council of Women meeting in 1959, Encel et al. highlight the higher education level of professional women and the high participation levels of these women in religious, social, community and other volunteer organisations.⁹⁶ Sorensen, Paten, Payne, Keys and Rigby met the criteria for women whom Encel *et al.* named 'joiners' and 'workers'.⁹⁷ These women, on average, held office or belonged to four organisations with some members of twelve organisations.⁹⁸ The nurses were such women, and like the research, they were both single and married.⁹⁹ While the single nurses, such as Paten and Payne, had busy constructive lives contributing to society through their occupation and community organisations, the married nurses, including Keys and Rigby, also contributed to community organisations as joiners and workers after raising their families.

Another acceptable area for community work for married nurses was to volunteer with their husbands in community roles.¹⁰⁰ After serving in Salonika, Gladys Poplin

Brisbane, 13 September 1945, p. 4, c. 8; 'Joint bridge party for war funds' *Courier-Mail*, Brisbane, 8 May 1941, p. 12, c. 4; 'Nurses' group help for Union Jack club', *Courier-Mail*, Brisbane, 19 September 1941, p. 9, c.1; 'Younger set in Red Cross', *Courier-Mail*, Brisbane, 20 September 1946, p. 6, c.1.

⁹⁴ Encel *et al.*, *Women and Society*, p. 279; Scott, 'Generic Resemblances', p. 161.

⁹⁵ 'Younger set in Red Cross', *Courier-Mail*, Brisbane, 20 September 1946, p. 6, c. 1.

⁹⁶ Encel, *et al.*, *Women and Society*, p. 282.

⁹⁷ *Ibid.*

⁹⁸ *Ibid.*

⁹⁹ *Ibid.*

¹⁰⁰ *Ibid.*, p. 291.

married Coulter Fordyce in 1920.¹⁰¹ By 1928 the couple were in Goulburn, where Fordyce, a bank manager, was on the Goulburn Hospital's finance committee.¹⁰² While her husband used his occupational expertise on the finance committee, Poplin undertook fund-raising for the committee.¹⁰³ She was also secretary of the hospital's auxiliary committee.¹⁰⁴ Despite being a trained nurse with active service experience, Poplin's role was in supporting her husband's endeavours. As this was in the welfare area, this was more acceptable than working.¹⁰⁵ On the surface, this seemed to be the case with Poplin. Her interests probably matched her husband's interests due to her nursing background and experience. If she had been born two generations later, she, herself, may have been on the hospital's management committee, but this was not to be in 1931.

Sometimes returned nurses assisted their communities in informal ways. Annie Cuskelly was one such nurse. Cuskelly served overseas and, on returning, married an AIF veteran. Many returned nurses married veterans, and as in Cuskelly's case, they usually established their home and family. Cuskelly's daughter describes her mother as 'a nurse all her life', with their community aware of Cuskelly's skills and knowledge as a trained nurse. Her daughter reports that strangers often came to the family home seeking her assistance for illness, and Cuskelly never turned anyone away.¹⁰⁶ Times were hard in the 1930s and 1940s, with the Depression and then the

¹⁰¹ AIF, First AIF, Personnel Dossiers, 1914-1920, series B2455, Popkin, Gladys Lilian, barcode 8018319; Queensland Consolidate Marriage Index for Coulter Fordyce and Gladys Lillian Popkin, married 31 March 1960, Brisbane, 1920/B024872, Queensland Marriage Index, 1920-1924, microfiche, Queensland Registrar General.

¹⁰² Australian Electoral Commission, Australian Electoral Roll, 1930, NSW, district of Werriwa, sub-district of Goulburn, p. 42, <http://ancestry.com>, accessed 21 February 2018; 'District hospital meeting of committee', *Goulburn Evening Penny Post*, 19 April 1928, p. 4, c. 3.

¹⁰³ 'District hospital meeting of committee', *Goulburn Evening Penny Post*, 19 April 1928, p. 4, c. 3.

¹⁰⁴ 'Goulburn', *Sydney Morning Herald*, 9 February 1928, p. 12, c. 8.

¹⁰⁵ 'Hospital board house committee' *Goulburn Evening Penny Post*, 13 October 1931, p. 2, c. 3.

¹⁰⁶ Marie Nolan, 'Sister Annie Cuskelly', Queensland's World War 1 Centenary, 27 January 2016, *State Library of Queensland blogs*, <http://blogs.slq.qld.gov.au/ww1/2016/01/27/sister-annie-cuskelly/>, accessed 22 February 2018.

Second World War.¹⁰⁷ Cuskelly was a skilled community resource and assisted her neighbours by using her skills when requested.

The informal care that Cuskelly provided parallels that of missionary nurses and bush nurses, albeit in an urban setting. There was no professional support for Cuskelly, who worked in isolation.¹⁰⁸ However, Harris identifies that the war nurses recognised their own strengths and capabilities.¹⁰⁹ In Cuskelly's situation, she relied on her self-confidence to diagnose and treat her informal patients, although the cases were likely to be minor. Those receiving the care required assistance, and at difficult times, there was little money to pay for a doctor's visit. The access to a trained nurse, particularly one who had cared for the AIF during the war, was welcome. Harris identified that recognition of the nurses came after their wartime roles. She cites Butler, who acknowledges that the status of nurses increased because of their war service, and such recognition would have enhanced Cuskelly's credibility.¹¹⁰

Some returned nurses participated in the CWA, which is a women's organisation that commenced in 1922. According to Encel et al., the CWA has a unique role in Australian society, corresponding to the traditional division of interests between genders.¹¹¹ The CWA still provides assistance and support to women living in remote and other country areas with the hope of alleviating some problems caused by isolation.¹¹² The CWA is a non-party political and non-sectarian body but is active and influential in policy areas relating to women and helps shape country

¹⁰⁷ *Ibid.*

¹⁰⁸ Marita Bardenhagen, 'Professional isolation and independence of bush nurses in Tasmania, 1910-1957' published Ph.D. thesis, University of Tasmania, 2003, pp. 252 and 255, https://eprints.utas.edu.au/15842/2/1Bardenhagen_front_matter.pdf, accessed 5 January 2021.

¹⁰⁹ Harris, *More than Bombs*, p 219.

¹¹⁰ A. G. Butler, 'Special Problems and Services', 3 vols, iii, p. 583, cited in Harris, *More than Bombs*, p. 219.

¹¹¹ Encel et al., *Women and Society*, p. 286.

¹¹² Reekie, 'Women, region and the "Queensland difference"', p. 16; Anne Wood, 'The evolution and growth of women's organisations in Queensland 1859-1958', *Royal Historical Society of Queensland (RHSQ)*, vol. 6, iss. 1, 1959, p. 200.

communities.¹¹³ In developing and advocating for their position, CWA women develop new skills and begin operating at a political level.¹¹⁴ The CWA also has a practical focus as members assist other women, including community newcomers. Members interact with other women to relieve loneliness, bring young and older women together in the community, and support organisations such as the Bush Children's Health Scheme. The CWA is an effective networking and advocacy body that is well-known throughout Australia.¹¹⁵

Similar to the CWA, the nurses had strong networks, including the ATNA, and often supported each other in difficulties, using mechanisms including the QWNF. The CWA provides similar benefits to women in general, and some returned nurses identified these benefits, as shown when Grace Francis established the CWA in remote Birdsville. Another nurse Naomi Higman also saw advantages in the CWA, and Higman became a foundation member of the Southport branch.¹¹⁶ Higman had a long history with her branch and in 1950 was still active and taking minutes. Two years later, she was involved in building alterations for the branch's silver jubilee.¹¹⁷ Higman complemented her CWA volunteering with work for the local ambulance, the Red Cross, and she was active in the Soldiers' Recreation Club during the Second World War.¹¹⁸ Higman combined volunteering with her role as the matron of the first private hospital in Southport.¹¹⁹ Higman was a networker who also saw the benefit of the CWA for other women.

¹¹³ Taylor, 'Community building and empowering experiences', pp. 260 and 265; Wood, 'The evolution and growth of women's organisations in Queensland 1859-1958', *Royal Historical Society of Queensland (RHSQ)*, vol. 6, iss. 1, 1959, p. 200.

¹¹⁴ Encel *et al.*, *Women and Society*, pp. 286-287.

¹¹⁵ *Ibid.*, p. 286.; Taylor, 'Community building and empowering experiences', p. 260; Wood, 'The evolution and growth of women's organisations', *Royal Historical Society of Queensland*, p. 201.

¹¹⁶ Orange City Council, 'Naomi Higman', *Orange Wiki*, Naomi Higman - The Orange Wiki (nsw.gov.au), accessed 20 January 2021.

¹¹⁷ 'Organisations', *South Coast Bulletin*, Southport, 29 March 1950, p. 10, c 2; Southport Q.C.W.A. *South Coast Bulletin*, 29 October 1952, p. 1, c. 1-2; 'Southport Q.C.W.A.', *South Coast Bulletin*, 12 November 1952, p. 18, c. 1-2.

¹¹⁸ 'Soldiers' Recreation Club', *South Coast Bulletin*, 24 February 1943, p. 5, c. 1-3.

¹¹⁹ Orange City Council, 'Naomi Higman'.

Political Action

Australian women had the right to vote and the right to stand for federal elections from 1902, but this did not translate into their election. Marian Sawer and Marian Simms state that the temporary mobilisation of women into the workforce during the Second World War renewed women's attempts at political mobilisation.¹²⁰ The Second World War drastically changed Australian society, more than the first world conflict did.¹²¹ Changes included a significant improvement in the position of Australian women.¹²² The first woman was elected to the Senate in 1943 during the war, with the first Queensland female senator elected in 1947.¹²³ Even with these successes, Sawer and Simms believe that few women hoped for a political career.¹²⁴ However, they also argue that the war increased women's opportunities to organise roles that could provide a basis for political careers.¹²⁵ One such woman was Winifred Payne, who had organised the Union Jack Club and whom the Brisbane *Telegraph* described as 'an organising genius' for her efforts.¹²⁶

Payne directed her energies to politics and nominated in 1947 for the Australian Senate when the war ended. Payne was selected for third place on the Service Party ticket.¹²⁷ The party aimed for full employment, reduced taxation, decreased bureaucracy and a home for every family.¹²⁸ It opposed fascism and communism,

¹²⁰ Marian Sawer and Marian Simms, *A Woman's Place: Women and Politics in Australia*, 2nd edn, St Leonards, NSW, 1993, p. 111.

¹²¹ Encel *et al.*, *Women and Society*, p. 21; Lake and Damousi, 'Introduction' warfare, history and gender', pp. 8-9.

¹²² Encel *et al.*, *Women and Society*, pp. 248-249.

¹²³ Sawer and Simms, *A Woman's Place*, appendix 1, n.p.

¹²⁴ *Ibid.*, p. 46.

¹²⁵ *Ibid.*

¹²⁶ 'Senate candidate is veteran war nurse', *Telegraph*, Brisbane, 1 August 1946, p. 4, c. 3-4.

¹²⁷ 'Another woman for Senate', *Longreach Leader*, 2 August 1946, p. 12, c. 2.

¹²⁸ 'Service Party aims to serve all people', *Maryborough Chronicle, Wide Bay and Burnett Advertiser*, 7 September 1946, p. 5, c. 1-3; 'The Services Party of Australia', *Central Queensland Herald*, Rockhampton, advertisement, 19 September 1946, p. 18, c. 2.

which were becoming major post-war issues.¹²⁹ The Service Party claimed to serve all Australians and disclaimed connections between ex-service personnel organisations and women's groups, believing that such organisations should be apolitical.¹³⁰ The party was a minor party in competition with the Liberal-Country Party and the Labor Party.¹³¹ As a woman standing for a Senate seat in 1947, Payne had to work very hard to succeed.

In establishing and managing the Union Jack Club, Payne received war-time organisational experience, and she also had business experience as the matron and owner of a private hospital. Payne waited until her nursing career was complete before embarking on her political ambition. According to Encel et al., this correlated with other women with careers who waited until they were older and had acquired professional experience before entering politics.¹³² Encel et al. identify two groups of women candidates; the feminists such as Vida Goldstein and those with political party endorsement.¹³³ While Payne was not overtly a feminist: she had achieved much during her career, and she was endorsed by a party, albeit not one of the major parties.

In an interview about her candidacy, Payne stated her party's view was 'out to right wrongs by peaceful means. Its principle is to give service to the community, and service was the most worthwhile of all human endeavours'.¹³⁴ She continued that the party believed in freedom of religion, association, and freedom from want.¹³⁵

¹²⁹ 'The Services Party of Australia, *Central Queensland Herald*, Rockhampton, 19 September 1946, p. 18, c. 2.

¹³⁰ 'Service Party aims to serve all people', *Maryborough Chronicle, Wide Bay and Burnett Advertiser*, 7 September 1946, p. 5, c. 1-3.

¹³¹ The names and the spelling of Labour copies that used in the newspapers at that time.

¹³² Encel et al., *Women and Society*, pp. 248-249.

¹³³ *Ibid.*, pp. 248-249.

¹³⁴ 'Service Party aims to serve all people', *Maryborough Chronicle, Wide Bay and Burnett Advertiser*, 7 September 1946, p. 5, c. 1-3.

¹³⁵ *Ibid.*

Payne also described women as peacemakers and upholders of community values.¹³⁶ She was interested in women's affairs and was a volunteer and sometimes an office bearer with several organisations, apart from the Union Jack Club. These included the Nurses Social Club, the Nurses' Rest Home, the Nurses' sub-branch of the RSSILA and the ATNA. This participation illustrates her interest in nursing, returned service personnel and women's issues.¹³⁷

Payne's links with organisations and understanding of and interest in women's issues were advantageous for her as a female candidate.¹³⁸ Her nursing networks would also have assisted her.¹³⁹ Indeed, the print media raised Payne's profile by discussing her nursing career, her war service, her volunteer activities, especially with the Union Jack Club, and the fact that she was country born.¹⁴⁰ However, male electors, particularly farmers and businessmen, did not accept women candidates. Women were seen as a novelty and deemed not to understand political issues.¹⁴¹ With Payne on the third position of the ticket for a minor party, her electoral chances were slim.

At the same election, the Queensland Liberal Party had a female candidate in Annabel Rankin (later Dame), resulting in two women standing for only three Queensland Senate seats.¹⁴² Payne was unsuccessful, although Rankin was

¹³⁶ Robyn Walmsley, 'Women, feminism and the political process', in *Australian Women and the Political System*, Marian Simms (ed.), Melbourne, 1984, p. 63.

¹³⁷ 'Nurses' Club', *Courier-Mail*, Brisbane, 22 November 1946, p. 6, c. 2; 'Fifteenth Annual Report, 31 January 1940', *Nurses' Rest Home and Benevolent Fund Records 1924-1973*, Box R348, SLQ, Brisbane; 'Senate candidate is veteran war nurse', *Telegraph*, Brisbane, 1 August 1946, p. 4, c. 3-4.

¹³⁸ Marian Sawyer, 'Women candidates speak', in *Australian Women and the Political System*, Marian Simms (ed.), Melbourne, 1984, p. 92.

¹³⁹ *Ibid.*

¹⁴⁰ 'Senate candidate is veteran war nurse', *Telegraph*, Brisbane, 1 August 1946, p. 4, c. 3-4; 'Service Party aims to serve all people', *Maryborough Chronicle, Wide Bay and Burnett Advertiser*, p. 5, c. 1-3; Sawyer, 'Women candidates speak', in *Australian Women and the Political System*, Marian Simms (ed.), Melbourne, 1984, p. 92.

¹⁴¹ Sawyer, 'Women candidates speak', p. 91.

¹⁴² 'How Senate votes are allocated', *Courier-Mail*, Brisbane, 30 October 1946, p. 2, c. 4-5.

elected.¹⁴³ Rankin's success was ground-breaking for Queensland women. The Service Party was unsuccessful in Queensland, despite Payne's high profile during the election and receiving good media support. Payne's candidacy raised her profile after her excellent work for the Union Jack Club. While she did not become a senator, she articulated her beliefs in personal freedoms in religion and association, and the need to govern fearlessly and fairly.

This discussion of the community roles of the returned nurses covers a range of areas. Grace Francis and Georgina Collins merged their nursing with their religious activities to benefit communities in the city and Australia's remote areas. Francis undertook two postings with the AIM, while Collins became a Salvation Army brigadier for her lifelong dedication. Harding served as a missionary in China with her nursing training giving her greater effectiveness as a missionary. Emily Mardon served overseas as a clergyman's wife and then supported her husband in pastoral work in Queensland. These religious-based lives provided some returned nurses with purpose and outlets for their post-war lives.

While Australian women were considered pioneers of women's political rights, despite having the right to vote and stand for national elections by 1902, the first woman became a federal parliamentarian in 1943.¹⁴⁴ Regardless of this record, Payne found the courage to stand for the Senate in 1947, although she was unsuccessful. The skills and experience of being the Union Jack Club's founder gave her the confidence to take her values to the political arena. Other returned nurses also stepped forward and mobilised during the Second World War, although only a few returned to active service.

Both single and married returned nurses undertook community roles in a range of communities throughout their lives. The single nurses' activities are more noticeable as nurses were respected by the community, particularly war nurses. They were

¹⁴³ 'How Senate votes are allocated', *Courier-Mail*, Brisbane, 30 October 1946, p. 2, c. 4-5; Sawyer and Simms, *A Woman's Place*, appendix 1.

¹⁴⁴ Sawyer and Simms, *A Woman's Place*, p. 1.

often mentioned in the print media for their post-war roles, particularly when office bearers of newsworthy community groups like the CWA. The married nurses had childbearing and child-raising activities, which curtailed their free time to get involved in their communities. Annie Cuskelly's informal role only became known during the First World War Centenary commemorations.¹⁴⁵ Despite the obstacles, married nurses did assist the community in later life when they had fewer domestic demands on their time. The married and single returned nurses contributed by sharing their skills and knowledge to build better communities.

¹⁴⁵ Nolan, 'Sister Annie Cuskelly', Queensland's World War 1 Centenary, 27 January 2016, *SLQ Blogs*.

Chapter 9: Conclusion: The Legacies Continue

When Winifred Payne, MBE, died in Queensland on 28 August 1993, aged 103, she had outlived all the other Queensland World War One nurses.¹ These nurses, including Payne, left significant legacies both during the war and afterwards. Their achievements were likely unintentional, but they were substantial. The official First World War medical historian speaking of the AANS asserts that their active service ‘helped raise the social standard of the civil [nursing] profession’ and the AANS ‘gave to Australian soldiers a comfort and sustainment wholly unattainable through any other human agency’.² However, as shown in previous chapters, the nurses also achieved much after the war, often built on their wartime accomplishments.

During the war, the nurses care of the troops and their shared military experiences were the basis of enduring relationships between the nurses and the soldiers. These relationships continued after the Armistice. The repatriation system designed to provide ongoing care of ‘the boys’ offered returned nurses varied opportunities to continue to care for veterans. In doing this, and earlier during the pandemic, immediately on their arrival home, the nurses used innovation and new practices to provide patient care. On active service, the nurses became accustomed to change. They now welcomed new ways to nurse, whether it was using motor vehicles to visit pandemic patients or being in the operating theatre when new orthopaedic techniques improved life for amputees or other wounded veterans.

The nurses returned with a resilience that kept them focused when confronting difficulties. After facing bombs, death, disability and grief overseas, they faced challenges in civilian life with a determination to continue to meet life’s obstacles. Marriage and family were the life choices for half the nurses. They married later than most Australian women, with many marriages occurring up to the mid-1920s. Also, the nurses had slightly fewer children than other Australian women of their time.

¹ Will of Winifred Payne, died 28 August 1993, Supreme Court of Queensland, Ecclesiastical file, Southern District, series 4486, No. 1805/93, QSA, Brisbane.

² A. G. Butler, ‘Special Problems and Services’, 3 vols, iii, p. 588.

The nurses often married veterans, usually former members of the AIF, with the married nurses and their husbands often suffering from the effects of their war traumas. Some nurses suffered mental health problems or legacies of diseases, including tuberculosis, malaria, and debility.

While half the Queensland returned nurses married, life was not always 'happy ever after'. Marriages floundered, husbands died, and some husbands had significant disabilities following the war. These problems hampered the couples lives and that of their families. The nurses faced these difficulties and moved forward. They cared for husbands, children and their homes sometimes to the detriment of their health. These challenges, in effect, continued the impact of the war on their lives past the Armistice.

Some nurses, married or single, had ongoing health issues from war. Despite this, many wanted to maintain their independence, but sometimes this was impossible. It was here that their returned nursing colleagues assisted. Whether organising support through the repatriation system or accessing a grant for their fellow nurse, the Queensland returned nurses helped each other. Their networks were often informal but strong, and the nurses could count on each other to assist.

The nurses also worked outside their networks. In the Second World War, these nursing networks helped the next generation of service personnel with connections created in the First World War. Often these links were with their colleagues, but in the subsequent war, several nurses rejoined military nursing services or donated their skills and expertise to the local VADs or other community endeavours. The advent of this second war probably disheartened the veteran nurses, but they became involved, determined to make further contributions to their country and their communities.

The period after the First World War saw significant development in the nursing profession. The returned nurses became a force on ATNA Queensland after discharge. Many became councillors driving this professional organisation to

improve nursing and create nursing colleges and a single nursing organisation to represent Australian nurses. When required by the ATNA, Ellen Barron used her considerable skills to enter the industrial arena, where few Australian women were involved. Other nurses such as Eunice Paten, Christense Sorensen, and Winifred Payne became the first female executive of the ATNA, comprised solely of nurses. While it required several decades after the First World War, the nurses eventually oversaw their professional association become free of the male medical dominance which had been in place since its origin.

The ATNA, Queensland, was only one example of leadership by the nurses. As the profession evolved, new fields of nursing developed. Ellen Barron led the development of the infant welfare nursing speciality in Queensland. She became respected in the field as a long-term superintendent and educator, leaving a still acknowledged legacy. Barron operated within a medical practitioner dominated system to achieve respect from her superiors and her nurses. Barron's achievements occurred despite significant war disabilities that deterred her from her preferred profession in massage.

Christense Sorensen also worked within the gendered division of labour which characterised the health system at the time. Sorensen became the most influential nurse in Queensland for many decades. As General Matron of the Brisbane and South Coast Hospitals' Board, she drove change and quality improvement in nursing. While her influence was positional at the Board's hospitals, Sorensen was well respected in her profession and was the ATNA representative on various iterations of the nurses' registration board. Through this, she influenced nursing standards in Queensland and supported change outside the board's hospitals. Sorensen's leadership skills became known during the war, but nursing, particularly Queensland nursing, benefitted from her leadership for three decades after she returned from active service.

Available specialities in nursing increased after the war, often requiring additional qualifications. Many returned nurses specialised in infant welfare as no heavy

nursing was required. This speciality supported the societal aspiration and the state government's agenda of healthy babies for the 'White Australia' policy.³ As well, infants welfare nursing provided more positive outcomes for its practitioners than war nursing. Innovation occurred in infant welfare service as shown by introducing a railway carriage as a clinic to operate beyond Queensland's south-east, allowing the nurses to provide services to rural Queenslanders.

While infant welfare had much to offer, the established speciality of midwifery was another popular choice, again offering nursing with positive outcomes. While some nurses had this qualification before the war, many others overcame financial barriers to train for a midwifery certificate. Nurses received funding for this certificate from the repatriation system, their employers or other sources utilising funding sources wherever available. Again, while building on a Labor government's priority to increase access to hospitals and hospital births, returned nurses in large, regional or private hospitals chose this speciality.

The returned Queensland nurses who survived the war had legacies from their service. Sometimes these were physical or mental health issues, but most also returned with additional skills, attributes, professional experiences, and networks that would sustain them throughout their often-long lives. Whether married, divorced, separated, or single, the nurses contributed to society through their profession, communities, religious endeavours, and the Second World War. They were resilient, allowing them to work towards goals that appeared unachievable. The nurses were independent women who believed in the nursing profession and independence for women. The returned Queensland nurses were leaders who are still admired today for their achievements. They were a cohort of women who moved the role of women forward during their long lives. We should remember and celebrate their achievements.

³ Madsen, 'Looking to the future', pp. 135 -137; Madsen, *Nursing History*, p. 32.

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Appendix A: Biographical Detail of Queensland World War One Nurses

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in 1st Marriage	Number Children	Date of Death
AITKEN	Margaret Violet	1 Jul 1889	DNM	DNM	DNM	DNM	30 Dec 1973
ALLAN	Ruth	10 Aug 1877	DNM	DNM	DNM	DNM	12 Aug 1943
ALLCHIN	Ethel Alice	19 Jun 1888	16 Apr 1921	Clerk	Y	1	27 Jan 1953
ALTON	Lillian Howard	8 Jan 1882	1 Dec 1930	Farmer	N	Nil	7 Nov 1976
ANDREWS	Gertrude Jessie	27 Feb 1884	15 Mar 1924	Geologist	Y	Nil	16 May 1956
ANDREWS	Linda Gertrude	2 Aug 1883	DNM	DNM	DNM	DNM	26 Jul 1940
ARCHBOLD	Mary	25 Jul 1888	DNM	DNM	DNM	DNM	23 Jul 1945
ARMSTRONG	Sussanah	17 Sep 1869	29 Jan 1902	Farmer	N	1	2 Aug 1939
ASHDOWN	Maud/e	22 Aug 1886	7 Mar 1917	Merchant Marine Captain	Y	Nil	19 Jun 1975
ATHERTON	Rosamund Brenda	6 Jul 1882	19 Feb 1919	Bank Officer	Y	2	28 Nov 1974
AVENALL	Edith F (Queenie)	30 Mar 1890	7 Oct 1919	Medical Practitioner	Y	2	22 Oct 1936
BAILEY	Trissie	6 Dec 1892	22 Apr 1905	Grazier	Y	Nil	31 Jul 1991
BARRON	Ellen	21 Jan 1875	DNM	DNM	DNM	DNM	8 Jul 1951
BARRON	Janet Ivy	24 Sep 1890	DNM	DNM	DNM	DNM	11 Apr 1943

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in 1st Marriage	Number Children	Date of Death
BARRY	Florence Beatrice	27 Sep 1889	1 Jul 1922	Stockbroker	Y	Nil	7 Feb 1969
BARRY	Mary Ellen	21 Jul 1892	12 May 1930	Captain, RAN	Y	Nil	29 Dec 1955
BASSETT	Maud Emily Victoria	12 May 1894	DNM	DNM	DNM	DNM	6 Sep 1923
BEER	Elsie Gertrude	18 Nov 1880	DNM	DNM	DNM	DNM	3 Mar 1937
BELL	Doris Frances	20 May 1894	17 Oct 1925	Farmer	Y	4	1 Jun 1979
BIRD	Edith Violet	15 Aug 1884	7 Jun 1928	Farmer	Y	Nil	30 Jul 1961
BIRT	Mary Trevenen	10 Oct 1878	DNM	DNM	DNM	DNM	28 Jan 1945
BLACK	Catherine Reid	18 Jun 1881	4 Jun 1921	Farmer	Y	3	23 Jul 1936
BLACK	Elsie Winifred	3 Nov 1889	30 Mar 1921	Anglican Minister	Y	1	26 Jan 1966
BLAKE	Henrietta Eyre Maunsell	14 Feb 1880	8 Jan 1917	Medical Practitioner	Y	4	25 Mar 1959
BONAR	May Frances	28 Feb 1889	17 Jul 1924	Clergyman	Y	2	27 Jul 1978
BOOTH	Angela Vera	10 Oct 1893	30 Sep 1926	Unknown	UKN	Nil	17 Oct 1983
BOOTH	Enid	27 Oct 1889	30 Mar 1921	Station Owner	N	Nil	24 Mar 1940
BOURKE	Margaret	1 Aug 1891	DNM	DNM	DNM	DNM	UKN
BOWDER	Katie Helen	7 Dec 1891	9 May 1905	Gamekeeper	N	Nil	13 Oct 1977
BOWES	Beatrice Clara	22 Jun 1890	20 Sep 1916	Timber Merchant	Y	6	13 Jan 1970

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in 1st Marriage	Number Children	Date of Death
BOWMAN	Isabelle	3 Sep 1889	30 Oct 1926	Clerk	N	1	1 Jan 1961
BRADFORD	Maud Rebecca	11 Sep 1881	DNM	DNM	DNM	DNM	7 Sep 1968
BROWN	Dorothy	10 Sep 1886	27 Aug 1918	Clerk	Y	2	28 Aug 1970
BROWN	Ruby Davina Mary	19 Mar 1877	DNM	DNM	DNM	DNM	22 Oct 1947
BRYDON	Jean	5 Jun 1891	10 Nov 1920	Accountant	Y	1	1 Jul 1978
BUTLER	Ethel Brice	17 Feb 1879	DNM	DNM	DNM	DNM	10 Oct 1956
CAIRNS	Sarah	2 Dec 1886	DNM	DNM	DNM	DNM	13 May 1981
CAMPBELL	Beryl Anderson	10 Dec 1888	22 Jun 1921	Solicitor	N	5	12 Nov 1962
CAMPBELL	Ellen Fraser	11 Jan 1877	DNM	DNM	DNM	DNM	22 May 1944
CAMPBELL	Mabel Isabel	8 May 1884	5 Feb 1918	Minister	N	Nil	1970
CAMPBELL	Margaret Forsyth	12 Mar 1889	8 Jan 1921	Ironmonger	Y	3	19 Mar 1973
CAVE/SCULLY	Annie Freed Frances	2 Mar 1888	DNM	DNM	DNM	DNM	31 Aug 1970
CHATAWAY	Mary Esme	20 Jul 1890	DNM	DNM	DNM	DNM	27 Jul 1980
CHIDGEY	Ellen	About Jan 1882	9 Dec 1916	Public servant	Y	Nil	11 Jun 1952
CHRISTENSEN	Victoria Dorothy	1 Apr 1887	DNM	DNM	DNM	DNM	31 Aug 1979
CLYDE	Violet Eileen	30 Apr 1888	6 Jun 1933	Motor Mechanic	N	Nil	29 Mar 1967

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
COCK	Alice Mabel	11 Feb 1890	14 Jun 1919	Grazier	Y	2	30 Jan 1923
COLLINS	Georgina	18 Dec 1883	DNM	DNM	DNM	DNM	15 Jan 1978
COOM	Grace Warthall	11 Apr 1883	29-30 Mar 1921	Farmer	N	1	12 Jun 1981
COOTE	Eva Frances	25 Oct 1885	c1953	Shop Assistant	N	Nil	13 Mar 1974
COVES	Beatrice Annie	28 Feb 1879	DNM	DNM	DNM	DNM	3 Feb 1949
COWEN	Kathleen Amy	18 Sep 1884	DNM	DNM	DNM	DNM	4 Dec 1976
CRAIB	Lillian Isabel	31 Aug 1889	7 Jul 1924	Engineer	Y	1	14 Sep 1928
CRAVEN	Mary Lee	3 Apr 1879	DNM	DNM	DNM	DNM	11 Dec 1955
CROLL nee PAYNE	Marion Winifred	23 Jul 1886	13 Apr 1912	Medical Practitioner	Y	Nil	13 Mar 1954
CURTIS	Amy	4 Apr 1886	19 Aug 1914	Medical Practitioner	Y	5	17 Jan 1964
CUSKELLY	Annie	29 Sep 1887	25 Oct 1919	Plumber	Y	3	7 Jun 1987
DALRYMPLE	Marion	14 Nov 1883	27 Apr 1916	Company Director	N	3	11 Oct 1966
DAVEY	Alice	29 Nov 1894	13 Sep 1931	Merchant	Y	3	14 Jul 1979
DAVIS	Olive Frances	3 Jun 1893	5 Oct 1927	Stock Inspector	N	1	2 Dec 1967
DAVISON	Daisy Mary Jane	7 Jul 1886	DNM	DNM	DNM	DNM	18 Jun 1968

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
DAWSON	Helen Frances	15 Oct 1886	29 May 1920	Theatrical Manager	Y	2	28 Jul 1970
DEANE	Lily (Emily)	8 Feb 1891	DNM	DNM	DNM	DNM	8 Nov 1972
DENNIS	Lillian Beatrice	25 Sep 1885	11 Sep1948	Station manager	Y	Nil	6 Dec 1968
DERRER	Mary Jane	3 Feb 1892	2 Jun 1922	Medical Practitioner	Y	3	19 Jan 1986
DERRER	Rosine	5 Oct 1885	3 Jun 1925	Fruit Grower	Y	Nil	4 May 1975
DESAILLY	Ida Vera	7 Jul 1889	25 Nov 1933	Accountant	Y	Nil	23 Oct 1970
DEVER	Elizabeth Agnes	19 Oct 1886	5 Aug 1919	Chemist	Y	2	14 Sep1937
DODD	Alice Maud	20 Mar 1890	DNM	DNM	DNM	DNM	20 May 1987;
DOONAR	Margaret	18 Mar 1892	10 Jan 1931	Labourer	N	1	3 May 1977
DOWIE/ SWALLOW	Annie Frew Muirhead	25 Mar 1891	DNM	DNM	DNM	DNM	26 Nov 1975
DOWLING	Marianne	30 May 1885	DNM	DNM	DNM	DNM	14 Oct 1939
DRAKE	Phyllis Clayton	8 Jan 1889	DNM	DNM	DNM	DNM	30 May 1934
DUNNE	Teresa Josephine	2 Sep1887	DNM	DNM	DNM	DNM	19 May 1931
DURACK	Christina Victoria	22 Aug 1887	DNM	DNM	DNM	DNM	25 Feb 1978

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
EARL	Ruth Rebecca Halson	10 Jun 1887	DNM	DNM	DNM	DNM	16 Mar 1953
ECHLIN	Gladys Ivy	3 Jul 1887	DNM	DNM	DNM	DNM	2 Sep 1971
ELLIS	Dora Leila	31 Mar 1886	22 May 1922	Insurance Manager	Y	2	28 Dec 1972
ENGLAND	Fanny Alice	15 Apr 1877	DNM	DNM	DNM	DNM	11 Sep 1953
FAULKNER	Lavinia Elizabeth Grace	14 Apr 1874	DNM	DNM	DNM	DNM	17 Mar 1937
FINCH	Jessie	10 Jul 1888	12 Mar 1930	Engineer	Y	Nil	4 Nov 1961
FINN	Julia	2 Apr 1892	7 Aug 1926	Public Servant	Y	Nil	3 May 1966
FISHER	Estelle Harriet Briggs	6 Aug 1889	DNM	DNM	DNM	DNM	7 May 1966
FISHER	Julie Josephine	19 Feb 1892	26 Dec 1925	Engineer	Y	Nil	26 Oct 1929
FISHER	Mary Ellen	8 Sep 1889	DNM	DNM	DNM	DNM	3 Oct 1981
FLEMING	Doris	16 Apr 1892	22 Nov 1919	Clerk	Y	3	19 Jun 1968
FLETCHER	Lillian Ella	8 Feb 1887	DNM	DNM	DNM	DNM	13 Feb 1980
FRANCIS	Ida Grace	23 Sep 1891	DNM	DNM	DNM	DNM	28 Sep 1959
FRANCIS	Ruth Sylvia	30 Oct 1885	6 Dec 1920	Army Electrician	Y	3	31 May 1961
FRANCIS	Sara Stella	1 Sep 1889	DNM	DNM	DNM	DNM	17 Aug 1969

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
FROST	Constance Muriel	7 Oct 1890	DNM	DNM	DNM	DNM	15 Feb 1973
GERMAN	Grace	9 Feb 1891	8 or 9 Dec 1919	Medical Practitioner; Mayor	Y	2	6 Jul 1977
GIBBON	Alice M F	9 Feb 1880	DNM	DNM	DNM	DNM	16 Jun 1958
GIBBON	Beatrice Louise	10 Mar 1883	DNM	DNM	DNM	DNM	10 Feb 1966
GIBSON	Lily Margaret	18 Apr 1892	6 Oct 1920	Mining Engineer	Y	3	2 Feb 1973
GILL	Honora Jeanne	18 Aug 1893	8 Jan 1923	Bank officer	N	5	17 Dec 1986
GILLESPIE	Clara	28 Nov 1880	DNM	DNM	DNM	DNM	1 Apr 1944
GOGGIN/S	Margaret Ellen	8 Dec 1883	DNM	DNM	DNM	DNM	7 Oct 1927
GOODMAN	Pearl Stella	31 May 1886	DNM	DNM	DNM	DNM	6 Mar 1919
GRAHAM	Florence	12 May 1885	DNM	DNM	DNM	DNM	28 Dec 1974
GRAHAM	Susan May	30 Apr 1887	DNM	DNM	DNM	DNM	11 Jan 1940
GRANT	Elsie Rose	28 Aug 1889	1 May 1919	Grazier	Y	4	25 Sep 1927
GRAY	Allana Anne	20 Sep 1895	DNM	DNM	DNM	DNM	15 Dec 1980
GREENAWAY	Sybil Mildred	12 Sep 1877	DNM	DNM	DNM	DNM	10 Oct 1972
GRIFFITH(S)	Caroline Rose	21 Jul 1887	DNM	DNM	DNM	DNM	20 Jul 1972
HALL	Edith Marionne	7 Feb 1885	DNM	DNM	DNM	DNM	13 Jul 1967

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
HALPIN	Margaret Mary	20 Feb 1878	17 Jun 1925	Manager	Y	Nil	7 Aug 1970
HAMILTON	Maud Chow	10 Oct 1890	27 Nov 1920	Manager	Y	2	7 Oct 1982
HARDCASTLE	Lavinia Amelia	15 Sep1888	DNM	DNM	DNM	DNM	9 Aug 1965
HARDEN	Catherine Louie	17 Jan 1877	DNM	DNM	DNM	DNM	22 Jun 1968
HARDING	Alice Sarah Branch	13 Jan 1869	DNM	DNM	DNM	DNM	19 Jul 1958
HARRIS	Ida Sarah	18 Oct 1886	DNM	DNM	DNM	DNM	2 Feb 1964
HARROD	Alice Mabel Valentine	14 Feb 1881	DNM	DNM	DNM	DNM	8 Oct 1963
HART	Julia Mary	2 Jul 1885	DNM	DNM	DNM	DNM	4 Jun 1969
HARTE	Katherine	16 Feb1878	DNM	DNM	DNM	DNM	1 Feb1959
HARVEY	Margaret Anna	22 Dec 1885	7 May 1923	Grazier	Y	2	1 May 1985
HAZARD	Clara	6 Apr 1874	DNM	DNM	DNM	DNM	28 Jun 1958
HEFFERMAN	Annie Margaret	16 Dec 1881	24 Oct 1923	Independent Means	N	Nil	7 Sep 1943
HENRY	Elizabeth	31 Dec 1878	DNM	DNM	DNM	DNM	20 Dec 1961
HENRY	Margaret	4 Jul 1879	DNM	DNM	DNM	DNM	21 Apr 1957
HERBERTSON	Florence	21 Mar 1885	1 Jun 1921	Grazier	N	4	7 Jul 1962
HIGMAN	Naomi	13 Oct 1891	DNM	DNM	DNM	DNM	13 Jul 1976

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
HOBLER	Minnie	21 Jul 1875	DNM	DNM	DNM	DNM	29 Jul 1962
HOCKINGS	Ada May	1 May 1892	31 May 1919	Clerk	Y	2	22 Dec 1979
HODGSON	Clara Phoebe	27 Jun 1885	15 Jun 1929	Medical Practitioner	Y	Nil	22 Mar 1972
HOGG	Jessie E Scholes	19 Apr 1888	DNM	DNM	DNM	DNM	4 Apr 1943
HOLMES	Pearl Lavinia Caroline	24 Sep 1885	DNM	DNM	DNM	DNM	26 Jan 1961
HOLMES	Wilhelmine Adelaide Catherine	20 Nov 1873	DNM	DNM	DNM	DNM	2 Oct 1937
HOMEWOOD	Grace	10 Apr 1894	DNM	DNM	DNM	DNM	14 Feb 1981
HOMEWOOD	Martha Jane	27 Dec 1888	6 Jul 1920	Grazier	Y	5	3 Jul 1989
HUXLEY	Margaret Ross	25 Nov 1891	16 Sep 1936	Labourer	Y	Nil	12 Aug 1979
IMISON	Alice Ethel	27 Apr 1893	3 Jul 1920	Clerk	Y	Nil	8 Apr 1982
IRWIN	Lucy	8 Dec 1881	DNM	DNM	DNM	DNM	13 Jun 1928
ISAMBERT	Agnes Katherine	7 Apr 1874	DNM	DNM	DNM	DNM	5 Jun 1956
IVERS or IWERS	Margaretha Dorothy	24 Mar 1885	DNM	DNM	DNM	DNM	18 Feb 1967
JACKSON	Ethel Mary	14 Oct 1880	DNM	DNM	DNM	DNM	20 May 1940

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
JAMES-WALLACE	Emily Charlotte	18 Feb 1882	20 Sep 1934	Clerk	Y	Nil	27 Jul 1955
JAMES-WALLACE	Florence Elizabeth	13 Jan 1886	18 Aug 1927	Farmer	N	Nil	8 Apr 1970
JESSUP	Eleanor	17 Dec 1875	22 Jun 1921	Farmer	Y	Nil	27 May 1968
JONES	Margaret Elizabeth	12 Jun 1892	1 Jun 1926	Commercial Traveller	N	Nil	26 Aug 1983
KAY	Flora	23 May 1886	1 Oct 1921	Modeller	Y	2	19 May 1981
KELLAWAY	Sarah	30 Dec 1889	DNM	DNM	DNM	DNM	25 Feb 1974
KEMP	Alice Annie	19 Nov 1872	30 May 1922	Grazier	N	Nil	18 Nov 1953
KEMP	Elizabeth Sophy	10 Jan 1883	23 Apr 1925	Grazier	N	1	6 Sep 1959
KENNEDY	Jessie Violet Marion	8 Mar 1883	15 Dec 1926	Grazier	N	Nil	27 Jul 1974
KEPPEL	Beatrice Emma	6 Apr 1890	DNM	DNM	DNM	DNM	21 Nov 1932
KEYS	Constance Mabel	30 Oct 1886	3 Dec 1921	Manager, Anzac Farm	Y	2	17 Mar 1964
KING	Amy	11 Jan 1882	DNM	DNM	DNM	DNM	14 Dec 1961
LAMB	Mary Catherine	21 Mar 1880	3 Mar 1919	Sugar planter	Y	Nil	8 Nov 1920
LANGFORD	Rose Jane	16 Oct 1878	10 Apr 1926	Grocer	N	Nil	9 Mar 1935

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
LAWSON	Nellie, Ellen	20 May 1882	DNM	DNM	DNM	DNM	4 Aug 1965
LEITCH	Lilian	31 Dec 1886	DNM	DNM	DNM	DNM	9 Jul 1967
LETHBRIDGE	Catherine Elizabeth	27 Jun 1888	DNM	DNM	DNM	DNM	6 Aug 1962
LEYLAND	Beatrice Alice	12 Apr 1888	22 Mar 1922	Farmer	Y	5	18 Aug 1974
LIMPUS	Ethel Maud	4 Apr 1889	23 Nov 1921	Chemist	N	3	3 Sep 1976
LINDSAY	Constance Emma	14 Nov 1889	9 Nov 1921	Army Contractor	Y	6	2 Apr 1946
LLOYD	Ethel Graham	20 Jan 1892	DNM	DNM	DNM	DNM	5 Apr 1963
LOOSEMORE	Mary Ann	21 Sep 1888	6 Apr 1921	Clerk	Y	1	15 Jun 1972
LYNCH	Honor	21 Sep 1880	DNM	DNM	DNM	DNM	22 Jun 1958
LYONS	Stella Zita	24 Apr 1890	DNM	DNM	DNM	DNM	24 Jun 1970
MACDONALD	Flora	24 Jan 1879		DNM	DNM	DNM	2 Aug 1970
MACDONALD	Nina Annie Robertson	26 Sep 1886		DNM	DNM	DNM	11 May 1934
MACDONALD	Sarah Charlotte	4 Jan 1875	DNM	DNM	DNM	DNM	25 Jun 1970
MACDONNELL	Eveline Florence	15 Aug 1867	DNM	DNM	DNM	DNM	16 Oct 1956
MACKELLAR	Frances Mary Byron (Fay)	24 Mar 1887	DNM	DNM	DNM	DNM	1 Feb 1973

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
MACLEAN	Marian Adelaide	12 Nov 1894	DNM	DNM	DNM	DNM	9 Dec 1930
MACPHERSON	Ada Isobel	10 Aug 1886	4 Jan 1923	Stock Buyer	Y	1	21 Jul 1975
MACPHERSON	Harriet Margaret	3 Sep 1886	DNM	DNM	DNM	DNM	9 Apr 1957
MALONEY	May	6 Jun 1890	26 Dec 1934	Commercial Traveller	N	Nil	7 Feb 1969
MARDON	Emily Clarice Lilla	25 Apr 1890	14 Apr 1920	Methodist Minister	N	3	23 Apr 1975
MARTIN	Elizabeth	13 Dec 1887	9 Sep 1921	Miner	Y	2	19 Jul 1972
MARTIN	Mary Theresa	1 Oct 1879	DNM	DNM	DNM	DNM	23 Oct 1929
MCCLELLAND	Myra Alexandra	22 Apr 1881	7 Mar 1921	Blacksmith	N	Nil	31 Aug 1962
MCELROY	Sarah May	16 May 1892	30 Jan 1924	Fitter	Y	Nil	30 Jul 1955
MCGAVIN	Jean McLaren	13 Jan 1885	3 May 1919	Bank Manager	N	2	19 Dec 1970
MCILWRAITH	Janet Ella Gordon	19 Dec 1893	8 Oct 1924	Clerk	Y	Nil	23 Oct 1992
MCINTOSH	Frances Mary	27 Jul 1880	28 Apr 1921	Steward	N	Nil	15 Jun 1962
MCINTOSH	Isabel Clare	17 Apr 1885	DNM	DNM	DNM	DNM	9 Sep 1949
MCINTYRE	Edith Clara	12 Aug 1878	DNM	DNM	DNM	DNM	7 Sep 1933
MCINTYRE	Eleanor Jessie	16 Jun 1877	DNM	DNM	DNM	DNM	4 Apr 1938
MCLAUGHLIN	Elsie Kate	26 Sep 1892	28 Dec 1932	Dentist	N	1	5 Jun 1955

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
MCLEAN	Christina Elizabeth	1 Jan 1883	DNM	DNM	DNM	DNM	24 Jul 1958
MCLEAN	Ella Clow	29 Dec 1890	30 Dec 1919	Engineer	Y	2	27 Sep 1968
McLENNAN	Jane	27 Dec 1889	18 Jul 1925	Purser	Y	Nil	21 Nov 1958
MILLIGAN / MULLIGAN	Ethel May (Marjha Elletra)	22 Dec 1885	DNM	DNM	DNM	DNM	2 May 1942
MITCHELL	Margaret Ellen	23 Aug 1978	23 Aug 1924	Grocer	N	Nil	8 Apr 1948
MITCHELL	Mary	23 Jun 1878	DNM	DNM	DNM	DNM	23 Dec 1964
MONCKTON	Catherine	19 Jun 1889	DNM	DNM	DNM	DNM	19 Aug 1980
MONCKTON	Nonie	21 Nov 1890	15 Apr 1919	Medical Practitioner	Y	1	19 Nov 1949
MOORE	Esther Mary Ann	21 Sep 1885	26 Jan 1920	Military Officer	Y	6	14 Nov 1961
MOORE	Florence Ida	9 Mar 1893	15 Aug 1925	Dentist	Y	2	17 Mar 1960
MOORE	Ida Anna	2 May 1889	17 Jun 1920	Grazier	Y	3	16 Jul 1971
MORETON	Beatrice Lilian	18 Feb 1873	DNM	DNM	DNM	DNM	18 Apr 1934
MORGAN- JONES	Enid Rose	31 Mar 1892	15 Aug 1936	Bishop	N	Nil	6 Oct 1968
MORGAN- JONES	Vera Hester	5 Jun 1890	23 Dec 1941	Clerk	N	Nil	31 Dec 1961

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
MORRIS	Sybil Grace	30 Sep 1888	29 Jan 1919	Builder	Y	4	8 Sep 1980
MORRISON	Maud	25 Dec 1885	4 Dec 1923	Teacher	Y	Nil	14 Sep 1967
MORTON	Gladys Aylward	16 Aug 1887	DNM	DNM	DNM	DNM	7 Mar 1955
MOWBRAY	Norma Violet	20 Oct 1884	DNM	DNM	DIED	DIED	21 Jan 1916
MURRAY	Margaret Frances	12 Jun 1890	DNM	DNM	DNM	DNM	14 Jul 1925
NAGEL	Amy Louise	2 Apr 1879	DNM	DNM	DNM	DNM	2 Nov 1930
NEATE	Mercy Grace	16 Apr 1887	29 Sep 1923	Carpenter	Y	2	29 Mar 1967
NICHOLLS	Ruby	24 Jul 1885	DNM	DNM	DNM	DNM	29 Nov 1961
NILSON	Norna/Norma Mabel	20 Sep 1879	DNM	DNM	DNM	DNM	29 Dec 1961
NORTON	Annie	1 Apr 1877	DNM	DNM	DNM	DNM	22 Mar 1920
NORTON	Ellen Agnes	22 Apr 1889	7 Jun 1924	Grazier	Y	3	12 Aug 1982
NOTT	Emma Susan	28 Feb 1880	DNM	DNM	DNM	DNM	17 Apr 1971
O'BRIEN	Jane Eliza	3 Feb 1887	18 Jun 1928	Barman	N	Nil	18 Nov 1973
O'BRIEN	Mary Ann	25 Apr 1870	DNM	DNM	DNM	DNM	28 Jun 1956
O'CALLAGHAN	Monica Margaret	2 Dec 1887	20 Jan 1924	Chemist; Mayor Cairns	N	2	24 Mar 1960
O'KANE	Rosa	14 Apr 1888	DNM	DNM	DIED	DIED	21 Dec 1918

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
O'NEILL	Jessie	20 May 1885	DNM	DNM	DNM	DNM	12 Dec 1962
OVERELL	Doris Sarah Nightingale	8 May 1893	17 Sep 1920	Major Indian Army	Y	1	18 Jul 1980
PARKER	Elizabeth	9 May 1886	DNM	DNM	DNM	DNM	1 Dec 1965
PARKER	Jean	6 Apr 1879	29 Nov 1928	Farmer	N	Nil	9 Jun 1963
PARKINSON	Olga Gwendolen	4 Feb 1887	14 Aug 1920	Lt, Royal Indian Marine	Y	2	12 Aug 1968
PARNELL	Louisa Sarah	1 Aug 1881	23 Oct 1919	Farmer	Y	3	11 Dec 1955
PATEN	Eunice Muriel Harriett	13 Jun 1883	DNM	DNM	DNM	DNM	1 Feb 1973
PAYNE	Winifred	14 Sep 1889	DNM	DNM	DNM	DNM	28 Aug 1993
PEARCE	Ida Elizabeth Horton	8 Jan 1888	DNM	DNM	DNM	DNM	1 Jan 1971
PERKINS	Edythe (Edith)	4 Oct 1892	DNM	DNM	DNM	DNM	9 Aug 1969
PERRIER	Margaret Ayrane	5 Dec 1886	DNM	DNM	DNM	DNM	1 Jun 1971
PETERSON	Rosann	19 Sep 1884	16 Feb 1921	Farmer	Y	1	4 Jul 1970
PHILLIPS	Rachel Onge	4 Jan 1881	3 Jan 1921	Pastoralist	Y	2	17 Jan 1962
PHILLIPS	Violet May	24 Apr 1893	12 Feb 1919	Medical Practitioner	Y	1	1 Feb 1965

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
PIERCE	Helen Mabel	23 Jan 1879	DNM	DNM	DNM	DNM	4 May 1974
PLANT	Armema Ann/e	29 Jan 1879	DNM	DNM	DNM	DNM	11 Jun 1968
POCOCK	Mary Ann	20 Jul 1863	DNM	DNM	DNM	DNM	16 Jul 1946
POLLARD	Ada Rachel	30 Jun 1892	6 Feb 1917	Optician	Y	Nil	25 Jul 1970
POLLOCK	Elsie Jane	06 Oct 1889	11 Apr 1925	Grocer	Y	Nil	31 May 1973
POPKIN	Gladys Lilian	20 Sep 1885	31 Mar 1920	Bank Manager	N	4	27 Jun 1964
PRENTICE	Ruby Annie	21 Sep 1888	1 Sep 1920	Captain, Indian Army	Y	Nil	21 Mar 1921
PRICE	Mary Clare	18 Jul 1887	2 Jun 1919	Assayer	Y	3	18 Sep 1966
PROVAN	Annie Harvey	2 Feb 1881	2 May 1918	Farmer	Y	2	1 Mar 1960
PULLAR	Ellen Lennox	23 Jan 1892	20 Nov 1919	Medical Practitioner	Y	Nil	30 Jan 1981
QUINN	Lillian Margaret	20 Aug 1887	6 Nov 1920	Joiner	Y	Nil	11 May 1965
RALSTON	Emily Annie Varden	16 Apr 1871	DNM	DNM	DNM	DNM	25 Dec 1939
RAMSAY	Adelaide Clara	11 Feb 1889	DNM	DNM	DNM	DNM	15 Oct 1950
RAMSAY	Lilian Gertrude	26 Aug 1890	DNM	DNM	DNM	DNM	5 Jun 1960
REDDIE	Esther Eugene	4 Jun 1880	DNM	DNM	DNM	DNM	12 Dec 1940
RELF	Gertrude	30 May 1891	DNM	DNM	DNM	DNM	6 Jun 1976

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
RICHARDSON	Edith	21 Nov 1883	DNM	DNM	DNM	DNM	22 May 1976
RIGBY	Julia Lyllis	29 Oct 1885	10 Jul 1918	Army	Y	1	6 May 1966
RITCHIE	Helen	16 Apr 1892	bet 1920-1924	Civil Servant, India	Y	3	29 Oct 1961
ROBSON	Jane Selina	16 Jan 1892	27 Oct 1920	Chemist	Y	3	11 Oct 1962
ROBSON	Ruth Maughan	20 Feb 1889	20 Jan 1917	Station Manager	Y	4	6 Sep 1976
ROGERS	Muriel Violet	17 Jun 1887	13 Jun 1922	Cordial Maker	Y	2	7 Jan 1982
ROW	Ellen Craven	10 Sep 1884	DNM	DNM	DNM	DNM	28 May 1973
ROWE	Dora Irene	23 Apr 1889	13 Dec 1919	Medical Practitioner	Y	2	15 Jan 1972
RUSSELL	Olive Russell	22 Mar 1890	22 Apr 1922	Draftsman	Y	2 + stillborn	16 Mar 1975
SAGAR	Winifred	5 Dec 1878	DNM	DNM	DNM	DNM	11 Sep 1948
SCOTT	Annie	27 Jul 1875	DNM	DNM	DNM	DNM	31 May 1966
SCULLY	May	6 Nov 1868	DNM	DNM	DNM	DNM	6 May 1961
SEARCH	Dorothy	8 Jul 1887	DNM	DNM	DNM	DNM	18 Mar 1979
SHEEN	Edith	25 Sep 1888	15 Apr 1926	Person with Disabilities	Y	Nil	27 Feb 1969

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
SHERWIN	Eva Mary	3 Jul 1880	DNM	DNM	DNM	DNM	1 Aug 1957
SIM	Annie Grant	27 Jul 1890	18 Jun 1919	Traveller	N	1	22 Apr 1986
SKYRING	Gertrude May	3 Jan 1890	15 Nov 1920	Tram Motorman	Y	2	14 Nov 1981
SMALLWOOD	Neta May	2 Mar 1888	26 Apr 1927	A/Sergeant Police	Y	Nil	22 Aug 1956
SMITH	Ada Priscilla	5 Mar 1887	1 Oct 1927	Customs Clerk	N	1	1 Dec 1973
SMITH	Dorothy Emma	30 Dec 1885	17 May 1922	Farmer	N	1	12 Oct 1975
SMITH	Ida Gertrude Burnett	3 Mar 1882	5 Apr 1926	Commercial Traveller	Y	Nil	3 Sep 1948
SMITH	May Duncan	18 May 1891	4 Sep 1918	Company Director	Y	1	23 Dec 1952
SMITH	Nita Frances Selwyn	17 May 1885	DNM	DNM	DNM	DNM	1 Nov 1981
SNELLING	Louisa	28 Oct 1877	DNM	DNM	DNM	DNM	21 Oct 1960
SORENSEN	Christense	5 Sep 1885	DNM	DNM	DNM	DNM	2 Jan 1958
SQUIRE	Daisy Wharton	7 Oct 1892	DNM	DNM	DNM	DNM	1 Mar 1975
STAFFORD	Sarah Mary	23 Oct 1882	DNM	DNM	DNM	DNM	7 Nov 1962
STIRLING	Violet Jean	24 Jun 1886	14 Jun 1923	Mine Owner	N	Nil	20 Apr 1964

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
STONE	Amelia Helen	1 Aug 1881	DNM	DNM	DNM	DNM	31 May 1973
STUART	Letitia Tennent	3 Nov 1885	DNM	DNM	DNM	DNM	5 Aug 1941
STUCKEY	France	27 Nov 1879	DNM	DNM	DNM	DNM	8 Oct 1946
THOMAS	Gwladys Mary Helena	24 Aug 1884	DNM	DNM	DNM	DNM	25 Feb 1950
THOMPSON	Beatrice Myra	10 Apr 1884	1923	Manager	Y	Nil	9 Apr 1963
TILLEY	Florence	1 Jul 1879	DNM	DNM	DNM	DNM	10 Jul 1957
TOFT	Alice May	9 Jul 1885	DNM	DNM	DNM	DNM	11 Aug 1928
TOFT	Catherine Ann	28 Feb 1888	DNM	DNM	DNM	DNM	23 Nov 1951
TOFT	Edith Mary	2 May 1886	6 Apr 1921	Grazier	Y	2	3 Aug 1971
TOWNER	Greta Norman	6 Jun 1891	12 Apr 1924	Dentist	Y	Nil	9 Jun 1961
WALL	Eleanor Winifred	15 Jul 1885	DNM	DNM	DNM	DNM	11 Aug 1957
WALPOLE	Francis Grace	27 Aug 1876	DNM	DNM	DNM	DNM	30 May 1974
WALTER	Gladys Leila	2 Aug 1890	19 Nov 1919	Stockman	Y	2	1 Oct 1980
WARNER	Amy Edith	25 Oct 1878	DNM	DNM	DNM	DNM	8 Feb 1962
WARNER	Annie Isabel	6 Nov 1876	DNM	DNM	DNM	DNM	12 Dec 1938
WEBB	Agnes Alice	26 Mar 1880	25 Sep 1922	Grazier	Y	Nil	23 Jun 1945
WEBB	Dorothy Francis	6 Oct 1888	1 Sep 1920	Merchant	Y	2	27 Oct 1978
WEBB	Mabel	29 Jul 1876	DNM	DNM	DNM	DNM	29 Aug 1945

Surname	Other Names	Date of Birth	Date of First Marriage	Spouse's Occupation	Married Soldier in First Marriage	Number Children	Date of Death
WELLS	Enid Sabine	18 Sep 1892	16 Jul 1932	Grazier	Y	3	29 Jul 1963
WHIPHAM	Mary Francis	13 Apr 1877	DNM	DNM	DNM	DNM	20 Oct 1963
WILFORD	Isabel Anne	2 Apr 1889	11 Oct 1918	Medical Practitioner	Y	2	28 Jan 1921
WILLIAMS	Bertha Mary	21 Aug 1878	DNM	DNM	DNM	DNM	23 Jul 1943
WILLIAMSON	Annie Anderson	1 Aug 1884	DNM	DNM	DNM	DNM	4 Apr 1961
WILSHIRE	Ada Maud	4 Jul 1877	DNM	DNM	DNM	DNM	24 Jul 1949
WILSON	Alice Vera	8 Aug 1890	2 Jul 1924	Manager	N	2	24 Oct 1964
WILSON	Grace Margaret	25 Jun 1879	12 Jan 1954	Advertiser	Y	Nil	12 Jan 1957
WILSON	Madeline Alice Kendall	19 Oct 1888	8 Oct 1919	Grazier	Y	3	27 Jan 1988
WILSON	Marjorie Jane Gilmore	20 Jun 1890	18 Jan 1921	Clerk	Y	3	9 Oct 1963
WISEMAN	Mabel Gladys	17 Jul 1891	11 May 1935	Public Servant	N	Nil	23 May 1982

Notes: AIF, AIF Personnel Dossiers; Birth, Death and Marriage data from online databases in Queensland, NSW, Victoria, South Australia, Western Australia, Ireland, New Zealand; Trove online newspapers; Department of Veterans' Affairs, Repatriation files, various series; other data included in author's database.

DNM = Did Not Marry, UKN = Unknown; Y = Yes; N = No.

Appendix B: Nurses who Disembarked Wyreema at Woodman's Point

Family Name	Given name	State/Country of Birth/Emigration	Illness
BELL	Dorothy Frances	Queensland	Influenza; discharged 24 Apr 1919 as permanently unfit.
BOURKE	Margaret	Ireland; emigrated Queensland	No record
BRADSHAW	Vera Evaline	Victoria	No record
COLLINS	Grace	Victoria	No record
CONE	Susie Watson	Victoria	No record
GERMAN	Grace	Queensland	Mild illness
HAMILTON	Maud Clow	Queensland	Mild illness
HIGMAN	Naomi	New South Wales but Queensland trained nurse	Convalescent
HOGG	Jessie Scholes	Queensland	Convalescent; discharged as medically unfit.
JACKSON	Harriet	South Australia	No record
MANNING	Nellie Mabel	Victoria	Mild illness
MORRIS	Stella Marie	Victoria	Mild illness
NEWBY	Ethel Rachel	New South Wales	Convalescent
O'KANE	Rosa	Queensland	Pneumonic Influenza; died
ROBSON	Jane Selina	Queensland	Pneumonic Influenza; discharged as fit.
SCOTT	Lizzie Neil	Scotland - enlisted Victoria	No record
THOMAS	Catherine Bevan	New South Wales	No record
THOMPSON	Ada Mildred	New South Wales	Pneumonic Influenza; died

Family Name	Given name	State/Country of Birth/Emigration	Illness
WALKER	Mary Hay	New South Wales	Convalescent
WILKINSON	Mabel	New South Wales	Mild illness

Note: AIF, First AIF Personnel Dossiers, series B2455, various; There is no diagnosis for some nurses on their personnel dossiers. Mild illness or convalescent are terms used on the dossiers. Where there is no illness shown, 'no record' has been listed.

Appendix C: Returned Nurses' Deaths Before 1930

Nurse's Name	Date of Death	Place of Death	Cause of Death
GOODMAN, Pearl Stella	06 Mar 1919	Royal Prince Alfred Hospital, Sydney, NSW	Pulmonary tuberculosis
NORTON, Annie	22 Mar 1920	Emerald Hospital, Qld	Ovarian cyst, intestinal obstruction, collapse
LAMB, Mary Catherine (married name de GERSIGNY)	08 Nov 1920	Durban South Africa	Septicaemia following D&C 2 weeks
WILFORD, Isabel Anne (married name) GALLAGHER	28 Jan 1921	Mackay, Qld	Peritonitis and heart failure
PRENTICE, Ruby Annie later MCCAY	21 Mar 1921	Rawalpindi (now Pakistan)	Acute intestinal nephritis
BASSETT, Maud Emily Victoria	06 Sep 1923	St Martin's Hospital, Brisbane, Qld	Pulmonary tuberculosis
COCK, Alice Mabel (married name WOODSIDE)	30 Dec 1923	Jackson St, Eagle Junction, Brisbane, Qld	Pulmonary tuberculosis
MURRAY, Margaret Frances	14 Jul 1925	Mater Misericordia Hospital, Rockhampton, Qld	Heart disease, ten weeks

Nurse's Name	Date of Death	Place of Death	Cause of Death
GRANT, Elise Rose (married name HOCH)	25 Sep 1927	Wyalla, Springsure, Qld	Suicide by poisoning by potassium cyanide
GOGGINS, Margaret Ellen	07 Oct 1927	Mater Misericordia Hospital, Brisbane, Qld	Carcinoma both breasts; carcinoma spine
IRWIN, Lucy	13 Jun 1928	Sydney, New South Wales	Cerebral thrombosis
TOFT, Alice May	11 Aug 1928	Avoca near Bundaberg, Queensland	Cerebritis - 2 weeks
CRAIB, Lillian Isabel (married name MCAULIFFE)	14 Sep 1928	Swan Hill, Victoria	General peritonitis (7 days); heart failure
MARTIN, Mary Theresa	23 Oct 1929	Prince of Wales Hospital, Sydney, New South Wales	Morphine poisoning self- administered while temporarily mentally unhinged
FISHER, Julia Josephine (married name JONES)	26 Oct 1929	Brisbane, Queensland	Pulmonary tuberculosis, heart failure

Note: 'Registers of Coroners' Inquests and Magisterial Inquiries', Coroner's Inquest for Martin, Mary, 1928-1933, series 2767, item 3/957, roll 343; Will of Hoch, Elsie Rose, died 15 Sep 1927; Data obtained from Repatriation files, death and marriage certificates and burial records.

Appendix D: Returned Nurses with Midwifery and Infant Welfare Certificates

Nurse's Name	Midwifery/Obstetrics Training Hospital	Year Completed Midwifery or Obstetrics	Certificate or Worked Infant Welfare	Location of Infant Welfare Qualification
AITKEN, Margaret Violet	Lady Bowen Hospital, Brisbane	1921		
ALLAN, Ruth	Women's Hospital, Melbourne	1911		
ALTON, Lillian Howard	Royal Hospital for Women, Sydney	1929		
ANDREWS, Linda Gertrude	Queen Victoria Hospital, Launceston	1922	Y	New Zealand
ARCHBOLD, Mary	Lady Bowen Hospital, Brisbane	1916	Y	Qld
ARMSTRONG, Susannah	Freemantle Midwifery Training School	1911		
AXELSEN, Ida Marie	Women's Hospital, Carlton, Melbourne	1909	Y	Qld
BAILEY, Trissie	Lady Bowen Hospital, Brisbane	1921		
BARRON, Ellen	Rockhampton Women's Hospital	1905	Y	New Zealand
BELL, Doris Frances	Lady Chelmsford Hospital, Bundaberg	1923		
BIRD, Edith Violet	Royal Hospital for Women, Sydney	1921		
BLAKE, Henrietta Eyre Maunsell	Queen Adelaide Home, Adelaide	1911		
BONAR, May Frances	Hospital unknown	1920		
BOURKE, Margaret	Lady Bowen Hospital, Brisbane	1921		
BOWDER, Katie Helen	Lady Bowen Hospital, Brisbane	1925	Y	Qld
BROWN, RUBY, Davina Mary	Lady Bowen Hospital, Brisbane	1925	Y	Qld

Nurse's Name	Midwifery/Obstetrics Training Hospital	Year Completed Midwifery or Obstetrics	Certificate or Worked Infant Welfare	Location of Infant Welfare Qualification
CAIRNS, Sarah	Did not do midwifery		Y	Qld
CAMPBELL, Beryl Anderson	Queen's Home, Adelaide	1911		
CAMPBELL, Ellen Fraser	Mother's Hospital, Toowoomba	1911		
CAVE, Annie Freed Frances Scully	Did not complete course due to illness		Worked in Tasmania	Unknown
CHATAWAY, Mary Esme	Lady Musgrave Hospital, Maryborough	1913		
COWEN, Kathleen Amy	Lady Bowen Hospital, Brisbane	1921	Y	Qld
CRAIB, Lillian Isabel	Lady Bowen Hospital, Brisbane	1922		
CRAVEN, Mary Lee	Women's Hospital, Carlton, Melbourne	1911		
CROLL, Marion Winifred nee PAYNE	Lady Bowen Hospital, Brisbane	1911		
DALRYMPLE, Marion	Hospital unknown	1908		
DAVISON, Daisy Mary Jane	Royal Hospital for Women, Sydney	1913		
DEANE, Lily	Hospital unknown – probably overseas	1926		
DENNIS, Lillian Beatrice	Lady Bowen Hospital, Brisbane	1915		
DERRER, Rosine	Rockhampton Women's Hospital	1914		
DODD, Alice Maud	Women's Hospital, Carlton, Melbourne	1915		

Nurse's Name	Midwifery/Obstetrics Training Hospital	Year Completed Midwifery or Obstetrics	Certificate or Worked Infant Welfare	Location of Infant Welfare Qualification
DOONAR, Margaret	Lady Bowen Hospital, Brisbane	1915		
DOWLING, Marianne	Lady Chelmsford Hospital, Bundaberg	1924		
DURACK, Christina Victoria	Queen Charlotte's Hospital, London	post-war		
ENGLAND, Alice Fanny	Lady Bowen Hospital, Brisbane	1922	Y	Qld
FLETCHER, Lillian Ella	Royal Hospital for Women, Sydney	1926		
FRANCIS, Ida Grace	Lady Bowen Hospital, Brisbane	1922	Y	New Zealand
FRANCIS, Sara Stella	South Sydney Women's Hospital	1920		
GIBSON, Lily Margaret	Lady Bowen Hospital, Brisbane	1915		
GRAHAM, Florence	Lady Musgrave Hospital, Maryborough	1924		
GRAY, Allana Anne	King Edward Memorial Hospital, Perth	1923		
GRIFFITHS, Caroline Rose	Lady Bowen Hospital, Brisbane	1913	Y	Qld
HALPIN, Margaret Mary	Lady Chelmsford Hospital, Bundaberg	1923	Y	Qld
HARROD, Alice Mabel Valentine	Lady Musgrave Hospital, Maryborough	1913	Y	Qld
HARTE, Katherine	Lady Musgrave Hospital, Maryborough	1907		
HIGMAN, Naomi	Royal Hospital for Women, Sydney	1920		
HOBLER, Minnie	McKellar Hospital, Hamilton, Vic	1922		
HOLMES, Pearl Lavinia Caroline	Lady Bowen Hospital, Brisbane	1909		

Nurse's Name	Midwifery/Obstetrics Training Hospital	Year Completed Midwifery or Obstetrics	Certificate or Worked Infant Welfare	Location of Infant Welfare Qualification
HOLMES, Wilhelmine Adelaide Catherine	Lady Bowen Hospital, Brisbane	1909		
HUDSON, Florence May	Lady Bowen Hospital, Brisbane	1922		
ISAMBERT, Agnes Katherine	Lady Bowen Hospital, Brisbane	1912		
IVERS, Margaret Dorothea	Women's Hospital, Melbourne	1912		
JACKSON, Ethel Mary	South Sydney Women's Hospital	1908		
JAMES-WALLACE, Emily	South Sydney Women's Hospital	1925		
JONES, Margaret Elizabeth	Queen Victoria Hospital, Launceston	1925		
KELLAWAY, Sarah	Rockhampton Women's Hospital	1916		
KEMP, Alice Annie	St Margaret's Hospital, Sydney	1906		
KENNEDY, Jessie Violet Marion	Women's Hospital, Melbourne	1914		
KEPPEL, Beatrice Emma	Women's Hospital, Melbourne	1914		
LANGFORD, Rose Jane	Women's Hospital, Melbourne	1910		
LAWSON, Helen	Rockhampton Women's Hospital	1909		
LEITCH, Lilian	Women's Hospital, Melbourne	1923		
LETHBRIDGE, Catherine Elizabeth	Hospital for Women, Sydney	1918		
LLOYD, Ethel Graham	Lady Musgrave Hospital, Maryborough	1921		

Nurse's Name	Midwifery/Obstetrics Training Hospital	Year Completed Midwifery or Obstetrics	Certificate or Worked Infant Welfare	Location of Infant Welfare Qualification
LYONS, Stella Zita	Lady Bowen Hospital, Brisbane	1920	Y	Qld
MacDONALD, Flora	Lady Chelmsford Hospital, Bundaberg	1920	Y	Qld
MACLEAN, Marian Adelaide	The Women's Hospital, Melbourne	1922	Y	Qld
MALONEY, May Agnes	Lady Bowen Hospital, Brisbane	1929		
MCCLELLAND, MYRA Alexandra	Women's Hospital, Melbourne	1910		
MCLAUGHLIN, Elsie Agnes	Royal Hospital for Women, Sydney	1925		
MCINTOSH, Isabel Clare	Royal Hospital for Women, Sydney	1927		
MCLENNAN, Jane	Lady Chelmsford Hospital, Bundaberg	1914		
MCPHERSON, Harriet Margaret	Royal Hospital for Women, Sydney	1926		
MORRIS, Sybil Grace	Women's Hospital, Carlton, Melbourne	1915		
MORTON, Gladys Aylward	Rotunda Hospital, Dublin	1919		
MOWBRAY, Norma Violet	Women's Hospital, Melbourne	1913 (Deceased)		
MURRAY Myrtle Alison	Lady Musgrave Hospital, Maryborough	1914		
O'BRIEN, Mary Ann	Queen Alexandra Hospital for Women, Hobart	1927		
O'NEILL, Jessie	Lady Bowen Hospital, Brisbane	1911		

Nurse's Name	Midwifery/Obstetrics Training Hospital	Year Completed Midwifery or Obstetrics	Certificate or Worked Infant Welfare	Location of Infant Welfare Qualification
PARNELL, Louisa Sarah	Rockhampton Women's Hospital	1906		
PATEN, Eunice M.	Women's Hospital Melbourne	1914		
PERRIER, Margaret Ayrane	Royal Hospital for Women, Sydney	1924		
PHILLIPS, Rachel Onge	Lady Musgrave Hospital, Maryborough	1916		
POLLOCK, Elsie Jane	Lady Musgrave Hospital, Maryborough	1921		
QUINN, Lillian Margaret	Lady Chelmsford Hospital, Bundaberg	1915		
REDDIE, Esther Eugenie	Women's Hospital, Carlton, Melbourne	1922	Y	NSW
RELF, Gertrude	Lady Chelmsford Hospital, Bundaberg	1915		
ROWE, Dora Irene	Women's Hospital, Carlton, Melbourne	1913		
SCOTT, Margaret	Lady Chelmsford Hospital, Bundaberg	1912		
SMITH, Nita Frances Selwyn	Lady Bowen Hospital, Brisbane	1924	Y	
SORENSEN, Christense	Queen Alexandra Hospital for Women, Hobart	1926		
SQUIRE, Dorothy Wharton	Rotunda Hospital, Dublin	1919		
STAFFORD, Sarah Mary	Royal Hospital for Women, Sydney	1909	Y	England (AANS)
STONE, Amelia Helen	South Sydney Women's Hospital	1909	Y	Qld

Nurse's Name	Midwifery/Obstetrics Training Hospital	Year Completed Midwifery or Obstetrics	Certificate or Worked Infant Welfare	Location of Infant Welfare Qualification
STUART, Letitia Tennent	Women's Hospital, Melbourne	1910		
THOMAS, Gwladys Mary Helena	Lady Bowen Hospital, Brisbane	1912		
TILLEY, Florence			Worked; New South Wales	Unknown
TOFT, Catherine Ann	Queen Victoria Hospital, Launceston	1925		Qld
WEBB, Agnes Alice	Lady Bowen Hospital, Brisbane	1921		
WELLS, Enid Sabine	The Women's Hospital, Melbourne	1921		
WILLIAMS, Bertha Mary	Lady Musgrave Hospital, Maryborough	1928	Y	Qld
WILSON, Marjorie Jane Gilmore	Rotunda Hospital, Dublin	1919		
WILSON, Grace Margaret	Queen Margaret Lying-In Hospital, London	1908		
WISEMAN, Mabel Gladys	Lady Bowen Hospital, Brisbane	1922	Y	Qld

Notes: Data from authors' database using various sources including ATNA, *Register of Members*, 1908, 1909, 1914, 1920,1923; Early Staff Records, Maternal and Child Welfare Personnel Administration files, 1918-1939, item ID 2052519, series 8400, Item ID 279769, QSA; NSW Government Gazettes, 1927 and 1929, RVTNA, *Register of Members*, 1922; *Trove*; Qld Government Gazettes 1930 and 1935, QSA; *Trove*, various newspapers, QWNF Correspondence, QNU; Royal Brisbane and Women's Hospitals, Nursing Archive, 'Susannah Armstrong File'; Victorian Government Gazette, 1928. The qualifications of Obstetric Nursing and Midwifery are similar but gave a slightly different emphasis. The term midwifery is used in this study.

Appendix E: Returned Nurses on ATNA Council and Associated Organisations

Nurses' Name	ATNA Council	Education Sub-Committee	QWNF	ANF	CNA	Qld Bush Nursing	Nurses' Rest Home	Qld Registration Board	Australian Pan Pacific Women's Conference	National Council of Women
ANDREWS, Gertrude Jessie	1919-1924									1922-1923
ANDREWS, Linda Gertrude	1937-1940									
AXELSEN, Ida Marie	1919-1920, 1925-1936									1927- 1930
BARRON, Ellen*	1921-1933	1923		1929-1933			Yes	1929-1930		1931-1933
BROWN, Ruby	1926-1928									
COWEN, Kathleen Amy	1932-1943	1940+								
DUNNE Teresa Josephine	1922-1931									

Nurses' Name	ATNA Council	Education Sub-Committee	QWNF	ANF	CNA	Qld Bush Nursing	Nurses' Rest Home	Qld Registration Board	Australian Pan Pacific Women's Conference	National Council of Women
HART, Julia Mary +	1926-1937								1932-1934	
ISAMBERT, Agnes Katherine	1912-1919									
LANGFORD, Rose Jane	1922-1926									
MACDONALD, Sarah Charlotte			Yes							
PATEN, Eunice Muriel*	1919-1948		Yes	1933-1934; 1946-1970+	1949-	1921; 1927; 1930-1933			1932-1934	
PAYNE, Winifred*	1940-1950						Y			
RALSTON, Emily Annie Harvey	1913-1914, 1918-1919									
SORENSEN, Christense*	1923-1952						Y	1929-1952		

Nurses' Name	ATNA Council	Education Sub-Committee	QWNF	ANF	CNA	Qld Bush Nursing	Nurses' Rest Home	Qld Registration Board	Australian Pan Pacific Women's Conference	National Council of Women
WILLIAMS, Bertha Mary	1910-1918, 1918-1923							1921-1923		
WILSON, Grace Margaret**	1918-1919, 1920-1921	1920-1921								

* Held an executive position of president, vice president, secretary or treasurer for part of their time on the council.

** Accepted position on council and education committee in Jul 1920 but had to resign as accepted a position in Melbourne.

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