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Red Reflections on the Sea: Australian Army Nurses serving at Sea in World War 1.

By Kirsty Harris

The onset of World War 1 placed immense strains on the medical treatment and evacuation plans and organisation of the Australian defence force. This article examines and describes the roles played in this essential service by the nurses of the Australian Army, many of whom found themselves serving in ships and sharing the risks and conditions experienced by all at sea in a war zone. The contribution that these women made led to the development of better nursing services in the war that followed in 1939.

Introduction

Because of the enormous number of casualties in World War 1, the British Admiralty faced massive logistical problems in transporting the sick and wounded. Some 6.18 million British and Dominion men in World War 1 became casualties; this included nearly 323,000 Australians, who were either sick or injured (often multiple times) during the war, a total greater than the number of AIF soldiers who embarked.\(^1\) Compared with transportation by road, train or barge, transportation by sea was undoubtedly the most dangerous since there were so many possibilities for disaster—from severe weather, submarines, surface raiders and aircraft bombing.\(^2\) While the first Navy nursing for Australia occurred in the hospital ship Grantala with the Australian Naval and Military Expeditionary Force to New Guinea in 1914,\(^3\) many of the 2,497 female members of the Australian Army Nursing Service (AANS) also spent time at sea nursing sick and wounded soldiers and sailors. However, AANS members, with their highly recognisable red caps, gained nearly all their seagoing nursing experience in British hospital ships or transports under the control of the Royal Navy (RN).\(^4\) A
select group of nurses also were posted to Australian-owned or controlled hospital ships. This article therefore brings focus to the work of these usually land-bound nurses and their adjustments to nursing in seagoing ships.

The women of the Australian Imperial Force’s AANS were professional, fully trained nurses who required a minimum of at least three years hospital training in medical and surgical nursing for entry into the service. Most AANS gained some experience in nursing at sea during the war, during their outward journey to the Middle East or Europe or on their return home. The AANS worked on three kinds of ships during World War I - troop transport ships, hospital ships, and transports temporarily utilised to carry casualties known as ‘black ships’. As well as voyages to and from Australia, there were evacuations from Gallipoli, the transport of casualties in the Persian Gulf, invalid voyages to England from the Middle East, evacuations from German East Africa, and one nurse even specialised in cross-Channel evacuations from France to England.5

What did being at sea mean to these women? It was probably not the romantic notion of following in the footsteps of great seagoing men such as Sir Francis Drake that Shirley Fenton Huie alluded to in her introduction to her book on WRANS and WRENS in World War 2. Conditions at sea could be very primitive with a high probability of attack by enemy submarines or surface raiders, and encounters with mines. There is no evidence of a yearning to be sailors; that option was not available to Australian women at the time. However, many AANS members sought sea duty as a change from the hot tropical climate of the Middle East or the freezing cold of European winters. Alice Kitchen was one who wrote in her diary how delightful it was ‘to hear the wash of the waves against the side of the ship & feel the cool air’. Others saw transport duty as an opportunity to return home – and it was the best opportunity to nurse a large body of Australian troops, which was not usual unless they worked in one of the three Australian general hospitals located at different times in Egypt, England and France during the war. There were no active service positions for women in the Royal Australian Navy during World War I, although in 1913 two nurses held appointments at the Naval College at Jervis Bay.8 Still, by the end of the war, many of the Australian army nurses felt they were accomplished seagoing nurses.

To date, there has been little acknowledgement of the work of nurses at sea in this World War I period, with the exception of those AANS nurses posted to the Sea Transport Service (STS) which was given prodigious coverage in one chapter of the official medical history.9 There are no photographs of Australian nurses at sea in AG Butler’s or CEW Bean’s official histories; had some been published, this may have prompted further investigation.10 These writers also omitted the service of Australian nurses on British hospital ships from their discussion, most likely because they were engaged to write about Australia’s official role in the war. In May 1916, the Army appointed a Matron-in-Chief, Miss E. Tracy Richardson, to administer the nursing staff of the Australian hospital ships and of the ‘Sea Transport Sections’.11 The documents from her section may well have shed more light on the ship work of nurses however,
the location of these papers is unknown, and they have not been found in the National Archives of Australia, the State Archives of Victoria or in the Australian War Memorial.

To counter these exclusions, this paper describes the seagoing work of the AANS during World War I, the conditions of their service, and their views on the war from the decks of their ships. The research expands on our knowledge of women serving at sea following on from the Granitale story. This paper also provides early context for the later employment of female nurses in navies. In the absence of an Australian naval nursing service at the time, it can be argued that this 'army' history should constitute part of early Australian naval medical and nursing history. As AG Butler, the official medical historian for World War I remarked: 'with going to sea, the field of action of the Australian nurse in the evacuation of wounded was appreciably extended'.

First Contingent to Europe

While a few Australian nurses such as Janey Lempriere had military shipboard nursing experience during the South African War from 1899 to 1902, it was not until after Australia entered the war in August 1914 that the numbers of women with this experience began to increase. Army and Navy officers recognised that Navy nursing sisters would be required but had no female body of expertise to draw upon for troop transports. As a consequence, the RN dispatched naval nursing sisters and sick-berth staff from England to Australia, but they arrived at Fremantle after Granitale had left Sydney in September 1914 and were sent home. While more than thirty nurses sailed to New Britain and New Guinea over the duration of the war, at the time of the Australians' departure for the war in Europe there was negligible experience of seagoing nursing amongst the professional nurses of Australia. This began to alter in November 1914.

The first Australian Imperial Force (AIF) convoy of twenty-eight Australian and ten New Zealand troop transport ships sailed for the Middle East from Albany, Western Australia, on 1 November 1914 with their RAN and Japanese escorts. Although not on the establishment tables for the ships, the Director-General of Medical Services (DGMS) in Australia, Surgeon-General RJH Fetherston, obtained the permission of the Minister for Defence for nursing sisters of the AANS to accompany the force, as the medical orderlies of the AIF were just commencing their training, of which the voyage would form a part. The first group of 25 nurses to leave Australia conducted orderly training on seven of the troop transports of the first convoy. The nurses lectured to the male ambulance personnel and members of the regimental medical detachments, and this training of men enabled

HM Transport Euripides (later re-named Akaroa) – www.shawsavillship.co.uk.
better nursing practices to be implemented nearer the frontline than females were permitted to serve.18

Most nurses also nursed sick troops on their outward voyage. Ellen Gould, matron in HMT Euripides, reported that during the voyage to Egypt all took part in nursing, irrespective of rank, for influenza and pneumonia accompanied us, as well as occasional cases of ptomaine poisoning. There were a few surgical operations who did very well.19

Evelyn Conyers, nursing in the transport Shropshire, assisted the medical officers with vaccinations and inoculating the troops against typhoid.20 Several major operations were performed, with Conyers having only a methylated spirit lamp to sterilise her theatre equipment.21 Managing measles and mumps epidemics was common during outward transport voyages.22 Measles in adult life is usually a severe condition and Alice Cocking found this nursing even more difficult as she 'had to nurse the measles cases in hammocks'.23 An outbreak of infectious measles posed an enormous danger to an army as it was easily spread due to close contact in crowded ships and barracks, and the risk of death from the disease was higher for young adults than for children. The nurses attempted to limit the spread of the disease through isolating patients and their contacts.24

Life onboard ship proved very different from civilian hospital work and nurses had to adjust their work practices to suit the conditions, particularly in the tropics.25 There, the below-decks wards became a highly unpleasant, hot and smelly work environment. Beatrice Russell Glasson in Orsova described her ship's hospital as 'a wretched hole right down in the depths, hard to get at, badly fitted and ventilated' where the wards had to be fumigated with sulphur to improve the air quality.26 Shipboard nursing also occurred in a dusty environment, as coal embers from the ship's funnels often blew in the ships.27

Army nurses had to know the ship's routine as well as the military’s. There were important flag and semaphore signals to interpret, such as the recall flag and new bugle calls to learn.28 Sea nursing also entailed learning an entirely new skill — boat drill.29 Alice Cocking recalled:

"About twice a week the ship's siren would sound out five long blasts — a signal for us to drop everything we were doing, run to our cabins for our life-belts and thence to our place beside our boat on the top deck.30"

The ship's captain allocated two nurses to the hospital boat and their duty was to help doctors move any bedridden cases to the boat, ready for the crew to load them.31 The 'action stations' drill for nurses included removing any patient's wooden leg splints to prevent their legs rising to the surface and turning them head-down should they end up in the sea.32

Apart from the usual illnesses among the large convoy of troops and sailors, the first battle casualties for these nurses were German prisoners. Although not mentioned in the official medical history on the treatment of wounded from this action at the Cocos Islands in the Indian Ocean,33 Connie Keys in Omrah wrote home after the sinking on 9 November 1914 that 36 sailors and 14 officers, survivors from the German cruiser Emden, had been taken aboard HMAS Sydney as prisoners and landed in
Colombo. On 10 November, some were admitted to her hospital ward, and Sister Keys commented in her diary: 'One man we had in the hospital, Jacob Giebel, had a big lump of shell removed from his arm'.

The Germans remained with the ship until its arrival in the Middle East.

Sea Nursing

Working at sea taught the AANS nurses to secure loose objects on tables such as sputum cups; using fiddles stopped them sliding off. Alice Kitchen found washing patients in rough seas tricky as; 'Dishes of water roll everywhere & it is necessary to leg rope the hot water cans to the posts to avoid scalded feet'. She also thought going up and down the 'staircases' dangerous. Even in good weather, the ship's movement made essential X-rays or operations difficult to conduct. May Tilton described conditions in Kenilworth Castle when the ship suffered a forty-degree roll: 'There were days we could not measure medicines or fill hot water bags unless we had the help of the boys to steady us'. These conditions made simple tasks more complex and time-consuming. Ella Tucker had such a rough day at sea that she had to 'pack all our mixtures & surgical things in the cupboards round with sheets, & tie the dressing tables with bandages to the various supports in the ward'. Seasickness was also prevalent, not just among patients but also for the medical and nursing staff. The ships rolled around on their journeys across and back on the Mediterranean, and Alice Kitchen was always searching for Worcestershire sauce or 'Mothersill' which she believed prevented seasickness. However, the nurses had to continue working even if they themselves were ill, as there was no one to relieve them.

Once they arrived in Egypt, the AANS soon found that not all their nursing would be land-bound; there was more sea nursing to come. They were to work in British hospital ships, floating hospitals painted white with a green band and with prominent red crosses and green lights that enjoyed the protection of the Geneva Convention. These ships were usually converted passenger liners or merchant ships and staffed with medical officers, nursing staff and surgical facilities. The Australians served in British hospital ships in the Mediterranean alongside professional military nurses from the Queen Alexandra's Imperial Military Nursing Service (QAIMNS). In addition, there were probably some members of the Queen Alexandra's Royal Naval Nursing Service (QARNNS) on the ships although it is unclear from the information in Australian archives as to how many nurses the service employed.

Where Australian civilian nurses commonly worked with female nurse probationers as their subordinates, army life meant that male orderlies now filled these roles.
most British ships these were partly-trained English or Indian medical orderlies; one nurse described them in the vernacular of the time as ‘very willing, but with minds as blank as “darkest Africans”’. This put continuing pressure on the nurses not just to nurse patients but also to train and direct their ward staff. The military authorities compounded the situation by frequently moving the orderlies forward as replacements for dead and wounded field ambulance or regimental staff.

Anzac Ships

With emphasis on the ordinary soldier in World War I literature, it is easy to forget that women also played a part in the campaign for the Dardanelles. For modern day Australians, the images usually associated with Gallipoli are those of Australian soldiers fighting on its steep slopes and in trenches. Almost unknown is the image of an Australian nurse, attending to hundreds of battered and bleeding men on the decks and in the cramped below-deck wards of a hospital or transport ship while under fire. Even less well known is the fact that one of the most published photographs of Gallipoli wounded held at the Australian War Memorial was taken by a nurse – Alice Joan Twynam, a member of the AANS.46

For most Australian nurses, excluding two who had served in Omrah, serving in a British ship sailing towards Gallipoli on 24 April 1915 comprised their first sea nursing on active service. Hospital ships and ‘black’ transport ships, flying their ‘Blue Peter’ pennant when full, ferried thousands of wounded and sick soldiers between the Gallipoli Peninsula and medical facilities on the Greek islands of Imbros, Tenedos and Lemnos, and further to Alexandria, Malta and England.47 Even from the patchy and fragmented records available in Australia, it is evident that more than eighty AANS nurses and twenty Australian nurses serving with the QAIMNS played a major role in the allied nursing effort, serving in at least 15 of more than 35 hospital ships that sailed to and from Gallipoli.48 Many of the nurses had been in Egypt since December 1914 and were seconded to the ships from No. 1 Australian General Hospital (1AGH) and 2AGH.49

As there were few shore-based medical facilities on the narrow beaches of the peninsula, evacuation by sea was imperative. In ships, often less than one mile from shore, nurses came face to face with the reality of wounded men straight from the line.50 A number of 2AGH nurses initially serving in the British hospital ships Sicilia and
Gascon assumed responsibility for the ordering of stores and oversight of arrangements for the wounded.\textsuperscript{58} This meant continuing first aid, such as cleaning wounds, applying fresh dressings until they ran out, pain management, and offering food to men who had often not eaten for some time. Ella Tucker onboard Gascon on 25 April 1915 wrote of her work; she had 76 patients and, with one assistant, took until 2.00 a.m. to dress all her wounded.\textsuperscript{52} Disorganisation was evident at all levels of medical care.\textsuperscript{59} Lydia King wrote that in her ward; ‘Pts [patients] are dying almost as quickly as they are admitted’.\textsuperscript{54} When it came to the triage process, matters were even more chaotic. The categorisation of wounded soldiers was supposed to take place on shore under the jurisdiction of the Army’s embarkation assessment staff and the Navy’s Beach Master, but shellfire made this impossible.\textsuperscript{55} As at home, nurses identified those requiring most urgent attention and placed them in cots; the remainder lay on mattresses, and when the mattresses gave out, on stretchers, on blankets, on the ward floors, in the corridors, alleyways, pack-stores – in fact, until the men were ‘thick everywhere on the floors & hatches’.\textsuperscript{56}

Elsie Eglinton found it difficult to nurse her patients because of the overcrowding; many wards had two or three tiers of cots for the walking wounded, making the workspace extremely cramped; ‘We have to do all our dressings etc. on our knees and they are so close together that we can scarcely kneel between two mattresses’.\textsuperscript{57} Hilda Samsing wrote in a letter home:

We took 700 on board, and when you think they all had to be fed, the 400 cot cases washed, and all those dressings done, fractures set, serious cases operated on, and every man’s name and regimental details entered up in the 24 hours, you will realize a little what our work was like.\textsuperscript{58}

Daisy Richmond in Guildford Castle revelled in the facilities that she believed would make her job trouble-free.

Hot and cold water, fresh and salt, are laid on at every turn, and sterilizers heated by electricity ... The theatre has all kinds of sterilizers, a plentiful supply of boiling water, and a good assortment of instruments.\textsuperscript{59}

However, a shortage of water often compromised medical treatment. The poor medical situation was exacerbated by a lack of drinking water for the desperately thirsty men coming onboard and because little or no water was available for washing wounds.\textsuperscript{60} Dirty wounds, often caused by bayonet punctures, caused gangrene and increased the possibility of amputation. The layout of many of the ships created problems with patient
management, and nurses such as Lydia King had to deal with not being able to see all of their patients at one time. The layout restricted a nurse’s field of view and often she was not being able to observe whether patients were haemorrhaging or fitting.

Shall never forget the awful feeling of hopelessness, on night duty it was dreadful. I had two wards downstairs each over a hundred pts & then I had small wards upstairs & some officers altogether about 250 pts to look after i/c one orderly (an Australian) & one Indian sweeper. 51

As the wounded could not be evacuated from the beaches during daylight, there were heavy demands on the night staff. Lydia King was on night duty with Janet Radcliffe in Sicilia on 25 April 1915; ‘At 1.30 a.m. received forty-six wounded, mostly badly, dreadful wounds & nearly all were soaking wet their clothes were sticking into their wounds’. 52 Often the day and night duty staff merged in an effort to treat all the patients. 53 Because there were few doctors on the establishment of the ships, nurses unexpectedly carried significant decision-making and new responsibilities, especially when patients required triage, first aid and pain relief, commonly a doctor’s domain. For many nurses dealing with haemorrhage, shock and collapse, the work stretched their knowledge and skill levels. 54 Madeline Wilson wrote in her diary on 26 August 1915 of the common sense and courage required for her work.

I death at night 1 during day, had to plug one bullet wound in back, with finger till doctor could come, all Doctors busy with non stop operations, one after the other, this soldier lived. 55

While dressing stations on shore hurriedly patched up many soldiers, others came straight from the firing line, untreated. 56 The patients were not only Australians but included British, French, Indian and New Zealand soldiers. 57 There were also sailor patients; Daisy Richmond was in the hospital ship Guildford Castle when she embarked many men from the torpedoed battleship HMS Goliath in May 1915. Some hospital ships such as Guildford Castle and the converted passenger liner Gascon acted ‘to a certain extent as a casualty clearing station’ during the campaign because of the throughput of immense numbers of patients – as Alice Kitchen remarked, ‘about 650 patients in 2 days’. 58 Jean Bisset described what was to become the pattern for casualty clearing stations later in the war, that ‘very few nurses have seen them in their raw state as we have’. 59 On the ships, the ships’ officers and crew assisted with any task they were able to, from cutting dressings and rolling bandages to helping with patients’ meals, and lifting and carrying the wounded and dead. 60 This left nurses to best use their
professional skills; Elsie Gibson in Gascon commented on her new freedom to provide
pain relief and management to soldiers, quite contrary to the practice in her Australian
hospital; ‘We give Morphia ad lib’.71 This work as a ‘floating’ clearing station nurse
was a first for Australian nurses, the AIF having only made provision for this role in
November 1914.72

Nurses using their initiative to problem-solve became common, and Ella Tucker
wrote of how she pre-empted the medical officer’s work as she had ‘quite a number
of compound fractures, which I put up temporarily, & apply pressure in other cases’.73
The nurses learned not to expect one simple injury. One nurse who wrote vividly of
her experience in Gascon was Alice Kitchen; ‘One man had twenty-seven lacerations
and another twelve. No time to be lost’.74 Multiple wounds made it difficult to attend
satisfactorily to all patients and the nurses quickly became exhausted. There were also
many patient deaths.75 Daisy Richmond in the Guildford Castle believed her efforts on
26 April were just ‘a drop in ocean to what should be done’.76

As hospital ships were not able to berth because of a lack of harbours and landing
places, ships’ boats, lighters, launches and trawlers conveyed the wounded and sick
out to the ships.77 With thousands of casualties, there was soon a need for a number of
hospital ships at the same time.78 Patients bound for shipment in the converted Royal
Mail steamer Essequibo in September were towed out from the shore.

They brought the boys out on barges and laid them in stretchers that were
really just shallow wooden boxes, two at a time, then they were swung on to our
ship by a crane. Most of the time we were under shell fire ... We didn’t have many
actual beds, they were mostly stretchers ...79

Nurses had to prioritise their activities, depending on time and resources available.
Ella Tucker’s diary of 7 August records:

Have not sufficient linen to change the beds, & do the best we can to hide the
dirtier parts & get the beds all made up; & get as much dressing as possible cut &
sterilized, we are very short of gauze, & are having to cut up lint ... we are short
of water, the boys are black, & so are the beds, salt water is not at all satisfactory
for washing.80

Later in the Dardanelles campaign, the military authorities allocated Australian
nurses to a number of other ships. No. 3 AGH at Mudros Bay on the Greek island of
Lemnos in the Aegean Sea, provided the nursing staff; in fact, these women often
alternated between shore-based work and work in ships; thus the nurses’ training role
had to continue as new nursing teams constantly formed.81 Matron Bessie Pocock
headed a team of seven Australians in SS Assaye, hired by the Admiralty in August
1914 for service as a troopship and later converted to a hospital ship.82 This vessel
arrived off Suvla Bay on 14 August 1915 and embarked 800-900 British and other
Allied casualties from the battle. It was dreadfully overcrowded.83 Facilities were
‘crudely and defectively fitted in part, especially regarding heating, laundry, latrine
accommodation, drying room facilities and disinfection’.84 With a lack of surgeons and
medical equipment, Pocock employed drinks and small comforts to boost the comfort of men who had been through hell at Suvla Bay.

3.30 am. Boats began to come alongside with wounded ... Got them tea, Bovril – milk – bread & butter – let them lie down ... I also gave all some cigarettes who could smoke. They simply live for cigarettes for the time.65

Pocock did realise that the efforts of her team were occasionally fruitless and she was appalled that many patients died on board before the ship sailed. Seriously ill men were not able to receive the same level of care they could in shore-based hospitals.

18 men died & 2 officers. That is at the rate of 10 a day. At first so many suffer from shock with their dreadful wounds, it seems impossible to save them. Poor boys and you cannot spare the time to stay with them till the last.66

Under fire at Gallipoli

A common belief was that the Geneva Convention would protect hospital ships and their personnel from enemy attack. Certainly, the nurses believed it: 'Somehow we never think of any danger to this boat & everyone believes the Turks play the game fairly to it'.67 Another misconception, especially at Gallipoli, was that when casualties were evacuated to a hospital ship, they were safe from enemy action. Unfortunately, the wounded and sick had to be evacuated concurrently with the landing of reinforcements and equipment, and while the RN was bombarding the large guns of the Germans and Turks. Life aboard a ship off the Gallipoli coast therefore was not entirely safe. While CEW Bean confidently wrote in May 1915 of 'the white hospital ship ... a beautiful thing with her bright motionless lights at night ... No Turkish shot or German torpedo ever threatened her', the ships were often within range of Turkish artillery and their soldiers commonly took 'pot shots'.68 Alice Kitchen recorded on 11 July that her hospital ship was caught in the crossfire.

Tonight at 7 p.m. a cruiser came up & did some business with heavy guns & made a great commotion, 2 or 3 destroyers did scouting for submarines. The shells fired in return whistled and shrieked as they passed over or beside us & made huge splashes as they fell, often near the destroyers. Our anchor always gets hauled up & we get a wriggle on, on these occasions.69

At the Suvla landing on 6 August 1915, nurses on a hospital ship were so close that they were able to see the fighting quite distinctly.70 Even in the comparative safety of the ships, both soldiers and medical staff were in danger.71 Mabel Brown in *Granuly Castle* found her ship 'being actually shelled for half an hour by the Turks ... because we got in so close to the shore' and entered the Navy's firing line.72 Hilda Samsing commented that when her ship advanced, 'stray bullets pattered on board like rain drops after a shower'.73 The shifting nature of the land battles caused ripples on the Aegean Sea; Lydia King was relieved when 'We moved our anchor further out stream as our position was too dangerous & we are now allowed to have lights again'.74 Daisy Richmond recalled 'the Turkish machine guns turned right on us' making her fear for her patients, a realistic fear as Madeline Wilson wrote; 'One chap killed as Nurse Wilson handed him a glass of water'.75 Some recognition for the nurses' courage came
in honours lists; at least ten Australian Anzac nurses, including Valerie Woinarski and Amy King, were ‘Mentioned in Despatches’ for their skill and fortitude while attending the wounded off the coast of Gallipoli.26

Enemy Submarines

German submarines arrived to hunt Allied ships throughout the Mediterranean from September 1915. While hospital ships had legal immunity from attack and transports sought protection close in shore, there was little appreciation of the fact that the nursing service shared the sailors’ dangers. Submarines did sink some hospital ships in the Mediterranean: HMHS Britannic went down off Kea Island near Piraeus in November 1916 and HMHS Dover Castle north of Bone in May 1917.27 The nurses, aware of a possible enemy threat, prepared for any eventuality. Daisy Richmond recalled that all on board her ship had to wear lifebelts and that she ‘made great preparations in the wards for drowning men’.28 At night, the scuttles were closed and nurses were taught that the order ‘show no lights’ meant that there was a risk of submarine attack.29 Elsie Eglinton felt that the dim light in the holds made observing and treating her patients harder; ‘We get around the deck with a torch in one hand and just flash it on for a moment when absolutely necessary’.30 As ships neared any danger zone, bugle calls and ship’s sirens also stopped sounding to avoid giving away their positions.31 It was a necessary precaution; in 1916 German torpedoes and/or mines sank three British hospital ships in the Aegean Sea, a further eight in 1917 and another four in 1918.32 While travelling to England, Catherine Toft had the experience of ‘action stations’ drill ‘as submarines were reported to be chasing us, but luckily for us they did not attack’.33

Black Ships

When young Australians gather at Gallipoli each April, the death toll from the Gallipoli campaign is obvious from the innumerable graves. However, few would know of the many Australians who died because of the poor medical treatment they received. When there was no time to have a ship reclassified under the Geneva Convention, the military had to use a third category of ship to transport wounded. These were troop transports known as ‘black ships’.34 This category of ship resulted from the failure of the first few days of Gallipoli when, with a lack of hospitals onshore and not enough hospital ships, the Admiralty still had to evacuate men from the peninsula:

The following vessels carrying about 2,800 wounded have left. Lützow, Irons, Ionian, Clan McGillivray, Seang Chun ... The wounded are very uncomfortably
housed and the attendance is insufficient and the drugs scanty, but no more was possible ... As the doctors have no medical attendants the hold parties are doing the work.805

War correspondent CEW Bean noted this poor situation, and the consequences of the wounded being carried on transports, with concern:

On one of these there were 400 or 500 patients, and not a single bedpan!
They had to use paper instead, and shortly ran out of paper. After that they had to perform their natural functions on the deck as they lay.806

The Admiralty hastily requisitioned and fitted out black ships with some hospital facilities and equipment to meet pressing demands, but as they were also used to carry troops they could not qualify for the white hospital ship livery – hence their name.807 There were at least 44 vessels utilised in this role during the campaign808 and these ships were legitimate targets for the enemy.809 At night, once they had landed their troops and supplies, black ships would take on board the less seriously wounded, regardless of the sanitary condition aboard the ship.810 AG Butler was later very critical of conditions on these ships from the Dardanelles where ‘preparations were grossly inadequate and conditions deplorable’.811 He based his report, no doubt, on the views of the Principal Hospital Transport Officer, Mediterranean who wrote:

Black ships, at best, are poor substitutes. They are not heated, have inadequate latrine accommodation, especially for the class of cases here, and their arrival in England with sick and wounded always carries possibilities of a scandal. They increase the sufferings of the sick and wounded, and their use should be avoided whenever possible.812

When some ships reached Alexandria in Egypt, medical officers meeting them reported patients with fractured legs without splints, septic legs and arms gangrenous to the shoulder needing immediate surgical intervention.813 The ships also lacked washing appliances, beds, and proper food for sick men. The potential for cross-infection from the insanitary conditions of the ships was high. In many cases, erysipelas, an infectious skin disease, emerged on patients during the voyage as the orderlies had not redressed the wounds or washed the patients since leaving the shore.814 It all pointed to the need for trained nursing staff.815 The situation only improved when the military allocated trained female nurses to these ships and improved the nursing facilities and equipment. Months later, however, nurses were still questioning the standard of black ships. Elsie Eglinton aboard the transport Ionian lamented the lack of suitable cleaning materials.

I had to wash my poor boys with soap that the decks are scrubbed with, and I was lucky to get it as its [sic] a special favour bestowed on me by one of the stewards, but I'm afraid it will shrink the poor boys it's so dreadfully hard.816

Lydia King nursing in Sicilia was also disgusted at the conditions in one black ship she encountered.
... went alongside Divana [sic Devanah] & took on pts. [patients] from there, met a couple of English sisters. The Divana was a troopship converted into sort of Hospital Ship which is frightfully dirty. Pts. are fed on Bully Beef etc.\textsuperscript{117}

However, few Australian nurses appeared to have served in black ships, their skills being better employed in hospital ships.\textsuperscript{118}

At the end of the Dardanelles campaign, the Australian seagoing nurses returned to their land-based hospitals, many of them sad at the disbandment of their teams and the prospect of nursing unchallenging cases:

We were all sorry to break up, the medical officer saying, "If ever she carried British soldiers again, I must bring back the same sisters ... No one on board ship ever went to bed or off duty till every man had been washed, fed, and his dressings all done; no one felt for themselves until everything was done, and I felt it a privilege to be so near the front to get them right away."\textsuperscript{119}

Sea Transport to Australia

One of the weaknesses in staffing the black ships was the selection of medical and nursing staff on an ad hoc basis – whoever might be available for a particular ship at a particular time. They might have had no experience of medical treatment at sea under circumstances quite different from those in a static army hospital. Moreover, they were often strangers to each other, needing time to develop teamwork. On the suggestion of the DGMS in Australia, General Fetherston, in June 1915 the Minister approved the development of sea transport sections (STS), each consisting of one medical officer, seven nurses, a dispenser, a masseur, a Staff Sergeant Quartermaster and sixteen other ranks from the Australian Army Medical Corps (AAMC), all carefully selected and trained as a team.\textsuperscript{120} Ten of the sections were set up, available for appointment to ships selected to transport convalescents or chronic medical cases.\textsuperscript{121}

In all, the ten sections averaged around five trips each. The 1st, 2nd, 3rd and 4th Sections completed six round voyages, the 5th and 6th five, and the 7th, 8th, 9th and 10th (for psychiatric patients) between two and four voyages each.\textsuperscript{122}

The establishment of the STS was an important innovation in medical evacuation procedures.\textsuperscript{123} Transport ships normally moved troops and supplies forward to the battlefronts but they now gained a secondary purpose – invalid transport. Gertrude Grewer working in Wandilla on her way to England in 1916.

\textit{AANS nurses posed for a photograph onboard SS Moalton enroute the Mediterranean – www.anzacsite.gov.au.}
found improvisation necessary, as it was obvious that the ship had not been designed to treat medical cases.

Appendicitis was the next thing, one of the ships engineers. We turned the little lounge into an operating theatre, and everything went off as the Senior MO said "Just as in Hospital". One of the Cook’s big Vegetable Steamers was used for a Sterilizer, no sterilizer being aboard ... 124

The authorities allotted hundreds of nurses on an ad hoc basis as staff to the transports that returned to Australia with invalids from the Middle East and Europe, the first ship leaving Alexandria in early 1915.125 The AANS nurses onboard had to assist the Senior Medical Officer in the care of invalids, to conduct medicine and dressing parades and to nurse ‘special’ cases as required. Emma Cuthbert was one AANS member who, on returning to Australia on duty onboard troop transport Themistocles in August 1915, found that the trip and sea air ‘did wonders’ for her patients:

Many cases were men who had had discharging wounds for months and were having dressings done two and three times a day at the start of the voyage, it was remarkable how in about one week’s time the discharge lessened and wounds began to heal.126

As with the first contingent, on outward voyages, the nurses assisted in training newly recruited male nursing orderlies in first aid and nursing duties,127 Some 112 nurses from the AANS served in the sea transport service to and from Australia.128

While Rupert Goodman’s Hospital Ships contains information on nursing in ships at Gallipoli, he and other historians have given little emphasis to transport nursing to Australia. In all likelihood, this is because of unawareness of the number of nurses who rotated back to Australia and then returned to the war.129 In addition to those AANS nurses who served with the STS and hospital ships, at least 398 nurses re-embarked for active service having returned home on transport duty.130

Australian Hospital Ships

Nearly 323,000 Australians were either sick or injured (often multiple times) during the war.131 Of those, 57.8 per cent were non-battle casualties, and 30.4 per cent suffered wounds.132 Many of these casualties required repatriation, and the Australian government provided three hospital ships – Kyarra, Karoola (called No. 1 Hospital Ship) and Kanowna (No. 2 Hospital Ship) – to return them from Europe and the Middle East. SS Kyarra, a ‘makeshift affair’ according to Nurse Olive Haynes, only finished one trip as a hospital ship, returning to her normal status as Troopship A55 in 1915.133 Service in Karoola and the ex-cargo ship Kanowna are perhaps the best known of the sea voyages undertaken by AANS nurses. As stipulated in June 1915, the medical staff in each of the two ships comprised 12 medical officers, 9 female nurses, and 84 AAMC other ranks. At least
one sister, one nursing sergeant or corporal, and a number of orderlies proportionate to patients worked in each ward.

*Karoolla* and *Kanowna* operated between Suez and Australia and, according to Rupert Goodman, were ‘well fitted to manage any serious cases requiring treatment en route’. According to her senior medical officer, Lieutenant Colonel TG Wilson, *Karoolla* was quite modern in her fittings, with hot and cold sterilised water laid on in the theatre; the ship also had the unusual addition of a complete sterilisation plant. *Karoolla* and *Kanowna*’s nursing staff held permanent appointments and some nurses made ten or more voyages in these ships during the war. The hospital ships carried mainly convalescents returning home, which taxed the staff’s ingenuity and innovation in overcoming the men’s physical inactivity and consequent boredom. There were numerous fun occasions held including concerts, dinners and entertainments. There were sad times too, as not all the patients survived the voyage. Alice Cocking described the moving burials at sea as ‘an impressive scene’.

On the rail of the ship the body rests covered with the Union Jack, the Padre stands near dressed in full robes, the Firing Party at the Back (the mates of his unit).  

**Persian Gulf Service**

While Australian ships plied the Suez-Australia or England-Australia routes, a group of nurses experienced nursing in another part of the world. Australian nurses appointed to nurse in India (not a theatre of war) happily elected to go on ‘active service’ with the staff of British hospital ships that worked in and out of the Persian Gulf. Some travelled from the Gulf to India and Hong Kong; others collected sick and wounded men from Mesopotamia or German East Africa. In contrast to their other voyages, on these ships the nurses treated Indian patients who had different religious beliefs and dietary requirements. This work was very remote from that of the AIF in France and the conditions the nurses faced onboard did not exist in Australia.

Service in the Persian Gulf was taxing because of the almost unbearable heat and deluging monsoons. In addition, in the hospital ship *Herefordshire* in 1917, staff had to ensure the scuttles remained closed because of the threat of enemy attack. In the lower wards, although electric fans ran continuously, they were ineffective. Consequently, each night the staff carried dozens of patients – especially from the oppressive lower wards – up to the deck, to try to reduce heat stress. Elizabeth Horne and four other nurses left in the hospital ship *Vita* for Basra in the Gulf, bringing back to India many casualties, including heatstroke cases. Sister Horne then transferred to the hospital ship *Sicilia* transporting wounded men from Mesopotamia, and finally to *Delta* to convey patients from the Gulf to Suez for onward movement to England. A reminder of the difficulties encountered in the Gulf was a report that on one occasion the shade temperature was 124°F (53°C). Gladys Larkan, on one voyage from Basra
in the hospital ship *Takada*, had many heatstroke victims among the patients, stewards, engineers and crew on board and later recalled:

... as fast as we could get the worst cases into ice packs & administer stimulants, other patients would collapse, their temperatures being anything up to 110° F or as high as the thermometer would register.\(^{143}\)

The nurses on this voyage lost twenty-one patients in four days, all from heatstroke. On the ship’s arrival at Bombay, the nurses were ‘not fit for much, but very pleased we managed to stick to it’.\(^{144}\)

**Family Ships**

In 1918-19 when the AANS repatriated home, they were not off duty as were the AIF troops. There were convalescent soldiers to nurse and outbreaks of Spanish influenza. In three transports (*Delta*, *Ulysses* and *Ceramic*) which left England during the last week in January 1919, carrying 4,883 troops, nearly 300 men were admitted to ships’ hospitals with influenza and eight of them died.\(^{145}\) It is somewhat ironic that some of the nurses returning on these ships were convalescent from having had influenza themselves and expected to have a restful voyage rather than the busy one they experienced. From then onwards the number of influenza cases on the troop transports to Australia lessened. However, there was another stream of work in store for the AANS nurses returning home.

From more recent media coverage, Australians are largely familiar with the Australian brides of World War 2 servicemen taken to America. There is, however, a lack of awareness of the AIF soldiers’ dependants who migrated to Australia following World War 1. On 1 December 1918, the estimated numbers for repatriation from the United Kingdom to Australia included 11,000 family members of the AIF troops.\(^{146}\) The Admiralty now broke new ground in sea transport. Ships to Australia had to transport not only troops but also the wives and families of men who had married overseas. Suddenly the decks of transport ships were transformed into nurseries, baby clinics and feeding rooms and many nurses gained yet another new nursing role – looking after infants and their welfare. The authorities fitted out family ships with maternity wards, baths, creche, babies’ baths and cots.\(^{147}\) Dora Birks’ early experience at the Children’s Hospital proved useful in her job of conducting a clinic each morning for the mothers of small children, to whom she distributed baby foods.\(^{148}\) Not all nurses were as enthusiastic. Jessie Tomlins travelled home reluctantly in the transport *Orsola* with 790 wives and children: ‘we have to act as nurserymaids on those family Boats, mind the babies while the mothers dine etc – that’s hardly the job we came for’.\(^{149}\) No doubt she was relieved when the voyage ended in her homeport of Sydney.

**Conclusion**

AANS nurses serving in British and Australian hospital, transport and black ships sowed the seeds of sea nursing practice during World War 1. Their voyages took the nurses across the Atlantic and Indian Oceans and to the Mediterranean. The AANS
gained considerable experience nursing in ships, nursing war wounds and illnesses not found in Australia. They successfully adapted to cramped, hot wards below decks, a lack of equipment, variations in climatic conditions, seasickness and working with male nursing orderlies. The nurses learned the meanings of naval terms and practices including signalling with flags and semaphore. They set the scene for the future employment of female nurses by navies during World War 2. Although it was deemed impracticable to have female nurses in sea-going ships or remote shore establishments, World War 1 nurse Annie Ida Laidlaw went on to become the Superintending Sister of the newly formed RAN Nursing Service in April 1942. The sea nursing of World War 1 had paved the way.


3 See Dowsett, Michael, ‘Hospital Ship No VIII – The Royal Australian Navy’s First and only Hospital Ship and her Involvement in Early Naval Operations in WWI’ in *Journal of Australian Naval History* 1.1 (2004): 29-42.

4 All ships are British unless identified otherwise.

5 This nurse was Elizabeth Gallagher. See Australian War Memorial (hereafter AWM) AWM41 1072, Kellett interview No. 32, Miss Elizabeth Gallagher.


7 State Library of Victoria (hereafter SLV) MS 9627 MSB 478, Alice EB Kitchen, diary 9 June 1915.

8 ‘Australian Navy’, *Argus*, 4 November 1916, 5. At the end of 1915 the staff of the college included the captain, a commander, a lieutenant commander, a lieutenant, a chief gunner, five engineer officers, two chaplains (one of whom also acted as a naval instructor), eight naval instructors, a surgeon, a paymaster and his clerk, a matron, and a nursing sister’.


10 There also do not appear to be any pictures in the British medical history.


19. AWM41, Item 172, folio 4364/34/6, 'Notes from Matron EJ Gould, Australian Army Nursing Services'.

20. SLV MS 6130 Box 214/1, Sister AE Williams, *Echoes of War Nursing Service in 1914-1918 War – Europe, Palestine and Egypt*, manuscript, 4, Sister Williams was previously Alice Cocking. Many other nurses mention this activity in their papers.

21. AWM41 1072, Kellett interview No. 14, Miss E Conyers, Matron in Chief.


24. Barrett and Deane, *The Australian Army Medical Corps*, 97. 'In the history of the AIF measles, either alone or more often complicated by pneumonia, was responsible for a large proportion of deaths at sea from “disease”. In camps and transports over the whole period it was little if any less deadly than cerebro-spinal fever [meningitis].’ Butler, *Official History, Vol III*, 681.

25. AWM41 1060, Woniarski [sic]. In HS [Hospital Ship] Guildford Castle, Kirkcaldie, 86. In HMHS Panama.


28. See, for example, photo courtesy of Gill Clark: ‘Australian nurses in the Indian Ocean, 14 June 1917’ in Gammage, *The Broken Years*, 44.


30. SLV MS 11604 Box 1827/4a, Sir John Richards Harris, diary 14 September 1917.


34. Additional references to this transfer of prisoners include pictorial evidence in AWM C2525 and CO2523 and the history of 9th Battalion The Royal Queensland Regiment who while onboard Omrah provided a guard for the prisoners.

35. AWM41 978, Sister GA Grewer, 2; AWM 3DRL 3398B, Papers of Sister E Davies, AANS AIF, letter 21 May 1915.

36. SLV MS 9627 MSB 478, Kitchen, diary 2 November 1914.

37. SLV MS 9627 MSB 478, Kitchen, diary 1 October 1915.


AWM 41 1053, Sister Ella Jane Tucker, diary 26 September 1915.

SLV MS 9627 MSB 478, Kitchen, diary 19 October 1914, 20 July and 15 August 1915.

AWM 41 1053, Tucker; AWM 41 982, Sister AK Isambert, letter to Colonel Butler, 15; Tilton, The Grey Battalion, 127.


The author’s database contains only one QARNNS name – Sister A Muriel Frank, Matron of HS Somali, May 1915-January 1916.

‘On a Hospital Ship – a Nurse Writes’ in Una, 30 November 1915, 286.


SLV MS 9627 MSB 478, Kitchen, diary 12 September 1915. A ‘Blue Peter’ signifies ‘all aboard, vessel is about to proceed to sea’.

Number of nurses from the author’s database. The information was garnered from sources such as nurses’ personal files, diaries, papers, war diaries, letters to newspapers, nurse association journals and doctor’s records. See Appendix L in KJ Harris, ‘Not just routine nursing’, PhD, The University of Melbourne, 2007. This number is conservative as details of nurses’ postings in 1915 are often missing from their personal records.

Goodman, Our War Nurses, 20.


Robertson, John, Anzac and Empire – the Tragedy & Glory of Gallipoli, Melbourne: Hamlyn Australia, 1990, 194; Braga, Anzac Doctor, 134 records that Gascon was able to take 500 cot cases; Goodman, Hospital Ships, 11; Butler, Official History, Vol III, 552.

AWM 41 1053, Tucker, diary, 2, 25 April 1915.

Braga, Anzac Doctor, 145.

AWM 3DRL 6040, Sister Lydia King, diary 10 June 1915, in Sicilia.

Braga, Anzac Doctor, 145, 192.

SLV MS 9627 MSB 478, Kitchen, diary 28 August 1915; Kirkcaldie, 96. In HS Panama; Tyquin, Neville Howse, 36 citing Diary of Private A Horricks, 1/1st East Lancashire Field Ambulance in Osmanieh, 29 April 1915, Box 206/1004, Wellcome Institute, London.

AWM PR 86/068, Eglinton, 44, letter from Ionian, 4 August 1915; AWM 41 1053, Tucker, 1, in Sicilia 8 April 1915; The War Diary of Sister Elsie Gibson, privately held, 9 April 1915, on Sicilia; Kirkcaldie, 86.

Hilda Samsing quoted in ‘Work on a Hospital Ship’ in Register, Adelaide, 24 November 1915.

60 Braga, Anzac Doctor, 154.
61 AWM 3DRL 6040, King, diary 29 April 1915.
62 AWM 3DRL 6040, King, diary 25 April 1915.
63 ‘On a Hospital Ship – a Nurse Writes’ in Una, 30 November 1915, 286.
64 Sister AM Cameron in Paterson, ‘Evacuation Of The Sick And Wounded’, 7.
65 AWM PR 86/326, Sister MAK Wilson, in Grantully Castle.
66 AWM41 1054, Vickers Foote.
67 There were also West Indians, Gurkha and Maori soldiers amongst the allied troops.
68 AWM41 1071, Anonymous Narrative of a nurse in the AANS, I; SLV MS 9627 MSB 478, Kitchen, diary 10 August 1915. Similarly, a NZ sister wrote that: ‘the hospital ships were used as casualty clearing stations, so you can imagine the state of the patients when we received them. The operating theatre was busy day and night’. See Maclean, Nursing in New Zealand, 203.
70 AWM41 1071, Anonymous Narrative of a nurse in the AANS.
71 The War Diary of Sister Elsie Gibson, 26 April 1915.
72 Goodman, Hospital Ships, 16; AG Butler, Official History of the Australian Army Medical Services 1914-1918, Volume II – The Western Front, Canberra: Australian War Memorial, 1940, 26 fn.
73 AWM41 1053, Tucker, 2, in Gascon, 25 April 1915.
74 Extracts from letters of Alice Kitchen, Gaba Tepe, 20 June 1915, reprinted in Una, 30 August 1915, 179.
75 AWM41 1053, Tucker, 2, in Gascon, 26 April 1915. Forty men died on Tucker’s first three-day voyage to Alexandria.
76 AWM41 1028, Sister Daisy Richmond.
77 AWM 3DRL 6040, King, diary 26 April 1915.
78 Bessie Pocock, diary 15 August 1915, typed copy of diary from family.
79 Sister Mary Fitzgibbon, QAIMNSR in Goodman, Hospital Ships, 13.
80 AWM41 1053, Tucker, diary 7 August 1915 in Gascon.
83 Goodman, Hospital Ships, 13.
85 Pocock, diary 16 August 1915.
86 Pocock, diary 17 August 1915.
87 SLV MS 9627 MSB 478, Kitchen, diary 23 June 1915.
88 Bean, Anzac to Amiens, 137, ‘Letter from Sister Bisset’ in Una, 29 January 1916, 346; Goodman, Hospital Ships, 11; Private John Turnbull, 28 April 1915, in King, Jonathan and Bowers, Michael, Gallipoli – untold stories from war correspondent Charles Bean and frontline Anzacs, Sydney: Random House Australia, 2008, 54. Turnbull noted that two Turks were caught sniping at a hospital ship and consequently were executed by New Zealand soldiers.
89 SLV MS 9627 MSB 478, Kitchen, diary 11 July 1915.
90 Maclean, *Nursing in New Zealand*, 97.
92 ‘Letters from Members Abroad’ in *ANI*, 15 August 1916, 267; King, AWM 3DRL 6040, diary 25 April 1915. The ship had previously been a Union-Castle Line ship, SS *Grantly Castle*.
93 Samsing, ‘Work on a Hospital Ship’.
94 AWM 3DRL 6040, King, diary 20 May 1915.
95 AWM PR 86/326, Wilson, 11 August 1915; Similar in AWM41 1028, Richmond, 12 August 1915.
96 ‘Miss Valerie Woinarksi’ in *Una*, 30 August 1916, 177. The Military Medal was not available to nurses at this time; if it had been, no doubt some nurses would have received it.
97 Goodman, *Hospital Ships*, 13, 19, 22. Goodman suggests that some sinkings may have been retribution by the Germans for the sinking of one of their hospital ships.
98 AWM41 1028, Daisy Richmond.
99 SLV MS 9627 MSB 478, Kichen, diary 17 June 1915; AWM 3DRL 6040, King, diary 11 May 1915; Lieutenant Frank L. Apperly, in *Una*, 30 December 1915, 318.
100 Elsie A Eglington, AWM PR 86/068, 50.
102 Goodman, *Hospital Ships*, 13, 17-19, 22; ‘Submarine Warfare’, *Mercury*, 25 November 1916, 7; ‘Hospital Ship Outrage’, *Argus*, 30 March 1917, 7; ‘Hospital Ship Outrage’, *Argus*, 3 July 1918, 9; The *Anglia* hit a mine in the Dover Strait between England and France in November 1915 and one nurse died, Mary Rodwell, QAIMNSR. Goodman suggests that some sinkings may have been retribution by the Germans for the sinking of one of their hospital ships.
103 AWM41 1072, Kellett interview No. 124, Miss CS Toft, May 1917, in *Ulysses*.
104 Goodman, *Our War Nurses*, 106; Robertson, *Anzac and Empire*, 196.
108 Sir James Porter stated there were forty-four hospital ships in use between August and October 1915 (‘Report No. X of P.H.T.O. Mediterranean’, Mudros, 6 October 1915, 1).
111 Butler, *Official History, Vol I*, 165; Similar sentiment can be found in AWM PR 85/374, Papers of Sister H Samsing, AANS, 14 June 1915 on *Gascon*.
113 Barker, *Nightingales in the Mud*, 30-1; no source given.
114 Sister Blanche Rickets, letter reprinted in *Una*, 30 August 1915, 177; AWM 3DRL 6040, King, diary 5 May 1915.
116 AWM PR 86/068, EA Eglington, 45, letter 10 August 1915, from ship *Ionian*.
117 AWM 3DRL 6040, King, diary 17 June 1915.
118 Author’s database shows only two, one in *Ionian* and one in *Clan McGillivray*. 
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120 Goodman, Hospital Ships, 30; Barrett & Deane, The Australian Army Medical Corps, 78. See also Butler, Official History, Vol III, Chapter XIV, ‘Sea Transport of Australian Soldiers’, 665-772.
121 Goodman, Hospital Ships, 30. Goodman provides detailed information on the ships employed for this purpose.
124 AWM41 978, Sister GA Grewer, 3.
126 AWM41 958, Emma Cuthbert, 5.
127 Goodman, Hospital Ships, 30; Army Nursing Services, Australian Imperial Force, Extracts from Regulations and Orders, issued with M.O. 471/1917, 9.
128 AWM11, Item 1519/2/28 – Reports on Nurses, Minute – Copy of Report of Matron Quarterman on Nursing Staff of No. 4 Sea Transport Section as Individuals, to Major Howden, OC 4STS, HMT Euripides, 19 October 1916; Although Butler states (Vol II, 829) that only 57 nurses served with the STS, the author’s database shows at least 112 nurses served on these ships.
129 Hobbs, Victoria, But Westward Look: nursing in Western Australia 1829-1979, Perth: University of Western Australia Press for the Royal Australian Nursing Federation (WA Branch), 1980, 63 shows awareness but states that return voyages to Australia occurred ‘by 1917’ when they had actually commenced from early in 1915.
130 Figure from author’s database. Many of the nurses returned for ‘change’; documents often mention physical change but no doubt, it was also for mental relief.
134 Goodman, Hospital Ships, 29.
137 Williams, Echoes of War Nursing Service, 15-16.
139 AWM41 995, Sister GM Larkan, 7 in HS Takada; AWM41 942, Sister Alma L Bennett, 6-7 in HS Herefordshire, Persian Gulf.
141 AWM41 942, Bennett, 8; Kate Bridgeman, QAMNSR, ‘In the Persian Gulf – Wounded Die from Heat’, in Una, 30 September 1916, 208; AWM41 1072, Kellett interview No. 60, Miss May Lenton.
142 Goodman, Hospital Ships, 25.
143 AWM41 995, Larkan, 7-8.
144 Maclean, Nursing in New Zealand, 203.

72
146 Butler, *Official History*, Vol III, 710, 721. Later figures in December 1919 show that this was an underestimate with 15,386 family members embarked and some 3000 yet to leave England.


149 Jessie Tomlins, letter 27 June 1919, 3-4, at 3 AAH Dartford.


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